



COMMONWEALTH of VIRGINIA

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Dear providers,

The purpose of this correspondence is to provide updated information to licensed providers about reporting expectations with respect to confirmed cases of COVID-19. Due to the *severity* of the symptoms that some individuals who have contracted the virus experience, and the ease with which it appears to spread, COVID-19 is considered a serious public health concern. DBHDS is requiring licensed providers to report all positive cases of COVID-19 **where it is determined that the individual is diagnosed with COVID-19 during the provision of services or on the provider's premises**, in accordance with the below instructions.

I. Information that has remained the same since the original [March 16, 2020 COVID-19 Reporting Memo](#) is outlined below.

a. When to Report Confirmed Cases of COVID-19 in CHRIS:

Children's Residential Services - 12VAC35-46-1070(C)

Anytime an individual has a **confirmed diagnosis of COVID-19** during the provision of a children's residential service, this shall be reported to the Department using the Department's web-based reporting application (CHRIS). Regulation 12VAC35-46-1070(C) requires providers to notify the Department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the Department. COVID-19 constitutes a serious illness, and confirmed cases shall be reported to the Department as such.

Level II Serious Incident - 12VAC35-105-160(D)(2)

For non-children's residential services, **where it is determined that the individual is diagnosed with COVID-19 during the provision of services or on the provider's premises, this shall be reported using the Department's web-based reporting application (CHRIS) as a Level II Serious Incident.** A "Level II Serious Incident" is defined as a "a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual." Because of the

severity of symptoms that some individuals suffer and the ease with which the virus appears to spread, a case of COVID-19 that is confirmed during the provision of services, or on the provider's property, would constitute a Level II Serious Incident as defined in 12VAC35-105-20.

- b. The Office of Integrated Health (OIH) is notified of all positive COVID-19 cases and will continue to offer technical assistance related to health and safety, personal protective equipment, educational resources and problem-solving.

II. **Information that has CHANGED since the original [March 16, 2020 COVID-19 Reporting Memo](#) is outlined below.**

- a. Conditions that may Jeopardize the Health, Safety, or Welfare of Individuals: 12VAC35-105-530(F).

Providers are **NO LONGER** required to report positive cases of COVID-19 when an individual who is receiving center based or non-children's residential services has a confirmed diagnosis of COVID-19, when the diagnosis occurred outside of the provision of the provider's services and off of the provider's property. However, if a provider determines an individual was **present at** a provider's service while they were infected, and that individual does not receive licensed residential services, the center based provider should still report this incident as a Level II serious incident as the individual had a condition that may jeopardize the health, safety or welfare of other individuals. For example: an individual living at home, attending day support, contracts Covid-19 while at a family gathering over the holidays; the individual then attends day program all week; and then receives a positive Covid-19 test result at a medical clinic with their parents following the administration of a rapid test. Even though the diagnosis of Covid-19 did not occur at the day support program or on the premises of the provider's property, the individual was attending the program while positive and exposed others. Therefore, the day support provider must report the exposure as a Level II serious incident.

Providers of case management services are **NO LONGER** required to report positive cases of COVID-19 unless an individual is diagnosed with COVID-19 during the provision of case management services or on the premises where case management services are provided.

- b. There are two new data fields tied to COVID-19 reporting that must be completed when reporting positive cases of COVID-19. Refer to section III.b. of this document.
- c. The Incident Management Unit (IMU) will no longer contact a provider for every reported case of COVID-19. The IMU will follow their standard triaging protocols. If information is missing or incorrect, an IMU specialist will contact the provider. If potential regulatory concerns are noted, an IMU specialist will forward the incident onto an investigator or a licensing specialist for further review and determination of next steps.

Reminder:

12VAC35-105-440 requires orientation of new employees, contractors, volunteers, and students within 15 business days. The provider shall document that the orientation covers each of the following policies, procedures, and practices:

1. Objectives and philosophy of the provider;

2. Practices of confidentiality including access, duplication, and dissemination of any portion of an individual's record;
3. Practices that assure an individual's rights including orientation to human rights regulations;
4. Applicable personnel policies;
5. **Emergency preparedness procedures;**
6. Person-centeredness;
7. **Infection control practices and measures;**
8. Other policies and procedures that apply to specific positions and specific duties and responsibilities; and
9. **Serious incident reporting, including when, how, and under what circumstances a serious incident report must be submitted and the consequences of failing to report a serious incident to the department in accordance with this chapter.**

12VAC35-105-720.D states a provider shall implement written infection control measures including the use of universal precautions.

12VAC35-105-530 requires a provider develop a written emergency preparedness and response plan that is reviewed and revised as changes occur and, minimally on an annual basis. Such revisions must be communicated to employees, contractors, students, volunteers, and individuals receiving services and incorporated into training for employees, contractors, students, and volunteers and into the orientation of individuals to services.

All infection control and emergency preparedness plans and trainings should clearly document a recent review and subsequent revisions to incorporate how a provider is ensuring the health and safety of individuals during this pandemic and how staff is being trained in accordance with local, state and federal guidelines related to minimizing the spread of COVID-19.

- d. In January, the Office and Integrated Health and the Office of Licensing will begin to hold biweekly meetings to share information, talk about trends and listen to concerns.

III. **How to Report Cases of COVID-19 in CHRIS**

- a. Confirmed cases of COVID-19 may be reported in CHRIS in one of several ways depending on the circumstances of the case. Depending on the circumstances of the case, the confirmed case may be reported as:
 - i. An unplanned hospital admission, if the individual is admitted to the hospital;
 - ii. An unplanned emergency room visit when the individual is taken to the emergency room for diagnosis and/or treatment; or
 - iii. Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that result in significant harm or threat to the health and safety of an individual, if neither of the above occurred.

Providers should include the name of the health department jurisdiction they notified about the confirmed case in their CHRIS report.

- b. When submitting an incident report for an individual who has tested positive for COVID, there are two checkboxes in the CHRIS report that **MUST** be checked. This allows DBHDS to improve the reliability of data by comparing the narrative with the data collection fields, and facilitates the timely collection and aggregation of data.

Under “**Illness and Condition**” scroll down and select “**COVID-19 Positive**” (it is the 7th checkbox in the column).

Under the section that asks “**Did this case involve,**” scroll down and select “COVID-19 Positive” (it is the 3rd checkbox in the column). This box is also located on the “Death” screen of CHRIS. Please select this checkbox for all deaths that were a result of COVID-19.

- c. If an individual is diagnosed with COVID-19 **during the provision of services or on the provider’s premises**, and the individual later dies (regardless of whether or not the death is related to COVID-19), a second CHRIS report must be submitted to report the death of the individual. The original CHRIS report may **NOT** be updated to reflect the death of the individual.

- d. Providers must satisfy the requirements outlined above by reporting these confirmed cases via the CHRIS system within 24 hours of discovery. Please remember that an email notification to DBHDS of an incident does NOT qualify as an acceptable means of reporting and a provider who does so will receive a citation for late reporting. Please refer to Licensing Regulation [12VAC35-105-160.D](#) and to the [Guidance on Incident Reporting Requirements memo](#) sent to providers in May of 2020 and last updated in August 2020. In addition, **please thoroughly review the attached guide for step-by-step instructions on how to enter COVID-19 related information into CHRIS.**

If you have additional questions related to how to report a confirmed case of COVID-19, please contact the Office of Licensing’s Serious Incident Management Unit at incident_management@dbhds.virginia.gov.

For questions related to the effects of COVID-19, please visit the [DBHDS webpage](#) created to help with questions associated with COVID-19. DBHDS is providing information on positive cases of COVID-19 and deaths of individuals receiving services in licensed DBHDS programs on the [Licensed Provider COVID-19 Data Dashboard](#). These are derived from cases reported by providers in CHRIS and do not reflect official Virginia Department of Health data.

The Office Licensing is humbled by the hard work and unending dedication shown by licensed providers serving individuals during this very challenging time and is truly grateful for your continued efforts to provide quality services in the face of these challenges.

Sincerely,

Jae Benz

Jae Benz
Director, Office of Licensing
DBHDS

How to Report Confirmed Cases of COVID-19 in CHRIS:

Under the following regulation for:

- Children’s Residential Services - 12VAC35-46-1070(C)
- Level II Serious Incident - 12VAC35-105-160(D)(2) and 12VAC35-105-530(F)

I. First select the Level II Incident(s) which apply.

*Level 2
<input checked="" type="checkbox"/> AN UNPLANNED MEDICAL HOSPITAL ADMISSION of an individual receiving services other than licensed emergency services, except that a psychiatric admission in accordance with the individual's Wellness Recovery Action Plan (WRAP) shall not constitute an unplanned admission for the purposes of this Chapter.
<input type="checkbox"/> AN UNPLANNED PSYCHIATRIC ADMISSION of an individual receiving services other than licensed emergency services, except that a psychiatric admission in accordance with the individual's Wellness Recovery Action Plan (WRAP) shall not constitute an unplanned admission for the purposes of this Chapter.
<input checked="" type="checkbox"/> AN EMERGENCY ROOM VISIT - Emergency room visits by an individual receiving services, other than licensed emergency services, shall be reported as Level II serious incidents if they occur within the provision of the provider's services or on their premises.
<input type="checkbox"/> SERIOUS INJURY REQUIRING MEDICAL ATTENTION (OTHER THAN LEVEL 3) - Serious injury-Any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner.
<input type="checkbox"/> A DIAGNOSIS OF A DECUBITUS ULCER - Decubitus Ulcer-Decubitus Ulcers, known as Pressure Injuries, are caused by unrelieved pressure over a defined area, resulting in decreased blood flow to the area, causing the tissue to die.
<input type="checkbox"/> A DIAGNOSIS OF A BOWEL OBSTRUCTION - Bowel obstruction-An intestinal obstruction (complete or partial) that occurs when food or stool cannot move through the intestines. A bowel obstruction is different than constipation and must be diagnosed by a medical professional.
<input type="checkbox"/> A DIAGNOSIS OF ASPIRATION PNEUMONIA - Aspiration pneumonia-Pneumonia is a breathing condition in which there is swelling or an infection of the lungs or large airways. Aspiration pneumonia occurs when food, saliva, liquids, or vomit is breathed into the lungs or airways leading to the lungs.
<input type="checkbox"/> AN INDIVIDUAL WHO IS MISSING - "Missing" means a circumstance in which an individual is not physically present when and where he should be and his absence cannot be accounted for or explained by his supervision needs or pattern of behavior.
<input type="checkbox"/> INGESTION OF ANY HAZARDOUS MATERIAL - Ingestion is the act of taking something (food, medicine, liquid, poison etc.) into the body.
<input type="checkbox"/> CHOKING INCIDENT - A choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing the airway, or CPR.
<input checked="" type="checkbox"/> ANY OTHER EVENT OR CIRCUMSTANCE THAT OCCURS OR ORIGINATES DURING THE PROVISION OF A SERVICE OR ON THE PREMISES OF THE PROVIDER THAT RESULTS IN A SIGNIFICANT HARM OR THREAT TO THE HEALTH AND SAFETY OF AN INDIVIDUAL THAT DOES NOT MEET THE DEFINITION OF A LEVEL III SERIOUS INCIDENT.
<input type="checkbox"/> ANY ACTION BY THE INDIVIDUAL THAT CAUSED OR COULD CAUSE SIGNIFICANT HARM OR THREAT TO THE HEALTH OR SAFETY OF OTHERS.


II. Second – In the section titled “Did an injury, illness or condition occur?” select **Yes**.

*Did an injury, illness or condition occur?	<input type="radio"/> No	<input checked="" type="radio"/> Yes
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III. Next under “Illness and Condition” scroll down and select “**COVID-19 Positive**” (it is the 7th checkbox in the column).

