

COVID-19 and opioid treatment programs

Frequently asked questions

The following information is meant to support opioid treatment program (OTP) medical directors relating to the corona virus (COVID-19) situation in Washington. This interim guidance contains recommendations and resources as we await guidance from our federal partners.

If you have additional questions, please email them to jessica.blose@hca.wa.gov. We will update this document as needed and post updated versions on [our OTP webpage](#).

How do we reduce transmission in our program facility?

- The Centers for Disease Control and Prevention has provided [interim infection prevention and control recommendations in health care settings](#).
- We have created [a fillable and printable sign](#) that you can customize for your program.
- Anyone with a respiratory illness (e.g., cough, runny nose) should be given a mask before entering the space.
- Provide hand sanitizer at the front desk and at each dosing window.
- Clean all surfaces and knobs several times each day with EPA-approved sanitizers.

Can we dose someone in a separate room if they present with a fever or cough?

Yes.

Develop procedures for OTP staff to take clients who present at the OTP with respiratory illness symptoms such as fever and cough to a location other than the general dispensary and/or lobby, to dose clients in closed rooms as needed.

OTP staff should use [interim infection prevention and control recommendations in health care settings](#) published by the Centers for Disease Control and Prevention.

What guidance is there from Washington State and SAMHSA to provide clients with take-home dosing during this public health emergency?

For individual client cases, please continue to submit exceptions through the SAMHSA OTP extranet website. Consider communication outreach to clients through phone calls, emails, and signage onsite to let them know if they become sick to contact the OTP before coming onsite, so take-home approval can be prepared in advance for dispensing.

For large-scale, agency-wide policies to provide take-homes to large numbers of individuals, please submit a blanket exception request for your OTP through the SAMHSA OTP extranet website. For any blanket exception



requests, OTP medical directors must also please include details about agencies policies and procedures during this time period as well as:

As per SAMHSA's Division of Pharmacologic Therapies and the State Opioid Treatment Authority of Washington State, here are the following approved courses of action which a Washington State OTP may consider applying for via the SAMHSA OTP extranet website at this time relating to the Coronavirus public health threat in Washington State.

- a. Blanket take home medication exceptions for patients with lab confirmed COVID-19 disease: As described above, patients with symptoms of a respiratory viral illness, with or without confirmation via COVID-19 viral testing, present an immediate risk to the rest of the population.
- b. For patients endorsing symptoms of a respiratory infection and cough and fever. They will be isolated and evaluated by a medical provider who will make a determination as to a safe number of take-home doses, taking into consideration the patient's stability in treatment and ability to safely store and protect medication, not to exceed 2 weeks of medication.
- c. For patients who have already earned one additional take home: These patients have meaningfully fulfilled the eight take-home criteria and have done so for a period sufficiently long to suggest likely ongoing compliance. In the setting of a public health emergency of this scale, these patients have demonstrated enough clinical stability to warrant limiting their in-person dosing with Monday and Friday clinic schedule for a total of 5 take home doses per week; e.g Attend clinic for dosing on Monday and Friday and receive take homes on the alternate days and weekend.
- d. Patients with significant medical comorbidities, particularly those patients over the age of 60, such as co-morbid chronic and severe pulmonary, cardiac, renal or liver disease, immunosuppression, can be eligible for take-homes up to 1-2 weeks, at discretion of medical provider.
- e. For patients with only one take home (unearned), determined by the medical provider to be appropriate: a staggered take-home schedule whereby half the OTP's patients present will present on Mondays, Wednesdays and Fridays, and the other half of OTP patient's present on Tuesday, Thursday, Saturdays, with the remaining doses of the week provided as a take home would be appropriate. Patients should receive no more than two consecutive take homes at a time. This reduces the clinic's daily census in half and has a tolerable risk profile, as patients are still evaluated frequently and do not receive more than 2 days of take-home medication at any one time, as we often due clinic-wide during long holiday weekends.

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- f. Patients on buprenorphine: Based on the more favorable safety profile of buprenorphine, outpatient dosing on buprenorphine for new clients will be extended to 1 per week clinic visits with take homes (no CSAT exemption required). Stable patients should already have earned at least a two-week clinic attendance schedule on average.
 - g. Unstable patients: Patient in any of the population categories above who are determined unstable or unsafe to manage take home doses should continue daily dosing in the clinic. Inability to safely take unsupervised medication due to a cognitive or psychiatric condition, or inability to keep a take-home dose of medication safe due to a chaotic living situation would be grounds for patients being deemed ineligible for this emergency take-home exemption. For these unstable patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposures from symptomatic patients, and to medically fragile patients (No CSAT exemption required).

