

# DDS Medical Advisory #14-1 (Revised #89-1, 93-1, 97-1, 99-3) September 2014

## Interpretive Guidelines for the DDS Regulations Concerning The Administration of Medication by Non-licensed Personnel

### Purpose

The intent of this advisory is to ensure consistency in the application of the regulations concerning the administration of medications by non-licensed personnel.

### Applicability

This advisory applies to all day and residential programs and facilities as defined in the regulations, as well as individual and family homes where medications are administered by trained staff

### → Sec. 17a-210-1. Definitions

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.
- (c) “Certified non-licensed personnel” means any person who has successfully completed a training program approved by the department pursuant to [section 17a-210-3 of the Regulations of Connecticut State Agencies](#) and who has been issued a certificate authorizing him to be delegated the responsibilities to administer medication to individuals in specific programs operated and licensed by the department.
- (d) “Certificate” means written authorization issued by the commissioner 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](#)
- (e) “Individual” means any person receiving services from or funded by the department.
- (f) “Community training home” means a private family home licensed by the department to provide residential supports and services pursuant to [section 17a-227 of the Connecticut General Statutes](#).
- (g) “Commissioner” means the 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](#).
- (i) “Day program” means the following programs operated or funded by the department: supported employment, sheltered employment, day support options and similar day programs funded by the department which are site-based or provided to a group of individuals.

- (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 individual to qualified non-licensed personnel.
- (k) “Department” means the Department of Developmental Services.
- (l) “Dwelling” means any building designed for human habitation.
- (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; by a day program operated or funded by the department; or hired directly by a provider, the individual or the individual'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.
- (o) “Error” means failure to administer medication to an individual, failure to administer medication within one hour of the time designated by the licensed prescriber or supervising nurse, failure to administer the specific medication prescribed for a consumer, failure to administer the correct dosage of medication, failure to administer the medication by the correct route or failure to administer the medication according to generally accepted 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 an individual's home, or an individual'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 an individual.
- (r) “Investigational 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 Food and Drug Administration approval.
- (s) “Licensed personnel” means a physician licensed under chapter 370 [\[FN1\]](#) of the Connecticut General Statutes, a dentist licensed under chapter 379 [\[FN2\]](#) of the Connecticut General Statutes, a registered nurse licensed under chapter 378 [\[FN3\]](#) of the Connecticut 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 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 or a pharmacist licensed under chapter 400j of the Connecticut 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.
- (u) “Medication” means any medicinal preparation including controlled 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 not later than two weeks following the date the order is taken.

Discussion:

In instances where the prescriber is signing on a multipage order form, the carbon copy will be considered an original order if the following conditions are met:

- The nurse confirms that the prescriber's signature is present on the carbon copy **AND**
- The nurse confirms that the orders on the top copy are identical to the orders on the carbon copy **AND**
- The nurse co-signs the carbon copy confirming review and accuracy.

**OR**

If these conditions are not met the prescriber must sign each of the carbon copies for the order to be considered an original.

- (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 an individual, or an individual's family or guardian, purchases support services and from whom an individual receives these services.
- (aa) "Residential facility" means 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 individuals excluding community training homes. A community-based dwelling, in which 16 or more persons reside, may be included only upon the written approval of the commissioner. Such approval shall be valid for an indefinite period subject to such terms and conditions deemed necessary by the commissioner to protect the health and safety of individuals. A dwelling that is not community-based in which eight or fewer residents reside 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 individuals.
- (bb) "Regional director" means that person appointed by the commissioner to be directly responsible for the management of one of the three regions of the department.
- (cc) "Regional director of health services" means that person designated by the regional director to be directly responsible for the quality of individual health services in each of the 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.

Discussion:

Director of Nursing for public programs in the regions may be utilized as the person designated in lieu of the Regional Director of Health Services

- (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.
- (ee) "Self-administration of medication" means that a individual is able to identify the appropriate medication by size, color, amount, or other label identification; knows independently, or with the prompting of an employee or adaptive device, the frequency and time of day for which medication is ordered; 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 an individual to receive medical care at a physician's office, medical facility or hospital; or that results in the injury or death of an individual.
- (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.
- (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.
- (ii) "Supervising 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 individual in the specific residential, respite or day program, including 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 medi-

cation 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 individual 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 an individual, the family or guardian of an individual, 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 individuals supported in their own home, family home or specialized day services.

## → Sec. 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.**

### Discussion:

Regions may obtain a waiver of this section to allow certified, unlicensed personnel to administer medications in a residential facility which 16 or more persons reside as noted in Section 17a-210-1 (aa) of these regulations.

- (b) **Licensed personnel or certified 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 (aa) of [section 17a-210-1 of the Regulations of Connecticut State Agencies](#), provided that investigational drugs shall be administered by licensed personnel.**

### Discussion:

Regions seeking approval for the use of certified non-licensed personnel in facilities which require commissioner approval, shall submit documentation in writing to the central office director of health and clinical services stating the name of the facility and the reason for the request. The director shall confer with the Office of the Attorney General and make recommendations to the commissioner. The commissioner shall respond in writing with either a denial of request or approval with terms and conditions as appropriate.

- (c) **Licensed personnel or certified non-licensed personnel may administer medications to individuals 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.**

### Discussion:

Licensed personnel shall provide the necessary medications and directions to the certified non-licensed staff to administer medications during the recreational activity.

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

### Discussion:

There is no set limit to the number of individuals who may have medications administered at any day program. The Supervising Nurse, as defined in Section 17a-210-1 (ii) of these regulation, shall determine how the task shall be delegated based on the size of the program. Certified non-licensed personnel must have original orders available, as defined in Section 17a-210-1 (x) of these regulations, to administer medications.— Note: private day program has to have its own delegating nurse

- (e) **Licensed personnel or trained non-licensed personnel may administer medications to individuals 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](#).**

- (f) **Certified non-licensed personnel shall administer all medications in accordance with the written orders of the licensed prescriber. If a licensed prescriber determines that the training of certified non-licensed personnel is inadequate to safely administer medications to a particular individual, the licensed prescriber may order that such administration be performed by licensed personnel.**

Discussion:

Medications may be administered as ordered by other legally authorized prescribers licensed in the state of Connecticut such as a physician's assistant, an advance practice registered nurse, etc. Discussion throughout the remaining document shall include these additional practitioners.

Certified non licensed personnel must have orders that are confirmed to be accurate to administer medications. Agencies must have a policy that outlines how orders are confirmed accurate. (For example, RN reviews original and carbon copies and RN co-signs on each of the prescriber's carbon copy, have the prescriber sign the carbon copies etc). Agencies may have electronic signatures where deemed appropriate.

When a prescriber determines that training of certified non-licensed personnel is inadequate to administer medication safely to an individual, the following criteria shall be met:

- the order shall be on an individual-by-individual basis;
- the order shall be written as a doctor's order;
- the order shall be accompanied with physician rationale for medication administration only by licensed personnel; and
- the order and rationale shall be reviewed and renewed every 180 days by physician. ICF 90 days.

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

Discussion:

The directions for administration of medication shall be found on the prescription, manufacturer's label, or provided by the prescriber.

- (h) **No over-the-counter medication may be administered by certified non-licensed personnel or trained non-licensed personnel to an individual unless a licensed prescriber has previously approved of such administration.**

Discussion:

Over-the-counter is defined as any medicinal preparation which may be purchased without a written prescription presented to a pharmacist. All over-the-counter medications being administered to the individual by certified non-licensed personnel must have a written physician's order documented in the individual's record per Section 17a-210-6. Over-the-counter medications may be purchased in bulk supply as long as individual-specific physician orders are in place in the individual record. For individuals who self-administer medications, see Section 17a-210-4. Trained staff shall administer over-the-counter medications per the physician's directions per Section 17a-210-2 g. Trained staff can administer samples with labels per prescriber instructors.

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

Discussion:

Prescription medication for one individual cannot be borrowed for administration to another individual under any circumstances.

- (j) (1) **Any residential, respite or day program in which medications are administered by certified non-licensed personnel 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, 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, 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 individual they support.**

Discussion:

The agency's written procedures shall reflect actions relative to any medical emergency as a result of medication administration. Emergency numbers shall be readily available. All other information shall be readily available on site to all staff.

Agency procedures shall define the method of documenting a medication emergency and reporting to DDS when appropriate per DDS policy.

For trained staff the family must provide emergency contact numbers. Families shall report emergencies related to medication to DDS as appropriate.

- (k) **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 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.**

Discussion:

The facility or Agency nurse shall provide and document additional training to certified unlicensed staff prior to staff administering vaginal or rectal medications other than suppositories.

The physician's request for supervision by licensed personnel of the initial medication administration shall accompany the prescription and/or be documented as part of the physician's written order. The agency's policy shall determine how the initial administration shall occur under the supervision of licensed personnel when required by the prescribing physician.

The facility or agency delegating nurse shall provide and document additional training to certified unlicensed staff prior to such staff administering medications via gastrostomy or jejunostomy tube (per agency policy and procedure).  
For use of premeasured syringe for emergency response to allergic response see section 17a-210-2 (s)

Trained staff shall have such training provided by the family or community health care provider.

- (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 licensed prescriber shall be notified of this requirement by the employee designated by the residential facility.**

Discussion:

Orders for prescription medication may be written for up to 180 days which includes refills except where stricter regulations apply, e.g. ICF/MR standards, or unless otherwise specified by the physician.

In instances where the prescriber is signing on a multipage order form, the carbon copy will be considered an original order if the following conditions are met:

- The nurse confirms that the prescriber's signature is present on the carbon copy **AND**
- The nurse confirms that the orders on the top copy are identical to the orders on the carbon copy **AND**
- The nurse co-signs the carbon copy confirming review and accuracy.

**OR**

If these conditions are not met the prescriber must sign each of the carbon copies for the order to be considered an original.

- (m) **The supervisor of any residential facility operated, licensed or funded by the department shall notify the individual's day supports and services provider of all medications the individual receives including those which the individual shall take on a regular basis during those hours the individual receives services.**

Discussion:

Agencies shall have a procedure that identifies the mechanism for communicating new orders or changes in medication regimens which occur during the day program. No medication may be administered at the day service without a current order, with an original signature, present. All medications, whether they are administered during day service hours or not, must be reported to the day service so accurate information is available in case of emergency.

- (n) (1) **When an individual who resides at a residential facility requires multiple doses of medication to be administered at a location other than a residential facility, one of the following procedures shall be utilized: (A) a 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 an individual may be transported to the other location and given to persons authorized to administer medication at the other location, or (C) a separate, labeled medication container from a pharmacy may be kept at each location.**

Discussion

The intent of this regulation is not to utilize authorized persons in lieu of non-licensed certified personnel but to support involvement in the community with families and friends. If agency personnel are not certified to administer medications they are also prohibited from doing so while off-duty based on this employment relationship. Agencies shall have written policies or procedures which address how to handle multiple dosages of medication administered at another site including tracking and documenting medications transported, procedures to be followed if discrepancies occur in transport, and identifying the responsible person.

- (2) When an individual 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 individual's home, the medication must be transported to the other location in a labeled medication container from a pharmacy.**
- (3) When an individual who resides at a residential facility requires a single dose of medication to be administered at a location other than a residential facility, one of the following procedures shall be utilized: (A) any one of the procedures specified in subdivision (1) of this subsection; or (B) certified 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 individual's name, the medication name and strength, the dosage, the route of administration, and the scheduled time and date for administration.**

Discussion:

The intent of this regulation is not to utilize authorized persons in lieu of non-licensed certified personnel but to support involvement in the community with families and friends. If agency personnel are not certified to administer medications they are also prohibited from doing so while off-duty based on this employment relationship. Agencies shall have written policies or procedures which address how to handle single dose of medication , as defined in of Section 17a-210-1 (gg), administered at another site including tracking and documenting medications transported, procedures to be followed if discrepancies occur in transport, and identifying the responsible person such as volunteers, family members, friends, or other similar individuals.

- (4) When an individual 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 individual's home, the medication must be transported in a suitable container that is labeled with the individual's name, the medication name and strength, the dosage, the route of administration, and the scheduled time and date for administration.**
- (o) The residential facility, respite center or day program shall adopt a written policy 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. 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 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 regional director of health services.**

Discussion:

Agency policies shall be reviewed during the provider qualification by the DDS central office Director of Health and Clinical Services. All new agency error reporting policies shall be reviewed by the Director of Health and Clinical Services by way of the provider qualification process. Any policies developed or amended after the qualification process require consultation with the medication administration unit coordinator and approval by the Director of Health and Clinical Services in lieu of the regional health services director review, as indicated above.

Agencies shall develop policies and procedures which specify personnel actions to be taken in addressing errors in medication administration in the following classes:

Class A - Documentation errors

- Failure to document according to procedures
- Failure to secure/maintain keys according to established procedures

- Failure to submit required documentation relative to medication errors
- Failure to order/document all medications ordered from pharmacy
- Failure to follow procedures to maintain an adequate supply of medications and required documentation

Class B: Violation of Rights

- Violation of any one of the five rights, i.e. correct person, medication, dose, time, and/or route. Errors of time generally mean more than one hour before or after the scheduled or ordered time.
- Use of prohibited techniques such as but not limited to unlicensed staff taking physician orders, improper storage or destruction of medications, etc.
- Transcription errors resulting in the violation of one of the five rights.

