| Function | Page | Path |] | |
|---|-----------------|---|--|--|
| | - Investigation | | | |
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erventions

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| | | | ✓ Outbreak Subject Summary Classification Summary |

Investigations Immunization Summary Outbreak Groups View Counts

Signs & Symptoms Outcomes Record Unidentified Counts Exposure Summary Intervention Summary Lab Summary Outbreak Communications

Overview

Panorama is the case management tool for CD investigations and outbreaks. All information must be documented in Panorama.

This job aid details all mandatory information to be documented in Panorama.

Fields in **RED** are system mandatory and must be entered before a record can be added. Other mandatory fields are business mandatory and need to be entered when the information is available.

All mandatory fields need to be completed before the investigation or outbreak is closed.

| | Create li | nvestigation |
|---|---------------------------|---|
| Path: Investigation → Subject Summary | \rightarrow Create Inve | estigation button |
| User Guide: | | |
| Field | Mandatory | Comments |
| Disease Summary Fields | | · |
| Disease | М | |
| Authority | М | |
| Classification | М | |
| Classification Date | М | |
| Microorganism | М | |
| Information Source | | |
| Investigation Information Fields | | |
| Priority | | Only use for a Contact Investigation – see SOP |
| Disposition | М | |
| | | |
| Responsible Organization/Investigator Fig | elds | |
| Responsible Organization | М | Used for disease counting – select the appropriate PHO |
| Responsible Organization Workgroup | М | Select the "unmonitored" workgroup |
| Responsible Organization Date | М | |
| Investigator Organization | М | Select your zone |
| Investigator Workgroup | М | Select the zone workgroup |
| Investigator Name | М | |
| Assigned Date | М | |
| | | |
| Reporting Notification Fields | P | |
| Reporting Source (pick one) | М | |
| Provider | | Preferred – select provider from provider registry. Enter |
| | | lastname, firstname |
| Location | | Do not use |
| Other | | Use if the source is not a NS provider |
| Type of Reporting Source | | |
| Method of Notification | | |
| Report Date (Received), | | |
| Report Date (Sent) | М | |
| | | |

| Investigation Information Screen | | | |
|---|-----------|---|--|
| Path: Investigation \rightarrow Investigation Details \rightarrow Investigation Information | | | |
| Field | Mandatory | Comments | |
| Investigation Information Fields | • | | |
| Priority | | Only use for a Contact Investigation | |
| Disposition | М | | |
| Disposition Date | М | | |
| Status | М | | |
| Status Date | М | | |
| Client Home Address at time of Initial Investigation | Μ | Comes from client address within client details If the client's address is not reflected in the available drop downs, please create a temporary address for the client. If there is an existing temporary address – end date the existing address. Prior to adding the new temporary address. | |
| Sensitive Environment/Occupation | | | |
| Environment/Occupation Details | | | |
| | | | |
| Diagnosis Fields | ſ | 1 | |
| Diagnosis Date | М | | |
| Primary Method of diagnosis | М | | |
| For Indicative Disease | М | Only used for AIDS | |
| Indicative Disease | М | | |
| Year of Diagnosis | М | | |
| Diagnosis Type | М | | |
| Method of Detection | | | |
| Comments | | | |

| Disease Event Details Screen | | | |
|--|-----------|---|--|
| Path: Investigation \rightarrow Disease Summary \rightarrow Update Button | | | |
| Field | Mandatory | Comments | |
| Disease Event Details Fields | | | |
| PHAC Date/Date type | Μ | Derived field (See Tips & Tricks) | |
| Disease Origin | Μ | | |
| Living on reserve most of the time | | | |
| | | | |
| Disease Event History Fields | | | |
| Disease | Μ | | |
| Microorganism | Μ | | |
| Selected Sites | Μ | Mandatory for specific diseases – see Tips & Tricks | |
| Staging | Μ | Mandatory for specific diseases – see Tips & Tricks | |
| Investigation Classification fields | Μ | Update throughout Investigation | |
| Authority | Μ | | |
| Classifications | Μ | | |
| Classification date | Μ | | |
| | | | |

