



1. Search for Client

2. <u>Update Client Phone Number, Create Temporary Address, Ethnicity</u> <u>Information</u>

- 3. Create Rabies Investigation
- 4. Immigration Information
- 5. Indigenous Information
- 6. Completing Investigation Information
- 7. Signs and Symptoms
 - Adding an Additional Sign and Symptom
- 8. Creating an Acquisition Event
- 9. Public Health Interventions for Client
- 10. Risk Factors
 - Adding an Additional Risk Factor
- 11. Adding an Outcome
- 12. Uploading a Document to an Investigation
- 13. Adding a Clinical Note to an Investigation
- 14. Update the Investigation Disposition and Close Investigation
- 15. Adding a Secondary Investigator

Non-Human Source Information

- 1. Adding a Non- Human Source to an Acquisition Event
- 2. Public Health Interventions for Non-Human Source
- 3. Update Disposition and Close Case for Non-Human Source

Panorama- Rabies Case Management





	Search for a Client
Search for a client	
Recent Work	
Search Investigations	
Search Lab	
Search Exposures	
Search Interventions	
Search Clients	
Search Non-Human Subjects	
Search Disease	

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

	Search Clients		3	Search Retrieve Reset # 🖨 ?
	Basic Search Criteria			*
1	Client Number:	Client Number Type:	2	Select all that apply:
	Last Name:	First Name:	Middle Name:	 Include Indeterminate Clients Use Phonetic Matches
	Mother's Name:			
	Gender:			
	Choose one:			
	Date of Birth: yyyy/mm/dd	1		

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

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Search Clients	5	Search Retrieve Reset II 🖨 ?
Basic Search Criteria		
Client Number: Client Number Type: Last Name: Middle Na		Select all that apply: Include Inactive Clients Include Indeterminate Clients Use Phonetic Matches
3 Gender: Choose one: Date of Birth: yyyy/mm/dd 4		

- 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

		Searc	h Res	ults			_						< <a>
					3			4				Client Quick Entry Cr	eate Client
2	Preview Update Set In Context Create Cohort S						hort Subje	ct Sum	nmary				
			▼	Client ID 🗘	Health Ca	ard Number ≎	Last Name	Firs	st Name	Gender ≎	Date of Birth	Health Region ≎	Active \$
			0	5423	93330000	001	Summer	Alice	e	Female	2000 Jan 01	NSHA	Active
1		✓	O	5424	93330000)02	Summer	Bert	iha	Female	2000 Jan 01	NSHA.	Active
	_		0	5425	93330000	003	Summer	Cait	tlin	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.

Panorama- Rabies Case Management





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.

Telephon	e Numbers			~	^
				1	Add
Update	Delete Set Preferred				
8	Number 🗘	Effective From 🔻	Effective To 💲	Preferred *	
	Primary home: 902-864-2222	2020 Mar 02		\checkmark	
Total: 1					10 🗸

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

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Telephone Numbers		 ✓ 	*
Add Telephone Number	Apply	Reset	×
Telephone Number: * Number: * Usage: Canada 1 * Usage: * Effective From: To: 2020/06/12 yyyy/mm/dd			
	3	Apply	eset

- 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.

	Telephone	Numbers			*	\$			
		2				Add			
	Update	Update Delete Set Preferred							
	8	Number 🗘	Effective From 🔻	Effective To 🗘	Preferred *				
		Primary home: 902-864-2222	2020 Mar 02		\checkmark				
	•	mobile contact: 902-222-2222	2020 Jun 12						
Π	Total: 2					10 🗸			

- 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)

Add	dresses	5								 *
									:	Add
U	pdate	Delete	Set Preferred							
	B	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	-	

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

4	lddresses		*	*
	Add Address	Apply	Reset	∋ ×
	Address Format: Structured General Semi-Structured			
	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: Province / Territory: City / Town: Postal Code: Canada • Nova Scotia •			
	Other Address Details: Latitude: Longitude:			
	(100 characters remaining.) • Effective From: To: 2020/06/12 yyyy/mm/dd			
		3	Apply	Rese

- 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

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You need to set the temporary address to preferred.

	Add	resses	;	6							
		2									
	Up	odate	Delete	et Preferred							
		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	-	
L		Ð	Temporary address	33 Winter Avenue, Beaver Bank, Nova Scotia, B4G1E6, Canada		2020 Jun 12				_	
	0		Postal address	66 Summer Landing, Smith Cove, Nova Scotia, B1B1K1, Canada		2019 Nov 04			1	-	
	Tota	al: 3				<u> </u>					10 🗸

- 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.

This section is directly above the Telephone information:

Ethnicity Information	1 😆
Birth Information	✓ 💙

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





Ethnicity:		Other	Ethnicity:	2	Ethnicity Reported by: Client Other	Provider	3		
African Nova Scotian								*	*
Asked, but unknown								~	
Asked, not provided									
Black									Add
East/Southeast Asian	: Prefe	rred							
Launo			Effective From 💌		Effective To 🗘		Preferred 💌		
Other Ethnicity)2-232	-3232	2020 Aug 26					\checkmark	
South Asian	-			< 1 🔿					10 🗸

- 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 a	Rabies Inves	stigation	
Search kisease	5			
Notifications				
Investigation				
Subject Summa	ary			
Investigation St	ummary			
Investigation Q	uick Entry			
 Investigation D 	etails			
rom the left-ha	and navigation, click on	Subject Summary	У	
Subject Sum	imary			? 昌
				ACTOR
				ACTIVE
Client ID: 21398	Name(Last, First Middle) / Gender: June, Kim / Female	Health Card No: 7700000031	Date of Birth / Age: 1980 Feb 01 / 40 years	
Phone Number:	Address:	Additional ID Type /		
Primary home: 902-	80 Gilby Lane, Beaver Bank, Nova	Additional ID: Provincial health service		
004-3333	Scolla, D4D4D4, Canada	provider identifier / -		
Report: V Lau	nch			
Communicable Dis Group	ease Investigation Encounter			🗙 Hide
	Diseas		Investi	nation Quick Entry
	210010		C	reate Investigation
Investigation 0	14 Colmonollogio Cla	and		Mala
Investigation 8	n - Saimonenosis - Clo	tion)		Superside Supers
Unassociated E	incounters (Non-Investiga	tion)		A Hide
1 encounter(s) total			Click Encounter Date	for encounter details.
Move Selected Encour				

Confirm an open Rabies 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.





Communicable Disease Investigation Encounter Group		Alide 🖈
Disease:	~	Create Investigation

Click Create Investigation under Communicable Disease Investigation Encounter Group.

Disease Summary		☆ Hide
* Disease: * Authority: * Classification Date:	Rabies National Classification: Case - Person Under Investigation 2021 / 01 / 04 III yyyy mm dd III III IIII	
Microorganism: Referral Lab No.: Information Source:	Rabies virus	
Investigation Inform Priority: * Disposition: Investige	ation Image: state of the s	☆ Hide

- 1. Disease- select Rabies from drop-down list
- 2. Authority- select National from drop-down list
- 3. Classification select the classification which fits current case definition (<u>Case-Person Under Investigation</u> will need to be selected in order to document information against the client's investigation, you will reclassify to <u>Case-Not a case</u> once the investigation is completed.) from drop-down list
- 4. Classification Date- will auto populate to current date, please back date if needed
- 5. Microorganism- select Rabies Virus from drop-down list
- 6. Disposition- select Investigation in progress from drop-down list





Responsible Organization / Investigator
* Responsible Organization : Amherst Public Health Office 1
To specify an Organization first click on the 'Find' button. Then search, or type the nume 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]
* Responsible Organization Workgroup : IOM-Amherst PHO-Unmonitored V 2
* Responsible Organization Date : 2020 / 09 / 28 3
* Investigator Organization : Northern Zone V 4
* Investigator Workgro 5 OM-Northern Zone V
Investigator Name : Samantha McClellan/Amherst PHO V 6
* Assigned Date : 2020 / 09 / 28 7 yyyy mm dd 7

- 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 the 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





l	Rep	porting Notification		🗙 Hide
	* R	eporting Source:		
1	۲	Provider: Ryan SOMM	IERS	
-		Click Find to select a pro	vider:	
		Provider:SOMMERS	S, Ryan, Medical Doctor, CPSNS ID #: 14209	Find Q
		Please select among the	2 available search methods; Search or Type.	Close X
		Type Search		
			Start typing the last name of the Provider. Matches will begin to appear below. Select the match with the keyboard or mouse.	
		Name of Provider:	SOMMERS, Ryan, Medical Doctor, Show	Info
			Select	
1	0	Location: Amherst Put To specify a Service Deliv and click on 'Select' butto Service Delivery Loc Authority > Northern 2	olic Health Office very Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you wish to sp n. Then click 'Close' to close. cation: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia Health Cone > Amherst Public Health Office > [Amherst PHO]	ecify, select it
1	0	Other:		
	Тур	e of Reporting Source:	Lab	
	Met	thod of Notification:	Lab Y 3	
	*At	least one of the following	dates is required.	
	Rep	port Date (Sent):	Image: Market in the second	4
			5 Submit C	lear Cancel

- 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

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- 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

An Investigation banner now is displayed at the top the screen, which displays the systemgenerated **Investigation ID, Status, Disposition**, **Disease**, **PHAC Date**, and **Authority/Classification**. This context header for the investigation will be displayed on all investigation screens to indicate what investigation you are working with.





Updating Immigration Information



From the left-hand navigation, click on Immigration Information

	Immigration Information			3	Save Reset 🗉 🕞 🔗	
	Client ID: 5423 Sur Phone Number: Add	ne(Last, First Middle) / Gender: mmer, Alice / Female dress:	Health Card No: 9333000001 Additional ID Type / Additional ID: Provincial health service provider id	entifier / -	A Date of Birth / Age: 2000 Jan 01 / 20 years	ctive
	Immigration Information					\$
1	Citizen: Yes No Immigration File No: Arrival Date: yyyy/mm/dd	Date Citizenship Receiv yyyy/mm/dd	ed: Received:			
2	Country Emigrated From:	Country Last Resided:	•			
	Country Born in:	Province Born in:				
	Mother's Birth Country:	Father's Birth Country:	T			

- 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

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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.

Indigenous Information	*
To create a new record click Add.	1 Add
2. Click on the Add button	
Indigenous Information	*
Add Indigenous Information	Apply Reset 🖨 🗙
Self-identified Indigenous: Indigenous Identify: I I I I I I I I I I I I I I I I I I I	
Not asked Yes 2020/12/09 E yyyy/mm/dd	
	Apply Reset





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

Indigenous Information		^
Add Indigenous Information		Apply Reset 🖨 🗙
Self-identified Indigenous:	Indigenous Identity:	7
First Nations Status:	٩	
Band of Origin:	Asked, but unknown	
Indigenous Organization: e.g. Organization Display Name	Asked, not provided First Nations	
* Effective From: To: 2020/12/09 III yyyy/mm/dd III	First Nations and Inuit First Nations and Metis	
	- First Nations, Inuit and Metis	Apply Reset
To create a new record click Add.	Inuit	Add

2. If the client self-identified as Indigenous, select the Indigenous Identity from the dropdown list.

Indigenous Information			Save Reset	i 너 🖨 ? 🔽
Primary home: 99 Happy Stre 902-232-3232	at, Hubbards, Nova Scotia, Canada	Provincial health service p	entifier / -	
Indigenous Information				^
Add Indigenous Information			Apply	Reset 🖨 🗙
Self-identified Indigenous:	Indigenous Identity	:		
Yes 👻	First Nations			
First Nations Status: Lives outside a First Natio 3 Asked, but unknown Asked, not provided Asked, replied no	DIAND Number:			
Lives outside a First Nations Community Lives within a First Nations Community			4	Apply Reset
Non-status Indian				Add
Status Indian				





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

- Click the **Apply** Button
 Click the **Save** Button

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Completing Investigation Information

Additional information needs to be entered into Panorama once the investigation has been created and Physician Report Form has been returned.



From the left-hand navigation, click on Investigation Information

Priority:	1	
Disposition: Investigation in progress	Disposition Date: 2020 / 06 / 11 dd	
Status: Open 2	* Status Date: 2020 Jun 11	_
lient Home Address at Time of Initial	<u> </u>	3
ensitive Environment/Occupation:	×	
invironment/Occupation Details:		$\langle \rangle$
		(1000 characters)
Diagnosis		
)iagnosis Date: /	/	
yyyy II		

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- 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
- 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.

