NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

COVID-19 "Coronavirus" Data Entry into the Incident Report and Management Application (IRMA)

June 4, 2020

COVID-19 “Coronavirus” Reporting

- Must be completed as Part 625 COVID-19 “Coronavirus” Event/Situations.
- IRMA entry must include completion of the all necessary COVID-19 Forms for program, individuals and/or staff.
- Each form must be updated by the agency as information becomes known and must be completed in its entirety.
- IRMA entry must occur as soon as possible but at least within 24 hours after notification of positive test result, notification of a presumed positive, /or instruction to implement quarantine or isolation, and any additional status updates to an existing report.

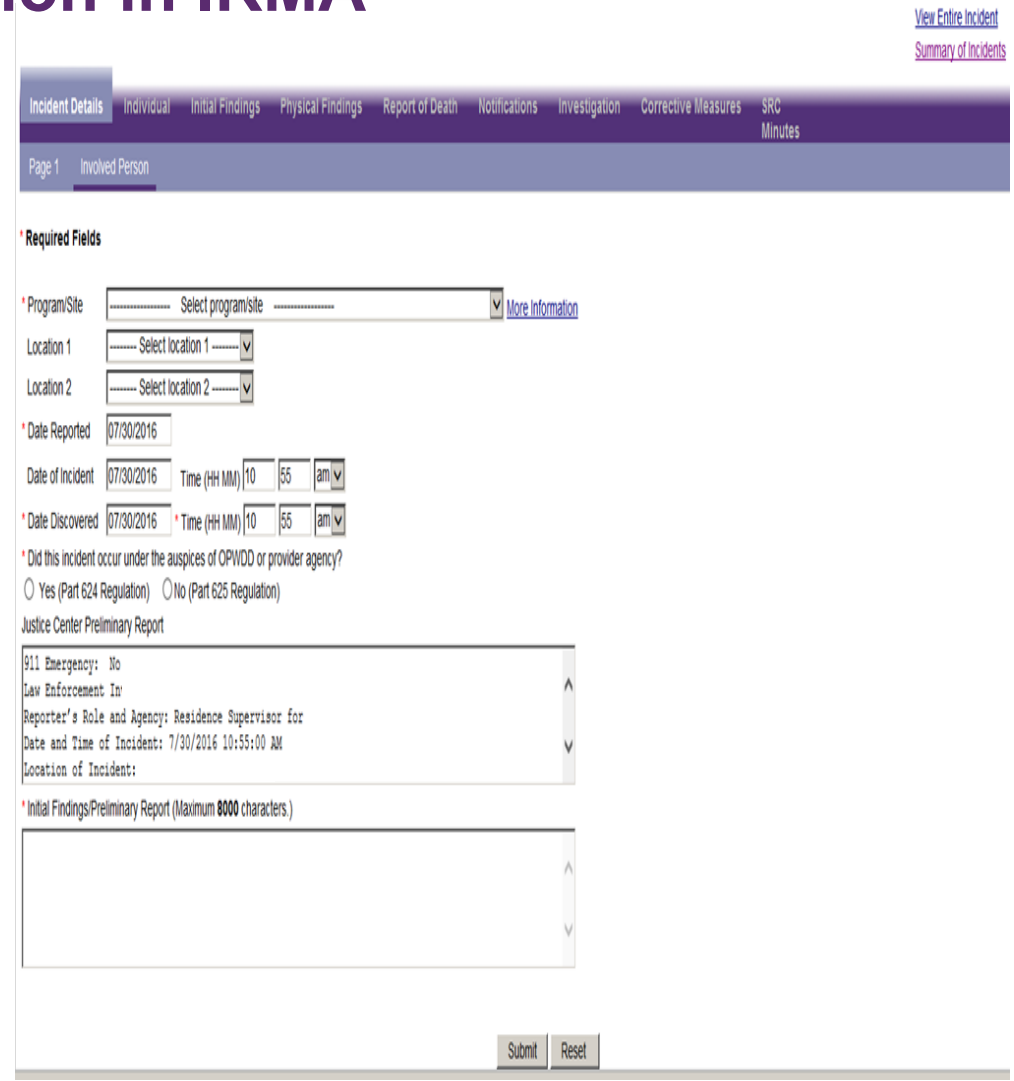
Entering COVID-19 in IRMA

Under Justice Center Jurisdiction	NOT Under Justice Center Jurisdiction
All agency programs/services **under the jurisdiction** of the Justice Center. After reporting via phone to the Justice Center- follow these steps to enter data into IRMA: • **Log into the Incident Report and Management Application (IRMA)** • **Look in the Justice Center Tab in IRMA** • **Locate the new Justice Center created IRMA record, open that record and review the JC XML to ensure that this is the correct narrative reported for COVID-19 to the Justice Center** • **Continue to enter COVID-19 "Coronavirus" Event/Situation information by following COVID-19 IRMA Entry Requirements detailed in this PowerPoint.**	All agency programs/services **not under the jurisdiction** of the Justice Center- follow these steps to enter into IRMA: • **Log into the Incident Report and Management Application (IRMA)** • **Go to the menu page and select, "ADD INCIDENT"** • **Continue to enter COVID-19 "Coronavirus" Event/Situation information by following IRMA Entry Requirements detailed in this PowerPoint.**

