NEW YORK STATE OF OPPORTUNITY.

Office for People With Developmental Disabilities

COVID-19 Phone Reporting and Entry into the Incident Report and Management Application (IRMA)

May 1, 2020

Why COVID-19 Reporting is Needed

- Provides real time information on impact of COVID-19 on individuals and agencies
- Timely reporting enables a prompt a thorough response
- Facilitates state level awareness of the unique impact on and needs of special populations
- Enables objective reporting and analysis

Phone Reporting of COVID-19

- **All providers must immediately notify** the Justice Center (if under the authority of the Justice Center) or OPWDD Incident Management Unit (IMU) by phone of:
  - **The first occurrence of any COVID-19 related quarantine and/or isolation as instructed by** the Local Health Department (LHD) or a Health Care Provider (Physician, Physician's Assistant, Nurse Practitioner) and/or **the first occurrence of a positive test or presumed positive designation** made by the Local Health Department (LHD) or Health Care Provider (HCP) for;
    - Any **individual** served in the Program, or
    - Any **staff member** employed by the Agency/Program

Justice Center Assistance

NOTE:

*The Justice is assisting OPWDD to receive calls due to volume. These COVID-19 reports however, are **NOT** under the jurisdiction of the Justice Center.*

Note: Deaths are exceptions as per Part 624 and 625 requirements.

Phone Reporting of COVID-19

- **All providers must immediately notify** the Justice Center (if under the authority of the Justice Center) **and** OPWDD IMU by phone of:
  - **Any suspected COVID-19 related death of an individual or staff**
- If there is a potential exposure or someone is symptomatic but there is no quarantine or isolation order or positive test result, contact the LHD or HCP.
- A phone notification is not required for updates in status regarding a report already made for a site (certified facility) or person (not in certified settings), except deaths. Such updates must be entered directly into IRMA by the agency within 24 hours. The agency is responsible to enter a note in the "Conversation to-date" section in IRMA upon making an update.

Deaths Related to COVID-19

- As is the case for any death of an individual receiving services in the OPWDD System, a death must be reported as follows:
  - For individuals who resided in a facility under the authority of the Justice Center, providers must call the *Justice Center Mortality Review Line* at (855) 373- 2124 to make a report. Providers must also call IMU.
  - For all other individuals, providers must call OPWDD IMU.

- For COVID-19 related deaths under the authority of the Justice Center, a record in the Incident Report and Management Application (IRMA) will be created automatically and, if it was under the auspices of the agency, OPWDD IMU will classify the death as a Serious Notable Occurrence Incident and assign it to the agency.

- For COVID-19 related deaths not under the authority of the Justice Center, the agency must create the death in IRMA.

- COVID-19 related deaths of staff members should be recorded in the COVID-19 Event Staff Form.

COVID-19 Reporting

- Filed as Part 625 COVID-19 “Coronavirus” Event/Situations
- IRMA entry must include completion of the appropriate form for the staff, individual and/or program.
- Each form needs to 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 status updates to an existing report.

