

# CalREDIE/PIR Quick Guide



Reporting  
Pesticide Illness and Injury  
with CalREDIE

May 2013

# Target Audience

This guide was developed for local health department, county agricultural staff, and state users who handle pesticide illness reports. It provides basic guidance on entering pesticide illness reports received from providers and accessing reports that have been entered into CalREDIE. At this time, it does not cover the import of pesticide illness reports from the Disease Incident Staging Area.

## Overview

- Logging in
- Creating a new patient with a pesticide illness
- Submitting an incident
- Adding an incident to a previously reported patient
- Using the Electronic Filing Cabinet
  - Adding a file to an incident
  - Accessing a file in an incident
- Printing reports
- Generating reports

- Navigate to the CalREDIE website <https://calredie.cdph.ca.gov/>
- Enter your username and password



Version: 10.1.0.180

 California Reportable Disease  
Information Exchange

 CDPH  
California Department of  
Public Health

Username

Password

[Change Password](#)

New Users, [click here](#).

[ARNOLD](#)

[Install ActiveX Controls](#)



- On the Person tab, search to see if the patient has already been entered
- Enter “Last Name, First Name” and click **Find**

Logged in as [admin](#) / [Logout](#)

Person Disease Incident Outbreak ?

Name
  SSN
  DOB
  Address
  Phone
  Zip
  Create Date
  MRN
  SoundEx
  Source Identifier

Valero, Jorge **Find** New Patient Clear Mark For Merge

Client Type  =Patient  =Contact  =Family Member  Additional Demographics

Role(s)	Last Name	First Name	DOB	SSN	Current	Address
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	(Unknown)	(Unknown)	6/22/1975		Y	CA, 92585
<input type="checkbox"/> <input checked="" type="checkbox"/>	.Newhall	Gilberto	1/30/1990		Y	2353 ETCHEVERY DR, B, 92870
<input type="checkbox"/> <input checked="" type="checkbox"/>	01-031972Kers hnr	James	4/16/1991		Y	695 Stanley PL, Foothill Ranch
<input type="checkbox"/> <input checked="" type="checkbox"/>	03151995Tin er	Arvind	6/10/1997		Y	312 Cooley Dr, Herald, CA
<input type="checkbox"/> <input checked="" type="checkbox"/>	A	Adan	3/30/1990		Y	CA
<input checked="" type="checkbox"/> <input type="checkbox"/>	Aaberg	Ngoc	8/24/1995		Y	#A, Mojave
<input checked="" type="checkbox"/> <input type="checkbox"/>	Aakhus	Larry	11/10/2009	XXX-XX-5400	Y	15007 NOTNIL WAY
<input checked="" type="checkbox"/> <input type="checkbox"/>	Aal	Danny	3/22/1981		Y	4004 Ivywood Ct, Wasco, CA, 92880
<input checked="" type="checkbox"/> <input type="checkbox"/>	Aamot	Amanda	3/14/1988		Y	Nice, CA
<input checked="" type="checkbox"/> <input type="checkbox"/>	Aardweg	Nieah	12/20/1990		Y	4860 Forecast Way, Ridge Farm, CA, 95677

◀ PREV    NEXT ▶



- If no match, click **New Patient**

Search | Jurisdiction Review | Outbreak | Staging | Administration | Dictionaries | Reports | Help

Logged in as: 88Wisniewski, Joy Domain: Main

Person | Disease Incident | Outbreak

Name  SSN  DOB  Address  Phone  Zip  Create Date  MRN  SoundEx  Source Identifier

Valero, Jorge

Client Type  P=Patient  C=Contact  F=Family Member  Additional Demographics

Role(s)	Last Name	First Name	DOB	SSN	Current	Address
◀ PREV   NEXT ▶						

Historical Jurisdiction Access

Type	ID	Disease	Jurisdiction	Date Created	Pro/Res Status	User	Marked For Merge
◀ PREV   NEXT ▶							

Associations

Last Name	First Name	DOB	SSN	Current	Address
◀ PREV   NEXT ▶					

# Disease Incident Patient Tab

- For Disease Being Reported, select **Pesticide Illness (known or suspected)**
- Enter patient information—required fields are highlighted and marked with an asterisk (\*)
  - If **Gender, Ethnicity** or **Race** are unknown, check that option
- While not required, patient's **Date of Birth** and **Address** help identify duplicates in master person index, and a contact **Phone Number** is critical for effective follow-up investigation
- Click **Next**

