Legislative Regulation Review Committee

2009-046a

Department of Developmental Services

RESIDENTIAL FACILITIES, RESPITE CENTERS, DAY PROGRAMS, COMMUNITY TRAINING HOMES, AND INDIVIDUAL & FAMILY SUPPORTS

STATE OF CONNECTICUT
REGULATIONS
OF

Department of Developmental Services

Concerning

Administration of Medications: [in Day and Residential Programs and Facilities] Residential Facilities, Respite Centers, Day Programs, Community Training Homes, and Individual and Family Supports

Sections 17a-210-1, 17a-210-2, 17a-210-3, 17a-210-3a, 17a-210-4, 17a-210-5, 17a-210-6, 17a-210-7, 17a-210-8, 17a-210-9, 17a-210-10

Section 1. Section 17a-210-1 of the Regulations of Connecticut State Agencies is amended to read as follows:

17a-210-1. Definitions

[For the purpose of these regulations, the following definitions shall apply:] As used in section 17a-210-1 to section 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies:

(a) "Administration" means the direct application of a medication by inhalation, ingestion or any other means to the body of a person, other than by injection.

(b) "Authorized licensed practical nurse" means a licensed practical nurse who has successfully completed the department's authorization program and may be delegated responsibility to participate in certain aspects of the medication administration certification process.

[(b)] (c) "Certified [unlicensed] non-licensed personnel" means any person who has successfully completed a training program approved by the department pursuant to [Section] section 17a-210-3 of [these regulations] the Regulations of Connecticut State Agencies and who has been issued a certificate authorizing him to [administer medication to clients.] be delegated the responsibilities to administer medication to consumers in specific programs operated and licensed by the department.

[(c)] (d) "Certificate" means written authorization issued by the commissioner [to a person to administer medication.] that establishes the competency of a person to receive further specific training and be delegated the responsibility to administer medications by a registered nurse in accordance with sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies.

[(d)] (e) ["Client"] "Consumer" means any person [attending a day program or residing in a residential facility operated, licensed or funded by] receiving services from or funded by the department.

[(e)] (f) "Community [Training Home] training home" means a [residential facility licensed as such by the department] private family home licensed by the department to provide residential supports and services pursuant to [Section] section 17a-227 [G.S.] of the Connecticut General Statutes.

[(f)] (g) "Commissioner" means the [commissioner of the department of mental retardation] Commissioner of Developmental Services or his designated representative.

(h) "Controlled medication" means controlled substances, Schedules II-V, as defined in section 21a-240 of the Connecticut General Statutes and regulations adopted pursuant to section 21a-243 of the Connecticut General Statutes.

[(g)] (i) "Day [Program] program" means the following programs operated or funded by the department: supported employment, sheltered employment, [work activity, opportunities for older adults, community experience and adult day treatment.] day support options and similar day programs funded by the department which are site-based or provided to a group of consumers.

(j) "Delegation" means the transfer of responsibility for selected nursing tasks from the licensed nurse who is responsible for the overall plan of care for the consumer to qualified non-licensed personnel.

[(h)] (k) "Department" means the [department of mental retardation.] Department of Developmental Services.

[(i)] (l) "Dwelling" means any building designed for human habitation.

[(j)] (m) "Employee" means, solely for the purposes of sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies, any individual employed by a residential facility operated, licensed or funded by the department; [or] by a day program operated or funded by the department [.]; or hired directly by a provider, the consumer or the consumer's family or guardian with department funding.

(n) "Endorsed instructor" means a registered nurse who has successfully completed the department's endorsed instructor training program and is granted endorsement by the department to teach the approved curriculum.

[(k)] (o) "Error" means failure to administer medication to a [client,] consumer, failure to administer medication within one hour of the time designated by the [prescribing practitioner,] licensed prescriber or supervising nurse, failure to administer the specific medication prescribed for a [client,] consumer, failure to administer the correct dosage of medication, failure to administer the medication by the correct route [and] or failure to administer the medication according to generally accepted [medical practices.] standards of practice.

(p) "Individual and family support" means, solely for the purposes of sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies, the support services provided or funded by the department through paid staff within a consumer's home, or a consumer's family home, or specialized day services that are self-directed. Such support services shall not include services provided in residential settings licensed or operated by the department or within day programs as defined in this section.

(q) "Individual plan" means the department's document that guides the supports and services provided to a consumer.

[(l)] (r) "Investigational [Drug] drug" means any medication which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects, and which has not yet received [Federal] federal Food and Drug Administration approval.

[(m)] (s) "Licensed [Personnel] personnel" means a physician licensed under chapter 370 of the Connecticut [general statutes,] General Statutes, a dentist licensed under chapter 379 of the Connecticut [general statutes,] General Statutes, a registered nurse licensed under chapter 378 of the Connecticut [general statutes,] General Statutes, an advanced practice registered nurse licensed under chapter 378 of the Connecticut General Statutes, a licensed practical nurse licensed under chapter 378 of the Connecticut [general statutes] General Statutes practicing under the direction of a registered nurse or an advanced practice registered nurse, a physician's assistant licensed under chapter 370 of the Connecticut General Statutes [and]or a pharmacist licensed under chapter [382] 400j of the Connecticut [general statutes.] General Statutes and acting in accordance with section 19a-509d of the Connecticut General Statutes.

(t) "Licensed prescriber" means a physician or other health care practitioner with applicable statutory authority to prescribe medication.

[(n)] (u) "Medication" means any medicinal preparation including controlled [substances, Schedules II -V, as defined in Section 21a-240 and regulations adopted pursuant to Section 21a-243 G.S.] medication as defined in subsection (h) of this section and non-controlled medication as defined in subsection (w) of this section.

(v) "Multiple doses" means the administration of more than one single dose, as defined in subsection (gg) of this section.

(w) "Non-controlled medication" means those medicinal preparations that are available by prescription or over-the-counter that are not included in Schedules II-V, as defined in section 21a-240 of the Connecticut General Statutes and regulations adopted pursuant to section 21a-243 of the Connecticut General Statutes.

