

# COVID-19 Module

## Long Term Care Facility: Resident Impact and Facility Capacity

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

*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	
_____	<b>ADMISSIONS:</b> Residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions
_____	<b>CONFIRMED:</b> Residents with new positive COVID-19 test results from a viral test (nucleic acid or antigen)
_____	<b>SUSPECTED:</b> Residents with new suspected COVID-19
_____	<b>TOTAL DEATHS:</b> Residents who have died for any reason in the facility or another location
_____	<b>COVID-19 DEATHS:</b> 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	
_____	<b>ALL BEDS (FIRST SURVEY ONLY)</b>
_____	<b>CURRENT CENSUS:</b> Total number of beds that are currently occupied
RESIDENTS	
_____	<p><b>TESTING:</b> 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?  <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><b>If NO, indicate reason(s) below (select all that apply):</b></p> <ul style="list-style-type: none"> <li>Lack of <a href="#">recommended personal protective equipment (PPE) for personnel to wear during specimen collection</a></li> <li>Lack of supplies for specimen collection</li> <li>Lack of access to a laboratory for submitting specimens</li> <li>Lack of access to trained personnel to perform testing (including internal and external resources)</li> <li>Uncertainty about testing reimbursement</li> <li>Other: Specify _____</li> </ul>

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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-XXXX).

Facility Capacity and SARS-CoV-2 Testing	
<b>Facility Capacity and SARS-CoV-2 Testing</b>	
<b>RESIDENTS</b>	
	<p>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)</p> <ul style="list-style-type: none"> <li>• Less than one day</li> <li>• 1-2 days</li> <li>• 3-7 days</li> <li>• More than 7 days</li> <li>• No resident testing performed in the last two weeks</li> </ul>
	<p>Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on residents?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>If YES, indicate the reason COVID-19 testing was performed</b> (Check all that apply):</p> <ul style="list-style-type: none"> <li>• Testing residents with new signs/symptoms consistent with COVID-19</li> <li>• Testing asymptomatic residents on a unit/section of the facility in response to a new case with COVID-19</li> <li>• Testing asymptomatic residents, facility-wide in response to a new case with COVID-19</li> <li>• Testing asymptomatic residents without a known exposure to COVID-19 as part of surveillance</li> <li>• None of the above: testing of another subgroup of residents occurred</li> </ul>
<b>STAFF AND PERSONNEL</b>	
<i>Includes anyone working or volunteering in the facility, such as contractors, temporary staff, resident care givers, shared staff, etc.</i>	
	<p><b>TESTING</b> 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? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>If NO, indicate reason(s) below</b> (Check all that apply):</p> <ul style="list-style-type: none"> <li>• Lack of <a href="#">recommended personal protective equipment (PPE) for personnel to wear during specimen collection</a></li> <li>• Lack of supplies for specimen collection</li> <li>• Lack of access to a laboratory for submitting specimens</li> <li>• Lack of access to trained personnel to perform testing (including internal and external resources)</li> <li>• Uncertainty about testing reimbursement</li> <li>• Other: Specify _____</li> </ul>
	<p>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)</p> <ul style="list-style-type: none"> <li>• Less than one day</li> <li>• 1-2 days</li> <li>• 3-7 days</li> <li>• More than 7 days</li> </ul>
	<p>Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on staff and/or facility personnel?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>If YES, indicate the reason for COVID-19 testing was performed</b> (Check all that apply):</p> <ul style="list-style-type: none"> <li>• Testing staff and/or facility personnel with new signs/symptoms consistent with COVID-19</li> <li>• Testing asymptomatic staff and/or facility personnel on a unit/section of the facility in response to a new case with COVID-19</li> <li>• Testing asymptomatic staff and/or facility personnel facility-wide in response to a new case with COVID-19</li> <li>• Testing asymptomatic staff and/or facility personnel without a known exposure to COVID-19 as part of surveillance</li> </ul>

	<ul style="list-style-type: none"><li>• None of the above: testing of another subgroup of staff and/or facility personnel occurred</li></ul>
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