| Responsible Organization/Investigator Screen | | | |
|--|-----------|--|--|
| Path: Investigation \rightarrow Investigation Detail \rightarrow Resp. Org/Investigator | | | |
| Field | Mandatory | Comments | |
| Responsible Organization Fields | | | |
| Responsible Organization | Μ | Used for disease counting – select the appropriate PHO | |
| Responsible Organization | Μ | Select the "unmonitored" workgroup | |
| Workgroup | | | |
| Responsible Organization Date | М | | |
| | | | |
| Investigator Fields | | | |
| InvestigatorType | М | | |
| Investigator Organization | М | Select your zone | |
| Investigator Workgroup | М | Select the zone workgroup | |
| Investigator name | М | Select yourself from the list | |
| Assigned date | М | | |
| End date | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Reporting Notification Screen | | | |
|--|-----------|--|--|
| Path: Investigation \rightarrow Investigation Detail \rightarrow Responsible Notifications | | | |
| Field | Mandatory | Comments | |
| Reporting Notification Fields | | | |
| Reporting Source | Μ | | |
| Provider | | Preferred – select provider from provider registry. Enter last | |
| | | name, first name | |
| Location | | Do not use | |
| Other | | Use if the source is not a NS provider | |
| Report Date (Sent) | Μ | | |
| Report Date (Received) | | | |
| | | | |
| | | | |

| External Sources Screen | | | |
|--|--|--|--|
| Path: Investigation \rightarrow Investigation Details \rightarrow External Sources | | | |
| Field Mandatory Comments | | | |
| Note: business to determine how and when an external source would be recorded. | | | |
| No Mandatory Fields | | | |
| | | | |

| Links and Attachments | | | |
|---|-----------------|--------------------------|--|
| Path: Investigation →Investigation Details →Links & Attachments | | | |
| Field | Mandatory | Comments | |
| Food Exposures Questionnaire UDF – | - complete for | specific diseases | |
| Add the following information for eac | h day that info | rmation was gathered for | |
| Day | | | |
| Date | | | |
| Breakfast Place | | | |
| Breakfast Food | | | |
| Breakfast companions | | | |
| Lunch Place | | | |
| Lunch Food | | | |
| Lunch companions | | | |
| Dinner Place | | | |
| Dinner Food | | | |
| Dinner companions | | | |
| Snacks | | | |
| Additional Information | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Close Investigation | | | | |
|---|--|----------|--|--|
| Path: Investigation \rightarrow Investigation Details \rightarrow Close Investigation | | | | |
| Field | Mandatory | Comments | | |
| Before closing an investigation please ensure the following has been completed: | | | | |
| Outcomes have been updated | Outcomes have been updated | | | |
| Disposition is updated to final disposition | | | | |
| Classification is updated to final classification | | | | |
| Review the investigation for completeness as per the mandatory fields | | | | |
| Closed Status Date M | | | | |
| | | | | |
| | | | | |

| Lab Quick Entry Screen | | | | |
|---|---|--|--|--|
| Path: Investigation \rightarrow Lab \rightarrow Lab Quid | Path: Investigation \rightarrow Lab \rightarrow Lab Quick Entry | | | |
| Field | Mandatory | Comments | | |
| | | | | |
| Encounter Group | М | | | |
| Service Delivery Location | М | PHO that is entering the lab result (required for the Orphan Lab Report) | | |
| Resulting Lab | М | Hospital providing the lab results. For QEII select Victoria General - General | | |
| PH Received Date | Μ | | | |
| Lab Report Date/Time | Μ | | | |
| Accession Number | М | Multiple accession numbers are to be separated by a space. Most recent accession number should be at the front of the list. | | |
| Ordering Provider | | | | |
| Use this Provider | | Preferred – select provider from provider registry. Enter last name, first name | | |
| Use other Provider | | Use if the source is not a NS provider | | |
| Quick Entry Tests/Results fields | | | | |
| Test Panel | | Do not use | | |
| Test Name | М | Type ahead – See Tips & Tricks | | |
| Test Result | | Do not use | | |
| Specimen Type | | | | |
| Specimen Site | | | | |
| Specimen Description | | | | |
| Collection Date | Μ | | | |
| Result Name | Μ | | | |
| Result Status | Μ | | | |
| Interpreted Result | Μ | | | |
| Result date | Μ | | | |
| Disease | Μ | | | |
| Microorganism | М | | | |
| | | | | |
| Notify Investigator fields | | | | |
| Investigator Organization | М | Select your zone | | |
| Workgroup | М | Select your zone's workgroup | | |
| Investigator | | If you know the name of the investigator select it. If not, the individual monitoring the workgroup will assign to an investigator | | |