Patient: Valero,Jorge Incident ID: Process Status:  
 DOB: Disease: Pesticide Illness (known or suspected) Resolution Status:

Patient Pesticide Illness Case Investigation

\* Disease Being Reported: Pesticide Illness (known or suspected)

\* Last Name: Valero \* First Name: Jorge Middle Name: Name Suffix:  
 SSN: DOB (MM/DD/YYYY): 08/23/1962 Age: 50 Months: Days:  
 Address Number & Street: Apartment/Unit Number:  
 City: Fresno State: CA Zip:  
 Census Tract: County of Residence: Country of Residence:  
 Country of Birth: Date of Arrival (MM/DD/YYYY):  
 Home Telephone: Cellular Phone / Pager: Work/School Telephone:  
 E-mail Address: Other Electronic Contact Information:  
 Work/School Location: Work/School Contact:  
 \* Gender: Male Pregnant?: Yes No Unknown Estimated Delivery Date:  
 Marital Status: Medical Record Number: View...  
 Occupation Setting: Describe/Specify:  
 Occupation: Describe/Specify:  
 Occupation Location:

Primary Language: English  
 \* Ethnicity: Hispanic/Latino  
 \* Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Other, Unknown, White  
 Reported Race: White

Next Cancel

# Disease Incident Pesticide Illness Tab

- Complete the fields on the **Pesticide Illness** tab
- Note that **Illness onset date** is populated from Case Investigation tab
- **Reminder: DO NOT include HIV/AIDS information under pre-existing conditions**

**Disease Incident** ?

**Patient:** Smith, Alex      **Incident ID:**      **Process Status:**

**DOB:**      **Disease:** Pesticide Illness (known or suspected)      **Resolution Status:**

Patient
Pesticide Illness
Case Investigation

**PESTICIDE-RELATED ILLNESS INFORMATION**

A pesticide illness case is a patient who is or may be suffering from pesticide poisoning or any disease or condition caused by a pesticide. The term pesticide includes any product intended to repel, kill, prevent, destroy, control, or mitigate any pest. Pesticides include insecticides, herbicides, plant growth regulators, rodenticides, or other vertebrate control agents, repellents, dessicants, fungicides, miticides, disinfectants, sterilants, and sanitizers. Spray adjuvants are pesticides under California law.

**Illness onset date (populated from Case Investigation tab)**      **Initial examination date**

**List any pre-existing conditions (e.g. allergies, asthma, etc)**

**SYMPTOMATIC**

Asymptomatic

**PESTICIDE-RELATED ILLNESS INFORMATION - SIGNS AND SYMPTOMS**

Check all that apply

---

**Dermatologic**

Blistering       Burns       Edema       Erythema (redness)       Irritation/Pain       Other

Pruritis (itching)       Rash

**If other, specify**

# Disease Incident Pesticide Illness Tab

<b>Gastrointestinal</b>					
<input type="checkbox"/> Abdominal Pain/Cramping	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Other	
If other, specify					
<hr/>					
<b>Neurologic/Sensory</b>					
<input type="checkbox"/> Anxiety/Irritability	<input type="checkbox"/> Ataxia (incoordination)	<input type="checkbox"/> Confusion	<input type="checkbox"/> Depressed Consciousness / Coma	<input type="checkbox"/> Diaphoresis (profuse sweating)	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Fasciculation (muscle twitching)	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle Pain/Cramping	<input type="checkbox"/> Muscle Weakness	<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Other
<input type="checkbox"/> Salivation	<input type="checkbox"/> Seizure	<input type="checkbox"/> Tremors			
If other, specify					
<hr/>					
<b>Ocular</b>					
<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Corneal Abrasion	<input type="checkbox"/> Irritation/Pain	<input type="checkbox"/> Lacrimation (tearing)	<input type="checkbox"/> Miosis (pinpoint pupils)	<input type="checkbox"/> Other
<input type="checkbox"/> Photophobia					
If other, specify					
<hr/>					
<b>Respiratory</b>					
<input type="checkbox"/> Cough	<input type="checkbox"/> Dyspnea (shortness of breath)	<input type="checkbox"/> Rhinitis (runny nose)	<input type="checkbox"/> Upper Respiratory Irritation/Pain	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Other
If other, specify					
<hr/>					
<b>Other Systemic</b>					
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Excessive Urination	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fever/Hyperexia	<input type="checkbox"/> Malaise	<input type="checkbox"/> Other
<input type="checkbox"/> Tachycardia					
If other, specify					
<hr/>					
<input type="checkbox"/> Pesticide related death	Date of Death (populated from the Case Investigation tab)				
	<hr/>				

- Note that **Date of Death** is populated from Case Investigation tab

# Disease Incident Pesticide Illness Tab

- Multiple diagnostic tests can be listed by clicking the **Add** button

**PESTICIDE-RELATED ILLNESS INFORMATION - LAB TESTS**

ID-01

Were diagnostic or laboratory tests conducted?

