

Adding the Healthcare Personnel Safety Component to a Long-term Care Facility

Introduction

Long-term care facilities (LTCFs) must enroll in NHSN and activate the Healthcare Personnel Safety (HPS) Component before they can submit annual healthcare personnel influenza vaccination data. This document provides an overview of how to complete these steps.

Enroll Facility

New LTCFs will first need to enroll in NHSN. An overview of how to enroll facilities can be found here: [About SAMS | NHSN | CDC](#). If your facility is already enrolled in NHSN, then the facility already has SAMS level 3 access. No action is necessary to upgrade from level 1 to level 3.

Enrollment is broken down in 3 Phases: Facility Registration, SAMS Registration & Facility Enrollment.

1. To enroll a new facility in NHSN, you will first visit this link to read and agree to the NHSN Rules of Behavior: <https://nhsn.cdc.gov/RegistrationForm>.
2. You will then be redirected to electronically register your facility with NHSN.
3. After you electronically register your facility, you will receive an invitation to SAMS from “SAMS No-Reply (CDC).”
4. You will then log in to the SAMS application using an assigned username (i.e., your current email address) and temporary password from the invite email.
5. Accept the SAMS Rules of Behavior
6. Complete the SAMS Registration Form
7. You will then receive a SAMS registration confirmation email and will be asked to validate your identity. There are two ways to complete the identity proofing process.
 - a. Option 1 is through Experian: Using a secure interface, you will provide Experian your Social Security Number (SSN) and Date of Birth (DOB). This information is sent directly to Experian and is NOT stored or saved by SAMS/CDC. Experian will attempt to validate your information and may ask you a series of questions based on your credit history. There is no impact on your credit score or credit worthiness. This is the fastest and most secure method to complete the SAMS identity proofing process.
 - b. Option 2 is by Document Review: You will be required to complete a form included at the bottom of the identity verification instructions email. This form, along with appropriate identification, will need to be reviewed by a notary or other trusted third party and copies submitted to SAMS via secure upload or by mail. Once received by SAMS, it will be reviewed and validated. This process can take several weeks to complete depending on volume and how the documentation is sent to SAMS.
8. After you have validated your identity, you will need to access NHSN using SAMS credentials. You can do this by using a soft token that can be installed on your electronic devices or with a hard token which will be mailed to your house. You can manage the initial setup using the ‘Mobile Soft Token & Grid Card’ option on the SAMS Portal.

Activate the HPS Component

Once enrollment has been completed, the user must activate the HPS component. Please note that only the NHSN Facility Administrator (FA) can add and activate the HPS component. If the previous NHSN FA has left the facility, NHSN can add an individual as the new NHSN FA. To do so, a user must complete the NHSN FA Change Request Form: <https://www.cdc.gov/nhsn/facadmin/index.html>. This form will be verified within 5 business days. After completing the form, the user should receive an e-mail from NHSN verifying the new NHSN FA. Please remember to check your junk/spam e-mail for this message.

Once the NHSN FA has verified their identity, they must log into the SAMS portal and select the NHSN Reporting option on the NHSN Landing page.

After the NHSN FA logs in using Level 3 access, they must navigate to “Facility” and then “Add/Edit Component” on the left-hand navigation bar. Next, check the box next to HPS Component. **Please do not de-activate any other NHSN Components, such as the LTC Facility Component.** De-activating will occur if you uncheck the box next to a component that was already checked.



Scroll to “Components Followed” and check the box next to Healthcare Personnel Safety.

An alert will pop-up indicating you must first define the primary contact for this component.

Zips Code #: 29405
Phone #: 184-350-1747
Fax:

Facility: Y
Facility type #: LTC-SKILLNURS - Skilled Nursing Facility

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

Will this facility report COVID data separately for one (or more) facility-within-facility using the Before making a selection, please review the facility-within-facility guidance

Facility-within-facility Description: Facility-within-facility refers to units/ floors/ wings of a hos these units/ floors/ wings are housed. These units/ floors/ wings have the same CCN and the sa facility scenarios for COVID-19 hospital data.

IHS Facility: Yes No
Status: A - Active

Warning

You must define the Primary Contact for this component before you can start following it. Go to the Contact Data section of the page to enter the Primary Contact information. Note: You will be required to complete a survey for the most recently completed calendar year if Healthcare Personnel Exposure reporting is selected on your monthly plan. Please print the survey from the Print Survey Form link next to the component.

OK

Components Followed

Follow/ Followed	Component	Activated	Deactivated	Agreement Accepted	View Agreement
<input type="checkbox"/>	Biovigilance				
<input type="checkbox"/>	Dialysis				
<input checked="" type="checkbox"/>	Healthcare Personnel Safety				
<input checked="" type="checkbox"/>	Long Term Care Facility	05/08/2023		Y	View Agreement
<input type="checkbox"/>	Medication Safety (pilot facilities only)				
<input type="checkbox"/>	Neonatal				
<input type="checkbox"/>	Outpatient Procedure				
<input type="checkbox"/>	Patient Safety				

Select "OK" and enter the contact information on the next page for your HPS Component primary contact. Note: This can be an existing NHSN user.

*: Yes No

Edit Record

Use Existing NHSN User Create new NHSN User

Existing NHSN User Email

Username *

Password *

Verify Password *

Contact Type: HCP - Healthcare Personnel Primary Contact

First Name *

Last Name *

Middle Name

Phone * Ext:

Email *

Title

Click to copy mailing address from the facility

Address Line 1 *

Address Line 2

Address Line 3

City *

State *

Zip Code * Zip Code Ext:

Fax

Pager Number

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Click Submit.

After submitting and updating this information, the NHSN FA must return to the NHSN homepage and log into the HPS Component to accept the agreement to participate and consent form. Once rights are accepted, your facility is ready to submit data to the HPS Component, including annual HCP influenza vaccination data.

Contact Information

Please use NHSN-ServiceNow to submit questions to the NHSN Help Desk. The new portal can be accessed here [nhsn_csp - NHSN Customer Service \(cdc.gov\)](#) and should be used in place of nhsn@cdc.gov, nhsntrain@cdc.gov, and nhsndua@cdc.gov. ServiceNow will help the NHSN team respond to your questions faster.

Users will be authenticated using CDC's Secure Access Management Services (SAMS), the same way you access NHSN. If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

You can also view the various resources for annual HCP influenza vaccination data reporting here: [HCP Flu Vaccination | HPS | NHSN | CDC](#).