Signs and Symptoms

Select Signs and Symptoms from the Left-Hand Navigation

External Sources

Links & Attachments

Close Investigation

Lab

Encounter Details

Signs & Symptoms

Outcomes

Incubation & Communicability

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





Row	Actions:	Select All	Update S	et Onset Clea	r Onset	3	Onset Date:		
		Reason for Del	letion :	Delete 2	Present: No		yyyy mm	/	Apply Update
	<u>Sign/Sym</u>	ptom 🔺	Present 🔻	Onset Date/Ti	me Recove	<u>y Date/Time</u>	Duration	Reported By	Details Exist
	Asymptom	atic							No
	Coma								No
	Delirium								No
	Dysphagia								No
✓	Fever								No
	Headache								No
	Hydrophob	bia							No
	Malaise								No
	Paralysis								No
	Pruritus								No
	Seizures								No
	Sense of a	pprehension							No
	Sensory ch	nanges							No

Save Reset

- 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

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):

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Row	Actions: Select All	Update Se	t Onset Clear Onset				
	Reason for De	letion :	Pres	ent: Or	iset Date:		
	I	~	Delete No	VY1	/y mm	dd L	Apply Update
	Sign/Symptom	Present 🔻	Onset Date/Time 🔻	Recovery Date/Time	▼ <u>Duration</u> ▼	Reported By 🔻	Details Exist 🔻
	Asymptomatic	No					<u>No</u>
	Coma	No					No
	Delirium	No					No
	Dysphagia	No					No
	Fever	No					No
	Headache	No					<u>No</u>
	Hydrophobia	No					No
	Malaise	No					No
	Paralysis	No					No
	Pruritus	No					No
	Seizures	No					No
	Sense of apprehension	No					No
	Sensory changes	No					No

Save Reset





Adding an Additional Sign and Symptom

Signs and Symptoms are added through the top section of the screen. Sign or Symptom * Required field * Sign or Symptom: Ý 1 Preset: No Onset: No * Present: Yes \sim Onset Date/Time: ADT Estimated: ууу mm dd hh mm 2 Recovery Date/Time: : ADT Estimated: hh mm dd mm уууу Duration: 0 Days + 0 Hours + 0 Minutes(Duration = Recovery Date/Time - Onset Date/Time) Reported By: Š Add Clear 3 Row Actions: Select All Update Set Onset Clear Onset Onset Date: Reason for Deletion : Present: 1 1 Delete \sim Apply Update \sim mm dd уууу

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)

Sign or Symptom		
* Required field		
* Sign or Symptom:	Other	
* Other Sign or Symptom:	loss of smell	×

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

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

Other: loss of smell	Yes	2020 Jun 15 00:00 ADT		<u>No</u>

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.

	Provincial health servio identifier / -	ce provider	
	Windows Internet Explore	er	▲ Investi
s:	Are you sure	you want to leave this page?	
C Date/Type: Mar 02 / Most F			der Investigation /
sure	\rightarrow Leave th	nis page	
	\rightarrow Stay on t	this page	Sav
		3	<





Creating an Acquisition Event

Click on Exposure Summary in the left hand Nav



Acquisition Event Summary Aide Acquisi									
0 Acquisition Events Found.									
Row Actions: Search and Link TE Copy	Multiple AE Entry Create Acquisition Event								
AE TE ID Source Acquisition Acquisition ID ID Name Start End	Location Setting Exposed Likely Invalid Name Type Source Invalid								

1. Click Create Acquisition Event

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





Hide Acquisition Event

Acquisition Event		
Acquisition Event ID: * Exposure Name: Invalid: Acquirer Role: Exposed: Responsible Organizational Unit: 4	Transform Event ID: - Invalid Reason: Invalid Reason:	
* Required field (for Ad * Potential Mode of A Nature of Exposure:	Id/Update only) Acquisition: All natures of transmission Direct contact Enteric Respiratory route/droplet STBBI Through the provision of health care Vectorborne and other zoonoses Vertical transmission 7 Add Clear	

- 1. For the EXPOSURE NAME -Use 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- Vectorborne or other zoonosis
- 6. Nature of Exposure- select appropriate response
- 7. Click Add
 - a. Information will then be added to table below fields

Potential Mode of Acquisition Nature of Exposure Vectorborne and other zoonoses Domestic animal exposure	Row	Actions: Delete Update	
O Vectorborne and other zoonoses Domestic animal exposure		Potential Mode of Acquisition	Nature of Exposure
	0	Vectorborne and other zoonoses	Domestic animal exposure

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

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Acquisition Event Date/Time

Acquisition Event Date/Time												
Disease Source Ea	arliest Po cability F	ssible From	•	Source E Commur	arliest nicabili	t Probable ty From	<u>e</u> •	Source Latest P Communicabilit	<u>robable</u> <u>y To</u>	•	Source Latest Possible Communicability To	•
Acquisition start/end denot	te the first	and last p	ossible tin	nes acqui:	sition co	ould have o	occurred.					
*Acquisition Start:	уууу	/ mm	dd		 hh	: mm	ADT	Estimated	1			
Acquisition End:	уууу	/ mm	/dd		hh	: mm	:ADT	Estimated	2			
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

Exposure Location					Hide Exposure Location
Exposure Location Name Exposure Setting Type: Exposure Setting: Country: Address: 4	e: 3 Canada Unit No.	Street No.	2 Street Name	1 Street Type Street Direction	
	P.O. Box	STN	RPO	Rural Route	
Province/Territory:		~ (City		
Postal Code:					
Geo-coding Infor	mation				
Geo-code Status: Latitude:		Longitud	e:		



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 <u>Country Code(s)</u> 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
 - o 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.
- 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
 - 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 Ev	ent Location Liaison Details	Hide Acquisition Event Location Liaison Details	
First Name: Phone Number: Fax Number: Email:	Last Name: () ext International () ext International	1	
Acquisition Ev	ent Intensities		2 Show Acquisition Event Intensities

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

- 1. Record their name and contact information ie. animal owner
- 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.

Entering Public Health Interventions for Client

Note- all interventions against Non-Human Subjects must be charted against that investigation and all interventions against the Client must be charted against their investigation. Pease be sure to have <u>correct investigation</u> in context when documenting.