Selecting the COVID-19 "Coronavirus" Classification in IRMA

<u>In the Incident Details Tab</u>:

- **Enter all required information.**
- **Did this incident occur under the auspices of OPWDD or provider agency?**
  - **☐ Select "No" (Part 625 regulation)**
- **Hit "Submit" to create the record. You will receive a message at the top of the page confirming the record has been created and the Master Incident Number (MIN) assigned to it.**
- **Document the MIN immediately in case you are timed out of IRMA you will be able use the MIN to search for the record that was created.**

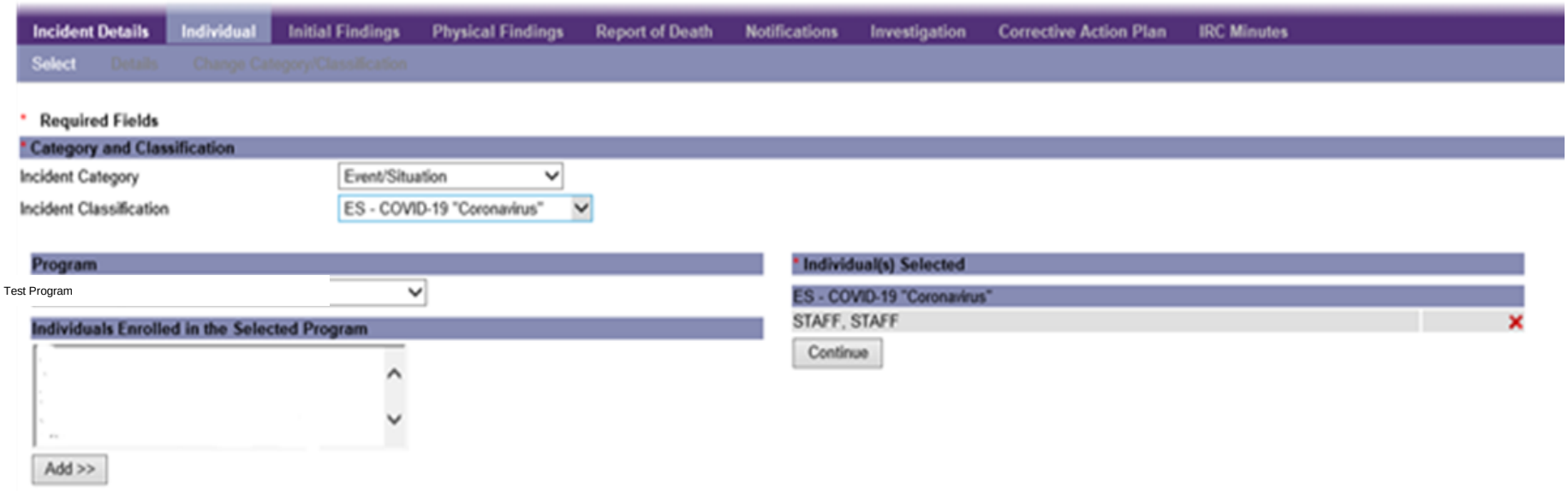


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Entering Individuals in COVID-19 “Coronavirus” Event/Situations

To enter an Individual who has a level of exposure:

- **In the Individual tab:**
  - Enter Category – ES (Event/Situation)
  - Enter Classification – COVID-19 “Coronavirus”
  - Enter individuals bv their TABS ID



Adding Individuals

- Please add individuals to COVID-19 Event for the program that they are enrolled in. Enter individuals in IRMA by their TABS ID. If you are having issues doing this, please contact IMU.

- There should only be one COVID-19 Event for each individual.
  - DQI is reviewing all reports to ensure that there is only one COVID-19 Event per individual. In the event that there is more than one report, DQI will determine if the reports will be linked or if a report needs to be removed from a program. DQI staff will make a note in each record to communicate this with the agency.

Adding Individuals

- Please do not add individuals who have an exposure under the Involved Persons Subtab. These individuals should be recorded in the Individual Tab.

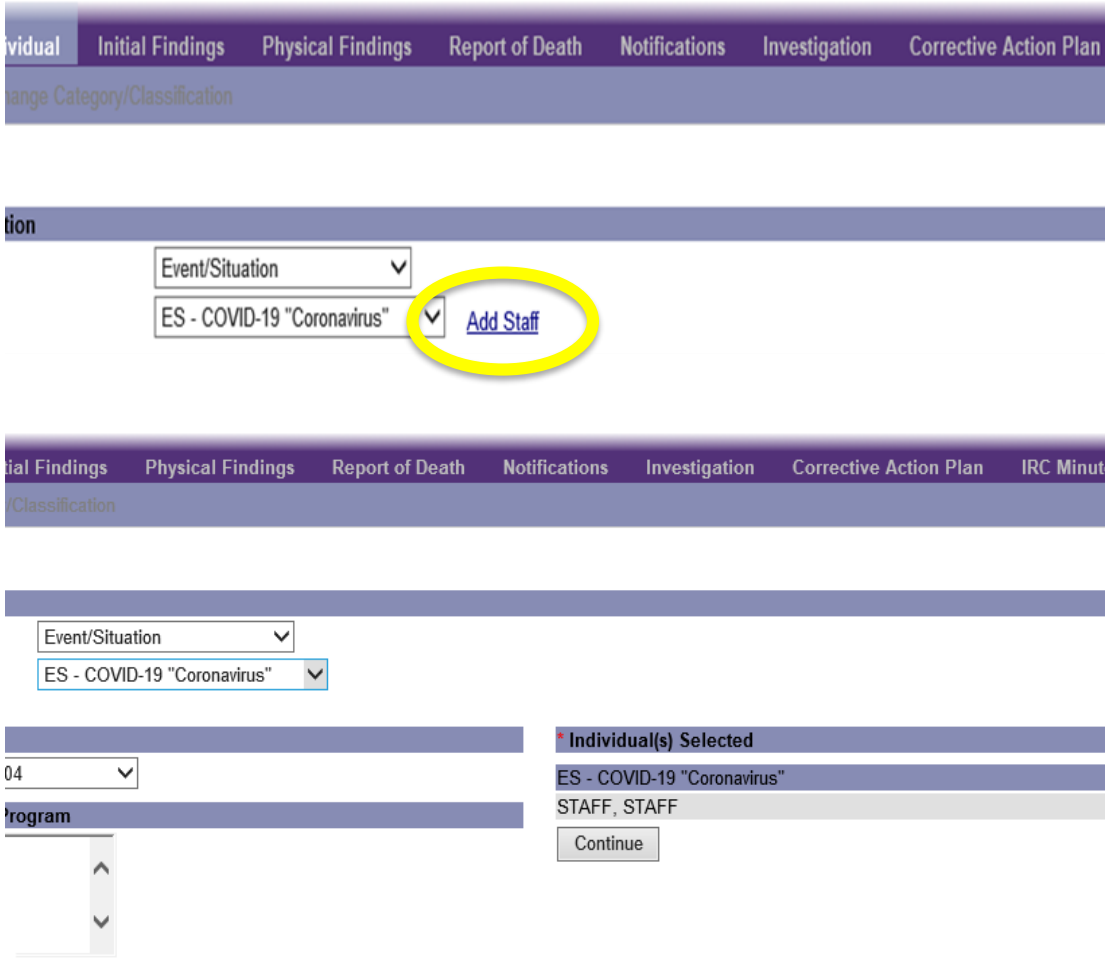
- Please enter any individuals or staff to the COVID-19 Event when it is identified that the particular person is involved in the exposure.

Entering “Staff, Staff” Type in the Individual Tab

<u>To enter the staff type in the Individual Tab:</u>

- Entering Staff:
  - To enter that a staff member is also involved in this exposure, click on the “Add staff” link next to the Classification.
  - This will add the type “Staff, Staff” in the event.
  - “Staff. Staff” will then appear in the header of the Event/Situation so that users will know at first glance that there is also a staff involved.

