

**Department of Health  
Nursing Care Quality Assurance Commission**

# Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk.

**Title:** Registered Nurse and Licensed Practical Nurse Scope of Practice **Number:** NCAO 13.02

**References:** [RCW 18.79 Nursing Care](#)  
[WAC 246-840 Practical and Registered Nursing](#)  
[Interactive Scope of Practice Decision Tree](#)

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## Conclusion Statement

The purpose of this advisory opinion is to clarify and provide distinction from the registered nurse and licensed practical nurse roles, responsibilities and functions as it relates solely to professional nursing care. While nursing care often includes personal care as the nurse uses the nursing process, this advisory opinion draws a distinction between a care-giver giving personal care services and professional nursing care services. The RN and the LPN must be knowledgeable and understand the laws and rules that mandate nursing scope of practice. The practice of nursing may occur in any setting. The Scope of Practice Decision Tree (pages 7 and 8) and the RN and LPN Scope of Practice Comparison Chart (pages 9 and 10) of this document assist a nurse in the decision-making process. The RN and LPN are professionally accountable for nursing practice that encompasses a range of roles, responsibilities and functions for which they are educated, competent and authorized to perform. This responsibility cannot be avoided by accepting orders or directions of another person. The Nursing Care Quality Assurance Commission (NCQAC) supports nurses working up to the full extent, within the legal boundaries, of their education and training. An agency or employer may restrict the nurse’s practice but never expand the practice beyond the legal scope.

## Background and Analysis

The boundaries of the scope of nursing practice must be flexible to be responsive to the evolving health-related needs of the public. Nursing practice takes place in the context of continuing change and development resulting from advances in research and technology, the introduction of new approaches to delivery of care, and a greater variety of practitioners sharing more areas of common ability. The

dynamic nature of the health care environment requires that a nurse respond to patient needs by continually expanding knowledge and skills and making judgments about the limits of their practice. The overall scope of nursing practice refers to the outer limits or boundaries for the profession and everything therein. The actual scope of practice of individual nurses is always narrower than that of the scope of the nursing profession as a whole. The scope of practice of the individual nurse is influenced by the nurses' competency and experience, practice setting, employer requirements, and patient needs.

Nursing practice includes activities the RN or LPN are educated to perform, as established through laws and regulations, definitions of nursing practice and complemented by standards, guidelines, and position statements issued by professional organizations and the NCQAC.

## **Laws and Rules**

The Washington State nursing laws are broad and principle-based. Nursing practice is defined in the [RCW 18.79 Nursing Care](#) and [WAC 246-840 Practical and Registered Nursing](#). Other State laws and rules address delegation, and facility requirements. An agency or employer may restrict the nurse's scope of practice or require specialty certifications or specific training courses.

### Registered Nurse

The RN practices nursing care independently using the nursing process. The RN functions interdependently when carrying out a medical regimen under the general direction of an authorized health care practitioner: Licensed physician and surgeon (MD), dentist (DDS), osteopathic physician and surgeon (DO), naturopathic physician (ND), optometrist (OD), podiatric physician and surgeon (DPM), physician assistant, osteopathic physician assistant (PA), advanced registered nurse practitioner (ARNP), or midwife. These activities include administering medications, treatments, tests, and inoculations whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of practice of the nurse. ([RCW 18.79.260](#)). [RCW 18.79.240 Construction](#) allows the RN to perform minor surgery.

### Licensed Practical Nurse

The LPN scope of practice in the nursing process is limited and focused. The LPN practices in an interdependent role when carrying out nursing care and a dependent role when carrying out medical regimens. The LPN may administer drugs, medications, treatments, tests, injections, and inoculations, whether or not the piercing of tissues is involved and whether or not a degree of independent judgment and skill is required under the direction of an authorized health care practitioner or under the direction and supervision of the RN. Such direction must be for acts within the scope of licensed practical nurse practice and the authorized health care practitioner. ([RCW 18.79.270](#)). The LPN implements nursing care plans developed by the RN or other authorized health care practitioner. The LPN may perform nursing education to nursing assistants under the direction and supervision of the RN.

The LPN performs care in routine nursing situations. [WAC 246-840-705 Functions of a RN and LPN](#) define a routine nursing situation as a relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requiring care based upon a comparatively fixed and limited body of knowledge. The LPN may assist the RN in complex nursing situations by carrying out selected aspects of the care.

## Supervision

The definition of supervision in [WAC 246-840-010](#) states that, "supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

The RN practices nursing independently and does not require supervision by another RN or other health care practitioner. The LPN practices interdependently when practicing nursing and dependently when carrying out a medical regimen. It is beyond the LPN's scope of practice to assign nursing responsibilities to the RN. The LPN may supervise the RN in aspects of human resources and administrative functions. A non-nurse may supervise the RN or LPN in aspects human resources and administrative functions. It is beyond the scope of the LPN to independently perform training, performance appraisals, or competency validation related to nursing practice of a LPN, RN, ARNP, nursing assistant (NA), home care aide (HCA), or other assistive personnel (AP). The LPN may assist in providing training, performing appraisals or competency validation related to nursing practice within the scope of the LPN and under the direction of the RN or ARNP. This restriction does not apply to employment within the organization related to organizational, administrative, and human resource functions.

The RN or LPN may perform nursing care without an authorized health care practitioner physically present. The RN does not need to be physically present when the LPN provides nursing care or carries out a medical regimen. Other state or federal laws and rules may have exceptions. Examples include:

- [WAC 246-919-605 Medical Quality Assurance Commission](#) related to the use of laser, light, radiofrequency, and plasma (LLRP) devices that requires the delegating physician to be on the immediate premises during the patient's initial treatment. It further states that existing patients with an established treatment plan may continue to receive care during temporary absences of the delegating physician provided there is local back-up.
- [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#) states that the physician must be on-site if a medication or substance that the Food and Drug Administration (FDA) has not approved or the medication or substance has not been approved for the particular purpose for which it is being used, the physician must be on-site during the entire procedure. The physician does not need to be on-site if a medication or substance approved by the FDA for the purpose for which it is used, but must be reachable by telephone and be able to respond within thirty minutes.

The nursing laws and rules do not address these exceptions. It would be prudent and reasonable for the RN or LPN to follow the physician law and rule when direction to perform LLRP or nonsurgical medical cosmetic procedures under the ARNP.

## Critical Thinking

Critical thinking is used throughout all components of the nursing process. Critical thinking is purposeful and reflective judgment in response to events, observations, experiences, and verbal or written expressions. It involves determining the meaning and significance of what is observed or expressed to determine need for action. The RN or LPN uses critical thinking in clinical problem-solving and decision-making processes relative to scope of practice, knowledge, competency, and experience.

## Nursing Delegation

Several state laws and rules define delegation to assistive personnel (AP). The RN and LPN may delegate some nursing tasks in specific settings and circumstances to unlicensed assistive personnel AP including credentialed or registered AP (such as nursing assistants, medical assistances, home care aides, and surgical technologists).

- Only the RN may delegate to a surgical technologist;
- Only the RN may delegate to a medical assistant;
- Only the RN may delegate to nursing assistants and home care aides in community-based settings (adult family homes, assisted living facilities, and community residential programs for people with developmental disabilities) and in-home care settings;
- Only the RN may delegate to non-credentialed or credentialed UAP in a school setting;
- The RN or LPN may delegate to nursing assistants in other settings (hospitals, nursing homes, clinics, ambulatory surgical facilities).

For clarification, The RN or other authorized health care practitioner does not delegate to the LPN, but “directs” the LPN to perform nursing care or perform a medical regimen.

## **Nursing Process**

### Nursing Assessment

Nursing assessment consists of two parts:

1. Data collection; and
2. Analysis, synthesis, and evaluation of the data to create the nursing care plan.

### Comprehensive Nursing Assessment

A comprehensive nursing assessment means collection, analysis, and synthesis of data performed by the RN used to establish a health status baseline, plan care and address changes in a patient’s condition as defined in the [National Council State Boards of Nursing Model Act \(2012\)](#). It is not within the scope of practice of the LPN to perform a comprehensive nursing assessment.

### Focused Nursing Assessment

Focused nursing assessment means recognizing patient characteristics that may affect the patient’s health status, gathering and recording nursing assessment data and demonstrating attentiveness by observing, monitoring and reporting signs, symptoms, and changes in patient conditions in an ongoing manner to an authorized health care practitioner as defined in the [National Council State Boards of Nursing Model Act \(2012\)](#).

