



## Possession, Administration and Dispensing of Controlled Substances

**Type:** Professional Practice Policy

**Origin Date:** September 24, 2021

**Section:** PP

**Approved By Council on:** March 1, 2024

**Document Number:** PP-105

**Next Revision Date:** March 2029

### 1.0 PRACTICE POLICY STATEMENT

The CRTO considers it acceptable for a Respiratory Therapist (RT) to possess, administer and accept delegation to dispense controlled substances, provided that appropriate authorizing mechanisms and employee policies are in place.

### 2.0 PURPOSE

The CRTO is committed to providing guidance surrounding the possession, administration and dispensing of controlled substances to its Members. The purpose of this policy is to provide a strong framework to enhance the understanding of the role that RTs have in ensuring public and patient safety in the use of narcotics in the healthcare environment.

### 3.0 APPLICABILITY & SCOPE OF POLICY

RTs who hold an Active General or Graduate Certificate of Registration with the CRTO may “administer a substance by injection or inhalation”, provided they have no terms, conditions or limitations preventing them from performing that authorized act. This included the administration of controlled substances (e.g., narcotics). While the list is not specific, the CRTO’s [Interpretation of Authorized Acts Professional Practice Guideline](#) (PPG) provides examples of medications RTs may administer.

### 4.0 RESPONSIBILITIES

- **Scope of Practice and Competencies:** It is an expectation that any activity or procedure performed by an RT, including the administration of a controlled substance, falls within the RT’s professional and personal scope of practice. As with any task undertaken as part of their clinical practice, an RT must also have the requisite knowledge, skills, and judgment (competencies).
- **Delegation to Dispense:** One of the 14 controlled acts in the *Regulated Health Professions Act (RHPA)* is “prescribing, dispensing, selling or compounding a drug...”. The *Respiratory Therapy Act (RTA)* does not authorize RTs to perform this controlled act, and the only of those four (4) tasks that an RT can receive delegation for is “dispensing”. Dispensing occurs when an RT is required to select, prepare, package, and transfer stock medication for one or



- more prescribed medication doses to a patient for administration later. The authority to dispense medications must be delegated to an RT from another regulated healthcare professional that is authorized to dispense and delegate dispensing. Note, it is preferable that delegation for dispensing should only occur if there is no pharmacist available. Once the delegation process is complete, the RT will require an order to dispense the controlled substance. More information on this act can be obtained with the CRTO's Administering & Dispensing Medications PPG.
- **Possession and Transportation of a Controlled Substance:** The [Narcotics Control Regulation \(NCR\)](#) [s.3 (1)] defines "a hospital employee or practitioner" as someone who is authorized to possess a controlled substance. [Health Canada's Guidance Document](#) statement on this is: "A hospital employee who is authorized by the person in charge of the hospital can provide controlled substances to a person pursuant to a prescription (or hospital written order) if the person is under treatment of the hospital as an in/out patient. This includes the hospital employee transporting the medication to an out-patient of the hospital. " Therefore, the CRTO interprets this to authorize RTs employed at a hospital to possess and transport controlled substances. Neither "possession" nor "transportation" of a medication is a controlled act, however most Automated Dispensing Units (ADU) are profiled to increase safety, requiring medications to be removed under a specific patient, and an order must be in place. This is not considered dispensing. Removal for the purposes of dispensing would require a patient-specific prescription.
  - In the event that an "override" is required to access stock medication in an emergent situation, facilities will have policies and procedures in place. Once in possession of the controlled substance, the RT may transport it to the location where it is to be administered, also without the requirement of an order.
  - **Authorization to Administer a Controlled Substance:** The [Controlled Drugs and Substances Act \(CDSA, section 38\)](#) states that practitioners must name the individual patient in the prescription. Therefore, because of this restriction, medical directives for a broad range of patients cannot be used to gain the authority to administer a controlled substance. **Note:** Nurse Practitioners (NPs) in Ontario can prescribe controlled substances if they have completed approved controlled substances education.
  - **Handling and Storage of Controlled Substances:** All RTs must ensure that they have the knowledge, skills, and judgment to administer controlled substances in a responsible manner. It is important that RTs, along with all practitioners and staff, play a role in the safety, security, and disposal of controlled substances to avoid narcotic misuse and diversion.

## 5.0 AUTHORITY & MONITORING

- A controlled substance is one that Health Canada has determined 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.

## 6.0 RELATED DOCUMENTS

- [\*CRTO's Standards of Practice\*](#)
- [\*CRTO's Adminstrating and Dispensing PPG\*](#)
- [\*CRTO's Orders for Medical Care PPG\*](#)
- [\*Regulated Health Professions Act \(RHPA\)\*](#)
- [\*Respiratory Therapy Act \(RTA\)\*](#)
- [\*Drug and Pharmacies Regulation Act\*](#)
- [\*Narcotics Safety and Awareness Act\*](#)
- [\*Narcotics Control Regulation\*](#)
- [\*Controlled Drugs and Substance Act and Regulation \(Health Canada\)\*](#)

## 7.0 APPENDICES

- Appendix A – Authorizing Mechanisms for Controlled Substances

## 8.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario  
[www.crto.on.ca](http://www.crto.on.ca)

Telephone: 416-591-7800

Toll-Free (in Ontario): 1-800-261-0528

Fax: 416-591-7890

General Email: [questions@crto.on.ca](mailto:questions@crto.on.ca)



### APPENDIX A - Authorizing Mechanisms for Controlled Substances

	Medical Directive allowed?	Direct Order required? (i.e., patient specific)	Delegation required?
Handling (e.g., transporting)	No	No*	No
Administration	No	Yes	No
Dispensing	No	Yes	Yes

\* It is the CRTO's interpretation of the relevant legislation that an RT does not require a direct order to transport a controlled substance from one area of the hospital to another, provided that they have the approval of their employer.