

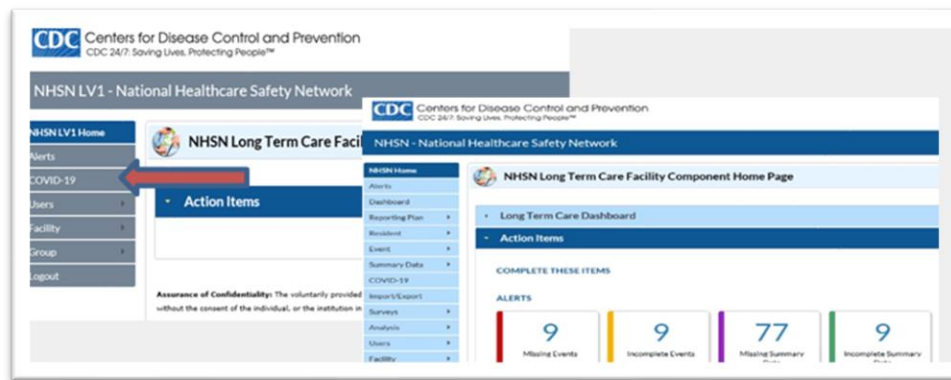
LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

Description

As part of CDC’s ongoing COVID-19 response, LTCFs enrolled in the National Healthcare Safety Network (NHSN) have the ability to submit daily counts of cases with a newly positive SARS-CoV-2 viral test result using the LTCF COVID-19 Module. These step-by-step instructions describe how facilities can upload data via .csv files to the NHSN LTCF COVID-19 Module. A facility can opt to have a group report data on its behalf if the group has the capability to collect/export facility level data for its member.

LTCFs should be aware that any groups that have been granted access to NHSN for the purpose of viewing facility data will also have access to upload data on behalf of the facility using the CSV bulk upload process. If data has been uploaded into NHSN for a LTCF by one group or supergroup via the CSV bulk upload, this data can be overwritten by a second group uploading data for the LTCF at a later time or date. Therefore, NHSN recommends that LTCFs only grant access to one group/supergroup to upload data on their behalf. Groups or Supergroup may include health departments. *It is also important to note that if a facility has entered its own data, it will not be overwritten by a bulk upload by a group/supergroup.* LTCFs looking to upload their data will need to work with the vendor directly to provide their NHSN orgID and establish the process. Vendors (such as EHR providers, EOC providers, etc.) that intend to provide COVID-19 CSV uploads on behalf of NHSN LTCFs please submit an inquiry to NHSN@cdc.gov with the title “Vendor Support for NHSN COVID-19 Facility Reporting.” NHSN will follow up to confirm procedural details as the process may differ by vendor.

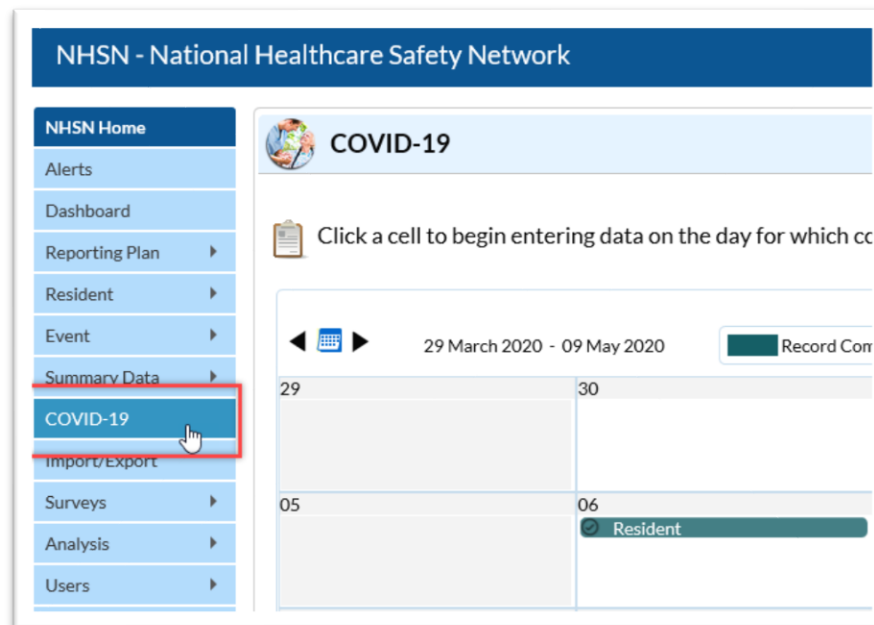
Please note: if accessing NHSN through different level of SAMS credentials, the interface will look slightly different as shown below but all functionality related to COVID-19 data reporting are the same. See examples of screenshots below



LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

Instructions

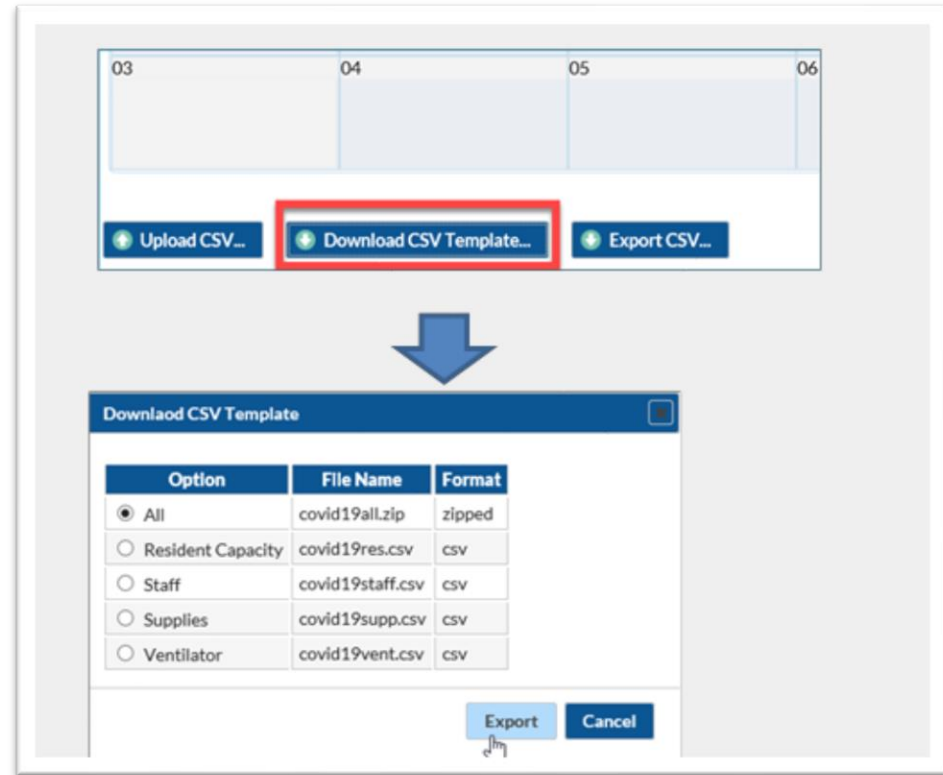
Select Module—After logging into the LTCF NHSN component, select COVID-19 from the menu bar to get to the COVID-19 Module calendar view as shown in the image to the right.



The screenshot shows the NHSN - National Healthcare Safety Network interface. On the left is a navigation menu with the following items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19 (highlighted with a red box and a mouse cursor), Import/Export, Surveys, Analysis, and Users. The main content area is titled 'COVID-19' and contains a calendar view for the period '29 March 2020 - 09 May 2020'. A 'Record Count' button is visible. The calendar shows dates 29, 30, 05, and 06. On 06, there is a 'Resident' entry with a checkmark. A tooltip message says 'Click a cell to begin entering data on the day for which cc'.

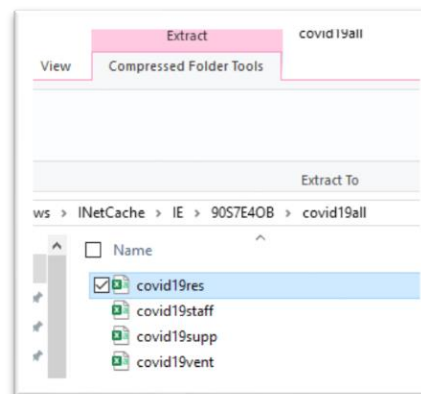
LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

1. **Download Template** – CSV templates for each pathway can be found by using the Download CSV button. A window will open with the title and options to download files for each pathway separately, or to download a .zip file that includes all 4 pathway templates.



LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

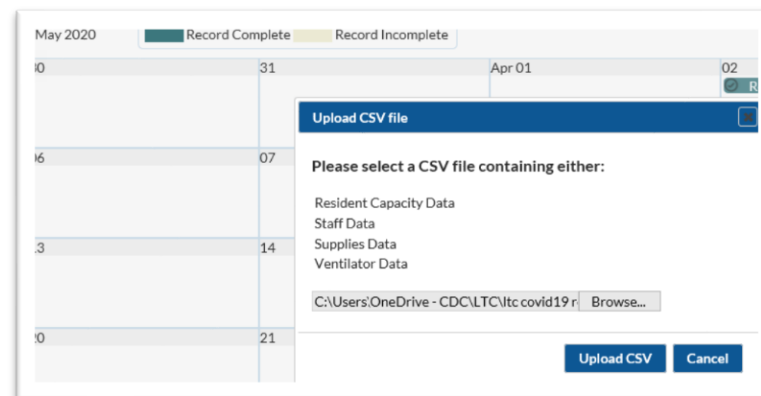
- Select Template** – The headers of the CSV file mimic the titles of data fields in the screenshot to the right and appear in the same order as the data fields shown tables 1 -4 below. Please visit the tables at the end of this document (starting on page 6) to learn more about the variables used in this module. The CSV file Template for all 4 pathways (Resident Impact and Facility Capacity, Staff and Personnel Impact, Supplies & Personal Protective Equipment, Ventilator Capacity & Supplies) can also be found on the NHSN COVID-19 Webpage: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>



Enter Data—Using the templates provided, populate each variable with the appropriate data. Save your file in order to upload it in NHSN.

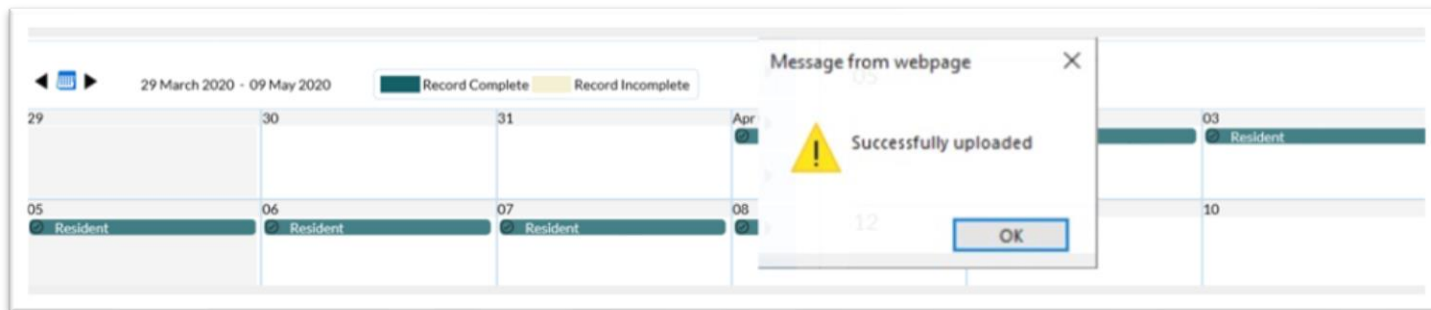
- Upload CSV**—Return to the COVID-19 Module tab in NHSN and select upload CSV at the bottom of the page. A screen will appear to add the CSV file. Browse for the file and then click Upload CSV to begin the import. View the data as referenced in step 1 of this section.

Note: There are different file formats for the different Pathways (Resident Impact and Facility Capacity, Staff and Personnel Impact, Supplies & Personal Protective Equipment, Ventilator Capacity & Supplies). There is no need to specify which type of format being imported; just ensure that the format and values are correct.



LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

- View Data** – A message that indicates the upload was successful will be generated. The calendar view of the COVID-19 module will automatically populate the days for uploaded data. Users can then select a date for which data was added to view and edit the record.



LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

Facility: Importing COVID-19 using a .csv file for COVID-19 Pathways:

Resident Impact and Facility Capacity, Staff and Personnel Impact, Supplies and Personal Protective Equipment, and Ventilator Capacity and Supplies

Table 1: NHSN COVID-19 Resident Impact and Facility Capacity Import File Format – NOTE: Use this format for calendar dates Nov 23, 2020 and going forward

Field	Requirement	Values	Format [†]	Description of Field
collectionDate	Required		mm/dd/yyyy	Date for which patient counts are reported:
numresadmc19	Optional	0 to 3000	Must be a whole number Must be <=3000	ADMISSIONS: Residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. Excludes recovered residents.
numresdied	Optional	0 to 10000	Must be a whole number Must be <=10000	TOTAL DEATHS: Residents who have died for any reason in the facility or another location
numresc19died	Optional	0 to 10000	Must be a whole number Must be <=10000	COVID-19 DEATHS: Of the number of reported Total Deaths, report the number of residents with COVID-19 who died in the facility or another location.
numltcfbeds	Optional	0 to 3000	Must be a whole number Must be <=3000	ALL BEDS (FIRST SURVEY ONLY): Total number of beds within the certified Medicare and/or Medicaid long-term care facility
numltcfbedsocc	Optional	0 to 3000	Must be whole number Must be <= All Beds , if populated, or <=3000	CURRENT CENSUS: Total number of beds that are occupied on the reporting calendar day
staffc19testability	Optional		Y for Yes N for No	TESTINGSTAFF: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all staff and facility personnel within the next 7 days, if needed?

LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

Field	Requirement	Values	Format†	Description of Field
resc19testability	Optional		Y for Yes N for No	TESTINGRESIDENT: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (nucleic acid/PCR or antigen) on all current residents within the next 7 days, if needed?
resc19pocetestperf	Conditionally Required	0 to 3000	Must be a whole number Required if perfC19Test = Y	Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on residents
staffc19pocetestperf	Conditionally Required	0 to 3000	Must be a whole number Required if perfC19Test = Y	Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on staff and/or facility personnel?
numrespostest	Optional	0 to 3000	Must be a whole number	POSITIVE TESTS: Number of residents with a new positive COVID-19 viral test result.
numrespostestposag	Conditionally Required	0 to 3000	Must be a whole number Required if numResPosTest > 0. If entered, sum of all 4 numResPosTest tests must = numResPosTest	TEST TYPE: Of the number of reported residents above with a Positive Test, how many were tested using positive SARS-CoV-2 antigen test only (no other testing performed)
numResPosTestPosNAAT	Conditionally Required	0 to 3000	Must be a whole number Sum of all 4 numResConfC19 tests must be <= numResConfC19	TEST TYPE: Of the number of reported residents above with a Positive Test, how many were tested using positive SARS-CoV-2 NAAT (PCR) [no other testing performed]
numResPosTestPosAgNegNAAT	Conditionally Required	0 to 3000	Must be a whole number Sum of all 4 numResConfC19 tests must be <= numResConfC19	TEST TYPE: Of the number of reported residents above with a Positive Test, how many were tested using positive SARS-CoV-2 antigen test and negative SARS CoV-2 NAAT (PCR)

LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

Field	Requirement	Values	Format†	Description of Field
numResPosTestOther	Conditionally Required	0 to 3000	Must be a whole number Sum of all 4 numResConfC19 tests must be <= numResConfC19	TEST TYPE: Of the number of reported residents above with a Positive Test, how many were tested using any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test
numResPosTestReinf	Required	0 to 3000	Must be a whole number Must be <= numResPosTest	RE-INFECTIONS: Of the number of reported residents above with a Positive Test, how many were considered as re-infected?
numResPosTestReinfSymp	Optional	0 to 3000	Must be a whole number numResPosTestReinfSymp + numResPosTestReinfAsymp must be <= numResPosTestReinf	SYMPTOMATIC: Of the number of reported residents with Re-Infections, how many had signs and/or symptoms consistent with COVID-19?
numResPosTestReinfASymp	Optional	0 to 3000	Must be a whole number numResPosTestReinfSymp + numResPosTestReinfASymp must be <= numResPosTestReinf	ASYMPTOMATIC: Of the number of reported residents with Re-Infections, how many did not have signs and/or symptoms consistent with COVID-19?
numresconfflu	Optional	0 to 3000	Must be a whole number	INFLUENZA: Number of residents with new influenza (flu).
numresothresp	Optional	0 to 3000	Must be a whole number	RESPIRATORY ILLNESS: Number of residents with acute respiratory illness symptoms, excluding COVID-19 and/or influenza (flu).
numresconfflu19	Optional	0 to 3000	Must be a whole number	INFLUENZA and COVID-19: Number of residents with a confirmed co-infection with influenza (flu) and SARS-CoV-2 (COVID-19).
perfc19test	Optional		Y for Yes N for No	Since the last date of data entry in the Module, has your LTCF performed SARS-COV-2 (COVID-19) viral testing?
resc19nonpocetestperf	Conditionally Required		Must be a whole number Required if perfc19Test = Y	Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on residents

LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

Field	Requirement	Values	Format†	Description of Field
staffc19nonpocetestperf	Conditionally Required		Must be a whole number Required if perfC19Test = Y	Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on staff and/or facility personnel?
c19nonpocetestresults	Optional		<1 DAY for Less than one day 1-2 DAYS -for 1-2 days 3-7 DAYS for 3-7 days >7 DAYS for More than 7 days NOTEST for No testing performed in the past two weeks on residents or staff and/or facility personnel	During the past two weeks, on average, how long did it take your LTCF to receive SARS-CoV-2 (COVID-19) viral test results of staff and/or facility personnel?

LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

Table 2. NHSN COVID-19 Staff and Personnel Impact Import File Format – NOTE: Use this format for calendar dates Nov 23, 2020 and going forward

Field	Requirement	Values	Format†	Description of Field
collectionDate	Required		mm/dd/yyyy	Date for which patient counts are reported
numStaffPosTest	Optional	0 - 1000	Must be a whole number	POSITIVE TESTS: Number of staff and facility personnel with a new positive COVID-19 viral test result.
numStaffPosTestPosAg	Optional		Must be a whole number Required if numStaffPosTest > 0. If entered, sum of all 4 numStaffPosTest tests must = numStaffPosTest	TEST TYPE: Of the number of reported staff and facility personnel above with a Positive Test, how many were tested using positive SARS-CoV-2 antigen test only (no other testing performed)
numStaffPosTestPosNAAT	Conditionally Required		Must be a whole number Required if numStaffPosTest > 0. If entered, sum of all 4 numStaffPosTest tests must = numStaffPosTest	TEST TYPE: Of the number of reported staff and facility personnel above with a Positive Test, how many were tested using positive SARS-CoV-2 NAAT (PCR) [no other testing performed]
numStaffPosTestPosAgNegNAAT	Conditionally Required		Must be a whole number Required if numStaffPosTest > 0. If entered, sum of all 4 numStaffPosTest tests must = numStaffPosTest	TEST TYPE: Of the number of reported staff and facility personnel above with a Positive Test, how many were tested using positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)
numStaffPosTestOther	Conditionally Required		Must be a whole number Required if numStaffPosTest > 0. If entered, sum of all 4 numStaffPosTest tests must = numStaffPosTest	TEST TYPE: Of the number of reported staff and facility personnel above with a Positive Test, how many were tested using any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test

LONG-TERM CARE FACILITY (LTCF)

