COVID-19 Reporting

Data Collection Instructions for Skilled Nursing Facilities

October 21, 2020

Special Note: This document provides resources and directions to Skilled Nursing Facilities to support meeting State of Michigan COVID-19 Reporting Requirements. The Michigan Department of Health and Human Services has aligned many data elements with those required by the Centers for Disease Control and Prevention (CDC), as such CDC guidance is included where appropriate.

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SNF COVID-19 REPORTING OVERVIEW

On May 8, 2020, CMS published an [interim final rule](#) requiring SNFs to report COVID-19 facility data to the CDC and to notify residents, residents' representatives, and families of residents of when there are COVID-19 positive residents or healthcare workers in the facility. The report must include, but is not limited to, the following:

- Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19

- Total deaths and COVID-19 deaths among residents and staff

- Personal protective equipment (PPE) and hand hygiene supplies in the facility

- Ventilator capacity and supplies in the facility

- Resident beds and census

- Access to COVID-19 testing while the resident is in the facility

- Staff shortages

- Other information specified by the Secretary

On May 22, 2020, the Michigan Department of Human Services began requiring SNFs report the federally required reporting elements and a set of state defined elements directly to the state via the EMResource system. Additionally, MDHHS provided direct transmission of the federally required data on behalf of facilities to the federally mandated NHSN system.

Beginning October 28, 2020, SNFs must report to MDHHS via the one EMResource "COVID-19 LTC NHSN Report" Event between 7:00 A.M (0700 HRS) and 12:00 P.M. (1200 HRS) Eastern Time once each week. To ensure consistent reporting across the state, MDHHS has prepared the following data collection instructions. SNFs are encouraged to review these instructions in their entirety before inputting data into the LTC NHSN Report.

Submissions of this reporting information will take the place of daily reporting to MDHHS in the "Daily COVID-19 LTC NHSN Report" and "COVID-19 Daily LTC State of Michigan Report" Events within EMResource. All reporting to Local Health Departments will continue using the standard reporting process.

Should a facility choose to submit data directly to NHSN, the requirement to complete weekly EMResource reporting to MDHHS will remain in effect.

SNFs must report via the LTC NHSN Report event in EMResource Wednesday between 7:00 A.M (0700 HRS) and 12:00 P.M. (1200 HRS) Eastern Time once each week. This report will consist of data from 12:01 A.M. (0001 HRS) Wednesday, to 12:00 A.M. (0000 HRS) Wednesday of the following week. The first report with start with 12:01 A.M. (0001 HRS) Wednesday October 21, 2020 to 12:00 A.M. (0000 HRS) Wednesday October 28, 2020.

Note: While NHSN allows for reporting at least once per week on a self-identified day, MDHHS requires SNFs to submit data weekly on a specified day, Wednesday, between the hours of 7:00 AM (0700 HRS) and 12:00 PM (noon, or 1200 HRS) in the EMResource platform. This reporting requirement is intended to be time-limited in response to the COVID-19 Pandemic, it remains in effect until MDHHS notifies providers of its termination.

Data submission requirement: *Data should be submitted in EMResource once weekly between the hours of 7:00 AM (0700 HRS) and Noon (1200 HRS) on Wednesday.*

Sunday	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
			Week 1 Data Collection			

Sunday	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
Week 1 Data Collection			Week 1 Data Submission	Week 1 Data Correction (if necessary)		
			Week 2 Data Collection			

Data Definitions: MDHHS has aligned data collection requirements and definitions with the CDC's NHSN Long-Term Care COVID-19 Module requirements. The following information was developed by the CDC as such, questions regarding content should be directed to NHSN@cdc.gov. Questions related to the application of the definitions relative to the MDHHS defined data submission process, the EMResource platform or other MDHHS reporting requirements should be directed to MDHHS-MSA-COVID19@michigan.gov.

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

Data Field	Instructions for Data Collection
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
CMS Certification Number (CCN)-may be referred to as participation number	*Auto-generated* by the computer 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 computer based on the facility name previously entered during NHSN registration.
Date for which "*resident impact and facility capacity*" responses are reported	*Required*. Select the date on the calendar for which the responses are being reported in the NHSN LTCF COVID-19 Module.

Facility Type	*Auto-generated* based on the facility type selected during NHSN enrollment. Selections include:
	a. LTC-ASSIST – Assisted Living Residence
	b. LTC-DEVDIS – Long-term Care Facility for the developmentally Disabled
	c. LTC-SKILLNURS – Skilled Nursing Facility *[+]
	     *CMS Certified required for reporting
	     [+]Includes both skilled nursing facilities and nursing homes
	Please see NHSN Guidance document for instructions on *How to Correct Your Facility Type*.

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:

While daily reporting will provide the timeliest data to assist with COVID-19 emergency response efforts, retrospective reporting of prior day(s), unless otherwise specified, is encouraged if daily reporting is not feasible. At a minimum, facilities should report data <u>at least</u> once per week (every 7 days). For questions requiring counts, including *Suspected, Confirmed, Total Deaths*, and *COVID-19 Deaths*, only include <u>new</u> counts since the last date these counts were collected for reporting in the NHSN COVID-19 Module.

RESIDENT IMPACT

Note: Answers to the questions below are based on NEW counts for a reporting period. Specifically, reported counts in the NHSN COVID-19 Module must include only the new data collected since the last date these counts were collected for reporting in the Module.

Data Field	Instructions for Data Collection

ADMISSIONS: Residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 <u>and</u> continue to require transmission-based precautions	*Admissions* is defined as residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based isolation precautions due to the diagnosis. Recovered residents are excluded. Includes persons under investigation (for example, signs/symptoms and/or pending test results and require transmission-based precautions at admission)
	
	• *If this is the first time Admissions counts are being entered in the NHSN COVID-19 Module*: Enter the number of residents **<u>newly</u>** admitted or readmitted to the LTCF who were previously diagnosed with COVID-19 from another facility **<u>this week</u>** (during the previous 7 days). For example, if your facility enters data once a week, every Friday, then counts must include new counts from the previous Friday through Thursday of the reporting week.
	