Class C: Serious Errors

- Errors resulting in death or serious injury to individual, e.g. hospitalization, injury requiring treatment in a medical facility such as ER, clinic, or physician's office, and/or
- Prohibited practices such as but not limited to:
- Falsification of records and/or certification paperwork
- Administration of medications in the absence of a valid medication certificate (e.g., certificate was suspended, revoked, expired, etc.)

Agency policies shall include:

- the mechanism for immediately reporting to supervising nurse or other designated licensed Registered Nurse;
- procedures for obtaining treatment for involved individual;
- corrective action to be taken if errors or prohibited practice has been discovered
- documentation of retraining by supervising nurse or other designated nurse
- the method for tracking errors made and corrective actions taken.

Department of Developmental Disabilities (DDS)-operated facilities shall adhere to procedures and sanctions outlined in DDS error policy

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

Discussion:

Trained non-licensed personnel shall utilize the DDS 255 OH incident report form to document the error. The completed form will be submitted to DDS as required by policy.

- (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 individual, the individual's family or guardian, as appropriate, the individual's health care provider and the individual's nurse or the individual's case manager.**

Discussion:

Community Companion Homes is presently the term for this residence-The licensee shall complete a DDS 255 incident report to be filed with the department. In addition, the licensee shall document contact with the individual's health care provider on the home's Medical Contact Sheet.

- (r) Any error by certified non-licensed personnel shall be documented in the individual's record and an incident report shall be completed by the person who discovers the error not later than twenty-four (24) hours following the discovery of 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 individual's record.**

Discussion:

DDS's procedure and format for incident reporting shall be utilized for all medication errors. Class C errors require immediate notification to DDS regional health services director. Prohibited practices, as defined in section 17a-210-1 (y), shall be

documented and retraining by the nurse shall occur but no incident report should be filed as there is no direct impact to the individual.

- (s) **Notwithstanding any provision in [sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies](#), the use of a 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.**

Discussion:

Example of emergency injectables include but are not limited to epinephrine or similar medication. The administration of these emergency medications do not require the staff to be DDS certified. The task for administration of the medications for the treatment of an acute allergic reaction shall be trained by the licensed nurse. Use of any other medications in conjunction with the use of the pre-measured, commercially prepared syringe must be approved by the Regional Health Services Director or regional Director of Nursing for Public Programs before it can be given by non-licensed staffs that are also non-certified.

**→ Sec. 17a-210-3. Certification process for non-licensed personnel**

- (a) **No employee of a residential facility, respite center or day program may administer medications without successfully completing a department approved certification training program that includes, but is not limited to, the following areas:**
- (1) **Theory**
    - (A) **Medical terminology;**
    - (B) **Drug classifications, including controlled medications, dosage, measurement and forms of medications;**
    - (C) **Intended purpose and effects of medication;**
    - (D) **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 document the administration of medication;**
    - (F) **Prohibited and dangerous techniques of medication administration;**
    - (G) **Documentation of medication administered to each individual including, but not limited to, observation, reporting and recording responses of each individual to the medication administered;**
    - (H) **Reporting medication errors;**
    - (I) **Responsibilities associated with control and storage of medication;**
    - (J) **Available medication information resources;**
    - (K) **Communication and reporting responsibilities relative to certified non-licensed personnel, licensed personnel and other persons; and**
    - (L) **State and federal statutes and regulations pertaining to medication.**

Discussion:

This component shall be taught by a registered nurse who is licensed pursuant to Connecticut General Statutes and who has been endorsed by DDS (See **Sec. 17a-210-3 (d)**). There are three (3) options to prepare for the written exam for the medication administration certification program. They are:

- 1 Option A:  
Employees may attend the department approved 21 hour course conducted by DDS. There is no fee for the agencies participating in this option.  
Registration for Option A:  
People must register with DDS at least five (5) business days in advance of course or test dates. Agencies must use the approved DDS fax registration form.
2. Option B:  
A provider agency may have its registered nurse become endorsed to teach the DDS 21 hour course. DDS supplies the curriculum, one copy of the student workbook electronically, and instructor guides to train and certify personnel. All courses conducted within an agency must be approved by the DDS Medication Administration Unit prior to the start of the course using the department approved form. The agency shall receive a confirmation number for the course from DDS.

### 3. Option C:

Employees who have previously taken the DDS course may be able to waive the classroom theory instruction and enter the exam directly. This is referred to as "testing in".\* An employee can test in, if the agency Executive Director or Regional Director and the supervising nurse in consultation with the residential supervisor, agree to sponsor the employee for this option. The following criteria should be considered:

- Previous training: Was the previous training provided using the current curricula? If not: how long ago was the training and was the training provided at that time comparable to the current curricula? -
- What option was used for previous testing: Cannot use Option C for two tests in a row
- Nature of the experience: How many years/months has the person been administering medications? How long ago was the person's experience?
- Formal educational experience, work history, and comfort with testing.
- Medication administration error history

The agency must submit an Option C request form to DDS Medication Administration Unit for approval.

#### (2) Laboratory practicum.

##### Discussion:

This component shall be taught by a registered nurse who is licensed pursuant to Connecticut General Statutes and is endorsed as an instructor approved by DDS. The laboratory practicum consists of:

- Return demonstration of administration and documentation procedures by the employee; and successful completion of a competency checklist.
- Staff shall be presented three medications to "administer" during the laboratory practicum of which they must successfully meet all elements in the practicum for one of those medications.
- The DDS endorsed instructor shall do the lab practicum along with the theory.

An employee who "tests in" thru Option C must also complete the laboratory practicum. There are two options for doing this:

- (1) labs shall be offered through the DDS course catalog or
- (2) an endorsed instructor within the agency shall conduct the lab.

The employee's successful completion shall be documented on the DDS approved form for Laboratory Practicum, attached to the application packet and sent to the DDS central office medication administration coordinator. The employee must pass the Laboratory practicum prior to taking the DDS written exam.

#### (3) Written examination.

##### Discussion:

All employees attempting to become certified shall pass the exam with a grade of 80 or above. The exam is a one-hundred question multiple choice exam, staff will be given 90 minutes to take the exam

People participating in the 21 hour department-approved program through Option A (DDS) or Option B (endorsed instructor) shall complete the training program and take the exam. If the person fails, he or she may retest. Options to prepare for the retest are:

- Repeat the 21 hour program,
- Self study, and/or
- Tutorial assistance by agency nurse.

