Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTCTR and DSHS
May 19, 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
Webinar Schedule Change

Starting May 5, 2021, the Nursing Facility Provider Webinars changed to a bi-weekly schedule.

The next webinar will be June 2nd.

As always, we will send notifications for the webinars through GovDelivery alerts and post them on the Nursing Facility Provider Portal.
Training Recordings Available

LTCR Training team has created a COVID-19 Webinars for LTC webpage.

This webpage will host certain recordings from past Joint Training Webinars related to COVID-19.

Please note that recordings from these Provider Webinars can still be found on the Nursing Facility Provider Portal, in the COVID-19 Resources section.
HHSC is aware of the Governor’s executive order issued yesterday (GA-36), regarding facemask requirements.

HHSC is analyzing the potential impacts of this executive order and will update providers as soon as possible.
2021 Hurricane Season

NFs in Texas are reminded to review their emergency preparedness and response plans, and make updates if necessary, before the start of the Atlantic hurricane season, which runs June 1 through November 30, 2021.

• NFs affected by an adverse event such as severe weather, or expects it will need to temporarily exceed capacity due to a disaster, should contact their HHSC Long-term Care Regulatory regional office.

• Please refer to Provider Letter 2018-19 Emergency Preparedness Reminder (PDF) as applicable and to your program’s rules for additional important information regarding emergency preparedness.

Continued on next slide
2021 Hurricane Season

Cont.

Providers should factor in COVID-19 contingencies when reviewing their preparedness plans. For example, as applicable:

• Are your receiving facilities and transportation contracts still viable?

• How will you maintain infection control measures during evacuation sheltering-in-place?

• If you have COVID-19 positive persons in your facility, how will that affect evacuation or sheltering-in-place?

• How will you ensure PPE is available in addition to food and medicine?
Abbott ID NOW Test Kits Available

COVID-19 test kits for the Abbott ID NOW machine are available. There is no charge for LTC providers that request them.

Contact the Long-term Care regulation regional director for your facility’s region if you need COVID-19 test kits for the Abbott ID NOW machine.

This initiative is separate from the BinaxNOW initiative described in PL 2020-49. NFs in need of BinaxNOW test supplies should continue to follow the BinaxNOW initiative process.
CMS Community Champions Video

CMS has debuted their first social media video. It is part of their ongoing COVID response efforts to support the long-term care community.

The video highlights staff, or Community Champions, who were not sure about receiving the COVID-19 vaccine at first, and now are in favor of the vaccine. These Community Champions now encourage their peers to get vaccinated.

HHSC and CMS would like providers to share the Community Champions video with staff.
COVID-19 Q&A

Panelist

Catherine Anglin
Program Manager: NF and LSC
Policy & Rules
Long-term Care Regulation
CMS Vaccine Requirements

On May 11, CMS published QSO-21-19-NH which outlines new requirements related to the COVID-19 vaccine in nursing facilities. The new requirements include:

- Educating staff and residents
- Offering vaccines, when available
- Submitting weekly vaccination reports through NHSN

CMS will begin reviewing for vaccine reporting requirements beginning Monday, June 14, 2021.

(Cont. on next slide)
CMS Vaccine Requirements

“Staff” refers to:

those individuals who work in the facility on a regular (i.e. at least once a week) basis, including individuals who may not be physically in the NF for a period of time due to illness, disability, or scheduled time off, but who are expected to return to work.

This also includes individuals under contract or arrangement, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, or volunteers, who are in the facility on a regular basis, as the vaccine is available.
CMS Vaccine Requirements

Educating Staff & Residents

All residents and/or resident representatives and staff must be educated on the COVID-19 vaccine they are offered, in a manner they can understand, and receive the FDA COVID-19 Emergency Use Authorization (EUA) Fact Sheet before being offered the vaccine.

Education must cover the benefits and potential side effects of the vaccine. This should include common reactions, such as aches or fever, and rare reactions such as anaphylaxis.