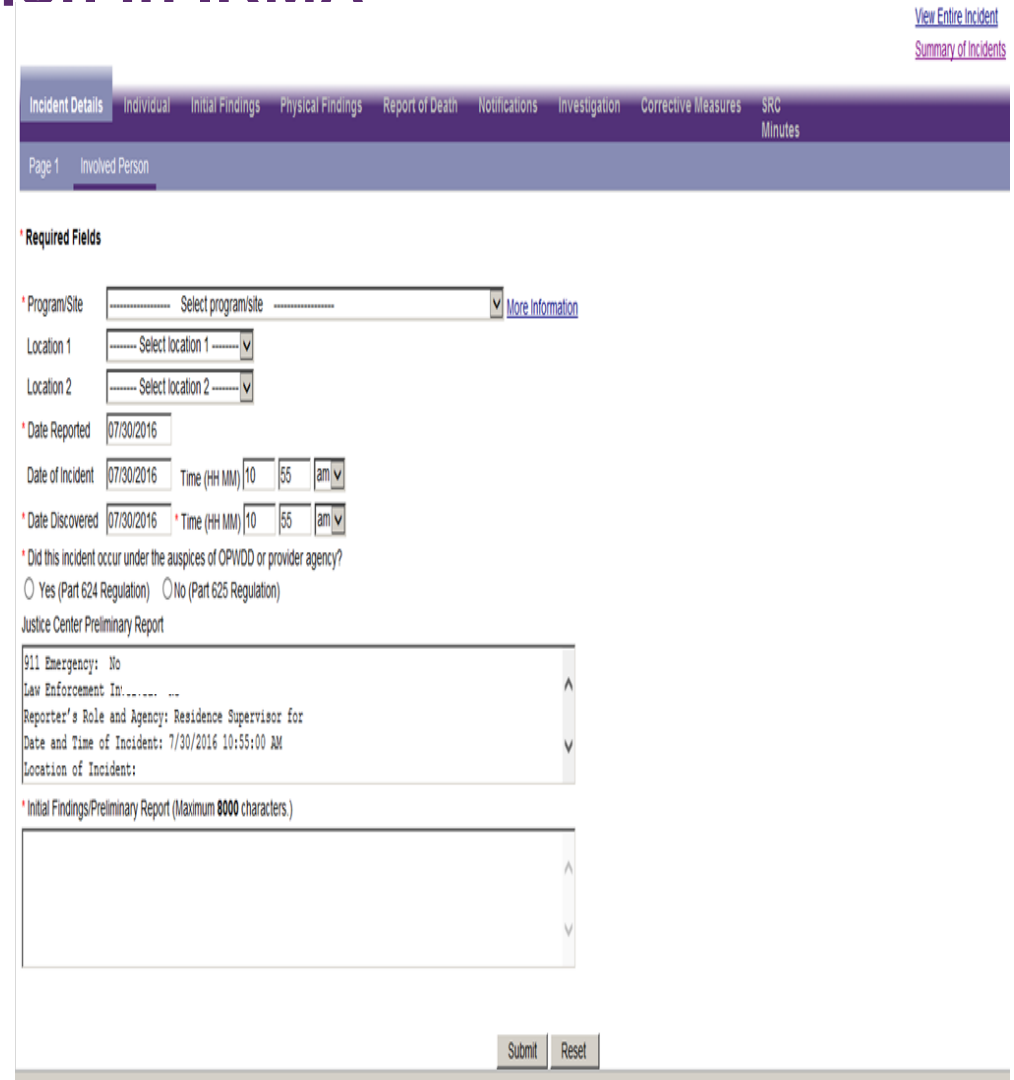
Entering COVID-19 in IRMA

Under Justice Center Jurisdiction	NOT Under Justice Center Jurisdiction
All agency programs/services **under the jurisdiction** of the Justice Center- follow these steps to enter 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>:

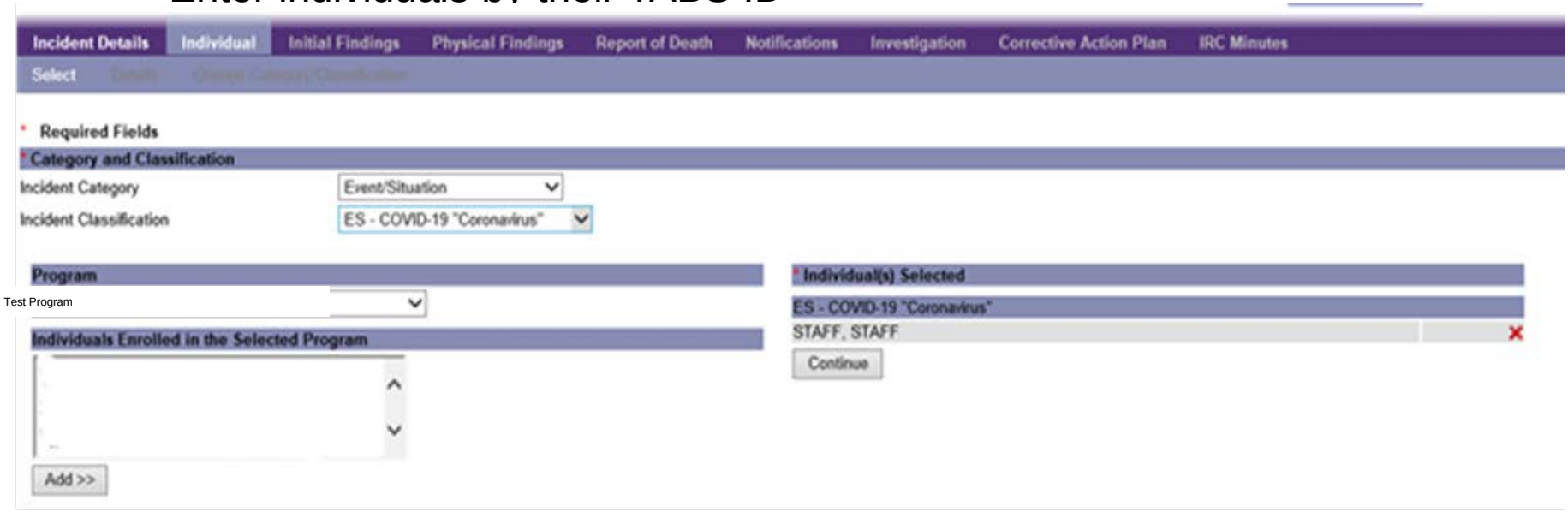
- **Enter all required information.**
- **Did this incident occur under the auspices of OPWDD or provider agency?**
  - **□ Select "No" (Part 625 regulation)**
- **Hit "Submit" to create the record. You will receive a message at the top of the page confirming the record has been created and the Master 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.**



