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***SAMPLE* COVID-19 Emergency Response Action Plan**

Prepared:

Revised:

According to a document submitted by Governor Murphy's office, it is projected that 18,000 people in New Jersey would be impacted by the Coronavirus, which includes 5,400 severe cases needing on average a 5-day hospital stay.

In an effort to protect our patients, staff and maintain agency operations in amidst of the COVID-19 outbreak, attached is an ever-evolving COVID Action Plan, along with supporting documentation. It is our intent to implement preventative steps to try to minimize and prevent transmission of the illness to the individuals we treat and work with.

I. EXCEPTION REQUEST CRITERIA FOR CORONAVIRUS RESPONSE

1. Request SOTA approval for **take home medication exceptions** for:
 - a. Patients with lab confirmed COVID-19 disease. Medical justification would be that 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, eligible for 13THBs
 - b. Patients with significant medical co-morbidities, particularly those patients over the age of 60, such as co-morbid chronic and severe pulmonary, cardiac, renal or liver disease, immunosuppression, at discretion of Clinic Physician, eligible for 13THBs
 - c. For **Phase II – V** patients without symptoms or medical co-morbidities: These patients have fulfilled the 8-point criteria and should be eligible for **13THBs**. Days would be scheduled to allow for a limited number of persons in the clinic at any given time. Please see attached take home schedule. Counseling services would not be mandated and provided on an as needed basis or by telephone.
 - d. For **Phase VI - VIa** patients without symptoms or medical co-morbidities: These patients have fulfilled the 8-point criteria and should be eligible for **27 THBs**. Patients who demonstrate symptomatic behavior will not be eligible for the 27THBs. Days would be scheduled to allow for a limited number of persons in the clinic at any given time. Please see attached take home schedule. Counseling services would not be mandated and provided on an as needed basis or by telephone.
 - e. Patients who reside in a Nursing Home can be eligible for additional take home bottles, at the discretion of the Clinic Physician, given the following criteria:
 - i. For **Phase II – V** patients: These patients have fulfilled the 8-point criteria will receive **13 THBs**. Patients who demonstrate

symptomatic behavior may not be eligible for the 13THBs. Clinic Physician will make a determination as to the safe number of THBs, taking into consideration the patient's stability in treatment and ability to safely store and protect medication. Days would be scheduled to allow for a limited number of persons in the clinic at any given time. Please see attached take home schedule. Counseling services would not be mandated and provided on an as needed basis or by telephone.

- ii. For **Phase VI - VIa** patients: These patients have fulfilled the 8-point criteria and should be eligible for 27 THBs. Patients who demonstrate symptomatic behavior may not be eligible for the 27THBs. Clinic Physician will make a determination as to the safe number of THBs, taking into consideration the patient's stability in treatment and ability to safely store and protect medication. Days would be scheduled to allow for a limited number of persons in the clinic at any given time. Please see attached take home schedule. Counseling services would not be mandated and provided on an as needed basis or by telephone.
- f. For Phase **1 & 1A** patients: Determined by the medical provider to be appropriate, will be on a staggered take-home schedule whereby half will present on Mondays, Wednesdays and Fridays, and the other half of OTP patient's present on Tuesday, Thursday, Saturdays, with the 5 remaining doses of the week provided as a take home. Patients will receive no more than two consecutive take homes at a time. This reduces the clinic's daily census in half and has a tolerable risk profile. Please see attached take home schedule.

2. Submit **Individual take home medication exception requests** for:

- a. Patients with symptoms of respiratory infection and cough or fever will be evaluated and dosed outside. If patient has either fever of 100.4 or more and/or has symptoms of respiratory illness, Nurse will call 911 for further evaluation. Patient will be required to submit discharge papers or medical clearance before being allowed to enter the clinic again. Additionally, Clinic Physician will make a determination as to the safe number of THBs, taking into consideration the patient's stability in treatment and ability to safely store and protect medication, not to exceed 2 weeks of medication

3. In the event of a declared State of Emergency which prohibits commuting of non-essential staff, AGENCY would initiate its COOP and provide only essential services to include dosing and clinical services only as-needed i.e. crisis situations. Essential staff would be limited to check-in, Security, Nursing and Clinical Admins. See Essential Staff Schedule.

