



January 2023 (v.17)

## 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	<b>Auto-generated</b> by the computer, if applicable, based on the CCN entered during NHSN registration or last updated, if previously edited. Please see <a href="#">NHSN CCN Guidance</a> document for instructions on how to add a new CCN or edit an existing CCN.
Facility Name	<b>Auto-generated</b> by the system based on the facility name previously entered during NHSN registration.
Date for which counts are reported	<b>Required.</b> 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	<p><b>Auto-generated</b> based on the facility type selected during NHSN enrollment. Selections include:</p> <ul style="list-style-type: none"> <li>• LTC - ASSIST – Assisted Living Residence</li> <li>• LTC - ICF/IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities.</li> <li>• LTC - SKILLNURS – Skilled Nursing Facility<sup>+</sup> <ul style="list-style-type: none"> <li><sup>+</sup>Includes both skilled nursing facilities and nursing homes</li> </ul> </li> <li>• LTC - PSYCH – Psychiatric Residential Treatment Facility</li> <li>• LTC - SVHALF – Assisted Living Facility for Sate Veteran’s Homes</li> <li>• LTC - SVHSNF – Skilled Nursing Facility for State Veteran’s Homes</li> </ul> <p>Please see NHSN Guidance document for instructions on <a href="#">How to Correct Your Facility Type</a> if this information is incorrect.</p>
Date Created	<b>Auto-generated</b> 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. <b>Note:</b> The date and time will automatically generate after the “Save” button is selected and <b>cannot</b> 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
<b>Facility Capacity</b>	
<p><b>ALL BEDS</b></p>	<p>Enter the total number of resident beds in the facility. This number will auto-populate 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.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Include the total number of beds for the facility in which the facility is licensed. This number should include private and/or non-private pay beds.</li> </ul>
<p><b>* CURRENT CENSUS</b></p> <p>Total number of beds that are occupied at the time of reporting to NSHN.</p>	<p><b>Required:</b> Enter the total number of occupied beds for each calendar day in which data are being entered.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Count includes a combination of private and non-private pay occupied beds, when applicable.</li> <li>• Count includes the total number of residents occupying a bed in the reporting facility, including non-licensed beds. (For example, residents occupying additional non-licensed beds that were brought into the facility in response to increased capacity of residents, or residents being moved to other parts of the facility that are not normally included in the LTCF bed count).</li> </ul>
<b>Resident Impact for COVID-19 (SARS-CoV-2)</b>	
<p><b>*ADMISSIONS</b></p> <p>Number of residents newly admitted or re-admitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. <b>Excludes</b> recovered residents.</p>	<p><i>Admissions:</i> 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 <b>excludes</b> recovered residents.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Admitted or re-admitted residents included in the <i>Admissions</i> count are <b>not</b> also included in the <i>Positive Tests</i> count.</li> <li>• Only include residents who were <b>newly</b> admitted or re-admitted since the last date these counts were collected for reporting in the NHSN COVID-19 Module.</li> <li>• Include duplicate re-admissions of same resident if criteria are met.</li> <li>• Do not include admissions or re-admissions who are preemptively isolated unless signs/symptoms suggestive of COVID-19 were present.</li> <li>• Include admissions and re-admissions with signs and/or symptoms suggestive of COVID-19 according to the <a href="#">CDC guidance</a> and require transmission-based isolation precautions at admission to minimize transmission risks.</li> </ul> <p><b>Example:</b> The following admissions were documented for DHQP Skilled Nursing Facility this week:</p> <ol style="list-style-type: none"> <li>1. <i>Monday:</i> <b>4</b> facility admissions/re-admissions. Of the total, 2 were re-admissions with COVID-19 diagnosis; 1 was a new admission with COVID-19 diagnosis; 1 was an admission with no history of COVID-19.</li> <li>2. <i>Tuesday:</i> <b>2</b> facility admissions/re-admissions. Of the 2, both were re-admissions with no history of COVID-19</li> </ol>

Data Field	Instructions for Form Completion
	<p>3. <i>Wednesday</i>: no facility admissions/re-admissions</p> <p>4. <i>Thursday</i>: <b>3</b> facility admissions/re-admissions. Of the total, 2 were new admissions without a diagnosis of COVID-19. One was a re-admission with a diagnosis of COVID-19 who died one day following admission to the DHQP SNF.</p> <p>5. <i>Friday</i>: <b>3</b> facility admissions/re-admissions. 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</p> <p>6. <i>Saturday</i>: <b>1</b> facility admissions/re-admissions. This was a new admission of a nursing home resident with signs and symptoms suggestive of COVID-19, pending test results.</p> <p>7. <i>Sunday</i>: <b>1</b> facility admissions/re-admissions. This was a re-admission of resident who fully recovered from COVID-19, not requiring transmission-based precautions.</p> <p>Based on the above information, the following <i>Admissions</i> counts were submitted to NHSN:</p> <p><b>If Daily Reporting</b>: Monday: 3; Tuesday: 0; Wednesday: 0; Thursday: 1; Friday: 0; Saturday: 1; Sunday: 0</p> <p><b>If Weekly Reporting Only</b>: Total Admissions for the reporting week : 5</p> <p><b>Important</b>: If reporting daily <i>Admissions</i> counts, do not also report a total weekly count since duplicate reporting will result in falsely inflated counts.</p>
<p><b>*POSITIVE TESTS</b></p> <p>Number of residents with a newly positive SARS-CoV-2 viral test result.</p>	<p><i>Positive Tests</i>: 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 <b>or</b> an antigen test. The definition includes residents with an re-infection.</p> <p><b>Notes</b>:</p> <ul style="list-style-type: none"> <li>• <b>Exclude</b> residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR). <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>• Serial testing or multiple tests performed on the same resident for the same infection do not need to be counted multiple times. Only include the newly positive test <b>one</b> time for the same infection.</li> <li>• Re-infection occurs after an initial/previous COVID-19 diagnosis and/or positive viral test result. If the resident has a newly positive SARS-Cov-2 viral test result, and they have fully recovered from any previous COVID-19 infection or diagnosis, please include this individual in the positive test count. <ul style="list-style-type: none"> <li>○ For further information regarding Testing, please visit the CDC’s <a href="#">Overview of Testing for SARS-CoV-2, the virus that causes COVID-19</a></li> </ul> </li> </ul> <p><b>Important</b>:</p> <ul style="list-style-type: none"> <li>• <i>Positive Tests</i> is a surveillance method for capturing positive diagnostic results</li> </ul>

Data Field	Instructions for Form Completion
	<p>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.</p> <ul style="list-style-type: none"> <li>• Report incidence counts only (specifically, residents newly identified in <i>Positive Tests</i> 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.</li> <li>• <i>Positive Tests</i> are based on the date of specimen collection.</li> <li>• The <i>Positive Tests</i> definition, as defined by NHSN, may not represent the definition individual states use to define <i>Confirmed SARS-CoV-2 (COVID-19)</i> cases.</li> <li>• Include residents with serial viral test results only when the additional tests were collected <u>within two calendar days</u> of initial SARS-CoV-2 viral test. Day of specimen collection is equal to day 1. <ul style="list-style-type: none"> <li>○ Tests in which specimens are collected more than 2 calendar days apart should be considered separate tests.</li> </ul> </li> </ul> <p><b>Diagnostic Terms and Definitions:</b></p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> <li>• <b>Exclude</b> 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 <b>not</b> considered appropriate for diagnosis of active COVID-19 infection.</li> </ul> <p><b>Example:</b> The following SARS-CoV-2 tests and results were documented this week for residents in a DHQP Skilled Nursing Facility (counts represent newly positive residents only):</p> <ul style="list-style-type: none"> <li>• <i>Monday:</i> <b>3</b> residents had positive SARS-CoV-2 (COVID-19) viral test results <ul style="list-style-type: none"> <li>○ Of the <b>3-positive</b>, all 3 residents had positive point-of-care (POC) antigen results. <b>2</b> of the residents had a follow-up negative NAAT (PCR) test result. <b>1</b> of the residents had a follow-up positive NAAT result performed on the same day.</li> </ul> </li> <li>• <i>Tuesday:</i> <b>3</b> residents had positive SARS-CoV-2 viral test results. <ul style="list-style-type: none"> <li>○ Of the <b>3 positives</b>, 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.</li> </ul> </li> <li>• <i>Wednesday:</i> <b>1</b> resident had a positive SARS-CoV-2 NAAT (PCR) viral test result. No other COVID-19 testing performed.</li> <li>• <i>Thursday:</i> <b>1</b> resident had a positive SARS-CoV-2 viral test result. <ul style="list-style-type: none"> <li>○ Of the <b>1 positive</b> POC antigen test result, the resident had no other</li> </ul> </li> </ul>

