

MENTAL HEALTH AND ADDICTIONS

Standard Operating Procedure

Title:	Overview and Infection Control Practices: Opioid Use Disorder Treatment (OUDT) Program Work Instruction #1	NUMBER	COVID
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Approved By:	Emergency Operations Centre	Approval Date:	April 03, 2020
		Effective Date:	April 03, 2020
Applies To:	Mental Health and Addictions (MHA) Opioid Use Disorder Treatment (OUDT) Programs		

PREAMBLE

1. NSHA Mental Health and Addictions (MHA) will continue to provide services to those registered and seeking registration in the various Opioid Use Disorder Treatment (OUDT) Programs.

1.1. Services will focus on ongoing assessment, required urine drug screens, clinic visits, prescription renewals, counselling, etc.

1.2. The work instructions below outline how these processes will continue to operate in light of the COVID-19 pandemic.

2. This document supplements existing standards and guidelines and is a resource for practitioners who are providing opioid use disorder treatment.

2.1. It is meant to guide decision making as clinicians/clinical groups during the COVID-19 pandemic in light of the need for physical distancing, self-isolation, and quarantine.

2.2. It is not meant to supersede clinical experience and individual clinical decision making which, as always, is specific to a client's circumstances, and a multidimensional assessment of a client's clinical stability.

3. Clinical considerations for the management of opioid use disorder in hospital settings during the COVID-19 pandemic lies outside of the scope of this document.

STANDARD OPERATING PROCEDURE

Seq. No	Task Description	Additional Comments
1.	<p>It is recommended that the clinical team meet regularly, either virtually or in person, to discuss challenging cases in the setting of COVID-19 e.g. prescribing carries to clients who have become quarantined.</p>	
2.	<ul style="list-style-type: none"> • Clients will be called prior to arriving for their scheduled appointment so that initial screening for COVID-19 can take place over the phone. This presents an opportunity to assess the need for the client to visit the clinic and suitability for virtual care. To guide clerical / clinical staff through the process of screening for COVID-19 prior to face-to-face appointments, see the Work Instruction document. • Clients who arrive at the opioid clinic for a face to face visit, will be further screened following the guidance in the <i>COVID-19 Quick Reference for Mental Health and Addictions Program Outpatient Clinic Care</i>. Refer to Appendix A • The OUDT staff will complete the NSHA COVID-19 Risk Assessment Form with the client upon arrival and include it on the client’s health record. • Note: Clinics are not expected to accommodate drop ins. Clients should be advised to call before attending the clinic. • While waiting outside and upon entering the clinic, clients will be asked maintain a safe social distance of 2 meters from other individuals while waiting for services within the clinic. 	
3.	<ul style="list-style-type: none"> • Clients contacting the clinic and reporting they have been told to self-isolate, must be directed to call 811 if they have not already done so. They will then be told to stay at home to await further directions from 811. • For clients who report they’ve been directed to self-isolate/quarantine by Public Health, a reasonable attempt should be made to confirm this direction with Public Health as well as the specific time period for the isolation/quarantine. 	

	<ul style="list-style-type: none"> • If clients arrive at the clinic and are screened by the staff as having possible COVID-19 symptoms, provide patient with a mask (as available) and request the client return home and self-isolate. With client consent, complete and send the <i>COVID-19 Fax Referral Form for Assessment Centre</i> (Refer to APPENDIX B) OR refer patient to call 811. • In all cases, clients asked to stay home or sent home, arrangements will be made for follow up OUDT services from the clinic including virtual/telephone options. Please refer Work Instruction #5. These clients will be provided ongoing access to their opioid agonist therapy (OAT). The provision of OAT will be determined on an individual case by case basis in consultation with the clinical team, including the prescriber and pharmacy, and may differ from their current access. • Clinical team is advised to collaborate with the pharmacy to establish the patient’s current health status as it relates to COVID-19 (e.g. asymptomatic, isolated and/or quarantined), assess for patient’s clinical stability, make modifications to the current take home doses schedule and rationale, and ensure access to medication. 	
<p>4.</p>	<p>Efforts will be made in all clinics to appropriately decrease the number of in person clinic visits, and where possible, pharmacy visits. Some proposed options include:</p> <ul style="list-style-type: none"> • Increasing carry schedules for clients to reduce the number of clinic/pharmacy visits clients have to make. Stable clients prescribed buprenorphine/naloxone should be prescribed 14 consecutive take home doses with prescriptions lasting two months. Refer to OUDT COVID-19 Work Instruction # 3 for an example of potential exemptions/special circumstances. • Suspending urine drug screening for stable clients. • Limiting random urine drug screening as much as possible. • Performing virtual visits via secure video based platforms (e.g. Medeo, ZOOM, Real Presence) where feasible. • Perform telephone visits where appropriate following <i>(PCTEL): Tips For Delivering Mental Health & Addictions (MHA) Services Over The Phone.</i> (Refer to Appendix C). • Prescribers are recommended to use the Drug Information System (DIS) to gain access to e-prescribing and the client can go directly to the pharmacy for access to their OAT. For those without DIS access, pharmacies are now authorized to receive telephone, faxed and couriered prescriptions. 	

