

Dispensing Medications

As a Member of the College of Respiratory Therapists of Ontario, you are professionally accountable to practise in accordance with the standards of practice of the profession. The CRTO uses the phrase “standards of practice” to refer to the legislation, regulations, standards, policies and guidelines that establish practice parameters. This Practice Guideline may, therefore, be used by the CRTO to determine whether appropriate standards of practice and professional responsibility have been met and/or maintained.

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I N T R O D U C T I O N

The Regulated Health Professions Act (RHPA) identifies thirteen controlled acts that pose significant risk of harm to the public of Ontario [RHPA section 27(2)]. Dispensing medications falls under controlled act number 8 in the RHPA:

“Prescribing, dispensing, selling or compounding a drug as defined in subsection 117 (1) of the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.”

Since the Respiratory Therapy Act (RTA) does not authorize **Respiratory Therapists** to perform this controlled act, in order for RTs to be legally able to dispense medications, the authority must be **delegated** to a Respiratory Therapist from another **regulated health care professional** who is **authorized** to perform the controlled act.

This PPG provides specific information regarding the interpretation of the controlled act of dispensing and will assist members of the CRTO in meeting their professional obligations in accepting **delegation** to dispense medications. [see also Professional Practice Guidelines: Interpretation of Authorized Acts and Delegation of Controlled Acts.]

It is important to note that your employer may have policies related to your ability to accept delegation to dispense medications. If your employer’s policies are more restrictive than the College’s expectations you should abide by your employer’s policies. Where your employer’s policies are more permissive than the expectations of the College you must adhere to the expectations of the College.

The CRTO wishes to acknowledge and thank the **Ontario College of Pharmacists** and the **College of Physicians and Surgeons of Ontario** for their assistance in developing this document.

WHAT IS DISPENSING?

“Dispense” or “**Dispensing**” refers to the interpretation, evaluation, and implementation of a prescription drug order including the preparation and delivery of a drug or device to a patient, or patient’s agent, in a suitable container appropriately labeled for subsequent administration to, or use by, a patient. It is important to note that dispensing is not limited to prescription drugs.

The process of dispensing involves both technical and cognitive components. The technical component includes

tasks such as receiving and reading the **prescription**, selecting the drug to dispense, checking the expiry date, labeling the product, a final physical check of the product and record keeping.

The cognitive component of dispensing involves assessing the therapeutic appropriateness of the prescription, being able to make recommendations to the **prescriber** and advising the patient/client.

SCOPE OF PRACTICE

Given the training and experience of Respiratory Therapists, members of the CRTO may only accept delegation for part of this controlled act, i.e., dispensing. In other words, Respiratory Therapists **must not prescribe, sell or compound a drug, or supervise the part of a pharmacy where such drugs are kept.**

Other legislation regulating the practices of prescribing, dispensing, selling, or compounding a drug, and supervising a pharmacy, includes but is not limited to:

Provincial Legislation:

- *Pharmacy Act,*
 - *Drug and Pharmacies Regulation Act,*
 - *Drug Interchangeability and Dispensing Fee Act*
- and

Federal Legislation:

- *Food and Drugs Act*
- *Controlled Drug and Substances Act.*
- *Narcotic Control Act*

Colleges of other regulated health care professions who are authorized to perform this controlled act in its entirety, or parts of it, have additional regulations and standards guiding these practices.

Selling

Only Pharmacists and wholesalers are permitted to sell medications. Selling implies the possession of the medication. Respiratory Therapists must not accept payment for medications dispensed or invoice clients on behalf of their employers.

SUBSTITUTION POLICIES

Your employer may have developed and approved policies related to substituting certain medications. However, if you accept delegation for the controlled act of dispensing medications, you must not substitute the prescribed drug with another drug. CRTO Members accepting delegation of dispensing medications must only dispense the drug as written by the prescriber.

WHEN WOULD IT BE APPROPRIATE FOR AN RT TO DISPENSE?

Depending on the scope of practice and the practice setting, it may be in the patient/client's best interest for a Respiratory Therapist to dispense medications. Consider the following examples of Respiratory Therapists dispensing respiratory related medications:

- Allowing a patient/client to take home a properly labeled metered dose inhaler (one time use) from the Emergency Department Stock after counseling a patient/client about their prescription and medication.
- Providing a patient/client with a pharmaceutically supplied sample of a medication to take home. [e.g. an inhaled corticosteroid such as fluticasone propionate (Flovent®) or budesonide (Pulmicort®).]

It may be practical and in the best interest of the patient/client for a Respiratory Therapist to accept

delegation to dispense medications in, for example, the following settings:

- hospital emergency departments;
- asthma care centres;
- pulmonary function laboratories;
- cystic fibrosis care centres;
- respiratory rehabilitation centres;
- COPD care centres; and

Some examples of respiratory therapy related medications would include:

- Metered dose inhalers and dry powder inhalers. (e.g. bronchodilators, inhaled corticosteroids)
- Liquid medications to be aerosolized (e.g. bronchodilators, corticosteroids, antibiotics)
- Oral medications such as prednisone.

Respiratory Therapists may consider accepting delegation to dispense medications when doing so would:

- Fit within the knowledge and expertise of the Respiratory Therapist,
- Facilitate the patient/client’s access to care,
- Permit efficient, safe and ethical care, and
- Provide education and expertise related to the therapy, medication and its delivery.

Respiratory Therapists are reminded that it is not obligatory to accept delegation to dispense medications if it is, in their judgment, not appropriate to do so.

WHAT IS NOT DISPENSING?

Administering

As members of the College, Respiratory Therapists are authorized (subject to terms, conditions and limitations imposed on their certificates of registration) to perform the controlled act of “administering a substance by injection or inhalation” while engaging in the practice of Respiratory Therapy [RTA]. Although the process of dispensing and administration may seem to overlap, dispensing is **not** “**administration of a substance by injection or inhalation**”, which is a controlled act authorized to RTs (with a valid order).

Administering a substance involves one individual (the RT) preparing a dose of a drug and providing it to a client at the time the medication is due. Examples of administering a substance upon receipt of a valid order include the following:

- Obtaining a vial of liquid bronchodilator, preparing the prescribed dose and administering the aerosol treatment.
- Obtaining liquid heparin, preparing the prescribed dose and injecting it into a bag of normal saline to be used for an arterial catheterization.
- Obtaining, preparing and administering a narcotic for use during conscious sedation of a patient.
- Obtaining, preparing and administering a drug from a supervised hospital or departmental “stock” of medications, e.g. sedatives kept in a bronchoscopy suite for use during an outpatient procedure.

Oral and Topical Medications

Administration of a substance orally or topically is **not** a controlled act under the RHPA and would not be

considered dispensing **unless** a supply was left with the client. An RT may assist a patient/client in taking their prescribed tablets at the time they are due, however an RT may not leave extra tablets from a stock at the bedside for the patient/client to take them.

Dispensing can only occur once. Once a drug is labeled and dispensed to a patient/client, further assistance in administering the medication, is **not** generally considered to be dispensing. For example, dispensing does not include giving a patient/client their labeled medication, which has already been dispensed by the pharmacy, to self administer while they are in hospital, or, giving a patient/client this medication to take with them on temporary leave from the hospital.

Repackaging

Repackaging a medication that has already been dispensed (e.g., into a daily use container) is not considered dispensing. An RT may for example, measure out syringes of the required dose of liquid Salbutamol from a vial that has been labeled and dispensed to a home care client who self administers their aerosol treatments. Leaving the pre-measured doses for the client to take in this case, is considered repackaging of a medication that has already been dispensed.

WHEN IS DELEGATION TO DISPENSE MEDICATIONS REQUIRED?

Respiratory Therapists who propose to dispense medications in their practice must always receive delegation to do so.

Only members of the College, subject to any terms, conditions and limitations on his or her certificate of registration, that are related to accepting delegation and/or dispensing, may receive delegation to dispense medications.

Delegation **is** required for Respiratory Therapists to dispense medications from a ward **stock** or **other pharmacy** (a place where drugs are stored, compounded and dispensed).

Consider the following scenarios where dispensing **is** involved:

- Preparing prescribed medications and labelling them from a ward stock for the patient/client to use in hospital or take home e.g. metered dose inhalers.
- Providing clients with several doses of a prescribed medication, taken from a stock supply, for self-administration. E.g. giving either the entire prescription or several doses of pre-measured liquid bronchodilator to a patient/client to self-administer in hospital or at home.
- Packaging large volume ward stock into smaller containers for an alternate ward stock supply.
- Providing clients with samples of pharmaceutically supplied prescription drugs.

ACCEPTING DELEGATION TO DISPENSE, DECISION FLOWCHART



WHO CAN DELEGATE DISPENSING TO ME?

You may receive delegation to dispense from:

- A Pharmacist registered with the Ontario College of Pharmacists.

As per the Ontario College of Pharmacists Protocol for Delegating Dispensing and Compounding in Health Care Facilities, pharmacists may only delegate this function in Hospitals and other health care facilities.

or,

- A member of the College of Physicians and Surgeons of Ontario.

You may accept delegation to dispense when:

- you **reasonably** believe that the **delegator** (i.e., the Pharmacist or Physician) has the authority and **competence** to perform and to delegate dispensing and,
- you have determined that receiving delegation to dispense medications is appropriate given due consideration to the patient/client needs, your competence, and the expectations of the College and the standards of practice of the profession.

WHAT ARE MY RESPONSIBILITIES WHEN I ACCEPT DELEGATION TO DISPENSE A MEDICATION?

If you are accepting delegation to dispense in your practice, then you are responsible for dispensing medications to the standard of the profession of the delegator or the generally accepted standard of practice of health care practitioners providing similar care.

