

Group - Importing COVID-19 using a .csv file for Resident Impact and Facility Capacity (RIFC), and for Staff and Personnel Impact summary data

1. NHSN COVID-19 Resident Impact and Facility Capacity Import File Format – use this format for calendar dates Nov 23, 2020 and going forward

| Field | Requirement | Values | Format† | Description of Field |
|---------------------|------------------------|------------|--|--|
| orgID | Required | | | Organization ID number |
| collectionDate | Required | | mm/dd/yyyy | Date for which patient counts are reported: |
| numresadmc19 | Optional | 0 to 3000 | Must be a whole number Must be <=3000 | ADMISSIONS: Residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. Excludes recovered residents. |
| numresdied | Optional | 0 to 10000 | Must be a whole number Must be <=10000 | TOTAL DEATHS: Residents who have died for any reason in the facility or another location |
| numresc19died | Optional | 0 to 10000 | Must be a whole number Must be <=10000 | COVID-19 DEATHS: Of the number of reported Total Deaths, report the number of residents with COVID-19 who died in the facility or another location. |
| numlctfbeds | Optional | 0 to 3000 | Must be a whole number Must be <=3000 | ALL BEDS (FIRST SURVEY ONLY): Total number of beds within the certified Medicare and/or Medicaid long-term care facility |
| numlctfbedsocc | Optional | 0 to 3000 | Must be whole number Must be <= All Beds , if populated, or <=3000 | CURRENT CENSUS: Total number of beds that are occupied on the reporting calendar day |
| staffc19testability | Optional | | Y for Yes N for No | TESTINGSTAFF: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all staff and facility personnel within the next 7 days, if needed? |
| resc19testability | Optional | | Y for Yes N for No | TESTINGRESIDENT: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (nucleic acid/PCR or antigen) on all current residents within the next 7 days, if needed? |
| resc19pocetestperf | Conditionally Required | 0 to 3000 | Must be a whole number Required if perfC19Test = Y | Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on residents |

| Field | Requirement | Values | Format† | Description of Field |
|---------------------------|------------------------|-----------|---|--|
| staffc19pocetestperf | Conditionally Required | 0 to 3000 | Must be a whole number Required if perfC19Test = Y | Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on staff and/or facility personnel? |
| numrespostest | Optional | 0 to 3000 | Must be a whole number | POSITIVE TESTS: Number of residents with a new positive COVID-19 viral test result. |
| numrespostestposag | Conditionally Required | 0 to 3000 | Must be a whole number Required if numResPosTest > 0. If entered, sum of all 4 numResPosTest tests must = numResPosTest | TEST TYPE: Of the number of reported residents above with a Positive Test, how many were tested using positive SARS-CoV-2 antigen test only (no other testing performed) |
| numResPosTestPosNAAT | Conditionally Required | 0 to 3000 | Must be a whole number Sum of all 4 numResConfC19 tests must be <= numResConfC19 | TEST TYPE: Of the number of reported residents above with a Positive Test, how many were tested using positive SARS-CoV-2 NAAT (PCR) [no other testing performed] |
| numResPosTestPosAgNegNAAT | Conditionally Required | 0 to 3000 | Must be a whole number Sum of all 4 numResConfC19 tests must be <= numResConfC19 | TEST TYPE: Of the number of reported residents above with a Positive Test, how many were tested using positive SARS-CoV-2 antigen test and negative SARS CoV-2 NAAT (PCR) |
| numResPosTestOther | Conditionally Required | 0 to 3000 | Must be a whole number Sum of all 4 numResConfC19 tests must be <= numResConfC19 | TEST TYPE: Of the number of reported residents above with a Positive Test, how many were tested using any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test |
| numResPosTestReinf | Required | 0 to 3000 | Must be a whole number Must be <= numResPosTest | RE-INFECTIONS: Of the number of reported residents above with a Positive Test, how many were considered as re-infected? |
| numResPosTestReinfSymp | Optional | 0 to 3000 | Must be a whole number numResPosTestReinfSymp + numResPosTestReinfAsymp must be <= numResPosTestReinf | SYMPTOMATIC: Of the number of reported residents with Re-Infections, how many had signs and/or symptoms consistent with COVID-19? |

| Field | Requirement | Values | Format† | Description of Field |
|-------------------------|------------------------|-----------|---|---|
| numResPosTestReinfASymp | Optional | 0 to 3000 | Must be a whole number numResPosTestReinfSymp + numResPosTestReinfASymp must be <= numResPosTestReinf | ASYMPTOMATIC: Of the number of reported residents with Re-Infections, how many did not have signs and/or symptoms consistent with COVID-19? |
| numresconfflu | Optional | 0 to 3000 | Must be a whole number | INFLUENZA: Number of residents with new influenza (flu). |
| numresothresp | Optional | 0 to 3000 | Must be a whole number | RESPIRATORY ILLNESS: Number of residents with acute respiratory illness symptoms, excluding COVID-19 and/or influenza (flu). |
| numresconffluc19 | Optional | 0 to 3000 | Must be a whole number | INFLUENZA and COVID-19: Number of residents with a confirmed co-infection with influenza (flu) and SARS-CoV-2 (COVID-19). |
| perfc19test | Optional | | Y for Yes N for No | Since the last date of data entry in the Module, has your LTCF performed SARS-COV-2 (COVID-19) viral testing? |
| resc19nonpocetestperf | Conditionally Required | | Must be a whole number Required if perfc19Test = Y | Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on residents |
| staffc19nonpocetestperf | Conditionally Required | | Must be a whole number Required if perfc19Test = Y | Since the last date of data entry in the Module, how many COVID-19 NON point-of-care tests has the LTCF performed on staff and/or facility personnel? |
| c19nonpocetestresults | Optional | | < 1 DAY for Less than one day 1-2 DAYS -for 1-2 days 3-7 DAYS for 3-7 days > 7 DAYS for More than 7 days NOTEST for No testing performed in the past two weeks on residents or staff and/or facility personnel | During the past two weeks, on average, how long did it take your LTCF to receive SARS-CoV-2 (COVID-19) viral test results of staff and/or facility personnel? |

2. NHSN COVID-19 Staff and Personnel Impact Import File Format – use this format for calendar dates Nov 23, 2020 and going forward

| Field | Requirement | Values | Format† | Description of Field |
|-----------------------------|------------------------|----------|--|---|
| orgID | Required | | | Organization ID number |
| collectionDate | Required | | mm/dd/yyyy | Date for which patient counts are reported |
| numStaffPosTest | Optional | 0 - 1000 | Must be a whole number | POSITIVE TESTS: Number of staff and facility personnel with a new positive COVID-19 viral test result. |
| numStaffPosTestPosAg | Optional | | Must be a whole number Required if numStaffPosTest > 0. If entered, sum of all 4 numStaffPosTest tests must = numStaffPosTest | TEST TYPE: Of the number of reported staff and facility personnel above with a Positive Test, how many were tested using positive SARS-CoV-2 antigen test only (no other testing performed) |
| numStaffPosTestPosNAAT | Conditionally Required | | Must be a whole number Required if numStaffPosTest > 0. If entered, sum of all 4 numStaffPosTest tests must = numStaffPosTest | TEST TYPE: Of the number of reported staff and facility personnel above with a Positive Test, how many were tested using positive SARS-CoV-2 NAAT (PCR) [no other testing performed] |
| numStaffPosTestPosAgNegNAAT | Conditionally Required | | Must be a whole number Required if numStaffPosTest > 0. If entered, sum of all 4 numStaffPosTest tests must = numStaffPosTest | TEST TYPE: Of the number of reported staff and facility personnel above with a Positive Test, how many were tested using positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR) |
| numStaffPosTestOther | Conditionally Required | | Must be a whole number Required if numStaffPosTest > 0. If entered, sum of all 4 numStaffPosTest tests must = numStaffPosTest | TEST TYPE: Of the number of reported staff and facility personnel above with a Positive Test, how many were tested using any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test |
| numStaffPosTestReinf | Conditionally Required | | Must be a whole number Required where numStaffPosTest > 0. Must be <= numStaffPosTest | RE-INFECTIONS: Of the number of reported staff and facility personnel above with a Positive Test, how many were considered as re-infected? |

| Field | Requirement | Values | Format† | Description of Field |
|---------------------------|-------------|----------|---|--|
| numStaffPosTestReinfSymp | Optional | | Must be a whole number | SYMPTOMATIC: Of the number of reported staff and facility personnel with Re-Infections, how many had signs and/or symptoms consistent with COVID-19? |
| numStaffPosTestReinfASymp | Optional | | Must be a whole number | ASYMPTOMATIC: Of the number of reported staff and facility personnel with Re-Infections, how many did not have signs and/or symptoms consistent with COVID-19? |
| numStaffC19Died | Optional | 0 - 1000 | Must be a whole number | COVID-19 DEATHS: Number of staff and facility personnel with COVID-19 who died. |
| numStaffConfFlu | Optional | 0 - 3000 | Must be a whole number | INFLUENZA: Number of staff and facility personnel above with new influenza (flu). |
| numStaffOthResp | Optional | 0 - 3000 | Must be a whole number | RESPIRATORY ILLNESS: Number of staff and facility personnel with acute respiratory illness symptoms, excluding COVID-19 and/or influenza (flu). |
| numStaffConfFluC19 | Optional | | Must be a whole number Must be <= numStaffConfC19 and <= numStaffConfFlu | INFLUENZA and COVID-19: Number of staff and facility personnel with a confirmed co-infection with influenza (flu) and SARS-CoV-2 (COVID-19). |
| shortNurse | Optional | | Y for Yes N for No | Does your organization have a shortage of Nursing Staff: registered nurse, licensed practical nurse, vocational nurse? |
| shortClin | Optional | | Y for Yes N for No | Does your organization have a shortage of Clinical Staff: physician, physician assistant, advanced practice nurse? |
| shortAide | Optional | | Y for Yes N for No | Does your organization have a shortage of Aide: certified nursing assistant, nurse aide, medication aide, and medication technician? |
| shortOthStaff | Optional | | Y for Yes N for No | Does your organization have a shortage of Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)? |