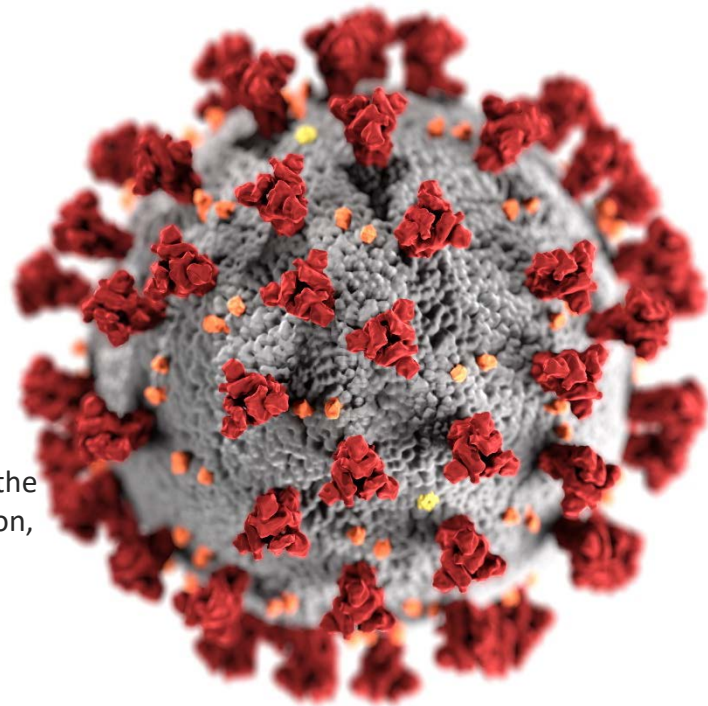


State Veterans Homes COVID-19 Resident and Staff Event Reporting

Presenters:

Kimberly Miller-Williamson, RN, BSN, MSM, Infection Preventionist, Contractor for the Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, Surveillance Branch

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LEARNING OBJECTIVE 1

Discuss NHSN
COVID-19 event
reporting tool for
LTC - State Veterans
Homes (SVHs)

LEARNING OBJECTIVE 2

Review steps to
access Resident and
Staff COVID-19 Event
reporting for data
entry

LEARNING OBJECTIVE 3

Apply NHSN criteria
to surveillance data
reporting for LTC -
State Veterans
Homes (SVHs)



Overview

National Healthcare Safety Network (NHSN) and State Veterans Homes
COVID-19 Event Reporting



NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

- Secure, internet-based surveillance system managed by the Centers for Disease Control and Prevention (CDC)
- Open to a variety of healthcare facilities in the United States
- Tool for the collection, analyses, and summarization of data on healthcare associated infections (HAIs), adverse healthcare events, antimicrobial use and resistance, adherence to prevention practices, exposures, and outcomes
- Collaborations with local and state public health agencies, and professional groups



NHSN Long-Term Care Facility Component COVID-19 Module

- Facilities eligible to report data to NHSN's COVID-19 Module include:
 - Nursing homes/skilled nursing
 - Long-term care for the developmentally disabled
 - Assisted living
- NHSN created a surveillance tool designed for State Veterans Homes that have been mandated to provide person-level data to NHSN and the Veterans Health Administration (VHA) to include:
 - Skilled nursing
 - Domiciliary (assisted living) facilities



NHSN Long-term Care Facility Types for COVID-19 Reporting

Skilled Nursing Facility(SNF)
/ Nursing Home (NH)

+

Assisted Living
Facility/Residential Care

+

*Intermediate Care Facilities
for Individuals with
Intellectual Disabilities



State Veterans Home –
Skilled Nursing Facility

+

State Veterans Home –
Assisted Living/Domiciliary
Facility



*NHSN Labeled: **Intermediate/Chronic Care Facility for the Developmentally Disabled**

Recently Added NHSN LTC Facility Types for COVID-19 Reporting

State Veterans Home – Skilled
Nursing Facility (**LTC-SVHSNF**)

+

State Veterans Home – Assisted
Living Facility/Domiciliary (**LTC-
SVHALF**)

Newly Added
Facility Types



LTCF COVID-19 Event Reporting for Resident and Staff-Level

Created to track and monitor residents and staff with laboratory-positive COVID-19 (SARS-CoV-2) Events

