



## COVID-19 OTP Guidance and Frequently Asked Questions

The following information is meant to support Opioid Treatment Programs (OTPs) relating to the COVID-19 situation in New York State. This updated guidance contains recommendations and resources for all OTPs. It should be used to update program policies and protocols in conjunction with other COVID-19-related guidance from OASAS and the NYS DOH, compiled [here](#), as well as the [guidance document from SAMHSA dated 3/16/20](#). If you have any questions based on this guidance, please contact:

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### How do we reduce transmission in our OTP?

The Centers for Disease Control and Prevention has provided interim infection prevention and control recommendations in health care settings.

1. OTPs should screen individuals for COVID-19 risk and/or symptoms using the questions provided in previously issued [guidance for behavioral health settings](#), but must be especially vigilant about identifying if anyone has signs of a respiratory illness (e.g., subjective fever, muscle aches, sore throat, cough, runny nose, shortness of breath) or fever ( $T \geq 100.0$  F) prior to entering the clinic. OTPs should strongly consider taking temperatures for all patients in addition to asking about symptoms.
  - a. Patient who refuse to answer questions and/or have temperature taken should be given a surgical mask and medicated outside of clinic, if possible. Clinics should also consider alternatives to dosing outside of the clinic such as dosing in a separate room away from other

patients.

2. Any patients reporting or exhibiting symptoms and/or fever should be given a facemask (surgical or procedure mask, NOT an N95) before entering the space and should immediately be taken to an isolation room with the door closed.
  - a. Patients refusing to wear a mask should be medicated out of the clinic, if possible. Clinics should also consider alternatives to dosing outside of the clinic such as dosing in a separate room away from other patients.
3. Provide hand sanitizer upon entering the clinic, at the front desk and at each dosing window, at a minimum.
4. Provide educational materials to patients and staff on how patients can respond to and minimize COVID-19 risk.
5. Consider varying ways the virus may be spread that are specific to OTPs (e.g., medication dosing for each patient, lines/groups forming, need for signatures) and find ways to reduce exposure risk, e.g., ensuring staff wash hands or utilize hand sanitizer between each dose administration and pen use for signing, sanitizing pens after each patient sign off regarding medication dosing/pick up, distributing pens to patients to use once and take with them, etc.

**Can we dose someone in a separate room if they present with symptoms such as a fever or cough?** Yes. Please develop procedures for OTP staff to escort patients who present at the OTP with respiratory illness symptoms to an isolation room with the door closed to provide medication dosing, and not allow entry into the general dispensary or a waiting area. OTP staff should use interim infection prevention and control recommendations in health care settings published by the [Centers for Disease Control and Prevention](#) and the [NYS DOH](#). Briefly, use facemask (not N95 unless you have a respiratory protection program with fit-tested staff), eye protection (goggles or face shield), gloves, and a gown (if available). Enforce hand hygiene compliance.

**Can we dose someone outside the OTP space if they present with symptoms such as a fever or cough?** Yes. Please develop procedures for OTP staff to immediately offer the patient a facemask and to take patients who present at the OTP with signs of respiratory illness symptoms to an alternate location outside (e.g., curbside-dosing, parking lot, alternate enclosed space on OTP grounds) to provide medication dosing. These patients should also be given

a surgical mask. 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 to provide patients with take home dosing during the COVID-19 crisis?**

The federal requirement for daily dosing has some therapeutic benefit and decreases the risk of diversion for clients who are unstable in treatment. However, in the context of the COVID-19 pandemic, frequent attendance will likely increase the risk of transmission among patients, program staff, and community members. All patients who have chronic medical conditions and/or who are otherwise vulnerable to infection should be given up to a 28-day supply of take homes, using the federal 8-point criteria as a guide and employing a risk / benefit analysis that considers risk of diversion in comparison to risk of infection to the patient, as well as the risk of transmission of the virus to staff and other patients. Consider active communication outreach to patients through phone calls, emails, and post handwashing / sanitizing signs as well as well as specific to COVID-19 signage onsite to let them know if they become sick to contact the OTP immediately before coming onsite. COVID-19 materials can be found on the [NYS DOH COVID-19 page](#).

Sample case scenarios:

- a. Take home medication exceptions for patients with laboratory confirmed COVID-19 disease: As described above, patients with signs and/or symptoms of a respiratory viral illness, with or without confirmation via COVID-19 viral testing, present an immediate risk to the rest of the patient population and OTP staff. Patients with lab-confirmed COVID-19 should receive 28 days of medication immediately and should not present for dosing to the clinic. Please see SAMHSA guidance from 3/16/20 for further information about protocols.
- b. For patients with signs/ symptoms of a respiratory infection, e.g., cough and/or fever: 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 patient population and OTP staff. Such patients should be given a surgical mask, isolated, and evaluated by a medical provider using appropriate PPE, 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 the medication, up to 28 days of medication.

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c. All patients with significant medical comorbidities and/or older patients (over the age of 50): Patients with medical conditions such as but not limited to pulmonary, cardiac, renal or liver disease, immunosuppression, or diabetes can be eligible for take-home medications up to 28 days, at the clinical discretion of the program physician.

d. For select patients who have already qualified for 1 or more additional take home doses and suggest likely ongoing compliance and stability: In the context of a public health emergency of this scale, for all patients who have meaningfully fulfilled the federal 8-point criteria and have done so for a period sufficiently long, demonstrating progressive clinical stability, these patients should be provided 7-28 days of medication as clinically and medically appropriate.

For select patients with no or only one take home (unearned), as determined by the medical provider to be appropriate: Patients should be considered for 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 take home medication would be appropriate during the COVID-19 crisis. This reduces the clinic's daily census by 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. Note: Certain patients, exhibiting some treatment progress, can be provided up to 7 days take home, as clinically determined.

e. Patients on buprenorphine: As there are no time-in-treatment take home regulatory requirements for patients being dispensed buprenorphine, patients should be evaluated for flexible take home doses as clinical warranted. Based on the more favorable safety profile of buprenorphine, programs should seek to maximize the ability of patients to take their buprenorphine at home during the COVID-19 crisis. OTPs can also consider temporarily switching from dispensing buprenorphine to prescribing it for patients as deemed clinically appropriate and safe by the medical provider.

f. Unstable patients: Patients in any of the population categories above who are determined unstable or unsafe to manage and/or store any take home doses should continue daily dosing in the clinic. Inability to safely take and/or store unsupervised medication due to a cognitive or psychiatric condition, or inability to

keep a take home doses of medication safe due to a chaotic living situation (e.g., certain types of homelessness) would be grounds for patients being deemed ineligible for an emergency, take home exemption. For these patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposures from patients possibly symptomatic for COVID-19, as well as to older and/or medically fragile patients.

g. Patients who are new admits / 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 medication dose, unless they are in any of the high-risk population categories noted above. 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; escalating doses of methadone should not be given to patients who are receiving multiple days of take home 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.

Note: All patients should be instructed and educated on protecting their medication from theft and exposure to children or animals; ideally this should be in written form as well conveyed verbally. The clinic should remain open during regular business hours to field calls from patients who are receiving take home medications. The efficacy and safety of this take home strategy should be continually assessed. All medical exception requests should provide appropriate and complete documentation on medication safety and diversion risk.

### **What guidance is there to provide a blanket, large-scale, agency-wide policy regarding take home medications?**

All OTPs will be contacted by OASAS in helping to develop a plan for an agency-wide blanket request to provide take home doses to large numbers of individuals. The NY SOTA will submit a temporary, state-wide federal regulatory blanket waiver and will continue to work with federal partners on any OTP-and/or-geographic basis regulatory relief, depending on the current status of the COVID-19 crisis for that OTP/area.

All OTPs will be instructed to submit an email, delineating the specific take home procedures for your OTP for NY SOTA review and approval. OTP physicians / medical directors must include details about agency policies and procedures, including but not limited to: changes in urine drug screen frequency, changes in

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counseling frequency, and plans for handling patients in crisis and/or relapse situations. Once approved by the NY SOTA, the OTP can and should implement their plan immediately. Renewal of large-scale, blanket exception requests must be resubmitted shortly before the expiration of the approved exception request. OTPs must explicitly state detailed rationale for providing a renewal of these requests.

