

HAI/AR Program Staff Directory Tool

Jurisdiction

HAI/AR Program Staffing Directory

This directory should include all staff affiliated with the HAI/AR program, regardless of funding source. This includes staff engaged in HAI/AR Program activities that are partially or fully funded by the Epidemiology Laboratory and Capacity (ELC) cooperative agreement (G1, CARES, Enhancing Detection, Healthcare IPC Training (Project Firstline), American Rescue Plan (SHARP and Nursing Home and Long Term Care Strike Teams) as well as staff engaged in HAI/AR Program activities funded by other sources (state funds, etc.).

Instructions:

One form should be completed for each staff member affiliated with the HAI/AR Program. When adding or editing a staff members information, please use these instructions.

Enter the staff member's first and last name. If entering something other than a staff member name, such as an organizational mailbox, please use the comment box at the bottom of the form to explain. Enter a nickname or preferred name, if applicable. Enter the applicable contact email address. Note: If you would like to enter an organizational mailbox, please enter that email address and enter a comment in the comment box explaining. You do not need to complete the rest of the form, just save and leave the form as incomplete. Select the funding source(s) of this staff member. If "other" was selected, please enter the appropriate funding source in the specify field that appears in the row below. Enter the date that the staff member was onboarded or hired in the format MM/YYYY. Select whether or not this staff member is a contractor. Select "Yes" if the staff member is not a health department employee but is employed separately and is embedded at the agency, and this staff member is included in the Personnel" section of your budget. Select "No" if the staff member is a health department employee, or if the staff member is hired by a contracting organization that is included in the "Other" section of your budget. Indicate whether or not this staff member is the HAI/AR Program Coordinator. If not, please indicate if this person should have the same access and rights to sensitive information as a HAI/AR coordinator on question 7a. Selecting "Yes" on 7a will designate this staff member as a HAI/AR Program Coordinator Alternate. If this staff person is listed as a HAI/AR Program Coordinator Alternate, they will have the same access as the HAI/AR Program Coordinator and receive the same sensitive communications. Note: all HAI/AR Program Coordinators and Alternates will be granted access to all HAI/AR REDCap Performance Measure projects regardless of their selections made on the Staffing Directory. Select "Yes" if this staff member is temporarily acting in a role to cover a vacancy. If the staff member is temporarily acting to cover a vacancy, please indicate which role they are covering in the specify field that appears as 8a. Indicate whether or not this staff member can perform onsite and/or remote healthcare infection control assessments. Indicate if this staff member has a clinical or non-clinical background. Indicate whether or not this staff member should have access to the HAI/AR Programs SharePoint Note: SAMS authentication is required for

access. If an entered staff member does not yet have SAMS, or the appropriate activities in SAMS, access will be delayed depending upon when the SAMS processes have been completed by the staff member. If a SAMS invitation is needed, please email HAIAR@cdc.gov. Please see the SAMS section in the HAI/AR Program Staffing Directory User Guide for more information. Please indicate whether or not this person should be given rights to your jurisdiction's HAI/AR Staffing Directory REDCap project to be able to add, edit, and remove staff members. Note: SAMS authentication is required for access. If an entered staff member does not yet have SAMS, or the appropriate activities in SAMS, access will be delayed depending upon when the SAMS processes have been completed by the staff member. If a SAMS invitation is needed, please email HAIAR@cdc.gov. Please see the SAMS section in the HAI/AR Program Staffing Directory User Guide for more information. Please indicate which SHARP project(s) this staff member supports. Note: additional project specific sections will appear below for each project selected, including those necessary to request REDCap access for project specific Performance Measures. The project specific sections include, but are not limited to, additional items related to the following: Part-time or full-time support Project specific roles Note: if none of the roles listed apply, please select "Other" and type in the appropriate title. Contact lists Project specific Performance Measure REDCap projects Note: SAMS authentication is required for REDCap access. Please see the SAMS section for more information. The AR Lab Network does not utilize the HAI/AR Program Staffing Directory to manage their contact list, collect staffing information, or manage access requests to their SharePoint site or REDCap Performance Measures. AR Lab Network maintains their own contact list on their SharePoint site, which can be updated directly by users with access. If you are unable to access this SharePoint site, please email ARLN@cdc.gov. To request access to the AR Lab Network (G2/SHARP Project 2) Performance Measure REDCap project, please email ELC@cdc.gov. Regarding which G2-funded staff or lab staff should be included in the Staffing Directory, please consider the following: If a staff member is funded by G2 and works on epi activities (e.g., an epi-lab coordinator), they should be included in the Staffing Directory. If a staff member is only working on laboratory activities, they should not be added to the staffing directory. We would like for this directory to be useful to all HAI/AR programs. If your program is comfortable sharing this staff member's information with all HAI/AR programs, please select "Yes". If your program does not wish to share this information, please select "No". The data collected from this question (e.g., name, email address, and role) will be uploaded to a report that will be available on our HAI/AR SharePoint site and updated regularly. This report will not be accessible by the public. The primary contact for other jurisdictions is the person(s) in your HAI/AR program that regularly communicates with other states. Select "Yes" for this field if this staff member should be considered the point of contact for other jurisdictions. If so, please enter the best phone number where this person can be reached. This phone number will also be published in the report that will be housed in the HAI/AR SharePoint site as part of the directory for all HAI/AR programs to have access to. Select "No" if this person should not be listed as the point of contact for other jurisdictions. Note: Please do not list more than 3 people as primary contacts for other jurisdictions. If you need to remove a staff member from the directory, please check the box in the "Remove this staff member from the directory?" question. Once this box has been checked, we will remove that person's access to data and systems, then we will delete their data from the staffing directory. Note: Please be mindful when selecting this box, as this action is not easily undone. Also, please do not attempt to delete or overwrite any forms yourself; we need to be informed for our internal processes. If you need to remove staff, please check this box and feel free to

