**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

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| --- | --- | --- | --- | --- |
| **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 SectionAdded “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 sate 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 clarityCorrected 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 Information (EEI) before Evacuation Status (above 3b) | 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 |
| 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 TypeSelect**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 timeEnter time the evacuation started, using format\_\_\_ : \_\_\_\_hh mm | 3c. Enter Evacuation Date and Start timeEnter 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 timeEnter time the evacuation ended, using format\_\_\_ : \_\_\_\_hh mm | 3d. Enter Evacuation Date and End timeEnter 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 |
| Updated the lettering 4c to 4b for Generator Fuel Status. Specify how many hours of fuel the generator has for the facility**Select Only One option** **□** 28 – 48 hours, changed to 24 – 48hrs | 4c. Generator Fuel StatusSpecify how may hours of fuel the generator has for the facility**Select Only One option** **□** 28 – 48 hours | 4b. Generator Fuel StatusSpecify how may hours of fuel the generator has for the facility**Select Only One option** **□** 24 – 48 hours | Continue lettering sequenceCorrected timeframe | None |
| Removed Essential Elements of Information (EEI) before Sewer System | Essential Elements of Information (EEI) Sewer System |  Sewer System | Elements of information (EEI) removed for concision  | None |
| Added the word “Other” before Immediate Needs  | Description – Immediate Needs | Description – Other Immediate Needs | Improve clarity | None |

**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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |