

## COVID-19 Module Dialysis Outpatient Facility

### Facility Operational Information

Facility ID (OrgID) \_\_\_\_\_  
CMS Certification Number (CCN) \_\_\_\_\_  
Facility Name \_\_\_\_\_

Date for which responses are reported \_\_\_/\_\_\_/\_\_\_\_\_

In-Center Patient Census \_\_\_\_\_  
Home Patient Census \_\_\_\_\_

Total Certified Stations \_\_\_\_\_

Isolation Stations Included in Total Certified Stations \_\_\_\_\_

Is your facility a designated COVID unit? \_\_\_\_\_

If no, does your facility have designated COVID shifts? \_\_\_\_\_

How many patients on the current in-center census reside in long-term care facilities (LTCFs)?

How many patients on the current home census reside in LTCFs?

### COVID-19 Positive (+) Patients and Staff

Number of newly-confirmed patients since last reporting \_\_\_\_\_  
Number of newly-confirmed patients since last reporting that reside in LTCFs \_\_\_\_\_  
Number of newly-confirmed patients since last reporting that are home patients \_\_\_\_\_  
Number of newly-confirmed staff since last reporting \_\_\_\_\_  
Number of confirmed patients currently admitted to hospital/receiving treatment in hospital \_\_\_\_\_  
Number of confirmed patients currently self-monitoring and continuing in-center therapy \_\_\_\_\_  
Number of confirmed patients currently self-monitoring and continuing home therapy \_\_\_\_\_

### Patients Under Investigation (PUI) \*Only Identify persons being tested for COVID-19\*

Number of new PUIs since last reporting \_\_\_\_\_

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 20 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 (0920-1290)  
CDC.

Number of new PUIs that reside in LTCFs since last reporting \_\_\_\_\_  
 Number of new Staff under investigation since last reporting \_\_\_\_\_

**Tested Negative (-) for COVID-19**

Number of Patients newly tested negative since last reporting \_\_\_\_\_  
 Number of Staff newly tested negative since last reporting \_\_\_\_\_

**COVID-19 Positives (+) that have recovered**

Number of Patients recovered since last reporting \_\_\_\_\_  
 Number of new Staff recovered since last reporting \_\_\_\_\_

**COVID- 19 Positive (+) Deaths**

Number of new Patient deaths with COVID-19 since last reporting \_\_\_\_\_  
 Number of new Staff deaths with COVID-19 since last reporting \_\_\_\_\_

**Staff and/or Personnel Impact**
**Will your facility have a shortage of staff and/or personnel within the next week?**

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>Tech:</b> dialysis 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, biomed)

**Supplies & Personal Protective Equipment (PPE)**

Supply Item	Do you currently have any supply?	Do you have enough for one week?
N95 filtering facepiece respirators	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facemasks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye protection, including face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

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shields or goggles	<input type="checkbox"/> No	<input type="checkbox"/> No
Isolation Gowns	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol-based hand sanitizer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Laboratory Testing</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your facility have onsite testing for COVID-19?
<input type="checkbox"/> Viral (PCR) <input type="checkbox"/> Antigen <input type="checkbox"/> Antibody	If yes, what types of tests are being performed?
<input type="checkbox"/> NP swab <input type="checkbox"/> Anterior Nares <input type="checkbox"/> Mid Turbinate <input type="checkbox"/> OP swab <input type="checkbox"/> Saliva	If yes to viral (PCR) tests, what types are being performed?

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