



National Healthcare Safety Network (NHSN)

Long-term Care Facility COVID-19 Module

NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

- Secure, internet-based surveillance system managed by the Centers for Disease Control and Prevention (CDC)
- Open to a variety of healthcare facilities in the United States
- Enables healthcare facilities to collect and use a data about:
 - Healthcare-associated infections (HAIs),
 - Adherence to clinical practices known to prevent HAIs,
 - AND MORE!!!



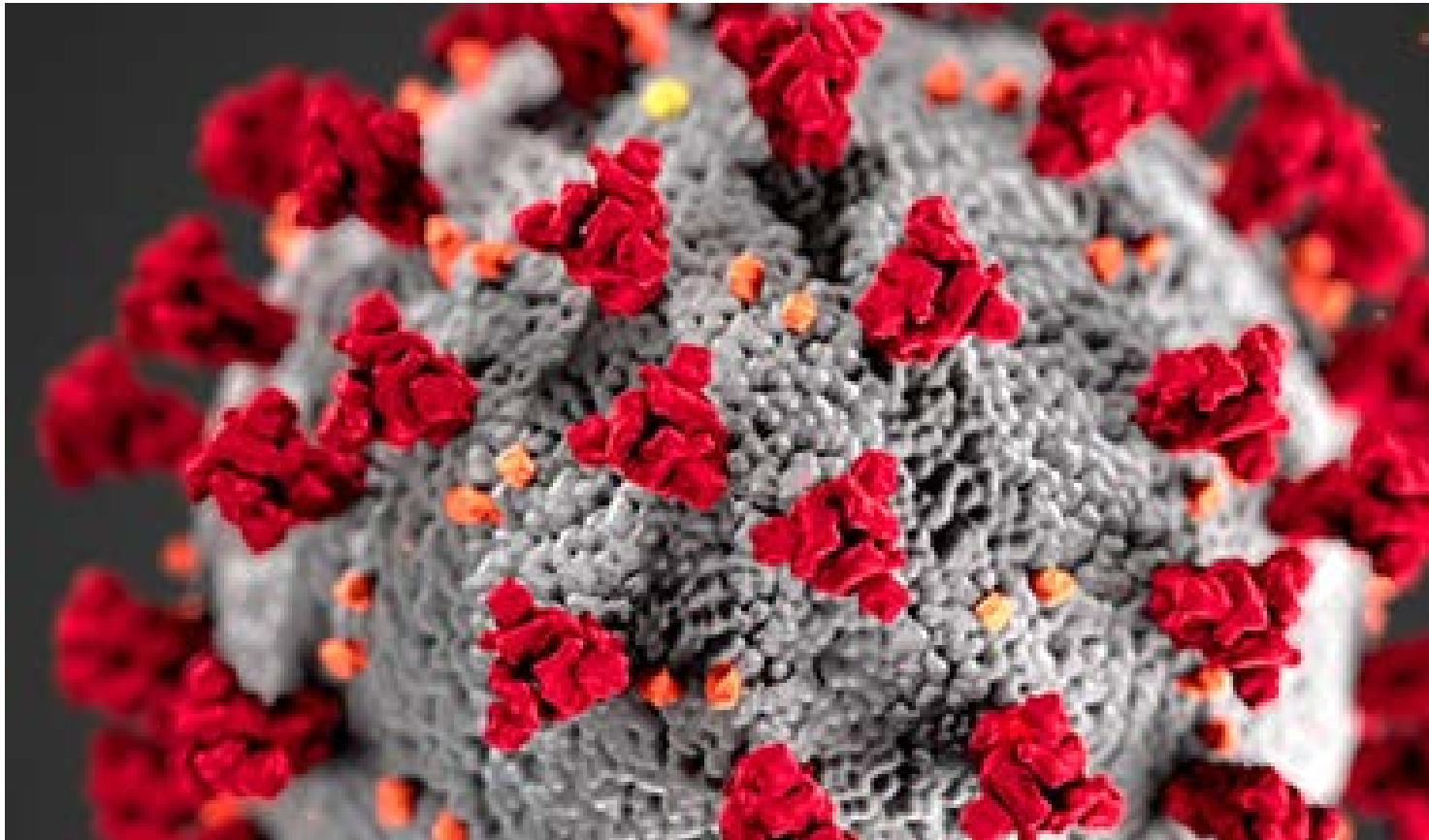
NHSN

NATIONAL HEALTHCARE
SAFETY NETWORK

NHSN's Role During COVID-19 Response



- LTCF COVID-19 Module
- LTCF COVID-19 webpage
- Data to state and local health departments
- Platform for Centers for Medicare and Medicaid Services (CMS) reporting mandates
- Accessible to facilities and group users
- NHSN dashboard within application
- No resident or staff/personnel level data collected



COVID-19 Module for Long Term Care Facilities

Goals of the Module

- Supplement case reporting and facility capacity to understand facility and resident specific impact
- Identify resource needs and prioritize public health action

LTCF COVID-19 MODULE PARTICIPATION

Skilled Nursing Facilities (SNF) /
Nursing Homes (NH)

Assisted Living Facilities and
Residential Care

Intermediate/chronic care facilities
for the developmentally disabled



HOW TO GET STARTED

- NHSN enrollment is required
- Actively enrolled NHSN facilities have access through NHSN home page
- Non-NHSN LTCFs must complete online enrollment specifically for the LTC COVID-19 Module

Questions? E-mail nhsn@cdc.gov
include *LTCF COVID* in Subject Line

LTCF COVID-19 Module Enrollment Steps

Step 1 – Prepare your computer to interact with NHSN

You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process.

Step 2A – Register **Facility** with NHSN

The person who will serve as the NHSN Facility Administrator (usually the person enrolling the facility) must access and read the [NHSN Facility/Group Administrator Rules of Behavior](#).

Step 2B – Register with SAMS (Security Access Management System)

After NHSN receives your completed registration, you will receive an *Invitation to Register with SAMS* via email with steps to complete the process.

Step 3 – Complete NHSN LTC Enrollment

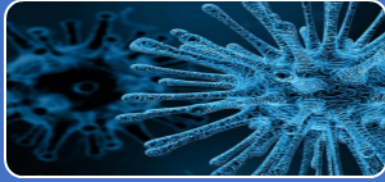
On the SAMS homepage, click the link to the National Healthcare Safety Network labeled **NHSN LTC Enrollment** and Complete Facility Contact Information.

Step 4 – Electronically Accept the NHSN Agreement to Participate and Consent

After successfully completing enrollment, the NHSN Facility Administrator and Component Primary Contact (may be the same person) will receive an NHSN email with instructions on how to electronically accept the *NHSN Agreement to Participate and Consent*. Once accepted, enrollment is complete, and the user will gain access to NHSN's COVID-19 module.

Access the LTCF COVID-19 Webpage

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>



Four Pathways for Reporting



Resident Impact and Facility Capacity



Staff and Personnel Impact



Supplies and Personal Protective Equipment



Ventilator Capacity and Supplies

Data elements for each Pathway include: COUNT and/or "YES" or "NO" questions

Data Elements

- Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19
- Total deaths and COVID-19 deaths among residents and staff
- Personal protective equipment and hand hygiene supplies in the facility
- Ventilator capacity and supplies in the facility;
- Resident beds and census
- Access to COVID-19 testing while the resident is in the facility
- Staffing shortages

REPORTING FREQUENCY

Daily reporting:

Selected calendar date must reflect the date in which the responses and counts are collected and reported.

Non-daily reporting:

Selected calendar date must reflect the date in which data are being reported. Unless otherwise indicated, counts must include only **new** counts for the specific data element since the last time counts were entered in the NHSN LTCF COVID-19 module.

Weekly reporting:

Report on the same day of the week every week, if possible (*not required*). Selected calendar date must reflect the date in which responses are being reported. Unless otherwise indicated, counts must be reported as the total number of **new** counts since the last time the counts were entered in the NHSN LTCF COVID-19 module.

Reporting Counts for the FIRST time in the NHSN LTCF COVID-19 Module

The first-time counts are entered for a specific data element, the user should include retrospective count data from January 1, 2020 to the first date of reporting into the module.

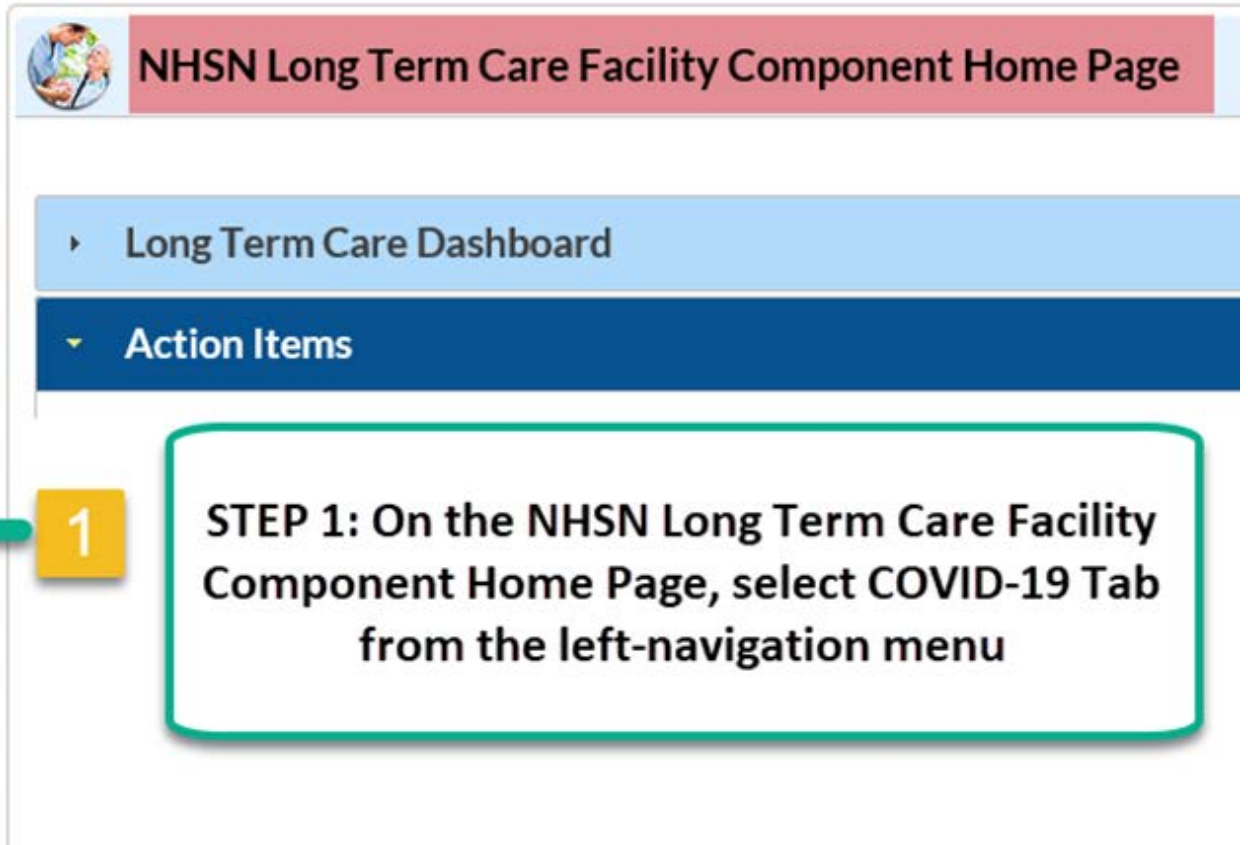


NHSN

NATIONAL HEALTHCARE
SAFETY NETWORK

**NHSN'S
LTCF COVID-19 Module**

STEP 1:
Select COVID-19
tab on the left
navigation menu of
the NHSN Home
Page.



STEP 1: On the NHSN Long Term Care Facility Component Home Page, select COVID-19 Tab from the left-navigation menu

Note: The NHSN home page may look different depending on facility access to other reporting options. However, the functionality for the COVID-19 Module is the **same** for all LTCFs.

A calendar defaulting to the current month will appear.

Data may be entered retrospectively from January 1, 2020 up to the present date.

OR

Include these aggregate counts on the **first** date the facility will report into the COVID-19 module.

The screenshot shows a web interface for entering COVID-19 data. At the top, there is a header with a globe icon and the text "COVID-19". Below the header is a yellow instruction box: "Click a cell to begin entering data on the day for which counts are reported." The main area is a calendar grid. The calendar shows the month of March 2020, with the date range "29 March 2020 - 09 May 2020" displayed in a yellow box. The calendar grid has columns for days of the month and rows for weeks. The date "Apr 01" is highlighted in yellow. Below the calendar grid, there are three buttons: "Upload CSV...", "Download CSV Template...", and "Export CSV...".

29	30	31	Apr 01	02	03	04
05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	May 01	02
03	04	05	06	07	08	09

Import and Export Options

CSV Tabs located at bottom of calendar

COVID-19

Click a cell to begin entering data on the day for which counts are reported.

