## Health Department Reportable Diseases COVID-19 Quick Start Guide

## COVID-19 records are reportable within 24 hours after being diagnosed.

Once you are logged into ERS and have clicked *New Event*, you will be brought to the *Event Report* page. Note: There are mandatory fields that are part of the ERS system on this page that don't relate to COVID-19.

The first three are as follows: If you are entering multiple records, the *Resident ID* would not be appropriate. The suggestion is to enter covid, but anything would be accepted here. The *Date of Event* should be the day you are entering the records and the *Time of Event* can be the actual time of entry.

*Resident ID:	covid
*Date of Event (mm/dd/yyyy):	03/09/2021
*Time of Event (military hhmm):	2040

**Health Department Reportable Diseases** (Covid-19) – If you select *Event Type* = *Health Department Reportable Diseases* and *Event-Sub-type* = *Covid-19*, the *Reportable Disease Detail* section will appear. You will be required to add at least one *Reportable Disease Detail* record before submitting the event to DOH. There are two ways to enter information. It should be noted that both methods can be used during the same event. You can manually enter data and/or upload a spreadsheet/s.

1	To see the full event type description Click Here	
*Event Type:	Health Department Reportable Diseases	]
*Event Sub-type	COVID-19	
Reportable Disease Detail		
Enter Resident and Staff detail for this repo	ortable disease. Enter manually or upload a valid completed spreadsheet in .xlsx file format. Download a template/blank spreadsheet	t <u>here</u> .

Name	Туре	DOB	Test Date	Death		Death Date
Add a Resident/Staff Record	Or ch	oose a file to uplo	ad:		Browse	Upload

To add a record or records to the ERS Event:

1) Click on the *Add a Resident/Staff Record* button. This will bring up the *Resident/Staff Detail* box. Multiple records can be added using the *Add a Resident/Staff Record* button.

If a previously submitted record needs to be corrected or updated, i.e., with a date of death, DO NOT add the correction or update as a new record. Instead, contact your field office to get the correction/update made. Please provide the *Event ID* with your request.

Resident/Staff Detail	3	x
Type:  First Name: Date of Birth: Test Date:	Last Name: Death: Date of Death:	
	Save	

All fields except *Death* and *Date of Death* are required. All dates should be in the format: mm/dd/yyyy

Type drop down selection is either Resident or Staff
First Name of Staff or Resident
Last Name of Staff or Resident
Date of Birth of Staff or Resident
Covid-19 Test Date
Death – To record a patient or staff death, select the appropriate entry from the Death
dropdown box. Note: Yes – Home refers to an individual's personal home.



Date of Death – If Yes is selected in the Death field, Date of Death is required.

2) Enter multiple records into a spreadsheet and upload the Reportable Disease Data. A spreadsheet is available for download. The maximum number of records that can be included on a spreadsheet is 999. Care should be taken that there are no blank lines in the spreadsheet. Only new data should be uploaded. If you are keeping a running spreadsheet for COVID, be sure that only new data is uploaded during each event. If a previously submitted record needs to be corrected or updated, DO NOT add the correction or update as a new record. Instead, contact your field office to get the correction/update made. Please provide the *Event ID* with your request.

	To see the	full event type	description <u>Click H</u>	ere				
*Event Type:	Health De	epartment Report	able Diseases					$\checkmark$
*Event Sub-type	COVID-19	Э		$\checkmark$				
Reportable Disease Detail Enter Resident and Staff detail for this rep	ortable dise	ase. Enter manu	ually or upload a va	alid complet	ed spreadshee	et in .xlsx file format. Do	wnload a template/blank spr	eadsheet <u>here</u> .
Name	Туре	DOB	Test Date	Death		Death Date	$\neg$	
Add a Resident/Staff Record	Or <mark>ch</mark>	noose a file to up	load:		Browse	Upload		
Get the spre	adshe	et templa	ate by clic	king o	n the 'ł	nere' link		

You can choose to Open or Save the template

Internet Explorer X						
What do you want to do with RepDiseaseBlank.xlsx?						
Size: 24.8 KB From: sais.health.beta.pa.gov						
→ Open The file won't be saved automatically.						
$\rightarrow$ Save						
$\rightarrow$ Save as						
Cancel						

You will be able to add multiple Residents and/or Staff records and then save the spreadsheet with those entries. Multiple files can be uploaded in one event. There is a dropdown for column H, *Death*. The selections are Yes – Hospital, Yes – Facility or Yes – Home (personal home).

