



## State of New Jersey

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### COVID-19 and Opioid Treatment Program Guidance March 18, 2020

As the NJ Department of Human Services, Division of Mental Health and Addiction Services (DMHAS) learns more about COVID-19 (the coronavirus), it will provide updated guidance to assist Opioid Treatment Programs (OTPs) in their response to mitigate exposure and spread of this disease. Below are current recommendations and resources:

#### *Reducing incidence and transmission of COVID-19 at facilities*

Encourage staff and patients at your agency to perform frequent hand hygiene. Individuals should be reminded to wash hands often with soap and water for a minimum of twenty seconds or use an alcohol-based hand sanitizer that contains 60-95% alcohol.

Post illustrative information sheets about hand washing and other preventive measures at your agency. <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>.

Educate staff and patients to avoid touching eyes, nose and mouth with unwashed hands.

Properly disinfect all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets every day. Provide sanitary wipes in your facility, when appropriate.

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>,

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/workplace-school-and-home-guidance.pdf>.

Keep an adequate supply of cleaning products, masks and gloves at your agency for individuals providing primary care such as injections or are in direct contact with individuals diagnosed with COVID-19.

## *Information and resources for COVID-19*

It is important to review the most up-to-date guidance from national, state, and local public health agencies. Many townships and local health departments have ways to sign up for news alerts. Individuals can also use these public health agency websites and hotlines:

NJ Department of Health: [www.nj.gov/health/cd/topics/ncov.shtml](http://www.nj.gov/health/cd/topics/ncov.shtml)

- 24-Hour Hotline: 1-800-222-1222 (in-state) or (800) 962-1253 (out-of-state)

Contact Information for all local health departments in NJ:

<http://localhealth.nj.gov>

U.S. Centers for Disease Control & Prevention: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

Staying informed can help decrease the anxiety people may feel about COVID-19. It can also help prevent the spread of rumors and discourage the stigma and exclusionary behavior that can occur with COVID-19 or any other infectious diseases.

## *Planning for staff shortages*

Review current staffing to determine essential functions and staff requirements to ensure appropriate qualifications to serve as on-call professionals for programs that need to remain operational with reduced staff.

## *Dosing patients in separate rooms*

Agencies should develop procedures for OTP staff to take patients 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 patients in separate rooms as needed. OTP staff should use interim infection prevention and control recommendation in health care setting published by the Centers for Disease Control and Prevention. Other ancillary services, including counseling should be considered on a case-by-case basis.

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>.

## *Take-home dosing*

Opioid Treatment Programs (OTPs) are essential public facilities and provide essential medication to individuals with an Opioid Use Disorder (OUD) and should stay open in most emergency scenarios. Many attending OTPs for treatment of OUDs present at the OTP daily to receive medication.

In circumstances in which a patient or patients have symptoms of infection (fever, chills, cough, shortness of breath) or in which they may have been in contact with someone who has such

symptoms or has been diagnosed as having COVID-19 infection; it is important that the individual(s) not attend the OTP, but just as important, continue to receive their medication. Instruct patients to contact staff if they are experiencing or know individuals they have had close contact with experiencing such symptoms before coming to the facility, so that appropriate arrangements can be made for obtaining medication.

Emergency preparedness plans shall not include any blanket exceptions for clinic closure and/or take-home medication for all patients to include patients who do not qualify for take-home/unsupervised use of opioid pharmacotherapies. Appropriate alternatives compliant with state and federal guidelines for dosing should be arranged for patients not eligible for take-home medication.

For individual patient cases, specifically patients who present with symptoms of COVID-19, which may include respiratory infection, cough, and fever, submit exceptions, through the SAMHSA OTP extranet website (see below link). Document that the patient is medically ordered to be under isolation or quarantine. When possible confirm source of information (i.e. doctor's order, medical record). Ensure the documentation is maintained in the patient's OTP record.

<https://otpextranet.samhsa.gov/login.aspx?ReturnUrl=%2f>

For large-scale, agency-wide policies to provide take-homes to large numbers of individuals, please submit a blanket exception request for your OTP through the SAMHSA OTP extranet website. For any blanket exception request, OTP medical directors must include details about agency policies and procedures, including but not limited to, changes in urine drug screen frequency, changes in counseling frequency, rationale for changing phase requirements for each phase of treatment, and plans for handling patients in crisis and/or relapse situations. These policies/procedures must be sent via email to the NJ State Opioid Treatment Authority at [adam.bucon@dhs.nj.gov](mailto:adam.bucon@dhs.nj.gov). Any large-scale exception request must not be for more than a two-week period (unless otherwise meeting Federal requirements for time in treatment and all other 8-point criteria to receive additional take-home bottles beyond that time period). Renewal of large-scale exception requests must be resubmitted shortly before the expiration of the approved exception request. OTP medical directors must explicitly state detailed rationale for providing a renewal to any request.