No     
  Yes, completed     
  Yes, pending

If Completed or Pending, please describe:

Test	Results (include reporting units)
<input type="text"/>	<input type="text"/>
	Normal range or baseline used
	<input type="text"/>
	Date specimen collected
	<input type="text"/>

**PESTICIDE-RELATED ILLNESS INFORMATION - OTHER DETAILS**

Was patient hospitalized?

Yes     
  No     
  Unknown

Treatment rendered

Medical diagnosis

Remarks (Include physician observations, or other details relevant to the case, not provided above)

Pesticide exposure date

Name of pesticide(s) or active ingredient(s)      Name unknown

      Unknown

Location where pesticide exposure occurred (street address, cross streets etc.)

City of exposure      County

State      Zipcode

Describe how patient was exposed to pesticide (e.g. drift, direct spray, environmental residue, spill, ingestion)

# Disease Incident Pesticide Illness Tab

- If **Yes** is selected for a work-related pesticide exposure, a pop-up message appears, directing **providers** to complete the Doctor's First Report (DFR) Form, found in the electronic filing cabinet.

Did exposure occur at work?

Yes     No     Unknown

If yes, name of patient's employer

Name of patient's supervisor

Message from webpage

 For work-related illness or injury, physicians are required to file a Doctors First Report of Occupational Injury or Illness (DFR) within five days of initial patient examination. Please note that this form cannot be submitted electronically, but must be printed and sent directly. The DFR is available in the Electronic Filing Cabinet (EFC)

OK

# Disease Incident Pesticide Illness Tab

Did exposure occur at work?  
 Yes     No     Unknown

If yes, name of patient's employer

Name of patient's supervisor

Patient's activity when pesticide exposure occurred

If other, specify

---

Were others exposed?  
 Yes     No     Unknown

Additional detail on pesticide exposure incident

- After completing the Pesticide Illness tab, select **Next**

# Disease Incident Case Investigation Tab

- Select the appropriate Jurisdiction on the Case Investigation tab
- ***The Statuses fields are not used by the State for pesticide illness, so complete the fields according to your local needs***

**Disease Incident** ?

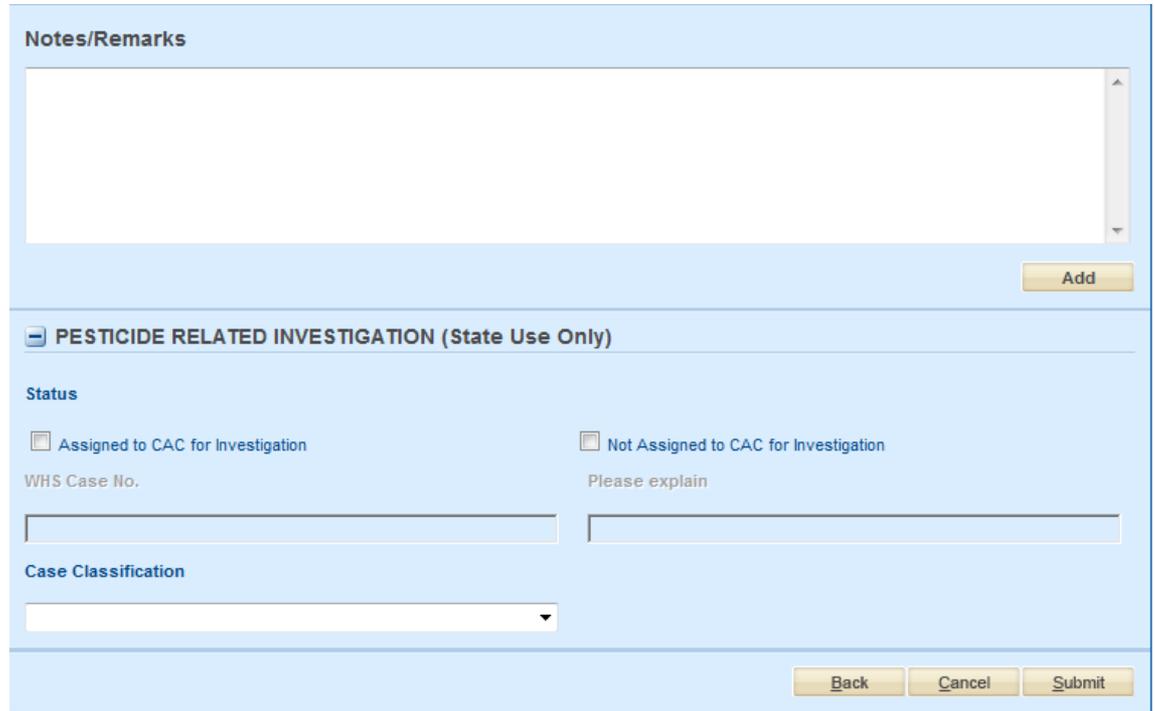
Patient: Smith, Alex      Incident ID:      Process Status: Entered  
 DOB:      Disease: Pesticide Illness (known or suspected)      Resolution Status: Suspect

