Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTCR and DSHS
April 28, 2021

For more information:
Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161
COVID-19 Q&A

Panelist

Kevin Knippa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
Future Webinar Changes

Starting May 1\textsuperscript{st}, the Nursing Facility Provider Webinars will change to a bi-weekly schedule.

The schedule will be:

• May 5, 2021
• May 19, 2021
• June 2, 2021
• June 16, 2021
• June 30, 2021
Future Webinar Changes

As always, we will send notifications for the webinars through GovDelivery alerts and post them on the Nursing Facility Provider Portal.
Updated Visitation Rules

HHSC Long-term Care Regulation has published revised COVID-19 Response Expansion of Reopening Visitation Emergency Rules, for nursing facilities.

The **only change** is that the rules now specify that visitors under the age of 2 are exempt from all requirements related to wearing masks.
HHSC has published Provider Letter 2021-16 - Resident Refund Review for nursing facilities.

The letter informs NFs about the new resident refund review that HHSC’s Trust Fund Monitoring Unit will perform during routine monitoring visits.
The Texas HHS Office of Aging Services Coordination announced two free webinars on their CMP project: *Enhancing Resident Quality of Life through Volunteerism*.

These webinars will provide free CEs through the endorsement of the Consortium for Therapeutic Recreation/Activities Certification (CTRAC) in Texas. Only Activity Professionals will receive CE credit.

*(cont. on next slide)*
NF Volunteerism Webinar

May 2021 Webinar topics include:

• Preparing for a Virtual Volunteer Program Model: Integrating technology with virtual volunteers to increase social connection; and

• Enhancing Resident Quality of Life through Volunteerism: An overview of a Civil Monetary Penalty (CMP) project supporting volunteerism in NF Activity Programs

• May 17th | 5 - 8pm: Register here
• May 24th | 5 - 8pm: Register here
• May 26th | 5 - 8pm: Register here
CNA Symposium Webinar Recordings


You will receive a certificate of attendance within 2 weeks of completing each session.

For CNAs, this offering may meet some, but not all, of the annual in-service requirements. No CE is offered to licensed nurses, administrators or social workers for viewing these videos.

Email nurseaideregistry@hhsc.state.tx.us with questions.
Updates to NF Provider Portal

HHSC has reorganized the COVID-19 Resources section of the [NF Provider Portal](#).
Updates to NF Provider Portal

The COVID-19 Resources Section is now organized into:

- Existing Emergency Rules
- FAQs
- Guidance/Resources
- Joint Training Opportunities
- Presentations and Recordings from previous NF Provider Webinars
Free BinaxNOW COVID-19 Tests for NFs

HHSC, along with the Texas Department of Emergency Management, has expanded the criteria for requesting free BinaxNOW COVID-19 point of care test kits to all NFs and other long-term care providers.

Expanded criteria permits providers to:

• Use existing supplies of the free BinaxNOW COVID-19 POC test kits to test anyone including residents, staff and visitors.

• Request additional supplies.
Free BinaxNOW COVID-19 Tests for NFs

Providers must complete and submit an attestation form for free BinaxNOW point-of-care antigen COVID-19 test kits to request free BinaxNOW COVID-19 point of care test kits.

See revised PL 2020-49 for more information. Tests are available while supplies last.

Submit the signed attestation form to: LTCR Regional Director for the region in which the facility is located.
Reminder: In-Person Tours in NFs

NFs can allow in-person tours for prospective residents, assuming the following is met:

- The NF must have:
  - Separate cohorts for residents based on COVID-19 status
  - Dedicated staff for each COVID-19 resident cohort
  - No facility-acquired outbreak in the COVID-19 negative cohort
- However, tours can still occur if the outbreak is isolated to a single area. (See Section 5.0 of PL 2021-08 for more information on how to determine if an outbreak is isolated)

(Cont. on next slide)
Reminder: In-Person Tours in NFs

NFs can allow in-person tours for prospective residents, assuming the following is met:

• During the in-person tour, facilities must:
  • Screen all visitors for COVID-19
  • Limit in-person tours to COVID-19 negative areas of the building
  • Ensure all visitors wear a facemask or face covering at all times
  • Ensure all visitors perform proper hand hygiene before and after the tour
  • Ensure all visitors maintain physical distancing between themselves and all staff, residents, and other visitors

(Cont. on next slide)
Reminder: In-Person Tours in NFs

During the in-person tour, facilities must limit visitors for in-person tours to not more than three persons:

- the prospective resident
- no more than two people they have chosen to accompany them
COVID-19 Q&A

Panelist

Catherine Anglin
Program Manager: NF and LSC
Policy & Rules
Long-term Care Regulation
CMS Issued Revised QSO 20-38 – Testing

CMS revised [QSO 20-38](#) on April 27, 2021.

<table>
<thead>
<tr>
<th>Testing Trigger</th>
<th>Staff</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic individual identified</td>
<td>Staff, vaccinated and unvaccinated, with signs and symptoms must be tested</td>
<td>Residents, <em>vaccinated and unvaccinated</em>, with signs and symptoms must be tested</td>
</tr>
<tr>
<td>Outbreak</td>
<td>Test all staff, <em>vaccinated and unvaccinated</em></td>
<td>Test all residents, <em>vaccinated and unvaccinated</em></td>
</tr>
<tr>
<td>Routine testing</td>
<td>According to Table 2</td>
<td>Not recommended, unless the resident leaves the facility routinely.</td>
</tr>
</tbody>
</table>
CMS Issued Revised QSO 20-38 – Testing

CMS revised [QSO 20-38](#) on April 27, 2021.

<table>
<thead>
<tr>
<th>Community COVID-19 Activity</th>
<th>County Positivity Rate in the past week</th>
<th>Minimum Testing Frequency of Unvaccinated Staff+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>&lt;5%</td>
<td>Once a month</td>
</tr>
<tr>
<td>Medium</td>
<td>5% - 10%</td>
<td>Once a week</td>
</tr>
<tr>
<td>High</td>
<td>&gt;10%</td>
<td>Twice a week</td>
</tr>
</tbody>
</table>

+Vaccinated staff do not need to be routinely tested.
CMS Issued Revised QSO 20-39 – Visitation


• Face covering or mask (covering mouth and nose) and social distancing at least six feet between persons, in accordance with CDC guidance

• Indoor visitation – see CDC guidance at Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

• Communal activities and dining – see CDC guidance at Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination
CMS Issued Revised QSO 20-39 – Visitation

CDC guidance - face covering or facemask and physical distancing when both the resident and all of their visitors are fully-vaccinated:

• While alone in the resident’s room or the designated visitation room, residents and their visitors can choose to have close personal contact and to not wear a face covering or facemask.

• Visitors should wear facemask or face covering and physically distance from other healthcare personnel, residents, and visitors that are not part of their group at all other times while in the facility.
CMS Issued Revised QSO 20-39 – Visitation

CDC guidance - face covering or facemask and physical distancing when either the resident or any of their visitors are not fully-vaccinated:

• The safest approach is for everyone to maintain physical distancing and to wear a facemask or face covering. However, if the resident is fully vaccinated, they can choose to have close personal contact with their unvaccinated visitors while both continue to wear well-fitting facemasks or face coverings.
CMS Issued Revised QSO 20-39 – Visitation

CDC guidance - indoor visitation can be permitted for all residents except as noted below:

• Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.

• Indoor visitation should be limited solely to compassionate care situations for:
  • residents with COVID-19
  • residents in quarantine
CMS Issued Revised QSO 20-39 – Visitation

CDC guidance - indoor visitation can be permitted for all residents except as noted below:

- Facilities in outbreak status should follow guidance from state and local health authorities and CMS on when visitation should be paused.

- Visitors should be counseled about their potential to be exposed to COVID-19 in the facility if they are permitted to visit.
CMS Issued Revised QSO 20-39 – Visitation

CDC guidance - communal activities and dining:

Who should not participate in communal activities?

- Vaccinated and unvaccinated residents with COVID-19 infection, or in isolation because of suspected COVID-19.
- Vaccinated and unvaccinated residents in quarantine.
CMS Issued Revised QSO 20-39 – Visitation

CDC guidance - group activities:

• If all residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear face coverings during the activity.

• If unvaccinated residents are present, then all participants in the group activity should wear face coverings and unvaccinated residents should physically distance from others.
CMS Issued Revised QSO 20-39 – Visitation

CDC guidance – communal dining:

• Fully vaccinated residents can participate in communal dining without use of face coverings or physical distancing.

• If unvaccinated residents are dining in a communal area (e.g., dining room) all residents should use face coverings when not eating and unvaccinated residents should continue to remain at least 6 feet from others.
CMS Issued Revised QSO 20-39 – Visitation

CDC guidance – social excursions outside the facility:

• Residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces.

• They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control, physical distancing, and hand hygiene.
CMS Issued Revised QSO 20-39 – Visitation

CDC guidance – social excursions outside the facility:

• If residents are visiting friends or family in their homes, they should follow the source control and physical distancing recommendations for visiting with others in private settings as described in the Interim Public Health Recommendations for Fully Vaccinated People.
Vaccination Status

When is HHSC going to update group activity and communal dining guidance?

Now that CMS has updated their guidance (QSO 20-39) related to group activities and communal dining, HHSC is working to update our corresponding guidance as soon as possible.

Nursing facilities should begin following the updated CMS guidance immediately.
Q&A

How can we still offer indoor visitation if we cannot have designated staff for each cohort at all times?

The NF COVID-19 Expansion of Reopening Visitation Emergency Rule and the NF COVID-19 Emergency Response Rule have required NFs to have dedicated staff for each resident cohort, based on the resident’s COVID-19 status (positive, negative, unknown). However, with ongoing staffing shortages, it has become difficult for some facilities to meet these staffing requirements at all times. *(Cont. on next slide)*
Q&A

How can we still offer indoor visitation if we cannot have designated staff for each cohort at all times?

As long as the facility makes all efforts to designate staff to each cohort and maintain that designation to the extent possible (including documentation of reaching out to other sources for more staff), adheres to CDC guidance for staffing mitigation strategies, and ensures that the core principles of infection control and prevention in QSO 20-39-NH Revised are followed, then the facility may still permit indoor visitation. (Cont. on next slide)
Q&A

How can we still offer indoor visitation if we cannot have designated staff for each cohort at all times?

If the facility is in a critical staffing shortage despite other mitigation strategies, the facility should reach out to their Regional Director (RD) for an emergency staffing request and HHSC through our Director of Survey Operations, Renee Blanch-Haley, at Renee.Blanch-Haley@hhs.texas.gov to request assistance.
Q&A

Are vendors or sales representatives allowed in NFs?

Yes. The updated Expansion of Reopening Visitation Emergency Rule expanded the definition of ‘providers of essential services’ to be as flexible as possible in who can enter a facility. NFs can choose to allow vendors and sales representatives into the facility.

(Cont. on next slide)
Q&A

Are vendors or sales representatives allowed in NFs?

NFs must:

• Screen all visitors for signs and symptoms of COVID-19
• Ensure all visitors wear a facemask or face covering at all times when in the facility and on facility grounds
• Ensure all visitors perform proper hand hygiene before and after the visit
• Ensure all visitors maintain physical distancing between themselves and all staff, residents, and other visitors

(Cont. on next slide)
Q&A

Are vendors or sales representatives allowed in NFs? (cont.)

