



Joint Response

Occupational Therapy, Physical Therapy, and Social Work Roles in the Delivery of Client Medications in Community-Based Settings

The College of Occupational Therapists of British Columbia (COTBC), the College of Physical Therapists of British Columbia (CPTBC), and the British Columbia College of Social Workers (BCCSW), collaborated on the development of this joint response. The mandate of the Colleges is to protect the public and to establish and enforce standards of practice for registered professionals.

The Colleges gratefully acknowledge the input and assistance of the British Columbia College of Nurses and Midwives and the College of Pharmacists of British Columbia.

Purpose

This statement is intended to clarify the potential roles that occupational therapists (OTs), physical therapists (PTs), and social workers (SWs) employed by health authorities may have in the delivery of client medications in community-based settings, specifically client homes, either in private homes or in publicly funded independent living settings.

The Ministry of Health defines both dispensing and administering medications as restricted activities. Consequently, the roles of dispensing and administering medications must remain with the regulated health professionals for whom these responsibilities fall within their defined scope of practice, as stipulated by regulation.

This statement is not intended to apply to acute care or long-term care settings.

This statement is not meant to endorse a particular role for OTs, PTs, or SWs on a particular team.

Background and Context

OTs, PTs, and SWs are integral to interprofessional teams, providing a broad range of services across a variety of practice contexts. Care teams are exploring the different roles team members can have in the provision of care. Hence, COTBC, CPTBC, and BCCSW were asked to comment on what role community-based OTs, PTs, and SWs working for health authorities can safely have should they be the only health professionals scheduled to provide in-person services to a client on a day when the client requires a medication be delivered to them. Upon receiving this request, the Colleges considered the terms *dispensing medications* and *administering medications*.

Dispensing medications “includes the preparation and sale of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use” (*Pharmacy Operations and Drug Scheduling Act, 2003, c. 77*).

Preparing medications, for administering medications, while not defined in legislation, is understood to involve checking, “at minimum, the:

- a. Client name and second client identifier,
- b. Medication,
- c. Dose,
- d. Time and frequency,
- e. Route, and
- f. Reason for administration to the client” (British Columbia College of Nurses and Midwives, 2020, p. 4).

Additionally, individuals administering medications must have “the competence to:

- a. Monitor the client’s response to the medication, and
- b. Recognize and manage intended and adverse outcomes of the medication” (British Columbia College of Nurses and Midwives, 2020, p. 4).

As such, the administration process encompasses more than just providing a client with a given medication. It requires specific knowledge, technical skills, and clinical judgement.

Dispensing and administering medications are restricted activities, and according to each profession’s legislation, regulations, and bylaws, they do not fall within the scope of practice for OTs, PTs, and SWs.

Potential Roles

While OTs, PTs, and SWs cannot dispense or administer medications, there is no regulatory barrier to delivering medication to their client when the team determines it is safe to do so, provided their employers have adequate policies and procedures in place. Note that OTs and PTs cannot assign medication delivery to their respective support personnel or assistants.

Delivering Medications

While this is not a typical role for these professions, OTs, PTs, and SWs may assist in the delivery of medications that have been dispensed and/or administered by an appropriate health care team member that has that restricted activity within their scope of practice (e.g., RN, RPN, LPN, pharmacist, nurse practitioner, physician). The OT, PT, or SW must not assume the dispensing or administration of that medication.

OTs, PTs, and SWs are accountable for following the directions provided by the dispensing and administering team members, relevant employer policies and procedures, and respective

college codes of ethics and standards of practice. Any questions a client may have that require clinical judgement about medications must be redirected to a member of the health care team that has this within their scope of practice (e.g., questions regarding a medication's appropriate indications and contraindications, dosage, timing, allergies, alternatives).

Limitation:

Specific statutes such as the federal *Controlled Drugs and Substances Act* and the *Food and Drug Act* limit which professions can handle and deliver certain scheduled drugs. Health authorities' policies and procedures must comply with all provincial and federal legislation regarding scheduled drugs.

Observing Clients Taking Medications

The client has the right to self-determination and has the right to decline receiving the medication. OTs, PTs, and SWs must not coerce a client to take their medications.

Should an OT, PT, or SW deliver a medication that the client subsequently takes while they are present, the OT, PT, or SW can observe that the client received and self-administered the delivered medication and report the observation back to the appropriate team member.

Given the potential adverse effects of the client not taking or improperly taking their medication(s), OTs, PTs, and SWs will ensure follow up with the appropriate interprofessional team member.

Documenting Actions and Observations

OTs, PTs, and SWs are responsible for documenting their actions and observations, consistent with the potential roles described in this document, and for ensuring that their documentation does not imply the role of medication administration. In this context, an OT, PT, or SW records their actions and observations according to employer policies and procedures and in keeping with their respective college's documentation standards.

Accountability

Registered OTs, PTs, and SWs are expected to follow their respective code of ethics and standards of practice, being accountable for obtaining and maintaining the necessary skills and knowledge to perform their roles. Due to the inherent risk factors associated with the delivery, observation, and documentation of client medications, professionals are reminded to familiarize themselves with related health authority policies and procedures. Additionally, they are encouraged to complete any employer-mandated and self-directed professional development in this area.

Additional Information and Resources

British Columbia College of Nurses and Midwives. (2020). *Medication practice standard*.
https://www.bccnm.ca/RN/PracticeStandards/Lists/GeneralResources/RN_PS_Medication.pdf

Controlled Drugs and Substances Act, Statutes of Canada (1996, c. 19). Retrieved from the Justice Laws website: <https://laws-lois.justice.gc.ca/eng/acts/c-38.8/>

Food and Drug Act, Revised Statutes of Canada (1985, c. F-27). Retrieved from the Justice Laws website: <https://laws-lois.justice.gc.ca/eng/acts/f-27/>

Pharmacy Operations and Drug Scheduling Act, Statutes of British Columbia (2003, c. 77). Retrieved from the BC Laws website:
https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03077_01#section1

Province of British Columbia. (2010). *Health Professions General Regulation restricted activities: Proposed amendments*. https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/consultation_draft_restricted_activities_march_19_2010.pdf

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