



TO: Opioid Treatment Programs of Georgia

FROM: State Opioid Treatment Authority

March 17, 2020

RE: Guidance for Infection Control and Prevention of COVID-19

Background: The Department of Behavioral Health and Developmental Disabilities (DBHDD) Office of Addictive Diseases (OAD) is Georgia's State Opioid Treatment Authority (SOTA). As such, DBHDD's OAD collaborates with other agencies in developing guidelines for establishing and/or closing Medication Assisted Treatment (MAT) Programs operating in Georgia. As the SOTA, DBHDD is also responsible for establishing guidelines for the administration of MAT programs. In this capacity we are concerned with the continuity of care for all individuals currently enrolled in Opioid Treatment Programs in Georgia. Due to the current challenge of addressing COVID-19 in our state, we are providing additional guidance.

Guidance: All Opioid Treatment Programs in Georgia should read and follow the attached DBHDD SOTA Policy Disaster Emergency Closure Procedure 01-284 [State Opioid Treatment Authority Disaster Emergency Closure, 01-284](#). In addition, OTP's should follow the suggested guidelines of The Substance Abuse Mental Health Services Administration (SAMHSA) for COVID-19. <https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp?fbclid=IwAR1yqGWHEnjaQ0XgCkhmkZIFdEILtN4aAJ9vdjciYH6EmssKb6nzRZE1leI>

CLINIC AND PATIENT SAFETY

Opioid Treatment Programs should implement procedures to monitor, recognize and manage patients, staff and visitors to their facility for the prevention of COVID-19.

OTPs should identify patients with signs and symptoms of respiratory infections before they enter the treatment area when possible. Patients with symptoms of a respiratory infection should put on a facemask (i.e., surgical mask) at check-in and keep it on until they leave the facility.

OTPs should encourage patients to inform staff of fever or respiratory symptoms immediately upon arrival at the facility.

OTPs should have patients call ahead to report fever or respiratory symptoms so the staff can be prepared for their arrival or make arrangements for them to appear after dosing hours to mitigate the risk of infecting others.

OTPs should post signs at entrances with instructions to patients with fever or symptoms of respiratory infection to alert staff so that the appropriate precautions can be implemented.

TAKE-HOME EXCEPTIONS

OTPs may request blanket exceptions for all stable patients to receive 28 days of take-home medication and 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 medication. While this is the approved guidance of SAMHSA, they are leaning to the State SOTA to decide with each OTP, the appropriate clinical course of action for take-home medication. Georgia OTPs may submit a request for take-home medication for stable patients to attend OTPs three times per week. This will minimize to potential exposure to COVID-19.

For less stable patients as determined by the OTP, a staggered take-home schedule whereby half the OTP patients will present on Mondays, Wednesdays and Fridays, and the other half of OTP patients present on Tuesdays, Thursdays, and Saturdays, with the remaining days of the week allotted for take-homes is appropriate. These patients should receive no more than two consecutive take-homes at a time. This reduces the clinic's daily census in half and minimizes the potential exposure to COVID-19.

Blanket take-home medication exceptions will be approved for up to two weeks for patients with lab confirmed COVID-19 virus and patients with symptoms of a respiratory viral illness, with or without confirmation via COVID-19 viral testing. At the prescriber's discretion the request may be extended when clinically necessary.

MEDICATION SUPPLY

The US Drug Enforcement Agency (DEA) and the SOTA have agreed to collaborate on a case by case basis to ensure that impacted OTPs are not penalized/flagged for ordering more than what seems to be a normal amount of medication to address specific guest dosing needs for patients whose clinic has been impacted by COVID-19. OTPs should contact the SOTA as soon as possible to make the emergency request.

DBHDD CENTRAL REGISTRY DOSING INFORMATION

OTPs should, in accordance with the DBHDD SOTA Central Registry Policy, be sure that all patient dosing information is kept updated to facilitate the need for continuation of care.

<https://gadbhdd.policystat.com/policy/4647463/latest/>

TELEHEALTH SERVICES

Effective immediately, DBHDD has removed restrictions on telemedicine services that, until today, had restrictions noted within the service guidelines. In addition, we are waiving requirements for face to face contacts where the service guidelines note a minimum number or ratio of face to face contacts. Please review the [linked memorandum](#) for specific allowances. At this time, these allowances will be in place until April 30, 2020.

Our response to COVID-19 is an ever-changing situation. Please know that as DBHDD receives more information about the needs of our state we will respond accordingly and keep you, our partners, well informed. For questions and further discussion please call 404-416-5225 or email Vonshurii.wrighten@dbhdd.ga.gov