

Facility - Importing COVID-19 Using a .csv File for Staff and Personnel Impact Summary Data

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

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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)?