

## COVID-19 Module

### Long Term Care Facility: Staff and Personnel Impact

Page 1 of 2	*Required to save; **Conditional
NHSN Facility ID:	CMS Certification Number (CCN):
Facility Name:	
*Date for which responses are being reported: ____ / ____ / ____ Date Last Modified: ____ / ____ / ____	

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	
	<b>CONFIRMED:</b> Number of staff and facility personnel with a new positive COVID-19 viral test result, either from a NAAT (PCR) or antigen test.
	<p><b>TEST TYPE:</b> Of the number of reported <i>Confirmed</i> COVID-19 staff and facility personnel, how many had the following:</p> <p>____ Positive SARS-CoV-2 antigen test <b>only</b> [no other testing performed]</p> <p>____ Positive SARS-CoV-2 NAAT (PCR) [no other testing performed]</p> <p>____ <sup>‡</sup>Positive SARS-CoV-2 antigen test <b>and</b> negative SARS-CoV-2 NAAT (PCR)</p> <p>____ <sup>‡</sup>Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test</p> <p><sup>‡</sup> Only include if the two tests were performed <b>within 2 days of each other</b>. Otherwise, count first test only.</p>
	<p>____ <b>RE-INFECTIONS:</b> <b>**</b>Of the number of reported <i>Confirmed</i> staff and facility personnel, how many were considered as re-infected?</p> <p>____ <b>SYMPTOMATIC:</b> Of the number of reported staff and facility personnel with <i>Re-Infections</i>, how many had signs and/or symptoms consistent with COVID-19?</p> <p>____ <b>ASYMPTOMATIC:</b> Of the number of reported staff and facility personnel with <i>Re-Infections</i>, how many did <b>not</b> have signs and/or symptoms consistent with COVID-19?</p>
	<b>COVID-19 DEATHS:</b> Number of staff and facility personnel with COVID-19 who died.

Staff and Personnel Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness	
	<b>CONFIRMED INFLUENZA:</b> Number of staff and facility personnel with a new positive influenza (flu) test result.
	<b>RESPIRATORY ILLNESS:</b> Number of staff and facility personnel with acute respiratory illness symptoms, <u>excluding confirmed COVID-19 and/or influenza (flu)</u> .
<p>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)).</p> <p>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).</p> <p>CDC 57.145 (Front)</p>	

Staff and Personnel Impact for Co-Infections	
	<b>CONFIRMED INFLUENZA and COVID-19:</b> Number of staff and facility personnel with a confirmed co-infection with influenza (flu) <u>and</u> SARS-CoV-2 (COVID-19).

Does your organization have a shortage of staff and/or personnel?	
Staffing Shortage?	Staff and Personnel Groups
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Nursing Staff:</b> registered nurse, licensed practical nurse, vocational nurse
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Clinical Staff:</b> physician, physician assistant, advanced practice nurse
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Aide:</b> certified nursing assistant, nurse aide, medication aide, and medication technician
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other staff or facility personnel,</b> regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)