

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTHCARE SYSTEMS**

In re: Thomas Harrington, RN

Petition No. 2004-0416-010-033

**CONSENT ORDER**

WHEREAS, Thomas Harrington of Brimfield, Massachusetts (hereinafter "respondent") has been issued license number R51223 to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, on or about July 29, 2003, respondent entered into a Treatment Contract (a true and complete copy of which is attached hereto marked as Attachment "A" and incorporated herein by this reference, hereinafter the "Treatment Contract") with the Massachusetts Board of Registration in Nursing (hereinafter "the Massachusetts Board") that imposed professional discipline against respondent's registered nurse license based upon respondent's admission that he has abused alcohol and/or other drugs. Such discipline consisted of a five-year program that required that respondent engage in individual psychotherapy; provide employer reports; submit to random, observed urine screens; successfully complete nine hours of continuing education on addiction; and attend "anonymous" meetings.

WHEREAS, the Department has received a copy of the Treatment Contract and has instituted an investigation based upon such Treatment Contract; and,

WHEREAS, respondent hereby stipulates and agrees as follows:

1. Respondent admits the facts as set forth in Treatment Contract, which formed the basis for the discipline imposed by the Massachusetts Board against respondent's Massachusetts registered nurse license.
2. Such conduct subjects respondent's Connecticut registered nurse license to disciplinary action pursuant to §20-99 of the General Statutes of Connecticut by failing to conform to the accepted standards of the practice of nursing; and,
3. Respondent is not presently practicing as a nurse in Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent hereby waives his right to a hearing on the merits of this matter.
2. Respondent license number R51223 to practice as registered nurse in Connecticut is hereby placed on probation for a period of time that is coterminous with the Treatment Contract.
3. Respondent shall provide a copy of this Consent Order to the Massachusetts Board.

Respondent shall be responsible for the provision of written quarterly reports directly to the Board and the Department by the Massachusetts Board. The Board and the Department shall be notified in writing by the Massachusetts Board within fifteen (15) days of the effective date of this Consent Order as to the receipt of a copy of this Consent Order. Reports submitted by the Massachusetts Board shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Board and the Department at the address cited in paragraph 4o below. All such reports shall be due according to a schedule to be established by the Department of Public Health

4. In the event respondent begins to practice in Connecticut before he has fully complied with and/or completed the terms and conditions of the Treatment Contract, the term of respondent's probation in Connecticut shall be the uncompleted term of the Treatment Contract. During the period of probation, respondent's Connecticut license shall be subject to the following terms and conditions:
- a. Respondent shall submit written notification to the Department of any change in his employment and/or home address, and of his commencement of the practice of nursing in Connecticut with fifteen (15) days of any such change or event.
  - b. Respondent shall comply with all federal and state statutes and regulations applicable to his profession.
  - c. At his own expense, respondent shall engage in therapy and counseling for the entire probationary period with a licensed or certified therapist (hereinafter "therapist") approved by the Board and the Department.
    - (1) He shall provide a copy of this Consent Order to his therapist.
    - (2) His therapist shall furnish written confirmation to the Board and the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days after respondent begins to practice nursing in Connecticut.
    - (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Board and the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Board after consultation with the Department. However, if therapy is

terminated with approval of the Board, respondent's therapist shall continue to monitor his alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 4d(1) below, and by providing the reports described in paragraph 4e below.

- (4) The therapist shall immediately notify the Board and the Department in writing if respondent discontinues therapy and/or terminates his or her services.
- d. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.
- (1) At his own expense, he shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ("Attachment 'B': Department Requirements for Drug and Alcohol Screens") at a testing facility approved by the Board, after consultation with the Department, as ordered by his therapist and/or personal physician. Laboratory reports of random alcohol and drug screens and/or any other drug or alcohol related laboratory reports, including but not limited to results of DNA testing, shall be submitted directly to the Board and the Department by respondent's therapist or personal physician or by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.
  - (2) Respondent shall be responsible for notifying the laboratory, his therapist, the Board, the Department and his prescribing practitioner of any drug(s) he is taking.

