

Instructions for completion of the Staff and Personnel COVID-19 Event Form

Description

As part of CDC's ongoing COVID-19 response, the Staff and Personnel COVID-19 Event Form is designed to help Long-Term Care Facilities (LTCFs) track and monitor Staff and Personnel who test-positive for COVID-19 (SARS-CoV-2). LTCFs eligible to report data include State Veterans Homes (SVHs) providing nursing home (LTC-SVHSNF) and domiciliary care (LTC-SVHALF). LTCFs that are not currently enrolled in NHSN will need to complete enrollment before the Staff and Personnel COVID-19 Event Form is accessible.

Definitions

An event form must be entered each time a staff member newly tests positive for COVID-19.

Staff and Personnel COVID-19 Event: a staff member/volunteer/contractor who tests positive for SARS-CoV-2 (COVID-19) based on a point-of-care antigen or a Nucleic Acid Amplification Test (NAAT)-polymerase chain reaction (PCR) viral test result. Antibody test results should not be reported. This does not include staff members who have a positive SARS-CoV-2 antigen test that is followed by a negative SARS-CoV-2 NAAT (PCR).

0	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.

Data Field	Instructions for Form Completion
Facility ID	The facility ID will be auto populated by the system.
Event ID	Event ID number will be auto populated by the system.
Staff ID	Required. If the individual tested is a staff/volunteer/contractor at the facility, enter an alphanumeric staff ID number. This is a number assigned by the facility and may consist of any combination of numbers and/or letters.
	NOTE: The NHSN Facility Administrator (FacAd) will be the only registered NHSN user in the facility to whom access to Staff test data is automatically granted by NHSN. If other NHSN Users in the facility need the ability to enter or access Staff events or data, the NHSN FacAd will need to grant such rights through the "Users" option in the blue navigation bar on the left side of the screen while in the NHSN application. Without the granting of such rights, staff data screens will not be visible to the NHSN User.
Name	Required . Enter the first and last name of the individual tested. Middle name is optional.
Gender	Required . Select Female, Male, or Other to indicate the gender of the individual tested.
Date of Birth	Required . Record the date of the individual's birth using this format: MM/DD/YYYY.



Ethnicity (specify)	Collecting ethnicity is important for understanding trends in the COVID-19 pandemic and ensuring the well-being of racial and ethnic minority groups.
	Required . Specify if the individual is either Hispanic or Latino or Not Hispanic or Not Latino.
	Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South
	or Central American, or other Spanish culture or origin regardless of race. *
	Note: The individual tested should always be asked to identify their ethnicity. If
	all good faith attempts to identify the ethnicity of the individual have failed, one of the following options may be chosen, as appropriate:
	Declined to respond
	Unknown
	* https://www.census.gov/topics/population/hispanic-origin/about.html
	Collecting race is important for understanding trends in the COVID-19 pandemic
Race (specify)	and ensuring the well-being of racial and ethnic minority groups.
	Required . Specify one, or more, if necessary (i.e., bi-racial), of the choices below to identify the individual's race (select no more than 2 options):
	American Indian/Alaska Native
	Asian
	Black or African American
	Native Hawaiian/Other Pacific Islander
	White
	Note: Hispanic or Latino is not a race. A person may be of any race while being
	Hispanic or Latino. The individual tested should always be asked to identify their
	race. If all good faith attempts to identify the race of the individual have failed, one of the following options may be chosen, as appropriate:
	Declined to respond
	Unknown



Event Information: Answers to the questions below are based on the current COVID-19 event being reported.

Data Field	Instructions for Form Completion
Event Type	Required . Event type = COVID-19
Date of Event (Test Date)	Required : Enter the date the specimen was collected to perform SARS-CoV-2 (COVID-19) testing using the drop-down calendar or enter the date manually using format: MM/DD/YYYY.
	 Note: DO NOT complete an event form for staff members who have a positive SARS-CoV-2 antigen test followed by 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.
*COVID-19 Death Indicate if the staff member died from COVID-19 related complications.	 <i>COVID-19 Death:</i> Defined by NHSN as individuals who died from SARS-CoV-2 (COVID-19) related complications. Required. Select "YES," if the staff member identified with a newly positive COVID-19 viral test result had signs and/or symptoms of COVID-19 as defined by the <u>CDC</u>, or died from ongoing complications related to a previous COVID-19 infection. If applicable, record the date of the individual's death using this format: MM/DD/YYYY. Select "NO," If the staff member did not die, or if the staff members death was not related to COVID-19 or a COVID-19 related complication. Notes: If the staff member dies after the COVID-19 event data are entered in NHSN, previously submitted NHSN data must be edited to include the date of death. If the facility receives notification indicating a positive SARS-CoV-2 viral test result for a staff member who was not initially documented as COVID-19 <i>positive</i>, a new event form will need to be completed rather than editing/modifying previously entered NHSN data.

