



NJ Department of Human Services Office of Program Integrity and Accountability

Date: November 15, 2022
Topic: Incident Reporting

Please note that nothing in this bulletin impacts the reporting of positive COVID-19 test results to a service provider's local health department. This bulletin only pertains to mandated Incident Reporting to the Department of Human Services.

Service providers rendering services (Residential, Day, etc.) to individuals through the Division of Developmental Disabilities (DDD) and those contracted with the Division of Mental Health and Addiction Services (DMHAS) or licensed by the New Jersey Department of Health (DOH) to provide mental health or substance use disorder services through DMHAS are **still required to report positive COVID-19 test results for individuals served to their respective Division, however; reporting is no longer required for positive test results among staff. Service providers are to continue notifying individuals served/their guardian outside of the incident reporting process in cases where an individual has been in close contact with a positive staff person.**

PLEASE NOTE: All positive COVID-19 test results for individuals served shall be reported to the designated incident reporting authority. The DDD IR form is available [here](#) and the DMHAS IR form is available [here](#). Service providers are directed to continue to monitor and follow updated guidance from their respective Division as published on the [DHS Novel Coronavirus Information website](#).

Effective immediately, an individual receiving DHS services who is **confirmed positive** for COVID-19 shall continue to be reported as **Medical (Communicable Disease)** through an IR. Additionally, the following information must be reported:

- That all identified guardians are appropriately notified, in keeping with DHS policies for ensuring notification and confidentiality.
- That the service provider is following the most recent COVID-19 guidance from their respective Division and the DOH.
- In the event that an individual served tests positive for COVID-19, agencies are required to ensure the following:
 - For licensed residential settings:
 - Regardless of vaccination status, complete testing for all staff and individuals working/living in the residence who had close contact¹ with the positive person. Testing should occur immediately if symptomatic, or if asymptomatic, wait 5 full days after close contact before testing. If an individual/guardian, or an employee refuses testing this should be noted in the incident report follow up as well as a remediation strategy as to how other residents/staff will be kept safe.
 - Testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these individuals, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.
 - For DDD certified day programs:
 - Recommend to the guardian/family/residential provider of individual(s) who had close contact with the positive person that they immediately consult the exposed individual's healthcare professional on testing. Testing should occur immediately if symptomatic, or if asymptomatic, wait 5 full days after exposure before testing.
 - Complete testing for staff who had close contact with the positive person immediately if symptomatic, or if asymptomatic, wait 5 full days after exposure before testing. If an employee refuses testing this should be noted in the incident report follow up as well as a remediation strategy as to how other residents/staff will be kept safe.
 - Testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection

¹ Close contact is defined as ≥ 15 cumulative minutes within 24-hours of someone who has recently tested positive for COVID-19

in the prior 90 days; however, if testing is performed on these individuals, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.

- Actions taken to prevent further spread of SARS-CoV-2, including but not limited to:
 - Cleaning and disinfecting protocols;
 - Specific plans for quarantine or isolation of the individual;
 - Monitoring/supervision of individuals;
 - Medical follow up provided/planned;
 - Temporary relocation, use of respite bed;
 - Training/Re-training of staff and individuals – (Ex. Use of PPE, infection prevention and control practices); and
 - Notification to guardian and others who may have or come in contact with the infected person in the preceding 14 days.

DMHAS service providers must continue to report when a Continuity of Operations Plan (COOP) has been activated as a preemptive measure or because of a suspected/confirmed case of COVID-19 as an Operational event using the DMHAS Incident Reporting form found [here](#).

Additionally, DHS is temporarily modifying the required reporting timeframes for incidents that are reportable to DHS. The following incident reporting criteria are in effect until further notice:

1. The following must be reported within the same business day of the occurrence:
 - a. *Medical – Communicable Disease* – Especially in the event of a confirmed COVID-19 diagnosis. Follow up information is to be provided as soon as new information is obtained.
 - b. *Medical – Unplanned Hospitalization* – Related to COVID-19 are to be reported as soon as practicable; discharge date and diagnosis are to be submitted as soon as possible.
 - c. All allegations/incidents involving Abuse and Neglect.
 - d. Operational incidents – Related to COVID-19 involving program closure, emergency relocation, shelter in place, or COOP (DMHAS).
2. All other incidents currently required to be reported should be reported as soon as practical.
3. Guardian notification for all involved individuals is required for all reportable incidents per A.O. 2:05.