Washington State Department of Health
Regulation of Health Care Assistants and Medical Assistants

More and more health care organizations and medical practices are hiring health care assistants as a cost-effective way to obtain valuable medical assistance. This article will answer some of the common questions we receive about health care assistants and medical assistants in light of current Washington State law.

Additionally, in March 2012, Engrossed Substitute Senate Bill (ESSB) 6237, (2012) was passed, creating the new medical assistant (MA) profession and phasing out the health care assistant profession. The new law becomes effective July 1, 2013. Medical assistants will work under the supervision of a physician, osteopathic physician, podiatric physician, registered nurse, advanced registered nurse practitioner, naturopath, physician assistant, osteopathic physician assistant, or optometrist. ESSB 6237 creates four new categories of medical assistants: medical assistant-certified, medical assistant-registered, medical assistant-hemodialysis technician, and medical assistant-phlebotomist. Health care assistants credentialed as of July 1, 2013, will be transitioned to a medical assistant credential.

What is a health care assistant?

As defined by RCW 18.135.020, a health care assistant (HCA) is an unlicensed person who assists a licensed health care practitioner in providing health care to patients. Health care practitioner is defined as a physician, osteopathic physician or surgeon, podiatric physician, physician assistant, osteopathic physician assistant, registered nurse, advanced registered nurse practitioner, or naturopath.

What are health care assistants authorized to do?

Health care assistants perform those procedures that are authorized under their current certification/delegation forms on file with the Department of Health (DOH). Authority to perform such procedures may only be delegated by a delegator (e.g., a licensed health care practitioner) who is authorized to perform these procedures within the scope of his or her license. The DOH Web site for HCAs can be found at: http://www.doh.wa.gov/hsqa/Professions/Health_Care/default.htm

For guidance on health care assistants who are involved in other aspects of patient care within health care organizations or medical practices, please see page 7, regarding use of medical assistants.

What is certification and who certifies the health care assistant?

As part of the application process, a facility or health care practitioner verifies that a health care assistant is competent to perform authorized functions, under a health care practitioner’s supervision. Before verifying the competence of a health care assistant, the facility or health care practitioner must confirm that the health care assistant has met the minimum requirements applicable to the health care assistant’s classification. Training and supervision in this same capacity is allowed to continue after the trainee has submitted the application for certification and up to the time the certification is issued.
However, persons trained by a federally approved end-stage renal-disease facility who perform end-stage renal dialysis in the home setting are exempt from certification.

**What are the different categories of certification for a health care assistant?**

There are seven categories of certification; each category allows for specified activities and has certain specific training and educational requirements. Each category has individual training and educational requirements. WAC 246-826-130 through WAC 246-826-180 identifies the training and educational requirements for each category. WAC 246-826-300 through WAC 246-826-303 identifies the minimum requirements, training, standards of practice, and core competencies of hemodialysis technicians. It is essential to familiarize yourself with the training and educational requirements before preparing and submitting an application with the DOH.

Certification is valid for two years, and the delegating practitioner or health care facility is responsible for certifying and recertifying health care assistants. Any change in health care facility, health care practitioner, or category requires a new application.

**New laws and rules impacting HCA administration of medications**

Effective July 22, 2011, RCW 18.135.130 was amended by Substitute House Bill 1304, to authorize only Category C and E HCAs to administer certain drugs. Administration of drugs was restricted to oral, topical, rectal, otic, ophthalmic, or inhaled routes. The amendment will expire on July 1, 2013.

Effective December 19, 2011, a new DOH rule amends WAC 246-826-100, to clarify the tasks authorized and types and route of administration of drugs for each category of HCA:

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<tr>
<td>May perform:</td>
<td>Venous and capillary invasive procedures for blood withdrawal</td>
<td>Arterial invasive procedures for blood withdrawal</td>
<td>Intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests</td>
<td>Intravenous injections for diagnostic agents</td>
<td>Intradermal subcutaneous and intramuscular injections for therapeutic agents and administration of skin tests</td>
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### What medications can certified HCAs administer?

Pursuant to WAC 246-826-100 and RCW 18.135.130, only Category C and E HCAs are authorized to administer certain over-the-counter and legend drugs listed below. A written order is required from a supervising health care practitioner. The HCA must demonstrate his or her initial and ongoing competency to administer drugs as determined by the health care practitioner who employs or supervises the HCA. The supervising health care practitioner must be physically present and immediately available in the facility.

**Authorized drugs that may be administered by Category C and E HCAs while the patient is in the care of the health care provider:**

- Over-the-counter medications limited to Benadryl, acetaminophen, ibuprofen, aspirin, Neosporin, Polysporin, normal saline, Colace, Kenalog, and hydrocortisone cream
- Non-OTC unit-dose legend drugs limited to Kenalog, hydrocortisone cream, Reglan, Compazine, Zofran, Bactroban, albuterol, Xopenex, Silvadene, a gastrointestinal cocktail, fluoride, LMX cream, EMLA, LAT, optic dyes, oral contrast, and oxygen

### When do licensed providers become involved during medication administration?

A licensed health care provider, such as a registered nurse or LPN, must administer a medication if a patient is unable to physically ingest or safely apply a medication independently or with assistance. A licensed provider must also administer medication to a patient if the patient is incapable of being aware that he or she is receiving it.

### Can HCAs administer vaccines?

- Vaccines may be administered by injection, orally, topically, or by nasal administration. All HCAs may administer vaccines orally, topically, or by nasal administration. However, only Category C and E HCAs can administer vaccines by injections.
- A supervising health care practitioner must be physically present and immediately available in the facility during vaccine administration.
- Vaccines must be FDA licensed.
Can a registered nurse supervise a health care assistant to administer vaccines?

Yes. A registered nurse can supervise a health care assistant to administer vaccines at the facility which has certified the health care assistant. The registered nurse must be physically present and immediately available in the building.

What types of drugs can a health care assistant administer by injection?

According to the DOH’s interpretation and pursuant to RCW 18.135.030 (3)(d) and WAC 246.826.200, Class C, D, E, or F health care assistants may administer by injection the drugs listed below in any health care setting. They may do so only as authorized and directed by a delegator. They are also limited by what is allowed by their category of certification. Drugs authorized include:

- antihistamines;
- anti-infective agents;
- antineoplastic agents;
- autonomic drugs;
- blood derivatives;
- blood formation and coagulation agents;
- cardiovascular drugs;
- CNS agents;
- diagnostic agents;
- electrolytic, caloric, and water balance agents;
- gastrointestinal drugs;
- gold compounds;
- heavy metal antagonists;
- hormones/synthetic substitutes;
- local anesthetics;
- oxytocics;
- radioactive agents;
- serums toxoids;
- vaccines;
- skin and mucous membrane agents;
- smooth muscle relaxants;
- vitamins;
- and unclassified therapeutic agents.

Every licensed provider’s facility must maintain a list of specific drugs, diagnostic agents, and vaccines, and the route of administration of those drugs, diagnostic agents, and vaccines that HCAs are authorized to administer. This list must be signed and dated by both the delegator and the individual HCA certified by the DOH. The signed list must be forwarded to the DOH and also be available for review at your clinic. Any changes in this list must be provided to the DOH within 30 days of the change. Those health care assistants who are authorized to administer certain categories of medication in health care settings are prohibited from administering any controlled substance as defined in RCW 69.50.101(d) (substances included in Schedule I-V), any experimental drug, and any cancer chemotherapy agent unless a delegator is physically present in the immediate area where the drug is administered. If you have a question about whether a particular medication may be administered by an HCA, contact the DOH for guidance.

Must the health care assistant be supervised?

Yes. The assistant may be supervised by either the practitioner who delegated the act or by a practitioner who can order the act under his or her license. The supervising practitioner must be physically present and immediately available in the facility during the administration of injections. The supervising practitioner does not need to be present during procedures to withdraw blood.

It is important for physician employers to remember that they can be held accountable for any errors made by health care assistants that they employ. As such, it is imperative that employers make sure their staff members are properly trained, supervised, and certified for their delegated duties within the practice. The employer’s failure to comply with these state-mandated certification requirements could expose them to disciplinary action by the DOH under the Uniform Disciplinary Act RCW 18.130. Further, health care assistants who are not certified or who perform tasks outside the scope of their certification place patients at risk of harm and also place the employer at risk in the event of patient harm.
The key to successful employment of these valued employees is to make sure that each receives quality training for the activities delegated and that appropriate supervision is taking place. Make sure all of your health care assistants are currently certified with the State of Washington and all assistants are providing only those services authorized within their current certification. In addition, it is useful to familiarize yourself with the state laws that pertain to health care assistants. Indeed, all health care assistant applicants for certification are required to read these laws. They include the Revised Code of Washington, Chapter 18.135, Washington Administrative Code, Chapter 246-826, and Revised Code of Washington, 18.130.170 and 180 of the Uniform Disciplinary Act.

Can a registered nurse supervise an HCA?

A registered nurse can supervise a health care assistant to administer vaccines at the facility which has certified the health care assistant. The registered nurse must be physically present and immediately available in the building. Additionally, according to the DOH, a registered nurse can be a supervisor/delegator to a Category G HCA only. It is the DOH’s position that registered nurses may not supervise HCAs in any other category for anything other than the administration of vaccines. RCW 18.135.020 (c) lists a registered nurse as a health care practitioner who can supervise a HCA only as defined in the health care assistant law, RCW Chapter 18.135. RCW 18.135.060 (2) defines the patient care scenario that authorizes a registered nurse to supervise a Category G HCA:

A health care assistant trained by a federally approved end-stage renal disease facility may perform venipuncture for blood withdrawal, administration of oxygen as necessary by cannula or mask, venipuncture for placement of fistula needles, connect to vascular catheter for hemodialysis, intravenous administration of heparin and sodium chloride solutions as an integral part of dialysis treatment, and intradermal, subcutaneous, or topical administration of local anesthetics in conjunction with placement of fistula needles, and intraperitoneal administration of sterile electrolyte solutions and heparin for peritoneal dialysis: (a) In the center or health care facility if a registered nurse licensed under chapter 18.79 RCW is physically present and immediately available in such center or health care facility; or (b) in the patient’s home if a physician and a registered nurse are available for consultation during the dialysis. (emphasis added)

WAC 246-826-020 limits delegation and supervision of functions to health care assistants:

The authority to perform the HCA functions may only be personally delegated from one individual (the delegator) to another individual (the delegatee). The delegator can only delegate those functions that he or she can order within the scope of his or her license. A licensee who is performing a function at or under the direction of another may not further delegate that function. Functions may not be delegated unless a completed and current certification/delegation form is on file with the Department of Health.
Frequently Asked Questions (FAQs) about HCA, including those from the DOH Web site

Can an HCA or unlicensed medical assistant perform Botox injections or other cosmetic procedures?

No, HCAs and medical assistants are not authorized to perform cosmetic procedures, including Botox injections or use of prescriptive devices, such as lasers.

Can a health care assistant start an IV? If not, what are their duties relating to IVs?

No. A health care assistant may not start an IV. Health care assistants in categories D and F may interrupt an IV, administer an injection, and restart at the same rate. Line draws may only be performed by a category B assistant if the IV is stopped and restarted by a licensed practitioner. The rule does not say a health care assistant can discontinue the IV, so it is not in their scope of practice to do so. (WAC 246-826-210 [1])

Can a facility set up dosing guidelines for a health care assistant to use without consulting the provider?

No.

Can a health care assistant assist in colonoscopies, or use the biopsy forceps and snares to cut and obtain tissue samples at the direction of the MD?

No.

Can a health care assistant access, flush, and withdraw blood for an Implanted Venous Access device (port-a-cath)?

No.

Can a health care assistant insert urinary catheters?

No.

Who can supervise a health care assistant?

A health care assistant can only be supervised by licensed medical doctors, osteopathic doctors, physician assistants, podiatric doctors, advanced registered nurse practitioners, registered nurses, and naturopathic doctors. Additionally, see pages 4-5 above regarding registered nurse supervision.

Can a health care assistant be a part of the controlled substance count at the beginning and end of the day and sign for the count?

No.
Can a health care assistant sign out and administer a controlled substance that has been ordered by a supervising practitioner? This includes obtaining the narcotic cabinet keys, opening the cabinet, removing the narcotic ordered, and then administering it intramuscularly.

No. A health care assistant cannot sign out a controlled substance, have the narcotic cabinet keys, or open the cabinet. A health care assistant certified in Category C or Category E can give an intramuscular injection. He or she can only do this if the supervising practitioner is physically present and immediately available in the facility during the administration of the injection.

