NC COVID Training

9:00AM–5:00PM

Trainings: ncedsstrainings@dhhs.nc.gov
Helpdesk: NCEDSSHelpDesk@dhhs.nc.gov
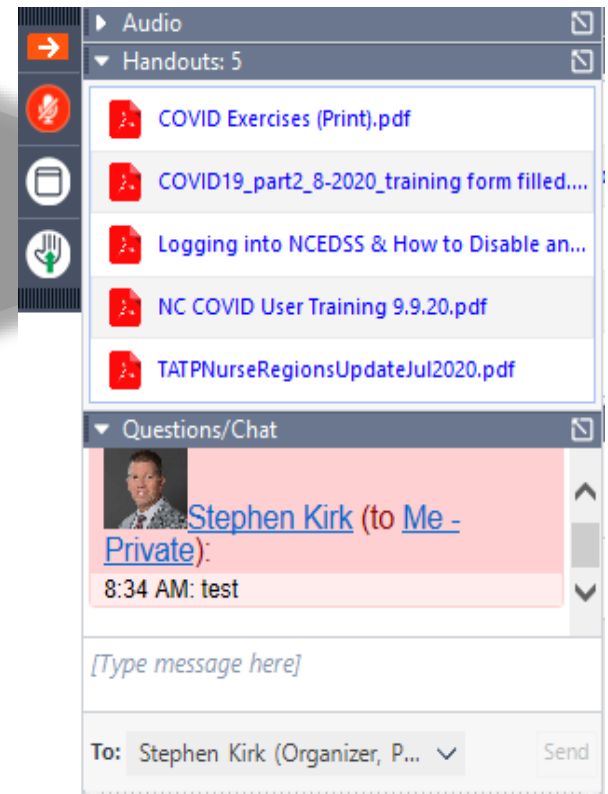https://nccovid.ncpublichealth.com/

GoToWebinar Instructions
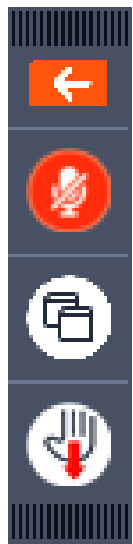
Click to Hide the options

Click to Mute/Unmute*

Click to change to a full screen

Click to let the trainer know you need to be unmuted or you have a question

Audio

Handouts: 5

- COVID Exercises (Print).pdf
- COVID19_part2_8-2020_training form filled....
- Logging into NCEDSS & How to Disable an...
- NC COVID User Training 9.9.20.pdf
- TATPNurseRegionsUpdateJul2020.pdf

Questions/Chat

Stephen Kirk (to Me - Private):
8:34 AM: test

[Type message here]

To: Stephen Kirk (Organizer, P... ⌄   Send

* If the line through the mic is red, you are muted by the trainer. If the line through the mic is gray, you can unmute yourself by clicking the mic icon. The color of the icon will change from red to green.

Good Morning Everyone!

Please mute your computer mic/telephone and enter questions/comments in chat or the Questions section

Duration: 1 Day: 9 am to 5 pm

One Hour Lunch Around Noon

Usernames will be provided to you in the chat and passwords will be given when you need to access the training system. Login and passwords used today will become null and void after the course ends.

Training Goals

Trainer will:

- Describe NC COVID background
- Explain NC COVID security requirements
- Detail NC COVID terminology and data quality standards

Users will:

- Navigate through NC COVID screens
- Search NC COVID for persons and events
- Create NC COVID 19 event
- Enter COVID laboratory test result in NC COVID from a paper lab report
- Enter a COVID Part 2 Case Report form
- Update a COVID 19 event to COVID 19 Death event
- Assign an event from county to state
- Link COVID 19 event to another COVID 19 event and to an outbreak
- Access COVID 19 events from Original Assignment workflow

What is NC EDSS and NC COVID-19?

The database for all reportable diseases and disease outbreaks for the state of NC

- Local Health Departments report cases of disease to the state
- State analyzes and tracks disease reports
- State reports non-identified disease data to CDC

The NC EDSS COVID-19 environment was developed to streamline COVID-19 reporting.

NC COVID Security

- Access to NC COVID must always be from a government owned computer system, on a secure connection, in a secure location
- Access only information you have need to know
- <u>Never</u> share user ID and/or password
- Unauthorized access of events or divulging personal information from NC COVID may result in loss of privileges and disciplinary action.
- HIPPA Rules pertain to NC COVID (not a medical record) as it contains PHI and should only be accessed via work computers and never while on public networks.

NC COVID Security
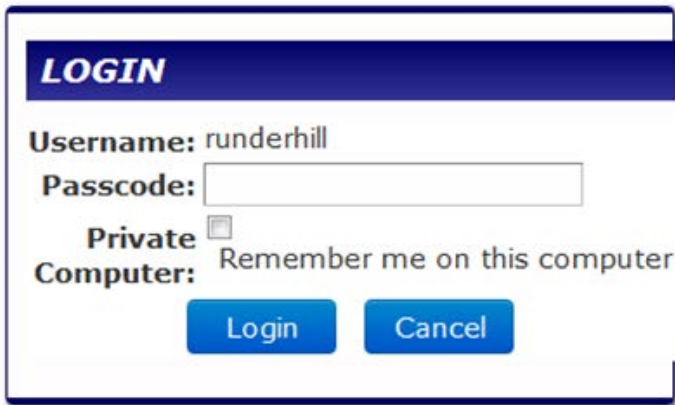
- NC COVID uses a two-part authentication for login because **NC COVID contains patient information that is protected by law.**
- On your first login, the system will send an email with a passcode to complete login.
- Subsequent logins will recognize your computer and not require a passcode, unless you delete your browser history or use another computer. This will require a new passcode.
- When you reach the passcode screen do not close out that screen however you can minimize the screen to fetch your 6-digit passcode from your email or you will have to re-enter your username and password and await a second passcode.

Turn Off Auto Fill/ Complete in Your Browser

- Overwriting of data fields in NC COVID can occur if auto fill or auto complete is turned on.
- We strongly encourage all users to disable the auto fill function in whatever browser you are using when accessing NC COVID.
- Never use automatic password saving or password complete in NC COVID.
- If you clear your browser history, you will be prompted to enter a passcode the next time you log in to NC COVID.
- If you have further questions or concerns you can always contact the NC COVID help desk at NCEDSSHelpDesk@dhhs.nc.gov or 919-715-5548.

NC COVID Terms

Person – anyone with a profile in the system. A person that has been tested for COVID (positive or negative)

Disease – includes all reportable diseases. Diseases do not have to be confirmed cases.

Event – an event is the **association of a person with a disease at a particular point in time.** Persons may have multiple events for different diseases and in some cases multiple events of the same disease.

NC COVID Terms

Users are the people who use NC COVID

Roles are what users can 'do' in the application. The permissions to perform specific functions and see certain case information

Groups determine diseases and jurisdiction the user can access to perform user role

Data Entry Standards

WHY DO WE NEED STANDARDS?