  - **Any staff involved must also be listed in the involved persons tab.**



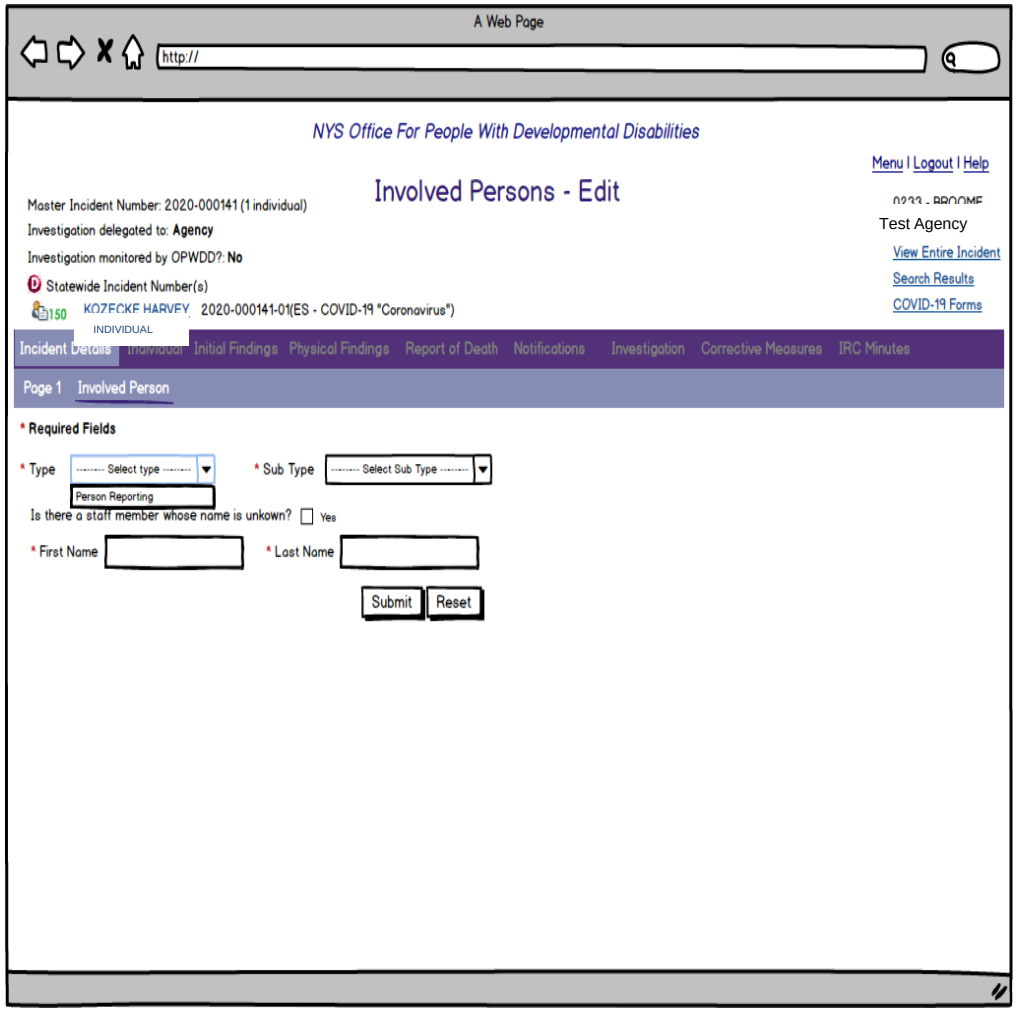
Entering Staff Members in COVID-19 "Coronavirus" Event/Situations

Please enter all staff members involved in this exposure in the Involved Persons Tab.

Staff members must be entered if they have a level of quarantine or isolation as prescribed by the Local Health Department (LHD) or a Health Care Provider.

To enter a staff member who has a level of exposure:

- Go to Incident Details Tab, then to the Involved Persons subtab
- For Type select "Person Present"
- Select the appropriate subtype (i.e., Staff-agency employee, Volunteer, etc.)
- Enter name - first and last name are required



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Adding Staff

- Please remember that IRMA has the functionality to track staff members in COVID-19 “Coronavirus” Event/Situations.

- Remember to enter staff members in Involved Persons with the appropriate type and subtypes.
  - The staff member’s type should always be as “Person Present” or “Person Reporting.”
  - The staff member subtypes should be Staff – contract, Staff-agency employee, or volunteer.

***If you do not choose this combination of types and subtypes, a staff form will NOT generate.**

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Adding Staff (cont.)

- Please remember to add Staff,Staff under the Individual Tab when there is a staff involved in this event.

- Please enter any individuals or staff to the COVID-19 Event when it is identified that person is involved in the exposure.

- Program codes have been established/identified for tracking administrative staff members, who do not work directly with individuals. Please send an email to incident.management@opwdd.ny.gov for help in identifying the appropriate program code.

COVID-19 “Coronavirus” IRMA Forms

COVID-19 Individual, Staff, and Program Forms

- Forms will generate for each individual added to the Individual Tab and each staff member added to the Involved Persons Tab.
- A Program Form will also generate.
- To access these forms, click on the **“COVID-19 Forms”** link that is located below the agency name on the top right corner of the Event/Situation. When you click on the link, the appropriate forms will appear. Click on the arrows to open the forms.
- The number of individual and staff forms that appear will correspond to the number of individuals entered in the Individual Tab and the staff members entered in the Involved Persons Tab.

COVID-19 “Coronavirus” IRMA Forms (cont.)





COVID-19 "Coronavirus" IRMA Forms (cont.)

- **All** updates related to an individual or staff members' status **must** be recorded on these forms routinely.
- Program, Individual, and Staff Forms must be updated any time new information becomes available.
- A completed Staff or Individual form is only required for those with a quarantine or isolation status and/or positive test result. If there is a potential exposure but a status has not been given, the agency should reach out to the LHD or HCP.

General Form Updates

- Please update the COVID-19 Event and all COVID-19 Forms as information is received, including when there is any change in an individual or staff's COVID status (e.g., test results change in quarantine status, or admission/discharge from the hospital).