II. CLINICAL SERVICES

1. Ensure there is current emergency contact information on all patients
2. Regulate/impose loitering policy
3. Suspend all ancillary services such as psych services, Hep C/HIV, research studies etc.
4. Provide information for patients on infection prevention and control practices (i.e. handwashing, distance and staying home when sick) in groups and individual sessions
5. Based upon CDC and NJ State recommendations, group counseling sessions will be suspended immediately
6. Staff is expected to perform phone and if necessary, face-to face contact requirements under the state regulated phase system requirements.
 - a. Phase IA must receive at least two (2) individual (30 or 60 minutes) face-to-face or phone counseling sessions monthly
 - b. Phase I must receive at least one (1) individual (30 or 60 minutes) face-to-face or phone counseling session weekly
 - c. IOP must receive at least three (3) 60 minutes individual face-to-face or phone counseling weekly
 - d. Phase II – V must receive at least two (2) individual (30 or 60 minutes) face-to-face or phone counseling sessions monthly
 - e. Phase VI – VIB must receive at least one (1) individual (30 or 60 minutes) face-to-face or phone counseling sessions monthly
 - f. In person Doctor visits as needed especially regarding clients in crisis.
7. When contacting clients by telephone, staff must verify patient identity using client specific identifiers including full name, date of birth, social security numbers, client's unique ID number and address and document this in client's contact note in EHR.
8. Clinical Supervisors and Coordinators are responsible for ensuring that telephone counseling is completed and documented using Individual Counseling Session Template for ALL patients in the patient record.
9. **TELEPHONE COUNSELING MUST BE CONDUCTED IN COMPLIANCE WITH HIPAA AND 42 CFR REGULATIONS**

10. Clinical Supervisors and Coordinators will monitor progress and keep the Corporate Clinical Director updated via email daily.
11. Staff working off-site must always have computer and phone accessibility during operation hours.
12. Tasks to be completed:
 - a. Treatment plans due
 - b. EHR Biopsychosocial Assessments due
 - c. NJSAMS extensions, individual notes, case management notes, phone contacts documentation, and chart reviews.
 - d. Individual counseling session contacts (60/30 minutes)
13. Staff will be required to fill out a daily activity log of work and submit to the Corporate Clinical Director, Clinical supervisor and designated Administrative Staff person daily, supervisor will maintain for future records/reference. If staff member cannot effectively work from home other options may be explored.
14. Clinicians will continue to protect the privacy of all AGENCY clients.
15. Clinicians must make supervisors, fellow staff, and Human Resources aware of any changes in contact information.
16. Administration will work with IT department to allow for at home documentation under regulated guidelines.
17. A Mental Health therapist will be on site every Tuesday to provide mental health services for patients upon request. No appointment will be required.
18. Agency will conduct **drug screening** as follows:
 - a. Beginning (date),, Urine drug screening will be temporarily suspended and provided for new admissions and on emergency basis or upon request only. After getting all patients on staggered schedule, we will reopen UDS (if recommended).
19. Clinical Staff is required to complete DAILY Individual & Group Progress Notes for Patient seen DAILY & DAILY Groups from home
20. **CLINICAL SUPERVISORS & COORDINATORS** are **RESPONSIBLE** for monitoring compliance
21. Administrative Staff will be checking and will report non-compliance to Program Director
22. Clinical staff will ensure **ALL** THB-Carriers receive a copy of the THB Notice .
23. Clinical staff will ensure **ALL** THB-Carriers will complete Designee Form ONLY for use when medical approves a 3rd party to pick THBs for our patients
24. Implement Emergency Procedures for intakes to include Pre-Screening, Intake Assessment and education on COVID-19

III. MEDICAL SERVICES

1. Ensure emergency stockpile of methadone and buprenorphine for both sites. Confirm with DEA that additional emergency order is approved.
2. Identify patients with serious medical comorbidities for additional THB as referenced above in Section I.
3. Identify patients in Nursing Homes for additional THB as referenced above in Section I.
4. Identify patients age 60+ for additional THB as referenced above in Section I.
5. Develop protocol for patients/staff who have suspected respiratory illness/symptoms (i.e. referred to primary/hospital, issued additional THBs)
6. Enhance protocol for medical THB eligibility and criteria to reference criteria in Section I.
7. Inform patients to call ahead before coming to the clinic if they are sick. Patients should call the Nursing Station to make arrangements to meet with the nursing staff at a designated area "curbside" for their medication. Patients will be advised to not enter the building if they suspect they have COVID 19 and will not be allowed to enter until they can provide medical clearance for a healthcare provider.
8. Ensure all existing THB carriers and those patients identified as "exceptions" have current contact information to include a designated other person in the event they are unable to pick up their medications
9. Ensure all existing THB carriers and those patients identified as "exceptions" have lock boxes to reduce the possibility of diversion.
10. In an effort to minimize the risk of exposure and transmission of COVID-19, agency may take the following precautions:
 - a. Suspend patient signatures using electronic signature pad for check-in purposes;
 - b. In the absence of patient signatures, the agency will take the following diversion control measures to reduce the possibility of diversion of controlled substance:
 - i. **Patient Identification:** Agency will validate patient identity using the computer-generated EHR ID number. The EHR ID number attached to the patient record holds patient identifying information such as:
 1. Last name, first name;
 2. Date of birth;
 3. Gender;

