

**SNF COVID-19 Daily Reporting
Data Dictionary**

Number	Variable	Format	Description
1	Current Reporting Period (Reported Date)	Date	An auto-generated value captured in the survey. Based on when the survey is finalized, before submitting the survey. A calculation will determine which reporting period it participates in and write the date as the end of the reporting date and append a time of 12:00 pm.
2	Skilled Nursing Facility Point of Contact (POC) Name	Char	The name of the facility staff reporting the information (the facility's point of contact).
3	Skilled Nursing Facility Point of Contact (POC) Email	Char	The email of the facility staff reporting the information.
4	TESTING AVAILABILITY: 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 residents, staff and facility personnel if needed?	Select_one: Yes; No	<p>Answer “YES” if on the date responses are being reported, the LTCF</p> <ol style="list-style-type: none"> 1. Can either perform COVID-19 viral testing (molecular/nucleic acid or antigen) on all residents, staff and facility personnel in the facility, if there was a need to do so <p>OR</p> <ol style="list-style-type: none"> 2. Is able to obtain resources needed from outside sources, such as laboratories, outbreak response team, health department, etc. to perform COVID-19 viral testing (molecular/nucleic acid or antigen) on all residents, staff and facility personnel in the facility, if there was a need to do so. <p>Otherwise, select, “NO”.</p> <p>Notes: Responses to this question are important to improve understanding of the barriers to mass testing.</p>

Number	Variable	Format	Description
5	CURRENT CENSUS: Total number of beds that are currently occupied.	Numeric	<p>On the date responses are being reported, enter the total number of residents that are occupying a bed in the facility. Current Census may include a combination of private pay and non-private pay occupied beds.</p> <p>Note: The count must include total residents occupying a bed in the reporting facility, including non-licensed beds (for example, additional beds had to be brought in to handle increased capacity of residents or residents are being moved to other parts of the facility that are not normally included in the LTCF bed count).</p>
6	RESIDENTS: Do you have any new Resident COVID admissions, cases, or deaths to report? OR Do you have new resident deaths or Influenza cases to report?	Select_one: Yes; No	(self-explanatory)

Number	Variable	Format	Description
7	ADMISSIONS: New residents admitted or re-admitted who were previously hospitalized and treated for COVID-19 since the last time counts were reported.	Numeric	<p>Admissions is defined as residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based isolation precautions due to the diagnosis. Recovered residents are excluded. Includes persons under investigation (for example, signs/symptoms and/or pending test results and require transmission-based precautions at admission)</p> <p>Enter the number of residents newly admitted or readmitted to the LTCF from a hospital where they were treated for suspected or laboratory positive COVID-19. Include only newly admitted or readmitted residents <u>since the last date</u> these counts were entered, regardless if the resident(s) is still in the facility.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Include only residents who were newly admitted or readmitted since the last date these counts were reported regardless if the resident(s) are physically in the LTCF at the time of data entry. <p>Do not include new Admissions preemptively isolated for 14 days. Only those residents newly admitted or readmitted who were previously diagnosed with COVID-19.</p>

Number	Variable	Format	Description
8	CONFIRMED: Residents with new laboratory positive COVID-19 since the last time counts were reported.	Numeric	<p>Confirmed is defined as a resident with a new positive COVID-19 test result from a viral test (nucleic acid or antigen). Examples include molecular testing, nucleic acid testing, and antigen testing. Positive results from antigen Point of Care test results are included.</p> <p>Since the last date Confirmed Counts (laboratory positive COVID-19 test result) were entered, enter the number of residents with a new laboratory-positive COVID-19 test result, including residents who remain in the LTCF, as well as residents who were transferred out of the facility, admitted to another facility, or died.</p> <p>Notes:</p> <ul style="list-style-type: none"> • A viral test is used to detect infection with SARS-CoV-2, the virus that causes COVID-19. Molecular and antigen tests are types of viral tests. Viral tests are also called diagnostic tests. CDC-NHSN recognizes positive results from viral (nucleic acid/molecular and antigen) tests appropriate for diagnosing active COVID-19 infection. • A newly positive COVID-19 viral test result should be included in the Confirmed COVID-19 count, even if repeat COVID-19 test results are negative. • Point of Care testing instruments appropriate for diagnosing current COVID-19 infection. Newly positive residents tested using this test method must be included in the Confirmed COVID-19 count for the reporting period. Do not include consecutive positive results for the same resident if multiple tests are done.

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			<ul style="list-style-type: none"> • An antibody test is used to detect previous infection with SARS-CoV-2, the virus that causes COVID-19. This type of test is also called a serological test. Antibody test results are not considered appropriate for diagnosis of active COVID-19 infection and therefore positive results from antibody tests must be excluded from Confirmed COVID-19 counts. • Each time counts are collected for reporting, only newly Confirmed cases should be included in the count (specifically, count each confirmed resident only once during a reporting period). • Include residents with new positive COVID-19 test results regardless if the resident(s) is still in the LTCF on the date of data entry. For example, the count should include resident(s) who remain in the facility, were transferred out of the facility, admitted to another facility, as well as those who died prior to or on the date of data entry into the survey. • Reinfection: Residents with recurrent symptoms after the first 3 months who test positive for COVID-19 should be considered newly positive for counting purposes and therefore included in the Confirmed COVID-19 count for the reporting period.
9	Not Vaccinated: Include residents who have not been vaccinated with a COVID-19 vaccine OR residents whose first dose was administered 13 days or less before the specimen collection date.	Numeric	Enter the number of residents who have not been vaccinated with a COVID-19 vaccine OR residents whose first dose was administered 13 days or less before the specimen collection date.
10	Partial Vaccination: Include residents who have received Only 1-dose of a two-dose mRNA vaccine (for example, Moderna, Pfizer-BioNTech, or dose 1 of unspecified COVID-19 vaccine).	Numeric	Enter the number of residents who have received Only 1-dose of a two-dose mRNA vaccine (for example, Moderna, Pfizer-BioNTech, or dose 1 of unspecified COVID-19 vaccine).

Number	Variable	Format	Description
11	Complete Primary Vaccination Series: Include residents who have received Dose 1 and Dose 2 of a two-dose mRNA vaccine (for example, Moderna or Pfizer-BioNTech, or dose 1 and 2 of unspecified COVID-19 vaccine) OR 1 Dose of the Janssen COVID-19 Vaccine.	Numeric	Enter the number of residents who have received Dose 1 and Dose 2 of a two-dose mRNA vaccine (for example, Moderna or Pfizer-BioNTech, or dose 1 and 2 of unspecified COVID-19 vaccine) OR 1 Dose of the Janssen COVID-19 Vaccine.
12	One Booster: Include residents who have received only one booster dose of COVID-19 vaccine (any manufacturer) AND 14 days or more have passed before the specimen collection date.	Numeric	Enter the number of residents who have received only one booster dose of COVID-19 vaccine (any manufacturer) AND 14 days or more have passed before the specimen collection date.
13	Two or More Boosters: Include residents who have received two or more booster doses of COVID-19 vaccine since March 29, 2022 AND 14 days or more have passed before the specimen collection date.	Numeric	Enter the number of residents who have received two or more booster doses of COVID-19 vaccine since March 29, 2022 AND 14 days or more have passed before the specimen collection date.
14	Additional or Booster Vaccination: Include newly positive residents who have received any additional dose(s) or booster dose(s) of COVID19 vaccine (any manufacturer) AND 14 days or more have passed before the specimen collection date.	Numeric	Enter the number of residents who have received any additional dose(s) or booster dose(s) of COVID19 vaccine (any manufacturer) AND 14 days or more have passed before the specimen collection date.
15	Up to Date: Include residents who are up to date with COVID-19 vaccines 14 days or more before the specimen collection date.	Numeric	Enter the number of residents who are up to date with COVID-19 vaccines 14 days or more before the specimen collection date.

Number	Variable	Format	Description
16	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location since the last time counts were reported.	Numeric	<p>COVID-19 Deaths is defined as a resident with suspected or a positive COVID-19 test result who died in the facility or another location as a result of COVID-19 related complications.</p> <p>Since the last date COVID-19 Death Counts were entered, enter the total number of new deaths for both, residents suspected of having COVID-19 AND residents with laboratory positive COVID. This includes residents that died in the LTCF or another location.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If a resident without known or suspected COVID-19 dies and the facility later finds out the resident was positive for COVID-19 (for example, COVID-19 found in autopsy result), the LTCF must report the COVID-19 death correction to COVID-19SNFSURVEY@cdph.ca.gov. • Suspected is defined as a resident who is being managed as though he/she has COVID-19 because of signs and symptoms suggestive of COVID-19 as described by CDC's guidance but does not have a positive COVID-19 test result. This may include residents who have not been tested or those with pending test results. The count may also include residents with negative test results but whom continue to show signs/symptoms suggestive of COVID-19. • If a resident previously had Confirmed (positive COVID-19 test result) or Suspected COVID-19 but recovered and is no longer being treated as having COVID-19 (for example, resolved signs/symptoms and removed from isolation) at the time COVID-19 death counts are being collected, do not include the resident in COVID-19 death count. Instead, include the resident in the Total Deaths count.

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			<ul style="list-style-type: none"> • Important: The COVID-19 Deaths count should not be higher than the Total Deaths count in a reporting period.
17	TOTAL DEATHS: Residents who have died in the facility or another location since the last time counts were reported.	Numeric	<p>Total Deaths is defined as residents who have died from any cause in the facility or another location. This count includes new COVID-19 related deaths AND non-COVID-19 related deaths. Includes residents who died in another location, such as a hospital.</p> <p>Since the last date the Total Deaths were entered, enter the number of residents who have died for any reason in the LTCF or another location. Note: Include both COVID-19 related deaths AND non-COVID-19 related deaths.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Each resident death should be included only once. • Important: The Total Deaths count should NEVER be lower than the COVID-19 Deaths count in a reporting period.
18	INFLUENZA: Number of residents with new influenza (flu).	Numeric	(self-explanatory)
19	STAFF: Do you have new HCP cases or deaths to report? OR Do you have new HCP Influenza cases to report?	Select_one: Yes; No	(self-explanatory)
20	CONFIRMED: Staff and facility personnel with new laboratory positive COVID-19 since the last time counts were reported.	Numeric	Enter the number of staff and facility personnel who have newly been identified as having a laboratory positive COVID-19 test result since the last date that Confirmed COVID-19 counts were entered for staff and facility personnel. Note: Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

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			<p>Notes:</p> <ul style="list-style-type: none"> • Include only new laboratory positive test COVID-19 test results among staff and facility personnel since the last time these counts were entered in the survey. • Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.
21	COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory positive COVID-19 who died since the last time counts were reported.	Numeric	<p>Enter the total number of new deaths for staff and facility personnel with suspected or laboratory positive COVID-19 that have occurred since the last date the COVID-19 Death count for staff and facility personnel was entered. Only include new deaths since the last time these counts were entered in the Module.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Suspected is defined as staff and personnel with signs and symptoms suggestive of COVID-19 as described by CDC's guidance but do not have a laboratory positive COVID-19 test result. This may include staff and personnel who have not been tested or those with pending test results. It may also include staff and personnel with negative test results but continue to show signs/symptoms suggestive of COVID-19. • Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.
22	INFLUENZA: Number of staff and facility personnel above with new influenza (flu).	Numeric	(self-explanatory)
23	Does your organization have a shortage of staff and/or personnel?	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for staff and/or personnel?
24	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for nurse, licensed practical nurse, vocational nurse

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25	Clinical Staff: physician, physician assistant, advanced practice nurse	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for physician, physician assistant, advanced practice nurse
26	Aide: certified nursing assistant, nurse aide, medication aide, and medication technician	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for certified nursing assistant, nurse aide, medication aide, and medication technician
27	Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for other staff or facility personnel
28	Do you have any urgent PPE needs in the next 7 days?	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for PPE needs in the next 7 days.
29	N95 Respirator	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for N95 Respirator in the next 7 days.
30	Face Mask	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for Face Mask in the next 7 days.
31	Eye Protection, including goggles or face shields	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for Eye Protection, including goggles or face shields in the next 7 days.
32	Gowns	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for Gowns in the next 7 days.
33	Gloves	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for Gloves in the next 7 days.
34	Have you reached out to your local Public Health Office or Medical Health Operational Area Coordinator (MHOAC) in the last 24 hours to place a resource request for this need?	Select_one: Yes; No	Select YES or NO. Indicate whether the facility has contacted their local public health department (LHD), or Medical Health Operational Area Coordination (MHOAC) Program in the last 24 hours to place a resource request.
35	Skilled Nursing Facility Name	Char	Select the name of the skilled nursing facility for which you are reporting. The facility list is generated from the Electronic Licensing Management System (ELMS), Licensing and Certification Program, Center of Healthcare Quality, California Department of Public Health.
36	Facility ID	Char	A nine-digit facility identifier used in the CPDH licensing system (ELMS). Auto-populated.
37	Licensed Beds	Numeric	The number of beds for which the facility is licensed.

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38	Location	Numeric	Latitude and longitude, combined for mapping. Location is used to display the map on the survey interface. Auto-populated.
39	Latitude	Numeric	The longitude of the facility in decimal degrees. Auto-populated.
40	Longitude	Numeric	The latitude of the facility in decimal degrees. Auto-populated.
41	Facility Address	Char	The facility's street address. Auto-populated.
42	Facility City	Char	The city where the facility is located. Auto-populated.
43	Facility County	Char	The county where the facility is located. Auto-populated.
44	Facility Telephone	Char	The facility's main telephone number. Auto-populated.
45	License No	Char	A nine-digit identifier. A CDPH facility/provider license number identifies that a health care facility/provider operates within state statute/regulations and can legally do business in California.
46	NHSN OrgID	Char	A five-digit facility identifier used by the National Healthcare Safety Network (NHSN).