

MENTAL HEALTH AND ADDICTIONS

Standard Operating Procedure

Title:	Overview and Infection Control Practices: Opioid Use Disorder Treatment (OUDT) Program Work Instruction #1	NUMBER	COVID
Sponsor:	Dr. Sam Hickcox	Page	1 of 5
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.	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.	
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 \(Outpatients\)](#)

MENTAL HEALTH AND ADDICTIONS

Standard Operating Procedure

Title:	New Admissions and Transfers: Opioid Use Disorder Treatment (OUDT) COVID-19 Work Instruction #2	Number:	COVID
Sponsor:	Dr. Sam Hickcox	Page:	1 of 2
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 individuals seeking registration in the various Opioid Use Disorder Treatment (OUDT) Programs.
 - 1.1. All admissions including transfers, releases from correctional facilities or inpatient units, will be coordinated with staggered appointments adhering to COVID-19 Protocols.
2. This document supplements existing standards and guidelines and is a resource for practitioners who are providing opioid use disorder treatment.
3. 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.
4. 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.
5. 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.	The provision of opioid agonist therapy (OAT), where indicated and deemed reasonably safe, is the preferred option.	
2.	Where possible, clients seeking treatment with the Opioid Use Disorder Treatment (OUDT) program (including transfers) will receive a pre-admission interview conducted by telephone or virtual care.	
3.	<ul style="list-style-type: none"> • Transfers from other jurisdictions, clinics or clinicians will continue as per standard practice. • Collateral information from previous prescribers and clinicians should be acquired where feasible. Collateral information should not be an absolute requirement to provide treatment. • If a client is transferred on a stable dose of medication it is reasonable to continue that medication at the same dose 	
4.	<ul style="list-style-type: none"> • Client information will be gathered and clients will be provided with education on the risks and benefits of OAT, information to prepare for induction, informing clients that buprenorphine/naloxone is the first line medication for OUD. • Decision to utilize second and third line medications will be determined on a case by case basis. 	
5.	<ul style="list-style-type: none"> • Once determined the client is appropriate to receive medication, a virtual or face to face assessment will be scheduled. • Clients coming into the clinic will be screened as per the OUDT COVID-19 Work Instruction #1: <i>for Providing Ongoing Outpatient Services to Mental Health & Addictions Opioid Use Disorder Treatment Program Clients.</i> 	

Seq. No	Task Description	Additional Comments
	<ul style="list-style-type: none"> • During this assessment, confirmation of opioid use disorder should be made via a urine drug screen (UDS) or other collateral information e.g. the presence of track marks. • An individual care plan will then be developed and documented, including the OAT induction plan, in collaboration with all clinical team members including the prescriber and the client’s pharmacist. • Staff are to offer opioid overdose prevention and harm reduction education, naloxone administration training, a naloxone kit, and safer drug using supplies. 	
6	<p>Ongoing treatment for the new client on OAT, unless otherwise clinically indicated, will consist of:</p> <ul style="list-style-type: none"> • Home based induction after the first dose <u>in the case of buprenorphine/naloxone</u>. • In person/virtual check-in with the prescriber within 1 week of their first dose. • Once a stable dose of buprenorphine/naloxone is achieved, a 2 week take home dosing schedule should be implemented. • Once a stable dose of methadone is achieved, decisions regarding the provision of take home doses should be made collaboratively by the clinical team. 	Please contact Dr. Sam Hickcox for guidance if needed.

MENTAL HEALTH AND ADDICTIONS

Standard Operating Procedure

Title:	Ongoing Client Being Prescribed Buprenorphine/Naloxone: Opioid Use Disorder Treatment (OUDT) Program COVID-19 Work Instruction #3	Number:	COVID
Sponsor:	Dr. Sam Hickcox	Page:	1 of 3
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 individuals already registered in an Opioid Use Disorder Treatment (OUDT) Programs and prescribed buprenorphine/naloxone.
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.	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.	
2.	<p>All OUDT program clients already prescribed buprenorphine/naloxone will receive 14 day take home doses. The clinical team will determine exceptions to the 14 day dosing. Some considerations may include:</p> <ul style="list-style-type: none"> • Information from other sources such as pharmacists, other health providers, and family members • Client has an elevated risk of opioid overdose e.g. severe alcohol use disorder, etc. • Intoxicated or sedated when assessed at the clinic or pharmacy. • Unstable psychiatric condition (e.g. acutely suicidal or psychotic) • Recent overdose • Currently using illicit substances in high risk ways • Inability to safely store medication 	
3.	<ul style="list-style-type: none"> • Advise clients that exceptional take home doses are being given due to current public health emergency and regular practices will resume after COVID-19 pandemic is over. • Discuss and document issues related to safe storage and risks of take home doses, including overdose and death. • Document that client states they have the ability to safely store increased number of take home doses. • A take home doses agreement should be either signed or agreed to verbally and documented in the chart. 	

Seq. No	Task Description	Additional Comments
	<ul style="list-style-type: none"> Lost or diverted methadone or buprenorphine/naloxone take home doses should be managed as per standard practice i.e. not replaced without proper assessment. 	
4.	<p>Staff will ensure clients receiving take home doses for the first time have an appropriate locked box and will review the safety procedures for accessing and storing take home doses (i.e. education on the proper care of locked boxes and the importance of returning empty bottles or/ blister packs to the pharmacy).</p> <p>Where available all doses should be dispensed in compliance packaging (blister packaging).</p>	
5.	<p>Staff will provide ongoing treatment to clients in the following manner:</p> <ul style="list-style-type: none"> Weekly telephone/virtual visit between clinical staff and clients who did not have take home doses prior to COVID-19 emergency and now do. Minimum of once monthly telephone/virtual visits with all other clients. Staff are to offer opioid overdose prevention and harm reduction education, naloxone administration training, a naloxone kit, and safer drug using supplies. Coordinate in person appointments with administrative support staff (Admin) to allow for a decreased flow of clients presenting to the clinic at the same time. Obtain working telephone #'s and/or functioning email addresses from clients and plan & schedule which clients need to be contacted each day with Admins (e.g. check- ins, carry contract revisions, etc.) Make clients aware of online resources such as: <ul style="list-style-type: none"> ICAN (Conquer Anxiety and Nervousness) – Anxiety Program (18 plus years of age): 	<p>Ongoing contacts with clients prescribed buprenorphine/naloxone given the COVID-19 emergency.</p>

Seq. No	Task Description	Additional Comments
	<p>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/</p> <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) 	

MENTAL HEALTH AND ADDICTIONS

Standard Operating Procedure

TITLE:	Ongoing Client Being Prescribed Methadone: Opioid Use Disorder Treatment (OUDT) Program COVID-19 Work Instruction #4	NUMBER:	COVID
Sponsor:	Dr. Sam Hickcox	Page:	1 of 4
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 individuals already registered in the Opioid Use Disorder Treatment (OUDT) Programs and prescribed methadone.
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.	It is recommended 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.	
2.	For clients on daily witnessed ingestion of methadone, the clinical team will determine the appropriate length of prescription and the duration between clinical visits.	
3.	<p>For all clients registered in the OUDT program who are prescribed methadone, the clinical team will determine the appropriateness for and the level of take home doses based on the client’s level of stability.</p> <p>Refer to Appendix A- Methadone COVID-19 Take Home Dosing Protocol</p>	
4.	<ul style="list-style-type: none"> • Advise clients that exceptional take home doses are being given due to current public health emergency and regular practices will resume after COVID-19 pandemic is over. • Discuss and document issues related to safe storage and risks of take home doses, including overdose and death. • Document client states they have the ability to safely store increased number of take home doses. • A take home doses agreement should be either signed or agreed to verbally and documented in the chart. • Lost or diverted methadone or buprenorphine/naloxone take home doses should be managed as per standard practice i.e. not replaced without proper assessment. 	
5.	Staff will ensure clients receiving take home doses for the first time have an appropriate locked box and will review the safety procedures for accessing and storing take home doses (i.e. education on the proper care of locked boxes and the importance of returning empty bottles or/ blister packs to the pharmacy).	

Seq. No	Task Description	Additional Comments
6.	<p>Staff will provide ongoing treatment to clients in the following manner:</p> <ul style="list-style-type: none"> • Weekly telephone/virtual visit between clinical team and clients who do not have take home doses. • A minimum of once a month telephone/virtual visit with all other clients. • Staff are to offer opioid overdose prevention and harm reduction education, naloxone administration training, a naloxone kit, safer drug using supplies. • Coordinate any in person appointments with administrative support staff (Admins) to allow for a decreased number of clients presenting to the clinic at the same time. • Obtain working telephone #'s and accessible email addresses from clients and plan & schedule which clients need to be contacted each day with admins (E.g. check-ins, carry contract revisions, etc.) • Make clients aware of online resources 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/ ○ 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. 	<p>Ongoing contact with clients prescribed methadone given the COVID-19 emergency.</p>

Seq. No	Task Description	Additional Comments
	<ul style="list-style-type: none"> ○ 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) 	

Appendix A:

Methadone COVID-19 Take Home Dosing Protocol

Clients prescribed methadone will be categorized as level “A, B, C, or D”:

A- No take home doses (In extreme cases where take home doses cannot be safely given under any circumstance, clients will continue to have daily witnessed ingestion at the pharmacy with appropriate infectious control protocols in place, including appropriate PPE for the patient and staff.)

B- Witness two days per week

C - Witness once with 6 day carries

D- Witness once with 13 day carries

MENTAL HEALTH AND ADDICTIONS

Standard Operating Procedure

TITLE:	Clients in Self-Isolation or Quarantine: Opioid Use Disorder Treatment (OUDT) Program COVID-19 Work Instruction #5	NUMBER:	COVID
Sponsor:	Dr. Sam Hickcox	Page:	1 of 2
Approved by:	Emergency Operations Centre	Approval Date:	April 03, 2020
		Effective Date:	Aprils 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 individuals registered in Opioid Use Disorder Treatment (OUDT) programs who are in self-isolation or quarantine.
 - 1.1. OUDT programs will work in collaboration with community pharmacies to ensure clients in self-isolation or quarantined will continue to have access to their OAT medications.
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.	<p>For clients in self-isolation and quarantine, OUDT programs will contact the appropriate community pharmacy to confirm their ability to:</p> <ul style="list-style-type: none"> • Deliver OAT medication • Witness the medication ingestion, where clinically appropriate, and • Assess the client for signs of instability. <p>Refer to Appendix A- Nova Scotia Pharmacy Association’s Opioid Agonist Maintenance Treatment (OAMT) Services During the COVID-19 Pandemic</p>	<p>Clients in self-isolation and quarantine need continued access to their OAT medication.</p>
3.	<p>In the event that a pharmacy is unable to provide these required services, the clinic will request the original pharmacy to transfer the prescription to a community pharmacy that is willing and able to provide services for the required period of 14 day. A list of participating pharmacies will be maintained by the clinical team.</p>	
4.	<ul style="list-style-type: none"> • If a pharmacy cannot deliver the medication and witness medication ingestion as required, and there is no alternate pharmacy to transfer prescription to, the clinical team will work with the client and the pharmacy to find a solution that continues access to OAT and maximizes public safety for receipt of take home doses and witnessed ingestions as required. • Clinicians who are looking for support to work with pharmacies in this instance are encouraged to contact Tiffany Savary at the NS College of Pharmacists tsavary@nspharmacists.ca 	<p>If no other pharmacy can offer this service, the clinical team will work with the client to find a workable solution that maximizes public safety.</p>

Seq. No	Task Description	Additional Comments
5.	Urine drug screening is not required while client is in self-isolation or quarantine.	

APPENDIX A

Nova Scotia College of Pharmacists' *Opioid Agonist Maintenance Treatment (OAMT) Services During the COVID-19 Pandemic*

https://www.nspharmacists.ca/wp-content/uploads/2020/03/OAMT_Guidance.pdf