

COVID-19 Module

Long Term Care Facility: Resident Impact and Facility Capacity

NHSN Facility ID:
CMS Certification Number (CCN):
Facility Name:
*Date for which responses are reported: _____ / _____ / _____

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

_____	ADMISSIONS: Residents admitted or readmitted who were previously hospitalized and treated for COVID-19
_____	CONFIRMED: Residents with new laboratory positive COVID-19
_____	SUSPECTED: Residents with new suspected COVID-19
_____	TOTAL DEATHS: Residents who have died in the facility or another location
_____	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

Facility Capacity and Laboratory Testing

_____	ALL BEDS (FIRST SURVEY ONLY)
_____	CURRENT CENSUS: Total number of beds that are currently occupied
_____	<p>*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?</p> <p style="margin-left: 20px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>If YES, what laboratory type? <i>Select all that apply.</i></p> <p style="margin-left: 20px;"> <input type="checkbox"/> State health department lab <input type="checkbox"/> Private lab (hospital, corporation, academic institution) <input type="checkbox"/> Other </p>
<p><small>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)).</small></p> <p><small>CDC estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX). CDC 57.144 (Front)</small></p>	

*Required for Saving



Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Resident Impact and Facility Capacity Form (CDC 57.144)

Data Field	Instructions for Data Collection
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
CMS Certification Number (CCN)	Auto-generated by the computer if the facility has previously entered the CCN number during NHSN registration. See NHSN CCN Guidance document for instructions on how to add a new CCN or edit an entered CCN.
Facility Name	Auto-generated by the computer if the facility has previously entered facility name during registration.
Date for which “resident impact and facility capacity” responses are reported	<i>Required.</i> Select the date on the calendar for which the responses are being reported in the NHSN COVID 19-Module.

Important:

While daily reporting will provide the timeliest data to assist with COVID-19 emergency response efforts, retrospective reporting of prior day(s), unless otherwise specified, is encouraged if daily reporting is not feasible. At a minimum, facilities should report data at least once per week.

RESIDENT IMPACT

Data Field	Instructions for Data Collection
ADMISSIONS: Residents admitted or readmitted who were previously hospitalized and treated for COVID-19	<ol style="list-style-type: none"> <i>If this is the first time Admission counts are being entered in the NHSN COVID-19 Module:</i> Enter the number of residents admitted or readmitted to the LTCF from a hospital where they were treated for suspected or laboratory positive COVID-19 since January 1, 2020. <i>If this is <u>not</u> the first time Admission counts are being entered in the NHSN COVID-19 Module:</i> Since the last date Admission counts were entered in the Module, 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. <p>Note: Include only newly admitted or readmitted residents since the last date these counts were entered in the Module regardless if the resident(s) is still in the facility.</p>



Data Field	Instructions for Data Collection
<p>CONFIRMED: Residents with new laboratory positive COVID-19</p>	<ol style="list-style-type: none"> 1. <i>If this is the first time Confirmed counts are being entered in the NHSN COVID-19 Module:</i> Enter the total number residents with a laboratory-positive COVID-19 test result since January 1, 2020. 2. <i>If this is <u>not</u> the first time Confirmed counts are being entered in the NHSN COVID-19 Module.</i> Since the last date <i>Confirmed counts</i> (laboratory positive COVID-19 test result) were entered in the Module, 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>Notes:</p> <ul style="list-style-type: none"> • Include only new laboratory positive COVID-19 residents since the last date these counts were entered in the Module. • Include residents with new laboratory-positive COVID-19 results regardless if the resident(s) is still in the LTCF. For example, the count should include resident(s) that remain in the facility, were transferred out of the facility, admitted to another facility, as well as those who died.
<p>SUSPECTED: Residents with new suspected COVID-19</p>	<ol style="list-style-type: none"> 1. <i>If this is the first time Suspected counts are being entered in the NHSN COVID-19 Module:</i> Enter the number of residents in the LTCF who have been or are being managed as though they have COVID-19, but do not have a laboratory positive COVID-19 test result since January 1, 2020. 2. <i>If this is <u>not</u> the first time Suspected counts are being entered in the NHSN COVID-19 Module:</i> Since the last date <i>Suspected COVID-19 counts</i> were entered in the Module, enter the number of residents who have been or are being managed as though they have COVID-19, but do not have a 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>Notes:</p> <ul style="list-style-type: none"> • <i>Suspected</i> is defined as residents being managed or treated with the same precautions as those with a laboratory positive COVID-19 test result but have not been tested or have pending test results. • Residents with a laboratory negative COVID-19 test result, but whom continue to be managed or treated with the same



