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

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 consumers 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) “Consumer” 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 consumers.

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

(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 consumer or the consumer’s family or guardian with department funding.

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

(o) “Error” means failure to administer medication to a consumer, 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 a consumer’s home, or a consumer’s family home, or specialized day services that are self-directed. Such support services shall not include services provided in residential settings licensed or operated by the department or within day programs as defined in this section.

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

(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 of the Connecticut General Statutes, a dentist licensed under chapter 379 of the Connecticut General Statutes, a registered nurse licensed under chapter 378 of the Connecticut General Statutes, an advanced practice registered 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.

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

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

(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 consumers 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 consumers. 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 consumers.

(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 consumer 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.

(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 consumer 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 a consumer to receive medical care at a physician’s office, medical facility or hospital; or that results in the injury or death of a consumer.

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

(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 consumer 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 medication administration certification issued to certified non-licensed personnel.

(kk) “Suspend the delegation” means the measure imposed by the delegating registered nurse to protect the health and safety of the consumer following the identification of a single significant error or multiple errors committed by a certified

non-licensed personnel. This measure means that certified non-licensed personnel are not permitted to administer medication until corrective action or sanction actions have been successfully completed and delegation resumed.

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

(Effective May 31, 1996; amended December 3, 2009)

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.

(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.

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

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

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

(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 consumer, the licensed prescriber may order that such administration be performed by licensed personnel.

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

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

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

(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 consumer they support.

(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.

(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.

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

(n) (1) When a consumer 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 a consumer 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.

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

(3) When a consumer 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 consumer's name, the medication name and strength, the dosage, the route of administration, and the scheduled time and date for administration.

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

name and strength, the dosage, the route of administration, and the scheduled time and date for administration.

(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.

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

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

(r) Any error by certified non-licensed personnel shall be documented in the consumer'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 consumer's record.

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

(Effective May 31, 1996; amended December 3, 2009)

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 consumer including, but not limited to, observation, reporting and recording responses of each consumer 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.

(2) Laboratory practicum.

(3) Written examination.

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

(c) Qualifications of 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.

(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.

(e) Certification

(1) Each person who successfully completes the certification training program specified 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.

(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.

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

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

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

(Effective May 31, 1996; amended December 3, 2009)

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 consumers in individual and family support settings shall be approved to administer medications upon successful completion of the following requirements:

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

(A) Medical terminology;

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

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

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

(E) Prohibited and dangerous techniques of medication administration;

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

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

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

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

(b) Upon successful completion of general training in medication administration, the name of the non-licensed personnel shall be included in the listing of persons who are identified by the department to have met the requirements for general

training in medication administration and are approved to administer medications to consumers supported by individual and family support services.

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

(d) Non-licensed personnel employed in individual and family support settings 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.

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

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

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

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

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

(Adopted effective December 3, 2009)

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

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

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

(Effective May 31, 1996; amended December 3, 2009)

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.

(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.

(d) Medications for consumers 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 consumers. Such medications shall be stored in a locked container or locked area unless the supervising nurse makes a determination that unlocked storage of the medication poses no threat to the health or safety of the consumer or other consumers.

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

(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.

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

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

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

(Effective May 31, 1996; amended December 3, 2009)

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.

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

(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.

(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 consumer.

(6) Medication records shall include the following information:

(A) The consumer'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) Consumer allergies to food and medication;

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

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

(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.

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

(A) The consumer'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) Consumer allergies to food and medication.

(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 consumer's medication record shall become a permanent part of the consumer's record. The receipt and disposition forms shall be kept in a location separate from the consumer's medical record.

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

(Effective May 31, 1996; amended December 3, 2009)

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.

(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.

(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 consumer; and the existence of full signatures for all initials used by persons documenting the administration of medication. The supervising nurse may delegate this responsibility to an authorized licensed practical nurse.

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

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

(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 a consumer is in jeopardy.

(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.

(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.

(Effective May 31, 1996; amended December 3, 2009)

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.

(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.

(Effective May 31, 1996; amended December 3, 2009)

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.

(Effective May 31, 1996; amended December 3, 2009)

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.

(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.

(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 consumer and the consumer's case manager also shall receive written notification of the termination of the department's approval from the Medication Administration Unit. The consumer's family or guardian and the provider may receive written notification of the termination of the department's approval, as appropriate, from the Medication Administration Unit.