- DQI Incident Management Unit (IMU) did complete initial COVID-19 Form entries to assist agencies with the backlog when the COVID-19 forms became available in IRMA. It is now each agency's responsibility to gather the information and complete these forms. Data shows many records that have not been updated since these forms were created by IMU staff.

General Form Updates

- IMU has been contacting agencies to follow up on forms that have not been updated in some time. It is important that updates are made in a timely manner.

- This work is currently continuing and will continue to resolve data issues.

COVID-19 Program Form

- The COVID-19 Program Form asks if the **entire** program is under a level of quarantine or isolation as directed by the Local Health Department or a Health Care Provider.
- Users should select a level of quarantine or isolation for the **entire** program **only** if the **entire** program is placed under a level of quarantine.
- Users must enter the program phone number.
- Users should enter more than one contact for the program that will be available to discuss this event. A minimum of two contact must be entered.

COVID-19 Program Form

* Required fields to complete the form

* Start Date	March 30, 2020
* The entire program currently under	○ Program not under quarantine/isolation ○ 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 Reason for Other Exposure. Maximum 250 characters. Maximum **250** characters.
Program Phone Number	xxx-xxx-xxxx Note : Please enter in given format.(222-xxx-xxxx)
Program Contact Person(s)	
Contact 1	First Name Last Name xxx-xxx-xxxx ☐ Same as program phone Number
Contact 2	First Name Last Name xxx-xxx-xxxx ☐ Same as program phone Number
Contact 3	First Name Last Name xxx-xxx-xxxx ☐ Same as program phone Number
Additional Comments	Please enter any additional comments.
*Form Completed by	KCSX

☐ Form Completed

Submit Clear Form

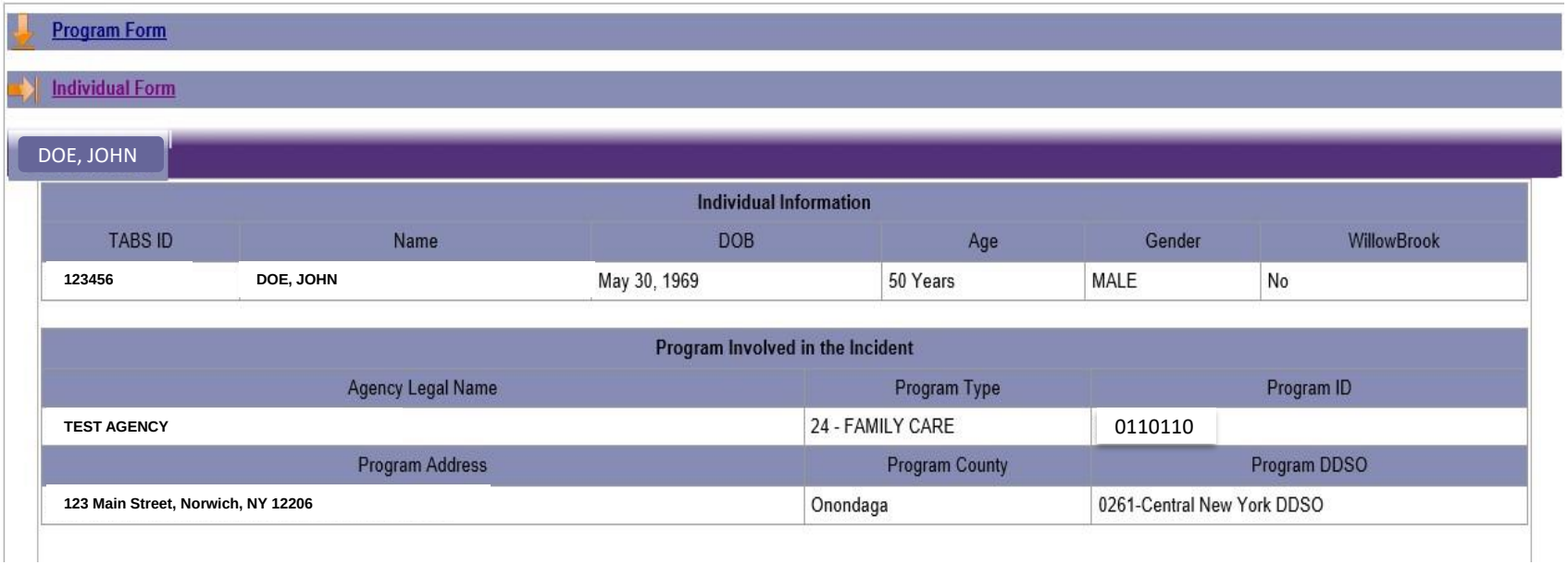
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COVID-19 Individual Form

- A form **must** be completed for each individual receiving services.

- The COVID-19 Individual Form is designed to capture information on:
  - LHD/Health Care Provider directives (formal level of quarantine or isolation)
  - COVID-19 tests completed and test results
  - Hospitalizations and Discharge status
  - Notifications
  - Positives (including presumed positives) will always have a “mandatory isolation” status in IRMA.

COVID-19 Individual Form: Individual Header Information



Program Form

Individual Form

DOE, JOHN

Individual Information

TABS ID	Name	DOB	Age	Gender	WillowBrook
123456	DOE, JOHN	May 30, 1969	50 Years	MALE	No

Program Involved in the Incident

Agency Legal Name	Program Type	Program ID
TEST AGENCY	24 - FAMILY CARE	0110110
Program Address	**Program County**	**Program DDSO**
123 Main Street, Norwich, NY 12206	Onondaga	0261-Central New York DDSO

COVID-19 Individual Form: COVID-19 Health Questionnaire

* 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

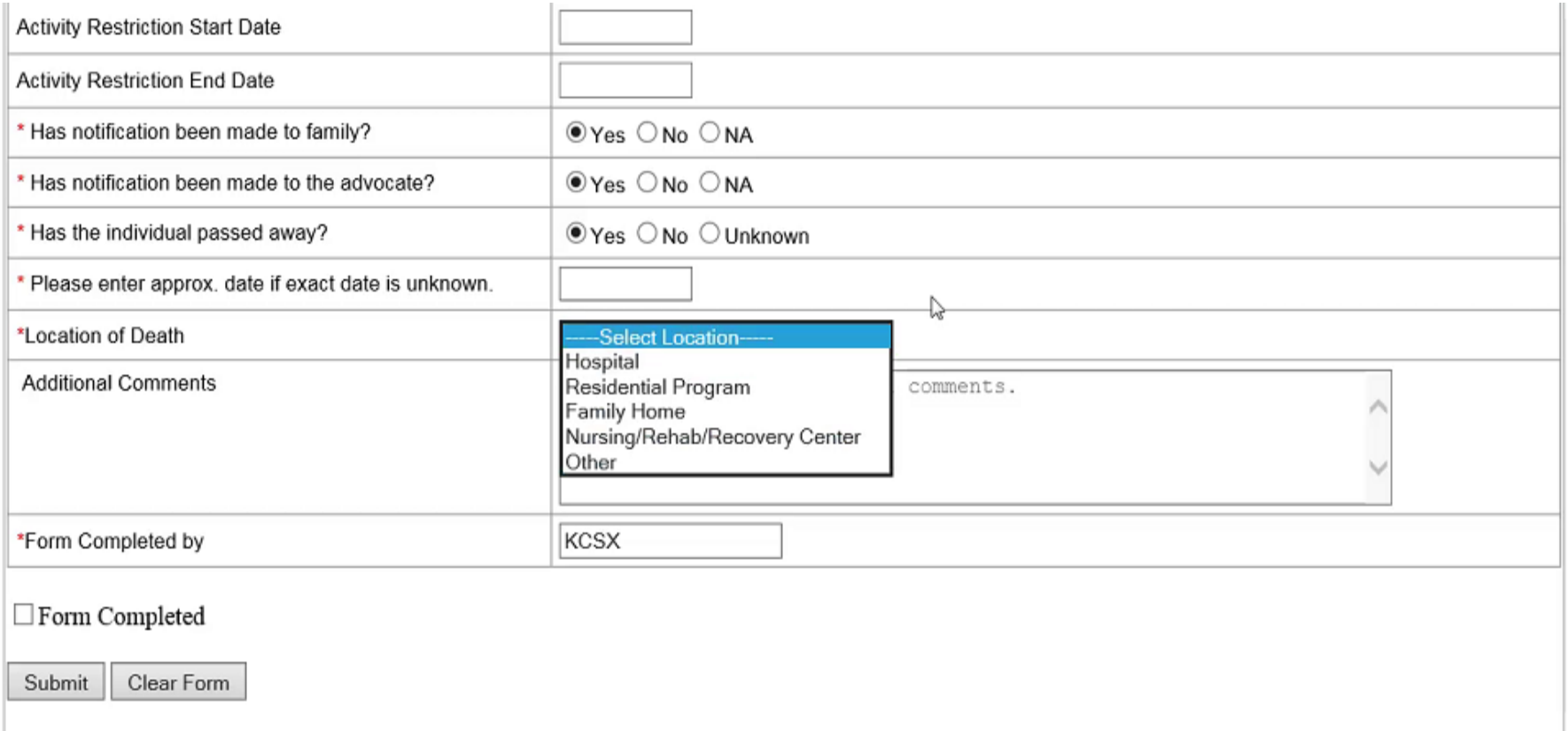
COVID-19 Health Questionnaire

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 onl days
* Start Date of Isolation/Quarantine	
* Actual End Date of Isolation/Quarantine	

COVID-19 Individual Form: COVID-19 Health Questionnaire

* 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 # | Date of the Test | Test Result | Add Test Please submit the form to save test results.

