



Step 1 Login	$ \begin{array}{c} \textcircled{\begin{tabular}{ c c c c } \hline \hline$	Open a tab in the Chrome browser. Type in the url: has.specialolympics.org
Step 1 Login with tablet	HAS OpenMRS CONTINUES	If you are using a Tablet select the HAS icon from the desktop of the tablet. Username and Password are on the back of the tablet.
Step 2 Select Region	SONA & SOLA, SOMENA, SOA, SOEE SOEA & SOAP	Select the place holder in the geographic region that your Program is located. For example, if you are in United States, click on placeholder in SONA Region.
Step 3 Sign in	Send Opport Image: Control Username: Password: Enter your username Enter your password Log In Image: Opport	Type in username and password. Note: Passwords are case sensitive to uppercase letters and special characters. If you are unable to login Email <u>healthdata@specialolympics.org</u>
Step 4 Select event	Select Event District of Columbia	Select Program , then select Healthy Athletes Event.

Special Olympics

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Step 5 Search for athlete	Served Objects Program: SOI Event: Kenya Run Logged in as Super User (admin) at SOI. Find Patient Record Register a patient Event Dashboard	Search for an athlete by clicking Find Patient Record.
Step 6 Select athlete's record	Program: USA_District of Columbia Event: District of Columbia ▲ SONA - Logout Image: Source of the strength of the str	Type athlete's NAME or ID Number. Select the athlete from the drop- down list.
Step 7 Register athlete	Served Okmouss Program: SOI Event: Kenya Run Logged in as Super User (admin) at SOI. Image: Solid Comparison of the served stress of	If you are unable to find the athlete in the drop- down list, Register them.
Step 8 Complete Registration	Register a patient Demographics Name: Paulina, Ponnappan ③ Name Gender: Female ③ Gender Birthdate: 21 year(s) △ Nddress Address: 11 WATSON STREET, SOMERVILLE, MA, United States, 02144 ○ Address Phone Number: 11234567899 ○ Phone Number Relatives: - Parent Relatives Athlete Status: Athlete ○ Delegation USA_Virginia ○ Delegation Confirm submission? Cancel Confirm	Fill out registration form and select Confirm. It is important to collect as much information as possible. Explain to the athlete or coach that Special Olympics collects phone numbers for follow up care. The number will not be used for any other purpose.
Step 9 Start Screening athlete	Source Openant Program: USA_District of Columbia Event: District of Columbia SONA - Logout > Paulina P Paulina P Female 22 year(s) (01 Jan. 1998) Female 22 year(s) (01 Jan. 1998) Paulina P Paulina P Female 22 year(s) (01 Jan. 1998) Female 22 year(s) (01 Jan. 1998) Paulina P Paulina P Contact Ho USA_Massachusetts Athlete Demographic for source Female 22 year(s) (01 Jan. 1998) Encentral Actions Made: Family Name: P Go.Mar. 2020 Special Smiles Made: Family Name: P Made: Paulina Made: Paulina Made: For Special Smiles Made: Paulina Made Paulina Made: For Special Smiles Made Pau	Select the correct athlete record, Review the information in the Athlete Header to ensure it is accurate. Then, Start Visit under General Actions .





Step 10 Select Discipline	Visits Appointments Actions 9 os. Mar. 2000 fedrive since: 300 PM/ Active Visit Started at 06. Mar. 2020, 20.00.36 Edit Visit Edit date Delete visit 0 End Visit Yo Visit Note Admit to Inpatient Healthy Promotion: Screening Healthy Hearing: Screening Special Smiles: Screening Opening Eyes: Screening Scrong Minds: Screening Screening Screening<	You will be directed to the Visits page and can select the discipline you are screening for e.g., Fit Feet.
9 screening stations	 Body Composition 2. Bone Density 3. Blood Pressure 4. Nutrition 5. Physical Activity 6. Hand Washing 7. Sun Safety 8. Tobacco Use 9. Summary and Check out 	Click on a number to open the screening form. The circles show screening status:
Numbered circles are color coded	Image: Second system Image: Second system <td< td=""><td>Red = Active screening. Black = Completed. White = Not completed.</td></td<>	Red = Active screening. Black = Completed . White = Not completed.

Station 1 Body Composition	Body Composition Please enter athlete's height and select the correct measurement unit used Height 63.5 © cm inches Measure up to 0.1 cm or 1/8 inch	Height and weight are measured using the metric system (cms and kgs) or the Imperial system (inches and pounds) . Select one system and be consistent throughout. If the
	Please enter athlete's weight and select the correct measurement unit used Weight 165.6 © kg \circledast lbs Measure up to 0.01 kg or 1/2 oz	measurement system is not selected, the user will not be able to save the data. Height and weight readings should be entered up to one decimal place (e.g., 63.5 inches or 165.6lbs).
	Measure up to 0.1 cm or 1/8 inch Height is invalid / Units not selected	If a decimal is not entered, an alert will pop up as in the example, and the user will not be able to save the data