(cont. on next slide)
CMS Vaccine Requirements

Educating Staff & Residents

Residents and/or resident representatives and staff must be provided with education regarding each dose of the vaccine.

Residents, resident representatives, and staff member must be provided the opportunity to refuse the vaccine and to change their decision about vaccination at any time.

CMS recommends NFs use The CDC’s LTC Facility Toolkit: [Preparing for COVID-19 Vaccination at Your Facility](https://www.cdc.gov/vaccines/healthcarefacilities/covid19-toolkit.html) for information and resources to build confidence among staff and residents.
CMS Vaccine Requirements

Offering Vaccinations

NFs must offer residents and staff the COVID-19 vaccine when supplies are available to the facility.

The vaccine may be offered and provided directly by the NF or indirectly, such as through an arrangement with a pharmacy partner, local health department, or other appropriate health entity.

Screening individuals prior to offering the vaccination for prior immunization, medical precautions and contraindications is necessary to determine appropriateness for vaccination at any given time.

(cont. on next slide)
Offering Vaccinations

If a resident or staff member requests vaccination against COVID-19, but missed earlier opportunities for any reason NFs must:

• Offer the vaccine to that individual as soon as possible.
• Provide information on vaccination opportunities from other sources (if unavailable at the NF).
• Provide evidence (upon request) of efforts made to make the vaccine available to staff and residents.
CMS Vaccine Requirements

Submitting Weekly Reports

NFs must submit weekly COVID-19 reports to NHSN, which will be covered in depth later on in the webinar.

Weekly NHSN reports are required each week, even if no vaccine activity has occurred.

Please note that NFs are still required to submit COVID-19 vaccine reports to HHSC has described in PL 2021-01.
Documentation - Residents

NFs must keep documentation regarding:

• Education provided to resident, including the date it was offered, and samples of materials used.

• Whether the resident accepted the vaccine and when it was offered,

• Whether the resident refused the vaccine – if refusal was due to medical contraindication or prior immunization, appropriate documentation must be made in resident’s medical record.

Include the name of the resident representative if applicable.
CMS Vaccine Requirements

**Documentation - Staff**

NFs must keep documentation regarding:

- Education provided to staff, including the date it was offered, and samples of materials used.
- The vaccination status of each staff member (including whether staff member is fully-vaccinated vs. not fully-vaccinated)
- For staff immunized outside of the NF, NF should request vaccination documentation from staff member to confirm status.
DSHS Urges Providers to Order Vaccines

DSHS currently has additional COVID-19 Vaccines available to providers who are signed up to be a COVID-19 Vaccine Provider.

Facilities that are currently signed up to be a COVID-19 Vaccine Provider are encouraged to order vaccines doses as needed.

Facilities can sign up to become a COVID-19 Vaccine Provider through this website: https://www.dshs.texas.gov/coronavirus/immunize/provider-enrollment.aspx
COVID-19 Q&A

Panelist

Josh Hutchison
Vaccine Data & Finance Manager
DSHS

• Vaccine Provider Updates
State Long-Term Care Ombudsman Program

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

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

Bi-Weekly Facebook Live Q&A for Families of LTC Residents: Every other Wednesday (on weeks with no NF Provider webinar), 12:15 to 12:45
TMF Health Quality Institute
CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist
NHSN Vaccine Reporting Modules

Weekly COVID-19 Vaccination Reporting

- Master website link for this module: https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html

- Link to training slides: LTC Weekly COVID19 Vaccination Retraining (cdc.gov) – updated this week!

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

Weekly reporting is Mandatory for both COVID-19 vaccination modules.

First week of required reporting is 6/7 – 6/13, 2021.
Key Points:

• Weeks begin on a Monday and end on a Sunday.
• Data can be edited, but report before 11:59 p.m. on Sundays.
• Resident: occupying a bed at this facility for at least 1 day (at least 24 hours)
• Healthcare personnel (HCP): 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.
Key Points:

- Medical contraindication or exclusions to COVID-19 vaccine – *review the instructions*
- There are *Optional questions.*
- *Be sure to complete ALL Required Questions.*
- Adverse Event Reporting: [https://vaers.hhs.gov/reportevent.html](https://vaers.hhs.gov/reportevent.html)
- Read the Instructions!
- Anticipate Changes.....
NHSN Vaccine Reporting Tools

• Data Tracking Worksheet for COVID-19 Vaccination among Residents – December 2020 [XLS – 600 KB]

• Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel – December 2020 [XLS – 600 KB]
NHSN Vaccine Module Training

Replay Sessions:

Time: 3:30 p.m. Eastern Time/2 p.m. Central Time

- Thursday, May 20, 2021
- Tuesday, May 25, 2021
- Thursday, May 27, 2021
- Register in advance for **one** of the webinar dates:
  - [NHSN Vaccine Module Training Registration](#)
Live Demonstration
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
- **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

- **3 hours total training time**
- **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*
  Register: [NHSN COVID Data Part 2](#)

• Sessions start at 1:30 pm
NHSN RESOURCES

• TMF NHSN resources: NHSN Resources

• CDC NHSN COVID19 Module: https://www.cdc.gov/nhsn/ltc/covid19/index.html

• Details on SAMS Level 3: Increasing LTCF SAMS Level Access

• Level 3 access will be required; Level 1 is temporary.
  ▶ This process can take up to four weeks to be completed, but you will not lose access to NHSN at any time during the process.
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

Heidi Lizyness
Policy Specialist
Policy & Rules
Long-term Care Regulation

Questions from last week
Reminders

GovDelivery Alerts
Don’t forget to sign up for GovDelivery alerts 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 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
Reminders

Webinars: 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.

• May 24th | 5 - 8pm: Register here
• May 26th | 5 - 8pm: Register here
Reminders

CNA Symposium Webinar Recordings.


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.
Questions?

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

For more information:
Email: LTCRPolicy@hhs.Texas.gov
Phone: 512-438-3161
Handouts


NHSN Related Handouts Begin Next Slide

To request a copy of the DSHS’ presentation on COVID-19 Vaccine Updates, please email Kayla Lail with DSHS Presentation 5/19/21 in the subject line.
# Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities (CDC 57.219)

*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(^{a})</th>
<th>Nurse employees(^{b})</th>
<th>Aide, assistant, and technician employees(^{c})</th>
<th>Therapist employees(^{d})</th>
<th>Physician and licensed independent practitioner employees(^{e})</th>
<th>Other HCP(^{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 since December 2020:

   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 or exclusion to COVID-19 vaccine

   3.2. Offered but declined COVID-19 vaccine

   3.3. Unknown COVID-19 vaccination status
a Environmental, laundry, maintenance, and dietary services
b Registered nurses and licensed practical/vocational nurses
c Certified nursing assistants, nurse aides, medication aides, and medication assistants
d Therapists (such as respiratory, occupational, physical, speech, and music therapists) and therapy assistants
e Physicians, residents, fellows, advanced practice nurses, physician assistants
f 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.

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
Instructions for Completion of the Weekly Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities (57.219, REV 3)

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>
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<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>
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**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 healthcare personnel (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 (defined by CMS as individuals who work in the facility on a regular (weekly) basis).

- HCP eligible to have worked include employees, contractors, or students, trainees, and volunteers who are scheduled to work in the facility at least one day every week. Working any part of a day is considered as working 1 day. Include HCP even if they are on temporary leave during the week of data collection. Temporary leave is defined as less than or equal to 2 weeks in duration. Examples of temporary leave may include sick leave or vacation. In instances where temporary leave extends past 2 weeks, the healthcare worker should not be included in question #1 for the current week of data collection.
- Include persons who worked full-time and part-time.
- Each person should be counted only once in the denominator.
- 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
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<tr>
<td><strong>All HCP (Total)</strong></td>
<td>Required. Enter the total number of healthcare personnel (HCP) eligible to have worked at the healthcare facility for at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact. Include employees and non-employees such as contracted staff, students, trainees, and volunteers. Include persons who worked full-time and part-time. HCP who are eligible to have worked include employees, contractors, or students, trainees, and volunteers who are scheduled to work in the facility at least one day every 2 weeks. Working any part of a day is considered as working 1 day. Include HCP even if they are on temporary leave during the week of data collection. Temporary leave is defined as less than or equal to 2 weeks in duration. Examples of temporary leave may include sick leave or vacation. In instances where temporary leave extends past 2 weeks, the healthcare worker should not be included in question #1 for the current week of data collection. Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.</td>
</tr>
<tr>
<td><strong>Ancillary Services Employees</strong> (Environmental, laundry, maintenance, and dietary services)</td>
<td>Optional. Among HCP counted in “All HCP (Total),” defined as 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.</td>
</tr>
<tr>
<td><strong>Nurse Employees</strong> (Registered nurses and licensed practical/vocational nurses)</td>
<td>Optional. Among HCP counted in “All HCP (Total),” defined as registered nurses and licensed practical or licensed vocational nurses who receive a direct paycheck from the healthcare facility (i.e., on the</td>
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<td><strong>facility’s payroll), regardless of clinical responsibility or patient contact.</strong></td>
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<tr>
<td><strong>Aide, Assistant, and Technician Employees</strong> (Certified nursing assistants, nurse aides, medication aides, and medication assistants)</td>
<td>Optional. Among HCP counted in “All HCP (Total),” 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. Among HCP counted in “All HCP (Total),” 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. Among HCP counted in “All HCP (Total),” defined as 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. Among HCP counted in “All HCP (Total),” 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 counted as “All HCP (Total),” 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 (“All HCP (Total)” who have received COVID-19 vaccines at this facility or elsewhere (for example, a pharmacy) since December 2020.  
- 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”). |
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</table>
| Add all COVID-19 vaccine(s) HCP received                                  | *Required.* Select all 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 ("All HCP (Total)"), enter the number of HCP (cumulative to date) who received **one dose** of COVID-19 vaccine. |
<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                                                               | <strong>Cumulative number</strong> of HCP in question #1 (&quot;All HCP (Total)&quot;), with other conditions:                                                                                                                                 |
| 3.1. Medical contraindication or exclusions to COVID-19 vaccine           | <em>Required.</em> Of the HCP in question #1 (&quot;All HCP (Total)&quot;), enter the total number of HCP not receiving vaccination due to either a medical contraindication or exclusion to one or more COVID-19 vaccine(s). Medical contraindications include severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine. Examples of exclusions include receiving monoclonal antibodies or convalescent plasma as part of COVID-19 treatment in the previous 90 days, current quarantine or isolation for known SARS-CoV-2 infection, and receipt of another vaccine in the previous 14 days. Please see the most up-to-date list of contraindications and |</p>
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<tr>
