

Memorandum

To: Oregon Opioid Treatment Programs (OTPs)

From: John W. McIlveen, Ph.D., LMHC, Oregon State Opioid Treatment Authority

Date: March 21, 2020

Subject: COVID – 19 Guidance/Fact Sheet for OTPs

Background:

Oregon has recently seen COVID-19 cases in people without high-risk exposures (i.e. travel to affected regions or contact with known cases), as well as through community spread. This means COVID-19 has spread in communities in Oregon. Community-wide measures like hand hygiene, social distancing and staying home when ill are essential to decrease further community spread. This guidance is being implemented immediately to prevent the spread of COVID-19, under the authority of the Governor's [Executive Order 20-03](#) issued on March 8, 2020.

The following guidance and frequently asked questions (FAQs) will assist you, and your staff, in addressing this rapidly changing situation. In addition to the guidance below to screen and protect clients and staff, you are encouraged to follow any and all infectious disease protocols your program has developed. If there are questions you have which are not answered below, or have questions regarding this situation as it relates to your specific facility, please contact Dr. John W. McIlveen, Oregon SOTA at john.w.mcilveen@state.or.us or 503-990-4905. Please note that this guidance will be updated as needed.

How can we reduce potential COVID-19 transmission in our program facility?

- We encourage all facilities to monitor the Centers for Disease Control and Prevention (CDC) website for information and resources. Contact your local health department when needed.
- The CDC 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

In addition to the CDC's recommendations, OTPs **must**:

- Require 100% screening of all individuals who are allowed to enter facilities;
 - a. **Screening** means: the evaluation by facility staff of every individual entering the facility to identify any individuals who have signs or symptoms of a respiratory infection.

- b. *Screening criteria include any of the following signs or symptoms:* fever, cough or shortness of breath.
- c. If a client or vendor has any of the signs or symptoms of a respiratory infection, they must:
 - Limit their movement within the facility to a separate room other than the dispensary or lobby.
 - OTP staff must dose clients in closed rooms, as needed.
 - Limit surfaces touched.
 - *If available*, use appropriate personal protective equipment (PPE) – gloves, gown and surgical mask. No client will be turned away if these items are not available, but these practices are strongly encouraged.
 - Limit physical contact with other clients, vendors and staff.
- Document screening procedures for all clients who enter facilities.
 - All screenings must be documented via a form and logged. The log is for the sole purpose in assisting Public Health in preventing the further transmission of COVID-19.
- Limit group activities to the extent possible. Adhere to social distancing recommendations where group activities occur, including allowing 6 feet between group participants.
- Conduct interviews and meetings with clients by telephone or use face-to-face telehealth methods, as much as possible. SAMSHA has approved several such methods. See telemedicine information here: <https://www.samhsa.gov/medication-assisted-treatment>

Can we dose someone in a separate room or space, if they present with a fever, cough or otherwise meet one of the screening criteria?

- Yes. Develop procedures for OTP staff to take clients who present at the OTP with respiratory illness symptoms to a location other than the dispensary or lobby. Have OTP staff dose clients in closed rooms, as needed. Please develop and implement these procedures in a thoughtful and client centered manner, to help reduce patient anxiety.

What guidance is there from OHA, the Oregon SOTA, and the Substance Abuse and Mental Health Services Administration (SAMHSA) Division of Pharmacologic Therapies (DPT) to provide clients with take-home dosing during this public health emergency?

- Develop a communication outreach plan to clients through phone calls, emails and onsite signage. Communication tools should clearly state that patients who are exposed or who become infected, should contact the OTP before coming onsite. This will ensure that take-home approval can be processed well in advance. Be proactive – do not wait until there is a confirmed or presumptive case within your patient population to take these steps.
- Large-scale, agency-wide 28 day “blanket exception” requests from OTPs are being received and approved by the Oregon SOTA. These are then forwarded to SAMHSA DPT staff. Please notify the Oregon SOTA immediately if there are significant changes to your plan as originally written and approved. OTP management is encouraged to reach out directly to the Oregon SOTA to discuss your individual facility needs.

- Please continue to follow already established State and Federal guidance as it relates to take home dosing/medication protocols, including safe storage and handling guidelines.
- Facilities should not reduce or eliminate take home dosing due to issues, such as missed counseling appointments and similar situations. Patient safety and well-being is primary – unstable patients or patients who are not suitable for take homes should not be given take home medications. Be clear and concise in your communication around these issues. Establish a good foundation for what is expected of patients when given take home medications. If you have any specific questions around these expectations, please contact the Oregon SOTA directly.
- See below for additional guidance:

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

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

- Yes – this is currently permitted under Federal law; if OTP staff is directly transporting medication to a patient directly, there is no need for a formal chain of custody form. If not, and there is a third party involved, it is necessary to complete a chain of custody process. Per Oregon Administrative Rule, licensed and certified, residential and outpatient treatment facilities must provide access to or facilitate a process whereby OTP clients. For example, facilities may need to provide access or facilitate a process for clients who are accessing a higher level of care so that they can receive their medications. Please direct any concerns around this issue to the Oregon SOTA.
- See below for additional guidance:

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1923>

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1015>

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1016>

What circumstances would warrant an OTP closing?

- No OTP in Oregon will close without the express consent of the Oregon SOTA – OTPs are essential parts of the medical system. OTPs are expected to remain open unless guidance is received from State or Federal officials which may require an evaluation of whether a facility can safely remain in operation. If guidance is received from local public health officials directly to an individual clinic that conveys the possibility of local authorities ordering a shutdown of operations, this information should be conveyed immediately to the Oregon SOTA. Oregon SOTA will then consult with OHA Behavioral Health leadership and Federal officials.

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

- No – at this time, there is no indication that methadone or buprenorphine shortages are expected due to this event. However, if individual situations arise where there are concerns around this issue, please contact the Oregon SOTA.

What else should we be doing to prepare or respond to COVID-19?

- Make sure you have up-to-date emergency contacts for your employees and your clients.
- Ensure your key staff has contact information for the Oregon SOTA and communicate directly with local public health officials with concerns.
- 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 potential respiratory illness symptoms to a location other than the general dispensary or lobby, to dose clients in lower traffic areas as needed.
- Create a communications strategy and protocol to notify clients diagnosed with or exposed to COVID-19, or clients who have respiratory illness symptoms, such as fever and coughing, to call ahead to notify OTP staff of their condition whenever possible.
- Plan for alternative staffing and dosing schedules in case you experience staffing shortages due to COVID-19.
- Develop staff protocols that outline procedures for monitoring staff for illness and outlining exclusion criteria. Staff need to monitor themselves for symptoms such as fever, cough, or shortness of breath daily. Staff who develop any of these symptoms must stay home. Staff may return to work 72 hours after all their symptoms resolve without the use of fever-reducing medication.
- OTPs should ensure they have enough medication inventory onsite for every client to have access to at least two weeks of take-home medication.