

Ministry of Long-Term Care

Drug Administration in Long-Term Care

As of April 11, 2023, new and amended provisions in [Ontario Regulation 246/22](#) (the “Regulation”) under the [Fixing Long-Term Care Act, 2021](#) (the “Act”) will come into effect related to drug administration in long-term care (see also *Fact Sheet: Medication Management in Long-Term Care*).

Background and Purpose

Prior to July 2020 the administration of drugs in a long-term care home was limited to doctors, dentists, registered nurses and registered practical nurses. In July 2020, flexibility provisions were introduced in the Regulation related to drug administration which were scheduled to expire on April 11, 2023.

These flexibility provisions enabled licensees to engage the services of regulated health professionals, including pharmacists, to administer drugs to long-term care residents. Further, some long-term care home licensees successfully leveraged the flexibility provisions by providing training to personal support workers who expressed an interest and demonstrated advanced health care skills and knowledge, including some who are internationally educated nurses, to administer drugs to residents.

The amendments to the Regulation summarized in this Fact Sheet removed the provision that limited drug administration to doctors, dentists, registered nurses and registered practical nurses and replaced it with new requirements that permit regulated health professionals and personal support workers to administer drugs to residents.

Regulated Health Professionals

The amendments to the Regulation will enable all regulated health professionals to administer drugs in long-term care homes according to their scope of practice. This means that regulated health professionals may practice their profession to their full

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scope of practice in a long-term care home in the same way they would in other health care settings.

For example, pharmacists may administer COVID-19 and flu vaccines to persons in the community under the *Regulated Health Professions Act, 1991* (RHPA) and the *Pharmacy Act, 1991*. Through the amendments to the Regulation, pharmacists now may continue to administer COVID-19 and flu vaccines to residents on-site in a long-term care home as well.

Personal Support Workers

The amendments to the Regulation **enable** personal support workers to administer drugs in long-term care homes on an ongoing basis with some important safety measures incorporated into the regulatory requirements.

Policies and Procedures

A licensee has the option of employing the resources of its personal support worker staff to administer certain drugs to residents of a long-term care home under the Regulation, provided that the conditions set out in the Regulation are met. If a long-term care home licensee decides to implement this option, **it must be included in the home's written policies and procedures** (for example, confirming home implementation of this option, requirements/limitations for personal support workers to administer medications, training requirements, etc.). These policies must be shared with residents and families upon their admission to the home.

Qualifications of Personal Support Workers For Drug Administration

The amendments to the Regulation include important conditions that must be met for a personal support worker to be able to administer drugs in a long-term care home.

Personal support workers must meet the educational qualifications outlined in subsection 52 (1) or fall within an exception to those qualifications set out in subsection 52 (3), or qualify as an internationally educated nurse who is working as a personal support worker in the home to administer drugs to residents under the Regulation. Internationally educated nurse is defined in the Regulation (in Section 140 (9)).

In addition, to administer drugs to residents, all personal support workers (including internationally trained nurses working as personal support workers as outlined above) must:

- Receive **training** on drug administration;
- Have the appropriate **skills, knowledge and experience** to administer drugs (in the reasonable opinion of the licensee); and
- Be **assigned** to administer the drug by a member of the registered nursing staff of the home and under their **supervision** in accordance with the College of Nurses of Ontario practice guidelines.

Limitations to Personal Support Worker Drug Administration

There are two important restrictions to drug administration by personal support workers. A personal support worker cannot administer a drug if the administration involves the performance of a controlled act under the RHPA. This would include drugs administered by injection, like insulin, or drugs administered by inhalations, like oxygen. In addition, personal support workers cannot administer a controlled substance to a resident such as a narcotic, opioid, or other high alert medication.

Training for Personal Support Workers in Drug Administration

The ministry is preparing a guideline for homes to outline training components for personal support workers in the administration of drugs. This document (targeted for release by May 1, 2023) is being informed by the Ministry of Colleges and Universities Personal Support Worker Program Standard (Feb. 2022), which sets out the knowledge and skills necessary to work as a personal support worker. Postsecondary schools and school boards use the standard when designing training and education programs to help ensure graduates develop the same minimum skills and knowledge. The ministry is also considering the College of Nurses' Practice Guideline for Working with Unregulated Care Providers and existing training programs for personal support workers employed in long-term care.

The guideline is intended to help long-term care home licensees by identifying the topics personal support workers must be trained in for administering drugs to residents and supporting homes in the steps that need to be taken to leverage this enabling provision.

Training personal support workers in drug administration enables them to support medication administration in their homes while helping to ensure medication safety for residents.

Benefits to Personal Support Worker Drug Administration

While drug administration will be limited to personal support workers who are qualified and under the conditions described above, homes that utilize this provision may find benefits, including:

- A resident may be more at ease or familiar with a personal support worker staff member, making drug administration more comfortable for that resident.
- Personal support workers can administer a medication that must be crushed and added to food, thus freeing nurses to attend to more complex resident needs.
- Access to social activities outside the home may be increased for a resident where their medication can be administered by a personal support worker who has been assigned and supervised to do so while on resident outings.

In other congregate living settings, like retirement homes and developmental services group homes, personal support workers are already permitted (on an ongoing basis) to safely administer drugs to residents. As well, family members and private caregivers administer drugs for individuals in their own private homes. Introducing these amendments aligns with what personal support workers can do in these other care settings.

Consultation

These amendments to the Regulation have been informed by extensive consultation with stakeholder groups, residents and families from the long-term care sector where the ministry received valuable feedback that has helped shape, refine and strengthen these regulatory amendments.

COVID-19 Vaccines

An amendment has been made to section 102 (12) to include COVID-19 vaccine in the list of vaccines that must be offered to residents.

Travelling to a vaccination clinic is often challenging for residents. This amendment is intended to improve access, increase vaccination rates and reduce COVID-19 related morbidity and mortality among residents. It is expected that COVID-19 will continue to be an issue in the future and making access to this vaccine more routine will improve safety for residents and staff.

Questions?

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It is also expected that this responsibility will be a continuation of processes and activities that were established in homes during the COVID-19 pandemic. However, the ministry will be engaging with licensees and other partners to identify areas where licensees may require support to implement this requirement on an ongoing basis.

Previous language

(12) The licensee shall ensure that the following immunization and screening measures are in place:

2. Residents must be offered immunization against influenza at the appropriate time each year

Amended Language

(12) The licensee shall ensure that the following immunization and screening measures are in place:

2. Residents must be offered immunization against influenza **and COVID-19** at the appropriate time each year

Further Resources

For additional information, please also see *Fact Sheet: Medication Management in Long-Term Care*.