From the left-hand navigation, click on **Treatment and Interventions** and then **Intervention Summary:**

Panorama- Rabies Case Management

The Intervention Summary screen will display

Rev Actions: Add Totlow Up Image: Control of the second of the seco	Interventions	★ Hide Interventions
Subliver Subliver	Row Actions: Ac	Id Follow Up 1 Create Intervention
1. Click on the Create Intervention button Intervention Details * Required field Encounter Group: Communicable Disease Investigation * Intervention Type: 	Туре	SubType Disposition Start Date End Date Provident Location
1. Click on the Create Intervention button Intervention Details * Required field Encounter Group: Communicable Disease Investigation * Intervention Type: Prophylaxis Intervention Sub Type: Prophylaxis Intervention Sub Type: Prophylaxis Intervention Disposition: Completed Start Date: Signification Signification Prophylaxis Intervention Sub Type: Intervention Disposition: Completed Signification Prophylaxis Intervention Sub Type: Intervention Sub Type: Intervention Sub Type: Intervention Sub Type: Intervention Disposition: Completed Signification Signification Signification Signification Signification Signification Signification To specify an Organization from table Cloce of to cloce. Organization: To specify an Organization first click on the The Dutton. Then search, or type the name of the Organization you with to specify, select it an click on Suber Duton: Then clack Cloce to cloce. * Organization: To specify an Organization first click on the The Dutton. Then search, or type the name of the Organization you wish to specify, select it an click on Suber Duton cloce > Powine c		
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Primary Provider: Use this Provider: Click Find to select a provider: Provider: Find		Service Delivery Location: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia Health Authority > Northern Zone > Amherst Public Health Office > [Amherst PHO]
Click Find to select a provider: Provider: Find	Primary Provider:	Use this Provider:
Provider:		Click Find to select a provider:
		Provider: Fir

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 comment field and click Add

С	omments	ide Comments
С	omment:	
C	Client scheduled for immunizations	
	\sim	
	(3966 characters remaining)	Add

Comment will appear in the comment box:

Date	Comments	Recorded By
2021 Jan 5	Client scheduled for immunizations	McClellan, Samantha

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

Ensure you take the intervention out of context

2				
0	Save	Clear	Cancel	

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

Panorama- Rabies Case Management

Documenting Risk Factors

Note- Risk Factors are documented against the Client be sure to have <u>correct</u> <u>Investigation</u> in context.

Subject
Ulient Details
Client Demographics
Occupation/Education
Health Services
Indigenous Information
Immigration Information
Client Warnings
Client Relationships
Consent Directives
Allergies
Risk Factors
Imms History Interpretation
11-1 AE

From the left-hand navigation, click on Risk Factors

Ris	k Facto	or								✓ 👔
										Add
U	Update View Delete Set Response Set Pertinent									
		Preset 🗘	Risk Factor 🔺	Additional Information \$	Reported Date ≎	Response \$	Frequency \$	Date Range ≎	End Date Reason ≎	Pertinent to Investigation ≎
		~	Exposure - Animal - contact with pets, farm, petting zoo, or wildlife							
		\checkmark	Travel - Inside province							
		~	Travel - Outside of Canada		2018 Jan 01	Yes				810 (Salmonellosis)
		\checkmark	Travel - Outside of province, but within Canada							
То	tal: 4									10 🗸

Panorama- Rabies Case Management

1. The risk factor table is populated with all presets defined for Rabies. 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:

Update	View	Delete Set Respo	nse 2 rtinent						
	Preset \$	Risk Factor 🔺	Additional Information \$	Reported Date ≎	Response \$	Frequency	Date Range ≎	End Date Reason ≎	Pertinent to Investigation
	~	Exposure - Animal - contact with pets, farm, petting zoo, or wildlife							
	\checkmark	Travel - Inside province							
	~	Travel - Outside of Canada		2018 Jan 01	Yes				810 (Salmonellosis)
	~	Travel - Outside of province, but within Canada							

lisk Factor	r								* *
Set Respo	onse						3	Apply	Reset 🔒 🗙
* Response:		~ ~	Risk Factor Pertinent to inv	estigation in con	text				
1				obligation in con					
U		2							Apply Reset
Ne									Add
Not Applic	able	Respo	onse Set Pertinent						
Not Asked	l		Address	Densetal		-	D. (End Date	Bartanta
Unable to	answer		Information \$	Date \$	¢	Frequency	Range 🗘	Reason	Investigation \$
Unknown		imal							
Unwilling t	o answer	pets, 							
Yes									
	~	Travel - Inside province							
	\checkmark	Travel - Outside of Canada		2018 Jan 01	Yes				810 (Salmonellosis)
	\checkmark	Travel - Outside of province, but within Canada							
otal: 4									10 🗸

Panorama- Rabies Case Management

- 1. Select check box beside risk factors that are present (you may multi-select).
- 2. Click **Set Response** and select Yes
- 3. Click Apply

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

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:

<u>Do not update</u> a preset Risk Factor that <u>contains a response Pertinent to another Investigation</u>. You will need to add the Risk Factor for the Lyme investigation.

Risk	Facto	эг								× 👔
										Add
Up	odate	View	Delete Set Respon	nse Set Pertinent						1
	8	Preset \$	Risk Factor 🔻	Additional Information \$	Reported Date ≎	Response \$	Frequency \$	Date Range ≎	End Date Reason ≎	Pertinent to Investigation \$
		\checkmark	Travel - Outside of province, but within Canada		2018 Apr 01	Yes				2495 (Hepatitis C)

1. Click the Add button

An area will open above the Risk Factor table. This is where you add a risk factor.

	Risk Factor								
	Add Risk Factor	Apply Re	set 🖨 🗙						
1	Category: Risk Factor: Risk Factor Pertinent to investig	ation in context							
	Additional Information:								
3	* Response: Frequency: Reported By:	•							
	Effective From: Effective To: End Date Reason: * Reported Date: yyyy/mm/dd yyyy/mm/dd yyyy/mm/dd 2020/06/12 2020/06/12								
	Reported by Details:								
		4 A	pply Reset						
	bbA								
	Update View Delete Set Response Set Pertinent								
	Preset ≎ Risk Factor ▼ Additional Information ≎ Reported Date ≎ Response \$ Frequency \$ Date Range \$	End Date F Reason II	Pertinent to nvestigation \$						

- 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 Rabies Investigation will appear

	Travel - Outside of Canada	2021 Jan 04	Yes		977 (Rabies)
~	Travel - Outside of Canada	2018 Jan 01	Yes		810 (Salmonellosis)

Risk Fact	ors						2 Save	Reset	· 😡 🖨 ? 🔽
Client ID: 21398	Client ID: 21398 I Name(Last, First Middle) / Gender: June, Kim / Female			Health Card No: 770000031				D 1	Active ate of Birth / Age: 980 Feb 01 / 40 years
Phone Numbe Primary home 902-864-5555	hone Number: Address: trimary home: 80 Gilby Lane, Beaver Bank, Nova Sco 02-864-5555		Bank, Nova Scotia	, B4B4B4, Canada	Addition Provincia	al ID Type / Addi al health service	tional ID: provider identif	ïer / -	
Investigation	n								*
Investigation	ID:	Status: Open	Disp	position: estigation in progress	sition: Age at time of Investiga ligation in progress 40 years				
Disease: Rabies	Disease: PHAC Date/Type: Rabies 2021 Jan 04 / Date Reported			ologic Agent: Dies virus	Author Nation	r ity/Classificatio al / Case - Pers	n: on Under Inves	tigation / 2021	Jan 04
Risk Facto	or								✓ (♠)
									Add
Update	View	Delete Set Respon	nse Set Pertin	ient					
	Preset \$	Risk Factor 🔺	Additional Information \$	Reported Date ≎	Response	Frequency	Date Range ≎	End Date Reason	Pertinent to Investigation \$
	~	Exposure - Animal - contact with pets, farm, petting zoo, or wildlife		2021 Jan 04	Yes				<u>977 (Rabies)</u>
	\checkmark	Travel - Inside province		2021 Jan 04	No				977 (Rabies)
		Travel - Outside of Canada		2021 Jan 04	Yes				977 (Rabies)
	\checkmark	Travel - Outside of Canada		2018 Jan 01	Yes				810 (Salmonellosis)
	\checkmark	Travel - Outside of province, but within Canada		2021 Jan 04	No				977 (Rabies)