COVID-19 Individual Form: COVID-19 Health Questionnaire



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-----
Additional Comments	comments.
*Form Completed by	KCSX

Hospital
Residential Program
Family Home
Nursing/Rehab/Recovery Center
Other

☐ Form Completed

Submit Clear Form

Is the Person Considered a Vulnerable Individual?

In the COVID-19 Individual Form, answer "Yes", the individual is a vulnerable person, if they meet <u>any</u> of the following criteria:

- Adults 65 years of age and older – automatically generated
- Persons with I/DD living in congregate settings
- Persons with pre-existing medical conditions, especially if not well controlled including:
  - Asthma or Chronic lung disease (such as COPD or cystic fibrosis)
  - Serious heart conditions
  - Blood disorders (such as sickle cell disease)
  - Diabetes
  - Kidney disorders requiring dialysis
  - Liver disorders
  - Proneness to illness/infection and/or a weakened immune system (e.g. undergoing cancer treatment, HIV or AIDS, prolonged use of immune weakening medications, transplantation, smoking, and immune deficiencies)
  - People with severe obesity (BMI of 40 or greater).

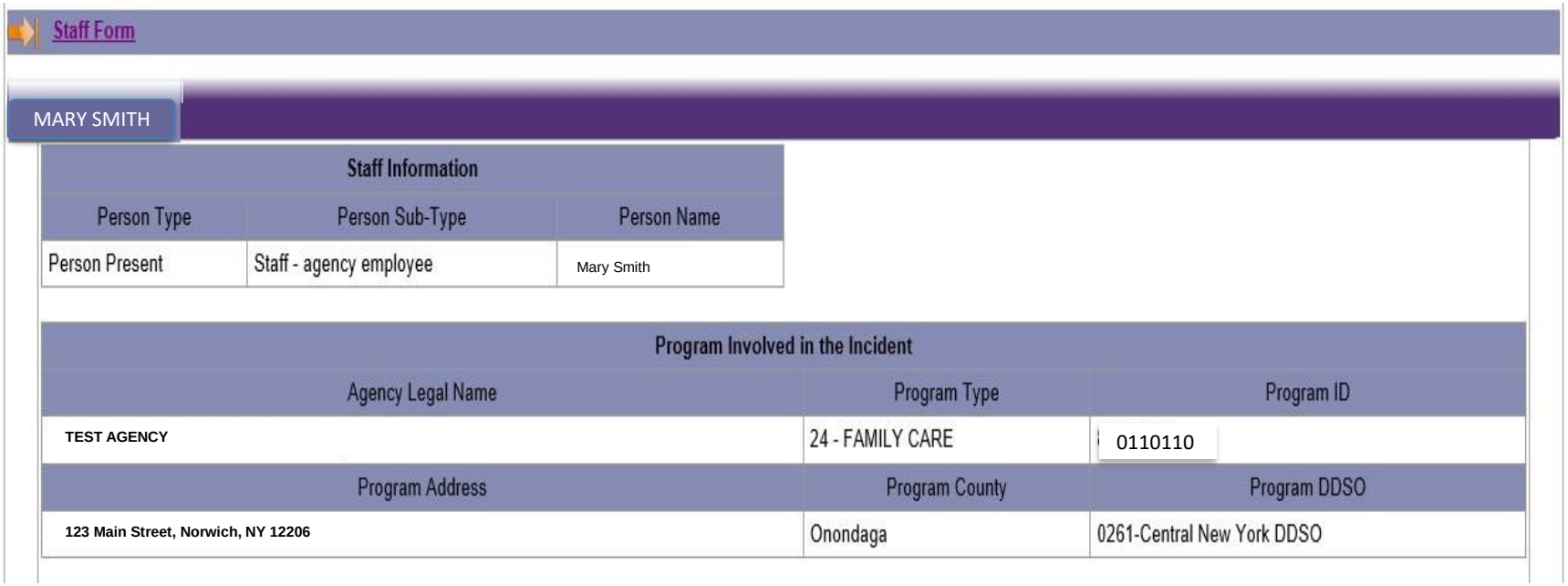
COVID-19 Staff Form

- A **COVID-19 Staff Form** will only generate for those people entered into the Involved Persons Tab who are agency or contract staff or agency volunteers.

- The Staff Form is **only** required for those staff members or volunteers that have a level of quarantine or isolation as prescribed by the Local Health Department (LHD) or a Health Care Provider. This would always include a positive test result or a presumed positive status.

- The COVID-19 Staff Form is designed to capture similar information related to LHD/Health Care Provider directives, COVID-19 tests, hospitalizations, etc.

