



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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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 OCSWSSW. These guidelines are designed to assist social work and social service work members in interpreting and applying the OCSWSSW 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 OCSWSSW bylaw. The OCSWSSW's standards, which are the minimum standards applicable to all OCSWSSW members, 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 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 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 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 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 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 Handbook, Second Edition*, Principle II: Competence and Integrity, Interpretation 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 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, 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 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?

Members are encouraged to discuss these guidelines and the OCSWSSW *Code of Ethics and Standards of Practice Handbook* 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 OCSWSSW's Professional Practice Department at practice@ocswssw.org.

Appendix:

Administration of Naloxone

In October 2016, in response to the opioid crisis, the Ministry of Health and Long-Term Care (now the Ministry of Health) expanded public access to Naloxone by making it available without a prescription at pharmacies and public health units, to opioid users and friends and family members of users. Naloxone (also known by its brand name Narcan) is a medication used to treat the effects of opioid overdose and can be administered through intra-nasal spray or intra-muscular injection.

As previously described on page 4 of these Practice Guidelines, administering a substance by inhalation or injection is a controlled act under the RHPA. OCSWSSW's members do not have the authority to perform this controlled act under the RHPA. Those regulated health professionals (e.g. a physician, nurse, pharmacist) where their health profession act authorizes them to perform the controlled act have the authority to administer a substance by inhalation or injection. Those regulated health professionals can also delegate the authority to perform this controlled act to another person (e.g. an OCSWSSW member). The main focus of this Appendix is to explain the formal delegation of a controlled act procedure.

The RHPA also provides exceptions under which a controlled act may be performed by a person who is not authorized by the RHPA under their health profession act or by delegation of the controlled act. One of the exceptions is if the controlled act is done in the course of giving first aid or temporary assistance in an emergency. This exception is explained later in this Appendix.

Delegation of a Controlled Act Procedure

Delegation is a formal process. A regulated health professional authorized to perform a controlled act procedure under their health profession act transfers (or passes) the authority to perform that controlled act procedure to another individual who would not otherwise have that authority. A delegation may be conferred or established through a direct order or medical directive.⁹ A direct **order** is *client specific*, whereas a **medical directive** is given in advance and enables a person to perform a procedure for a *number of clients* when specific conditions are met, and specific circumstances exist.¹⁰

There are several factors considered when assessing the appropriateness of the delegation of a controlled act procedure. It is key that the person to whom a controlled act procedure is delegated is competent to perform the procedure safely and effectively and can manage the outcome of performing the procedure.¹¹

The flow chart below describes the delegation process:

STEP 1 – ASSURE PERFORMANCE READINESS

Performance Readiness Assessment

This is used to determine whether it is appropriate to establish a medical directive or delegation by asking the following question:

Does the health professional who will establish the medical directive or delegation and the OCSWSSW member have the necessary competence to authorize and perform the procedure and manage the outcome, given the patient’s condition, needs and all the circumstances in the situation?

A Performance Readiness Assessment Template should be filled out by the health professional who will establish the medical directive or delegation.

Performance Readiness Plan

This is used to plan and to identify how OCSWSSW members will achieve performance readiness.

A [Performance Readiness Plan Template](#) should be filled out by the health professional who will establish the delegation.



STEP 2 – ASSURE AUTHORITY

This template should be filled out by the appropriate health professional to establish a medical directive and/or delegation.

[Medical Directive/Delegation Template](#)
[Delegation Template](#)

Supporting Documents

Different supporting documents may be included as appendices to the medical directive or delegation.



STEP 3 – ASSURE CLINICAL APPROPRIATENESS

Clinical appropriateness is determined during the performance readiness assessment phase, and then in each situation where the medical directive or delegation is implemented.

Adapted from the Health Profession Regulators of Ontario (HPRO), “An Interprofessional Guide on the Use of Orders, Directives and Delegations for Regulated Health Professionals in Ontario.” <http://www.regulatedhealthprofessions.on.ca/templates.html>

Formal Delegation in Place - the Administration of Naloxone is Expected as Part of a Member's Role

The risk of client overdose exists with most client groups, however, members who work in mental health and substance use settings (supervised injection sites or mental health outreach teams, for example) can expect that at some point they are likely to encounter a client who is overdosing. Members in these practice settings may be expected to administer Naloxone as part of their role in that practice. In these situations, the OCSWSSW expects that a formal delegation by a regulated health professional authorized to perform the controlled act will be in place in order for a member to administer Naloxone.

