



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

CT Long-Term Care Facility COVID-19 Reporting System

Updated September 23, 2021

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?

© 2020 - DPH FLIS - Facility Licensing & Investigations Section
For assistance please contact FLIS Help Desk at 860-509-7400

2. Submitting a Report

Initiating A Daily Submission

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

Hello! Amanda, Durante (User Name : durantea | Role - RENHAdmin) **Reportable Events - Nursing Home** COVID-19 Reporting COVID-19 Previous Submissions COVID-19 Residents List Reports Yearly Submissions

Reportable Events Tracking System

Sequential Report Number	Date and Time of Event First Known	Submission Date	Full Event Submitted	Request For Further Information	Late Event Submission	Late Summary Submission	Summary Submission Date
--------------------------	------------------------------------	-----------------	----------------------	---------------------------------	-----------------------	-------------------------	-------------------------

Once you enter you will see this screen. To initiate a 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
	ae	ear	10/02/1945	Male	Yes	No	Yes	Positive		Yes
	macintosh	fiona	08/27/1950	Female	No	No	Yes	Positive		Yes
	Marsh	Rosie	05/01/2020	Female	Yes	Yes	Yes	Positive	04/26/2020	No
	Jones	George	03/28/1938	Male	Yes	No	No	Negative		Yes
	Carnazza	Mary	01/03/1940	Female	No	No	Yes	Positive	05/01/2020	Yes
	Smith	Sophia	12/01/1925	Female	Yes	No	Yes	Positive	04/29/2020	Yes

1 - 6 of 6 items

Click here to edit a record

Click here to add a resident

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

Scroll to see the rest of the line list

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

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.

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, deaths, and **vaccination status**.

The form contains the following fields:

- 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 (aka date of specimen collection)**, symptom onset date (if symptomatic), hospitalized, hospital name, date of admission, date of death or date of recovery, and **vaccination status**.

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

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

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)

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

Antigen Testing Questions:

1. Test type: **ANTIGEN**
2. Was antigen test performed in-house?
 - If **YES**
3. Antigen tested in-house using:
 - **BD VERITOR**
 - **QUIDEL SOFIA**
 - **BINAXNow**
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

Vaccination Status Questions

For all residents **testing positive** by PCR or point-of-care rapid antigen test, complete all vaccination fields including:

- Did resident receive their 1st vaccination (#1)?
If yes, then complete:
 - Name of the vaccine manufacturer (Pfizer or Moderna)
 - Date of first (#1) vaccine
- Did resident receive their 2nd vaccination (#2)?
If yes, then complete:
 - Name of the vaccine manufacturer (Pfizer or Moderna)
 - Date of 2nd (#2) vaccine
- Did resident receive an additional dose or booster?
If yes, then complete:
 - Name of the vaccine manufacturer (Pfizer or Moderna)
 - Date of additional dose or booster

The screenshot shows a form with the following fields and controls:

- Did this resident receive vaccine #1**: Radio buttons for Yes (selected), No, and Unknown. A red arrow points to this section.
- Vaccine type #1**: A dropdown menu with 'Pfizer' selected. A red arrow points to the dropdown arrow.
- Date of vaccine #1**: A date input field with '2/1/2021' and a calendar icon. A red arrow points to the calendar icon.
- Did this resident receive vaccine #2**: Radio buttons for Yes (selected), No, Unknown, and N/A.
- Vaccine type #2**: A dropdown menu with 'Pfizer' selected.
- Date of vaccine #2**: A date input field with '3/1/2021' and a calendar icon.
- Did this resident receive an additional dose or booster vaccine**: Radio buttons for Yes (selected), No, and Unknown.
- Type of additional dose or booster vaccine**: A dropdown menu with 'Pfizer' selected.
- Date of additional dose or booster vaccine**: A date input field with '9/1/2021' and a calendar icon.
- Save** and **Close** buttons at the bottom. A red arrow points to the 'Save' button.

Don't forget to click **SAVE** to retain line list information before closing the record.

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 *

A red arrow points to the 'N/A' radio button for question 9, and another red arrow points to the 'Submit' button.

- 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

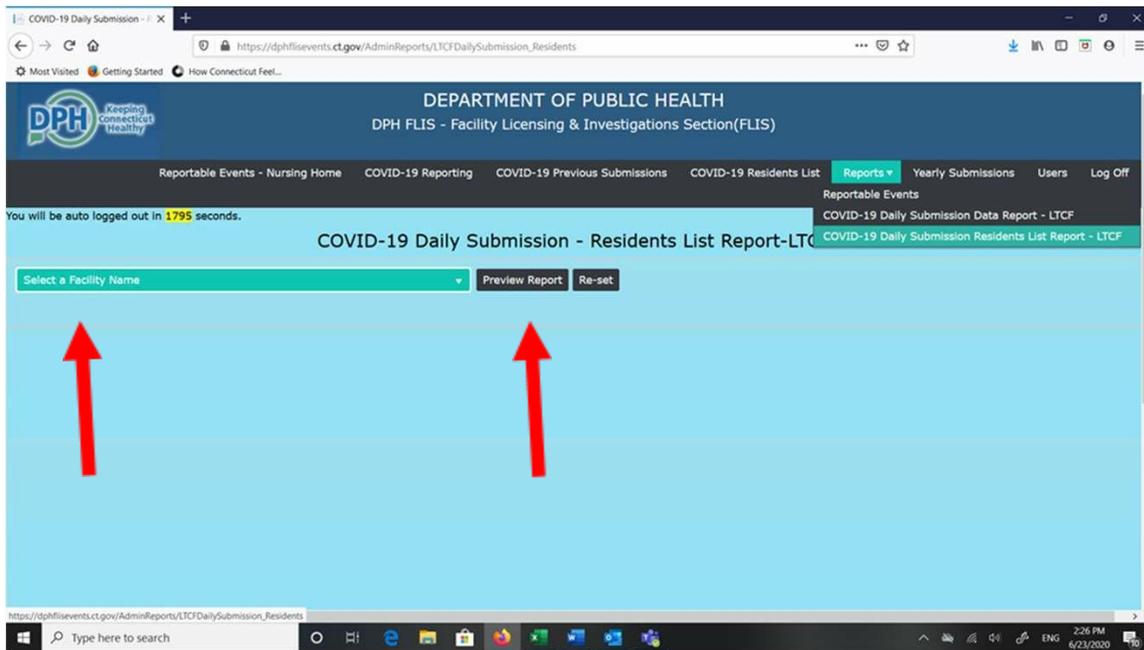
Be sure to include residents currently in house, in hospital, permanently discharged or deceased
When including residents who have transferred in as a known confirmed or presumptive case, please remember to indicate that in the line list