NFs must:
• Restrict access in the facility to COVID-19 negative areas of the building, unless necessary for resident health and safety (i.e. essential caregiver visitors, healthcare professionals, hospice personnel, fire alarm personnel, etc.).

Anyone who enters the facility as a contract service provider would be considered “facility staff” per the CMS testing requirements.

(Cont. on next slide)
Q&A

Are vendors or sales representatives allowed in NFs? (cont.)

CMS testing requirements define facility staff to include employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.

Please note that NFs are expressly prohibited from requiring a resident’s personal visitor (essential caregiver, end-of-life visitor, outdoor visitor, or indoor visitor) to submit to testing.
COVID-19 Q&A

Panelist

Christine Riley
Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation
Break Guidance: Prolonged Use of PPE

Evidence shows that providing regular breaks to facility staff can prevent negative effects of prolonged PPE usage.

While there may be no specific laws requiring breaks for staff at any specific intervals, NFs are encouraged to find ways to ensure staff have adequate breaks.

Best practice is to provide a 10-15 minute break every 4 hours, in addition to a meal break.

However, some NFs may find it more feasible to offer more frequent, shorter breaks (i.e. 5 minutes every 1-2 hours).
Break Guidance: Prolonged Use of PPE

Why breaks are important when staff have prolonged use of PPE:

• May decrease risk of contamination of a facemask/respirator - decreasing the chance of touching the mask or inadvertently touching underneath the mask

• Decreases effects of prolonged use of respiratory and eye protection (masks, respirators and goggles) - can cause skin damage: itching, rash, acne, pressure injury, contact dermatitis, urticaria and aggravation of pre-existing skin diseases

(cont. on next slide)
Break Guidance: Prolonged Use of PPE

Why breaks are important when staff have prolonged use of PPE:

• Decreases effects of prolonged use of full PPE (gowns, masks, head coverings, coveralls) – PPE traps heat and sweat, limits evaporative cooling of the body and can lead to heat stress (heat rash, muscle cramps, fainting, exhaustion, breakdown of skeletal muscle and heat stroke)

The time spent in full PPE should be limited and rest should be arranged in a cool area. Sufficient safe and cool drinking-water should be provided to all health workers.
Strategies to Make Breaks Happen

• Recognize the need for additional time for increased hand hygiene and putting on and taking off required PPE.

• Ensure adequate staffing and resources are available to allow consistent adherence to infection prevention and control practices.

• Ensure staff have immediate access and are trained to select, put on, remove, and dispose of PPE in a manner that protects themselves and others.

• Consider the addition of surge personnel to meet work demands- ensure safe staffing levels.

(cont. on next slide)
Strategies to Make Breaks Happen

• Practice appropriate task delegation and fair allocation of workloads

• Practice supportive supervision and encourage staff to report concerns, provide feedback

• Implement procedures for monitoring performance and giving feedback

• Examine work demands with respect to shift length - 12-hour shifts are more tolerable for ‘lighter’ tasks (e.g. desk work). Shorter work shifts help counteract fatigue from highly intense work, physical exertion, extreme environments or exposure to other health or safety hazards. (cont. on next slide)
Strategies to Make Breaks Happen

- Establish policies regarding duration of working hours and rest breaks (e.g. at least 10 consecutive hours per day of protected time off to obtain 7–8 hours of sleep, and 48 hours off after 14 consecutive days of work).

- Plan one or two full days of rest to follow five consecutive 8-hour shifts or four 10-hour shifts. Consider two rest days after three consecutive 12-hour shifts.
Potential Unintended Consequences

When breaks do NOT happen, unintended consequences may occur, such as:

• Fatigue, lack of energy, burnout
• Decreased alertness, coordination and efficiency
• Increased reaction time
• Impaired cognition, emotional blunting, mood changes
• Medication errors, other types of errors
• Accidents and workplace injuries
• Job dissatisfaction
Benefits of Breaks

Benefits of breaks can include:

• Increased staff retention
• Improved staff morale
• Improved resident outcomes
• Improved quality of care
• Shows staff are valued members of the team
Resources

• CDC: Rest Breaks; CDC/NIOSH Training for Nurses on Shift Work and Long Work Hours

• World Health Organization: COVID-19: Occupational health and safety for health workers

• American Association of Occupational Health Nurses: Hospital Staff Nurses’ Work Hours, Meal Periods, and Rest Breaks

• CDC: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings
State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412
• Statewide email: ltc.ombudsman@hhs.texas.gov

State Ombudsman: Patty Ducayet, 737-704-9075 (or) patty.ducayet@hhs.Texas.gov

COVID-19 Q&A

Panelist

Melody Malone, PT, CPHQ, MHA, CDP, CADDCT
TeamSTEPPS® Master Trainer
INTERACT® Certified Champion
Healthcare Quality Improvement Specialist
TMF Health Quality Institute
NHSN RESOURCES

- TMF resources here: NHSN Resources
- CDC NHSN COVID19 Module: https://www.cdc.gov/nhsn/ltc/covid19/index.html
- Details on SAMS Level 3: SAMS Level Three Access Having backup Users is crucial to staying in compliance with reporting!
- NHSN website changes: LTC Website Refresh Walk-through
NHSN Vaccine Reporting Modules

Weekly Influenza Vaccination Data Reporting
• Master website link for this module: https://www.cdc.gov/nhsn/ltc/vaccination/index.html

Weekly COVID-19 Vaccination Reporting
• Master website link for this module: https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html

Please send any questions via e-mail to: nhsn@cdc.gov with ‘Weekly COVID-19 Vaccination’ in the subject line.

Weekly reporting is currently optional for both modules however, CMS is looking for you to start reporting.
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

• Available through the CMS Quality, Safety & Education Portal (QSEP).
• Can be completed on a cell phone
• Frontline nursing home staff modules:
  Module 1: Hand Hygiene and PPE
  Module 2: Screening and Surveillance
  Module 3: Cleaning the Nursing Home
  Module 4: Cohorting
  Module 5: Caring for Residents with Dementia in a Pandemic
• 3 hours total training time
• Management staff modules:
  Module 1: Hand Hygiene and PPE
  Module 2: Screening and Surveillance
  Module 3: Cleaning the Nursing Home
  Module 4: Cohorting
  Module 5: Caring for Residents with Dementia in a Pandemic
  Module 6: Basic Infection Control
  Module 7: Emergency Preparedness and Surge Capacity
  Module 8: Addressing Emotional Health of Residents and Staff
  Module 9: Telehealth for Nursing Homes
  Module 10: Getting Your Vaccine Delivery System Ready
• 4 hours total training time
TMF LTC Connect – 30 minute sessions

• May 20 – Hit the Easy Button on NHSN COVID Data

• Register: May 20 - NHSN COVID Data Webinar

• June 10 – Hit the Easy Button on NHSN COVID Data Part 2

• Registration link coming soon.

• Sessions start at 1:30 pm
Reach out to us at:

nhnetwork@tmf.org

to submit requests for assistance with NHSN reporting problems or quality improvement assistance.
COVID-19 Q&A

Panelist

Kevin Knippa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
Q&A

Are volunteers allowed in NFs?
Yes. Volunteers are allowed in NFs.

Per CMS QSO-20-38 and QSO-20-39, volunteers are considered “facility staff” for testing requirement purposes.

Additionally, volunteers do have to meet some training requirements.

Guidance for use of volunteers in NFs is outlined in PL 2020-53.
Are pets allowed in NFs?

There are no state or federal rules (or guidance) prohibiting animals from entering a nursing facility during the COVID-19 pandemic. Any animal that enters a nursing facility must be vaccinated and not endanger the health and safety of residents.

A facility may implement their own policies that take into account any allergies for prospective roommates or those residents in the same area where the pet will be.
Reminders

GovDelivery Alerts
Don’t forget to sign up for GovDelivery alerts [https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new](https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new)
Select “Nursing Facility Resources” as a topic option to receive webinar updates.

CMS/CDC COVID-19 Training
CMS is offering free online training for nursing facilities related to COVID-19
[Click here](https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new) to view currently available pre-recorded trainings.

Facilities also have access to the [CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new)
Reminders

Life Safety Code and the Maintenance of Nursing Homes Webinars

This course helps participants maintain their fire alarm, sprinkler and HVAC systems. While many of the facility staff can gain from this class, the information is especially suited for the maintenance staff. Other modules discuss the maintenance of a building's construction type, smoke barriers and corridor doors.

- May 6, 2021 | 1:30 - 4:30 p.m. Register for the webinar.
- May 19, 2021 | 8:30 – 11:30 a.m. Register for the webinar.
Questions?

For more information:
Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161
Thank you!

For more information:
Email: LTCRPolicy@hhs.Texas.gov
Phone: 512-438-3161
Links to handouts 1-3:
• CMS QSO-20-38-NH
• CMS QSO-20-39-NH
• MEPD and TW Bulletin 21-06 (Stimulus Checks)

NHSN handouts are included after this slide.
# Weekly COVID-19 Vaccination Cumulative Summary for Residents of Long-Term Care Facilities (CDC 57.218, Rev 2)

2 pages
*required for saving

<table>
<thead>
<tr>
<th>Facility ID#:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination type: COVID-19</td>
<td></td>
</tr>
<tr>
<td>Week of data collection (Monday – Sunday): <strong>/</strong>/____ – <strong>/</strong>/____</td>
<td>Date Last Modified: <strong>/</strong>/____</td>
</tr>
</tbody>
</table>

## Cumulative Vaccination Coverage

1. **Number of residents staying in this facility for at least 1 day during the week of data collection**

2. **Cumulative number** of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:

   - 2.1. **Only dose 1** of Pfizer-BioNTech COVID-19 vaccine
   - 2.2. **Dose 1 and dose 2** of Pfizer-BioNTech COVID-19 vaccine
   - 2.3. **Only dose 1** of Moderna COVID-19 vaccine
   - 2.4. **Dose 1 and dose 2** of Moderna COVID-19 vaccine
   - 2.5. **Dose** of Janssen COVID-19 vaccine
   - 2.99. **Complete COVID-19 vaccination series: unspecified manufacturer**

## Any completed COVID-19 vaccine series

### Cumulative number of residents in Question #1 with other conditions:

- 3.1 **Medical contraindication to COVID-19 vaccine**
- 3.2. **Offered but declined COVID-19 vaccine**
- 3.3. **Unknown COVID-19 vaccination status**
- 3.4. **History of laboratory-confirmed SARS-CoV-2 infection**

## COVID-19 Vaccine(s) Supply

Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.

*4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility’s residents:

   - 4.1 Is your facility enrolled as a COVID-19 vaccination provider? [Select Yes or No]
   - 4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]
   - 4.3. Did your facility have other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)? [Select Yes or No]
   - 4.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility. [Optional]
## Adverse Events following COVID-19 Vaccine(s)

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at [https://vaers.hhs.gov/reportevent.html](https://vaers.hhs.gov/reportevent.html). To help identify reports from NHSN sites, please enter your **NHSN orgID** in **Box 26** of the **VAERS form**.

Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

5. * Number of residents with clinically significant COVID-19 vaccine adverse events identified this week

<table>
<thead>
<tr>
<th>5.1. Pfizer-BioNTech COVID-19 vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2. Moderna COVID-19 vaccine</td>
</tr>
<tr>
<td>5.3. Janssen COVID-19 vaccine</td>
</tr>
</tbody>
</table>

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

CDC 57.218, Rev 2
Instructions for Completion of the Weekly COVID-19 Vaccination Cumulative Summary Form for Residents of Long-Term Care Facilities (57.218, Rev 2)

This form is used to collect information on weekly COVID-19 vaccination counts among residents of long-term care facilities.