| Human Lab Report | | | |
|--|-----------|--|--|
| Path: Investigation \rightarrow Lab \rightarrow Lab Summary \rightarrow "View/Update Lab Report" Button | | | |
| Field | Mandatory | Comments | |
| | • | | |
| Encounter Group | М | | |
| Service Delivery Location | М | PH entering the lab (required for the Orphan Lab Report) | |
| Resulting Lab | М | Hospital providing the lab results. For QEii select Victoria | |
| | | General - General | |
| PH Received Date | М | | |
| Lab Report Date/Time | М | | |
| Accession Number | М | Multiple accession numbers are to be separated by a space. | |
| | | Most recent accession number should be at the front of the list. | |
| Ordering Provider | М | | |
| Use this Provider | | Preferred – select provider from provider registry. Enter last | |
| | | name, first name | |
| Use other Provider | | Use if the source is not a NS provider | |
| Test – Result Details | ſ | | |
| Test Name | М | | |
| Collection Date | М | | |
| Result Name | М | | |
| Result Status | М | | |
| Interpreted Result | М | | |
| Result Date | М | | |
| Disease | М | | |
| Microorganism | М | | |
| Etiologic Agent Screen (Related to | | | |
| specific test) | | | |
| Antimicrobial/Drug | М | | |
| Interpretation | М | | |
| | | | |

| Non - Human Lab Report | | |
|--|-----------|--|
| Path: Investigation \rightarrow Lab \rightarrow Lab Summary \rightarrow "View/Update Lab Report" Button | | |
| Field | Mandatory | Comments |
| | • | |
| Encounter Group | М | |
| Service Delivery Location | М | PH entering the lab (required for the Orphan Lab Report) |
| Resulting Lab | М | Hospital providing the lab results. For QEII select Victoria General - General |
| PH Received Date | М | |
| Lab Report Date/Time | М | |
| Accession Number | М | Multiple accession numbers are to be separated by a space. Most recent accession number should be at the front of the list. |
| Ordering Provider | М | |
| Use this Provider | | Preferred – select provider from provider registry. Enter last name, first name |
| Use Oher Provider | | Use if the source is not a NS provider |
| Test – Result Details | | |
| Test Name | М | |
| Collection Date | Μ | |
| Result Name | М | |
| Result Status | М | |
| Interpreted Result | М | |
| Result date | М | |
| Disease | М | |
| Microorganism | М | |
| Etiologic Agent Screen (Related to | | |
| specific test) | | |
| Antimicrobial/Drug | M | |
| Interpretation | M | |
| | | |

| Diagnostic Imaging Quick Entry (For TB –x-ray only) | | |
|---|-----------|--|
| Path: Investigation \rightarrow Lab \rightarrow DI Quick Entry | | |
| Field | Mandatory | Comments |
| | | |
| Encounter Group | М | For TB only |
| Resulting Lab | М | Lab that provided the result. |
| PH Received Date | М | |
| Lab Report Date/Time | М | |
| Accession Number | М | If multiple accession numbers separate by a space. Most recent |
| | | accession number should be at the front of the list. |
| Reason for testing Fields | T | |
| Selected Reasons | М | |
| Test – Result Details | | |
| Test Name | М | |
| Requested View | М | |
| Imaging Date/time | М | |
| Radiologist Report Fields | | |
| Result Status | М | |
| Interpreted Results | М | |
| Results Date | М | |

Physician Recommendation – DO NOT USE

| Diagnostic Imaging Report (for TB – x-ray, CT Scan, MRI) | | |
|--|-----------|---|
| Path: Investigation \rightarrow Lab \rightarrow Lab Summary \rightarrow "View/Update Lab Report" Button | | |
| Field | Mandatory | Comments |
| | | |
| Encounter Group | М | |
| Resulting Lab | М | Hospital that provided the result |
| PH Received Date | М | |
| Lab Report Date/Time | М | |
| Accession Number | М | If multiple accession numbers separate by a space |
| Reason for testing Fields | | |
| Selected Reasons | М | |
| Test – Result Details | | |
| Test Name | М | |
| Requested View | М | |
| Imaging Date/time | М | |
| Radiologist Report Fields | | |
| Result Status | М | |
| Interpreted Results | М | |
| Results Date | М | |