Patient
Pesticide Illness
Case Investigation

Case Information	Dates	Statuses
<p>* Jurisdiction  <input style="width: 100%;" type="text"/></p> <p>Secondary Jurisdiction  <input style="width: 100%;" type="text"/></p> <p>Investigator  <input style="width: 100%;" type="text"/></p> <p><b>Reporting Source</b></p> <p>Provider  <input style="width: 100%;" type="text"/></p> <p>Submitter Name  <input style="width: 100%;" type="text"/></p> <p>Lab  <input style="width: 100%;" type="text"/></p> <p>Additional Provider  <input style="width: 100%;" type="text"/></p> <p>Additional Lab  <input style="width: 100%;" type="text"/></p> <p>Link to Outbreak <input type="checkbox"/> <input type="button" value="Goto"/>      Index Case Cluster ID <input type="checkbox"/> <input style="width: 100%;" type="text"/></p> <p>Patient Died of this illness    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Date of Onset  <input style="width: 100%;" type="text"/></p> <p>Lab Specimen Collection Date  <input style="width: 100%;" type="text"/></p> <p>Lab Specimen Result Date  <input style="width: 100%;" type="text"/></p> <p>Date of Diagnosis  <input style="width: 100%;" type="text"/></p> <p>Date of Death  <input style="width: 100%;" type="text"/></p> <p>Date Received  <input style="width: 100%;" type="text"/> 2/4/2013</p> <p>Date Created  <input style="width: 100%;" type="text"/> 2/4/2013</p> <p>Episode Date  <input style="width: 100%;" type="text"/> 2/4/2013</p> <p>Date Closed  <input style="width: 100%;" type="text"/></p>	<p>* Process Status  <input style="width: 100%;" type="text"/> Entered</p> <p><input type="button" value="Set To The Next Status"/></p> <p>Reported By  <input style="width: 100%;" type="text"/></p> <p>Imported Status  <input style="width: 100%;" type="text"/></p> <p>Resolution Status  <input style="width: 100%;" type="text"/> Suspect</p> <p>Final Disposition  <input style="width: 100%;" type="text"/></p> <p>Transmission Status  <input style="width: 100%;" type="text"/></p> <p>Date Sent  <input style="width: 100%;" type="text"/></p> <p>Last CDC Update  <input style="width: 100%;" type="text"/></p>

# Disease Incident Case Investigation Tab

- Use Notes/Remarks field to add any pertinent information not requested previously
- ***The Pesticide Related Investigation section is for State Use Only.***



The screenshot shows a web form for a Disease Incident Case Investigation. At the top, there is a 'Notes/Remarks' section with a large text area and an 'Add' button. Below this is a section titled 'PESTICIDE RELATED INVESTIGATION (State Use Only)'. Underneath, there is a 'Status' section with two radio buttons: 'Assigned to CAC for Investigation' and 'Not Assigned to CAC for Investigation'. Below the radio buttons are two text input fields: 'WHS Case No.' and 'Please explain'. Below these is a 'Case Classification' dropdown menu. At the bottom right, there are three buttons: 'Back', 'Cancel', and 'Submit'.