Station 1 Body Mass Index (BMI)	BMI (20 years of age and over) 28.87428170084811 The athlete BMI status is overweight	The system will automatically calculate the BMI for Adults and the BMI Percentile (for children under age 20). In this example, the athlete BMI status is overweight.
BMI Referral	Referral made for BMI follow up? Yes No Urgent Non-Urgent	Always check "Yes" or "No" to indicate if a referral was recommended or not. Make sure to check Urgent or Non-Urgent. This question must be answered for Special Olympics to follow up with athletes referred for further care.
Station 2 Bone Mineral Density (BMD)	Bone Density (Athlete MUST be at least 20 years old to screen) T-Score Zero required before decimal for non-whole numbers (ex: 0.3) Use (-) for negative and (+) for positive T-scores. Left Heel 0.3 Right Heel -0.4 The athlete's bone mineral density is in the normal range	Bone mineral density (BMD) readings should ONLY be recorded for athletes who are 20 years old and older. When entering the values for the left and right heels, you must enter a zero before the decimal point for any non-whole numbers (e.g., 0.3). For negative values, you must enter a negative sign (-) before the value, but for positive values, do NOT include a positive sign (+).
	Unable to test Age under 20 athlete refused athlete unable to cooperate unusual heel shape Machine Issue	If you are unable to test the athlete's heel, or the athlete is under 20, check the Unable to Test checkbox and indicate the appropriate reason for not testing). It is encouraged to enter the BMD for both heels, but it is not required.





BMD Referral	Referral made for BMD follow up? Yes No Please select Urgent Non-Urgent	Always check "Yes" or "No" to indicate if a referral was recommended or not. Make sure to check Urgent or Non- Urgent. This question must be answered for Special Olympics to follow up with athletes referred for further care.
Station 3 Blood Pressure (BP)	Blood Pressure Blood Pressure should be provided in mmHG Right Arm 125 / 90 Left Arm Left Arm Stage 2a Hypertension – reconfirm. Refer to physician, sports participation ok	If clinical protocol calls for re- measuring the blood pressure, have their blood pressure re- checked and re-entered. This will overwrite the previously entered blood pressure. The system will automatically calculate the Blood Pressure categories. The example on the left is "Stage 2a Hypertension.
BP Referral	Referral made for BP follow up? Yes No Please select Urgent Non-Urgent	Always check "Yes" or "No" to indicate if a referral was recommended or not. Make sure to check Urgent/Non- Urgent. This question must be answered for Special Olympics to follow up with athletes referred for further care.
Station 4 Nutrition	Do you take vitamin D supplements? O Yes O No O Do not know	Check all boxes that apply. Save and continue to next Station.





Station 5 Physical Activity	How many days each week do you exercise for at least 30 minutes? No days One day Two days Three days Four days Five days Six days Six days Seven days	Check all boxes that apply. Save and continue to next Station.
Station 6 Hand Washing	Hand Washing When are the most important times to wash your hand? (select all that apply) After using the toilet Before eating or touching food Other reason No reasons given	Check all boxes that apply. Save and continue to next Station.
Station 7 Sun Safety	Sun Safety Do you have anything to protect your skin in the sun? O Yes O No	Check all boxes that apply. Save and continue to next Station.
Station 8 Tobacco Use	Use Tobacco O Yes O No	Check all boxes that apply. Save and continue to next Station.





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stations. If an athlete has not completed a station, you can direct them back to the station they missed before
submitting the data.
It is important to answer the
follow up care referrals questions before pressing Save and Finish to submit the athlete data and
complete this process.
Type in any relevant comments.
These questions must be answered for Special
Olympics to follow up with athletes that have been referred for further care.

Follow up Tracker	Secold Olympics Health Logged in as Find Patient	s Super U	ser (ad	imin) at SOI. gister a patient	Program	a: SOI Event: Keny: Followup Tr	a Run acker	Check the Follow up Tracker for a list of referrals that Athletes have received during screening.
Referrals	Followup Track Search by Name, I Name	Cer Delegation, U	Urgent, Ref	erral Type, Phone Number, SMS Sta	Schedule	follow-up message	Archive	Click on the survey, use as a guide when reaching out to an
Send SMS	Christian Test		Yes	Physical Therapist Referral,Primary Care Practitioner Referral	number	Attempts Status Survey 1- SMS Survey 2 Survey 3	Select	Athlete. Send SMS to athletes' mobile phone
	UNKNOWN UNKNOWN		Yes	Follow-up Care Opening Eyes		Survey 1- SMS Survey 2 Survey 3	Select	directly from here.





Event Dashboard	Special Clympics Health Logged in as Super User (ad Find Patient Record Re	Keep track of event screening numbers with Event Dashboard.		
	Total Screenings	Screenings Today	Total Delegations at HA	
	1008	0	18	
	Athletes Unified Partners	Special Smiles FUMfines Strong Minds ID1 Fit Feet Health Promotion Opening Eyes 100	ings by Discipline 149 155 157 120 140 160 180	
Return to Landing page	SectOrper Health Yustic Teg > FUNfitness: Referrals	Program: SOI Event: District of	f Columbia 🛔 admin - Logout 🗭	Select Special Olympics icon or Home on the header to go back to the landing page.