



CT Long-Term Care Facility COVID-19 Daily Reporting System

Updated November 16, 2020

Very Important Messages

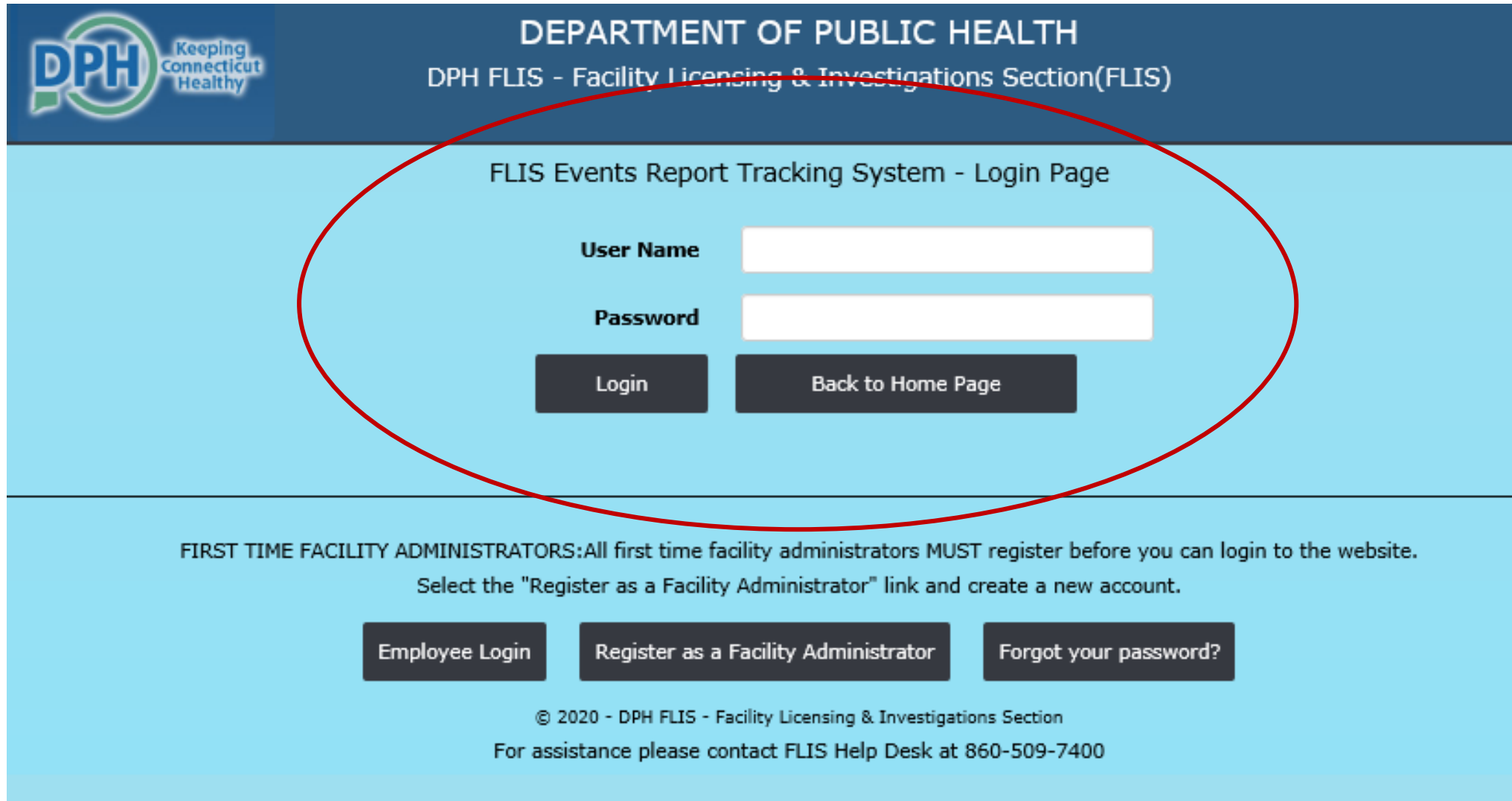
- This system collects line list data on all LTCF residents with laboratory- confirmed (PCR and antigen) COVID-19.
- Reporting new laboratory-confirmed (PCR and antigen) COVID-19 positive residents using the line list fulfills the DPH reporting requirement for the COVID-19 Case Report Form.
- Daily reporting fulfills DPH FLIS and Epidemiology Program outbreak reporting requirements.
- A laboratory-confirmed case is a resident with a positive COVID-19 laboratory viral PCR or point-of-care rapid antigen test indicating current infection (this does not include serology testing for antibody).
- A suspected case is a resident or staff without a COVID-19 laboratory viral PCR or point-of-care rapid antigen test indicating current infection who has signs and symptoms comparable with COVID-19. Suspect cases should include residents and staff being treated as a COVID-19 cases pending test results.

Overview

1. Logging in
2. Submitting a Daily Report
3. Adding to, editing, and saving a copy of the resident line list at any time.

1. Logging in

Log in at <https://dphflisevents.ct.gov/>



DPH Keeping Connecticut Healthy

DEPARTMENT OF PUBLIC HEALTH
DPH FLIS - Facility Licensing & Investigations Section (FLIS)

FLIS Events Report Tracking System - Login Page

User Name

Password

Login Back to Home Page

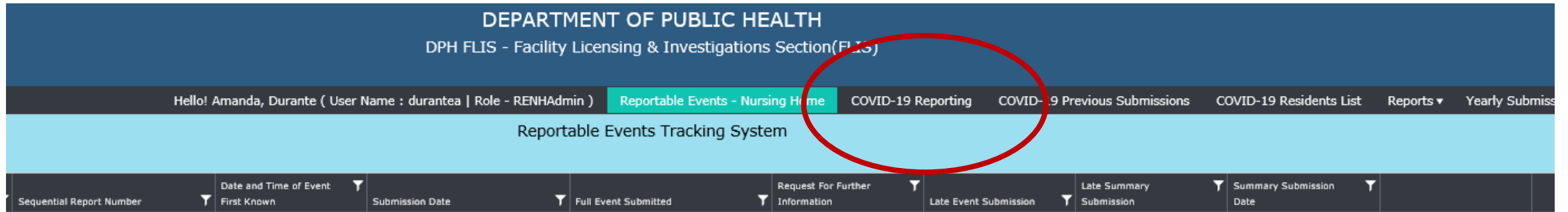
FIRST TIME FACILITY ADMINISTRATORS: All first time facility administrators MUST register before you can login to the website.
Select the "Register as a Facility Administrator" link and create a new account.

Employee Login Register as a Facility Administrator Forgot your password?

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For assistance please contact FLIS Help Desk at 860-509-7400

2. Submitting a Daily Report

Initiating A Daily Submission



Once you enter you will see this screen. To initiate a daily report click on the tab marked “COVID-19 Reporting”

Section 1 – Start the Submission

CT Long-Term Care Facility (LTCF) Covid-19 Daily Reporting System Submission Form

COVID-19 can have a wide range of symptoms in elderly residents. These symptoms include but are not limited to fever, cough and other respiratory symptoms, gastrointestinal complaints, prolonged confusion or falls not otherwise explainable. A resident at your facility might be classified as:

- **Confirmed:** A patient with a positive COVID-19 (SARS CoV-2) laboratory viral PCR test indicating current infection (note, this does not include serology testing for antibody).
- **Suspected:** A patient without a COVID-19 (SARS CoV-2) laboratory viral PCR test indicating current infection who has signs and symptoms comparable with COVID-19.

* - Required Field

Facility Name

NH Test Facility

Date of report:

6/25/2020



Section 1 - Covid-19 at your facility

1. Does your facility have any pending Covid-19 laboratory test results for residents or staff in your facility?

☒ Yes ☐ No *

1.1. How many Covid-19 laboratory test results for residents are pending?

*

1.2. How many Covid-19 laboratory test results for staff are pending?

*

2. Has a resident of your facility ever had laboratory-confirmed or suspect Covid-19?

☐ Yes ☐ No *

All facilities go to Section 2. If no residents are positive, there will be no entries on the line list and auto-calculated totals for the section questions will be '0'.

Be sure to include those who are currently in house, in hospital, permanently discharged or deceased regardless of where they were tested or whether they have now recovered

Start by selecting your facility name and date.

Question 1 – Indicate if you have any **resident or staff** pending COVID-19 test results today and if so, how many.