COVID-19 Staff Form: Staff Header Information



Staff Form

MARY SMITH

Staff Information		
Person Type	Person Sub-Type	Person Name
Person Present	Staff - agency employee	Mary Smith

Program Involved in the Incident		
Agency Legal Name	Program Type	Program ID
TEST AGENCY	24 - FAMILY CARE	0110110
Program Address	Program County	Program DDSO
123 Main Street, Norwich, NY 12206	Onondaga	0261-Central New York DDSO

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

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	

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
* Has the person passed away?	◉ Yes ○ No ○ Unknown
* Please enter approx. date if exact date is unknown	
Additional Comments	Please enter any additional comments.
*Form Completed by	KCSX

☐ Form Completed

Submit Clear Form

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COVID-19 Test Data

- There are many forms that have a test date and results “unknown” which were entered some time ago. Please enter these results.

- There are many records that indicate that the individual or staff was tested but they have no test date or result recorded. Please enter a date and the result.
  - If you do not know the date of the test, please enter the date you were notified that the individual or staff was tested. Please indicate in the Additional Comments Section of the form that the test date was unknown and that the date the test was reported was the date used.

- Please note that if a staff member of individual was presumed positive pending their test results, the test results should be entered as soon as they are received and the presumed positive field should be changed from Yes to No.

Recording Hospitalizations and Deaths

- There are currently forms that only have data entered for the end dates of hospitalizations and/or quarantine/isolation. Please add start dates.
- Hospitalizations should only be recorded in COVID-19 Forms if they are related to COVID-19 symptoms. Deaths that are recorded in COVID-19 Forms also should only be recorded if the death was related to COVID-19 symptoms.
- If an individual who was COVID-19 positive passed away, the hospital discharge date should be entered as the date of death.
- If an individual is not returning to program and is going to a recovery center, their hospital discharge date should be recorded as the date they left the hospital. Information about when they returned to program should be documented in the Additional Comments Section.

Individual and Staff COVID-19 Forms

- For all Staff COVID-19 Forms, the staff member's Date of Birth must be added. DQI is reviewing the data related to this field and will be reaching out to agencies not entering this data.

- Please be reminded that if someone is determined presumed positive, their quarantine/isolation status must be entered by the user as Mandatory Isolation. This will not automatically populate.

- Please ensure that you are in the correct person's form when entering data.

- If an individual is added to the Individual Tab or a staff is added to the Involved Persons Subtab, the COVID-19 Form for that person must be completed. No form should be blank.

Reports That Are Linked in IRMA

- If COVID-19 Events are linked in IRMA, the agency must ensure that all staff and individuals with a COVID-19 status are listed in the primary IRMA record and that the forms in the primary IRMA record contain the required information.

- Please do not provide information on forms that populate for a duplicate event. If this has already occurred and information is provided on a form for a duplicate event, please add the individuals/staff to the primary record and transfer all information from the forms in the duplicate record into the forms in the primary record.

Other Exposure

- If no formal containment category was assigned by the Local Health Department or another Health Care Provider for a person but the agency still wants to enter information into IRMA for their own tracking purposes, please select “Other Exposure” for the person.
  - When making that selection, a text box will appear. Please describe the circumstances and what precautions your agency is taking.
  - If your agency has made the decision to limit activities due to potential exposure, enter that information in “Activity Restriction State Date” and “Activity Restriction End Date.”
- Required Mandatory Isolation (Individuals with Confirmed COVID-19 Diagnosis) will be automatically selected for all individuals or staff members for whom a positive test is entered. Please also select this status for individuals and staff who are presumed positive for COVID-19.

Reporting Updates

- Please **do not** document updates in the Reporting Updates section except:
  - Updates to the status of the **entire** program.
  - Updates to indicate when the **entire** Program's quarantine or isolation status ended.
  - Other status updates that users want to document that are not mentioned elsewhere in this training.
  - To enter these updates:
    - Go to the Investigation Tab, click on Reporting Update. Enter "Other" for the Type of Update.
    - Then in the "Other" text box type in the change in status.
    - Use the narrative fields in this section to document the update.
- All other updates should be added to the Individual, Staff or Program Forms.

Reporting Updates

Review Incidents

Conversation Page

Clicking on the blue bubble icon on the summary of incidents page will bring up this page for the incident. A message can be left for OPWDD IMU staff by typing in the box under "conversation to date" and hitting the return or enter key.

- **Please do this whenever updates are made to the COVID-19 "Coronavirus" Event/Situation.**



Submit Data and Complete Forms

- For each of the COVID-19 Forms:
  - Please click Submit to save data in IRMA every time a COVID-19 Form is updated. **Please note if you do not complete this step, your data will not be saved**. You should wait for a 'successful submission' message before going to another form.
  - Data may be added to a form at any time.
  - Once you have completed all information on the form, please check "Form Completed" and then Submit.

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: COVID-19 IRMA Access UAR.
- If the agency needs assistance in entering COVID-19 related updates, please email with the subject line: COVID-19, the Master Incident Number (MIN) and Agency Name.
- If your agency has specific questions related to linking COVID-19 Events, please email with the subject line: Master Incident Number (MIN) “Linking Question.”
- If the agency needs assistance with contact tracing please email with the subject line: COVID-19 Contact Tracing Assistance.

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