not complete the remainder of the form. When you save the form as complete, you will get an alert, but you can select "Ignore and leave record" to bypass this alert. Once everything in the form has been edited or entered, please scroll down to the bottom of the page, change the form status to "Complete" and click the "Save & Exit Form" button. For more information about the form status', please see step 3 of the REDCap section of the user guide.

HAI/AR Program Staffing Directory User Guide:

[Attachment: "HAIAR Program Staffing Directory User Guide.pdf"]

1. Staff Name (provide legal first and last name; or organization)

2. Nickname or preferred name:

3. Email Address

4. This position is fully or partially funded by which of the following sources (Select all that apply):

- ☐ ELC Core G1
- ☐ ELC Core G2
- ☐ ELC CARES
- ☐ ELC Enhancing Detection (or Expansion)
- ☐ ELC Healthcare IPC Training (Project Firstline)
- ☐ ELC Strengthening HAI/AR Program Capacity (SHARP)
- ☐ ELC Nursing Home Strike Teams (NHST)
- ☐ Other

4a. If "other", please specify the other source

5. Date of onboarding/hire to the HAI/AR Program (mm/yyyy):

6. Is this staff member a contractor (i.e., an individual who is not a health department employee, but is employed separately and is embedded in the agency. This staff member would be included in the "Personnel" section of the budget)?

- ☐ Yes
- ☐ No
- (This question relates to the Project Firstline SHARP 5.1 Performance Measure)

Note: Staff hired by contracting organizations listed under the "Other" section of the budget do not need to be included in the staffing directory.

7. Is this staff member the HAI/AR Program Coordinator?

- ☐ Yes
- ☐ No

7a. Should this staff member be listed as a HAI/AR Program Coordinator Alternate (See instructions above)?

- ☐ Yes
- ☐ No

8. Is this staff member acting in this position to cover a vacancy?

- ☐ Yes
- ☐ No

8a. Please specify which role this staff member is covering:

9. Please indicate if this staff member can perform any of the following healthcare infection control assessments (Select all that apply):

- ☐ Onsite Infection Control Assessments
☐ Remote Infection Control Assessments
☐ None of the above
 (This question relates to the Response and Prevention E.23 Performance Measure)

10. What type of background does this staff member have?

- ☐ Clinical
☐ Non-Clinical
 (This question relates to the Response and Prevention E.23 Performance Measure)

11. Does this staff member need access to the HAI/AR Program SharePoint site?

- ☐ Yes
☐ No

12. Should this person have access to add and remove people from the HAI/AR Program Staffing Directory?

- ☐ Yes
☐ No

13. Which project areas does this staff member support? (Select all that apply):

Please note - Selections for this question reveal additional project specific sections below, including access to Performance Measure projects.

- ☐ HAI/AR Response and Prevention (e.g. G1, SHARP Project I)
☐ Antibiotic Stewardship (e.g. G1, SHARP Project III)
☐ NHSN (e.g., DUAs, sentinel sites, validation, G1, SHARP Project IV)
☐ Project Firstline (e.g. G1, SHARP Project V)
☐ Nursing Home Strike Teams

HAI/AR Response and Prevention Details

Does this person support Response and Prevention part-time or full-time?