Questions 2 - Indicate if you have **ever** had a resident with lab confirmed or presumptive COVID-19

All facilities will go to Section 2. If no residents are positive, there will be no entries on the line list and auto-calculated totals for the section questions will be '0'.

Section 2 – Add residents to the line list of COVID-19 Cases

Section 2 – Line List information on laboratory confirmed COVID-19 residents at your facility

Please list all your residents who have tested positive for the virus that causes COVID-19 using a PCR or antigen test. Update daily with new cases and as other information becomes available.

- Once a resident has tested positive, he or she should remain classified as a laboratory confirmed cases even if he/she has a subsequent negative or indeterminate test and should not be removed from the list.
- Be sure to include residents currently in house, in hospital, permanently discharged or deceased.
- When including residents who have transferred in as a known case, please remember to include that in the line list.
- If a resident tests PCR positive >90 days since their first COVID-19 PCR positive result, make a new entry for the resident on the line list.

+ Add New Resident Information

	Last Name	First Name	Date of Birth	Gender	Notified family	Transferr... into facility as known COVID-19 case	COVID-19 tested	Test Result	Date first positive specimen collected (if available)	Ever symptom
Edit	ae	ear	10/02/1945	Male	Yes	No	Yes	Positive		Yes
Edit	macintosh	fiona	08/27/1950	Female	No	No	Yes	Positive		Yes
Edit	Marsh	Rosie	05/01/2020	Female	Yes	Yes	Yes	Positive	04/26/2020	No
Edit	Jones	George	03/28/1938	Male	Yes	No	No	Negative		Yes
Edit	Carnazza	Mary	01/03/1940	Female	No	No	Yes	Positive	05/01/2020	Yes
Edit	Smith	Sophia	12/01/1925	Female	Yes	No	Yes	Positive	04/29/2020	Yes

1

1 - 6 of 6 items

Click here to add a resident

Enter laboratory-confirmed (PCR and antigen) COVID-19 positive residents.

Make any updates to the resident line list (e.g. symptoms, hospitalization, death, recovery etc.) using the 'Edit' button.

Click here to edit a record

Scroll to see the rest of the line list

Tips for who to enter on the COVID-19 line list

- Include ALL residents testing positive for COVID-19 using a viral PCR **or rapid antigen** laboratory test. **For in-house rapid antigen tests, include the type of machine used, if subsequent PCR testing was done, date of PCR specimen collection, and PCR test result.**
- **Include residents testing positive more than 90 days since his/her first test result by re-entering the resident on the line list and selecting 'previously positive >90 days'.**
- Include residents who test positive while asymptomatic. If they do develop symptoms later, be sure to edit the resident's line list with date of onset and a list of symptoms.

Daily updates/edits include:

- Addition of **new** residents testing **PCR or rapid antigen** positive for COVID-19
- Addition of residents who have **transferred into** your facility as a known positive
- Updates on resident status such as hospitalizations, recovery, and deaths.

First Name

Last Name

Date of Birth

Race (select all that apply)

Other race (specify)

Hispanic / Latino ☐ Yes ☐ No ☐ N/A

Gender ☐ Male ☐ Female

Notified family ☐ Yes ☐ No ☐ N/A

Transferred into facility as known Covid-19 case ☐ Yes ☐ No

Covid-19 tested ☒ Yes ☐ No

Reason for testing

Test Type

Test Result

Date first positive specimen collected (if available)

Ever symptomatic ☐ Yes ☐ No ☐ Unknown

Symptom Onset Date

Describe the Symptoms

Treatment Details

Ever hospitalized for Covid-19 ☐ Yes ☐ No ☐ Unknown

Hospital

Date of first hospital admission

Died ☐ Yes ☐ No ☐ Unknown

Date of death (if available)

Died while sick with confirmed or suspected Covid-19 ☐ Yes ☐ No ☐ Unknown

When you click to add a new resident this popup will appear.

Complete the popup to create the resident record.

Complete all fields including **reason for testing**, **test type**, date of first positive specimen collection, symptom onset date (if symptomatic), hospitalized, hospital name, date of admission, and date of death or date of recovery.

Important note:

Click “NA” for the “Recovered (no longer symptomatic)” question if the resident died or was never symptomatic.