Data Field	Instructions for Form Completion
	<p>tests performed. The resident did have a laboratory positive COVID-19 test result over 3 months ago and fully recovered. The resident developed fever and loss of smell today, prompting antigen POC testing.</p> <ul style="list-style-type: none"> <li>• <b>Friday: 3</b> residents had positive SARS-CoV-2 NAAT/PCR viral test results. <ul style="list-style-type: none"> <li>○ Of the 3 residents, all had positive COVID-19 antigen test results two weeks ago and were already submitted to NHSN as <a href="#">Positive Tests</a>.</li> </ul> </li> <li>• <b>Saturday: 0</b> newly positive test results.</li> <li>• <b>Sunday: 1</b> positive SARS-CoV-2 NAAT/PCR viral test results with no other testing performed.</li> </ul> <p>Based on the above information, the following <i>Positive Tests</i> counts were submitted to NHSN:</p> <p><b>If Daily Reporting:</b> Monday: 1 Tuesday: 3; Wednesday: 1; Thursday: 1; Friday: 0; Saturday: 0; Sunday: 1.</p> <p><b>If Weekly Reporting Only:</b> Total <i>Positive Tests</i> for the reporting week: 7</p> <p><b>Important:</b> 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.</p>
<b>Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result</b>	
<p><b>** VACCINATION STATUS</b></p> <p>For the newly positive residents, indicate how many received COVID-19 vaccination <b>14 days or more</b> before the specimen collection date.</p>	<p><b>Vaccination Status:</b> 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 <b>14 days or more</b> 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.</p> <p><b>Conditional.</b> If the number of reported <i>Positive Tests</i> is greater than “0” for the reporting period, indicate the vaccination status of residents included in the positive test count.</p> <p><b>To report Vaccination Status- Primary Series counts:</b></p> <ol style="list-style-type: none"> <li>1. For each <i>Primary Series</i> vaccination option, indicate the corresponding count of residents with a newly positive SARS-CoV-2 viral test result. <ul style="list-style-type: none"> <li><b>Primary Series Vaccination options</b> <ol style="list-style-type: none"> <li>a. Not Vaccinated</li> <li>b. Partial Vaccination</li> <li>c. Complete Primary Vaccination Series</li> </ol> </li> </ul> </li> </ol> <p><b>Note:</b> Vaccination status is not reported for residents with a positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR).</p> <p><b>Primary Series Vaccination Status Definitions:</b></p> <ul style="list-style-type: none"> <li>• <b>Not Vaccinated:</b> Based on the residents included in the reported <i>Positive Tests</i> count for the reporting period, indicate the number of residents who</li> </ul>



Data Field	Instructions for Form Completion
	<p>have not received any COVID-19 vaccination <b>or</b> received the first dose of COVID-19 vaccine <b>13 days or less before the specimen collection date</b> 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) <b>13 days or less before the specimen collection date</b> for the newly positive viral test result. Date vaccine received is equal to day 1.</p> <ul style="list-style-type: none"> <li>• <b>Partial Vaccination:</b> Based on the residents included in the reported <i>Positive Tests</i> 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 <b>14 days or more before the specimen collection date</b> for the newly positive viral test result. Date vaccine received is equal to day 1.</li> <li>• <b>Complete Primary Vaccination Series:</b> Based on the residents included in the reported <i>Positive Tests</i> 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 <b>14 days or more before the specimen collection date</b> for the newly positive viral test result. Date vaccine received is equal to day 1.</li> </ul> <p><b>Example:</b> 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).</p> <ul style="list-style-type: none"> <li>• <i>Monday:</i> <b>3</b> residents had positive SARS-CoV-2 (COVID-19) viral test results. <ul style="list-style-type: none"> <li>➤ One resident received dose 1 and 2 of 2-dose series COVID-19 vaccine 14 days or more before the specimen collection date.</li> <li>➤ 2 residents have not received any COVID-19 vaccine.</li> </ul> </li> <li>• <i>Tuesday:</i> <b>3</b> residents had positive SARS-CoV-2 viral test results. <ul style="list-style-type: none"> <li>➤ Two residents received dose 1 of 2-dose series vaccine 14 days or more before the specimen collection date.</li> <li>➤ 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.</li> </ul> </li> <li>• <i>Wednesday:</i> <b>1</b> resident had a positive SARS-CoV-2 viral test result. <ul style="list-style-type: none"> <li>➤ Resident received dose 1 and 2 of a 2-dose series COVID-19 vaccine 14 days or more before the specimen collection date.</li> </ul> </li> <li>• <i>Thursday:</i> <b>1</b> resident had a positive SARS-CoV-2 viral test result. <ul style="list-style-type: none"> <li>➤ Resident received Janssen COVID-19 vaccine 14 days or more before the specimen collection date.</li> </ul> </li> <li>• <i>Friday:</i> <b>3</b> residents had positive SARS-CoV-2 viral test results. <ul style="list-style-type: none"> <li>➤ 2 residents received the second dose of a 2-dose series vaccine 13 days or less before the specimen collection date.</li> <li>➤ One resident received 2 doses of a 2-dose series vaccine 14 days or more before the specimen collection date.</li> </ul> </li> </ul>