	• *If this is <u>not</u> the first time Admissions counts are being entered in the NHSN COVID-19 Module*: Enter the number of residents **<u>newly</u>** admitted or readmitted to the LTCF who were previously diagnosed with COVID-19 from another facility **since the last date** *Admissions* counts were collected for entering in the NHSN COVID-19 Module.
	
	• *To submit Admissions counts prior to May 1, 2020 (OPTIONAL):* Using the calendar feature, select any calendar date prior to May 1, 2020 (for example, enter counts on April 30, 2020) and enter the total number of residents admitted or readmitted to the LTCF who were previously diagnosed with COVID-19 from another facility between January 1, 2020 and April 30, 2020. If these data are not available at the time of data entry, leave blank and save the count data that were entered.
	
	Example: A LTCF has been reporting COVID-19 data to the NHSN Module since May. The NHSN user enters the COVID-19 data in the Module once a week on Thursdays, which includes new counts from the prior Thursday through Wednesday of each week. The *Admissions* count includes new admissions and readmissions of residents from another facility with a diagnosis of COVID-19 during the surveillance time period for each week.
	
	   • On Thursday 6/4, 2 new residents with a diagnosis of COVID-19 were admitted to the LTCF and one of the new residents died the following day on 6/5;
	   • Sunday 6/7, 5 residents were re-admitted to the LTCF from the hospital and even though the residents did not have a COVID-19 diagnosis and were asymptomatic, the LTCF placed the new residents on preemptive isolation for 14 days;

Data Field	Instructions for Data Collection
	• Wednesday 6/10, 1 resident from an Assisted Living Facility with a diagnosis of COVID-19 was admitted to the LTCF. On Thursday 6/11, the LTCF user enters **3 for the *Admissions* count** for the week in the NHSN COVID-19 Module. The 5 readmissions from the hospital on 6/7 were excluded from the *Admissions* count since they did not have a COVID-19 diagnosis. The resident who died was included in the count since all new admissions and readmissions must be included regardless of not being in the LTCF on the date of data entry in the NHSN COVID-19 Module. **Notes:** • Include only residents who were **newly** admitted or readmitted since the last date these counts were collected for reporting in the Module; regardless if the resident(s) are physically in the LTCF at the time of data entry. • Do not include new *Admissions* preemptively isolated for 14 days. Only those residents newly admitted or readmitted who were previously diagnosed with COVID-19.
CONFIRMED: Residents with new positive COVID-19 test results from a viral test (nucleic acid or antigen)	*Confirmed* is defined as a resident with a new positive COVID-19 test result from a viral test (nucleic acid or antigen). Examples include molecular testing, nucleic acid testing, and antigen testing. Positive results from antigen Point of Care test results are included. • *If this is the first time Confirmed COVID-19 counts for residents are being entered in the NHSN COVID-19 Module*: Enter the number of residents who have been **underlined**newly identified with a positive COVID-19 test result **this week** (during the previous 7 days). For example, if your facility enters data once a week, every Thursday, then counts must include new positive COVID-19 counts from the previous Thursday through Wednesday of the reporting week. • *If this is not the first time Confirmed COVID-19 counts for residents are being entered in the NHSN COVID-19 Module*: Enter the number of residents who have been **newly** identified as having a positive COVID-19 test result (for example, a viral test indicating current infection) **since the last date** that *Confirmed COVID-19* counts (positive COVID-19 test results) were collected for entering in the NHSN COVID-19 Module. This includes residents who remain in the LTCF or are no longer in the LTCF on the date of data entry in the Module. For example, Ms. L had a positive COVID-19 test result on 6/1 while in the LTCF and was later transferred to the hospital on 6/3. Ms. L should still be included in the LTCF *Confirmed* count for that week. • *To submit Confirmed counts for residents prior to May 1, 2020 (OPTIONAL):* Using the calendar feature, select any calendar date prior to May 1, 2020 and enter the total number of residents with a positive COVID-19 test result between January 1, 2020 and April 30, 2020. **Example:** A facility enters COVID-19 data in NHSN every Friday and includes new counts from the prior Friday through Thursday of each week.

Data Field	Instructions for Data Collection
	• On Sunday 6/14, Ms. Hill had a positive COVID-19 test result and was immediately transferred to the hospital; • The COVID-19 test result for Ms. U, who was already included in the *Suspected* count during the previous week due to signs and symptoms suggestive of COVID-19, returned positive on Wednesday 6/17; • Mr. Till had a positive COVID-19 test result on Thursday 6/18; • There were no other positive COVID-19 test results from Friday 6/12 through Thursday 6/18. On Friday 6/19, the LTCF user entered **3 Confirmed COVID-19 counts for the week**. Although Ms. U was included in the *Suspected* count during the previous week, she will also be included in the *Confirmed* count this week since she had a positive COVID-19 test result during the surveillance period for this week (6/12 – 6/18). Any <u>newly</u> *Confirmed* cases from Friday 6/19 through Thursday 6/25 will be included in the data entered in the NHSN COVID-19 Module during the following week on Friday 6/26. **Notes:** • A viral test is used to detect infection with SARS-CoV-2, the virus that causes COVID-19. Molecular and antigen tests are types of viral tests. Viral tests are also called diagnostic tests. CDC-NHSN recognizes positive results from viral (nucleic acid/molecular and antigen) tests appropriate for diagnosing active COVID-19 infection. • A newly positive COVID-19 viral test result should be included in the *Confirmed* COVID-19 count, even if repeat COVID-19 test results are negative. • Point of Care testing instruments appropriate for diagnosing current COVID-19 infection. Newly positive residents tested using this test method must be included in the *Confirmed* COVID-19 count for the reporting period. Do not include consecutive positive results for the same resident if multiple tests are done. • An antibody test is 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-19 infection and therefore positive results from antibody tests must be <u>excluded</u> from *Confirmed* COVID-19 counts. • Each time counts are collected for reporting, only newly *Confirmed* cases should be included in the count (specifically, count each confirmed resident only once during a reporting period). • Include residents with new positive COVID-19 test results regardless if the resident(s) is still in the LTCF on the date of data entry. For example, the count should include resident(s) who remain in the facility, were transferred out of the facility, admitted to another facility, as well as those who died prior to or on the date of data entry in to the NHSN COVID-19 Module. • **Reinfection:** Residents with recurrent symptoms after the first 3 months who test positive for COVID-19 should be considered newly positive for counting purposes and therefore included in the *Confirmed* COVID-19 count for the reporting period.

Data Field	Instructions for Data Collection
SUSPECTED: Residents with new suspected COVID-19	*Suspected* is defined as a resident who is being managed as though COVID-19 positive <u>because of</u> signs and/or symptoms suggestive of COVID-19, as described by CDC's guidance, but does not have a positive COVID-19 test result. Includes residents who have not been tested or those with pending test results. The count may also include residents with negative test results but who continue to show signs/symptoms suggestive of COVID-19 per CDC guidance. • *If this is the first time Suspected COVID-19 counts for residents are being entered in the NHSN COVID-19 Module:* Enter the number of residents who have been or are **newly** managed as though they have COVID-19, but *do not* have a positive COVID-19 test result **this week** (during the previous 7 days). For example, if your facility enters data in the Module once a week on Wednesdays then counts must include residents with newly suspected COVID-19 from the previous Wednesday through Tuesday of the reporting week. • *If this is <u>not</u> the first time Suspected COVID-19 counts for residents are being entered in the NHSN COVID-19 Module*: Enter the number of residents who have been or are **newly** managed as though they have COVID-19 (but *do not* have a positive COVID-19 test result) **since the last date** that *Suspected COVID-19* counts were collected for entering in the NHSN COVID-19 Module. This includes residents who remain in the LTCF, as well as residents who were transferred out of the facility, admitted to another facility, or died on or before the date of data entry. • *To submit Suspected counts for residents prior to May 1, 2020 (OPTIONAL):* Using the calendar feature, select any calendar date prior to May 1, 2020 and enter the total number of residents who were managed as though they had COVID-19 (but did not have a positive COVID-19 test result) between January 1, 2020 and April 30, 2020. If these data are not available at the time of data entry, leave blank and revise counts later. **Example:** DHR Skilled Nursing facility uploads a weekly CSV file in NHSN with their COVID-19 data every Friday and includes new counts from the prior Friday through Thursday of the reporting week. Here are the surveillance results for this week (Friday 6/12-Thursday 6/18): • On Saturday 6/13, Ms. Jo had a fever, verbalized that she could not smell anything and began coughing, so she was placed on COVID-19 isolation and a nasal swab was collected; • On Sunday 6/14, Mr. Red had a high fever and complained of cough and shortness of breath, the nurse was unable to obtain a nasal swab on Mr. Red and he was placed on COVID-19 isolation; • On Monday 6/15, Mr. Ki had a fever and was placed on COVID-19 isolation and a nasal swab collected; • Tuesday 6/16, 5 asymptomatic residents were preemptively placed on COVID-19 isolation precautions since they were on the same pod as Mr. Red;

Data Field	Instructions for Data Collection
	• No other residents exhibited new signs or symptoms of COVID-19 through Thursday 6/18, although, the LTCF still had 6 *Suspected* residents on COVID-19 isolation from the previous week (all 6 were included in the count during the previous week); • On Friday 6/19, the nasal swab collected from Ms. Jo returned as positive for COVID-19 and the result from Mr. Ki returned negative for COVID-19. After a very busy week, on Friday 6/19, the LTCF user entered a total of **3 newly *Suspected* COVID-19 counts for the week** (Ms. Jo, Mr. Red, Mr. Ki). Since Ms. Jo subsequently had a positive COVID-19 test result on 6/19, which is outside of this reporting week, she will be counted in the *Confirmed* count for the following week but will NOT be removed from the *Suspected* count for this week. The 5 asymptomatic residents who were preemptively placed on COVID-19 isolation on 6/16, due to possible exposure, were not included in the count since they did not meet the definition of *Suspected* COVID-19 (missing signs/symptoms). Since only newly *Suspected* residents are included each week, the remaining 6 *Suspected* residents from the previous week were not included in the count for this week. **Notes:** • Each newly suspected COVID-19 resident should only be counted once during a reporting period since the goal of this count is to collect incidence (new cases). • Include residents with **newly *Suspected*** COVID-19 regardless if the resident remains in the LTCF. For example, the count should include *Suspected* resident(s) who remain in the facility, were transferred out of the facility, admitted to another facility, as well as those who died on or before the date of data entry in the NHSN COVID-19 Module.
TOTAL DEATHS: Residents who have died **for any reason** in the facility or another location	*Total Deaths* is defined as residents who have died **from any cause** in the facility or another location. This count includes new COVID-19 related deaths **AND** non-COVID-19 related deaths. Includes residents who died in another location, such as a hospital. • *If this is the first time Total Death count for residents is being entered in the NHSN COVID-19 Module*: Enter the total number of residents who have died **for any reason** in the LTCF or another location **this week** (during the previous 7 days). For example, if your facility enters data in the Module once a week on Tuesdays then counts must include residents who died for any reason from the previous Tuesday through Monday of the reporting week. • *If this is not the first time the Total Death count is being entered in the NHSN COVID-19 Module:* Enter the number of residents who died **for any reason** (including COVID-19 deaths) in the LTCF or another location **since the last date** the *Total Deaths* counts were collected for data entry in the NHSN COVID-19 Module. • *To submit Total Deaths counts for residents prior to May 1, 2020 (OPTIONAL):* Using the calendar feature, select any calendar date prior to May 1, 2020 and enter the total number of deaths for residents who died **for any reason** (including COVID-19) in the LTCF or another location between January 1, 2020

