



# Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301  
REV 06/29/18

Administrative Directive Number: 8.3

Title: Pharmacy Care

I recommend the following inclusion or revision to the above referenced Administrative Directive  
**(provide detailed explanation regarding reason for change):**

The following revision is recommended to AD 8.3 Pharmacy Care Section 4 – Pharmacy Services, subsection D

4. Inmates shall be permitted to possess and self-administer medications with the exception of controlled, psychoactive, and other drugs on the written order of a practitioner. Self-administered medication shall be monitored and controlled in accordance with facility Unit Directives. Patient drug education information shall be provided to inmates for all self-administered medication.
  - a. **Inmates shall be required to return any unused or expired self-administered medication to Health Services personnel.**

This language adds clarification and coincides with the disposal procedure found in this directive.

- a. Returned non-controlled drugs that have been in the possession of the inmate, or unclaimed personal medications collected at intake or individual doses of medication removed from the original pharmacy packaging shall be destroyed at the facility by Health Services staff by placing in the medical waste disposal system.

See attached documents

### ORIGINATOR

Name: Johnny Wright      Title: Regional Medical Director      Date: 8/26/2020

Signature: *Johnny Wright*      Facility/Unit: Central Office

### OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:  Office of Standards and Policy Staff signature: *[Signature]*      Date: *9/3/2020*

### UNIT/DISTRICT/DIVISION RECOMMENDATIONS:

Approved	Denied	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature:	Date:
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: <small>(only needed if originating from facility)</small>	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: <i>[Signature]</i>	Date: <i>9/11/2020</i>

### COMMISSIONER'S DECISION:

This request is:  **APPROVED**       **DENIED**      Effective date of request:

The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update:      Date:

This inclusion/revision shall be added to the Administrative Directive prior to:      Date:

This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner's signature: *[Signature]*      Date: *9/15/2020*