NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

OMB Approved
OMB No. 0920-1209
Exp. Date 01/31/2024
www.cdc.gov/nhsn

COVID-19 Module

Long Term Care Facility: Staff and Personnel Impact

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

*Counts should be reported on the correct calendar day and include only 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) only** [no other testing performed] _____ ****±Positive SARS-CoV-2 antigen test and** negative SARS-CoV-2 NAAT (PCR) _____ ****±**Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test. **±** Only include if the two tests were performed **within 2 days of each other**. Otherwise, count first test only. **Important:** The total for *Test Type* 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, <u>excluding</u> COVID-19 and/or influenza (flu).

CDC 57.145 (Front) V.2 (11-2020)

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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?	
Staffing Shortage?	**Staff and Personnel Groups**
□ YES □ NO	**Nursing Staff:** registered nurse, licensed practical nurse, vocational nurse
□ YES □ NO	**Clinical Staff:** physician, physician assistant, advanced practice nurse
□ YES □ NO	**Aide:** certified nursing assistant, nurse aide, medication aide, and medication technician
□ YES □ NO	**Other staff or facility personnel**, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)