

## COVID-19 and Kentucky Narcotic Treatment Programs

### Guidance for the Field

The following information is meant to support narcotic treatment programs (NTPs) relating to the coronavirus (COVID-19) situation in Kentucky. Our focus right now is implementing a Kentucky emergency management plan and shoring up relationships that may be needed if the outbreak expands in Kentucky. These relationships are with our federal partners and other state, and local government entities. We urge you to look at your own organizational and community planning and to connect with your local health departments to ensure that you are connected to information and strategies to support the Kentuckians that you serve. As you consider your own business continuity plans, here are some helpful questions to guide your planning.

#### 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](#).
- 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 and at each dosing window.
- Clean all surfaces and knobs several times each day with EPA-approved sanitizers.
- Provide [educational pamphlets](#) to patients and staff on how patients can respond to COVID-19.

#### Can we dose someone in a separate room if they present with a fever or cough?

Yes. Please develop procedures for NTP staff to take patients who present at the NTP with respiratory illness symptoms such as fever and cough to a location other than the general dispensary and/or lobby, to dose patients in closed rooms as needed. NTP 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 from Kentucky and SAMHSA to provide patients with take-home dosing during this public health emergency?

Governor Andy Beshear declared a state of emergency in Kentucky on 3/6/2020 due to the novel Coronavirus (COVID-19.) All NTPs should work to limit in-clinic contact for patients who are deemed stable. In response to this evolving situation, Kentucky's SOTA has requested a blanket exception for take-home doses for NTP patients in accordance with the following criteria. Those patients who are **deemed stable**, by the NTP's Medical Director may, depending on their phase of treatment, receive up to 28 days of take-home doses of the patient's medication. Those patients **deemed less stable** may, depending on their phase of treatment, receive up to 14 days of take-home doses of the patient's medication if the NTP's Medical Director believes they can safely handle the additional take-homes. The maximum take-homes and minimum counseling and screening requirements are set out below:

- Phases 2, 3, 4 and 5
  - take-homes up to 28 doses for patients deemed stable
  - take-homes up to 14 doses for patients deemed less stable

- monthly counseling
  - monthly screening
- Phase 1
  - take-homes up to 7 doses
  - weekly counseling
  - every other week screening
- Entry Phase
  - take-homes 1 dose, for every other day
  - weekly counseling
  - weekly screening
- New Intakes are not eligible for this waiver/exception process

For all other cases, please continue to submit exceptions through the SAMHSA [OTP extranet website](#).

As per the State Opioid Treatment Authority of Kentucky, below is additional guidance for NTPs relating to the Coronavirus public health threat in Kentucky:

- a. 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 population. NTPs should take steps discussed above to reduce the risk of transmission and may seek individual exceptions through the SAMHSA OTP extranet website if not covered by the blanket exception above. Patients who have fully recovered from COVID-19 are not eligible for additional exceptions, pending any research saying the patient can become re-infected.
- b. For patients displaying symptoms of a respiratory infection and cough and fever: they should be isolated and evaluated by a medical provider who will make a determination as to a safe number of take-home doses, taking into consideration the patient's phase of treatment, stability in treatment, and ability to safely store and protect medication.
- c. Consider communication outreach to patients through phone calls, emails, and signage onsite to let them know if they become sick to contact the NTP before coming onsite, so that take-home approval can be prepared in advance for dispensing.
- d. For entry phase patients with only one take home (unearned), determined by the medical provider to be appropriate: a staggered take-home schedule whereby half the NTP's entry phase patients will present every other day. This reduces the clinic's daily census in half and has a tolerable risk profile, as patients are still evaluated frequently and do not receive more than one day of take-home medication at any one time.
- e. Patients on buprenorphine: Kentucky does not have any additional guidance for these patients because they are already permitted a 30 days' supply of MAT during the first 90 days of treatment.
- f. Unstable patients: Patients in any of the population categories above who are determined unstable or unsafe to manage take-home doses should continue daily dosing in the clinic, with efforts being made to stagger their dosing hours and maintain social distancing. Inability to safely

take unsupervised medication due to a cognitive or psychiatric condition, or inability to keep a take-home dose of medication safe due to a chaotic living situation would be grounds for patients being deemed ineligible for this emergency take-home exemption. For the unstable patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposures from symptomatic patients, and to medically fragile patients.