- Improves search results
- Avoids duplicate persons/ events
- Increases data quality
- Improves reports
- Ensure epidemiological requirements are met

Data Entry Standards– Names

Name Entry

- Sentence Case Format (capitalize first letter of first, middle and last name, lower case for remaining letters)
- No Punctuation in name fields
- No Suffixes (Jr, Sr) in name fields

Social Security Numbers

- Use only complete/real SSNs (Complete/Real SSN's don't start with 000, 666, 999; NO local made-up numbers)

**Entries may be found that do not conform to these rules because ELRs do not always conform to the person creation rules listed above. We have no control over ELR source entry, please correct as possible, especially suffixes which are entered in the name field as these are detrimental to searching

Data Entry- Name Examples

John B. Smith, Jr.   SS# **000-00-2567**

Add Person		
First Name:	Middle Name:	Last Name:
John	B	Smith
Suffix:	Maiden/Other Name:	Alias:
Jr		**000-00-2567**
Mother's Maiden Name:		
Birth Date:	Gender:	Social Security Number:
MM/DD/YYYY	[⌄]	

Alias–OPUS, partial SS#

Maria Jose' Diago-Ovall   SS# no number

Add Person		
First Name:	Middle Name:	Last Name:
Maria	Jose	Diago Ovall
Suffix:	Maiden/Other Name:	Alias:
Mother's Maiden Name:		
Birth Date:	Gender:	Social Security Number:
MM/DD/YYYY	[⌄]	

Harvey O'Harra   SS# 046-22-4567

Add Person		
First Name:	Middle Name:	Last Name:
Harvey		Oharra
Suffix:	Maiden/Other Name:	Alias:
Mother's Maiden Name:		
Birth Date:	Gender:	Social Security Number:
MM/DD/YYYY	[⌄]	046-22-4567

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Data Entry Standards–Addresses

Street:	100 Second Street
City:	Charlotte
State:	NC
Zip Code	28101
County:	Mecklenburg County
Country:	USA

Please make sure to add the COUNTY!

▸ Addresses

◦ Primary address is where the person resides most of the time. Primary address determines the reporting jurisdiction

◦ Secondary address should not be used unless the person lives and pays taxes in two places

◦ Work addresses may also be entered using the "Work" designation

◦ Apt #, Lot #, Suite or other identifier should go in the second line

◦ If a person resides in jail, then their primary address is the address they had before being incarcerated in jail. If a person resides in prison, then prison is their primary address. If a person is a student and lives in a dormitory, then the dorm is their primary address.

Data Entry Standards

If you receive new information on a document, update the information and put a note in the Investigation Trail to request the LHD determine the correct answer if profile information is conflicting.

Do not make presumptions or guess at information even if it seems obvious

When answering questions in NC COVID packages the selection of unknown means an answer was not known by the patient or physician. If a question wasn't asked, leave the field blank.

NC COVID Navigating Demonstration

10-minute Break

During break you will be getting a Private Chat Message from your monitor (if you haven't already) that looks like this:

"The training URL is: https://ncedsstraining.ncpublichealth.com

Your username is: covidtrne XX *(two-digit individual identifier)*

I'll be reviewing your materials as we move through the exercises. Thanks!"

Your password will be given when the Trainer is ready for you to enter the NC COVID system

Return at 10:26 AM

Please try and print the PART 2 form and the lab exercise, this will make entering them much easier.

Searching in NC COVID

NC COVID users can search to determine if a person/event already exists:

Person Search
Looks for an existing persons in the system with no jurisdiction restriction

- Displays all persons, regardless of disease event(s) they may have

◦ Event Search

Looks for existing disease events

- Only displays persons with disease events user has permission to see

◦ Thorough Searching Saves Work and Time
  - Finding an existing person or event prevents unnecessary data entry
  - Prevents need for deduplication of events and person profiles which is time consuming

Searching in NC COVID

- Search multiple ways before ruling out that a person exists. Entering a combination last/first name is not enough since people may use alternate spellings, nicknames, middle names, etc.

- Always use the wildcard * symbol when searching on a person name. You can use double wildcards

- The more information you enter, the fewer results will be returned since the person would have to match against all of the data you enter. Entering less information will return more results.

ALWAYS search before creating a new person

Some examples of possible search combinations for Robert Smith-Jones with DOB 1/1/1980:

- Name (first & or last combination) & DOB

  Example: Robert* Smith*   01/01/1980

- Name only – using variations of names that have alternate spellings or first names with common nicknames

- Some possible examples of name searches:

- DOB only

- SSN

- Phone number (try in home and mobile fields)

	Smith-Jones*
Robert*	Smith-Jones*
Robert*	*Smith*
Bob*	Smith*
Rob*	Smi*
Robert*	*Jones*
Rob*	*Jones*
Ro*	*Jon*
Bob*	*Jones*
* This is not every possible combo	
Use your best judgement to search	

Searching in NC COVID

Birthdates may be entered as an (Exact) birthdate or what we call (Inexact) date which is a range between two dates

Birth Date:
(Exact)   MM/DD/YYYY 📅 - MM/DD/YYYY 📅

Devise searches that will eliminate misspellings, use of nickname or changed last names from preventing you from finding your target

Searches may be done by phonetic spelling of names using a function called Soundex

Search Options
Search History: ☑
Search Soundex: ☑

Search Demonstration
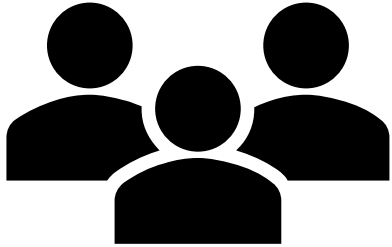
Please watch the Trainer as they demonstrate searching in NC COVID.
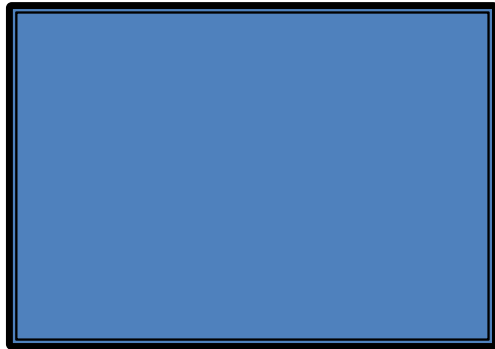
You will not need to enter the system at this time

NC COVID Training Login

https://ncedsstraining.ncpublichealth.com
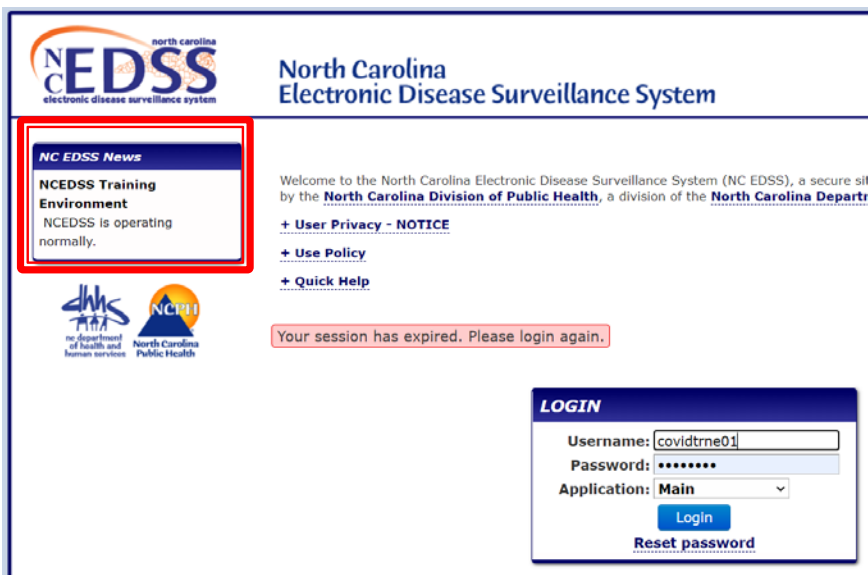
Username was be sent to you through chat
covidtrne _ _
with your individual number
(for example, covidtrne01)

