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PIN 17-09-ASC

TO: ALL RESIDENTIAL CARE FACILITIES FOR THE ELDERLY LICENSEES

FROM: *Original signed by Pamela Dickfoss*  
PAMELA DICKFOSS  
Deputy Director  
Community Care Licensing Division

SUBJECT: **MEDICATION SELF-ADMINISTRATION IN A RESIDENTIAL CARE FACILITY FOR THE ELDERLY (RCFE): USING A HAND-OVER-HAND TECHNIQUE**

### Provider Information Notice (PIN) Summary

PIN 17-09-ASC provides guidance to licensees regarding the use of a hand-over-hand technique when providing assistance with self-administration of medication in an RCFE.

California Code of Regulations (CCR) Title 22 section [87465\(a\)\(5\)](#) requires licensees or their designated facility staff to assist residents with self-administration of medications as needed. All facility staff designated by the licensee to assist with self-administration of medication must complete applicable training requirements pursuant to Health and Safety Code section [1569.69](#).

It has been brought to the attention of the Department that some RCFE facility staff apply a hand-over-hand technique when assisting residents with self-administration of medications. A hand-over-hand technique typically involves placing one's hand over the individual's hand to help the individual complete a movement or task.

Neither statutes nor regulations, define “hand-over-hand” technique; however, the regulation is clear that licensees and their designated facility staff are limited to “assistance with self-administration” and are **prohibited** from “administering” medications, pursuant to Business and Professions Code (BPC) section [4016](#), unless done so by an appropriately skilled professional acting within their scope of practice, pursuant to CCR, Title 22 section [87101\(a\)\(10\)](#). Therefore, both licensees and Community Care Licensing staff must exercise caution when considering the appropriateness of using this technique.

Acceptable hand-over-hand techniques include:

- Guiding a resident’s hand to an appropriate area in which to self-administer a test or medication
- Placing a resident’s finger on a medical device so that the resident can self-administer the medication
- Steadying a resident’s hand so that the resident can safely self-administer medication

Assistance with self-administration of medication, including “hand-over-hand” technique, does not include facility staff pressing the resident's finger or hand down on the device to administer a glucose test, as it would meet the administration of medications criteria pursuant to BPC section [4016](#).

Licensees whose facility staff are trained to provide assistance with medication self-administration and who apply the hand-over-hand technique must ensure that such staff is properly trained in the technique, and that said training is properly documented in their personnel records pursuant to CCR, Title 22 section [87412\(c\)](#) and [\(c\)\(2\)](#).

The following scenarios are provided as additional guidance on what constitutes an appropriate assistance with self-administration of medication using a hand-over-hand technique.

### **Scenario #1**

For residents requiring glucose testing, facility staff will load a lancet into the glucose meter and guide the glucose meter to the area of the resident’s finger that appears to be the best choice. Next, facility staff will show the resident where to push to administer the test. If the resident is having trouble, facility staff will place the resident’s finger on the area in which to administer the test and verbally tell the resident to push it.

In this scenario, it is appropriate for facility staff designated by the licensee to assist with self-administration of medications, to use a hand-over-hand technique to guide a resident's hand to the appropriate area on the resident's finger on which to self-administer a glucose test. Additionally, hand-over-hand assistance may include placing a resident's finger or steadying a resident's hand so that the resident can self-administer their glucose test. Pursuant to BPC section [4016](#), assistance with self-administration of medication does not include facility staff pressing the resident's finger or hand down on the device to administer the glucose test.

### **Scenario #2**

For residents using flex pens to self-administer insulin, facility staff will verbally remind the resident of the units they take and hand them their flex pen so that the resident can click to the appropriate amount. Facility staff may coach the resident by saying, "You take 3 units, that is three clicks; I have only heard two clicks, turn and click the pen one more time." Facility staff will then visually verify that the flex pen is set for the correct dosage or assist by dialing the pen to the appropriate dosage if they are not able.

Facility staff will use their hand over the resident's hand to guide the flex pen to the area that was cleaned by an alcohol prep pad. If the resident is not able to get their finger in the appropriate place, facility staff will guide the resident's hand for proper placement. Once the resident's hand is in the proper place, facility staff will verbally tell the resident to push the button to inject the insulin.

In this circumstance, it is appropriate for facility staff designated by the licensee to assist with self-administration of medications to do so by providing residents with visual cues and verbal prompting. Additionally, the Community Care Licensing Division [Advocacy and Technical Support Resource Medication Guide](#) indicates facility staff may physically assist a resident with setting the dial of an insulin flex-pen in accordance with physician orders. This can be compared to a caregiver giving a resident a specific number of pills, as prescribed by the physician.

If you have any questions, please contact your Adult and Senior Care [Regional Office.](#)