



Yale
NewHaven
Health

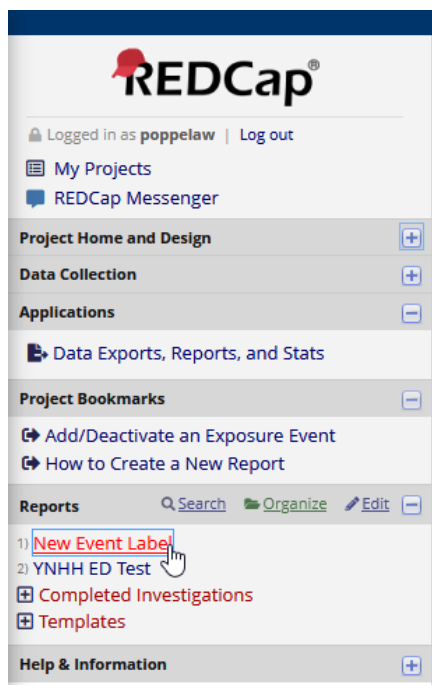


Yale Center for
Clinical Investigation

COVID Employee Exposure Tracking

Viewing a Report and Tracking Data

1. Click on the report you'd like to view



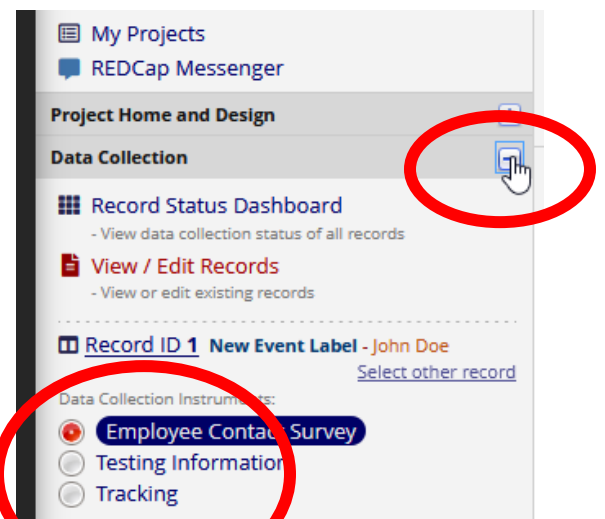
2. If you want to view or update a particular employee's data, click the number under Record ID

New Event Label

See status of employees according to exposure event


Record ID record_id	Select the label of the exposure event exposure_label	Manager Name and Title: mgrname	Manager Email: mgremail	Exposed Employee First Name: fname	Exposed Employee Last Name: lname	Exposed Employee Best Contact Phone Number: ph	Exposed Employee Email Address: email	Exposed Employee Hospital Affiliation: employee_affiliation	Exposed Employee Job Title: employee_job_title	Did the employee have a direct workplace exposure or is this part of a cluster investigation? cluster_inv_or_exposure	Exposure Risk Category risk_category	Exposure Risk Category risk_category
1 New Event Label - John Doe	New Event Label (New Event Label)	Block	test@noreply.com	John	Doe	(555) 867-5309	test@noreply.com	LMH (6)	Paper	Employee had direct workplace exposure (1)		High Risk
2 New Event Label - Jane Doe	New Event Label (New Event Label)	Scissors	test@noreply.com	Jane	Doe	(555) 867-5309	test@noreply.com	WH (7)	Scissors	Cluster Investigation; Employee did NOT have direct workplace exposure (2)		
3 New Event Label - Bob Johnson	New Event Label (New Event Label)	Paper	test@noreply.com	Bob	Johnson	(555) 867-5309	test@noreply.com	SRC (4)	Scissors	Cluster Investigation; Employee did NOT have direct workplace exposure (2)		

3. Expand the Data Collection section to show the Tracking form, where you can update this employee's information



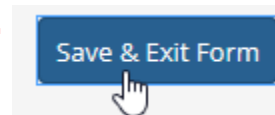
Example of updating test results:

Tracking

 Editing existing Record ID 1 **New Event Label** - John Doe

Record ID	1
Employee Contacted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending
Employee Out of Work?	<input type="radio"/> Yes <input type="radio"/> No
Date of Baseline 1st Test	<input type="text"/> <small>MM-DD-YYYY</small> <small>31</small> M-D-Y
Result of Baseline 1st Test	<input type="text"/> <small>31</small> M-D-Y
Date of 2nd Test	<input type="text"/> <small>31</small> M-D-Y
Result of 2nd Test	<input type="text"/> <small>31</small> M-D-Y
Comment	

Make sure to save the form ->



✓ Record ID 1 successfully edited