(x) "Original orders" means the written instructions from the licensed prescriber that provide authorization and direction regarding the administration of medication. The original orders shall either (1) contain the original signature of the licensed prescriber, or (2) be a direct facsimile transmission from the licensed prescriber, or (3) be an order taken by a registered nurse, licensed practical nurse or a pharmacist that is signed by the licensed prescriber within two weeks of the order being taken.

(y) "Prohibited practices" means an action or inaction that violates state or federal statute or regulation, or generally accepted standards of practice.

(z) "Provider" means a private agency, organization or individual from whom a consumer, or a consumer's family or guardian, purchases support services and from whom a consumer receives these services.

[(o)] (aa) "Residential [Facility] facility" means [any community-based dwelling which is operated, funded, or licensed pursuant to Section 17a-227 G.S. by the department as a residence for the lodging of clients.] any campus or community-based dwelling, or respite center, funded or licensed by the department pursuant to section 17a-227 of the Connecticut General Statutes as a residence for the lodging of consumers excluding community training homes. [A dwelling which is not community-based, or a] A community-based dwelling, in which [more than 15 persons] 16 or more persons reside, may be included only upon the written approval of the commissioner. Such approval shall be valid for [a period not to exceed one-hundred-eighty (180) days, unless renewed by the commissioner, and contain such terms and conditions] an indefinite period subject to such terms and conditions deemed necessary by the commissioner to protect the health and safety of [clients.] consumers. A dwelling that is not community-based in which eight or fewer residents reside [which is not community-based] may be approved by the commissioner for an indefinite period subject to such terms and conditions deemed necessary by the commissioner to protect the health and safety of [clients.] consumers.

[(p)] (bb) "Regional [Director] director" means that person appointed by the commissioner to be directly responsible for the management of one of the [five] three regions of the department.

[(q)] (cc) "Regional director of health services" [coordinator"] means that person designated by the regional director to be directly responsible for the [management of client] quality of consumer health services in each of the [five] three regions of the department [.] and quality assurance provisions of the regulations concerning the administration of medication by certified non-licensed personnel and trained non-licensed personnel.

(dd) "Revocation of certificate" means the removal by the commissioner, or the commissioner's designee, of the medication administration certification issued to certified non-licensed personnel.

[(r)] (ee) "Self- [Administration] administration of medication" means that a [client] consumer is able to identify the appropriate medication by size, color, amount, or other label identification [, know] ; knows independently, or with the prompting of an employee or adaptive device, the frequency [of] and time of day for which medication is ordered [and consume the medication appropriately.] ; and takes responsibility for the administration of the medication as prescribed.

(ff) "Serious medication error" means any error made by trained non-licensed personnel that requires a consumer to receive medical care at a physician's office, medical facility or hospital; or that results in the injury or death of a consumer.

(gg) "Single dose" means one or more medications in the prescribed dosages that are scheduled to be administered at the same time, on the same day at a location other than a residential facility.

[(s)] (hh) "Supervisor" means an employee assigned by a residential facility, respite center or day program to be directly responsible for the management of the specific residential, respite or day program, including other persons employed by such program.

[(t)] (ii) "Supervising [Nurse] nurse" means a registered nurse assigned by a residential facility, respite center or day program to be directly responsible for the management of medical services provided to the [client] consumer in the specific residential, respite or day program, including [other nurses employed by such program.] the delegation of the task of medication administration to certified non-licensed personnel.

(jj) "Suspension of certificate" means the temporary cessation by the commissioner, or the commissioner's designee, of the medication administration certification issued to certified non-licensed personnel.

(kk) " Suspend the delegation" means the measure imposed by the delegating registered nurse to protect the health and safety of the consumer following the identification of a single significant error or multiple errors committed by a certified non-licensed personnel. This measure means that certified non-licensed personnel are not permitted to administer medication until corrective action or sanction actions have been successfully completed and delegation resumed.

(ll) "Trained non-licensed personnel" means any person who: (1) is a department-funded, paid employee; (2) is hired by a consumer, the family or guardian of a consumer, or a provider, to provide individual and family support services; (3) has successfully completed training required by the department, pursuant to section 17a-210-3a of the Regulations of Connecticut State Agencies; and (4) has been approved to administer medication to consumers supported in their own home, family home or specialized day services.

Section 2. Section 17a-210-2 of the Regulations of Connecticut State Agencies is amended to read as follows:

17a-210-2. Administration of medication

(a) Licensed personnel shall administer medication in any residential facility operated, licensed or funded by the department in which 16 or more persons reside [.] except that certified non-licensed personnel may administer medications in these residential facilities with the prior approval of the commissioner.

(b) Licensed personnel or certified [unlicensed] non-licensed personnel may administer medication in any residential facility operated, licensed or funded by the department in which 15 or fewer persons reside, or in residential facilities approved in accordance with subsection [(o)] (aa) of section 17a-210-1 of [these regulations,] the Regulations of Connecticut State Agencies, provided that investigational drugs shall be administered by licensed personnel.

(c) Licensed personnel or certified [unlicensed] non-licensed personnel may administer medications to [clients] consumers who reside in non-community-based residential facilities as necessary for recreational activities occurring outside the residential facility [.] in accordance with subdivisions (1), (2), (3) and (4) of subsection (n) of this section.

(d) Licensed personnel or certified [unlicensed] non-licensed personnel may administer medication at any day program operated or funded by the department.

(e) Licensed personnel or trained non-licensed personnel may administer medications to consumers receiving individual and family support services in accordance with the procedures and requirements established in sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies.

[(e)] (f) [All prescription medications shall be administered in accordance with the written orders or directions of a physician or dentist.] Certified non-licensed personnel shall administer all medications in accordance with the written orders of the licensed prescriber. If a [physician or dentist] licensed prescriber determines that the training of certified [unlicensed] non-licensed personnel is inadequate to safely administer medications to a particular [client, he] consumer, the licensed prescriber may order that such administration be performed by licensed personnel.

