



APPLICANT NAME

DATE OF BIRTH

APPENDIX C – COMPLETE for all APPLICANTS on OAT Maintenance program**OAT MAINTENANCE PROGRAM**

RLTC will only accept clients on methadone, Kadian, suboxone, sublocade. To refer an applicant on the OAT Program at RLTC, please contact the Intake Coordinator, to ensure your applicant meets the following criteria

1. The applicant requirements include:

- A history of having been **stabilized** on Methadone, suboxone, sublocade, or Kadian for **2 weeks** within a daily therapeutic dose **not to exceed: Methadone- 170 mg. , Suboxone -24 mg., Sublocade- 300mg.,and Kadian 1500 mg.**
- **This means the dosage of the OAT prescription has not been in the process of upward titration in the last 2 weeks.**
- **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).
- **Be abstinent for 2 weeks** from alcohol, illicit drugs, medical marijuana and medications listed on our Unsafe List. **FIVE (5) MONTHS ABSTINENCE FROM CRYSTAL METHAPHETAMINE. NO EXCEPTIONS**
- A **negative urine drug screen is required** prior to coming to RLTC, from your prescribing physician's office. One negative drug screen per week for the 2 weeks PRIOR to attending RLTC.

Please fax results to RLTC at 250-546-3227, attention Resident Nurse.

2. The applicant must be approved, by their prescribing OAT physician, to receive prescription carries for their OAT medication. This is for the purpose of the applicant to have a "carry" dose to arrive at RLTC and return to their home community, as it will be dependent on the amount of travel time, to and from RLTC **as per the OAT guidelines.**
3. OAT medication will be supplied by Jamie's Pharmacy on Tuesday of intake, and weekly until discharge.
4. Upon receiving confirmation of the applicant's admission to RLTC, it is **mandatory** that the applicant's OAT prescribing physician **mail the original script to Jamie's Pharmacy.**

**Jamie's Pharmacy
#103 – 2802 30th street
Vernon, BC V1T 8G7**

***Please add on the script's "**Special Instructions**" field that self-administration of the Opioid Agonist therapy is to be "**witnessed by the RLTC staff.**"

5. Prior to admission, the applicant will sign the OAT Maintenance Program Contract with The OAT prescribing physician.
6. The applicant understands, mandatory supervised urine samples may be requested for screening upon admission. **Please ensure submission of lab results for two negative urine samples, have been provided prior to your applicant's admission to our program.**
7. The applicant understands the OAT medication is a witnessed dose, under supported self-administration, by the Resident Nurse or other qualified designates, as per RLTC protocols. **Applicant's OAT dosage will not be altered while in treatment.**
8. Prior to admission, all Applicants must have evidence that they are free of TB. Options are a Mantoux test, chest x-ray or a letter from the physician, nurse practitioner, or nurse.



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OAT MAINTENANCE PROGRAM CONTRACT

Current OAT program: **TICK THE APPLICABLE BOX**

- Methadone**
 Suboxone
 Kadian
 Sublocade

(To be completed with OAT prescribing physician and applicant)

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

My start date on OAT was _____ at a current therapeutic dosage of _____, meeting the 2-week stabilization required by Round Lake Treatment Centre. **This means the dosage of OAT medication 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 _____ 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 OAT program while at the Round Lake Treatment Centre.
- I agree that while at RLTC, I will have my self-administration of _____ witnessed by the Resident Nurse or a qualified designate, as per RLTC protocols.
- The OAT Maintenance Program at RLTC is based on the Protocols from the BC Centre on Substance use (BCCSU).
- 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 screening as requested**. I understand that failure to comply will result in termination from the program.

Physician to witness the proceeding,

PHYSICIAN SIGNATURE

DATE

APPLICANT SIGNATURE

DATE