



Ontario College of
Social Workers and
Social Service Workers

Ordre des travailleurs
sociaux et des techniciens
en travail social de l'Ontario

Practice Guidelines for Medication Practices

Guidelines for Social Work and
Social Service Work Members 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 social work and social service work members of the Ontario College of Social Workers and Social Service Workers. These guidelines are designed to assist social work and social service work members in interpreting and applying the College's standards to particular circumstances or contexts of practice and to provide additional guidance to members on practice issues.

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

Introduction

Many members of OCSWSSW 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. Members 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 members 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 his or her 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 exceptions², a controlled act may only be performed by a member of a regulated health profession 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 psychotherapy⁴, 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 members 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 College 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 his or her profession, shall treat or advise a person with respect to his or her 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 members are competent to perform the task. Members are reminded of the OCSWSSW Code of Ethics and Standards of Practice, Second Edition, Competence and Integrity, 2.1.1:

College members are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly.⁷ When a client’s needs fall outside the College member’s usual area of practice, the member informs the client of the option to be referred to another professional. If, however, the client wishes to continue the professional relationship with the College member and have the member provide the service, the member may do so provided that:

- (i) he or she ensures that the services he or she provides are competently provided by seeking additional supervision, consultation and/or education; and
- (ii) the services are not beyond the member’s professional scope of practice.

Even if a member is competent, it does not mean that he or she is the best person to take on the task⁸. When contemplating whether to carry out a task related to the administration of medications, members are advised to consider the following:

- What training has the member had? Did the training address the task the member is being asked to perform?
- Does the member have the necessary knowledge, skills and judgment to competently perform the task? Can the member demonstrate evidence of his or her 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?

Members are encouraged to discuss these guidelines and the OCSWSSW Code of Ethics and Standards of Practice, Second Edition with their employer to determine the appropriate role for the member 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 College's Professional Practice Department at practice@ocswssw.org.

FOOTNOTES

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 by-laws. 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 Handbook*. 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 College member 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 College.
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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