(g) Trained non-licensed personnel shall administer all medications according to written directions provided by the licensed prescriber.

[(f)] (h) No over-the-counter [drug] medication may be administered by certified non-licensed personnel or trained non-licensed personnel to a [client] consumer unless a [physician or dentist] licensed prescriber has previously approved of such administration.

[(g)] (i) Prescribed medications shall only be administered to or taken by the person for whom the prescription has been written.

[(h)] (j)(1) Any residential, respite or day program in which medications are administered by certified [unlicensed] non-licensed personnel [, except for community training homes,] shall have a written policy which specifies the administrative procedures to be followed, the registered nurse and other employees to be notified, the local poison information center telephone number, [the person responsible for decision-making] and the physician, clinic, emergency room or comparable medical personnel to be contacted in the event of a medication emergency. Such policy shall include a list of employees and medical personnel to be contacted which is [up to date,] up-to-date, readily available to employees and clearly indicates who is to be contacted on a 24 hour a day, seven day a week basis.

(2) Any trained non-licensed personnel who administers medications shall be aware of the emergency procedures and contact information appropriate to the consumer they support.

[(i)] (k) [Certified unlicensed personnel shall administer only oral, topical, gastrostomy tube, or jejunostomy tube medications, or inhalant medications, suppositories or medications applied to mucous membranes.] Certified non-licensed personnel and trained non-licensed personnel shall administer only oral, topical or inhalant medications; suppositories; medications given by gastrostomy or jejunostomy tube; or medications applied to mucous membranes. [The prescribing physician] The licensed prescriber may require that the initial administration of suppositories, inhalants or medication instilled in the ears, nose, eyes, gastrostomy tube or jejunostomy tube be done under the direct supervision of licensed personnel. Injectable medications may not be administered by certified or trained non-licensed personnel except as necessary for emergency response using premeasured, commercially prepared syringe as provided for in subsection (s) of this section.

[(j)] (l) Original orders from the licensed prescriber are required prior to the administration of medications by certified non-licensed personnel. A prescription for medication shall be limited

to a ninety (90) day supply with one refill [.] or a one hundred eighty (180) day supply. The [prescribing practitioner] licensed prescriber shall be notified of this requirement by the employee designated by the residential facility.

[(k)] (m) The supervisor of any residential facility operated, licensed or funded by the department shall notify the [appropriate employee of a client's day program] consumer's day supports and services provider of [any] all medications the consumer receives including those which the [client] consumer will take on a regular basis during those hours [the person attends the day program.] the consumer receives services.

[(l)] (n)(1) When a consumer who resides at a residential facility requires multiple doses of [a given] medication [are required] to be administered [to a client] at a location other than a residential facility, one of the following procedures shall be utilized: (A) a [physician] licensed prescriber may order a separate prescription in the required number of doses, and issue such prescription to the person authorized to administer the medication [;], or (B) each labeled medication container from a pharmacy stored in the residential facility for a [client] consumer may be transported to the other location and given to persons authorized to administer medication at the other location, or (C) a separate, [properly packaged and] labeled medication container from a pharmacy may be kept at each location.

(2) When a consumer who receives individual or family support services requires multiple doses of medication to be administered by trained non-licensed personnel at a location other than the consumer's home, the medication must be transported to the other location in a labeled medication container from a pharmacy.

[(2)] (3) When a consumer who resides at a residential facility requires a single dose of [a given] medication [is required] to be administered [to a client] at a location other than a residential facility, one of the following procedures shall be utilized: (A) any one of the procedures specified in [Subsection (k) (1) of section;] subdivision (1) of this subsection; or (B) certified [unlicensed] non-licensed personnel or licensed personnel may place the single dose in a suitable container and ensure that it is given to persons authorized to administer medication at the other location. The container shall be labeled with the [client's] consumer's name, the [drug] medication name and strength, the dosage, the route of administration, and the scheduled time and date for administration.

(4) When a consumer who receives individual and family support services requires a single dose of medication to be administered by trained non-licensed personnel at a location other than the consumer's home, the medication must be transported in a suitable container that is labeled with the consumer's name, the medication name and strength, the dosage, the route of administration, and the scheduled time and date for administration.

[(m)] (o) The residential facility, respite center or day program shall adopt a written policy [which] that specifies the procedure for reporting errors in the administration of medication [.] made by certified non-licensed personnel. Such policy shall include a provision that any such error shall be reported immediately to the supervising nurse. [or prescribing physician.] Such policy shall also specify the procedures to be followed in obtaining medical treatment required as a result of such error and the corrective procedures to be followed in the event certified [unlicensed] non-licensed personnel make more than three (3) errors in the administration of medication during a one month period. Such policy shall be approved by the [Division of Quality Assurance of the department.] regional director of health services.

(p) Trained non-licensed personnel that commit an error shall report the error to the consumer, the consumer's family or guardian, as appropriate, and to the provider, as appropriate. Trained non-licensed personnel that commit a serious medication error shall report the serious medication error to the consumer's case manager, to the consumer's family or guardian, as appropriate, and to the provider, as appropriate.

(q) Community training home licensees or their designees that commit an error or a serious medication error shall report the error or serious medication error to the consumer, the consumer's family or guardian, as appropriate, the consumer's health care provider and the consumer's nurse or the consumer's case manager.

[(n)] (r) Any error [in the administration of medication] by certified non-licensed personnel shall be documented in the [client's] consumer's record and an incident report shall be completed by the person who discovers the error within twenty-four (24) hours of the discovery of the error. [If the medication error results in the need for medical treatment, such fact shall be noted in the incident report and a copy of such report shall be sent to the appropriate regional health services coordinator and to the Division of Quality Assurance of the department for review or further action as required no later than forty-eight (48) hours following the error.] If the error results in the need for medical treatment, such fact shall be noted and managed in accordance with the department's critical incident reporting system. The supervising nurse or the supervising nurse's designee shall notify the appropriate regional director of health services. A copy of the incident report shall be maintained in the [client's] consumer's record.

(s) Notwithstanding any provision in sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies, the use of premeasured, commercially prepared syringe or, other emergency medications for emergency response to allergic reactions, with prior approval of the department, shall not be prohibited if prescribed for the consumer by a licensed prescriber.

Section 3. Section 17a-210-3 of the Regulations of Connecticut State Agencies is amended to read as follows:

17a-210-3. [Training of unlicensed] Certification process for non-licensed personnel

(a) No employee of [either] a residential facility, respite center or day program [, except for community training home providers,] may administer medications without successfully completing a department approved certification training program [, which] that includes, but is not limited to, [instruction in] the following areas:

(1) Theory

(A) Medical [Terminology] terminology;

(B) Drug classifications, including controlled [substances,] medications, dosage, measurement and forms of medications;

(C) Intended purpose and effects of medication;

(D) [Assessment of drug] Identification of medication reactions [,] including, but not limited to, known side effects, interactions and the proper course of action if a side effect occurs;

(E) Correct and safe techniques of medication administration including, but not limited to, the correct methods to prepare, administer and [chart] document the administration of medication;

(F) Prohibited and dangerous techniques of medication administration;

(G) Documentation of medication administered to each [client,] consumer including, but not limited to, [evaluation,] observation, reporting and recording responses of [clients] each consumer to the medication administered;

(H) Reporting medication errors;

[(H)] (I) Responsibilities associated with control and storage of medication;

[(I)] (J) Available medication [reference texts or other written materials] information resources;

[(J)] (K) [Lines of authority and areas of responsibility] Communication and reporting responsibilities relative to certified [unlicensed] non-licensed personnel, licensed personnel and other[s] persons; and

[(K)] (L) State and federal statutes and regulations pertaining to medication.

(2) Laboratory [Practicum] practicum

(3) [Work-site practicum under the supervision of a registered nurse] Written examination

[(b) Community Training Homes

Training shall be provided that is specific to the needs of the clients in residence. A community training home provider may be required by a physician or a regional director to complete a course of instruction in or demonstrate a proficiency in the administration of medication, including requiring such provider to attend the training program provided for herein.]

(b) No employee of a residential facility, respite center or day program shall administer medications without (1) the successful completion of a department approved worksite practicum administered by a registered nurse; and (2) the delegation of responsibility for medication administration to consumers at the site by the supervising nurse.

(c) Qualifications of [Students] applicants for medication administration certification training

Each residential facility, respite center and day program shall select the employees to be enrolled in the medication administration certification training program. Such employees shall be admitted to the training program if they are high school graduates or otherwise qualified to participate in such program and if such employees are approved by the department. A person convicted of a crime involving the manufacture, sale, dispensing, possession, or possession with the intent to sell any controlled substance may be denied admission to the training program by the department. [if after considering (1) the nature of the crime and its relationship to the position to which the certificate applies; (2) information pertaining to the degree of rehabilitation of the convicted person; and (3) the time elapsed since the conviction; it is determined that such person is not suitable for admission.] The department's denial shall be based upon the following considerations: (1) the nature of the crime and its relationship to the position to which the certificate applies; (2) information pertaining to the degree of rehabilitation of the convicted person; and (3) the time elapsed since the conviction. On this basis, the department may determine that such person is not suitable to be enrolled in the medication administration certification training program.

(d) Qualifications of endorsed [Instructors] instructors for medication administration certification training

(1) The [training] certification program provided for in [Sections] sections 17a-210-1 to 17a-210-[9,] 10, inclusive, of the Regulations of Connecticut State Agencies shall be taught by a registered nurse, licensed pursuant to chapter 378 of the Connecticut [general statutes, a pharmacist, licensed pursuant to chapter 382 of the general statutes or a physician licensed pursuant to chapter 370 of the general statutes,] General Statutes with experience in training persons to administer medications.

(2) Endorsed instructors shall successfully complete the department's endorsed instructor training program prior to being endorsed by the department to teach the medication administration certification training program.

(3) Endorsed instructors shall be endorsed for a period not to exceed two (2) years from the date of endorsement and must complete department requirements to continue this endorsement.

(e) Certification

(1) Each person who successfully completes the certification training program specified in [Subsections] subsections (a) and (b) of this section shall be issued a certificate [authorizing him to administer medication to clients.] that indicates successful completion of the baseline competency training requirements, which allows for the delegation of medication administration responsibilities, following the completion of a worksite practicum under the direction of the supervising nurse.

(2) No person may continue to administer medication beyond two years from the issuance of his certificate unless such person has met the requirements for recertification established by the department. A person shall be recertified [to administer medications] if he successfully completes a department approved worksite practicum conducted under the supervision of a registered nurse, passes the department's recertification examination and otherwise remains qualified in accordance with [Subsection] subsection (c) of this section.

[(3) Any employee of a residential facility or day program who holds a certificate or equivalent documentation authorizing such employee to administer medication in another state may apply to the department for a certificate authorizing him to administer medication in this state. The department may issue such certificate, in lieu of the successful completion of the training program provided for in this section, if

(A) the department finds that the applicant successfully completed a training program substantially similar to or of greater scope than that required by the department;

(B) the applicant submits the certificate or equivalent documentation to the department for purposes of verification; and

(C) such certificate or equivalent documentation was issued no later than two years preceding the date of the application.]

(f)(1) Community training home licensees and their designees shall be required to be familiar with general information regarding the safe and correct procedures associated with the administration of medications to consumers residing in their community training home. This information shall be conveyed in a manner identified by the department and shall be reviewed with the licensee by a registered nurse upon initial consumer placement at the community training home and at least annually thereafter.

(2) Information specific to the medications and the administration of the medications to consumers in a community training home shall be provided to the community training home licensee by a licensed prescriber or the consumer's nurse. The community training home licensee shall share this information with each designee who administers medications.