1. Blanket take home medication exceptions for patients with lab confirmed COVID-19 disease may be permissible. 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 population. Patients may receive up to two weeks of medication at the prescriber's discretion. Patients who have fully recovered from COVID-19 are not eligible for additional exceptions, pending any research saying the patient can become re-infected.
2. Patients who are verified to have symptoms of a respiratory infection, including cough and fever 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 stability in treatment and ability to safely store and protect medication and not to exceed 14 days of medication.

3. Patients with significant medical comorbidities, particularly those patients over the age of 60, with chronic and severe pulmonary, cardiac, renal or liver disease or are immunosuppressed can be eligible for take-homes up to 14 days, at discretion of medical director or alternate at agency, taking into consideration the patient's stability in treatment and ability to safely store and protect medication.
4. For select patients with only one take-home (unearned), determined by the medical director or alternate to be appropriate: a staggered take-home schedule whereby half the OTP's patients will present on Mondays, Wednesdays and Fridays, and the other half of OTP patients present on Tuesday, Thursday, Saturdays, with the remaining doses of the week provided as a take home would be appropriate. Patients should receive no more than two consecutive take homes at any time. Additionally, agency should consider ways of promoting social distancing in a non-stigmatizing fashion such as determining if dosing can be provided in additional spaces in the facility, having patients maintain a distance of 6 feet from one another while on line, identifying a non-stigmatizing way to separate individuals who may have been exposed to COVID-19 or any other infectious illness (such as using a separate entrance) and expanding hours of operations so less individuals are awaiting their medicine at any one time.

Prescribers must be extremely cautious with patients who continue to have positive UDS for fentanyl or fentanyl analogues. If this is the case, consider continued daily dosing for these high-risk patients.

5. Patients in any of the population categories above who are determined unstable or unsafe to manage take-home doses should continue daily dosing at the clinic. 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 an unstable living situation would be grounds for patients being deemed ineligible for this emergency take-home exemption. For these 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.
6. Special consideration should be made for patients not currently on a stable dose and 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 being diagnosed with COVID-19 or has 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 should 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 medically and clinically indicated.

7. Patients dispensed buprenorphine in OTPs are excused from the time in treatment requirement outlined in 42 CFR Part 8, but not the 8-point criteria. If the medical director or alternate determines that patients can safely manage medication, then they do not require an exception request. If they do not have the ability to manage medication safely then an exception request would be required to outline the benefit versus risk.

For individuals receiving opioid pharmacotherapy from an OTP that provides the medication to supervised settings such as nursing homes, residential treatment programs or jails/prisons, upon request to minimize risk of COVID-19 infection and/or contain COVID-19 infection, facilities will be granted up to 28 days of opioid pharmacotherapy medication for each patient residing in the facility and receiving such medication from the OTP. The 28-day supply of medication for each patient must be stored safely under staff supervision in a locked area utilized for medication preparation and dispensing in the facility. Staff at the facility must administer the medication to the patient (s) and document as they would for any controlled substance medication administered at the facility. This exception is renewable upon OTP request through the SAMHSA extranet system.

All patients receiving take-home medication must have a lockable take-home container with written instructions on protecting their medication from theft and exposure to children, other adults and animals.

### *Patients Quarantined at Home with the COVID-19*

Document that the patient is medically ordered to be under isolation or quarantine. When possible confirm source of information, i.e. physician order, medical record. Ensure the documentation is maintained in the patient's OTP record.

Identify a trustworthy, patient designated, uninfected 3rd party, i.e. family member, neighbor, to deliver the medications using the OTP's established chain of custody protocol for take-home medication. This protocol should already be in place and in compliance with respective state and DEA regulations. OTPs should obtain documentation for each patient as to who would have designated permission to pick up medication for them and maintain this process of determining a designee for any new patients.

If a trustworthy 3rd party is not available or unable to come to the OTP, then the OTP should prepare a "doorstep" delivery of take home medications. Any medication taken out of the OTP must be in an approved lock box. The OTP should always communicate with the patient prior to delivery to reduce risk of diversion. This may involve, but is not limited to:

1. Call placed to the patient prior to staff departure to deliver the medication ensuring that the patient or their approved designee is available to receive the medication at the address provided by the patient and recorded in the patient's OTP medical record.
2. Upon arrival, medication is delivered to the patient's residence door and another call is made to the patient/designee notifying that the medications are at the door.
3. The OTP staff is to retreat a minimum of 6 feet to observe that the medications are picked up by the patient or the designated person to receive the medications. The OTP staff person must ask the person who is retrieving the medication to identify themselves. Staff should determine that the person appearing to retrieve the medication is the patient or the person named by the patient as having permission to do so. The OTP staff who deliver the medication remain until observed retrieval of the medication by the designated person takes place, and then documents confirmation that medications were received by the individual identified as permitted to pick up the medication.
4. Do not leave medication in an unsecured area. OTP staff must remain with the medication until the designated individual arrives and retrieves the medication.
5. If the person who is to receive the medication is not at the designated location, an attempt should be made to reach the person. If the person does not arrive timely (this wait period will need to be determined by OTP staff), then the staff person must bring the medication back to the OTP where it will be stored in the pharmacy area until a determination is made as to whether another

### *Telehealth*

Telehealth options for continued prescribing and/or counseling in times of emergency or disaster should be utilized to the extent possible, maintaining standards for patient confidentiality.

### *Medication shortages and/or disruptions of a medication supplies*

Currently, there have been no reported concerns from any State or Federal partner about a potential for disruption in the medication supply for methadone and/or buprenorphine containing product. Any future updates or changes to this guidance will come from the New Jersey State Opioid Treatment Authority (NJ-SOTA) or the Drug Enforcement Agency (DEA).

### *Drug Enforcement Agency (DEA) guidance*

The Drug Enforcement Administration, Diversion Control Division, has established the following link for assistance by DEA Registrants with Domestic (or International) disasters:

[https://www.deadiversion.usdoj.gov/disaster\\_relief.htm](https://www.deadiversion.usdoj.gov/disaster_relief.htm)

Requests for DEA (Federal) assistance involving, but not limited to, the relocation of your DEA registered address to a new location; the approval of a new address to dispense controlled substances; the destruction of controlled substances which have been damaged due to the disaster; questions concerning the destruction of damaged controlled substance inventory; a list of Reverse Distributors who can assist with the destruction of damaged controlled substances; assistance with obtaining controlled substances from a wholesaler; the transfer of an existing DEA registration number from an out of state location to the state where the disaster has occurred; etc., may be relayed through this website 24 hours a day, 7 days a week.

**To expedite your request, please e-mail the following specific information to:**

**[Natural.Disaster@usdoj.gov](mailto:Natural.Disaster@usdoj.gov)**

1. E-mail subject line: Domestic Request (or International Request)
2. Registrant Name
3. Your Existing DEA Registration Number
4. Contact Information:
  - o Your Name
  - o A Telephone Number Where We Can Speak with You Directly
  - o E-mail Address
5. Specific and detailed information which describes what exact type of assistance you will need from the DEA must be included in the body of the e-mail.

#### ***Other important things to consider***

Update your agency Continuity of Operation Plan (COOP) to include specific emergency plans to assist with a possible COVID-19 outbreak.

Ensure your agency has up-to-date emergency contacts for all patients and staff at your agency.

Contact patients to ensure emergency contact information is up-to-date. Please be reminded that any communications with emergency contacts should be in accordance with federal and state confidentiality laws and regulations.

Ensure your agency maintain a 3-4 week supply of medication (methadone and buprenorphine), when possible.

Consider extending hours at your agency to better reduce long lines and stagger clinic traffic.

Any change to operation at your agency, including closure or a modification to operating hours, must be reported by submitting a COOP Activation form to the IME COOP email address at [imecoop@ubhc.rutgers.edu](mailto:imecoop@ubhc.rutgers.edu) and to [DMHAS.Incidentrept@dhs.nj.gov](mailto:DMHAS.Incidentrept@dhs.nj.gov). As further guidance

becomes available from State and Federal partners, such as SAMHSA and the DEA, information will be updated and shared. In the meantime, any questions and/or concerns, please reach out to Mr. Adam Bucon, NJ State Opioid Treatment Authority, via email at [adam.bucon@dhs.nj.gov](mailto:adam.bucon@dhs.nj.gov) or by phone at (609) 438-4156.