



iFieldtrip and Welligent Mass Screening

Part 1: iFieldtrip (FOR SCHOOL NURSES ONLY)

The iFieldtrip roster can be downloaded as a CSV file for use in the Welligent **Mass Screening** to add participants all at once.

- 1. School Nurses ONLY > Sign in to <u>https://iFieldtrip.lausd.net</u>
- 2. Select Create/View the Field Trip Requests
- 3. Click on the Field Trip **RefNo.**



4. From the **Participants' Tab**, click on **CSV** to download the roster.

| IFIED | J 3D | Field | Irip Sy | /ste | em | | | Resources | | onta | ct U |
|-----------|------------------------------------|-------------|-------------------|---------------------|-----------|------------------|---------------|----------------|--------------------------|--------|--------------|
| Contact I | Information | Destination | Participants | Transp | ortatio | Documents | Certification | | | | |
| Parti | cipants Deta | ils | \sim | | | | | | | | |
| 0 | 2 3 4 - | | | | | | | | | | |
| Stud | ients | | | | | | | | | | |
| Please | ch for Students choose one of t | + Add F | pptions to downlo | te Rows ad or pr | int the s | tudent roster: | | | | | |
| | | | 10 | | | | | | Speci | al Ind | icati |
| 0 | Student ID | Stude | ent Name | 0 | Grade | C Parent Name | o | Parent Contact | Speci Health Alert | al Ind | icati 504 |
| 0 | Student ID | Stude | ent Name | 0 | Grade | Parent Name | 0 | Parent Contact | Speci Health Alert | al Ind | 504 |
| | Student ID | Stude | ent Name | 0 | Grade | Parent Name | • | Parent Contact | Speci Health Alert | IEP | 504 |

5. Open the CSV file and highlight the Student ID column to copy

| | А | | С | D | E | F | G | н | 1 | J | K |
|---|---|------------|--------------|-------|-------------|----------------|--------------|-----|-----|---------------|------------|
| 1 | | Student ID | Student Name | Grade | Parent Name | Parent Contact | Health Alert | IEP | 504 | Custody Alert | Nurse Apvl |
| 2 | | | A | 12 | (| 2 | 1 | P | 1 | 1 | |
| 3 | | | A | 12 | (| 3 | 1 | P | 1 | 1 | |
| 4 | | | E | (11 | 1 | r | 1 | P | 1 | 1 | |
| 5 | | | E | 112 | (| 3 | 1 | P | 1 | 1 | |
| 6 | | | A | 12 | 1 | 2 | 1 | P | 1 | 1 | |
| - | | | | | | | | | 1 | | |

6. Right click on the highlighted column and click on Copy



7. Use your device's Search Bar (magnifying glass) to search for **Notepad** and click on the search result.



8. It opens a Notepad file. Right-Click and Paste the student IDs from the iFieldtrip CSV roster.

Remove/Delete the column title "Student ID"

| 🧾 Untitled - Notepad | |
|----------------------------|----|
| File Edit Format View Help | lp |
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Click on **File**, **Save As** to save the new roster for Welligent Upload. Double click on the **iFieldtrip** folder in your desktop if you created one (recommended).



Use the RefNo, Destination and Trip Start Date to name the file.

| File name: SoFi Fieldtrip 3-1-2024 ⁺ .txt | ~ |
|---|--|
| lave as type <mark>. The Demonstrate (1</mark> 010) | ~ |
| Folders | Encoding: UTF-8 V Save Cancel |
| Part 2: Wellig | ent (LVNs or RNs) |
| Sign in to Welligent (<u>https://welligent.lausd.ne</u> | <u>t</u>) |
| Click on the Welligent Tab | |
| Click on WellProvider | |
| Then Mass Screening | ARU Evaluation Daily Log Event Manager Group Sessions Mass Screening |
| Select Field Trip Clearance | |
| Click New | |
| Details: | |
| Location of Event: student's school of atten appropriate school name. The default location Preferences. | idance. If it's not, click the drop-down menu to select the n is dependent on the user's default location under My |
| LVN's may create the Field Trip Clearance in | Mass Screening and assist with uploading the roster |
| downloaded by the School Nurse from the iFi Approved By: School Nurse only. Needs to | eldTrip. be completed before changing the Event Status to |
| Completed. | |
| <u>Copy Over:</u> If the School Nurse name is on t same name to the Approved By field. | he Prepared By , Copy Over feature prepopulates the |
| <u>Type of Event:</u> Prepopulated when selected <u>Event Status</u> : Complete after the mass screet | at the start before clicking New. ening details and participants' screening notes and |
| Optional Name: Enter Fieldtrip information (F | T Number from iFieldTrip, date and place) |
| Start Time: Default to current time, | Screening - Field Trip Clearance Screening |
| End Time : Default to current time | 😂 Details |

me: Default to current time, specify time of screening/clearance Room: Place of Screening Minutes per Individual: # of minutes spent per student record. It applies to all student records.