The RN may perform a focused nursing assessment and re-assessment based on the patient’s needs. The LPN may perform a focused nursing assessment and re-assessment at the direction of the RN or other authorized health care practitioner. The LPN may perform a physical assessment. The LPN may obtain health care history information. The LPN may perform specific assessments or screening activities, such as mental health status, suicidal risk, cognitive screening, substance use screening, oral health screening, growth and developmental screening, or nutritional assessments. The LPN may not analyze, synthesize, or evaluate the data or develop the nursing care plan. As a team member, the LPN should contribute to

the development of the nursing care plan. The RN retains the overall responsibility for verifying data collected, interpreting and analyzing data, and formulating nursing diagnoses.

### Initial, Admission, or Event-Focused Assessment

Different types of assessments, such as “initial”, “admission”, or “event-focused” assessment, are not defined in the nursing law and rules. These terms are often used by health care agencies to describe different types of assessment. Examples include post patient fall, pre-transfer assessments or others defined by agency policy based on laws and regulations, standards of care, accreditation standards, and reimbursement requirements applicable to specific practice settings. For example, if the Centers for Medicare and Medicaid Services (CMS) require that an RN perform the initial assessment, then a LPN cannot perform this assessment by proxy for the RN. The LPN may participate in collecting information and data as in any assessment process.

### Nursing Diagnosis

A nursing diagnosis is used to determine the appropriate plan of care for the patient. The nursing diagnosis drives interventions and patient outcomes, enabling the nurse to develop the patient care plan. [WAC 246-840-700 Standards of Nursing Conduct or Practice](#) clarifies that only the RN is permitted to make a nursing diagnosis. The LPN may provide data to assist in the development of a nursing diagnosis. The LPN may document symptoms or other findings and may document using a nursing diagnosis already made by the RN. The LPN uses and applies nursing diagnosis (formulated by the RN) as a foundation for implementing interventions.

### Implementation

The RN is responsible to initiate data collection and perform analysis of the data to create the nursing care plan. The LPN may perform the following activities related to implementation of the care plan:

- Procuring resources needed;
- Implementing nursing interventions and medical orders consistent with nursing rules and within an environment conducive to patient safety;
- Prioritizing performance of nursing interventions within the assignment;
- Recognizing responses to nursing interventions;
- Modifying immediate nursing interventions based on changes in the patient’s status; and
- Delegating specific nursing tasks as outlined in the plan of care and consistent with nursing delegation laws and rules.

### Evaluation

The RN is responsible to evaluate the responses of the nursing interventions, analysis and modification of the nursing care plan consistent with intended outcomes. The LPN, in collaboration with the RN, assists in making adjustments in the care plan and reporting outcomes of care to the RN or other authorized health care practitioner.

### Documentation

The nursing laws and rules do not require a RN to co-sign LPN medical records or other documentation. The LPN is individually accountable and responsible for the care the LPN provides. A RN or LPN never

functions “under the license” of another nurse or other authorized health care practitioner. In general, the NCQAC does not recommend a nurse co-sign anything unless he or she has directly witnessed an act (such as narcotic wastage) or has gone behind another nurse and personally performed the same assessment with the same findings. [WAC 246-840-700 Standards of Nursing Conduct or Practice](#) requires a nurse to communicate significant changes in the patient’s status to appropriate members of the health care team in a time period consistent with the patient’s needs. Communication may occur using written or verbal processes. The rule requires a nurse to document, on essential patient records, the nursing care given and the patient’s response to care.

### Accepting Patient Assignments, Mandatory Overtime, and Patient Abandonment

The NCQAC gets frequent questions about accepting a patient assignment, short staffing, extended work hours, floating to other units related to mandatory overtime, patient abandonment, competency and safety to practice. The NCQAC does not have authority over staffing, extended work hours, or floating. These are employer-employee issues and the employer may discipline a nurse for not accepting assignment.

The nurse must consider whether he or she can provide safe nursing care when accepting a patient assignment. Washington State does not have established statutes or regulations relevant to patient ratios/acuity, assignment by objection, or safe harbor. Washington State Labor and Industries laws do address mandatory overtime for nurses. Refer to [Labor and Industries Nurse Overtime and Exemptions](#) for more information.

The RN or LPN is always responsible for providing safe, competent nursing care. The RN or LPN must have the necessary training, knowledge, judgment, skills and ability to provide the required care. It is the nurse’s responsibility to determine whether he or she is clinically competent to perform the nursing care required. The nurse should not accept the patient care assignment if the nurse is not clinically competent. The nurse may accept a limited assignment of nursing care duties that utilizes his or her currently existing clinical competence. Patient abandonment occurs when a nurse, who has established a nurse-patient relationship, leaves the patient assignment without transferring or discharging nursing care in a timely manner. Refer to the NCQAC’s [Patient Abandonment Interpretive Statement](#) for more information.

### **Recommendations**

The nurse should know and understand the nursing practice laws and rules, other State or Federal laws, accreditation standards that apply to the facility or setting in which the nurse provides care. Nurses should use the [Interactive Scope of Practice Decision Tree](#) to determine if an activity is within their scope of practice.

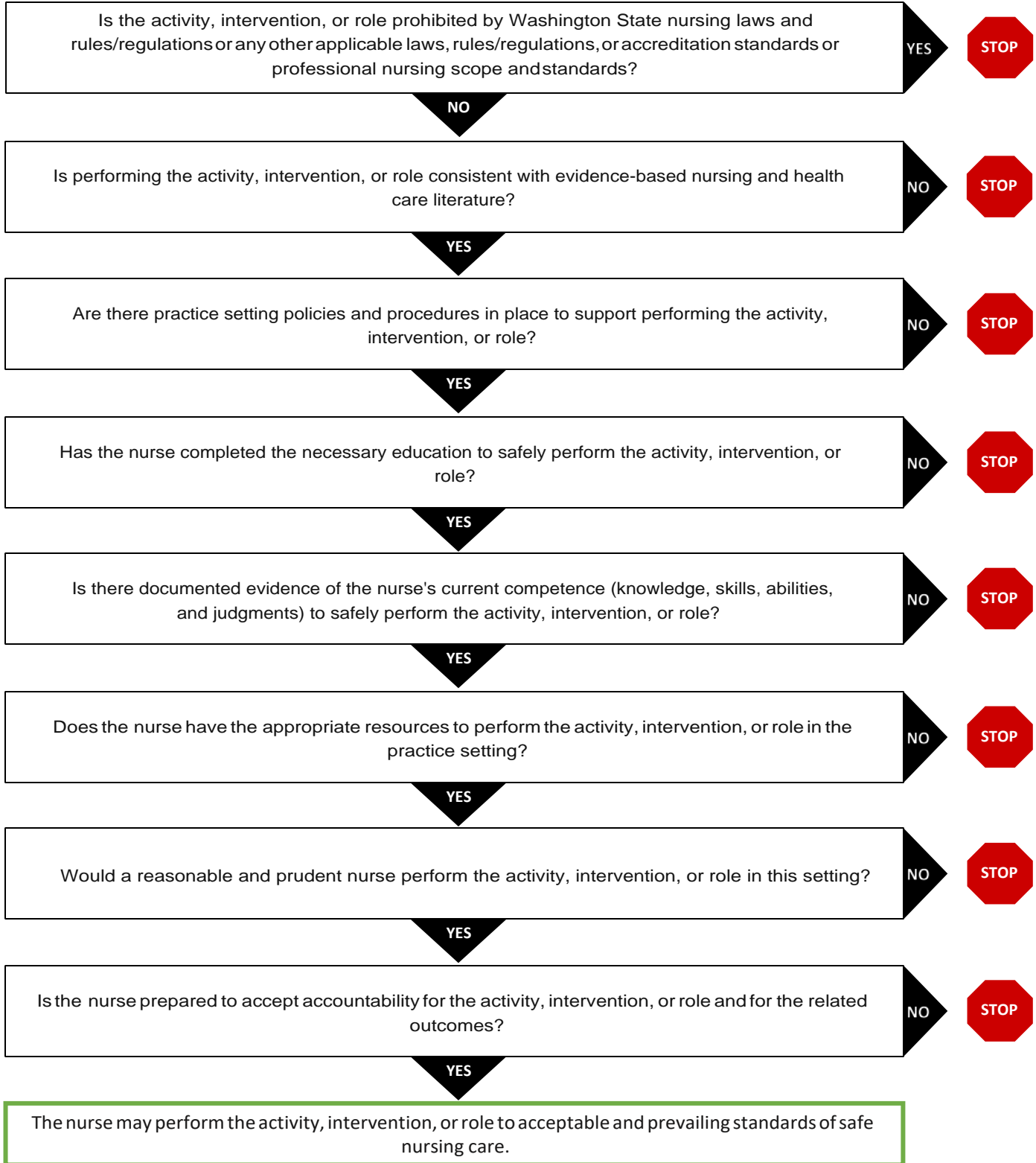
### **Conclusion**

The NCQAC encourages nurses to practice to their full extent within the legal framework and individual scope of practice. The practice of nursing is constantly evolving as new and changing technology and therapies are introduced. Nursing practice is not defined by a specific activity or task list but rather a process consisting of a legally defined set of components of practice. The [Interactive Scope of Practice Decision Tree](#) is the primary tool for a nurse to determine if an activity is within the nurse’s scope of practice.



## Scope of Practice Decision Tree

Identify, describe, or clarify the activity, intervention, or role under consideration.



<b>Nursing Scope of Practice Decision Tree</b>	
<b>Step</b>	<b>Considerations</b>
<b>Define the Activity</b>	<ul style="list-style-type: none"> <li>• Problem or care need</li> <li>• Clinical environment in which the task will be performed</li> <li>• Stability and complexity of the patient care needs</li> <li>• Equipment or supplies needed to safely complete the activity</li> <li>• Requirement for directions or orders from an authorized health care practitioner<sup>1</sup></li> <li>• Independent or interdependent action based on nursing licensure</li> </ul>
<b>Legality</b>	<ul style="list-style-type: none"> <li>• Explicitly permitted or prohibited by Washington State nursing law or rule</li> <li>• Other state laws or rules apply (facility licensing, health care professionals, etc.)</li> <li>• Federal regulations</li> <li>• Supervision or professional licensure requirements</li> </ul>
<b>Practice Standards</b>	<ul style="list-style-type: none"> <li>• Evidence to support the activity within current standards of safe nursing care (National nursing organizations, associations, evidence-based literature and research, position statements, or community standards)</li> <li>• NCQAC advisory opinions, interpretive statements, policy statements, declaratory statements, or other guidance about the activity</li> </ul>
<b>Institutional Policy</b>	<ul style="list-style-type: none"> <li>• Prohibited or permitted by institutional policies and procedures</li> <li>• Reimbursement requirements</li> </ul>
<b>Safety &amp; Competency</b>	<ul style="list-style-type: none"> <li>• Consistent with training in a pre-licensure program, post-basic program, continuing education program, certification program, or self-structured study</li> <li>• Documentation of appropriate education and competency assessment specific to the activity</li> <li>• Safe to perform the activity for the specific patient, in a specific setting, and at a specific time</li> <li>• Specific environment or special equipment or personnel is needed in case of unexpected responses to assure patient safety and quality of care</li> <li>• Potential outcome for the patient if the procedure is not performed</li> </ul>
<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Reasonable and prudent nurse would complete the activity for this patient in this circumstance</li> <li>• Willingness to be accountable and responsible, and accept consequences</li> </ul>

<sup>1</sup> Licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner, or midwife acting under the scope of their licensure. ([RCW 18.79.260](#) and [RCW 18.79.270](#)).