Resident COVID-19 Event

- Newly Positive Event
- Test Type
- Re-infections
- Vaccination Status
- COVID-19 Therapy
- Hospitalization
- COVID-19 Deaths

Staff COVID-19 Event

- Newly Positive Event
- Test Type
- Re-infections
- Vaccination Status
- COVID-19 Deaths

LTCF COVID-19 Event Reporting



Resources for State Veterans Homes COVID-19 Event Reporting

Visit [NHSN LTCF State Veterans Homes COVID-19 web-page](#) for reporting resources

State Veterans Homes COVID-19 Tool

The [NHSN Long-term Care Facility Component](#) supports the nation's COVID-19 response through the LTCF COVID-19 Module. Facilities eligible to report data to NHSN's COVID-19 Module include nursing homes/skilled nursing, long-term care for the developmentally disabled, and assisted living. In response to H.R. 7105 – Veterans Healthcare and Benefits Improvement Act of 2020, NHSN created a surveillance tool to enable mandated reporting of resident and staff-level data to NHSN and the Veterans Health Administration (VHA).

As part of CDC's ongoing COVID-19 response, the State Veterans Homes COVID-19 Tool is designed to help long-term care facilities (LTCFs) track and monitor residents and staff who test-positive for COVID-19 (SARS-CoV-2). LTCFs eligible to report data include State Veterans Homes (SVHs) providing nursing home (LTC-SVHSNF) and domiciliary care (LTC-SVHALF).

Training

- [State Veterans Homes COVID-19 Resident and Staff Event Reporting – May 2021](#) [PDF – 3 MB]

Frequently Asked Questions

FAQs on State Veterans Home COVID-19 Event Form
[PDF]

Data Collection Forms and Instructions

All Data Collection Forms are Print-only

Resident COVID-19 Events

- [Resident COVID-19 Event Form \(57,159\)](#) [PDF – 80 KB] – May 2021
 - [Table of Instructions](#) [PDF – 300 KB]

Staff and Personnel COVID-19 Events

- [Staff and Personnel Covid-19 Event Form \(57,160\)](#) [PDF – 80 KB] – May 2021
 - [Table of Instructions](#) [PDF – 300 KB]

Resources

Facility Resources

- [How to Edit an Email Address in SAMS and the NHSN Facility](#) [PDF – 405 KB] – December 4, 2020
- [How to Change LTC Facility Type](#) [PDF – 300 KB] – May 27, 2021
- [How to Add a User in NHSN](#) [PDF – 800 KB] – October 5, 2020
- [How to Re-assign NHSN Facility Administrator](#) [PDF – 500 KB] – October 5, 2020

Group Resources

- [How to Join a Group and Accept the Confer Rights Template](#) [PDF – 400 KB]
- [How to Set Up Groups](#) [PDF – 850 KB]

<https://www.cdc.gov/nhsn/ltc/vha/index.html>



Data Collection Forms and Form Instructions

Visit [NHSN LTCF State Veterans Homes COVID-19 web-page](#)

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

OMB Approved
OMB No. 0925-1317
Exp. Date 01/31/2024
www.oig.gov/hhs

Resident COVID-19 Event Form

*Facility ID _____
*Resident ID _____
Medicare number (or comparable railroad) _____
*Resident Name: First _____
*Gender: F M Other _____
*Ethnicity (specify) _____
*Veteran Resident Type: Veteran Vet _____

*Event Type: **COVID-19**
*Date of Event: ___/___/___

TEST TYPE: The resident was determined to be CHOOSE ONE)
 Positive SARS-CoV-2 antigen test only [no
 Positive SARS-CoV-2 NAAT (PCR) only]
 *Positive SARS-CoV-2 antigen test and ne
 *Any other combination of SARS-CoV-2 N

Only select if the two tests were performed within
RE-INFECTIONS: Respond to questions based
 Is the resident considered to be re-infected with
 If applicable, was the resident symptomatic at t

VACCINATION STATUS: Indicate if the resident
 positive viral test result:
 Not vaccinated with COVID-19 vaccine or spe
 Pfizer-BioNTech COVID-19 vaccine (choose 1
 ___ Dose 1 received at least 14 days before
 ___ Dose 2 received at least 14 days before
 Moderna COVID-19 vaccine (choose one):
 ___ Dose 1 received at least 14 days before
 ___ Dose 2 received at least 14 days before
 Janssen COVID-19 vaccine (Only 1 dose)
 Unspecified: Completed COVID-19 vaccination