Password: **yellow26**

Training Login

https://ncedsstraining.ncpublichealth.com
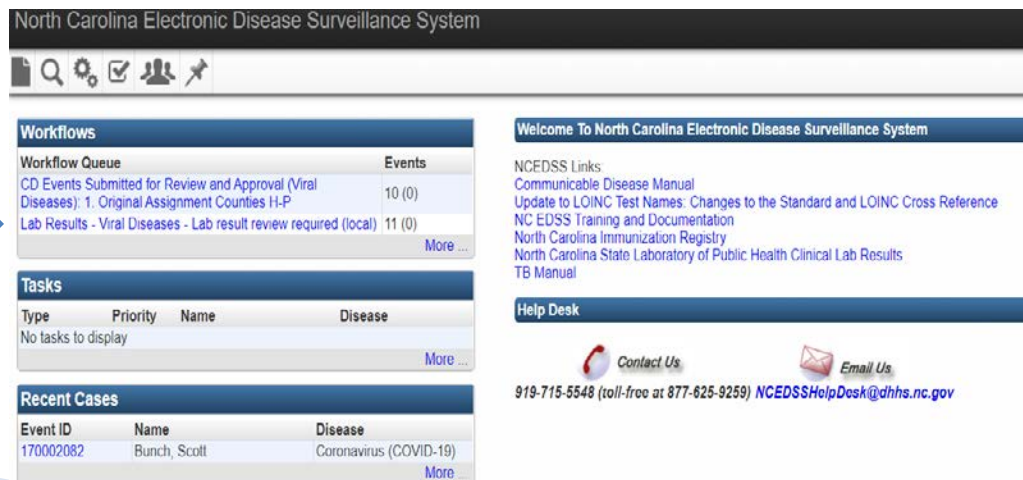
When you get to this screen please RAISE your hand!

Search Exercise

Submit answers like this:

1. Answer one <**Press Space Bar**>
2. Answer two <**Press Space Bar**>
3. Answer three <**Press Space Bar**>
4. Answer Four <**Press Space Bar**>
5. Answer Five <**Press the Enter key** to send your answers>

Submit Answers at 11:22am

Search for the following, when you find **all** the answers, enter them all at one time in the chat.

1. Who has a birthday June 27, 1955 and initials are D. D.?
2. Who is the person in event 170002290?
3. What is the event id for someone born in 1965 named Duck ? (tricky)
4. What is the COVID 19 event number for Porky Pig? (tricky)
5. Who lives at 1313 Mockingbird Ln, Mockingbird Heights, CA?

Creating an Event

- First click folded corner Paper Icon on Tool Bar

- Select a disease from drop down list
- Use Select Person to search for person
- If person found, select the person and information will be placed in the event screen
- If no person is found, click cancel go back to event screen and add person information
- Select save to complete entering event
- Once event is created, you cannot delete event

Creating an Event
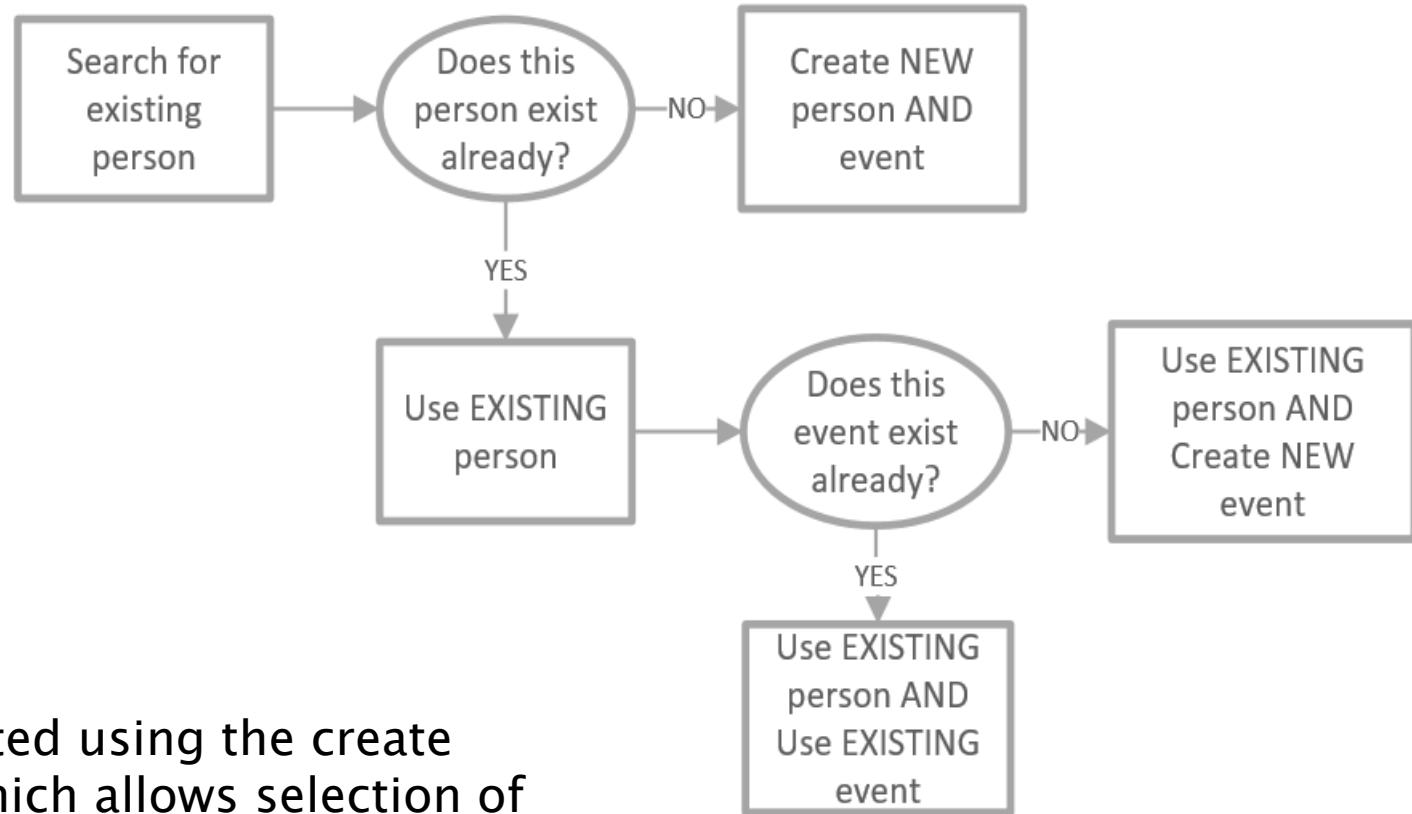
- Events are created using the create event screen, which allows selection of existing person information or creation of a new person

Potential Match Screen

- ✓ When you save a new event, before the system completes the save, it does a search for potential event and person matches.

- ✓ If matches are found, they will be displayed on a potential match screen.

- ✓ Before proceeding, you must evaluate these events and persons to ensure they are not the same as the ones you are creating.

- ✓ There are options to select the system identified events and persons or proceed with creation of new event and/or person.

If you are unsure, back out and get help.
Entries cannot be removed by end users only Helpdesk

Potential Match Screen

Potential Matches

The following people seem to match the information you have entered. Please review the information below and either select an existing person to use or simply choose to proceed to create a new person in the system.

Entered Information:

Name:	Minnie Mouse
Gender:	Female
Birth Date:	07/04/1976
Social Security Number:	888-55-4444
Address:	NC
County:	
Country:	USA
Phone:	

Create new case and person

☐ Mark as pending deduplication

Option # 3
Create NEW Person and NEW Event

Matches

Matched Record 1

Name:	Minnie Mouse [Details]
External ID:	PDCEOQZSOXB
Gender:	Female
Birth Date:	07/04/1976
Social Security Number:	888-55-4444
Address:	12 Sparta Rd, North Wilkesboro, NC
County:	
Country:	USA
Phone:	

Person # 1

Choose Person (creates new event)

☐ Use entered information

Events

Event ID	Status	Disease	Create Date	Case status	Action
170001611	Open	Rocky Mountain Spotted Fever (35)	09/03/2014		Use this event Print Event

Option # 2
Use EXISTING Person and Create NEW Event

Matched Record 2

Name:	Minnie Mouse [Details]
External ID:	PDCEEWTLTDHNWS
Gender:	Female
Birth Date:	07/04/1976
Social Security Number:	888-55-4444
Address:	300 McDowell St., Raleigh, NC 27603
County:	Wake County
Country:	
Phone:	

Person # 2

Choose Person (creates new event)

☐ Use entered information

Events

Event ID	Status	Disease	Create Date	Case status	Action
170000940	Open	Chlamydia (200)	12/28/2010		Use this event Print Event
170001610	Open	Plague (29)	09/03/2014		Use this event Print Event

Create new case and person   Help

Option # 1
Use EXISTING person and EXISTING Event

NC EDSS Training Class

Option # 3 Create NEW Person and NEW Event

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Options start at bottom of screen !

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Create Event Demonstration

1st Write down your Event ID #

2nd click grey X in the Right corner to close your event

Create Event Demonstration

Event – an event is the **association of a person with a disease at a particular point in time.** Persons may have multiple events for different diseases and in some cases multiple events of the same disease.

Create Event Exercise

Create a COVID 19 event using these steps:

Your actual last name	A fictious first name	Date of birth: 07/04/1986
Gender = Female	Address: 100 Second Street Charlotte, NC 28101 select **Mecklenburg County** as county of residence	Submit your event ID number *(it will start w/17000_ _ _ _)* in the chat area when done

Note: All events will be deleted from system at completion of training.

Laboratory Result Entry
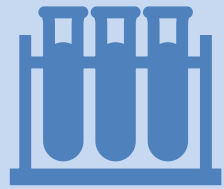
- Laboratory results can be entered automatically in events created by electronic reports sent by laboratories.
- Not all laboratories can electronically submit labs, for instance LHD laboratory results are not fed electronically.
- Paper laboratory results received at the LHD must be verified to be in the system and if not, hand entered.
- Laboratory report form and terminology varies from lab to lab, however there are certain basic information that each lab report contain, and this is entered into any event

Paper Lab Sample

Diatherix | Eurofins **Clinical Diagnostics**   **LABORATORY REPORT**

Diatherix Laboratories, LLC
601 Genome Way, Suite 2100 Huntsville, AL 55806
Phone: 866.979.4242 / Fax: 256.327.0984 / CUA ID: 01D1085737

PATIENT:

Test Person	ID: 677890
Gender: M	Age: 60	DOB: 1/1/60

ORDERING PHYSICIAN:

Name: Dr Who
Phone: 919-555-6000

SPECIMEN:

Source: Nasopharyngeal   Collected: 4/1/2020
Specimen ID: Received: 4/2/2020
Accession ID: 3847784739   Reported: 4/2/2020

CLIENT:

Name: WakeMed Cary

Address: 1900 KILDAIRE FARM RD.
CARY, NC, 27511

	DETECTED	NOT DETECTED
SARS-CoV-2		X

SARS-CoV-2 LDT has been validated by our laboratory.
FDA independent review of this validation is pending.

Note:
Accession # = Specimen #

Medical Record # can be any of the following: ID#, Client ID and/or Client Record

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Add a Lab Exercise

| Event Data | Lab Results | Concerns | Persons | Tasks | Event Properties | Event History |

Labs

Lab No.	Specimen Date	Specimen Number	Specimen Type

Add Lab Result   Update Lab Result   Delete Lab Result

Lab Screen

Lab Screen

Lab Facility

Lab Facility		
Lab Facility (Other)		
CLIA		

Use Drop down and select facility

Ordering Facility

Ordering Facility		
Ordering Facility (Other)		
CLIA		

Use Drop down and select facility

Ordering Provider

Name	
Address	
City	
State	
Zip	
Phone / Order Callback Number	

Manually type this info

Misc Info

Medical Record Number	
Medical Record Number Assigning Facility	
Isolate sent to SLI	
Notes	
Admitting Diagnosis	

Manually type this info

Enter Laboratory Results

To make changes to your lab entry click the Update Lab Result button

Laboratory Exercise

Davita Labs Fort Lauderdale FL 3312							
Specimen Information							
Specimen Date	05/02/2020	Specimen Number	98765-7654	Specimen Source	Oral Swab	Received Date	05/03/2020
Report Status							
Report Date	05/03/2020	Result Date	05/03/2020	Update		Final	05/03/2020
Test Information							

SARS coronavirus 2 RNA Resp Q1 NAA+probe// SARS coronavirus 2 RNA: Probe amp. tar.	Result	
	Detected	Not Detected
	X	

This test was developed, and its performance characteristics determined by Davita Laboratories. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner. When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. An individual without symptoms of COVID-19 and who is not shedding SARS-CoV-2 virus would expect to have a negative (not detected) result in this assay

Client	Ordering Physician	
Heritage Hospital,111 Hospital Dr Tarboro NC	Ned Nephrologist (910) 455-8674	
Patient Information	Client Record	45678123
Your Patients Name	Your Patients Address	

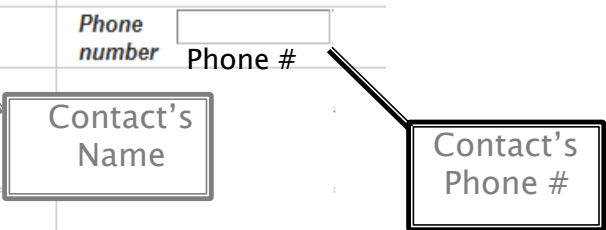# A. Disease Reporting Information Demonstration

In the Administrative Package, the Disease Report Information must always be completed before reporting an event to the State. It is very important to know how and when we were first notified of an event as many reports and some workflows use this information.

NOTE: ## Indicates required field ^ Indicates recommended field	
Disease Report Information	
## *Initial Source of Report to Public Health*	Laboratory
Laboratory name	Davita Labs - 3951 Sw 30 Ave Fort Lauderdale F
## *Date of Initial Report to Public Health (Required)*	05/03/2020
## *Initial method of report*	Paper lab report
Reporter Information	

B. Investigation Trail

In the Administrative Package the Disease Report Information must always be completed before reporting an event to the State. It is very important to know how and when we were first notified of an event as many reports and some workflows use this information.

Event Classifications are determined with one of the following statuses:

- *Confirmed if the person has a positive PCR lab test,*
- *Probable if the person has a positive Antigen lab test*
- *Does not meet Criteria if the patient's test is negative or if the patient has a positive IgG or AB tests or lives out-of-state .*

Investigation Trail Entry Exercise (Part 1)

1. *Date Assigned/Reassigned:* **Enter today's date**

2. *Group: start typing, and choices will appear, select* **Mecklenburg COVID**

3. *Assignment/reassignment: Select as* **Original/Initial Assignment**

4. *Authorized Reporter:* **Enter your name**

5. *Phone Number:* **Your telephone number**

6. *Classification status:* **CONFIRMED**

7. *Notes:* **Add If applicable**

Lunch (1 hour)

If you have not done so already, please print the COVID19 Part 2 form (3 pages). We will be using this for the next few exercises when we return at 1:35 pm!!

