COVID-19 FILLABLE REQUIRED NOTIFICATION FORM

Per 105 CMR 164.035(H) all licensed and funded substance use treatment programs must report positive cases of COVID-19 to BSAS through the Required Notification process using the standard template form. In addition to the Required Notification process, BSAS is requiring programs to submit the information on the form below. Please see the *Required Reporting of COVID-19 Positive Cases* that was issued by the Massachusetts Department of Public Health (DPH), Bureau of Substance Addiction Services (BSAS) on January 5, 2021 for more details.

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| **Reporter name and title:** Click or tap here to enter text. | **Date of Report:** Click or tap to enter a date. |
| **Program Name and BSAS Licenses Number:** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. |

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| COVID-19 Positive Individual(s) | Patient/Resident  Staff Member  Number of individuals who tested positive: Click or tap here to enter text. |
| Important Dates | Date of initial exposure to COVID-19, if known: Click or tap to enter a date.  Date of COVID-19 test: Click or tap to enter a date.  Date COVID-19 test results received: Click or tap to enter a date. |
| Personal Protective Equipment (PPE) | Does the program currently have sufficient PPE and face coverings at the program for both staff and patients/residents?  Yes  No  Does the program have enough PPE to work with an individual who is confirmed or suspected to be infected with COVID-19?  Yes  No  Are staff wearing eye protection such as goggles/face shields?  Yes  No  What type of masks or face coverings will the staff and patients/residents be using while in the program?  Click or tap here to enter text. |
| Deep Cleaning and Sanitization | What measures has the program taken to clean and disinfect high-touch surfaces and communal areas using appropriate products found on the [EPA’s List N of COVID-19 Disinfectants](https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19)?  Click or tap here to enter text.  Has the program had a cleaning service come in to clean the program’s space per the DPH Epidemiology team recommendation?  Yes  No |
| Quarantine and Isolation Plan | What is the program’s plan to cover for any staff quarantined due to an exposure?  Click or tap here to enter text.  What is the program’s isolation plan for patients/residents who have tested positive for COVID-19 to reduce transmitting the virus to other patients/residents?  Click or tap here to enter text.  If an inpatient facility does not have the capacity to accommodate the needs of a positive COVID-19 individual, include the program’s plan to transfer the patient/resident including the name of the program the patient/resident will be transferred to (and the date patient/resident was transferred if already transferred)  Click or tap here to enter text.  For an outpatient/ambulatory facility, include information around the patient’s ability to utilize telehealth, take homes for methadone, etc.  Click or tap here to enter text. |
| Contact tracing | Has the program completed any contact tracing and communications with individuals who may have been exposed to a person who tested positive for COVID-19.  Yes  No |
| Contract tracer | Please list the contact information for the individual who is conducting the contact tracing.  Name:Click or tap here to enter text. Phone Number: Click or tap here to enter text. Email Address:Click or tap here to enter text. |