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

Adding an Outcome

Note- Outcome must be added to both Non-Human Subject and Client Investigation

From the left-hand navigation bar, click on Outcome

Outcome History	
* Outcome: Other Outcome: 1	Outcome Date: / / / 2
	3 Add Outcome Clear
Reason for Deletion:	Delete
Outcome	Outcome Date

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

Outcome	Outcome Date
Alive-Not Hospitalized	2020 Sep 28
Comments	(4000 characters) Add Recorded By
	1 Save Reset
1. Click the Save button	

Panorama- Rabies Case Management

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.

✓ Document Management User Documents Context Documents

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

Search Docum	ent Folders - B	lasic					☆ Hide Search
Enter Keyword Search Documents	is to search. Leave	e search box em	ipty to view all do	cuments. Search	will be performed on se Search	elected folder and its su I results will appear in '[bfolders if applicable. Document List' below.
by keyword:						Search Retrieve	Clear
Document List							A Hide Document List
Row Actions:	Delete						Add New
Document	<u>Title</u>	Size[KB]	Tγpe	Posted By	Posted On	Description	Status

1. Click the **Add New** button

Panorama- Rabies Case Management

	Document Management		? ≞
	Add New Document * File name: Brow File uploaded: Selected Document: * Document Title:	1 vse Upload File 2	
3	3 * Effective 2020 / 06 / 16 Date: yyyy mm dd Status: * active	Expiration / / III Date: yyyy mm dd	
	4 Enter Keyword: Description:	Add Selected Keywords:	
	Document Added by : Sampson, Judy	on : 2020 Jun 16	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

I)ocu	ment List					☆ Hide Do	cument List
h	Row	Actions: Delete						Add New
		Document Title	Size[KB]	Туре 🔻	Posted By	Posted On	Description	Status
		Physician Report Form-XXXXX	78.66	PDF	McClellan, Samantha	2020 Sep 28		active
	Total:	1 Merec Page 1 of 1					Jump to page:	2

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

Panorama- Rabies Case Management

Adding a Clinical Note to an Investigation

Upload Cilents				
Cohort				
Notes				
Document Mana	igement			
User Documen	ts			
From the left-ha	nd navigation, click on N	otes.		
Clinical Note	s			? 🗏
				ACTIVE
Client ID: 21398	Name(Last, First Middle) / Gender: June, Kim / Female	Health Card No: 7700000031	Date of Birth / Age: 1980 Feb 01 / 40 years	
Phone Number:	Address:	Additional ID Type /		
Primary home: 902- 864-5555	80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada	Provincial health service provider identifier / -		
				Investigation
Investigation ID: 976	Status: Open	Disposition: Investigation in progress	Age at time of Investigation: 40 years	
Disease: Chlamydia	PHAC Date/Type: 2020 Sep 25 / Specimen Collection	Etiologic Agent: Chlamydia trachomatis	Authority/Classification: National / Case - Confirmed / 202	20 Sep 28
Notes				☆ Hide Notes
Display Notes For: Cl	ient: June, Kim	Include Related Entit	ities: 🗹	

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

Notes			☆ Hide Notes
Display Notes For: Cl	lient: smith, jody	Include Related Entities:	\checkmark
Subject Line:		Status:	``
Workgroup for Author:		Workgroup for Transcriber:	×
Author:		✓ Transcriber:	×
Note Type:		~	
Note Date: Fro	yyyy mm dd	То:	/ / III III III III III III II
			Display Clear
0 results found.	To view	a Note below, click on its Note	Date. The End reflects the records you have access to.
Row Actions: View	All Notes in Table Update Note View No	ote Corrections	1 Author Note Transcribe Note
Move s	selected note to	V Move No	ote

1. Click on Author Note button

	7	
1	Note is being cr	eated for Investigation ID 2503
	Note ID: - * Required Field	Status: -
2	Author: [*] Subject:	Sampson, Judy Role: NS_IMMS_IOM_NURSE
3	* Note Date:	2020 / 06 / 16
	Common Phrases:	Add to Note
Γ	T Normal V	T Arial \checkmark 7pt \checkmark b <i>i</i> <u>u</u> $≧$ $≧$ $≧$ $≦$ $≅$ $≅$ $≅$
		Save as 5 Note Complete Clear Cancel

- 1. Ensure the note is being added for an investigation
- 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

Changing the Investigation Classification

Note- Once the Rabies Investigation is complete i.e. Animal observation period is complete or immunization is complete, then the Investigation must be switched to case not a case.

Investigation	
Subject Summary	
Investigation Summary	
Investigation Quick Entry	
 Investigation Details 	
Disease Summary	
Investigation Information	
Resp. Org / Investigator	

Disease Summar	гу						
						Ad	ld New Disease
	(077 B.L.						
Disease Ever	nt 977 - Rables						A Hide
PHAC Date / Date 1 2021 Jan 4 / Date R	Type: Disease C eported	Drigin: Living	on Reser	rve Most of the Time:			
Disease	Etiologic Agent	Epi Markers	Lab Result	Authority / Classification Classif. E (\checkmark Primary Classification, Δ Set by)ate Case Def)	Site(s) Staging
Rabies	Rabies virus	-		National / Case - Person Under Investigation	2021 Jan 4	-	-
		1		I		1 Up	odate Delete

1. Click on the Update Button

Disease Event Histo	гу		
* Disease:	Rabies 🗸		
Microorganism:	Rabies virus 🗸		
Referral Lab No.:			
Information Source:	~		
Site(s): Hold Ctrl and the	n click to select multiple it	ems.	
Available Sites:		Selected Site	rs(s):
		Add > < Remove	
Staging: 🗸			
* Investigation Classi	fication		
* Authority:			
	2021 / 01 / 02 vvv mm dd		
			Add Classification Cl
2			
Row Actions: Update	Delete Set as Prim	ary	
Primary	Authority	Classification	Classification Date
○ ✓	National	Case - Person Under Investigation	2021 Jan 4

Note:

- 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 on the **Radio** button for the current classification. This will activate the Row Action buttons.
- 2. Click on the **Update** button

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	*Inve	estigation Class	sification		
3	* Auth	hority:	National V	* Classification: Case - Not a Case	✓ 4
5	* Clas	sification Date:	2021 / 01 / 04 yyyy mm dd		
	Row	Actions: Upda	te Delete Set as Prim	ary	5 Apply Update Clear
		Primary	Authority	Classification	Classification Date
	۲	\checkmark	National	Case - Person Under Investigation	2021 Jan 4

The authority and classification information will now be populated in the Investigation Classification area.

