Reporting Requirements:

1. **Is COVID-19 reporting to NHSN required? Do we need to report to NHSN even if we are already reporting these data to another entity (for example State Health Department or Hospital Association)?**

   At this time reporting is not required, it is voluntary, although we do encourage participation. While there are presently no federal requirements for reporting into the new COVID-19 Module, the Trump Administration and the White House Coronavirus Task Force have requested that hospitals report into this new NHSN Module daily in order to monitor the rapid emergence of COVID-19 and the impact on the healthcare system.

2. **Why is this reporting to NHSN needed if we are already sending this data to our state health department?**

   The aggregate reporting done via NHSN is designed to complement case reporting to local, state and territorial health departments. These data will be used by CDC’s emergency COVID-19 response and by the U.S. Department of Health and Human Services’ (HHS’) COVID-19 tracking system maintained in the Office of the Assistant Secretary of Preparedness and Response.

   Some state and local health departments may opt to use NHSN reported data to improve the efficiency of collecting data from hospitals within their jurisdictions. Reporting into the module should not replace but should supplement individual reporting as required by local and state health departments. State and local health departments will have immediate access to the COVID-19 data for hospitals in their jurisdictions.

3. **I understand that participation is optional; however, are there specific requirements for different states and/or county health departments?**

   State and local health departments may have their own reporting requirements for COVID-19 case reporting. We encourage all facilities to refer to the mandates in their states and localities.

4. **If a facility chooses to participate in the COVID-19 Module, can the facility submit the data they are easily able to obtain and defer on the other questions? Or must all fields be completed?**

   When reporting data into the COVID-19 Module, we encourage you to report as many data elements as possible in each pathway: Patient Impact and Hospital Capacity, Healthcare Worker Staffing and Healthcare Supplies. You can report partial or complete data. You can report for one pathway, two pathways or all three pathways. In order to save your data entry in the Patient Impact and Hospital Capacity pathway, it is required that you report HOSPITAL INPATIENT BEDS and the date for which the counts are reported. The Healthcare Worker Staffing and Healthcare Supplies pathways require at least one question be answered in each pathway and additionally the date for which the data are reported must be provided.

5. **When we begin submitting data to the COVID-19 Module, do we need to go back and if so, how far back to enter retrospective data?**

   No, facilities do not need to enter retrospective data. COVID-19 Module reporting can begin at any point in time. Data can be entered retroactively back to January 1, 2020, but it is not required. We appreciate your willingness to provide any data submission, including retrospective data entry.
6. Since Infection Preventionists (IPs) may not work on the weekend, can we report Saturday and Sunday data on Monday?
Yes, daily counts that represent the data collection for prior calendar days may be entered retrospectively.

7. If my hospital shares a CCN number with another hospital, do we report into the COVID-19 Module as a system or as individual hospitals?
Facilities should report their data separately. If more than one facility each with its own Org ID shares a CCN, the data from those facilities are rolled up by CDC and reported to CMS at the CCN-level. However, reporting for the NHSN COVID-19 module should reflect the data collected for each individual hospital only.

8. We are a health department with a group in NHSN. Will hospitals need to confer rights in order for us to access their COVID-19 data?
No; CDC will confer rights to the COVID-19 Module on behalf of facilities in your jurisdiction. In the new Module, Health Department (HD) Groups will be able to access data from their facilities once the data have been entered. Due to the current Public Health Emergency, HD Groups do not have to amend their define rights template to gain access to these data for facilities within their jurisdiction. NHSN’s Agreement to Participate and Consent accommodates the sharing of summary data for Public Health Response in instances such as these. More information about HD access to the COVID-19 Module can be found here: https://www.cdc.gov/nhsn/pdfs/covid19/hd-access-508.pdf.

9. Can NHSN group users (e.g., hospital associations, health systems, QIN/QIOs) with conferred rights to their hospitals’ NHSN data enter the hospitals’ data directly into the tool?
The hospital association group can add “COVID-19 View Data” and “COVID-19 CSV Data Upload” to the group’s Define Rights template. Once facilities in the group have conferred rights for the group to be able to view and upload data, the group can upload data via CSV and report on behalf of multiple facilities in the group.

10. Can the data be submitted for multiple hospitals from the State EP tracking system or must each hospital submit?
If the State EP tracking system has a group in NHSN, the group can add “COVID-19 View Data” and “COVID-19 CSV Data Upload” to the group’s Define Rights template. Once facilities in the group have conferred rights for the group to be able to view and upload data, the group can upload data via CSV and report on behalf of multiple facilities in the group.

11. We are a health department and currently do not have access to NHSN. How can we access the COVID-19 data from hospitals in our jurisdiction?
Health departments at all geographic levels that seek to access COVID-19 Module data from facilities in their jurisdictions should contact NHSNDUA@cdc.gov to begin the brief process for creating a group in NHSN.

12. Can we enter this data without completing the PS Annual Survey?
Yes. Data can be entered in the COVID-19 Patient Impact and Hospital Capacity Module without completing the Patient Safety Component annual facility survey.
Patient Impact and Hospital Capacity Pathway:

1. **Should the counts for the Mechanical Ventilators and Mechanical Ventilators In Use fields include ventilators in surgical areas? Should I include ventilators available for all patients or just adult patients?**

   Both Mechanical Ventilator fields are to provide counts that reflect Neonatal (NICU), Pediatric (PICU) and adult ICUs ventilators, anesthesia machines and portable/transport ventilators as well as BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.

   - For the Mechanical Ventilators count users should enter the total number of mechanical ventilators (in use and not in use) in their facility,
   - For the Mechanical Ventilators In Use count, users should enter only the mechanical ventilators in use at the time of data collection.

   Please refer to the Table of Instructions for Completion of the Patient Impact and Hospital Capacity form.

2. **When baby is rooming in with mother, are we to include a bed for mom and a bed for baby in our All Hospital Bed count and Hospital Inpatient Bed count?**

   No, when baby or babies are rooming in with mother, the total bed count will be 1. Do not count beds for baby(s) rooming in with mothers.

3. **Are surge beds included in the total number of beds?**

   Yes. When reporting data for the following: ALL HOSPITAL BEDS, HOSPITAL INPATIENT BEDS, and ICU BEDS, include in the total number of all staffed beds, to include surge beds.

4. **Are we to report patients tested in the ED and sent home to quarantine in the suspected COVID patient count?**

   No, you are only to include in the ED/OVERFLOW count, any patient at the time of data collection who meets the confirmed or suspected COVID-19 definition and is awaiting placement in an inpatient bed location.

5. **If units are serving as overflow COVID-19 units and as ICU level of care, should these beds be included as ICU or as regular inpatient beds?**

   If the unit is serving as an ICU level of care, the unit should be mapped as an ICU type unit and all beds captured in the ICU bed count. If an existing inpatient unit is temporarily used to accommodate COVID-19 patients and the addition of these patients changes the patient mix of the unit (following the 80% rule for acuity and service type), then inactivate this existing inpatient unit and map a new location to the most appropriate NHSN CDC Location description. The document titled Additional Guidance for NHSN Location Mapping during COVID-19 Response can serve as a tool to assist with location related questions.

6. **Are hospitals required to report COVID-19 laboratory test result data to NHSN?**

   No, the laboratory testing information referenced in the letter sent to hospital administrators from Vice President Mike Pence on March 29, 2020, is not information requested by NHSN. Please address those concerns and questions to: fema-hhs-covid-diagnostics-tf@fema.dhs.gov. However, laboratory test results used to

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NATIONAL HEALTHCARE SAFETY NETWORK: FAQ FOR COVID-19 MODULE

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identify patients as confirmed or suspected COVID-19, regardless of where the test was performed, may be used to support reporting into the NHSN COVID-19 Module.

7. If a patient is pending results and dies, but then results come in days later that the test was negative, are we able to remove them from the count?
No. If a patient was included as a suspect case at the time of data collection on any given calendar day and on a subsequent calendar day a negative test result becomes available, the prior calendar days are not to be adjusted. Furthermore, if the patient still is considered to have symptoms compatible with COVID-19 disease (most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness, such as cough, shortness of breath or myalgia/fatigue) then said patient would still be considered a suspect case and captured in the daily counts for patients with confirmed and suspected COVID-19. Please refer to the Table of Instructions for Completion of the Patient Impact and Hospital Capacity form.

8. Would a suspected patient include those who have been tested, but we do not yet have results?
Possibly. There are two parts to meeting the suspected case definition as it pertains to the COVID-19 Module. If at the time of data collection, a positive COVID-19 test result is not available for a patient but they have signs and symptoms consistent with COVID-19, (most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness, such as cough, shortness of breath or myalgia/fatigue), then they are included in the suspected category and counted as such. Please refer to the Table of Instructions for Completion of the Patient Impact and Hospital Capacity form.

9. Please Clarify the ALL HOSPITAL BEDS data field.
ALL HOSPITAL BED counts are to include the total number of all staffed inpatient and outpatient beds in your hospital, including all overflow and surge/expansion beds used for inpatients or for outpatients. This includes all Intensive Care Unit (ICU) beds. The HOSPITAL INPATIENT BED count, a subset of ALL HOSPITAL BEDS, is to include the total number of staffed inpatient beds, including all overflow and surge/expansion beds used for inpatients. This also includes ICU beds. ICU BED counts, a subset of HOSPITAL INPATIENT BEDs, is to include the total number of staffed inpatient ICU beds. Please refer to the Table of Instructions for Completion of the Patient Impact and Hospital Capacity form.

10. When reporting the counts for ICU BEDS and ICU BED OCCUPANCY should all ICUs be included or only adult ICUs?
Yes; all ICUs to include Neonatal ICUs (NICU), Pediatric ICUs (PICU) and adult ICUs should be included in these counts.

11. Do we have to map within NHSN any temporary units opened for COVID patients? What do we do if we reassign regular units for COVID use?
Yes; units reassigned or newly opened for COVID patients should be mapped accordingly within NHSN in order to include these locations in HAI surveillance and reporting. NHSN has a guidance document for mapping posted on the COVID web page Additional Guidance for NHSN Location Mapping during COVID-19 Response.