**Explanation of Program Additional Change for**

National Healthcare Safety Network (NHSN)

Surveillance in Healthcare Facilities

(OMB Control Nos. 0920-0666)

Expiration Date: 06/30/2025

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The Centers for Disease Control and Prevention (CDC), Division of Healthcare Quality Promotion (DHQP) requests approval for changes to one currently approved data collection instrument in the National Healthcare Safety Network (NHSN) OMB Package (OMB Control No. 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 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 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 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 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  \_\_\_ : \_\_\_\_  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 |
| 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 Status  Specify how may hours of fuel the generator has for the facility  **Select Only One option**  **□** 28 – 48 hours | 4b. Generator Fuel Status  Specify how may hours of fuel the generator has for the facility  **Select Only One option**  **□** 24 – 48 hours | Continue lettering sequence  Corrected 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 |