

Instructions for completion of the Staff and Personnel COVID-19 Event Form

Description

As part of CDC's ongoing COVID-19 response, the Staff and Personnel COVID-19 Event Form is designed to help Long-Term Care Facilities (LTCFs) track and monitor Staff and Personnel who test-positive for COVID-19 (SARS-CoV-2). LTCFs eligible to report data include State Veterans Homes (SVHs) providing nursing home (LTC-SVHSNF) and domiciliary care (LTC-SVHALF). LTCFs that are not currently enrolled in NHSN will need to complete enrollment before the Staff and Personnel COVID-19 Event Form is accessible.

Definitions

An event form must be entered each time a staff member newly tests positive for COVID-19.

- **Staff and Personnel COVID-19 Event:** a staff member/volunteer/contractor who tests positive for SARS-CoV-2 (COVID-19) based on a point-of-care antigen or a Nucleic Acid Amplification Test (NAAT)-polymerase chain reaction (PCR) viral test result. Antibody test results should not be reported. This does not include staff members who have a positive SARS-CoV-2 antigen test that is followed by a negative SARS-CoV-2 NAAT (PCR).
 - The PCR will need to be performed within 2 calendar days (date of specimen collection is calendar day 1) of the initial antigen test for this rule to apply.

Data Field	Instructions for Form Completion
Facility ID	The facility ID will be auto populated by the system.
Event ID	Event ID number will be auto populated by the system.
Staff ID	<p>Required. If the individual tested is a staff/volunteer/contractor at the facility, enter an alphanumeric staff ID number. This is a number assigned by the facility and may consist of any combination of numbers and/or letters.</p> <p>NOTE: The NHSN Facility Administrator (FacAd) will be the only registered NHSN user in the facility to whom access to Staff test data is automatically granted by NHSN. If other NHSN Users in the facility need the ability to enter or access Staff events or data, the NHSN FacAd will need to grant such rights through the "Users" option in the blue navigation bar on the left side of the screen while in the NHSN application. Without the granting of such rights, staff data screens will not be visible to the NHSN User.</p>
Name	Required. Enter the first and last name of the individual tested. Middle name is optional.
Gender	Required. Select Female, Male, or Other to indicate the gender of the individual tested.
Date of Birth	Required. Record the date of the individual's birth using this format: MM/DD/YYYY.

<p>Ethnicity (specify)</p>	<p><i>Collecting ethnicity is important for understanding trends in the COVID-19 pandemic and ensuring the well-being of racial and ethnic minority groups.</i></p> <p>Required. Specify if the individual is either Hispanic or Latino or Not Hispanic or Not Latino.</p> <p>Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. *</p> <p>Note: The individual tested should always be asked to identify their ethnicity. If all good faith attempts to identify the ethnicity of the individual have failed, one of the following options may be chosen, as appropriate:</p> <ul style="list-style-type: none"> • Declined to respond • Unknown <p>* https://www.census.gov/topics/population/hispanic-origin/about.html</p>
<p>Race (specify)</p>	<p><i>Collecting race is important for understanding trends in the COVID-19 pandemic and ensuring the well-being of racial and ethnic minority groups.</i></p> <p>Required. Specify one, or more, if necessary (i.e., bi-racial), of the choices below to identify the individual's race (select no more than 2 options):</p> <p style="padding-left: 40px;">American Indian/Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White</p> <p>Note: Hispanic or Latino is not a race. A person may be of any race while being Hispanic or Latino. The individual tested should always be asked to identify their race. If all good faith attempts to identify the race of the individual have failed, one of the following options may be chosen, as appropriate:</p> <ul style="list-style-type: none"> • Declined to respond • Unknown

Event Information: Answers to the questions below are based on the current COVID-19 event being reported.

Data Field	Instructions for Form Completion
Event Type	Required. Event type = COVID-19
Date of Event (Test Date)	<p>Required: Enter the date the specimen was collected to perform SARS-CoV-2 (COVID-19) testing using the drop-down calendar or enter the date manually using format: MM/DD/YYYY.</p> <p>Note: DO NOT complete an event form for staff members who have a positive SARS-CoV-2 antigen test followed by a negative SARS-CoV-2 NAAT (PCR).</p> <ul style="list-style-type: none"> The PCR will need to be performed within 2 calendar days (date of specimen collection is calendar day 1) of the initial antigen test for this rule to apply.
<p>* VACCINATION STATUS Indicate the vaccination status of the staff member on the event date or date of specimen collection.</p> <p>Primary Series</p>	<p>Required. Indicate the staff member’s COVID-19 vaccination status at the time of specimen collection for SARS-CoV-2 (COVID-19) testing.</p> <p>Has the staff member received any COVID-19 vaccine?</p> <ul style="list-style-type: none"> Select “Yes” if the staff member had a history of prior COVID-19 vaccination on the event date (the date a specimen was collected for SARS-CoV-2 (COVID-19) testing); otherwise select “No.” If “Yes” is selected, indicate which vaccine (manufacturer) was received. Select all manufacturers that apply. If the manufacturer is not known, select “Unspecified.” <p>Primary Series of COVID-19 vaccine: The dates for dose 1 and 2 must be entered if the staff member received any combination of Pfizer-BionNTech, Moderna, Johnson & Johnson, and Unspecified for the primary COVID-19 vaccine series.</p> <p>If staff member only received Johnson & Johnson, the date of the single-dose is required only.</p> <ul style="list-style-type: none"> Dose 1: Enter the vaccination date in the space provided. <i>If the vaccination date is not known, enter the most approximate date.</i> Dose 2: Enter the vaccination date in the space provided. <i>If the vaccination date is not known, enter the most approximate date.</i> If the second dose has not been received at the time of specimen collection for SARS-CoV-2 (COVID-19) testing, select “Not Received.” <p>Note:</p> <ul style="list-style-type: none"> <i>Individuals who received all recommended doses of a COVID-19 vaccine that is neither approved nor authorized by the FDA but listed for emergency use by the World Health Organization (WHO) should be documented as “Unspecified</i>

<p>Additional or Booster Doses</p>	<p><i>Manufacturer” if they provide documentation of vaccination. Please refer to Interim Clinical Considerations for Use of COVID-19 Vaccines for the complete list of COVID-19 vaccines that have received an emergency use listing from WHO.</i></p> <p>Has the staff member received any additional or booster doses of COVID-19 vaccine?</p> <ul style="list-style-type: none"> • Select “YES,” if the staff member with a newly positive SARS-CoV-2 viral test result received an additional or booster dose of COVID-19 vaccine after the initial series of vaccination was completed; otherwise select “No.” <p>Example, reply “YES,” if the staff member received 2 doses of the Pfizer mRNA vaccine and received an additional dose or booster dose before the event date.</p> <p>Additional or Booster Dose: Enter the vaccination date(s) in the space provided. If the staff member has received one or more additional or booster doses of COVID-19 vaccine, list the dates in the spaces provided as applicable. <i>If the vaccination date is not known, enter the most approximate date.</i></p> <p>Important:</p> <ul style="list-style-type: none"> • Vaccination status is to be reported for staff members with a newly positive SARS-CoV-2 viral test result. • A booster shot is administered when a person has completed their primary vaccine series and protection against the virus has decreased over time. • Additional doses are administered to people with moderately to severely compromised immune systems. This additional dose of an mRNA-COVID-19 vaccine is intended to improve immunocompromised people’s response to their initial vaccine series. • Please follow CDC recommendations regarding the administration of additional or booster doses of COVID-19 vaccines.
<p>*COVID-19 Death Indicate if the staff member died from COVID-19 related complications.</p>	<p><i>COVID-19 Death:</i> Defined by NHSN as individuals who died from SARS-CoV-2 (COVID-19) related complications.</p> <p>Required. Select “YES,” if the staff member identified with a newly positive COVID-19 viral test result had signs and/or symptoms of COVID-19 as defined by the CDC, or died from ongoing complications related to a previous COVID-19 infection. If applicable, record the date of the individual’s death using this format: MM/DD/YYYY. Select “NO,” if the staff member did not die, or if the staff members death was not related to COVID-19 or a COVID-19 related complication.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If the staff member dies after the COVID-19 event data are entered in NHSN, previously submitted NHSN data must be edited to include the date of death.

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| | <ul style="list-style-type: none">• If the facility receives notification indicating a positive SARS-CoV-2 viral test result for a staff member who was not initially documented as <i>COVID-19 positive</i>, a new event form will need to be completed rather than editing/modifying previously entered NHSN data. |
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