<table>
<thead>
<tr>
<th>Data Fields</th>
<th>Instructions for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ID #</td>
<td><em>Required.</em> The NHSN-assigned facility ID will be auto-entered.</td>
</tr>
<tr>
<td>Vaccination Type</td>
<td><em>Required.</em> COVID-19 is the default and only current choice.</td>
</tr>
<tr>
<td>Week of Data Collection</td>
<td><em>Required.</em> Select the week that data are being collected. Weeks begin on a Monday and end on a Sunday.</td>
</tr>
<tr>
<td>Date Last Modified</td>
<td>The Date Last Modified will be auto-entered and indicate the date that these data were last changed by a user.</td>
</tr>
</tbody>
</table>

**Question #1 (Denominator)**

1. Number of residents staying in this facility for at least 1 day during the week of data collection

*Required.* Defined as the total number of residents occupying a bed at this facility for at least 1 day (at least 24 hours) during the week of data collection.

**Question #2 (Numerators)**

**Cumulative number** of residents in question #1 (the denominator) who have received COVID-19 vaccines at this facility or elsewhere (for example, a pharmacy).

- Data sources may include resident health records and paper and/or electronic documentation of vaccination given at the healthcare facility or elsewhere.
- Residents receiving vaccination elsewhere should provide documentation of vaccination, which includes vaccine type. If documentation was not provided, report these residents in question #3.3 (“Unknown COVID-19 vaccination status”).

Add all COVID-19 vaccine(s) residents received

*Required.* Select all specific COVID-19 vaccine(s) which residents received from a drop-down box on the data entry screen. Residents may have received different types of COVID-19 vaccines; therefore, facilities can select more than one type of COVID-19 vaccine. If a COVID-19 vaccine requires two doses, two questions will appear on the data entry screen:

- Of the residents in question #1, enter the number of residents (cumulative to date) who received **only dose 1** of
<table>
<thead>
<tr>
<th>Data Fields</th>
<th>Instructions for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 vaccine. Do not include residents who received more than one dose of the COVID-19 vaccine.</td>
<td>If a COVID-19 vaccine requires only one dose, one question will appear on the data entry screen:</td>
</tr>
<tr>
<td>• Of the residents in question #1, enter the number of residents (cumulative to date) who received dose 1 and dose 2 of COVID-19 vaccine. Do not include residents who received only one dose of COVID-19 vaccine.</td>
<td>- Of the residents in question #1, enter the number of residents (cumulative to date) who received one dose of COVID-19 vaccine.</td>
</tr>
<tr>
<td>Complete COVID-19 vaccination series: unspecified manufacturer</td>
<td>Of the residents in question #1 (the denominator), enter the number of residents (cumulative to date) with following vaccination status:</td>
</tr>
<tr>
<td></td>
<td>- Residents who received complete COVID-19 vaccination elsewhere, but the information for the specific manufacturer of the vaccine was unavailable.</td>
</tr>
<tr>
<td></td>
<td>- Residents who received complete COVID-19 two-dose vaccination series, and had documentation of different manufacturers for each dose received.</td>
</tr>
<tr>
<td></td>
<td>Note: If the COVID-19 vaccine manufacturer is known for both doses, the vaccination manufacturer should be reported by specific vaccine type in question #2.</td>
</tr>
<tr>
<td>Any completed COVID-19 vaccine series</td>
<td>This field will be auto-populated by NHSN using data entered for question #2 to determine the number of residents (cumulative to date) who completed any COVID-19 vaccine series (dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion or one dose of COVID-19 vaccine requiring only one dose for completion) at the facility or elsewhere (for example, a pharmacy).</td>
</tr>
<tr>
<td>Question #3 (Other Conditions)</td>
<td>Cumulative number of residents in question #1 with other conditions:</td>
</tr>
<tr>
<td>3.1. Medical contraindication to COVID-19 vaccine</td>
<td>Required. Of the residents in question #1 (the denominator), enter the number of residents determined to have a medical contraindication to one or more COVID-19 vaccine(s). Please refer to the following CDC webpage for more information on medical contraindications: <a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Contraindications">https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Contraindications</a></td>
</tr>
<tr>
<td>Data Fields</td>
<td>Instructions for Completion</td>
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<tr>
<td>-------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 3.2. Offered but declined COVID-19 vaccine      | Optional. Enter the total number of residents in question #1 (the denominator) that were offered COVID-19 vaccination but declined. The following residents should be counted in this category:  
  • Residents declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine.  
  • Residents declining vaccination because of religious or philosophical objection.  
  • Residents declining vaccination and who did not provide any information about the reason why they declined.                                                                                                                                                                                                                                                                                                                                                                               |
| 3.3. Unknown COVID-19 vaccination status         | Optional. Of the residents in question #1, enter the number of residents whose COVID-19 vaccination status could not be determined (or who did not meet the criteria for questions #2, #3.1, and #3.2). For example, a facility may not have vaccination documentation for certain residents.                                                                                                                                                                                                                                                                                                                                                     |
| 3.4. History of laboratory-confirmed SARS-CoV-2 infection | Optional. Of the residents in question #1, enter the number of residents who have tested positive for SARS-CoV-2 infection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Question #4 [COVID-19 Vaccine(s) Supply]        | Required. These questions assess COVID-19 vaccine supply at the facility each week.  
  Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.  
  More information about the CDC COVID-19 Vaccination Program and how to become a COVID-19 vaccination providers:  
  [https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html](https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html).                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4.1. Is your facility enrolled as a COVID-19 vaccination provider? | Required. Select ‘Yes’ if the facility is currently enrolled as a COVID-19 vaccination provider. A facility may be enrolled as a federal, state, or local COVID-19 vaccination provider. If yes, answer question 4.2.  
  Select ‘No’ if the facility is not currently enrolled as any type of COVID-19 vaccination provider. If no, answer question 4.3.  
  Note: If the facility entered data for an earlier week, then the answer previously selected for this question will auto-populate on the data entry screen. Please adjust your answer according to your facility’s enrollment status during the current reporting week.                                                                                                                                                                                                                                                                                                                                                             |
### Data Fields

