

COVID-19 Module

Dialysis Outpatient Facility

Revised: May 2022

*required to save as complete

Facility Operational Information

For the following questions, please collect data for the current reporting week. The reporting week is defined as Wednesday through Tuesday with reporting to occur on Wednesday by 3 PM ET. You should report on the same day each week, either close of business on Tuesday or Wednesday by the deadline. We advise you not to alternate reporting days.

_____	* Facility ID (OrgID)
_____	* CMS Certification Number (CCN)
_____	* Facility Name
_____	* Week of Data Collection
_____	* In-center Patient Census
_____	* Date last modified
_____	* Home Patient Census
_____	* Total Certified Stations
_____	* Isolation Stations included in Total Certified Stations
☐ Yes ☐ No	* Is your facility a designated COVID unit?
☐ Yes ☐ No	* Does your facility have designated COVID shifts?
_____	* Total number of staff (physician, nurses, techs, environmental services, biomed, etc.) who worked at least 1 day during the current reporting week:
_____	* How many patients on the current in-center census reside in nursing homes?
_____	* How many patients on the current home census reside in nursing homes?

*For the following questions, report data during the current reporting week which is Wednesday through Tuesday each week. For questions requiring counts, include only **new data which has occurred during the current reporting week**. Data should not be cumulative.*

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)).

Public reporting burden of this collection of information is estimated to average 20 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, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).

SARS-CoV-2 Positive (+) Patients and Staff	
Patients	
_____	*Number of patients who were tested for SARS-CoV-2 and had a positive SARS-CoV-2 test result during the current reporting week:
_____	*Number of newly confirmed in-center patients during the current reporting week:
_____	*Number of newly confirmed in-center patients that reside in nursing homes during the current reporting week:
_____	*Number of newly confirmed patients during the current reporting week that are home patients:
_____	*Number of SARS-CoV-2 positive patients who are currently admitted to the hospital during the current reporting week:
Staff	
_____	*Number of newly confirmed staff during the current reporting week:

COVID-19 Vaccination Status – Primary Series: <i>For the patients who tested positive during the current reporting week, provide counts for the following categories.</i>	
Not Vaccinated	
_____	*Number of patients who have not been vaccinated with a COVID-19 vaccine OR patients whose first dose was administered 13 days or less before the test date:
Partial Vaccination	
_____	*Number of patients who have received only 1-dose of a two-dose mRNA vaccine (e.g., Moderna, Pfizer-BioNTech, or dose 1 of unspecified COVID-19 vaccine) AND have tested positive 14 days or more after receiving the COVID-19 vaccine:
Complete Primary Vaccination Series	
_____	*Number of patients who have received Dose 1 and Dose 2 of a two-dose mRNA vaccine (e.g., Moderna, Pfizer-BioNTech, or dose 1 and dose 2 of unspecified COVID-19 vaccine) OR 1 Dose of the Janssen COVID-19 Vaccine AND have tested positive 14 days or more after receiving the COVID-19 vaccine:

COVID-19 Vaccination Status – Additional and Booster Doses: *For the patients who tested positive during the current reporting week, provide counts for the following.*

CDC Up-To-Date Vaccination Guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Additional or Booster Vaccination

_____	*Number of patients who have received any additional dose(s) or booster dose(s) of COVID-19 vaccine (any manufacturer) AND have tested positive 14 days or more after receiving the additional dose or booster dose:
Booster Doses	
_____	*Number of patients who have received only one booster dose of COVID-19 vaccine (any manufacturer) AND have tested positive 14 days or more after receiving the booster dose:
_____	*Number of patients who have received two or more booster doses of COVID-19 vaccine (any manufacturer) AND have tested positive 14 days or more after receiving the most recent booster dose:

COVID-19 Deaths – Patients and Staff

_____	*Number of patients with deaths due to COVID-19 or related complications during the current reporting week:
_____	*Number of staff with deaths due to COVID-19 or related complications during the current reporting week:

For the following questions, please collect data and report findings during the current reporting week:

Shortages: Staff/Personnel & Personal Protective Equipment (PPE)

*Will your facility have a shortage of staff and/or personnel within the next week?	☐ Yes ☐ No
*Will your facility have a shortage of PPE within the next week?	☐ Yes ☐ No