	res frome (personal nome).								
	А	В	C	D	E	F	G	Н	l I
	Resident/Patient	Resident/Patient							
1	First Name	Last Name		Staff First Name	Staff Last Name			Death - The following values are	Date of Death -
	(Upper Case;	(Upper Case;	Resident DOB	(Upper Case;	(Upper Case;	Staff DOB	Test Date	valid: Blank (Default), Yes -	Required if Death
1	25 character max)	25 character max)	(mm/dd/yyyy)	25 character max)	25 character max)	(mm/dd/yyyy)	(mm/dd/yyyy)	Hospital, Yes - Facility, Yes - Home	(mm/dd/yyyy)
2									<b>v</b>
3									T

To upload the spreadsheet, click on the *Browse* button and locate the saved spreadsheet on your computer. Double click on the spreadsheet name or you can click on the name and then click *Open*. Either way, the spreadsheet will show in the window to the left of *Browse*. Next, click *Upload*.

Name		1	ype	DOB	Test	Date	Death			Death Da	ite		
Add a Resident/Staff Record			Or choose a file to upload:					Browse Upload					
🍯 Choose File to Up	load												>
e > - 🛧 📃	> This PC	> Documents	s > Fdriv	e > DNCF >	CRFs > ERS	> Test		~ č	)	,O Search	Test		
Organize 👻 Ne	w folder												0
🛄 This PC	^ r	lame	~		Status	Dat	te modified		Туре		Size		
3D Objects		ERS COVID D	)ata.xlsx		Ø	03/	/09/2021 7:27 P	М	Micro	osoft Excel W		65 KB	
Desktop													
B Documents													
L Downloads	~												
	File name:	ERS COVID Da	ta.xlsx						~	Custom Files	(*.xlsx)		~
										Open		Cancel	É

If you are adding records from multiple sources, you will get a message asking whether you want to *Append to existing* or *Replace existing*. This is referring to the information already added to this event and not records added to a previous event.

If you receive an error message after clicking on *Upload*, fix the spreadsheet, save it, and then select *Browse* again before selecting *Upload*.

If there is an exact duplicate in your spreadsheet, only the first record will load.

If you attempt to manually add an exact record that was already added to the current incident, you will receive the following message. Click *OK* and then either update the *Resident/Staff Detail* or click *Cancel* to close the window.

Resident/Staff I	Detail			×			
Type: First Name: Date of Birth: Test Date:	Resident/Patient         V           MARY         01/01/1901           01/01/2021         01/01/2021	Last Name: SM Death: Date of Death:	NITH	Message	from webpage This person already exist	X ts in the list.	_
			Save	el		ОК	< file form
Name SMITH, MA	ARY	<b>Type</b> Resident	<b>DOB</b> 01/01/1901	Test Date 01/01/2021	Death No	Deat	th Date
A	dd a Resident/Staff R	ecord Or c	hoose a file to up	oad: C:\Users\j	oystephen\On Brow	vse Uploa	ad
-		ords, you have	the option to	edit 🥂	or delete 📉 i	individual	records
rior to sub: Reportable Dis							
•	d Staff detail for this repor	table disease. Enter manu	ally or upload a valid	completed spreads	heet in .xlsx file format. D	ownload a	

Name	Туре	DOB	Test Date	Death	Death Date	
BOOP, BETTY	Resident	08/25/1950	02/24/2021	No		X
CAPP, ANDY	Resident	11/20/1951	02/24/2021	No		X
DUCK, DONALD	Resident	03/13/1945	02/24/2021	Yes - Facility	02/24/2021	X
MOUSE, MICKEY	Resident	06/23/1942	02/24/2021	No		X
MOUSE, MINNIE	Resident	03/10/1930	02/24/2021	No		X

Complete the rest of the required fields. The suggestion is to enter facility/covid, but anything would be accepted for the Location of Event, Factual Description and Description of Follow-up Action.

*Location of Event:	facility
Name and Frequency of Medication(s): (maximum 600 characters)	^
	~
Diagnosis of Resident/Patient: (maximum 250 characters)	~
	~
*Factual Description: (maximum 3500 characters)	covid
	✓
*Description of Follow-up Action: (maximum 3500 characters)	covid
	~
*Submitted By:	
*Submitter's Title:	
	Note: An event will not be considered submitted until you receive a confirmation that includes an event number
	Submit

Submit the event for review by the field office.

Once an event has been submitted, if there are corrections that need to be made, they need to be made through your field office. If a resident/staff tests positive, only enter them once, unless 90 or more days have lapsed since the last positive test. In this case the resident/staff is to be counted positive again. If a resident/staff tests positive and then later expires, after the event is submitted, please contact your field office with the location and date of death so that the record can be updated. Please provide the *Event ID* with your request.

If you have any questions, please contact your field office for assistance.