NC Electronic Disease Surveillance System

NCEDSS EVENT ID# _____

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch

North Carolina Public Health

COVID-19 (CORONAVIRUS INFECTION)
Confidential Communicable Disease Report—Part 2

ATTENTION HEALTH CARE PROVIDERS:
Please report relevant clinical findings about this disease event to the local health department.

Race: American Indian; Abenaki
Ethnicity: Not Hispanic

Occupation- Chicken processor
Employer - Tyson Foods

ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease. Enter all information from this form into the NCEDSS question packages.

If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Gender: ■ M ☐ F

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy)
Your patient's first and last name						7/4/76 /
Street Address	City	County	State		Phone	SSN
100 Second St	Charlotte	Mecklenburg	NC			

💻 NCEDSS LAB RESULTS Verify if lab results for this event are in NCEDSS. If not present, enter results.

Specimen	Specimen #	Specimen	Type of Test	Test	Description (comments)	Result Date	Lab Name—City/State

PIN Notifications

Once a case has a positive lab and is marked confirmed in the Administration package – Investigation trail then a PIN Notification will generate at the bottom of the page.
- The notification PIN status is set to active which means it can be shared with the case.
- The Notification PIN is an 8-digit unique pin
- The Request to generate a new PIN should be selected only if the person needs a new PIN assigned

Once this is selected, hit SAVE which takes you back to event summary then go back into the Administrative Package for the new PIN assignment.

	COVID-19 PIN Notification
Notification PIN Status	ACTIVE ∨
Notification PIN	41667742
Request to generate a new PIN	No ∨
* Indicates required field	

Save   Cancel   Help

CCTO Reporting Information

In the Administrative Package under the CCTO Reporting Information Section there will be a date that appears if the patient has received a text/email notification, or both, depending on what info is available in the case record notifying them that their COVID-19 test results when they are (detected/positive). If the preferred language in NC COVID is Spanish, CCTO will send the text/email in Spanish.

CDC Event Date next send if recomputed ℹ️		04/30/2020	Date Type	Date Symptoms Began ▾
	CCTO Reporting Information			
Date Reported to CCTO				
	Interstate Notification			

Tasks (Optional)

NC COVID has the capability of assigning tasks on events to help manage user workloads

Tasks can be assigned through some workflows and through any events

If your LHD would like to use tasks, please contact the TATP Nurse or Help Desk for further instruction

Workflows
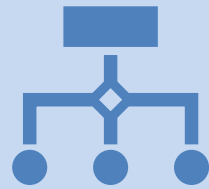
- To handle the large numbers of events pending completion, there are workflows.

- Workflow are lists of events that all meet a specific query like "show all events that have not had their lab result marked as reviewed".

- Events in workflows have permission restrictions, so you only see those events you have permission to see.

- As an event is entered, updated, and worked on it moves through different workflows.

- All events not closed will be found in some workflow to ensure it is not lost to further action.

- As event moves through the course of its lifespan, from import or initial data entry to acknowledgement to being worked by the LHD to assignment to the State, it moves through different workflows.

Workflows to Review
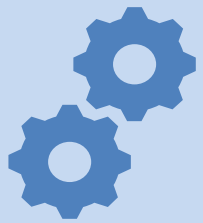
❖ LHD's should always look for new labs in the **C1 Lab Results - Viral Diseases - Lab result review** required (local). This workflow is the best indicator of new labs that occur on events either new events or previously created events.

LHD Acknowledgement Needed COVID19 Counties A-D
LHD Acknowledgement Needed COVID19 Counties E-G
LHD Acknowledgement Needed COVID19 Counties H-M
LHD Acknowledgement Needed COVID19 Counties N-Y

❖ These are events with new labs that need to be reviewed to determine if they need to be worked

C.1 CD Lab Review Workflows
Lab Results - Viral Diseases - Lab result review required (local) COVID19 Counties A-D
Lab Results - Viral Diseases - Lab result review required (local) COVID19 Counties E-G
Lab Results - Viral Diseases - Lab result review required (local) COVID19 Counties H-M
Lab Results - Viral Diseases - Lab result review required (local) COVID19 Counties N-Y

Workflows to Review
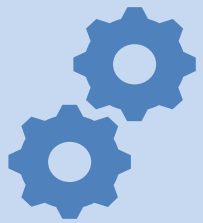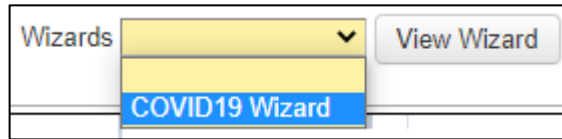
- In addition, all events that are currently assigned to an LHD group in the last block of the Investigation Trail with the reason for assignment 'original assignment', will also be in the workflow **C2 CD Events Submitted for Review and Approval (Viral Diseases): 1. Original Assignment Counties** C–D.

- **CD Events Submitted for Review and Approval (Viral Diseases): 2. LHD to LHD Transfe**r – this workflow includes events where one LHD has transferred the event to another LHD

- **CD Events Submitted for Review and Approval (Viral Diseases): 3. Reassign to LHD from State** – this workflow is for events where the State has returned the event to the Region with the expectation that the region will update and return to the State.

Workflow Demonstration
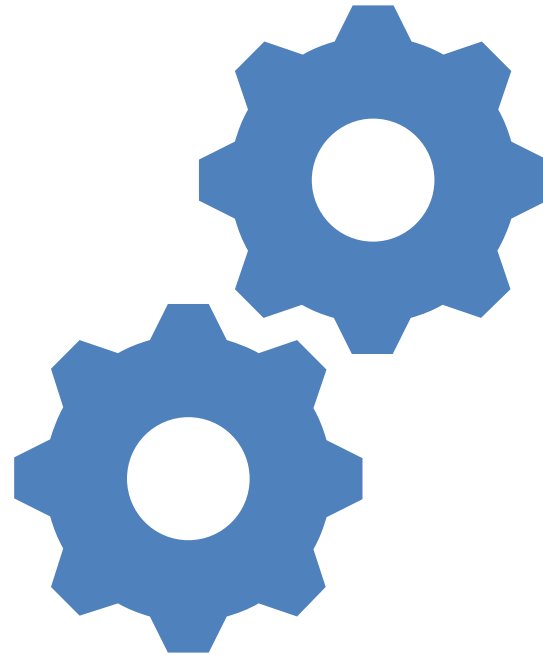
Event Completions

Wizards [dropdown] View Wizard

COVID19 Wizard

Use the **COVID 19 Wizard** to answer required ## and recommended^ questions.

We will open the individual Question Packages to enter additional information that is not found in the Wizard but is answered on the Part 2 form.

Administrative ✓

Demographic

Clinical

Risk History

Demographic

Use the Information from the Part 2 form to complete the individual packages exercises.

NC Electronic Disease Surveillance System

NC EDSS EVENT ID#

NC Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch

ATTENTION HEALTH CARE PROVIDERS:
Please report relevant clinical findings about this disease event to the local health department.

COVID-19 (Coronavirus Infection)
CONFIDENTIAL COMMUNICABLE DISEASE REPORT – PART 2

Race: American Indian; Abenaki
Ethnicity: Not Hispanic **Occupation:** High School Teacher, East Mecklenburg High School

ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease.
Enter all information from this form into the NCEDSS question packages.

