NEW! Before submitting forms, complete the Exposure Survey.

SPOT Intake Form: New Users

For returning users, see page 3.

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

	report: Local Health Jurisdiction	
す	Alameda	
9/		Next
		net.

Previous

Next

You are able to report school, workplace, congregate setting, and other location related exposures via this portal for Alameda County Health Department. Please choose from the options below.

- Report a School Exposure
- O Report a Workplace/ Congregate/ Other Setting Exposure

Fill out the "Exposure Information"

- 4a: "Start Date of Exposure"
 - 2 days prior positive result/symptom onset date

4b: "Specific Place in the Location"

- Be as specific as possible with the location.
- You may include unit/floor, room/bed #.
- 4c: Fill in "Number of Close Contacts"

4d: Fill in "Total Number of People at the Location"

• Including All Staff and Residents

4e: Complete "If yes, what is the resident capacity."

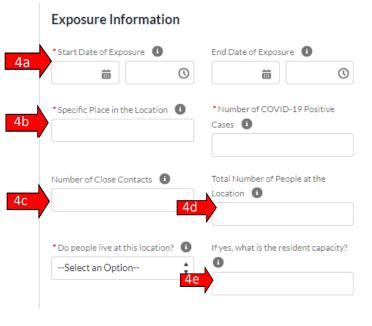
Notes

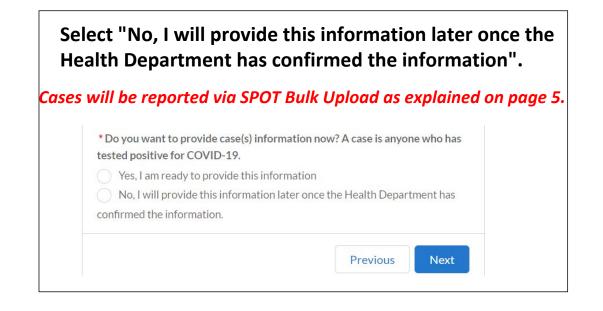
- 1) more in-depth detail regarding location exposure
- 2) whether you are using contact tracing or facilitywide testing
- 3) the total number of positive residents and staff.

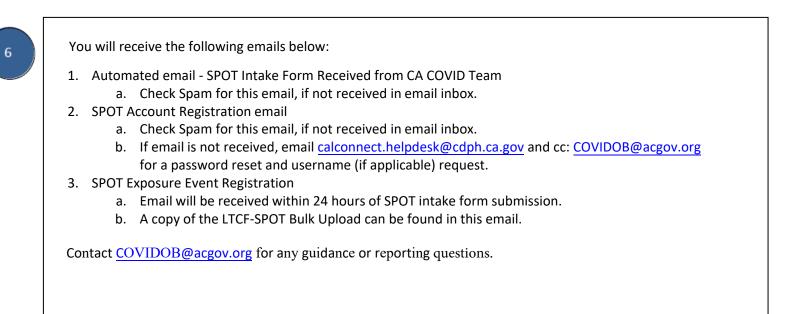




Fill in all the required fields marked with a red asterisk (*)