Data Field	Instructions for Data Collection
	<p>precautions as laboratory positive COVID-19 residents because of exposure and/or suggestive signs and symptoms should be included in this count.</p> <ul style="list-style-type: none"> • Include residents with new suspected COVID-19 regardless if the resident is still in the LTCF. For example, the count should include suspected resident(s) that remain in the facility, were transferred out of the facility, admitted to another facility, as well as those who died.
<p>TOTAL DEATHS: Residents who have died in the facility or another location</p>	<ol style="list-style-type: none"> 1. <i>If this is the first time Total Deaths count is being entered in the NHSN COVID-19 Module:</i> Enter the total number of residents who have died for any reason in the LTCF or another location since January 1, 2020. 2. <i>If this is <u>not</u> the first time the Total Deaths count is being entered in the NHSN COVID-19 Module:</i> Since the last date the <i>Total Deaths</i> count was entered in the Module, enter the number of residents who have died for any reason in the LTCF or another location. Note: Include only counts of new resident deaths for any reason since the last date these counts were into the Module. <p>Note: Include both COVID-19 related deaths AND non-COVID-19 related deaths.</p>
<p>COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location</p>	<ol style="list-style-type: none"> 1. <i>If this is the first time the COVID-19 Deaths count is being entered in the NHSN COVID-19 Module:</i> Enter the total number of deaths among residents suspected of having COVID-19 AND residents with a laboratory-positive COVID-19 test result since January 1, 2020, including residents that died in the LTCF or another location. 2. <i>If this is <u>not</u> the first time the COVID-19 Deaths count is being entered in the NHSN COVID-19 Module:</i> Since the last date the <i>COVID-19 Deaths</i> count was entered in the Module, enter the total number of new deaths for both, residents suspected of having COVID-19 AND residents with laboratory positive COVID-19. This includes residents that died in the LTCF or another location. Note: Include only counts of new COVID-19 deaths since the last time these counts were entered in the Module.



Data Field	Instructions for Data Collection
	<p>Notes:</p> <ul style="list-style-type: none"> • <i>Suspected</i> is defined as residents being managed or treated with the same precautions as those with laboratory positive COVID-19 but have not been tested or have pending test results. • Residents with a laboratory negative COVID-19 test result, but whom continue to be managed or treated with the same precautions as laboratory positive COVID-19 residents because of exposure and/or suggestive signs and symptoms should be included in this count.

FACILITY CAPACITY AND LABORATORY TESTING

Data Field	Instructions for Data Collection
<p>ALL BEDS: (FIRST SURVEY ONLY)</p>	<p>Enter the total number of resident beds in the facility.</p> <p>Note:</p> <ul style="list-style-type: none"> • After the first time the <i>total number of resident beds</i> in the facility is entered, the count will auto-populate for future sessions. If the resident bed count changes, the user may update the count.
<p>CURRENT CENSUS: Total number of beds that are currently occupied.</p>	<p><u>On the date responses are being reported in the Module</u>, enter the total number of residents that are occupying a bed in the facility.</p>
<p>TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?</p> <p>If “YES,” what laboratory type are the specimens sent for testing? <i>Select all that apply.</i></p>	<p><i>Required.</i> Answer “YES” if on the date responses are being reported in the Module, the LTCF has access to COVID-19 testing that can be performed while the resident remains in the LTCF. Otherwise, answer, “NO”.</p> <p><i>Conditional:</i> If “YES” is answered indicating that testing is available to be performed while the resident remains in the LTCF, select one or more of the locations where the specimens are sent for testing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> State health department lab <input type="checkbox"/> Private lab (hospital, corporation, academic institution) <input type="checkbox"/> Other <p>Note: <i>Other</i> should be selected only if the location is not included in the available selections.</p>

COVID-19 Module

Long Term Care Facility: Staff and Personnel Impact

NHSN Facility ID:
CMS Certification Number (CCN):
Facility Name:
*Date for which responses are reported: ____ / ____ / ____

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

_____	CONFIRMED: Staff and facility personnel with new laboratory positive COVID-19
_____	SUSPECTED: Staff and facility personnel with new suspected COVID-19 who are being managed as though they have it
_____	COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory positive COVID-19 who died

Does your organization have a shortage of staff and/or personnel?