<td>exclusions here: <a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html">link</a>. For the purpose of NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States are not considered medical contraindications or exclusions for COVID-19 vaccination; instead, count these under question 3.2 (“Offered but declined COVID-19 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 (“All HCP (Total)”) 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 (“All HCP (Total)”), 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.                                                                                                                                                                                                 |
| Question #4 [COVID-19 Vaccine(s) Supply]       | 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.*                                                                                                                                                                                                 |
| 4.1. If your facility has enrolled as a COVID-19 vaccine provider, has your facility received any COVID-19 vaccine(s) by the end of the week of data collection? [Yes, No, Other] | *Optional*. Select only one of the following three response options.  
Indicate ‘Yes’ if the facility has enrolled as a COVID-19 vaccine provider and has received a supply of COVID-19 vaccine by the end of the week of data collection.  
*Optional*. If yes, please describe your answer, including which COVID-19 vaccine(s) you received.                                                                                                                                                                                                 |
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</table>
| Please briefly describe your answer.                                      | **4.2. If your facility has enrolled as a COVID-19 vaccine provider, was your COVID-19 vaccine supply sufficient to vaccinate your facility’s HCP by the end of the week of data collection? [Yes, No, Other]**
                                                                                                                                                                                                                                                                                                                                                                                     |
| Indicate ‘No’ if the facility has enrolled as a COVID-19 vaccine provider but has not received any COVID-19 vaccine by the end of the week of data collection. *Optional.* If no, please add any other information to describe the COVID-19 vaccine supply at your facility.                                                                                                                                                                                                                   |
| Indicate ‘Other’ to indicate any other COVID-19 vaccine supply situation at your facility this week. For example, your facility is enrolled in the federal partner pharmacy vaccination program. *Optional.* If other, please describe any other COVID-19 vaccination plans for HCP during the week of data collection.                                                                                                                                             |
| Optional. Select only one of the following three response options.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Indicate ‘Yes’ if the facility has enrolled as a COVID-19 vaccine provider and had sufficient COVID-19 vaccine supply for administration to all your facility’s HCP desiring vaccination by the end of the week of data collection. *Optional.* If yes, please briefly describe your answer.                                                                                                                                                                                                                                                                   |
| Indicate ‘No’ if the facility has enrolled as a COVID-19 vaccine provider but did not have sufficient COVID-19 vaccine supply for administration to all your facility’s HCP by the end of the week of data collection. *Optional.* If no, please briefly describe your answer.                                                                                                                                                                                                                                             |
| Indicate ‘Other’ to indicate any other COVID-19 vaccine supply situation at your facility. For example, your facility is enrolled in the federal partner pharmacy vaccination program. *Optional.* If other, please briefly describe the vaccine supply situation at your facility.                                                                                                                                            |
**Weekly COVID-19 Vaccination Cumulative Summary for Residents of Long-Term Care Facilities (CDC 57.218, Rev 3)**

