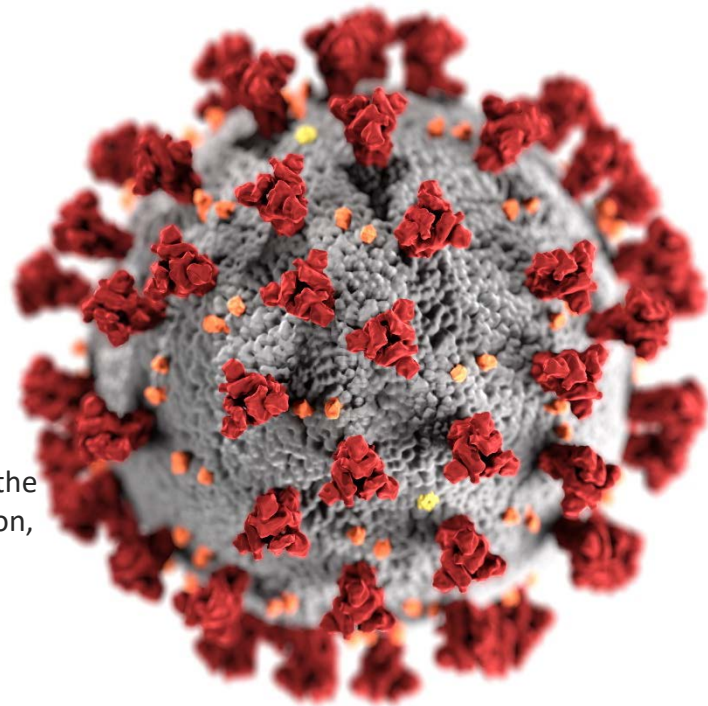# State Veterans Homes COVID-19 Resident and Staff Event Reporting

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cdc.gov/coronavirus

LEARNING OBJECTIVE 1

Discuss NHSN COVID-19 event reporting tool for LTC - State Veterans Homes (SVHs)

LEARNING OBJECTIVE 2

Review steps to access Resident and Staff COVID-19 Event reporting for data entry

LEARNING OBJECTIVE 3

Apply NHSN criteria to surveillance data reporting for LTC - State Veterans Homes (SVHs)

Overview

National Healthcare Safety Network (NHSN) and State Veterans Homes COVID-19 Event Reporting

NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

- Secure, internet-based surveillance system managed by the Centers for Disease Control and Prevention (CDC)

- Open to a variety of healthcare facilities in the United States

- Tool for the collection, analyses, and summarization of data on healthcare associated infections (HAIs), adverse healthcare events, antimicrobial use and resistance, adherence to prevention practices, exposures, and outcomes

- Collaborations with local and state public health agencies, and professional groups

NHSN Long-Term Care Facility Component COVID-19 Module

- Facilities eligible to report data to NHSN's COVID-19 Module include:
  - Nursing homes/skilled nursing
  - Long-term care for the developmentally disabled
  - Assisted living

- NHSN created a surveillance tool designed for State Veterans Homes that have been mandated to provide person-level data to NHSN and the Veterans Health Administration (VHA) to include:
  - Skilled nursing
  - Domiciliary (assisted living) facilities

NHSN Long-term Care Facility Types for COVID-19 Reporting

Skilled Nursing Facility(SNF) / Nursing Home (NH)

+

Assisted Living Facility/Residential Care

+

*Intermediate Care Facilities for Individuals with Intellectual Disabilities

Newly Added Facility Types

State Veterans Home – Skilled Nursing Facility

+

State Veterans Home – Assisted Living/Domiciliary Facility

*NHSN Labeled: **Intermediate/Chronic Care Facility for the Developmentally Disabled**

Recently Added NHSN LTC Facility Types for COVID-19 Reporting

State Veterans Home – Skilled Nursing Facility (**LTC-SVHSNF**)

+

State Veterans Home – Assisted Living Facility/Domiciliary **(LTC-SVHALF)**

Newly Added Facility Types

LTCF COVID-19 Event Reporting for Resident and Staff-Level

Created to track and monitor residents and staff with laboratory-positive COVID-19 (SARS-CoV-2) Events

