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

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.



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

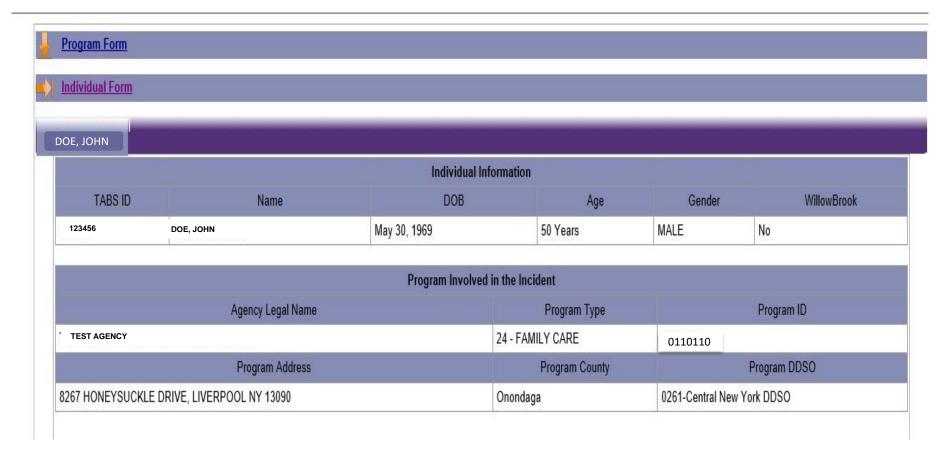


Certified Residential Sites

- 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



COVID-19 Individual Form: Individual Header Information





* Required fields to complete the form		
Start Date	April 28, 2020	
* The Individual currently under	O 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 V	
Number of Isolation/Quarantine days required if known	number only days	
* Start Date of Isolation/Quarantine		
* Actual End Date of Isolation/Quarantine		



* 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 subm	it the form to save test result	S.



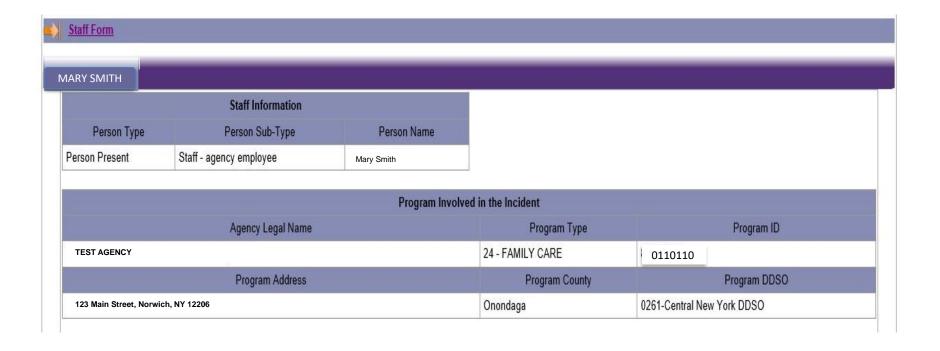
* Is the individual presumed positive?	● Yes ○ No
* Was the Individual Tested?	○Yes ○No
* Was the individual vaccinated?	● Yes ○ No
* Vaccine type	Pfizer
* Did the individual receive two doses?	● Yes ○ No
* Date of last vaccination	
* Did the individual receive a booster?	● Yes ○ No
* Date of last booster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



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	Hospital Residential Program Family Home Nursing/Rehab/Recovery Center Other
*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 V
*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 V
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
* 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.
	Y
*Form Completed by	Full Name
☐ Form Completed	
Submit Clear Form	

OPWDD COVID-19 Guidance

Can be found at:

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



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</u>, the <u>Master Incident</u> <u>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</u>
 (MIN) "Linking Question."
- If the agency needs assistance with contact tracing, please email with the subject line: <u>COVID-19 Contact Tracing Assistance</u>.



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.

