OMB Approved
OMB No. 0920-1290
Exp. Date 09/30/2020
www.cdc.gov/nhsn

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

 *Required; **Conditional

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

*For the following questions, report data on the same day each week at least once a week. For questions requiring counts, include only **new data** since the last date the counts were collected for reporting in the NHSN Module.*

Resident Impact	
_____	**ADMISSIONS:** Residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions
_____	**CONFIRMED:** Residents with new positive COVID-19 test results from a viral test (nucleic acid or antigen)
_____	**SUSPECTED:** Residents with new suspected COVID-19
_____	**TOTAL DEATHS:** Residents who have died for any reason in the facility or another location
_____	**COVID-19 DEATHS:** Residents with a suspected or positive COVID-19 test result who died in the facility or another location

Facility Capacity and SARS-CoV-2 Testing	
_____	**ALL BEDS (FIRST SURVEY ONLY)**
_____	**CURRENT CENSUS:** Total number of beds that are currently occupied
	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? □ YES □ NO ****If NO, indicate reason(s) below (select 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 (including internal and external resources) □ Uncertainty about testing reimbursement □ Other: Specify_____

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Facility Capacity and SARS-CoV-2 Testing

RESIDENTS

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

Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on residents? □ YES □ NO

****If YES, indicate the reason COVID-19 testing was performed** (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?
□ YES □ NO

****If NO, indicate reason(s) below** (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 (including internal and external resources)
- ☐ Uncertainty about testing reimbursement
- ☐ Other: Specify_____

On average, 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

Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on staff and/or facility personnel? □ YES □ NO

****If YES, indicate the reason for COVID-19 testing was performed** (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

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	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)? □ YES □ NO
	**Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on residents? _____
	**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? _____
	**Based on this week's inventory, do you have enough supplies to test all staff and/or facility personnel for COVID-19 using the point-of-care test machine? □ YES □ NO