



Submitting Non-Healthcare Facility Consult Forms to DC Health

User Guide

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Accessing the Non-Healthcare Facility Consult Request Form

1

Copy and paste this link into your web browser to access the form:

<https://dccovid.force.com/NonHealthcareConsultRequestForm/s/>

2

Fill out all the necessary fields paying special attention to the ones that are mandatory (marked with a *)

It is divided in 3 different sections:

- Submitter Information
- Establishment Information
- Incident Summary



The screenshot displays the 'DC | HEALTH' logo at the top, with 'GOVERNMENT OF THE DISTRICT OF COLUMBIA' underneath. Below the logo is a disclaimer: 'Thank you for reaching out to the DC Health Epidemiology Investigation Team (EIT). If you believe you have a reportable disease, please contact your health provider. If you are experiencing a medical emergency, please call 911 immediately. Otherwise, please note that our response time may increase if cases of notifiable diseases increase in the District.'

The form is titled 'Submitter Information' in a blue header. It contains the following fields:

- Submitter First Name: Jon
- * Submitter Last Name: Stoll
- * Submitter Date Of Birth: Jan 1, 1990
- Submitter Title: School Administrator
- * Submitter Phone Number: 6784384446
- Submitter Additional Phone Number: (empty)
- * Submitter Email: jon.stoll@k12schools.edu
- Additional Point of Contact: --None--

Populating the Request Form

Provide the submitter contact information within the **Submitter Information** section.

- 1 Fill out your contact information within the **Submitter Information** section.

Note: Make sure to complete all the mandatory fields (marked with a *)

- 2 If you need to add an additional point of contact, select **Yes** in the Additional Point of Contact drop-down list. Then add the contact details within the fields that appear below.

The screenshot displays the DC Health Request Form. At the top, the DC Health logo and the text 'GOVERNMENT OF THE DISTRICT OF COLUMBIA' are visible. Below the logo, a disclaimer states: 'Thank you for reaching out to the DC Health Epidemiology Investigation Team (EIT). If you believe you have a reportable disease, please contact your health provider. If you are experiencing a medical emergency, please call 911 immediately. Otherwise, please note that our response time may increase if cases of notifiable diseases increase in the District.'

The 'Submitter Information' section is highlighted with a blue header. It contains the following fields:

- Submitter First Name:** Jon
- * Submitter Last Name:** Stoll
- Submitter Title:** School Administrator
- * Submitter Phone Number:** 6784384446
- Submitter Additional Phone Number:** (empty field)
- * Submitter Email:** jon.stoll@k12schools.edu
- Additional Point of Contact:** --None--

Numbered callouts are present: '1' points to the 'Submitter Information' header, and '2' points to the 'Additional Point of Contact' dropdown menu.

Populating the Request Form

Provide facility information within the **Establishment Information** section.

3

Populate your school or facility details within the **Establishment Information** section.

Include the establishment type (e.g. “Childcare and Pre-K facilities” or “Schools K-12”), then continue to include the name and location details within this section.

Note: Make sure to complete all the mandatory fields (marked with a *****)

The screenshot shows a tablet displaying the 'Establishment Information' section of a form. The form has a blue header bar with the title 'Establishment Information'. Below the header, there are several input fields with labels to their left. The fields are: 'Establishment Type' (a dropdown menu showing 'Schools (K-12)'), 'School Type' (a dropdown menu showing 'Public'), '* Establishment Name' (a text input field showing 'DC School'), 'Street Address' (a text input field showing '123 Main Street'), 'Apt/Suite' (an empty text input field), 'City' (a text input field showing 'Washington'), 'State' (a dropdown menu showing 'DC'), 'Postal Code' (a text input field showing '10001'), and 'Country' (a text input field showing 'United States'). The asterisk next to 'Establishment Name' indicates it is a mandatory field.

4

1. Click on the XLS icon to download the line list template.
2. Populate the data within the line list template spreadsheet. Pay close attention to the guidance provided in the column headers and the error messages built into the spreadsheet.

