



## 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.
*Do you have ventilator dependent unit(s) and/or beds in your facility?  Select "YES" or "NO"	<p><u>On the date of response</u>, does your facility have ventilator dependent unit(s) and/or ventilator beds in the facility?</p> <p>Select "YES" if your facility has ventilator dependent unit(s) and/or ventilator beds and continue completing the Module questions.</p> <p>Select "NO" if your facility does not have ventilator dependent unit(s) and/or beds 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 LTCF 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
<b>MECHANICAL VENTILATORS:</b> Total number available in the facility	<p><u>On the date responses are being 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><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Include portable ventilators available in the facility.</li> </ul>



Data Field	Instructions for Data Collection
<p><b>MECHANICAL VENTILATORS IN USE:</b> Total number of mechanical ventilators in use for residents who have suspected or laboratory positive COVID-19</p>	<p><u>On the date responses are being reported in this Module</u>, enter the total number of mechanical ventilators in use by residents with suspected or laboratory positive COVID-19.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Include portable ventilators that are in use.</li> <li>• <i>Suspected</i> is defined as residents with signs and symptoms suggestive of COVID-19 as described by CDC’s <a href="#">guidance</a> but do not have a laboratory positive COVID-19 test result. This may include residents who have not been tested or those with pending test results. It may also include residents with negative test results but continue to show signs/symptoms suggestive of COVID-19.</li> </ul>
<b>VENTILATOR SUPPLIES</b>	
<p><b>Do you currently have ANY supply?</b></p> <p>Select “YES” or “NO”</p>	<p><u>On the date responses are being reported in this Module</u>, does your facility have any ventilator supplies available for use?</p> <p>Select “YES” if your facility currently has the ventilator supplies needed to care for residents on mechanical ventilation.</p> <p><b>OR</b></p> <p>Select “NO” if your facility currently does not have ventilator supplies needed to care for residents on mechanical ventilation.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>▪ The response to this question is based on <b>all</b> 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”.</li> </ul>
<p><b>Do you have enough for ONE week?</b></p> <p>Select “YES” or “NO”</p>	<p><u>On the date responses are being reported in this Module</u>, do you have enough ventilator supplies for ONE week (for example, 7 days)?</p> <p>Select “YES” if your facility has enough ventilator supplies for one week.</p> <p><b>OR</b></p> <p>Select “NO” if your facility does not have enough ventilator supplies for one week.</p> <p><b>Note:</b></p> <p>The response to this question is based on <b>all</b> 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>