



Opioid Agonist Maintenance Treatment (OAMT) Services During the COVID–19 Pandemic

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The provision of OAMT presents unique challenges compared to other medications, particularly now during the current COVID-19 pandemic. Solutions to these challenges are a shared responsibility between the patient, their primary prescriber and pharmacists, and need to be made in consideration of the fine balance between the public health risk due to COVID-19 and the public/patient risk of diversion and overdose.

To support pharmacists in their efforts to continue to provide this critical service and to enable pharmacists to use their knowledge and skills to solve these challenges, the following provisions have been made related to the [Treatment of Opioid Dependence Practice Directives for Community Pharmacists](#).

For clarity, none of the provisions below require a pharmacist to provide OAMT in a manner that they believe is unsafe for the patient, the pharmacy staff, or the public.

Signatures

In instances where a signature is required, pharmacists may decide the method to be used to confirm and document the identity of the patient or their agent and confirm the receipt of the medication by the patient or their agent.

Reducing Patient Contact

Wherever possible, arrangements should be made for patients receiving OAMT to NOT present to the pharmacy.

- Pharmacists should collaborate with prescribers to determine if any patients who currently have witnessed dosing could be considered for take-home doses.



- During the pandemic, patients who are already receiving the usual maximum number of carries may be considered for additional take-home doses in certain circumstances. Please consult with OAMT prescribers to determine if this is a safe option.

When patients need to present to the pharmacy for OAMT, observe strict distance social distancing recommendations.

- Professionals providing care (patient assessment and witnessed dosing) must maintain a distance of 2 meters from patients. This may mean that the pharmacist observes from a distance and the patient consultation room may no longer be the most appropriate place to provide the dose. However, concerns about privacy will need to be addressed with each patient.
- Place a demarcation line on the floor in front of the counter or place transparent barriers on the counter to demonstrate a safe distance.
- Some pharmacies have installed a physical barrier using a sheet of plastic or plexi-glass with a pass-through window.
- Position a waste receptacle so patients can dispose of their own used dose cups. DO NOT have patients drink directly from the bottle and DO NOT personally handle straws and cups.

If a patient is isolated because of suspected or confirmed COVID-19 infection:

- Contact the patient's OAMT prescriber to discuss a plan for accessing medication.
 - Is witnessed dosing necessary under the circumstances?
 - Is it safe for the patient to receive take-home doses for the duration of the quarantine period?
 - Does the pharmacy have resources to deliver the dose to the patient?
 - Does the patient have an appropriate agent that they can delegate to pick up their OAMT on their behalf?
- Should a patient be unable to come to the pharmacy to receive their dose because they are under isolation, the pharmacist may decide if delivery or alternative arrangements for pick-up at the pharmacy is a reasonable solution.



Delivery of OAMT Medications

As per new [exemptions](#) from Health Canada that are in place for the COVID-19 pandemic, pharmacists may delegate delivery of OAMT to another member of the pharmacy team. However, consideration needs to be given to:

- The ability of the person delivering the doses to identify the patient and to be safe while doing so;
- The security of the medications and the consequences resulting from their loss or diversion;
- The stability of the patient and their circumstances (e.g., housing, their ability to safely store doses, etc.);
- the extent to which it is critical for the patient's safety that they be assessed prior to being provided their dose.

In situations where the pharmacy is delivering to the patient, effective witnessing may not be possible. Collaborate with prescribers to reserve the requirement for witnessing to only those where it is imperative. If consultation with the physician is not possible and a decision is made by the pharmacist that witnessing will not take place, this decision must be communicated to the physician at the earliest opportunity, including any safeguards that were put in place.

For all deliveries, the pharmacist must ensure that:

- The delivery process is explained to the patient prior to the delivery and patient consent to disclose the necessary personal health information is obtained (documentation of verbal consent is acceptable).
- The person making the delivery knows who they are authorized to release it to (the patient or an individual authorized by the patient).
- The person making the delivery understands that they do not need to put themselves in a position that threatens their health or safety (e.g., delivery drivers do not have to enter homes, should stay 2 metres away from patients when releasing deliveries, and limit exchange of paper or cash).
- The dose(s) is/are returned to the pharmacy if release to the patient or authorized person was not possible (doses cannot be left at the door).



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- The delivery is appropriately documented (patient signature is not required at this time due to the need to reduce contact).
- The requirements below from Health Canada are met:
 - The person delivering the OAMT has authorization to deliver the medications in writing from the pharmacist that includes the names of people to whom they are delivering and the pharmacy contact information; and
 - The person delivering the OAMT also has a copy of the Health Canada exemption while effecting the delivery.