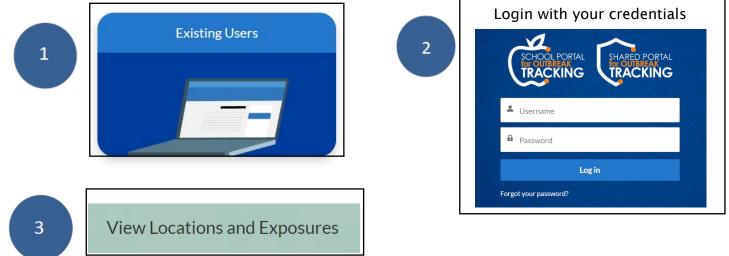




SPOT Intake Form: Returning Users

Please note: Only one SPOT Intake form is needed for each outbr<u>eak.</u>

6

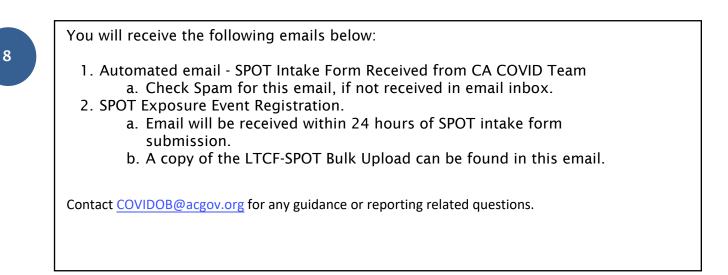


Name + 🕇	✓ Street	✓ City	,
1 Kool Kids	911 Main Street	,	corn City

Fill in all the required fields marked with a red asterisk (*) **Exposure Information** Fill out the exposure information * Start Date of Exposure 🚯 End Date of Exposure 6a. "Start Date of Exposure" 0 0 • 2 days prior positive result/symptom onset date 蔮 蔮 6b. "Specific Place in the Location" * Number of COVID-19 Positive Cases * Specific Place in the Location 🕕 • Be as specific as possible with the location. 0 • You may include unit/floor, room/bed #. 6c. Fill in "Number of Close Contacts" 6d. Fill in "Total Number of People at the Location" Number of Close Contacts 🕕 Total Number of People at the Location • Including All Staff and Residents 0 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

Cases will be reported via SPOT Bulk Upload
as explained on Page 5 below
* Do you want to provide case(s) information now? A case is anyone who has tested positive for COVID-19.
Yes, I am ready to provide this information
No. I will provide this information later once the Health Department has confirmed the information.





Reporting Cases via SPOT Bulk Upload

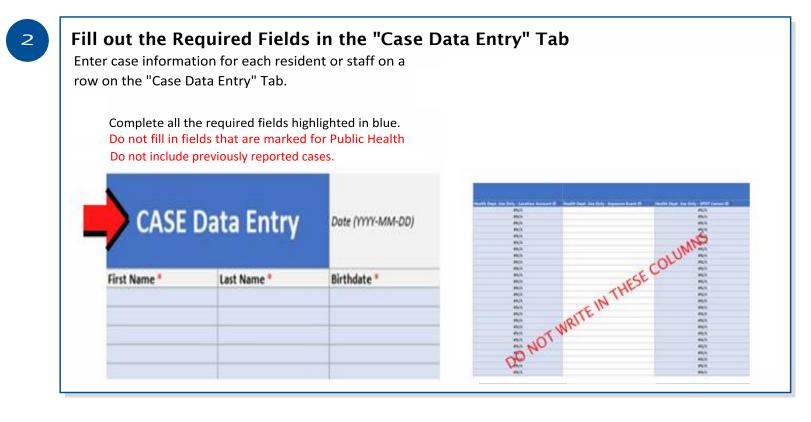
Submit as many bulk uploads as needed *after* submitting Survey and Intake Form.

Locate the Bulk Upload Template specific for ACPHD LTCF Facilities

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

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

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.



Steps continued on next page.



1

Upload the Completed Bulk Upload into SPOT

3

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

1	Log into the SPOT portal	2	Navigate to Report Cases and Contacts	3	Scroll down to SPOT Cases and Contacts			
	 CHARCENER Username Password Login 		Report Cases and Contacts		SPOT Cases and Conta SPOT Cases ar 5 items • Sorted by SPOT Case ar	nd Contact	sered by All s 5 ∨ R€	
4	Select the record number you would like to update SPOT Cases and Contacts SPOT Cases and Contacts Sitems • Sorted by SPOT Case and Contact # • Filtered by All spot case		5 Select "Send Update" 6 Send Update	• Any rega 6b. Select	e comments section y updates or correction arding the record "Send Update" Case and Contact :			
	1 1313576 Amber Doe C 2 1313626 Berry White C	COVID-19 Case COVID-19 Cont COVID-19 Cont		• Com	Upload Files Or drop file	25		
()) »	Public Health Department Alameda County Health			Ca	ncel Send Update			