Resident COVID-19 Event

- Newly Positive Event
- Test Type
- Re-infections
- Vaccination Status
- COVID-19 Therapy
- Hospitalization
- COVID-19 Deaths

Staff COVID-19 Event

- Newly Positive Event
- Test Type
- Re-infections
- Vaccination Status
- COVID-19 Deaths

LTCF COVID-19 Event Reporting

May 2021

Resources for State Veterans Homes COVID-19 Event Reporting

Visit **NHSN LTCF State Veterans Homes COVID-19 web-page** for reporting resources

State Veterans Homes COVID-19 Tool

The NHSN Long-term Care Facility Component supports the nation's COVID-19 response through the LTCF COVID-19 Module. Facilities eligible to report data to NHSN's COVID-19 Module include nursing homes/skilled nursing, long-term care for the developmentally disabled, and assisted living. In response to H.R. 7105 – Veterans Healthcare and Benefits Improvement Act of 2020, NHSN created a surveillance tool to enable mandated reporting of resident and staff-level data to NHSN and the Veterans Health Administration (VHA).

As part of CDC's ongoing COVID-19 response, the State Veterans Homes COVID-19 Tool is designed to help long-term care facilities (LTCFs) track and monitor residents and staff who test-positive for COVID-19 (SARS-CoV-2). LTCFs eligible to report data include State Veterans Homes (SVHs) providing nursing home (LTC-SVHSNF) and domiciliary care (LTC-SVHALF).

Training

- State Veterans Homes COVID-19 Resident and Staff Event Reporting – May 2021 [PDF – 3 MB]

Frequently Asked Questions

FAQs on State Veterans Home COVID-19 Event Form [PDF]

https://www.cdc.gov/nhsn/ltc/vha/index.html

Data Collection Forms and Instructions

All Data Collection Forms are Print-only

Resident COVID-19 Events

- Resident COVID-19 Event Form (57.159) [PDF – 80 KB] – May 2021
  - Table of Instructions [PDF – 300 KB]

Staff and Personnel COVID-19 Events

- Staff and Personnel Covid-19 Event Form (57.160) [PDF – 80 KB] – May 2021
  - Table of Instructions [PDF – 300 KB]

Resources

Facility Resources

- How to Edit an Email Address in SAMS and the NHSN Facility [PDF – 405 KB] – December 4, 2020
- How to Change LTC Facility Type [PDF – 300 KB] – May 27, 2021
- How to Add a User in NHSN [PDF – 800 KB] – October 5, 2020
- How to Re-assign NHSN Facility Administrator [PDF – 500 KB] – October 5, 2020

Group Resources

- How to Join a Group and Accept the Confer Rights Template [PDF – 400 KB]
- How to Set Up Groups [PDF – 850 KB]

Data Collection Forms and Form Instructions

Visit [NHSN LTCF State Veterans Homes COVID-19 web-page](#)

Tips for COVID-19 Event Reporting

⚠️ **Important!** Skilled Nursing Facilities for State Veterans Homes and Assisted Living/ Domiciliary Facilities for State Veterans Homes must update the "Facility Type" for their facility before the Event Reporting Form can be accessed.

COVID-19 State Veterans Homes Event Reporting

Does my facility have access to the Event Reporting Form?

How do I update the facility type?

❑ Log-in to NHSN

❑ On LTC Home Page Select>*Facility>>Facility Info* on the left side navigation panel.

❑ After clicking "*Facility Info*" the "Edit Facility Information" screen displays.

How do I update the facility type?

Once the Edit Facility Information screen appears:

❑ Scroll down to Facility type. Then choose the correct facility type in the drop-down menu.

❑ Click "Update" to save your edits.

❑ You will need to log-out/log-in for changes to take effect.

How do I add the VA station code?

To add the VA Station Code, please follow the previous steps identified by:

❑ Log-in to NHSN

❑ Select, on the left-hand side,> Facility>>Facility info.

