COVID–19 Module
Dialysis Outpatient Facility

*required to save as complete

	Facility Operational Information *For the following questions, please collect data for the current reporting week. The reporting week is defined as Wednesday through Tuesday with reporting to occur on Wednesday by 3 PM ET. You should report on the same day each week, either close of business on Tuesday or Wednesday by the deadline. We advise you not to alternate reporting days.*
_____	*Facility ID (OrgID)
_____	*CMS Certification Number (CCN)
_____	*Facility Name
_____	*Week of Data Collection
_____	*In-center Patient Census
_____	*Date last modified
_____	*Home Patient Census
_____	*Total Certified Stations
_____	*Isolation Stations included in Total Certified Stations
☐ Yes ☐ No	*Is your facility a designated COVID unit?
☐ Yes ☐ No	*Does your facility have designated COVID shifts?
_____	*Total number of staff (physician, nurses, techs, environmental services, biomed, etc.) who worked at least 1 day during the current reporting week:
_____	*How many patients on the current in-center census reside in nursing homes?
_____	*How many patients on the current home census reside in nursing homes?

*For the following questions, report data during the current reporting week which is Wednesday through Tuesday each week. For questions requiring counts, include only **new data which has occurred during the current reporting week**. Data should not be cumulative.*

NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

SARS-CoV-2 Positive (+) Patients and Staff

Patients

_____	*Number of patients who were tested for SARS-CoV-2 and had a positive SARS-CoV-2 test result during the current reporting week:
_____	*Number of newly confirmed in-center patients during the current reporting week:
_____	*Number of newly confirmed in-center patients that reside in nursing homes during the current reporting week:
_____	*Number of newly confirmed patients during the current reporting week that are home patients:
_____	*Number of SARS-CoV-2 positive patients who are currently admitted to the hospital during the current reporting week:

Staff

_____	*Number of newly confirmed staff during the current reporting week:

COVID-19 Vaccination Status – Primary Series: *For the patients who tested positive during the current reporting week, provide counts for the following categories.*

Not Vaccinated

_____	*Number of patients who have not been vaccinated with a COVID-19 vaccine **OR** patients whose first dose was administered 13 days or less before the test date:

Partial Vaccination

_____	*Number of patients who have received **only 1-dose** of a primary series vaccine **AND** have tested positive 14 days or more after receiving the COVID-19 vaccine:

Complete Primary Vaccination Series

_____	*Number of patients who have received Dose 1 and Dose 2 of a primary series vaccine **OR** 1 Dose of the Janssen COVID-19 Vaccine **AND** have tested positive 14 days or more after receiving the COVID-19 vaccine:

Revised: October 2022

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

CDC

COVID-19 Vaccination Status – Additional and Booster Doses: *For the patients who tested positive during the current reporting week, provide counts for the following.*

Additional or Booster Vaccination

_____	*Number of patients who have received **any** additional dose(s) or booster dose(s) of COVID-19 vaccine (any manufacturer) **AND** have tested positive 14 days or more after receiving the additional dose or booster dose:

Booster Doses

_____	*Number of patients who have received **only one** booster dose of COVID-19 vaccine (any manufacturer) **AND** have tested positive 14 days or more after receiving the booster dose:
_____	*Number of patients who have received **two or more** booster doses of COVID-19 vaccine (any manufacturer) **AND** have tested positive 14 days or more after receiving the most recent booster dose:

COVID-19 Vaccination Status – Up to Date: *For the patients who tested positive during the current reporting week, provide counts for the following.*
NHSN reference document for surveillance definitions of Up to Date:
https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf

Up to Date Vaccination

_____	*Number of patients who are up to date with COVID-19 vaccines **AND** have tested positive 14 days or more after receiving the most recent dose:

COVID-19 Deaths – Patients and Staff

_____	*Number of patients with deaths (confirmed or suspected) due to COVID-19 or related complications during the current reporting week:
_____	*Number of staff with deaths (confirmed or suspected) due to COVID-19 or related complications during the current reporting week:

For the following questions, please collect data and report findings during the current reporting week:

Shortages: Staff/Personnel & Personal Protective Equipment (PPE)

*Will your facility have a shortage of staff and/or personnel within the next week?	☐ Yes ☐ No
*Will your facility have a shortage of PPE within the next week?	☐ Yes ☐ No

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