Facility Name: NH Test Facility

+ Add New Resident Information

	Resident Name	Last Name	First Name	Date of Birth	Race	Other race	Hispanic / Latino	G...	Resided family	Transf... into facility as known Covid-19 case	Covid-19 Status	Test Result	Date first positive specimen collected (if availab...	Ever sympto...	Symptom Onset Date	Describe the Sympto...
	NH Test Facility	Doc	Jane	01/25/1929	White		No	Female	Yes	No	Yes	Positive	05/01/2020	Yes	05/01/2020	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.

The screenshot shows a web browser window with the URL https://dphflisevents.ct.gov/AdminReports/LTCFDailySubmission_Residents. The page header identifies the user as 'bh, user' with the role 'RENHAdmin'. The main content area is titled 'COVID-19 Daily Submission - Residents List Report-LTCF' and shows a dropdown menu for 'Health And Rehabilitation Center, Llc'. Below this is a table with the following data:

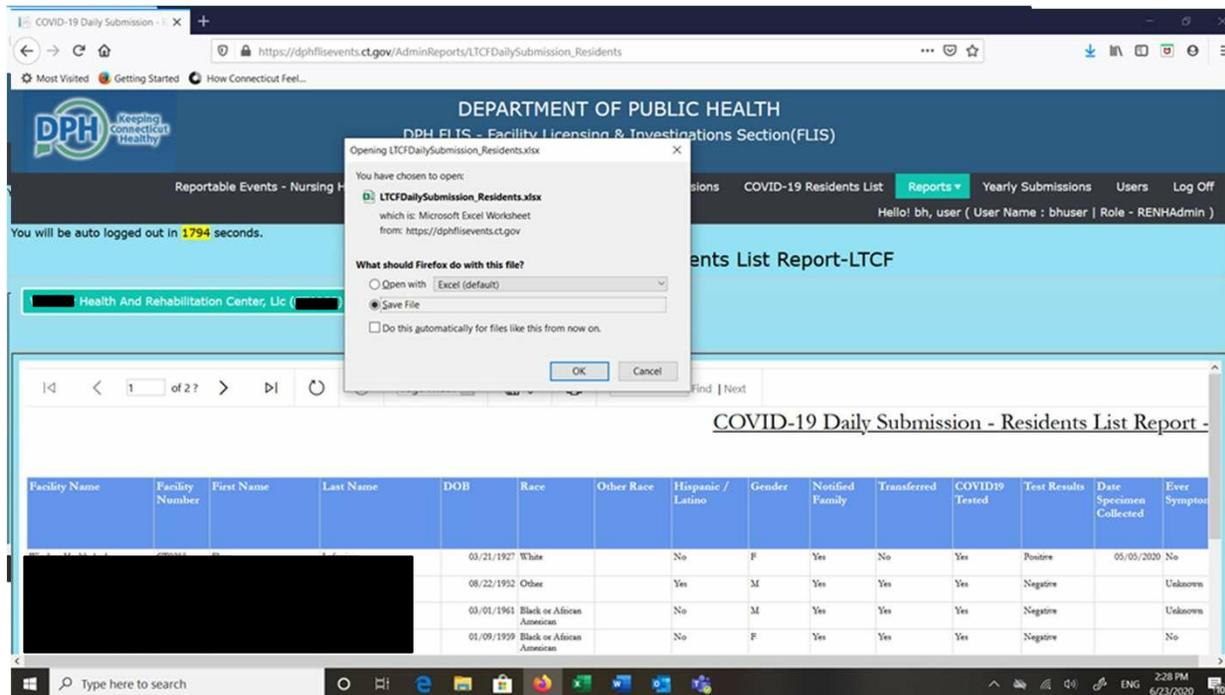
Facility Name	Facility Number	First Name	Last Name	DOB	Race	Other Race	Hispanic / Latino	Gender	Notified Family	Transferred	COVID19 Tested	Test Results	Date Specimen Collected	Ever Symptomatic
[Redacted]	[Redacted]	[Redacted]	[Redacted]	03/21/1927	White		No	F	Yes	No	Yes	Positive	05/05/2020	No
[Redacted]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

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)

The screenshot shows a web browser window displaying a report from the Department of Public Health, Facility Licensing & Investigations Section (FLIS). The report is titled "COVID-19 Daily Submission - Residents List Report-LTCF" for "Health And Rehabilitation Center, Llc". A red arrow points to the "Excel" option in the download menu.

Facility Name	Facility Number	First Name	Last Name	DOB	Hispanic / Latino	Gender	Notified Family	Transferred	COVID19 Tested	Test Results	Date Specimens Collected	Ever Symptomatic	
				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



- 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.