| Signs and Symptoms Summary | | | |
|--|-----------|-------------------|--|
| Path: Investigation → Signs and Symptoms | | | |
| Field | Mandatory | Comments | |
| | | | |
| Sign or Symptom Name | М | | |
| Present | М | | |
| Onset Date | М | | |
| Recovery Date | М | For outbreak only | |
| Duration | М | For outbreak only | |

| | | Outcomes | |
|--------------------------------|-----------|---|--|
| Path: Investigation → Outcomes | | | |
| Field | Mandatory | Comments | |
| | | | |
| Outcome | М | Note: outcomes are to be updated throughout the investigation Outcomes are related to the Notifiable Disease under investigation. | |
| Outcome Date | Μ | | |
| | | | |
| | | | |
| | | | |

| Incubation and Communicability | | |
|--|----------------|--|
| Path: Investigation \rightarrow Incubation and Communicability | | |
| Field | Mandatory | Comments |
| This screen is pre-populated for certai | n diseases. Pl | ease refer to the Tips & Tricks – Configured Incubation & |
| Communicability | | |
| Incubation for Case fields | | |
| Calculated based on | М | Defaults to "System" for configured diseases |
| Earliest Possible Exposure | | "System" calculated for configured diseases, user can manually |
| Date/Time | | override |
| Latest Possible Exposure Date/Time | | "System" calculated for configured diseases, user can manually |
| | | override |
| Earliest Probable Exposure | | "System" calculated for configured diseases, user can manually |
| Date/Time | | override |
| Latest Probable Exposure Date/Time | | "System" calculated for configured diseases, user can manually |
| | | override |
| Exposure Calculation Details | | |
| Communicability for Case | | |
| Calculated based on | | Defaults to System for configured diseases |
| Latest Possible Communicability | | "System" calculated for configured diseases, user can manually |
| Date/Time | | override |
| Earliest Possible Communicability | | "System" calculated for configured diseases, user can manually |
| Date/Time | | override |
| Earliest Probable Communicability | | "System" calculated for configured diseases, user can manually |
| Date/Time | | override |
| Earliest Probable Communicability | | "System" calculated for configured diseases, user can manually |
| Date/Time | | override |
| Beginning of High Communicability | | "System" calculated for configured diseases, user can manually |
| Date/Time | | override |
| End of High Communicability | | "System" calculated for configured diseases, user can manually |
| Date/Time | | override |
| Communicability Calculation Details | | |

| Interventions | | |
|--|-----------|---|
| Path: Investigation \rightarrow Treatments & Interventions \rightarrow Intervention Summary | | |
| Field | Mandatory | Comments |
| Intervention Detail Fields | | |
| Intervention Type | Μ | |
| Intervention Subtype | Μ | |
| Intervention Disposition | Μ | |
| Outcome | Μ | Select DO NOT USE |
| Start Date | М | |
| End Date | | |
| Next Follow Up Date | | To create a task for the follow up, complete the following fields |
| Workgroup Organization | | This will default to your PHO based on your user id |
| Workgroup | | Select the "unmonitored" workgroup for your office |
| User | | Select yourself – this will generate a task to your personal workgroup |
| Organization | М | Enter the zone |
| Location | М | PHO office – this will default based on your user id |
| Ordering Provider | М | |
| Use this Provider | | Preferred – select provider from provider registry. Enter last name, first name |
| Use other Provider | | Use if the source is not a NS provider |
| Intervention Product section Out of Scope – Do Not Use | | |
| | | |

| Treatment Profile | | |
|--|-----------|------------|
| Path: Investigation \rightarrow Treatment & Interventions \rightarrow Treatment Profile | | |
| Field | Mandatory | Comments |
| Treatment Profile Section | | DO NOT USE |
| | | |

Note: No information is updated from this screen. Use as a summary screen – includes interventions, medications and immunization that are linked to the investigation.