This decision shall be made on a case-by-case basis with the employee and the appropriate agency personnel (i.e. RN, residential supervisor, etc.) or according to the agency policy.

If the person fails the second attempt, he or she may retest one more time. Options to prepare for this third test are the same as above. If the person fails on the third attempt, he or she begins the process again.

People participating in Option C (test in) shall take the test without completing the DDS approved 21 hour program with the following test criteria:

If the person fails the test, he or she must take the 21 hour program through Option A or B to continue to pursue certification.

\*It is strongly advised that the employee study, be tutored, or receive tutorial assistance by agency nurse prior to taking the exam through Option C. Only one attempt at the Lab and exam is permitted with this option. If the person fails they shall be required

to take the 21-hour course.

A person is limited to a total number of four (4) attempts (tests) for certification, up to three following a single course; however, further requests for considerations for entry into a 21 hour course and testing shall be made in writing to the central office medication administrator coordinator, by the agency, including the rationale for such request and the educational supports being offered to the individual. If approved the individual is allowed one attempt to pass the exam after completing the course, if they fail the process is started again with a request to DDS Med Admin Unit for another attempt accompanied by a plan of support.

Testing for all Options:

People must:

- Take the DDS-approved initial exam administered by DDS;
- Register with the DDS Med Admin Unit at least five (5) days in advance of test dates and arrive at the test with a photo identification, a pencil; and
- Arrive at least 15 minutes in advance of the testing time to sign in and receive instructions.
- DDS shall send test scores electronically to each agency's registered Medication Administration Coordinator

- (a) **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 individuals at the site by the supervising nurse.**

Discussion:

This component shall be done by the provider agency's registered nurse (referred to as the supervising nurse in the regulations) who per regulation shall supervise the non-licensed, certified employee on an ongoing basis as defined in Section 17a-210-7a of these regulations. The on-site practicum consists of:

- An orientation to medications, procedures, and systems at the participant's actual worksite;
- Demonstration of competency by the employee in administration and documentation procedures; and
- Successful completion of a DDS Checklist A and B. No other form of documentation is permitted.

All persons enrolled in the certification training program must complete an on-site practicum prior to being delegated the task of medication administration. No individual shall participate in an on-site practicum until his certification card verifying baseline competency is in hand.

Documentation of successful completion (i.e. Checklists A and B) shall be maintained by the agency and be available to DDS upon request.

- (b) **Community Training Homes**  
**Training shall be provided that is specific to the needs of the individuals 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.**

Discussion:

Community Companion Homes is presently the term for this residence. Documentation of this training shall be included on the Nursing Review form or similar form.

- (c) **Qualifications of 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. 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.**

Discussion:

Each agency, with its employee, decides through which option the employee shall participate and register the employee with the DDS Medication Administration Unit. Each agency determines which eligible employees shall participate in the program. If the employee does not have a high school diploma or GED the agency executive director (private) or the regional director (DDS) must sign the appropriate section of the employee's registration to attest to the employee's abilities. The department requires that agencies obtain police checks for drug-related convictions prior to attendance at an initial course as part of the certification process.

If a registrant indicates on the registration form that he or she has a drug-related conviction, a letter from the agency executive director (private) or the regional director (DDS) which documents the administrative decision to recommend the registrant for training despite the drug conviction, must be sent along with a background check to DDS Medication Administration unit for approval prior to beginning any part of the certification process. DDS shall review the conviction and notify the agency as to the person's eligibility for entrance into the certification process.

If an agency becomes aware of a drug-related arrest or conviction during the person's certification they must immediately suspend the person from administering medication and notify the DDS Central Office Medication Administration Unit. In cases where Med Certified staff are arrested, DDS encourages employment is maintained until a full review of surrounding events is completed.

Agencies retain, and keep secure, all paperwork including registration forms until course, test, and lab practicum are successfully completed and send the originals which comprise the application packet to the DDS Central Office Medication Administration Unit.

**(d) Qualifications of endorsed instructors for medication administration certification training**

- (1) The certification program provided for in [sections 17a-210-1 to 17a-210-10, 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 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.**

Discussion:

To become an endorsed instructor one must be a registered nurse with a current license as defined by Connecticut State Statutes, demonstrate experience in teaching people, experience with DDS medication administration regulations and policies, and demonstrate experience of knowledge in the area of developmental disabilities. The candidate must audit a medication administration course being taught by DDS and then take the Endorsed Instructor course offered by DDS annually. Once the registered nurse has completed this process a course taught by the endorsed instructor candidate must be audited by DDS medication administration unit. If all aspects are completed successfully the nurse shall receive an endorsement card that authorizes them to teach the DDS approved course for two years. At the end of that time to continue endorsement the nurse must re-apply showing that they have taught at least one course during that time as well as having either provided additional medication related training or a second course. Endorsed Instructors must current in the DDS policies and procedures related to medication administration in order to renew their endorsement. It is recommended that endorsed instructors maintain employment with DDS or the contracted agency.

If at any time the endorsed instructor fails to comply with any of the documented requirements of the DDS Endorsed Instructor Course the endorsement may be withdrawn by the DDS Medication Administration Unit.

**(e) Certification**

- (1) Each person who successfully completes the certification training program in subsections (a) and (b) of this section shall be issued a certificate 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.**

Discussion:

Once employees have successfully completed all aspects of the certification process the agency must submit the appropriate paperwork to the DDS Central office med Administration Unit to obtain a certification card for the employee. The employee cannot participate in the worksite practicum or administer medications until the actual certification card is in hand.

Contact the DDS Medication Administration Unit for any forms that are required for registration.

Option A (DDS) Laboratory Practicum form shall be sent to the agency from DDS. The grade from the exam shall be emailed to the agency Medication Administration Coordinator by DDS.

Option B (21-hour endorsed instructor course): endorsed instructor or the agency Medication Administration coordinator shall fax the appropriate form to DDS to register the proposed course including name of instructor, planned scheduled for course dates, and hours proposed for each day. Upon completion of the theory training and the laboratory practicum, the agency registers the employees for exam using the DDS fax registration form. The agency retains original Laboratory Practicum form. The grade from the exam shall be emailed to the agency by DDS.

Option C (alternate department-approved program): agency schedules the lab practicum with an endorsed instructor or through the DDS catalog. The agency registers employees for exams as in Option B. If utilizing the DDS conducted Lab practicum the agency must enroll the employee in the exam associated with that lab.