Add New Resident Information

* - Required Field

First Name *

Last Name *

Date of Birth *

Race (select all that apply) *

Other race (specify)

Hispanic / Latino ☐ Yes ☐ No ☒ N/A *

Gender ☐ Male ☒ Female *

Notified family ☐ Yes ☐ No ☒ N/A *

Transferred into facility as known Covid-19 case ☐ Yes ☒ No *

Covid-19 tested ☒ Yes ☐ No *

Reason for testing *

Test Type *

Test Result *

Date first positive specimen collected (if available)

New or previously positive (>90 days) test result *

Ever symptomatic ☐ Yes ☐ No ☒ Unknown *

Symptom Onset Date

New testing questions include:

1. Reason for testing

- Symptomatic – new signs/symptoms consistent with COVID-19
- Asymptomatic -testing as part of routine surveillance
- Asymptomatic – testing in response to a new case/outbreak response
- Pre-procedure/outpatient appointment
- Hospital admission/transfer into a facility
- Hospital discharge/transfer out of facility
- None of the above

2. Test type

- PCR or Antigen

3. New or previously positive (>90 days) test result

- **New positive PCR** – resident never tested positive
- **Previous positive** more than 90 days since first positive test result

* - Required Field

First Name

Last Name

Date of Birth

Race (select all that apply)

Other race (specify)

Hispanic / Latino ☐ Yes ☐ No ☒ N/A

Gender ☐ Male ☒ Female

Notified family ☐ Yes ☐ No ☒ N/A

Transferred into facility as known Covid-19 case ☐ Yes ☒ No

Covid-19 tested ☒ Yes ☐ No

Reason for testing

Test Type

Test Result

Date first positive specimen collected (if available)

Was antigen test performed in-house? ☒ Yes ☐ No

Machine used for in-house antigen testing

Was confirmatory PCR testing done? ☒ Yes ☐ No ☐ Unknown

Date confirmatory specimen collected (if available)

What was the confirmatory test result?

Ever symptomatic ☐ Yes ☐ No ☒ Unknown

Symptom Onset Date

New **Antigen** Testing Questions:

1. Test type: **ANTIGEN**
2. Was antigen test performed in-house?
 - If YES
3. Antigen tested in-house using:
 - **BD VERITOR** or
 - **QUIDEL SOFIA**
4. Was confirmatory PCR testing done?
 - If YES
5. Date of specimen collection for confirmatory PCR
6. What was the result of confirm PCR test?
 - new positive
 - previous positive
 - negative
 - indeterminate
 - unknown

Verifying Cumulative Counts from the Line List

The following information is taken from the table above. Please verify that it is correct. If the sums are not correct please edit the line list.

To avoid double counting the totals in 3-6 exclude residents who came to your facility for the first time with Covid-19.

3. How many of your residents have ever had PCR laboratory-confirmed Covid-19?

3.1. How many of your residents have ever had a PCR laboratory-confirmed COVID-19 test results >90 days after their initial infection?

3.2. How many of your residents have ever had an in-house antigen positive COVID-19 test?

4. How many of your residents with PCR laboratory-confirmed Covid-19 have been hospitalized for Covid-19?

5. How many of your residents with PCR laboratory-confirmed Covid-19 have died while sick with Covid-19?

6. How many of your residents with PCR laboratory-confirmed symptomatic Covid-19 have now recovered?

Questions 3 to 6 will be automatically calculated based on the information entered in the line listing.

Check to make sure the calculated numbers are correct.

Section 3 – Enter Daily Count Data

Section 3 – The current Covid-19 situation at your facility

Please provide counts for the previous calendar day (24-hour period).
Exclude those who first transferred to the facility as a known Covid-19 case.

7. Facility

7.1 Total Census yesterday

*

7.2 New laboratory-confirmed PCR cases in staff yesterday

*

7.3 New (in-house) antigen positive tests in staff yesterday

*

7.4 New suspect cases in staff yesterday

*

7.5 Did you conduct a new staff PPS yesterday?

☐ Yes ☐ No

*

8. Residents

8.1 New laboratory-confirmed PCR cases in residents yesterday

*

8.2 New suspect cases in residents yesterday

*

8.3 Transferred to the hospital for any reason yesterday

*

8.4 Transferred to hospital for confirmed or suspect COVID-19 yesterday

*

8.5 Died from any cause yesterday

*

8.6 Died while sick with COVID-19 yesterday

*

8.7 New (in-house) antigen positive tests in residents yesterday?

*

8.8 Did you conduct a new resident PPS yesterday?

☐ Yes ☐ No

*

In section 3, questions 7 and 8, enter counts for the previous calendar day (yesterday).