Data Field	Instructions for Data Collection
	and April 30, 2020. If these data are not available at the time of data entry, leave blank and revise counts later. **Example:** A facility enters COVID-19 data in NHSN twice per week, on Tuesdays and Fridays. The Tuesday count includes <u>new</u> counts from the prior Friday through Monday, with data being entered in Module on Tuesday. The Friday counts include <u>new</u> counts from Tuesday through Thursday of each week with these data being entered on Friday. Here are the surveillance results for this week (Friday 6/5 -Thursday 6/11): • On Friday 6/5, the facility had **2** deaths related to COVID-19 (Mr. R and Mr. P); • Monday 6/8, **1** non-COVID-19 resident died from cancer (Mr. G). On Tuesday 6/9, the LTCF user enters **3 for the *Total Deaths* count** in the NHSN COVID-19 Module (for counts collected from Friday 6/5 through Monday 6/8). After entering data in the NHSN COVID-19 Module on Tuesday, the user knows the counts for the remainder of the week must include new counts only. They will not include the counts already entered in the Module on Tuesday 6/9. • On Tuesday 6/9, 1 resident on COVID-19 isolation died sometime during the night; • The next day, on Wednesday 6/10, another resident not on COVID-19 isolation died; • No other deaths occurred during the reporting week (Thursday 6/11). On Friday 6/12, the LTCF user enters **2 for the *Total Deaths* count** in the NHSN Module, which includes the new deaths since the last time Total Deaths counts were collected for entering in the Module. This means, for the reporting week of 6/5 - 6/11, the LTCF reported a total of 5 new *Total Deaths*. **Notes:** • Each resident death should be included only once. • **Important:** The *Total Deaths* count should NEVER be lower than the *COVID-19 Deaths* count in a reporting week.
COVID-19 DEATHS: Residents with a suspected or positive COVID-19 test result who died in the facility or another location	*COVID-19 Deaths* is defined as a resident with suspected or a positive COVID-19 test result who died in the facility or another location as a result of COVID-19 related complications. • *If this is the first time COVID-19 Death counts for residents are being entered in the NHSN COVID-19 Module*: Enter the number of deaths for residents with suspected **AND** confirmed COVID-19 (positive COVID-19 test result) **this week** (during the previous 7 days). For example, if your facility enters data once a week, every Monday, then counts must include new *COVID-19 Deaths* from the previous Monday through Sunday of the reporting week. This count includes residents who died in the LTCF or another location.

Data Field	Instructions for Data Collection
	• *If this is not the first time the COVID-19 Death counts for residents are being entered in the NHSN COVID-19 Module:* Enter the number of **new** deaths for residents with suspected **AND** confirmed COVID-19 (positive COVID-19 test result) **since the last date** *COVID-19 Death* counts were collected for data entry in the NHSN COVID-19 Module. This includes residents who died in the LTCF or another location. **Note:** Include only new deaths since the last time these counts were collected for data entry into the Module.
	• *To submit COVID-19 Death counts for residents prior to May 1, 2020 (OPTIONAL):* Using the calendar feature, select any calendar date prior to May 1, 2020 and enter the total number of deaths for residents with suspected **AND** confirmed COVID-19 (positive COVID-19 test result) between January 1, 2020 and April 30, 2020. This includes residents that died in the LTCF or another location. If these data are not available at the time of data entry, leave blank and revise counts later.
	Example: CDR Skilled Nursing facility submits weekly CSV files every Friday for COVID-19 data collected from the prior Friday through the Thursday of the reporting week.
	This week (6/5 – 6/11), the following deaths occurred among residents: • Friday 6/5, 2 residents die from COVID-19 related complications; • Sunday 6/7, 1 non-COVID-19 resident dies of a heart attack; • Monday 6/8, Ms. Jay, who is a suspected COVID-19 resident is transferred to the local hospital where she later dies on Tuesday 6/9; • Tuesday 6/9, Ms. W, who had COVID-19 two months ago, but fully recovered died from heart related complications; • Thursday 6/11, 1 resident with suspected COVID-19 dies from respiratory failure.
	On Friday 6/12, the LTCF includes a total of **4 *COVID-19 Deaths* and 6 *Total Deaths*** in their CSV file for the weekly upload; knowing that COVID-19 related resident deaths that occur outside the LTCF must be included in *COVID-19 Death* count for the reporting week. Additionally, deaths among *Confirmed* and *Suspected* residents must be included in the COVID-19 Death count. Ms. W was included in the *Total Death* count, but not the *COVID-19 Death* count since she fully recovered from COVID-19 prior to her death.
	Notes: • If a resident without known or suspected COVID-19 dies and the facility later finds out the resident was positive for COVID-19 (for example, COVID-19 found in autopsy result), the LTCF must updated the previously reported data by clicking on the original calendar date the *Total Deaths* was reported and add the count to the *COVID-19 Deaths* count. This means, on the day of death, the resident must be counted in both the *Total Deaths* and *COVID-19 Deaths* counts. • *Suspected* is defined as a resident who is being managed as though he/she has COVID-19 because of signs and symptoms suggestive of COVID-19 as

Data Field	Instructions for Data Collection
	described by CDC's guidance but does not have a positive COVID-19 test result. This may include residents who have not been tested or those with pending test results. The count may also include residents with negative test results but whom continue to show signs/symptoms suggestive of COVID-19. • If a resident previously had *Confirmed* (positive COVID-19 test result) or *Suspected* COVID-19 but recovered and is no longer being treated as having COVID-19 (for example, resolved signs/symptoms and removed from isolation) at the time COVID-19 death counts are being collected, do not include the resident in COVID-19 death count. Instead, include the resident in the *Total Deaths* count. • **Important**: The *COVID-19 Deaths* count should not be higher than the *Total Deaths* count in a reporting period.

