



**Behavioral Health and
Developmental Disabilities Administration**

Communication #20-06

COVID-19 Opioid Treatment Program Infection Control

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As the COVID-19 pandemic continues to evolve, the Michigan Department of Health and Human Services (MDHHS), Behavioral Health Developmental Disabilities Administration (BHDDA) is providing this information to assist Opioid Treatment Programs (OTPs) in the continuation of Medication Assisted Treatment (MAT) Services to individuals with opioid use disorders (OUD). This guidance is based on recommendations from the Centers for Disease Control and Prevention (CDC) and MDHHS. All individuals are encouraged to use resources available at Michigan.gov/Coronavirus.

Reducing incidence and transmission of COVID-19 at facilities

Guidance for Staff Reporting to Work:

Staff should remain home if they are not feeling well. Staff who are well are expected to continue conducting work responsibilities as usual, while exercising caution and mitigating risks using the national, state, and local level guidance provided. Some precautions include:

- Frequently washing hands for 20 seconds with soap and warm water. If soap and water are not readily available, alcohol-based hand sanitizer with at least 60% alcohol may be used.
- Appropriately covering coughs and sneezes.
- Avoid touching eyes, nose and mouth.
- Regularly cleaning and disinfecting frequently touched surfaces, like doorknobs, keyboards, cell phones and light switches. Using resources available at Michigan.gov/Coronavirus, including [posters](#) to raise awareness of steps that can be taken.

MDHHS has issued guidance for healthcare workers:

1. If you are sick, please stay home.
2. Healthcare workers currently prohibited from working because of previous guidance may return to work if asymptomatic if they are able to be closely

monitored by their facility's occupational health program and adhere to all requirements for self-monitoring and facility's guidelines.

[Healthcare Provider Quick Sheet for Symptomatic Healthcare Employees](#)

3. In the context of sustained community transmission of COVID-19, all healthcare workers are at risk for unrecognized exposures. Therefore, ALL healthcare workers should self-monitor for fever with twice-daily temperature measurements and for symptoms consistent with COVID-19.
4. If you are a healthcare worker who has had a known high-risk exposure to a patient(s) with confirmed COVID-19, you should take extra care to monitor your health but can keep working.

These HCP should still report temperature and absence of symptoms each day before starting work. Because recent studies indicate people who are infected with SARS-CoV-2 but do not have symptoms likely also play a role in transmission, these HCP should wear a facemask (for source control) while at work for the 14 days after the exposure event. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.

[Healthcare Worker with High-Risk Exposure to COVID-19 Patient](#)

5. MDHHS advises against testing of any asymptomatic individuals with or without an exposure to COVID-19, including healthcare workers.
6. If you feel overwhelmed and need support to cope with the situation, contact the SAMHSA Disaster Distress Hotline at 800-985-5990.

Guidance for Staff Interactions with Patients:

Implement precautionary practices within the OTP and among staff and patients. Provide written information on these practices directly to patients as well as posting this information strategically throughout the facility.

The following guidelines are established for clinical staff during close contact, face to face encounters with persons served:

General Overview:

- CDC definition of a close contact*:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

-OR-

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

*if such contact occurs while **not** wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, N95 respirator or facemask, and eye protection), the contact is considered an exposure.

Healthcare workers who anticipate close contact with the people they usually serve should consider their COVID-19 status. Standard protocols for PPE are recommended if working with an individual who has not been identified as a PUI or having been found positive for COVID-19. All individuals should be encouraged to wear a cloth face covering when outside of their home. When in close contact with PUI/people with COVID-19, the workforce should wear gowns, gloves, masks, goggles/face shields during said contact. The use of gowns,

gloves, surgical masks, goggles/face shields is crucial for [health workers](#) and [people who are taking care of someone in close settings](#) . **That said, with supplies of PPE limited, it will be important for each OTP to determine how to ensure that the use of PPE is prioritized to those clinical staff who need to have close contact with an individual.** In considering this prioritization schedule, OTPs should bear in mind that procedures that generate aerosolized droplets are typically not conducted as part of routine practice. Review the MDHHS Strategy for [Optimizing PPE During Crisis Capacity](#).

General infection control guidance is offered as follows:

- Hand hygiene should be performed before putting on and after removing PPE by washing hands with soap and warm water for at least 20 seconds or if soap and warm water are not readily available use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- PPE should be put on outside of the interview room prior to entry into the home/interview room.
- PPE should be removed outside of the interview room and discarded by placing in external trash can before departing location.

Consult CDC [Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings](#).

Guidance for the OTP Environment

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. Review [Cleaning and Disinfecting Your Facility](#) for additional considerations beyond Infection Prevention and Control Recommendations.

- Keep an adequate supply of cleaning products, masks and gloves at your agency for primary care in areas where staff are in direct contact with individuals diagnosed with COVID-19.
- Help individuals being served stay within social distance of each other and encourage them to wear cloth face coverings.
- Set up lines, waiting rooms and other spaces to allow for social distances (6 feet apart).

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:

[Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus)
[CDC.gov/COVID19](https://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. If indicated or requested, OTP staff need to make available names and contact information of mental health providers and other support services. Assisting patients with contact and the scheduling of appointments may also be necessary.

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

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 separate location other than the general dispensary and/or lobby to dose, or ask them to remain in their vehicle or outside of the facility while their doses are prepared. The location should be large enough to allow for appropriate social distancing between provider and patient, when dosing takes place. OTP staff should use interim infection prevention and control recommendation in health care setting published by the Centers for Disease Control and Prevention.

Counseling and other ancillary services should be considered on a case-by-case basis and should be conducted by telehealth means unless there is a compelling reason for life safety to engage in face to face contact for this service. When conducted face to face it should be done through social distancing along with any other necessary precautions

Please see BHDDA Communication 2020-02 for further details on face to face guidance for providers, accompanied by Communication 2020-03 for infection control.

[BHDDA COVID-19 Guidance](#)

See also guidance from the CDC [Here](#).

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