NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

COVID-19 Module
Long Term Care Facility: Resident Impact and Facility Capacity

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NHSN Facility ID:	**CMS Certification Number (CCN):**
Facility Name:	**Facility Type:**
***Date for which counts/responses are reported:** / /	***Date Created:** / /

*Counts should be reported on the correct calendar day and include only the new counts for the calendar day (specifically, since counts were last collected). If the count is zero, a "0" must entered as the response. A blank response is equivalent to missing data. **NON**-count questions should be answered one calendar day during the reporting week.*

Facility Capacity	
	****ALL BEDS** (*enter on first survey only, unless the total bed count has changed*)
	***CURRENT CENSUS:** Total number of beds that are occupied on the reporting calendar day

Resident Impact for COVID-19 (SARS-CoV-2)	
	ADMISSIONS: Number of residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. *Excludes recovered residents.*
	POSITIVE TESTS (*previously called "Confirmed"*)**:** Number of residents newly positive for COVID-19 based on a viral test result.
	****TEST TYPE:** Based on the number of reported *Positive Tests*, indicate how many were tested using each of the following: _____ ****Positive SARS-CoV-2 antigen test **only** [no other testing performed] _____ ****Positive SARS-CoV-2 NAAT (PCR) **only** [no other testing performed] _____ ****±**Positive SARS-CoV-2 antigen test **and** negative SARS-CoV-2 NAAT (PCR) _____ ****±**Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test • **±** Only include if the two tests were performed **within 2 days of each other**. Otherwise, count first test only. • **Important:** The total for *Test Type* must equal the total for *Positive Tests*
	CALCULATED TOTAL CONFIRMED (*not editable by user*):
	**** VACCINATION STATUS:** For positives in each test type category, indicate how many residents received COVID-19 vaccination before the positive test: **Positive SARS-CoV-2 antigen test only [no other testing performed]:** ☐ Not vaccinated with COVID-19 vaccine: _____ ☐ Pfizer-BioNTech COVID-19 vaccine: Only 1 dose: _____; Dose 1 and dose 2: _____ ☐ Moderna vaccine: Only 1 dose: _____; Dose 1 and dose 2: _____

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Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]:

- ☐ Not vaccinated with COVID-19 vaccine: _____
- ☐ Pfizer-BioNTech COVID-19 vaccine: Only 1 dose: _____; Dose 1 and dose 2: _____
- ☐ Moderna vaccine: Only 1 dose: _____; Dose 1 and dose 2: _____

Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test:

- ☐ Not vaccinated with COVID-19 vaccine: _____
- ☐ Pfizer-BioNTech COVID-19 vaccine: Only 1 dose: _____; Dose 1 and dose 2: _____
- ☐ Moderna vaccine: Only 1 dose: _____; Dose 1 and dose 2: _____

_____**RE-INFECTIONS:** Based on the number of reported *Positive Tests*, indicate how many met NHSN definition for re-infection.

    _____**SYMPTOMATIC:** Based on the number of reported *Re-Infections*, indicate how many had signs and/or symptoms consistent with COVID-19.

    _____**ASYMPTOMATIC:** Based on the number of reported *Re-Infections*, indicate how many did **not** have signs and/or symptoms consistent with COVID-19.

TOTAL DEATHS: Number of residents who have died *for any* reason in the facility or another location: ___

    _____**COVID-19 DEATHS:** Based on the number of reported *Total Deaths*, indicate the number of residents with COVID-19 who died in the facility or another location.

Resident Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness

INFLUENZA: Number of Residents with new influenza (flu).

RESPIRATORY ILLNESS: Number of Residents with acute respiratory illness symptoms, excluding COVID-19 and/or influenza (flu).

Resident Impact for Co-Infections

INFLUENZA and COVID-19: Number of residents with a confirmed co-infection with influenza (flu) and SARS-CoV-2 (COVID-19).

SARS-CoV-2 TESTING

Since the last date of data entry in the Module, has your LTCF performed SARS-CoV-2 (COVID-19) viral testing? ☐ YES ☐ NO

** If YES, indicate counts of COVID-19 viral testing that were performed:

    _____**POCRESIDENT:** Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on residents?

    _____**POCSTAFF:** 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?

    _____**NONPOCRESIDENT:** Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on residents?

    _____**NONPOCSTAFF:** Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on staff and/or facility personnel?

During the past two weeks, on average how long did it take your LTCF to receive SARS-CoV-2 (COVID-19) viral test results from NON point-of-care tests? (Check one)
- ☐ Less than one day
- ☐ 1-2 days
- ☐ 3-7 days
- ☐ More than 7 days
- ☐ No testing performed in the past two weeks on residents or staff and/or facility personnel

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SARS-CoV-2 TESTING, *continued*

TESTINGSTAFF: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all staff and facility personnel within the next 7 days, if needed?

☐ YES   ☐ NO

TESTINGRESIDENT: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all current residents within the next 7 days, if needed?

☐ YES   ☐ NO