



**Frequently Asked Questions:
Coronavirus Disease 2019 (COVID-19) and Opioid Treatment Programs (OTP)**

Updated March 23, 2020

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) continues to develop coordinated prevention and response plans for COVID-19. BHA will provide COVID-19 updates as they become available and accurate information for behavioral health providers, partners, and the greater community. For the latest COVID-19 information and resources, visit the [BHA website](#) or coronavirus.maryland.gov. For additional questions or concerns, contact your Local Behavioral Health Authority.

Background

COVID-19 is a disease caused by a respiratory virus first identified in Wuhan, Hubei Province, China in December 2019. COVID-19 is a new virus that hasn't caused illness in humans before. Worldwide, COVID-19 has resulted in thousands of infections, causing illness and in some cases death. Cases have spread to countries throughout the world, with more cases reported daily.

COVID-19 is thought to be able to spread like the cold or flu through:

- coughing and sneezing, which creates respiratory droplets
 - close personal contact, such as touching or shaking hands
 - touching an object or surface with the virus on it
- Symptoms of COVID-19 include:
- Fever
 - Coughing
 - shortness of breath
 - in more severe cases, pneumonia (infection in the lungs)

The vast majority of people recover from this infection. Most people will have mild or moderate symptoms. Older people and those with pre-existing medical conditions have a greater risk for more serious illness.

OTPs

The following information is meant to support OTPs relating to the COVID-19 situation in Maryland. If you have additional questions, please email them to the BHA Director of Quality Assurance/State Opioid Treatment Authority Frank Dyson: frank.dyson@maryland.gov.

How do we reduce transmission in our program facility?

The CDC has provided [interim infection prevention and control recommendations in health care settings](#). Also:

- Anyone with symptoms of a respiratory illness (e.g., cough, sore throat, fever, runny nose) should be given a mask before entering the space and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions.
- Provide alcohol-based hand sanitizer with 60-95% alcohol at the front desk and at each dosing window.
- Undertake routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label).

Can we dose someone in a separate room if they present with a fever or a 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. At such time, the OTP should work with the patient to arrange take-home medications or another form of delivery of the medications as appropriate (surrogate, etc.).

OTP staff should use [interim infection prevention and control recommendations in health care settings published by the CDC](#).

How much should the COVID-19 pandemic influence the take-home decision making for an individual patient?

SAMHSA on 3/19/20 updated their earlier [take-home guidance](#), which expanded their previous guidance to provide increased flexibility. For all states, the state may request blanket exceptions for all stable patients in an OTP to receive 28 days of take-home doses. The state may request up to 14 days of take-home medication for those patients who are less stable but who the OTP believes can safely handle this level of take-home.

The [CDC recommends](#) putting distance between yourself and other people in order to protect yourself from infection. Coming to an OTP daily for medication is not in line with this recommendation when the use of take-homes is an appropriate option. Anxiety about becoming infected, and actually becoming infected, are risk factors for relapse. Take-homes that allow compliance with CDC recommendations both reduce anxiety and reduce the risk for

infection of patients and staff. The risk of overdose with take-homes can be reduced by the provision of naloxone.

Additionally, to avoid overcrowding at OTPs and reduce the use of the limited supply of PPE, the number of patients coming daily to an OTP should be greatly reduced by the use of take-homes. This helps to avoid lines at dosing windows and to as possible keep clients at least six feet from each other. This not only reduces the risk of infection for both existing patients and staff but allows for enough space at an OTP for a safer evaluation of new admissions. Crowding can also be lessened by staggering when patients come in for their refills of take-home medications.

**How long will it take to get the Naloxone requested through the OTP Naloxone request form?
Who will be coordinating the delivery of the Naloxone to the OTPs?**

It will take approximately two weeks after MDH places the order for OTPs to receive the Naloxone. The orders will be shipped to the OTP's designated Local Health Department (LHD), and the LHD will then coordinate the transport of the Naloxone with the OTP. Please submit a [naloxone order form](#) for OTPs.

Can we provide delivery of medication to our clients if they cannot leave their home, or leave 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. The program will need to take the necessary steps to ensure the security of the medication.

Can OTPs limit hours or services?