If today is Thursday 6/8/2020, answer the questions for Wednesday 6/7/2020.

Indicate total number of staff and resident testing positive by **PCR** and by **rapid antigen** tests.

Finish Up

9. Is your facility experiencing a new outbreak of COVID-19 (first case ever or first case in staff or resident > 28 days)? ☐ Yes ☐ No ☐ N/A *

10. Are you experiencing a staff shortage? ☐ Yes ☐ No *

11. Is there something that your facility would like to discuss with DPH? ☐ Yes ☐ No *

- Answer the 'Outbreak' question ONLY ONCE on the day the outbreak was recognized and include the DATE of onset of symptoms for the first case (resident or staff) associated with the new outbreak. If date of symptoms is unknown, then enter the date of collection of the first positive specimen identified in either a staff or resident.
- If you have any questions, please indicate them in the comments section on your daily report.

Don't forget to push submit to save your submission.

3. Adding to, Editing, and Saving a copy of the resident line list at any time.

Adding and Editing the Resident Line List



- Open the Resident Line List by clicking on the Dashboard tab marked “COVID-19 Resident List”

Create or edit a record

Click to create a new record

Click the edit button to update a record

Please list all your residents who have ever had presumptive or laboratory-confirmed Covid-19

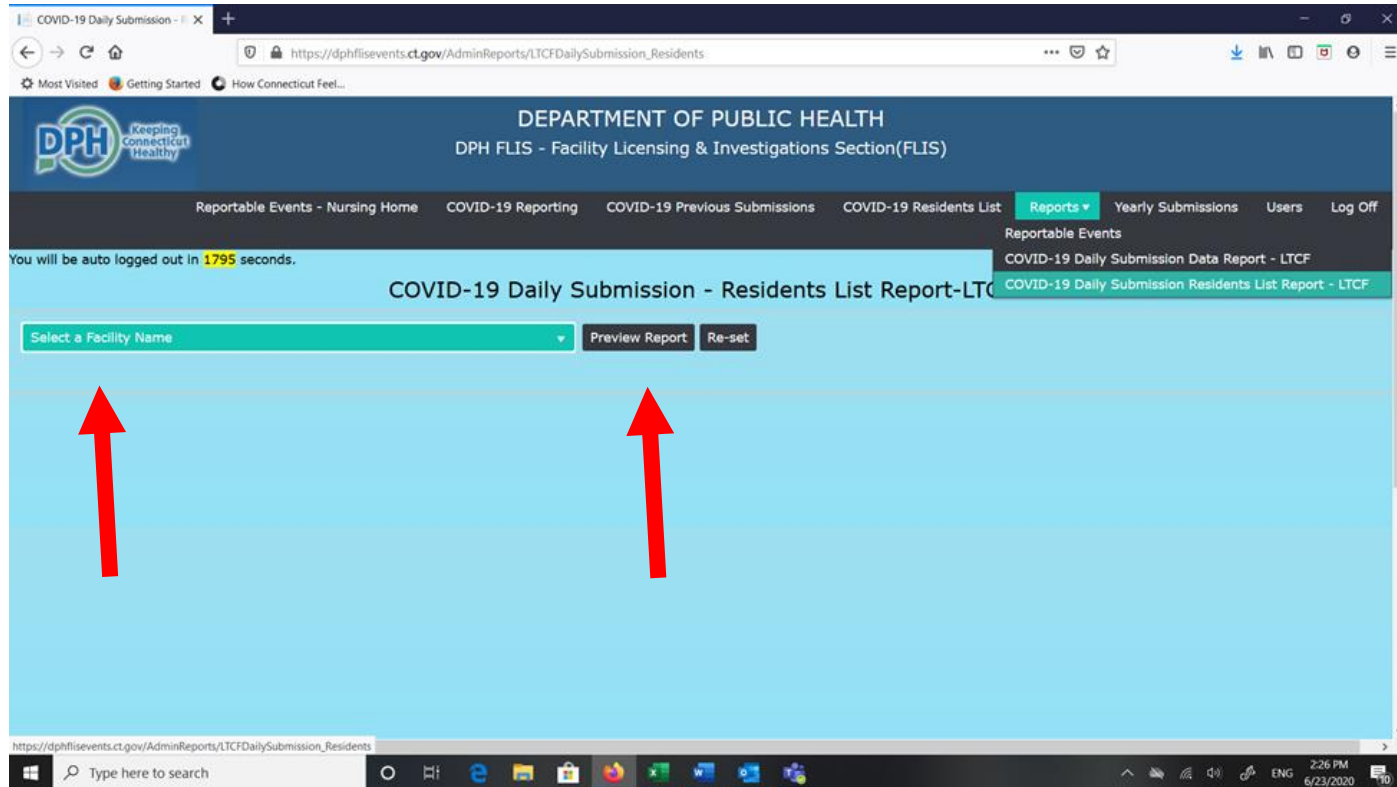
Be sure to include residents currently in house, in hospital, permanently discharged or deceased
When including residents who have transferred in as a known confirmed or presumptive case, please remember to indicate that in the line list

