



COVID-19 and Opioid Treatment Programs

This document is being provided by SAMHSA as a sample set of Frequently Asked Questions (FAQs). These have been reviewed and cleared by SAMHSA. States and programs are encouraged to review for potential consideration and application to their individual circumstances.

Guidance for the Field

The following information is meant to support opioid treatment programs (OTPs) relating to the corona virus (COVID-19) situation in Ohio. Our focus right now is implementing OhioMHAS' emergency management plans and shoring up relationships that may be needed if an outbreak occurs in Ohio. These relationships are with our federal partners, other states, and local government entities. Our efforts at planning are aimed at supporting community providers and boards in meeting the needs of families, adults, and communities. We urge you to look at your own organizational and community planning and to connect with your local health departments to ensure that you're connected to information and strategies to support the Ohioans that you serve. As you consider your own business continuity plans, here are some helpful questions to guide your planning.

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](#).
- 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.
- Provide [educational pamphlets](#) to patients and staff on how patients can respond to COVID-19.

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

Yes. Please develop procedures for OTP staff to take patients 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 patients 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 Ohio and SAMHSA to provide patients with take-home dosing during this public health emergency?

For individual patient cases, please continue to submit exceptions through the SAMHSA [OTP extranet website](#). Consider communication outreach to patients 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, including but not limited to, changes in urine drug screen frequency, changes in counseling frequency, rationale for changing phase requirements for each phase of treatment, and plans for handling patients in crisis and/or relapse situations. Any large-scale exception request must not be for more than a two-week period. Renewal of large-scale exception requests must be resubmitted shortly before the expiration of the approved exception request. OTP medical directors must explicitly state detailed rationale for providing a renewal for these requests.

As per the State Opioid Treatment Authority of Ohio, here are the following courses of action under review with SAMHSA which an Ohio OTP may consider applying for via the SAMHSA OTP extranet website at this time relating to the Coronavirus public health threat in Ohio. Patients receiving any exemption must have naloxone personally furnished (not just prescribed) by your organization, or be able to show you, in person, that they have a naloxone unit that is not currently expired.

- 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. Patients may receive up to two weeks of medication as the prescriber's discretion. Patients who have fully recovered from COVID-19 are not eligible additional exceptions, pending any research saying the patient can become re-infected.
- 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 14 days of medication.
- c. 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 7 to 14 days, at discretion of medical prescriber.
- d. For select 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 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. Prescribers must be extremely careful with patients who have positive UDS for fentanyl or fentanyl analogues; additional take homes exceptions are generally not recommended for these patients unless they meet the criteria of (a), (b), or (c).

- e. Patients on buprenorphine: Ohio does not have any additional guidance for these patients because they are already permitted a 14 days' supply of MAT during the first 90 days of treatment.
- f. Unstable patients: Patients 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; follow the standard state OAC).
- g. Patients not on a stable dose: Special considerations should be taken when patients are in the MAT induction phase or any phase in which they are increasing their methadone dose. Exceptions during this period should only occur if the patient meets the criteria of (a) or there are other unusual extenuating circumstances. . Patients who are in the induction phase should be maintained on the dose of methadone ordered on the day that take home doses are prepared; i.e.: escalating doses of methadone are not to be given to patients who are receiving multiple days of medication. Rather, the patient is to be held at the dose they are taking and evaluated for an increased dose at the next clinic visit and prior to the preparation of additional take home doses if needed.

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 on medication safety and diversion risk.

Please send any supporting documentation to State Opioid Treatment Authority in addition to your OTP's submission on the SAMHSA OTP extranet website, as our federal partners have indicated that the State Opioid Treatment Authority should be aware of and supportive of the exception request being made and may want additional information to approve exceptions.

Can we provide delivery of medication to our patients 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.

What warrants a shut-down of an OTP?

OTPs are considered essential public facilities under Ohio Revised and Administrative codes, and should make plans to stay open in most emergency scenarios, and be able to induct new patients. You must consult with your State Opioid Treatment Authority before making decisions about operations.

We have patients 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. 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 patients. You are recommended to update the cell phone and carrier of your patients weekly because this population's cell phone numbers change frequently. Just make it a standard part of the dosing process and medication pickup process, and patients will come to expect it.
- Ensure your program leadership has the contact information of the State Opioid Treatment Authority:
 - Email: name@state.gov
 - Cell phone: XXX-XXX-XXXX
- Allow all patients with earned take-homes to utilize these take homes. While it can be an incentive to draw patients to attend counseling appointments, please take this opportunity to reduce patient appearance at the clinic as much as possible through giving them their maximum number of take-home doses at the prescriber's discretion. When possible, please

include the “earned time” at other federally licensed opioid treatment programs, providing there is clear and consistent documentation that the patients met the requirements of that program (e.g., counseling attendance and negative UDS for all substances outside of the patient’s treatment plan, including marijuana).

- Develop procedures for OTP staff to take patients 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 patients in closed rooms as needed.
- Develop protocols for provision of take-home medication if a patient presents with respiratory illness such as fever and coughing.
- Develop a communications strategy and protocol to notify patients who are diagnosed with or exposed to COVID-19, and/or patients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the patient 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.
 - Consider limiting critical staff access to patients when possible. For example, some staff may meet with a patient through a glass window or through tele-communications devices within that same facility.
- OTPs are required to have enough medication inventory onsite for ten days’ worth of patient medication. This language is likely to be revised to 15 days or more (medication safe size permitting) in case neighboring OTPs close due to staffing shortages.
- Current guidelines recommend trying to maintain a six-foot distance between patients 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 it 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. OTPs should consider expanding dosing hours to help space out service hours to help mitigate the potential for individual patients queuing in large numbers in waiting room and dosing areas. OTPs should also consider reserving special dosing times for high-risk populations like those who have medical comorbidities. While the effects of COVID-19 for pregnant women and the fetus are unknown, OTPs should consider using these special dosing times for this population as well.

How can my OTP be kept abreast of COVID-19 developments within the OTP setting?

OhioMHAS will be holding bi-weekly webinars for OTPs to address any developments in COVID-19. Organizations should attend the webinars for updates and to present any barriers to and successes for

patient care. At this time, it is difficult to add people to the OTP contact list, so you are recommended to forward the email from your management to any other applicable staff.