SPOT Intake Form: New Users For returning users, see page 3.

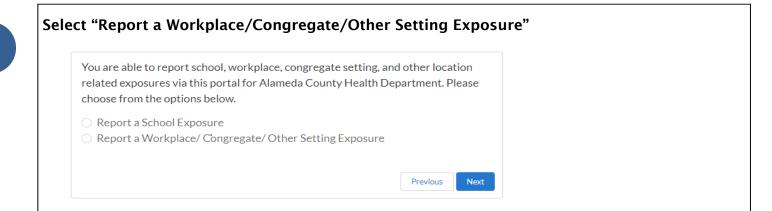
Please note only one SPOT Intake form is needed for each outbreak.

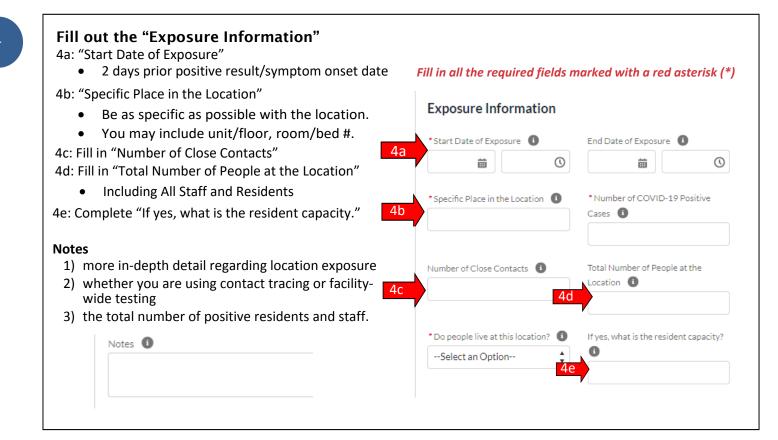






	ealth Jurisdiction asso	ciated with the expo	isui e you need to	
report:				
*Local Health Jurisdiction				
Alameda				‡
				Next





Select "No, I will provide this information later once the Health Department has confirmed the information".

Cases will be reported via SPOT Bulk Upload as explained on Page 5 below

tested positive for COVID-19.	ormation now? A case is anyone who has
Yes, I am ready to provide this in	nformation
No, I will provide this information confirmed the information.	on later once the Health Department has

You will receive the following emails below:

- 1. Automated email SPOT Intake Form Received from CA COVID Team
 - a. Check Spam for this email, if not received in email inbox.
- 2. SPOT Account Registration email
 - a. Check Spam for this email, if not received in email inbox.
 - b. If email is not received, email <u>calconnect.helpdesk@cdph.ca.gov</u> and cc: <u>LTCFdata@acgov.org</u> for a password reset and username (if applicable) request.
- 3. SPOT Exposure Event Registration
 - a. Email will be received within 24 hours of SPOT intake form submission.
 - b. A copy of the LTCF-SPOT Bulk Upload can be found in this email.

Contact LTCFoutbreak@acgov.org for any guidance-related questions.

Contact LTCFdata@acgov.org for any SPOT-related questions.



SPOT Intake Form: Returning Users





2



Fill in all the required fields marked with a red asterisk (*)

(1)

End Date of Exposure 1

繭

* Number of COVID-19 Positive Cases

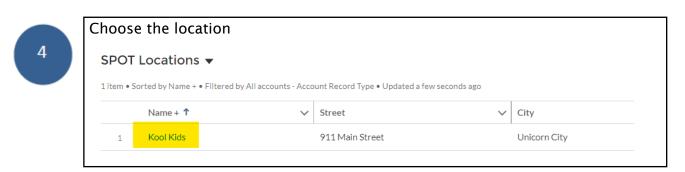
(1)

Exposure Information

*Specific Place in the Location

*Start Date of Exposure (1)

View Locations and Exposures





Fill out the exposure information 6a. "Start Date of Exposure" • 2 days prior positive result/symptom onset date 6b. "Specific Place in the Location" • Be as specific as possible with the location. • You may include unit/floor, room/bed #. 6c. Fill in "Number of Close Contacts"

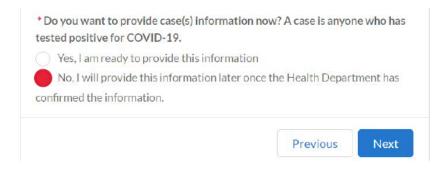
0 6d. Fill in "Total Number of People at the Location" Number of Close Contacts 1 Total Number of People at the Location • Including All Staff and Residents 6e. Complete "If yes, what is the resident capacity." * Do people live at this location? 🚯 If yes, what is the resident capacity? --Select an Option--

SPOT Intake Form: Returning Users

7

Select "No, I will provide this information later once the Health Department has confirmed the information".

Cases will be reported via SPOT Bulk Upload as explained on Page 5 below



8

You will receive the following emails below:

- 1. Automated email SPOT Intake Form Received from CA COVID Team
 - a. Check Spam for this email, if not received in email inbox.
- 2. SPOT Exposure Event Registration.
 - a. Email will be received within 24 hours of SPOT intake form submission.
 - b. A copy of the LTCF-SPOT Bulk Upload can be found in this email.

Contact LTCFoutbreak@acgov.org for any guidance-related questions.

Contact LTCFdata@acgov.org for any SPOT-related questions.

Are you or your facility new to SPOT?

Need password or username assistance?

If so, please submit an intake form so we can register you and/or your facility with SPOT

Email <u>CalCONNECT.helpdesk@cdph.ca.g</u>ov or call (916) 520-1619

How to Report Cases via Bulk Upload

Please submit as many bulk uploads per outbreak as needed.

1

Locate the Bulk Upload Template specific for ACPHD LTCF Facilities

SPOT Bulk Upload template can be found in any of these methods below:

- SPOT Exposure Event Registration Email after SPOT Intake Form submission
- o ACPHD LTCF COVID-19 Outbreak Reporting Instructions
- o Request a copy from LTCFoutbreak@acgov.org

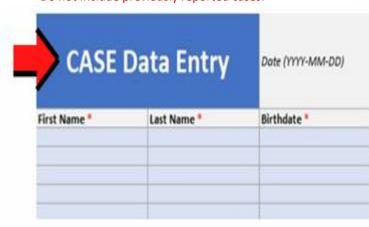
Please do not use the bulk upload templates available in your SPOT account. Only use the customized version of the SPOT Bulk Upload template found in the methods above. Use a blank template when reporting additional cases.

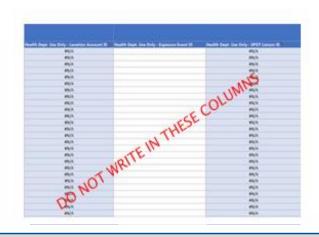
2

Fill out the Required Fields in the "Case Data Entry" Tab

Enter case information for each resident or staff on a row on the "Case Data Entry" Tab.

Complete all the required fields highlighted in blue. Do not fill in fields that are marked for Public Health Do not include previously reported cases.





3

Upload the Completed Bulk Upload into SPOT

3a: Log into the SPOT portal

3b: Navigate to Bulk Upload

3c: Scroll down to fill in the Location and Exposure

Event Number

3d: Use the comments box as following:

-Indicate if you need technical assistance with SPOT

-Indicate anything else relevant to the cases, cluster,

or outbreak being reported

3e: Upload the Bulk Upload file

3f: Click on "Send Update"



SPOT Updates on Previously Reported Cases



Navigate to Report Cases and Contacts

Report Cases and Contacts



Select the record number you would like to update

SPOT Cases and Contacts
SPOT Cases and Contacts

SPOT Cases and Contacts

SPOT Cases and Contacts

Fitch Spot Case and Contacts

SP... ↑ Fir... ∨ Las... ∨ Record Type

1 1313576 Amber Doe COVID-19 Case

2 1313626 Berry White COVID-19 Cont

3 1313627 Misty Elliot COVID-19 Cont

Select "Send Update"

Send Update