- g. Patients 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 methadone dose. Exceptions during this period should only occur if the patient meets the criteria of (a) or there are other unusual extenuating circumstances. 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; i.e.: escalating doses of methadone are not to be given to patients who are receiving multiple days of 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.

All patients must have a lockable take-home container and written instructions on protecting their medication from theft and exposure to children or animals. The clinic should remain open during regular business hours to field calls from patients who are receiving take homes. The efficacy and safety of this take-home strategy should be continually assessed. All medical exceptions should provide appropriate and complete documentation on medication safety and diversion risk.

Please send any supporting documentation to the State Opioid Treatment Authority in addition to your NTP's submission on the SAMHSA OTP extranet website, as our federal partners have indicated that the State Opioid Treatment Authority should be aware of and supportive of the exception request being made and may want additional information to approve exceptions.

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

There is nothing under federal or states law that prohibits this from occurring, although resources to offer this level of service may vary by program. Continue to abide by your established written, guidelines, policies, and procedures.

### **What warrants a shutdown of an NTP?**

NTPs are considered essential public facilities under Kentucky Administrative Regulations, and should make plans to stay open in most emergency scenarios, and be able to induct new patients. You must consult with your State Opioid Treatment Authority before making decisions about changes to operations. All NTPs shall have an up-to-date disaster plan, which includes written policies and procedures to be prepared to respond emergency situations; which includes possible threats to security (safety) that substantially interrupts the delivery of services. Please submit to the State Opioid Treatment Authority a current copy of the each NTPs disaster plan for review.

### **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. Please contact the State Opioid Treatment Authority if your program has any specific concerns.

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

- 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. Just make it a standard part of the dosing process and medication pickup process, and patients will come to expect it.
- Ensure your program leadership has the contact information of the State Opioid Treatment Authority and backup:
  - Email: [karla.thompson@ky.gov](mailto:karla.thompson@ky.gov)  
[ronald.easterly@ky.gov](mailto:ronald.easterly@ky.gov)
  - Cell phone: 502-229-0805  
502-782-6250
- Allow all patients with earned take-homes to utilize these take homes. While it can be an incentive to draw patients to attend counseling appointments, please take this opportunity to reduce patient appearance at the clinic as much as possible through giving them their maximum number of take-home doses at the medical director's discretion.
- Develop procedures for NTP staff to take patients who present at the NTP with respiratory illness symptoms such as fever and coughing to a location other than the general dispensary and/or lobby, to dose patients in closed rooms as needed.
- Develop protocols for provision of take-home medication if a patient presents with respiratory illness such as fever and coughing.
- Develop a communications strategy and protocol to notify patients who are diagnosed with or exposed to COVID-19, and/or patients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the patient should call ahead to notify NTP staff of their condition. This way NTP staff can have a chance prepare to meet them upon their arrival at an NTP 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.
  - Consider limiting critical staff access to patients when possible. For example, some staff may meet with a patient through a glass window or through tele-communications devices within that same facility.

- NTPs are required to have adequate medication inventory onsite for ten days' worth of patient 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 NTP setting that this guidance may be difficult to achieve, but it should be attempted to the best of everyone's ability, while considering the space and patient flow within your NTP's physical location. NTPs should consider expanding dosing hours to help space out service hours to help mitigate the potential for individual patients queuing in large numbers in waiting room and dosing areas. NTPs should also consider reserving special dosing times for high-risk populations like those who have medical comorbidities. While the effects of COVID-19 for pregnant women and the fetus are unknown, NTPs should consider using these special dosing times for this population as well.

### **How can my NTP be kept abreast of COVID-19 developments within the NTP setting?**

- BHDID is following these developments closely and in continual contact with the Department of Public Health and other cabinet officials. As the (COVID-19) situation continues to evolve, we want to be sure you have the latest information to prepare adequately and respond as necessary.
- The KY DPH has a website with information, resources and up to date KY specific data. Tap here to visit the website: <https://chfs.ky.gov/agencies/dph/pages/covid19.aspx>.
  - Use the attached flyer in public areas of your facility.
  - Visit the website to find additional infographics and signage to place in designated public and employee areas.
  - As health care facilities, patients should be screened for signs of infection upon entry.
  - Direct patients to the website or their own medical provider for more information about COVID-19.
  - Encourage good hygiene by making hand sanitizer, soap, water and paper towels readily available to staff, patients and visitors.
  - Encourage employees who do not feel well to stay home.