

Change Memo for
National Healthcare Safety Network (NHSN)
Surveillance in Healthcare Facilities
(OMB Control Nos. 0920-0666)
Expiration Date: 12/31/2027

Program Contact

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The Centers for Disease Control and Prevention (CDC), Division of Healthcare Quality Promotion (DHQP) requests approval for non-substantive changes to one currently approved data collection instrument in the National Healthcare Safety Network (NHSN) OMB Package (OMB Control No. 0920-0666).

This non-substantive change is minor and does not constitute more than a 10% change to the original OMB package (0920-0666). The data collection for which approval for changes are being sought include:

1. 57.803 All Hazards

The changes to the currently approved instrument, including associated burden, are described below.

1. 57.803 All Hazards

Type of Change	Changed From	Changed To	Justification	Impact to Burden
Title Change	Critical Infrastructure – Essential Elements of Information Data Form	Daily Facility Operating Status	The title reflects more accurately the data points that will be collected	None
Event Date, Relabel and update format to DATETIME	Event Date: Month/Year	Reporting for date: MMDDYYYY HH:MM	To specify the date and time for which data are reported and responses are applicable	None
Under Status Indicator Section Added “the remainder of” the word “sate” was corrected to “state”	If facility reports normal / routine / conventional state in place – do not complete this form. If either contingency or emergency state reported proceed to complete the form	If facility reports normal / routine / conventional state in place – do not complete the remainder of this form. If either contingency or emergency state reported proceed to complete this form	Improved clarity Corrected typo	None
Section 2. removed the phrase Essential Elements of Information (EEI)	Essential Elements of Information (EEI) – Structural Damage	Structural Damage	Essential Elements of information (EEI) removed for concision	None
Removed the words “Facility” and “Essential Elements of Information (EEI)”	Essential Elements of Information Facility Evacuation Status. Please note the evacuation process applies ONLY to patients	Evacuation Status. Please note the evacuation process applies ONLY to patients	Facility and Essential Elements of information (EEI) removed for concision	None
Changed “Status” to “Type” and removed Essential Elements of	Essential Elements of Information (EEI) Evacuation Status. Please note the evacuation process applies ONLY to patients	Evacuation Type. Please note the evacuation process applies ONLY to patients	The word “Status” changed to “Type” and Essential Elements of information (EEI) removed for concision	None

Information (EEI) before Evacuation Status (above 3b)				
Removed Essential Elements of Information (EEI) before - Evacuation Start Time and End Time.	Essential Elements of Information (EEI) Evacuation Start Time and End Time. Please note the evacuation process applies ONLY to patients	Evacuation Start Time and End Time. Please note the evacuation process applies ONLY to patients	Essential Elements of information (EEI) removed for concision	None
Evacuation Type Select Normal operations: facility did not evacuate or shelter-in-place (unaffected) – changed to “ facility is unaffected and did not evacuate or shelter-in-place ”.	Select only one option <input type="checkbox"/> Normal operations: facility did not evacuate or shelter-in-place (unaffected)	Select only one option <input type="checkbox"/> Normal operations: facility is unaffected and did not evacuate or shelter-in-place	Improved for clarity	None
Evacuation Start Time Added “date”	3c. Enter Evacuation Start time Enter time the evacuation started, using format ____ : ____ hh mm	3c. Enter Evacuation Date and Start time Enter the date and time the evacuation started, using format: Month/day/year: ____/____/____ HH:MM	Added date for specificity	None
Evacuation End Time Added “date”	3d. Enter Evacuation End time Enter time the evacuation ended, using format ____ : ____ hh mm	3d. Enter Evacuation Date and End time Enter the date and time the evacuation ended, using format: Month/day/year: ____/____/____ HH:MM	Added date for specificity	None
Removed Essential Elements of Information (EEI) before Re-entry Status	Essential Elements of Information (EEI) Re-entry Status	Re-entry Status	Essential Elements of information (EEI) removed for concision	None
Removed Essential Elements of Information (EEI) and Generator Fuel Status, Generator Fuel	Essential Elements of Information (EEI) Generator Power Status, Generator Fuel Status, Generator Fuel Type	Generator Power Status	Essential Elements of information (EEI) removed for concision	Remove extra Essential Elements of Information (EEI) verbiage for clarity

