Enteric Case Management

Search for a Client

Search for a client

From the left-hand navigation bar, click on **Search Clients**

Health Card Number is the preferred search for a client

1. **Client Number** - Enter the client's Health Card Number. You need to enter all 10 digits
2. **Client Number Type** - Select **Health Card Number** from the drop down list
3. Click on the **Search** button

If you do not have the client's Health Card Number, you can search by client name, gender and date of birth

Search Clients

Basic Search Criteria

Client Number:

Client Number Type:

Last Name:

First Name:

Middle Name:

Select all that apply:
- ☑ Include Inactive Clients
- ☑ Include Indeterminate Clients
- ☐ Use Phonetic Matches

Mother's Name:

Gender:

Choose one:
- ○ Date of Birth: yyyy/mm/dd

1. **Last Name** - Enter client's last name
2. **First Name** - Enter client's first name
3. **Gender** – Select the client's gender from the drop-down list
4. **Date of Birth** - Enter client's DOB
5. Click on the **Search** button

The results of your client search will be displayed in the Search Results table

Search Results

Client Quick Entry | Create Client

Preview | Update | Set In Context | Create Cohort | Subject Summary

		Client ID ⇕	Health Card Number ⇕	Last Name ⇕	First Name ⇕	Gender ⇕	Date of Birth ⇕	Health Region ⇕	Active ⇕
☐	▶	5423	9333000001	Summer	Alice	Female	2000 Jan 01	NSHA	Active
☑	▶	5424	9333000002	Summer	Bertha	Female	2000 Jan 01	NSHA	Active
☐	▶	5425	9333000003	Summer	Caitlin	Female	2000 Jan 01	NSHA	Active

1. Click the **checkbox** for the client that you want to work with.
2. The **Action** buttons are now activated for that client.
3. If you want to review/update the address and telephone information for the client, click the **Update** button.
4. If you want to go directly to the client's investigations, click the **Subject Summary** button

If no search results are returned:

- Remove first name and complete search. The client may not have provided their legal name
- Remove DOB and complete search. The client's mm/dd may be reversed.

Update Client Telephone Number, Create a Temporary Address, Ethnicity Information

Note: The nightly Provincial Client Registry load updates the **Primary Home** and **Workplace** telephone numbers & the **Postal Address** and **Primary Home** addresses in Panorama.
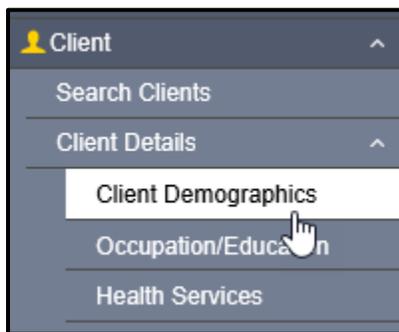
From the left-hand navigation, click on **Client Demographics**
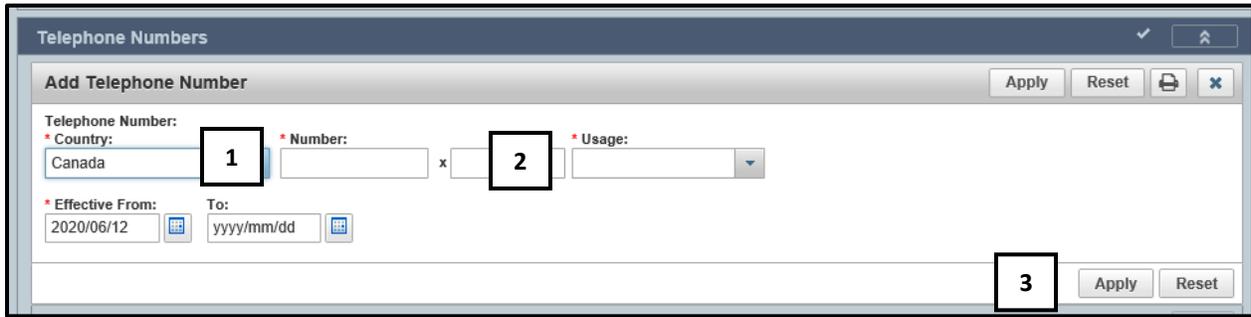
Telephone Number

View the client's telephone numbers.

If the telephone number the client provided is different than what is in Panorama, you will need to add the telephone number.

1. Click on the **Add** button

1. **Number** – enter the telephone number
2. **Usage** – select mobile contact from the drop-down list
3. Click on the **Apply** button

You need to set the mobile contact to preferred.

1. Click on the radio button for mobile contact
2. Click on the **Set Preferred** button
3. Click on the **Save** button (top right-hand area of the screen)

Address

View the client's address (es)
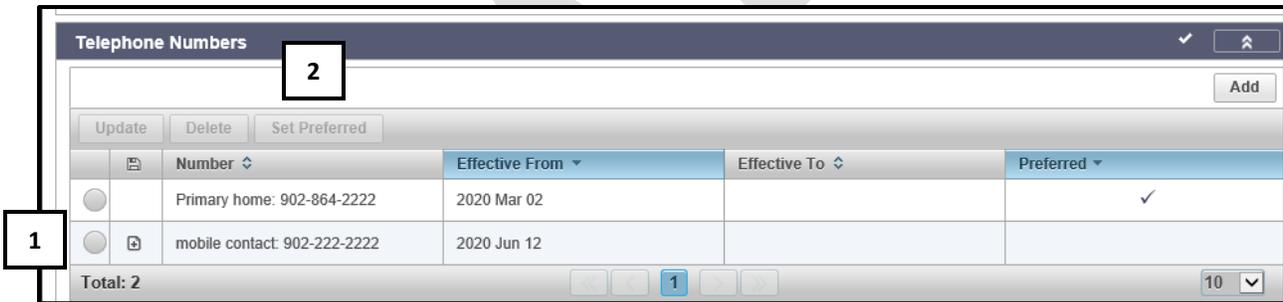
		Address Type ⇕	Address ⇕	Address Detail ⇕	Effective From ▾	Effective To ⇕	Preferred ▾	Active Household Members ⇕	Valid ⇕	On Reserve ⇕
○		Primary home	99 Summer Landing, Smith Cove, Nova Scotia, Canada		2020 Mar 02		✔	1	—	
○		Postal address	66 Summer Landing, Smith Cove, Nova Scotia, B1B1K1, Canada		2019 Nov 04			1	—	

Addresses — Update | Delete | Set Preferred — **1** Add

If the client's address in Panorama does not contain a postal code or the address is different than the address the client provided, you will need to add the address.

1. Click on the **Add** button

Addresses — **Add Address** | Apply | Reset | 🖨 | ✖

Address Format:
◉ Structured ○ General ○ Semi-Structured

1 * Address Type: [▾] Address on Reserve Administered By: [ ]

2 Unit No.: [ ] Street No.: [ ] Street Name: [ ] Street Type: [▾] Street Direction: [▾]

P.O. Box: [ ] STN: [ ] RPO: [ ] Rural Route: [ ]

Country: [Canada ▾] Province / Territory: [Nova Scotia ▾] City / Town: [ ] Postal Code: [ ]

Other Address Details: [ ] Latitude: [ ] Longitude: [ ]

(100 characters remaining.)

* Effective From: [2020/06/12 📅] To: [yyyy/mm/dd 📅]

3 Apply | Reset

1. **Address type** – select Temporary address from the drop-down list

2. **Address field** – enter the address including city/town and postal code

3. Click on the **Apply** button

You need to set the temporary address to preferred.

1. Click on the radio button for temporary address
2. Click on the **Set Preferred** button
3. Click on the **Save** button (top right-hand area of the screen)

Ethnicity Information

Note: If the client does not provide an answer to the question related to their ethnicity, this still needs to be documented in Panorama.

1. Expand open the Ethnicity Information tab by clicking on the down arrow.

1. Select the Ethnicity value from the drop-down list. If the client identifies with an Ethnicity that is not in the list, choose "Other Ethnicity" and go to step 2.
2. If "Other Ethnicity" is chosen in step 1, type in the Ethnicity the client identifies with.
3. Select who provided the Ethnicity information to you (click one).

   Click **Save** at the top of the page.

Create an Enteric Investigation

From the left-hand navigation, click on **Subject Summary**

Enteric Investigations: Botulism, Campylobacteriosis, Cholera, Cryptosporidiosis, Cyclosporiasis, Giardiasis, Hepatitis A, Listeriosis Invasive, Salmonella, Shellfish Poisoning, Shigellosis, Typhoid, Verotoxigenic E.Coli.

Confirm an open Enteric Investigation does not already exist under the Communicable Disease Investigation Encounter group. If a closed investigation does exist please consult with a CDC nurse to determine if it's a new investigation.

Click **Create Investigation** under Communicable Disease Investigation Encounter Group.

Enter the following information:

1. **Disease**- select appropriate Enteric Illness (**Salmonella)** from drop-down list
2. **Authority**- select National from drop-down list
3. **Classification -** select the classification which fits current case definition (PUI, Probable, Confirmed, Not a case) from drop-down list
4. **Classification Date**- will auto populate to current date, please back date if needed
5. **Microorganism**- select appropriate Enteric Illness (**Salmonella)** from drop-down list
6. **Disposition**- select Investigation in progress from drop-down list

Enter the following information:

1. **Responsible Organization-** find and select **Your Public Health Office**
2. **Responsible Organization Workgroup**- select IOM- **Area where you work**- Unmonitored from drop-down list
3. **Responsible Organization date-** auto populates to current date and can be changed as needed
4. **Investigator Organization**- find and select your **Zone**
5. **Investigator Workgroup**- IOM You**r Zone i.e IOM Eastern Zone**
6. **Select investigator name-** your name
7. **Assigned date-** auto populates to current date and can be changed as needed

Enter the following information:

1. **Reporting Source**-will depend on how you were notified of the case.
   - Select **Provider** radio button and search using the **Find** button for reporting HCP if a provider was the first to notify Public Health, ensure to click **Select**
   - Select **Location** radio button and search using the **Find** button for resulting lab if the lab was the first to notify Public Health, ensure to click **Select**

- Select **Other** radio button and free text if that is the appropriate selection i.e. – DHW or source case etc. was the first to notify Public Health

2. **Type of Reporting Source** – select appropriate response from the drop-down list
3. **Method of Notification**- Select appropriate response from the drop-down list
4. **Report Date (Received)** - auto populates to current date. Change the date to the received date if applicable.
5. **Click Submit**

After creating an investigation, you are taken to the **Disease Summary** screen

Making a Lab Pertinent to an Investigation

When a lab has been processed from the Electronic Lab Report Inbox, it sits at the **Subject Summary** level until it is attached to an Investigation by an Investigator.