| TB Test Details | | |
|---|-----------|--|
| Path: Investigation \rightarrow Treatment & Interventions \rightarrow TB Skin Test Summary | | |
| Field | Mandatory | Comments |
| Clinical Information Fields | | |
| Other TB Case Contact | | |
| Other Exposure Date | | |
| Recent Illness | М | |
| Recent Illness Date | М | Required if recent illness is yes |
| Clinical Comments | | |
| Test Given Details Fields | | |
| Historical | | |
| Reason for Test | | |
| Organization | М | |
| Location | М | |
| Given By | М | |
| Use this Provider | | Preferred – select provider from provider registry. Enter last |
| | | name, first name |
| Use Oher Provider | | Use if the source is not a NS provider |
| Date Test Given | М | |
| TB Serum Agent | М | |
| Lot Number | М | |
| Test Strength | | Will auto fill |
| Dose | | Will auto fill, can be changed |
| Route of Administration | | Will auto fill |
| Body Site | | |
| Test Read Details | | |
| Date Read | М | |
| Organization | М | PHO office – this will default based on your user id |
| Location | М | PHO office – this will default based on your user id |
| Read by | М | |
| Use this Provider | | Preferred – select provider from provider registry. Enter last |
| | | name, first name |
| Use Other Provider | | Use if this is not a NS provider |
| Interpreted Result | М | |
| Reaction Size | | |
| TB Follow Up | | |
| Follow Up | | Required in an Outbreak |
| Reason For Not Having Chest X-Ray | | Required in an Outbreak |
| Follow Up Details | | Required in an Outbreak |

| Medication Summary | | |
|--|-----------|---|
| Path: Investigation \rightarrow Medications \rightarrow Medication Summary | | |
| Field | Mandatory | Comments |
| Maintain Medication Details | | |
| Drug | М | Type ahead field. Click "select drug" button. |
| | | For TB and HIV only – See Tips & Tricks – Configured Drugs. For |
| | | other medication click "other meds" box. |
| For Other Medications | | Click the other medication checkbox |
| Drug Description | | Click and enter a description of the medication. Other |
| | | Medications are not configured in Panorama. |
| Status | М | |
| Status Date | М | |
| Tx Prescribed/Authorized By | М | For NS provider – select "use this provider". Enter last name, |
| | | first name. |
| Use this Provider | | Preferred – select provider from provider registry. Enter last |
| | | name, first name |
| Use Oher Provider | | Use if the source is not a NS provider |
| Dosage | М | |
| Dosage Unit | М | |
| Frequency Unit | М | |
| Frequency | М | |
| Duration | М | |
| Duration Unit | М | |
| Treatment Duration | | |
| Treatment Duration Unit | | |
| Order Duration | | |
| Order Unit | | |
| TX Prescribed/Authorized Date | Μ | |
| TX Effective from Date | Μ | |
| Reason | | |
| Other Reason | | |
| Special Direction | | |

| Adherence Summary | | |
|---|-----------|----------|
| Path: Investigation \rightarrow Medication \rightarrow Adherence Summary | | |
| Field | Mandatory | Comments |
| Adherence Summary Fields | | |
| Adherence Start Date | Μ | |
| Adherence End Date | | |
| Number of Days | | |

| DOT Summary | | |
|---|---|---|
| Path: Investigation \rightarrow Medication \rightarrow DOT Summary \rightarrow Create DOT Button | | |
| Field Mandatory Comments | | |
| Directly Observed Therapy Fields | | |
| DOT Started | Μ | |
| Reason DOT Started | | |
| Estimated DOT End Date | Μ | |
| Actual DOT End Date | | Required if recent illness is yes |
| Reason DOT Ended | | |
| Workgroup | Μ | You will need to pick your PHO's unmonitored workgroup |
| User | М | Select yourself. This will autogenerate tasks to your personal workgroup. |

| Create Transmission Event | | |
|---|--------------|--|
| Path: Investigation \rightarrow Exposure Summary \rightarrow "Create Transmission Event" Button Note: Do not use "Quick Entry" | | |
| Field | Mandatory | Comments |
| Transmission Event Fields | | |
| Exposure Name | Μ | A description of what the exposure is – i.e. needle sharing, inhalation |
| Invalid | | |
| Invalid Reason | | |
| Responsible Organizational Unit | | |
| Transmitter Role | | |
| Transmission Start | М | |
| Transmission End | М | |
| Source Fields | · | |
| Source Name | | |
| Source Description | | |
| Source Details Fields | • | |
| Mode of Transmission | М | |
| Nature of Transmission | М | |
| Transmission Event Investigator Inform | mation DO NO | DT USE |
| Unknown/Anonymous Contacts Fields | 5 | |
| Name/Description | Μ | Use Professional judgement on information provided by the client |
| Contact Info | | |
| Contact Details | | |
| Disposition | | |
| Disposition Details | | |
| Transmission Event Date/Time | • | |
| Transmission Start | М | |
| Transmission End | М | |
| Exposure Location Fields | · | |
| Exposure Location Name | М | Name of institution and any pertinent details – i.e. MacDonald's – Scotia Square |
| Exposure Setting Type | М | |
| Exposure Setting | М | |
| Country | | Complete with the information that you have. |
| Address | | |
| Province/Territory | | Note: this is used on the Exposures Report to identify and link |
| Postal Code | | other investigation exposures |
| Transmission Event Location Liaison Details | | |
| No Mandatory fields | | |
| Transmission Event Control Measures DO NOT USE | | |

| Maintain Acquisition Event Details | | |
|---|---------------|--|
| Path: Investigation \rightarrow Exposure Summary \rightarrow "Create Acquisition Event" Button Note: Do not use "Quick Entry" | | |
| Field | Mandatory | Comments |
| Acquisition Event Fields | | |
| Exposure Name | Μ | A description of what the exposure is – i.e. needle sharing, inhalation |
| Invalid | | |
| Invalid Reason | | |
| Acquirer Role | | |
| Responsible Organizational Unit | | |
| Potential Mode of Acquisition | М | |
| Nature of Exposure | М | |
| Source Fields | | |
| Source Name | | |
| Source Description | | |
| Acquisition Event Investigator Inform | nation DO NOT | T USE |
| Acquisition Event Date/Time Fields | | |
| Acquisition Start | М | |
| Acquisition End | Μ | |
| Exposure Location Fields | | |
| Exposure Location Name | Μ | Name of institution and any pertinent details – i.e. MacDonald's – Scotia Square |
| Exposure Setting Type | М | |
| Exposure Setting | М | |
| Country | | Complete with the information that you have. |
| Address | | |
| Province/Territory | | Note: this is used on the Exposures Report to identify and link |
| Postal Code | | other investigation exposures |
| Acquisition Event Location Liaison Details | | |
| No Mandatory fields | | |
| Acquisition Event Intensities | | |
| Level of Contact | | |
| Intensity Type | | Mandatory if adding or updating |
| Intensity Value | | |
| Intensity Unit | | |

| Risk Factors Screen | | |
|------------------------------|-----------|--|
| Path: Subject → Risk Factors | | |
| Field | Mandatory | Comments |
| | | |
| Risk Factor | Μ | |
| Response | Μ | |
| Reported Date | Μ | |
| Effective From | | |
| Effective to | | |
| Pertinent to investigation | М | You will need to select each risk factor that is pertinent to investigation individually and update. |
| | | |
| | | |
| | | |
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| Outbreak – Create Outbreak Screen | | |
|--|-----------|---|
| Path: Outbreak \rightarrow Search Outbreak \rightarrow Create Outbreak Button | | |
| Field | Mandatory | Comments |
| Outbreak Identification Fields | | |
| Outbreak Name | Μ | YYYY-ZZ-#### -Facility Name |
| | | ZZ=zone (2 characters) i.e. CZ, NZ, EX, WZ |
| | | Provincial outbreak: Use 00 in place of zone. i.e. YYYY-00-#### |
| Outbreak Description Fields | | |
| Responsible Organization | Μ | Select your zone |
| Encounter Group | Μ | |
| Outbreak Status | Μ | |
| Status Date | Μ | |
| Outbreak Classification | Μ | |
| Outbreak Classification Date | Μ | |
| Outbreak link role | Μ | |
| Outbreak type | Μ | |
| Outbreak Onset Date | Μ | |
| Geographic Extent | Μ | |
| Outbreak Setting Type | Μ | |
| Outbreak Setting | Μ | |
| Confirmation Based On | | |
| Reporting Source Fields | | |
| Reporting Source (pick one) | Μ | |
| Provider | | Preferred – select provider from provider registry. Enter |
| | | lastname, firstname |
| Location | | Do not use |
| Other | | Use if the source is not a NS provider |
| Type of Reporting Source | | |
| Method of Notification | | |
| Report date (Sent) | Μ | One of the dates is required |
| Report Date (Received) | Μ | One of the dates is required |

| Outbreak – Disease Summary Screen | | |
|-----------------------------------|-----------|----------|
| Path: Outbreak → Disease Summary | | |
| Field | Mandatory | Comments |
| Disease Summary Fields | | |
| Disease | | |
| Classification Authority | | |
| Microorganism | | |
| Lab Confirmed | | |
| Etiologic Agent | | |
| EPI Markers | | |
| Prominent disease | | |

