



**RL Form Design**  
**COVID-19**

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## Building a COVID-19 Form for Your Organization

Description: In response to the respiratory illness outbreak, COVID-19, RLDatix is sharing a way to help your organization collect and manage the data surrounding these events. Below we demonstrate high-level how to build a form to capture and track patient, employee and visitor COVID-19 related events via the RL6 application. For detailed form design steps please see the Forms Anatomy guide [HERE](#).

NOTE: Below is a high-level guideline. The fields and sections can be manipulated to accommodate your organization culture.

### Build the Form Components

#### Step 1: Add New Pick List Values to Existing Picklists

##### A. General Event Type

Add COVID – 19 as a General Event Type for your organization.

1. Navigate to Admin Center → **Picklist Manager**
2. Select Module – **Risk**
3. Search for Picklist – **TYPEOFINC**
4. Add General Event Type – **COVID – 19**

### Pick List Manager

#### Pick List Details

Name: \*

Caption:

#### Pick List Values

Add
Open
Delete
Move
Cut
Paste
Check Usage
Visibility
Replace

Reset

<input type="checkbox"/>	Value	Description
<input type="checkbox"/>	Access Procedures and Lifeline	Access Procedures and Lifeline
<input type="checkbox"/>	Adverse Drug Reaction	Adverse Drug Reaction
<input type="checkbox"/>	Airway Management	Airway Management
<input type="checkbox"/>	Behavioral/Patient Complaints and Security	Behavioral/Patient Complaints and Security
<input type="checkbox"/>	Blood Loss	Blood Loss
<input type="checkbox"/>	Clinical Care	Clinical Care
<input type="checkbox"/>	COVID-19	COVID-19

## B. Specific Event Type:

Add the Specific Event Types your organization needs to capture COVID-19 events.

1. Navigate to Admin Center → **Picklist Manager**
2. Select Module – **Risk**
3. Search for Picklist – **Risk.Event.Type.Specific**
4. Add any COVID - 19 related Specific Event Types ensuring visibility is set to General Event Type = COVID-19 (Note: All COVID - 19 related values have prefix “COVID - 19”)

## C. Type of Person Affected:

Configure the types of people affected to appear based on the new COVID-19 General Event Type added.

1. Navigate to Admin Center → **Picklist Manager**
2. Select Module – **Risk**
3. Update visibility conditions of “Employee/Staff”, “Patient/ In-Patient/ Out-Patient” and “Visitor” to also appear when the General Event Type is COVID-19

## Step 2: Create New Pick Lists:

Many of the new fields in the COVID-19 form use the Common.Yes.No pick list, but the form also contains 8 new pick lists. See the [COVID-19 Incident Report](#) taxonomy for further details.

1. Navigate to Admin Center → **Picklist Manager**
2. Select Module – **Risk**
3. Click **Add**

### New Pick Lists:

- Type of facility
- If yes, what type of AGP procedure?
- If yes, which type of exposure?
- Type of health care personnel
- Health care facility unit type where employee works?
- Was the employee involved with health care interaction(s); (paid or unpaid), in another health care facility during the period above?
- Frequency employee wore PPE (Used in multiple fields in Adherence to Infection Prevention & Control section)
- If yes, which type of accident?

### Step 3: Create New Fields:

The COVID-19 form contains existing and new fields. See the [COVID-19 Incident Report](#) taxonomy for further details.

1. Navigate to Admin Center → **Fields**
2. Select Module – **Risk**
3. Click **Add**

#### New Fields:

##### **Persons Affected (Patient Demographics/Employee Information) section -**

- Was patient previously in another healthcare facility?
  - If yes, name of facility
- Type of facility
- Other Facility
- Primary reason for visit/hospitalization
- Care Team notified of potential exposure
- Was Employee N95 fit tested
- Was employee trained and fitted for Powered Air-Purifying Respirators (PAPR)
- Was employee using appropriate fit tested mask at the time of event?
- Type of health care personnel
- Health care facility unit type where employee works?

##### **COVID-19 Details section –**

- Does the patient provide history of living in the same household environment with a confirmed COVID-19 patient?
- Does the patient have history of traveling in proximity (within 1 meter) with a confirmed COVID-19 patient in any kind of conveyance?
- Was the patient in close proximity contact (within 1 meter) with a confirmed COVID-19 patient in the health care facility?
- Was the patient present when any aerosol generating procedures (AGP) was performed?
- If yes, what type of AGP procedure?
- Did the patient have direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom, personal effects etc.
- During the period of interaction
- with a COVID-19 infected patient, did the patient have any episode of exposure with biological fluid/respiratory secretions?
  - If yes, which type of exposure?
- Exposure Event Description
- Describe Illness /Injury/ Effects This Exposure Event
- Date of Exposure (DD/MM/YYYY)
- Where multiple COVID-19 patients in health care facility at time of exposure incident?

##### **Employee Interactions & Activities section –**

- Does the employee provide history of living in the same household environment with a confirmed COVID-19 patient?
- Does the employee have history of traveling in proximity (within 1 meter) with a confirmed COVID-19 patient in any kind of conveyance?
- Did employee provide direct care to a confirmed COVID-19 patient?
- Was the employee in face-to-face contact (within 1 meter) with a confirmed COVID-19 patient in the health care facility?
- Was the employee present when any aerosol generating procedures (AGP) was performed?

- If yes, what type of AGP procedure?
- Did the employee have direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom, personal effects etc.
- Was the employee involved with health care interaction(s); (paid or unpaid), in another health care facility during the period above?