To find this lab, ensure the investigation is not in context. To put the client **only i**n context:

1. Go to Recent Work
2. Click on the client (not the investigation) hyperlink.

. This will bring you to the View Client page:

Client Information

Client ID:	9351
Client Name:	Chisholm, Erica Anne
Preferred Alternate Name:	
Health Card Number:	8003214306 - Nova Scotia Health Card
Date of Birth:	1995 Oct 10
Age:	25 years
Gender:	Female
Gender Identity:	
Other Identity:	
Preferred Address:	44-12 Main Street, Antigonish, Nova Scotia, B2G2K9, Canada
Preferred Telephone Number:	mobile contact: 902-863-3683 ⑤
Health Region:	Antigonish PHO
Relationships:	

From the left-hand navigation, click on **Lab Summary**

- ▼ **Investigation**
  - Subject Summary
  - Investigation Summary
  - Investigation Quick Entry
  - ▶ Investigation Details
  - ▼ Lab
    - Lab Summary
    - Electronic Lab Report

| Row Actions: | View/Update Requisition | View/Update Lab Report | 2 | | | | | | |

* Flag indicates sensitivities present

		Specimen Collection / Imaging	Specimen Type / Description	Result Name	Interpreted Result; Result	Flag	Accession No.	Etiologic Agent	Epi Markers	Result Status
☐	⊕	2021 Jan 3	Stool / -	Culture/Identification	Positive;		CBRH0123456789	Salmonella	-	Preliminary
☐	⊕	2021 Jan 3	Stool / -	Presence or identity	Positive;		CBRH001236789	Salmonella	-	Preliminary

Total: 2 | ⊮ ◄ Page 1 of 1 ► ⊯ | Jump to page: [   ] ↪

Select All | Deselect All

On the Lab Summary screen, scroll down to the summary table

1. Click the **Radio** button for the lab result that you want to make pertinent to the investigation
2. Click the **View/Update Lab Report** button. You will be taken to the Human Lab Report Screen

On the Lab Report Screen

1. Scroll down to the **Selected Tests** section.
2. Click the **Radio** button for the specific test name.
3. The **Subject Investigations** area will now be activated and the drop down field will contain investigations that you can select from.

1. From the drop-down list, click on the investigation that you want to make the lab pertinent to and click the "**Link to Investigation**" button.

1. The lab is now pertinent to the investigation
2. Click the **Save** button

Because there are three lab reports pertaining to Salmonella you will receive above red message:

1. Check the **Override Duplicate** box
2. Click Save

Follow the above steps for all 3 labs.

PANORAMA

NOVA SCOTIA

Updating Immigration Information

From the left-hand navigation, click on Immigration Information

1. **Citizen** – click on the appropriate radio button: Yes or No
2. **Country Emigrated From** - if citizen is no, select the country the client emigrated from in the drop-down list.
3. Click the **Save** button

Adding Indigenous Status

> **Note**: If the client does not identify as Indigenous or if they refused to answer the question, Indigenous Information still needs to be documented in Panorama.

From the left-hand navigation, click on **Indigenous Information.**

If the client does not have **Indigenous Information** in Panorama, you will need to add it.
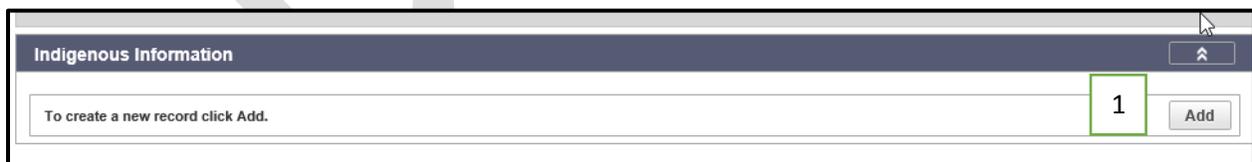
1. Click on the **Add** button

1. Select the Self-identified Indigenous value from the drop-down list. If this response is **NO**, go to step 3.

2. If the client self-identified as Indigenous, select the Indigenous Identity from the drop-down list.
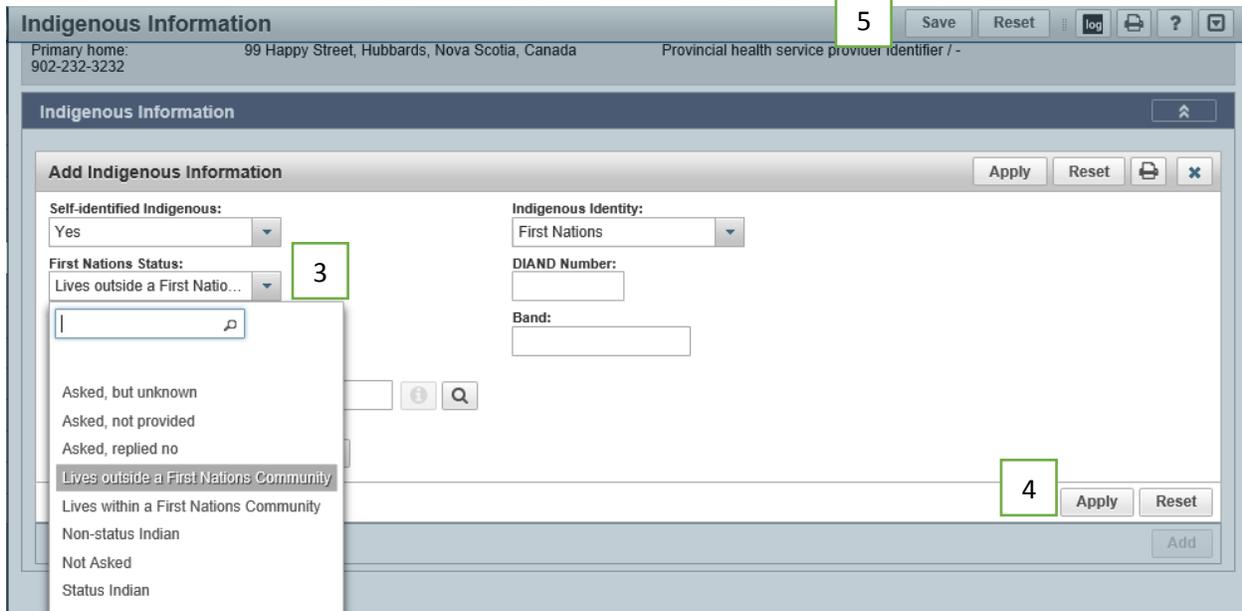
3. Select the First Nations Status (if applicable) from the drop-down list.
   If the client has answered "No" to Self-identified Indigenous but lives in a First Nations Community, you would identify here. If client says "No" to living in First Nations Community, proceed to step 4

You do not need to enter information in the other fields

4. Click the **Apply** Button

5 .Click the **Save** Button

Completing Investigation Information

Additional information needs to be entered into Panorama once the investigation has been created.

From the left-hand navigation, click on **Investigation Information**

1. **Disposition and Disposition Date** – are auto-populated when the investigation was created And can be changed as needed
2. **Status and Status Date** – are auto-populated when the investigation was created
3. **Client Home Address at Time of Initial Investigation** – select the client's address which includes the Postal Code from the drop-down list. If the drop-down options do not include the correct address with the postal code, you will need to update the address. See reference material on page 3 for Updating Client Address and return to this screen to select from the drop down.
4. **Sensitive Environment/Occupation**: High Risk groups include Food Handlers, Child care staff/ volunteers. Health care and/or other staff who have contact with susceptible persons)
5. **Environment/Occupation Details: Free Text.** High Risk groups (Food Handlers, Child care staff/children; health care and/or other staff who have contact with susceptible persons) see Nova Scotia Communicable Disease Chapter for more details regarding high risk groups.

Signs and Symptoms

Note:

These are the response definitions for risk factors and signs & symptoms. This will help you understand what answers should be entered into Panorama.

No – the question was asked, and the individual's response was no.
Not applicable – only use in situations where the risk factor is not applicable to the client. For example – pregnancy risk factor for a male.
Not asked – there is clear indication from a health care provider that they did not ask the specific question, or the interviewer did not ask because of time or the question is awkward/uncomfortable.
Unable to answer – the question was asked, and the individual was unable to answer due to being incapable of understanding the question or communicating an answer.

Unknown – that question was asked, and the individual indicated that they do not know. If a healthcare provider has reported on the risk factors or signs & symptom, only those that a specific response is provided for are to be recorded as yes, no, not asked, unable to answer. All other risk factors or symptoms should be recorded with a response of unknown.
Unwilling to answer – the question was asked, and the individual indicated that they were unwilling to answer the question.
Yes – the question was asked, and the individual's response was yes.

Select Signs and Symptoms from the Left-Hand Navigation

Add Signs and Symptoms from the information reported by the client or physician (repeat for all reported Signs & Symptoms)

Sign/Symptom ▲	Present ▼	Onset Date/Time ▼	Recovery Date/Time ▼	Duration ▼	Reported By	Details Exist
☐ Abdominal pain/discomfort/cramps						No
☐ Anorexia						No
☐ Asymptomatic						No
☐ Bloody stool						No
☐ Chills						No
☐ Constipation						No
☐ Dehydration						No
☑ Diarrhea						No
☐ Fever						No
☐ Headache						No
☐ Malaise						No
☐ Nausea						No
☐ Vomiting						No

Row Actions: Select All | Update | Set Onset | Clear Onset

Reason for Deletion: [dropdown] Delete

Present: Yes [dropdown]

Onset Date: 2021 / 1 / 3 — yyyy mm dd

Apply Update

Save | Reset

Labels: 1, 2, 3, 4

1. Click **Checkbox(s)** for S&S. You can multi-select S&S that have the same onset date.
2. **Present** - Select Yes from drop-down if symptom reported and select **Apply Update**
3. **Onset Date** - Enter the date the client reported the S&S
4. **Recovery Date**- Enter the date the client reports the S&S has resolved.