❑ On the Edit Facility Information page, enter assigned VA Station Code (if shows blank)

❑ Click "Update" on the bottom of page to save your edits.
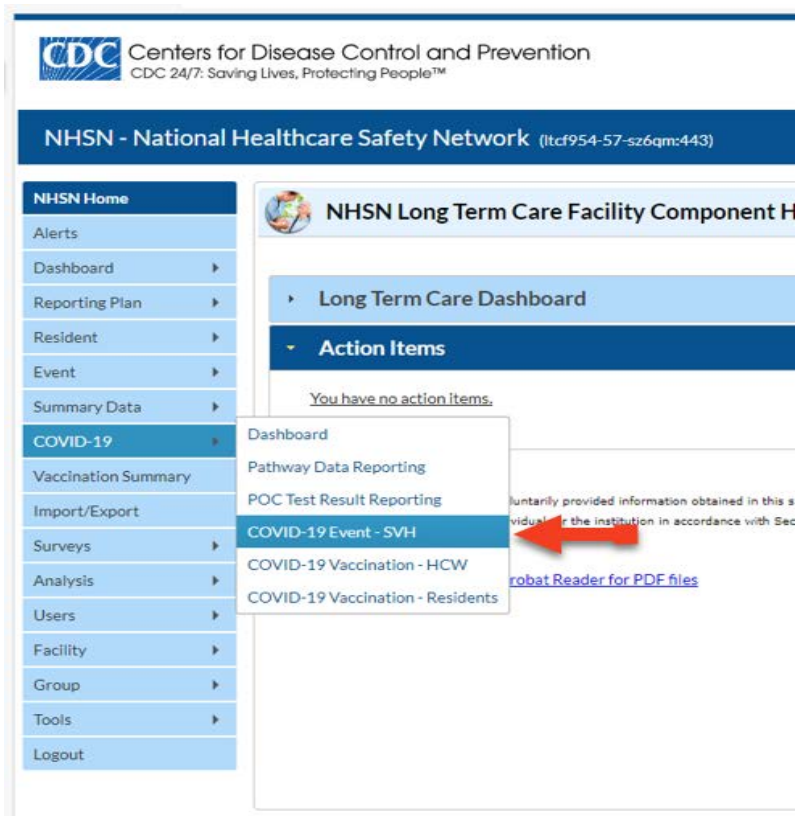
COVID-19 State Veterans Homes Event Reporting

How to Access Event Reporting Form

How do I access the State Veterans Homes COVID-19 Event Reporting Form?

❑ Log-in to NHSN

- On LTC Home Page Select>*COVID-19*>>COVID-19 Event – SVH on the left side navigation panel.

- After clicking "COVID-19 Event – SVH" the "COVID-19 Event Reporting" screen displays.

How do I access the State Veterans Homes COVID-19 Event Reporting Form?

Once the COVID-19 Event Reporting page screen appears:

❑ Select the "Type of Individual tested" from the drop-down menu

❑ Enter the demographic data

❑ Click "Add Event Details" to enter event data.

⚠ *Demographic data must be entered before proceeding with adding event details**

State Veterans Homes COVID-19 Resident Event Form

COVID-19 State Veterans Homes Event Reporting

How to enter SARS-CoV-2 (COVID-19) Resident Event

State Veterans Homes Event Form Reporting Frequency

An event should be entered for each positive SARS-CoV-2 (COVID-19) case

*Event counts should be included in weekly facility level reporting since last count collection in NHSN Resident Impact and Facility Capacity Pathway (RIFC)

Facility Level reporting in COVID-19 Surveillance Pathways data are entered weekly

State Veterans Homes Event Form Reporting Definitions

An event form must be entered each time a resident newly tests positive for COVID-19, including re-infections and re-admissions

Resident/Staff COVID-19 Event: a resident or staff member who tests positive for SARS-CoV-2 (COVID-19) based on a point-of-care antigen or a NAAT/PCR viral test result.

Re-infection: a new positive SARS-CoV-2 (COVID-19) viral test result performed **more than 90 days** after a previous COVID-19 infection.

Re-admission: a resident who was discharged from the LTCF for **more than 3 days** with SARS-CoV-2 (COVID-19) and has been readmitted for a subsequent stay.

State Veterans Homes COVID-19 Resident Event Form

Event Details

*Event Type: **COVID-19**   *Date of Current Admission to Facility: [   ] 📅

*Date of Event: [   ] 📅

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* TEST TYPE: The resident was determined to be SARS-CoV-2 positive using which of the following testing options (ONLY CHOOSE ONE):

☐ Positive SARS-CoV-2 antigen test only [no other testing performed]

☐ Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]

☐ ±Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)

☐ ±Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test

    ± Only select if the two tests were performed **within 2 days of each other.** Otherwise, select first test performed only.