6

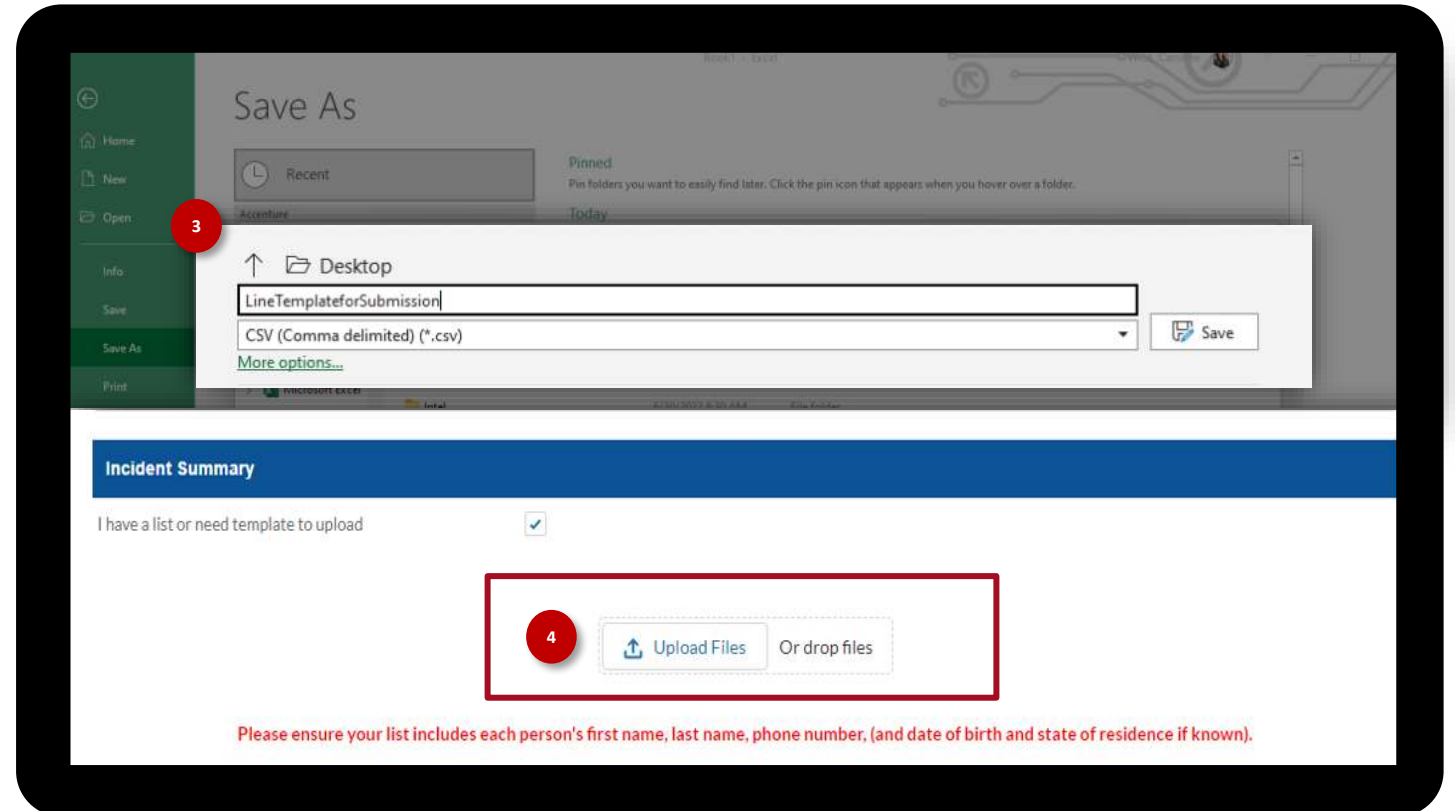
Populating the Request Form – Attaching a Line List

Upload a line list and provide incident details within the **Incident Summary** section.

4

Instructions continued

3. Once you have completed updating the line list, save the file in a **CSV (Comma delimited)(*.csv)** format. ***Important***
4. Either drag and drop files into the 'Upload Files' component or click **Upload Files** button to upload a file from your PC.



Populating the Request Form – Attaching a Line List

Upload a line list and provide incident details within the **Incident Summary** section.

4

Instructions continued

5. The **Upload File** component will appear to indicate that the file is uploading into the system and will inform you when it has successfully uploaded or if there is a failure. Click **Done** or the X to exit out of the popup screen.
6. The uploaded spreadsheet will appear within a table on the screen. Use the trashcan icon to remove the file.

5

Upload Files

csv

LineTemplateforSubmission (4).csv

21 KB

1 of 1 file uploaded

Done

6

Incident Summary

I have a list or need template to upload ☒

Upload File

Or drop files

Title	File Type	
LineTemplateforSubmission (4).csv	CSV	

Please ensure your list includes each person's first name, last name, phone number, (and date of birth and state of residence if known).

After completing the form, please save the file in .csv form before uploading or your form will not be processed.

Submissions are limited to a total of 50 cases and contacts. Only one file per request can be processed.

Line Template for submission available below

xls

Populating the Request Form

Provide the incident details within the **Incident Summary** section.

5

Use this section to include the case details with the following information:

- **Is this COVID related?** – answer yes or no
- **Suspected Disease** – locate the reported suspected disease/illness from the drop-down list
- **Estimated Number of Visitors/Patrons Exposed** – provide a number value (if applicable)
- **Estimated Number of Employees Exposed** – provide a number value (if applicable)
- **Incident Description** – use this field to provide the health department with as much detail related to the incident as possible that can assist the investigation team when evaluating your case.
- **Positive Case Submissions** – provide a number value (if applicable)

The screenshot displays the 'Incident Summary' form with the following fields and values:

- I have a list or need template to upload:** ☐
- Is this COVID related?:** Yes
- Suspected Disease:** COVID-19
- Estimated Number of Visitors/Patrons Exposed:** 14
- Estimated Number of Employees Exposed:** 2
- Incident Description:** A rich text editor with 'Salesforce Sans' font, size 12, and bold, italic, underline, and strikethrough options. The text area contains 'Incident Description Details here...'.
- Positive Case Submissions:** 2
- Submit:** A blue button at the bottom right.

6

Click **Submit** once you have completed the form.

Submission Complete

After completing the Non-Healthcare Facility Consult Form, verify that the form has successfully been submitted.

7

A thank you message will appear on the screen indicating the Non-Healthcare Facility Consult Form has successfully been submitted to DC Health.



Need Help?

If you have any questions or need assistance with the Non-Healthcare Facility Consult Form, please contact Covid19.EPITA@dc.gov.