The agency retains all paperwork including registration form until successful completion of course, lab, and exam. The agency retains copies and forwards the originals to the DDS Medication Administration Unit.

The DDS Medication Administration Unit reviews paperwork, including original examination data, produces certificates, logs information in the computer, files paperwork, and sends the certificates to the private agency or DDS regional coordinator as appropriate. The certification date is the date of the production of the initial certificate.

Central office maintains a database of certified, non-licensed personnel. Agencies must verify certification of new employees by faxing the appropriate verification form to the Medication Administration Unit.

Agencies' procedures shall include:

- Maintaining copies of paperwork,
- Making copies of certificates prior to sending to employees, and
- Maintaining all paperwork and certificate copies in appropriate, secure files.

**(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 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 (c) of this section.**

Discussion:

The medication administration certificate expires every two years. A person must become recertified if he or she intends to continue administering medications in any day program or residential facility as defined in the regulation. No one may continue administering medications beyond the expiration date indicated on the certificate.

For each employee, agencies shall track the employee's certification expiration date provided on the certification card. If the employee does not have a card, the agency coordinator should contact the DDS medication administration unit for identification of current certificate status and issuance of a replacement certificate. A person may not administer medications without a valid current card in hand.

The department strongly advises that prior to recertification, agencies conduct a police check for drug-related convictions that may have occurred during the person's current certification. If a record of a drug-related conviction is discovered or a registrant indicates on the registration form that he or she has had such a conviction a background check must be submitted to the DDS Medication Administration Unit so a determination of the person's eligibility into the program can be made.

There are two components to the recertification process: a written examination and an on-site practicum which must be completed within 90 days prior to the employee's certification expiration date. There is no order in which the exam and on-site practicum must be completed.

1. Written examination:

The exam tests the employee's knowledge of the theory behind safe administration of medication. It is a multiple-choice exam consisting of 30 questions.

The exam shall be administered and scored by the DDS Med Admin Unit approved proctor. The person administering and scoring the exam should be someone other than the nurse who does the on-site practicum. Access to the exam shall be limited to the Medication Administration Coordinators and approved proctors. The exam shall not be reviewed by participants prior to or after testing. Smaller agencies, as identified by the DDS Medication Administration Unit, shall come to take the Recertification exam at a DDS facility. All students should be allowed forty-five minutes to take the exam.

The exam shall be graded PASS or FAIL. A score of zero to five wrong is a passing grade. A score of six or more wrong is a failing grade. If a person fails the exam, they should participate in further training and may take the second version of the exam. If the person fails a second exam, DDS Medication Administration coordinator shall be contacted to approve a third attempt at the recertification exam. The request is made in writing and should be faxed or e-mailed to the coordinator. A registered nurse must do retraining with the individual prior to submitting the request or the person taking the exam. The retraining is based on the KSA areas noted by the questions that the person answered incorrectly on the exam. At no time may the exam questions and/or answers be shared with any participant. If the person fails the third exam they are no longer eligible for the recertification process and must take the initial course and exam to re-enter the process.

2. On-site practicum:

The practicum requires the employee's demonstration of administration and documentation procedures and provides a re-orientation to medications, procedures, and systems at the employee's worksite.

The on-site practicum consists of two components, a review of agency-specific components and an on-site observation. The on-site practicum must be completed by the supervising nurse, and should be someone other than the person giving the written exam. Checklists A and B provide detailed information to be covered to complete the on-site practicum. Review all the information listed on Checklist A as it pertains to the employee's worksite.

To pass the on-site practicum, employees must successfully complete three medication pour and passes with 100% accuracy. (See DDS policy for On-site Practicum Process)

Once the employee completes the two required components for recertification, the agency shall submit the following to DDS Medication Administration Unit:

All written examination answer sheets and the registration form. Checklist A and B dates shall be noted on the registration form but the actual documents shall be maintained by the agency and must be available upon request by DDS.

The DDS Medication Administration Unit coordinator shall process the application and issue the certificate. Anyone who does not complete the requirements for recertification prior to his or her expiration date must complete the requirements for an initial certification to re-enter the certification process. Exceptions shall be made for people whose certificates expire while on an approved leave of absence or during a period of non-employment in the field of developmental disabilities which includes the majority of the recertification period including the time leading up to the actual expiration date. People in these situations have up to one year from the date of expiration of the certificate to complete the requirements for recertification. However, upon return to work, they cannot pass medication until a new certification card is obtained (except for the required on-site) The DDS Medication Administration Unit coordinator must be contacted to assure that the individual qualifies for this option and to determine the amount of time that is granted for this exception to be completed.

Completing the Recertification Registration Form (See Attachment B)

Most sections of the registration form are self explanatory. The following is a description of sections that may not be self explanatory:

Part 1 - to be completed by employee. Demographic information: self explanatory.

- 1) If an employee's certification card has expired prior to completing the certification process, explain why. For people whose certification card has expired while on a leave of absence or during a period of non-employment in the field of developmental disabilities, please see above for information on the process. All others whose certification has lapsed must go through the process for initial certification.
- 2) If an employee indicates they have a drug-related conviction, a background check must be submitted with their registration.

Part 2 - to be completed by agency Medication Administration Coordinator.

Agencies attach the exam answer sheet or sheets, indicate the completion dates for Checklists A and B, and sign and date the form to indicate the information is true and complete to the best of your knowledge.

NOTE: If the person is in the process of certification revocation, do not submit paperwork for recertification until an outcome has been determined.

- (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 individuals 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 individual placement at the community training home and at least annually thereafter.**
- (2) **Information specific to the medications and the administration of the medications to individuals in a community training home shall be provided to the community training home licensee by a licensed prescriber or the individual'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.**

Discussion:

Community Companion Homes is presently the term for this residence (Community Training Home). Documentation of this training shall be included on the Nursing Review form or similar form.

**→ Sec. 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 individuals 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, managing medication emergencies 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.**

Discussion:

The training shall consist of theory presentation, an exam, and a laboratory practicum. The theory training shall be the department approved curriculum for trained non-licensed personnel trained by an endorsed instructor. Following this training the person shall be required to take a 30 question exam. The person shall need to pass this exam to move to the Laboratory practicum phase. The exam shall be graded PASS or FAIL. A score of zero to five wrong is a passing grade. A score of six or more wrong is a failing grade. If the person fails the exam they shall be required to start the course again. If the person fails the exam three times they shall be ineligible for participation in the trained program.

The laboratory practicum consists of;

- return demonstration of administration and documentation procedures by the employee; and
- successful completion of a competency checklist.