(3) A community training home licensee may be required by a licensed prescriber or a regional director of health services to complete a course of instruction in or demonstrate a proficiency in the administration of medication, including requiring such licensee to attend a department endorsed training program.

Section 4. Section 17a-210-3a is added to the Regulations of Connecticut State Agencies and reads as follows:

(NEW) 17a-210-3a. Approval process for trained non-licensed personnel for individual and family support: General training in medication administration

(a) Non-licensed personnel paid to provide supports to consumers in individual and family support settings shall be approved to administer medications upon successful completion of the following requirements:

(1) Instruction in theory provided by an endorsed instructor or a department approved computer-based training program that includes:

(A) Medical terminology;

(B) Drug classifications, including controlled medications, dosage, measurement and forms of medications;

(C) Intended purpose and effects of medication and sources of information on medications;

(D) Correct and safe techniques of medication administration including, but not limited to, the correct methods to prepare and administer medication;

(E) Prohibited and dangerous techniques of medication administration;

(F) Observational skills and identification of signs of medication reactions; including, but not limited to, known side effects, interactions, and the proper course of action if a side effect occurs;

(G) Responsibilities associated with the administration of medication including, but not limited to, reporting errors; and

(H) State and federal statutes and regulations pertaining to medication.

(2) Demonstration of skills related to the general training in medication administration

(b) Upon successful completion of general training in medication administration, the name of the non-licensed personnel shall be included in the listing of persons who are identified by the department to have met the requirements for general training in medication administration and are approved to administer medications to consumers supported by individual and family support services.

(c) Trained non-licensed personnel who have been approved to provide medication administration support shall be required to receive additional training specific to the needs and medications of each consumer they support. This instruction may be provided by the consumer's licensed prescriber, a registered nurse providing support to the consumer or the consumer's family or guardian.

(d) Non-licensed personnel employed in individual and family support settings that possess current or recent medication certification within the previous 5 years from the date of application to become a trained non-licensed personnel may substitute this experience for the general training in medication administration required by this section unless the following conditions exist:

(1) the non-licensed personnel's certification has been revoked or suspended;

(2) the delegation of medication administration to the non-licensed personnel has been suspended by a supervising nurse due to repeated, documented errors; or

(3) the employment of the non-licensed personnel has been terminated based upon repeated errors in medication administration.

(e) Qualifications for non-licensed personnel to participate in the general training in medication administration.

(1) Non-licensed personnel shall be eligible to receive training if they are high school graduates or otherwise qualified to participate in such program and if such non-licensed personnel are approved by the department. A person convicted of a crime involving the manufacture, sale, dispensing, possession, or possession with the intent to sell any controlled substance, or any other criminal offenses may be denied admission to the general training program by the department. The department's denial shall be based upon the following considerations: (A) the nature of the crime and its relationship to the position to which the department's approval as trained non-licensed personnel applies; (B) information pertaining to the degree of rehabilitation of the convicted person; and (C) the time elapsed since the conviction. On this basis, the department may determine that such person is not suitable to participate in the general training in medication administration.

(2) Paid employees, who will be required to administer medications as part of the support provided to consumers, must be reviewed by the Medication Administration Unit of the department to determine if any issues or concerns in the administration of medications to consumers have previously been reported to the Medication Administration Unit. This review and approval process must be completed prior to training.

(f) Qualifications for instructors for trained non-licensed personnel.

The approved general training program in medication administration identified in this section shall be taught by a registered nurse, licensed pursuant to chapter 378 of the Connecticut General Statutes, who has completed the department's endorsed instructor training program and received orientation in the department curriculum for trained non-licensed personnel.

Section 5. Section 17a-210-4 of the Regulations of Connecticut State Agencies is amended to read as follows:

17a-210-4. Self-administration of medications <u>in residential facilities, respite centers, day programs or community training homes</u>

[Clients who are able to self-administer medication, as defined in these regulations, may do so, provided a physician writes an order for self-administration.]

<u>(a) Consumers shall be determined to possess the ability to self-administer medication through a process approved by the department.</u>

<u>(b) Consumers, who are able to self-administer medication as defined in subsection (ee) of section 17a-210-1 of the Regulations of Connecticut State Agencies, may do so, provided a licensed prescriber writes an order for self-administration.</u>

Section 6. Section 17a-210-5 of the Regulations of Connecticut State Agencies is amended to read as follows:

17a-210-5. Storage and disposal of medications <u>in residential facilities, respite centers and day programs</u>

(a) All medications, except for controlled [substances,] medications, shall be kept in a locked container, cabinet or closet used exclusively for the purpose of storage of medications. Medications for internal use shall be stored separately from substances that are for external administration. All controlled [substances] medications shall be stored in accordance with [Section 21a-252-10] section 21a-262-9 of the Regulations of Connecticut State Agencies. Each residential facility, respite center and day program shall have counting procedures in place to ensure the correct disposition of controlled medications.

(b) Medications requiring refrigeration shall be stored separately from food. If a separate, locked refrigerator is not available, these medications may be placed in a locked container in the same refrigerator in which food is stored. The temperature of the refrigerator shall be maintained between 36-46 degrees [fahrenheit.] Fahrenheit.

(c) Access to medications shall be limited to persons authorized to administer medications. Each residential facility, respite center and day program in which certified [unlicensed] non-licensed personnel may administer medication shall maintain [a current list of those persons authorized to administer medications on its premises.] a copy of each person's current certificate to administer medications at each site where such administration occurs.

(d) Medications for [clients] consumers who are permitted to self-administer medication in accordance with [these regulations] subsection (ee) of section 17a-210-1 and section 17a-210-4 of the Regulations of Connecticut State Agencies shall be stored in such a way as to make them inaccessible to other [clients.] consumers. Such medications shall be stored in a locked container or locked area unless the supervising nurse makes a determination that unlocked storage of the medication poses no threat to the health or safety of the [client] consumer or other [clients.] consumers.

(e) All medications shall be stored in [their original prescription containers.] labeled containers from a pharmacy.