### **Can an OTP provide for someone to pick up a patient's medication who is home bound?**

All OTPs should include, in their agency-wide blanket regulatory waiver request, details regarding how the OTP will assess whether a responsible adult can serve as a designated other or surrogate to pick up an OTP patient's medication and responsibly dispense the drug to the patient. A chain of custody form will need to be completed as part this procedure.

### **Can an OTP provide delivery of medication to an individual patient if they cannot leave their home, or another 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. See SAMHSA guidance dated 3/16/20 for details regarding this practice.

### **What warrants a shut-down of an OTP?**

OTPs are considered essential public facilities and are expected to stay open in most emergency scenarios, and be able to induct new patients as well as dose existing patients. You must consult with the NY SOTA before making ANY decisions regarding hours of operations, including OTP closures, as well as restrictions on new admissions and/or guest dosing.

### **We have patients and employees who are extremely anxious about COVID-19. What can we tell them to support them?**

The SAMHSA document titled [Coping with stress during infectious disease outbreaks](#) includes useful information and suggestions. You could adapt messaging from this document for the people you serve, or print this document and make it available.

### **Should we be worried about any medication shortages and/or disruption of the medication supply for methadone and/or any buprenorphine containing**

## products?

The DEA has informed NYS that there is no potential disruption in the medication supply for any methadone and/or any buprenorphine containing product at this time.

## What else should my OTP be doing to prepare for or respond to the COVID-19 crisis?

- 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. Ideally this should be uploaded in the Central Registry, after ensuring you receive the appropriate patient consent to do so. **Recommendation:** Make this a standard part of the dosing and medication pickup processes, and patients will come to expect it.
- Ensure your program leadership has the contact information of the NY State Opioid Treatment Authority Office – see above.
- Allow all patients with earned take home doses to fully utilize them. Since we are seeking to reduce patient appearance/volume at the clinic as much as possible through giving them their maximum number of take home doses at the prescribers' discretion, counseling visits should not occur when a patient is given take home doses for the duration of the COVID-19 crisis. Use of telehealth practices is strongly recommended, as needed and per staff availability. Please see the NYS telehealth regulatory waiver recently issued by OASAS on the [OASAS COVID-19 resource page](#).
- Counseling visits: While OASAS remains committed to psychosocial treatment at OTPs, it is currently critical to reduce patient volume at OTPs, in order to reduce the spread of COVID-19, protect vulnerable patients and staff, and prioritize the essential function of safe medication dosing at OTPs. Therefore, during the COVID-19 crisis, programs should seek to reduce in-person individual and group counseling sessions, and do as many of them as are necessary and able via telehealth, per staff availability. Please note that you are temporarily able to provide and bill for telehealth services provided via telephone. There is also new telehealth guidance dated 3/15/20. Please go to the [OASAS COVID-19 resource page](#) for more information.

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□ Consider limiting critical staff access / exposure to patients when possible, e.g., some staff may meet with a patient through a glass window or through telehealth means, even within the same facility.

□ Have between 3-4 weeks of medication supplies at all times in the OTP.

□ As per prior guidance, have in place back-up staffing options for nursing staff to be able to dispense medications. It is understood that this may not be easy depending on the geographic area, as well as nursing personnel being needed in other healthcare settings, so staff may not be readily available. Ensure your physician(s) and other prescribers are trained in medication administration and dispensing as a back-up to nursing staff.

□ As per other OASAS and NYS DOH guidance, contact your local health department for instructions in cases where any staff or patient has tested positive for COVID-19, or meets criteria for possible risk of infection. As much as possible, have a list ready of any staff and/or patients who were directly exposed to the individual without PPE, so that you can easily and immediately follow local health department instructions for quarantine, isolation, etc.

□ Current guidelines recommend maintaining 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 can be realized with decreased daily patient volume in the clinic. OTPs should consider expanding dosing hours (requests should be directed to NY SOTA) to help space out service hours and help mitigate the potential for individual patients queuing in large numbers in waiting room and dosing areas. Scheduled medication visits would also help to reduce numbers of patients coming all at once to the clinic to be dosed.