

September 2022 (v.15)

Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF) Resident Impact and Facility Capacity Pathway Form (CDC 57.144)

Data Field	Instructions for Form Completion
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-generated by the system.
CMS Certification Number (CCN)-may be referred to as participation number	Auto-generated by the computer, if applicable, based on the CCN entered during NHSN registration or last updated, if previously edited. Please see NHSN CCN Guidance document for instructions on how to add a new CCN or edit an existing CCN.
Facility Name	Auto-generated by the system based on the facility name previously entered during NHSN registration.
Date for which counts are reported	Required. Select the date on the calendar for which the counts and/or responses in the Resident Impact and Facility Capacity pathway apply. For example, if reporting the number of residents with positive SARS-CoV-2 (COVID-19) viral test results for specimens collected on Monday of the reporting week, Monday should be selected on the calendar as the day for which counts are being reported in the "Resident Impact and Facility Capacity" pathway.
Facility Type	 Auto-generated based on the facility type selected during NHSN enrollment. Selections include: LTC-ASSIST – Assisted Living Residence LTC-ICF/IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities. LTC-SKILLNURS – Skilled Nursing Facility + Includes both skilled nursing facilities and nursing homes
	 LTC-PSYCH – Psychiatric Residential Treatment Facility LTC - SVHALF – Assisted Living Facility for Sate Veteran's Homes LTC - SVHSNF – Skilled Nursing Facility for State Veteran's Homes Please see NHSN Guidance document for instructions on <u>How to Correct Your Facility Type</u> if this information is incorrect.
Date Created	Auto-generated based on the first calendar date and time that a user manually enters and saves data or the date the facility first submits a CSV file for a specific pathway. Note: The date and time will automatically generate after the "Save" button is selected and cannot be modified.

Important:

Report only the **NEW** counts since the last date counts were collected for reporting to NHSN. If the count is zero for any variable, a "0" is to be entered as the response. A blank response is equivalent to missing data. NON-count questions are to be answered one calendar day during the reporting week.



Data Field	Instructions for Form Completion
	Facility Capacity
ALL BEDS	Enter the total number of resident beds in the facility. This number will autopopulate in future sessions and should be updated only if there is a change in the total bed count. For example, if the facility must bring in additional beds to accommodate overflow of residents. Notes:
	 Include the total number of beds for the facility in which the facility is licensed. This number shall include private and/or non-private pay beds. A blank data field for "ALL BEDS" is to be answered, even if the total bed count was previously entered.
* CURRENT CENSUS	Required: Enter the total number of occupied beds for each calendar day in
Total number of beds	which data are being entered.
that are occupied at the	Notes:
time of reporting to NSHN	 Count includes a combination of private and non-private pay occupied beds, when applicable.
	 Count includes the total number of residents occupying a bed in the reporting facility, including non-licensed beds. (For example, residents occupying additional beds that had to be brought into the facility in response to increased capacity of residents or residents are being moved to other parts of the facility that are not normally included in the LTCF bed count).
	Resident Impact for COVID-19 (SARS-CoV-2)
*ADMISSIONS Number of residents newly admitted or readmitted from another facility who	Admissions: Defined by NHSN as the number of residents newly admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based isolation precautions due to transmission risk associated with the diagnosis. The count <u>excludes</u> recovered residents.
were previously	Notes:
diagnosed with COVID-19 and	 Admitted or re-admitted residents included in the Admissions count are not also included in the Positive Tests count.
continue to require transmission-based precautions. Excludes	 Only include residents who were newly admitted or readmitted since the last date these counts were collected for reporting in the NHSN COVID-19 Module.
recovered residents.	• Include duplicate re-admissions of same resident if criteria are met.
	Do not include admissions or readmissions who are preemptively isolated
	unless signs/symptoms suggestive of COVID-19 were present.
	 Include admissions and readmissions with signs and/or symptoms suggestive of COVID-19 according to the <u>CDC guidance</u> and require
	transmission-based isolation precautions at admission to minimize
	transmission risks.
	Example: The following admissions were documented for DHQP Skilled Nursing Facility this week:
	 Monday: 4 facility admissions/readmissions. Of the total, 2 were readmissions with COVID-19 diagnosis; 1 was a new admission with COVID- 19 diagnosis; 1 was an admission with no history of COVID-19.
	2. Tuesday: 2 facility admissions/readmissions. Of the 2, both were



Data Field	Instructions for Form Completion
	readmissions with no history of COVID-19
	3. Wednesday: no facility admissions/readmissions
	4. Thursday: 3 facility admissions/readmissions. Of the total, 2 were new admissions without a diagnosis of COVID-19. One was a readmission with a diagnosis of COVID-19 who died one day following admission to the DHQP SNF.
	5. Friday: 3 facility admissions/readmissions. Of the 3, all were new admissions from the hospital who were placed on preemptive transmission-based precautions, but no COVID-19 diagnosis or symptoms
	6. Saturday: 1 facility admissions/readmissions. This was a new admission of a nursing home resident with signs and symptoms suggestive of COVID-19, pending testresults.
	7. Sunday: 1 facility admissions/readmissions. This was a readmission of resident who fully recovered from COVID-19, not requiring transmission-based precautions.
	Based on the above information, the following <i>Admissions</i> counts were submitted to NHSN:
	If Daily Reporting: Monday: 3; Tuesday:0; Wednesday:0; Thursday: 1; Friday: 0; Saturday: 1; Sunday: 0
	If Weekly Reporting Only: Total Admissions for the reporting week- 5
	Important: If reporting daily <i>Admissions</i> counts, do not also report a total weekly count since duplicate reporting will result in falsely inflated counts.
*POSITIVE TESTS Number of residents with a newly positive SARS-	Positive Tests: Defined by NHSN as number of residents newly positive for COVID-19 based on a viral test result. The test result may be from a NAAT/PCR or an antigen test. The definition includes residents with an re-infection.
CoV-2 viral test result.	Note: Exclude residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).
	The PCR will need to be performed within 2 calendar days (date of specimen collection is calendar day 1) of the initial antigen test for this rule to apply.
	Important:
	 Positive Tests is a surveillance method for capturing positive diagnostic results only, clinical decisions should not be made based on this definition. Instead, diagnostic test results should be used in the context of available clinical, resident/patient, epidemiological, and diagnostic information. Report incidence counts only (specifically, residents newly identified in Positive Tests count) to avoid falsely inflated data. For example, if a facility reports counts to NHSN more than once per week, the facility should report new
	 counts since the last date data were reported to NHSN. Positive Tests are based on the date of specimen collection. The Positive Tests definition, as defined by NHSN, may not represent the definition individual states use to define Confirmed SARS-CoV-2 (COVID-19) cases.



Data Field	Instructions for Form Completion
	 Include residents with serial viral test results only when the additional tests were collected within two calendar days of initial SARS-CoV-2 viral test. Day of specimen collection is equal to day 1. Tests in which specimens are collected more than 2 calendar days apart should be considered separate tests.
	Diagnostic Terms and Definitions:
	 NAAT: Nucleic acid amplification testing, a form of molecular testing. Includes but are not limited to Polymerase Chain Reaction (PCR) and Real Time Polymerase Chain Reaction (RT-PCR).
	 A viral test is used to detect infection with SARS-CoV-2, the virus that causes COVID-19. Molecular (specifically, NAAT) and antigen tests are types of viral tests. CDC-NHSN recognizes positive results from both molecular and antigen diagnostic tests for diagnosing active COVID-19 infection.
	 Exclude antibody test results. They are used to detect previous infection with SARS-CoV-2, the virus that causes COVID-19. This type of test is also called a serological test. Antibody test results are <u>not</u> considered appropriate for diagnosis of active COVID-19infection.
	Example: The following SARS-CoV-2 tests and results were documented this week for residents in DHQP Skilled Nursing Facility (counts represent newly positive residents only):
	Monday: 3 residents had positive SARS-CoV-2 (COVID-19) viral testresults
	Of the 3-positive, all 3 residents had positive point-of-care (POC) antigen results. 2 of the residents had a follow-up negative NAAT (PCR) test result. 1 of the residents had a follow-up positive NAAT result performed on the same day.
	• Tuesday: 3 residents had positive SARS-CoV-2 viral test results.
	Of the 3 positives, all 3 were antigen positive. No other testing performed on two residents. Only one of the three residents had a follow- up negative PCR, performed 4 days later.
	 Wednesday: 1 resident had a positive SARS-CoV-2 NAAT (PCR) viral test result. No other COVID-19 testing performed.
	 Thursday: 1 resident had a positive SARS-CoV-2 viral testresult. Of the 1 positive POC antigen test result, the resident had no other tests performed. He did have a laboratory positive COVID-19 test result over 3 months ago and fully recovered. He developed fever and loss of smell today, prompting antigen POC testing.
	Friday: 3 residents had positive SARS-CoV-2 NAAT/PCR viral testresults.
	Of the 3 residents, all had positive COVID-19 antigen test results two weeks ago and were already submitted to NHSN as <u>Positive Tests</u> .
	Saturday: 0 newly positive test results.
	 Sunday: 1 positive SARS-CoV-2 NAAT/PCR viral test results with no other testing performed.



Data Field	Instructions for Form Completion
	Based on the above information, the following <i>Positive Tests</i> counts were submitted to NHSN:
	If Daily Reporting: Monday: 1 Tuesday:3; Wednesday:1; Thursday: 1; Friday: 0; Saturday: 0; Sunday: 1.
	If Weekly Reporting Only: Total Positive Tests for the reporting week: 7
	Important: If reporting daily <i>Positive Tests</i> counts to NHSN (specifically residents with newly positive viral tests results), do not also report a total weekly count since duplicate reporting will result in falsely inflated counts.

Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result

** VACCINATION STATUS

For the newly positive residents, indicate how many received COVID-19 vaccination **14 days or more** before the specimen collection date.

Vaccination Status: The occurrence or lack thereof receiving a dose or complete series of the COVID-19 vaccine. The vaccination status pertains to residents with a newly positive SARS-CoV-2 viral test for the reporting week. The vaccination status is contingent upon if the resident has received the most recent dose of the COVID-19 vaccine 14 days or more before the specimen collection date of the newly positive SARS-CoV-2 Viral test. The date vaccine was received is considered as Day 1. Include residents who received the vaccine while in the LTCF or outside of the LTCF.

Conditional. If the number of reported *Positive Tests* is greater than "0" for the reporting period, indicate the vaccination status of residents included in the positive test count.

To report Vaccination Status- Primary Series counts:

1. For each *Primary Series* vaccination option, indicate the corresponding count of residents with a newly positive SARS-CoV-2 viral test result.

Primary Series Vaccination options

- a. Not Vaccinated
- b. Partial Vaccination
- c. Complete Primary Vaccination Series

Note: Vaccination status is not reported for residents with a positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR).

Primary Series Vaccination Status Definitions:

- Not Vaccinated: Based on the residents included in the reported Positive Tests count for the reporting period, indicate the number of residents who have not received any COVID-19 vaccination or received the first dose of COVID-19 vaccine 13 days or less before the specimen collection date for the newly positive viral test result. This also includes residents who have received dose 1 of a 1-dose vaccine series (for example, Janssen) 13 days or less before the specimen collection date for the newly positive viral test result. Date vaccine received is equal to day 1.
- Partial Vaccination: Based on the residents included in the reported Positive
 Tests count for the reporting period, indicate the number of residents who
 have received Only 1-dose of a two-dose vaccine (for example, Moderna,
 Pfizer-BioNTech, or Novavax) or dose 1 of unspecified COVID-19 vaccine 14
 days or more before the specimen collection date for the newly positive viral
 test result. Date vaccine received is equal to day 1.



Data Field	Instructions for Form Completion
	 Complete Primary Vaccination Series: Based on the residents included in the reported Positive Tests count for the reporting period, indicate the number of residents who have received Dose 1 and Dose 2 of a two-dose vaccine (for example, Moderna, Pfizer-BioNTech, or Novavax), dose 1 and 2 of unspecified COVID-19 vaccine, Or 1 Dose of the Janssen COVID-19 Vaccine 14 days or more before the specimen collection date for the newly positive viral test result. Date vaccine received is equal to day 1.
	Example: Of the reported positive SARS-CoV-2 tests results, the residents were documented to have the following vaccination status in DHQP Skilled Nursing Facility (counts represent newly positive residents only).
	 Monday: 3 residents had positive SARS-CoV-2 (COVID-19) viral test results.
	One resident received dose 1 and 2 of 2-dose series COVID-19 Vaccine
	14 days or more before the specimen collection date.
	2 residents have not received any COVID-19 vaccine.
	 Tuesday: 3 residents had positive SARS-CoV-2 viral test results.
	Two residents received dose 1 of 2-dose series vaccine 14 days or more before the specimen collection date.
	One resident received dose 1 of 2-dose series vaccine 14 days or more before the specimen collection date, however the second dose they received was only 5 days before the specimen collection date.
	Wednesday: 1 resident had a positive SARS-CoV-2 viral test result.
	Resident received dose 1 and 2 of a 2-dose series COVID-19 vaccine 14 days or more before the specimen collection date.
	Thursday: 1 resident had a positive SARS-CoV-2 viral test result.
	Resident received Janssen COVID-19 vaccine 14 days or more before the
	specimen collection date.
	Friday: 3 residents had positive SARS-CoV-2 viral testresults.
	2 residents received the second dose of a 2-dose series vaccine 13 days or less before the specimen collection date.
	One resident received 2 doses of a 2-dose series vaccine 14 days or more before the specimen collection date.
	Saturday: 0 newly positive test results.
	Sunday: 1 positive SARS-CoV-2 viral test result.
	Resident received dose 1 of 2-dose series vaccine 13 days or less before the specimen collection date.
	Based on the above information, the following <i>Primary Series Vaccination</i> Status counts were submitted to NHSN:
	If Daily Reporting:
	Monday: 1 Complete Primary Vaccination Series, 2 Not Vaccinated
	Tuesday: 3 Partial Vaccination
	Wednesday: 1 Complete Primary Vaccination Series
	Thursday: 1 Complete Primary Vaccination Series
	marsady. 1 complete i imary vaccination series



Data Field	Instructions for Form Completion
	Friday: 2 Partial Vaccination, 1 Complete Primary Vaccination Series
	Saturday: 0
	Sunday: 1 Not Vaccinated
	If Weekly Reporting:
	Not Vaccinated: 3
	Partial Vaccination: 5
	Complete Primary Vaccination Series: 4
**ADDITIONAL OR BOOSTER DOSE Include newly positive residents who have received any additional dose(s) or booster dose(s) of COVID-19 vaccine (any manufacturer).	Additional or Booster Dose: The occurrence or lack thereof receiving an additional or booster dose of COVID-19 vaccine. The vaccination status of the additional or booster dose pertains to residents with a newly positive SARS-CoV-2 viral test result for the reporting period. The vaccination status of the additional or booster dose is contingent upon if the resident has received the additional or booster dose of the COVID-19 vaccine 14 days or more before the specimen collection date of the newly positive SARS-CoV-2 Viral test. The date vaccine was received is considered as Day 1. Include residents who received the additional or booster dose of vaccine while in the LTCF or outside of the LTCF.
	To report Additional or Booster Dose counts
	Only indicate if an additional or booster dose was received After data
	for the <i>Primary Series</i> has been entered. o For example, if a resident is reported as receiving an additional or booster dose, they should also be included in the <i>Complete Primary Vaccination Series</i> count.
	 If the number reported for the Positive Test Count is greater than "0" for the reporting period, indicate the number of residents who received any additional or booster dose of COVID-19 vaccine.
	The count entered for Additional or Booster Dose must be less than or equal to the count entered for the Complete Primary Vaccination Series
	 Important Notes: These counts are only for those residents with a newly positive SARS-CoV-2 viral test since the last time data was reported to NHSN.
	 Please Reference <u>CDC recommendations</u> regarding administration of additional or booster doses.
	Additional or Booster Dose Definitions
	Additional or Booster Vaccination: Based on the residents included in the reported Positive Tests count for the reporting period, indicate the number of residents who have received any additional dose or booster dose of COVID-19 vaccine (any manufacturer) 14 days or more before the specimen collection date for the newly positive viral test result. Date vaccine received is equal to day 1.
	Example: Of the reported positive SARS-CoV-2 tests results, the residents were documented to have the following Additional or Booster Dose vaccination status in DHQP Skilled Nursing Facility (counts represent newly positive residents only).
	Monday: 1 Complete Primary Vaccination Series, 2 not vaccinated



Data Field	Instructions for Form Completion
	1 resident eligible for an additional or booster dose
	Resident has not received an additional or booster dose of
	COVID-19 vaccine
	Tuesday: 3 Partial Vaccination
	O residents eligible for an additional or booster dose
	Wednesday: 1 Complete Primary Vaccination Series
	1 resident eligible for additional or booster dose
	Resident received an additional dose of COVID-19 vaccine
	Thursday: 1 Complete Primary Vaccination Series
	1 resident eligible for additional or booster dose
	Resident received a booster dose of COVID-19 vaccine
	Friday: 2 Partial Vaccination, 1 Complete Primary Vaccination Series
	➤ 1 resident eligible for an additional or booster dose vaccine
	Resident received a booster dose of COVID-19 vaccine
	Saturday: 0 newly positive test results.
	Sunday: 1 Not Vaccinated
	O residents eligible for an additional or booster dose
	Based on the above information, the following <i>Additional or Booster dose</i> Vaccination Status counts were submitted to NHSN:
	If Daily Reporting:
	Monday: 0 residents received additional or booster dose of COVID-19 Vaccine.
	Tuesday: 0 residents received additional or booster dose of COVID-19 Vaccine.
	Wednesday: 1 resident received an additional dose of COVID-19 vaccine
	Thursday: 1 resident received a booster dose of COVID-19 vaccine.
	Friday: 1 resident received a booster dose of COVID-19 vaccine.
	Saturday: 0 residents received additional or booster dose of COVID-19 Vaccine.
	Sunday: 0 residents received additional or booster dose of COVID-19 Vaccine.
	If Weekly Reporting Only:
	3 residents received and additional or booster dose of COVID-19 vaccine.
Booster Doses	Booster Doses: The occurrence or lack thereof receiving one or more booster
	doses of COVID-19 vaccine. The vaccination status of the booster dose pertains to residents with a newly positive SARS-CoV-2 viral test result for the reporting
Based on the number of	period as well as those residents having a complete primary vaccination series.
residents with a newly positive SARS-CoV-2 viral	The vaccination status of the booster dose is contingent upon if the resident has



Data Field **Instructions for Form Completion** test result Indicate received the booster dose of the COVID-19 vaccine 14 days or more before the residents who received at specimen collection date of the newly positive SARS-CoV-2 Viral test. The date least one or more booster vaccine was received is considered as Day 1. Include residents who received the dose of COVID-19 vaccine booster dose(s) of vaccine while in the LTCF or outside of the LTCF. One Booster: Include residents who have received only one booster dose of COVID-19 vaccine (any manufacturer). AND 14 days or more have passed before the specimen collection date. Do not include residents receiving two or more booster doses; instead, include these individuals in the Two or More Boosters count Do not include those who only received an additional dose but no booster dose. • If it is not clear whether a dose was an additional dose or a booster dose, assume it was a booster dose for the purpose of NHSN surveillance Two or More Boosters: Include residents who have received two or more booster doses of COVID-19 vaccine since March 29, 2022. AND 14 days or more have passed before the specimen collection date. Note: Do not include those who only received additional dose(s) but no booster If it is not clear whether a dose was an additional dose or a booster dose, assume it was a booster dose for the purpose of NHSN surveillance. Do not include those who received only one booster dose; include these individuals in the One Booster count. To report Booster Dose counts Indicate if the resident has received a booster and has been included in the Complete Primary Vaccination Series count o For example, if a resident is reported as receiving a booster dose, they should also be counted in the *Complete Primary* Vaccination Series count. If the number reported for the Positive Test count is greater than "0" for the reporting period, indicate the number of residents who received one booster dose or two or more booster doses of COVID-19 vaccine. The **sum of the counts** entered for *One Booster* and *Two or More Boosters* must be less than or equal to the count entered for Complete Primary Vaccination Series. **Important Notes:** These counts are only for those residents with a newly positive SARS-CoV-2 viral test since the last time data was reported to NHSN and have also received the Complete Primary Vaccination Series.



Data Field	Instructions for Form Completion
	Evample: Of the reported newly positive SARS CoV 2 tests results, the residents
	 Example: Of the reported newly positive SARS-CoV-2 tests results, the residents were documented to have the following Booster Dose vaccination status in DHQP Skilled Nursing Facility (counts represent newly positive residents only): Monday: 1 resident eligible for an additional or booster dose, however this resident has not received an additional or booster dose of COVID-19 vaccine.
	Resident was not counted in the Additional or Booster Vaccination
	count.
	Resident not counted in either "One Booster" or "Two or More
	Boosters" categories.
	 Tuesday: 0 residents counted in Additional or Booster Dose Vaccination O residents counted in either "One Booster" or "Two or More Boosters" categories.
	 Wednesday: 1 resident eligible for additional or booster dose and received an additional dose of COVID-19 vaccine. Resident not counted in either "One Booster" or "Two or More Boosters" categories.
	 Thursday: 1 resident eligible for additional or booster dose and received a booster dose of COVID-19 vaccine. Resident also received a second booster dose Resident counted in the "Two or More Boosters" option.
	Friday: 1 resident eligible for an additional or booster dose vaccine and received a booster dose of COVID-19 vaccine. Pasidost accurated in the "One Booster" antique.
	 Resident counted in the "One Booster" option. Saturday: 0 newly positive testresults.
	 Sunday: 0 residents eligible for an additional or booster dose. O residents counted in either "One Booster" or "Two or More Boosters" categories.
	Based on the above information, the following <i>Booster Dose</i> counts were submitted to NHSN:
	If Daily Reporting:
	Monday: 0 residents received a booster dose of COVID-19 Vaccine.
	Tuesday: 0 residents received a booster dose of COVID-19 Vaccine.
	Wednesday: 0 residents received a booster dose of COVID-19 Vaccine.
	Thursday: 1 resident received two or more booster doses of COVID-19 vaccine.
	Friday: 1 resident received a booster dose of COVID-19 vaccine.
	Saturday: 0 residents received additional or booster dose of COVID-19 Vaccine.
	Sunday: 0 residents received additional or booster dose of COVID-19 Vaccine.



Data Field	Instructions for Form Completion
	If Weekly Reporting Only:
	One Booster: 1
	Two or More Boosters: 1
Up to Date Vaccination Status: Include residents who are up to date with COVID-19	Up to Date: include residents who meet the CDC recommendations for up-to-date with COVID-19 vaccines and the most recent dose was received 14 days or more before the specimen collection of the newly positive SARS-CoV-2 viral test result.
vaccines 14 days or more before the specimen collection date.	Please refer to the CDC guidance regarding up-to-date vaccination status to determine if the resident is considered up-to-date with COVID-19 vaccines. Stay Up to Date with Your COVID-19 Vaccines CDC
	Note: This data elements requires residents who are considered up-to-date per CDC recommendation to have received the most recent COVID-19 vaccine 14 days or more before the specimen collection of the newly positive SARS-CoV-2 viral test result. Because this is a surveillance data element, it is designed to assess vaccine effectiveness in promoting an immune response to SARS-CoV-2 (COVID-19). Therefore, surveillance case reporting requirements may differ from CDC's clinical considerations guidance document. Please review the <i>Up-to-date</i> COVID-19 surveillance definition. <u>Up To Date Guidance (cdc.gov)</u>
	 Important: If the Count for <i>Positive Tests</i> is greater than 0, then this data field requires a count to be entered. This count will need to be less than or equal to the count entered for <i>Complete Primary Vaccination Series</i>. This includes entering a "0" if applicable.
	Example: Of the reported newly positive SARS-CoV-2 tests results, the residents were documented to have the following Complete Primary Vaccination Status in DHQP Skilled Nursing Facility (counts represent newly positive residents only). • A count of 6 is recorded for the Complete Primary Vaccination Series. • A count of 4 is entered for the Up-to-Date data element. Note: the count for this example could be any number less than or equal to 6. The Up-to-date count for the reporting week, could have been any number between 0 and 6 as applicable to the vaccination status of the newly positive residents.
	When to include a resident in the Up-to-Date count Is the resident considered Up-to-Date per CDC recommendations? Note: Use CDC clinical considerations document to answer this question Stay Up to Date with Your COVID-19 Vaccines CDC 1. If YES • Did the resident receive the most recent dose of COVID-19 vaccine 14
	days or more before the specimen collection of the newly positive COVID-19 test result?



Data Field	Instructions for Form Completion
Data Field	Instructions for Form Completion o If YES
	 If YES Include resident in Up-to-Date count If NO
	 Do NOT include in Up-to-date count
	2. If NODo NOT include resident in Up-to-Date count
*TOTAL DEATHS: Number of residents who have died for <i>any</i> reason in the facility or another	Total Deaths is defined by NHSN as residents who have died from any cause in the facility or another location, including COVID-19 related and non- COVID-19 related deaths. This count must include only new deaths since the last date counts for Total Deaths were reported to NSHN.
location since the last date <i>Total Death</i> counts were reported to NHSN.	 Notes: Include each resident death only once in <i>Total Deaths</i> count, on the date of death. <i>Total Deaths</i> should NEVER be lower than the <i>COVID-19 Deaths</i> in a
	reporting week.Residents discharged from the facility are excluded from the count.
	Example: DHQP SNF documented the following <i>Total Deaths</i> this week:
	1. Monday: 2 Total Deaths submitted. Of the two deaths, 1 resident was on transmission-based precautions for COVID-19 and the second resident recovered from COVID-19 last month.
	2. Tuesday: 0 Total Deaths submitted.
	3. Wednesday: 0 Total Deaths submitted.
	4. Thursday: 1 Total Deaths submitted. The resident did not have a history or positive COVID-19 test result.
	5. Friday: 0 Total Deaths submitted. A nurse did recognize a previously discharged resident in the obituary of a local newspaper.
	6. Saturday: 2 Total Deaths submitted. Of these two deaths, one resident had active COVID-19 infection and the other resident did not have COVID-19. However, 2 weeks later an autopsy report indicated a positive SARS-CoV-2 (COVID-19) viral test result on the second resident not known to have COVID-19.
	7. Sunday: 1 Total Deaths submitted for a resident who died 1 week after being transferred to an acute care facility for treatment of COVID-19 infection.
	The following counts for <i>Total Deaths</i> were reported to NHSN:
	If Daily Reporting: Monday: 2; Tuesday: 0; Wednesday: 0; Thursday: 1; Friday: 0; Saturday: 2; Sunday: 1
	If Weekly Reporting Only: Total Deaths count for the reporting week- 6
	Important: If reporting daily <i>Total Deaths</i> counts to NHSN, do not also report a weekly <i>Total Deaths</i> count since duplicate reporting will result in falsely inflated death counts.



Data Field **Instructions for Form Completion** **COVID-19 DEATHS COVID-19 Deaths: Defined by NHSN as residents who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND Based on the number of in other locations, such as an acute care facility, in which the resident with reported Total Deaths, COVID-19 was transferred to receive treatment. This count must include only new indicate the number of deaths since the last date counts for COVID-19 Deaths were reported to NSHN. residents with COVID-19 who died in the facility or Conditional. Based on the number of reported new Total Deaths for the reporting another location. period, indicate how many of the deaths were residents with either a positive COVID-19 viral test result, had signs and/or symptoms of COVID-19 as defined by the CDC, were on transmission-based precautions for COVID-19, or who died from ongoing complications related to a previous COVID-19 infection. Notes: If the facility receives an autopsy result indicating a positive SARS-CoV-2 viral test result for a resident who was not initially included in the COVID-19 Deaths count, previously submitted NHSN data must be edited to include the death in the COVID-19 Deaths count. The edited date must reflect the date of death. • The count for new COVID-19 Deaths cannot be higher than the count for new Total Deaths in a reporting period. • Residents <u>discharged</u> (specifically, not expected to return to the facility) from the facility are excluded from the count. **Example:** The following example is based on the *Total Deaths* counts reported in the previous example. If Daily Reporting: Monday: 1; Tuesday: 0; Wednesday: 0; Thursday: 0; Friday: 0; Saturday: 2 (previously submitted count was updated after receiving autopsy report indicating COVID-19 was cause of death); Sunday: 1 If Weekly Reporting Only: Total COVID-19 Deaths count for the reporting week- 4 Important: If reporting daily new COVID-19 Deaths counts to NHSN, do not also report a weekly Total for new COVID-19 Deaths since duplicate reporting will result in falsely inflated death counts. Resident Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness **INFLUENZA** Influenza: Defined by NHSN as a <u>new positive</u> influenza test result, also Number of residents with referred to as a positive flu test result. new influenza (flu). Since the last time influenza counts were collected for reporting to NHSN, report the number of residents who had a new influenza test result. Important: Only a resident with a newly positive influenza/flu test result is to be included in the *Influenza* count for the reporting period. SARS-CoV-2 TESTING **SARS-CoV-2 Testing** Does Testing Availability: Answer "YES" if your LTCF has the ability to perform or to the LTCF have the ability to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) perform or to obtain on all residents, staff and facility personnel if needed, otherwise select "NO."



Data Field	Instructions for Form Completion
resources for performing	
SARS-CoV-2 viral testing	
(NAAT [PCR] or antigen) on	
all residents, staff and	
facility personnel if	
needed?	

Long Term Care Facility: Personal Protective Equipment (PPE)		
Data Field	Instructions for Form Completion	
Urgent Need: Indicate if facility will no longer have any PPE supply items in 7 days.	Select "YES," if your facility does have an urgent need for any PPE Supply items in 7 days. Select "NO," if your facility does NOT have an urgent need for any PPE	
	Supply items in 7 days.	
Infection Control Supply Items If "YES" is selected above, please select the items below for which there is an urgent need.		
N95 RESPIRATOR	N95 Respirator is defined by CDC-NHSN as a personal protective device that is worn on the face or head and covers at least the nose and mouth, reducing the wearer's risk of inhaling hazardous airborne particles (including infectious agents), gases or vapors.	
URGENT NEED		
Indicate if your facility has an urgent need because the facility will no longer have N95 Respirators in 7 days.	URGENT NEED: On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have N95 Respirators in 7 days. Otherwise, select "NO."	
□ "YES" if facility has an urgent need□ "NO" if facility does not have an urgent need	 Refer to the <u>CDC's guidance for Understanding the Difference</u> <u>Between a Surgical Mask and a N95 Respirator.</u> Overview of PPE optimization strategies 	



Long Term Care Facility: Personal Protective Equipment (PPE)		
Data Field	Instructions for Form Completion	
FACEMASKS URGENT NEED	Facemasks are defined by CDC-NHSN Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the residents from the wearer's respiratory emissions.	
Indicate if your facility has an urgent need because the facility will no longer have facemasks in 7 days. "YES" if facility has an urgent need	URGENT NEED: On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have facemasks in 7 days. Otherwise, select "NO."	
☐ "NO" if facility does not have	Important:	
an urgent need	Refer to the <u>CDC's guidance for Understanding the Difference</u> <u>Between a Surgical Mask and a N95 Respirator</u> .	
	 Refer to the CDC's <u>Strategies for Optimizing the Supply of Facemasks</u> for additional information and guidance. 	
	Refer to the CDC's quick reference document, <u>Summary for</u> <u>Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages.</u>	
EYE PROTECTION URGENT NEED	Eye Protection: used to protect eyes from exposure to splashes, sprays, splatter, and respiratory secretions. Includes the use of goggles, face shields, or both. These can be either disposable or reusable.	
Indicate if your facility has an urgent need because the facility will no longer have eye protection in 7 days.	URGENT NEED: On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have eye protection supply in 7 days. Otherwise, select "NO."	
"YES" if facility has an urgent need		
☐ "NO" if facility does not have an urgent need	 Refer to the CDC's quick reference document, <u>Summary for</u> <u>Healthcare Facilities: Strategies for Optimizing the Supply of</u> <u>PPE during Shortages</u>. 	
	 Refer to the CDC's Strategies for <u>Optimizing the Supply of Eye</u> <u>Protection</u> for additional information and guidance. 	
GOWNS	Gowns: The proper selection and use of protective clothing, such as isolation gowns, is based on the hazards and the risk of exposure.	
URGENT NEED Indicate if your facility has an urgent need because the facility will no longer have gowns 7 days.	URGENT NEED: On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility	



Long Term Care Facility: Personal Protective Equipment (PPE)		
Data Field	Instructions for Form Completion	
 □ "YES" if facility has an urgent need □ "NO" if facility does not have an urgent need 	 will no longer have isolation gowns in 7 days. Otherwise, select "NO." Important: Refer to the CDC's quick reference document, <u>Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages.</u> Refer to the CDC's Strategies for <u>Optimization strategies for using gowns</u> for additional information and guidance. 	
URGENT NEED Indicate if your facility has an urgent need because the facility will no longer have gloves in 7 days. "YES" if facility has an urgent	Gloves: FDA-cleared disposable medical gloves in accordance with standard and transmission-based precautions in healthcare settings and when indicated for other exposures such as handling cleaning chemicals. URGENT NEED: On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have gloves in 7 days. Otherwise, select "NO."	
need "NO" if facility does not have an urgent need	 Important: If your facility is using more than one strategy, please select the strategy in which your facility practices the most. Refer to the CDC's Optimization strategies for using gloves for additional information and guidance. 	