Can a health care assistant work at the facility before he or she receives the health care certification in the mail?

The health care assistant can work and perform the duties of his or her category while waiting for the actual certification document. This is considered a training period. The assistant can work during the application process.

How many health care assistants can a delegator supervise?

There are no limitations on how many health care assistants a delegator can supervise.

What type of recognition is given, if any, for people who have obtained education and training through the military, and would like to pursue health care assistant certification?

An individual who served in the Air Force as a Medical Service Specialist meets the requirements for categories A, B, C, and E.

An individual who has served in the Army and completed the technical training (similar to 91A, 91B, and 91W training) meets the requirements for categories A, B, C, and E.

An individual who served in the Navy and has completed the Hospital Corps School meets the requirement for categories A, B, C, and E.

Is telephone triage and advice using a Barton Schmitt, MD protocol book within the scope of practice for a credentialed health care assistant?

No.

Can a health care assistant administer routine vaccines when standing orders have been reviewed by a clinic's medical director and signed off at each site?

No. Standing orders are not allowed. The practitioner supervising the health care assistant must be physically present and immediately available in the facility during the administration of injections or vaccines. (WAC 246-826-030)
Is a health care assistant credential transferable to another health care facility or medical practice?

No. Certification at one health care facility or practice is not transferable to another health care facility or medical practice.

For additional information in filling out the health care assistant application form or learning more about the requirements and process for health care assistant certification, contact the DOH Customer Service Center at (360) 236-4700. For clarification of the statute and rules, contact Erin Obenland, HCA Program Manager, at (360) 236-4945.

What about the new law creating the medical assistant profession?

In March 2012, Engrossed Substitute Senate Bill (ESSB) 6237, (2012) was passed, creating the new medical assistant (MA) profession and phasing out the health care assistant profession. The new law becomes effective July 1, 2013. Medical assistants will work under the supervision of a physician, osteopathic physician, podiatric physician, registered nurse, advanced registered nurse practitioner, naturopath, physician assistant, osteopathic physician assistant, or optometrist. ESSB 6237 creates four new categories of medical assistants: medical assistant-certified, medical assistant-registered, medical assistant-hemodialysis technician, and medical assistant-phlebotomist. Health care assistants credentialed as of July 1, 2013, will be transitioned to a medical assistant credential.

On July 2, 2012, the DOH began the process of developing rules to specify minimum qualifications for the four categories of medical assistants and clarify the process for current health care assistants to transition to a medical assistant credential. Rules will define approved training programs and exams along with minimum requirements necessary for a health care practitioner, clinic, or group practice to endorse registered medical assistants. Rules are also needed to further define scope of practice and types of drugs that may be administered by a medical assistant and set fees.

Rule workshops will be held in the future. To be notified of the specific dates and locations of these workshops, you can sign up to the DOH’s Medical Assistant Listserv. Comments and questions may be sent to medical.assistants@doh.wa.gov

Pending final adoption of DOH rules implementing the new medical assistant law, facilities and clinicians using medical assistants should continue to follow the advice below.

Traditionally, medical assistants have been trained by their employer to perform certain duties to assist with patient evaluation and treatment in the health care setting. According to the DOH, a medical assistant cannot initiate an intervention or task that is within any licensed health care practitioner’s scope of practice. The medical assistant could be subjected to a claim of practicing a health care profession without a license and the physician-employer could be subjected to disciplinary action by the DOH under the Uniform Disciplinary Act RCW 18.130.

A medical assistant certified through an education program, or having a credential as a CMA or RMA through a national examination, does not take the place of certification as a HCA with the DOH. Only a certified HCA can draw blood, administer certain medications and oral vaccines as delegated health care tasks, or perform any other authorized functions.
Practice protocols should be carefully reviewed to ensure that a medical assistant is not performing interventions or activities that are within the scope of practice of any licensed health care practitioner, for example, a Registered Nurse, LPN, or Radiologic Technician (see Chapter 18.120.020 [4]). Further, the training and supervision required for HCAs and described above should be implemented for medical assistants. It is important for health care organizations and physician-employers to remember that they can be held accountable for any errors made by the medical assistants that they employ. As such, it is imperative that employers make sure their staff members are properly trained and supervised for their duties within the practice.