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* RE-INFECTIONS: Respond to questions based on the current COVID-19 event (SARS-COV-2 Infection):

*Is the resident considered to be re-infected with SARS-CoV-2? ☐ Yes ☐ No

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* VACCINATION STATUS: Indicate if the resident received a COVID-19 vaccine at least 14 days before the newly positive viral test result:

☐ Not vaccinated with COVID-19 vaccine or specimean collected less than 14 days after dose 1

☐ Pfizer-BioNTech COVID-19 vaccine (choose one):

☐ Moderna COVID-19 vaccine (choose one):

☐ Janssen COVID-19 vaccine (Only 1 dose)

☐ Unspecified manufacturer: Completed COVID-19 vaccination series; unspecified manufacturer

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* COVID-19 THERAPY: Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

☐ Did not receive

☐ Casirivimab/Imdevimab (Regeneron)

☐ Bamlanivimab/etesevimab (Lilly)

☐ Sotrovimab (GlaxoSmithKline)

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* HOSPITALIZATION: Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event? | *** COVID-19 DEATH:** Did the resident die from COVID-19 related complications?

☐ Yes ☐ No | ☐ Yes ☐ No

[Save] [Cancel]

State Veterans Homes COVID-19 Event Reporting

Test Type: Required for each positive SARS-CoV2 (COVID-19) event.

Only one test type should be selected

* TEST TYPE: The resident was determined to be SARS-CoV-2 positive using which of the following testing options (ONLY CHOOSE ONE):

☐ Positive SARS-CoV-2 antigen test only [no other testing performed]

☐ Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]

☐ ±Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)

☐ ±Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test

± Only select if the two tests were performed **within 2 days of each other**. Otherwise, select first test performed only.

State Veterans Homes COVID-19 Event Reporting

If resident is considered re -infected with SARS-CoV-2, user will also need to answer if symptomatic

★ **RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-COV-2 Infection):

★ Is the resident considered to be re-infected with SARS-CoV-2? ☐ Yes ☐ No

★★ If applicable, was the resident symptomatic at the time of re-infection? ☐ Yes ☐ No

State Veterans Homes COVID-19 Resident Event Form

Vaccination Status: Select only one option including the dosage number received per vaccine

★ **VACCINATION STATUS:** Did the resident receive a COVID-19 vaccine at least 14 days before the newly positive viral test result?

☐ Not vaccinated with COVID-19 vaccine

☐ Pfizer-BioNTech COVID-19 vaccine (choose one):
  ☐ Dose 1 received at least 14 days before the newly positive viral test result
  ☐ Dose 2 received at least 14 days before the newly positive viral test result

☐ Moderna COVID-19 vaccine (choose one):
  ☐ Dose 1 received at least 14 days before the newly positive viral test result
  ☐ Dose 2 received at least 14 days before the newly positive viral test result

☐ Janssen COVID-19 vaccine (Only 1 dose)

☐ Unspecified manufacturer (Only 1 dose)

State Veterans Homes COVID-19 Resident Event Form

COVID-19 Therapy: Select only one option

* **COVID-19 THERAPY:** Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

☐ Did not receive

☐ Casirivimab/imdevimab (Regeneron)

☐ Bamlanivimab/etesevimab (Lilly)

☐ Sotrovimab (GlaxoSmithKline)

State Veterans Homes COVID-19 Resident Event Form

★ HOSPITALIZATION: Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event?

☐ Yes ☐ No

★★ Date of hospitalization: [_____] 📅

★ COVID-19 DEATH: Did the resident die from COVID-19 related complications?

☐ Yes ☐ No

★★ Date of death: [_____] 📅

★★ Date for each element is conditional to "*YES*" response to question

State Veterans Homes COVID-19 Resident Event Form

Event Details

*Event Type: COVID-19   *Date of Current Admission to Facility: 05/01/2021 [6]

*Date of Event: 06/20/2021 [6]

* **TEST TYPE:** The resident was determined to be SARS-CoV-2 positive using which of the following testing options (ONLY CHOOSE ONE):

☐ Positive SARS-CoV-2 antigen test only [no other testing performed]

☑ Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]

☐ ±Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)

☐ ±Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test

　± Only select if the two tests were performed **within 2 days of each other**. Otherwise, select first test performed only.

