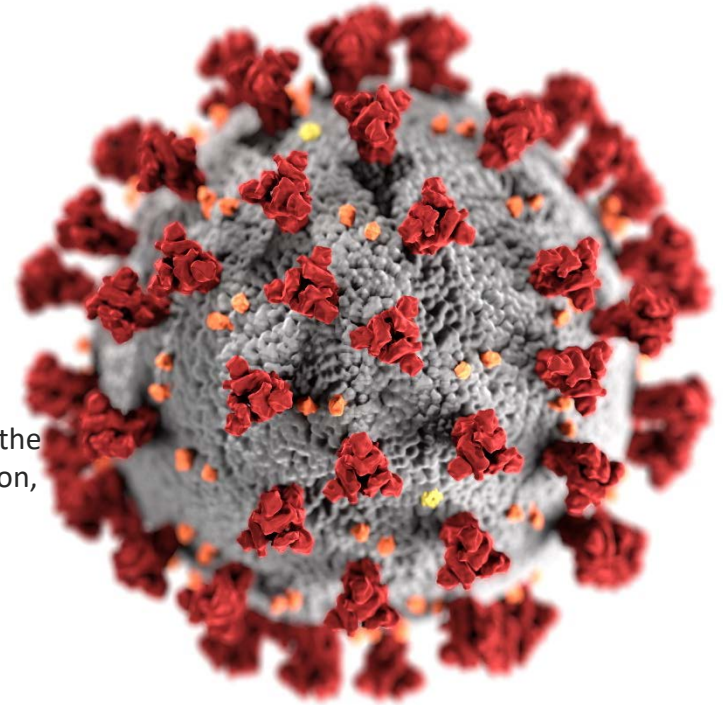


State Veterans Homes COVID-19 Resident and Staff Event Reporting Updates

Presenters:

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Agenda

- Review October 2021 modifications for State Veterans Homes COVID-19 Event Reporting:
 - Additional race and ethnicity reporting options
 - Enhancements to vaccine status data collection fields
- Review how to select the correct SVH Facility type and access entry in NHSN
- Review steps to enter COVID-19 Events for resident and staff
- Reporting timelines and discrepancy prevention
- Case scenarios
- State Veterans Homes valuable resources
- Questions and answers



Race and Ethnicity Reporting Options

Additional Response Options



Race and Ethnicity

- Race- describes physical traits and may also be identified as something you inherit
- Ethnicity- refers to cultural traits and is something that is learned

This is important for:

- Understanding trends in the COVID-19 pandemic
- Ensuring the well-being of racial and ethnic minority groups

NHSN classifies race according to the 5 races included in the Office of Management and Budget's (OMB) issued Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity

[Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity | The White House \(archives.gov\)](#)



NHSN Race and Ethnicity data field options

▪ Race

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

▪ Ethnicity

- Hispanic or Latino
- Not Hispanic or Not Latino



Former Race and Ethnicity response options

- NHSN Home
- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19 ▶
- Vaccination Summary
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- 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: 27

*Ethnicity:
NOHISP - Not Hispanic or Not Latino

*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



New NHSN Race and Ethnicity data field options

▪ Race

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- **Declined to Respond**
- **Unknown**

▪ Ethnicity

- Hispanic or Latino
- Not Hispanic or Not Latino
- **Declined to Respond**
- **Unknown**



Locations of the New Response Options



NHSN - National Healthcare Safety Network (Itcf1001-106-77tph: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 *:

*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
 Black or African American
 White
 Unknown
 Asian
 Native Hawaiian/Other Pacific Islander
 Declined to respond

*Veteran Resident Type: _____ Star Parent Other



Event Details

Add Event Details

- HISP - Hispanic or Latino
- NOHISP - Not Hispanic or Not Latino
- DEC - Declined to respond
- UNK - Unknown



Enhancements to Vaccination Reporting

Updated vaccination data collection fields



Vaccination Status



- **Enhancements to the Vaccination Status Section**
 - Data collection for *Initial Vaccination* and *Additional or Booster Doses*.
 - Users will be required to enter dates and manufacturer(s) for each dose of vaccine, including additional or booster doses.
 - The *Additional or Booster Doses* data field will be used to identify residents and staff with a newly positive SARS-CoV-2 viral test result who have also received an additional or booster dose of COVID-19 vaccine.



Former Vaccination Status Section

★ **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)

New Vaccination Data Collection Options



*** VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:
Has the resident received any COVID-19 vaccine? Yes No
Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: [] [28] **Manufacturer: []

Dose 2: **Vaccination Date: [] [28] **Manufacturer: []

Has the resident received an additional or booster dose of vaccine? Yes No
Additional or Booster Doses: Indicate the date and manufacturer for each additional or booster dose.

Additional Dose: **Vaccination Date: [] [28] **Manufacturer: []

Booster Dose: **Vaccination Date: [] [28] **Manufacturer: []

PFIZBION - Pfizer-BioNTech COVID-19 vaccine
MODERNA - Moderna COVID-19 vaccine
JANSSEN - Janssen COVID-19 vaccine
UNSPECIFIED - Unspecified manufacturer

*** VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:
Has the resident received any COVID-19 vaccine? Yes No
Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: [] [28] **Manufacturer: []

Dose 2: **Vaccination Date: [] [28] **Manufacturer: []

Has the resident received an additional or booster dose of vaccine? Yes No
Additional or Booster Doses: Indicate the date and manufacturer for each additional or booster dose.

Additional Dose: **Vaccination Date: [] [28] **Manufacturer: []

Booster Dose: **Vaccination Date: [] [28] **Manufacturer: []

PFIZBION - Pfizer-BioNTech COVID-19 vaccine
MODERNA - Moderna COVID-19 vaccine
JANSSEN - Janssen COVID-19 vaccine
UNSPECIFIED - Unspecified manufacturer

*** COVID-19 THERAPY:** Indicate if the resident received one of the following:

Users are **required** to enter dates and manufacturer(s) for each dose of vaccine. However, you no longer need to determine if the vaccine was received 14 days or more before the specimen collection date for a COVID-19 test.

Note: If Janssen is selected as Dose 1 for COVID-19 Vaccine, the Dose 2 question does not appear.