<table>
<thead>
<tr>
<th>Instructions for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]</strong></td>
</tr>
<tr>
<td>Required if answered “yes” to question 4.1. Select ‘Yes’ if the facility had a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week. This means the facility was able to provide COVID-19 vaccine this week to all residents requesting COVID-19 vaccination. Select ‘No’ if the facility did not have a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week.</td>
</tr>
<tr>
<td><strong>4.3. Did your facility have other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)?</strong></td>
</tr>
<tr>
<td>Required if answered “no” to question 4.1. Select ‘Yes’ if the facility had other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week. For example, the facility may have a referral system in place for residents to receive COVID-19 vaccination at a health department or pharmacies. Select ‘No’ if the facility did not have other arrangements sufficient to offer all residents the opportunity to receive COVID-19 vaccine(s) in the current reporting week.</td>
</tr>
<tr>
<td><strong>4.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility.</strong></td>
</tr>
<tr>
<td>Optional. Describe any other COVID-19 vaccination supply-related issue(s) at your facility. For example, a facility may describe attempts they have made to secure COVID-19 vaccine(s) for residents.</td>
</tr>
<tr>
<td><strong>Question #5 [Clinically Significant Adverse Events following COVID-19 Vaccine(s)]</strong></td>
</tr>
<tr>
<td>These questions assess clinically significant adverse events following COVID-19 vaccination identified this week. Any specific COVID-19 vaccine(s) selected in question #2 will auto-populate. For example, if a facility reports in question #2 that some residents received Pfizer-BioNTech COVID-19 vaccine, this specific vaccine will appear on the data entry screen for clinically significant adverse events identified this week. Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening...)</td>
</tr>
</tbody>
</table>
### Data Fields

<table>
<thead>
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<tbody>
<tr>
<td></td>
<td>conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event. Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with the Vaccine Adverse Event Reporting System (VAERS) reporting requirements described in EUAs or prescribing information. Adverse events should be reported to VAERS at <a href="https://vaers.hhs.gov/reportevent.html">https://vaers.hhs.gov/reportevent.html</a>. To help identify reports from NHSN sites, please enter your NHSN orgID in Box 26 of the VAERS form.</td>
</tr>
<tr>
<td>5. Number of residents with clinically significant COVID-19 vaccine adverse events identified this week</td>
<td><strong>Required.</strong> Of the residents in question #1, for each specific COVID-19 vaccine, enter the total number of residents with clinically significant COVID-19 vaccine adverse events identified this week. Include clinically significant COVID-19 vaccine adverse events to any doses of the COVID-19 vaccine type, given at this facility or outside this facility, which were identified this week.</td>
</tr>
</tbody>
</table>
## Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities (CDC 57.219, Rev 2)

2 Pages

*required for saving

**Facility ID#:**

**Vaccination type: COVID-19**

**Week of data collection (Monday – Sunday): ___/___/___ – ___/___/___**

*Date Last Modified: ___/___/___

### Cumulative Vaccination Coverage

<table>
<thead>
<tr>
<th>Healthcare Personnel (HCP) Categories</th>
<th>*All HCP (Total)</th>
<th>Ancillary services employees\textsuperscript{a}</th>
<th>Nurse employees\textsuperscript{b}</th>
<th>Aide, assistant, and technician employees\textsuperscript{c}</th>
<th>Therapist employees\textsuperscript{d}</th>
<th>Physician and licensed independent practitioner employees\textsuperscript{e}</th>
<th>Other HCP\textsuperscript{f}</th>
</tr>
</thead>
</table>

1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection

2. **Cumulative number** of HCP in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:

   2.1. *Only dose 1 of Pfizer-BioNTech COVID-19 vaccine*

   2.2. *Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine*

   2.3. *Only dose 1 of Moderna COVID-19 vaccine*

   2.4. *Dose 1 and dose 2 of Moderna COVID-19 vaccine*

   2.5. *Dose of Janssen COVID-19 vaccine*

2.99. Complete COVID-19 vaccination series: unspecified manufacturer

* Any completed COVID-19 vaccine series

3. **Cumulative number** of HCP in Question #1 with other conditions:

   3.1. *Medical contraindication to COVID-19 vaccine*

   3.2. Offered but declined COVID-19 vaccine

   3.3. Unknown COVID-19 vaccination status

   3.4. History of laboratory-confirmed SARS-CoV-2 infection
Environmental, laundry, maintenance, and dietary services
Registered nurses and licensed practical/vocational nurses
Certified nursing assistants, nurse aides, medication aides, and medication assistants
Therapists (such as respiratory, occupational, physical, speech, and music therapists) and therapy assistants
Physicians, residents, fellows, advanced practice nurses, physician assistants
Persons not reported in the HCP categories listed here, regardless of clinical responsibility or patient contact, including contract staff, students, and other non-employees

COVID-19 Vaccine(s) Supply
Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.

*4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility’s HCP:

4.1. Is your facility enrolled as a COVID-19 vaccination provider? [Select Yes or No]

4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all HCP the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]

4.3. Did your facility have other arrangements sufficient to offer all HCP the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)? [Select Yes or No]

4.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility. [Optional]

Adverse Events following COVID-19 Vaccine(s)
Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html. To help identify reports from NHSN sites, please enter your NHSN orgID in Box 26 of the VAERS form.

Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

*5. Number of HCP with clinically significant COVID-19 vaccine adverse events identified this week

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Total HCP with clinically significant vaccine adverse events this week</th>
<th>Total employees with clinically significant vaccine adverse events this week</th>
<th>Total non-employees with clinically significant vaccine adverse events this week</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1. Pfizer-BioNTech COVID-19 vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2. Moderna COVID-19 vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3. Janssen COVID-19 vaccine</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). CDC 57.219, Rev 2
Instructions for Completion of the Weekly Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities (57.219, Rev 2)

This form is used to collect information on weekly COVID-19 vaccination counts among healthcare personnel (HCP) working at long-term care facilities.

<table>
<thead>
<tr>
<th>Data Fields</th>
<th>Instructions for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ID #</td>
<td>Required. The NHSN-assigned facility ID will be auto-entered.</td>
</tr>
<tr>
<td>Vaccination Type</td>
<td>Required. COVID-19 is the default and only current choice.</td>
</tr>
<tr>
<td>Week of Data Collection</td>
<td>Required. Select the week that data are being collected. Weeks begin on a Monday and end on a Sunday.</td>
</tr>
<tr>
<td>Date Last Modified</td>
<td>The Date Last Modified will be auto-entered and indicate the date that these data were last changed by a user.</td>
</tr>
</tbody>
</table>

**Question #1 (Denominator)**
Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection

- Include all HCP who were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact. Include HCP on sick leave, maternity leave, vacation, etc. Include persons who worked full-time and part-time.
- The total number of HCP eligible to have worked is required.
- Entering the categories of HCP eligible to have worked is optional. If entered, the HCP categories should be mutually exclusive. Each person should be counted only once in the denominator.
- If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator. Count HCP as individuals rather than full-time equivalents.
- Data sources may include payroll or attendance records.

**All Healthcare Personnel (HCP) (Total)**

Required. Enter the total number of HCP eligible to have worked at the healthcare facility for at least 1 day during the week of data collection. Include employees and non-employees such as contracted staff, students, trainees, and volunteers.

**Ancillary Services Employees**
(Environmental, laundry, maintenance, and dietary services)

Optional. Defined as all persons who perform ancillary services and who receive a direct paycheck from the healthcare facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact. Specifically, this consists of employees providing environmental, laundry, maintenance, and dietary/nutrition services.
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Nurse Employees</strong> (Registered nurses and licensed practical/vocational nurses)</td>
<td>Optional. Defined as all registered nurses and licensed practical or licensed vocational nurses who receive a direct paycheck from the healthcare facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact.</td>
</tr>
<tr>
<td><strong>Aide, Assistant, and Technician Employees</strong> (Certified nursing assistants, nurse aides, medication aides, and medication assistants)</td>
<td>Optional. Defined as aides, assistants, and technicians who receive a direct paycheck from the healthcare facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact. Specifically, this consists of employees who are certified nursing assistants, nurse aides, medication aides, and medication technicians/assistants.</td>
</tr>
<tr>
<td><strong>Therapist Employees</strong> (Therapists (such as respiratory, occupational, physical, speech, and music therapists) and therapy assistants)</td>
<td>Optional. Defined as therapists receiving a direct paycheck from the healthcare facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact. This consists of employees who are therapists (such as physical, speech, or music therapists) and therapy assistants.</td>
</tr>
<tr>
<td><strong>Physician and Licensed Independent Practitioner Employees</strong> (Physicians, residents, fellows, advanced practice nurses, physician assistants)</td>
<td>Optional. Defined as all physicians (MD, DO) and licensed independent practitioners receiving a direct paycheck from the healthcare facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact. This consists of employees who are physicians, residents, fellows, advanced practice nurses, and physician assistants. Advanced practice nurses include nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists.</td>
</tr>
<tr>
<td><strong>Other HCP</strong> (Persons not reported in the employee categories listed here, regardless of clinical responsibility or patient contact, including contract staff, students, and other non-employees)</td>
<td>Optional. Defined as persons providing care, treatment, or services at the facility, regardless of clinical responsibility or patient contact, who are not reported in the five employee categories above. All non-employees, including contract staff, students, and volunteers, should be reported under this category.</td>
</tr>
</tbody>
</table>
| **Question #2 (Numerators)** | Cumulative number of HCP in question #1 (the denominator) who have received COVID-19 vaccines at this facility or elsewhere (for example, a pharmacy).  
  - Data sources may include HCP health records and paper and/or electronic documentation of vaccination given at the healthcare facility or elsewhere.  
  - HCP receiving vaccination elsewhere should provide documentation of vaccination, which includes vaccine type. If documentation was not provided, report these HCP in question #3.3 (“Unknown COVID-19 vaccination status”). |
### Data Fields

<table>
<thead>
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</thead>
</table>
| Add all COVID-19 vaccine(s) HCP received                          | *Required.* Select all specific COVID-19 vaccine(s) which HCP received from a drop-down box on the data entry screen. HCP may have received different types of COVID-19 vaccines; therefore, facilities can select more than one type of COVID-19 vaccine. If a COVID-19 vaccine requires two doses, two questions will appear on the data entry screen:  

  - Of the HCP in question #1, enter the number of HCP (cumulative to date) who received **only dose 1** of COVID-19 vaccine. Do not include HCP who received more than one dose of the COVID-19 vaccine.  
  
  - Of the HCP in question #1, enter the number of HCP (cumulative to date) who received **dose 1 and dose 2** of COVID-19 vaccine. Do not include HCP who received only one dose of COVID-19 vaccine.  