| Outbreak – Declaration Screen | | |
|--|-----------|---|
| Path: Outbreak → Declaration | | |
| Field | Mandatory | Comments |
| Declaration Fields | | |
| Declaring Organization | М | Zone that is declaring the outbreak |
| Outbreak declared by | М | |
| Provider | | Preferred – select provider from provider registry. Enter |
| | | lastname, firstname |
| Other Use if the source is not a NS provider | | Use if the source is not a NS provider |
| Date Outbreak Declared | М | To be add when outbreak is setup in Panorama |
| Date Outbreak Declared "Over" | Μ | To be added when outbreak is declared over |

| Outbreak - Transmission Event | | |
|---|-----------|----------|
| Path: Outbreak \rightarrow Exposure Summary \rightarrow "Create Transmission Event" Button Note: Do not use "Quick Entry" | | |
| Field | Mandatory | Comments |
| Transmission Event Fields | | |
| Exposure Name | М | |
| Invalid | | |
| Invalid Reason | | |
| Responsible Organizational Unit | | |
| Transmitter Role | | |
| Transmission Start | М | |
| Transmission End | М | |
| Source Details Fields | | |
| Mode of Transmission | | |
| Nature of Transmission | | |
| | | |
| | | |
| | | |
| Exposure Location Fields | | |
| Exposure Location Name | М | |
| Exposure Setting Type | М | |
| Exposure Setting | | |
| Country | | |
| Address | | |
| Province/Territory | | |
| Postal Code | | |
| | | |

| Outbreak - Human Lab Report | | |
|---|-----------|--|
| Path: Outbreak \rightarrow Lab Search | | |
| Field | Mandatory | Comments |
| | | |
| Encounter Group | М | |
| Service Delivery Location | М | |
| Resulting Lab | М | |
| PH Received Date | М | |
| Lab Report Date/Time | Μ | |
| Accession Number | Μ | Most recent accession number should be at the front of the list. |
| Test – Result Details | | |
| Test Name | М | |
| Collection Date | М | |
| Result Name | М | |
| Result Status | М | |
| Interpreted Result | М | |
| Result date | М | |
| Disease | М | |
| Microorganism | | |
| Etiologic Agent Screen (Related to | | |
| specific test) | | |
| Antimicrobial/Drug | | |
| Interpretation | | |
| | | |

| Client Demographics - Ethnicity | | | | |
|--|-----------|--|--|--|
| Path: Investigation \rightarrow Subject \rightarrow Client Details \rightarrow Client Demographics | | | | |
| Field | Mandatory | Comments | | |
| Ethnicity Information | | | | |
| Ethnicity | М | If First Nations is selected – complete Aboriginal Information section for the client if this is for a TB or Flu investigation | | |
| Ethnicity Reported by | | | | |
| | | | | |
| | | | | |

| Client Details – Aboriginal Information | | |
|---|-----------|--|
| Path: Investigation \rightarrow Subject \rightarrow Client Details \rightarrow Aboriginal Information | | |
| Field | Mandatory | Comments |
| Aboriginal Information Fields | | |
| Self-Identified Aboriginal | | |
| Aboriginal Identify | | |
| First Nations Status DIAND Number | M | If Ethnicity is First Nations For TB – choose one of the following – Status Indian, Non-Status Indian, Not Asked, Asked not provided, or Asked but unknown For Flu – choose on of the following – On reserve, Off reserve, Not Asked, Asked not provided, or Asked but unknown |
| Band Origin | | Type ahead |
| Band | | |
| Aboriginal Organization | | Not Applicable |
| | | |

| Client Details – Immigration Information | | |
|--|-----------|----------------|
| Path: Investigation \rightarrow Subject \rightarrow Client Details \rightarrow Immigration Information | | |
| Field | Mandatory | Comments |
| Immigration Information | | |
| Citizen | М | For TB |
| Date Citizenship Received | | |
| Immigration File No | | |
| Date Immigration Form Received | | |
| Arrival Date | М | For TB and HIV |
| Arrival Year | М | For TB and HIV |
| Immigration Status at Time of | М | For TB |
| Arrival | | |
| Country Emigrated from | М | For TB |
| Country Last Resided | М | For TB |
| Country Born In | М | For TB and HIV |
| Province Born in | М | For TB |
| Mother's Birth Country | М | For TB |
| Father's Birth Country | М | For TB |