Repeat steps #1 and #2 for S&S **not present** and **Apply Update**

The S&S will now be updated in the table (see below):

Row Actions:	Select All	Update	Set Onset	Clear Onset

Reason for Deletion : [⌄] [Delete] **Present:** [⌄] **Onset Date:** [ ] / [ ] / [ ] [📅] yyyy mm dd [Apply Update]

	Sign/Symptom ▲	Present ▼	Onset Date/Time ▼	Recovery Date/Time ▼	Duration ▼	Reported By ▼	Details Exist ▼
☐	Abdominal pain/discomfort/cramps	Yes	2021 Jan 3 00:00 AST				No
☐	Anorexia	No					No
☐	Asymptomatic	No					No
☐	Bloody stool	Yes	2021 Jan 4 00:00 AST				No
☐	Chills	Yes	2021 Jan 4 00:00 AST				No
☐	Constipation	No					No
☐	Dehydration						No
☐	Diarrhea	Yes	2021 Jan 3 00:00 AST				No
☐	Fever	Yes	2021 Jan 3 00:00 AST	2021 Jan 5 00:00 AST	2 d 0 h 0 m		No
☐	Headache	Yes	2021 Jan 3 00:00 AST				No
☐	Malaise						No
☐	Nausea	Yes	2021 Jan 3 00:00 AST				No
☐	Vomiting	No					No

5 [Save] [Reset]

5. Click **Save**

Recovering Signs and Symptoms

To recover a sign or symptom

1. Click **Checkbox(s)** for S&S you wish to recover.
2. Click **Update** from Row Actions
3. Scroll to the top of the screen
4. Add the **Recovery Date/Time**
5. Click **Apply Update**
6. Click **Save**. Located at the top or the bottom of the page.

Row Actions:	Select All	Update	[2] nset	Clear Onset				
Reason for Deletion : [▼] Delete			**Present:** [▼]		**Onset Date:** [ ][/][ ] [▦] yyyy mm dd		Apply Update	

	Sign/Symptom ▲	Present ▼	Onset Date/Time ▼	Recovery Date/Time ▼	Duration ▼	Reported By ▼	Details Exist ▼
☐	Abdominal pain/discomfort/cramps						No
☐	Anorexia						No
☐	Asymptomatic						No
☑ [1]	Bloody stool	Yes	2021 Feb 9 00:00 AST				No
☐	Chills						No
☐	Constipation						No
☐	Dehydration						No
☐	Diarrhea						No
☐	Fever						No

Sign or Symptom

* Required field

Sign or Symptom: Bloody stool

Preset: Yes

Onset: No

* **Present:**   [Yes ▼]

Onset Date/Time: [2021] / [02] / [09] 📅 [00] : [00] : AST   Estimated: ☐
     yyyy   mm   dd   hh   mm

[4] **Recovery Date/Time:**   [2021] / [2] / [11] 📅 [00] : [00] : AST   Estimated: ☐
     yyyy   mm   dd   hh   mm

Duration: [0] Days + [0] Hours + [0] Minutes(Duration = Recovery Date/Time - Onset Date/Time)

Reported By: [▼]

[5]   [Apply Update] [Clear]

Signs and Symptoms and Observations saved successfully.

[6]   [Save] [Reset]

Table updates with Recovery Date and Time.

	Sign/Symptom ▲	Present ▼	Onset Date/Time ▼	Recovery Date/Time ▼	Duration ▼	Reported By ▼	Details Exist ▼
☐	Abdominal pain/discomfort/cramps						No
☐	Anorexia						No
☐	Asymptomatic						No
☐	Bloody stool	Yes	2021 Feb 9 00:00 AST	2021 Feb 11 00:00 AST	2 d 0 h 0 m		No
☐	Chills						No

Adding an Additional Sign and Symptom

Client reports a symptom that is not in the displayed list of Signs and Symptoms:

Signs and Symptoms are added through the top section of the screen.

1. Sign or Symptom – Select the sign or symptom from the drop-down list. If the Sign or Symptom is not in the list select **Other** and also enter the sign/symptom in the **Other Sign or Symptom** field (see below)

2. **Onset Date** - Enter the date the client reported the S&S. Do not enter a time
3. Click **Add** button

The S&S will now be updated in the table

Other: loss of smell	Yes	2020 Jun 15 00:00 ADT				No

Click the **Save** button (Top or Bottom right-hand area of screen)

Note: If you see this message it indicates that you are leaving without saving your changes..
Click "→ **Stay on this page**" and click the **Save** button.
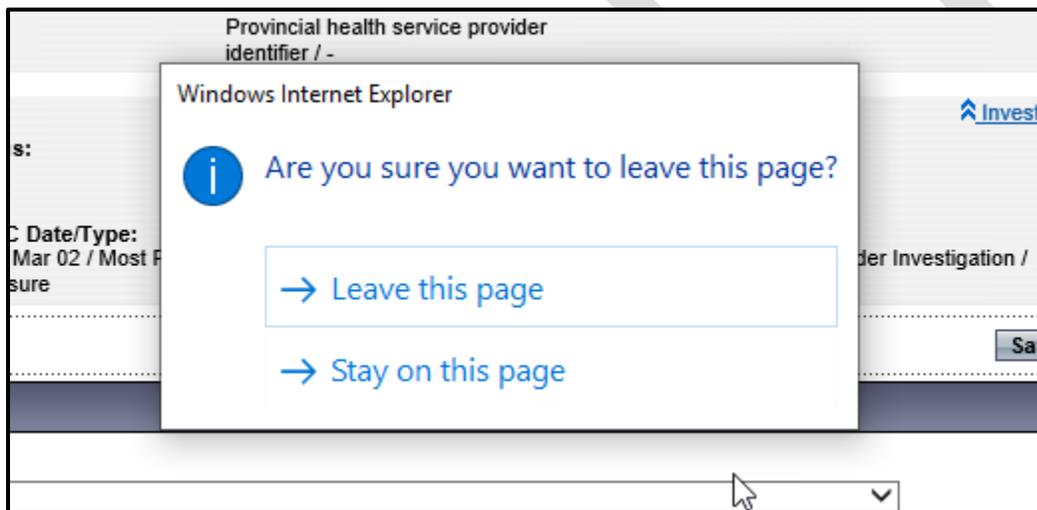
For enteric disease we need the earliest indication of disease. If the **symptom onset is first indication of Disease:**

7. Select one sign/symptom that is the earliest date of symptom onset.
   Click the **Radio Button**. the sign/symptom
8. Click the **Set Onset** Button.
9. Click **Save**

2

1

	Sign/Symptom ▲	Present ▼	Onset Date/Time ▼	Recovery Date/Time ▼	Duration	Reported By ▼	Details Exist ▼
☑	Abdominal pain/discomfort/cramps	Yes	2021 Jan 3 00:00 AST				No
☐	Anorexia	No					No
☐	Asymptomatic	No					No
☐	Bloody stool	Yes	2021 Jan 4 00:00 AST				No
☐	Chills	Yes	2021 Jan 4 00:00 AST				No
☐	Constipation	No					No
☐	Dehydration						No
☐	Diarrhea	Yes	2021 Jan 3 00:00 AST				No
☐	Fever	Yes	2021 Jan 3 00:00 AST	2021 Jan 5 00:00 AST	2 d 0 h 0 m		No
☐	Headache	Yes	2021 Jan 3 00:00 AST				No
☐	Malaise						No
☐	Nausea	Yes	2021 Jan 3 00:00 AST				No
☐	Vomiting	No					No

Row Actions: Select All | Update | Set Onset | Clear Onset
Reason for Deletion: | Delete | Present: | Onset Date: yyyy/mm/dd | Apply Update

3 Save | Reset

(Onset) →

	Sign/Symptom ▲	Present ▼	Onset Date/Time ▼	Recovery Date/Time ▼	Duration ▼	Reported By ▼	Details Exist ▼
☐	Abdominal pain/discomfort/cramps (Onset)	Yes	2021 Jan 3 00:00 AST				No

⌃ Investigation
Investigation ID: 6014 | Status: Open | Disposition: Investigation in progress | Age at time of Investigation: 25 years
Disease: Salmonellosis | PHAC Date/Type: 2021 Jan 05 / Date Reported | Etiologic Agent: Salmonella | Authority/Classification: National / Case - Confirmed / 2021 Jan 05

⌃ Investigation
Investigation ID: 6014 | Status: Open | Disposition: Investigation in progress | Age at time of Investigation: 25 years
Disease: Salmonellosis | PHAC Date/Type: 2021 Jan 03 / Symptom Onset | Etiologic Agent: Salmonella | Authority/Classification: National / Case - Confirmed / 2021 Jan 05

Once you click the Save button, the (onset) will appear beside the sign you've chosen

The PHAC Date will Change from **Date Reported** to **Symptom Onset**.

Documenting Risk Factors

Note-Risk Factors are documented against the Client be sure to have the correct investigation in context.
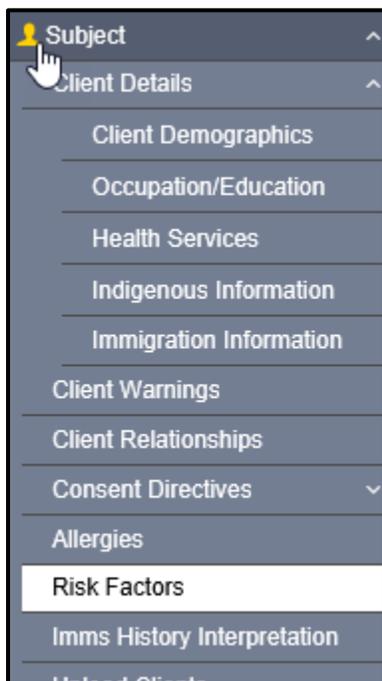
From the left-hand navigation, click on **Risk Factors**

The Risk factor table is populated with all presets defined for the enteric disease you are working on (Salmonella).

