

COVID-19 Preparedness for Community-Based Suboxone Programs

Things to consider when doing pandemic planning with community suboxone programs

1. Education
 - a. Consider putting up posters with general COVID-19 information, infection prevention and control measures, handwashing / handrub instructions, how to safely wear and remove a mask, what to do if symptoms develop, etc. Posters can be placed in a plastic sleeve for easy cleaning.
 - b. Have educational handouts available as well
2. Hygiene
 - a. All patients and staff should have easy access to hand sanitizer, facial tissues, garbage, simple masks
 - b. Everyone should perform hand hygiene (wash hands or use approved alcohol-based hand sanitizer) when they enter and exit the building, and as needed (eg. after coughing or sneezing, before and after touching one's face).
 - c. Anyone who is self-monitoring should wear a mask. Symptomatic people shouldn't be in the building (see self-isolation) but if someone develops symptoms, they should immediately put on a mask and be directed to the local assessment system (eg phone triage with a nurse)
 - d. High-touch surfaces should be cleaned and disinfected several times per day
3. Social distancing
 - a. Patients should stay 2m away from each other at all times (eg while waiting)
 - b. Limit the number of people in the building at once, but also ensure anyone waiting outside is maintaining the 2m distance as well
 - c. Workers should come within 2m of patients only when necessary (see below for suggestions re DOT procedures) and if they need to do so, they should wear appropriate PPE
 - d. If the suboxone program is administered out of the nursing station, consider moving it to an off-site location to decrease the risk of contact with sick and vulnerable people
 - e. Talk to patients about the importance of maintaining social distancing in every aspect of their lives, particularly limiting contact with elders and those with immune compromise
4. Modified or discontinued DOT procedures
 - a. At minimum, switch to just observing the patient putting the suboxone under their tongue - don't require the worker to check under the tongue as it dissolves
 - b. If the usual practice is to hand out cups of water for patients to moisten their mouth before dosing, that should be stopped
 - c. Strongly consider having the patient just pick up their dose (still in original packaging from the pharmacy, ideally) and go, rather than waiting to have it

observed. The worker can place it on a surface and step away, and observe from a safe distance that the correct person has picked it up.

- d. Consider implementing or increasing carries for all patients (even those who wouldn't qualify for carries normally) and staggering the pickup dates to reduce the number of patients coming in each day.
- e. For patients on self-isolation, there will need to be a system for delivering suboxone doses to their home (see below).

5. Carries

- a. With increasing the number of carries (and the number of people who receive them), there is an associated increase in the risk of misuse, intentional diversion, and unintentional diversion (ie. a child or household member gets access to the medication by accident).
- b. Talk to all patients who receive carries about the importance of keeping their doses secure - ideally in a lock box. Programs might be able to order these boxes and give them out as needed.
- c. Ask if there are children in the home and talk about the risk to children in particular. Kids can be amazingly fast at grabbing something off a table or counter if you are even briefly distracted.
- d. If patients are given blister packs to take home and self-administer, consider having them send in a photo of the blister pack daily as a form of accountability / monitoring

6. Modified or discontinued UDS procedures

- a. Consider doing UDS less frequently, or even stopping them completely as a temporary measure during times of crisis
- b. It is not known whether COVID-19 virus is present in urine. It is more likely that the virus would travel from the patient's nose/mouth, to their hands, to the outside of the specimen cup, to the worker who handles the cup and the table/surface it's placed on. To be as safe as possible, treat all body fluids and anything someone has touched with their bare hands as potentially contaminated.
- c. Have sterile specimen cups in the bathroom or in a location where the patient can pick one up while maintaining a safe 2m distance from everyone else
- d. Instruct the patient to collect their specimen and leave it in a designated location. Emphasize good hand hygiene before and after touching anything. They should not be required to wait on site for the result of the test.
- e. Staff should perform hand hygiene, apply gloves, test the urine per usual process, discard everything and wipe down the surface with disinfectant wipe, remove gloves, and perform hand hygiene again. Results should be recorded in a separate location with clean hands, or by a second person who stays a safe distance away and stays uncontaminated

7. Screening / Self-monitoring

- a. Consider screening everyone who enters the building for symptoms, travel history, and sick contacts (can use the same screening process that is being used by the nursing station). Make sure it is clear what happens next if someone screens positive
 - b. All clients and staff can be given information about self-monitoring and what to do if they develop symptoms (eg. don't come to the DOT location, notify the program by phone or message, and follow the local assessment process)
8. Self-isolation
- a. Self-isolation is for:
 - i. People with fever and/or respiratory symptoms (see your local assessment process)
 - ii. People who have travelled outside of Canada (or Northwestern Ontario, or the community - communities can decide what their risk tolerance is here) within the past 14 days
 - iii. People who have had contact with a confirmed or suspected case of COVID-19 within the past 14 days
 - b. While self-isolating, people should not leave their home (or whatever place they are in for the isolation period) except for acute medical care (eg. feeling very unwell and needing to see a nurse)
 - c. There should be a process in place for administering suboxone to self-isolating patients in a way that does not require them to leave their home or isolation location. For example a suboxone worker could deliver the dose to their home, place it outside the door, knock, and observe from a safe distance to ensure the correct person picks it up. This will need to be documented as a "delivery" rather than "DOT"
9. Harm reduction
- a. Providing carries to someone who wouldn't qualify for them under the usual policies can be seen as a form of harm-reduction since it promotes social distancing
 - b. Reducing the frequency of urine drug testing may also help with social distancing and reduce the amount of work and exposure risk for DOT workers
 - c. Ongoing education needs to be provided re safe injection technique, and overdose prevention/treatment. Hospital and ICU beds will soon be in short supply so this is an especially bad time to develop bacteremia, endocarditis, etc.
 - d. Stress is often a trigger for many patients struggling with mental health and addiction issues, and social distancing can make that worse. Talk to patients about healthy coping and socialization strategies.
 - e. Consider new ways to distribute safe injection kits. For example, one might provide safe injection kits to patients who are already coming in for their suboxone dose, to pass along to people they know (to prevent another person from needing to come in)

- f. Consider new ways to distribute naloxone kits and teach people how to use them (eg. holding naloxone training sessions over video rather than in person)
- g. Consider that the usual supply chains for drugs and alcohol may be affected by the pandemic, and have a plan for patients who go into withdrawal or switch abruptly to a different substance than their usual
- h. Make a plan for how to identify and manage acute withdrawal in someone self-isolating at home

10. Wellness and health promotion

- a. Consider other health needs of suboxone patients - eg. birth control, blood pressure checks, blood sugar checks, chronic med pickups. Can any of these be coordinated with suboxone doses to reduce travel?
- b. Encourage patients to drink water, eat healthy food, keep a consistent sleep schedule, and find ways to exercise while maintaining appropriate precautions (social distancing vs self-isolation)
- c. Encourage patients to maintain social connections through phone, video, text/chat, TV/radio, and online communities
- d. Consider involving patients in community support activities like preparing / delivering food and supplies to elders or those who are self-isolating
- e. For those who attend regular spiritual or religious ceremonies, try to shift these events to online/ over the phone / on the radio or TV to help keep people safe while maintaining their spiritual wellness
- f. Encourage families to spend time together while in isolation. They can use this time together to collect and share stories, traditional knowledge, and language from the elders and amongst other family/community members. Parents can promote good mental health in their children by providing one-on-one attention, listening carefully and responding to their thoughts and feelings, and communicating unconditional love and acceptance.