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

OMB Approved
OMB No. 0925-1317
Exp. Date 01/31/2024
www.oig.gov/hhs

Staff and Personnel COVID-19 Event Form

*Facility ID _____ Event # _____
*Staff ID _____
*Name: First _____ Middle _____ Last _____
*Gender: F M Other _____ *Date of Birth: ___/___/___
*Ethnicity (specify) _____ *Race (specify) _____

Event Details
 *Event Type: **COVID-19** *Date of Event: ___/___/___
TEST TYPE: The staff member was determined to be SARS-CoV-2 positive using which of the following testing options (ONLY CHOOSE ONE)
 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 select if the two tests were performed within 2 days of each other. Otherwise, select the first test performed only.
RE-INFECTIONS: Respond to questions based on the current COVID-19 event (SARS-CoV-2 infection).
 Is the staff member considered to be re-infected with SARS-CoV-2? Yes No
 If applicable, was the staff member symptomatic at the time of re-infection? Yes No

VACCINATION STATUS: Indicate if the staff member received a COVID-19 vaccine at least 14 days before the
 newly positive viral test result:
 Not vaccinated with COVID-19 vaccine or specimen collected less than 14 days after dose 1
 Pfizer-BioNTech COVID-19 vaccine (choose one):
 ___ Dose 1 received at least 14 days before the newly positive viral test result
 ___ Dose 2 received at least 14 days before the newly positive viral test result
 Moderna COVID-19 vaccine (choose one):
 ___ Dose 1 received at least 14 days before the newly positive viral test result
 ___ Dose 2 received at least 14 days before the newly positive viral test result
 Janssen COVID-19 vaccine (Only 1 dose)
 Unspecified: Completed COVID-19 vaccination series; unspecified manufacturer
COVID-19 DEATH: Did the staff member die from COVID-19 (specified complications)?
 Yes No
 *Date of death: ___/___/___

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

May 2021 (V.7)

Instructions for completion of the Resident COVID-19 Event Form

Description
As part of CDC's ongoing COVID care facilities (LTCFs) track and report data include State Veterans Homes (SVHs) and domiciliary care (LTC-SVHALF). LTCFs that are not currently enrolled in NHSN will need to complete enrollment before the Staff and Personnel COVID-19 Event Form is re-admitted for a subs

Definitions
An event form must be entered re-admissions.

- Resident COVID-19 Ev** antigen or a Nucleic A; Antibody test results
- Re-infection:** a new p; previous COVID-19 inf
- Re-admission:** a resid; readmitted for a subs

Data Field

Facility ID _____
Event ID _____
Resident ID _____

Medicare number _____
Resident Name _____
Gender _____
Date of Birth _____

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

May 2021 (V.5)

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

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

Definitions
An event form must be entered each time a staff member newly tests positive for COVID-19, including re-infections.

- Staff and Personnel COVID-19 Event:** a staff member/volunteer/contractor who tests positive for SARS-CoV-2 (COVID-19) based on a point-of-care antigen or a Nucleic Acid Amplification Test (NAAT); polymerase chain reaction (PCR) viral test result. Antibody test results should not be reported.
- Re-infection:** a new positive SARS-CoV-2 (COVID-19) viral test result performed more than 90 days after a previous COVID-19 infection.

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



Tips for COVID-19 Event Reporting



Important! Skilled Nursing Facilities for State Veterans Homes and Assisted Living/ Domiciliary Facilities for State Veterans Homes must update the “Facility Type” for their facility before the Event Reporting Form can be accessed.



COVID-19 State Veterans Homes Event Reporting

Does my facility have access to the Event Reporting Form?



How do I update the facility type?

- ❑ Log-in to NHSN
- ❑ On LTC Home Page
Select > *Facility* > > *Facility Info* on the left side navigation panel.
- ❑ After clicking “*Facility Info*” the “Edit Facility Information” screen displays.

The screenshot shows the NHSN interface. On the left, a navigation menu has 'Facility' selected, and a dropdown menu is open with 'Facility Info' highlighted. An orange arrow points from the 'Facility Info' option to the 'Edit Facility Information' page. The page title is 'Edit Facility Information'. Below the title, there are links for 'Facility Information', 'Components', and 'Contact Information'. The 'Facility Information' section includes a 'Facility ID' field. Below that, there are several form fields: 'Facility name', 'Address, line 1', 'Address, line 2', 'Address, line 3', 'City', 'State', 'County', 'Zip Code', 'Phone', and 'Fax'. The 'State' dropdown is set to 'GA - Georgia' and the 'County' dropdown is set to 'DeKalb'.

How do I update the facility type?

Once the Edit Facility Information screen appears:

- ❑ Scroll down to Facility type. Then choose the correct facility type in the drop-down menu.
- ❑ Click “Update” to save your edits.
- ❑ You will need to log-out/log-in for changes to take effect.

Edit Facility Information

Mandatory fields marked with *

[Facility Information](#) [Components](#) [Contact Information](#)

Facility Information

Facility ID:

AHA ID:

CMS Certification Number (CCN): [Edit CCN](#)

Effective Date of CCN:

VA Station Code:

Object Identifier:

CLIA Identification #:

Facility name *:

Address, line 1 *:

Address, line 2:

Address, line 3:

City *:

State *:

County *:

Zip Code *:

Phone *:

Fax:

Zip Code Ext:

Ext:

Facility: Y

Facility type *:

Was this facility operational in the year prior to NHSN enrollment (i.e., last year)? *: Yes No

IHS Facility: Yes No

Status: A - Active

LTC-SVHALF - LTC Assisted Living Facility for State Veteran's Homes

LTC-SVHSNF - LTC Skilled Nursing Facility for State Veteran's Homes



How do I add the VA station code?

To add the VA Station Code, please follow the previous steps identified by:

- ❑ Log-in to NHSN
- ❑ Select, on the left-hand side,> Facility>>Facility info.
- ❑ On the Edit Facility Information page, enter assigned VA Station Code (if shows blank)
- ❑ Click “Update” on the bottom of page to save your edits.

Edit Facility Information

Mandatory fields marked with *

[Facility Information](#) [Components](#) [Contact Information](#)

Facility Information

Facility ID:

AHA ID:

CMS Certification Number (CCN): [Edit CCN](#)

Effective Date of CCN: 05/04/2021

→ VA Station Code:

Object Identifier:

CLIA Identification #:

Facility name *:

Address, line 1 *:

Address, line 2:

Address, line 3:

City *: Atlanta

State *: GA - Georgia

County *:

Zip Code *:

Phone *: 555-555-5555

Fax:

Zip Code Ext:

Ext:



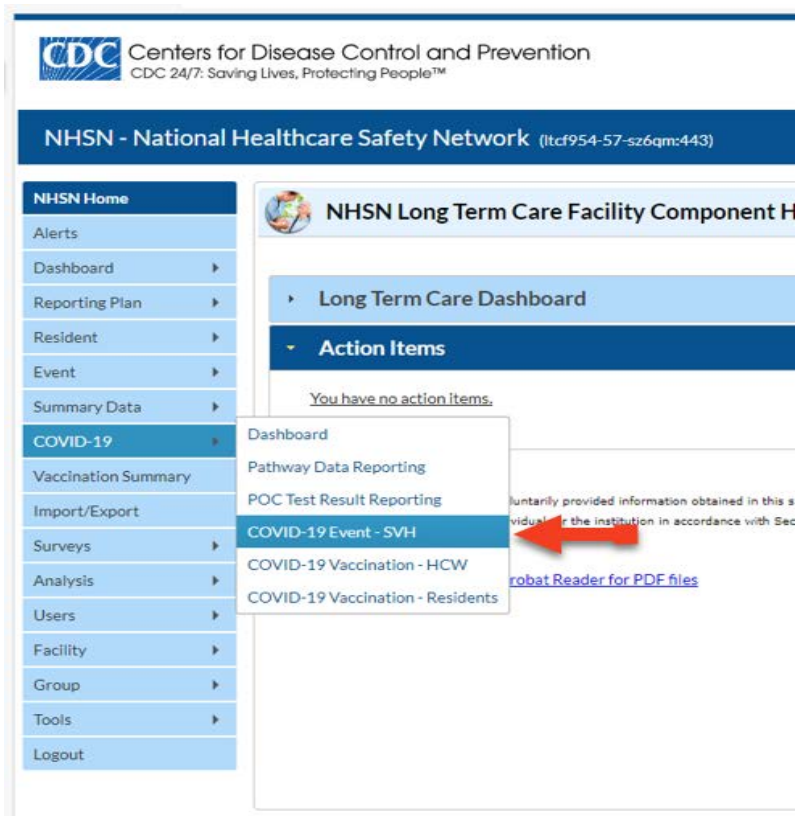
COVID-19 State Veterans Homes Event Reporting

How to Access Event Reporting Form



How do I access the State Veterans Homes COVID-19 Event Reporting Form?

- ❑ Log-in to NHSN
 - On LTC Home Page Select >COVID-19>>COVID-19 Event – SVH on the left side navigation panel.
 - After clicking “COVID-19 Event – SVH” the “COVID-19 Event Reporting” screen displays.



The screenshot displays the NHSN (National Healthcare Safety Network) interface. At the top, the CDC logo and text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™" are visible. Below this is the NHSN title and a unique identifier. The left navigation panel lists various options, with "COVID-19" selected. A dropdown menu is open under "COVID-19", showing several reporting options. The option "COVID-19 Event - SVH" is highlighted with a blue bar and a red arrow pointing to it. Other options in the dropdown include "Dashboard", "Pathway Data Reporting", "POC Test Result Reporting", "COVID-19 Vaccination - HCW", and "COVID-19 Vaccination - Residents". The main content area shows "NHSN Long Term Care Facility Component H" and "Long Term Care Dashboard" with an "Action Items" section that states "You have no action items."



How do I access the State Veterans Homes COVID-19 Event Reporting Form?

Once the COVID-19 Event Reporting page screen appears:

- ❑ Select the "Type of Individual tested" from the drop-down menu
- ❑ Enter the demographic data
- ❑ Click "Add Event Details" to enter event data.

! *Demographic data must be entered before proceeding with adding event details**

The screenshot shows the "COVID-19 Event Reporting" web form. At the top, there is a header with a globe icon and the text "COVID-19 Event Reporting". Below this is a section titled "Resident/Staff" with a person icon and a "Find Resident/Staff" button. The form contains several input fields: "Type of Individual Tested" (a dropdown menu), "Resident ID" (a text field with an asterisk), "Medicare number (or comparable railroad insurance number)" (a text field), "First Name", "Middle Name", and "Last Name" (text fields with asterisks), "Gender" (a dropdown menu), "Date of Birth" (a date picker showing "12"), "Ethnicity" (a dropdown menu), and "Race" (checkboxes for American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, and White). Below these is the "Resident Type" section with checkboxes for Veteran, Veteran Spouse, Gold Star Parent, and Other. At the bottom of the form is a purple bar with a clipboard icon, the text "Event Details", and a blue "Add Event Details" button with a red arrow pointing to it. At the very bottom of the page is a blue button that says "I'm done. Start New Event ->".



State Veterans Homes COVID-19 Resident Event Form

- NHSN Home
- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19 ▶
- Vaccination Summary
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Tools ▶
- Logout



COVID-19 Event Reporting



Resident/Staff

[Find Resident/Staff](#)

Type of Individual Tested *

* Resident ID:

Medicare number (or comparable railroad insurance number):

* First Name: Middle Name: * Last Name:

* Gender: * Date of Birth:

* Ethnicity: * Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

* Veteran Resident Type: Veteran Veteran Spouse Gold Star Parent Other



Event Details

[Add Event Details](#)

Page 0 of 0 10 No records to view

Event Date	TEST TYPE	RE-INFECTIONS	VACCINATION STATUS	COVID-19 THERAPY	Delete
Page 0 of 0 10 No records to view					

[I'm done. Start New Event ->](#)



COVID-19 State Veterans Homes Event Reporting

How to enter SARS-CoV-2 (COVID-19) Resident Event



State Veterans Homes Event Form Reporting Frequency



An event should be entered for each positive SARS-CoV-2 (COVID-19) case

*Event counts should be included in weekly facility level reporting since last count collection in NHSN Resident Impact and Facility Capacity Pathway (RIFC)



Facility Level reporting in COVID-19 Surveillance Pathways data are entered weekly

State Veterans Homes Event Form Reporting Definitions



An event form must be entered each time a resident newly tests positive for COVID-19, including re-infections and re-admissions

Resident/Staff COVID-19

Event: a resident or staff member who tests positive for SARS-CoV-2 (COVID-19) based on a point-of-care antigen or a NAAT/PCR viral test result.

Re-infection: a new positive SARS-CoV-2 (COVID-19) viral test result performed **more than 90 days** after a previous COVID-19 infection.

Re-admission: a resident who was discharged from the LTCF for **more than 3 days** with SARS-CoV-2 (COVID-19) and has been readmitted for a subsequent stay.



State Veterans Homes COVID-19 Event Reporting

Test Type: Required for each positive SARS-CoV2 (COVID-19) event.

Only one test type should be selected

* **TEST TYPE:** The resident was determined to be SARS-CoV-2 positive using which of the following testing options (ONLY CHOOSE ONE):

- 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 select if the two tests were performed within 2 days of each other. Otherwise, select first test performed only.



State Veterans Homes COVID-19 Event Reporting

If resident is considered re-infected with SARS-CoV-2, user will also need to answer if symptomatic

- ★ **RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-COV-2 Infection):
- ★ Is the resident considered to be re-infected with SARS-CoV-2? Yes No
- ★★ If applicable, was the resident symptomatic at the time of re-infection? Yes No



State Veterans Homes COVID-19 Resident Event Form

Vaccination Status: Select only one option including the dosage number received per vaccine

* **VACCINATION STATUS:** Did the resident receive a COVID-19 vaccine at least 14 days before the newly positive viral test result?

- Not vaccinated with COVID-19 vaccine
- Pfizer-BioNTech COVID-19 vaccine (choose one):
 - Dose 1 received at least 14 days before the newly positive viral test result
 - Dose 2 received at least 14 days before the newly positive viral test result
- Moderna COVID-19 vaccine (choose one):
 - Dose 1 received at least 14 days before the newly positive viral test result
 - Dose 2 received at least 14 days before the newly positive viral test result
- Janssen COVID-19 vaccine (Only 1 dose)
- Unspecified manufacturer (Only 1 dose)



State Veterans Homes COVID-19 Resident Event Form

COVID-19 Therapy: Select only one option

* COVID-19 THERAPY: Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

- Did not receive
- Casirivimab/imdevimab (Regeneron)
- Bamlanivimab/etesevimab (Lilly)
- Sotrovimab (GlaxoSmithKline)



State Veterans Homes COVID-19 Resident Event Form


* HOSPITALIZATION: Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event?

Yes No

** Date of hospitalization:  12

* COVID-19 DEATH: Did the resident die from COVID-19 related complications?

Yes No

** Date of death:  12

**** Date for each element is conditional to "YES" response to question**

State Veterans Homes COVID-19 Resident Event Form

Event Details

*Event Type: COVID-19 *Date of Current Admission to Facility: 05/01/2021 6

*Date of Event: 06/20/2021 6

* **TEST TYPE:** The resident was determined to be SARS-CoV-2 positive using which of the following testing options (ONLY CHOOSE ONE):

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 select if the two tests were performed within 2 days of each other. Otherwise, select first test performed only.

* **RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-COV-2 Infection):

*Is the resident considered to be re-infected with SARS-CoV-2? Yes No

*If applicable, was the resident symptomatic at the time of re-infection? Yes No

* **VACCINATION STATUS:** Indicate if the resident received a COVID-19 vaccine at least 14 days before the newly positive viral test result:

Not vaccinated with COVID-19 vaccine or specimen collected less than 14 days after dose 1

Pfizer-BioNTech COVID-19 vaccine (choose one):

Moderna COVID-19 vaccine (choose one):

Dose 1 received at least 14 days before the newly positive viral test result

Dose 2 received at least 14 days before the newly positive viral test result

Janssen COVID-19 vaccine (Only 1 dose)

Unspecified manufacturer: Completed COVID-19 vaccination series; unspecified manufacturer

* **COVID-19 THERAPY:** Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

Did not receive

Casirivimab/Imdevimab (Regeneron)

Bamlanivimab/etesevimab (Lilly)

Sotrovimab (GlaxoSmithKline)

Received therapy from stock stored at this facility? Yes No

* **HOSPITALIZATION:** Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event?

Yes No

** Date of hospitalization: 06/22/2021 6

* **COVID-19 DEATH:** Did the resident die from COVID-19 related complications?

Yes No

** Date of death: 06/24/2021 6

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

CDC estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1306), CDC 57.144 (Front) V.5 (11-2020)



Save

Cancel



State Veterans Homes COVID-19 Resident Event Form

NHSN Home

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data
- COVID-19
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Tools
- Logout

COVID-19 Event Reporting

Resident/Staff

Find Resident/Staff **Edit Resident/Staff**

Type of Individual Resident Tested *

*Resident ID: 22222

Medicare number (or comparable railroad insurance number):

*First Name: JOHN Middle Name: *Date of Birth: 11/15/1

*Gender: M - Male *Race: Asian Black White Other Pacific Islander

*Ethnicity: NOHISP - Not Hispanic or Not Latino

*Veteran Resident Type: Veteran Veteran Spouse Gold Star Parent Other

Message
Successfully added LTCovid19Event record.
OK

Event Details

Add Event Details

Page 1 of 1 View 1 - 1 of 1

Event Date	TEST TYPE	RE-INFECTIONS	VACCINATION STATUS	COVID-19 THERAPY	Delete
05/20/2021	POSNAAT	Y	MODERNA	CASIMDEV	

Page 1 of 1 View 1 - 1 of 1

I'm done. Start New Event ->



COVID-19 State Veterans Homes Event Reporting

How to enter SARS-CoV-2 (COVID-19) Staff Event



State Veterans Homes COVID-19 Staff Event Form



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

NHSN - National Healthcare Safety Network (ltcf954-57-sz6qm:443)

NHSN Home

Alerts

Dashboard ▶

Reporting Plan ▶

Resident ▶

Event ▶

Summary Data ▶

COVID-19 ▶

Vaccination Summary

Import/Export

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶

Tools ▶

Logout



COVID-19 Event Reporting



Resident/Staff

Find Resident/Staff

Type of Individual Tested *: Staff/Volunteer/Contractor ▼

*Staff ID:

*First Name:

Middle Name:

*Last Name:

*Gender:

*Date of Birth: 14

*Ethnicity:

American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White



Event Details

Add Event Details

I'm done. Start New Event ->



State Veterans Homes COVID-19 Staff Event Form

Event Details

*Event Type: COVID-19

*Date of Event: 17

* **TEST TYPE:** The Staff was determined to be SARS-CoV-2 positive using which of the following testing options (ONLY CHOOSE ONE):

- 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 select if the two tests were performed **within 2 days of each other**. Otherwise, select first test performed only.

* **RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-COV-2 Infection):

*Is the Staff considered to be re-infected with SARS-CoV-2? Yes No

* **VACCINATION STATUS:** Indicate if the Staff received a COVID-19 vaccine at least 14 days before the newly positive viral test result:

- Not vaccinated with COVID-19 vaccine or specimen collected less than 14 days after dose 1
- Pfizer-BioNTech COVID-19 vaccine (choose one):
- Moderna COVID-19 vaccine (choose one):
- Janssen COVID-19 vaccine (Only 1 dose)
- Unspecified manufacturer: Completed COVID-19 vaccination series; unspecified manufacturer

* **COVID-19 DEATH:** Did the Staff die from COVID-19 related complications?

Yes No

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

CDC estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1306). CDC 57.144 (Front) V.5 (11-2020)

Save

Cancel



COVID-19 State Veterans Homes Event Reporting

How to delete a SARS-CoV-2 (COVID-19) Event



How do I delete an event?

The screenshot displays the NHSN Long Term Care Facility Component H dashboard. At the top, the CDC logo and the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives, Protecting People™" are visible. Below this is a blue header bar with "NHSN - National Healthcare Safety Network (ltcf954-57-sz6qm:443)".

The left sidebar contains a navigation menu with the following items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19, Vaccination Summary, Import/Export, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The "COVID-19" item is highlighted in a darker blue.