Data Field	Instructions for Form Completion
	<ul style="list-style-type: none"> <li>• <i>Saturday</i>: 0 newly positive test results.</li> <li>• <i>Sunday</i>: 1 positive SARS-CoV-2 viral test result.               <ul style="list-style-type: none"> <li>➤ Resident received dose 1 of 2-dose series vaccine 13 days or less before the specimen collection date.</li> </ul> </li> </ul> <p>Based on the above information, the following <i>Primary Series Vaccination Status</i> counts were submitted to NHSN:</p> <p><b><u>If Daily Reporting:</u></b></p> <p>Monday: 1 Complete Primary Vaccination Series, 2 Not Vaccinated</p> <p>Tuesday: 3 Partial Vaccination</p> <p>Wednesday: 1 Complete Primary Vaccination Series</p> <p>Thursday: 1 Complete Primary Vaccination Series</p> <p>Friday: 2 Partial Vaccination, 1 Complete Primary Vaccination Series</p> <p>Saturday: 0</p> <p>Sunday: 1 Not Vaccinated</p> <p><b><u>If Weekly Reporting:</u></b></p> <p>Not Vaccinated: 3</p> <p>Partial Vaccination: 5</p> <p>Complete Primary Vaccination Series: 4</p>

Data Field	Instructions for Form Completion
<p><b>**ADDITIONAL OR BOOSTER DOSE</b></p> <p>Include newly positive residents who have received any additional dose(s) or booster dose(s) of COVID-19 vaccine (any manufacturer).</p>	<p><i>Additional or Booster Dose</i>: 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 <b>14 days or more</b> 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.</p> <p><b>To report Additional or Booster Dose counts</b></p> <ul style="list-style-type: none"> <li>• <b>Only</b> indicate if an additional or booster dose was received <b>After</b> data for the <i>Primary Series</i> has been entered. <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>• If the number reported for the <i>Positive Test Count</i> is greater than “0” for the reporting period, indicate the number of residents who received any additional or booster dose of COVID-19 vaccine.</li> <li>• The count entered for <i>Additional or Booster Dose</i> must be less than or equal to the count entered for the <i>Complete Primary Vaccination Series</i></li> </ul> <p><b>Important Notes:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Please Reference <a href="#">CDC recommendations</a> regarding administration of additional or booster doses.</li> </ul> <p><b>Additional or Booster Dose Definitions</b></p> <p><b>Additional or Booster Vaccination:</b> 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.</p> <p><b>Example:</b> 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).</p> <ul style="list-style-type: none"> <li>• <i>Monday</i>: 1 Complete Primary Vaccination Series, 2 not vaccinated <ul style="list-style-type: none"> <li>➤ 1 resident eligible for an additional or booster dose <ul style="list-style-type: none"> <li>• Resident has not received an additional or booster dose of COVID-19 vaccine</li> </ul> </li> </ul> </li> <li>• <i>Tuesday</i>: 3 Partial Vaccinations <ul style="list-style-type: none"> <li>➤ 0 residents eligible for an additional or booster dose</li> </ul> </li> <li>• <i>Wednesday</i>: 1 Complete Primary Vaccination Series <ul style="list-style-type: none"> <li>➤ 1 resident eligible for additional or booster dose <ul style="list-style-type: none"> <li>• Resident received an additional dose of COVID-19 vaccine</li> </ul> </li> </ul> </li> </ul>





Data Field	Instructions for Form Completion
	<ul style="list-style-type: none"> <li>• <i>Thursday</i>: 1 Complete Primary Vaccination Series               <ul style="list-style-type: none"> <li>➤ 1 resident eligible for additional or booster dose                   <ul style="list-style-type: none"> <li>• Resident received a booster dose of COVID-19 vaccine</li> </ul> </li> </ul> </li> <li>• <i>Friday</i>: 2 Partial Vaccinations, 1 Complete Primary Vaccination Series               <ul style="list-style-type: none"> <li>➤ 1 resident eligible for an additional or booster dose vaccine                   <ul style="list-style-type: none"> <li>• Resident received a booster dose of COVID-19 vaccine</li> </ul> </li> </ul> </li> <li>• <i>Saturday</i>: 0 newly positive test results.</li> <li>• <i>Sunday</i>: 1 Not Vaccinated               <ul style="list-style-type: none"> <li>➤ 0 residents eligible for an additional or booster dose</li> </ul> </li> </ul> <p>Based on the above information, the following <i>Additional or Booster dose Vaccination Status</i> counts were submitted to NHSN:</p> <p><b><u>If Daily Reporting:</u></b></p> <p>Monday: 0 residents received additional or booster dose of COVID-19 vaccine.</p> <p>Tuesday: 0 residents received additional or booster dose of COVID-19 vaccine.</p> <p>Wednesday: 1 resident received an additional dose of COVID-19 vaccine</p> <p>Thursday: 1 resident received a booster dose of COVID-19 vaccine.</p> <p>Friday: 1 resident received a booster dose of COVID-19 vaccine.</p> <p>Saturday: 0 residents received additional or booster dose of COVID-19 vaccine.</p> <p>Sunday: 0 residents received additional or booster dose of COVID-19 vaccine.</p> <p><b><u>If Weekly Reporting Only:</u></b></p> <p>3 residents received an additional or booster dose of COVID-19 vaccine.</p>
<p><b>Booster Doses</b></p> <p>Based on the number of residents with a newly positive SARS-CoV-2 viral test result Indicate residents who received at least one or more booster dose of COVID-19 vaccine.</p>	<p><i>Booster Doses:</i> 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 period as well as those residents having a complete primary vaccination series. The vaccination status of the booster dose is contingent upon if the resident has received the booster dose of the COVID-19 vaccine <b>14 days or more</b> 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 booster dose(s) of vaccine while in the LTCF or outside of the LTCF.</p> <p><b><i>One Booster:</i></b> Include residents who have received only one booster dose of COVID-19 vaccine (any manufacturer).</p>