5.	<p>Staff are to regularly wipe down the waiting area and entry areas by disinfecting the surfaces and using ongoing hand hygiene procedures between client entry and exit. Refer to <i>Coronavirus Disease 2019 (COVID-19): Infection Prevention & Control Guidelines: Community Mental health and Addictions (Outpatients)</i> (Refer to Appendix D)</p>	
6	<p>The clinical team must maintain proper documentation for all cases impacted by the change in prescribing and practice that are based on COVID-19 emergency considerations.</p> <p>Prescribers writing prescriptions for all OAT clients should document on the script "COVID-19 prescription" to inform pharmacists that this change is due to the COVID-19 emergency.</p>	
6	<p>The clinical team must offer opioid overdose training and naloxone kits and safe drug using supplies to clients.</p>	
7.	<p>The clinical team are sources of credible information for clients who may not otherwise be receiving sound public health advice. This is an opportunity to inform, educate, and model physical distancing.</p> <p>Sample messages to be conveyed by clinical team:</p> <ul style="list-style-type: none"> • Communicate with all clients the unique seriousness of this situation. • Communicate that their healthcare will be delivered partially by phone or other platforms so as to keep them safe and reduce their exposure to the general public. • Discuss public health concerns, the need for personal protection, physical distancing, and the community’s responsibility to flatten the curve. • Acknowledge that this is a stressful time, and that stress can be challenging or triggering. • Offer increased counselling services by phone or other platforms, with the intent of providing up-to-date medical information, reassurance, and mindfulness de-stressing where appropriate. • Offer online resources to clients such as: <ul style="list-style-type: none"> ○ ICAN (Conquer Anxiety and Nervousness) – Anxiety Program (18 plus years of age): Participants will learn valuable life-skills that have been proven to overcome anxiety through videos and weekly phone check-ins with a coach. This service is private and confidential and offered through the Strongest Families Institute. To self-refer please go to: https://login.strongestfamilies.com/folder/1963/ 	

	<ul style="list-style-type: none"> ○ Mindwell U is a free online challenge that supports practices that lowers stress and increases resilience. The Challenge also teaches ‘mindfulness-in-action’ so people don’t need to stop what they are doing to become calmer, present and more focused. Visit https://app.mindwellu.com/novascotia to sign up. ○ Therapy Assistance Online (TAO) self-help is a free and private online resource available to Nova Scotians. It includes interactive activities and videos for people having challenges with their mental health and substance use. You can choose which topics you want to explore and go at your own pace. For more information go to: http://www.nshealth.ca/service-details/Therapy%20Assistance%20Online%20(TAO) 	
<p>NOTE: There are some services where we will proceed with a face to face visit with a positive screen. In these cases we will need to follow the IPAC guidelines (i.e. immediately place patient in a clinic room and initiate droplet and contact precautions. Provider to wear PPE including gloves, gowns, procedure/surgical mask and eye protection/face shield or mask with visor on entry to clinic room). If you are unable to meet those guidelines, we recommend you refer the patient to seek treatment at an alternate location.</p>		

APPENDIX A

[COVID-19 Quick Reference for Mental Health and Addictions Program Outpatient Clinic Care](#)

APPENDIX B:

[COVID-19 Fax Referral Form for Assessment Centre](#)

APPENDIX C:

[\(PCTEL\): Tips For Delivering Mental Health & Addictions \(MHA\) Services Over The Phone](#)

APPENDIX D

[Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines: Community Mental health and Addictions \(Outpatients\)](#)