**(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 individuals supported by individual and family support services.**

Discussion:

DDS Medication Administration Unit shall maintain a list of all persons who have successfully completed the training program. This approval shall remain in effect for five years from the date of final approval. At that time if the person desires to maintain Trained Staff status they shall be required to take a DDS refresher course, exam and practicum.

**(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 individual's licensed prescriber, a registered nurse providing support to the individual or the individual's family or guardian.**

Discussion:

Once the staff has been confirmed to have the required approval, an individual or family/guardian shall supply the person with the required information to safely give medication. The individual or family/guardian can arrange for information to be provided by their physician or community based nurse.

**(d) Non-licensed personnel employed in individual and family support settings who possess current or recent medication certification, obtained not more than five (5) years prior to 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.**

Discussion:

Any person who is trying to enter the program through a previous DDS medication certification must have that status reviewed by the DDS Medication Administration Unit prior to entering into the trained program.

**(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.**

Discussion:

If a registrant indicates on the registration form that he or she has a drug-related conviction, the background check shall be reviewed by the DDS Medication Administration unit for approval prior to beginning any part of the training process. DDS shall review the conviction and notify the contact person as to the person's eligibility for entrance into the trained process.

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

Discussion:

DDS Medication Administration Unit shall check the Med Admin certification database for any noted issues. If there are issues noted that preclude the person from participating in the trained program the person shall be notified in writing. Anyone who has been revoked from the DDS Medication Administration certification program shall automatically be excluded from this trained program.

- (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 [\[FN1\]](#) 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.**

→ **Sec. 17a-210-4. Self-administration of medications in residential facilities, respite centers, day programs or community training homes**

- (a) **Individuals shall be determined to possess the ability to self-administer medication through a process approved by the department.**

Discussion:

There must be an assessment of the individual's ability to self-medicate conducted by a Registered Nurse licensed in Connecticut, utilizing the DDS approved format, to initiate the self-medication process.

- (b) **Individuals, 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.**

Discussion:

The individual must be able to identify medication by size, color, amount or other label identification. He or she must be able to identify time of day medication is administered, independently or with employee prompt or adaptive device, such as alarm clock or medication dispenser. Staff providing such (indirect) assistance do not have to be medication certified when the individual is fully self-medicating. However, if any direct assistance or supervision by staff is necessary, such staff shall be medication certified. This includes any actual administration of medication, maintaining security of medications, obtaining medication from the pharmacy for the individual, or any other direct assistance to the individual.

Direct hires transporting medications for individuals or family require med training. They do not require certification. Supervision of self-administration program training to the individual shall be provided by the supervising nurse or certified unlicensed

staff. It is required that the IDT acknowledges and evaluates the individual's ability to self medicate at the time of the IP. Agency procedures shall indicate how they shall address over-the-counter medications for those individuals who self administer their own medications.

→ **Sec. 17a-210-5. Storage and disposal of medications in residential facilities, respite centers and day programs**

- (a) **All medications, except for controlled 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 medications shall be stored in accordance with [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.**

Discussion:

Internal preparations are those that are intended to be administered orally/swallowed or inserted into the GI tract. Externals are all other medications that are not intended to be swallowed. External preparations should be further divided/separated as necessary.

All medications must be self-contained and properly packaged in a locked area. Controlled substances shall be stored as outlined in Connecticut Regulations of State Agencies, Department of Consumer Protection, 21a-252-10. Only medications or medication related supplies can be kept in this locked area.

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

Discussion:

"Authorized" is defined as certified and/or licensed in this section.

Agency procedures shall include the process for handling keys and security procedures to limit access to certified and/or licensed staff. The list of persons authorized to administer medications shall be updated at least annually and need not be posted, but must be available upon request. Copies of staff medication certificates shall be maintained in the facility.

- (d) **Medications for individuals who are permitted to self-administer medication in accordance with 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 individuals. 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 individual or other individuals.**

Discussion:

Agencies shall have a written procedure that details the way individual medications are stored and that includes the nurse determination that storage poses no threat to health and safety of other residents. The supervising nurse shall provide necessary documentation if unlocked storage is permissible.

- (e) **All medications shall be stored in labeled containers from a pharmacy.**

Discussion:

There can be no combining of containers or storage in containers that are not supplied by the pharmacy or manufacturer.

- (f) **Unused, outdated or unlabeled non-controlled medications shall be destroyed in a non-recoverable manner by licensed or certified non-licensed personnel in the presence of at least one (1) witness. Non-controlled medication destruction shall be documented by program or facility staff in the records maintained by the program or the residential facility.**

Discussion:

Agencies shall provide a written procedure for drug disposal and identification of individuals designated with authority to destroy medications and ensure that appropriate documentation is available. Controlled substances must be destroyed by licensed nurses with a witness. It is recommended (not required) that a licensed nurse witness drug destruction on all occasions.

- (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.**

Discussion:

If a medication needs to be destroyed, it should be put aside in a container inaccessible to the individual. It is the responsibility of the family to arrange for the destruction of medication.

- (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.**

Discussion:

Controlled drugs shall be documented on a Receipt and Disposition record (also known as the Controlled Drug Sheet or Proof of use sheet) when they are received from the pharmacy. Documentation of the removal of controlled drugs shall be made on the Receipt and Disposition Record as soon as possible after medication is removed. At the beginning and end of each shift, a count of all the controlled drugs at the site shall be done to verify the count is correct. This count shall be conducted at the medication storage site. This count shall be done by 2 persons who are either a licensed nurse or a certified non-licensed staff. When there are not 2 persons to count the controlled drugs, the one remaining authorized person shall verify the count and record her/his name in the appropriate place. Discrepancies shall be immediately reported to the RN/RN On-Call. Keys to non-controlled and controlled storage are required to be kept on 2 separated key rings or holders

→ **Sec. 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:**
- (1) **All documentation on the administration of medications shall be made in ink.**

Discussion:

DDS requires all documentation on MAR to be made in blue or black ink. Agencies shall provide a procedure which includes all elements of documentation requirements.

- (2) **A signed original of all licensed prescriber's orders shall be maintained in the individual'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 individual and the licensed prescriber. This facsimile shall not be considered an original order if it is re-transmitted to another site.**

Discussion:

Signed original orders as defined in section 17a-210-1(x) are preferred as outlined above. Certified non-licensed personnel and licensed personnel can only administer medications in the presence of a original signed order as defined in Section 17a-210-1(x) in these regulations. This includes medication administered in a residential facility, respite center, or day program.

In instances where the prescriber is signing on a multipage order form, the carbon copy will be considered an original order if the following conditions are met:

- The nurse confirms that the prescriber's signature is present on the carbon copy **AND**

- The nurse confirms that the orders on the top copy are identical to the orders on the carbon copy **AND**
- The nurse co-signs the carbon copy confirming review and accuracy.

