

**NEDSS Training Exercises for**

**Module 7: Contact Investigation Tab**

**Overview:**

* This module contains 1 exercise, #11, with 2 parts.
* When you have finished, email your supervisor your responses.

**Exercise #11 Instructions**

**Part 1: Contact Investigation Section of the CI Tab**

Create a new or open an existing patient file on a patient with a TB (2020 RVCT) investigation.

Go into the TB investigation, and in the contact investigation tab add the following Exposure Location in the repeating block:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exposure Location Name** | **Exposure Location Type** | **Address of Exposure Location** | **Start Date at This Location** | **End Date at This Location** |
| Office | Office/Workplace | 201 W Howard Ln, Austin TX 78753 | 01/01/2023 | 01/15/2023 |

1. Insert a screenshot. Review their screenshot; should look like this with the right address as **201** W Howard, and dates as per table above:



1. How would you edit the “Address of Exposure Location”? Describe or provide a screenshot of button

Click inside the Address of Exposure Location box and delete what is needed and replace it with the correct information.

1. Change the address to “202”. Provide a screenshot of results:

Review screenshot with new address of **202**.



**Part 2: TB Exposure Repeating Block section of the Contact Investigation Tab**

The patient used in part 1 was also named as a contact in a 2018 and 2020 contact investigation.

Enter the information for both the 2018 and 2020 contact investigations.

2018 Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source Case State Case Number** | **Contact Relationship to Source Case** | **Date Identified as Contact** | **Linked Case Infection Period End Data** | **Contact ATS Classification** |
| 2018-TX-000012345 | Cousin | 04/04/2018 | 03/15/2018 | 1 - M. TB exposure, no evidence of infection |

2020 Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source Case State Case Number** | **Contact Relationship to Source Case** | **Date Identified as Contact** | **Linked Case Infection Period End Data** | **Contact ATS Classification** |
| 2020-TX-000098765 | Employee | 06/05/2020 | 06/15/2020 | 1 - M. TB exposure, no evidence of infection |

1. Provide a screenshot in the TB Exposure Repeating Block of both the 2018 and 2020 contact investigation:

Screenshot should look like this:

