



Office for People With
Developmental Disabilities

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

April 1, 2020

Reporting of COVID-19

- **All providers must immediately notify** the Justice Center (if under the authority of the Justice Center) or IMU by phone of:
 - **Any COVID-19 related quarantine and/or isolation as instructed by** the Local Health Department (LHD) or a Healthcare Provider for;
 - Any **individual** served in the Program, or
 - Any **staff member** employed in the Program
- OPWDD requires that all positive COVID-19 cases are reported.
- The reports will be recorded in IRMA as events that are COVID-19 “Coronavirus”
- These will not require a full investigation. However, entry must include information requested in the *COVID-19 Reporting and Notification Requirements for OPWDD*; soon to be replaced by ***COVID-19 Notification & IRMA Requirements for OPWDD Providers***



Entering COVID-19 “Coronavirus” in IRMA

- 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, and/or instruction to implement quarantine or isolation.
- Providers must enter a report into IRMA as a Part 625 Event/Situation classification of **ES - COVID-19 “Coronavirus.”**

Entering COVID-19 in IRMA (cont.)

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 Event information by following ES COVID-19 IRMA Entry Requirements detailed in this PowerPoint.**

NOT Under Justice Center Jurisdiction

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 Event information by following ES COVID-19 IRMA Entry Requirements detailed in this PowerPoint.**



Selecting the COVID-19 “Coronavirus” Classification in IRMA

In the Incident Details Tab:

- 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.

[View Entire Incident](#)
[Summary of Incidents](#)

Incident Details Individual Initial Findings Physical Findings Report of Death Notifications Investigation Corrective Measures SRC Minutes

Page 1 Involved Person

*** Required Fields**

* Program/Site: [More Information](#)

Location 1:

Location 2:

* Date Reported:

Date of Incident: Time (HH MM):

* Date Discovered: * Time (HH MM):

* Did this incident occur under the auspices of OPWDD or provider agency?
☐ Yes (Part 624 Regulation) ☐ No (Part 625 Regulation)

Justice Center Preliminary Report

911 Emergency: No
 Law Enforcement Involved: No
 Reporter's Role and Agency: Residence Supervisor for
 Date and Time of Incident: 7/30/2016 10:55:00 AM
 Location of Incident:

* Initial Findings/Preliminary Report (Maximum 8000 characters)

Submit Reset



Entering Individuals in ES-COVID-19 “Coronavirus”

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 by their TABS ID

The screenshot shows a web application interface for entering individual data. At the top is a navigation bar with tabs: Incident Details, Individual (selected), Initial Findings, Physical Findings, Report of Death, Notifications, Investigation, Corrective Action Plan, and IRC Minutes. Below the navigation bar are links: Select, Details, and Change Category/Classification. The main form area is divided into sections. The 'Required Fields' section includes 'Category and Classification' with 'Incident Category' set to 'Event/Situation' and 'Incident Classification' set to 'ES - COVID-19 "Coronavirus"'. Below this is the 'Program' section with a dropdown menu showing 'Test Program'. To the right is the 'Individual(s) Selected' section, which shows 'ES - COVID-19 "Coronavirus"' and 'STAFF, STAFF' with a red 'X' icon. A 'Continue' button is located below this section. At the bottom left is a section titled 'Individuals Enrolled in the Selected Program' with a list box and an 'Add >>' button.

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 ES-COVID-19 “Coronavirus”

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 Healthcare 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

The screenshot shows a web browser window with the URL 'http://'. The page title is 'NYS Office For People With Developmental Disabilities'. The main heading is 'Involved Persons - Edit'. Below this, there is a 'Master Incident Number: 2020-000141 (1 individual)' and 'Investigation delegated to: Agency'. A tabbed interface at the bottom shows 'Incident Details' as the active tab, with other tabs including 'Individual', 'Initial Findings', 'Physical Findings', 'Report of Death', 'Notifications', 'Investigation', 'Corrective Measures', and 'IRC Minutes'. The 'Involved Person' subtab is selected. The form contains the following fields:

- * Required Fields
- * Type: A dropdown menu with 'Person Reporting' selected.
- * Sub Type: A dropdown menu with 'Select Sub Type'.
- Is there a staff member whose name is unknown? ☐ Yes
- * First Name: A text input field.
- * Last Name: A text input field.
- Submit and Reset buttons.