2 pages  
*required for saving

<table>
<thead>
<tr>
<th>Facility ID#</th>
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<table>
<thead>
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</table>

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<tr>
<th>Week of data collection (Monday – Sunday): <strong>/</strong>/____ – <strong>/</strong>/____</th>
<th>Date Last Modified: <strong>/</strong>/____</th>
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<thead>
<tr>
<th>Cumulative Vaccination Coverage</th>
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</table>

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 since December 2020:

   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 residents in Question #1 with other conditions:**

   3.1 *Medical contraindication or exclusion to COVID-19 vaccine

   3.2. Offered but declined COVID-19 vaccine

   3.3. Unknown COVID-19 vaccination status

<table>
<thead>
<tr>
<th>COVID-19 Vaccine(s) Supply</th>
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</table>

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.

**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.
   - Each person should be counted only once in the denominator.
   - The total number of residents staying in this facility for at least 1 day during the week of data collection is required.

   *Note that those not yet eligible to receive COVID-19 vaccination due to age should be excluded from this count.*

**Question #2 (Numerators)**

*Cumulative number* of residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection) who have received COVID-19 vaccines at this facility or elsewhere (for example, a pharmacy) since December 2020.

- 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”).
<table>
<thead>
<tr>
<th>Data Fields</th>
<th>Instructions for Completion</th>
</tr>
</thead>
</table>
| 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 COVID-19 vaccine. Do not include residents who received more than one dose of the COVID-19 vaccine.  
  - 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. |
| Complete COVID-19 vaccination series: unspecified manufacturer | Of the residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection), enter the number of residents (cumulative to date) with following vaccination status:  
  - Residents who received complete COVID-19 vaccination elsewhere, but the information for the specific manufacturer of the vaccine was unavailable.  
  - Residents 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 residents (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). |</p>
<table>
<thead>
<tr>
<th>Data Fields</th>
<th>Instructions for Completion</th>
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</thead>
</table>
| Question #3 (Other Conditions)  | **Cumulative number** of residents in question #1 with other conditions:  
3.1. Medical contraindication or exclusions to COVID-19 vaccine  | *Required.* Of the residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection), enter the total number of residents not receiving vaccination due to either a medical contraindication or exclusion to one or more COVID-19 vaccine(s). Medical contraindications include severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine. Examples of exclusions include receiving monoclonal antibodies or convalescent plasma as part of COVID-19 treatment in the previous 90 days, current quarantine or isolation for known SARS-CoV-2 infection, and receipt of another vaccine in the previous 14 days. Please see the most up-to-date list of contraindications and exclusions here: [https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html).  
For the purpose of NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the *Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States* are not considered medical contraindications or exclusions for COVID-19 vaccination, instead report these under question 3.2 (“Offered but declined COVID-19 vaccine”).  |
| 3.2. Offered but declined COVID-19 vaccine  | **Optional.** Enter the total number of residents in question #1 (the number of residents staying in this facility for at least 1 day during the week of data collection) 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.  |
<p>| 3.3. Unknown COVID-19 vaccination status  | <strong>Optional.</strong> 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.  |</p>
<table>
<thead>
<tr>
<th>Data Fields</th>
<th>Instructions for Completion</th>
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</table>
| **Question #4 [COVID-19 Vaccine(s) Supply]**  
4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility’s residents: | *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. |
| 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] | *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. |
<table>
<thead>
<tr>
<th>Data Fields</th>
<th>Instructions for Completion</th>
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<tbody>
<tr>
<td>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)?</td>
<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>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 residents.</td>
</tr>
<tr>
<td>Role</td>
<td>Has SAMS grid card</td>
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<tr>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td>Nursing Home Facility Administrator</td>
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<tr>
<td>Nursing Home Director of Nursing</td>
<td></td>
</tr>
<tr>
<td>Infection Prevention/Control Nurse</td>
<td></td>
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<tr>
<td>Asst. Director of Nursing</td>
<td></td>
</tr>
<tr>
<td>Business Office Manager</td>
<td></td>
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</tbody>
</table>

| *Facility Name:                             |
| *CCN:                                       |
| Corporation affiliation:                    |
| *Main Telephone number                      |
| Nursing Home Facility Administrator Has SAMS grid card   Yes Needs card |
| *Legal Name: (as on driver license)          |
| *Telephone number                           | Cell:              |
| *Work Email:                                |
| Nursing Home Director of Nursing Has SAMS grid card   Yes Needs card |
| Legal Name: (as on driver license)           |
| Telephone number:                           | Cell:              |
| Work Email:                                 |
| &Infection Prevention/Control Nurse Has SAMS grid card   Yes Needs card |
| *Legal Name: (as on driver license)          |
| *Telephone number:                          | Cell:              |
| *Work Email:                                |
| Asst. Director of Nursing Has SAMS grid card   Yes Needs card |
| *Legal Name: (as on driver license)          |
| *Telephone number:                          | Cell:              |
| *Work Email:                                |
| Business Office Manager Has SAMS grid card   Yes Needs card |
| *Legal Name: (as on driver license)          |
| *Telephone number:                          | Cell:              |
| *Work Email:                                |
**MDS Coordinator**

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<tr>
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<tbody>
<tr>
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<tr>
<td>Work Email:</td>
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**Activity Director**

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**Rehab Director**

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<td>Work Email:</td>
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### List NHSN users for NH Facility

(Please complete) NHSN FACILITY ID#:

<table>
<thead>
<tr>
<th>Role</th>
<th>Has SAMS Grid card (Yes/no)</th>
<th>Legal Name as on driver license</th>
<th>Email address used to register in NHSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSN Facility Administrator</td>
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<tr>
<td>NHSN User</td>
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**Please email completed document to: nhnetwork@tmf.org**