**Adherence to Infection Prevention & Control (IPC) section –**

- During the period of a health care interaction with a COVID-19 patient, did the employee wear personal protective equipment (PPE)?
- Single gloves (2 fields)
- N95 Mask (2 fields)
- Face shield or goggles/protective glasses (2 fields)
- Disposable gown (2 fields)
- During the period of health care interaction with the COVID-19 patient, did the employee remove and replace PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc.)?
- During the period of health care interaction with the COVID-19 case, did the employee perform hand hygiene before and after touching the COVID-19 patient?
- During the period of health care interaction with the COVID-19 case, did the employee perform hand hygiene before and after any clean or aseptic procedure was performed (e.g. inserting: peripheral vascular catheter, urinary catheter, intubation, etc.)?
- During the period of health care interaction with the COVID-19 case, did the employee perform hand hygiene after exposure to body fluid?
- During the period of health care interaction with the COVID-19 case, did the employee perform hand hygiene after touching the COVID-19 patient's surroundings (bed, door handle, etc.)?  
Note: this is irrespective of wearing gloves
- During the period of health care interaction with the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)?
- During aerosol generating procedures on a COVID-19 patient, did the employee wear personal protective equipment (PPE)?
- Powered Air-Purifying Respirators (PAPR)
- During aerosol generating procedures on the COVID-19 patient, did the employee remove and replace PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc.)?
- During aerosol generating procedures on the COVID-19 case, did the employee perform hand hygiene before and after touching the COVID-19 patient?
- During aerosol generating procedures on the COVID-19 case, did the employee perform hand hygiene before and after any clean or aseptic procedure was performed (e.g. inserting: peripheral vascular catheter, urinary catheter, intubation, etc.)?
- During aerosol generating procedures on the COVID-19 case, did the employee perform hand hygiene after touching the COVID-19 patient's surroundings (bed, door handle, etc.)?
- During aerosol generating procedures on the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)?

**Accidental exposure to biological material section –**

- During the period of a health care interaction with a COVID-19 infected patient, did the employee have any episode of accident with biological fluid/respiratory secretions?
  - If yes, which type of accident?
- Describe The Exposure Event
- Describe Illness / Injury Associated With This Event

## Step 4: Build the Forms Structure - Sections

The COVID-19 form has 5 new sections: COVID-19 General, COVID-19 Details, Employee Interactions & Activities, Adherence to Infection Prevention & Control (IPC) and Accidental Exposure to Biological Material. The form also requires the use of the Person Affected section which captures the Patient Demographics and the Employee Information. Create the new sections, configure the Person Affected section and add the common sections as your organization sees fit. See the [COVID-19 Incident Report taxonomy](#) for further details.

1. Navigate to Admin Center → **Forms**
2. Select Module – **Risk**
3. Click the **Sections** Tab
4. Click **Add**

### Unique COVID-19 Sections (in order):

- COVID-19 General
  - General Event Type
  - Specific Event Type (optional)
  - Type of Person Affected
- Person Affected (Patient Demographics / Employee Information)
- COVID-19 Details
- Employee Interactions & Activities
- Adherence to Infection Prevention & Control (IPC)
- Accidental Exposure to Biological Material

### Common Sections (optional):

- When and Where Event Occurred
- Parties Involved
- Attachments

## Step 5: Add the New Sections to the Form

The COVID-19 form contains sections pertaining to a patient, visitor or employee event. As a result all new sections need to be added to the form and conditioned to appear based on the Type of Person Affected field. See the [COVID-19 Incident Report](#) taxonomy for further details.

Once all sections are built:

1. Navigate to Admin Center → **Forms**
2. Select the **Forms** Tab
3. Click **Add**
4. Create a **Submission** form by adding the following sections:
  - COVID-19 General
  - Person Affected (Patient Demographics / Employee Information)
  - COVID-19 Details
  - Employee Interactions & Activities
  - Adherence to Infection Prevention & Control (IPC)
  - Accidental Exposure to Biological Material

### Optional Sections

- When and Where Event Occurred
  - Parties Involved
  - Attachments
5. Click **Save** at the top of the Submission form and be sure to select the File Type “COVID-19”
  6. Create a **Management** form by **copying** the new Submission Form and adding the following sections:
    - Follow-up
    - Resolutions & Outcomes
  7. Click **Save** at top of the Management form and be sure to select the File Type “COVID-19”

To link the Type of Person Affected field to the appropriate section such that when Patient is selected, only the patient sections appear OR when Employee is selected, only the employee sections appear follow the below:

1. Navigate to **Employee Interactions & Activities** section
2. Under the **General** Tab, create an ID (i.e EmployeeInteractions)
3. Copy the ID
4. Click **Save**
5. Navigate to the **Sections** Tab and open the COVID-19 General section
6. Select the **Type of Person Affected** field, under Properties, click the **Check List** tab
7. Paste the copied ID into the **Extra Sections** field
  - NOTE: Additional extra sections must be separated by a comma “,”
8. Click **Save**
9. Repeat the above steps for all the new unique sections



## Step 6: Create an Icon and add to Icon Wall Template

Once the COVID-19 form is complete, create the icon that will allow users to access the COVID-19 Submission form on the Icon wall. The “treatment” icon will be used to hold the COVID-19 form in this example. Your organization can select another icon from our selection on the HUB [HERE](#) or create your own icon.

1. Navigate to Admin Center → Appearances and Personalisation → **Icon Wall Icons**
2. Click **Add** (or New depending on RL6 version)
3. Enter an Icon Name – COVID - 19
4. In the Form field, Select the new **COVID -19** Submit form
5. Click **OK**
6. Navigate to the Admin Center → Icon Wall Templates
7. Select the applicable Icon Wall Template(s) and **Edit**