## Registered Nurse and Licensed Practical Nurse Components of Care Scope of Practice Comparison Chart

Function		Registered Nurse	Licensed Practical Nurse
Roles		<ul style="list-style-type: none"> <li>• Initiates the nursing process, establishing the nursing care plan</li> <li>• Provides nursing care independently without supervision or assignment</li> <li>• Collaborates in an interdependent role as a health care team member</li> <li>• Provides medical care and therapies in an interdependent role</li> <li>• Acts as patient advocate in health maintenance and clinical care</li> <li>• Accepts patient assignment(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Provides nursing care using the nursing process interdependently under the direction and supervision of the RN</li> <li>• Collaborates in an interdependent role as a health care team member</li> <li>• Provides medical care and therapies in a dependent role</li> <li>• Acts as patient advocate in health maintenance and clinical care</li> <li>• Accepts patient assignment(s)</li> </ul>
	Nursing Process	Nursing Assessment	<ul style="list-style-type: none"> <li>• Performs comprehensive nursing assessment                             <ul style="list-style-type: none"> <li>○ Initiates the data collection process</li> <li>○ Collects data and information relative to the health care consumer's health or the situation</li> <li>○ Assimilates data gathered from LPNs and other health care team members</li> </ul> </li> </ul>
Diagnosis		<ul style="list-style-type: none"> <li>• Analyzes the assessment data to determine actual or potential diagnosis, problems, and issues</li> <li>• Uses scientific principles to develop nursing diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Provides data to assist in development of nursing diagnosis</li> </ul>
Outcomes Development		<ul style="list-style-type: none"> <li>• Identifies expected outcomes for an individualized plan to the patient or situation</li> </ul>	<ul style="list-style-type: none"> <li>• Assists in developing expected outcomes</li> </ul>
Planning		<ul style="list-style-type: none"> <li>• Develops a plan that prescribes strategies to attain expected, measureable outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Contributes to the development of the nursing care plan</li> </ul>
Implementation		<ul style="list-style-type: none"> <li>• Implements the identified plan</li> <li>• Delegates and supervises certain nursing tasks to UAP in specific situations and settings</li> <li>• Coordinates care with other team members</li> <li>• Employs strategies to promote health and a safe environment</li> </ul>	<ul style="list-style-type: none"> <li>• Implements the identified nursing care plan under RN supervision</li> <li>• Delegates, and supervises certain nursing tasks to UAP in specific situations and settings</li> <li>• Assists in coordinating care with other team members</li> <li>• Assists in patient teaching</li> </ul>
Evaluation		<ul style="list-style-type: none"> <li>• Evaluates progress toward attainment of goals and outcomes</li> <li>• Modifies care plan as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Contributes in evaluation by reporting patient outcomes and assists with making adjustments</li> </ul>

Reporting and Recording	<ul style="list-style-type: none"> <li>Documents in the medical record</li> <li>Communicates (verbally or in writing) with LPN and other health care practitioners/health care team as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Documents in the medical record</li> <li>Communicates (verbally or in writing) with RN and other health care practitioners/health care team as appropriate</li> </ul>
Case Management	<ul style="list-style-type: none"> <li>Identifies case management needs</li> <li>Refers patients to appropriate resources</li> </ul>	<ul style="list-style-type: none"> <li>Assists the RN in identifying case management needs</li> <li>Refers patients to appropriate resources based on nursing care plan</li> </ul>
Delegation	<ul style="list-style-type: none"> <li>Delegates nursing care plan activities to UAP</li> <li>Delegates medical regimens to UAP</li> </ul>	<ul style="list-style-type: none"> <li>Delegates nursing care plan activities to UAP</li> <li>Delegates medical regimens to UAP</li> </ul>
Supervision	<ul style="list-style-type: none"> <li>Performs nursing care independently</li> <li>Carries out medical regimens under the direction of an authorized health care practitioner</li> <li>Supervises care given by LPNs, and UAP</li> <li>Authorized health care practitioner is not required to be on the premises when RNs carry out medical regimens</li> </ul>	<ul style="list-style-type: none"> <li>Carries out medical regimens under the direction and supervision of an RN or other authorized health care practitioner</li> <li>Performs nursing care under the direction and supervision of an RN</li> <li>Supervises delegated care given by UAP</li> <li>RN or other authorized health care practitioner is not required to be on the premises when carrying out medical regimens or nursing activities</li> </ul>
Complexity	<ul style="list-style-type: none"> <li>Performs nursing care and carries out medical regimens in complex situations</li> <li>Clinically and behaviorally stable and unstable patients</li> </ul>	<ul style="list-style-type: none"> <li>Performs basic nursing care in routine situations</li> <li>Clinically and behaviorally stable patients</li> <li>Assists in giving nursing care and carries out medical regimens in complex nursing situations</li> </ul>
Health Education, Promotion and Prevention	<ul style="list-style-type: none"> <li>Provides health education, health promotion and preventive activities to patients, families and groups</li> <li>Identifies learning needs</li> <li>Develops and evaluates education plans</li> </ul>	<ul style="list-style-type: none"> <li>Participates in developing, providing, and evaluating health education, health promotion and preventive activities to patients, families, and groups under the direction and supervision of an RN or other authorized health care practitioner</li> </ul>
Prescribing Medication and Therapies	<ul style="list-style-type: none"> <li>Under direction of an authorized health care practitioner may give medications, treatments, tests, injections, vaccines (whether or not piercing or puncturing of tissues is involved and whether or not a degree of independent judgment and skill is required)</li> </ul>	<ul style="list-style-type: none"> <li>Under direction of an authorized health care practitioner may give medications, treatments, tests, injections, vaccines (whether or not piercing or puncturing of tissues is involved and whether or not a degree of independent judgment and skill is required)</li> </ul>
Responsibility	<ul style="list-style-type: none"> <li>Responsible and accountable for the quality of nursing care given</li> <li>Responsible and accountable for delegated activities</li> <li>Responsible and accountable for following the standards of nursing conduct or practice</li> <li>Accountable for delegation and supervision when delegating tasks to others</li> <li>May only perform activities within the RN's individual scope of practice - Use Scope of Practice Decision Tree</li> </ul>	<ul style="list-style-type: none"> <li>Responsible and accountable for the quality of nursing care given</li> <li>Responsible and accountable for delegated activities</li> <li>Responsible and accountable for following the standards of nursing conduct or practice</li> <li>Accountable for delegation and supervision when delegating tasks to others</li> <li>May only perform activities within the LPN's individual scope of practice - Use Scope of Practice Decision Tree</li> </ul>

## References and Resources

Nursing Care Quality Assurance Commission Website:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>

Nursing Care Quality Assurance Commission Patient Abandonment Interpretive Statement:

<https://www.doh.wa.gov/portals/1/Documents/6000/PatientAbndmt.pdf>

NCSBN (October 2009). Changes in Health Care Professions' Scope of Practice:

[https://www.ncsbn.org/ScopeofPractice\\_09.pdf](https://www.ncsbn.org/ScopeofPractice_09.pdf)

NCSBN Model Act (2012): [https://www.ncsbn.org/14\\_Model\\_Act\\_0914.pdf](https://www.ncsbn.org/14_Model_Act_0914.pdf)

Office of the Superintendent of Public Instruction Health Services:

<http://www.k12.wa.us/HealthServices/Resources.aspx>

Washington State Department of Health Facility Licensing Laws, Rules, and Other Information:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate>

Washington State Department of Labor and Industries: <http://www.lni.wa.gov/>

Washington State Department of Social and Health Services Aging and Long-Term Support

Administration: <https://www.dshs.wa.gov/altsa>

### State Laws and Regulations

- RCW 18.88A Nursing Assistants: <http://app.leg.wa.gov/rcw/default.aspx?cite=18.88A>
- WAC 246-841 Nursing Assistants: <https://app.leg.wa.gov/wac/default.aspx?cite=246-841>
- RCW 18.360: Medical Assistants: <http://app.leg.wa.gov/rcw/default.aspx?cite=18.360&full=true>
- WAC 246-827 Medical Assistants: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-827>
- RCW 18.215 Surgical Technologists: <http://app.leg.wa.gov/rcw/default.aspx?cite=18.215>
- WAC 246-939 Surgical Technologists: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-939&full=true>
- RCW 18.88b Long-Term Care Workers: <http://app.leg.wa.gov/rcw/default.aspx?cite=18.88b>
- WAC 246-980 Home Care Aide: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-980>
- RCW 28.A.210 Health-Screening and Requirements: <http://app.leg.wa.gov/RCW/default.aspx?cite=28A.210>
- RCW 43.214 Department of Early Learning: <http://apps.leg.wa.gov/rcw/default.aspx?cite=43.215&full=true>
- WAC 170-295 Minimum Licensing Requirements for Child Care Centers: <http://apps.leg.wa.gov/WAC/default.aspx?cite=170-295&full=true>
- RCW 70.02 Medical Records-Health Care Information Access and Disclosure: <http://apps.leg.wa.gov/Rcw/default.aspx?cite=70.02>

## Federal Laws and Regulations

- Centers for Medicare and Medicaid Services: <https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html>
- Substance Abuse and Mental Health Services Administration: Nurse Practitioner Buprenorphine Waiver: <https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers>
- U.S. Department of Justice Drug Enforcement Administration Registration: <https://www.deadiversion.usdoj.gov/drugreg/index.html>
- U.S. Department of Health and Human Services-Health Information Privacy (HIPAA) Information: <https://www.hhs.gov/hipaa/for-professionals/faq>
- U.S. Department of Labor Occupational Safety and Health Administration (OSHA): <https://www.osha.gov/>