FACILITY CAPACITY AND SARS-CoV-2 TESTING

Note: Answers to questions below are based on the calendar date in which the questions are being answered in the NHSN COVID-19 Module.

Data Field	Instructions for Data Collection
ALL BEDS: (FIRST SURVEY ONLY)	Enter the total number of resident beds in the facility. **Notes:** • Include the number of beds the facility in which the facility is licensed, which may include a combination of private and non-private pay beds. • After the first time *All Beds* for a facility is entered, the count will auto-populate for future sessions. If the licensed resident bed count changes, the user may update the count.
CURRENT CENSUS: Total number of beds that are **currently** occupied.	On the date responses are being reported, enter the total number of residents that are occupying a bed in the facility. *Current Census* may include a combination of private pay and non-private pay occupied beds. **Note:** • The count must include total residents occupying a bed in the reporting facility, including non-licensed beds (for example, additional beds had to be brought in to handle 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).

Data Field	Instructions for Data Collection
	RESIDENTS

TESTING: Does the LTCF have the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic acid or antigen) on all current residents within the next 7 days, if needed?	Answer "YES" if on the date responses are being reported, the LTCF
	   1. Can either perform COVID-19 viral testing (molecular/nucleic acid or antigen) on all residents in the facility within the next 7 days, if there was a need to do so
	
	               OR
	   2. Is able to obtain resources needed from outside sources, such as laboratories, outbreak response team, health department, etc. to perform COVID-19 viral testing (molecular/nucleic acid or antigen) on all residents in the facility within the next 7 days, if there was a need to do so.
	
	Otherwise, select, "NO" and select **one or more** reasons from the list.
	
	***Conditional:* **Check all that apply:**
	  ☐ Lack of recommended personal protective equipment (PPE) for personnel to wear during specimen collection
	  ☐ Lack of supplies for specimen collection
	  ☐ Lack of access to a laboratory for submitting specimens
	  ☐ Lack of access to trained personnel to perform testing (includes internal and external resources)
	  ☐ Uncertainty about testing reimbursement
	  ☐ Other: **Specify:** _____
	
	Notes:
	• Responses to this question are important to improve understanding of the barriers to mass testing.
	• If "Other" is selected, please manually document the reason(s) COVID-19 viral testing cannot be performed on all residents in the next 7 days if there was a need (for example, an outbreak).
	• When considering *lack of access to trained personnel to perform testing to perform testing*, include internal resources, such as staff and facility personnel, as well as external resources, such as personnel from laboratories, public health department, emergency response teams or other outside resources.
	• Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19 can be found on the following web-link: https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html

TESTING: During the past two weeks, on average how long did it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of residents?	On the date responses are being reported, select **one** of the responses below to answer the following question: During the past two weeks, on average how long did it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of residents?
	Check **ONE**:
	  ☐ Less than one day
	  ☐ 1-2 days
	  ☐ 3-7 days
	  ☐ More than 7 days
	  ☐ No resident testing performed in the last two weeks

Data Field	Instructions for Data Collection
	Note: • Responses to this question are important for informing timeliness of test results. For example, are test results received in a timely manner that would allow effective response, if needed?
TESTING: Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on residents?	Answer "YES" if on the date responses are being reported, your LTCF has performed COVID-19 testing on one or more residents in your facility. Otherwise, select "NO" *Conditional*: If "YES" is selected, select **one or more** reasons from the list to indicate the reason(s) COVID-19 viral (nucleic acid or antigen) testing was performed on one or more residents **Check all that apply:** ☐ Testing residents with new signs/symptoms consistent with COVID-19 ☐ Testing asymptomatic residents on a unit/section of the facility in response to a new case with COVID-19 ☐ Testing asymptomatic residents, facility-wide in response to a new case with COVID-19 ☐ Testing asymptomatic residents without a known exposure to COVID-19 as part of surveillance ☐ None of the above: testing of another subgroup of residents occurred
STAFF AND PERSONNEL *Includes anyone working or volunteering in the facility, such as contractors, temporary staff, resident care givers, shared staff, etc.*	
TESTING Does the LTCF have the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic acid or antigen) on all staff and/or facility personnel within the next 7 days, if needed?	Answer "YES" if on the date responses are being reported, the LTCF 1. Can either perform COVID-19 viral testing (molecular/nucleic acid or antigen) on all staff and/or facility personnel in the facility within the next 7 days, if there was a need to do so **OR** 2. Is able to obtain resources needed from outside sources, such as laboratories, outbreak response team, health department, etc. to perform COVID-19 viral testing (molecular/nucleic acid or antigen) on all staff and/or facility personnel in the facility within the next 7 days, if there was a need to do so. Otherwise, select, "NO" and select **one or more** reasons from the list: ***Conditional:* **Check all that apply** ☐ Lack of recommended personal protective equipment (PPE) for personnel to wear during specimen collection ☐ Lack of supplies for specimen collection ☐ Lack of access to a laboratory for submitting specimens ☐ Lack of access to trained personnel to perform testing (includes internal and external resources) ☐ Uncertainty about testing reimbursement ☐ Other: Specify: _____

Data Field	Instructions for Data Collection
	Notes: • Responses to this question are important to improve understanding of the barriers to mass testing. • If "Other" is selected, manually document the reason(s) COVID-19 viral testing cannot be performed on all residents in the next 7 days if there was a need (for example, an outbreak). • When considering *lack of access to trained personnel to perform testing to perform testing*, include internal resources, such as staff and facility personnel, as well as external resources, such as personnel from laboratories, public health department, emergency response teams or other outside resources. • Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19 can be found on the following web-link: https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html
TESTING: On average how long did it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of staff and/or facility personnel?	On the date responses are being reported, select <u>**one**</u> of the responses below to answer the following question: <u>On average</u> how long does it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of staff and/or facility personnel? Check **ONE** ☐ Less than one day ☐ 1-2 days ☐ 3-7 days ☐ More than 7 days **Note:** • Responses to this question are important for informing timeliness of test results. For example, are test results received in a timely manner that would allow effective response, if needed?

Data Field	Instructions for Data Collection
TESTING: Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on staff and/or facility personnel?	Select "YES" if on the date responses are being reported, your LTCF has performed COVID-19 viral testing on one or more staff and/or facility personnel? Otherwise, select "NO" **_Conditional_: If "YES" is selected, select **one or more** reasons from the list to indicate the reason(s) COVID-19 viral (nucleic acid or antigen) testing was performed on one or more staff and/or facility **Check all that apply:** ☐ Testing staff and/or facility personnel with new signs/symptoms consistent with COVID-19 ☐ Testing asymptomatic staff and/or facility personnel on a unit/section of the facility in response to a new case with COVID-19 ☐ Testing asymptomatic staff and/or facility personnel facility-wide in response to a new case with COVID-19 ☐ Testing asymptomatic staff and/or facility personnel without a known exposure to COVID-19 as part of surveillance ☐ None of the above: testing of another subgroup of staff and/or facility personnel occurred
IN-HOUSE, POINT-OF-CARE COVID-19 TESTING	
Does the LTCF have an in-house point-of-care test machine (capability to perform COVID-19 testing within your facility)?	Select "YES" if on the date responses are being reported, your LTCF has at least one point-of-care testing **machine** available in the LTCF for COVID-19 viral testing. If "Yes" provide responses to the next 3 questions. Otherwise, select "NO" and skip the remainder of the questions below. **Note**: • In-house is defined as available for use within your LTCF • This question has an effective date of 8/10/2020, which means facilities have the _option_ (not required) to enter responses starting from August 10, 2020 forward.
Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on **residents?	_Conditional_: If "YES" is selected, <u>since the last date of data entry</u> in to the NHSN COVID-19 Module, how many COVID-19 in-house point-of-care tests has the LTCF performed on residents using the in-house point-of-care test machine(s), regardless of the test results obtained? **Notes:** • Only include the total number of in-house point-of-care COVID-19 tests performed on **residents** using the point-of-care test machine since the last time this count was reported in the Module, regardless of the test results obtained. • If this is the first time reporting these counts to the NHSN COVID-19 Module, enter the total number of in-house point-of-care COVID-19 tests that have been performed on **residents** using the point-of-care test machine(s), regardless of the test results obtained.

Data Field	Instructions for Data Collection
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?	*Conditional*: If "YES" is selected, <u>since the last date of data entry</u> in to the NHSN COVID-19 Module, how many COVID-19 in-house point-of-care tests has the LTCF performed on **staff and/or facility personnel** using the in-house point-of-care test machine(s), regardless of the test results obtained? **Notes:** • Only include the total number of in-house point-of-care tests performed **on staff and/or facility personnel** using the point-of-care test machine(s) since the last time this count was reported in the Module, regardless of the test results obtained. • If this is the first time reporting these counts to the NHSN COVID-19 Module, enter the total number of in-house point-of-care COVID-19 tests that have been performed on **staff and/or facility personnel** using the in-house point-of-care test machine(s) regardless of test results obtained.
Based on this week's inventory, do you have enough **supplies to test all **staff and/or facility personne**l for COVID-19 using the point-of-care test machine?	*Conditional*: If "YES" is selected above, select "YES" if your LTCF has enough in-house point-of-care **supplies** to test all **staff and/or facility personnel** for COVID-19. Otherwise, select "NO"

Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Supplies and Personal Protective Equipment Form (CDC 57.146)

Data Field	Instructions for Data Collection
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
CMS Certification Number (CCN)	*Auto-generated* by the computer 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 computer based on the facility name previously entered during NHSN registration.
Date for which *"supplies and personal protective equipment (PPE)"* responses are reported	*Required*. Select the date on the calendar for which the responses are being reported in the NHSN LTCF COVID-19 Module.
Facility Type	*Auto-generated* based on the facility type selected during NHSN enrollment. Selections include: a. LTC-ASSIST – Assisted Living Residence b. LTC-DEVDIS – Long-term Care Facility for the developmentally Disabled c. LTC-SKILLNURS – Skilled Nursing Facility *[+] *CMS Certified required for reporting [+]Includes both skilled nursing facilities and nursing homes Please see NHSN Guidance document for instructions on *How to Correct Your Facility Type*
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:

While daily reporting will provide the timeliest data to assist with COVID-19 emergency response efforts, retrospective reporting of prior day(s), unless otherwise specified, is encouraged if daily reporting is not feasible. At a minimum, facilities should report data <u>at least</u> once per week (every 7 days).

Data Field	Instructions for Data Collection
Do you currently have ANY supply? Select "YES" **or** "NO" for each supply item. *(Select **one** answer for each supply item)*	<u>On the date responses are reported in this Module</u>, does your facility have ANY of each supply item listed below for conventional use (also referred to as <u>conventional capacity</u>)? Select "YES" for each supply item in which your facility currently has available for conventional use **OR** Select "NO" for each supply item in which your facility currently does NOT have available for conventional use. For example, if the facility is using <u>contingency capacity or crisis capacity</u> strategies for any supply item. Select one answer for each supply item - N95 masks (select "NO" if using KN95 masks) - Surgical masks - Eye protection, including face shields or goggles - Gowns - Gloves - Alcohol-based hand sanitizer **Notes:** - <u>CDC's optimization strategies for PPE</u>, such as contingency and/or crisis level strategies are NOT considered as having "Any" supply, and therefore, "NO" must be selected for each supply item in which contingency or crisis strategies are being used on the date responses are reported. - For example, a facility using KN95 masks instead of N95 masks would answer "NO" for the question, "*Do you currently have any supply of N95 masks*?" - Another example, extended use or reuse of a PPE item, such as a gown would answer "NO" for the question, "*Do you currently have any supply of gowns*?" - An accurate assessment of resource needs is important in the provision of supplies and resources.