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

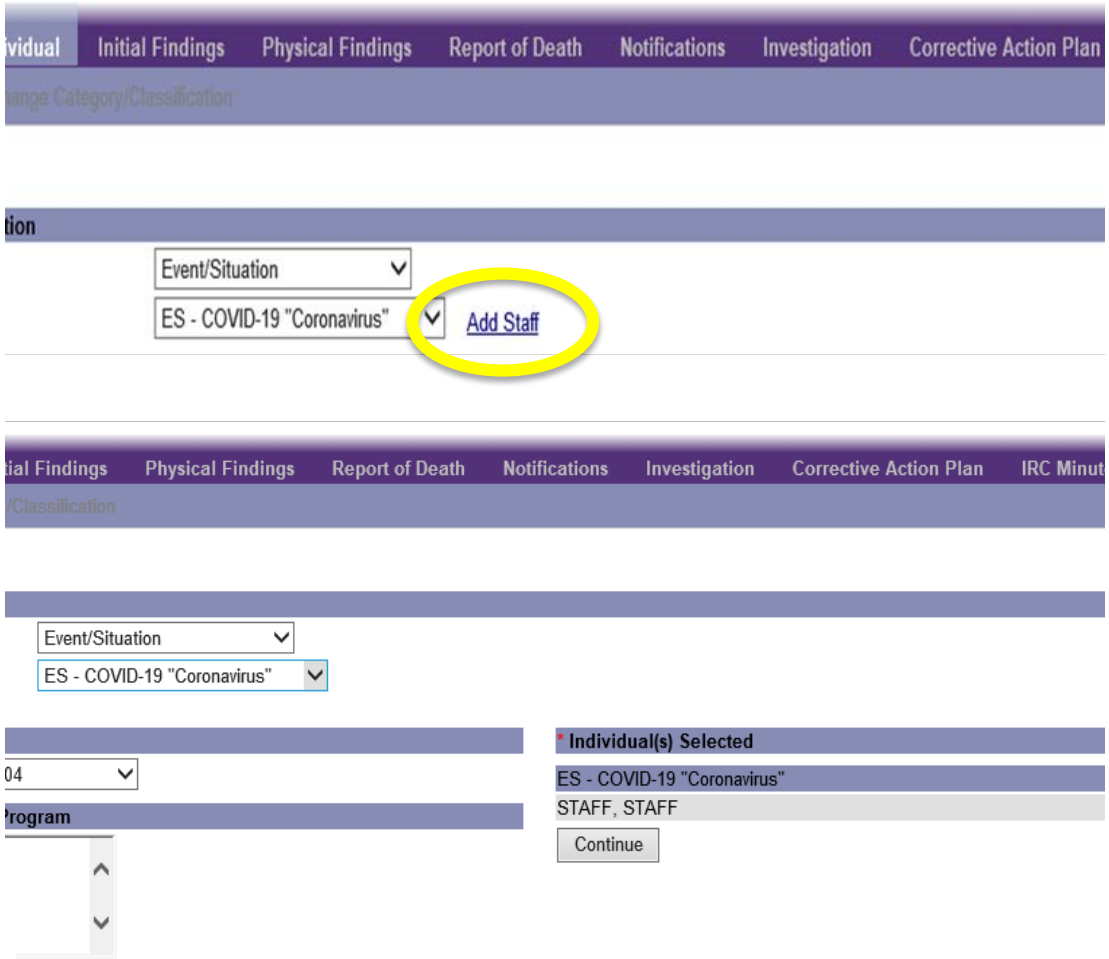


Entering “Staff, Staff” Type in the Individual Tab

To enter the staff type in the Individual Tab:

- 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.**