# Submitting an Incident

Notes/Remarks

Add

PESTICIDE RELATED INVESTIGATION (State Use Only)

Status

Assigned to CAC for Investigation  Not Assigned to CAC for Investigation

WHS Case No. Please explain

Case Classification

Back Cancel Submit

- The **SUBMIT** button is located at the bottom of the Case Investigation tab
- Note that information can be added, edited, and updated after incident is submitted

# Adding an Incident to Previously Reported Patient

- Enter patient name and click **Find**
- Select person from list—selection is highlighted
- Click **New Incident**

Search | Jurisdiction Review | Outbreak | Staging | Administration | Dictionaries | Reports | Help

Logged in as: 88Wisniewski, Joy Domain: Main

Person | Disease Incident | Outbreak

Name
  SSN
  DOB
  Address
  Phone
  Zip
  Create Date
  MRN
  SoundEx
  Source Identifier

Gomez, Fernando

Client Type  =Patient  =Contact  =Family Member  Additional Demographics

Role(s)	Last Name	First Name	DOB	SSN	Current	Address
P	Gomez	Fernando	3/23/1990	XXX-XX-9500	Y	421 N Stevens St, Delano
P	Gomez	Fernando	12/6/1991		Y	Victorville, CA
P	Gomez	Fernando	11/3/1995		Y	PO Box 1020

Historical Jurisdiction Access

Type	ID	Disease	Jurisdiction	Date Created	Pro/Res Status	User	Marked For Merge
There are some masked records you are not authorized to access.							

Associations

Last Name	First Name	DOB	SSN	Current	Address

# Adding an Incident to Previously Reported Patient

Search | Jurisdiction Review | Outbreak | Staging | Administration | Dictionaries | Reports | Help

Logged in as: 88Wisniewski, Joy Domain: Main

## Disease Incident ?

Patient: Gomez, Fernando Incident ID: Process Status:  
 DOB: 3/23/1990 Disease: Resolution Status:

**Patient** | **Case Investigation**

\* Disease Being Reported: Pesticide Illness (known or suspected)

* Last Name Gomez	* First Name Fernando	Middle Name	Name Suffix	Primary Language
SSN 625-56-9500	DOB (MM/DD/YYYY) 3/23/1990	Age 22	Months Days	* Ethnicity Hispanic/Latino
Address Number & Street 421 N Stevens St	City Delano	State	Apartment/Unit Number	Zip
Census Tract 088502	County of Residence Orange	Country of Residence UNITED STATES	* Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	

- A new Disease Incident is created, pre-populated with patient demographics
- Complete the Pesticide Illness and Case Investigations tabs

# Adding an Incident to Previously Reported Patient

- After new incident is submitted, it is listed in accessible records for the patient
- For CalREDIE users limited to PIR functions, only pesticide illness incidents will be listed here

Search | Jurisdiction Review | Outbreak | Staging | Administration | Dictionaries | Reports | Help

Logged in as: 88Wisniewski, Joy Domain: Main

Person | **Disease Incident** | Outbreak

Name SSN DOB Address Phone Zip Create Date MRN SoundEx Source Identifier

Gomez, Fernando Find New Patient Clear Mark For Merge

Client Type  =Patient  =Contact  =Family Member  Additional Demographics

Role(s)	Last Name	First Name	DOB	SSN	Current	Address
P	Gomez	Fernando	3/23/1990	XXX-XX-9500	Y	421 N Stevens St, Delano
P	Gomez	Fernando	12/6/1991		Y	Victorville, CA
P	Gomez	Fernando	11/3/1995		Y	PO Box 1020

Historical Jurisdiction Access

Type	ID	Disease	Jurisdiction	Date Created	Pro/Res Status	User	Marked For Merge
DI	332473	Pesticide Illness (known or suspected)	Kern	3/13/2013	Entered/ Suspect	88Wisniewski, Joy	<input type="checkbox"/>

There are some masked records you are not authorized to access.

New Incident New Contact Investigation Patients Contacts

Associations

Last Name	First Name	DOB	SSN	Current	Address
-----------	------------	-----	-----	---------	---------

# Using the Electronic Filing Cabinet



- The Electronic Filing Cabinet (EFC) allows files to be uploaded and stored with the incident. Information from the provider, such as the Doctor's First Report (DFR), can be shared with the CalREDIE user.
- After submitting the case, a task bar appears at the top of the screen
- Click on the EFC icon



Search | Jurisdiction Review | Outbreak | Staging | Administration | Dictionaries | Reports | Help

Logged in as: 88Wisniewski, Joy Domain: Main

### Disease Incident

Patient: Smith, Aaron Incident ID: 332450 Process Status: Entered  
DOB: 9/4/1963 Disease: Pesticide Illness (known or suspected) Resolution Status: Suspect

Patient | Pesticide Illness | Case Investigation

Case Information	Dates	Statuses
* Jurisdiction Kern	Date of Onset [Calendar Icon]	* Process Status Entered

# Using the Electronic Filing Cabinet

## Adding a File



- Within the open incident, click on the Filing Cabinet icon in the upper right-hand corner. Click the **New Album** button.