Facility Name: NH Test Facility

[+ Add New Resident Information](#)

	Facility Name	Last Name	First Name	Date of Birth	Race	Other race	Hispanic / Latino	G...	Notified family	Transfe... into facility as known Covid-19 case	Covid-19 tested	Test Result	Date first positive specimen collected (if available)	Ever sympto...	Symptom Onset Date	Describe the Sympto...
edit	NH Test Facility	Doc	Jane	01/15/1919	White		No	Poma...	Yes	No	Yes	Positive	06/01/2020	Yes	06/01/2020	fever, SOB

Saving Your COVID-19 Resident Line List



- Select the name of your facility to view the 'COVID-19 Daily Submissions Resident Line Report' in the FLIS portal.
- Click on the 'Preview Report' button.

A 'COVID-19 Daily Submission Report' will be generated and look like the example below.

COVID-19 Daily Submission - R X

https://dphflisevents.ct.gov/AdminReports/LTCFDailySubmission_Residents

Most VisitedGetting StartedHow Connecticut Feel...

DEPARTMENT OF PUBLIC HEALTH
DPH FLIS - Facility Licensing & Investigations Section (FLIS)

Reportable Events - Nursing HomeCOVID-19 ReportingCOVID-19 Previous SubmissionsCOVID-19 Residents ListReports▼Yearly SubmissionsUsersLog Off

Hello! bh, user (User Name : bhuser | Role - RENHAdmin)

You will be auto logged out in 1798 seconds.

COVID-19 Daily Submission - Residents List Report-LTCF

Health And Rehabilitation Center, Llc

Preview Report

Re-set

1 of 2 ?

Page Width

Find | Next

COVID-19 Daily Submission - Residents List Report -

Facility Name	Facility Number	First Name	Last Name	DOB	Race	Other Race	Hispanic / Latino	Gender	Notified Family	Transferred	COVID19 Tested	Test Results	Date Specimen Collected	Ever Symptom
				03/21/1927	White		No	F	Yes	No	Yes	Positive	05/05/2020	No
				08/22/1952	Other		Yes	M	Yes	Yes	Yes	Negative		Unknown
				03/01/1961	Black or African American		No	M	Yes	Yes	Yes	Negative		Unknown
				01/09/1959	Black or African American		No	F	Yes	Yes	Yes	Negative		No

Type here to search

2:27 PM 6/23/2020

To save a copy of this report for your records

- click on the download file button
- click on the file type you would like to save (Excel, PDF, or Word file)