Staffing Shortage?	Staff and Personnel Groups
<input type="checkbox"/> YES <input type="checkbox"/> NO	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="checkbox"/> YES <input type="checkbox"/> NO	Clinical Staff: physician, physician assistant, advanced practice nurse
<input type="checkbox"/> YES <input type="checkbox"/> NO	Aide: certified nursing assistant, nurse aide, medication aide, and medication technician
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other staff or facility personnel , regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)

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 estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

CDC 57.145 (Front)

*Required for saving



Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Staff and Personnel Impact Form (CDC 57.145)

Data Field	Instructions for Data Collection
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
CMS Certification Number (CCN)	Auto-generated by the computer if the facility has previously entered the CCN number during NHSN registration. See NHSN CCN Guidance document for instructions on how to add a new CCN or edit an entered CCN.
Facility Name	Auto-generated by the computer if the facility has previously entered facility name during registration.
Date for which “staff and personnel Impact” responses are reported	<i>Required.</i> Select the date on the calendar for which the responses are being reported in the NHSN COVID 19-Module.

Important:

While daily reporting will provide the timeliest data to assist with COVID-19 emergency response efforts, retrospective reporting of prior day(s), unless otherwise specified, is encouraged if daily reporting is not feasible. At a minimum, facilities should report data at least once per week.

Data Field	Instructions for Data Collection
CONFIRMED COVID-19 Staff and facility personnel with new laboratory-positive COVID-19	<ol style="list-style-type: none"> <i>If this is the first time Confirmed COVID-19 counts for staff and facility personnel are being entered in the NHSN COVID-19 Module:</i> Enter the total number of staff and facility personnel who have been identified with laboratory positive COVID-19 since January 1, 2020. <i>If this is <u>not</u> the first time Confirmed COVID-19 counts for staff and facility personnel are being entered in the NHSN COVID-19 Module:</i> Enter the number of staff and facility personnel who have newly been identified as having a laboratory positive COVID-19 test result <u>since the last date</u> that <i>Confirmed COVID-19</i> counts (laboratory positive COVID-19 test results) were entered for staff and facility personnel. Note: 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 Module. <p>Note:</p> <ul style="list-style-type: none"> 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.



Data Field	Instructions for Data Collection
<p>SUSPECTED COVID-19 Staff and facility personnel with new suspected COVID-19</p>	<ol style="list-style-type: none"> <i>If this is the first time Suspected COVID-19 counts for staff and facility personnel are being entered in the NHSN COVID-19 Module:</i> Enter the number of staff and facility personnel who have been or are being managed as though they have COVID-19, but do not have a laboratory positive COVID-19 test result, since January 1, 2020. <i>If this is <u>not</u> the first time Suspected COVID-19 counts for staff and facility personnel are being entered in the NHSN COVID-19 Module:</i> Enter the number of staff and facility personnel who have been or are being newly managed as though they have COVID-19 (but do not have a laboratory positive COVID-19 test result) <u>since the last date</u> that <i>Suspected COVID-19</i> counts for staff and facility personnel were entered. <p>Notes:</p> <ul style="list-style-type: none"> <i>Suspected</i> is defined as residents being managed or treated with the same precautions as those with a laboratory positive COVID-19 test result but have not been tested or have pending test results. Staff and facility personnel with a laboratory negative COVID-19 test result, but whom continue to be managed or treated with the same precautions as laboratory positive COVID-19 staff and facility personnel because of exposure and/or suggestive signs and symptoms should be included in this count. 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.
<p>COVID-19 DEATHS Staff and facility personnel with new suspected or laboratory-positive COVID-19 who died</p>	<ol style="list-style-type: none"> <i>If this is the first time the COVID-19 Deaths count for staff and facility personnel is being entered in the NHSN COVID-19 Module:</i> Enter the total number of deaths for staff and facility personnel with suspected PLUS those deaths for staff and facility personnel with confirmed (laboratory-positive COVID-19 test result) COVID-19 since January 1, 2020. <i>If this is <u>not</u> the first time the COVID-19 Deaths count for staff and facility personnel is being entered in the NHSN COVID-19 Module:</i> Enter the total number of new deaths for staff and facility personnel with suspected or laboratory positive COVID-19 that have occurred since the <u>last date</u> the <i>COVID-19 Death</i> count for staff and facility personnel was entered. Note: Include only new deaths since the last time these counts were entered in the Module.