The main content area shows "NHSN Long Term Care Facility Component H" with a globe icon. Below this are sections for "Long Term Care Dashboard" and "Action Items". The "Action Items" section contains the text "You have no action items." and a link to "robot Reader for PDF files".

A dropdown menu is open from the "COVID-19" menu item, listing the following options: Dashboard, Pathway Data Reporting, POC Test Result Reporting, COVID-19 Event - SVH, COVID-19 Vaccination - HCW, and COVID-19 Vaccination - Residents. A red arrow points to the "COVID-19 Event - SVH" option.

At the bottom left, there is a small CDC logo with the text "Centers for Disease Control and Prevention".



How do I delete an event?

NHSN Home

Alerts

Dashboard ▶

Reporting Plan ▶

Resident ▶

Event ▶

Summary Data ▶

COVID-19 ▶

Vaccination Summary

Import/Export

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶

Tools ▶

Logout



COVID-19 Event Reporting



Resident/Staff

[Find Resident/Staff](#)

Type of Individual ▼
Tested *:

*Resident ID:

Medicare number (or comparable railroad insurance number)

*First Name: Middle Name: *Last Name:

*Gender: ▼ *Date of Birth:

*Ethnicity: ▼ *Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

*Veteran Resident Type: Veteran Veteran Spouse Gold Star Paren Other



Event Details

[Add Event Details](#)



How do I delete an event?

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

NHSN - National Healthcare Safety Network (ltcf954-62-b2skb:443)

NHSN Home

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data
- COVID-19
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Tools
- Logout

COVID-19 Event Reporting

Resident/Staff

[Find Resident/Staff](#) [Edit Resident/Staff](#)

Type of Individual Resident Tested *

* Resident ID: 123456

Medicare number (or comparable railroad insurance number):

* First Name: KIMBERLY Middle Name:

* Gender: O - Other * Date of Birth: 07/18/2000

* Ethnicity: HISP - Hispanic or Latino * Race: American Indian or Alaska Native Black or African American White Other

* Veteran Resident Type: Veteran Veteran Spouse Gold Star Parent Other

Please confirm


Are you sure you want to delete this event?

[OK](#) [Cancel](#)

Event Details

[Add Event Details](#)

Page 1 of 1 View 1 - 1 of 1

Event Date	TEST TYPE	RE-INFECTIONS	VACCINATION STATUS	COVID-19 THERAPY	Delete
05/15/2021	POSAGNEGNAAT	Y	PF1ZBION	NONE	

Page 1 of 1 View 1 - 1 of 1

[I'm done, Start New Event ->](#)



Takeaways and reminders



An event form will need to be completed and entered for all new positive SARS-CoV-2 tests, re-infections, and re-admissions.



The weekly number of "Positive tests" reported in the RIFC pathway must equal the number of events entered into the State Veterans Home tool.



Before you can access the Event Reporting Form you must update the "Facility Type" for your facility.



For questions, email NHSN@CDC.gov
Subject Line: SVH



Resources



State Veterans Homes COVID-19 Webpage:
<https://www.cdc.gov/nhsn/ltc/vha/index.html>



Long Term Care Facilities COVID-19 Module:
<https://www.cdc.gov/nhsn/ltc/index.html>



How to Edit Facility Type Guidance:
<https://www.cdc.gov/nhsn/pdfs/covid19/vha/c19-event-faq-508.pdf>

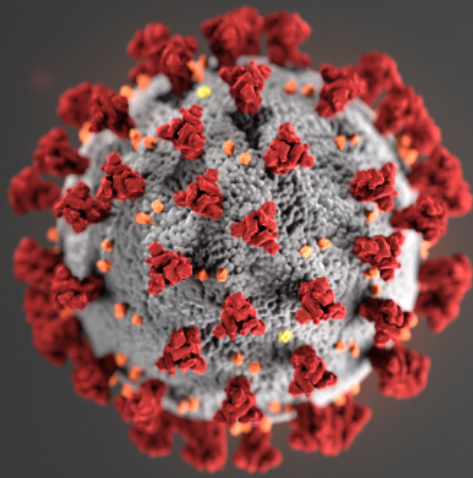


Frequently Ask Questions:
<https://www.cdc.gov/nhsn/pdfs/covid19/vha/c19-event-faq-508.pdf>



Thank You!





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

