

## **FAQ regarding DPMs providing vaccinations:**

### *General immunization therapy*

The scope of practice for podiatric physicians is limited to “ailments of the human foot” (per [RCW 18.22.035](#)), further described in [WAC 246-922-001](#) as including the anatomic foot and ankle joint. In addition, while there is a portion of rule that states a “podiatric physician may take emergency actions reasonably necessary to protect the patient’s health until the intervention of a licensed health care practitioner authorized by law to treat systemic conditions” ([WAC 246-922-001](#)), this deals with emergency intervention to an existing emergent “systemic condition” and does not extend to prevention of a viral disease that the patient does not currently have (i.e. vaccinations/immunizations). The limitation is in law and to allow podiatric physicians to administer vaccinations, the statutory limitation would have to be waived by the Governor for podiatric physicians specifically and would require a new proclamation, 30 days in duration; any extension of which would need the approval of all 4 legislative leaders.

This limitation also prevents a podiatric physician from delegating such administration to their medical assistant or other ancillary staff. For medical assistants or ancillary staff to accept delegation, the task(s) must be within the delegator’s scope of practice.

### *Tetanus Inoculation or Booster*

Podiatric physicians treating a patient for lower extremity wounds, such as a puncture wound to the foot or ankle, may administer a tetanus inoculation if the patient has never had one or a tetanus booster if the patient has not had such a booster in the previous 5 years; 10 years if the wound is clean. This is due to the potential health risk if the booster is not administered within a certain time period, typically 24 hours (per [WAC 246-922-001](#) regarding emergency intervention). Many podiatric physicians do not keep such immunization supplies (commonly referred to as DTaP, DT, for patients 7 years or younger and Tdap or Td for older children and adults) on hand due to storage restrictions and its short shelf-life. Podiatric physicians who choose to not keep such supplies, the patient can be referred to the patient’s primary care practitioner, an urgent care facility, the local hospital emergency department, or a local pharmacist (pursuant to a valid CDTA or standing order).