



## Dialysis Component Monthly Reporting Plan

Form Approved  
OMB No. 0920-0666  
Exp. Date: 01/31/2021  
www.cdc.gov/nhsn

Select the surveillance module checkbox(es) to inform CDC that those data are being collected and reported as specified by their corresponding surveillance protocol(s).

|   |   |   |  |   |   |   |  |
|---|---|---|--|---|---|---|--|
| *required for saving <span style="float: right;">Page 1 of 1</span><br>*Facility ID: _____ *Month/Year: _____ / _____<br><input type="checkbox"/> Not Participating in NHSN this Month  |   |   |  |   |   |   |  |
| <b>Events</b>   |   |   |  |   |   |   |  |
| Locations:<br>_____<br>_____  | Dialysis Event (DE)<br><input type="checkbox"/><br><input type="checkbox"/> | Central Line Insertion Practices (CLIP)<br><input type="checkbox"/><br><input type="checkbox"/> |  |   |   |   |  |
| <b>Prevention Process Measures</b>  |   |   |  |   |   |   |  |
| Location:<br>_____  | Hand Hygiene<br><input type="checkbox"/>                                    | HD Catheter Connection/ Disconnection<br><input type="checkbox"/>                               | HD Catheter Exit Site Care<br><input type="checkbox"/> | AV Fistula & Graft Cannulation/ Decannulation<br><input type="checkbox"/> | Dialysis Station Routine Disinfection<br><input type="checkbox"/> | Injection Safety – Medication Preparation<br><input type="checkbox"/> | Injection Safety – Medication Administration<br><input type="checkbox"/> |
| <b>Patient Vaccination</b>  |   |   |  |   |   |   |  |
| Influenza Vaccination - Dialysis Patients:  |   | <input type="checkbox"/>  |  |   |   |   |  |
| <b>Comments</b>   |   |   |  |   |   |   |  |
|   |   |   |  |   |   |   |  |
| <p><b>Assurance of Confidentiality:</b> 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)).</p> <p>Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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, Project Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).</p> |   |   |  |   |   |   |  |
| CDC 57.501 Rev 3, v8.8  |   |   |  |   |   |   |  |