  If a COVID-19 vaccine requires only one dose, one question will appear on the data entry screen:  

    - Of the HCP in question #1, enter the number of HCP (cumulative to date) who received **one dose** of COVID-19 vaccine.                                                                 |
| Complete COVID-19 vaccination series: unspecified manufacturer     | Of the HCP in question #1 (the denominator), enter the number of HCP (cumulative to date) with following vaccination status:  

  - HCP who received complete COVID-19 vaccination elsewhere, but the information for the specific manufacturer of the vaccine was unavailable.  
  
  - HCP who received complete COVID-19 two-dose vaccination series, and had documentation of different manufacturers for each dose received.  

  *Note:* If the COVID-19 vaccine manufacturer is known for both doses, the vaccination manufacturer should be reported by specific vaccine type in question #2. |
<p>| Any completed COVID-19 vaccine series                              | This field will be auto-populated by NHSN using data entered for question #2 to determine the number of HCP (cumulative to date) who <strong>completed</strong> any COVID-19 vaccine series (dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion or one dose of COVID-19 vaccine requiring only one dose for completion) at the facility or elsewhere (for example, a pharmacy). |
| Question #3 (Other Conditions)                                    | <strong>Cumulative number</strong> of HCP in question #1 with other conditions:                                                                                                                                                        |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3.1. Medical contraindication to COVID-19</td>
<td>Required. Of the HCP in question #1 (the denominator), enter the number of HCP determined to have a medical contraindication to one or more COVID-19 vaccine(s). Please refer to the following CDC webpage for more information on medical contraindications: <a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Contraindications">https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Contraindications</a></td>
</tr>
<tr>
<td>vaccine</td>
<td></td>
</tr>
</tbody>
</table>
| 3.2. Offered but declined COVID-19 vaccine | Optional. Enter the total number of HCP in question #1 (the denominator) that were offered COVID-19 vaccination but declined. The following HCP should be counted in this category:  
• HCP declining vaccination because of health conditions that are not considered acceptable medical contraindications to the COVID-19 vaccine.  
• HCP declining vaccination because of religious or philosophical objection.  
• HCP declining vaccination and who did not provide any information about the reason why they declined. |
| 3.3. Unknown COVID-19 vaccination status   | Optional. Of the HCP in question #1, enter the number of HCP whose COVID-19 vaccination status could not be determined (or who did not meet the criteria for questions #2, #3.1, and #3.2). For example, a facility may not have vaccination documentation for certain HCP. |
| 3.4. History of laboratory-confirmed SARS-CoV-2 infection | Optional. Of the HCP in question #1, enter the number of HCP who have tested positive for SARS-CoV-2 infection |
| Question #4 [COVID-19 Vaccine(s) Supply]    | Required. These questions assess COVID-19 vaccine supply at the facility each week.  
Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.  
More information about the CDC COVID-19 Vaccination Program and how to become a COVID-19 vaccination providers: https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html. |
| 4.1. Is your facility enrolled as a COVID-19 vaccination provider? | Required. Select ‘Yes’ if the facility is currently enrolled as a COVID-19 vaccination provider. A facility may be enrolled as a federal, state, or local COVID-19 vaccination provider. If yes, answer question 4.2.  
Select ‘No’ if the facility is not currently enrolled as any type of COVID-19 vaccination provider. If no, answer question 4.3. |
<table>
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<tbody>
<tr>
<td></td>
<td>Note: If the facility entered data for an earlier week, then the answer previously selected for this question will auto-populate on the data entry screen. Please adjust your answer according to your facility’s enrollment status during the current reporting week.</td>
</tr>
<tr>
<td>4.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all HCP the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]</td>
<td>Required if answered “yes” to question 4.1.</td>
</tr>
<tr>
<td>4.3. Did your facility have other arrangements sufficient to offer all HCP the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)?</td>
<td>Required if answered “no” to question 4.1.</td>
</tr>
<tr>
<td>4.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility.</td>
<td>Optional. Describe any other COVID-19 vaccination supply-related issue(s) at your facility. For example, a facility may describe attempts they have made to secure COVID-19 vaccine(s) for HCP.</td>
</tr>
</tbody>
</table>

**Question #5 [Clinically Significant Adverse Events following COVID-19 Vaccine(s)]**

These questions assess clinically significant adverse events following COVID-19 vaccination identified this week.

Any specific COVID-19 vaccine(s) selected in question #2 will auto-populate. For example, if a facility reports in question #2 that some HCP received *Pfizer-BioNTech* COVID-19 vaccine, this specific vaccine will appear on the data entry screen for clinically significant adverse events identified this week.
<table>
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</thead>
<tbody>
<tr>
<td>Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event. Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with the Vaccine Adverse Event Reporting System (VAERS) reporting requirements described in EUAs or prescribing information. Adverse events should be reported to VAERS at <a href="https://vaers.hhs.gov/reportevent.html">https://vaers.hhs.gov/reportevent.html</a>. To help identify reports from NHSN sites, please enter your NHSN orgID in Box 26 of the VAERS form.</td>
<td></td>
</tr>
</tbody>
</table>
| 5. Number of HCP with clinically significant COVID-19 vaccine adverse events identified this week | *Required.* Of the HCP in question #1, for each specific COVID-19 vaccine, enter the total number of HCP with clinically significant COVID-19 vaccine adverse events identified this week.  

*Optional.* Of the HCP in question #1, for each COVID-19 vaccine type, enter the total number of employees with clinically significant COVID-19 vaccine adverse events identified this week.  

*Optional.* Of the HCP in question #1, for each COVID-19 vaccine type, enter the total number of non-employees with clinically significant COVID-19 vaccine adverse events identified this week.  

Include clinically significant COVID-19 vaccine adverse events to any doses of the COVID-19 vaccine type, given at this facility or outside this facility, which were identified this week. |