Facility - 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
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.
numltcfbeds	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
numltcfbedsocc	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?
resc19poctestperf	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
staffc19poctestperf	Conditionally Required Required if perfC19Test = Y	0 to 3000	Must be a whole number	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 Required if numResPosTest > 0. If entered, sum of all 4 numResPosTest tests must = numResPosTest	0 to 3000	Must be a whole number	**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 Sum of all 4 numResConfC19 tests must be <= numResConfC19	0 to 3000	Must be a whole number	**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 Sum of all 4 numResConfC19 tests must be <= numResConfC19	0 to 3000	Must be a whole number	**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 Sum of all 4 numResConfC19 tests must be <= numResConfC19	0 to 3000	Must be a whole number	**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 Must be <= numResPosTest	0 to 3000	Must be a whole number	**RE-INFECTIONS:** Of the number of reported residents above with a Positive Test, how many were considered as re-infected?
numResPosTestReinfSymp	Optional numResPosTestReinfSymp + numResPosTestReinfAsymp must be <= numResPosTestReinf	0 to 3000	Must be a whole number	**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	**NFLUENZA 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?
resc19nonpoctestperf	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
staffc19nonpoctestperf	Conditionally Required		Must me 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?
c19nonpoctestresults	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
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?
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?

Field	Requirement	Values	Format†	Description of Field
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)?