Data Field	Instructions for Form Completion
	<p><b>AND</b></p> <p>14 days or more have passed before the specimen collection date.</p> <ul style="list-style-type: none"> <li>Do not include residents receiving two or more booster doses; instead, include these individuals in the <i>Two or More Boosters</i> count</li> <li>Do not include those who only received an additional dose but no booster dose.</li> <li>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</li> </ul> <p><b>Two or More Boosters:</b> Include residents who have received two or more booster doses of COVID-19 vaccine since March 29, 2022.</p> <p><b>AND</b></p> <p>14 days or more have passed before the specimen collection date.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Do not include those who only received additional dose(s) but no booster doses.</li> <li>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.</li> <li>Do not include those who received only one booster dose; include these individuals in the <i>One Booster</i> count.</li> </ul> <p><b>To report Booster Dose counts</b></p> <ul style="list-style-type: none"> <li>Indicate if the resident has received a booster and has been included in the <i>Complete Primary Vaccination Series</i> count             <ul style="list-style-type: none"> <li>For example, if a resident is reported as receiving a booster dose, they should also be counted in the <i>Complete Primary Vaccination Series</i> count.</li> </ul> </li> <li>If the number reported for the <i>Positive Test count</i> 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.</li> <li>The <b>sum of the counts</b> entered for <i>One Booster</i> and <i>Two or More Boosters</i> must be less than or equal to the count entered for <i>Complete Primary Vaccination Series</i>.</li> </ul> <p><b>Important Notes:</b></p> <ul style="list-style-type: none"> <li>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 <i>Complete Primary Vaccination Series</i>.</li> </ul> <p><b>Example:</b> 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):</p> <ul style="list-style-type: none"> <li><i>Monday:</i> 1 resident eligible for an additional or booster dose, however this resident has not received an additional or booster dose of COVID-19 vaccine.</li> </ul>



Data Field	Instructions for Form Completion
	<ul style="list-style-type: none"> <li>➤ Resident was not counted in the Additional or Booster Vaccination count.</li> <li>➤ Resident not counted in either “One Booster” or “Two or More Boosters” categories.</li> <li>• <i>Tuesday</i>: 0 residents counted in Additional or Booster Dose Vaccination               <ul style="list-style-type: none"> <li>➤ 0 residents counted in either “One Booster” or “Two or More Boosters” categories.</li> </ul> </li> <li>• <i>Wednesday</i>: 1 resident eligible for additional or booster dose and received an additional dose of COVID-19 vaccine.               <ul style="list-style-type: none"> <li>➤ Resident not counted in either “One Booster” or “Two or More Boosters” categories.</li> </ul> </li> <li>• <i>Thursday</i>: 1 resident eligible for additional or booster dose and received a booster dose of COVID-19 vaccine.               <ul style="list-style-type: none"> <li>➤ Resident also received a second booster dose                   <ul style="list-style-type: none"> <li>• Resident counted in the “Two or More Boosters” option.</li> </ul> </li> </ul> </li> <li>• <i>Friday</i>: 1 resident eligible for an additional or booster dose vaccine and received a booster dose of COVID-19 vaccine.               <ul style="list-style-type: none"> <li>➤ Resident counted in the “One Booster” option.</li> </ul> </li> <li>• <i>Saturday</i>: 0 newly positive test results.</li> <li>• <i>Sunday</i>: 0 residents eligible for an additional or booster dose.               <ul style="list-style-type: none"> <li>➤ 0 residents counted in either “One Booster” or “Two or More Boosters” categories.</li> </ul> </li> </ul> <p>Based on the above information, the following <i>Booster Dose</i> counts were submitted to NHSN:</p> <p><b><u>If Daily Reporting:</u></b></p> <p>Monday: 0 residents received a booster dose of COVID-19 vaccine.</p> <p>Tuesday: 0 residents received a booster dose of COVID-19 vaccine.</p> <p>Wednesday: 0 residents received a booster dose of COVID-19 vaccine.</p> <p>Thursday: 1 resident received <b>two or more booster doses</b> of COVID-19 vaccine.</p> <p>Friday: 1 resident received <b>a booster dose</b> of COVID-19 vaccine.</p> <p>Saturday: 0 residents received additional or booster dose of COVID-19 vaccine.</p> <p>Sunday: 0 residents received additional or booster dose of COVID-19 vaccine.</p> <p><b><u>If Weekly Reporting Only:</u></b></p> <p>One Booster: 1</p> <p>Two or More Boosters: 1</p>
<p><b>Up to Date Vaccination Status:</b> Include residents who are</p>	<p><i>Up to Date</i>: include residents who meet the CDC recommendations for up to date with COVID-19 vaccines and the most recent dose was received <b>14 days or more before</b> the specimen collection of the newly positive SARS-CoV-2 viral test result.</p>



