

***DISCLAIMER: The Ontario government has not authorized the proposed scope of practice expansions as of the date of the public consultation on mandatory CPR and First Aid training for pharmacy technicians administering injections. Therefore, the draft amendments to this guideline ONLY reflect the requirement of CPR and First Aid for pharmacy technicians and intern technicians.***

## **GUIDELINE**

### **Administering a Substance by Injection Guideline**

#### **Purpose**

This guideline outlines legislative requirements and expectations for pharmacy professionals administering substances by injection as authorized by the Pharmacy Act and in accordance with O. Reg. 256/24. It is meant to be used alongside the [Standards of Practice](#), [Standards of Operation](#), and [Code of Ethics](#).

#### **Definitions**

**Pharmacy professional:** For the purposes of this guideline, means a Part A pharmacist and/or pharmacy technician and is inclusive of interns, subject to any terms, conditions and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.

#### **Guideline**

A pharmacy professional is authorized under the *Pharmacy Act* to perform the controlled act of administering a substance by injection in accordance with the requirements established by O. Reg. 256/24 (“the regulations”). To administer a substance by injection that is not authorized by the regulations, or if the requirements established in the regulations cannot be met, a pharmacy professional requires delegation of authority, such as a medical directive or direct order, from another regulated health professional.

\* Denotes a requirement in the regulations (O. Reg. 256/24, s50)

**Pharmacists are authorized to administer by injection:**

- **Substances** included in [Schedule 1](#) of O. Reg. 256/24
  - The pharmacist must comply with any limitation specified within the Schedule (e.g., for patient education and demonstration purposes only; must not be administered intravenously).
  - Administration through an established central or peripheral venous access device must only be done in collaboration with a registered nurse in the extended class (i.e., nurse practitioner (NP)) or a physician (MD).
    - Refer to Appendix A for additional information
- **Vaccines** included in [Schedule 3](#) of O. Reg. 256/24 to a patient 5 years of age or older unless specified otherwise:
  - **Influenza vaccines** to a patient 2 years of age or older; must be administered in accordance with [Ontario's Universal Influenza Immunization Program \(UIIP\)](#) as described on the Ministry of Health website.
  - **COVID-19 vaccines** to a patient 6 months of age or older.

**Pharmacy technicians are authorized to administer by injection:**

- **Specific vaccines** included in [Schedule 3](#) of O. Reg. 256/24, namely:
  - **Influenza vaccines** to patients 2 years of age or older; must be administered in accordance with [Ontario's Universal Influenza Immunization Program \(UIIP\)](#) as described on the Ministry of Health website.
  - **Respiratory Syncytial Virus (RSV) vaccines** to a patient 5 years of age or older.
- **COVID-19 vaccines**, to a patient 6 months of age or older.

**Note:** On October 1, 2024, a new registrant class, Intern Technician, was created. However, Intern Technicians have not yet been authorized under O. Reg 256/24 (General) to administer injections.

**Before administering a substance by injection, pharmacy professionals must:**

## 1. Assess the environment

The Standards of Operation require the pharmacy premises, facilities, and layout – along with its equipment, technology, and staffing – to support practice, mitigate risks associated with the delivery of services, and safeguard the health, safety and wellbeing of patients.

- Administration of a substance must take place in an environment that is clean, safe, private, and comfortable for the patient\*, in a way that protects their confidentiality and dignity.
- Safeguards and resources must be available to safely manage the outcome after administration\*
  - If the substance being administered has an antidote, it must be available.

Community pharmacy owners and Designated Managers are expected to implement the [Guiding Principles for Shared Accountability](#) to support a suitable practice environment, which includes the physical working space as well as the practice culture, operating procedures, workflow, and resources available.

## 2. Assess their competency and certifications

The pharmacy professional must only administer a substance by injection when they can do so competently and safely by:

- Successfully completing an OCP-approved, CCCEP-accredited injection training course.
- Registering their training with the College, where it will appear on the public register.
- Obtaining and maintaining a valid certification in CPR and First Aid, at a minimum level equivalent to St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C **[Pharmacists only]**.