Provider E-Signature: Completed by

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School Nurse only after selecting **Completed** in the **Event Status**. The e-signature is visible in individual student **Field Trip Health Screening**

Education Information and Participation Counts: only completed when completing the Type of Event = Group Education.

Participants Tab – participant's names.

To extract participant's names, click on the **Other** drop-down menu. Click on **Add/Drop**

| | Other » | Delete |
|---|---------|-----------------|
| | View Au | dit Log |
| _ | Add/Dro | op Participants |

Participants Tab:

Elementary School: Homeroom may be selected. HR or Teacher's name.

Secondary: Select Grade and/or Select All or Enroll Selected

Multiple grades or HR (i.e. iFieldtrip roster): Use the Upload Roster option – MUST be in CSV format

This option is applicable when processing a Field Trip Clearance screening or any Mass Screening with participants in different grade levels. The roster must only contain student IDs and saved as a txt document (Notepad).

| - Search Criteria | | | | | | |
|---------------------|-------------|-------------|---------------|---------------|-----------------------|------------------|
| Student Location: | LAUSD CEN | TRAL OFFIC | E | | ~ | |
| Student First Name: | | | | | | Student I |
| Student ID: | | | | | | Gender: |
| Grade: | 02nd | | ~ | | | Homeroo |
| Homeroom: | ~ | | | | | Track: |
| Sort Order: | Last Name | ~ |) | | | |
| Upload Roster: | Choose File | No file cho | osen | "Roster files | must be in plain text | format and inclu |
| | | | | | | |
| Y | | | | | | |
| Ý | | Availa | able Students | | | |

Using the Upload Roster option, click on Choose File

Upload Roster:*

.....





| Click Search | \frown | | | | | |
|---|---|--|---|--|--|-----------|
| Note the left corr | Search Close | at Wellig | jent is p | rocessing | g the upload. | Click OK. |
| Fi Add/Drop Mass Student Lication Student First N Student ID: Grade: Homoroperio | n - Google Chrome ausd.net/pls/iepweb/mass_screen_adr Screening Participants n: LAUSD CENTRAL OFFICE ame: | min.MASS_SCREENING_ welligen Of 38 reco added to t could not l | ENROLL?mside t.lausd.net si rds in this file, a he roster. Howe be added. | =663622 ays total of 38 participa ver, 0 were not four | ants were found and nd in the database and | |
| Sort Order: | Last Name 🗸 | | | Sear | rch Close | |
| der: Deroom | Teacher: | ~ | ~ | | | |
| st include | only the participants ID with no other inform | nation including quotes, spac | es, tabs, comma | s, etc. | | |
| | | Mass Screening Par | ticipant s | | | |
| tr- | Student | Gender DOB | Student ID | Grade Homeroom | Teacher | |
| arch | O | Female II | C | 12th 404 | E. Contraction of the second s | |
| | | Female 2 , . | | 12th M/C. | E | |
| | | Female | | 12th 205 | 1.00.00, 00.00 | |
| | | Female | 0.000.0000000 | 12th 521 | | |
| | | | | | | |

Click Save. This will refresh the screen to display the participants' names.

| lass Screening - Mass Record Review | | Other » Save Close |
|-------------------------------------|-----------|--------------------|
| | Contrails | |
| Mass Screening Participants | | |

Enter the findings or accommodation needed by opening each student record. Click on the clipboard

| Mass Screening - Mass Record Review | | | | | | Ot | her » | Save | Close |
|-------------------------------------|--------------------|----------|------------------|---------|--------------------|-----------------|-------|------|-------|
| | | 😂 Detail | s 🏖 Participants | | | | | | |
| Mass Screeping Participants | | | | | | | | | |
| in a second second second | | | | | | | | | |
| | | Scro | ening Penort | | | | | | |
| Date Scheduled: | | 306 | ening Report | Time Sc | beduled | | | | |
| 19-Jan-2024 | | | | 09:05a | inequieu. | | | | |
| Location: | | | | Provide | r. | | | | |
| Lausd Central Office | | | | APOLO | NIA TOLENTINO | | | | |
| Room: | | | | Minutes | s Per Participant: | | | | |
| Comments: | | | | | | | | | |
| | | | | | | Eller Desider | | | |
| | | | | | | Filter Results: | | | ~ |
| | | | | | | | | | |
| | Name | | 008 | Notes | | | | | |
| 1.) 🗌 🛕 | | | 117 | | | | | | |
| 2.) 🗌 🛕 | reportant receip a | | 2 · may 2000 | | | 2 | - | | |
| | | | | | | | | | |