Data Field	Instructions for Data Collection
	<p>Notes:</p> <ul style="list-style-type: none"> • <i>Suspected</i> is defined as residents being managed or treated with the same precautions as those with a laboratory positive COVID-19 test result but have not been tested or have pending test results. • Staff and facility personnel with a laboratory negative COVID-19 test result, but whom continue to be managed or treated with the same precautions as laboratory positive COVID-19 staff and facility personnel because of exposure and/or suggestive signs and symptoms should be included in this count. • 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.
<p>STAFFING SHORTAGE Does your organization have a shortage of staff and/or personnel?</p> <p>Select “YES” or “NO” for each group.</p> <p><i>(Select one answer for each group)</i></p>	<p><u>On the date responses are reported in in the Module</u>, has your facility identified a shortage of staff and/or facility personnel in any of the following staff and facility personnel groups? Note: Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios.</p> <p>Select “YES” for each group in which there is currently a staff shortage</p> <p>OR</p> <p>“NO” for each group in which there is not currently a staff shortage: <i>(Select one answer for each group)</i></p> <ul style="list-style-type: none"> • Nursing Staff: registered nurse, licensed practical nurse, or vocational nurse. • Clinical Staff: physician, physician assistant, or advanced practice nurse. • Aide: certified nursing assistant, nurse aide, medication aide, or medication technician. • Other staff or facility personnel: that are not included the above categories, regardless of clinical responsibility or resident contact. These personnel may include, but are not limited to environmental services, cook, dietary, pharmacists, pharmacy techs, activities director, care givers, wound care, physical therapy, shared staff, etc.

COVID-19 Module

Long Term Care Facility: Supplies & Personal Protective Equipment

NHSN Facility ID:
CMS Certification Number (CCN):
Facility Name:
*Date for which responses are reported: _____ / _____ / _____

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Supply Item	Do you currently have any supply?	Do you have enough for one week?
N95 masks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Surgical masks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eye protection, including face shields or goggles	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gowns	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gloves	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Alcohol-based hand sanitizer	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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 estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).
CDC 57.146 (Front)

***Required for Saving**



Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Supplies and Personal Protective Equipment Form (CDC 57.146)

Data Field	Instructions for Data Collection
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
CMS Certification Number (CCN)	Auto-generated by the computer if the facility has previously entered the CCN number during NHSN registration. See NHSN CCN Guidance document for instructions on how to add a new CCN or edit an entered CCN.
Facility Name	Auto-generated by the computer if the facility has previously entered facility name during registration.
Date for which “supplies and personal protective equipment (PPE)” responses are reported	<i>Required.</i> Select the date on the calendar for which the responses are being reported in the NHSN COVID 19-Module.

Important:

While daily reporting will provide the timeliest data to assist with COVID-19 emergency response efforts, retrospective reporting of prior day(s), unless otherwise specified, is encouraged if daily reporting is not feasible. At a minimum, facilities should report data at least once per week.

Data Field	Instructions for Data Collection
<p>Do you currently have ANY supply?</p> <p>Select “YES” or “NO” for each supply item.</p> <p><i>(Select one answer for each supply item)</i></p>	<p>On the date responses are reported into this Module, does your facility have ANY of <u>each</u> supply item listed below?</p> <p>Select “YES” for <u>each</u> supply item in which your facility currently has.</p> <p style="text-align: center;">OR</p> <p>Select “NO” for <u>each</u> supply item in which your facility currently does NOT have. <i>(Select one answer for each supply item)</i></p> <ul style="list-style-type: none"> • N95 masks • Surgical masks • Eye protection, including face shields or goggles • Gowns • Gloves • Alcohol-based hand sanitizer



Data Field	Instructions for Data Collection
<p>Do you have enough for ONE week?</p> <p>Select “YES” or “NO” for each supply item.</p> <p><i>(Select one answer for each supply item)</i></p>	<p><u>On the date responses are reported into this Module</u>, does your facility have enough of <u>each</u> supply item listed for ONE week (For example, the next 7 days).</p> <p>Select “YES” for <u>each</u> supply item listed in which your facility has enough for the next week (for example, the next 7 days).</p> <p style="text-align: center;">OR</p> <p>Select “NO” for <u>each</u> supply item listed in which your facility does NOT have enough for ONE week (for example, the next 7 days).</p> <p><i>(Select only one answer for each supply item)</i></p> <ul style="list-style-type: none">• N95 masks• Surgical masks• Eye protection, including face shields or goggles• Gowns• Gloves• Alcohol-based hand sanitizer