**[CPR and First Aid certification for pharmacy technicians is recommended but not mandatory at this time as they can only administer vaccines under supervision of a pharmacist (or another health care professional (HCP)) who is required to have this certification.]**

- For administering via an established venous access device, successfully completing theoretical and practical training on administering intravenous therapy and venous access devices **[Pharmacists only]**.

- A skills assessment component is required for the pharmacist to demonstrate their competency.
- Training may be completed through a CCCEP-accredited provider and/or through an educational program approved by the organization where they will engage in this practice under the direction and supervision of a NP or MD.
- Possessing sufficient knowledge, skill and judgment respecting the substance to be administered and the device(s) used to administer the substance.
- Having sufficient understanding of the condition of the patient\*.
- Having the resources necessary to meet their professional obligations and standards of practice.
- Being of sound physical, emotional and mental capacity.
- Addressing gaps or learning opportunities, identified through self- and/or peer-assessment, and pursuing continuing education and/or additional training.

### **3. Assess the patient**

The pharmacist must assess the patient to determine the therapeutic appropriateness of the substance(s) or vaccine(s) to be administered.

- The decision to administer a substance by injection is based on its approved indication(s), the patient's age, individual needs, medical history, current health status, consideration of potential risks and benefits, and the pharmacist's professional judgment.
- For more information, please refer to the [Patient Assessment Practice Topic](#).

For vaccines, the pharmacy professional must inform the patient of their eligibility to receive a publicly funded vaccine from their primary care provider or local public health unit as per [Ontario's routine immunization schedule](#), if applicable.

### **4. Confirm Infection Prevention and Control (IPAC) Procedures are in place**

Pharmacies must have evidence-based Infection Prevention and Control (IPAC) measures in place\* to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel.

- A 'routine precaution' approach should always be undertaken, with all patients. This includes proper hand washing and, when appropriate, use of personal protective equipment.
  - Refer to [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#) from the Public Health Agency of Canada (PHAC).
- In the hospital setting, the organization's IPAC Committee establishes IPAC policies and procedures.
- In the community setting, the Designated Manager is responsible for establishing IPAC policies and procedures.
- Refer to the [Public Health Agency of Canada \(PHAC\) Canadian Immunization Guide](#) sections on **Infection Prevention and Control** and [Immunization of Workers](#).

Pharmacies must have procedures in place for the safe handling, collection and disposal of medical sharps (i.e., needles):

- Do not recap, bend, or manipulate needles prior to disposal.
- The device's safety feature(s) should be activated if available. Safety-engineered needles licensed by Health Canada are required by [O. Reg. 474/07](#) in certain workplaces.

For additional information, refer to Appendix B and the:

- [Infection Prevention and Control Practice Topic](#)
- [Ministry of Environment and Climate Change guidance](#) on biomedical waste for more information on sharps management and disposal.
- [Ministry of Labour, Immigration, Training, and Skills Development](#) for Occupational Health and Safety IPAC- and sharps safety-related resources.

## **5. Obtain informed consent to treatment**

Prior to administering a substance, the pharmacist must receive informed consent from the patient or their authorized agent\*.

Under the [Health Care Consent Act](#), consent to treatment is informed if, before giving it, the person received:

- Information about the nature, expected benefit, potential risks or side effects of the proposed treatment.
- Information about other options and consequences of not having the treatment.
- Any information that a reasonable person in the same circumstances would require to make a decision about the treatment.
- Responses to their request for additional information.

The information provided to patients to make informed decisions about their healthcare should be consistent with the best available clinical evidence.