(f) Unused, outdated or [unlabelled] unlabeled non-controlled medications shall be destroyed in a non-recoverable manner by licensed or certified [unlicensed] non-licensed personnel [by incineration or by flushing into a sewerage or septic system] in the presence of at least one (1) witness. [When unused, outdated or unlabelled controlled substances are destroyed, proper documentation shall be made on the receipt and distribution form or forms.] Non-controlled medication destruction shall be documented by program or facility staff in the records maintained by the program or the residential facility.

(g) In community-based residential facilities, unused, outdated or unlabeled controlled medications shall be destroyed in a non-recoverable manner by licensed personnel in the presence of at least one (1) witness. In non-community-based residential facilities, the Department of Consumer Protection shall be notified in order to destroy in a non-recoverable manner unused, outdated or unlabeled controlled medications. The destruction of controlled medications shall be recorded on the appropriate documentation forms and on the receipt and disposition forms by program or facility staff in the records maintained by the residential facility.

(h) Trained non-licensed personnel shall not dispose of any medications.

(i) Licensed personnel, certified non-licensed personnel and trained non-licensed personnel shall follow applicable state and federal statutes and regulations regarding the handling and administration of controlled medications.

Section 7. Section 17a-210-6 of the Regulations of Connecticut State Agencies is amended to read as follows:

17a-210-6. Documentation

(a) In residential facilities, respite centers and day programs, administration of medication shall be documented under the direct supervision of a supervising nurse as follows:

[(a)] (1) All documentation on the administration of medications shall be made in ink.

[(b)] (2) [A copy of all physician's orders shall be maintained in the client's file.] A signed original of all licensed prescriber's orders shall be maintained in the consumer's file at each site of administration. Copies of orders may be used only if they contain an original signature. A facsimile transmission of the original order that is received directly from the licensed prescriber, shall be considered a signed original if it contains the required identification information for the consumer and the licensed prescriber. This facsimile shall not be considered an original order if it is re-transmitted to another site.

[(c)] (3) [A physician's or dentist's verbal orders, including] A licensed prescriber's telephone order[s,] for any medication[s] can only be received by licensed personnel as defined in [these regulations.] subsection (s) of section 17a-210-1 of the Regulations of Connecticut State Agencies. The [physician or dentist] licensed prescriber shall sign such [verbal] order[s] as soon as is practicable, but not later than two weeks from the date of receipt of the [verbal] order.

[(d)] (4) Any change in [medications or dosage levels of medications shall be treated as a new medication] medication, dosage level of medication, route of administration or frequency of administration shall be considered a new medication order for the purpose of documentation.

[(e)] (5) Documentation of each administration of all medications shall be made by the residential facility, respite center or day program on a separate medication record for each [client.] consumer.

[(f)] (6) Medication records shall include the following information:

[(1)] (A) The [client's] consumer's name;

[(2)] (B) The name of the medication;

[(3)] (C) The name of the [prescribing physician] licensed prescriber;

[(4)] (D) The dosage of the medication;

[(5)] (E) The frequency of administration;

[(6)] (F) The route of administration;

[(7)] (G) The initials and signatures of employees who have administered the medication;

[(8)] (H) The renewal date of the [prescription] original order from the licensed prescriber;

[(9)] (I) Whether the medication was administered;

[(10)] (J) When the medication was administered;

[(11)] (K) The expiration date of the [prescription] original order from the licensed prescriber;

[(12)] (L) [Client] Consumer allergies to food and medication;

[(13) Cooperation of the client in accepting medications]

(M) Information on non-compliance of a consumer in accepting medication; and

(N) For medication ordered on an as-needed-basis, the reason for the administration and the consumer's response to the medication.

[(g)] (7) The receipt by a residential facility, respite center or day program of each prescription for a controlled [substance] medication and the documentation of the administration of such controlled [substance] medication shall be made on [a] receipt and disposition [form or] forms.

[(h)] (8) The receipt and disposition [form or] forms shall include the following information:

[(1)] (A) The [client's] consumer's name;

[(2)] (B) The prescription number;

[(3)] (C) The prescription date;

[(4)] (D) The name of the pharmacy;

[(5)] (E) The name of the [prescribing physician] licensed prescriber;

[(6)] (F) The date of receipt of the controlled [substance] medication;

[(7)] (G) The quantity of the controlled [substance] medication;

[(8)] (H) The name of the medication;

[(9)] (I) The dosage of the medication;

[(10)] (J) The form of the medication;

[(11)] (K) The signature of the employee who received the controlled [substance] medication;

[(12)] (L) The frequency of administration;

[(13)] (M) The route of administration;

[(14) The renewal date of the prescription]

[(15)] (N) The initials and signatures of employees who have administered the medication;

[(16)] (O) The month, day, year and time the medication was administered;

[(17)] (P) The amount of medication remaining;

[(18)] (Q) The expiration date of the [prescription] medication; and

[(19)] (R) [Client] Consumer allergies to food and medication

[(i)] (9) Any errors in the administration of medications shall be documented in accordance with [Section 17a-210-2 (l) and (m) of these regulations.] subsections (o) and (r) of section 17a-210-2 of the Regulations of Connecticut State Agencies.

[(j)] (10) At the end of each month, the [client's] consumer's medication record shall become a permanent part of the [client's] consumer's record. The receipt and disposition [form] forms shall be kept in a location separate from the [client's] consumer's medical record.

(b) In individual and family support settings trained non-licensed personnel shall document the administration of medication to consumers in accordance with the consumer's individual plan.

Section 8. Section 17a-210-7 of the Regulations of Connecticut State Agencies is amended to read as follows:

17a-210-7. Supervision and quality assurance for certified non-licensed personnel

(a) The supervising nurse [or physician] of the residential facility, respite center or day program shall:

(1) Directly [Supervise] supervise the initial worksite administration of medications by certified [unlicensed] non-licensed personnel and document such supervision.

