

COVID-19 Guidance for Opioid Treatment Programs

The following information is meant to support and provide general guidance to Tennessee opioid treatment program (OTP) medical directors relating to COVID-19 (also commonly referred to as coronavirus). This document contains recommendations and resources as the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) awaits further guidance from its federal partners. TDMHSAS will disseminate updated information as available and necessary.

The State Opioid Treatment Authority (SOTA) has also asked for all OTPs to send updated contact information (phone number and email address) for the OTP administrator, clinical supervisor, medical director, and nurse supervisor, to be used in the event of an emergency.

If you have additional questions, please email Wesley.Geminn@tn.gov.

COVID-19 Preparedness Recommendations

- The Centers for Disease Control and Prevention has provided interim infection prevention and control recommendations in health care settings ([link](#)). Review such recommendations and take necessary steps.
- Ensure contact information and emergency contact information for employees and clients is up-to-date in the Lighthouse Central Registry.
- Maintain a three (3) to four (4) week supply of medications.
- Have an ample supply of cleaning products, masks, and gloves, as available.
- As the most important way to prevent the spread of COVID-19 and the circulating influenza virus is to prioritize hand hygiene and general infection control measures,
 - Provide hand sanitizer throughout the clinic and clean all surfaces that are frequently touched (such as doorknobs, and other surface areas) several times each day (e.g. at least every 2 to 3 hours).
 - Post signage reminding patients and visitors to wash their hands frequently and notify staff if they are experiencing signs of a respiratory illness.
- Train front desk staff to administer screening questions, which may help identify patients, who may have been exposed to COVID-19. Such screening questions may include:
 - Do you currently have any symptoms such as fever, cough, or shortness of breath?
 - Have you recently traveled from an area with known spread of COVID-19?
 - Have you been in close contact with someone known or suspected to have COVID-19?
- Take-home dosing may be utilized, with approval by the SOTA Office, to reduce clinic traffic and/or for individuals presenting with symptoms of a respiratory illness when appropriate. Please see Frequently Asked Questions below for more information.
- OTPs should make plans to stay open in most emergency scenarios. Decisions regarding the suspension of OTP operations may only be made following consultation with the local public health department and the SOTA.

- Expanded dosing hours may be considered to help reduce the number of clients in waiting room and dosing areas.

Develop procedures to prepare for potential COVID-19-related issues such as how to handle potential clients who present with symptoms of a respiratory illness, how to handle possible staffing shortages due to illness, and how to communicate effectively to clients and staff regarding any COVID-19 issues

Frequently Asked Questions

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 ([link](#)).
- Anyone with respiratory illness (e.g., cough, runny nose) should be given a mask (if available) before entering the space.
- Provide hand sanitizer at the front desk and throughout the clinic.
- Clean all surfaces and knobs several times each day (at least every 2 to 3 hours) with EPA-approved sanitizers.

Can we dose someone in a separate room if they present with symptoms of suspected COVID-19 or other respiratory infection (e.g. fever, cough)?

Yes. SOTA approval will not be required for alternative dosing locations at the facility for affected patients. Please review the Center for Disease Control and Prevention's guidance on interim infection prevention and control recommendations in health care settings for more information and guidance on this subject.

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, cough, and fever may be eligible for take-home dosing at the discretion of their OTP medical prescribers and the SOTA office.

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 clients know if they become sick to contact the OTP before coming onsite, so take-home approval can be prepared in advance for dispensing.

Please feel free to send any supporting documentation to the SOTA Office, which will support the exception request, in addition to submission on the SAMHSA OTP extranet website, as our federal partners may want additional information to approve large-scale blanket exceptions.

Frequently Asked Questions (Continued)

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

Individuals should talk with their primary care provider about COVID-19. The Tennessee Department of Health (TDH) asks that health care providers of patients with relevant exposure history and clinically compatible symptoms conduct an assessment and then call **(615) 741-7247** for next steps. TDH will consult with providers to determine whether patients meet criteria for COVID-19 testing.

More information about COVID-19 is available at: <https://www.cdc.gov/coronavirus/index.html> and <https://www.tn.gov/health/cedep/ncov.html>

What warrants an OTP shutting-down during emergency scenarios?

You must consult with both your local public health jurisdiction and the SOTA Office before making decisions about operations. OTPs are considered essential public facilities and should make plans to stay open in most emergency scenarios. OTPs should also retain the ability to induct new clients and may not suspend admissions without SOTA Office approval.

Should we be worried about any medication shortages and/or disruption of a medication supply for methadone and/or 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 SOTA Office. Please contact the office of the SOTA if your program has any specific concerns.

What else should my OTP do to prepare for, or respond to, COVID-19?

- Ensure you have up-to-date emergency contacts for your employees and your clients.
- Ensure that the client contact information and consent for emergency contact are up to date in the LightHouse central registry.
- Ensure your program leadership has the contact information of the office of the SOTA:
 - Email: Wesley.Geminn@tn.gov
 - Phone: (615) 532-6736
- Discuss with your clients whether they need a designated other person who may be able to pick up their medications if they are unable to.

Frequently Asked Questions (Continued)

- Develop procedures for OTP staff to take clients with respiratory illness symptoms, such as fever and cough, to a location other than the general dispensary and/or lobby, and to dose clients in separate 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 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.
- Current guidelines recommend trying to maintain a six-foot distance between clients onsite in any primary care setting, as best as possible. We realize this may be unrealistic in some situations but should be attempted to the best of everyone's ability. OTPs may want to consider expanding dosing hours to help reduce the number of clients in waiting room and dosing areas.