Adding the Healthcare Personnel Safety Component to Long-term Care Facilities

Introduction

Before long-term care facilities (LTCFs) can begin reporting annual healthcare personnel (HCP) influenza vaccination data, they must first enroll their facility in NHSN, obtain SAMS level 3 access, and activate the Healthcare Personnel Safety (HPS) Component. This document will provide an overview of how to complete these steps.

Enroll Facility

New LTCFs will first need to enroll in NHSN. An overview of how to enroll facilities can be found on the <u>5-Step Enrollment for</u> <u>Long-term Care Facilities web page</u>. If your facility is already enrolled in NHSN, then you can proceed to follow instructions on how to obtain SAMS level 3 access.

Obtain SAMS Level 3 Access

LTCFs that already have Level 1 access must upgrade to Level 3.To see if you already have Level 3 access, you can review your interface and compare to the screenshots below:



If you need to upgrade to Level 3, all users and the NHSN facility administrator (FA) must complete an identity proofing process for security purposes. We will review this process here, and all individuals will receive an e-mail from SAMS (<u>sams-no-reply@cdc.gov</u>) with the same instructions.



Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases There are two options for validating identity:

- Option 1-Experian: Using a secure interface, the individual will provide Experian their Social Security Number (SSN) and Date of Birth (DOB). This information is sent directly to Experian and is NOT stored or saved by SAMS/CDC. Experian will attempt to validate their information and may ask the individual a series of questions based on their credit history. There is no impact on their credit score or credit worthiness. This is the fastest and most secure method to complete the SAMS identity proofing process.
- **Option 2-Document Review:** The individual will be required to complete a form included at the bottom of the identity verification instructions e-mail. This form, along with appropriate identification, will need to be reviewed by a notary or other trusted third party, and copies submitted to SAMS via secure upload or by mail. Once received by SAMS, it will be reviewed and validated. This process can take several weeks to complete depending on volume and how the documentation is sent to SAMS.

After SAMS confirms their identity, the individual will either authenticate their Level 3 access via a soft token or a SAMS grid card that will be delivered to their residential/home address by U.S. mail. This will allow the individual Level 3 access to SAMS.

Activate the HPS Component

Please note that only the NHSN FA can add and activate the HPS component. If the previous NHSN FA has left the facility, NHSN can add an individual as the new NHSN FA. To do so, a user must complete the <u>Change NHSN Facility Administrator</u> <u>form</u>. This form will be verified within 5 business days. After this, the user should receive an e-mail from SAMS verifying the new NHSN FA. Please remember to check your junk/spam e-mail for this message.

Once the NHSN FA has verified their identity, they must log in to SAMS using the NHSN Reporting option instead of the LTC Reporting option.

NHSN Reporting: LICF Component	
National Healthcare Safety Network System	
NHSN Reporting *	
NHSN Enrollment	
NHSN Long Term Care Reporting	
NHSN LTC Reporting	
NHSN LTC Enrollment	

After the NHSN FA logs in using Level 3 access, they must navigate to "Facility" and then "Add/Edit Component" on the lefthand navigation bar. Next, check the box next to HPS Component.

Please do not de-activate any other NHSN Components, such as the LTC Facility Component. De-activating will occur if you uncheck the box next to a component that was already checked.

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Scroll to "Components Followed" and check the box next to Healthcare Personnel Safety. An alert will pop-up indicating you must first define the primary contact for this component.

the second s		Phone *: 184-350-1747	_	Warnin	NE CONTRACTOR	
Dynamic Forms		Fax:		You mu	st define the P	rimary Contact for t
ogout		Facility: Y		compor	nent before yo	u can start following
		Facility type *: LTC-SKILLNURS - Skil	led Nursing Facility	Go to ti	he Contact Dat r the Primary (ta section of the page Contact information
	Was this facility operational in the year prior to NHSN enrollment (i.e., last year)? *: Yes N				ou will be requ	ired to complete a
	Will this facil	ity report COVID data separately for one (or more) facility-within-facility using t	survey	for the most re	cently completed
	Before makin	ng a selection, please review the facility-within-fac	ility guidance 🗌	Exposu	re reporting is	selected on your
	Facility-with	hin-facility Description: Facility-within-facility ref	ers to units/ floors/ wings of a	hos monthl	y plan. Please p	print the survey from
	these units/	/floors/wings are housed. These units/ floors/ win	gs have the same CCN and the	the Prin	nt Survey Form	link next to the
	facility scen	arios for COVID-19 hospital data.		compo	Del IG	
						OK
		Status: A - Arthus				OK
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	Componen Follow/	Its Facility: U Yes ® No Status: A-Active	Andrewood		Agreement	
	Componen Follow/ Followed	Its Facility: U Yes ® No Status: A - Active	Activated	Deactivated	Agreement Accepted	View Agreement
	Componen Follow/ Followed	ItsFacility: Ures ® No Status: A-Active	Activated	Deactivated	Agreement Accepted	View Agreement
	Componen Follow/ Followed	ItsFacility: Ures ® No Status: A-Active Its Followed Component Biovigilance Dialysis	Activated	Deactivated	Agreement Accepted	View Agreement
	Componen Follow/ Followd	Its Facility: U Yes ® No Status: A - Active Its Followed Component Biovigilance Dialysis Healthcare Personnel Safety	Activated	Deactivated	Agreement Accepted	View Agreement
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	Componen Follow/ Followd	Its Facility: U Yes ® No Status: A - Active Its Followed Component Biovigilance Dialysis Healthcare Personnel Safety Long Term Care Facility Medication Safety (Pilot facilities only) Neonatal Outpatient Procedure	Activated 05/08/2023	Deactivated	Agreement Accepted Y	View Agreement View Agreement

Select "OK" and enter the contact information on the next page for your HPS Component primary contact.

Note: this can be an existing NHSN user.

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	Output State St	User OCreate new NHSN User	
Existing NHSN User Em	ail		
Username *			
Password *			
Verify Password *			
Contact Type	HCP - Healthcare	Personnel Primary Contact	
First Name *			
Last Name *			
Middle Name			
Phone *		Ext	
Email *			
Title			
Click to copy mailin	ng address from the facili	ty	
Address Line 1 *			
Address Line 2			
Address Line 3			
City *			
State *			~
Zip Code *		Zip Code Ext:	
Fax			
Pager Number			

Click Submit.

After submitting and updating this information, the FA must return to the NHSN homepage and log into the HPS Component to accept the agreement to participate and consent. Once rights are accepted, your facility is ready to submit data to the HPS Component, including annual HCP influenza vaccination data.

Contact Information

For questions or concerns, please send an e-mail to NHSN@cdc.gov.

Please write ""HPS Flu Summary" in the subject line of the e-mail and specify your facility type.

You can also view the various resources for annual HCP influenza vaccination data reporting on the <u>Healthcare Personnel</u> (HCP) Flu Vaccination web page.