



Example SOP for emergency induction of OST during COVID CRISIS

Step 1: Nurse completes updated assessment via telephone with patient. Following assessment if the patient requests/considered suitable for suboxone the nurse will discuss this with the prescribing doctors. Given its safety profile and easier induction to therapeutic doses, this may be a first line consideration.

Step 2: Appointment arranged to meet with patient to do POC urine drug screen. (ALL PUBLIC HEALTH ADVICES RE SOCIAL DISTANCING TO BE OBSERVED – telephone triage to ensure patient is asymptomatic from a COVID-19 perspective). Patient must bring photo identification to this appointment and sign CTL entry form. Patient takes a photo of themselves on their phone and sends it to the nurse. If POC is not consistent with self-report, process to be halted at this point and further advice/assessment to be sought.

Step 3: Nurse to forward CTL entry form plus photo via Healthmail to the CTL

Step 4: Pharmacy card to be issued and sent to pharmacy via Healthmail

Step 5: Video consultation arranged with an experienced Level 2 GP. Allocated sessions on specified days e.g. a Tuesday morning and follow up session on a Friday.

Step 6: Agreed safe commencing prescribing protocols to be adhered to. Commence methadone at 20mgs daily (or higher if deemed safe to do so by clinician) and following telephone review, can be titrated by 10mgs every 4 days giving due regard to available pharmacy supervision and opening hours. Suboxone doses can be titrated in the normal fashion but will need more regular follow up for the first week of induction.

Balance risk for commencing with methadone or suboxone and follow existing HSE guidelines for this (this needs to be decided before CTL form sent). See [here](#) for further information on Suboxone. See [here](#) for OST guidelines.

Step 7: OST script to be issued to pharmacy via healthmail in the first instance followed by posting script to pharmacy

Step 8: Patient to be contacted daily/alternate days depending on risk by member of the local team – (nurse or drugs worker) who has knowledge of the patient. Review will include a check on patient management of medication and reported stability. If urgent concerns, nurse/drug worker to report these concerns to the prescriber.

Step 9: Weekly review by the GP for ongoing scripting of OST. Reliance on self-report of drug use during the Covid crisis may be necessary due to travel restrictions/self-isolation and access to POCT is limited

Notes:

- Need a videoconferencing facility such as Socrates ASAP but if not will rely on VideoDoc until further notice. HSE will need to resource video conferencing license to facilitate this initiative
- Outcome and other data to be factored in from the start of the project and Socrates would be the preferred option
- The option of naloxone prescribing should be also considered with local dispensing of the medication
- Augmented OST risk sheet to reflect risks linked with the change of assessment and induction procedures