Instructions for completion of the Resident COVID-19 Event Form

Description
As part of CDC's ongoing COVID-19 response, the Resident COVID-19 Event Form is designed to help long-term care facilities (LTCFs) track and monitor residents who test-positive for COVID-19 (SARS-CoV-2). LTCFs eligible to report data include State Veterans Homes (SVH) providing nursing home (LTC-SVHSNF) and domiciliary care (LTC-SVHALF). LTCFs that are not currently enrolled in NHSN will need to complete enrollment before the COVID-19 Module resident event form is accessible.

Definitions
An event form must be entered each time a resident newly tests positive for COVID-19, including residents who test positive during re-admission.

- **Resident COVID-19 Event:** a resident who tests positive for COVID-19 based on a point-of-care (POC) antigen or a Nucleic Acid Amplification Test (NAAT)-polymerase chain reaction (PCR) viral test result. Antibody test results should not be reported. This does not include residents who have a positive SARS-CoV-2 antigen test that is followed by a negative SARS-CoV-2 NAAT (PCR).
    - The PCR will need to be performed within 2 calendar days (date of specimen collection is calendar day 1) of the initial antigen test for this rule to apply.
- **Re-admission:** a resident who was discharged from the LTCF for more than 3 days and has been readmitted for a subsequent stay.

Data Field	Instructions for Form Completion
Facility ID	The facility ID will be auto populated by the system.
Event ID	Event ID number will be auto populated by the system.
Resident ID	**Required**. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all admissions and stays reported to NHSN. **Note:** If the resident tested is a "Veteran Spouse," "Gold Star Parent," or "Other," enter an alphanumeric ID number. This is a number assigned by the facility and may consist of any combination of numbers and/or letters.
Medicare number	*Optional*. Enter the resident Medicare number or comparable railroad insurance number.
Resident Name	**Required**. Enter the first and last name of the resident. Middle name is optional.
Gender	**Required**. Select Female, Male, or Other to indicate the gender of the resident tested.

Date of Birth	**Required**. Record the date of the resident's birth using this format: MM/DD/YYYY.

Ethnicity (specify)	*Collecting ethnicity is important for understanding trends in the COVID-19 pandemic and ensuring the well-being of racial and ethnic minority groups.*
	
	Required. Specify if the resident is either Hispanic or Latino or Not Hispanic or Not Latino.
	
	Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. *
	
	Note: The resident should always be asked to identify their ethnicity. If the resident is unable to provide this information, ask a family member. If all good faith attempts to identify the ethnicity of the resident have failed, one of the following options may be chosen, as appropriate:
	
	    • Declined to respond
	    • Unknown
	
	* https://www.census.gov/topics/population/hispanic-origin/about.html

Race (specify)	*Collecting race is important for understanding trends in the COVID-19 pandemic and ensuring the well-being of racial and ethnic minority groups.*
	
	Required. Specify one, or more, if necessary (i.e., bi-racial), of the choices below to identify the resident's race (**select no more than 2 options**):
	American Indian/Alaska Native
	Asian
	Black or African American
	Native Hawaiian/Other Pacific Islander
	White
	
	Note: Hispanic or Latino is not a race. A person may be of any race while being Hispanic or Latino. The resident should always be asked to identify their race. If all good faith attempts to identify the race of the resident have failed, one of the following options may be chosen, as appropriate:
	
	    • Declined to respond
	    • Unknown

Veteran Resident Type	**Required**. Does the resident live in a State Veterans Home? If "Yes" is selected, choose whether the resident is a Veteran, Veteran Spouse, Gold Star Parent, or Other from the drop-down menu. If "Other" is selected, please enter the resident type in the space provided.

Event Information: Answers to the questions below are based on the current COVID-19 event being reported.	
Data Field	**Instructions for Form Completion**
Event Type	**Required**. Event type = COVID-19
Date of Current Admission to Facility	**Required**. The date of current admission is the most recent date the resident entered the facility. Select the date of current admission using the drop-down calendar. **Notes:** • Date of current admission must occur ON or BEFORE the date of event. • If the resident tests positive upon readmission to the facility, a new event form should be completed using the new admission date and the previously assigned resident ID.

Date of Event (Test Date)	**Required**: Enter the date the specimen was **collected** to perform SARS-CoV-2 (COVID-19) testing using the drop-down calendar or enter the date manually using format: MM/DD/YYYY.
	
	    Note: DO NOT complete an event form for residents who have a positive SARS-CoV-2 antigen test followed by a negative SARS-CoV-2 NAAT (PCR).
	        • The PCR will need to be performed within 2 calendar days (date of specimen collection is calendar day 1) of the initial antigen test for this rule to apply.
	
	Note: Date of Event must occur ON or AFTER the current admission date.

Data Field	Instructions for Form Completion
*COVID-19 Therapy Indicate if the resident received one of the therapeutic options for the current COVID-19 event.	A *Therapeutic* is defined as a treatment, therapy, or drug. Monoclonal antibodies are examples of anti-SARS-CoV-2 antibody-based therapeutics used to help the immune system recognize and respond more effectively to the COVID-19 virus. **Required**. Select "Did not receive," if the resident has not received monoclonal antibody therapy. If the resident received a monoclonal antibody therapeutic, select the appropriate therapeutic that was administered to the resident. Select "YES," if the resident was treated with **in-house stock** that was stored at your facility (specifically, either administered by your LTCF or by an outside entity using stock provided by your LTCF). If the resident was not treated with **in-house stock,** select "NO."
*Hospitalization (Transferred to an acute care facility)	**Required**. Select "YES," if the resident was transferred to an acute care facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only) for **this COVID-19 event**, otherwise select "NO." **Notes:** • It is possible that a resident will be admitted to a hospital after a COVID-19 event is reported to NHSN. If the resident is later transferred to an acute care facility to receive treatment related to **this COVID-19 event**, previously submitted NHSN data must be edited to include the hospitalization and hospitalization date. The hospitalization date must be the date of transfer to the hospital. • This would include residents that are transferred to an acute care facility NOT for COVID-19 and then subsequently found by the acute care facility to be COVID-19 positive.

| ***COVID-19 Death**

Indicate if the resident died from COVID-19 related complications while in the facility or another location. | *COVID-19 Deaths:* Defined by NHSN as residents who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment.

Required. Select "YES" if the resident identified with a newly positive COVID-19 viral test result, had signs and/or symptoms of COVID-19 as defined by the CDC, was on transmission-based precautions for COVID-19, or died from ongoing complications related to a previous COVID-19 infection. Select "NO," if the resident did not die, or if the resident's death was **not** related to COVID-19 or a COVID-19 related complication.

Notes:

• If the resident dies after the COVID-19 event data are entered in NHSN, previously submitted NHSN data must be edited to include the date of death.

• If the facility receives an autopsy result indicating a positive SARS-CoV-2 viral test result for a resident who was not initially documented as COVID-19 positive, a new event form will need to be completed rather than editing/modifying previously entered NHSN data.

• Residents discharged (specifically, not expected to return to the facility) from the facility are excluded and the date of death is not required. |