

SAMPLE ACTION PLAN for Community Prescribers of Opioid Agonist Treatment

Contingency planning for increased activity due to COVID-19

The following are strategies are provided for your information and consideration, as appropriate.

Consider ways to support continuity of the opioid treatment program:

- Ensure adequate stock and storage of all medications
- Document risk assessments for individual patients, reviewing suitability for increased number of take away doses, in case they are required for a limited time
- Ensure clinical staff are trained in injection techniques for administration of Depot Buprenorphine and are confident with the Clinical Guidelines for use. Consider who may be suitable for transfer
- Review patients dosed in pharmacies and private dosing clinics – where appropriate, work together with dosing points to develop contingency plans in case of service interruption
- Review contacts and referral pathways for LHD and other specialist services
- Explore telehealth options to enhance service delivery options, especially for vulnerable populations including aged, pregnant women, homeless, those at risk of HIV and hepatitis
- Make locum arrangements in advance that can be activated if you become unable to prescribe
- Develop plans for patients infected with COVID-19, or who are symptomatic and waiting test results, to ensure they can continue to receive doses.
- For prescribers who operate dosing points: Review dosing times in order to reduce congregation of patients and manage clinic times to balance daily dosing demand with depot buprenorphine injection clinic.

Other contingency planning considerations

Harm Reduction Programs:

- Recommend Take Home Naloxone to all patients which currently available free of charge from [participating community pharmacies](#) as part of an [Australian Government pilot](#)
- Have a list of local providers for the Needle Syringe Programs
- Consider community influenza vaccination clinics, including working with NGO partners to reach vulnerable populations.

Strengthen Infection Control strategies:

- Infection Control training for staff
- Ensure guidance is provided to patients regarding infection control (eg, phone in for advice if unwell rather than presenting at the clinic)
- Ensure adequate supplies of masks and other personal protective equipment for staff
- Maintain high attention to and monitor cleaning of facilities.

Workforce:

- Plan strategies to manage staff absenteeism including review of non-essential activities and leave plans.
- Promote staff influenza vaccination
- Provide adequate training for nursing and administrative staff who may be covering shifts
- Consider how you might be able to incorporate telehealth for patient consultations and prescribing if you have to self-isolate.
- Discuss plans and any changes to service provision with your patients, and reassure them that you are prioritising continuity of service delivery.