Quick Reference Guide

COVID REFERRAL QUEUE

Newfoundland Labrador **Centre for Health Information**

Welcome to

COVID Referral Queue

Please Sign In

User Name	User Name
Password	Password

Log in

LOG IN

- Go to : https://covid-appt.easternhealth.ca/
- Enter your username (i.e., firstname.lastname)
- Enter your password
- Click the **Log In** button
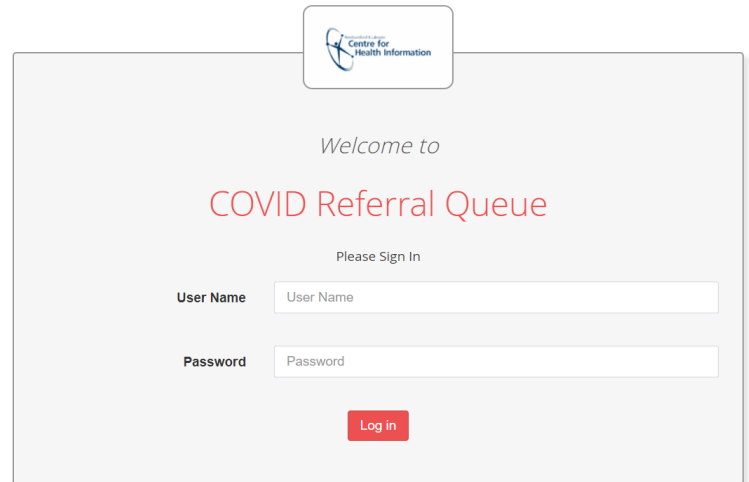
REFERRAL QUEUE

Once logged in you will be brought to the Referral Queue

- **Search Criteria** - allows you to search for clients, or referrals, using various filters.

- **Results** - provides you with a summary table of all referrals in your region listed by date. The most recently submitted referrals will appear at the end of the list.
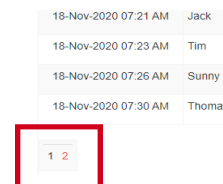
COVID Referral Queue

Log off

Home > Client Search

👤 Referral Queue

Search Criteria

MCP	First Name	Last Name	DOB	RHA
MCP	First Name	Last Name	dd-mmm-yyyy	Western Health
Priority	**Date Swab Required**	**Home Visit Required?**	**Status**	**Catchment Area**
All Referrals	dd-mmm-yyyy	No	Open	Select...	Reset	🔍 Search

Results

Date Added	First Name	Last Name	Initial	DOB	MCP	Call Back Number	RHA	Catchment	Date Swab Required (Start)	Date Swab Required (End)	Priority?	Home Visit?	
26-Oct-2020 09:22 AM	Android	Test	Tt	26-Oct-1994	66656666766	(555) 555-5555	WH				☐	☐	View
17-Nov-2020 07:37 AM	John	Test		28-Nov-1989		(709) 321-1234	WH	Burgeo			☑	☐	View

If there are multiple pages of referrals, the numbers located on the bottom left screen will allow you to scroll through each page

18-Nov-2020 07:21 AM	Jack
18-Nov-2020 07:23 AM	Tim
18-Nov-2020 07:26 AM	Sunny
18-Nov-2020 07:30 AM	Thomas

1 2

SEARCH CRITERIA

To search for a **Client** enter either:
1) MCP (if available)
2) Client Name and Date of Birth
- Click the **Search** button

Search Criteria

MCP	First Name	Last Name	DOB	RHA
MCP	First Name	Last Name	dd-mmm-yyyy	Western Health
Priority	**Date Swab Required**	**Home Visit Required?**	**Status**	**Catchment Area**
All Referrals	dd-mmm-yyyy	No	Open	Select...	Reset	🔍 Search

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Newfoundland & Labrador
Centre for
Health Information

Newfoundland
Labrador
CANADA

COVID REFERRAL QUEUE

To search for a **Referral List** you can filter by:

1) Priority
- If you are responsible for monitoring referrals that are flagged as Priority, under 'Priority' select Priority Only

Priority

All Referrals
All Referrals
Priority Only

2) Date Swab Required
- If you are monitoring rotational workers, international students, refugees, or migrant workers who require a swab on a particular date, under 'Date Swab Required' select the date from the calendar

Date Swab Required

dd-mmm-yyyy

3) Home Visit Required
- If you are monitoring referrals that require home visits, under 'Home Visit Required?' select Yes
.

Home Visit Required?