For the prescription of a controlled substance(s) for more than two (2) consecutive weeks, the respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Board and the Department, until such time as the controlled substance(s) are not prescribed by the provider, documenting the following:

- (a) A list of controlled substances prescribed by this provider for the respondent;
  - (b) A list of controlled substance(s) prescribed by other providers;
  - (c) An evaluation of the respondent's need for the controlled substance;
  - (d) An assessment of the respondent's continued need for the controlled substance(s).
- (3) In the event that respondent begins to practice nursing in Connecticut within the first two (2) years of probation, he must submit to at least one (1) such screen weekly until he has completed the first two (2) years of probation, which commences at the effective date of the Treatment Contract, and two (2) such screens each month for the remainder of the probationary period.
- (4) All screens shall be negative for the presence of drugs and alcohol.
- (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (6) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has, from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances or mouthwash during the term of this Consent Order. In the event respondent has a positive screen for morphine,

opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.

- e. Respondent shall be responsible for the provision of written reports from his therapist directly to the Board and the Department monthly for the entire probationary period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of his drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of his ability to safely and competently practice nursing, and copies of all laboratory reports.
- f. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Board and the Department any confirmed positive alcohol/drug screen and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to his profession.
- g. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of his probation.
- h. Respondent shall not be employed as a nurse for a personnel provider service, assisted living services agency, homemaker - home health aide agency, or home health care agency, and shall not be self-employed as a nurse for the period of his probation.
- i. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities in the course of his nursing duties for the first year after respondent begins to practice as a nurse in Connecticut.
- j. Respondent shall be responsible for the provision of written reports directly to the Board and the Department from his nursing supervisor (i.e., Director of Nursing) monthly for the entire period of probation. Respondent shall provide a copy of this Consent Order to any and all employers if employed as a nurse during the probationary period. The Board

and the Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent Order. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Board and the Department at the address cited in paragraph 4o below.

- k. Within the first year after respondent begins to practice as a nurse in Connecticut, respondent shall attend and successfully complete eight (8) hours of coursework, pre-approved by the Department, in the area of patients' rights. Within thirty (30) days of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such coursework.
- l. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
- m. Respondent shall notify the Board and the Department of any change in his home or business address within fifteen (15) days of such change.
- n. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- o. All correspondence and reports shall be addressed to:

Bonnie Pinkerton  
Department of Public Health  
Division of Health Systems Regulation  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308

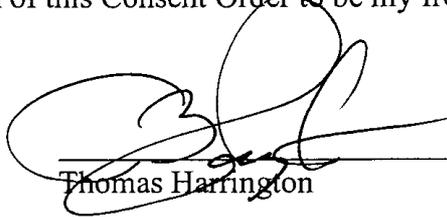
- 5. The period of probation imposed by this Consent Order shall become effective immediately upon being accepted and ordered by the Board.
- 6. Violation of any of the terms of the Contract shall be deemed a violation of this Consent Order.

7. Respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) his compliance with this Consent Order is at issue, or (2) his compliance with §20-99 of the General Statutes of Connecticut, as amended, is at issue.
8. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
9. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a registered nurse, upon request by the Department with notice to the Board, for a period not to exceed forty-five (45) days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric and/or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45-day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall constitute an admission that his conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, §§ 4-182(c) and 19a-17(c).
10. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Board.
11. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that this Consent Order is

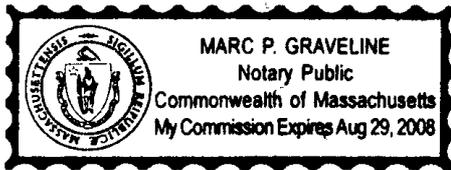
not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.

12. This Consent Order is a revocable offer of settlement that may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
13. Respondent permits a representative of the Legal Office of the Bureau of Healthcare Systems of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
14. Respondent understands and agrees that he is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which he is away from his residence.
15. Respondent has the right to consult with an attorney prior to signing this document.
16. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

I, Thomas Harrington, have read this Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

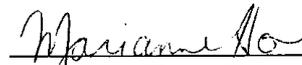
  
Thomas Harrington

Subscribed and sworn to before me this 19th day of January 2005.



  
Notary Public or person authorized  
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 29th day of January, 2005, it is hereby accepted.

  
Marianne Horn, Director  
Division of Health Systems Regulation  
Bureau of Healthcare Systems

The above Consent Order having been presented to the duly appointed agent of the \_\_\_\_\_ on the 2 day of March 2005, it is hereby ordered and accepted.