COVID-19 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 IRMA Forms (cont.)

NYS Office For People With Developmental Disabilities

[Menu](#) | [Logout](#) | [Help](#)

Individual Details - Add

The Individual Details have been successfully added.

[View](#)

Master Incident Number: [2020-000185](#) (1 individual)   (0 documents)

Investigation delegated to [Agency](#)

Investigation monitored by OPWDD? : No

Statewide Incident Number(s):

 STAFF_STAFF 2020-000185-01(ES - COVID-19 "Coronavirus")

Test Agency X, Inc.

[View Entire Incident](#)

[COVID-19 Forms](#)

[Incident Details](#) [Individual](#) [Initial Findings](#) [Physical Findings](#) [Report of Death](#) [Notifications](#) [Investigation](#) [Corrective Action Plan](#) [IRC Minutes](#)



[Program Form](#)



[Individual Form](#)



[Staff Form](#)



Office for People with
Developmental Disabilities

COVID-19 IRMA Forms (cont.)

- ALL updates related to an individual or staff members' status MUST be recorded on these forms.
- Program, Individual, and Staff Forms can be updated at any time.

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 Healthcare Professional.
- Users should select a level of quarantine or isolation for the **ENTIRE** program **ONLY** if the **ENTIRE** program is under an instructed level of quarantine.
- Users must enter the program phone number.
- Users should enter multiple contacts 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	<input type="radio"/> Program not under quarantine/isolation <input type="radio"/> Precautionary Quarantine (Isolation of individuals with proximate exposure) <input type="radio"/> Required Mandatory Quarantine (Isolation of individuals with close exposure) <input type="radio"/> Required Mandatory Isolation (Individuals with Confirmed COVID-19 Diagnosis) <input checked="" type="radio"/> Other Exposure Reason for Other Exposure. Maximum 250 characters. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> 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 <input type="checkbox"/> Same as program phone Number
Contact 2	First Name	Last Name	xxx-xxx-xxxx <input type="checkbox"/> Same as program phone Number
Contact 3	First Name	Last Name	xxx-xxx-xxxx <input type="checkbox"/> Same as program phone Number
Additional Comments	Please enter any additional comments. <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		
*Form Completed by	KCSX		

☐ Form Completed

Submit

Clear Form



**Office for People With
Developmental Disabilities**

COVID-19 Individual Form

- A form **MUST** be completed for each individual.
- The COVID-19 Individual Form is designed to capture information on:
 - LHD/Healthcare Professional directives (formal level of quarantine or isolation)
 - COVID-19 tests completed and test results
 - Medical evaluations
 - Hospitalizations and Discharge status
 - Notifications



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	March 30, 2020
* The Individual currently under	<input type="radio"/> Precautionary Quarantine (Isolation of individuals with proximate exposure) <input type="radio"/> Required Mandatory Quarantine (Isolation of individuals with close exposure) <input type="radio"/> Required Mandatory Isolation (Individuals with Confirmed COVID-19 Diagnosis) <input checked="" type="radio"/> Other Exposure <div>Reason for Other Exposure. Maximum 250 characters.</div> <div>Maximum 250 characters.</div>
Considered Vulnerable individual?	<input type="radio"/> Yes <input type="radio"/> No




COVID-19 Health Questionnaire

Exposure Date (If known)	<input type="text"/>
Has Individual been evaluated by Medical Practitioner?	<input type="radio"/> Yes <input type="radio"/> No
Has the Health Department been notified?	<input type="radio"/> Yes <input type="radio"/> No
County (only if different from above)	-----Select County----- ▼
Number of Isolation/Quarantine days required if know	<input type="text"/> number only days
Start Date of Isolation/Quarantine	<input type="text"/>
Actual End Date of Isolation/Quarantine	<input type="text"/>



COVID-19 Individual Form:

COVID-19 Health Questionnaire

Has the Individual been Hospitalized?	<input checked="" type="radio"/> Yes <input type="radio"/> No									
Hospital Name (If known)	<input type="text"/>									
Hospitalization Start Date	<input type="text"/>									
Hospitalization End Date	<input type="text"/>									
Will the Individual be discharged to this program?	<input type="radio"/> Yes <input checked="" type="radio"/> No									
*Discharge Description	<div>Please enter Discharge Description.</div> <div>Maximum 250 characters.</div>									
Was the Individual Tested?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<div>Test Results</div> <table border="1"> <thead> <tr> <th>#</th> <th>Date of the Test</th> <th>Test Results</th> <th> Add Test</th> </tr> </thead> <tbody> <tr> <td colspan="4">Please submit the form to save test results.</td> </tr> </tbody> </table>	#	Date of the Test	Test Results	 Add Test	Please submit the form to save test results.			
#	Date of the Test	Test Results	 Add Test							
Please submit the form to save test results.										
Activity Restriction Start Date	<input type="text"/>									
Activity Restriction End Date	<input type="text"/>									
Has notification been made to family?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA									
Has notification been made to the advocate?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA									
Additional Comments	<div>Please enter any additional comments.</div>									
*Form Completed by	<input type="text" value="KCSX"/>									
<input type="checkbox"/> Form Completed										
<div>Submit</div> <div>Clear Form</div>										

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
- 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

- Please only fill out a **COVID-19 Staff Form** for those people entered into the Involved Persons Tab who are agency or contract staff or agency volunteers.
 - It should be noted that the staff form will generate for all those entered into Involved Persons. Please do not fill out a form for others that are not staff or 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 Healthcare Provider.
- The COVID-19 Staff Form is designed to capture similar information related to DOH/healthcare professional directives, COVID 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	March 30, 2020	
* The person currently under	<input type="radio"/> Precautionary Quarantine (Isolation of individuals with proximate exposure) <input type="radio"/> Required Mandatory Quarantine (Isolation of individuals with close exposure) <input type="radio"/> Required Mandatory Isolation (Individuals with Confirmed COVID-19 Diagnosis) <input type="radio"/> Other Exposure	
*Primary Phone Number	<input type="text" value="xxx-xxx-xxxx"/>	
Secondary Phone Number	<input type="text" value="xxx-xxx-xxxx"/>	
*Email	<input type="text" value="Email Address"/>	Note : Please enter a valid email or enter "No email"
*Date of Birth	<input type="text"/>	
*Address of primary work site	<input type="text" value="Address of primary work site"/>	
*County of primary work site	-----Select County----- ▼	
* Did this exposure occur at work?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Location of the exposure	<input type="text" value="Please enter Location of the exposure."/> <div>Maximum 250 characters.</div>	
Exposure Date (If known)	<input type="text"/>	
*Has person been evaluated by Health Department or Medical Provider?	<input type="radio"/> Yes <input type="radio"/> No	
County (only if different from above)	-----Select County----- ▼	
Has notification been made to Bargaining Unit? (State Operations Only)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	



COVID-19 Staff Form:

* Has the person been hospitalized?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Hospital Name (if known)	<input type="text"/>
* Hospitalization Start Date	<input type="text"/>
* Was the person discharged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
* Hospitalization End Date	<input type="text"/>
Discharge Description	<div> Please enter Discharge Description. </div> <div>Maximum 250 characters.</div>
* Was the person Tested?	<input type="radio"/> Yes <input type="radio"/> No
Additional Comments	<div> Please enter any additional comments. </div>
*Form Completed by	<input type="text" value="KCSX"/>
<input type="checkbox"/> Form Completed	
<input type="button" value="Submit"/> <input type="button" value="Clear Form"/>	



Recoding Positive COVID-19 Tests in IRMA

- An individual or staff member is positive for COVID-19 if they:
 - Test positive for COVID-19, or
 - Are told that they are presumed positive by the Department (LHD) or a Healthcare Provider

Required Mandatory Isolation (Individuals with Confirmed COVID-19 Diagnosis) should be selected for all individuals or staff members who are positive for COVID-19.

Other Exposure Option

- If there was no formal level assigned by DOH or another Healthcare Professional but your agency still feels that you want to enter information into IRMA, 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.” If someone is under quarantine or isolation directed by DOH or another healthcare professional, use the fields for quarantine or isolation dates.



Reporting Updates

- Now that the COVID-19 Forms are in IRMA, 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.
 - 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.



IRMA Entry Resource Issues

- If your agency needs more IRMA users to enter COVID-19 information, 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 MIN and Agency Name.”



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.

