

SENATE BILL REPORT

SB 5018

As of January 19, 2011

Title: An act relating to wound care management in occupational therapy.

Brief Description: Including wound care management in occupational therapy.

Sponsors: Senators Keiser, Conway, Shin, Schoesler, Hobbs, Kline and McAuliffe.

Brief History:

Committee Activity: Health & Long-Term Care: 1/17/11.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Rhoda Donkin (786-7465)

Background: Occupational therapy uses activity-based treatment to maximize the independence and functioning of persons with physical injury or illness, psychosocial dysfunction, disability, or limitations due to aging. Some examples of occupational therapy include exercises, teaching skills and adapting environments to enhance cognitive, perceptual, motor, sensory integrative and psychomotor functioning.

An occupational therapist is a person licensed by the Board of Occupational Therapy Practice (Board) to practice occupational therapy. An occupational therapy assistant is a person licensed by the Board to assist in the practice of occupational therapy under the supervision of a licensed occupational therapist.

Statutory provisions do not list wound care as within the scope of practice of occupational therapist or occupational therapy assistants. The Board issued an informal opinion stating occupational therapy includes wound care management, and has considered adopting an official interpretative statement that occupational therapy includes wound management and sharp debridement (the removal of dead or contaminated tissue from a wound).

Summary of Bill: Wound care is made part of the scope of practice of an occupational therapist. An occupational therapist may provide wound care management under the direction of a physician or other authorized health care provider. The referring provider must examine the patient prior to the referral.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Wound care management is defined as the part of occupational therapy treatment that facilitates healing; prevents edema, infection and excessive scar formation; and minimizes wound complications. Wound care includes assessment; application of dressings and topical medications; cleansing and sharp debridement, which is defined as the removal of devitalized tissue from a wound with scissors, a scalpel, or tweezers without anesthesia. An occupational therapist may not delegate wound care management.

In order to be authorized to perform wound care, except sharp debridement, an occupational therapist must submit an affidavit to the Department of Health attesting to his or her education and training, which includes a minimum of 15 hours of mentored training in a clinical setting.

The education and training requirement may also be satisfied if the occupational therapist is certified as a hand therapist by the Hand Therapy Certification Commission or as a wound care specialist by the National Alliance of Wound Care or its equivalent.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: Occupational therapists (OT) have to attend to wounds when working with patients who have injuries that involve splints or bandages. OTs have been doing wound care to meet patient needs. This explicitly puts wound care in the profession's scope and provides guidelines. This is not scope creep. This bill passed out last year with widespread support. The only change would be to direct the Board to write rules.

OTHER: This bill should not allow OTs to conduct wound care on eyes.

Persons Testifying: PRO: Mark Gjurasic, WA Occupational Therapy Assn.; JoAnn Keller-Green, Jim Bevira, WA Assn. Occupational Therapists.

OTHER: Brad Tower, Optometric Physicians of Washington.