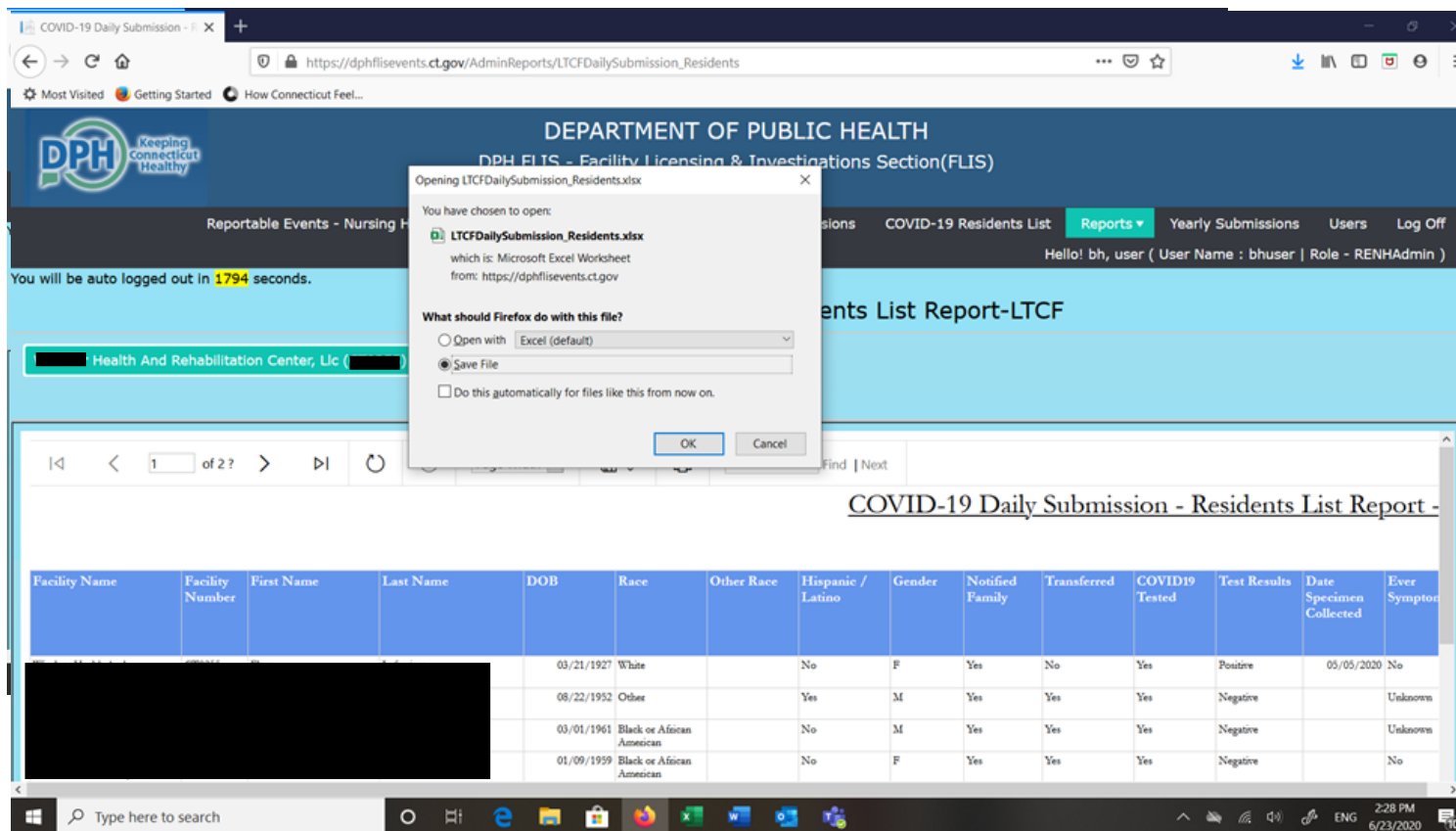
COVID-19 Daily Submission - Residents List Report-LTCF

Health And Rehabilitation Center, LLC

Preview Report Re-set

COVID-19 Daily Submission - Residents List Report -

Facility Name	Facility Number	First Name	Last Name	DOB	Hispanic / Latino	Gender	Notified Family	Transferred	COVID19 Tested	Test Results	Date Specimen Collected	Ever Symptomatic	
				03/21/1927	White		No	Yes	No	Yes	Positive	05/05/2020	No
				08/22/1952	Other		Yes	M	Yes	Yes	Negative		Unknown
				03/01/1961	Black or African American		No	M	Yes	Yes	Negative		Unknown
				01/09/1959	Black or African American		No	F	Yes	Yes	Negative		No



- A pop-up box will appear and ask how you would like to save your file.
 - Select 'save file' if you are downloading a copy of the file to your local computer.
- ❖ Note that the appearance of the message in the pop-up box may be different depending on the browser you are using.