COVID-19 Module

Long Term Care Facility: Ventilator Capacity & Supplies

NHSN Facility ID:
CMS Certification Number (CCN):
Facility Name:
**Do you have a ventilator dependent unit in your facility? <input type="checkbox"/> YES <input type="checkbox"/> NO <p style="text-align: center;">If, NO, Skip this form</p>
*Date for which responses are reported: ____ / ____ / ____

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

_____	MECHANICAL VENTILATORS: Total number available in your facility	
_____	MECHANICAL VENTILATORS IN USE: Total number of mechanical ventilators in use for residents who have suspected or lab-confirmed COVID-19	
Ventilator Supplies		
Supply Item	Do you currently have any supply?	Do you have enough for next week?
Ventilator supplies (any, including tubing)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<small>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)).</small>		
<small>CDC estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).</small>		
CDC 57.147 (Front)		

*Required for saving

**Form to be completed only if facility has ventilator dependent units



Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Ventilator Capacity and Supplies Form (CDC 57.147)

Data Field	Instructions for Data Collection
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
CMS Certification Number (CCN)	Auto-generated by the computer if the facility has previously entered the CCN number during NHSN registration. See NHSN CCN Guidance document for instructions on how to add a new CCN or edit an entered CCN.
Facility Name	Auto-generated by the computer if the facility has previously entered facility name during registration.
<p>**Do you have a ventilator dependent unit in your facility?</p> <p>Select "YES" or "NO"</p>	<p>On the date of response, does your facility have a ventilator dependent unit in the facility?</p> <p>Select "YES" if your facility has a ventilator dependent unit and continue completing the Module questions.</p> <p>Select "NO" if your facility does not have a ventilator dependent unit in the facility and skip the remainder of this form.</p>
Date for which "ventilator capacity and supplies" responses are reported	<i>Required.</i> Select the date on the calendar for which the responses are being reported in the NHSN COVID 19-Module.

Important:

While daily reporting will provide the timeliest data to assist with COVID-19 emergency response efforts, retrospective reporting of prior day(s), unless otherwise specified, is encouraged if daily reporting is not feasible. At a minimum, facilities should report data at least once per week.

Data Field	Instructions for Data Collection
<p>MECHANICAL VENTILATORS:</p> <p>Total number available in the facility</p>	<p><u>On the date responses are reported in this Module</u>, enter the total number of mechanical ventilators available in your facility. Include ventilators that are in use and not in use.</p> <p>Note:</p> <ul style="list-style-type: none"> • Include portable ventilators available in the facility.



Data Field	Instructions for Data Collection
<p>MECHANICAL VENTILATORS IN USE: Total number of ventilators in use for residents who have suspected or lab-confirmed COVID-19</p>	<p><u>On the date responses are reported in this Module</u>, enter the total number of mechanical ventilators in use by residents with suspected or laboratory positive (also referred to as lab-confirmed) COVID-19.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Include portable ventilators that are in use. • <i>Suspected</i> is defined as residents being managed or treated with the same precautions as those with a laboratory positive COVID-19 test result but have not been tested or have pending test results.
VENTILATOR SUPPLIES	
<p>Do you currently have ANY supply?</p> <p>Select “YES” or “NO”</p>	<p><u>On the date responses are reported into this Module</u>, does your facility have any ventilator supplies available for use?</p> <p>Select “YES” if you currently have the ventilator supplies needed to care for residents on mechanical ventilation.</p> <p>OR</p> <p>Select “NO” if you currently do not have ventilator supplies needed to care for residents on mechanical ventilation.</p> <p>Note:</p> <ul style="list-style-type: none"> ▪ The response to this question is based on all needed ventilator supplies, including, but not limited to tubing, flow sensors, connectors, valves. If the facility is missing any supply item needed to care for residents on mechanical ventilation, answer “NO”.
<p>Do you have enough for NEXT week?</p> <p>Select “YES” or “NO”</p> <p><i>(Select one answer for each supply item)</i></p>	<p><u>On the date responses are reported into this Module</u>, do you have enough ventilator supplies for next week (for example, the next 7 days)?</p> <p>Select “YES” if your facility has enough ventilator supplies for the next week.</p> <p>OR</p> <p>Select “NO” if your facility does not have enough ventilator supplies for the next week.</p> <p>Note:</p> <p>The response to this question is based on all needed ventilator supplies, including, but not limited to tubing, flow sensors, connectors, valves. If the facility is missing any supply item needed to care for residents on mechanical ventilation, answer “NO”.</p>