CalREDIE Staging - Filing Cabinet -- Webpage Dialog

### Filing Cabinet

Patient: Smith, Aaron  
Record ID: 332450

Files for the Selected Incident / Contact Investigation Only

Show Historical Forms

Date Received  Date of Message

Date	Type	Name	Description
------	------	------	-------------

◀ PREV | NEXT ▶

# Using the Electronic Filing Cabinet

## Adding a File

- Enter an **Album Name** and any relevant **notes**. Then click **Acquire File(s)**.
- Select the file to be uploaded and click **Ok**. The file will appear under **Files in the Album**. Close the Filing Cabinet pop-up. The file(s) are now stored with the incident.

\* **Album Name:**

**Notes:**

Due to limitations within your browser, a maximum of 3 MB of images can be saved to an album at a time. When scanning images, monitor the progress indicator to determine when you are approaching the maximum allowance. When you are at the limit, close the scanning interface and save data to the server before scanning more images.

Data Source:

Max File Size: 3072K

**Files in the Album:**

File	Name	Date & Time Created	Delete
<a href="#">◀ PREV</a>   <a href="#">NEXT ▶</a>			

# Using the Electronic Filing Cabinet Accessing a File

- EFC file drawer opens after a file is added. Click on EFC to access files.

Logged in as: 88Wisniewski, Joy Domain: Main

## Disease Incident

Patient: Valero, Jorge Incident ID: 332449 Process Status: Entered  
DOB: 8/23/1962 Disease: Pesticide Illness (known or suspected) Resolution Status: Suspect

Patient Pesticide Illness Case Investigation

Case Information	Dates	Statuses
* Jurisdiction Fresno	Date of Onset 3/7/2013	* Process Status Entered
Secondary Jurisdiction	Lab Specimen Collection Date	Set To The Next Status
Investigator	Lab Specimen Result Date	Reported By

# Using the Electronic Filing Cabinet Accessing a File

- Select a file to view

The screenshot shows a web browser window titled "CalREDIE Staging - Filing Cabinet -- Webpage Dialog". The page content includes:

- Filing Cabinet** header with a search icon and a help icon.
- Patient information: "Patient: Valero, Jorge" and "Record ID: 332449".
- Buttons: "New Album" and "New Case Report".
- Radio buttons for filtering: "Files for the Selected Incident / Contact Investigation Only" (selected), "Date Received", and "Date of Message".
- Checkbox: "Show Historical Forms".
- Table with columns: Date, Type, Name, Description, and Delete.
- Navigation: "PREV" and "NEXT" buttons.

Date	Type	Name	Description	Delete
3/7/2013 2:20:00 PM	Case Report	Doctor's First Report of Occupational Injury or Illness	UDF	Delete

Logged in as: 88Wisniewski, Joy Domain: Main

## Disease Incident

Patient: Valero, Jorge Incident ID: 332449 Process Status: Entered  
DOB: 8/23/1962 Disease: Pesticide Illness (k)

Patient Pesticide Illness Case Investigation

### Case Information

\* Jurisdiction  
Fresno

Secondary Jurisdiction

Investigator

Lab Specimen Result Date

Reported By

CalREDIE - Print All Selection -- Webpage Dialog

### Print All Selection

Print All Tabs  
 Print All Filing Cabinet Reports  
 Print Historical Report

OK Cancel

- While in a disease incident, select the printer icon.
- In the print dialog box, check the box for option to be printed.
- *Please note that we are developing more print-friendly options for pesticide illness reports.*

# Generating Reports

- For guidance on generating data reports, please refer to the CalREDIE User Guide (Dec 2012)
- [http://www.cdph.ca.gov/data/informatics/tech/Documents/CalREDIE\\_V10\\_UserGuide\(Dec2012\).pdf](http://www.cdph.ca.gov/data/informatics/tech/Documents/CalREDIE_V10_UserGuide(Dec2012).pdf)
- Password to access guide is: CalREDIE123



For pesticide illness specific issues, contact  
Joy Wisniewski at 916/327-7324  
[Joy.Wisniewski@oehha.ca.gov](mailto:Joy.Wisniewski@oehha.ca.gov)

For general CalREDIE issues, contact  
CalREDIE Help Desk at 866/866-1428  
[CalREDIEHelp@cdph.ca.gov](mailto:CalREDIEHelp@cdph.ca.gov)

**Thank you!**