Data Field	Instructions for Form Completion
<p>up to date with COVID-19 vaccines 14 days or more before the specimen collection date.</p>	<p>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. <a href="#">Stay Up to Date with Your COVID-19 Vaccines   CDC</a></p> <p><b>Note:</b> a resident with a newly positive SARS-CoV-2 viral test result can be counted in the Up to Date category if they have received the updated (bivalent) booster dose 14 days or more before the specimen collection of the newly positive test result (the vaccination status of the resident 14 days before they tested positive).</p> <p><b>Note:</b> This data elements requires residents who are considered up to date per CDC recommendation to have received the most recent COVID-19 vaccine <b>14 days or more before</b> 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. <a href="#">Up To Date Guidance (cdc.gov)</a></p> <p><b>Important:</b></p> <ul style="list-style-type: none"> <li>• If the count for <i>Positive Tests</i> is greater than 0, then this data field requires a count to be entered.</li> <li>• 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.</li> </ul> <p><b>Example:</b> 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).</p> <ul style="list-style-type: none"> <li>• A count of <b>6</b> is recorded for the <i>Complete Primary Vaccination Series</i>. <ul style="list-style-type: none"> <li>○ A count of <b>4</b> is entered for the Up-to-Date data element.</li> </ul> </li> </ul> <p><b>Note:</b> 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.</p>

Data Field	Instructions for Form Completion
	<p><b>When to include a resident in the Up-to-Date count</b></p> <pre> graph TD     Q1[Has the Resident received an updated (bivalent) booster?] -- YES --&gt; Q2[Did the resident receive the updated (bivalent) booster 14 days or more before the positive COVID-19 test?]     Q1 -- NO --&gt; Q3[Did they complete their COVID-19 primary series less than 2 months ago?]     Q2 -- YES --&gt; UTD[Up to date]     Q2 -- NO --&gt; NOT[Not up to date]     Q3 -- YES --&gt; Q4[Did the resident receive the most recent COVID-19 dose 14 days or more before the positive COVID-19 test?]     Q3 -- NO --&gt; NOT     Q4 -- YES --&gt; UTD     Q4 -- NO --&gt; NOT     </pre>
<p><b>*TOTAL DEATHS:</b> Number of residents who have died for <i>any</i> reason in the facility or another location since the last date <i>Total Death</i> counts were reported to NHSN.</p>	<p><i>Total Deaths</i> is defined by NHSN as residents who have died <i>from any cause</i> in the facility or another location, including COVID-19 related and non- COVID-19 related deaths. This count must include only <b>new</b> deaths since the last date counts for <i>Total Deaths</i> were reported to NSHN.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Include each resident death only once in <i>Total Deaths</i> count, on the date of death.</li> <li>• <i>Total Deaths</i> should NEVER be lower than the <i>COVID-19 Deaths</i> in a reporting week.</li> <li>• Residents discharged from the facility are excluded from the count.</li> </ul> <p><b>Example:</b> DHQP SNF documented the following <i>Total Deaths</i> this week:</p> <ol style="list-style-type: none"> <li>1. <i>Monday: 2 Total Deaths</i> 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.</li> <li>2. <i>Tuesday: 0 Total Deaths</i> submitted.</li> <li>3. <i>Wednesday: 0 Total Deaths</i> submitted.</li> <li>4. <i>Thursday: 1 Total Deaths</i> submitted. The resident did not have a history or positive COVID-19 test result.</li> <li>5. <i>Friday: 0 Total Deaths</i> submitted. A nurse did recognize a previously discharged resident in the obituary of a local newspaper.</li> <li>6. <i>Saturday: 2 Total Deaths</i> submitted. Of these two deaths, one resident had an 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.</li> </ol>