Members in these situations should ensure that a formal delegation process is in place which meets legislative and professional requirements¹² and provides direction (through mechanisms such as a Performance Readiness Assessment) as to how they can develop and maintain their competence. If the member is expected to administer Naloxone as part of their role and/or practice setting, a formal delegation should also describe how the member can obtain and maintain competence in how to use a Narcan kit safely.

Members who are required to administer Naloxone on a regular basis, as part of their practice, with no formal delegation in place, may find themselves in conflict with the Standards of Practice.

A formal delegation process promotes ongoing competence and ensures that members who are required to administer Naloxone as part of their practice are adequately prepared to perform a procedure that would otherwise not be in their scope of practice or educational background.

Scope of Practice

The Standards of Practice state that "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"¹³ and provide that "...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 and the College member is competent to do so".¹⁴

Professional Advocacy and Formal Delegation

The Standards of Practice also state that “(i)f there is a conflict between College standards of practice and a College member’s work environment, the College member’s obligation is to the “Ontario College of Social Workers and Social Service Workers Code of Ethics” and the “Standards of Practice Handbook.”¹⁵ The member may decide to “advocate for workplace conditions and policies that are consistent with the Code of Ethics and Standards of Practice...” using professional judgment in determining how to advocate. Their advocacy may include documenting their concerns and discussing them with a supervisor, manager or other key person in the organization.¹⁶

The Standards of Practice state that members must “assist potential clients to obtain other services if members are unable or unwilling, for appropriate reasons, to provide the requested professional help.”¹⁷ If a member determines that they should not be administering Naloxone because there is no formal delegation in place, they should take steps to ensure that there is a plan in place to ensure that clients receive Naloxone treatment from another professional who is both competent and authorized to do so.

CHECKLIST - AM I REQUIRED TO ADMINISTER NALOXONE AS PART OF MY ROLE?

To determine whether they are required to administer Naloxone as part of their practice, members are advised to seek input/consultation from their supervisor and to consider the following:

- Do I have a role that would bring me into frequent contact with clients who may be experiencing an opioid overdose?
- Have I been provided with a Narcan kit by my organization?
- Have I received sufficient training on how to administer Naloxone and manage the outcome from my workplace?
- Am I competent to administer Naloxone?

If you answer yes to all of these questions, the OCSWSSW expects that a formal delegation will be in place before you administer Naloxone.

Administering Naloxone in an Emergency

As previously discussed, certain exceptions in the RHPA permit controlled acts to be performed in the absence of authority under a health profession act or delegation. One of the exceptions is if the controlled act is done in the course of providing first aid or temporary assistance in an emergency.

For example, a member who would not be expected, as part of their professional role, to administer Naloxone may find themselves in a circumstance in their practice where they are responding to a client or other individual who appears to be having an opioid overdose. Another example would be a member who finds themselves in a situation in their private life where someone appears to be having an opioid overdose. If the member had a Narcan kit and had been trained to administer Naloxone, the member may be able to rely on the RHPA exception to provide first aid or temporary assistance in an emergency.¹⁸

If a member is not required to administer Naloxone as part of their professional role and they choose to carry a Narcan kit, they should ensure that they have and maintain the required competence to administer Naloxone in emergency situations.

CHECKLIST - AM I ADMINISTERING NALOXONE IN AN EMERGENCY?

Some members may **not** be required to administer Naloxone as part of their professional role, but instead make the personal choice to carry a Narcan kit. To determine whether they are administering Naloxone in an emergency, members should consider the checklist below:

- Have I confirmed that there is no requirement for me to administer Naloxone as part of my professional role?
- Have I obtained my own Narcan kit from a pharmacy or public health unit?
- Have I received sufficient training on how to administer Naloxone and manage the outcome from a pharmacy, public health unit or other credible and reliable source?
- Am I competent to administer Naloxone?

If you answer yes to all of these questions, the OCSWSSW does not expect that a formal delegation will be in place before you administer Naloxone to an individual who appears to be having an opioid overdose.

Competence

The Standards of Practice state that “College members are committed to ongoing professional development and maintaining competence in their practice”.¹⁹ This is particularly important for members performing a controlled act that is not typically considered appropriate for College members. The Standards of Practice also state that a College member must be “aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly. 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.”²⁰

Members must always determine whether they are competent to provide a particular treatment or intervention. In some instances, members may decide that they are unprepared or not fully competent to provide a particular intervention, perhaps because they believe that the training they received was inadequate. In other instances, regardless of the level or quality of training they received, members may feel that they will never be sufficiently skilled or prepared to perform a particular intervention. In these instances, members must use their professional judgment to determine whether they are the appropriate professional to provide the service; if they are not, they must communicate this to their supervisor and make alternate plans to ensure their clients’ needs are met.

Summary

In the context of the opioid crisis, members may increasingly find themselves in practice situations in which they are expected to administer Naloxone as part of their role. Members must ensure that they understand how the Standards of Practice, relevant legislation and workplace policies apply to these situations, in order to determine if they have the required competence and authority to administer Naloxone as part of their role.

For more information, contact the College’s Professional Practice Department at 416-972-9882 or 1-877-828-9380, or practice@ocswssw.org. Members may also wish to review the [College’s Practice Notes on the Administration of Naloxone](#).²¹

TEMPLATE FOR USE BY PHYSICIANS OR AUTHORIZERS WITH ORDERING AUTHORITY

Medical Directive &/or Delegation Template

Title: _____ Number: _____

Activation Date: _____ Review due by: _____

Sponsoring/Contact Person(s) (name, position, contact particulars):

Order and/or Delegated Procedure: _____ Appendix Attached: Yes No Title: _____

Recipient Patients: _____ Appendix Attached: Yes No Title: _____

Authorized Implementers: _____ Appendix Attached: Yes No Title: _____

Indications: _____ Appendix Attached: Yes No Title: _____

Contraindications: _____

Consent: _____ Appendix Attached: Yes No Title: _____

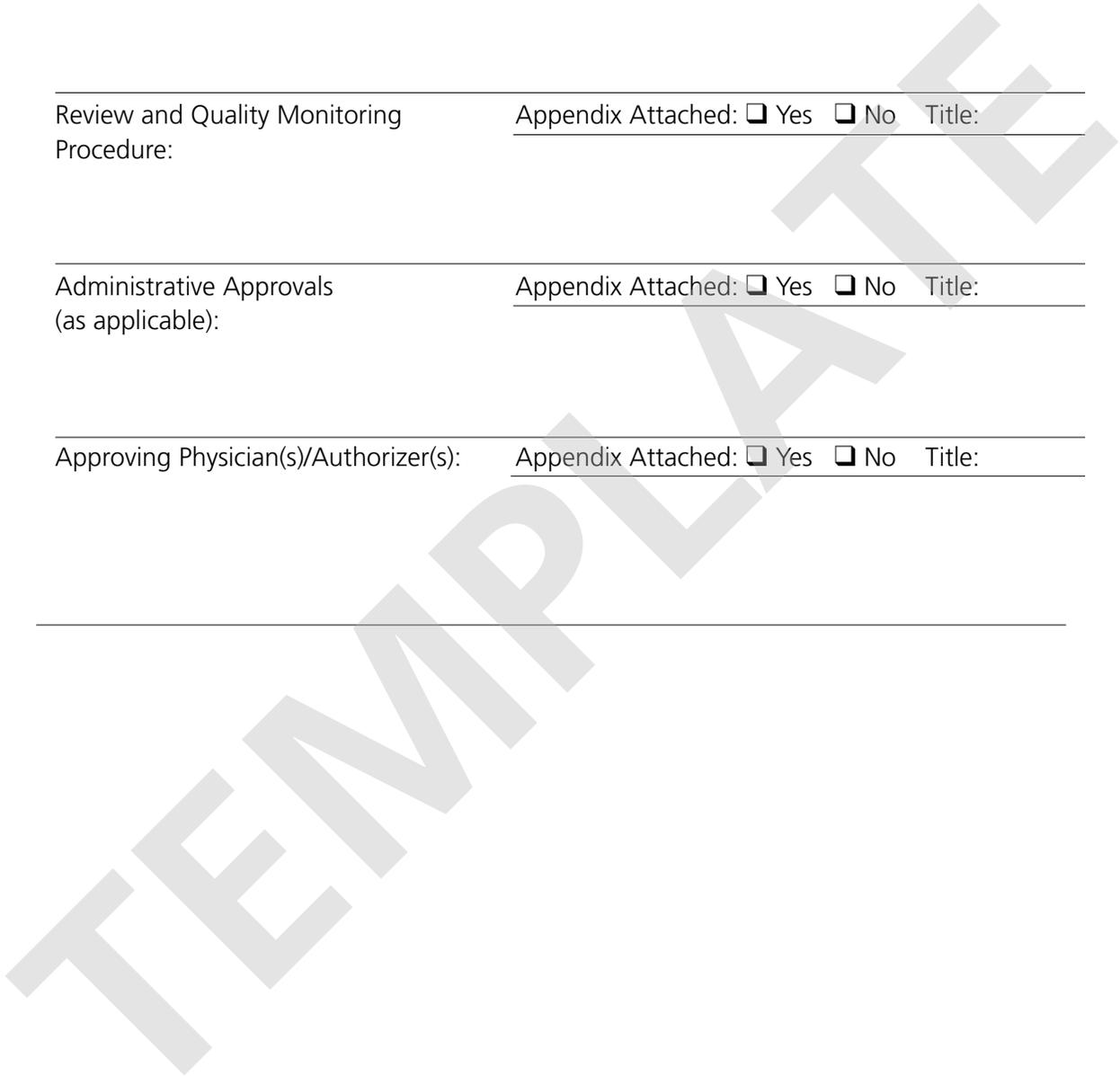
Guidelines for Implementing the Order / Procedure: Appendix Attached: Yes No Title: _____