When accepting delegation to dispense, the accepted standards include obtaining a valid order (ref. PPG [Orders for Medical Care](#)) or prescription and **labeling** the medication prior to giving it to a patient/client.

WHAT IS A VALID LABEL?

A valid label includes the following information:

- the patient/client's name;
- prescriber - the name of the regulated health professional along with the appropriate credential (e.g., MD, DDS, RN(EC));
- drug name - must have the generic name and may have the trade name of the medication;
- dose - be particularly careful where a drug comes in different dose forms (i.e., fluticasone propionate). Include the quantity where the drug dispensed is in solid oral dosage form;
- frequency - (e.g., Q4h, QID). PRN medications should always indicate the maximum frequency for administration (i.e., Q2h PRN not just PRN);
- the name, address and telephone number of the facility from which the prescription is dispensed; and
- the date the medication was dispensed.

In addition to documenting the patient/client contact, you would also maintain **proper documentation** of your actions by keeping a record of what activities you accepted delegation for and who specifically delegated the activities to you.

SPECIAL CONSIDERATIONS

As previously mentioned, specific legislation also exists regarding receiving, accepting, storage and selling of controlled substances i.e. drugs or medications.

Members are accountable to know who has the authority for accepting and retaining the medications in your practice setting in which you may be dispensing. This is the regulated health care professional who is accountable for the medications, for example the physician or pharmacist.

G L O S S A R Y

administration (of a medication)	the direct application of a drug to the body of a specific patient or research subject by injection, inhalation, ingestion, or any other means.
authority	the right to act, as outlined in the legislation, usually related to terms, conditions or limitations imposed on a certificate of registration
authorized act	a controlled act, or portion of a controlled act, that is authorized within a health profession Act for a health professional to perform [there are 4 acts authorized to Respiratory Therapists by the Respiratory Therapy Act, that are created from 3 controlled acts defined in the RHPA; the controlled acts authorized to respiratory therapists are: 1.) Performing a prescribed procedure below the dermis; 2.) Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx; 3.) Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx; 4.) Administering a substance by injection or inhalation.
controlled act	one of the 13 acts defined in the RHPA [section 27(2)]
compounding	the act of combining two or more elements to create a distinct pharmaceutical product. Compounding is not authorized to Respiratory Therapists. Delegation is not required when combining elements to prepare a drug for administration. For example, mixing liquid bronchodilators in normal saline for aerosolized therapy.
competence	Having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.
delegation	Delegation is the transfer of the legal authority to perform a procedure within a controlled act to a person not otherwise authorized to perform the procedure.
delegatee	the person receiving the authority to perform a procedure.
delegator	the person conferring the authority for another to perform a procedure.

drug	<p>as defined in 117 (1) of the Drug and Pharmacies Regulation Act: “drug” means any substance or preparation containing any substance,</p> <ul style="list-style-type: none"> (a) manufactured, sold or represented for use in <ul style="list-style-type: none"> i) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or the symptoms thereof, in humans, animals or fowl, or ii) restoring, correcting or modifying functions in humans, animals or fowl, (b) referred to in Schedule C, D, E, F, G or N, (c) listed in a publication named by the regulations, or (d) named in the regulations, <p>but does not include,</p> <ul style="list-style-type: none"> (e) any substance or preparation referred to in clause (a), (b) or (c) manufactured, offered for sale or sold as, or as part of, a food, drink or cosmetic, (f) any proprietary medicine as defined from time to time by the regulations made under the Food and Drugs Act (Canada) that does not contain any substance or preparation containing any substance referred to in Schedule C, D, E, F, G or N, (g) a substance or preparation named in Schedule A or B; (“médicament”) <p>Please note: For the purposes of this PPG, medical gases, such as Oxygen, are exempt.</p>
labelling	is the process of preparing and affixing a label to any drug container. Any such label shall include all information required by provincial regulations and policies of the College. In this context, labelling does not include the labelling by the manufacturer, packer or distributor of a on-prescription drug or commercially packaged drug or device.
Member	a member or registrant of a regulatory college under the RHPA
pharmacy	a place where drugs are stored, compounded or dispensed.
prescriber	a person who is authorized to give a prescription within the scope of his or her practice of a health discipline or profession.
prescription	an authorization from a prescriber permitting the dispensing of any drug or mixture of drugs for a designated person.
reasonably	sensible, rational — often referred to as the reasonable person test — determined by case law — in the case of the College, a panel would determine whether or not an individual, giving consideration to all circumstances, acted in a sensible, rational manner in the matter under discussion.
Regulated Health Care Professional	a health care provider who is a member of a College and is regulated by the RHPA (e.g., nurse, physician, dentist, massage therapist, physiotherapist, dietitian, occupational therapist, etc)
Respiratory Therapists	members of the CRTO (RRT, GRT, PRT)

References

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Comments on this practice guideline are welcome and should be addressed to the Professional Practice Advisor of the College of Respiratory Therapists of Ontario.

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