(Effective August 24, 1994; amended December 3, 2009)

Personal Data

Sec. 17a-210-11. Definitions

For the purposes of sections 17a-210-11 to 17a-210-15, inclusive, of the Regulations of Connecticut State Agencies, the following definitions shall apply:

(1) "Category of personal data" means the classifications of personal information set forth in Sec. 4-190 of the Connecticut General Statutes.

(2) “Client” means any individual who is receiving services or who has received services funded by the department.

(3) “Commissioner” means the commissioner of the department of mental retardation.

(4) “Department” means the Department of Mental Retardation, its divisions, facilities, regions or training school.

(5) “Other data” means any information which because of name, identifying number, mark or description can be readily associated with a particular person.

(Adopted effective April 9, 1998)

Sec. 17a-210-12. General nature and purpose of personal data systems

The Department of Mental Retardation maintains the following personal data systems:

(a) Personnel Records

(1) Personnel records are maintained at the location where the individual is employed or which has the individual on its payroll.

(2) Personnel Records are maintained in both manual and automated forms.

(3) The purpose of the personnel records system is to provide data necessary for personnel and payroll management activities and/or to satisfy the requirements of state or federal laws.

(4) Personal data in these records are maintained under authority of Sec. 5-193 through 5-269, inclusive, of the Connecticut General Statutes.

(5) Categories of personal data may include address, phone number, social security number, birth date, sex, race, educational history, licensure or certification, employment history, financial information, emergency contact person, medical or emotional condition or history, disciplinary action, reputation or character information and conviction records.

(6) These records are maintained on applicants for employment and on current and former employees of the department.

(7) These records are routinely used by employees of the department who are assigned responsibility for personnel, payroll and employment-related activities.

(b) Fiscal Records

(1) Fiscal records are maintained at the department’s central office at 460 Capitol Avenue, Hartford, CT 06106 and at each region and training school location.

(2) Fiscal records are maintained in both manual and automated forms.

(3) The purpose of the fiscal records system is to maintain vendor payment records, personal services contracts, Medicaid billing, insurance billing, reimbursement records for employee travel expenses, records of private donations, client accounts, activity fund, general fund, and to reflect activities required to secure federal and state funding for programs of the department and its grantees.

(4) Routine sources of data in these records may include donors, vendors, employees, clients, contractors, grantees and other state and federal agencies.

(5) Categories of personal data maintained in this system may include birth date, educational history, licensure or certification, employment history, and financial information.

(6) Categories of other data maintained in this system may include address, telephone number, social security number, employee number, provider information, FEIN, fee amount, case number, client account number, information pertaining to department application for and receipt of state and federal payments, Medicaid/Medicare provider number and insuring billing.

(7) These records are maintained on current and former donors, vendors, contractors, grantees, clients, and employees.

(8) These records are routinely used by employees of the department who are assigned responsibility to manage the grants, contracts, vendor payments, Medicaid billing, insurance billing, donations, and employee travel reimbursements.

(c) Affirmative Action Records

(1) Affirmative action records are maintained at the location where the individual is employed or where the individual is on the payroll.

(2) Affirmative action records are maintained in both manual and automated forms.

(3) The purpose of the system is to provide data for monitoring and revising department affirmative action plans and implementing affirmative action discrimination, and sexual harassment complaint procedures.

(4) Affirmative action records are the responsibility of the Affirmative Action Administrator, Department of Mental Retardation, 460 Capitol Avenue, Hartford, CT 06106.

(5) Personal data in these records are maintained under authority of Section 46a-51 through 46a-104, inclusive, of the Connecticut General Statutes, and the regulations promulgated thereunder.

(6) Categories of personal data maintained in this system may include birth date, age, sex, race, educational history, employment history, existence of disability, medical history, discrimination and/or sexual harassment complaints, and administrative investigation material.

(7) These records are kept on current and former employees of the department.

(8) These records are routinely used by affirmative action staff in affirmative action and equal employment opportunity monitoring and complaint resolution.

(d) Client Records

(1) Client records are maintained at the location where the client receives services. Master records, including information regarding eligibility, are kept in regional offices or satellite offices.

(2) Client records are maintained in both manual and automated forms.

(3) The client records system serves several purposes including: collecting preliminary demographic and clinical data to determine eligibility of an individual for services; documenting admission, diagnosis, treatment planning, treatment process, care, service delivery; case management of client; transition or discharge planning; documenting quality assurance; monitoring of treatment planning and service delivery; providing complete demographic and clinical data on clients; and providing a baseline of information for billing purposes.

