

Handling, Administration and Dispensing of Controlled Substances

POSITION STATEMENT



The CROTO has developed this position statement as a result of frequent requests for practice advice regarding a Respiratory Therapist's (RT's) ability to administer a controlled substance (e.g., narcotics) and/or accept delegation to dispense a controlled substance as part of their clinical practice.

RTs are authorized to administer medications under authorized act #4 (administering a substance by injection or inhalation) of the [Respiratory Therapy Act \(RTA\)](#), provided there is a valid order for the medication. There is no regulation that specifies which medication an RT can administer. The CROTO's [Interpretation of Authorized Acts Professional Practice Guideline \(PPG\)](#) provides some examples of medications that

RT's may administer. However, this list is by no means exhaustive as the practice of Respiratory Therapy is constantly evolving to respond to patient needs.

A controlled substance is determined by Health Canada has to have significant potential for addiction and abuse, including prescription medications and illegal street drugs. The possession, handling, dispensing and administration of controlled substances are governed primarily by federal legislation; the [Controlled Drug and Substances Act \(CDSA\)](#) and the [Narcotics Control Regulations \(NCR\)](#). The CDSA lists all controlled substances, which includes narcotic analgesics (e.g. Fentanyl), non-narcotic controlled drugs such as benzodiazepines (e.g. Midazolam) and barbiturates (e.g. Phenobarbital). The NCR deals specifically with how hospitals and pharmacies are licensed to handle controlled substances.

Other relevant pieces of provincial legislation pertaining to the administration of controlled substances are:

- [Regulated Health Professions Act \(RHPA\)](#);
- [Respiratory Therapy Act \(RTA\)](#);
- [Drug and Pharmacies Regulation Act](#); and
- [Narcotics Safety and Awareness Act](#).



SCOPE OF PRACTICE & COMPETENCIES

It is an expectation that any activity or procedure performed by an RT, including administration of a controlled substance, falls within the RT's professional and personal scope of practice. As with any task undertaken as part of clinical practice, RTs must also have the requisite knowledge, skills and judgment (competencies). For further information, please see the CRTO's [Scope of Practice & Competencies Position Statement](#) and the CRTO [Standards of Practice](#) document.

ADMINISTRATION VS. DISPENSING

It is essential to first determine if a controlled substance is being administered or dispensed. RTs are authorized to administer controlled substances and other medications to a particular patient or group of patients, provided they have a valid order. Whether a controlled substance comes from a medication cart or a medication dispensing unit, it has generally already been dispensed by a pharmacist. It's important to note that dispensing can only occur once. If the obtained medication is prepared and administered at that time to a patient, then it's considered to be administration and not dispensing (e.g., providing procedural sedation to a patient in the OR). Dispensing occurs when an RT is required to select, prepare and transfer stock medication (i.e., medication with no patient's name assigned to it) for one or more prescribed medication doses to a patient (or his/her representative) for administration at a later time (e.g., labeling and giving a patient Morphine tablets to take post-operatively over the next several days). For more information on dispensing, please see the CRTO's [Dispensing PPG](#).

DELEGATION TO DISPENSE

One of the 13 controlled acts in the RHPA is "*prescribing, dispensing, selling or compounding a drug...*". Since the RTA does not authorize RTs to perform this particular controlled act, the authority to dispense medications must be delegated to an RT from another regulated health care professional that is authorized to dispense and to delegate dispensing. RTs can accept delegation to dispense, but cannot receive delegation to prescribe, sell or compound a drug. Currently only physicians, dentists and pharmacists, nurse practitioners (RN-ECs), registered nurses (RNs) and registered practical nurses (RPNs) are authorized to dispense medication (please note that RNs and RPNs cannot delegate dispensing). If it is determined that dispensing is taking place, the RT must obtain delegation to dispense the medication, including controlled substances. The CRTO is of the position that there is nothing in current provincial or federal legislation to prevent an RT from receiving delegation to dispense a controlled substance. For more information on delegation, please see the CRTO's [Delegation of Controlled Acts PPG](#).

AUTHORIZATION TO POSSESS AND ADMINISTER A CONTROLLED SUBSTANCE

RTs can only obtain possession of a controlled substance through a prescription issued by an authorized practitioner; usually a physician (please note NP-ECs cannot currently prescribe a controlled substance). The CDSA states that physicians must name the individual patient in the prescription. Because of this restriction, medical directives for a broad range of patients cannot be used to gain possession of a controlled substance. Once the RT is in legal possession of the controlled substance, they may administer the medication via a direct order for a specific patient. Please note that medical directives cannot be used to authorize the handling, administration or dispensing of a controlled substance. For more information, please see the CRTC's [Orders for Medical Care PPG](#).



HANDLING & STORAGE OF CONTROLLED SUBSTANCES

The NCR [s.3 (1)] defines who is authorized to handle a controlled substance (e.g., picking up narcotics from a pharmacy and transporting them to where they will be administered to the patient). One type of individual listed is “a hospital employee or a practitioner in a hospital”. Therefore, the CRTC interprets this to authorize RTs employed at a hospital to handle and transport controlled substances.

SUMMARY

The CRTC considers it acceptable for an RT to handle, administer and accept delegation to dispense controlled substances, provided that appropriate authorizing mechanisms are in place (please see table below). As always, when undertaking any professional practice activity, it's essential that every RT ensure they have the requisite competencies to perform this task safely. In addition, RTs need to abide by their employer's policies and procedures regarding the handling, administration and dispensing of a controlled substance.

Authorizing Mechanisms for Controlled Substances

	Medical Directive	Direct Order (i.e., patient specific)	Delegation
Handling (e.g., transporting)	No	Yes	Not Required
Administration	No	Yes	Not Required
Dispensing	No	Yes	Yes

The **College of Respiratory Therapists of Ontario (CRTO)**, through its administration of the ***Regulated Health Professions Act*** and the ***Respiratory Therapy Act***, is dedicated to ensuring that respiratory care services provided to the public by its Members are delivered in a safe and ethical manner. The CRTO has developed this Position Statement on the issue of handling, administration and dispensing of controlled substances and believes that the position outlined, and the guidance provided, serve both the interest of the public and the Members of the CRTO. The Position Statement ensures that the appropriate health care providers are authorized to handle, administer and dispense controlled substances in accordance with the legislation/regulations/policies and/or guidelines that govern their practice.



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