

Massachusetts Department of Public Health
Bureau of Substance Addiction Services
COVID-19 POSITIVE CASE REPORTING FORM

Please fax the completed form (no cover sheet is necessary) to the secure eFax: 617-887-8787

The Bureau of Substance Addiction Services requires all Licensed or Approved Providers to notify the Department per 105 CMR 164.035(H) of positive cases of COVID-19 using the standard form below.

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|----------------------------|-------------------|
| License(s)/ Approval(s) #: | Date of Report: |
| Agency Name: | Program Name: |
| Program Address: | |
| Reporter Name & Title: | Reporter Contact: |

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| This form can be used to report multiple cases for patients, residents, or staff for each licensed program. Page 2 is to be used if reporting multiple individuals and dates. Please do not include patient identifying or staff personal information. | |
| COVID-19 Positive Individual(s) | Number of patients/residents: Number of staff and title: |
| Important Date(s) | Date of COVID-19 test: Date COVID-19 results received: |
| Change in operational capacity and/or holding of admissions | Please indicate if an admissions hold or change in capacity is occurring due to a COVID-19 outbreak- including the <u>current program census</u> . Please indicate staffing impact and coverage plan. |

Attestations:

- ☐ The program has sufficient PPE and face coverings for both staff and patients/residents.
If the program requires additional PPE and/or face coverings, please contact the Massachusetts Emergency Management Agency via <https://www.mass.gov/orgs/massachusetts-emergency-management-agency>.
- ☐ When deemed clinically appropriate, the program has been able to continue providing care and treatment including telehealth services to patients/residents.
- ☐ The program has a plan to isolate/quarantine the patient/resident(s).
- ☐ The program has taken appropriate measures to clean and disinfect high-touch surfaces and communal areas using appropriate products found on the [EPA's List N of COVID-19 Disinfectants](#).
- ☐ As appropriate for the service setting, the program has completed any contact tracing and communications with individuals in the program who may have been exposed to a person who tested positive for COVID-19.

For any additional COVID-19-related concerns, please contact your Regional Manager and/or Licensing Inspector.

DESCRIPTION OF INCIDENT AND PROGRAM RESPONSE: