

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.blouse@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.
- 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 with respiratory issues or a fever, or if they are diagnosed with or exposed to COVID-19, 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 two weeks of take-home dosing at the discretion of their OTP medical prescribers.

For individual client cases, please 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.

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For large-scale, agency-wide policies to provide take-homes to large numbers of individuals, 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:

- Attestation that your OTP has determined all clients are considered safe and approved for take homes and if not, that you have a process in place for continuing to treat the clients who are not stable and/or that the public health risk to client health and safety from attending an OTP outweigh the risks of them not being able to dose onsite at the OTP.
- Attestation that OTP has a policy and procedure for clients to contact OTP staff during an emergent emergency. (Please note: 911 alone is not a sufficient emergency/after-hours resource, and an OTP must remain open and staffed at this time)

Please feel free to send any supporting documentation to State Opioid Treatment Authority Jessica Blose in addition to 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 COVID-19?

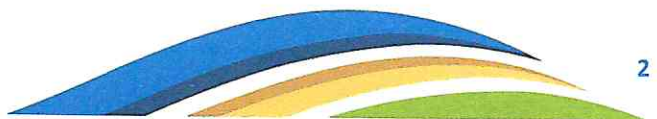
Individuals should talk with their primary care provider. The Washington State Department of Health asks that health care providers conduct an assessment and then call their local health jurisdiction to discuss the case and determine whether to test.

More information about assessing is available at <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/HealthcareProviders>. 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.

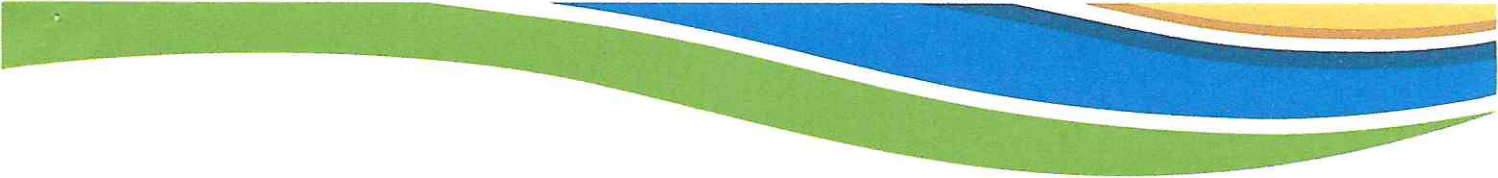
Should we be worried about any medication shortages and/or disruption of a medication supply for methadone and/or any buprenorphine containing products?

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.
- 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.
- OTP 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).