(2) [Make periodic observations of] Observe the administration of medications by certified [unlicensed] non-licensed personnel [at least] periodically and not less than annually and document such observations. The supervising nurse may delegate this responsibility to an authorized licensed practical nurse.

(3) Monitor and document on an ongoing basis, [but at least quarter annually,] and not less than quarterly, all documentation pertaining to the administration of medication. [Review] This monitoring shall include, but not be limited to: (A) [physician or dentist] a licensed prescriber's orders; (B) medication [bottle] labels and medications listed on the medication record and receipt and distribution [form or] forms to determine whether they match the orders of the [physician or dentist] licensed prescriber; and (C) the medication record and receipt and disposition [form or] forms to ensure that they contain the following information: medication error documentation; whether medication was administered as prescribed; compliance or non-compliance of the [client;] consumer; and the existence of full signatures for all initials used by persons documenting the administration of medication. The supervising nurse may delegate this responsibility to an authorized licensed practical nurse.

(4) Follow the established policies and procedures of the residential facility, respite center or day program for the identification, documentation, and tracking of medication errors and prohibited practices committed by certified non-licensed personnel. Recurring errors made by certified non-licensed personnel that reach a level of concern by the supervising nurse, but do not rise to the level of official commissioner sanction, shall be reported in writing to the department's Medication Administration Unit.

(5) Suspend the delegation of medication administration responsibilities of certified non-licensed personnel at any time they believe that the life, health or safety of a consumer is in jeopardy, until further action is determined.

[(4)] (6) Submit a written report requesting an official commissioner sanction to the appropriate regional director of health services [coordinator] within five (5) working days of the [if such physician or] supervising nurse [has] obtaining information [which appears to show that] indicating that any certified non-licensed personnel has committed substantial or habitual violation of sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies and that this level of sanction is necessary. This request for sanction shall be verbally communicated to the regional director of health services if such supervising nurse believes that the life, health or safety of a consumer is in jeopardy.

[(A) any certified unlicensed personnel has failed to administer medication in accordance with the training received pursuant to Section 17a-210-3(1)(E) and (F) of these regulations, or

(B) any certified licensed personnel has otherwise failed to comply with these regulations. Such report shall be submitted within five (5) working days from the date the

supervising nurse or physician conclude that a report is required to be submitted to the health services coordinator pursuant to this subsection of the regulations, provided that such written report shall be submitted immediately and oral notice shall immediately be given if such physician or nurse believes that the life, health or safety of a client, is in jeopardy.

(5) Such physician or nurse may rely on information concerning the performance of certified unlicensed personnel acquired as a result of complying with the requirements set forth in subsections (1), (2) and (3) of this section in making a determination as to whether a report should be submitted pursuant to subsection (4) of this section. Such persons may also rely on the incident reports documenting errors in the administration of medications in making such a determination.]

[(6)] (7) [Such report] The request for sanction form shall include, but not be limited to, the following information:

(A) the name of the employee [,];

(B) the specific section or sections of the regulations with which the employee has failed to comply [,];

(C) the basis for the belief that such employee failed to [administer medication in accordance with the training received pursuant to Section 17a-210-3(1)(E) and (F) of these regulations or has otherwise failed to comply with these regulations,] comply with sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies;

(D) the written document or documents [upon which such nurse or physician relied in submitting the report,] that such supervising nurse relied upon in submitting the request for sanction;

(E) recommendations concerning [whether any] which of the sanctions authorized by [Section] section 17a-210-8 of [these regulations] the Regulations of Connecticut State Agencies should be imposed as a result of the failure of certified [unlicensed] non-licensed personnel to comply with [these regulations. If the supervising nurse or physician recommend the imposition of sanctions, such persons shall specify the recommended sanction for each alleged violation.] sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies; and

(F) all other information required on the department's request for sanction form.

(b) The supervising nurse shall document the training and supervision of the authorized licensed practical nurse at least annually in accordance with the department's identified process.

Section 9. Section 17a-210-8 of the Regulations of Connecticut State Agencies is amended to read as follows:

17a-210-8. Sanctions for certified non-licensed personnel

(a) The regional director of health services, [coordinators,] after review of the [reports] report and request for sanction form submitted to [them] him pursuant to [Section] section 17a-210-7 of [these regulations] the Regulations of Connecticut State Agencies and any other investigation [they deem] the regional director of health services deems appropriate, shall make written recommendations to the commissioner concerning whether the certificate of any certified [unlicensed] non-licensed personnel should be suspended or revoked or whether other conditions should be imposed on the continued administration of medication by certified [unlicensed] non-licensed personnel.

(b) The commissioner, or the commissioner's designee, after review of the recommendations submitted pursuant to subsection (a) of this section and any other information [he] the commissioner deems appropriate, may suspend or revoke a certificate or may impose probationary conditions such as further training or enhanced supervision of the certified [unlicensed] non-licensed personnel, if [he] the commissioner finds that such employee has failed to comply with [these regulations] sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies. [or has failed to administer medication in accordance with the training received pursuant to Section 17a-210-3(1)(E) and (F) of these regulations.]

[(c) If any error in the administration of medication constitutes abuse or neglect of a client, as defined in Section 46a-11a G.S., Section 17b-407 G.S., or Section 17a-401 G.S., a report of such suspected abuse or neglect shall be made in accordance with these sections.]

Section 10. Section 17a-210-9 of the Regulations of Connecticut State Agencies is amended to read as follows:

17a-210-9. Hearing on revocation or suspension of certificate

Any person aggrieved by the decision of the commissioner to revoke or suspend a certificate may, within twenty (20) days after receipt of a notice of revocation or suspension of a certificate, submit a written request to the commissioner for a reconsideration of [his] the commissioner's decision. Within twenty (20) working days after receipt of such request, the commissioner or [his] the commissioner's designee shall conduct an informal hearing, at which the regional director of health services [coordinator], the supervising nurse requesting sanction and the employee may present written [or] and oral evidence.

The commissioner or [his] the commissioner's designee shall render a decision within twenty (20) working days after the hearing. The decision of the commissioner or [his or her] the commissioner's designee shall be final. Revocation or suspension of a certificate shall be stayed pending the outcome of such hearing except [where the health services coordinator has determined that the continued administration of medication by the aggrieved employee would threaten the life, health or safety of a client or clients.] that the person shall not administer medication under the authority of the certificate pending the outcome of such hearing. In the absence of a request for a reconsideration during this time period, the certificate shall either be revoked or suspended.

Section 11. Section 17a-210-10 of the Regulations of Connecticut State Agencies is amended to read as follows:

[Sec. **17a-210-10**. Effective dates

Sections 1, 3, 4, 5 (a), (b), (d), (e), (f), and 6 of these regulations shall take effect upon filing with the Secretary of the State. Sections 2, 7, 8, Subsection (c) of Section 5 and 9 shall take effect on March 1, 1989.]

17a-210-10. Termination of department approval for trained non-licensed personnel

(a) Consumers, consumer's families or guardians, or other persons providing support to a consumer in individual and family support situations may report concerns regarding the administration of medication by trained non-licensed personnel to the consumer's case manager. These concerns shall be reported in writing by the consumer's case manager to the regional director of health services for review.

(b) Trained non-licensed personnel that commit a serious medication error or any person who discovers a serious medication error shall report the serious medication error to the consumer's

case manager who shall forward such report to the regional director of health services for review and for abuse and neglect investigation.

(c) Trained non-licensed personnel who have been determined as a result of investigative findings to be in violation of the department's general training in medication administration, as defined in section 17a-210-3a of the Regulations of Connecticut State Agencies, shall have their name removed by the Medication Administration Unit from the list of those trained non-licensed personnel who are approved by the department to provide medication administration to consumers supported by the department in individual and family support situations.

(d) The trained non-licensed personnel shall receive written notification of this termination of the department's approval to administer medication from the Medication Administration Unit. The consumer and the consumer's case manager also shall receive written notification of the termination of the department's approval from the Medication Administration Unit. The consumer's family or guardian and the provider may receive written notification of the termination of the department's approval, as appropriate, from the Medication Administration Unit.

STATE OF CONNECTICUT

REGULATIONS

OF

Department of Developmental Services

Statement of Purpose:

These administration of medication regulations for the Department of Developmental Services are being amended 1.) to update terminology used in the field, 2.) to reflect current best practices, and 3.) to reflect changes in practice dictated by expanded choice in service options for the department's consumers. Sections 1 (17a-210-1) and 2 (17a-210-2) make various changes that effect medication administration for the department's consumers in all service settings. Sections 3 (17a-210-3), 5 (17a-210-4), 6 (17a-210-5), 7 (17a-210-6), 8 (17a-210-7), 9 (17a-210-8), and 10 (17a-210-9) make changes in administration of medications in residential facilities, respite centers and day programs. Section 3 (17a-210-3) also addresses administration of medication in community training homes. Sections 4 (17a-210-3a) and 11 (17a-210-10) address the area of administration of medications to consumers in individual and family support settings. Throughout these regulations, the term for a person receiving services from or funded by the department has been changed to "consumer" to reflect current preferred terminology.

R-39 Rev. 9/2003
(Certification page)

CERTIFICATION

Be it known that the foregoing: (check one) X Regulations ☐ Emergency Regulations

Are: ☐ Adopted X Amended as hereinabove stated ☐ Repealed

By the aforesaid agency pursuant to:

X **Section 20-14h et seq.** of the General Statutes.

☐ Section _____ of the General Statutes, as amended by Public Act No. _____ of the

_____ Public Acts
(enter year)

☐ Public Act Number _____ of the _____ Public Acts.
(enter year)

(If applicable) **After publication in the *Connecticut Law Journal* on** January 20, 2009 **of the notice of proposal to:**

☐ Adopt X Amend ☐ Repeal **such regulations**

(If applicable) **And the holding of an advertised public hearing on** February 2, 2009.

WHEREFORE, the foregoing regulations are hereby:

☐ Adopted X Amended as hereinabove stated ☐ Repealed

EFFECTIVE: (check one, and complete as applicable)

X When filed with the Secretary of the State
(OR)
☐ The _____ day of _____ 20_____.

In Witness Whereof:	DATE October 28, 2009	SIGNED *(Head of Board, Agency or Commission)* Peter H O'Meara	OFFICIAL TITLE, DULY AUTHORIZED Commissioner
Approved by the Attorney General as to legal sufficiency in accordance with Section 4-169, as amended, of C.G.S.		SIGNED 11/3/09	OFFICIAL TITLE, DULY AUTHORIZED ASSOC. ATTY. GENERAL

For Regulation Review Committee Use Only

☐ Approved

☐ Disapproved

☐ Disapproved in part, *(Indicate Section Numbers disapproved only)*

☐ Rejected without prejudice

By the Legislative Regulation Review Committee in accordance with Section 4-170, as amended, of the General Statutes.	DATE	SIGNED *(Administrator, Legislative Regulation Review Committee)*

Two certified copies received and filed, one such copy forwarded to the Commission on Official Legal Publications in accordance with Section 4-172, as amended, of the General Statutes.

DATE	SIGNED *(Secretary of the State)*	BY

INSRUCTIONS

1. One copy of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the Attorney General for his/her determination of legal sufficiency. (Section 4-169 of the General Statutes.)
2. Original and eighteen copies of all regulations for adoption, amendment or repeal must be presented to the standing Legislative Regulation Review Committee for its action. (Section 4-170 of the General Statutes.)
3. Each regulation must be in the form intended for publication and must include the appropriate regulation section number and section heading. (Section 4-172 of the General Statutes.)
4. Indicate by "(NEW)" in heading if new regulation. Amended regulations must contain new language in capital letters and deleted language in brackets. (Section 4-170 of the General Statutes.)
5. Additional information regarding rules and procedures of the Legislative Regulation Review Committee can be found on the Committee's web site: http://www.cga.ct.gov/rr/