If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name **Your patient's first and last name**	First	Middle	Suffix	Maiden/Other	Alias	☐ M ☒ F

Birthdate (mm/dd/yyyy): **07** / **04** / **1986**	SSN:

Patients Street Address **100 Second Street**	City **Charlotte**	State **NC**	ZIP **28101**	County **Mecklenburg**	Phone ( ) -

NCEDSS LAB RESULTS – Verify if lab results for this event are in NCEDSS. If not present, enter results.

Demographic Package Demonstration

Demographics Exercise

Demographic Information			
Social security number			
## Birth date	07/04/1976		
Age	44		
## Gender	Female ⌄		
Transgender?	Not Applicable ⌄		
^ Race ⊟	American Indian Alaskan Native ⌄	Add New	
Please specify	Abenaki ⌄		
^ Hispanic ethnicity	No ⌄		
Country of birth	⌄		
Primary language	⌄		
Interpreter needed	⌄		

Locating Information			
Verification of Reporting County is needed:	No ⌄	NC County of Residence for the Event:	Mecklenburg County
^ Street address 🛈	100 Second Street		
^ City/Town 🛈	Charlotte		
## State 🛈	NC	^ Zip code 🛈	28101
## County	Mecklenburg County ⌄	## Country 🛈	USA ⌄
Home phone 🛈			
Mobile phone			
Work phone 🛈			
Other phone			
Preferred contact number	⌄		
Exercise extreme confidentiality for patient contact	⌄		
^ Currently homeless	⌄		

Employment Information	
^ Occupation	High School Teacher
^ Employer name	East Mecklenburg High
^ In what kind of business or industry does the person work	Education

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Clinical Package Demonstration

Follow along as the Trainer completes the Clinical package. You may complete your Clinical Package with the trainer or watch and then complete your package after the trainer is done.

Administrative ✓

Demographic ✓

Clinical

Risk History

Clinical Package Exercise

Add Clinical Part 2

CLINICAL FINDINGS

Is/was patient symptomatic for this disease? .... ☒ Y ☐ N ☐ U

Date that best reflects the earliest date of illness identification
(mm/dd/yyyy): **4 / 30 / 2020**

Fever .... ☒ Y ☐ N ☐ U

☐ Yes, subjective ☐ No
☒ Yes, measured ☐ Unknown

Highest measured temperature: **101.3**

Fever onset date (mm/dd/yyyy): **4 / 30 / 2020**

Sweats (diaphoresis) .... ☐ Y ☐ N ☐ U
Chills or rigors .... ☐ Y ☐ N ☐ U
Headache .... ☐ Y ☐ N ☐ U
Muscle Aches .... ☐ Y ☐ N ☐ U
Sore Throat .... ☐ Y ☐ N ☐ U
Cough .... ☒ Y ☐ N ☐ U

Onset date (mm/dd/yyyy): **4 / 30 / 2020**

Productive .... ☐ Y ☒ N ☐ U

If yes, describe (check all that apply)
☐ Clear ☐ Bloody (hemoptysis)
☐ Purulent

Shortness of breath/difficulty breathing/ respiratory distress .... ☒ Y ☐ N ☐ U

Acute Respiratory Distress Syndrome (ARDS) .... ☐ Y ☐ N ☐ U

Did the patient have a chest x-ray? . ☒ Y ☐ N ☐ U

If yes, date performed (mm/dd/yyyy): ___ / ___ /

If abnormal, describe (check all that apply)
☐ Normal
☐ Infiltrate
☐ Diffuse infiltrates / findings suggestive of ARDS
☒ Pleural effusion

Chest CT scan performed .... ☐ Y ☐ N ☐ U
If yes, date performed (mm/dd/yyyy): ___ / ___ /
Pneumonia .... ☒ Y ☐ N ☐ U
   Confirmed by x-ray or CT .... ☒ Y ☐ N ☐ U
Abdominal pain/cramps .... ☐ Y ☐ N ☐ U
Vomiting .... ☐ Y ☐ N ☐ U
Diarrhea .... ☐ Y ☐ N ☐ U

   Describe (select all that apply)
   ☐ Bloody ☐ Non-bloody ☐ Watery ☐ Other

Other symptoms, signs, clinical findings, or complications consistent with this illness .... ☐ Y ☐ N ☐ U

   If yes, please specify:

REASON FOR TESTING

Why was the patient tested for this condition?
☒ Symptomatic of disease
☐ Screening of asymptomatic person with reported risk factor(s)
☐ Exposed to organism causing this disease (asymptomatic)
☐ Household/close contact to a person reported with this disease
☒ Other, specify: **24 weeks pregnant – due 12/31/2020**
☐ Unknown

PREDISPOSING CONDITIONS

Other dx/etiology for respiratory illness? ☒ Y ☐ N ☐ U
Any immunosuppressive conditions? ☐ Y ☐ N ☐ U

☐ Diabetes ☐ Kidney Disease
☐ Metabolic Disorder ☒ Chronic Lung Disease
☐ Hematologic Disorder ☐ Neuromuscular Disorder
☐ Cardiovascular/ heart disease ☐ Moderate/severe dev disorder
☐ Seizure Disorder

Specify: **Pt diagnosed with Bronchitis on 4/19/20**

TREATMENT

Did the patient receive an antiviral for this illness? .... ☐ Y ☒ N ☐ U

   Specify antiviral name:
   Date antiviral treatment began
   ___(mm/dd/yyyy): ___ / ___ /
   Time treatment began: ☐ AM ☐ PM
   Number of days taken: ☐ Unknown

Did the patient require supplemental oxygen? .... ☒ Y ☐ N ☐ U

Date started (mm/dd/yyyy): **4 / 30 / 2020**

Did the patient require intubation? ..... ☐ Y ☒ N ☐ U

Did the patient require mechanical ventilation? .... ☐ Y ☐ N ☐ U

   Date started (mm/dd/yyyy): ___ / ___ /
   Number of days on mechanical ventilation:

Was the patient on ECMO? .... ☐ Y ☐ N ☐ U

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours?
☒ Y ☐ N ☐ U

Hospital name: **Heritage Hospital**
City, State: **Tarboro, NC**
Hospital contact name:
Telephone: ( ) -
Admit date (mm/dd/yyyy): **4 / 30 / 2020**
Discharge date (mm/dd/yyyy): **5 / 5 / 2020**
Number of days hospitalized at time of report **6**
ICU admission? ☐ Y ☒ N ☐ U

Clinical Package Exercise

Event Data	Lab Results	Concerns	Persons	Tasks	Event Properties	Event History

Question Packages

Question Package
01. Administrative
02. Demographic
> 03. Clinical
04. Risk History
09. Risk Questions - Part 1
14. Electronic Transmission Informa   COVID19 Wizard

[View Question Package]   Wizards [⌄]   [View Wizard]

	Pregnancy
Is the patient currently pregnant?	Yes ⌄
Estimated delivery date	12/31/2020
Give number of weeks gestation at onset of illness	24
If the patient was pregnant during the period of interest, give infant birth details:	
Infant gestational age at birth	⌄

Risk History Package Exercise

Part 2 Risk History

TRAVEL & IMMIGRATION

The patient is:
- ☒ Resident of NC
- ☐ Resident of another state or US territory
- ☐ Foreign Visitor
- ☐ Refugee
- ☐ Recent Immigrant
- ☐ Foreign Adoptee
- ☐ None of the above

Did patient have a travel history during the 14 days prior to onset? .... ☒ Y ☐ N ☐ U
List travel dates and destinations: **Crabtree Valley Mall, Raleigh, NC**
From **4 / 28 / 2020** to **4 / 28 / 2020**

Mode(s) of transportation (check all that apply)
- ☐ Airplane   ☐ Train / subway
- ☐ Ship / boat / ferry   ☒ On foot
- ☒ Automobile / motorcycle   ☐ Bus / taxi / shuttle
- ☐ Other, specify:

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? .... ☐ Y ☐ N ☐ U
Name:

Did patient have contact with a person with travel history during the period of interest? .... ☐ Y ☐ N ☐ U
Contact's name:
Travel dates: From   /   /   until   /   /
To city:
To state:
To country:

BEHAVIORAL RISK & CONGREGATE LIVING

In the 14 days prior to illness onset, did the patient live in any congregate living facilities or stay in any other congregate living locations that were not their primary residence? .... ☐ Y ☒ N ☐ U

- ☐ Correctional facility   ☐ Barracks
- ☐ Shelter   ☐ Commune
- ☐ Boarding   ☐ School
- ☐ Camp   ☐ Dormitory/sorority/fraternity
- ☐ Assisted Living Facility   ☐ No
- ☐ Other

Name of facility:
Start date: /   /   End date: /   /

During the 10 days prior to onset, did the patient attend social gatherings or crowded settings?
☒ Y ☐ N ☐ U
If yes, specify:

In what setting was the patient most likely exposed?
- ☐ Restaurant   ☐ Home
- ☒ Work   ☐ Child Care
- ☒ School   ☐ University/college
- ☐ Camp   ☐ Doctor's office/Outpatient clinic
- ☐ Hospital In-patient   ☐ Hospital Emergency Dept
- ☐ Laboratory   ☐ Long-term care facility/Rest Home
- ☐ Military   ☐ Prison/Jail/Detention
- ☐ Place of Worship   ☐ Outdoors, incl woods or wilderness
- ☐ Athletics   ☐ Athletics
- ☐ Farm   ☐ Pool/spa
- ☐ Hotel/motel   ☐ Pond/lake/river/other body of water
- ☐ Community   ☐ Social gathering, other than above
- ☐ International   ☐ Travel conveyance (air,ship,etc.)
- ☐ Unknown
- ☐ Other, specify:

Does the patient have any other risk for this disease?
☐ Y ☒ N ☐ U

Risk History Package Demonstration

Event Data	Lab Results	Concerns	Persons	Tasks	Event Properties	Event History

Question Packages

Question Package			
01. Administrative			
02. Demographic			
03. Clinical			
> 04. Risk History			
09. Risk Questions - Part 1			
14. Electronic Transmission Informa	COVID19 Wizard		

[View Question Package] Wizards [___ ⌄] [View Wizard]

	Child Care / School / College
In the 14 days prior to illness onset, did the patient have any of the following Child Care / School / College exposures? ℹ	09/30/2020
Does patient attend child care? (Use Add New for each child care center)	[⌄]
Is patient a child care WORKER / VOLUNTEER ? (Use Add New for each child care center) ⊟	No ⌄ Add New
Is patient a student? (Use Add New for each school) ⊟	No ⌄ Add New
Is patient a school WORKER / VOLUNTEER in NC school setting? (Use Add New for each school) ⊟	Yes ⌄ Add New
In what county is the school located?	Mecklenburg County ⌄
Type of school	01. NC Public School (preK-12) ⌄
Name of school	East Mecklenburg High School ⌄
Did the patient work or volunteer at school **in person** during the exposure period (14 days prior to symptom onset or first positive test)	No ⌄
Note/Details about child care or school	

Contact Tracing Package

The Contact Tracing Package allows case investigators to enter the same key information about contacts that can be entered in CCTO. When a contact flows from NC COVID into CCTO, this contact is automatically assigned to an **Owner Team based on the contact's county** and not to an individual tracer.

CONTACT TRACING - Demographics	
Add Contacts ⊟	Yes ✔ Add New
* First Name	
Middle Name	
* Last Name	
Date of Birth	MM/DD/YYYY
Phone Number	
Needs phone call	○ Yes ● No
Email	
* County	✔
State	North Carolina ✔
Zip Code	
Last Date of Exposure	MM/DD/YYYY
Contact Unique ID	
Date reported to CCTO	

* Indicates required field

Save   Cancel   Help

Items Missing from COVID Wizard

Some questions located on the Part 2 Form are missing from the COVID-19 Wizard. If you have this information you must enter the info in the Question Packages listed below:

Clinical Package Items

Risk History Package Items

To enter Isolation Quarantine/Control Measures you must select "yes" for the question: (Do you wish to show the isolation and quarantine control measures?)

10-minute Break

If you have corrections to make, please make these during the break!

This time will also allow your monitors to check your work and give you feedback. Return at 2:44 pm

Administrative ✓

Demographic ✓

Clinical ✓

Risk History ✓

Linking

A person's event may be linked to an outbreak of that disease or to another person's instance of disease
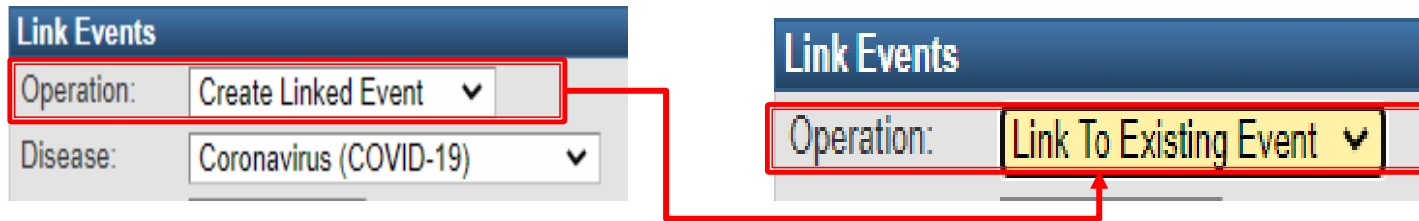
In NC COVID, this is known as Linking

Linking

- In Event Summary, click the 'view' hyperlink to see or link contacts or outbreaks

- If the event is already linked to an event or case, it will show the number of links on the dashboard

Linking

- In the Linked Events box, you can "Link to an existing event" or "Create Linked Event"

- Use the "Select Event" button to bring up the search event screen to search for an event to link and select the event.

Linking

1. Select "Outbreak" from the Type dropdown list. Note: The Outbreaks will contain the county name. Use the double wildcards (*) to search for all outbreaks that contain the name of the county.