(4) The personal data records in this system are the responsibility of the appropriate region or training school of the department.

(5) Routine sources of data in these records may include the client, family members, friends, health care and other service providers, treatment staff, other state or federal agencies and the judicial system.

(6) Categories of personal data maintained in this system may include birth date, sex, race, social and family history, religious preference, educational and employment histories, voter registration status, financial, medical and emotional condition or history, plan of service, legal status, name of legal representative or guardian, complaints, incident reports and investigation materials, and provider information.

(7) Categories of other data maintained in this system may include social security number, case number, Medicaid/Medicare numbers, client identification number,

correspondence, referral sources, demographic admissions data and the names of individuals authorized to access the records.

(8) These records are maintained on current and former clients.

(9) These records are routinely used by staff who are assigned care and treatment planning and responsibilities for the clients, by staff who have quality assurance monitoring responsibilities and by staff who have responsibility for administrative reporting of census, diagnosis, demographic data and billing information.

(e) Early Intervention Records

(1) Early Connections Program

(A) The early connections records are maintained in the office of the Superintendent of the Unified School District 3 at 460 Capitol Avenue, Hartford, CT 06106 and each location where an early connection program operates.

(B) Records are maintained in both manual and automated forms.

(C) The purpose of the system is to maintain educational records of individuals served through early connections and to document and record the administration functions.

(D) The Superintendent of the Unified School District 3 is the custodian of records for the early connections program. All requests for disclosure or amendments to these records should be submitted to the superintendent. The superintendent may appoint regional designees to assist in this function.

(E) Categories of personal data maintained in this system may include the child's name, address, date of birth, parents/guardians, sex, race, teachers, medical records, standardized test scores, and private and public education agencies.

(F) Personal data are collected and maintained and used under authority of Section 17a-248 to 17a-248b, inclusive, of the Connecticut General Statutes.

(G) Records are used by the early connection staff to reflect educational programs and services provided to individuals enrolled in the early connection program.

(2) Birth To Three System

(A) The Birth to Three System records are maintained in the office of the System Director at 460 Capitol Avenue, Hartford, CT 06106, and at each location where a Birth to Three Program operates.

(B) Records are kept in both manual and automated forms. Personal information at the single point of intake and at the regional offices is only kept in automated forms.

(C) The purpose of the system is to maintain early intervention records of individuals served through the Birth to Three System and to document and record the administrative functions.

(D) The System Director is the custodian of records for the Birth to Three System. All requests for disclosure or amendments to these records should be made to the System Director. The director may appoint designees at each program site to assist in this function.

(E) Categories of personal data maintained in this system may include the child's name, address, date of birth, parents/guardians, sex, race, teachers and therapists, medical records, private or other public agencies involved.

(F) Personal data are collected and maintained and used under authority of Section 17a-248 of the Connecticut General Statutes.

(G) Records are used by the birth to three staff and providers of service to reflect early intervention programs and services provided to individuals enrolled in the birth to three system.

(Adopted effective April 9, 1998)

Sec. 17a-210-13. Maintenance of personal data

(a) Records for each personal data system are maintained in accordance with schedules prepared by the Connecticut State Library, Department of Public Records Administration and retention schedules approved by the Public Records Administrator as authorized by Section 11-8a of the Connecticut General Statutes.

(b) Personal data shall not be maintained unless relevant and necessary to accomplish the lawful purposes of the department. Where the department finds irrelevant or unnecessary public records in its possession, the department shall dispose of the records with the approval of the public records administrator pursuant to Section 11-8a of the Connecticut General Statutes.

(c) The department shall collect and maintain all records with accuracy and completeness.

(d) Insofar as it is consistent with the needs and mission of the department, the department shall, wherever practical, collect personal data directly from the person to whom a record pertains.

(e) When an individual is asked to supply personal data to the department, the department shall disclose to that individual, upon request:

(1) the name of the department and division within the department requesting the personal data;

(2) the legal authority under which the department is empowered to collect and maintain the personal data;

(3) the individual's rights pertaining to such records under the Personal Data Act and the department regulations;

(4) the known consequences arising from supplying or refusing to supply the requested personal data; and

(5) the proposed use to be made of the requested personal data.

(f) Department employees involved in the operation of the department's personal data systems will be informed of the provisions of the Personal Data Act and the department's regulations, the Freedom of Information Act and any other state or federal statute or regulations concerning maintenance or disclosure of personal data kept by the department.

(g) All department employees shall take reasonable precautions to protect personal data under their custody from the danger of fire, theft, flood, natural disaster and other physical threats.

(h) The department shall incorporate by reference the provisions of the Personal Data Act and regulations promulgated thereunder in all contracts, agreements or licenses for the operation of a personal data system or for research, evaluation and reporting of personal data for the department or on its behalf.

(i) The department shall ensure that personal data requested from any other state agency is properly maintained.

(j) Only department employees who have a specific need to review personal data records for lawful purposes of the department will be entitled to access such records.

(k) The department shall keep a written up-to-date list of individuals entitled to access each of the department's personal data systems.

(l) The department will ensure against unnecessary duplication of personal data records. In the event it is necessary to send personal data records through interdepartmental mail, such records will be sent in envelopes or boxes sealed and marked confidential.

(m) The department will ensure that all records in manual personal data systems are kept safe.

(n) Where automated personal data systems records are maintained, the department shall:

- (1) locate automated equipment and records in a limited access area;
- (2) ensure that regular access to automated equipment is limited to operations personnel; and
- (3) utilize appropriate access control mechanisms to prevent disclosure of personal data to unauthorized individuals.

(Adopted effective April 9, 1998)

Sec. 17a-210-14. Disclosure of personal data

(a) Within ten (10) business days of receipt of a written request for disclosure of personal data, the department shall mail or deliver to the requesting individual a written response, informing him as to whether or not the department maintains personal data on that individual, the category and location of the personal data maintained on that individual and procedures available to review the records, including the records kept under subsection (h) of this section.

(b) Except where nondisclosure is required or specifically permitted by law, the department shall disclose to any person upon written request all personal data concerning that individual which is maintained by the department. The procedures for disclosure shall be in accordance with Section 1-15 through 1-21, inclusive, of the Connecticut General Statutes. If the personal data is maintained in coded form, the department shall transcribe the data into a commonly understandable form before disclosure.

(c) The department is responsible for verifying the identity of any person requesting access to his or her own personal data.

(d) The department is responsible for ensuring that disclosure made pursuant to the Personal Data Act does not disclose any personal data concerning persons other than the person requesting the information.

(e) The department may refuse to disclose to a person medical, psychiatric or psychological data on that person if the department determines that such disclosure would be detrimental to that person.

(f) In any case where the department refuses disclosure, it shall advise that person of his or her rights to seek appropriate relief, including judicial relief, pursuant to the Personal Data Act.

(g) If the department refuses to disclose medical, psychiatric or psychological data to a person based on its determination that disclosure would be detrimental to that person and disclosure is not mandated by law, the department shall, at the written request of such person, permit a qualified medical doctor to review the personal data contained in the person's record to determine if the personal data should be disclosed. If disclosure is recommended by the person's medical doctor, the department shall disclose the personal data to such person; if nondisclosure is recommended by such person's medical doctor, the department shall not disclose the personal data and shall inform such person of the judicial relief provided under the Personal Data Act.

(h) The department shall maintain a complete log of each person, agency or organization who has obtained access to or to whom disclosure has been made of personal data under the Personal Data Act, together with the reason for such disclosure or access. This log shall be maintained for not less than five years from the date of such disclosure or access or for the life of the personal data record, whichever is longer.

(Adopted effective April 9, 1998)

Sec. 17a-210-15. Procedure for contesting the content of personal data

(a) Any person who believes that the department is maintaining inaccurate, incomplete or irrelevant personal data concerning him may file a written request with the department for correction of said personal data. Such requests should be in writing and sent to the Department of Mental Retardation, 460 Capitol Avenue, Hartford, CT 06106, Attention: Commissioner's Office.

(b) Within thirty (30) days of receipt of such request, the department shall give written notice to that person that it will make the requested correction, or if the correction is not to be made as submitted, the department shall state the reason for its denial of such request and notify the person of his right to add his own statement to his personal data records.

(c) Following such denial by the department, the person requesting such correction shall be permitted to add a statement to his personal data record setting forth what that person believes to be an accurate, complete and relevant version of the personal data in question. Such statements shall be disclosed to any individual, agency or organization to which the disputed personal data is disclosed.

(Adopted effective April 9, 1998)