- ☐ Part-Time
☐ Full Time

Role(s):

Please select all roles that apply. If a role is not reflected in the options available, please select "Other" and specify in the text field that appears.

- ☐ Response and Prevention Lead
☐ HAI Outbreak Lead
☐ HAI Epidemiologist
☐ AR Epidemiologist/AR Expert (as described in ELC G1)
☐ Infection Prevention and Control Expert
☐ HAI/AR Dialysis Expert
☐ Data Analyst
☐ Administrative Support
☐ Other

If other, please specify:

Does this person fulfill any of the following roles for SHARP Project 1 optional activities?

- ☐ Analytics & Evaluation Project point of contact (Activity A4)
- ☐ Outbreak Reporting Pilot point of contact (Activity A5)
- ☐ MDRO Prevention Epidemiologist (Activity B3)
- ☐ MDRO Prevention Coordinator (Activity B3)
- ☐ HAI Outbreak Response Capacity point of contact (Activity C3)
- ☐ Setting-specific Prevention Project point of contact (Activity D2)
- ☐ Device/Procedure Prevention point of contact (Activity D3)
- ☐ Injection Safety point of contact (Activity D4)
- ☐ Health Equity Project point of contact (Activity D5)
- ☐ HAI/AR Strategic Planning point of contact (Activity D6)
- ☐ None of the above

How would you classify this staff member based on the definitions below (choose the one that best describes this individual)?

Regional

Local

Central

From our perspective, this includes public health staff who primarily focus on HAI/AR response and prevention activities in specific region(s) AND are either:

located at the regional office, OR strategically located in or near their assigned region(s) of the state This could include:

government employees (state, regional, local) or contractors This does not include:

staff who are assigned to a single local health dept/jurisdiction (see LOCAL option), OR staff whose geographic location is not related to their primary role (see CENTRAL option), OR staff who remotely provide support to facilities or health departments but are not located in or near that region (see CENTRAL option) From our perspective, this includes public health staff who primarily focus on HAI/AR response and prevention activities in a single local jurisdiction AND are either:

located at the local health department, OR strategically located in or near their assigned local jurisdiction This could include:

government employees (state, regional, local) or contractors This does not include:

regional staff (see LOCAL option), OR staff whose geographic location is not related to their primary role (see CENTRAL option)

From our perspective, this includes public health staff who primarily focus on HAI/AR response and prevention activities AND are either:

located at the central office of the state health department, OR located somewhere other than the central office, but whose geographic location is not related to their primary role This could include:

government employees (state, regional, local) or contractors
(This question relates to the Response and Prevention E.23 and SHARP 1.2 Performance Measure)

Does this central staff member support public health HAI/AR expertise among local or regional public health staff?

This could take the form of consulting on outbreak responses or prevention activities, conducting trainings or webinars, providing mentorship, or other forms of capacity building to strengthen public health HAI/AR capacity throughout the jurisdiction

- ☐ Yes, this is the primary responsibility of this staff member
☐ Yes, this staff member has some responsibility (but it is not their primary responsibility)
☐ No, this is not the responsibility of this staff member
 (This question relates to the Response and Prevention SHARP 1.2 Performance Measure)

Which Local Health Department?

(This question relates to the Response and Prevention SHARP 1.2 Performance Measure)

Should this staff member be added to the HAI/AR Response and Prevention contact list to receive general, non-sensitive communications?

- ☐ Yes
☐ No

Should this staff member be invited to the MDRO Containment call?

- ☐ Yes
☐ No

Should this staff member be added to the HAI/AR Response and Prevention REDCap Performance Measures project?

- ☐ Yes
☐ No

This staff member should be considered the Response and Prevention primary point of contact

☐

Antibiotic Stewardship Details

Does this person support Antibiotic Stewardship part-time or full-time?

- ☐ Part-Time
☐ Full Time
 (This question relates to the Antibiotic Stewardship SHARP 3.1 Performance Measure)

Role(s):

Please select all roles that apply. If a role is not reflected in the options available, please select "Other" and specify in the text field that appears.

- ☐ Antibiotic Stewardship Lead/Co-Lead
☐ AS Expert (as described in ELC G1)
☐ Pharmacist
☐ Physician
☐ Nurse/Nurse Practitioner
☐ Epidemiologist/Analyst
☐ Administrative Support
☐ Other
 (This question relates to the Antibiotic Stewardship SHARP 3.1 Performance Measure)

If other, please specify:

(This question relates to the Antibiotic Stewardship SHARP 3.1 Performance Measure)

Is this staff member affiliated with or employed by any partners:

- ☐ Academic Institution
☐ Healthcare System
☐ Other partner
☐ None of the above
 (This question relates to the Antibiotic Stewardship SHARP 3.1 Performance Measure)

If other, please specify:

(This question relates to the Antibiotic Stewardship SHARP 3.1 Performance Measure)

Should this staff member be added to the Antibiotic Stewardship contact list to receive general, non-sensitive communications?

