

ROUND LAKE Treatment Centre

Culture is Treatment





HARM REDUCTION

ROUND LAKE TREATMENT CENTRE





HARM REDUCTION

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Photo Credits: Carla Hunt



**HARM REDUCTION
WELLNESS IS A JOURNEY NOT A DESTINATION
(FNHA)**



ROUND LAKE TREATMENT CENTRE

OPIOID AGONIST THERAPY

METHADONE

SUBOXONE



Methadone and suboxone are narcotics which are rigidly controlled by the BC Methadone Program who collaborates with Health Canada under section 56 of the Controlled Drugs and Substances Act.

Policies and Procedures have been developed to adhere to the Health Canada guidelines.

It is critical that policies and procedures are followed precisely.



ROUND LAKE TREATMENT CENTRE



OAT STEPS IN IMPLEMENTATION

1. RESEARCH:

- **CONSULTATION WITH PHYSICIANS AND NURSES TO DETERMINE DOSAGE RANGE FOR ADMISSIONS**
- **INVESTIGATION REGARDING PHYSICAL AND PROCEDURAL REQUIREMENTS FOR STORING AND PROVIDING THE MEDICATION ON SITE**

2. DEVELOPMENT OF POLICIES AND PROCEDURES FOR ADMISSION, STORAGE, AND HANDLING

3. ENSURE STORAGE REQUIREMENTS ARE FULFILLED

4. DEVELOPMENT OF NUMEROUS FORMS

5. NURSES ARE TRAINED

6. TRAINING BY NURSE OF DESIGNATES WHO WILL BE HANDLING THE MEDICATION WHEN OFF SHIFT

7. ONGOING MONITORING





ADMISSION REQUIREMENTS:

A Physician must be authorized by the College of Physicians and Surgeons to prescribe Suboxone/Methadone .

The Nurse's office will provide Suboxone/Methadone for any Round Lake Treatment Centre client, who is participating in the Suboxone/Methadone Maintenance Program, at the request of the Physician if they meet our other admission requirements.





ADMISSION REQUIREMENTS

Prior to admission applicants must

- complete and sign the Suboxone/Methadone Maintenance Program Contract with the suboxone/methadone prescribing physician.
- have two clean urines over two weeks prior to coming to Round Lake
- be eligible to have a methadone “carry” for 4 days. The carry may not exceed 280 ml for 4 days or whichever is less.
- understand that
 - Suboxone/Methadone is a witnessed dose, under supported self-administration, by the resident nurse or other qualified personnel in the nurse’s office.
 - supervised urine samples may be requested for drug screening upon admission or if deemed necessary.
 - Suboxone/methadone dosages will not be altered while in treatment.



SUBOXONE ADMISSION REQUIREMENTS:

- A history of having been **stabilized** on suboxone for **2 weeks**; within a daily therapeutic dosage **not to exceed 24 mg.** **Stabilization** would be when a person is not experiencing withdrawal symptoms or cravings (occurs when under medicated) or drowsiness (nodding) or constriction of pupils (occurs when over medicated).
- must be approved, by their prescribing methadone physician, to receive prescription carries for their methadone in order to transport the methadone in a mandatory lock box on their trip to and from the centre.



METHADONE ADMISSION REQUIREMENTS:

- a history of having been **stabilized** on methadone for **4 weeks** within a daily therapeutic dose of 60mg-100mg, **not to exceed 170mg**. This means the dosage of methadone has not been in the process of upward titration in the last 4 weeks.
- must be approved, by their prescribing methadone physician, to receive prescription carries for their methadone in order to transport the methadone in a mandatory lock box on their trip to and from the centre.



SUBOXONE MAINTENANCE PROGRAM CONTRACT

(To be completed with methadone prescribing physician and applicant)

This contract shall be between _____ (Applicant) and the Round Lake Treatment Centre.

My start date on Suboxone was _____ at a current therapeutic dosage of _____, meeting the 2 week stabilization required by Round Lake Treatment Centre. **This means the dosage of Suboxone has not been in the process of upward titration in the last 2 weeks.**

My prescribing physician is Dr. _____ of _____

Phone Number _____ Fax # _____.