Risk Factor ✔ [⌃]

[Add]

| Update | View | Delete | Set Response | Set Pertinent |

☐	🖫	Preset ⇕	Risk Factor ▲	Additional Information ⇕	Reported Date ⇕	Response ⇕	Frequency ⇕	Date Range ⇕	End Date Reason ⇕	Pertinent to Investigation ⇕
☐		✓	Behaviour - Smoking / vaping / use of smoking paraphernalia							
☐		✓	Exposure - Animal - contact with pets, farm, petting zoo, or wildlife							
☐		✓	Exposure - Contact - caring for someone in diapers/incontinent							
☐		✓	Exposure - Contact - contact with a case (confirmed, probable or suspect)							
☐		✓	Exposure - Facility - attend / work / volunteer in childcare setting							
☐		✓	Exposure - Facility - work / volunteer / reside in a health care setting or other institution							

☐		✓	Exposure - Facility - work / volunteer as a food handler						
☐		✓	Exposure - Outdoor - camping						
☐		✓	Exposure - Outdoor - gardening or other contact with soil/sand						
☐		✓	Exposure - Outdoor - hiking						
☐		✓	Exposure - Outdoor - hunting/fishing						
☐		✓	Food - Dairy - cheese - soft/unpasteurized						
☐		✓	Food - Dairy - milk - unpasteurized						
☐		✓	Food - Eggs						
☐		✓	Food - Fruit - berries						
☐		✓	Food - Fruit - cider - unpasteurized						
☐		✓	Food - Fruit - melon						
☐		✓	Food - Greens - herbs and spices						
☐		✓	Food - Greens - salad						
☐		✓	Food - Greens - sprouts						
☐		✓	Food - Meat - beef						
☐		✓	Food - Meat - chicken						
☐		✓	Food - Meat - pork						
☐		✓	Food - Seafood - fish						

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☐		✓	Food - Seafood - shellfish							
☐		✓	Food - Venue - grocery store							
☐		✓	Food - Venue - locally sourced products							
☐		✓	Food - Venue - restaurant							
☐		✓	Food - Venue - social gathering							
☐		✓	Sexual Behaviour - A - Oral-anal							
☐		✓	Travel - Inside province							
☐		✓	Travel - Outside of Canada							
☐		✓	Travel - Outside of province, but within Canada							
☐		✓	Water - Drinking - water source - spring, pond, stream, lake, river							
☐		✓	Water - Drinking - water source under boil water advisory							
☐		✓	Water - Drinking - Bottled water							
☐		✓	Water - Drinking - Municipal drinking water system							
☐		✓	Water - Drinking - Well water							
☐		✓	Water - Exposure with spring, pond, stream, lake, river, ocean							
☐		✓	Water - Hot tub, spa, whirlpool, jacuzzi							

☐		✓	Water - Swimming pool, splash pad							

Total: 41   « ‹ **1** › »   **ALL ▾**   **1**

1. The risk factor table is populated with all presets defined for the enteric illness (Salmonella). Ensure all preset risk factors are showing by clicking the **Drop-down** in the right- hand corner and changing from 10 to "all".

Note: All preset risk factors require a response pertinent to current investigation

For preset risk factors that do not contain a response Pertinent to another Investigation:

1. Select check box beside risk factors that are present (you may multi-select).
2. Click **Set Response** and select Yes or No
3. Click **Apply**

Repeat steps #1, #2 and #3 for Risk Factors that are **not present**

      Click Save when finished.

Documenting an Additional Risk Factor

For a preset risk factors that contains a response Pertinent to another Investigation or to add a risk factor that is not a preset:

Do not update a preset Risk Factor that contains a response Pertinent to another Investigation. You will need to add the Risk Factor for the Enteric investigation.
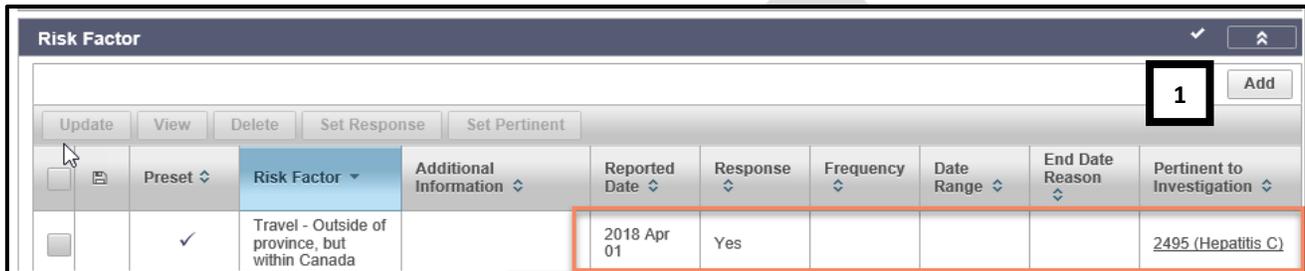
1. Click the **Add** button

2. An area will open above the Risk Factor table. This is where you add a risk factor.
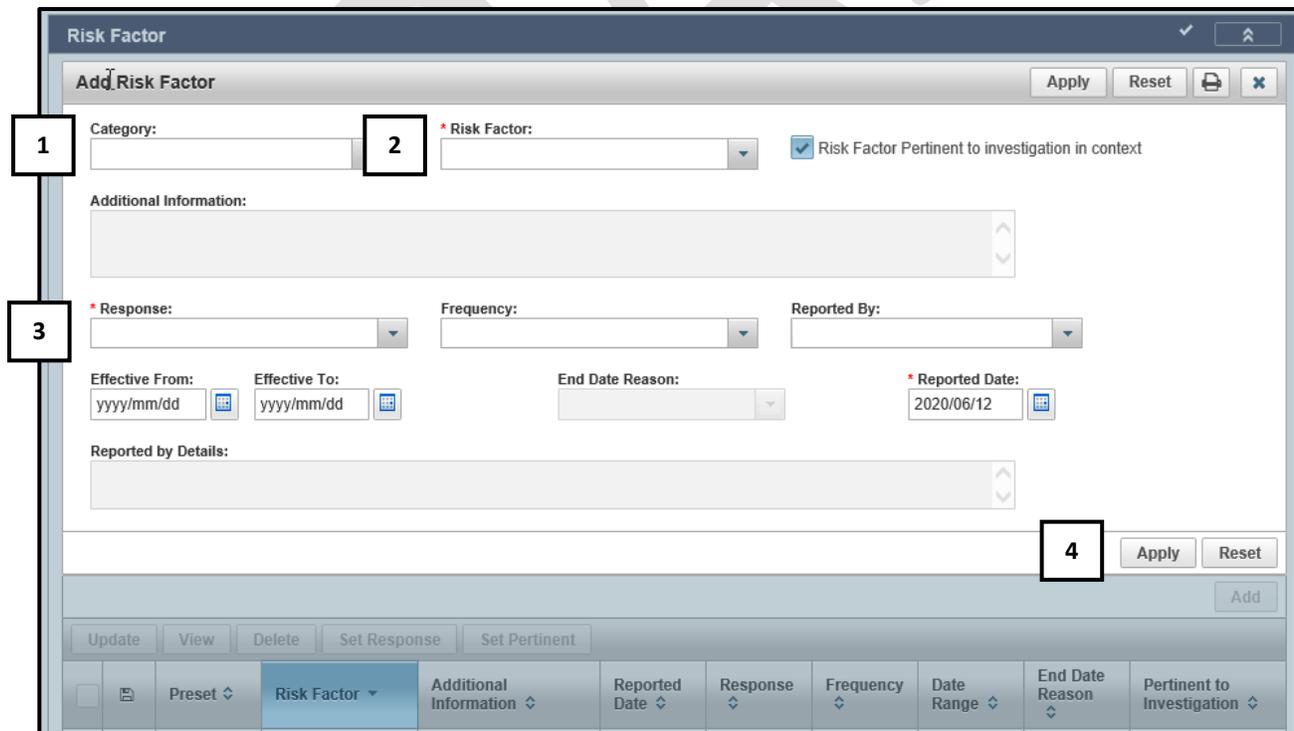
1. **Category** – select the category of the risk factor from the drop-down list.

2. **Risk Factor** – select the risk factor from the drop-down list
3. **Response** – select the response form the drop-down list
4. Click the **Apply** button, a duplicate risk factor pertinent to the Enteric Investigation will appear

☐	⊞	Travel - Outside of Canada	2021 Jan 04	Yes			976 (Lyme disease)
☐	✓	Travel - Outside of Canada	2018 Jan 01	Yes			810 (Salmonellosis)

Risk Factors   Save   Reset   log   🖨   ?   ▼

Active

Client ID: 9351	**Name(Last, First Middle) / Gender:** Chisholm, Erica Anne / Female
	Health Card No: 8003214306 **2**
	Date of Birth / Age: 1995 Oct 10 / 25 years
Phone Number: mobile contact: 902-863-3683	**Address:** 44-12 Main Street, Antigonish, Nova Scotia, B2G2K9, Canada
	Additional ID Type / Additional ID: Provincial health service provider identifier / -

Investigation

Investigation ID: 6014	**Status:** Open	**Disposition:** Investigation in progress	**Age at time of Investigation:** 25 years
Disease: Salmonellosis	**PHAC Date/Type:** 2021 Jan 05 / Date Reported	**Etiologic Agent:** Salmonella	**Authority/Classification:** National / Case - Confirmed / 2021 Jan 05

Risk Factor   ✓   ⌃

     Add

Update   View   Delete   Set Response   Set Pertinent

☐	🖫	Preset ⇕	Risk Factor ▲	Additional Information ⇕	Reported Date ⇕	Response ⇕	Frequency ⇕	Date Range ⇕	End Date Reason ⇕	Pertinent to Investigation ⇕
☐	✏	✓	Behaviour - Smoking / vaping / use of smoking paraphernalia		2021 Jan 06	Yes	**1**			6014 (Salmonellosis)
☐	✏	✓	Exposure - Animal - contact with pets, farm, petting zoo, or wildlife		2021 Jan 06	Yes				6014 (Salmonellosis)
☐	✏	✓	Exposure - Contact - caring for someone in diapers/incontinent		2021 Jan 06	Yes				6014 (Salmonellosis)
☐	✏	✓	Exposure - Contact - contact with a case (confirmed, probable or suspect)		2021 Jan 06	Yes				6014 (Salmonellosis)
☐	✏	✓	Exposure - Facility - attend / work / volunteer in childcare setting		2021 Jan 06	Yes				6014 (Salmonellosis)
☐	✏	✓	Exposure - Facility - work / volunteer / reside in a health care setting or other institution		2021 Jan 06	Yes				6014 (Salmonellosis)

1. Ensure **ALL risk factors** have a response and
2. Click the **Save** button when done adding any additional risk factors.

Scroll to the Medication section in the Left-Hand Navigation and click **Medication Summary**. Scroll to the **Maintain Medications Details** section.

1. Click **Other Meds** check box
2. Click **Drug Description** radial button
3. Enter name of prescribed drug in the **Drug Description** text box
4. Enter **Dosage** and select **Unit** (enter other info if available)
5. Enter **Tx prescribed** date
6. Click **Add**

The **Medications Summary** screen is displayed. The medications entered have been added to the **Other Meds** tablelocated near the bottom of the screen.

Important: Confirm all information is correct. Once the record is saved, only **Course Completed** information can be updated. The medication cannot be deleted.

