**COVID-19 INDIVIDUAL/EMPLOYEE FORM**

Applicable to all providers of OPWDD funded, certified, or operated programs All providers must immediately notify the Justice Center or IMU by phone of any COVID-19 related quarantine and/or isolation orders initiated by their Local Health Department.

**Justice Center:** 1-855-373-2122 **OPWDD** 518 473-7032 **After hours:** 1-888-479-6763

**County Dept. of Health: Erie:** 716 858-6976 **Cattaraugus:** 716 373-8050 **Wyoming:** 585 786-8890

All providers must **immediately notify** OPWDD’s Incident Management Unit (IMU) and the Justice Center (for Programs/Services that are under their jurisdiction) by phone of:

* Any COVID-19 related quarantine and/or isolation orders served by their Local Health Department (LHD) regarding:
* Any **individual** served by their Agency (program) or
* Any **staff member** employed by their agency (program).
* Any changes in **individuals** or **staff** involving their condition, status, or location related to Covid-19.

When making telephone notifications **within 24 hours**, **please state that the call is for COVID-19 reporting.** Telephone calls can be made,Monday through Friday, 8:00am through 4:00pmat **518-473-7032** and **1-888-479-6763** **after 4 pm Monday through Friday, all hours on weekends and NYS holidays**.

* Designated staff making a COVID-19 Notification must complete **PART A** and **PART B** below, prior to making the telephone call as the information below will be asked of you.
* Contact **Patty Watkins, VP of Human Resources (716) 574-9360** (to obtain required employee information below.

***\*Please try to complete PART B with as much information as available to maintain the 24-hour timeline.***

ONCE ALL NOTIFICATIONS HAVE BEEN MADE **PLEASE SUBMIT ALL PAPERWORK TO:**

* KELLY KIRKPATRICK
* JENNIFER NOURSE
* JOHN BOWLES

**QM STAFF MUST UPLOAD COVID-19 PAPERWORK INTO OPWDD SOFTWARE**

**(IRMA) WITHIN 24 HOURS**

**COVID-19 PROTECTIVE KEY**

**A. Precautionary Quarantine**

Person meets one or more of the following criteria:

1. Has traveled to China, Iran, Japan, South Korea or Italy while COVID-19 was prevalent, but is not displaying symptoms; or

2. Is known to have had a proximate exposure to a positive person but has not had direct contact with a positive person and is not displaying symptoms. In addition, any person the LHD believes should be quarantined, not addressed here, the LHD should contact NYS DOH.

**B. Required Mandatory Quarantine**

Person meets one or more of the following criteria:

1. Has been within close contact (6 ft.) with someone who is positive, but is not displaying symptoms for COVID-19; or

2. Has traveled to China, Iran, Japan, South Korea or Italy and is displaying symptoms of COVID-19.

**C. Required Mandatory Isolation – Positive Test for Covid-19**

Person meets one or more of the following criteria:

1. Has tested positive for COVID-19, whether or not displaying symptoms for COVID-19.

2. LHDs must immediately issue an order for Mandatory Quarantine or Isolation once notified, which shall be served on the person impacted.

**Name of Individual/Staff who tested positive for COVID-19 (PART A)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person** | **Name (I) or (S)** | **1. Precautionary Quarantine****2. Mandatory Quarantine****3. Mandatory Isolation** | **Title** | Date |
| **A** |  |  |  | Date |
| **B** |  |  |  | Date |
| **C** |  |  |  | Date |
| **D** |  |  |  | Date |
| **E** |  |  |  | Date |
| **F** |  |  |  | Date |
| **G** |  |  |  | Date |
| **H** |  |  |  | Date |
|  **I** |  |  |  | Date |
| **J** |  |  |  | Date |

**Initial Status of Involved Individual/Staff (PART B)**

|  |  |
| --- | --- |
| **Person** | **Please complete a PART B Form for EACH** **Individual or Staff on quarantine/isolation status** who tested positive for COVID-19 on PART A (e.g. Individual A, Staff B, etc.).  |
|  | * Name:
* TABS ID (individuals only):
* Date of Birth:

  |
|  | * + Willowbrook Status (individuals only):
 |
|  | * + Residential Address:
 |
|  | * + Contact Phone Number:
 |
|  | * + Name and phone number of the Local Health Department party spoken to by provider:
 |
|  | * + Determined quarantine/isolation per the health department (circle one of the following):
		- Precautionary Quarantine
		- Required Mandatory Quarantine
		- Required Mandatory Isolation
 |
|  | * + Start date of quarantine/isolation determination:
 |
|  | * + Description of protections and quarantine/isolation implementation
 |
|  |  |
|  | **IMMEDIATE NOTIFICATION OF STATUS CHANGES**Providers must call to report status changes/updates by **2:00 pm** each day when known, for previously reported individuals and staff including but not limited to the following information: |
|  | * + Changes in individual’s location due to implementation or termination of quarantine or isolation:
 |
|  | * + Changes in or termination of health department quarantine or isolation status:
 |
|  | * + COVID-19 testing and/or receipt of testing results:
 |
|  | * + Changes in health status, e.g. hospitalization, hospital discharge, recovery, etc.:
 |
|  | * Any other significant changes:
 |