



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: 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.
MECHANICAL	<u>On the date responses are reported in this Module</u> , enter the total number



Data Field	Instructions for Data Collection
<p>VENTILATORS IN USE: Total number of ventilators in use for residents who have suspected or lab-confirmed COVID-19</p>	<p>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>