All patients must have a lockable take-home container and written instructions on protecting their medication from theft and exposure to children or animals. The clinic should remain open during regular business hours to field calls from patients who are receiving take homes. The efficacy and safety of this take-home strategy should be continually assessed. All medical exceptions should provide appropriate and complete documentation.

Please feel free to send any supporting documentation to State Opioid Treatment Authority Jessica Blose in addition to your OTP's submission on the SAMHSA OTP extranet website, as our federal partners may want additional information to approve large-scale blanket exceptions.

Can we provide delivery of medication to our clients if they cannot leave their home, or a controlled treatment environment?

There is nothing under federal law that prohibits this from occurring, although resources to offer this level of service may vary by program. For information on how to attain approval for take home dosing please see previous question and answers.

Where can I refer clients if they have a question about testing for COVID-19?

More information about assessing is available at the [Department of Health website](#). Additionally, the Department of Health has established a call center to address questions from members of the public, who can call 1-800-525-0127 and press #.





What warrants a shut-down of an OTP?

You must consult with both your local public health jurisdiction and Washington State Opioid Treatment Authority Jessica Blose before making decisions about operations.

OTPs are considered essential public facilities under Washington State RCW, and should make plans to stay open in most emergency scenarios, and be able to induct new clients. No OTP can hold new client admissions at this time.

We have clients and employees who are extremely anxious about COVID-19. What can we tell them to support them?

Hearing the frequent news about COVID-19 can certainly cause people to feel anxious and show signs of stress, even if they are at low risk or don't know anyone affected. These signs of stress are normal.

The Substance Abuse and Mental Health Services Administration document titled [Coping with stress during infectious disease outbreaks](#) that includes useful information and suggestions. You could adapt messaging from this document for the people you serve, or print this document to have available.

There are also steps people should take to reduce their risk of getting and spreading any viral respiratory infection. These include: wash your hands often with soap and water for at least 20 seconds, cover your mouth and nose with your elbow when you cough or sneeze, and stay home and away from others if you are sick.

Should we be worried about any medication shortages and/or disruption of a medication supply for methadone and/or any buprenorphine containing products?

At this time, there has been no reported concern from any state or federal partner about a potential for disruption in the medication supply for methadone and/or any buprenorphine containing product.

Any future updates or changes to this guidance will come from the Washington State Opioid Treatment Authority. Please contact the State Opioid Treatment Authority if your program has any specific concerns.

What else should my OTP be doing to prepare for or respond to COVID-19?

- Ensure you have up-to-date emergency contacts for your employees and your clients.
- Ensure your program leadership has the contact information of the State Opioid Treatment Authority Jessica Blose:
 - Email: jessica.blose@hca.wa.gov
 - Cell phone: 360-485-2895
- Discuss with your clients whether they have or want to determine a designated other person who may be able to pick up their medications if they are unable to.
- Develop procedures for OTP staff to take clients who present at the OTP with respiratory illness symptoms such as fever and coughing to a location other than the general dispensary and/or lobby, to dose clients in closed rooms as needed.



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- Develop protocols for provision of take-home medication if a client presents with respiratory illness such as fever and coughing.
 - Develop a communications strategy and protocol to notify clients who are diagnosed with or exposed to COVID-19, and/or clients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the client should call ahead to notify OTP staff of their condition. This way OTP staff can have a chance prepare to meet them upon their arrival at an OTP with pre-prepared medications to be dispensed in a location away from the general lobby and/or dispensing areas.
 - Develop a plan for possible alternative staffing/dosing scheduling in case you experience staffing shortages due to staff illness. Develop a plan for criteria for staff members who may need to stay home when ill and/or return to the workforce when well.
 - OTPs may want to ensure they have enough medication inventory onsite for every client to have access to two weeks of take-home medication, or more. Every Washington State OTP should be at least two weeks ready.
 - Current guidelines recommend trying to maintain a six-foot distance between clients onsite in any primary care setting, as best as possible. We realize in an OTP setting that this guidance may be difficult to achieve, but should be attempted to the best of everyone's ability in an aspirational sense, while considering the space and patient flow within your OTP's physical location. OTP may want to consider expanding dosing hours to help space out service hours to help mitigate the potential for individual clients queuing in large numbers in waiting room and dosing areas.
 - Continue to report the death of any OTP client death within 24 hours to the Washington State Department of Health in alignment with WAC 246-341-1000(8)(d).