4. Patient location (or home address or ZIP code);
5. Patient photograph
6. The check-in staff person in addition to the dispensing nurse will be responsible for validating the patient identity by confirming at least two (2) of the above patient identifiers.

ii. **Observed Dosing:**

1. Patients are prohibited from bringing drinking utensils, beverages or any other portable containers to the dispensing window.
2. Only one patient is permitted at the dosing window at one time.
3. Children, other family and friends may not accompany a patient to the dispensing area.
4. The nurse verbally verifies patient identification using above identifier mechanisms along with medication level.
5. The dispensing nurse pours the medication, dilutes it with water or another liquid and then observes the patient swallowing the medication.
6. After taking the dose of medication, the patient is dispensed water and must drink the water while observed.
7. Before leaving the dosing window, the patient is required to speak to the nurse assuring that medication has not been diverted.

iii. **Video Surveillance:** Video monitoring systems, which record nurses dispensing medications as well as patients ingesting medications, are strategically installed throughout the medication area.

iv. **Clinic Security:**

1. The clinic's security system has "panic" buttons strategically located for staff access in the event of security threat.
2. Security Officers are strategically posted within the medication dispensing area to manage crowd control and monitor clinic grounds / parking lot areas to ensure security and to monitor for illicit activity.
3. One security guard will post at main/front entrance and one in medicating lobby. Security will limit the number of clients entering the building to no more than 15 at one time to

allow for adequate social distancing. Patients will all exit out of side door on Noble Street.

- v. **Dispensing Recordkeeping:** the Agency EHR Dispensing records contains the following information which must be maintained in the dispensing log:

1. Name of substance;
2. Strength of substance;
3. Dosage form;
4. Date dispensed;
5. Adequate identification of patient
6. Amount consumed;
7. Amount and dosage form taken home by patient;
8. Dispenser's initials.

11. Patients reporting to the clinic with symptoms of respiratory infection and cough or fever will be taken to a designated "isolation" room for evaluation by the Clinic Physician who will make a determination as to the safe number of THBs, taking into consideration the patient's stability in treatment and ability to safely store and protect medication, not to exceed 2 weeks of medication.

IV. HUMAN RESOURCES

1. Ensure there is current emergency contact information on all staff
2. Revise the essential staff to exclude support staff (i.e. receptionist, billing). Support staff should be cross-trained to cover one of the essential positions such as cardroom staff, admin for clinical services, admin for medical services etc.
3. Explore positions which can work from home
4. Identify staff who are 60+ for possible furlough
5. Identify staff with comorbidities for possible furlough
6. Ensure there is current emergency contact information on all Security staff
7. Implement Enhance Workplace policies as appropriate
8. Develop telework policy, guidelines and require signed acknowledgement for personnel file. When working from home, staff will be required to login to the Payroll portal and punch in and out for payroll purposes.
9. Circulate telecommute agreement among staff to be signed by those staff approved to work from home. A copy will be filed in each personnel file.
10. Staff members who become sick or have been diagnosed with COVID-19 are asked to stay home and notify their immediate supervisor.

11. Well staff is expected to be on-site on their scheduled essential staff day in accordance with Essential Staff Schedule

V. FACILITY OPERATIONS/H&S

1. Provide hand sanitizer and/or disinfectant products
2. Provide PPE for staff persons who have frequent direct contact with patients
3. Reduce group time to allow for adequate disinfecting and cleaning of group room following every group
4. Expand cleaning service for weekly "commercial deep cleaning" for sterilization and disinfecting using commercial grade products and cleaning techniques
5. Maintain the building temperature at cool setting (68 degrees) and ensure air flow.
6. Regularly clean all HVAC vents
7. Maintain adequate supply of handwashing soap in all restrooms
8. Monitor, manage and control the number of patients entering the facility at one time by having patients form a line outside and limiting the number of patients in the medication lobby to no more than 15 at a given time.
9. Designate an "isolation" room where patients exhibiting symptoms will be held for evaluation by the Clinic Physician.

VI. IT

1. Keep patients and staff informed of emergency updates by utilizing the company website, emails, google business page, flyers/notices/memos and through voice recordings on the main business line.
2. Post all announcements and updates on TV monitor screens located conspicuously in the patient common areas.
3. Assess equipment needed for staff who are approved to work from home
4. Staff should check voicemail DAILY and clear voicemail.
5. Staff should set up call forwarding option on office phone to allow contact when off-site

VII. OPERATIONAL RESPONSE

1. Modify clinic operation hours to accommodate decreased patient flow
2. Modify evening program hours due to State mandated curfew