  
Board of Examiners for Nursing

RAS/Harrington/legal/CO/81004



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## Attachment " B "

### DEPARTMENT REQUIREMENTS FOR DRUG AND ALCOHOL SCREENS

Respondent: Thomas Harrington

Petition No. 2004-0416-010-033

#### Screening Monitor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

1. Each screen must test for the following substances: alcohol (breathalyzer tests are not acceptable), amphetamines, barbiturates, benzodiazepines, cannabinoids (THC metabolites), cocaine, meperidine, opiates, methadone, phencyclidine (PCP), propoxyphene, Stadol, hydrocodone, hydromorphone, and oxycodone. Additional substances such as Fentanyl and Sufentanil may also be required. Partial screens will not be accepted.
2. **Urine collections must be directly observed.** The urine monitor must be in the room with the respondent and directly observe the collection of the specimen by the respondent.
3. The frequency of screens is as follows: \_\_\_\_\_
4. Collections must be **random.** There must be no pre-arrangement between the respondent's therapist, the respondent, the urine monitor, and/or the lab in scheduling drug and alcohol screens. There must be no pattern of times, dates, or identifiable sequence (i.e. every Monday or alternating Wednesdays). The specimen collection shall not be done on the same day as a therapy session. Screening will be done on weekends and holidays if possible and/or if required. Special arrangements will be made for periods of vacation (see #6, below).



Phone: (860) 509-7400

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12HSR

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

5. Specimens will be collected as follows: the screening monitor (pre-approved by the Department) will call the respondent for collections. The respondent shall provide the monitor with her home and business phone numbers and carry a beeper if necessary. The monitor must speak directly with the respondent; the monitor may not leave a message on an answering machine. **The respondent must appear for specimen collections within 2 - 5 hours of the screening monitor's call. In the event the respondent does not show up for a collection, or arrives late, the urine monitor is to notify this Department immediately. A MISSED SCREEN IS CONSIDERED A POSITIVE SCREEN.**
6. Respondent will notify the screening monitor and the Department at least two weeks prior to scheduled vacations. Screens will be collected prior to and following periods of vacation. Screens will be collected prior to and following periods of vacation to make up for the screen missed.
7. Specimens are to be handled in such a manner as to maintain Chain of Custody. Chain of Custody documentation must accompany all laboratory reports and/or the laboratory reports shall indicate that the Chain of Custody procedure has been followed. Respondent must document all medications s/he is taking on each Chain of Custody form. **The respondent is responsible for Chain of Custody documentation being completed properly. In the event Chain of Custody is incomplete, the respondent may be called for a repeat screen.**

**PLEASE MAKE CERTAIN TO WRITE YOUR NAME ON EACH CHAIN OF CUSTODY FORM. SOCIAL SECURITY NUMBERS ALONE ARE NOT SUFFICIENT.**

8. All positive results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing method.
9. Screens shall be conducted at:

Bendiner & Schlesinger, Inc.  
Attn: Mr. Francis Hartigan  
47 Third Avenue at 10 Street  
New York, N.Y. 10003-5590  
(212) 353-5108  
fhartigan@bendinerlab.com

Respondent must obtain Department-approval for any lab s/he chooses to use other than Bendiner & Schlesinger. The proposed lab must be capable of conducting forensic screens and testing for each of the substances set forth in paragraph 1 of these Guidelines.

- 10. **POSITIVE SCREENS MUST BE REPORTED TO THE DEPARTMENT IMMEDIATELY,** by calling Bonnie Pinkerton at (860) 509-7651, and by fax sent to (860) 509-8368. Written documentation/confirmation of any positive screen must be received by the Department within 3 days of the screening monitor's notification of such.
- 11. Correspondence and lab reports should be sent to the attention of:

Bonnie Pinkerton  
 Department of Public Health  
 410 Capitol Avenue, #12 H.S.R.  
 P.O. Box 340308  
 Hartford, Connecticut 06134

**ALCOHOL/DRUG SCREENS AND REPORTS NOT CONFORMING TO THESE GUIDELINES WILL NOT BE CONSIDERED ACCEPTABLE FOR PROBATIONARY/REHABILITATION PURPOSES.**

All screening monitors and alternates must sign below acknowledging their receipt of these Guidelines and indicating their agreement to conduct screens accordingly.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax the signed signature page to (860) 509-8368.**

Department Requirements for Drug and Alcohol Screens

Re: Thomas Harrington

Pet. No. 2004-0416-010-033