1. If record is correct, click **Save**
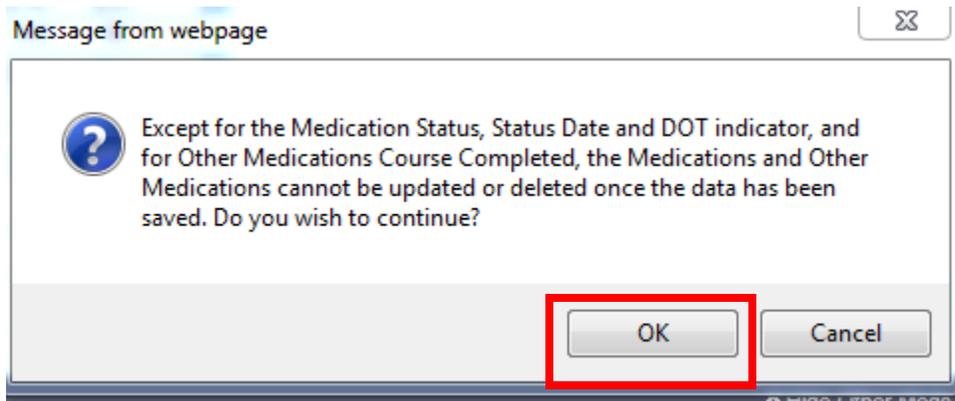
The system prompts the user to confirm, click OK to continue.

Indicate Course Completed- Other Meds

Once the record has been saved, only the **Course Completed** information can be updated in **Other Meds**

1. Click radial button next to the drug to be updated
2. Select reason from **Course Completed**
3. Click **Update Course Completed** button

The system adds the reason selected to the **Course Completed** column in the **Other Meds** table.

Click the **Save** button and the system prompts the user to confirm, select ok.

Every Enteric Disease required completion of the **Food Questionnaire UDF Form**

From the left-hand navigation, click on **Links & Attachments**

1. Click the **Radio Button**
2. Click **Fill Out Form** Button

A UDF form will populate. Complete the form using the information provided by the client

Foods Exposures Questionnaire

Record type: Investigation
Record ID: 6014
Record Name: UDF Investigation

Applicable risk factor and exposure details must be captured in the appropriate section of Panorama.

Food Exposures Questionnaire   ⌃Show/Hide

Day:

Date:

Breakfast Place

Breakfast Food

Breakfast companions

Lunch Place

Version 4 Last Updated: 2021-02-23

1

Complete the form by selecting the day, date, and completing the free text boxes. Complete for each day during the client's acquisition event. If client unsure of exact foods consumed you can obtain a list of general foods consumed, make a note in additional comments to indicate it is a general food list.

Food Exposures Questionnaire

Day:	Monday
Date:	1/4/2021
Breakfast Place	Home
Breakfast Food	Just Us Coffee black Bens 60% whole wheat bread 2 pieces. Fried Egg, salted butter
Breakfast companions	Spouse Daughter
Lunch Place	Tim Horton's James Street Antigonish
Lunch Food	Black Dark Roast Coffee Chili roll with butter
Lunch companions	Co Worker
Dinner Place	Home

Dinner Place	Home
Dinner Food	Onions & peppers Baked Potato with fat free sour cream water (tap from private well)
Dinner companions	spouse daughter
Snacks	PEScience Chocolate peanut butter protein powder with water
Additional Information	

Additional Food Exposures ⮝Show/Hide

Add

1

Save as Draft   Submit   Clear

4. Once the form is completed click on the submit button.

1

1. Click the X at the top right hand corner to close the window.

The completed form will be saved and added to your investigation.

To Update the Form:

From the left-hand navigation, click on **Links & Attachments**

Investigation
- Subject Summary
- Investigation Summary
- Investigation Quick Entry
  - Investigation Details
  - Disease Summary
  - Investigation Information
  - Resp. Org / Investigator
  - Reporting Notifications
  - External Sources
  - Links & Attachments
  - Close Investigation

Filled Out Forms   ⌃ Hide Filled Out Forms

2

| forms found. | | | | | Click on Instance ID to view Form. Click on radio button to select. | | | |

Row actions: [Update] [Migrate Answers to Newest Version]

	Instance ID ▼	Form Name ▼	Form Description	Version ▼	Needs Migration ▼	Updates Allowed By ▼	Status ▼	Created By/On	Last Updated By/On
1 ⦿	75	Food Questionnaire	Generic Food Questionnaire	1		All users	Published	Chisholm, Rachel 2021 Jan 6	-

1. Click the **Radio button**
2. Click the **Update** Button
3. Once the UDF form reopens update the **form**.
4. Click the **Submit**
5. **Close the window**

Foods Exposures Questionnaire

Record type: Investigation
Record ID: 6014
Record Name: UDF Investigation

Applicable risk factor and exposure details must be captured in the appropriate section of Panorama.

Food Exposures Questionnaire   ⌃Show/Hide

Day: Monday ▾

Date: 1/4/2021 📅

Breakfast Place   Home

Breakfast Food   Just Us Coffee black
                              Bens 60% whole wheat bread 2
                              pieces. Fried Egg, salted butter

Breakfast companions   Spouse   ┌───┐
                              Daughter   │ 3 │
                              Son   └───┘

Lunch Place   Tim Horton's James Street Antigonish

Additional Food Exposures   ⌃Show/Hide

Add

                                                    ┌───┐
                                                    │ 4 │
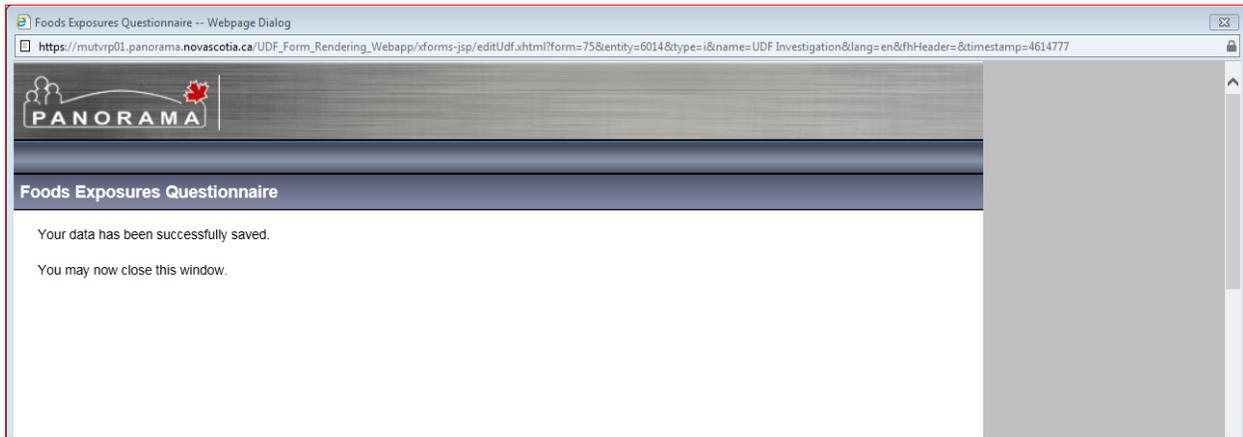   └───┘
Delete Form   Disable Form   Submit   Reset
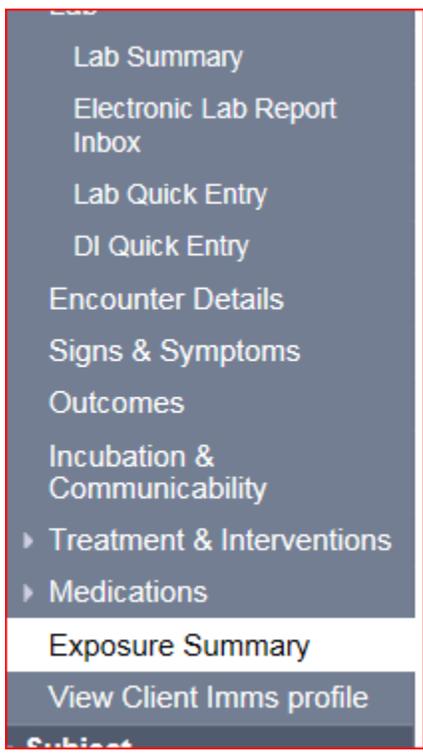
Creating an Acquisition Event

From the left-hand navigation, click on **Exposure Summary**

Acquisition Event Summary   ⌃ Hide Acquisition Event Summary

0 Acquisition Events Found.

| Row Actions: | Search and Link TE | Copy | | | | Multiple AE Entry | Create Acquisition Event | 1 |

AE ID ▼	TE ID ▼	Source Name ▼	Acquisition Start ▼	Acquisition End ▼	Location Name ▼	Setting Type ▼	Exposed ▼	Likely Source ▼	Invalid

1. Click **Create Acquisition Event**

The Acquisition Event page will load. Fill in the details according to the following steps.

Acquisition Event   ⌃ Hide Acquisition Event

Acquisition Event ID: -   **Transmission Event ID:** -

1 *** Exposure Name:** [   ]

2 **Invalid:** ☐   **Invalid Reason:** [   ]

  Acquirer Role: [▼]

3 **Exposed:** [▼]

4 **Responsible Organizational Unit:** *To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.*

Organization: Top Level > Level 2 (specific one) > Level 3 (specific one) > **[Selected Level 4 Organization]**   [Find 🔍]

* Required field (for Add/Update only)

5 *** Potential Mode of Acquisition:** [   ]

Nature of Exposure:

| All natures of transmission |
| Direct contact |
| Enteric |
| Respiratory route/droplet |
| STBBI |
| Through the provision of health care |
| Vectorborne and other zoonoses |
| Vertical transmission |

Selected:

[Add] [Clear]

1. For the **EXPOSURE NAME** Free text one of these choices:

   - Travel
   - Household Contacts
   - Non-Household Contacts
   - Casual Contacts
   - Health Care Facility (incl LTCF/RCF)
   - Work Place (not healthcare related locations)
   - Food/Water
   - Animal/Environment

2. Acquirer Role—**Leave blank** or pick from drop down "**DO NOT USE**"

3. Exposed –**DO NOT USE**
4. Responsible Organization Unit - **DO NOT USE**
5. Potential Mode of Acquisition- For Enteric – pick Enteric
6. Nature of Exposure- options depend on Mode of Acquisition chosen. Click the option and select the **add or add all button**
7. Click **Add**
   a. Information will then be added to table below fields

Acquisition Event		⌃ Hide Acquisition Event

Acquisition Event ID: -   **Transmission Event ID:** -

* **Exposure Name:** [_____]

Invalid: ☐   **Invalid Reason:** [_____]

Acquirer Role: [▼]

Exposed: [▼]

Responsible Organizational Unit: *To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.*

Organization: Top Level > Level 2 (specific one) > Level 3 (specific one) > [Selected Level 4 Organization]   [Find 🔍]

* Required field (for Add/Update only)

* **Potential Mode of Ac...on:** [Enteric ▼]   **6**

Nature of Exposure:

		Selected:
Consumption of contaminated food	Add >	Animal contact with pets, farm,[more...]
Consumption of contaminated water	Add All >>	
Contact with a case (confirmed,[more...]		
Contact with animals or animal waste	...ve **6**	
Exposure to contaminated water	<< ...e All	
Gardening or other contact with soil/sand		

7

[Add] [Clear]

Row Actions: [Delete] [Update]

	Potential Mode of Acquisition	Nature of Exposure
⦿	Enteric	Consumption of contaminated food, Contac...

