

Shared Portal for Outbreak Tracking COVID-19 Reporting Toolkit: Community Settings

COVID-19 REPORTING: COMMUNITY SETTINGS

Community settings refer to workplaces, sites serving people experiencing homelessness, and congregate residential settings. Excludes all sites that provide healthcare or assistance with activities of daily living (e.g., long term care facilities, skilled nursing facilities, hospitals).

Once the reporting threshold has been met, follow the directions below to use the SPOT Intake Form to report COVID-19 case clusters.

Step	Action	Screenshot		
1.	Navigate to spot.cdph.ca.gov	SCHOOL PORTAL TRACKING Welcome to SPOT Solicit Editing Users Your local health department has provided you with a SPOT account and log in credentials. Solicit Editing Users Your local health department has provided you with a SPOT account and log in credentials.		
2.	Click the " New Users " button on the left	New Users		
3.	Select " Los Angeles " for Local Health Jurisdiction (LHJ)	Select the Local Health Jurisdiction associated with the exposure you need to report: *Local Health Jurisdiction Alameda Long Beach Los Angeles Marin Maricoss		
4.	Select appropriate exposure location type:	You are able to report school, workplace, congregate setting, and other location related exposures via this portal for Berkeley Health Department. Please choose from the options below. Report a School Exposure Report a Workplace/ Congregate/ Other Setting Exposure Previous Next		





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5.	Input required Key Point of Contact for Location information: First Name Last Name Email Phone Title/Role	Complete this form to report a workplace, congregate setting, or other location exposure for Alameda County Health Department. Key Point of Contact for Location Once approved by your local health department, this person will be granted access to SPOT to enter information about the exposure on behalf of the organization. *First Name - Key *Last Name - Key *Phone - Key Title / Role - Key
6.	Input required Location of Exposure fields for the site where exposure occurred: Location Name Location Type Street City Zip/Postal Code	Location of the Exposure Name and address of the school facility or site where the exposure took place, *Location Name *Location Type *Street *City *Zlp:PostalCode State CA
7.	Input required Exposure Information fields for case(s) being reported: • Start Date of Exposure • Specific Place in Location • Number of COVID-19 Positive Cases • Do people live at this location?	Exposure Information *Start Date of Exposure *Specific Place in the Location *Number of COVID-19 Positive Cases Number of Close Contacts *Do people live at this location? *If yes, what is the resident capacity? *Select an Option





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8.	In response to "Do you want to provide case information now?" select: "Yes, I am ready to provide this information" If you are not ready to provide case information, select "No," and proceed to step 11.	Please review the information you entered to confirm it is Angeles County Health Department. You will NOT be able You have the option to provide basic information abo contact information, etc.) along with this Intake Form submit the Intake Form and provide this information. * Do you want to provide case(s) information now? A case Yes, I am ready to provide this information No, I will provide this information later once the Heal	to edit the form after clicking Next. ut the positive case(s) from the exposure (name, If you do not have this information now, you cal once you have received your SPOT credentials. te is anyone who has tested positive for COVID-19. Ith Department has confirmed the information. Previous Next
9.	Input required COVID-19 case details for all cases being reported. Required fields are marked by a red asterisk	* First Name Alice * Birthdate Nov 4, 1985 * Mobile Phone 7605555555 * City Imperial * Zip 92551	*Last Name Quinn Language None *Home Street Address 5273 Somerset Dr *State California *Occupation/Job Title
10.	A summary of all information entered will appear after case details have been reported	John Birthdate March 3, 1990 Mobile Phone 99999999 City Imperial Zip 92251 Resident/Staff in Congregate Setting None Date entity notified of positive test Work Area/Department (for Staff) Race Gender None Symptom Onset Date August 22, 2022 Test Result None A	ast Name mith anguage fone fone fone fone fone fone fone fon





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After reviewing the summary for accuracy, scroll to the bottom of the page and click "Finish"

Finish

- 12. After submitting you will receive **two** emails from **CA COVID Team**:
 - 1. An automatic notification email with the message that the SPOT Intake Form was submitted successfully, a copy of information entered, and links to various resources
 - 2. You will receive a second email once the health department successfully processes your SPOT Intake Form; this email contains the location and exposure details and instructions on how to report additional cases linked to this cluster

SPOT Intake Forms are typically processed within 1 business day



1. Example of Automatic Notification Email

The health department has processed the intake form for Central Perk with a start date of 8/8/2022, 3:14PM.

To report additional cases identified within the next 14 days, please notate "2" difloor office" in the Specific Place in the Location field. You may also use the Notes field to add any additional notes and/or requests for follow up, if necessary.

Thank you,

COVID-19 Response Team

2. Example of Successful Processing Email

How to Report Additional Cases Linked to Cluster

To report additional cases linked to this case cluster submit another SPOT Intake Form, inputting the same **Specific Place in Location** and a message in the Notes section. The processing confirmation from the health department will confirm that the case count for the cluster has been updated. If you haven't yet registered with SPOT, you will receive a registration email. Please make sure to log in with ".spot" at the end of your email address.