2. Click Search.

3. Select the Outbreak.

4. Change Link Type to Primary.

5. Click Save.

6. Click Dashboard to return to Event Summary

Linking

1. Use the Outbreak link on your desktop to link your event to the East Mecklenburg High School outbreak

2. Type Done in the chat when you have completed the linking.
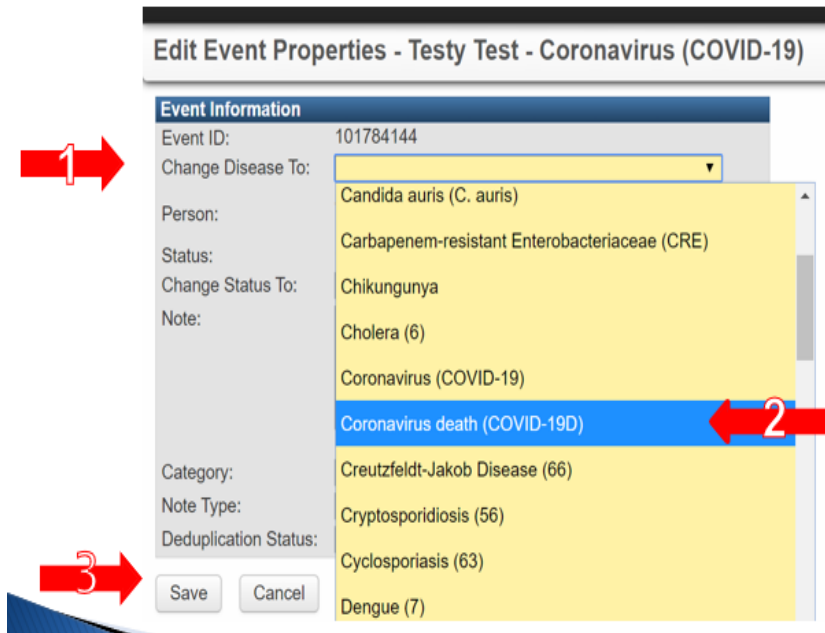
Changing to COVID-19 Death
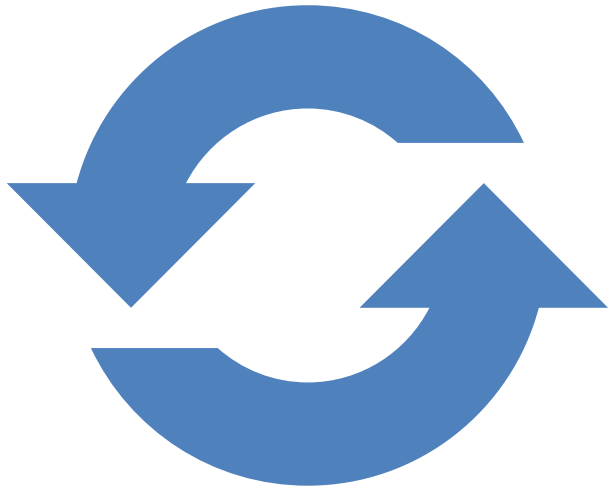
Changing from COVID-19 to COVID-19 Death in three easy steps

1. Event Properties
2. Update Clinical Package
   1. Clinical outcome
3. Update Person Tab
   1. Date of death & living status

Changing to COVID-19 Death

Edit Event Properties - Testy Test - Coronavirus (COVID-19)

Event Information

Event ID:	101784144
Change Disease To:	
Person:	
Status:	
Change Status To:	
Note:	

Candida auris (C. auris)
Carbapenem-resistant Enterobacteriaceae (CRE)
Chikungunya
Cholera (6)
Coronavirus (COVID-19)
Coronavirus death (COVID-19D)
Creutzfeldt-Jakob Disease (66)
Cryptosporidiosis (56)
Cyclosporiasis (63)
Dengue (7)

Category:	
Note Type:	
Deduplication Status:	

Save   Cancel

1. From the dropdown selection for "Change Disease to",
2. Select 'Coronavirus death (COVID-19D)'
3. Then click the "Save" button

- When a person dies from COVID-19, the event should be changed to reflect the death
- In the **Event**, click the "Edit event properties" button
- Click on "Change Disease To" dropdown and select "Coronavirus death (COVID-19D)"
- Click "Save"

Changing Disease to COVID-19 Death

## *Clinical outcome*	Died
## *Died from this illness*	Yes
## Location of death	Home
## Patient died in North Carolina	Yes
## County of death	Mecklenburg County
## *Date of Death (update in Person Tab)*	

The ==Clinical Package== needs to be updated to indicate that the patient died from COVID-19 and where the patient died (click save)

Edit Person

First Name:	Betty
Middle Name:	
Last Name:	Boop
Suffix:	
Maiden/Other Name:	
Alias:	
Birth Date:	01/01/1977
Death Date:	11/10/2020
Living Status:	Dead
Gender:	Female

The ==Persons Tab== needs to be updated with the Death Date and update Living Status to dead (click save)

Updating an event to a COVID-19 Death exercise

|	
1	Under the Basic Information section click the Event Properties button to change your disease event to a COVID death (click save)
2	In Clinical Package indicate the Clinical Outcome for the person is died; The person died from this illness; Location of death as home; Patient died in NC and County of death in Mecklenburg Co. (click save)
3	Click Person Tab then click edit person to add a date of death (date of your choosing) and living status to dead then (click save)

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Changing to COVID-19 Death
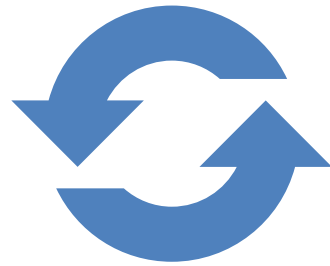
Raise your hand when you have finished.

Assignment to the State

Events should be assigned to the State as

- *Confirmed if the person has a positive PCR lab test,*
- *Probable if the person has a positive Antigen lab test or*
- *Does not meet Criteria if the person is from another state, tested negative or tested positive to IgG or AB test*

When all information has been entered into an event, it must be assigned to the state for review, report to CDC, and closure.

Assignment of an event from the county to the state fulfills the legal requirement for your Health Director to report disease cases to the state.

The state will review the event and mark it for report to CDC if all required information is complete.

State reviewers will return incomplete events or events with questions to the county where they will appear in a workflow for returned events.

Assign to State

Event Summary

Basic Information

Event ID:	101798933
Disease:	Coronavirus death (COVID-19D)
Person:	George Fish Birth Date: 09/01/1972 (47 Male)
Type:	Interactive
Investigation Status:	Open
Linked Events/Contacts:	2 linked event(s)/contact(s) (View)
Attachments:	0 attachment(s)
Notifications:	**Best date for illness identification is missing** **Initial date of report to public health is missing and is required** **Race has not been selected for this person**
	Classification: Contact
	County of residence: Surry County
	Linked outbreak: Judy Tes2 [Open]

Edit Event Properties

If red notifications appear in the event summary, they must be addressed before assignment to the state.

Assign to State

1. Click the <mark>Add New</mark> hyperlink to add a new section to the Investigation Trail
2. Type the Date that the event is being assigned to the State
3. Type the Group (State Disease Registrar)
4. Select the Reason (Assign to State)
5. Select the appropriate Classification (Confirmed, Probable, or Does Not Meet Criteria)
6. Click the Save button

Investigation Trail: Add a new entry for each group to which the event transfers during the investigation		
## *Date Assigned-Reassigned* ⊟	11/04/2020 📅 Add New	
## *Group:* (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	Mecklenburg COVID 🔍🗑	*Local patient identifier*
## Select the reason for the assignment/reassignment	Original/Initial Assignment ▾	
^ *Authorized Reporter*	Norm Peters	*Phone number* (555) 555-5555
## Classification status	Confirmed ▾	
Notes		
## *Date Assigned-Reassigned* ⊟	11/10/2020 📅 Add New	
## *Group:* (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	State Disease Registrar 🔍🗑	*Local patient identifier*
## Select the reason for the assignment/reassignment	Assign to State ▾	
^ *Authorized Reporter*		*Phone number*
## Classification status	Confirmed ▾	
Notes		
Remove this event from my group's review and approval workflow?	No ▾	

Assign to State Exercise/Demonstration

1. **Add New** link to assign/reassign to state
2. *Type **Date Assigned/Reassigned** (in yellow box click outside date box)*
3. *Group (start typing, and choices will appear select **State Disease Registrar***
4. *Select the reason for assignment/**reassignment Assign to State***
5. *Authorized Reporter (Leave Blank)*
6. *Classification status **CONFIRMED***
7. *Phone Number (Leave Blank)*
8. *Notes (Leave Blank)*

COVID-19 Training Completed

✓ Please feel free to use your microphone or telephone if you have any questions.

✓ When you are done raise your hand and a Monitor will check your package to either request changes or release you.

Emails will be sent regarding your production username and password in 2-5 business days.