- Consent is contingent on an individual's capacity to understand why and for what the consent is being sought
- There is no minimum age of consent to treatment in Ontario
- Consent may be express or implied
  - Express consent may be provided by the patient in writing or provided verbally and documented by the pharmacist.
  - The pharmacist may determine that implied consent is provided, based on the patient's action(s) or inaction in the circumstances at hand

Pharmacies participating in Ministry of Health programs to administer publicly funded vaccines must obtain consent as required by their Agreement with the Ministry and Executive Officer Notices (if applicable).

## **6. Confirm proper storage and preparation**

The pharmacy professional must determine that the substance is safe to administer by evaluating the stability and integrity of the drug.

- Follow [Canadian Immunization Guide](#) administration practices and manufacturer's recommendations for reconstitution (if applicable), visual inspection, etc.
- Procedures must be in place to ensure that temperature-sensitive drug products are received and stored according to manufacturer's recommendations.
- Please refer to the [Protecting the Cold Chain Guideline](#) for further information, including links to the Ontario public health standards for storage of publicly funded vaccines.

**After administering a substance by injection, pharmacy professionals must:**

## **7. Monitor the patient**

The pharmacy professional must ensure that the patient is monitored for adverse reactions in an appropriate location, for a sufficient amount of time.

- For post-vaccine administration, refer to the PHAC [Canadian Immunization Guide](#) for information on observation and management of early vaccine reactions including anaphylaxis.
  - Pharmacy professionals are required under the [Health Protection and Promotion Act](#) to report certain Adverse Events Following Immunization (AEFI) to Public Health.
- For administration of other substances, refer to the Product Monograph for warnings, precautions and potential adverse reactions
- Should a reaction occur, it should be immediately brought to the attention of the pharmacist or the supervising HCP to ensure timely assessment of the patient and to determine the appropriate course of action.
- Determine if a monitoring plan and further follow-up is required.

## **8. Communicate & Educate**

Effective communication with patients and their healthcare team supports continuity of care and positive treatment outcomes. Pharmacists are expected to:

- Collaborate with colleagues and other health care professionals to facilitate quality patient care.
- Educate the patient on their treatment plan including any monitoring and/or follow-up required.
- If applicable, patients should be reminded to update their paper or online immunization record and advised of the timing of their next injection.

## **9. Document & Notify**

Pharmacy professionals are expected to review and adhere to the College's [Record Retention, Disclosure and Disposal Guideline](#) and [Documentation Guideline](#).

Documentation and notification requirements for pharmacies participating in Ministry of Health programs to administer publicly funded vaccines are established by their Agreement with the Ministry and Executive Officer Notices (if applicable).

### ***Document***

The relevant details of the administration of a substance must be documented on the patient record\*:

- Name and address of the patient
- Name and address of the pharmacy professional
- Date the substance was administered
- Name, strength (where applicable) and quantity of the substance administered
- The circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
- Confirmation that an informed consent was given by the patient or their authorized agent
  - A brief overview of the information provided to the patient concerning the risks, benefits, and potential side effects should be included.

Documentation sent to the other HCPs must be concise and include pertinent details respecting administration to ensure the patient record is complete.

Patients who do not have a prescriber (i.e., have been administered a non-prescription substance) or a primary care provider should be advised that they, or another health professional providing care to them in the future, are entitled to access this information at any time. Patients may also wish to have a copy of the documentation from their record for this purpose.

### **Notify**

Notification of the administration of a substance should be sent to both the prescriber of the substance (if any), as well as the patient's primary care provider (if any, and if known):

- Where a substance is administered for education or demonstration purposes, notification *may* occur if the pharmacist determines the administration was clinically significant or important for continuity of care.
- Where a substance is administered for treatment purposes, notification *must* occur within a reasonable time\*.

*\* Denotes a requirement in the regulations (O. Reg. 256/24, s50)*

### **Legislative References**

- [Pharmacy Act](#)
- [O. Reg. 256/24](#)
- [Health Care Consent Act](#)

### **Additional References**

- [Medical Directives and the Delegation of Controlled Acts Policy](#)
- [Administering Injections Practice Topic](#)
- Pharmacy Connection article – [Reporting Adverse Reactions to Vaccines and Medications](#)

## External References

- [Immunization Records: Canadian Immunization Guide](#)
- Public Health Ontario Resources
  - [AEFI Reporting Fact Sheet](#)
  - [Immunization Technique for Intramuscular \(IM\) Injections – Deltoid Muscle](#)
  - [Infection Prevention and Control Practices for Immunization Clinics](#)
  - [Management of Anaphylaxis Following Immunization in the Community](#)
  - [Vaccine Storage and Handling Guidelines](#)

## Appendix A: Administration Through an Established Central or Peripheral Venous Access Device

A Venous Access Device<sup>[1],[2]</sup> is a catheter inserted into a central or peripheral vein or artery that can be implanted or inserted under the skin, classified based on the insertion site and location of the device.

- Peripheral devices are inserted by percutaneous venipuncture with the terminal tip below the level of the axillary vein for upper extremity placement.
  - Peripheral vascular access devices (PVADs) include short peripheral intravenous catheters (PIVs), midline and extended dwell catheters
- Central devices are inserted into a large vein in the central circulation system with the tip of the catheter terminating in the superior vena cava and advancing towards the heart.
  - Central vascular access devices (CVADs) include central venous catheters (CVCs), peripherally inserted central catheters (PICCs), tunneled catheters, non-tunneled catheters and implanted vascular access devices (IVADs) or “ports”.

Administration through an established central or peripheral venous access device by a pharmacist must only be done in collaboration with a registered nurse in the extended class (i.e., nurse practitioner (NP) or a physician (MD)).

## **Appendix B: Additional IPAC Information**

Ontario's [Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control](#) (PIDAC-IPC) advises Public Health Ontario and produces best practice documents for healthcare organizations, such as:

- [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#)
- [Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition](#)
- [Infection Prevention and Control for Clinical Office Practice](#)
  - [IPAC Checklist for Clinical Office Practice](#)
- [Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition](#)

Ontario's Public Health Units have the authority to conduct inspections/assessments/investigations related to infection prevention and control (IPAC) practices.

- In the event of a communicable and/or infectious disease transmission risk related to the conduct of a pharmacy professional, the regional board of health will involve the College on the matter, per the [Infection Prevention and Control Complaint Protocol](#)

## **Implementation**

**Published:** January 2026

**Version #:** 9.00

**College Contact:** Pharmacy Practice

## **Revision History**

Version #	Date	Action
1.00	October 2012	Expanded Scope of Practice Orientation Manual.
2.00	February 2018	Guideline extracted from manual.
3.00	December 2020	Review, reformatting and inclusion of <a href="#">scope changes</a> from O.Reg. 202/94.
4.00	November 2021	Inclusion of scope changes for technicians from O. Reg. 202/94
5.00	July 2023	Administering a Substance by Injection Guideline extracted from Administering a Substance by Injection or Inhalation Guideline. Inclusion of <a href="#">scope changes</a> to O. Reg. 202/94.
6.00	December 2023	Changes to Schedule 3; minor content revisions.
7.00	April 2024	The authority for pharmacists and pharmacy technicians to administer COVID-19 vaccines transitioned to O. Reg. 202/94
8.00	October 2024	Removal of student from the definition of pharmacy professional. Addition of a note regarding Intern Technician scope of practice. Updating reference to previous O. Reg. 202/94 to O. Reg. 256/24

Version #	Date	Action
9.00	January 2026	Changes to CPR and first aid training requirements to be reflective of both pharmacists and pharmacy technicians

1. Registered Nurses' Association of Ontario (RNAO). Vascular access. 2nd ed. Toronto (ON): RNAO; 2021 <https://rnao.ca/media/3639/download>
2. Doyle, G. R., McCutcheon, J. A. Clinical procedures for safer patient care. BCcampus; 2015 <https://opentextbc.ca/clinicalsskills/>

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