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Office for People With Developmental Disabilities

COVID-19 "Coronavirus" Event/Situation Reporting and Entry into the Incident Report and Management Application (IRMA)

July 1, 2020

Timely Reporting of COVID-19

All providers must <u>immediately</u> notify the Justice Center (if under the authority of the Justice Center) or OPWDD Incident Management Unit (IMU) by phone of:

- **The first COVID-19 occurrence at each site:**
  - **Positive Test for COVID-19** for any individual or staff of the facility or program/service

  - Any individual or staff **presumed positive for COVID-19 as determined by a Local Health Department (LHD) or Health Care Provider** (HCP) (defined as physician, physician's assistant or nurse practitioner)

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Timely Reporting of COVID-19 (continued)

All providers must <u>immediately</u> notify the Justice Center (if under the authority of the Justice Center) or OPWDD Incident Management Unit (IMU) by phone of:

- **The first COVID-19 occurrence at each site:**
  - **Death** of any individual or staff member suspected to be COVID-19 related

  - **Quarantine and/or isolation status instructed** by a Local Health Department or Health Care Provider for any individual or staff member

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COVID-19 IRMA Entry

- Any further occurrences for other individuals or staff from that site, or change in their status, is considered an update that is made by entry into IRMA on the Individual or Staff COVID-19 Form.

- IRMA updates must be timely and accurate. All updates must be entered within 24 hours.

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Off Hours OPWDD IMU

- The OPWDD Incident Management Unit may be contacted during off hours by phone at:

  1-888-479-6763

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Late Reporting

- OPWDD Incident Compliance Officers reach out to gather missing/additional information routinely. Please be responsive to requests.

- OPWDD DQI will communicate to agencies if significant delays in entering critical data into IRMA occur.

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Late Reporting

Example:

Recently, IMU Compliance Officers followed up with agencies about data entry of discharge dates of hospitalization where none had been entered and the agency had not updated the form in some time.

This resulted in a significantly decreased number of individuals noted as in the hospital in IRMA.

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COVID-19 Protections

- Agencies must put adequate protections to prevent the spread of COVID-19 within the program whenever appropriate.

- For Example: An individual receiving services is positive for COVID-19. They live in an IRA with 5 other residents. The positive individual must be isolated. In addition, the other individuals must be assigned a quarantine status to prevent spread within the home.

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COVID-19 Protections

- When the Local Health Department orders isolation and/or quarantine, agencies should consult with the Local Health Department if they have additional questions.

- If the Health Care Provider orders isolation and/or quarantine, the agency may still contact the Local Health Department with any additional questions.

- Local Health Departments are the best resource for agencies.

- The Local Health Departments also have the authority to provide a *written* order related to isolation and quarantine.

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COVID-19 "Coronavirus" Event/Situations

- Must be completed as Part 625 COVID-19 "Coronavirus" Event/Situations.

- All individuals must be entered into the Individual Tab. Please enter by their TABS ID.

- All staff must be entered into the Involved Persons Subtab.
  - Staff who have a quarantine or isolation status must be entered with the following:
    - Type: Person Present or Person Reporting
    - Sub-Type: Staff –agency employee, Staff – contract, or Volunteer.

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COVID-19 Individual, Staff, and Program Forms (cont.)

- COVID-19 information including (but not limited to) name and <u>date of birth</u> must be reported for all staff;

  - who have tested positive,
  - who are presumed positive,
  - who are on a quarantine or isolation status, including those documented as Other Exposure,
  - or who have passed away due to COVID-19

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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 **"<u>COVID-19 Forms</u>"** link that is located below the agency name on the top right corner of the Event/Situation.

- <u>**All**</u> updates related to an individual or staff members' status <u>**must**</u> be recorded on these forms.

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COVID-19 Individual, Staff, and Program Forms

- The COVID-19 Forms were designed to gather 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 and notifications.

- If you need more information on how to add or edit IRMA COVID-19 "Coronavirus" Event/Situations, please refer to the 6/4/2020 Powerpoint titled "COVID-19 "Coronavirus" Data Entry into the Incident Report and Management Application (IRMA) COVID-19 "Coronavirus".

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Closing COVID-19 Events in IRMA

- COVID-19 Events should be closed when:
  - There is an end date for quarantine or isolation and that date is added to the COVID-19 Individual or Staff Form.
  - All required fields have been completed on all COVID-19 Forms in the Event.
  - All COVID-19 Forms have been checked as "Form Completed."

- Business rules that are consistent with this guidance are being developed in IRMA.

Required Fields: Program Form

– The Program COVID-19 Form is not required.

– If data is entered into the Program Form, the form must be completed to close the COVID-19 Event.

– The Program Form fields are:
  - The entire program currently under (Quarantine Level)
  - Program Phone Number
  - Contact 1
  - Contact 2
  - Contact 3
  - Additional Comments

  *Fields in red are required to complete the form.

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Required Fields: Individual Form

- The Individual Form fields are as follows (the fields highlighted in red are required to compete the form):

Individual Form	Is the individual presumed positive?
The Individual currently under (Quarantine Level)	Was the Individual Tested?
Considered Vulnerable Individual?	Date of Test
Exposure Date	Test Result
Has Individual been evaluated by Medical Practitioner?	Acitivty Restriction Start Date
Has the Health Department been notified?	Activity Restriction End Date
County (only if different from above)	Has notification been made to family?
Number of Isolation/Quarantine days required if known	Has notification been made to the advocate
Start Date of Isolation/Quarantine	Has the individual passed away?
Actual End Date of Isolation/Quarantine	Please enter approx date if exact date is unknown
Has the Individual been Hospitalized?	Location of Death
Hospital Name (if known)	Additional Comments
Hospitalization Start Date	
Hospitalization End Date	
Will Individual be discharged to this program?	

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Required Fields: Staff Form

- The Staff Form fields are as follows (the fields highlighted in red are required to compete the form):

Staff Form	Start Date of Isolation/Quarantine
The person currently under (Quarantine Level)	Actual End date of Isolation/Quarantine
Primary Phone Number	Has the person been hospitalized?
Secondary Phone Number	Hospital Name (If Known)
Email	Hospitalization Start Date
Date of Birth* Required for all staff	Was the person discharged?
Address of primary work site	Discharge Description
County of primary work site	Is the person presumed positive?
Was the person symptomatic at work?	Was the person Tested?
Did this exposure occur at work?	Date of Test
Location of the exposure (only if answer is No)	Test Result
Exposure date (if known)	Has the person passed away?
Has person been evaluated by Health Departement or Medical Provider?	Please enter approx date if exact date is unknown
Count (only if different from above)	Additional Comments
Has notification been made to bargaining unite (State Operations Only)	

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Submit Data and Complete 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.

– All forms in the Event must be checked "Form Completed" in order to close the Event.

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Second COVID-19 Events

- If the program's COVID-19 Event is closed and there is an additional report, it may warrant a separate, second COVID-19 Event in IRMA.

- If it is determined that a second event should be initiated, agencies should follow the reporting guidelines to report a new COVID-19 Event, including telephone notification and entry into IRMA.

- OPWDD continues to work with NYS DOH. Additional information related to the determination of a new vs. continued COVID-19 positive event will be communicated as it becomes known. This may further assist your agency in determining if you have a second COVID-19 Event that should be documented separately in IRMA.

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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."

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Other Exposure Option

For Example:

An agency may choose to report a staff member who works at a residence but has attended a family dinner outside of work. After this, there is a report that someone who was there tested positive and although the staff was not near them, they have chosen to self-quarantine at home.

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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.

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Contact Tracing

- Please refer to the guidance document, *OPWDD Operational Instructions for Agency Contact Tracing,* emailed to agency dedicated mailboxes on April 10, 2020.

- Please reach out to your OPWDD IMU compliance officer if your agency needs assistance to complete contact tracing.

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Personal Protective Equipment

- If an agency is unable to obtain sufficient PPE, the agency is to reach out to their County Office of Emergency Management

- If issue is not resolved, the agency is to send an email to quality@opwdd.ny.gov

Personal Protective Equipment

- Please include as the subject line of the email-**Detail of PPE Request**.

- Provider Agency Name and the address of each program identified as having one or more persons with a Positive COVID-19 diagnosis.

- Brief summary of critical need for each program including the number of individuals hospitalized and/or positive cases of COVID-19 etc.

Personal Protective Equipment

- Is the program currently in need of PPE at each site? Please note if no, if yes;
  - What is the current number of masks on hand at the program?
  - What is the current number of face shields on hand at the program?
  - What is the current number of gowns on hand at the program?
  - Does the program have 7 days' worth of hand sanitizer on hand?

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Personal Protective Equipment

- Please also include the date the original request for PPE was placed with the County Office of Emergency Management.

- Please include the New York Responds ticket number associated with your request, the County OEM can provide you with that number.

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OPWDD COVID-19 Information

- Link to guidance: https://opwdd.ny.gov/coronavirus-guidance

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

- Link to Know the facts COVID-19 in plain language (in all languages) https://opwdd.ny.gov/coronavirus-guidance/protect-yourself-and-your-family-coronavirus-covid-19

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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

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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
<u>incident.management@opwdd.ny.gov</u>.

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