- ☐ Yes
☐ No

Should this staff member be added to the Antibiotic Stewardship REDCap Performance Measures project?

- ☐ Yes
☐ No

This staff member should be considered the Antibiotic Stewardship primary point of contact

☐

NHSN Details

Does this person support NHSN part-time or full-time?

- ☐ Part-Time
☐ Full Time
(This question relates to the NHSN SHARP 4.1 Performance Measure)

Role(s):

Please select all roles that apply. If a role is not reflected in the options available, please select "Other" and specify in the text field that appears.

- ☐ NHSN Coordination Lead
☐ Infection Preventionist
☐ Pharmacist
☐ Public Health Analyst
☐ Administrative Support
☐ Other
(This question relates to the NHSN SHARP 4.1 Performance Measure)

If other, please specify:

(This question relates to the NHSN SHARP 4.1 Performance Measure)

Which activities does this staff member participate in? Select all that apply

- ☐ Provide technical assistance
☐ Establishing and updating data use agreements
☐ Forming sentinel sites for validation
☐ Conduct HAI data validation
☐ Financial support to AUR reporting
☐ Identify and provide EHR incentive
☐ None of the above
(This question relates to the NHSN SHARP 4.1 Performance Measure)

Should this staff member be added to the NHSN contact list to receive general, non-sensitive communications?

- ☐ Yes
☐ No

Should this staff member be added to the NHSN REDCap Performance Measures project?

- ☐ Yes
☐ No

This staff member should be considered the NHSN primary point of contact

☐

Project Firstline Details

Does this person support Project Firstline part-time or full-time?

- ☐ Part-Time
☐ Full Time
 (This question relates to the Project Firstline SHARP 5.1 Performance Measure)

Is this person the Project Firstline lead for your Jurisdiction?

- ☐ Yes
☐ No
 (This question relates to the Project Firstline SHARP 5.1 Performance Measure)

Role(s):

If a role is not reflected in the options available, please select "Other" and specify in the text field that appears.

- ☐ Clinician
☐ Communication Specialist
☐ Epidemiologist
☐ Health Educator/Education Specialist
☐ Infection Preventionist
☐ Information Technology (e.g., Data Manager, Web Administrator, etc.)
☐ Consultant
☐ Administrative Support (e.g., Receptionist, Clerical Staff, Administrative assistant, etc.)
☐ Other
 (This question relates to the Project Firstline SHARP 5.1 Performance Measure)

Please specify the type of Clinician:

(This question relates to the Project Firstline SHARP 5.1 Performance Measure)

If other, please specify:

(This question relates to the Project Firstline SHARP 5.1 Performance Measure)

Should this staff member be added to the Project Firstline contact list to receive general, non-sensitive communications?

- ☐ Yes
☐ No

Should this staff member be added to the Project Firstline REDCap Performance Measures project?

- ☐ Yes
☐ No

This staff member should be considered the Project Firstline primary point of contact

☐

Nursing Home Strike Team Details

Does this person support Nursing Home Strike Teams part-time or full-time?

- ☐ Part-Time
☐ Full Time

Should this staff member be added to the Nursing Home Strike Team contact list to receive general, non-sensitive communications, and access to the Nursing Home Strike Team specific SharePoint site?

- ☐ Yes
☐ No

Should this staff member be added to the Nursing Home Strike Team REDCap Performance Measures project?

- ☐ Yes
☐ No

This staff member should be considered the Nursing Home Strike Team primary point of contact

☐

14. May we publish this person's information to a list accessible to all HAI/AR programs?

- ☐ Yes
☐ No

15. This is the primary contact for other jurisdictions to reach the [record-name] HAI/AR Program

- ☐ Yes
☐ No

15a. Please provide this individuals phone number:

16. Remove this staff member from the directory?

☐

Note: If you need to remove staff, please check this box and feel free to not complete the remainder of the form. When you save the form as complete, you will get an alert, but you can select "Ignore and leave record" to bypass this alert.

16a. Reason for removal:

- ☐ Retired
☐ Left the HAI/AR Program, but still works at the Health Department
☐ Left the Health Department
☐ No available funds for this position
☐ None of the above
-

Comments:

Feedback on the Staffing Directory:
