 Executive Office of Elder Affairs

 Assisted Living Certification Unit

 www.mass.gov/elder

To: Executive Directors, Assisted Living Residences (ALRs)

From: Assisted Living Certification Unit, EOEA

Cc: ALR registered users of Dynamics

Date: May 8, 2020

RE: Resource guide: reporting COVID-19 incidents

**Reporting a Resident-Specific COVID-19 Incident**

* Only **one** (1) IR should be submitted describing COVID-19 for each individual Resident.
* Incident Headline should indicate “**COVID-19.”**
* If a resident was sent out to the ER to be evaluated for an incident unrelated to COVID-19 (i.e. Fall, Behavioral event) and is tested while out at the ER and confirmed to be positive, this should be a *new* IR *separate* from the original incident. The new IR should be submitted with an Incident Headline of “COVID-19.”
* COVID-19 testing should NOT be reported as a Facility-Wide IR.

**Updating an Incident:**

* Any update to the original COVID-19 report should be made in the “Notes” section of the report – please do NOT submit a separate IR to update the Resident COVID-19 status. Updating an existing report is prompted primarily by the following circumstances:
	+ The ALR receives notification of test results
	+ The ALR receives notification of a Resident’s death
		- * Include date of death, if known
			* If date of death is not known, state the date that the ALR was informed of Resident’s death.

**Reporting When Resident Status of COVID-19 is Not Known:**

* Submit an IR for any Resident who was not tested, but based on healthcare provider or Local Board of Health (LBOH) guidance is presumed to be positive.

**EXAMPLE:** Resident is offered COVID-19 testing but the Resident or family refuses testing. Resident physician has advised the ALR that the Resident should be treated as presumed positive based on symptoms and/or history or exposure in the ALR. An IR should be submitted with an Incident Headline of “COVID-19” and an explanation in the narrative that Resident/family refused testing, but is “presumed positive” per healthcare provider’s guidance.

**Reporting on Proactive, Building-wide COVID-19 Testing:**

* When proactive, building-wide testing is being completed, do not submit test results until known. NOTE: You do not need to submit the results of the ALR-wide testing if the result is “negative”

**Reporting COVID-19 Incident when a Resident has been out of the ALR:**

* If the ALR is notified that a Resident who has been out of the ALR for greater than two weeks has had a positive test result for COVID-19 while out, submit this incident report including the date the Resident was last present in the ALR.

**Reporting Non-Resident Known COVID-19 Information:**

* Due to Resident health-risk from inadvertent interaction with employees and outside personnel who have tested positive, EOEA has requested that all known COVID-19 positive testing results be reported on a weekly basis using the revised EOEA template issued by email on May 5, 2020. These reports should be submitted to: ALRhelp@massmail.state.ma.us. Email ALR Help if you need assistance obtaining the May 5th version of the Excel template.

**Improving clarity in the IR Text:**

* + When possible, avoid using both the terms “positive” and “negative” in the IR narrative.

**EXAMPLE:** Majority of this ALR community has tested positive for COVID-19 but Resident A’s test result is negative.

**PREFERRED:** **Resident A’s test result is negative.**

* + Use these terms when identifying the COVID-19 status: “positive”, “negative “or “presumptive positive”.

**EXAMPLE:** Resident’s test result is not positive.

**PREFERRED:** **Resident’s test result is negative.**

* + If the test result is “inconclusive,” indicate whether the Resident will be re-tested and/or whether the Resident’s healthcare provider/LBOH agent has advised that the Resident should be presumed positive.

**EXAMPLE:** Resident A’s test result is inconclusive / positive.

**PREFERRED:** **Resident A’s April 1, 2020 test result is inconclusive;** Resident to be re-tested on April 3, 2020 and due to symptoms, Resident A’s healthcare provider has advised to care for Resident as presumed positive until this time.

* + Submit Resident names in the Dynamics field as First Name Last Name

 **EXAMPLE:** Doe, John

 **PREFERRED:** **John Doe**

**Any questions on COVID-19 Related Incident Reporting should be sent to:**

ALRhelp@massmail.state.ma.us