* **RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-COV-2 Infection):

*Is the resident considered to be re-infected with SARS-CoV-2? ☑ Yes ☐ No

**If applicable, was the resident symptomatic at the time of re-infection? ☑ Yes ☐ No

* **VACCINATION STATUS:** Indicate if the resident received a COVID-19 vaccine at least 14 days before the newly positive viral test result:

☐ Not vaccinated with COVID-19 vaccine or specimean collected less than 14 days after dose 1

☐ Pfizer-BioNTech COVID-19 vaccine (choose one):

☑ Moderna COVID-19 vaccine (choose one):
　　☐ Dose 1 received at least 14 days before the newly positive viral test result
　　☑ Dose 2 received at least 14 days before the newly positive viral test result

☐ Janssen COVID-19 vaccine (Only 1 dose)

☐ Unspecified manufacturer: Completed COVID-19 vaccination series; unspecified manufacturer

* **COVID-19 THERAPY:** Indicate if the resident received one of the following therapeutic options for the current COVID-19 event (SARS COV2 infection):

☐ Did not receive

☐ Casirivimab/imdevimab (Regeneron)

☐ Bamlanivimab/etesevimab (Lilly)

☑ Sotrovimab (GlaxoSmithKline)
　　Received therapy from stock stored at this facility? ☑ Yes ☐ No

* **HOSPITALIZATION:** Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event? | * **COVID-19 DEATH:** Did the resident die from COVID-19 related complications?
☑ Yes ☐ No
** Date of hospitalization: 06/22/2021 [6]

* **COVID-19 DEATH:** Did the resident die from COVID-19 related complications?
☑ Yes ☐ No
** Date of death: 06/24/2021 [6]

Save　Cancel

State Veterans Homes COVID-19 Resident Event Form

COVID-19 State Veterans Homes Event Reporting

How to enter SARS-CoV-2 (COVID-19) Staff Event

State Veterans Homes COVID-19 Staff Event Form

State Veterans Homes COVID-19 Staff Event Form

*Event Type: **COVID-19**

*Date of Event: [   ] 📅

* **TEST TYPE:** The Staff was determined to be SARS-CoV-2 positive using which of the following testing options (ONLY CHOOSE ONE):

☐ Positive SARS-CoV-2 antigen test only [no other testing performed]

☐ Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]

☐ ±Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)

☐ ±Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test

　　± Only select if the two tests were performed **within 2 days of each other**. Otherwise, select first test performed only.

* **RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-COV-2 Infection):

*Is the Staff considered to be re-infected with SARS-CoV-2? ☐ Yes ☐ No

* **VACCINATION STATUS:** Indicate if the Staff received a COVID-19 vaccine at least 14 days before the newly positive viral test result:

☐ Not vaccinated with COVID-19 vaccine or specimean collected less than 14 days after dose 1

☐ Pfizer-BioNTech COVID-19 vaccine (choose one):

☐ Moderna COVID-19 vaccine (choose one):

☐ Janssen COVID-19 vaccine (Only 1 dose)

☐ Unspecified manufacturer: Completed COVID-19 vaccination series; unspecified manufacturer

* **COVID-19 DEATH:** Did the Staff die from COVID-19 related complications?
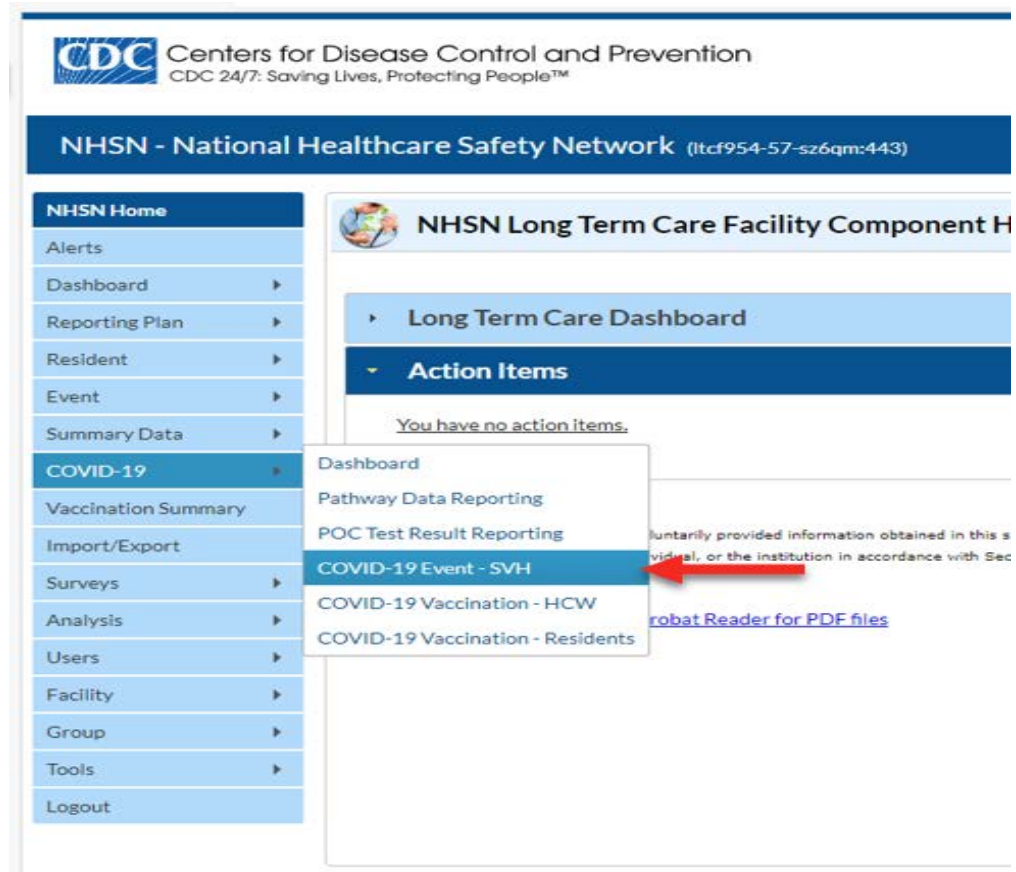
☐ Yes ☐ No

Save **Cancel**

COVID-19 State Veterans Homes Event Reporting

How to delete a SARS-CoV-2 (COVID-19) Event

How do I delete an event?

How do I delete an event?

How do I delete an event?

Takeaways and reminders

An event form will need to be completed and entered for all new positive SARS-CoV-2 tests, re-infections, and re-admissions.

The weekly number of "Positive tests" reported in the RIFC pathway must equal the number of events entered into the State Veterans Home tool.

Before you can access the Event Reporting Form you must update the "Facility Type" for your facility.

For questions, email NHSN@CDC.gov
Subject Line: SVH

Resources

✓ State Veterans Homes COVID-19 Webpage:
https://www.cdc.gov/nhsn/ltc/vha/index.html

✓ Long Term Care Facilities COVID-19 Module:
https://www.cdc.gov/nhsn/ltc/index.html

✓ How to Edit Facility Type Guidance:
https://www.cdc.gov/nhsn/pdfs/covid19/vha/c19-event-faq-508.pdf

✓ Frequently Ask Questions:
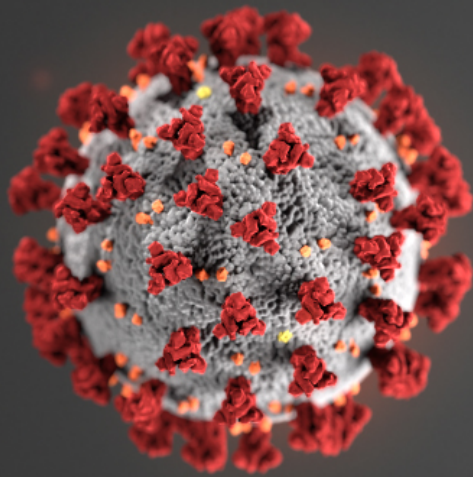https://www.cdc.gov/nhsn/pdfs/covid19/vha/c19-event-faq-508.pdf

Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348   www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.