Field Trip Personal Health History Form

No Health Concerns: parent's responses indicated no health concerns Health Concerns Noted/Follow Up: parent's responses indicated health concerns Screening Notes: Enter the appropriate accommodations in the Screening Notes/Comments (Accommodations) text box. Click Save

| Screening Details | | | | | | |
|--|---|--|--|--|--|--|
| Field Trip Clearance Screening - SAMPLETON SAMPLE | | | | | | |
| Screening Results Date/Time: 29-JUL-2024 03:50PM Results: Pending Documentation | v * | | | | | |
| Field Trip Personal Health History Form | | | | | | |
| No Health Concerns Health Concerns Noted/Follow Up | | | | | | |
| Screening Notes/Comments (/000 Characters) | | | | | | |
| Screening Notes/Comments (4000 Characters) | | | | | | |
| btudent needs special consideration because: Health Alet: Migraine symptoms include throbbing pain of gradual onset, lasting hours or days, may be precipitated by ingestion of aged cheese, coffee or chocolate, or by bright lights, with females more likely to occur in the premenstrum. Common treatment is analgezic, simination of triggers, stress management, techniques, and reassurance Cerebral Palay is a group of chronic disorders that affect a person?s ability to move, and maintain balance and posture. The symptoms of cerebral palsy varies from very mild and subtle to very profound and usually do not get worse over time. Most common symptoms is difficulty controlling and coordinating mildels' functions of a determine the analysis of cerebral palsy varies from very mild and subtle to very profound and usually do not get worse over time. Most common symptoms is difficulty controlling and coordinating mildels' functions of a determine disabilities and mental retardation. Current Chronic Conditions : Problem Description - Atopic Dermatitis* Problem Type - Chronic Problem Type - Chronic | | | | | | |
| | recorde back, Apoloria Forenan | | | | | |
| Screening Details | Other > Save | | | | | |
| | View Audit Log | | | | | |
| Mass Record Review - TESTER CANNOT USE | Add/Drop Participants | | | | | |
| Screening Notes/Comments (4000 Characters) | Cancel Event | | | | | |
| test. Student needs to take Albuterol before participating in physical activities. | Canceled - Absent | | | | | |
| | Canceled - No Show | | | | | |
| | Canceled - Previously Tested This Year | | | | | |
| For Field Trip Screening: Change the Status to Passed | Canceled - Parent Walver | | | | | |
| Screening | Failed Initial Screening | | | | | |
| Filmer | Rescreened - Passed | | | | | |

Click Other Click Document by Exception

| Results | |
|------------------|---|
| Passed Screening | 2 |
| Passed Screening | 2 |
| Passed Screening | 2 |
| | |

Last Step...

Details Tab

- ✓ Approved By: to be completed by the School Nurse.
 - Use the Copy Over if the same name as Prepared By
- ✓ Event Status > Completed
- ✓ Provider's E-Signature>Enter SSO password
- ✓ Click Save

Document by Exception

| | 4 ¢ Detai |
|----------------------------|---|
| 🗹 Details: | |
| Location of Event: | LAUSD CENTRAL OFFICE |
| Prepared by: | APOLONIA TOLENTINO Role: School - Nurse Copy Over |
| Approved by: | APOLONIA TOLENTINO Role: School - Nurse |
| Type of Event: | Field Trip Clearance Screening 🗸 |
| Event Status: | Completed |
| Optional Name: | 2024 August 20_24-38705_SoFi Stadium |
| Associated Consent: | · · · · · · · · · · · · · · · · · · · |
| Date: | 29-JUL-2024 🛗 * |
| Start Time: | 03:50pm (09:15am) * |
| End Time: | 03:50pm |
| Room: | ~ |
| Other Room: | |
| Minutes Per Individual: | |
| Provider E- | User account password required upon completion |

Mass Screening List:

Field Trip Clearance:

No with no approval name looks like this. Provider Name and Role are blank.

| Edit | Type of Event | Provider Role | | | | |
|------|--|---------------|--|--|--|--|
| ø | | | | | | |
| ø | 2024 August 20_24-38705_SoFi Stadium(Field Trip Clearance Screening) | | | | | |

With name on the Approved By. Provider Name is prepopulated by the name of the School Nurse from the Approved By.

| Edit | Type of Event | Provider | Role | Classroom | Teacher | Scheduled Date | Time |
|----------|--|---------------------|----------------|-----------|---------|----------------|---------|
| Ļ | | | | | | | |
| <i>.</i> | 2024 August 20_24-38705_SoFi Stadium(Field Trip Clearance Screening) | Tolentino, Apolonia | School - Nurse | | | 29-Jul-2024 | 03:50PM |

Field Trip Screening Report: Field Trip Clearance, Rpt ID 3139

Summary:

- The LVNs can now initiate/prepare the Mass Screening: Field Trip Clearance to assist the School Nurse.
- School Nurses must enter their name to approve all the Mass Screening: Field Trip Clearances. This is only available in Mass Screening.
- The School Nurses are the only ones who have access to download the roster from iFieldtrip
- Once the iFieldtrip roster has been downloaded, the LVNs can assist in transferring the student IDs into a plain text document (Notepad) and initiating the Field Trip Clearance Mass Screening, adding the participants and/or uploading the Field Trip Personal Health History form with a health alert indicator (Health Concerns Noted/Follow-Up) in the student's Welligent Record.