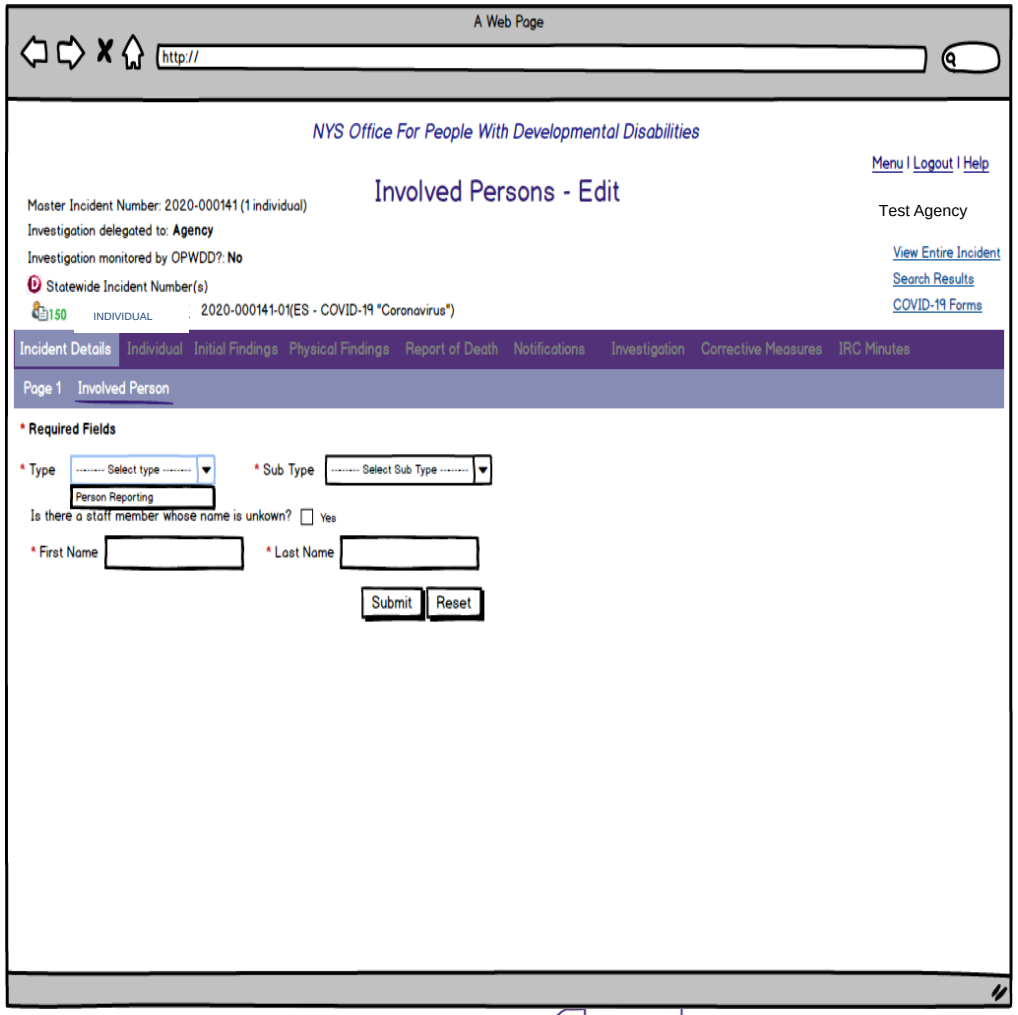
Entering Staff Members in COVID-19 “Coronavirus” Event/Situations

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



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

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.)