Data Field	Instructions for Data Collection

Do you have enough for ONE week?
 	
Select "YES" **or** "NO" for each supply item.
 	
*(Select **one** answer for each supply item)*
	<u>On the date responses are reported in this Module</u>, does your facility have enough of each supply item listed for conventional use (also referred to as <u>conventional capacity</u>) for ONE week (for example, the next 7 days)?
	
	Select "YES" for <u>each</u> supply item listed in which your facility has enough for ONE week (for example, the next 7 days) using conventional capacity.
	
	OR
	
	Select "NO" for <u>each</u> supply item listed in which your facility does NOT have enough for conventional use for ONE week (for example, the next 7 days). "NO" must be selected if facility only has enough for one week based on <u>contingency or crisis capacity usage.</u>
	
	Select only one answer for each supply item
	
	• N95 masks (select "NO" if using KN95 masks)
	• Surgical masks
	• Eye protection, including face shields or goggles
	• Gowns
	• Gloves
	• Alcohol-based hand sanitizer
	
	Notes:
	
	• <u>CDC's optimization strategies for PPE</u>, such as contingency and/or crisis level strategies are NOT considered as having "Enough" supply, and therefore, "NO" must be selected for each supply item in which contingency or crisis strategies are expected to be used for one week on the date responses are reported.
	
	   ○ For example, a facility that only has KN95 masks and not N95 mask for one week would answer "NO."
	
	   ○ Another example, extended use or reuse of a PPE item such as gowns would answer "NO."
	
	• An accurate assessment of resource needs is important in the provision of supplies and resources.

Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Staff and Personnel Impact Form (CDC 57.145)

Data Field	Instructions for Data Collection
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
CMS Certification Number (CCN)	Auto-generated by the computer if the facility has previously entered the CCN number during NHSN registration. See NHSN CCN Guidance document for instructions on how to add a new CCN or edit an entered CCN.
Facility Name	Auto-generated by the computer if the facility has previously entered facility name during registration.
Date for which *"staff and personnel Impact"* responses are reported	*Required.* Select the date on the calendar for which the responses are being reported in the NHSN LTCF COVID-19 Module.

Important:

While daily reporting will provide the timeliest data to assist with COVID-19 emergency response efforts, retrospective reporting of prior day(s), unless otherwise specified, is encouraged if daily reporting is not feasible. At a minimum, facilities should report data <u>at least</u> once per week.

Data Field	Instructions for Data Collection
CONFIRMED COVID-19 Staff and facility personnel with new laboratory-positive COVID-19	• *If this is the first time Confirmed COVID-19 counts for staff and facility personnel are being entered in the NHSN COVID-19 Module*: Enter the number of staff and facility personnel who have been **newly** identified with laboratory positive COVID-19 **this week**. • *If this is <u>not</u> the first time Confirmed COVID-19 counts for staff and facility personnel are being entered in the NHSN COVID-19 Module*: Enter the number of staff and facility personnel who have been **newly** identified as having a laboratory positive COVID-19 test result **since the last date** that *Confirmed COVID-19* counts (laboratory positive COVID-19 test results) were entered. **Note:** Include only new laboratory positive test COVID-19 test results among staff and facility personnel since the last time these counts were entered in the Module. • *To submit Confirmed counts for staff and facility personnel prior to May 1, 2020 (OPTIONAL):* Using the calendar feature, select any calendar date prior to May 1, 2020 and enter the total number of

Data Field	Instructions for Data Collection
	staff and facility personnel with a laboratory-positive COVID-19 test result between January 1, 2020 and April 30, 2020. If these data are not available at the time of data entry, leave blank and revise counts later. **Notes:** • Please include counts since May 1, 2020 by selecting the appropriate calendar date. • Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.
SUSPECTED COVID-19 Staff and facility personnel with new suspected COVID-19	• *If this is the first time Suspected COVID-19 counts for staff and facility personnel are being entered in the NHSN COVID-19 Module:* Enter the number of staff and facility personnel who have been or are **newly** managed as though they have COVID-19, but *do not* have a laboratory positive COVID-19 test result, **this week**. • *If this is not the first time Suspected COVID-19 counts for staff and facility personnel are being entered in the NHSN COVID-19 Module*: Enter the number of staff and facility personnel who have been or are **newly** managed as though they have COVID-19 (but *do not* have a laboratory positive COVID-19 test result) **since the last date** that *Suspected COVID-19* counts were entered. • *To submit Suspected counts for staff and facility personnel prior to May 1, 2020 (OPTIONAL):* Using the calendar feature, select any calendar date prior to May 1, 2020 and enter the total number of staff and facility personnel who were managed as though they had COVID-19 (but did not have a laboratory positive COVID-19 test result) between January 1, 2020 and April 30, 2020. If these data are not available at the time of data entry, leave blank and revise counts later. **Notes:** • Please include counts since May 1, 2020 by selecting the appropriate calendar date. • *Suspected* is defined as staff and personnel with signs and symptoms suggestive of COVID-19 as described by CDC's guidance but do not have a laboratory positive COVID-19 test result. This may include staff and personnel who have not been tested or those with pending test results. It may also include staff and personnel with negative