Illness or Condition
<input type="checkbox"/> ASPIRATION PNEUMONIA - Pneumonia is a breathing condition in which there is swelling or an infection of the lungs or large airways. Aspiration pneumonia occurs when food, saliva, liquids, or vomit is breathed into the lungs or airways leading to the lungs.
<input type="checkbox"/> ASTHMA - Asthma is a chronic disease that affects your airways. When your airways react, they get narrower and your lungs get less air causing wheezing, coughing, especially early in the morning or at night, chest tightness and shortness of breath.
<input type="checkbox"/> BLOOD SUGAR PROBLEM (HIGH OR LOW) - Hyperglycemia (high blood sugar) refers to high blood glucose levels. Hypoglycemia (low blood sugar) refers to dangerously low blood sugar levels.
<input type="checkbox"/> BOWEL OBSTRUCTION - An intestinal obstruction (complete or partial) that occurs when food or stool cannot move through the intestines. A bowel obstruction is different than constipation and must be diagnosed by a medical professional.
<input type="checkbox"/> CARDIAC EVENT (HEART ATTACK, HEART FAILURE, ANGINA) - Any major or minor cardiovascular event or condition, such as angina, heart attack or heart failure, that could cause damage to the heart. Symptoms may vary depending on severity but can include heart palpitations, tightness in the chest area, weakness, dizziness, shortness of breath, chest pain, and discomfort in the upper body.
<input type="checkbox"/> CONSTIPATION - Chronic constipation is infrequent bowel movements or difficult passage of stools that persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week.
<input checked="" type="checkbox"/> COVID-19 POSITIVE - The Centers for Disease Control and Prevention Services ("CDC") define presumptive positive cases as individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory and laboratory-confirmed COVID-19 cases as individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a CDC laboratory.
<input type="checkbox"/> DEHYDRATION - Dehydration occurs when your body doesn't have enough water and other fluids to carry out its normal functions. Not replacing lost fluids that occur from diarrhea, vomiting, excess sweating, or increased urination can result in dehydration. Dehydration can be

IV. Please include the time Medical Attention was provided. In the “Description of Medical Treatment Provided and/or Finding”. Provide the name of the health department jurisdiction notified about the confirmed case.

Did this incident involve loss of consciousness?	<input checked="" type="radio"/> No <input type="radio"/> Yes	 Medical Attention Type
Date/Time Medical Attention (hh:mm AM or PM)	<input type="text" value="03/15/2020"/> <input type="text" value="11:11 AM"/>	<input type="radio"/> NonEmergency <input checked="" type="radio"/> Emergency
*Description of Medical Treatment Provided and/or Finding	(Name of the health department jurisdiction notified about the confirmed case) Was notified by Campbell County H.D. in CENTRAL VIRGINIA HEALTH DISTRICT client John Doe has a presumptive positive or laboratory confirmed diagnosis of COVID-19	
<input type="button" value="Check Spelling"/>		

- V. Under “Did this case involve?” scroll down and select “COVID-19 Positive” (it is the 3rd checkbox in the column). This box is also located on the “Death” screen of CHRIS. Please select this checkbox for all deaths which involved COVID-19.

Did this case involve? (Check all that apply)

<input type="checkbox"/> Abuse Allegation
<input type="checkbox"/> Assault-Peer to Peer aggression
<input checked="" type="checkbox"/> COVID-19 POSITIVE
<input type="checkbox"/> Neglect Allegation
<input type="checkbox"/> Restraint
<input type="checkbox"/> Seclusion
<input type="checkbox"/> Self Injurious Behavior
<input type="checkbox"/> Other

- VI. Please be sure to select whether or not another individual who receives services at the same location tested positive for COVID-19

Are there any other individuals in the home receiving service who have tested positive for COVID-19 in the last 30 days?	<input type="radio"/> No	<input type="radio"/> Yes
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- VII. Be sure to complete the following three sections in the report.
- “*Identified solutions to mitigate recurrence of incident when applicable;”
 - “External Notification made” and;
 - “Provider’s Corrective Action”