- Program Form
- Individual Form
- Staff Form

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

- **All** updates related to an individual or staff members’ status **must** be recorded on these forms.
- Program, Individual, and Staff Forms must be updated at 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.

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.

- 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
  - Medical evaluations
  - Hospitalizations and Discharge status
  - Notifications
  - Positives (including presumed positives) must always have a “mandatory isolation” status in IRMA.

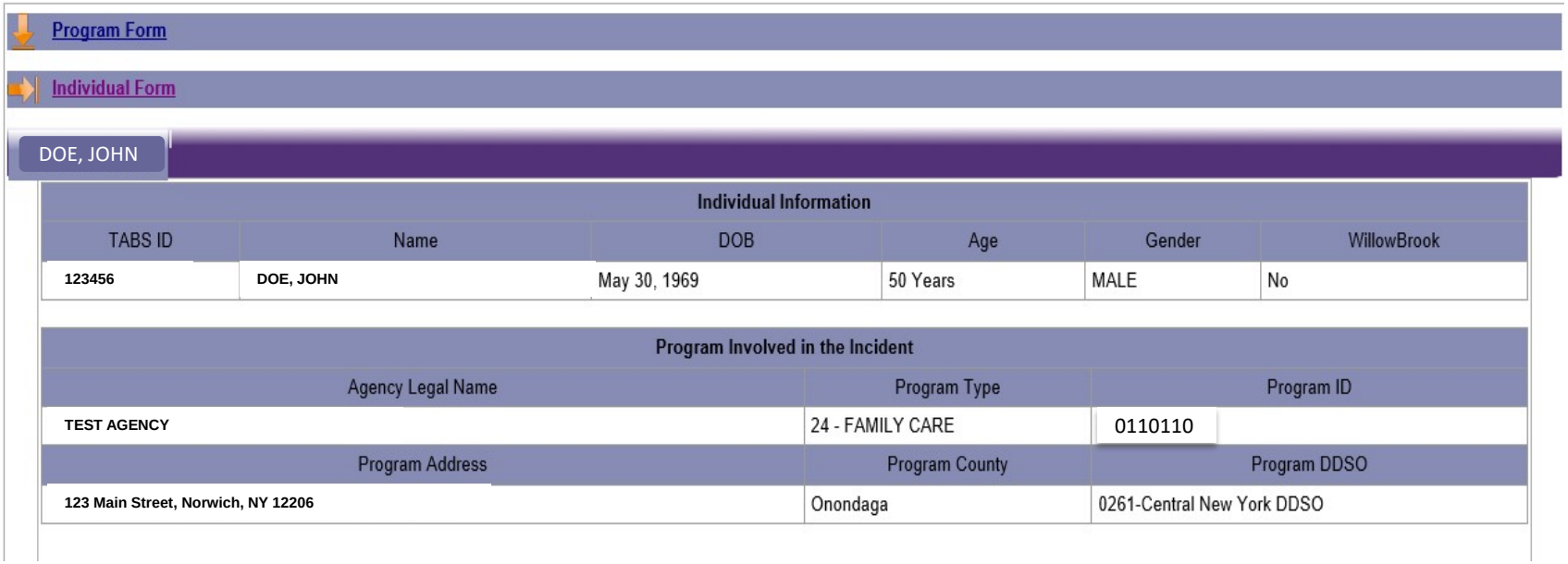
Additions to the Individual Form

- New Fields:
  - Has the person been determined by the LHD/Health Care Provider to be presumed positive?
  - Death Fields
    - Has the individual passed away related to COVID-19? (Must have a positive test)
    - Date of Death
    - Location of Death Drop-down

- Auto-populated Fields
  - If a user enters a positive test, the quarantine/isolation status will automatically change to “Mandatory Isolation.”
  - If the individual is 65 years of age or older, the question “Is the Person Considered a Vulnerable Individual?” will automatically be answered yes. Users cannot change this.

Please be reminded that if someone is presumed positive, their quarantine/isolation status must be “Mandatory Isolation.” This will not automatically populate.

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

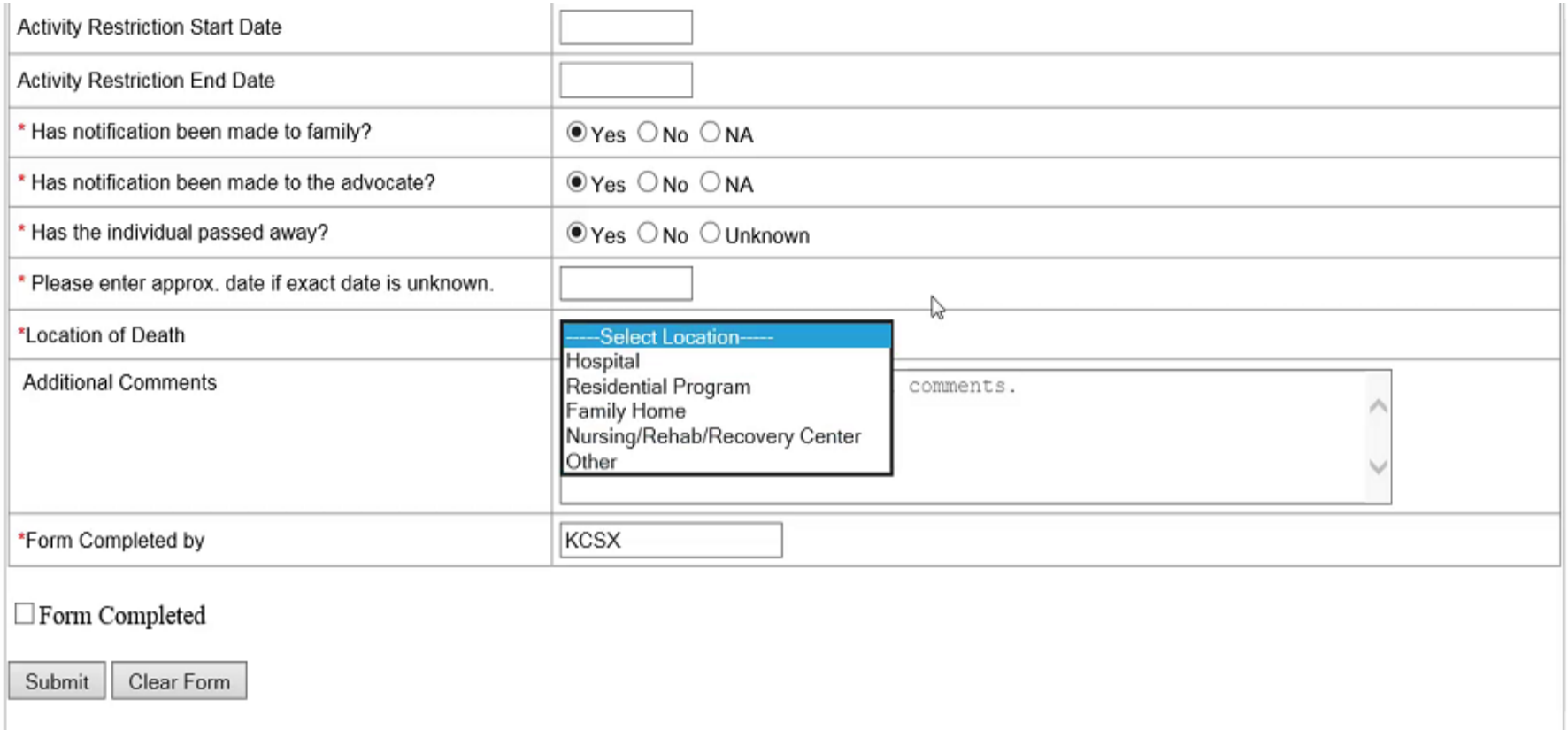
COVID-19 Health Questionnaire

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 any 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.