- 3. Authority do not change
- 4. Classification select the new Classification from the Classification drop-down list
- 5. **Classification Date -** populates with the previous classification date. Change to the actual classification date
- 6. Click the **Apply Update** button
- 7. Click the **Save** button (top and bottom right side of screen)

On the Disease Summary screen, you will see the history of the Authority/Classification

isease Summ	nary						
						Add No	ew Diseas
Disease Ev	ent 977 - Rabies						🛠 Hid
PHAC Date / Dat 021 Jan 4 / Date	e Type: Disease C Reported	Drigin: Living	j on Reser	ve Most of the Time:			
Disease	Etiologic Agent	Epi Markers	Lab Result	Authority / Classification Classif. D (\checkmark Primary Classification, Δ Set by)ate Case Def)	Site(s)	Staging
Rabies	Rabies virus	-		Vational / Case - Not a Case	2021 Jan 4	-	-
						_	
Rabies	Rabies virus	-		 National / Case - Person Under Investigation 	2021 Jan 4	-	-

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Update the Investigation Disposition and Close the Investigation

Note- Both Non-Human Subject and Client Investigations need to be updated.

- Investigation
Subject Summary
Investigation Summary
Investigation Quick Entry
 Investigation Details
Disease Summary
Investigation Information
Resp. Org / Investigator

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

* Required field						
Investigation	Information					
Priority: 1 Disposition: * Status:	Completed, further action not required Entered in error In Province referral Investigation in progress Lost to follow-up Medical Surveillance Out of Province referral Pending	2	Disposition Date: * Status Date:	2020 / УУУУ 2020 Apr 2	04 mm] / [02 dd

- 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	Close Investigation Re-Open Investigation	Save Reset
	* Required field	Merged Investigation No(s):
	Investigation Information	
		Investigation History
	Priority:	
	* Disposition: Completed, further action not required V Disposition Date: 2020 / 06 / 15	

1. Click on the Close Investigation button

_			
		2	Close Investigation Reset
	* Required field		Merged Investigation No(s):
	Close Investigation		
1	'Closed' Status Date: 2020 / 06 / 16 III		
	yyyy mm dd Close Investigation Policies: Update: Outcome, Classification, Disposition		

- 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.

	requirea	
e:	Etiologic Agent:	Authority/Classification:
ite	Message from webpage	× ^{ed / 20}
	You are about to set the 'Closed'. Do you want to	status of the investigation to e types close?
	1	OK Cancel
16		

1. Click the **OK** button

Adding a Secondary Investigator

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

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

Scroll to bottom of page:

Investigator		☆ Hide
* Required only if adding or up	dating investigator 1 ation.	
Investigator Type :	Secondary V	
* Investigator Organization :	Northern Zone	
* Investigator Workgroup :	IOM-Northern Zone V 3	
Investigator Name :	Laurie Phalen/Pictou PHO V	
* Assigned Date : 2021 yyyy End Date : yyyy	/ 02 / 02 II 5 igned Time : : AST mm dd II mm / / II II II MM mm dd	6 Add Clear
Row Actions: Update		
Investigator Type	Investigator Investigator Investigator Organization	Assigned Date
Secondary .	layme MacLellan IOM-Northern Zone Northern Zone	2021 Feb 2
O Primary	Samantha McClellan IOM-Northern Zone Northern Zone	2021 Jan 15

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:

	Туре	Name	<u>Workgroup</u>	Investigator Organization	<u>Assigned</u> <u>Date/Time</u>	End Date
C S	Secondary	Jayme MacLellan	IOM-Northern Zone	Northern Zone	2021 Feb 2	
)	Secondary	Laurie Phalen	IOM-Northern Zone	Northern Zone	2021 Feb 2	
) I	Primary	Samantha McClellan	IOM-Northern Zone	Northern Zone	2021 Jan 15	

1. Click the Save Button

Non-Human Source Panorama Documentation

Adding a Non-Human Source to a Rabies Acquisition Event

Navigate to the Exposure Summary in the Left Hand Nav:

Adherence Summary
DOT Summary
Exposure Summary
View Client Imms profile
Subject
▶ Cohort
Notoo

Navigate to the Acquisition Event for the exposure:

	Acqu	Acquisition Event Summary Alide Acquisition Event Summary										
	1 Acquisition Events Found. Row Actions: Search and Link TE Copy Multiple AE Entry Create Acquisition Event											
		AE V		Source	Acquisition V	Acquisition End	•	Location	Setting Type	Exposed	Likely Source	Invalid
ſ	1	<u>503</u>	-	-	2021 Feb 1	2021 Feb 1		Clients Home	-	-	-	-
Ľ					1							

1. Click on the hyperlink

Scroll to source section and Show Source:

Source Show Source

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Source			A Hide Source
* Required for create source • * Source Name: * Source Category: * Source Type:	Source Subtype:		
O Client:	-		
O Non Human Subject:	-		
○ Investigation	-		
		Search	Create As Source
Source Id: Source Name: Source Description:	- Investigation Id: -	-	
		$\langle \rangle$	
Most Likely Source:			
1. Select so	ource name radio button- Add source name		

- Source category- Organism
 Source type- Select appropriate type
 Source subtype- Select appropriate subtype
- 5. **Click** create as source button

You will then be asked to create the Investigation for the source:

Create Rabies Investigation for Source:

				ACTIV
Subject ID: 23178	Subject Name / Type: black dog / Wild animal	Liaison Name (First, Last) - / -	/ Role: Subject Add - / null	dress / Same as Liaison:
				Submit Clear Canc
ditional details (e	.g., disease, diagnosis, attached	documents) may be entered afte	r the investigation has been c	reated.
(equired field				
isease Summ	nary			*1
)isease Event -	Rabies	Eni Markere	Authority / Classificatio	n I Classif Data
Discase			(✓ Primary Classificatio	on)
Rabies	Rabies virus	-	✓ National Case - Pe Investigation	erson Under -
vestigation li	nformation			\$
riority:	~			
Disposition:	Pending	1		
-				