Continue filling out each section as you scroll down the AE page.

1 | Source | ⌄ Show Source |

2 | Acquisition Event Investigator Information | ⌄ Show Acquisition Event Investigator Information |

1. **Source** – To be completed once the AE details have been entered and **SAVED. Source may be unknown for enterics.**

2. **Acquisition Event Investigator Information** – **DO NOT USE**

Acquisition Event Date/Time

1. **Acquisition Start**-date is mandatory a field. Add the date and (if known) time the AE started. If start time is an estimate please check that box.
2. **Acquisition End** -Add the date and (if known) time the AE event ended. If end time is an estimate please check that box.

Exposure Location

1. **EXPOSURE LOCATION NAME** –Enter location name-
   - For locations within Nova Scotia, e.g. Banks, Grocery stores, Pharmacies, Restaurants, Schools, Events, etc.
     - Include the **name of the location, and city/town** if known
     - Examples:
       - Sobeys - North Sydney; Shopper's Drug Mart – Fall River; Wake at Atlantic Funeral Home – Dartmouth; McDonalds – Truro; Horton High School – Wolfville

   - If travel-related (outside NS or Canada), enter the province/state names or Country Code(s) where the case spent significant time; if multiple countries/provinces/states were visited as part of the travel separate by semicolons
     - Examples
       - Alberta; Florida; BC; NY; (can be initials or spelled out)
       - MEX; DOM; CRI
       - If travel involved a cruise, bus tour, vehicle, etc., add 'Cruise ship', 'Bus', etc. to the location
     - Examples
       - Cruise Ship – MEX; DOM; BHS; CRI; Royale Caribbean
       - Bus – Victoria, BC to Toronto, ON; Greyhound
       - For flight-related exposures, ensure the airline, flight number, and seat are included for each flight
       - e.g. Flight - MEX to Halifax - Air Canada 625, Seat 16C

2. **EXPOSURE SETTING TYPE**
   - Choose from the 12 dropdown categories. **See Appendix A for definitions**
   - DO NOT USE "Multiple". Each exposure setting required its own AE
   - If "Other" is chosen for any category, please ensure the Exposure Location Name and Exposure Address are complete

3. **EXPOSURE SETTING** – When you choose setting type a drop down will populate
   - Choose from the dropdown sub-categories as defined in appendix A
   - If "Other" is chosen for any category, please ensure the Exposure Location Name and Exposure Address are complete

4. **ADDRESS**
   - Provide an address whenever possible to differentiate locations; particularly important for common locations like Banks, Grocery stores, Pharmacies, etc.
   - Note: Select City before entering the postal code.

Acquisition Event Location Liaison Details- optional

Acquisition Event Location Liaison Details	⌃ Hide Acquisition Event Location Liaison Details

First Name: [ ] Last Name: [ ] **1**

Phone Number: ([ ]) [ ] - [ ] ext [ ] ☐ International

Fax Number: ([ ]) [ ] - [ ] ext [ ] ☐ International

Email: [ ]

Acquisition Event Intensities	⌄ Show Acquisition Event Intensities

2 [Save] [Clear] [Cancel]

If a person is identified to be a point of contact at a location:

1.   Record their name and contact information i.e. Store Manager.

2.   **Click SAVE** to lock in all the information previously added to the AE
     a.   Your Acquisition Event details have now been saved, AE created and you will now be able to add a Source to an Acquisition event.
3.   The following message will be displayed at the top of the page

Acquisition event successfully saved.

Creating an Acquisition Event for a Recalled Food Source

From the left-hand navigation, click on **Exposure Summary**

Lab
 Lab Summary
 Electronic Lab Report Inbox
 Lab Quick Entry
 DI Quick Entry
Encounter Details
Signs & Symptoms
Outcomes
Incubation & Communicability
▸ Treatment & Interventions
▸ Medications
Exposure Summary
View Client Imms profile
Subject

1. Click **Create Acquisition Event**

The Acquisition Event page will load. Fill in the details according to the following steps.

1. For the **EXPOSURE NAME** free text one of these choices

- Travel
- Household Contacts
- Non-Household Contacts
- Casual Contacts
- Health Care Facility (incl LTCF/RCF)
- Work Place (not healthcare related locations)
- Food/Water

- Animal/Environment

2. Acquirer Role—**Leave blank** or pick from drop down "**DO NOT USE"**
3. Exposed –**DO NOT USE**
4. Responsible Organization Unit - **DO NOT USE**
5. Potential Mode of Acquisition- For Enteric – pick Enteric
6. Nature of Exposure- options depend on Mode of Acquisition chosen. Click the option and select the **add or add all button**
7. Click **Add**

Row Actions: Delete Update	
Potential Mode of Acquisition	**Nature of Exposure**
⦿ Enteric	Consumption of contaminated food, Contac...

Continue filling out each section as you scroll down the AE page.

1	**Source**	⌄ Show Source

2	**Acquisition Event Investigator Information**	⌄ Show Acquisition Event Investigator Information

1**. Source** – To be completed once the AE details have been entered and **SAVED.**
2. **Acquisition Event Investigator Information** – **DO NOT USE**

Acquisition Event Date/Time

Acquisition Event Date/Time				⌃ Hide Acquisition Event Date/Time
Disease ▲	**Source Earliest Possible Communicability From** ▼	**Source Earliest Probable Communicability From** ▼	**Source Latest Probable Communicability To** ▼	**Source Latest Possible Communicability To** ▼

Acquisition start/end denote the first and last possible times acquisition could have occurred.

1	* Acquisition Start: [yyyy] [mm] [dd] 📅 [hh] : [mm] :ADT ☐ Estimated
2	Acquisition End: [yyyy] [mm] [dd] 📅 [hh] : [mm] :ADT ☐ Estimated

Exposure Duration: - -

1. **Acquisition Start**-date is mandatory a field. Add the date and (if known) time the AE started. If start time is an estimate please check that box.
2. **Acquisition End** -Add the date and (if known) time the AE event ended. If end time is an estimate please check that box.

Exposure Location

5. **EXPOSURE LOCATION NAME** –Enter location name-
   - For locations within Nova Scotia, e.g. Banks, Grocery stores, Pharmacies, Restaurants, Schools, Events, etc.
     - Include the name of the location, and city/town if known
     - Examples:
       - Sobeys - North Sydney; Shopper's Drug Mart – Fall River; Wake at Atlantic Funeral Home – Dartmouth; McDonalds – Truro; Horton High School – Wolfville

   - If travel-related (outside NS or Canada), enter the province/state names or Country Code(s) where the case spent significant time; if multiple countries/provinces/states were visited as part of the travel separate by semicolons
     - Examples
       - Alberta; Florida; BC; NY; (can be initials or spelled out)
       - MEX; DOM; CRI

- o If travel involved a cruise, bus tour, vehicle, etc., add 'Cruise ship', 'Bus', etc. to the location
  - ▪ Examples
    - o Cruise Ship – MEX; DOM; BHS; CRI; Royale Caribbean
    - o Bus – Victoria, BC to Toronto, ON; Greyhound
    - o For flight-related exposures, ensure the airline, flight number, and seat are included for each flight
    - o e.g. Flight - MEX to Halifax - Air Canada 625, Seat 16C

6. **EXPOSURE SETTING TYPE**
   - Choose from the 12 dropdown categories. **See Appendix A for definitions**
   - DO NOT USE "Multiple". Each exposure setting required its own AE
   - If "Other" is chosen for any category, please ensure the Exposure Location Name and Exposure Address are complete

7. **EXPOSURE SETTING** – When you choose setting type a drop down will populate
   - Choose from the dropdown sub-categories as defined in appendix A
   - If "Other" is chosen for any category, please ensure the Exposure Location Name and Exposure Address are complete

8. **ADDRESS**
   - Provide an address whenever possible to differentiate locations; particularly important for common locations like Banks, Grocery stores, Pharmacies, etc.
   - Note: Select City before entering the postal code.

Acquisition Event Location Liaison Details- optional

If a person is identified to be a point of contact at a location:

1. Record their name and contact information i.e. Store Manager.

2. **Click SAVE** to lock in all the information previously added to the AE
   a. Your Acquisition Event details have now been saved, AE created and you will now be able to add a Source to an Acquisition event.

3. The following message will be displayed at the top of the page

Acquisition event successfully saved.

Open the **Source** Section:

1. **Source Name**: Select source name radio button-Add source name

2. **Source Category**- select the appropriate source from the drop down list.
3. **Source Type**-select appropriate type
4. **Source Subtype**-Select appropriate subtype
5. **Click** create as source button

You will then be asked to create the investigation for the source

Create Enteric Investigation for **Source:**

1. **Disposition Select** Investigation in Progress

Enter the following Information:

1. **Responsible Organization**: Find and select **Your Public Health Office**
2. **Responsible Organization Workgroup**: select IOM-**Area where you work**-**unmonitored** from the drop down list
3. **Responsible Organization Date**: auto populates to current date and can be changed as needed.
4. **Investigator Organization**: find and select **Your Zone**
5. **Investigator Workgroup**-IOM **Your Zone**
6. **Select Investigator** Name: your name
7. **Assigned date**-auto populates to current date and can be changed as needed.

Reporting Notification ⌃ Hide

* **Reporting Source:**

○ **Provider:**

Click Find to select a provider:

Provider: [Find 🔍]

○ **Location:** Antigonish Public Health Office

To specify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.

Service Delivery Location: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia Health Authority > Eastern Zone > Antigonish Public Health Office > **[Antigonish PHO]** [Find 🔍]

◉ **Other:** CFIA Food Recall

Type of Reporting Source: Other ▽

Method of Notification: Disease Notification ▽

At least one of the following dates is required.

Report Date (Sent): [ ] / [ ] / [ ] 🗓   yyyy / mm / dd

Report Date (Received): 2020 / 12 / 31 🗓   yyyy / mm / dd

Enter the Following Information:

1. **Reporting Source** will depend on how you were notified of the case
   - Select Provider radio button and search using the Find button for reporting HCP if a provider was the first to notify Public Health, ensure to click select
   - Select Location radio button and search using the Find button for resulting lab if the lab was the first to notify Public Health, ensure to click select
   - Select other radio button and free text if that is the appropriate selection i.e., DHW, CFIA food recall, or source case etc. was the first to notify Public Health
2. **Type of Reporting Source**- select appropriate response from the drop down list
3. **Method of Notification**-select appropriate response from the drop down list.
4. **Report Date Received**- auto populates to current date. Change the date to the received date if applicable
5. **Click** Submit.

Review your Acquisition Event source section and take note of the Investigation ID for Food Source

Save the Acquisition Event.

Search for the Food Source Investigation using the search investigation function, be sure to include Non-Human Subjects:

On the left hand Navigation select **Search Investigations**:

1. Include: select **Non-Human**
2. Add your **investigation ID** number
3. Click **Search**

Place the Food Investigation and the Food Source in context and navigate to the Disease Summary section in the Left Hand Navigation:

1. Left Hand Navigation select **Disease Summary**
2. Select **Update**

Row Actions:	Update	Delete	Set as Primary		
Primary		**Authority**	**Classification**		**Classification Date**
● ✓		National	Case - Person Under Investigation		2021 Feb 4

Save Reset Cancel
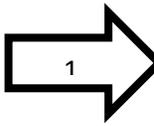
1. **Select** the radio button beside Primary
2. **Select** Update

*Investigation Classification

*Authority: Non-Human Subject ▾   ***Classification:** Case - Non-Human Subject ▾

*Classification Date: 2020 / 12 / 31
yyyy mm dd

Apply Update Clear

Row Actions:	Update	Delete	Set as Primary		
Primary		**Authority**	**Classification**		**Classification Date**
● ✓		National	Case - Person Under Investigation		2021 Feb 4

Save Reset Cancel

1. **Change Authority** to Non-Human Subject
2. **Change Classification** to Case-Non Human Subject
3. **Classification Date**: Auto Populates to today's date, back date if needed.
4. **Select** Apply Update
5. **Select** Save

From the left-hand navigation, click on **Treatment and Interventions** and then **Intervention Summary:**
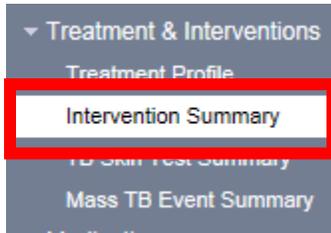
The Intervention Summary screen will display, in the grouped intervention box select the Enteric Diseases from the drop down menu in the Intervention Group drop down:

The **Grouped Interventions** for Enteric Diseases will appear.

Grouped Interventions

⌃ Hide Grouped Interventions

Intervention Group: [Enteric ▾] **2**

Row Actions: [Add Intervention]

	Type ▲	SubType ▼	Added
○	Communication	Communication to general public (specify...	-
○	Communication	Letter (specify)	-
○	Communication	Other communication (specify)	-
○	Communication	Public health advisory	-
○	Communication	Public health alert	-
○	Communication	Public health order	-
○	Contact tracing	Contact tracing	-
○	Education/counselling	Education/counselling	-
○	Environmental Health	Emergency boil water order	-
○	Environmental Health	Other (specify)	-
⦿	Environmental Health	Environmental sampling	-
○	Environmental Health	Food/water sampling	-
○	Environmental Health	Inspection - personal service facility	-
○	Environmental Health	Inspection - pool	-

1

○	Environmental Health	Inspection - water system	-
○	Environmental Health	Inspection - childcare	-
○	Environmental Health	Inspection - facility	-
○	Environmental Health	Inspection - restaurant	-
○	Environmental Health	Inspection - school	-
○	Environmental Health	Inspection - work	-
○	Exclusion	Other (specify)	-
○	Exclusion	Attend/Work/Volunteer - childcare facili...	-
○	Exclusion	Attend/Work/Volunteer - school	-
○	Exclusion	Work/Volunteer - food handler	-
○	Exclusion	Work/Volunteer/Reside - health care sett...	-
○	Isolation	Isolation	-
○	Notification for action	Other (specify)	-
○	Notification for action	Canadian Food Inspection Agency	-
○	Notification for action	Dept. of Agriculture	-
○	Notification for action	Dept. of Environment	-
○	Notification for action	Dept. of Health and Wellness	-
○	Prophylaxis	Immunoprophylaxis	-
○	Referral	Other (specify)	-
○	Referral	Primary care provider	-

1. Select the appropriate intervention
2. Click **Add Intervention** from Row Action button

Intervention Details   ⌃ Hide Intervention Details

* Required field

Encounter Group: Communicable Disease Investigation

1 * Intervention Type: Environmental Health ⌄   * Intervention Sub Type: **2**   Inspection - pool ⌄

Intervention Disposition: In progress ⌄   **3**

4 * Outcome: Do Not Use ⌄

5 * Start Date: 2021 / 01 / 06 ▦   End Date: **5**   ___ / ___ / ___ ▦
                           yyyy   mm   dd   yyyy   mm   dd

Next Follow Up Date: ___ / ___ / ___ ▦
                            yyyy   mm   dd

Workgroup   *To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and*
Organization   *click on 'Select' button. Then click 'Close' to close.*

                   Organization: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia   Find 🔍
                   Health Authority > Eastern Zone > **[Antigonish Public Health Office]**

Workgroup: [⌄] User: [⌄]

6 * Organization: *To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and*
                      click on 'Select' button. Then click 'Close' to close.

                      Organization: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia   Find 🔍
                      Health Authority > Eastern Zone > **[Antigonish Public Health Office]**

7 * Location: *To specify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you wish to*
                   specify, select it and click on 'Select' button. Then click 'Close' to close.

                   Service Delivery Location: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness >   Find 🔍
                   Nova Scotia Health Authority > Eastern Zone > Antigonish Public Health Office > **[Antigonish PHO]**

Primary Provider: ⦿ Use this Provider:
                      Click Find to select a provider:
                      Provider: Find 🔍
                      ○ Use Other Provider: [   ]

Fill your mandatory fields:

1. **Intervention Type**
2. **Intervention Sub Type**
3. **Disposition**- Completed
4. **Outcome**- select Do Not Use
5. **Start date**- will auto-populate and **End Date**- select date same as start
6. **Organization**- will auto-populate
7. **Location**- will auto-populate

Enter Comment in the comment field and click **Add**

Comments	⊼ Hide Comments
Comment:	
Pool located at STFXj in Antigonish to be inspected today at the request of the MOH Dr. Kempkens	
	(3904 characters remaining) Add

Comment will appear in the comment box:

Date	Comments	Recorded By
2021 Jan 6	Pool located at STFXj in Antigonish to be inspected today at the request of the MOH Dr. Kempkens	Chisholm, Rachel

Click **Save** and follow above instructions for each intervention.

Intervention Products   ⌄ Show Intervention Products

Comments	⊼ Hide Comments
Comment:	
	(4000 characters remaining) Add

Date	Comments	Recorded By
2021 Jan 6	Pool located at STFXj in Antigonish to be inspected today at the request of the MOH Dr. Kempkens	Chisholm, Rachel

Follow Up Summary   ⊼ Hide Follow Up Summary

Add Follow Up

Follow Up Type ▼	Follow Up Disposition ▲	Follow Up Date ▼	Provider ▼	Recurrence	Next Follow Up Date ▼

Document Management   ⊼ Hide Document Management

0 attached documents   *Click Document Title to open document.*   Manage Documents

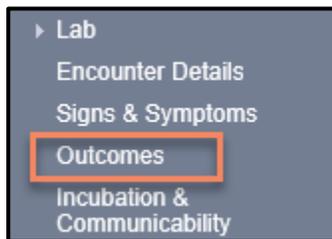| Document Title ▲	Size[KB] ▼	Type ▼	Posted By ▼	Posted On ▼

Save   Clear   Cancel

Ensure you take the intervention out of context

- Click the **Cancel** button towards the top of the screen

Adding an Outcome

From the left-hand navigation bar, click on **Outcome**
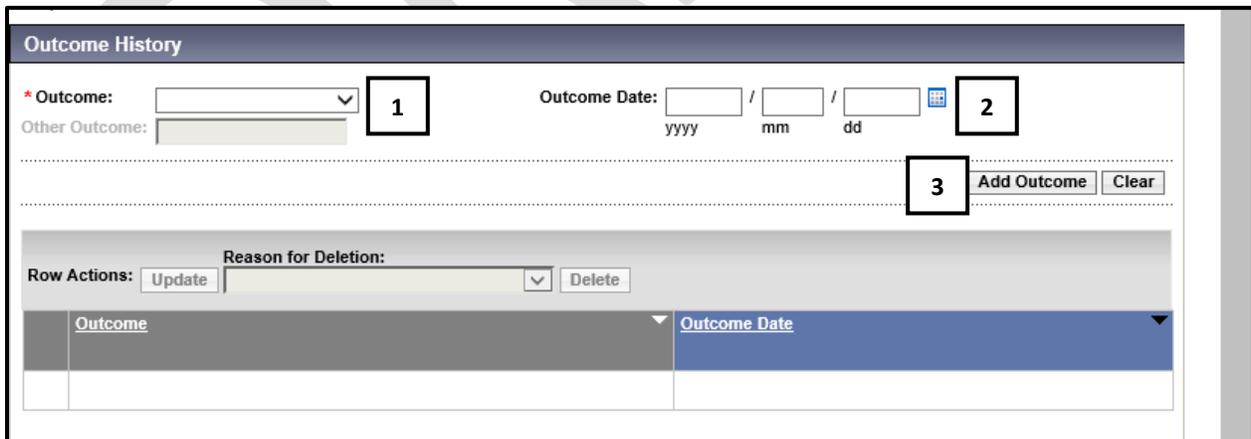
> **Note:** there can be multiple outcomes from throughout the investigation

1. **Outcome** - Select the outcome from the drop-down list, select the highest level of care that was required
2. **Outcome Date** - Enter the outcome date.
3. Click the **Add Outcome** button to add the outcome to the outcome table
4. Add a comment in the **Comments** section if needed. <u>**Optional**</u> Click **Add**