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

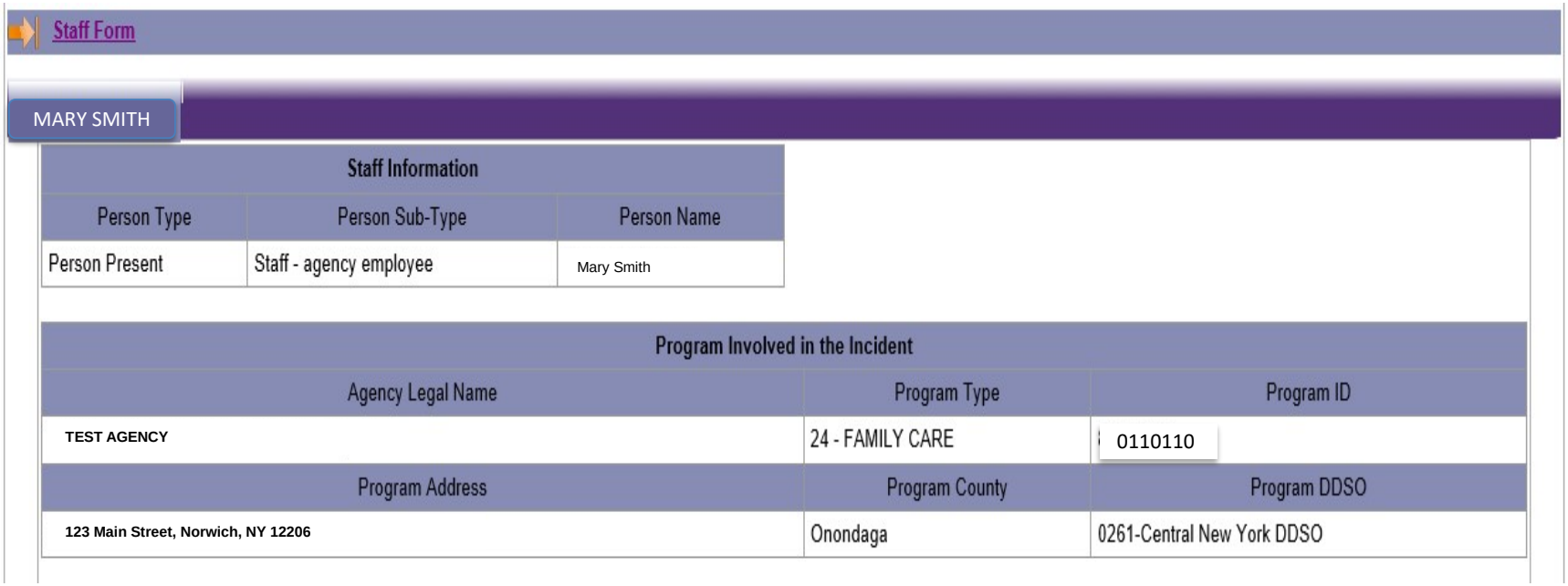
Additions to the Staff Form

- New Fields:
  - Was the person symptomatic at work?
  - Is the person presumed positive?
  - Start Date of Isolation/Quarantine
  - Actual End Date of Isolation/Quarantine
  - Death Fields
    - Has the person passed away related to COVID-19?
    - Date of Death

- Auto-populated Fields
  - If a user enters a positive test, the quarantine/isolation status will automatically change to “Mandatory Isolation.”

Note: If someone is presumed positive, their quarantine/isolation status must be “Mandatory Isolation.” This will not automatically populate and must be entered by the user

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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Positive COVID-19 Tests in IRMA

- An individual or staff member is managed as a positive for COVID-19 if they:
  - Test positive for COVID-19, or
  - Are told that they are presumed positive by the Local Health Department or a Health Care Provider (Physician, Physician's Assistant, Nurse Practitioner)

- 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.

Other Exposure Option

- If there was no formal containment category assigned by the Local Health Department or another Health Care Provider but your agency still wants to enter information into IRMA for tracking purposes, please select “Other Exposure” for the individual.
  - When you make 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

- Going forward please **do not** document updates in the Reporting Updates section except:
  - Updates to the status of the **entire** program.
  - Users must enter Reporting 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.
- Every other update should be added to the Individual, Staff or Program Forms.

Submit Data and Complete Forms

- For each of the COVID-19 Forms:
  - When you have completed all fields known at this time, please click Submit to save the data in IRMA. Please note if you do not complete this step, your data will not be saved.
  - You will be able to go back into this form to update with new/additional information.
  - Once you have completed all information on the form, please check “Form Completed” and then Submit.

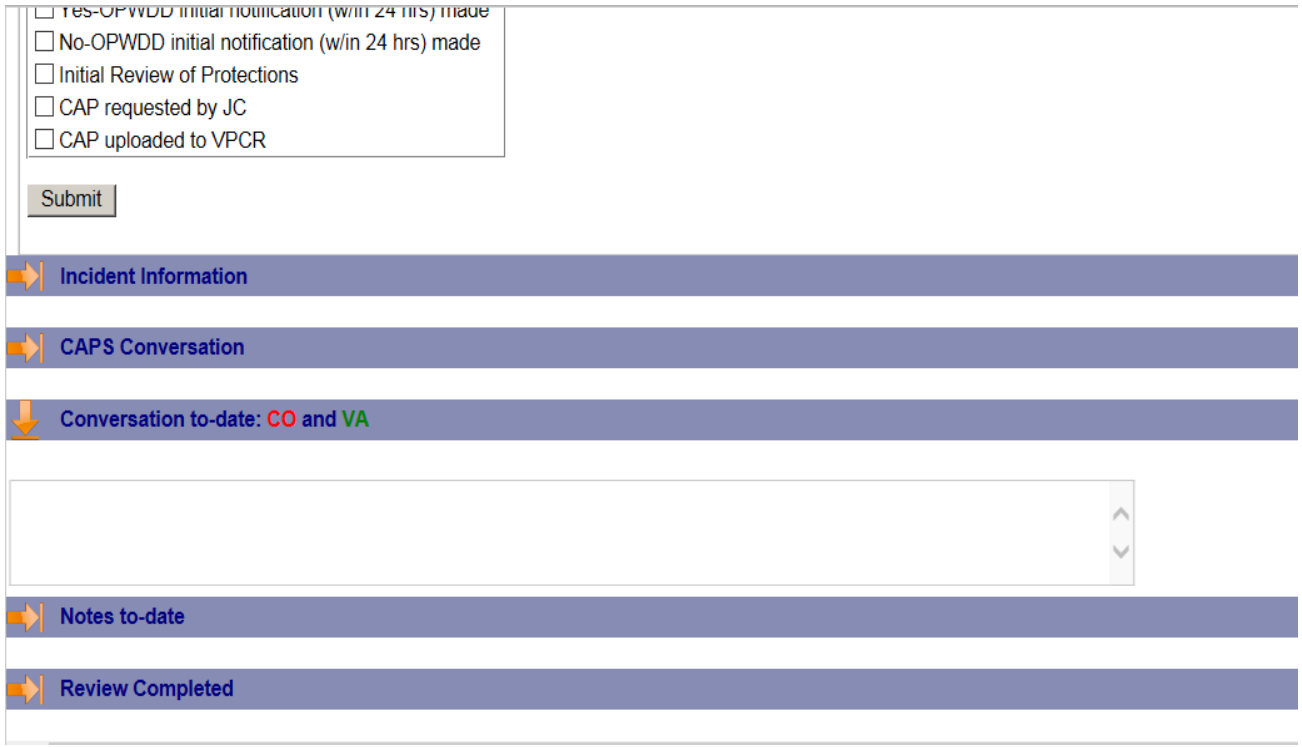
Reporting Updates

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.**



Contact Tracing

- The agency and the LHD must come to a mutual understanding of whether the agency or the LHD will be completing the tracing.
- If the agency completes the contact tracing, upload the agency record of tracing into the “Other” folder in IRMA. If the LHD conducts the contact tracing, agencies are responsible to note this in IRMA.
- Please refer to the guidance document, *OPWDD Operational Instructions for Agency Contact Tracing,* emailed to agency dedicated mailboxes on April 10, 2020.

IRMA Entry Resource Issues

- If your agency needs more IRMA users, please complete a User Access Request (UAR) and email incident.management@opwdd.ny.gov with the subject line: COVID-19 IRMA Access UAR
- If your agency still needs assistance in entering COVID-19 related updates, please email incident.management@opwdd.ny.gov with the subject line: COVID-19, the Master Incident Number (MIN) and Agency Name
- If your agency needs assistance with contact tracing please email incident.management@opwdd.ny.gov 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.