Data Field	Instructions for Data Collection
	test results but continue to show signs/symptoms suggestive of COVID-19. • Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.
COVID-19 DEATHS Staff and facility personnel with new suspected or laboratory-positive COVID-19 who died	• *If this is the first time COVID-19 Death counts for staff and facility personnel are being entered in the NHSN COVID-19 Module*: Enter the number of deaths for staff and facility personnel with suspected **AND** confirmed COVID-19 (laboratory-positive COVID-19 test result) **this week**. • *If this is not the first time the COVID-19 Death counts for staff and facility personnel are being entered in the NHSN COVID-19 Module:* Enter the number of **new** deaths for staff and facility personnel with suspected **AND** confirmed COVID-19 (laboratory positive COVID-19) **since the last date** *COVID-19 Death* counts were entered. **Note:** Include only new deaths since the last time these counts were entered in the Module. • *To submit COVID-19 Death counts for staff and facility personnel prior to May 1, 2020 (OPTIONAL):* Using the calendar feature, select any calendar date prior to May 1, 2020 and enter the total number of deaths for staff and facility personnel with suspected **AND** confirmed COVID-19 (laboratory-positive COVID-19 test result) between January 1, 2020 and April 30, 2020. If these data are not available at the time of data entry, leave blank and revise counts later. **Notes:** • Please include counts since May 1, 2020 by selecting the appropriate calendar date. • *Suspected* is defined as staff and personnel with signs and symptoms suggestive of COVID-19 as described by CDC's guidance but do not have a laboratory positive COVID-19 test result. This may include staff and personnel who have not been tested or those with pending test results. It may also include staff and personnel with negative test results but continue to show signs/symptoms suggestive of COVID-19 • Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

Data Field	Instructions for Data Collection
STAFFING SHORTAGE Does your organization have a shortage of staff and/or personnel?	<u>On the date responses are reported in in the Module</u>, has your facility identified a shortage of staff and/or facility personnel in any of the following staff and facility personnel groups? **Note:** Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios.
Select "YES" **or** "NO" for each group. (*Select one answer for each group*)	Select "YES" for each group in which there is currently a staff shortage **OR** "NO" for each group in which there is not currently a staff shortage: (*Select one answer for each group*) **Nursing Staff**: registered nurse, licensed practical nurse, or vocational nurse. **Clinical Staff**: physician, physician assistant, or advanced practice nurse. **Aide**: certified nursing assistant, nurse aide, medication aide, or medication technician. **Other staff or facility personnel**: that are not included in the above categories, regardless of clinical responsibility or resident contact. These personnel may include, but are not limited to, environmental services, cook, dietary, pharmacists, pharmacy techs, activities director, care givers, wound care, physical therapy, shared staff, etc.

Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Ventilator Capacity and Supplies Form (CDC 57.147)

Data Field	Instructions for Data Collection
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
CMS Certification Number (CCN)	Auto-generated by the computer if the facility has previously entered the CCN number during NHSN registration. See NHSN CCN Guidance document for instructions on how to add a new CCN or edit an entered CCN.
Facility Name	Auto-generated by the computer if the facility has previously entered facility name during registration.
*Do you have ventilator dependent unit(s) and/or beds in your facility? Select "YES" **or** "NO"	On the date of response, does your facility have ventilator dependent unit(s) and/or ventilator beds in the facility? Select "YES" if your facility has ventilator dependent unit(s) and/or ventilator beds and continue completing the Module questions. Select "NO" if your facility does not have ventilator dependent unit(s) and/or beds and skip the remainder of this form.
Date for which "*ventilator capacity and supplies*" responses are reported	*Required*. Select the date on the calendar for which the responses are being reported in the NHSN LTCF COVID-19 Module.

Important:

While daily reporting will provide the timeliest data to assist with COVID-19 emergency response efforts, retrospective reporting of prior day(s), unless otherwise specified, is encouraged if daily reporting is not feasible. At a minimum, facilities should report data at least once per week.

Data Field	Instructions for Data Collection
MECHANICAL VENTILATORS: Total number available in the facility	On the date responses are being reported in this Module, enter the total number of mechanical ventilators available in your facility. Include ventilators that are in use and not in use. **Notes:** • Include portable ventilators available in the facility.

Data Field	Instructions for Data Collection
MECHANICAL VENTILATORS IN USE: Total number of mechanical ventilators in use for residents who have suspected or laboratory positive COVID-19	<u>On the date responses are being reported in this Module</u>, enter the total number of mechanical ventilators in use by residents with suspected or laboratory positive COVID-19. **Notes:** • Include portable ventilators that are in use. • *Suspected* is defined as residents with signs and symptoms suggestive of COVID-19 as described by CDC's guidance but do not have a laboratory positive COVID-19 test result. This may include residents who have not been tested or those with pending test results. It may also include residents with negative test results but continue to show signs/symptoms suggestive of COVID-19.
<center>**VENTILATOR SUPPLIES**</center>	
Do you currently have ANY supply? Select "YES" **or** "NO"	<u>On the date responses are being reported in this Module</u>, does your facility have any ventilator supplies available for use? Select "YES" if your facility currently has the ventilator supplies needed to care for residents on mechanical ventilation. **OR** Select "NO" if your facility currently does not have ventilator supplies needed to care for residents on mechanical ventilation. **Note:** ▪ The response to this question is based on **all** needed ventilator supplies, including, but not limited to tubing, flow sensors, connectors, valves. If the facility is missing any supply item needed to care for residents on mechanical ventilation, answer "NO".
Do you have enough for ONE week? Select "YES" **or** "NO"	<u>On the date responses are being reported in this Module</u>, do you have enough ventilator supplies for ONE week (for example, 7 days)? Select "YES" if your facility has enough ventilator supplies for one week. **OR** Select "NO" if your facility does not have enough ventilator supplies for one week. **Note:** The response to this question is based on **all** needed ventilator supplies, including, but not limited to tubing, flow sensors, connectors, valves. If the facility is missing any supply item needed to care for residents on mechanical ventilation, answer "NO".