**OR**

If these conditions are not met the prescriber must sign each of the carbon copies for the order to be considered an original.

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

Discussion:

Verbal and/or telephone orders are to be communicated to licensed persons (RN, LPN, or Pharmacist) only. Such orders shall be individual specific, indicate purpose, amount and duration of order, and include pertinent information to allow appropriate implementation. Orders may be communicated per the following:

- Telephone orders: Telephone orders are defined as orders given by a physician or other authorized prescriber to a licensed person (RN, LPN, or pharmacist) over the telephone which must be documented on an order sheet by the licensed person who accepted the order. These orders shall be countersigned by the prescriber no later than two weeks (14 days) from date of receipt. Psychotropic medication orders shall be signed within one week (7days) from date of receipt.
- Verbal orders; Verbal orders are defined as orders given to a licensed person (RN, LPN, or Pharmacist) while in the presence of the prescriber. The department advises that the prescriber be asked to write the order rather than accepting a verbal order. If a verbal order is taken, it shall be documented on an order sheet by the licensed person who accepted the order and shall be countersigned by the prescriber within the time frames given in number 1, above.
- Faxed orders: Faxed orders are defined as written orders by a physician or other legally authorized prescriber that are sent via facsimile machine to the person's home, day program, or pharmacist. Such orders, previously considered to be telephone orders, are now considered original orders and therefore, do not need to be countersigned by the prescriber.

- (4) Any change in medication, dosage level of medication, route of administration or frequency of administration shall be considered a new medication order for the purpose of documentation.**

- (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 individual.**

Discussion:

Medication documentation records are retained as part of a individual's permanent medical record. (Physician's orders, progress notes and laboratory and diagnostic test results are also considered to be a medical record which must be maintained as part of the individual's permanent record.)

A copy of medication record from day program must be returned to residential individual file.

- (6) Medication records shall include the following information:**

- (A) The individual's name;**
- (B) The name of the medication;**
- (C) The name of the licensed prescriber;**
- (D) The dosage of the medication;**
- (E) The frequency of administration;**
- (F) The route of administration;**
- (G) The initials and signatures of employees who have administered the medication;**
- (H) The renewal date of the original order from the licensed prescriber;**
- (I) Whether the medication was administered;**
- (J) When the medication was administered;**
- (K) The expiration date of the original order from the licensed prescriber;**
- (L) Individual allergies to food and medication;**
- (M) Information on non-compliance of a individual in accepting medication; and**
- (N) For medication ordered on an as-needed-basis, the reason for the administration and the individual's response to the medication.**

Discussion:

For number (6) (G) above, employee signatures means the employee's full, legal signature. Medication names shall not be abbreviated and shall be documented on the prescription. If the medication is abbreviated on the pharmacy label, the medication administration record must contain both the full name and abbreviated name.

If the prescription has the medication trade name and the pharmacy label has the generic name, the medication administration record must list both names.

Individual cooperation shall be documented only when the individual is resistive or non compliant. This is considered to be an individual unusual incident, not an employee medication error. Agency policy should address how to address individual resistance or non-compliance that occurs frequently.

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

Discussion:

Agencies shall have procedures for receipt of controlled substances from pharmacies and staff documentation procedures including the location of receipts and disposition forms.

The supervising nurse shall document regular (at least quarterly) review of controlled substance receipt and disposition as required in Subsection 7 (3) of these regulations.

- (8) The receipt and disposition forms shall include the following information:**

- (A) The individual's name;**
- (B) The prescription number;**
- (C) The prescription date;**
- (D) The name of the pharmacy;**
- (E) The name of the licensed prescriber;**
- (F) The date of receipt of the controlled medication;**
- (G) The quantity of the controlled medication;**
- (H) The name of the medication;**
- (I) The dosage of the medication;**
- (J) The form of the medication;**
- (K) The signature of the employee who received the controlled medication;**
- (L) The frequency of administration;**
- (M) The route of administration;**
- (N) The initials and signatures of employees who have administered the medication;**
- (O) The month, day, year and time the medication was administered;**
- (P) The amount of medication remaining;**
- (Q) The expiration date of the medication; and**
- (R) Individual allergies to food and medication.**

Discussion:

Agency policies and procedures shall indicate the method and frequency of control drug counts. It is required that a count be conducted at least at each change of shift. Control drug counts shall be done only by medication certified staff, but may be witnessed by non-certified staff if no other certified staff is available. At no time can the non-certified staff handle the medication during this witnessed count. It is strongly recommended that a control drug count also be done any time that the security of the keys is exchanged from one staff to another.

Agency policies and procedures shall indicate the process for reporting and investigating incorrect control drug counts, including reporting missing drugs to the DDS Regional Health Service Director.

- (9) Any errors in the administration of medications shall be documented in accordance with [subsections \(o\) and \(r\) of section 17a-210-2 of the Regulations of Connecticut State Agencies](#).**

- (10) At the end of each month, the Individual's medication record shall become a permanent part of the Individual's**

**record. The receipt and disposition forms shall be kept in a location separate from the Individual's medical record.**

Discussion:

Control Drug Receipt and Disposition sheets shall be maintained by the agency separate from the individual's record, they are not part of the individual's medical record.

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

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

- (a) **The supervising nurse of the residential facility, respite center or day program shall:**

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

Discussion:

The initial administration of medications shall be observed by the supervising nurse at the employee's worksite and documented on Checklist B. The supervising nurse's observation that occurs during the on-site practicum, if successfully completed, constitutes "supervision of the initial worksite administration of medications."

The supervising nurse shall supervise and document an initial worksite administration of medications by any employee who holds a current certificate and is newly employed by the agency. Documentation of this observation completed by the supervising nurse shall be maintained as per agency policy.

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

Discussion:

Subsequent to the initial worksite observation, the supervising nurse shall observe each certified unlicensed personnel administer medications at least once annually at the employee's usual worksite. This annual observation shall be done one year prior to the certificate expiration date (plus or minus four weeks). Documentation of the supervising nurse's observation shall be maintained as per agency policy. The department requires use of Checklist B as the documentation tool. Such documentation shall be made available upon request.