1. **Disposition**- In progress

D		▲ Llida
Responsible Organization / Investig	gator	R Hide
* Responsible Organization : Amherst Po	Public Health Office 🖌 1	
To specify an Organization first click on the Then click 'Close' to close.	e 'Find' button. Then search, or type the name of the Organization you wi	ish to specify, select it and click on 'Select' button.
Organization: Top Level > Level 2 (spe	pecific one) > Level 3 (specific one) > [Selected Level 4 Organiza	Ition] Find Q
* Responsible Organization Workgroup :	: IOM-Amherst PHO-Unmonitored V 2	
* Responsible Organization Date :	2020 / 09 / 28 III 3	
* Investigator Organization : Northern Zo	Zone ✓ 4	
* Investigator Workgro 5 OM-Northe	iern Zone 🗸	
Investigator Name : Samantha I	McClellan/Amherst PHO V	
* Assigned Date : 2020 / 09 / 2 yyyy mm d	28 7	

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- 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 the 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

	Rep	orting Notification		Ride
	* Re	porting Source:		
	۲	Provider: Ryan SOMM	ERS	
Ľ	1	Click Find to select a pro	rider:	
		Provider:SOMMERS	, Ryan, Medical Doctor, CPSNS ID #: 14209	Find Q
		Please select among the	2 available search methods; Search or Type.	Close X
		Type Search		
		Name of Providers	Start typing the last name of the Provider. Matches will begin to appear below. Select the match with the keyboard or mouse.	
		Name of Provider.	SOMMERS, Ryan, Medical Doctor,	Snow into
				Select
	\sim	Location: Amherst Put	lic Health Office	
1	0	To specify a Service Deliv	ery 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' butto	1. Then click 'Close' to close.	
		Service Delivery Loc Authority > Northern 2	ation: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scot one > Amherst Public Health Office > [Amherst PHO]	tia Health Find Q
1	0	Other:		
	Type	of Reporting Source:	2	
	Moth	and of Natification		
	Wet	iod of Notification:		
	*At k	east one of the following	dates is required.	
	Rep	ort Date (Sent):	Image: Markow in the image is a state of the image is a	■ 4
			5	mit Clear Cancel

- 6. **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
- 7. Type of Reporting Source select appropriate response from the drop-down list
- 8. Method of Notification- Select appropriate response from the drop-down list

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- 9. **Report Date (Received)** auto populates to current date. Change the date to the received date if applicable.
- 10. Click Submit

Review your Acquisition Event source section and take note of Investigation ID for animal.

Source				A Hide Source
Source Id:	23178	Investigation Id:	978	
Source Name:	black dog			
Source Description:				
			1	<u></u>
			`	×
Most Likely Source:				

Save the Acquisition Event

Updating the Classification for the Animal's Investigation

Search for the animal's investigation using the search investigation function, be sure to include non-human subjects:

Search Investigations Search Criteria Hide Search Criteria Search Lab Widcard characters % (multiple letters) and _ (singleletters) can be used when searching by First or Last Name -except when matching phonetically. Search Interventions Search Clients Search Non-Human Disease / Basic Criteria Search Disease Non-Human © Non-Human Search Disease Include: ○ Human © Non-Human O Both Search Disease Investigation ID: 978 978	Search	Search Investigations - Basic	(<u>s</u>)
Search Lab Wildcard characters % (multiple letters) and _(singleletters) can be used when searching by First or Last Name -except when matching phonetically. Search Exposures Wildcard characters % (multiple letters) and _(singleletters) can be used when searching by First or Last Name -except when matching phonetically. Search Interventions Disease / Basic Criteria Search Non-Human Include: ○ Human ⓒ Non-Human ○ Both Search Disease Investigation ID: 978	Search Investigations	Search Criteria	A Hide Search Criteria
Search Interventions Disease / Basic Criteria Mide Disease / Basic Criteria Search Clients Search Non-Human Search Disease Bearch Disease Search Disease Investigation ID: 978	Search Lab Search Exposures	Wildcard characters % (multiple letters) and _ (singleletters) can be used when searching by First or Wildcard-only searches not allowed.	Last Name -except when matching phonetically.
Search Non-Human Subjects Search Disease Notifications Search Disease Notifications	Search Interventions Search Clients	Disease / Basic Criteria	A Hide Disease / Basic Criteria
Search Disease Investigation ID: 978	Search Non-Human Subjects	Search by:	Include: 🔿 Human 🖲 Non-Human 🔿 Both
	Search Disease Notifications	Investigation ID: 978	

Place the Animals Investigation and the Animal in context and navigate to the Disease Summary section in the Left Hand Nav:

Recent Work	Disease S	ummary		,	٦	
▼ Search	Discuse O	arminary			0	
Search Investigations						
Search Lab					ACTI	VE
Search Exposures	Subject ID:	Subject Name / Type:	Liaison Name (First, Las	t) / Role: Subject Address / Same a	as Liaison:	
Search Interventions	23178	black dog / Wild animal	-/-	- / null		
Search Clients						
Search Non-Human Subjects	Investigation	Status:	Disposition:	Age at time of Investigation:	➤ Investigation	
Search Disease Notifications	978	Open	Investigation in progress			
✓ Investigation	Disease:	PHAC Date/Type:	Etiologic Agent:	Authority/Classification:		
Subject Summary	Rables	2021 Jan 05 / Date Reported	Rables virus	National / Case - Person Under Investig 05	gation / 2021 Jan	
Investigation Summary	-			м	erged Investigation No(s):
Investigation Quick Entry	Disease Summa					
 Investigation Details 	Disease Sullina	lly				
Disease Summary	-				Add New Disea	se
Investigation Information	Disease Eve	nt 978 - Rabies			A Hid	de
Resp. Org / Investigator		Incoro Itabico			^	
Reporting Notifications	PHAC Date / Date	Type: Disease Origin	: Living on Reserve Most of	of the Time:		
External Sources	2021 Jan 5 / Date	Reported	-			
Links & Attachments	Disease	Etiologic Agent Epi	Markers Lab Authorit	y / Classification Classif. Date	Site(s) Stagin	ng
Close Investigation			Result (√ Prim	ary Classification, Δ Set by Case Def)		
▶ Lab	Rabies	Rabies virus -	Vat	tional / Case - Person 2021 Jan 5		
Encounter Details			Und	der Investigation		
Signs & Symptoms						_
Outcomes					Update [te
Incubation &						

1. Select update

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Discuse.	Radies V					
Microorganism:	Rabies virus 🗸					
Referral Lab No.:						
Information Source:	~]				
Site(s): Hold Ctrl and the	n click to select multiple	tems.				
Available Sites:				Selected Sites(s):		
			Add >			
			< Remove			
Staging: 🗸						
Staging:	fication					
Staging: * Investigation Classif * Authority:	fication	* Class	ification: 🔽			
Staging: * Investigation Classif * Authority: * Classification Date: 2 y)	fication 2021 / 01 / 0 /yy mm do	* Class	ification: 🔽			
Staging: * Investigation Classif * Authority: * Classification Date: 2 y	Fication	* Class	ification: 🔽		Add Class	ification
Staging:	fication 2021 / 01 / 0 /yy mm do Delete Set as Prir	* Classi	ification: 🔽		Add Class	ification
Staging:	fication 2021 / 01 / 0 7yy mm dc	* Classi	ification: 🔽		Add Class	ification
Staging:	fication V 2021 / 01 / 0 / yy mm do Delete Set as Prir Authority	* Class	ification: 🔽		Add Class	ification

- In Disease Event History Section select the radio button in front of the Classification
 Select update

The area above will auto populate with classification information:

*Investigation Classifi	ication		
*Authority: 1	on-Human Subject 🗸	* Classification: Case - Non-Human Subject	✓ 2
* Classification Date. 20 yy	021 / 01 / 05 yy mm dd		
			3 Apply Update Clear
Row Actions: Update	Delete Set as Prima	ary	
Primary	Authority	Classification	Classification Date
• 🗸	National	Case - Person Under Investigation	2021 Jan 5
			4 Save Reset Cancel

- Change Authority to Non-Human Subject
 Change Classification to Case- Non-Human Subject
- 3. Select Apply Update
- 4. Select save

Note the changes to Authority and Classification in the Investigation Banner:

Disease E	vent Details				? 4
					ACTIVE
Subject ID: 23178	Subject Name / Type: black dog / Wild animal	Liaison Name (First, La - / -	st) / Role:	Subject Address / Same as Liaison: - / null	
				▲Inves	tigation
Investigation	Status:	Disposition:	Age at ti	me of Investigation:	
<u>978</u>	Open	Investigation in progress	-		_
Disease: Rabies	PHAC Date/Type: 2021 Jan 05 / Date Reported	Etiologic Agent: Rabies virus	Authorit Non-Hun Jan 05	y/Classification: nan Subject / Case - Non-Human Subject / 2021	
nvestigation details	successfully saved.				
				Save	Cancel

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Version 5 Last Updated: 2021-02-12

Entering Public Health Interventions for Non-Human Source

Note- all interventions against Non-Human Subjects must be charted against that investigation and all interventions against the Client must be charted against their investigation. Pease be sure to have <u>correct investigation</u> in context when documenting.

From the left-hand navigation, click on **Treatment and Interventions** and then **Intervention Summary:**

The Intervention Summary screen will display.

Interventions		★ Hide Interventions
Row Actions: Add Follow Up	▼ Start Date ▼ End Date	Provised <u>Provised</u>

2. Click on the Create Intervention button

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Intervention Details	☆ Hide Intervention Details
* Required field	
Encounter Group:	Communicable Disease Investigation
* Intervention Type:	1 Quarantine × Intervention Sub Type: 2 Quarantine ×
* Outcome:	4 Do Not Use V
* Start Date:	5 2021 / 02 / 12 End Date: 5 yyyy mm dd
Next Follow Up Date:	yyyy mm dd
Workgroup To Organization cli	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 ck on 'Select' button. Then click 'Close' to close.
Workgroup:	lealth Authority > Northern Zone > [Amherst Public Health Office]
6 * Organization: To a click	pecify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and k on 'Select' button. Then click 'Close' to close.
OI	rganization: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia ealth Authority > Northern Zone > [Amherst Public Health Office]
* Location: To s spec	pecify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you wish to iffy, select it and click on 'Select' button. Then click 'Close' to close.
Se	ervice Delivery Location: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > ova Scotia Health Authority > Northern Zone > Amherst Public Health Office > [Amherst PHO]
Primary Provider:	Use this Provider: k Find to select a provider:
P	rovider: Find Q
0	Use Other Provider:

Fill your mandatory fields:

- 1. Intervention Type- could be quarantine, referral, notification for action
- Intervention Sub Type- will need to be selected based on Type
 Disposition- need to select the best descriptor of situation
- 4. Outcome- need to select Do Not Use
- 5. Start date- and End Date-
- 6. Organization- will auto-populate
- 7. Location- will auto-populate

Enter comment in comment field and click Add

Comments		de Comments
Comment:		
Client scheduled for immunizations	~	
	~	
	(3966 characters remaining)	Add

Comment will appear in the comment box:

Date	Comments	Recorded By
2021 Jan 5	Client scheduled for immunizations	McClellan, Samantha

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

Ensure you take the intervention out of context

× [Save	Clear	Cancel	

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

Update the Investigation Disposition and Close the Investigation for Non-Human Source

Note- Both Non-Human Subject and Client Investigations need to be updated.

- Investigation		
Subject Summary		
Investigation Summary		
Investigation Quick Entry		
 Investigation Details 		
Disease Summary		
Investigation Information		
Resp. Org / Investigator		

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

- 4. **Disposition** Select appropriate response from the drop down
- 5. **Disposition Date** defaults to the date of the previous disposition. Enter the close date.
- 6. Click the **Save** button

To Close the Investigation:

1	Close Investigation Re-Open Investigation	Save Reset		
	* Required field	Merged Investigation No(s):		
Investigation Information				
		Investigation History		
	Priority: V * Disposition: Completed, further action not required V Disposition Date: 2020 / 06 / 15 IIII			

2. Click on the Close Investigation button

_			
		2	Close Investigation Reset
	* Required field		Merged Investigation No(s):
	Close Investigation		
1	'Closed' Status Date: 2020 / 06 / 16		
	yyyy mm dd Close Investigation Policies: Update: Outcome, Classification, Disposition		

- 3. **Closed Status Date** defaults to the current date. If the closed status date is different than the current date, enter the closed status date.
- 4. Click the **Close Investigation** button.

	requirea	
e:	Etiologic Agent:	Authority/Classification:
ite	Message from webpage	× ^{ed / 20}
	You are about to set the 'Closed'. Do you want to	status of the investigation to e types close?
	1	OK Cancel
16		

2. Click the **OK** button