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New York State Office of Addiction Services and Supports (OASAS) COVID-19 Guidance for Outpatient Addiction Treatment Programs

Effective immediately, masking in OASAS programs is strongly recommended rather than required for all staff, visitors, and patients. All programs are responsible for creating policies and procedures regarding infection control in their own facilities. Programs may choose to go beyond this guidance and require masking should they choose to do so. Outpatient programs should be aware of their county transmission levels and follow CDC guidance when transmission levels are substantial or high which includes masking for staff and visitors. If the county is not having substantial or high transmission levels, then masks are recommended for all staff, visitors, and patients, but are not required except in specific circumstances enumerated in the respective guidance documents for each type of program. See CDC information here. See NYS DOH information here.

This guidance should be used in conjunction with other relevant guidance posted on the OASAS COVID-19 page, including specific communications about telehealth and for opioid treatment programs (OTPs).

OASAS licensed outpatient addiction treatment programs are essential services and their staff are essential healthcare workers. OASAS programs remain open and operational and are not subject to any non-essential workforce reductions. However, while it is essential to maintain access to critical addiction treatment services, it is important to reduce in-person visits when needed (in the context of a facility outbreak or substantial or high county transmission levels), and encourage physical distancing in both staff and patients, in order to protect staff and patients from COVID-19 and reduce county transmission levels of COVID-19.

In addition to any previously issued guidance concerning necessary in-person services, OASAS licensed outpatient programs should be operating along the following principles and guidelines:

1. Programs should maximize the use of telehealth services, including for psychosocial services and supports, as well as medication management services, including medication for addiction treatment (MAT), as clinically appropriate for patients and considering patient preferences.

2. Programs should maintain as many staff onsite as necessary to address needs for in-person services, and to support critical administrative functions that cannot be performed remotely.

3. Programs may conduct in-person groups as outlined in the OASAS reopening guidance.

4. Programs may do individual counseling sessions using telehealth methods, unless there is a specific

need to do services in person (e.g., a patient has no phone access, urgent risk assessment or crisis management, patient preference, etc.).

5. *Programs should not bring persons into the program solely for performing toxicology testing until otherwise instructed by OASAS*. If patients are coming on site for additional services, that would be the appropriate time to collect a toxicology sample.

6. Programs should not be performing in-person procedures (e.g., laboratory specimen collection, physical examinations, tuberculosis screening, etc.), even if they are required by existing OASAS regulations, unless the in-person procedure is medically necessary and critical for the near-term health and safety of a patient. During the COVID-19 federal public health emergency (PHE), an outpatient program intake, as well as an initiation on MAT, can be conducted safely and appropriately through telehealth, without any in-person procedures. Non-critical procedures required by regulations are waived during the COVID-19 federal PHE. The federal PHE is scheduled to expire on 5/11/2023. See HHS announcement here.

7. For any in-person physical (physical exams, phlebotomy, vital signs, etc.) interactions that are deemed medically necessary, staff are strongly recommended to utilize personal protective equipment (PPE), including a surgical mask or higher-grade respirator, gloves, and eye protection (goggles or face shield), and additional PPE (i.e., gown and fit-tested N95 respirator) as appropriate, and are encouraged to maintain as much physical distancing as possible between both patients and staff, as well as among patients in the facility (e.g., encourage physical distancing in waiting areas). This could mean deferring parts of procedures that require direct contact (e.g., deferring parts of a physical examination that are not critical). Clinicians should document in the chart which parts of procedures were deferred and the reason. All staff are strongly recommended to wear a face covering, surgical or higher-grade respirator with any close physical contact with patients. All patients are recommended to wear a face covering while in the facility. Any masks and face coverings worn should fit snugly and completely cover the nose and mouth. Eye protection (face shield or googles) is strongly recommended for staff with patient contact. See CDC guidance on eye protection here. See updated CDC mask guidance here.

8. Programs should create and/or update infection control policies and procedures, in collaboration with relevant health care providers when necessary, to ensure continued access to long-acting injectable medications, while encouraging physical distancing and protecting staff from COVID-19 exposure (e.g., a single injection clinic with scheduled appointments, staffed by a nurse in full PPE).

9. Please note that there are additional operational and clinical considerations for OTPs, which are addressed in separate guidance.

Please send any further questions to the PICM Mailbox at PICM@oasas.ny.gov