Additional or Booster Dose Data Collection Options



Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: 28 **Manufacturer:

Booster Dose: **Vaccination Date: 28 **Manufacturer:

COVID-19 THERAPY: Indicate if the resident received one of the following therapies:

Did not receive

Casirivimab/imdevimab (Regeneron)

PFIZBION - Pfizer-BioNTech COVID-19 vaccine

MODERNA - Moderna COVID-19 vaccine

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: 28 **Manufacturer:

Booster Dose: **Vaccination Date: 28 **Manufacturer:

COVID-19 THERAPY: Indicate if the resident received one of the following therapies:

Did not receive

Casirivimab/imdevimab (Regeneron)

Bamlanivimab/etesevimab (Lilly)

PFIZBION - Pfizer-BioNTech COVID-19 vaccine

MODERNA - Moderna COVID-19 vaccine

JANSSEN - Janssen COVID-19 vaccine

COVID-19 State Veterans Homes Event Reporting

Does my facility have access to the Event Reporting Form?



NHSN Access through Level 3 Security

- Log-in to SAMS at <http://sams.cdc.gov>

Level 1 Access Only


Users will not have access to SVH Event Form

Level 3 Access

Choose a login option

External Partners

SAMS Credentials



SAMS Username


SAMS Password

Forgot Your Password?

For External Partners who login with only a SAMS issued UserID and Password.

OR

SAMS Grid Card




Click the Login button to sign on with a SAMS Grid Card

For External Partners who have been issued a SAMS Grid Card.

Click "Login" to be directed to "SAMS Grid Card" login access

External Partners

SAMS Grid Card

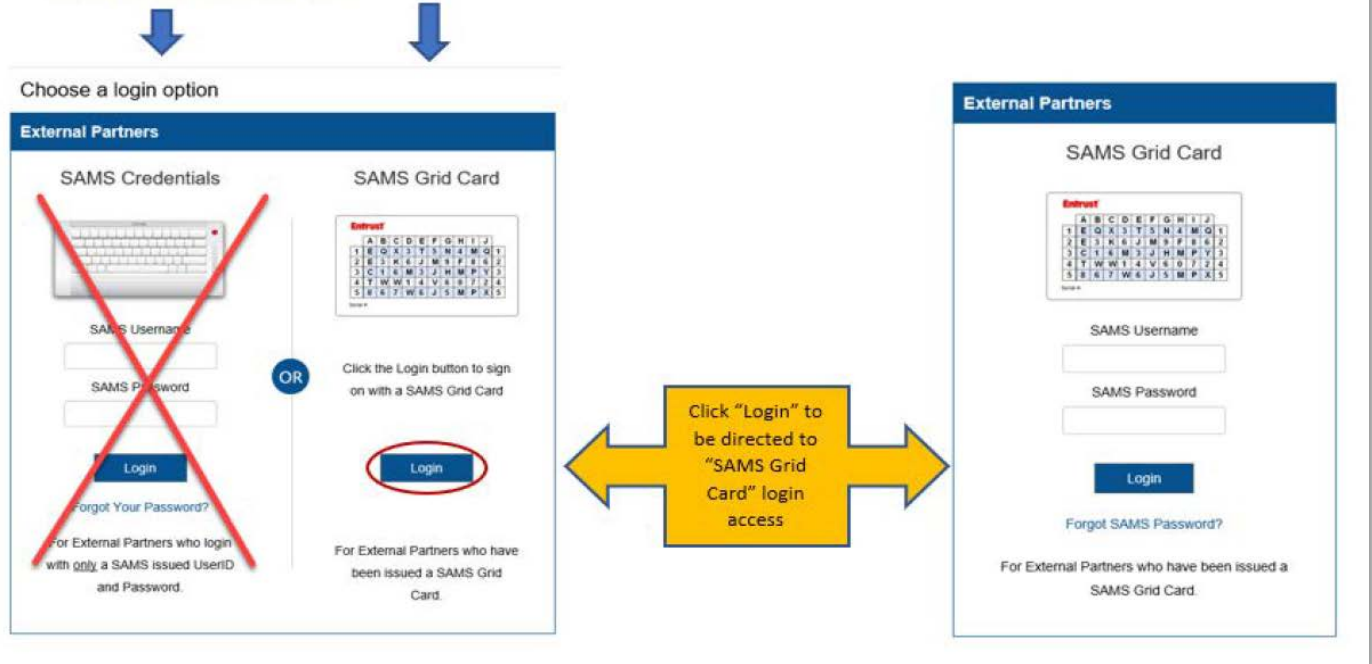


SAMS Username

SAMS Password

Forgot SAMS Password?

For External Partners who have been issued a SAMS Grid Card.



NHSN Access through Level 3 Security

- ❑ Select “NHSN Reporting” under National Healthcare Safety Network System

SAMS
secure access management services

Menu

- My Profile
- Logout

Links

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

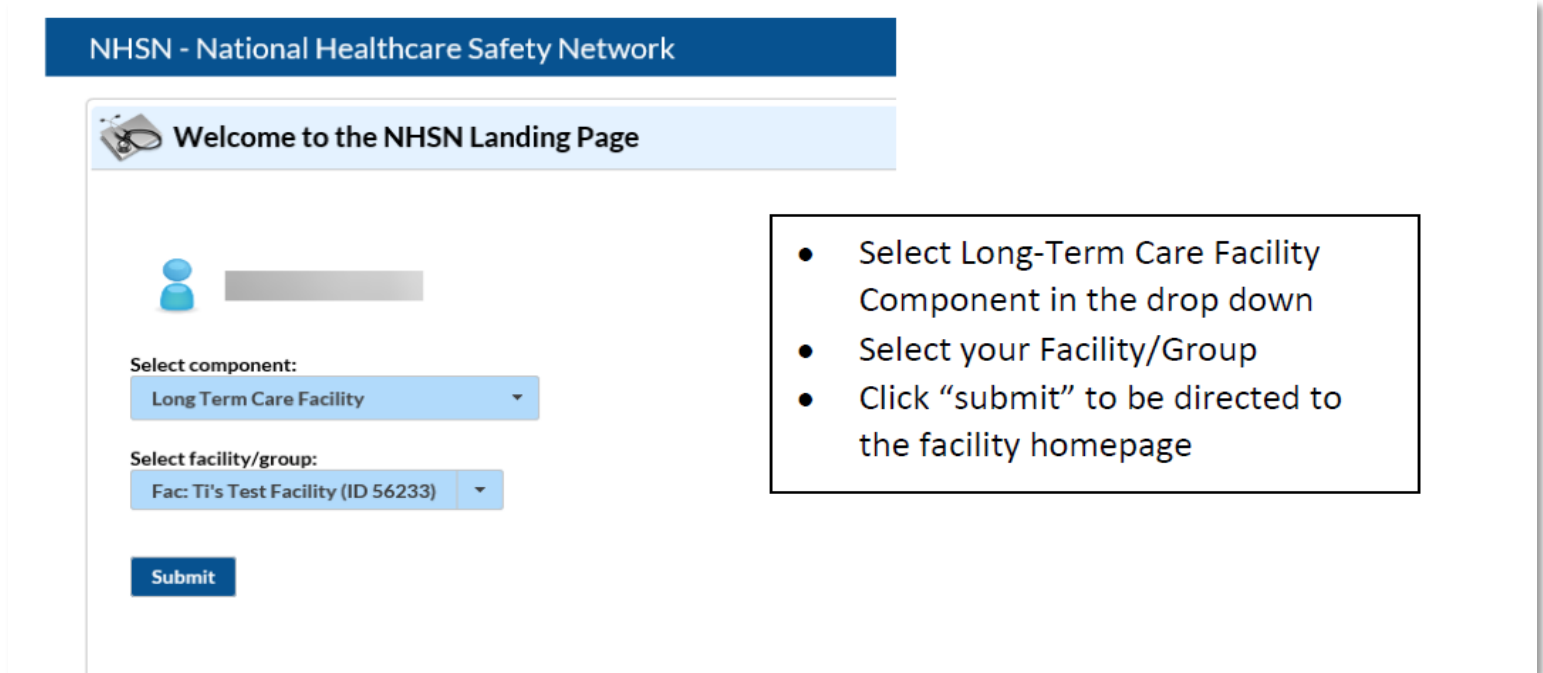
- CDC TRAIN**
 - CDC TRAIN
- CITI_Single_SignOn**
 - CDC Single Point Sign On - CITI Courses
- National Healthcare Safety Network System**
 - NHSN Reporting ***
 - NHSN Enrollment *
- NHSN Long Term Care Reporting** Level 1 access only
 - NHSN LTC Reporting
 - NHSN LTC Enrollment

Select “NHSN Reporting” for Level 3 security access into NHSN application.



Access through Level 3?

- ❑ Once you select “NHSN Reporting” you will be directed to the NHSN Landing Page



NHSN - National Healthcare Safety Network

Welcome to the NHSN Landing Page

Select component:
Long Term Care Facility

Select facility/group:
Fac: TI's Test Facility (ID 56233)

Submit

- Select Long-Term Care Facility Component in the drop down
- Select your Facility/Group
- Click “submit” to be directed to the facility homepage



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.



NHSN LTC State Veterans Homes Facility Types for COVID-19 Event Reporting

Previously enrolled facility type

(LTC-SKILLNURS COV19) -
Skilled Nursing Facility

+

(LTC-ASSIST COV19) -
Assisted Living Residence

Changed to new SVH facility type

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

+

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



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.

NHSN Home

Alerts

Dashboard

Reporting Plan

Resident

Event

Summary Data

COVID-19

Vaccination Summary

Import/Export

Surveys

Analysis

Users

Facility

Group

Tools

Logout

Customize Forms

Facility Info

Add/Edit Component

Locations

Direct Enroll

Edit Facility Information

Mandatory fields marked with *

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

Facility Information

Facility ID: [Redacted]

Facility name *: [Redacted]

Address, line 1 *: 1600 Clifton RD Ne

Address, line 2: [Redacted]

Address, line 3: [Redacted]

City *: Atlanta

State *: GA - Georgia

County *: DeKalb

Zip Code *: 30329

Phone *: [Redacted]

Fax: [Redacted]



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

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

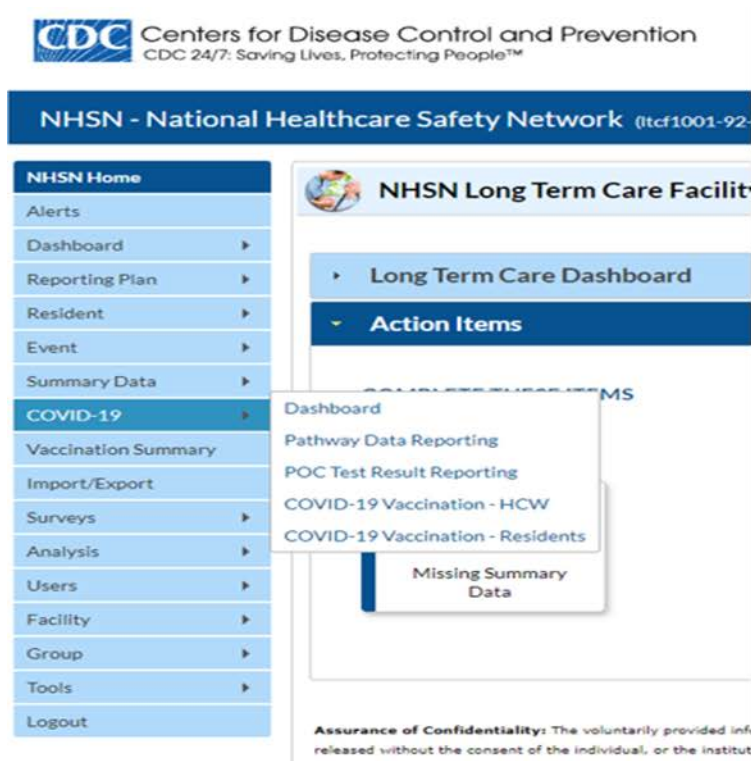
Status: A - Active

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

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



Navigation panel before and after facility type changed



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

NHSN - National Healthcare Safety Network (ltcf1001-92)

NHSN Home

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data

COVID-19

- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Tools
- Logout

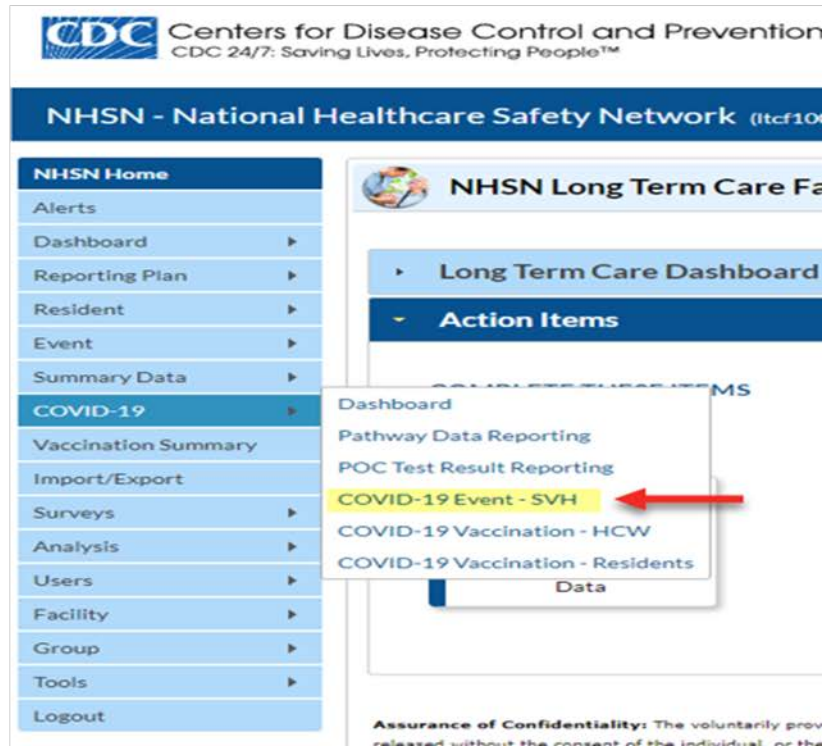
NHSN Long Term Care Facility

- Long Term Care Dashboard
- Action Items**

Dashboard
Pathway Data Reporting
POC Test Result Reporting
COVID-19 Vaccination - HCW
COVID-19 Vaccination - Residents

Missing Summary Data

Assurance of Confidentiality: The voluntarily provided information is released without the consent of the individual, or the institution.