5. Click the **Save** button

Row Actions:	Update	**Reason for Deletion:**		Delete

	Outcome ▼	Outcome Date ▼
○	Alive-Not Hospitalized	2021 Jan 5

Comments

(**4000** characters)   Add

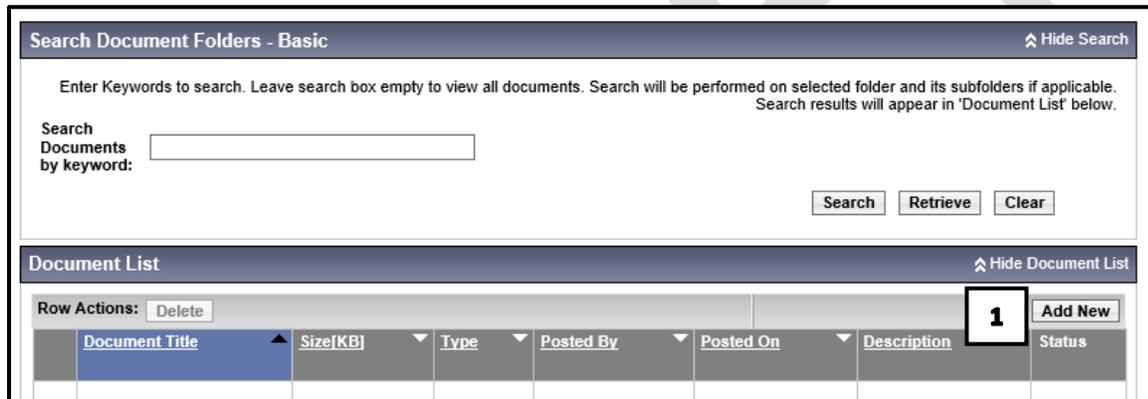| Date	Comments	Recorded By

5   Save   Reset

Uploading a Document to an Investigation

Note: Before you upload a document, ensure that an Encounter is not in the context banner. To take the encounter out of context, go to recent work and click on the investigation.

From the left-hand navigation, click on **Context Documents. Do not use User Documents.**

1. Click the **Add New** button

Document Management

Add New Document

1

* File name: [   ] Browse... Upload File   **2**
File uploaded:

Selected Document:
* Document Title:

3

[   ]

* Effective Date: [2020] / [06] / [16]   Expiration Date: [   ] / [   ] / [   ]
          yyyy   mm   dd   yyyy   mm   dd

Status: * [active   ]

                                                    Use CTRL key for multiple selections.

Enter Keyword: [   ]   Add   Selected Keywords: [   ]
4   Remove

Description:
[   ]

Document Added by : Sampson, Judy   on : 2020 Jun 16

5

Submit Clear Cancel

1. Browse for file- locate document and select it
2. Click the **Upload File** button. You will see that the file is uploaded
3. **Document Title** – enter the document title
4. **Description** – enter the document description
5. Click the **Submit** button

Document List   ⌃ Hide Document List

Row Actions: Delete   Add New

	Document Title ▲	Size[KB] ▼	Type ▼	Posted By ▼	Posted On ▼	Description ▼	Status
☐	Physician Report Form- XXXXX	78.66	PDF	McClellan, Samantha	2020 Sep 28		active

Total: 1 |◄ ◄ Page 1 of 1 ► ►| Jump to page: [   ] →

You can view the document by clicking on the hyperlinked name in the **Type** column

Enteric Case Management

Adding a Clinical Note to an Investigation

From the left-hand navigation, click on **Notes.**

Ensure your **investigation is in context**. Do not add the note if only the client is in context.

Notes ⌃ Hide Notes

Display Notes For: Client: Chisholm, Erica ▾   Include Related Entities: ☑

Subject Line:	[_____]	Status: [_____▾]
Workgroup for Author:	[_____▾]	Workgroup for Transcriber: [_____▾]
Author:	[_____▾]	Transcriber: [_____▾]
Note Type:	[_____▾]	
Note Date: From: [yyyy]/[mm]/[dd] 📅		To: [yyyy]/[mm]/[dd] 📅

[Display] [Clear]

0 results found.   To view a Note below, click on its Note Date.   reflects the records you have access to.

Row Actions: [View All Notes in Table] [Update Note] [View Note Corrections]   **1**   [Author Note] [Transcribe Note]

Move selected note to [_____▾] [Move Note]

Created Date/Time ▾	Note Date/Time ▾	Note Type ▾	Subject Line ▾	Author ▾	Attached To ▾	Status ▾	Corrected ▾

Total: 0   ⏮ ◀ Page 1 of 1 ▶ ⏭   Jump to page: [___] ➧

1. Click on **Author Note** button

1 Note is being created for Investigation ID 2503 ⬅

Note ID: -   Status: -

* Required Field

Author:	Sampson, Judy Role: NS_IMMS_IOM_NURSE
2 Subject:	[_____]
3 Note Date:	[2020]/[06]/[16] 📅 * Note Time: [16]:[31] :ADT
	yyyy mm dd hh mm
Note Type:	[_____▾]
Common Phrases:	[_____▾] [Add to Note]
4 Note:	

[T][Normal ▾] [T][Arial ▾][7pt ▾] **b** *i* <u>u</u> ≡ ≡ ≡ ≣ ≔ ➤≣ ≣◀

[   ]

[Save as] **5** [Note Complete] [Clear] [Cancel]

1. Ensure the note is being added for an investigation. Only indicate Investigation ID 2503

2. **Subject** – enter the subject of the note

3. **Note Date and Time** – defaults to the current date and time. Ensure that you enter the date and time that you gathered the information for the note.
4. **Note** – enter the note details
5. Click the **Note Complete** button

Adding the Serotype to the Investigation

Note- Once the Enteric Investigation is complete. Make sure you add the Final Serotype to the Investigation

1. Click on the **Update** Button

- Do not add any information in the Disease Event Detail or the Disease Event History sections.
- Do not Add Classification in the Investigation Classification area.

1. Click the drop down List under **Serotype** and choose the correct Serotype from the final lab report.
2. Click **Apply Update**
3. Click **Save**.

Disease Summary

<div align="right">

Add New Disease

</div>
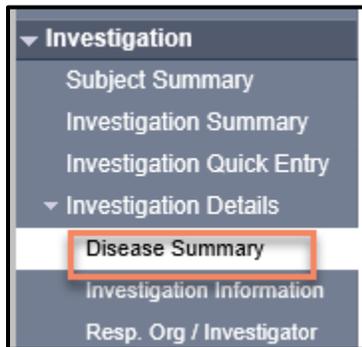
Disease Event 6139 - Salmonellosis   ⌃ Hide

PHAC Date / Date Type: **Disease Origin:**   **Living on Reserve Most of the Time:**
2021 Jan 3 / Symptom Onset

Disease	Etiologic Agent	Epi Markers	Lab Result	Authority / Classification | Classif. Date (✓ Primary Classification, Δ Set by Case Def)		Site(s)	Staging
Salmonellosis	Salmonella / Thompson	-		✓	National / Case - Confirmed 2021 Jan 5	-	-
Salmonellosis	Salmonella	-		✓	National / Case - Confirmed 2021 Jan 5	-	-

<div align="right">

Update   **Delete**

</div>

Update the Investigation Disposition and Close the Investigation
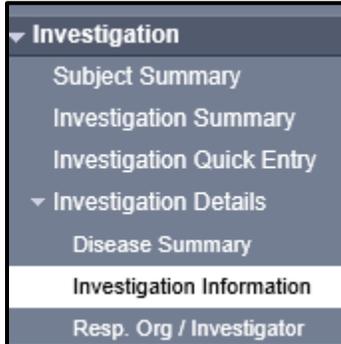
From the left-hand navigation, click on **Investigation Information.**

1. **Disposition** - Select appropriate response from the drop down
2. **Disposition Date** – defaults to the date of the previous disposition. Enter the close date.
3. Click the **Save** button

To Close the Investigation:

1. Click on the **Close Investigation** button
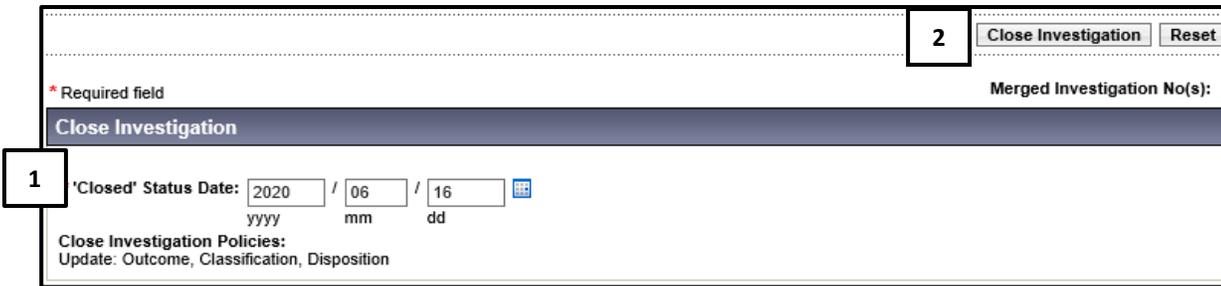
1. **Closed Status Date** – defaults to the current date. If the closed status date is different than the current date, enter the closed status date.
2. Click the **Close Investigation** button.

1. Click the **OK** button

Adding a Secondary Investigator

Navigate to investigation details and Resp.Org/Investigator in Left-Hand nav:

Scroll to bottom of page:

Enter the following information:

1. **Investigator Type**- Secondary
2. **Investigator Organization**- find and select the **Zone** that represents where you work.
3. **Investigator Workgroup**- IOM **the Zone** that represents where you work.
4. **Select investigator name-** your name
5. **Assigned date-** auto populates to current date and can be changed as needed
6. **Add**

New name will appear in the table below:

Click the **Save** Button

Updating the PHAC Date

When we add the final lab i..e, Salmonella Serotype. If the Lab Specimen collection date is the earliest indication of disease and is reflected in your PHAC Date, You will need to review the PHAC Date and update that information if it changed to the new lab date. Record the PHAC date before adding the final lab. Add the final lab to your investigation. Then update the PHAC Date.

From the Left Hand Navigation. Click on Investigation Information.

Scroll to Diagnosis Section.

1. Update the Diagnosis Date to reflect the Specimen collection from the Preliminary lab date.
2. Click Save
3. PHAC Date will update

Investigation ID: 6014	Status: Open	Disposition: Investigation in progress	Age at time of Investigation: 25 years
Disease: Salmonellosis	PHAC Date/Type: 2021 Jan 04 / Clinical Diagnosis	Etiologic Agent: Salmonella / Thompson	Authority/Classification: National / Case - Confirmed / 2021 Jan 05

⌃ Investigation

Investigation details successfully saved.

Close Investigation   Re-Open Investigation   **Save**   **Reset**