



Ontario College of
Social Workers and
Social Service Workers

Practice Guidelines for Medication Practices

Guidelines for Registrants of the
Ontario College of Social Workers
and Social Service Workers

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Guidelines for Registrants of the Ontario College of Social Workers and Social Service Workers

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STATUS OF GUIDELINES

The following guidelines contain information and practice advice which should be considered by OCSWSSW registrants. These guidelines are designed to assist social workers and social service workers in interpreting and applying the OCSWSSW standards to particular circumstances or contexts of practice and to provide additional guidance to registrants on practice issues.

It should be noted that these guidelines are not themselves standards of practice and have not been enacted by regulation or OCSWSSW bylaw. The OCSWSSW's standards, which are the minimum standards applicable to all OCSWSSW registrants, are the ones set out in the *Social Work and Social Service Work Act, 1998*, the regulations under the Act, the OCSWSSW's **Code of Ethics and Standards of Practice** and the OCSWSSW's bylaws. Those OCSWSSW standards prevail over these guidelines. However, the guidelines may still be used by the OCSWSSW (or other bodies) to assist in determining whether appropriate standards of practice and professional conduct have been maintained by a OCSWSSW registrant in a particular case.

Introduction

Many OCSWSSW registrants work in settings in which client services include providing medication. Hospitals, residential treatment centres, group homes and community-based programs such as Assertive Community Treatment Teams (ACTT) are a few such examples. Registrants may be confronted with situations involving assisting clients with medications and may be unsure about whether or not to assume these tasks. Since administration of medication is not a primary area of competence for social workers or social service workers, it is essential for registrants to understand and consider the relevant issues before making a decision about whether to carry out the task. Ensuring client safety is paramount.

Relevant Terminology

It is useful to clarify terms frequently used with respect to medications:

The act of **dispensing** means filling a prescription. Dispensing includes the selection, preparation and transfer of one or more doses of a drug to a client or their representative for administration. Dispensing includes checking the expiry date of the drug, repackaging the drug and correctly labelling it. Dispensing a drug to an individual occurs only once.

Administration of medication occurs after dispensing and involves one individual preparing a dose of a drug and providing it to the client at the time the medication is due. Administration of a medication is not a controlled act (unless a person is administering the medication by injection or inhalation) and therefore is within the public domain.

Repackaging includes taking medication that has already been dispensed, from a client's blister pack and putting it in an envelope for daily delivery.

Dispensing a drug (as defined in the *Drug and Pharmacies Regulation Act*) is one of 13 **controlled acts** in the *Regulated Health Professions Act* (RHPA). Administering a substance by injection or inhalation is also a controlled act. Controlled acts are activities and procedures in which there is significant risk of harm to the client.¹ The RHPA restricts the performance of a controlled act in the course of providing health care services to an individual. With a few exceptions,² a controlled act may only be performed by a member of a regulated health profession the college where the health profession act authorizes members of such profession to perform the controlled act. A controlled act may also be performed where the performance of the controlled act has been delegated to a person by a member of a regulated health profession college where the health profession act authorizes members of such profession to perform the controlled act.³

Except for the controlled act of psychotherapy,⁴ social workers and social service workers are not authorized to perform and may not perform any other controlled act unless it has been delegated to the social worker or social service worker by a member of a regulated health profession college where the health profession act authorizes members of such profession to perform the controlled act. The OCSWSSW does not usually consider it appropriate for its registrants to accept delegation of the controlled act of dispensing a drug or administering a substance (including a drug) by injection or inhalation. The educational background of social workers and social service workers does not typically include pharmacology and other areas of study needed to perform these controlled acts safely. Though knowledge can be gained post degree or diploma, and social workers and social service workers should have some degree of knowledge in regard to the medications their clients are taking, this level of knowledge would usually be considered by the OCSWSSW to be insufficient to competently perform the controlled acts of dispensing medication or administering a substance by injection or inhalation.

The RHPA also contains what is known as a “risk of harm” clause.⁵ It provides that no person, other than a member of a regulated health profession college treating or advising within the scope of practice of their profession, shall treat or advise a person with respect to their health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them. This means that it is a contravention of the RHPA for a social worker or social service worker to provide treatment or advice with respect to a person’s health where serious bodily harm could result, whether or not the treatment or advice involves a controlled act (unless one of the exceptions to the “risk of harm” clause is applicable⁶).

Issues to Consider

Although the administration of oral medications is within the public domain, there is still a risk of harm in performing this task, if not done properly. Additionally, it does not mean that registrants are competent to perform the task. Registrants are reminded of the OCSWSSW *Code of Ethics and Standards of Practice*, Principle II: Competence and Integrity:

2.1.1 College registrants shall be responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly.

2.1.2 A scope of practice differs from a College registrant’s job description. An employer is not obliged to allow a College registrant to perform all of the activities described in the College’s scope of practice statement. Additionally, an employer may require a social worker or social service worker to perform activities that are not described in their scope of practice; this is permitted provided that the College registrant is competent and practising in accordance with all relevant legislation.⁷

2.1.3 When a client's needs fall outside the College registrant's usual area of practice, the College registrant shall inform the client of the option to be referred to another professional. However, if the client wishes to continue the professional relationship with the College registrant and have the College registrant provide the service, the College registrant may do so provided that:

- (i) the College registrant ensures they are competent to provide services by seeking additional supervision, consultation and/or education and
- (ii) the services are not beyond the College registrant's professional scope of practice as a social worker or social service worker.

Recommendations for particular services, referrals to other professionals or a continuation of the professional relationship shall be guided by the client's interests as well as the College registrant's judgment and knowledge.

Even if a registrant is competent, it does not mean that they are the best person to take on the task.⁸ When contemplating whether to carry out a task related to the administration of medications, registrants are advised to consider the following:

- What training has the registrant had? Did the training address the task the registrant is being asked to perform?
- Does the registrant have the necessary knowledge, skills and judgment to competently perform the task? Can the registrant demonstrate evidence of their competence?
- What is the risk of harm to the client? Could serious bodily harm result from performance of the task?
- How stable is the client's health?
- What safeguards and resources have been put in place as a "safety net"?
- What risk management policies have been developed?

Registrants are encouraged to discuss these guidelines and the OCSWSSW *Code of Ethics and Standards of Practice* with their employer to determine the appropriate role for the registrant to assume in regard to medication. The best interest of the client is always the primary professional obligation.

For more information about this or other practice issues, contact the OCSWSSW's Professional Practice Department at practice@ocswssw.org.

Appendix:

Administration of Naloxone

Naloxone (also known by its brand name Narcan) is a medication used to treat the effects of opioid overdose. It can be administered through intranasal spray or intramuscular injection.

The College supports registrants administering Naloxone in emergent situations. Registrants may administer Naloxone to someone experiencing an actual or reasonably perceived drug overdose where no qualified medical professional can manage the situation. The College urges all registrants who may encounter the need to administer Naloxone to receive appropriate training.

Training in administering Naloxone and opioid overdose response is available through local Public Health Units and follows Ontario's 5-step overdose response framework.

- [Recognize and temporarily reverse an opioid overdose | ontario.ca](#)
- [Public Health Unit locations | ontario.ca](#)

[Ontario's Good Samaritan Act, 2001](#) protects a person from liability should they attempt to help someone in distress. The administration of Naloxone in response to an opioid-related overdose is similar to using an item in a first aid kit when responding to another type of medical emergency.

Registrants should err in clients' best interests and administer Naloxone in case of a suspected Opioid overdose.

Summary

Registrants may increasingly find themselves administering Naloxone and must ensure they have the requisite competence to perform this act. For more information, contact the College's Professional Practice Department at 416-972-9882 or 1-877-828-9380, or practice@ocswssw.org.

ENDNOTES

1. Subsection 27(2) of the *Regulated Health Professions Act (RHPA)* sets out the controlled acts.
2. Subsections 27(3), 29(1) and (2) of the RHPA set out certain exceptions to the restriction on the performance of controlled acts. For example, subsection 29(1)(a) provides that “(a)n act by a person is not a contravention of subsection 27 (1) if it is done in the course of, (a) rendering first aid or temporary assistance in an emergency...”.
3. Subsection 27(1)(b) of the RHPA.
4. Subsection 27(4) of the RHPA authorizes member of the OCSWSSW to perform the controlled act of psychotherapy in compliance with the *Social Work and Social Service Work Act, 1998*, its regulations and bylaws. The controlled act of psychotherapy is defined as:
 14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.
5. Subsection 30(1) of the RHPA.
6. Subsections 30(2), (3), (4) and (5) of the RHPA set out certain exceptions to the “risk of harm” clause. One of the exceptions is if the controlled act has been delegated by a member of a regulated health profession college where the health profession act authorizes members of such profession to perform the controlled act. Another exception is for an act done in the course of rendering first aid or temporary assistance in an emergency.
7. The scope of practice statements describe the professions’ scope of practice, but do not exclusively limit the performance of the activities described therein to social workers and social service workers. Such statements provide three types of information — what the profession does, the methods the profession uses, and the purpose for which the profession does it. There is a scope of practice statement for social work and a scope of practice statement for social service work set out in the *Code of Ethics and Standards of Practice*. Note that the scope of practice differs from a job description, in which an employer defines the parameters of the various roles and duties to be performed by social workers and social service workers they hire. An employer is not obligated to allow a social worker or social service worker to perform all of the activities described in the scope of practice statement. Additionally, an employer may require a social worker or social service worker to perform activities that are not described in their scope of practice provided that the College member is permitted by law to perform those activities, the OCSWSSW registrant is competent to do so and it is not contrary to the *Social Work and Social Service Work Act, 1998*, the regulations under that Act or the standards of the OCSWSSW.
8. Tasks could include: delivering medication to a client who self-administers without encouragement from the member; administering medication to a client, and if the client refuses or challenges the clinician, providing education and encouragement. Although there are no specific educational or training requirements, depending on the task, the member would be required to be knowledgeable about such topics as: pharmacology theory and its clinical application, the expected benefits and potential side effects or risks of the medication, interaction with other medications, foods that are contraindicated. Knowledge may be gained a number of ways, including courses, in-service education provided by an employer, training and supervision by a professional competent in this area.



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