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

NHSN - National Healthcare Safety Network (ltcf1001-92)

NHSN Home

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data

COVID-19

- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Tools
- Logout

NHSN Long Term Care Facility

- Long Term Care Dashboard
- Action Items**

Dashboard
Pathway Data Reporting
POC Test Result Reporting
COVID-19 Event - SVH
COVID-19 Vaccination - HCW
COVID-19 Vaccination - Residents
Data

Assurance of Confidentiality: The voluntarily provided information is released without the consent of the individual, or the institution.



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 the 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 main content area is titled "NHSN Long Term Care Facility Component H". On the left, a navigation menu 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". To the right of the dropdown, there is a section for "Action Items" which states "You have no action items." and a link for "robot Reader for PDF files".



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

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: Resident _____ (Insurance number): _____

*First Name: **Staff/Volunteer/Contractor** 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 Declined to respond
 Unknown

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

Event Details [Add Event Details](#)

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



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



- ❑ Enter the demographic data
 - ❑ Click “Add Event Details” to enter event data.
- ! *Demographic data must be entered before proceeding with adding event details**

A screenshot of the "COVID-19 Event Reporting" web application. On the left is a vertical navigation menu with 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 main content area is titled "COVID-19 Event Reporting" and contains a "Resident/Staff" section with a "Find Resident/Staff" button. Below this are various input fields: "Type of Individual" (dropdown), "Tested *" (checkbox), "*Resident ID:" (text), "Medicare number (or comparable railroad insurance number):" (text), "*First Name:", "Middle Name:", "*Last Name:", "*Gender:" (dropdown), "*Date of Birth:" (calendar), "*Ethnicity:" (dropdown), and "*Race:" (checkboxes for American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, White, and Unknown). There is also a "*Veteran Resident Type:" dropdown with options: "HISP - Hispanic or Latino", "NOHISP - Not Hispanic or Not Latino", "DEC - Declined to respond", and "UNK - Unknown". A "Star Parent" checkbox and "Other" checkbox are also present. At the bottom of the form is an "Event Detail:" section with a red arrow pointing to a red-bordered "Add Event Details" button. A blue button at the very bottom 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: Resident

Tested *:

*Resident ID: 2222222

Medicare number (or comparable railroad insurance number):

*First Name: JOHN Middle Name: Last Name: DOE

*Gender: O - Other *Date of Birth: 02/14/1954 12

*Ethnicity: UNK - Unknown *Race:

- American Indian/Alaska Native
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown

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

Event Details

Add Event Details

Page 0 of 0 No records to view

Event Date	TEST TYPE	RE-INFECTIONS	VACCINATION STATUS	COVID-19 THERAPY	Delete
Page 0 of 0 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



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



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 Resident Event Form

Event Details

*Event Type: COVID-19 *Date of Current Admission to Facility:

*Date of Event:

* **TEST TYPE:** The resident was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only 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 calendar days from initial test (test date is calendar day one). 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 resident considered to be re-infected with SARS-CoV-2? Yes No

* **VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: **Manufacturer:

Dose 2: **Vaccination Date: **Manufacturer: Not received.

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: **Manufacturer:

Booster Dose: **Vaccination Date: **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)

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

Yes No

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

Yes No

Save

Cancel



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 have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only 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 calendar days from initial test (test date is calendar day one). Otherwise, select the first test performed only.



State Veterans Homes COVID-19 Event Reporting

If the 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 Event Form Vaccination Definitions



<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

Initial Vaccination Series: 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) or a single dose of Janssen vaccine.

Additional Dose: after an initial or primary series; a subsequent dose of vaccine administered to people who likely did not mount a protective immune response after primary vaccination in order to optimize vaccine-induced protection.

Booster Dose: a subsequent dose of vaccine administered to people in whom protection from primary vaccination is likely to have waned over time.



State Veterans Homes COVID-19 Resident Event Form



*** VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: [] [14] **Manufacturer: []

Dose 2: **Vaccination Date: [] [14] **Manufacturer: [] Not received.



*** VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: 09/01/2021 [12] **Manufacturer: JANSSEN - Janssen COVID-19 vaccine []



*** VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: 09/01/2021 [14] **Manufacturer: PFIZIBION - Pfizer-BioNTech COVID-19 vaccine []

Dose 2: **Vaccination Date: [] **Manufacturer: [] Not received.





State Veterans Homes COVID-19 Resident Event Form

New!

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date:  12 **Manufacturer: 


Booster Dose: **Vaccination Date:  12 **Manufacturer: 


State Veterans Homes COVID-19 Resident Event Form

New!

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date:  26 **Manufacturer:

Booster Dose: **Vaccination Date:  26 **Manufacturer:

PFIZBION - Pfizer-BioNTech COVID-19 vaccine
MODERNA - Moderna COVID-19 vaccine



State Veterans Homes COVID-19 Resident Event Form

New!

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: 26 **Manufacturer:

Booster Dose: **Vaccination Date: 26 **Manufacturer:

PFIZBION - Pfizer-BioNTech COVID-19 vaccine
MODERNA - Moderna COVID-19 vaccine
JANSSEN - Janssen COVID-19 vaccine



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: 09/01/2021 14

* Date of Event: 10/08/2021 14

* **TEST TYPE:** The resident was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only 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 calendar days from initial test (test date is calendar day one). 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 resident considered to be re-infected with SARS-CoV-2? Yes No

* **VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: ** Vaccination Date: 06/01/2021 14 ** Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▾

Dose 2: ** Vaccination Date: 07/01/2021 14 ** Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▾ Not received.