Facility – How to Upload COVID-19 CSV Data Files

Field	Requirement	Values	Format†	Description of Field
numStaffPosTestReinf	Conditionally Required		Must be a whole number Required where numStaffPosTest > 0. Must be <= numStaffPosTest	RE-INFECTIONS: Of the number of reported staff and facility personnel above with a Positive Test, how many were considered as re-infected?
numStaffPosTestReinfSymp	Optional		Must be a whole number	SYMPTOMATIC: Of the number of reported staff and facility personnel with Re-Infections, how many had signs and/or symptoms consistent with COVID-19?
numStaffPosTestReinfASymp	Optional		Must be a whole number	ASYMPTOMATIC: Of the number of reported staff and facility personnel with Re-Infections, how many did not have signs and/or symptoms consistent with COVID-19?
numStaffC19Died	Optional	0 - 1000	Must be a whole number	COVID-19 DEATHS: Number of staff and facility personnel with COVID-19 who died.
numStaffConfFlu	Optional	0 - 3000	Must be a whole number	INFLUENZA: Number of staff and facility personnel above with new influenza (flu).
numStaffOthResp	Optional	0 - 3000	Must be a whole number	RESPIRATORY ILLNESS: Number of staff and facility personnel with acute respiratory illness symptoms, excluding COVID-19 and/or influenza (flu).
numStaffConfFluC19	Optional		Must be a whole number Must be <= numStaffConfC19 and <= numStaffConfFlu	INFLUENZA and COVID-19: Number of staff and facility personnel with a confirmed co-infection with influenza (flu) and SARS-CoV-2 (COVID-19).
shortNurse	Optional		Y for Yes N for No	Does your organization have a shortage of Nursing Staff: registered nurse, licensed practical nurse, vocational nurse?
shortClin	Optional		Y for Yes N for No	Does your organization have a shortage of Clinical Staff: physician, physician assistant, advanced practice nurse?
shortAide	Optional		Y for Yes N for No	Does your organization have a shortage of Aide: certified nursing assistant, nurse aide, medication aide, and medication technician?
shortOthStaff	Optional		Y for Yes N for No	Does your organization have a shortage of Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)?

LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

Table 3 – NHSN COVID-19 Supplies and Personal Protective Equipment Import File Format:

"collectiondate", "n95maskadeqtoday", "n95maskadeqweek", "surgmaskadeqtoday", "surgmaskadeqweek", "eyeprotectadeqtoday", "eyeprotectadeqweek", "gownadeqtoday", "gownadeqweek", "gloveadeqtoday", "gloveadeqweek", "sanitizeradeqtoday", "sanitizeradeqweek"

Field	Requirement	Values	Format†	Description of Field
collectiondate	Required		mm/dd/yyyy	Date for which counts are reported:
n95maskadeqtoday	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: N95 Masks
n95maskadeqweek	Optional	Y or N	Y for Yes or N for No	Do you have enough for next week: N95 Masks
surgmaskadeqtoday	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Surgical Masks
surgmaskadeqweek	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Surgical Masks
eyeprotectadeqtoday	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Eye protection, including face shields or goggles
eyeprotectadeqweek	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Eye protection, including face shields or goggles
gownadeqtoday	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Gowns
gownadeqweek	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Gowns
gloveadeqtoday	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Gloves
gloveadeqweek	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Gloves
sanitizeradeqtoday	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Alcohol-based hand sanitizer
sanitizeradeqweek	Optional	Y or N	Y for Yes or N for No	Do you have an adequate supply: Alcohol-based hand sanitizer

LONG-TERM CARE FACILITY (LTCF) Facility – How to Upload COVID-19 CSV Data Files

Table 4 — NHSN COVID-19 Ventilator Capacity and Supplies Import File Format:

"collectiondate", "ventunit", "numvent", "numventc19", "ventadeqtoday", "ventadeqweek"

Field	Requirement	Values	Format†	Description of Field
collectiondate	Required		mm/dd/yyyy	Date for which counts are reported:
ventunit	Required	Y or N	Must be Y for Yes or N for No	Do you have a ventilator dependent unit in your facility
numvent	Optional	0 to 2000	Must be a whole number Must be <= ALL BEDS, or <=2000	Mechanical Ventilators: Total number of available in your facility
numventc19	Optional	0 to 2000	Must be a whole number Must be <= ALL BEDS, or <=2000	Mechanical Ventilators in Use: Total number of mechanical ventilators in use for residents that have suspected, or lab confirmed COVID-19
ventadeqtoday	Optional	Y or N	Must be Y for Yes or N for No	Ventilator Supplies: Do you have an adequate supply?
ventadeqweek	Optional	Y or N	Must be Y for Yes or N for No	Ventilator Supplies: Do you have enough for one week?