Effective September 3, 2021 OPWDD's Incident Report and Management Application (IRMA) will display additional fields to be completed to assist OPWDD's tracking of the type of COVID-19 positive cases occurring in OPWDD certified residential sites.

The criteria for reporting of COVID-19 positive or presumed positive cases remains the same. However, for cases reported on or after **August 01, 2021,** IRMA has been modified with additional fields so that providers of certified residential sites will enter vaccination information on the COVID-19 Individual and Staff Forms in IRMA.

Providers of certified residential sites are required to enter the following additional fields of data on the COVID-19 Individual and Staff Forms when there is a new **presumed positive** or **positive test** for COVID-19 infection for an individual or staff in a certified residential site. This includes:

- All ICFs
- All IRAs
- All Community Residences
- All Developmental Centers
- All Residential Schools
- All Specialty Hospitals
- All Family Care Homes

1. Was the individual vaccinated? Yes or No. If no, no further questions will populate.
   OR
   Was the staff vaccinated? Yes, No, or Unknown. If no or unknown, no further questions will populate.

   - If yes, select vaccine type (drop down): Johnson and Johnson, Pfizer or Moderna
     - If Johnson and Johnson, enter date of last vaccination.
     - If Pfizer or Moderna, did the individual receive two doses? Yes or No. If no, questions stop since full vaccination is required by the CDC.
       - If yes, enter the date of last vaccination.

2. Did the individual/staff receive a booster (Yes or No)?
   - If yes, enter the date of the last vaccination.

If a COVID-19 Event/Situation that was reported on or after August 1, 2021 has since been closed at the time of the issuance of this information, the Event/Situation will need to be reopened to provide responses to the questions above. Please contact your respective Incident Compliance Officer in OPWDD's Incident Management Unit at 518-473-7032 to reopen a closed COVID-19 Event/Situation, as appropriate.

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Updated COVID-19 Reporting and Entry into the Incident Report and Management Application (IRMA) for All Certified Residential Sites

August 31,2021

IRMA Changes: COVID-19 Event Situations

- Effective September 3, 2021 OPWDD's Incident Report and Management Application (IRMA) will display additional fields to be completed to assist OPWDD's tracking of the type of COVID-19 positive cases occurring in OPWDD certified residential sites.

- The criteria for reporting of COVID-19 positive or presumed positive cases remains the same. However, for cases reported as of **August 01, 2021,** IRMA has been modified with additional fields so that providers of certified residential sites will enter vaccination information on the COVID-19 Individual and Staff Forms in IRMA.

- Providers of certified residential sites are required to enter additional fields of data on the COVID-19 Individual and Staff Forms when there is a new presumed positive or positive test for COVID-19 infection for an individual or staff in a certified residential site.

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New Vaccination Fields in COVID-19 Individual and Staff Forms

- All certified residential sites are required to complete data fields on the COVID-19 Individual and Staff Forms when there is a new positive or presumed positive COVID-19 infection for an individual or staff in a certified or OPWDD operated residential setting (including Family Care).

- These data fields will gather information to determine:
  - If the person was vaccinated
  - The type of vaccination they received
  - The date of vaccination
  - If the person received a booster and the date that booster shot was received

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Certified Residential Sites

- IRMA will only display these new fields in the appropriate programs.

- The programs that will display these fields are:
  - All ICFs
  - All IRAs
  - All Community Residences
  - All Developmental Centers
  - All Residential Schools
  - All Specialty Hospitals
  - All Family Care

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COVID-19 Individual Form: Individual Header Information

COVID-19 Individual Form:

* Required fields to complete the form

Start Date	April 28, 2020
* The Individual currently under	○ Precautionary Quarantine (Isolation of individuals with proximate exposure) ○ Required Mandatory Quarantine (Isolation of individuals with close exposure) ○ Required Mandatory Isolation (Individuals with Confirmed COVID-19 Diagnosis) ○ Other Exposure
* Considered Vulnerable individual?	○ Yes ○ No

COVID-19 Health Questionnaire

Exposure Date (If known)	
* Has Individual been evaluated by Medical Practitioner?	○ Yes ○ No
* Has the Health Department been notified?	○ Yes ○ No
County (only if different from above)	-----Select County----- ⌄
Number of Isolation/Quarantine days required if known	number only days
* Start Date of Isolation/Quarantine	
* Actual End Date of Isolation/Quarantine	

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COVID-19 Individual Form:

Field	Value	
* Has the Individual been Hospitalized?	⦿ Yes ○ No	
Hospital Name (If known)	[ ]	
* Hospitalization Start Date	[ ]	
* Hospitalization End Date	[ ]	
* Will the Individual be discharged to this program?	⦿ Yes ○ No	
* Is the individual presumed positive?	⦿ Yes ○ No	
* Was the Individual Tested?	⦿ Yes ○ No	Test Results

Test Results

#	Date of the Test	Test Result	➕ Add Test

Please submit the form to save test results.

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COVID-19 Individual Form:

* Is the individual presumed positive?	⦿ Yes ◯ No
* Was the Individual Tested?	◯ Yes ◯ No
* Was the individual vaccinated?	⦿ Yes ◯ No
* Vaccine type	Pfizer ∨
* Did the individual receive two doses?	⦿ Yes ◯ No
* Date of last vaccination	
* Did the individual receive a booster?	⦿ Yes ◯ No
* Date of last booster vaccination	

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COVID-19 Individual Form:

Activity Restriction Start Date	
Activity Restriction End Date	
* Has notification been made to family?	⊙ Yes ○ No ○ NA
* Has notification been made to the advocate?	⊙ Yes ○ No ○ NA
* Has the individual passed away?	⊙ Yes ○ No ○ Unknown
* Please enter approx. date if exact date is unknown.	
*Location of Death	-----Select Location----- Hospital Residential Program Family Home Nursing/Rehab/Recovery Center Other
Additional Comments	comments.
*Form Completed by	KCSX

☐ Form Completed

[Submit] [Clear Form]

COVID-19 Staff Form:
Staff Header Information

COVID-19 Staff Form

* Required fields to complete the form

Start Date	April 28, 2020
* The person currently under	○ Precautionary Quarantine (Isolation of individuals with proximate exposure) ○ Required Mandatory Quarantine (Isolation of individuals with close exposure) ○ Required Mandatory Isolation (Individuals with Confirmed COVID-19 Diagnosis) ○ Other Exposure
*Primary Phone Number	xxx-xxx-xxxx
Secondary Phone Number	xxx-xxx-xxxx
*Email	Email Address Note : Please enter a valid email or enter "No email"
*Date of Birth	
*Address of primary work site	Address of primary work site
*County of primary work site	-----Select County----- ∨
*Was the person symptomatic at work?	○ Yes ○ No

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COVID-19 Staff Form

* Did this exposure occur at work?	⦿ Yes ◯ No ◯ Unknown
Location of the exposure	Please enter Location of the exposure. — Maximum **250** characters.
Exposure Date (If known)	
*Has person been evaluated by Health Department or Medical Provider?	⦿ Yes ◯ No
County (only if different from above)	-----Select County----- ∨
Has notification been made to Bargaining Unit? (State Operations Only)	⦿ Yes ◯ No ◯ NA
* Start Date of Isolation/Quarantine	
* Actual End Date of Isolation/Quarantine	
* Has the person been hospitalized?	⦿ Yes ◯ No
Hospital Name (If known)	
* Hospitalization Start Date	

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COVID-19 Staff Form

* Was the person discharged?	◉ Yes ○ No
* Hospitalization End Date	[_____]
Discharge Description	Please enter Discharge Description. ⌃⌄ Maximum **250** characters.
* Is the person presumed positive?	◉ Yes ○ No
* Was the person Tested?	○ Yes ○ No
* Was the person vaccinated?	◉ Yes ○ No ○ Unknown
* Vaccine type	Pfizer ⌄
* Did the person receive two doses?	◉ Yes ○ No
* Date of last vaccination	[_____]
* Did the person receive a booster?	◉ Yes ○ No [__]
* Date of last booster vaccination	[_____]
* Has the person passed away?	○ Yes ◉ No ○ Unknown
Additional Comments	Please enter any additional comments. ⌃⌄
*Form Completed by	Full Name

☐ Form Completed

[Submit] [Clear Form]

OPWDD COVID-19 Guidance

- Can be found at:

  https://opwdd.ny.gov/coronavirus-guidance/covid-19-guidance-documents

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IRMA Entry Resource Issues

If your agency needs assistance with the following, please contact incident.management@opwdd.ny.gov and copy your IMU Incident Compliance Officer:

- If the agency requires additional IRMA users, please complete a User Access Request (UAR) and email with the subject line: <u>COVID-19 IRMA Access UAR.</u>

- If the agency needs assistance in entering COVID-19 related updates, please email with the subject line: <u>COVID-19, the Master Incident Number (MIN) and Agency Name.</u>

- If your agency has specific questions related to linking COVID-19 Events, please email with the subject line: <u>Master Incident Number (MIN) "Linking Question."</u>

- If the agency needs assistance with contact tracing, please email with the subject line: <u>COVID-19 Contact Tracing Assistance</u>.

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Thank you for participating in this training!

If you need assistance with IRMA entry or have any questions about this process, please email
incident.management@opwdd.ny.gov
and copy your IMU Compliance Officer.

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