Change Memo for

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

Program Contact

Paula Farrell
Surveillance Branch
Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention
Atlanta, Georgia 30333
Phone: 404-498-4019

Email: ujb1@cdc.gov

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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"	If facility reports normal / routine / conventional state in place — do not complete this form.	If facility reports normal / routine / conventional state in place – do not complete the remainder of this form.	Improved clarity	None	
the word "sate" was corrected to "state"	If either contingency or emergency sate reported proceed to complete the form	If either contingency or emergency state reported proceed to complete this form	Corrected typo		
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	Evacuation Start Time and End	Essential Elements of	None
Essential Elements of Information (EEI) before - Evacuation Start Time and End Time.	(EEI) Evacuation Start Time and End Time. Please note the evacuation process applies ONLY to patients	Time. Please note the evacuation process applies ONLY to patients	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 Normal operations: facility did not evacuate or shelter-in-place (unaffected)	Select only one option □ 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 :hhmm Essential Elements of Information	3d. Enter Evacuation Date and End time Enter the date and time the evacuation ended, using format: Month/day/year:/	Added date for specificity Essential Elements of	None
Essential Elements of Information (EEI) before Re-entry Status	(EEI) Re-entry Status	re-entry status	information (EEI) removed for concision	rvolie
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

Updated the	4c. Generator Fuel Status	4b. Generator Fuel Status	Continue lettering	None
lettering 4c to	Specify how may hours of fuel the	Specify how may hours of fuel	sequence	
4b for	generator has for the facility	the generator has for the facility		
Generator Fuel				
Status. Specify				
how many				
hours of fuel				
the generator				
has for the	Select Only One option	Select Only One option	Corrected timeframe	
facility	□ 28 – 48 hours	□ 24 – 48 hours		
Select Only				
One option				
□ 28 – 48				
hours, changed				
to 24 – 48hrs				
Removed	Essential Elements of Information	Sewer System	Elements of	None
Essential	(EEI) Sewer System		information (EEI)	
Elements of			removed for concision	
Information				
(EEI) before				
Sewer System				
Added the	Description – Immediate Needs	Description – Other Immediate	Improve clarity	None
word "Other"		Needs		
before				
Immediate				
Needs				

Time Burden: N/A

Change in Time Burden: No change to burden with this revision.

Burden Estimates – 0920-0666

As a result of proposed changes to the form there are no changes to the burden.

Form Number & Name	No. of Respondents	No. Responses per Respondent	Avg. Burden per response (in hrs.)	Total Burden (in hrs.)	Hourly Wage Rate	Total Respondent Cost	Type of Respondent
57.803 Daily Facility Operating Status	No change to burden or cost.						
Total Burden Hours for 0920-0666 – 4,508,255							