Any OTPs requesting clinic hour or service changes must receive approval from SAMHSA and the Maryland State Opioid Treatment Authority Frank Dyson (or designee), who then notify the LBHA/CSA/LAA. However, at this time limiting hours or services at OTPs is not being routinely authorized without sufficient justification. OTPs need to maintain normal hours in the event guest dosing is needed. Any requests for changes in hours or services should include, as appropriate, the referral of clients to another program or alternative manner of providing services to clients in crisis.

What warrants a shut-down of an OTP?

No OTP closures are being approved at this time. For the possibility, you must consult with and obtain approval from your local addiction authority, SAMHSA, and the Maryland State Opioid

Treatment Authority, Frank Dyson (or designee), before making decisions about operations. OTPs are considered essential public facilities and should make plans to stay open in most emergency scenarios, and be ready for guest dosing and for accepting new clients. No OTP can hold new client admissions at this time.

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 have been no reports 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 Maryland State Opioid Treatment Authority. Please contact the State Opioid Treatment Authority if your program has any specific concerns.

What if I have a question about testing for COVID-19?

In addition to information from the CDC and MDH websites primary care doctors or local health departments can be contacted. 2-1-1 can also be called.

How can we ensure that patients do not lose the ability to use public transportation to get to their clinic as restrictions are being imposed on public transportation?

However, in the face of potential restrictions on travel as COVID-19 cases continue to rise, it is vital that patients are still able to make it to their OTP. One possible practice could be to provide patients with a form that they must carry with them when traveling to their OTP that certifies that they are on an essential trip for medical treatment.

Is it acceptable to screen patients outside of the clinic? If it is acceptable to screen patients outside to keep the number of patients inside to a minimum, how many people can be outside?

Ideally space would be found inside for screening immediately upon entry, but weather permitting it is acceptable to have this occur outside if accommodations to maintain privacy are possible. Whether inside or outside enough staff should be involved to have the process move quickly and maintain appropriate social distancing. The CDC has [signs](#) that could be helpful.

If a screen is positive, then assessment and treatment should occur in a separate area as per [CDC guidelines](#).

How should OTPs provide care to patients who come to the clinic with symptoms of a respiratory illness?

Ideally individuals who have symptoms of a respiratory illness would call ahead to report this, or their referral source would be conducting screenings and communicating the results to the OTP.

If the OTP is alerted about symptoms prior to the arrival of a patient, the patient can receive care without coming to the OTP if on buprenorphine, or if appropriate for being started on it. [SAMHSA](#) is now allowing telehealth or telephonic options for prescribing buprenorphine without in-person evaluations.

If a patient shows signs of a respiratory illness upon arrival at the OTP then assessment and treatment should occur in a separate area as per CDC guidelines. The visual inspection component of the physical exam should occur, but if without proper PPE the remainder of the physical exam can instead be done at a later time. The gathering information component of the evaluation can be done via telehealth or telephone. If treated with methadone as possible medication delivery by the OTP should be considered. Pharmacies could be enlisted to deliver buprenorphine.

Although the Governor recently signed an executive order allowing the delivery of alcohol, access to alcohol could still decrease with in-person business no longer allowed at bars and restaurants. How can the issue of alcohol withdrawal be addressed?

ASAM has released a draft [Guideline on Alcohol Withdrawal Management](#). It includes a section on ambulatory withdrawal management, which now also can be done via telehealth.

Many facilities do not have enough masks right now to cover all of their staff, as well as any patients that may come in showing signs of a respiratory illness. What is being done to get masks for OTPs?

BHA has coordinated with MDH Office of Preparedness and Response to submit requests and inquiries regarding the need for PPE to sns.mdh@maryland.gov. The distribution and allocation of PPE is being coordinated with Local Health Departments. Providers are encouraged to submit their request of need to the aforementioned email and remain in constant communication with their Local Health Department.

Are custom-made or homemade masks something that BHA recommends?

In their [Strategies for Optimizing the Supply of PPE](#), as one of the various options to consider when facemasks are not available, the CDC does discuss homemade masks as a last resort.

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 patients.
- Inquire with a staffing agency about contracting with temporary staff as needed.
- Ensure your program leadership has the contact information of the State Opioid Treatment Authority Frank Dyson or his designee. Discuss with your patients 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 patients 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, or can give medication to a delegated surrogate.
- 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 four weeks of take-home medication.

Current guidelines recommend trying to maintain 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 should be attempted to the best of everyone's ability. 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 rooms and dosing areas.

Continue to report the death of any OTP client within 24 hours to the Maryland Department of Health.