Data Field	Instructions for Form Completion
	<p>7. <i>Sunday: 1 Total Deaths</i> submitted for a resident who died 1 week after being transferred to an acute care facility for treatment of COVID-19 infection.</p> <p>The following counts for <i>Total Deaths</i> were reported to NHSN:  <b>If Daily Reporting:</b> Monday: <b>2</b>; Tuesday: <b>0</b>; Wednesday: <b>0</b>; Thursday: <b>1</b>; Friday: <b>0</b>; Saturday: <b>2</b>; Sunday: <b>1</b>.  <b>If Weekly Reporting Only:</b> <i>Total Deaths</i> count for the reporting week: <b>6</b></p> <p><b>Important:</b> 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.</p>
<p><b>**COVID-19 DEATHS</b></p> <p>Based on the number of reported <i>Total Deaths</i>, indicate the number of residents with COVID-19 who died in the facility or another location.</p>	<p><i>COVID-19 Deaths:</i> Defined by NHSN as residents who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment. This count must include only new deaths since the last date counts for <i>COVID-19 Deaths</i> were reported to NSHN.</p> <p><b>Conditional.</b> Based on the number of reported new <i>Total Deaths</i> for the reporting 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 <a href="#">CDC</a>, were on transmission-based precautions for COVID-19, or who died from ongoing complications related to a previous COVID-19 infection.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• 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 <i>COVID-19 Deaths</i> count, previously submitted NHSN data must be edited to include the death in the <i>COVID-19 Deaths</i> count. The edited date must reflect the date of death.</li> <li>• The count for new <i>COVID-19 Deaths</i> cannot be higher than the count for new <i>TotalDeaths</i> in a reporting period.</li> <li>• Residents <u>discharged</u> (specifically, not expected to return to the facility) from the facility are excluded from the count.</li> </ul> <p><b>Example:</b> The following example is based on the <a href="#">Total Deaths</a> counts reported in the previous example.</p> <p><b>If Daily Reporting:</b> Monday: <b>1</b>; Tuesday: <b>0</b>; Wednesday: <b>0</b>; Thursday: <b>0</b>; Friday: <b>0</b>; Saturday: <b>2</b> (previously submitted count was updated after receiving autopsy report indicating COVID-19 was cause of death); Sunday: <b>1</b></p> <p><b>If Weekly Reporting Only:</b> Total <i>COVID-19 Deaths</i> count for the reporting week- <b>4</b></p> <p><b>Important:</b> If reporting daily new <i>COVID-19 Deaths</i> counts to NHSN, do not also report a weekly Total for new <i>COVID-19 Deaths</i> since duplicate reporting will result in falsely inflated death counts.</p>
<b>Resident Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness</b>	
<b>INFLUENZA</b>	<i>Influenza:</i> Defined by NHSN as a <u>new</u> positive influenza test result, also



Data Field	Instructions for Form Completion
<p>Number of residents with newly positive influenza (flu) viral test result.</p>	<p>referred to as a positive flu test result. Since the last time influenza (flu) counts were collected for reporting to NHSN, report the number of residents who had a new influenza (flu) test result.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• A new positive influenza (flu) test result is required to be included in the influenza count. Duplicate counting of residents with <i>influenza(flu)</i> will result in falsely inflated counts. <ul style="list-style-type: none"> <li>○ Serial testing or multiple tests performed on the same resident for the same infection do not need to be counted multiple times. Only include the newly positive test <b>one</b> time for the same infection.</li> </ul> </li> <li>• Report any resident (in conjunction with or not in conjunction with other clinical diagnoses) with a newly positive influenza (flu) viral test result since the last date data were reported to NHSN. This count includes residents who have been counted in the COVID-19 positive test count and those who have not.</li> </ul>
<b>SARS-CoV-2 TESTING</b>	
<p><b>SARS-CoV-2 Testing</b> Does the LTCF have the ability to perform or obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all residents, staff, and facility personnel if needed?</p>	<p><i>Testing Availability:</i> Answer “YES” if your LTCF has the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all residents, staff and facility personnel if needed, otherwise select “NO.”</p>

