

Form Approved OMB No. 0920-0666 Exp. Date: 00/00/00 www.cdc.gov/nhsn Revised 6_17_2024

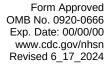


Critical Infrastructure - Essential Elements of Information Data Form

Instructions for this form are available at: here

Facility Information				
Facility ID Number:				
Event Date: Month/Year:/				
Status Indicator – Facility Operational Status				
1a.Check the appropriate facility operational sta	tus*:			
\square normal, routine operational, conventional s	tato: facility NOT impacted			
☐ Hormal, routine operational, conventional s	tate. racinty NOT impacted			
contingency state: facility operations partia	ally impacted, or managed on alternate power source			
emergency state: facility operations fully in	mpacted			
Note: • If facility reports normal / routine / convent	ional state in place. do not complete this form. However			
complete once operational status changes	ional state in place – do not complete this form . However,			
 If either contingency or emergency sate reported proceed to complete this form. 				
1.Essential Elements of Information (EEIs) – Pl				
	Check one:			
1b. Is the facility structural status impacted?	☐ Yes			
, i	□ No			
	LI NO			
	Check one:			
1c. Is the facility power system impacted?	Yes			
	□ No			
	Check One:			
1d.Is the facility water system impacted?				
	☐ Yes			
	□ No			
	Check One:			
1e.Is the facility sewer system impacted?	Yes			
	□ No			
2.Essential Elements of Information (EEI) – Structural Damage				
2a.Select the option that best represents the	Select only One Option:			
integrity of the facility:				
-	No damage: facility sustained no damages			
	Affected: facility with minimal damage to the exterior and or			
	contents of the facility			

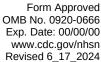
Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise 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)).





ational Healthcare afety Network	Minor: encompasses a wide range of damage that does not affect the structural integrity of the facility			
	Destroyed: the facility is a total loss, or damaged to such an extent that repair is not feasible			
	ity Evacuation Status. Please note the evacuation process			
applies ONLY to patients	Select only one option			
20 Coloct the option which best describe the	☐ Planning: preparing to evacuate from the facility within the next 12 hours			
3a.Select the option which best describe the facility evacuation status:	Departure in progress: currently evacuating the facility			
	Fully evacuated: facility evacuated all patients			
	Not applicable: did not evacuate			
Essential Elements of Information (EEI) – Evacuation Status. Please note the evacuation process applies ONLY to patients				
	Select only one option			
	Normal operations: facility did not evacuate or shelter-in- place (unaffected)			
2h Soloet the antion which hact represents the	Full evacuation: facility evacuated all patients			
3b.Select the option which best represents the evacuation type of the facility:	Partial evacuation: select patients evacuated to other facilities (note: decompression by discharge is not included in partial evacuation)			
	Shelter-in-place: facility did not evacuate and is weathering the storm			
Essential Elements of Information (EEI) – Evac process applies ONLY to patients	uation Start Time and End Time. Please note the evacuation			
3c.*Enter Evacuation Start time	Enter the time the evacuation started, using format.			
*Note: Only complete if your facility evacuated	<u>hh</u> : <u>mm</u>			
3d*Enter Evacuation End time	Enter the time the evacuation ended, using format:			
*Note: only complete if your facility evacuated and evacuation completed.	hh : mm			
Essential Elements of Information (EEI) – Re-e	ntry Status			
3e.Select the option which best represents the re-entry status of the facility:	Select only one option			
re-entry status of the facility.	Planning: preparing to re-enter the facility			
	Re-entry in progress: implementing re-entry process into the facility			
	Re-entry complete: all required elements to re-enter the facility completed			

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)).





<i>1</i> 37	☐ Not applica	able: did not evacuate	
Sential Elements of Information (EEI) – Gene	erator Power Sta	atus, Generator Fuel Status, Generator Fuel	
ре	Select Only O	ne option	
	Commercia	☐ Commercial power: sold by utility company	
Generator Power Statusdenerator Power Power Statusdenerator Power	Generator power: device convert mechanical energy into electrical power		
f power the facility is currently using:	Mixed commercial and generator power: both commercial		
	and mechanical energy		
	No power: facility is without commercial and generator power		
Page 2 of 2		, , , , , , , , , , , , , , , , , , ,	
	I) – Generator, F	Power Status, Generator Fuel Status, Generator Fu	
Type, HVAC Generator Status		Select Only One option	
		28 – 48 hours	
4c.Generator Fuel Status		☐ 48 – 72 hours	
Specify how may hours of fuel the general facility	ator has for the		
		☐ 72 – 96 hours	
		□ > 96 hours	
		Select Only One option	
		∐ Diesel	
4c.Generator Fuel Type		Gasoline	
Select the type of fuel the facility generate operation	or needs for	☐ Natural gas	
		☐ Dual fuel system (both liquid fuel and natural gas	
4d. HVAC Generator Status		Unknown	
		Check One:	
Is the facility HVAC* system on generator	r backup	☐ Yes	
power?		□ No	
*Heating, ventilation, and air conditioning	(HVAC)	L NO	
Essential Elements of Information (EE	l) – Water Syste		
		Check One:	
5a.Normal Water Supply		Usual water supply	
Select the option which best represents the for your facility?	ne water supply	☐ Secondary water supply	
		Unknown	
5b.Dialysis Reliable Water Supply		Check One:	

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)).



Form Approved OMB No. 0920-0666 Exp. Date: 00/00/00 www.cdc.gov/nhsn Revised 6_17_2024

V-S		☐ Yes
afety Netwo	ork	□No
		Unknown
	Essential Elements of Information (EEI) - Sewer Syste	m
		Check One:
	6a.Sewer Status	☐ Yes
	Is the facility sewer system functioning (e.g., are toilets flushing)?	□No
		Unknown
	Essential Elements of Information - Other	
	7a.Immediate Needs* Does the facility have ANY immediate needs impacting its ability to receive or care for patients to the capacity needed that is not being met by the normal request process?	Check One: Yes No
	*Note: Please contact your local/state emergency manager or ESF8 contact to complete a resource request.	☐ Not Applicable
	7b. If yes, to Immediate Needs	ul 0000 l
Dagge	Describe facility immediate needs (Field cannot contain maription – Immediate Needs	ore than 2000 characters):

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)).



Form Approved OMB No. 0920-0666 Exp. Date: 00/00/00 www.cdc.gov/nhsn Revised 6_17_2024

Natio Safe	Healthcare Network

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)).