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: ** Vaccination Date: 10/05/2021 14 ** Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▾

Booster Dose: ** Vaccination Date: [] 14 ** 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)

* **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: 10/13/2021 14

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

Yes No

** Date of death: 10/14/2021 14



Save

Cancel



State Veterans Homes COVID-19 Resident Event Form

NHSN - National Healthcare Safety Network (Itcf1001-55-npdbn: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: 2222222

Medicare number (or comparable railroad insurance number):

*First Name: JOHN Middle Name: Date of Birth: 02/14/

*Gender: O - Other *Race: An Bl W Unknown

*Ethnicity: UNK - Unknown

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

Message
Successfully added LTCovid19Event record.
OK an/Other Pacific Islander spond

Event Details

Add Event Details

Event Date	TEST TYPE	RE-INFECTIONS	VACCINATION STATUS	COVID-19 THERAPY	Delete
10/05/2021	POSAGNEGNAAT	N	Y	NONE	

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 a SARS-CoV-2 (COVID-19) Staff Event



State Veterans Homes COVID-19 Staff 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 *:

*Staff ID:

*First Name:

Middle Name:

*Last Name:

*Gender:

*Date of Birth:

*Ethnicity:

*Race:
 American Indian/Alaska Native
 Black or African American
 White
 Unknown

Asian
 Native Hawaiian/Other Pacific Islander
 Declined to respond



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:

* **TEST TYPE:** The staff member was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only 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 calendar days from initial test (test date is calendar day one). 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

* **VACCINATION STATUS:** Indicate the vaccination status of the staff member on the event date or date of specimen collection:

Has the staff member received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: **Manufacturer:

Dose 2: **Vaccination Date: **Manufacturer: Not received.

Has the staff member received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: **Manufacturer:

Booster Dose: **Vaccination Date: **Manufacturer:

* **COVID-19 DEATH:** Did the staff member 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 20 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.XXX (Front) September 2021 V1

Save Cancel



State Veterans Homes COVID-19 Staff Event Form

Event Details



*Event Type: COVID-19

*Date of Event: 10/05/2021 14

* **TEST TYPE:** The staff member was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only 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 calendar days from initial test (test date is calendar day one). 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 the vaccination status of the staff member on the event date or date of specimen collection:

Has the staff member received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: 06/01/2021 14 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▾

Dose 2: **Vaccination Date: 07/01/2021 14 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▾ Not received.

Has the staff member received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: 14 **Manufacturer: ▾

Booster Dose: **Vaccination Date: 10/13/2021 14 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▾

* **COVID-19 DEATH:** Did the staff member 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 20 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.XXX (Front) September 2021 V1



Save

Cancel



COVID-19 State Veterans Homes Event Reporting

Avoiding discrepancies in reporting





Each positive SARS-CoV-2 (COVID-19) test must be submitted to the SVH Event Reporting Tool and Facility Level COVID-19 Pathways

State Veterans Homes Reporting Timelines



- Report all COVID-19 cases in the RIFC and Staff and Personnel Impact pathways for the reporting week.
 - *Facilities must submit their data through the NHSN reporting system at least once every seven days.
- Create a COVID-19 event in the State Veterans Homes COVID-19 Tool for every COVID-19 case reported to the RIFC and Staff and Personnel Impact pathways.
- Ensure that the total number of events from the State Veterans Homes COVID-19 Tool matches the total number of cases reported to RIFC and Staff and Personnel Impact pathways.

Facility Reporting Discrepancies - Example

Example 1: Facility A reported **8** resident cases in the LTC COVID-19 module – Resident Impact and Facility Capacity (RIFC) pathway for week-ending 10/03/21, but only reported **4** COVID-19 events in the SVH COVID-19 Tool.



Correct reporting practice: If Facility A reported **8** resident cases in the LTC COVID-19 module – RIFC pathway for week-ending 10/03/21, they should also report **8** COVID-19 events in the SVH COVID-19 Event Tool.



Facility Reporting Discrepancies - Example

Example 2: Facility B reported **2** resident COVID-19 events and **2** Staff COVID-19 events in the SVH COVID-19 Reporting Tool for week-ending 10/10/21 but reported **6** COVID-19 cases in the COVID-19 module. The facility failed to report the additional COVID-19 events for 2 residents in the SVH COVID-19 Reporting tool.

 There should be a total of **6** events reported in both the COVID-19 module and the SVH COVID-19 Tool.

4 case counts reported in COVID-19 Module-RIFC Pathway

2 case counts reported in COVID-19 Module-Staff and Personnel Impact Pathway

6 events in SVH COVID-19 Event Reporting Tool



Tips for NHSN Reporting in the LTCF COVID-19 Module

- Report in the pathway(s) once during the reporting week
- Report only **NEW counts** since the last time counts were collected for reporting to NHSN
- Do not leave any data fields blank, enter a “0” if appropriate



Important! Facilities reporting to NHSN still need to follow State and local public health reporting requirements.

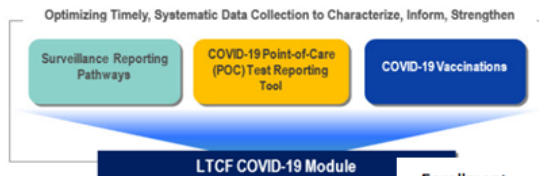


One Stop Browsing for NSHN LTCF COVID-19 Module Resources

Visit [NSHN LTCF COVID-19 Module web-page](#) for reporting resources

LTCF COVID-19 Module

CDC's [NHSN](#) provides healthcare facilities, such as long-term care facilities (LTCFs), with a secure reporting platform for reporting outcomes and process measures in a systematic way. Reported data are immediately available for use in strengthening local and national surveillance, monitoring trends in infection rates, assisting in identifying resource insecurities, and informing progress toward infection prevention goals.



The [NHSN Long-term Care Facility Component](#) supports the nation's COVID-19 response through the LTCF Module. Facilities eligible to report data to NHSN's COVID-19 Module include nursing homes/skilled nursing facilities, assisted living facilities, and assisted living facilities.

Data reported into the LTCF COVID-19 Module **Surveillance Reporting Pathways** facilitate assessment of COVID-19 through facility reported surveillance data. Examples of data reported in the pathways include

- Counts of residents and facility personnel newly positive for COVID-19 based on viral test results.
- COVID-19 vaccination status of residents newly positive for COVID-19.
- Re-infections in residents and facility personnel previously infected with COVID-19.
- COVID-19 related death counts among residents and facility personnel.
- Staffing shortages.

Enrollment	+
Enhancing Data Security	+
Training	+
Data Collection Forms & Instructions	+
Resources	+

Get NHSN COVID-19 Updates

For continued NHSN COVID-19 updates, please enter your email address. NHSN facility and group users do not need to sign up, you will receive them automatically.

Email



Nursing Home
COVID-19 Data
Dashboard

CDC COVID-19 Info

Get the latest information from the CDC about COVID-19

FAQs

[POC Testing Reporting Tool FAQs](#)

[PDF - 1 MB]

CMS Requirements

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>



Step 1: Accessing NHSN Home Page and Calendar View Page

The screenshot displays the NHSN National Healthcare Safety Network (NHSN) interface. At the top left is the CDC logo with the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People™". At the top right is the NHSN logo with the text "NHSN NATIONAL HEALTHCARE SAFETY NETWORK". Below the logos is a navigation bar with "NHSN - National Healthcare Safety Network (AWDV-NHSN-WL01:8001)" and a user profile for "VTB9 Pike Nursing Home".

The main content area is titled "NHSN Long Term Care Facility Component Home Page". It features a "Long Term Care Dashboard" and an "Action Items" section. A dropdown menu is open over the "Action Items" section, listing the following options: "Dashboard", "Pathway Data Reporting", "POC Test Result Reporting", "COVID-19 Vaccination - HCW", and "COVID-19 Vaccination - Residents". A mouse cursor is pointing at the "Pathway Data Reporting" option.

Below the dropdown menu is a calendar view for the period "20 December 2020 - 30 January 2021". The calendar shows a grid of days with various action items represented by colored bars and icons. The items include "Resident" (green bar), "Therapeutic" (yellow bar), "Staff" (green bar), "Supplies" (green bar), "Medication" (green bar), and "Suction" (green bar). A legend at the top of the calendar indicates "Record Complete" (green) and "Record Incomplete" (yellow). A link for "Pharmacy Partnership Program" is also visible.



Step 2: Select Date



COVID-19



Click a cell to begin entering data on the day for which counts are reported.

◀ ▶ 16 May 2021 - 26 June 2021 Record Complete Record Incomplete

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
May 16	17	18 Resident	19 Resident	20 Resident Supplies Therapeutics	21
23	24	25	26	27	28
30	31	Jun 01	02	03	04
06	07	08 Resident	09	10	11
13	14	15	16	17	18



Step 3: Enter the Current Census

“Current Census” is required before saving data entered in any pathway

Add COVID-19 Data

Date for which counts are reported: Facility CCN: Facility Type:

1 Resident Impact and Facility Capacity Staff and Personnel Impact Supplies and Personal Protective Equipment Therapeutics

Facility Capacity

<input type="text" value="125"/>	ALL BEDS (enter on first survey only, unless the total bed count has changed)
2 <input type="text" value="100"/>	*CURRENT CENSUS: Total number of beds that are occupied on the reporting calendar day



Step 4: Enter Data into the RIFC Pathway

Add COVID-19 Data

Date for which counts are reported: 10/27/2021 Facility CCN: Facility Type: LTC-SVHSNF

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies and Personal Protective Equipment Therapeutics

Date Created:

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

123 ALL BEDS

100 *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: Enter the Number of residents with a newly positive SARS-CoV-2 viral test result. Include only residents newly positive since the most recent date data were collected for NHSN reporting.

Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result

TEST TYPE CATEGORIES

Only include if additional tests were performed within 2 calendar days from initial test. Otherwise, count first test only.

	Positive SARS-CoV-2 antigen test only [no other testing performed]	Positive SARS-CoV-2 NAAT (PCR) [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
TEST TYPE: Based on the number reported for Positive Tests, enter the number of residents tested in each test type category. The total of counts reported in each category must be equal to the count(s) reported for Positive Tests.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VACCINATION STATUS (FOR CALCULATED TOTAL CONFIRMED): For positives in each test type category, indicate how many residents received COVID-19 vaccination 14 days or more before the specimen collection date.	Click on drop-down menu to select one or more options in the initial series			
Additional or Booster Doses				
ADDORBOOST3 - Additional dose or booster dose of COVID-19 vaccine	0	0		0



Step 5: Enter Data into the Staff and Personnel Impact Pathway

Add COVID-19 Data

Date for which counts are reported: 10/27/2021 Facility CCN: Facility Type: LTC-SVHSNF

Resident Impact and **Staff and Personnel Impact** Supplies and Personal Protective Equipment Therapeutics

Date Created:

Counts should be reported on the correct calendar day and include only new counts for the calendar day (specifically, since counts were last collected). If the count is zero, a "0" must be 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.

Staff and Personnel Impact

POSITIVE TESTS (previously called "Confirmed"): Number of staff and facility personnel with a new positive COVID-19 viral test result.

TEST TYPE: Of the number of reported staff and facility personnel above with a Positive Test, 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) [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 should equal the total for Positive Tests.

RE-INFECTIONS: Of the number of reported staff and facility personnel above with a Positive Test, how many were considered as re-infected?

SYMPTOMATIC: Of the number of reported staff and facility personnel with Re-Infections, how many had signs and/or symptoms consistent with COVID-19?

ASYMPTOMATIC: Of the number of reported staff and facility personnel with Re-Infections, how many did **not** have signs and/or symptoms consistent with COVID-19?

COVID-19 DEATHS: Number of staff and facility personnel with COVID-19 who died.

Staff and Personnel Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness


INFLUENZA: Number of staff and facility personnel with a new influenza (flu).

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

Staff and Personnel Impact for Co-Infections

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

Does your organization have a shortage of staff and/or personnel?

 **Save** **Cancel**



Step 6: Enter Data into the Supplies and PPE Pathway

Add COVID-19 Data

Date for which counts are reported: 10/27/2021 Facility CCN: Facility Type: LTC-SVHSNF

Resident Impact and Facility Capacity Staff and Personnel Impact **Supplies and Personal Protective Equipment** Therapeutics

Date Created:

For the following questions, please collect and report responses once during the reporting week.

Infection Control Supply Item	Availability	Urgent Need: Indicate if facility will no longer have the ABHR in 7 days
Alcohol-based hand rub (ABHR)	Available for use: <input type="text"/>	<input type="text" value="N - No"/>
Personal Protective Equipment (PPE) Supply Item	Facility ‡ strategy for optimizing the selected supply item (select one)	Urgent Need: Indicate if facility will no longer have the supply item in 7 days
N95 Respirator	<input type="text"/>	<input type="text" value="N - No"/>
Face mask	<input type="text"/>	<input type="text" value="N - No"/>
Eye Protection, including goggles or face shields	<input type="text"/>	<input type="text" value="N - No"/>
Gowns	<input type="text"/>	<input type="text" value="N - No"/>
Gloves	<input type="text"/>	<input type="text" value="N - No"/>

‡ Conventional: recommended strategies as part of infection prevention and control
‡ Contingency: strategies used during periods of anticipated PPE shortages
‡ Crisis: strategies used when supplies cannot meet facility's current PPE needs

Need for Government Support or Assistance

The information collected below will be shared with federal, state, and local partners to identify COVID-19 emergency response needs more rapidly. However, facilities should also continue to report urgent needs through established state and local reporting mechanisms - particularly in cases where those needs present immediate threats to the health and safety of residents or staff.

For the following questions, please report responses once during the reporting week.

Would your facility like outreach by local and/or state government for assistance?



NOTE: Collect and report responses once during the reporting week. A blank response is equivalent to missing data.

Step 7: Enter Data into the Therapeutics Pathway

Add COVID-19 Data

Date for which counts are reported: 10/27/2021 Facility CCN: Facility Type: LTC-SVHSNF

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies and Personal Protective Equipment **Therapeutics**

Date Created:

Report total counts for the below questions only one calendar day during the reporting week and include only new counts since the previously reported counts. If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data.

For each therapeutic listed, enter number of residents who received the therapeutic at this facility or elsewhere during the reporting week:

Therapeutic	How many residents were treated from stock stored at this facility?	How many residents were treated from stock that was stored at another facility, such as an infusion center?
Casirivimab/Imdevimab (Regeneron)	<input type="text"/>	<input type="text"/>
Bamlanivimab/etesevimab (Lilly)	<input type="text"/>	<input type="text"/>
Sotrovimab (Gilead/SmithKline)	<input type="text"/>	<input type="text"/>

Mandatory fields marked with *

Save **Cancel**



Reporting Timeline for LTCF COVID-19 Module Pathways- Weekly Reporting

Facility Reporting Day	Collection count of events to include for reporting of the <u>prior week</u>
Sunday	Sunday to Saturday of all reported events
Monday	Monday to Sunday of all reported events
Tuesday	Tuesday to Monday of all reported events
Wednesday	Wednesday to Tuesday of all reported events
Thursday	Thursday to Wednesday of all reported events
Friday	Friday to Thursday of all reported events
Saturday	Saturday to Friday of all reported events

Example: A facility who enters COVID-19 data in NHSN every Friday would include new counts from the prior Friday through Thursday of each week.

COVID-19 State Veterans Homes Event Reporting

Case Definitions




Case Definition: Initial Vaccination Series


- A resident with a newly positive COVID-19 test result who received a 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or a single dose of Janssen vaccine.

* VACCINATION STATUS: Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: 02/01/2021  28 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▼


Dose 2: **Vaccination Date: 02/28/2021  28 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▼ Not received.

OR

* VACCINATION STATUS: Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.


Dose 1: **Vaccination Date: 09/01/2021  12 **Manufacturer: JANSSEN - Janssen COVID-19 vaccine ▼

Single Dose of Janssen Vaccine



Case Definition: Initial Vaccination Series, 2nd Dose Not Received

- A resident with a newly positive COVID-19 test result who only received Dose 1 of Pfizer on 9/1/21.
- Since Dose 2 of Pfizer was not received at the time of event, user must select “Not received” for dose 2.



* **VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: ** Vaccination Date: 09/01/2021 14 ** Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine

Dose 2: ** Vaccination Date: ** Manufacturer: Not received.

Case Definition: Additional Dose

- An immunocompromised resident with a newly positive COVID-19 test result who received a 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) and a subsequent dose of vaccine.

*** VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: 02/01/2021 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▼

Dose 2: **Vaccination Date: 02/28/2021 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▼ Not received.

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: 08/04/2021 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▼

Case Definition: Booster Dose

- A 65 y/o resident of a SVH facility who received their initial series of vaccine 6 months or more before the COVID-19 event.

*** VACCINATION STATUS:** Indicate the vaccination status of the resident on the event date or date of specimen collection:

Has the resident received any COVID-19 vaccine? Yes No

Initial Vaccination: Select all vaccine doses received, vaccination date, and manufacturer.

Dose 1: **Vaccination Date: 02/01/2021 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine

Dose 2: **Vaccination Date: 02/28/2021 **Manufacturer: PFIZBION - Pfizer-BioNTech COVID-19 vaccine Not received.

Has the resident received an additional or booster dose of vaccine? Yes No

Additional or Booster Doses: Indicate the date and manufacturer for the additional or booster doses of vaccine.

Additional Dose: **Vaccination Date: **Manufacturer:

Booster Dose: **Vaccination Date: 09/01/2021 **Manufacturer: MODERNA - Moderna COVID-19 vaccine

Often Overlooked NHSN Resources



National Healthcare Safety Network (NHSN)

CDC > NHSN Home



NHSN Home

NHSN Login

About NHSN +

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Change NHSN Facility Admin

Resources by Facility +

Patient Safety Component +

Long-term Care Facility Component -

LTCF COVID-19 Module +

State Veterans Homes COVID-19 Tool

MDRO & CDI

UTI

Prevention Process Measures

HCP & Resident Flu Vaccination

HCP & Resident COVID-19 Vaccination

LTCF Data Validation Guidance

Newsletters & Archived Communications +

Dialysis Component +

Biovigilance Component +

Healthcare Personnel Safety Component (HPS) +

Long-term Care Facilities (LTCF) Component

Use the Long Term Care Facility (LTCF) Component to track infections and prevention process measures, systematically, to identify problems, improve care, and determine progress toward national healthcare-associated infection goals.

Facilities Reporting in LTCF

Nursing homes, skilled nursing, chronic care, and developmental disability facilities.

Assisted living facilities can only report in the [Prevention Process Measures](#) module.

⚠ Long-term acute care hospitals must use the [LTACH Facilities](#).

LTCF Manual & FAQs

📄 [2020 LTCF Component Manual](#) [PDF - 3 MB]

📄 [LTCF Frequently Asked Questions](#) [PDF - 1 MB]

LTCF Modules & Events

Access relevant training, protocols, data collection forms and supporting materials for each module.



COVID-19 Module

Information and resources for reporting into the NHSN LTCF COVID-19 Module



HCP and Resident COVID-19 Vaccination

Weekly COVID-19 Vaccination Reporting



State Veterans Homes COVID-19 Tool

New Users

📺 [Introduction to LTCF Component \[Video - 2 min\]](#)

🚀 [Enroll New Facility](#)

📺 [LTCF Training](#)

🗺 [Educational Roadmap](#)

Click here to access the LTC COVID-19 Module

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

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 \(5Z.159\)](#) [PDF – 80 KB] – October 2021
- [Table of Instructions](#) [PDF – 300 KB]

Staff and Personnel COVID-19 Events

- [Staff and Personnel Covid-19 Event Form \(5Z.160\)](#) [PDF – 80 KB] – October 2021
- [Table of Instructions](#) [PDF – 300 KB]

Resources

Facility Resources

- [Enter NHSN Application with Level 3 Security](#) [PDF – 300 KB] – October 28, 2021
- [Edit an Email Address in SAMS and the NHSN Facility](#) [PDF – 405 KB] – December 4, 2020
- [Change LTC Facility Type](#) [PDF – 300 KB] – May 27, 2021
- [Add a User in NHSN](#) [PDF – 800 KB] – October 5, 2020
- [Re-assign NHSN Facility Administrator](#) [PDF – 500 KB] – October 5, 2020

Group Resources

- [Join a Group and Accept the Confer Rights Template](#) [PDF – 400 KB]
- [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](#)



Staff and Personnel COVID-19 Event Form

NHSN NATIONAL HEALTHCARE SAFETY NETWORK

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

*Facility ID: _____ Event #: _____

*Staff ID: _____

*Name: First _____ Middle _____ Last _____

*Gender: F M Other _____

*Ethnicity (specify): Hispanic or Latino
 Not Hispanic or Latino
 Declined to respond Unknown

Resident COVID-19 Event Form

NHSN NATIONAL HEALTHCARE SAFETY NETWORK

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

*Facility ID: _____ Event #: _____

*Resident ID: _____

Medicare number (or comparable railroad insurance number): _____

*Resident Name: First _____ Middle _____ Last _____

*Gender: F M Other _____

*Date of Birth: ____/____/____

*Ethnicity (specify): Hispanic or Latino
 Not Hispanic or Latino
 Declined to respond Unknown

Race (specify): American Indian/Alaska Native
 Asian Black or African American Native Hawaiian/Other Pacific Islander
 White
 Declined to respond Unknown

*Veteran Resident Type: Veteran Veteran Spouse Gold Star Parent Other (Specify) _____

Event Details

*Event Type: COVID-19 _____

*Date of Current Admission to Facility: ____/____/____

*Date of Event: ____/____/____

*TEST TYPE: The resident was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (select only 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

z Only select if the two tests were performed within 2 calendar days from initial test (test date is calendar day one). Otherwise, select the first test performed only.

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

Instructions for completion of the Resident COVID-19 Event Form

NHSN NATIONAL HEALTHCARE SAFETY NETWORK

October 2021 (V.6)

Description
As part of CDC's ongoing COVID-19 response, Long-Term Care Facilities (LTCFs) track and monitor residents who test positive for COVID-19 (SARS-CoV-2). LTCFs eligible to report data include SNF(SNF) and domiciliary care (LTC-SVMAJF) complete enrollment before the Staff and Personnel COVID-19 Event Form.

Definitions
An event form must be entered each time a resident newly tests positive for COVID-19, including re-infections and residents who test positive during re-admission.

- Staff and Personnel COVID-19 Event Form: SARS-CoV-2 (COVID-19) based on polymerase chain reaction (PCR) test results.
- Re-infection: a new positive SARS-CoV-2 test result performed more than 90 days after a previous COVID-19 infection.

Definitions
An event form must be entered each time a resident newly tests positive for COVID-19, including re-infections and residents who test positive during re-admission.

- Resident COVID-19 event: a resident who tests positive for COVID-19 based on a point-of-care (POC) 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.
- Re-admission: a resident who was discharged from the LTCF for more than 3 days and has been readmitted for a subsequent stay.

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.
Resident ID	Required. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all admissions and stays reported to NHSN. Note: If the resident tested is a "Veteran Spouse," "Gold Star Parent," or "Other," enter an alphanumeric ID number. This is a number assigned by the facility and may consist of any combination of numbers and/or letters.
Medicare number	Optional: Enter the resident Medicare number or comparable railroad insurance number.
Resident Name	Required. Enter the first and last name of the resident. Middle name is optional.
Gender	Required. Select Female, Male, or Other to indicate the gender of the resident tested.
Date of Birth	Required. Record the date of the resident's birth using this format: MM/DD/YYYY.

1



Enrollment

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

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). State Veterans Homes reporting through the SVH COVID-19 Tool should also report data to the [LTCF COVID-19 Module](#) to provide facility level aggregate data, including resident census, as required by H.R. 7105.

On This Page


[Training](#)

[Forms & Instructions](#)

[Resources](#)

[Enroll New Facility](#)

[FAQs on Event Form - Oct 2021](#)

 [PDF - 1 MB]

Click here to
enroll a new
facility

Contact NHSN at nhsn@cdc.gov for: SVH facility enrollment questions



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>





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 and Staff and Personnel Impact pathway must equal the number of events entered into the State Veterans Home tool.



Facilities must submit their data through the NHSN reporting system at least once every seven days.



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



Thank You!

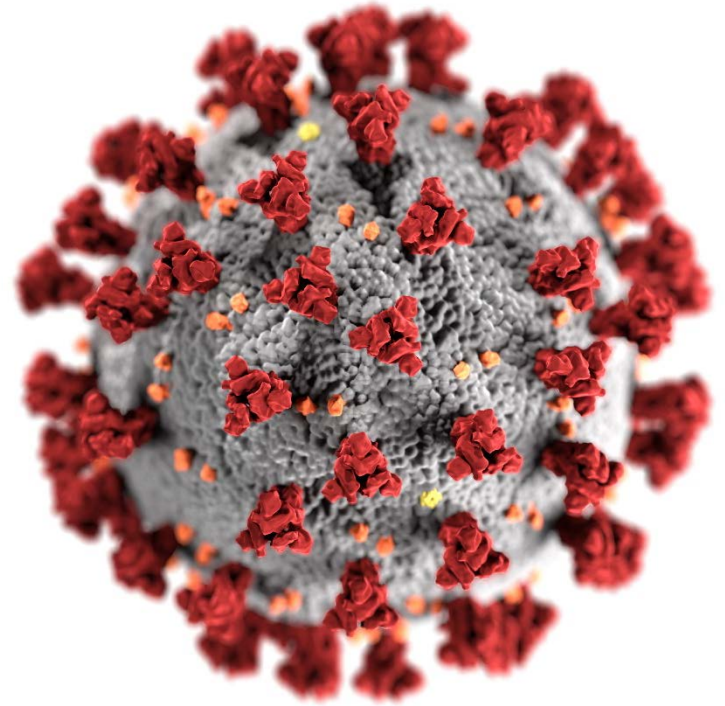
CDC is committed to working with State Veterans Homes to fulfill their reporting requirements. We appreciate your participation to the NHSN LTCF Component, as well as your commitment and dedication in keeping residents safe.



Please email your questions to:

NHSN@cdc.gov

Include in your subject line “SVH”



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.