- (3) **Monitor and document on an ongoing basis, and not less than quarterly, all documentation pertaining to the administration of medication. This monitoring shall include, but not be limited to: (A) a licensed prescriber's orders; (B) medication labels and medications listed on the medication record and receipt and distribution forms to determine whether they match the orders of the licensed prescriber; and (C) the medication record and receipt and disposition forms to ensure that they contain the following information: medication error documentation; whether medication was administered as prescribed; compliance or non-compliance of the individual; 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.**

Discussion:

At least four times a year on a quarterly schedule, the supervising nurse shall review documentation to ensure the following:

- Orders are current and transcribed to medication record correctly;
- Pharmacy labels match physician's orders;
- Controlled substance receipts and disposition forms match prescriber's orders;
- All components of Sec. 17a-210-6 A-N are in compliance and
- Employee full signatures (employee's legal signature and title) are present.

If the record review shows that an individual demonstrates a pattern of noncompliance with medication administration as determined by agency policy and procedure, a referral should be made to the IDT to review and address.

- (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.**

Discussion:

Recurring errors may be reported in writing to an agency regarding the hired employee upon request of the agency.

The supervising nurse shall ensure the following:

- Incident reports (255m) are available on employees who are demonstrating noncompliance with regulations.
- Documentation of corrective action taken as a result of errors and prohibited practices needs to be completed per agency policy.

- (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 an individual is in jeopardy, until further action is determined.**

Discussion:

There should be documentation of the rationale for suspension and the corrective actions. In situations where revocation is later pursued, the documentation for the earlier suspension and corrective actions should be shared with the regional health services director.

- (6) **Submit a written report requesting an official commissioner sanction to the appropriate regional director of health services not later than five (5) working days following the date of the supervising nurse obtaining information 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 an individual is in jeopardy.**

Discussion:

Within the five-day time frame the supervising RN shall submit a written report. The report shall include all previous medications related incidents/errors and all actions taken in response the errors. The report shall also include the supervisor's review of the current incident and recommendation for agency action.

Basis of report reflects noncompliance of requirements as outlined in this section of regulations (1) thru (5)

Agencies shall adhere to DDS incident report procedures and shall use incident report forms in providing supporting documentation.

- (7) **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 comply with [sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies](#);**
- (D) **The written document or documents that such supervising nurse relied upon in submitting the request for sanction;**
- (E) **Recommendations concerning which of the sanctions authorized by [section 17a-210-8 of the Regulations of Connecticut State Agencies](#) should be imposed as a result of the failure of certified non-licensed personnel to comply with [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.**

Discussion:

The supervising nurse shall submit a written report to the Regional Health Services Director/Director of Nursing Public Programs as follows:

- Within five (5) days of the verbal notification of a Class C error;
- Within five (5) working days of reaching a rate of error for Class A or Class B errors that exceeds agency medication error

policy; and/or

- Written documentation of medication errors, including copies of DDS 255m Incident report forms and other agency medication reporting forms.
  - A report of agency corrective actions, including dates of counseling, retraining, and any other corrective actions taken.
- Copies of all documentation and recommendations shall be maintained by the agency in a confidential file.

- (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.**

Discussion:

LPNs that have attended the DDS training and are deemed to be Authorized LPNs by DDS to participate in annual and recertification on-site practicum shall be evaluated yearly by the supervising nurse. The nurse shall report any issues or non-compliance to the DDS Medication Administration Unit for possible termination of authorization.

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

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

Discussion:

Upon receipt of submitted reports, submitted on the DDS Certified Non-licensed Personnel Sanctions Request Form the regional health services directors shall

- Review the documentation and recommendations;
- State their conclusions;
- Make written recommendations to the central office director of health and clinical services for review on the sanctions request form; and
- Send copies to the appropriate DDS or private agency manager and for DDS employees to personnel.

The director of health and clinical services shall:

- Review documentation, requesting further information as necessary;
- Make written recommendation; and
- Forward these recommendations to the commissioner for final action.

- (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 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 non-licensed personnel, if the commissioner finds that such employee has failed to comply with [sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies](#).**

Discussion:

Upon receipt of the director of health and clinical services recommendations, the commissioner of DDS or the commissioner's designee shall determine the sanction to be imposed, such as: suspension, probation, revocation and shall notify the person via certified mail, with copies to the central office medication administration unit and to other appropriate DDS or agency staff and/or managers such as DDS personnel (for DDS employees).

Only the commissioner may revoke or suspend certification issued by the department. Actions by the commissioner concerning an individual's certification are separate and distinct from any progressive disciplinary action which may be taken by an employer.

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

- (a) **Any person aggrieved by the decision of the commissioner to revoke or suspend a certificate may, not later than twenty**

(20) days after the date of receipt of a notice of revocation or suspension of a certificate, submit a written request to the commissioner for a reconsideration of the commissioner's decision. Not later than twenty (20) working days after the date of receipt of such request, the commissioner or the commissioner's designee shall conduct an informal hearing, at which the regional director of health services, the supervising nurse requesting sanction and the employee may present written and oral evidence.

- (b) The commissioner or the commissioner's designee shall render a decision not later than twenty (20) working days after the date of the hearing. The decision of the commissioner or the commissioner's designee shall be final. Revocation or suspension of a certificate shall be stayed pending the outcome of such hearing except 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.

Discussion:

The commissioner or his or her designee shall inform the person of the informal hearing via certified mail, with copies to the appropriate agency personnel, DDS regional health services director and the central office medication administration unit and director of health and clinical services. The commissioner or his or her designee shall consult the Office of the Attorney General as appropriate. The person's supervising nurse and other appropriate agency personnel shall attend the informal hearing to provide additional written or oral evidence.

The commissioner or his or her designee shall inform the person of his or her final decision via certified mail within 20 working days of the informal hearing, with copies to the central office medication administration unit, the director of health and clinical services, the DDS regional health service director, and other appropriate DDS or agency staff and managers.

Copies of all sanction requests and decisions shall be maintained in a confidential file.

→ **Sec. 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.

Discussion:

The DDS central office medication administration unit functions as extension of the regional health services director in this process. Written reports shall be submitted to the medication administration unit. In the absence of a case manager, concerns may be reported directly to the medication administration unit.

Upon receipt of submitted reports the medication administration unit shall:

- Review the documentation and recommendations;
- State their conclusions;
- Make written recommendations to the central office director of health and clinical services for review;

The director of health and clinical services shall:

- Review documentation, requesting further information as necessary;
- Make written recommendation; and
- Forward these recommendations to the commissioner for final action.

- (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 an abuse and neglect investigation.

Discussion:

Trained Staff will report the serious error to the employer and will complete the DDS 255OH incident report. The employer will forward this report to the individual's case manager.

- (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) **Trained non-licensed personnel shall receive written notification of termination of the department's approval to administer medication from the Medication Administration Unit. The individual and the individual's case manager also shall receive written notification of the termination of the department's approval from the Medication Administration Unit. The individual'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.**