Please initial all boxes as acknowledgement of the contract guidelines

I acknowledge that I come to RLTC **stabilized** on a suboxone program.

I acknowledge that I have **two weeks abstinence** from alcohol, illicit drugs, medical marijuana, and medications from the unsafe list.

I acknowledge that I have an opioid use disorder and wish to continue my suboxone program while at the Round Lake Treatment Centre.

I agree that while at RLTC, I will receive my suboxone daily from the resident nurse or a qualified designate.

I agree to adhere to the program guidelines as detailed to me upon orientation to the facility.

I understand that my failure to participate in the program as outlined will result in a review of my suitability stabilization for the treatment program.

I **agree to a supervised urine sample for drug screening as requested.** I understand that failure to comply will result in termination from the program.

I will dissolve, sublingually, my suboxone, witnessed, as according to the protocols.

Physician to witness the proceeding,

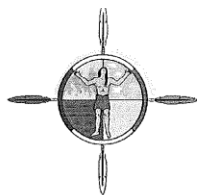
PHYSICIAN SIGNATURE

DATE

CLIENT SIGNATURE

DATE





ROUND LAKE TREATMENT CENTRE

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200 EMERY LOUIS ROAD, ARMSTRONG, BC V0E 1B5
MAIN PHONE: 250-546-3077 — INTAKE PHONE: 250-546-8848
FAX: 250-546-3227
EMAIL: rltc@roundlake.bc.ca — WEBSITE: www.roundlaketreatmentcentre.ca

Date:

Referral Worker Name,

As per our [Methadose/Suboxone] Maintenance Program Contract it is part of your Client's admission requirements that he/she provide proof of 2 clean urines prior to coming to RLTC, from his/her prescribing physician's office. (One clean urine per week for the 2 weeks prior to attending RLTC). Please refer to page 14 Part 9- Methadose Harm Reduction Treatment or page 16 Part 10- Suboxone Maintenance Program.

As of [insert date] RLTC has not received these proofs. Please provide these proofs of 2 clean urine tests in order to complete the requirements of your client's application and to ensure their placement in our upcoming program starting [insert intake date].

In addition, please ensure a signed copy of the [Methadose/Suboxone] Program Contract has also been provided. This program contract is to be signed by both the prescribing physician and the client. This contract is essential because it ensures your client acknowledges, and the prescribing physician understands, the guidelines of our [Methadose/Suboxone] Harm Reduction Treatment Program.

If you have already provided these requirements please disregard this letter.

Thank you,

[Insert intake co-ordinator contact info]



ROUND LAKE TREATMENT CENTRE



ROUND LAKE TREATMENT CENTER

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
	Amber Froste, RN, Resident Nurse
FAX NUMBER:	DATE:
PHONE NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
RE:	SN:
PHN:	DOB:

_____ is preparing to enter into our treatment program on _____
to _____. In order to support _____ with his/her opioid replacement
therapy our local pharmacy : Hogarth's (t) 250-545-3660 (f) 250-545-4392 is required an original
prescription for your client's _____ for _____ days. When you have a moment can you
please ensure a Rx has been sent prior to _____?

In addition, as per our Round Lake Treatment Centre's Methadone/Suboxone Maintenance Program Policy,
please ensure submission of proof of 2 clean urines has been provided prior to your client's admission into
Round Lake. (One clean urine per week for the 2 weeks before _____.)

Thank you.

If you have already done so please disregard.

Thank-you,

In the Spirit of Healing,

Amber F.
Resident Nurse
Round Lake Treatment Centre
200 Emery Louis Rd,
Armstrong, BC V0E 1B5
250-546-3077
Fax 250-546-3227

"Culture is Treatment"



ROUND LAKE TREATMENT CENTRE

HANDLING OF METHADONE/SUBOXONE

PHYSICAL REQUIREMENTS:

NURSING STATION:

- Office with self closing and locking door
- Locking cabinet
- Office and Cabinet key access only by nurse or designated staff

TRAVEL: To and from the Centre and weekend passes

- Mandatory Lock Box (2)

SOFTWARE:

- Telehealth





SAFE STORAGE OF CONTROLLED SUBSTANCES

Round Lake Treatment Centre ensures that the Health Canada legal requirements related to the custody and possession of controlled drugs and substances (CDS), and opioid overdose reversal medication, Naloxone are met by implementing the following processes:

Security and Storage:

- The CDS cupboard is housed in a wall-mounted, locked cabinet that is permanently attached to the building in the nursing office.
- The CDS cupboard is located in a secure, locked area where there is no public access and where only authorized personnel are allowed.
- Resident Nurses and dispensing designated CSWs only have access to the CDS cupboard with the knowledge and authorization of the resident nurses.
- During working hours, the nurse in charge or designate must carry the keys to the CDS cupboard.
- The CDS cupboard must be locked at all times, and the door to the nursing office must be locked when there are no personnel inside.
- If the keys to the CDS cupboard or nursing office door are lost, the lock(s) must be changed immediately.
- Upon arrival of a controlled substance to RLTC, the substance is to be directly brought to the nursing office for immediate counting by two authorized staff members (Resident Nurse and Dispensing Designated CSWs).
- A tracking form is to be completed by two authorized staff members and place in the Narcotic Sign-Out and Count Book.
- The medication is then immediately locked in the cupboard.
- In the event there is not Resident Nurse, or Dispensing Designated CSW, available; then the Resident Supervisor/Team Leader will assist in performing the CDS count, completing the tracking form and ensuring CDS is locked and stored in the above secure manner.



HANDLING OF METHADONE/SUBOXONE

PICK UP PROCEDURES

Procedure

Pharmacy will dispense the Methadose 10mg/ml in accordance to the doctor's prescription. The staff member must sign the pick-up form at the Pharmacy. This is done weekly. Please call the Pharmacy first to make sure the Methadose is ready.

The designated Resident Nurse, or authorized staff member will pick up the Methadose and return it immediately to Round Lake Treatment Centre.

Upon arrival, the Methadose is delivered to the medical office to be counted. Two staff members complete and sign the tracking form and the Narcotic Medication Administration Record and the medication is locked in the narcotic cupboard.

As per policy, one of those staff members must be authorized to support the administration of the narcotic, signing for shift and pick up count.

In the event that there is no Resident nurse or designated staff member available for pick-up at the pharmacy; then the Resident Supervisor/ Team leader will pick-up the Methadose.

At no time should anyone not trained or authorized, pick up or dispense Methadose.



HANDLING OF METHADONE/SUBOXONE

Client Methadose Tracking Verification Form

CLIENT NAME: _____ D.O.B: _____

PRESCRIBING PHYSICIAN: _____

DATE: _____ TIME DELIVERED: _____

DELIVERED BY: _____ INITIALS: _____
(Please print name)

RECEIVED BY: _____ INITIALS: _____
(Please print name)

AMOUNT: _____ DOSAGE: _____ NUMBER OF BOTTLES: _____

DATE: _____ TIME DELIVERED: _____

DELIVERED BY: _____ INITIALS: _____
(Please print name)

RECEIVED BY: _____ INITIALS: _____
(Please print name)

AMOUNT: _____ DOSAGE: _____ NUMBER OF BOTTLES: _____

DATE: _____ TIME DELIVERED: _____

DELIVERED BY: _____ INITIALS: _____
(Please print name)

RECEIVED BY: _____ INITIALS: _____
(Please print name)

AMOUNT: _____ DOSAGE: _____ NUMBER OF BOTTLES: _____



ROUND LAKE TREATMENT CENTRE



HANDLING OF METHADONE/SUBOXONE

SUPERVISION OF CLIENT'S DAILY DOSE

- The Resident Nurse or designate will supervise the client's daily Suboxone dose ingestion. All admission carries are locked in the narcotic cupboard by Resident Nurse or designate. All carries are labeled & identified by the Pharmacist and Resident Nurse prior to administration to the client. The Resident Nurse or designate, in administering Suboxone, will ensure that the dose has been swallowed by engaging the client in conversation, after ingestion, witness of ingestion is then documented on the *Narcotic Medication Administration Record*.
- RLTC clients will come to the Nurse's office at a pre-arranged time for their dose. Identification may be required prior to administering any dosage of Suboxone. The administration of the Suboxone will be recorded on the *Narcotic Medication Administration Form*.
- **NOTE:** At the discretion of the Resident Nurse or staff designate, random supervised or witnessed urine samples for drug screening will be obtained; as per the Guidelines for Round Lake Treatment Centre's Suboxone Maintenance Program Contract.



Round Lake Treatment Centre Narcotic Sign-Out & Count Sheet

Client: Given Name: _____ Last Name: _____
 DOB: _____ Intake Date: _____
 Medication: _____ Dosage: _____
 Ordering Physician: _____

[illegible]



HANDLING OF METHADONE/SUBOXONE

SUPERVISION OF CLIENT'S "CARRY" DOSE FOR TRAVEL

- The Nurse will arrange for a "carry" dose of Suboxone on completion of program or , in accordance with the distance required to travel home. The client's Physician will fax the Pharmacy the prescription for the carry dose; a designate staff member or Resident Nurse picks up the client's Suboxone carry dose a day prior to Marble Day Celebration.
- The Resident nurse or designate will sign the Suboxone sign out form for the client to receive the "carry" dose. Carries cannot be issued from the ward-stock supply. The authorized Physician must write the order and contact/fax the Pharmacy directly. Clients with a prescription will submit it directly to the Resident Nurse who forwards it to the Pharmacy. Client must sign out "carry" dose on discharge from program. The Physician may prescribe up to 64 mg, or a four-day supply of Suboxone, in accordance with travel time and distance, whichever is less. In rare instances the Physician may receive permission from the College of Physicians and Surgeons to prescribe a larger carry quantity. The written order from the Physician will be filled in the Narcotic Scripts and Physicians order binder. The Pharmacy will process the order by entering it in both the patient drug profile and in the Pharmanet.



HANDLING OF METHADONE/SUBOXONE

SUPERVISION OF CLIENT'S "CARRY" DOSE FOR WEEKEND PASSES

Forms required to be filled out:

Client Medication Sign Out/In Sheet
Client Weekend Methadose and/or Suboxone Carry Form
RLTC Narcotic Self-Administration and Count Record

Procedure

Signing-Out

- ☐ Ensure client has approved weekend pass
- ☐ Determine number of days client is to be off site on pass
- ☐ **Ensure Nurse has obtained permission, from prescribing physician, for client to have Methadose and or Suboxone carry privileges for specific dates stated.** (Look for Copy Carrying Permission letter/fax completed by physician in the Narcotic Sign Out/Sign In and Count Sheet Book filed under clients name).
- ☐ Complete Medication Sign Out/In Sheet
- ☐ Fill out Client Weekend Methadose and/or Suboxone Carry Form
- ☐ Fill out Narcotic Client Self-Administration and Count Record

Remember to Check for Correct: Client Medication Dose

Number of Doses Required For Pass or Discharge

- ☐ Provide client with lock box and instruct client to always have medication locked securely in lock box and that they understand the dangers these medications pose to others, especially to opioid naïve individual and children. Have client initial on Client Weekend Methadose and/or Suboxone Carry Form that lock box was given.
- ☐ Place prepared medications in lock box and demonstrate how to lock medications in box appropriately
- ☐ **Ensure client is aware that any unused medications are to be immediately returned to staff immediately upon return in locked box**

Signing- In

- ☐ Determine if the client has any unused medication.
- ☐ If no unused medication are being returned fill out Sign Out/In Form with "0" indicated in amount returned, have staff and client initial
- ☐ Ensure client has returned lock box to staff
- ☐ If unused medication is being returned fill out Client Medication Sign Out/In Sheet with number of medication that is being returned and initial.
- ☐ Fill out RLTC Narcotic Self Administration and Count Record indicating that medication is being return and the count is being adjusted to reflect return.

Important Items to Remember:

Clients will sign out the required medications for only the time period they are away

Doctor's approval for carry is required!!!!

Only one type of medication per brown envelope

Client is to have medication locked in lock box at all times when off site

Client is aware that upon return they must go directly to staff to return any unused medications.