No
No
Yes

4) Status
- If you would like to review referrals that are completed, under 'Status' select Completed

Status

Open
Open
Completed

5) Catchment Area
- If you are monitoring referrals for a particular location under 'Catchment Area' select your location

Catchment Area

Select...
Select...
Bay St. George
Bonne Bay

Next Steps:

- After filters are selected, click the Search button on the bottom right of the 'Search Criteria' section. The results will display below

- To clear the search criteria, click the Reset button on the bottom right of the 'Search Criteria' section

↻ Reset
🔍 Search

- If there are **no matches** based on the filters applied, you will see a message stating 'No Matching Clients'

Initial	DOB	MCP	Call Back Number	RHA	Catchment	Date Swab Required (Start)	Date Swab Require
				No Matching Clients			

- If there **are matches** see 'Results'

RESULTS

All referrals currently in the queue for your Region will display in the 'Results' section unless the 'Search Criteria' has been filtered
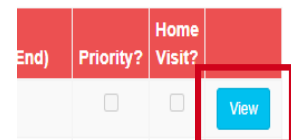
Results

Date Added	First Name	Last Name	Initial	DOB	MCP	Call Back Number	RHA	Catchment	Date Swab Required (Start)	Date Swab Required (End)	Priority?	Home Visit?	
26-Oct-2020 09:22 AM	Android	Test	Tt	26-Oct-1994	66656666766	(555) 555-5555	WH				☐	☐	View
17-Nov-2020 07:37 AM	John	Test		28-Nov-1989		(709) 321-1234	WH	Burgeo			☑	☐	View

COVID REFERRAL QUEUE

The '**Results**' section displays the following details:

- Date the referral was added to the 'Referral Queue'
- Client's demographic and contact information
- Relevant dates. Please note that the 'Date Swab Required (start)' and 'Date Swab Required (end)' columns are specific to rotational workers, international students, refugees, or migrant workers
- The priority column will indicate if the referral is priority, for example if the client is a symptomatic health care employee
- 'Home Visit' column indicates whether the client requires a home visit for COVID testing

- Click the View button in the last column to view the referral in more detail. You will be taken to the 'Referral Details' screen

End)	Priority?	Home Visit?
	☐	☐	View

REFERRAL DETAILS

View Submitted Self-Assessment Form	⌄

Health Authority			Catchment Area		
Western Health			Burgeo		

First Name	Initial	Last Name	Date of Birth	Priority?
John		Test	28-Nov-1989	☐ Yes

MCP or HCN	Call Back Number	Date Swab Required (Start)	Date Swab Required (End)	Home Visit?
	(709) 321-1234			☐ Yes

Client Type *(please select all that apply)*
4/41 Selected

- ☐ Symptomatic contact of a case, meets symptom criteria
- ☐ Symptomatic contact of a case, does not meet symptom criteria
- ☐ Asymptomatic contact of a case
- ☐ Symptomatic traveler, meets symptom criteria
- ☐ Symptomatic traveler, does not meet symptom criteria
- ☑ Asymptomatic traveler
- ☐ Symptomatic contact of a symptomatic traveler, meets symptom criteria
- ☐ Symptomatic contact of a symptomatic traveler, does not meet symptom criteria
- ☐ Asymptomatic contact of a symptomatic traveler

Symptoms *(please select all that apply)*
0/12 Selected

- ☐ Fever (including chills/sweats)
- ☐ Cough (new or worsening)
- ☐ Small red or purple spots on hands and/or feet in a child/young adult less than 20 years of age
- ☐ Shortness of breath or difficulty breathing
- ☐ Runny, stuffy or congested nose (not related to seasonal allergies or other known causes/conditions)
- ☐ Sore throat or difficulty swallowing
- ☐ Headache

Other Symptom Details:

Comments

☐ Referral Completed

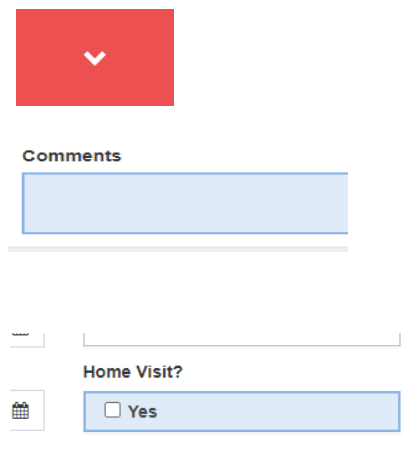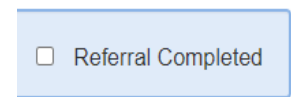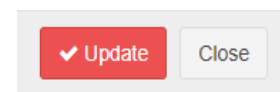✔ Update   Close

Quick Reference Guide

COVID REFERRAL QUEUE

There are 4 actions that you can complete on the 'Referral Details' Screen:

1) To view the client's self-assessment form:
- Click the **arrow** on the top right of the 'View Submitted Self-Assessment Form' section. This form will open in view only
- To minimize the referral form, click the **arrow** again

2) To add a comment:
- Type in the Comment box at the bottom left of the screen

3) To indicate if a home visit is required for COVID testing:
- If the client states they cannot attend a clinic and requires a home visit for COVID testing, select the **Home Visit** checkbox otherwise leave it blank
- If it is determined that the client does not require a home visit for COVID testing, you can unselect the **Home Visit** checkbox

4) To complete the referral:
- Select the **Referral Completed** checkbox at the bottom right corner of the screen to remove the client from the queue. If the appointment has not been booked and you wish to keep the client in the referral queue do not select this option

- To save any changes, click the **Update** button at the bottom right corner of the screen. This will return you to the Referral Queue

- If no changes were made to the referral, click the **Close** button to return to the Referral Queue

LOG OFF

Click Log Off at the top right corner of the Referral Queue screen