Documentation and Communication: Appendix Attached: Yes No Title: _____

Review and Quality Monitoring Procedure: Appendix Attached: Yes No Title: _____

Administrative Approvals (as applicable): Appendix Attached: Yes No Title: _____

Approving Physician(s)/Authorizer(s): Appendix Attached: Yes No Title: _____



Performance Readiness Plan

The Performance Readiness Plan may be used when more indepth education is required to attain necessary competencies, for example to perform delegated controlled acts, and procedures that are not controlled acts but are beyond principal expectations of practice.

Procedure:

Date:

Plan Endorsed by:
(name, position, signature)

Designated Educators
(if applicable; name, position, signature)

1. Competence and Authority of Educator(s) (if applicable)

Identify whether any applicable educators have the scope, authority from their College and competencies to perform and teach the procedure.

Comments:

2. Education Plan

Identify the:

2.1. Knowledge, Skills and Judgment Component (Attach any relevant slides, references and hand-outs).

2.2. Supervised Practice Component (If any).

2.3. Evaluation of Competence Component (Attach any relevant test materials).

Comments:

3. Plan for Assuring Ongoing Competence

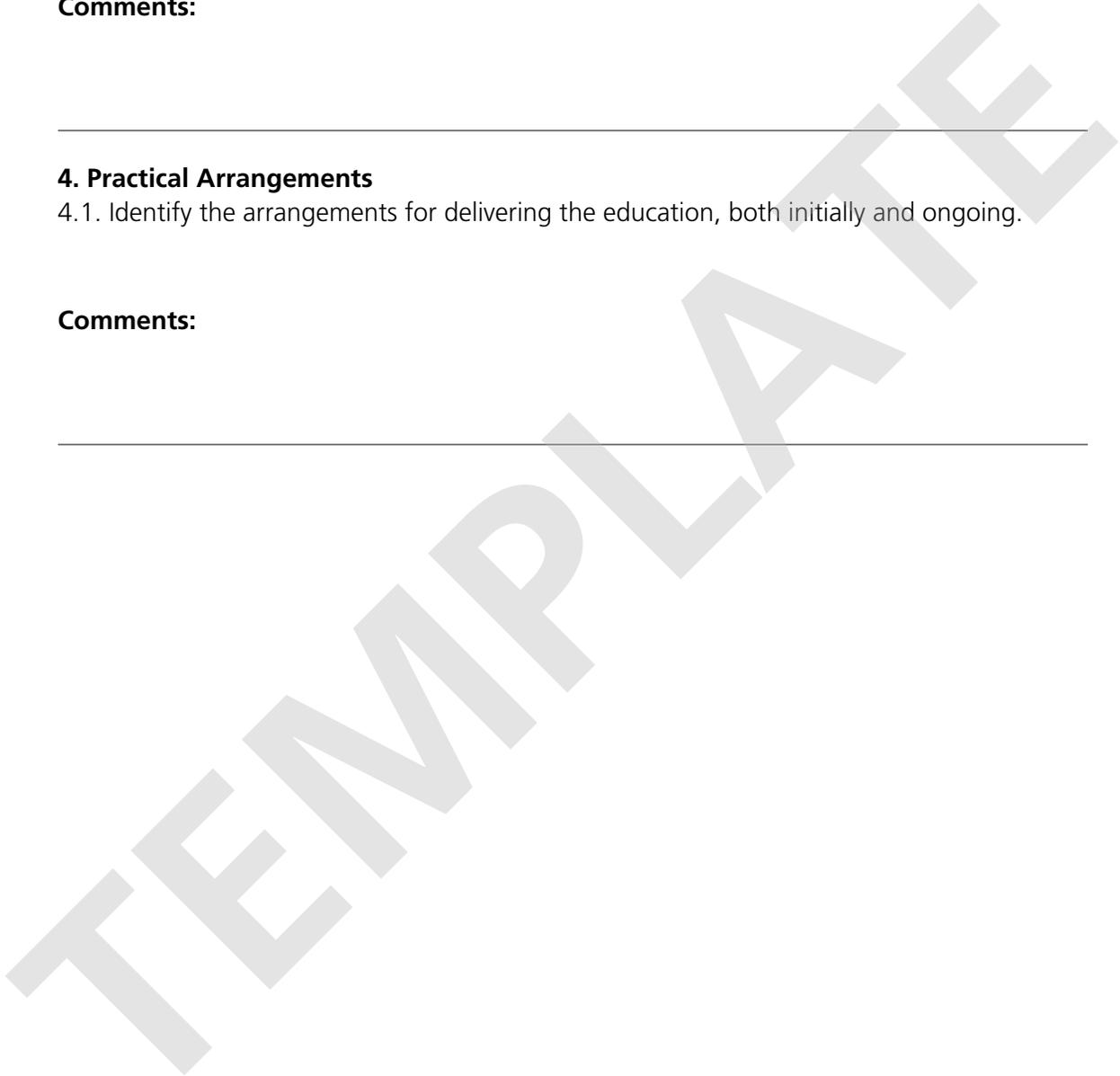
3.1. Identify the plan for assuring ongoing competence.

Comments:

4. Practical Arrangements

4.1. Identify the arrangements for delivering the education, both initially and ongoing.

Comments:



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 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 OCSWSSW 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 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.
9. Health Profession Regulators of Ontario (HPRO). “Explaining Orders, Directives and Delegation.” <http://www.regulatedhealthprofessions.on.ca/orders,-directives,-delegation.html>.

10. HPRO. "Explaining Orders, Directives and Delegation." <http://www.regulatedhealthprofessions.on.ca/orders,-directives,-delegation.html>
11. HPRO's "[Interprofessional Guide on the Use of Orders, Directives and Delegations for Regulated Health Professionals in Ontario](#)" contains valuable information and tools related to delegation and performance readiness assessment for delegation of a controlled act.
12. Ibid.
13. Ontario College of Social Workers and Social Service Workers (OCSWSSW), *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.1.1
14. OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, footnote 1
15. OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.2.10
16. OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, footnote 10
17. OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle III: Responsibility to Clients, Interpretation 3.5.
18. Subsection 29(1) of the RHPA.
19. OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.1.
20. OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.1.1.
21. OCSWSSW, Practice Notes, Administration of Naloxone, https://www.ocswssw.org/wp-content/uploads/2020/05/PN_Administration_Naloxone.pdf



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