ROUND LAKE TREATMENT CENTRE

HANDLING OF METHADONE/SUBOXONE

Client Weekend Methadose and or Suboxone Carry Form

I _____ date of birth _____/_____/_____ am signing out
(print name) (YY/MM/DD)

Methadose or Suboxone dose, form, amount,
being carried _____

I Understand I am responsible for the Methadose and or Suboxone that I am taking out of RLTC for a weekend pass. I will be away from RLTC for _____ days. Lock box provided _____ (Client's initials).

Physicians who prescribe carries are required to educate their patients on the dangers (including overdose and death) that these medications pose, especially to opioid-naïve people and children. Patients must be able to store their medications safely. Methadose and Suboxone should be stored in locked containers or cabinets. Carries should not be provided if safe storage cannot be ensured.

Date/Time: _____

Client Name (print): _____

Client Signature: _____

Staff name (print): _____

Staff Signature: _____

NOTE: At the discretion of the Resident Nurse or staff designate, random supervised or witnessed urine samples for drug screening will be obtained; as per the Guidelines for Round Lake Treatment Centre's Methadose and Suboxone Maintenance Program Contract.



ROUND LAKE TREATMENT CENTRE

NARCOTIC/CONTROLLED SUBSTANCE COUNT DEVIATION PROCEDURE

- Explanations are provided for any wastage, or count deviations, and documented on the Narcotic Self Administration and Count Record.
- Any count discrepancies are immediately investigated and reported to the Resident Nurse and the Supervisory Staff and Management.
- The discrepancies that can be resolved are reconciled appropriately on the Narcotic Self Administration and Count Record.
- When any discrepancy or loss cannot be explained, or if theft is suspected, the Resident Nurse or Dispensing Designated CSW will notify Supervisory Staff and/or Management immediately.
- The Resident Nurse or the Dispensing Designated CSW will complete a Critical Incident Report, within 24 hours, and provide their discovery to Supervisory Staff and/or Management.
- Completion of Critical Incident Report and other forms of documenting deviation are to be done in a legible and clear manner. Within the Critical Incident Report and Narcotic Self Administration and Count Record the details of the deviation clearly state circumstances of the loss as well as any follow up action that was or will be initiated to prevent reoccurrence.



NURSE TRAINING

Methadone/Buprenorphine 101 Workshop,
Accredited by UBC CPD Facility of Medicine



ROUND LAKE TREATMENT CENTRE

STAFF TRAINING

The Resident nurse is responsible for the provision of health care advice and direction to staff, including and **not limited to:**

- Universal Precautions
- Annual Review with Staff
- Safe and Unsafe Medication(s)
- Medication Management Training Plan
- Following the Eleven Rights: Right Client, Right Date of Birth, Right Allergies and reaction, Right Drug Name and Form, Right Dosage/Amount to be administered, Right Route, Right Date and Time of Day, Right Reason, Any Specific directives, Right Documentation/signatures, Right to refuse.
- Medication Distribution Process and Forms
- PRN Protocols for Prescription and Over The Counter Medications
- Enforcing Medication Delivery system for the CSW's and Staff
- Narcotic delivery and controlled self administration supported by the CSW, with specific education for Methadose and Suboxone delivery following the Eleven Rights. Training for pick up, Tracking and doctor ordered weekend carries.
- Urine drug screening
- New or Existing Medical Protocols
- First Aid Overviews – Please note: First Aid Certification and required updating of First Aid Certification are MANDATORY, with all training to be completed at St. John's Ambulance First Aid Training.
- Assisting Staff to comply with Health Related Policies and Procedures
- In Service Training on Health and Safety Topics as Required



[illegible]

In-Service CSW / Staff Training - Resident Nurse

Universal Precautions, Safe and Unsafe Medication(s), Controlled Substances, New or Existing Protocols(s), Medication Drug Testing, Medication Management Training Plan, Basic First Aid for Common Health Conditions and Emergencies, Overdose Assessment and Naloxone Administration, Medical Transportation, First Aid Overview

Name	Signature	Date
Comments:		



ROUND LAKE TREATMENT CENTRE

OPIOID AGONIST THERAPY OUTCOMES



ROUND LAKE TREATMENT CENTRE

HARM REDUCTION



ROUND LAKE PAINTED TURTLE LODGE





PAINTED TURTLE RECOVERY LODGE