

## COVID-19 and Opioid Treatment Programs (OTPs)

### Frequently Asked Questions (FAQ)

The following information is meant to support opioid treatment programs (DHS 75.15 certified agencies) in their response to COVID-19. This guidance contains recommendations and resources that will be updated as this is an evolving situation. All OTPs are to contact the state opioid treatment authority (SOTA) if they have a patient that tests positive for COVID-19.

#### **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.

[https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)

SAMHSA has issued guidance for specifically for OTPs.

<https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp>

The Wisconsin Department of Health Services has a COVID-19 webpage that is updated daily. It includes materials created by DHS for partners and providers.

<https://www.dhs.wisconsin.gov/disease/covid-19.htm>

Anyone with a respiratory illness (e.g., cough, runny nose) should be given a mask before entering your facility.

Provide hand sanitizer at the front desk.

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.

**If someone presents and is diagnosed with or directed to self-quarantine, can we provide them with take-home dosing?**

Individuals who present with symptoms of a respiratory infection and cough and fever may be eligible for up to two weeks of take-home dosing at the discretion of their OTP physician.

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

**Can we provide delivery of medication to our clients who are diagnosed with COVID-19 or ask to self-quarantine if they cannot leave their home, or a controlled treatment environment?**

This may be possible with appropriate staff to transport the medication (at least 2 staff one being a nurse) that have appropriate personal protective equipment (PPE) and can secure the medication (locked container), 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 should we do if we need to allow for more take-homes than permitted by state rule or do not have the ability to meet state staffing requirements due to illness, etc.?**

All state certified entities have the ability to request a variance or waiver to state rules that govern their programs.

<https://www.dhs.wisconsin.gov/regulations/waiver-variance-behavioral-health.htm>

**What warrants a shutdown of an OTP?**

You must consult with both your local public health jurisdiction and the Wisconsin State Opioid Treatment Authority (Elizabeth Collier) before making decisions about operations.

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

**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 Elizabeth Collier:

- Email: [elizabeth.Collier@dhs.wisconsin.gov](mailto:elizabeth.Collier@dhs.wisconsin.gov)
- Cell phone: 608-215-8601

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.

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 to 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 Wisconsin OTP should be at least two weeks ready.

Current guidelines recommend trying to maintain a six-foot distance between clients on-site 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. OTPs 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.

Should your clinic experience an identified exposure to COVID-19, consider how you will continue to dose patients that are at risk and cannot safely manage their medications. **Referring patients to the hospital to be dosed is not an acceptable backup plan.**

Consider a plan for the self-pay patients who may not be able to work due to illness and/or business closures and have no sick/vacation pay or benefits.

Prepare for periodic surges to help other clinics. Communicate with area clinics regarding your plans and how you can help one another. Review with staff how they will verify doses and identify patients.

Ensure that all patient information is up to date in Lighthouse.