



COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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03/16/2020

Dear providers,

The purpose of this correspondence is to inform licensed providers about reporting expectations with respect to presumptive positive and laboratory confirmed cases of COVID-19. The novel corona virus is a new virus which causes coronavirus disease (COVID-19), and there is still much that we do not know about it. 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. According to the Virginia Department of Health, symptoms of COVID-19 can range from mild to severe. Mild symptoms include runny nose, cough, sore throat, fever, and shortness of breath. Severe infections can cause pneumonia, kidney failure, and death. Because of 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.

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

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

Anytime an individual has a presumptive positive or laboratory 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, when an individual has a presumptive positive or laboratory confirmed diagnosis of COVID-19 during the provision of services, or where it is determined that the individual contracted 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 or contracted

during the provision of services, or on the provider's property, would constitute a Level II Serious Incident as defined in 12VAC35-105-20.

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

When an individual who is receiving center based or non-children's residential services has a presumptive positive or laboratory confirmed diagnosis of COVID-19, but where the illness was neither confirmed nor contracted during the provision of services or on the provider's property, a provider shall still report the confirmed case of COVID-19 to the Department. **This includes providers of case management services.** A confirmed case of COVID-19 constitutes a condition that "may jeopardize the health, safety, or welfare of individuals," as described in 12VAC35-105-530(F) and should be reported as such. Providers shall satisfy the requirement that such conditions be reported to the Department by reporting these confirmed cases via the CHRIS system.

How to Report Cases of COVID-19 in CHRIS

Presumptive positive and laboratory 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:

1. An unplanned hospital admission, if the individual is admitted to the hospital;
2. An unplanned emergency room or urgent care facility visit, when the individual is taken to the emergency room or an urgent care facility for diagnosis and/or treatment; or
3. 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 significant harm or threat to the health and safety of an individual, if neither of the above occurred.

Providers should include in their CHRIS report the name of the health department jurisdiction they notified about the confirmed case. For additional assistance related to reporting COVID-19 cases in CHRIS, please see the attached guide.

If you have any questions related to how to report a confirmed case of COVID-19, please reach out directly to the Office of Licensing's Serious Incident Management Unit at incident_management@dbhds.virginia.gov. For any additional questions related to the effects of COVID-19, please visit the new DBHDS webpage created to help with questions associated with COVID-19. The new page can be found at the following link: www.dbhds.virginia.gov/covid19. If you have a question that is not yet in the FAQ document, please use the e-mail address provided on the webpage linked above to submit your concerns. Our staff will research your question and their responses will be added to the FAQ document on a rolling basis to benefit others who may have similar questions. Lastly, additional information related to the emergency protocols put into place by the Office of Licensing can also be found within the [March 14 correspondence](#) located on the Office of Licensing website.

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 which apply.

*Level 2	
<input checked="" type="checkbox"/>	AN UNPLANNED MEDICAL HOSPITAL ADMISSION
<input type="checkbox"/>	AN UNPLANNED PSYCHIATRIC ADMISSION
<input checked="" type="checkbox"/>	AN UNPLANNED EMERGENCY ROOM OR URGENT CARE FACILITY VISIT, WHEN NOT USED IN LIEU OF PRIMARY CARE - In lieu of primary care-The provider is not required to report if they have to take an individual to an urgent care facility or emergency room for an issue typically treated by a primary care physician because the individual's primary care physician is not accessible at the time treatment is required.
<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-A situation where an individual is not physically present and cannot be accounted for.
<input type="checkbox"/>	INGESTION OF ANY HAZARDOUS MATERIAL - Ingestion is the act of taking something (food, medicine, liquid, poison etc.) into the body through the mouth. Hazardous chemical is one which is a physical hazard or a health hazard.
<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.


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 **“Other Illness/Condition”** (it is the last checkbox in the column). In the space below **“If Other please describe”** type in **“Confirmed case of COVID -19”**.

*Did an injury, illness or condition occur?		<input type="radio"/> No	<input checked="" type="radio"/> Yes
Select any injuries, illnesses, or conditions that occurred (Select all that apply)			
Injury		Illness or Condition	
<input checked="" type="checkbox"/> OTHER ILLNESS/CONDITION - Other Illness/Condition, not otherwise listed.			
If Other please describe:			
Confirmed case of COVID-19			

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)	03/15/2020 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. Be sure to complete the following three sections in the report.

- a. **“***Describe the consequences and risk of harm;
- b. “External Notification made” and;
- c. “Provider’s Corrective Action”