<b>Long Term Care Facility: Personal Protective Equipment (PPE)</b>	
Data Field	Instructions for Form Completion
<p><b>Urgent Need:</b> Indicate if facility will no longer have any PPE supply items in 7 days.</p>	<p>Select “YES,” if your facility does have an urgent need for any PPE Supply items in 7 days.</p> <p>Select “NO,” if your facility does <b>NOT</b> have an urgent need for any PPE Supply items in 7 days.</p>
<p><b>Infection Control Supply Items</b> If “YES” is selected above, please select the items below for which there is an urgent need.</p>	

Long Term Care Facility: Personal Protective Equipment (PPE)	
Data Field	Instructions for Form Completion
<p><b>N95 RESPIRATOR</b></p> <p><b>URGENT NEED</b> Indicate if your facility has an urgent need because the facility will no longer have N95 Respirators in 7 days.</p> <p><input type="checkbox"/> “YES” if facility has an urgent need</p> <p><input type="checkbox"/> “NO” if facility does not have an urgent need</p>	<p><b>N95 Respirator is defined by CDC-NHSN</b> 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.</p> <p><b>URGENT NEED:</b> 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.”</p> <p><b>Important:</b></p> <ul style="list-style-type: none"> <li>Refer to the <a href="#">CDC’s guidance for Understanding the Difference Between a Surgical Mask and a N95 Respirator</a>.</li> <li><a href="#">Overview of PPE optimization strategies</a></li> </ul>
<p><b>FACEMASKS</b></p> <p><b>URGENT NEED</b> Indicate if your facility has an urgent need because the facility will no longer have facemasks in 7 days.</p> <p><input type="checkbox"/> “YES” if facility has an urgent need</p> <p><input type="checkbox"/> “NO” if facility does not have an urgent need</p>	<p><b>Facemasks are defined by CDC-NHSN</b> 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.</p> <p><b>URGENT NEED:</b> 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.”</p> <p><b>Important:</b></p> <ul style="list-style-type: none"> <li>Refer to the <a href="#">CDC’s guidance for Understanding the Difference Between a Surgical Mask and a N95 Respirator</a>.</li> <li>Refer to the CDC’s <a href="#">Strategies for Optimizing the Supply of Facemasks</a> for additional information and guidance.</li> <li>Refer to the CDC’s quick reference document, <a href="#">Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages</a>.</li> </ul>



Long Term Care Facility: Personal Protective Equipment (PPE)	
Data Field	Instructions for Form Completion
<p><b>EYE PROTECTION</b></p> <p><b>URGENT NEED</b> Indicate if your facility has an urgent need because the facility will no longer have eye protection in 7 days.</p> <p><input type="checkbox"/> “YES” if facility has an urgent need</p> <p><input type="checkbox"/> “NO” if facility does not have an urgent need</p>	<p><b>Eye Protection:</b> 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 re-usable.</p> <p><b>URGENT NEED:</b> 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.”</p> <p><b>Important:</b></p> <ul style="list-style-type: none"> <li>Refer to the CDC’s quick reference document, <a href="#">Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages</a>.</li> <li>Refer to the CDC’s Strategies for <a href="#">Optimizing the Supply of Eye Protection</a> for additional information and guidance.</li> </ul>
<p><b>GOWNS</b></p> <p><b>URGENT NEED</b> Indicate if your facility has an urgent need because the facility will no longer have gowns 7 days.</p> <p><input type="checkbox"/> “YES” if facility has an urgent need</p> <p><input type="checkbox"/> “NO” if facility does not have an urgent need</p>	<p><b>Gowns:</b> The proper selection and use of protective clothing, such as isolation gowns, is based on the hazards and the risk of exposure.</p> <p><b>URGENT NEED:</b> 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 isolation gowns in 7 days. Otherwise, select “NO.”</p> <p><b>Important:</b></p> <ul style="list-style-type: none"> <li>Refer to the CDC’s quick reference document, <a href="#">Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages</a>.</li> <li>Refer to the CDC’s Strategies for <a href="#">Optimization strategies for using gowns</a> for additional information and guidance.</li> </ul>
<p><b>GLOVES</b></p> <p><b>URGENT NEED</b> Indicate if your facility has an urgent need because the facility will no longer have gloves in 7 days.</p> <p><input type="checkbox"/> “YES” if facility has an urgent need</p>	<p><b>Gloves:</b> 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.</p> <p><b>URGENT NEED:</b> 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.”</p>

Long Term Care Facility: Personal Protective Equipment (PPE)	
Data Field	Instructions for Form Completion
<input type="checkbox"/> “NO” if facility does not have an urgent need	<b>Important:</b> <ul style="list-style-type: none"><li>• If your facility is using more than one strategy, please select the strategy in which your facility practices the most.</li><li>• Refer to the CDC’s <a href="#">Optimization strategies for using gloves</a> for additional information and guidance.</li></ul>