29 March 2020 - 09 May 2020

Record Complete Record Incomplete

29	30	31	Apr 01	02	03	04
05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	May 01	02
03	04	05	06	07	08	09

A Upload CSV... B Download CSV Template... C Export CSV...

- A. Data upload using a CSV file
- B. Download CSV Template, which can be used to upload facility COVID-19 data.
- C. Export data in a table format using the “Export CSV”

Access the LTCF COVID-19 Webpage

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

STEP 2: Begin Manual Data Entry

Select Date

COVID-19

Click a cell to begin entering data on the day for which counts are reported.

29 March 2020 - 09 May 2020 Record Complete Record Incomplete

29	30	31	Apr 01	02	03	04
05	06			09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	May 01	02

2 Click in the box to select the date for entering data

To get started, click on the date for which you will be entering data.

New Window will Appear with Four Pathways

Select Pathway and Enter Data

Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies & Personal Protective Equipment Ventilator Capacity & Supplies

1 2 3 4

Resident Impact

<input type="checkbox"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
<input type="checkbox"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="checkbox"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="checkbox"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="checkbox"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

Facility Capacity and Laboratory Testing

<input type="checkbox"/>	ALL BEDS (FIRST SURVEY ONLY)
<input type="checkbox"/>	CURRENT CENSUS: Total number of beds that are currently occupied
<input checked="" type="checkbox"/>	*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?

Y - Yes

- Default view is “Resident Impact and Facility Capacity” pathway
- Users may navigate to and from each pathway during one session
- Option to SAVE or CANCEL individual pathways
- Selected date will auto-populate

Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

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 re-admitted 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

***TESTING:** Does your facility have access to COVID-19 testing while the resident is in the facility?

If YES, what laboratory type? Select all that apply.

- State health department lab
- Private lab (hospital, corporation, academic institution)
- Other

Save

Cancel

Data Collection Form and Form Instructions Available

LTCF COVID-19 WEBPAGE

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Resident Impact and Facility Capacity Pathway

Add Daily COVID-19 Data

Date for which counts are reported:

Resident Impact and Facility Capacity | Staff and Personnel Impact | Supplies & Personal Protective Equipment | Ventilator Capacity & Supplies

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

Resident Impact

<input type="text"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
<input type="text"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="text"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="text"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="text"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

- **ADMISSIONS:** Residents *newly* admitted or readmitted to LTCF from a hospital where they were treated for suspected or laboratory positive COVID-19.
 - Include only *newly* admitted or readmitted residents since the last date these counts were entered in the module regardless if the resident(s) are still in the facility.
- **CONFIRMED:** Number of residents with a *new* laboratory-positive COVID-19 result since the last date confirmed counts were entered into this module.
 - Count includes residents who remain in the LTCF, as well as residents who were transferred out of the facility, admitted to another facility, or died

Resident Impact and Facility Capacity Pathway

Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies & Personal Protective Equipment Ventilator Capacity & Supplies

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

Resident Impact

<input type="text"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
<input type="text"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="text"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="text"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="text"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

- **Suspected:** Residents managed as though they have COVID-19, but do not have a laboratory positive COVID-19 test result because they have not been tested or are pending results.
 - Include all *newly* suspected residents since the last date “Suspected” counts were entered in the module regardless if the resident(s) remains in the facility. For example, the resident died or was transferred or admitted to another facility

Resident Impact and Facility Capacity Pathway

Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies & Personal Protective Equipment Ventilator Capacity & Supplies

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

Resident Impact

<input type="text"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
<input type="text"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="text"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="text"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="text"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

- **Total Deaths:** Residents who died in the facility or another location *for any reason* since the last time *Total Death* counts were entered. Include COVID-19 related deaths **PLUS** non-COVID-19 deaths.
- **COVID-19 Deaths:** Number of resident deaths for residents with suspected **AND** those with laboratory positive COVID-19 who died in the facility or another facility since the last date *COVID-19 Death* counts were reported in the module.

Resident Impact and Facility Capacity Pathway

Facility Capacity and Laboratory Testing

<input type="text"/>	ALL BEDS (FIRST SURVEY ONLY)
<input type="text"/>	CURRENT CENSUS: Total number of beds that are currently occupied
<input checked="" type="checkbox"/>	*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?
	If YES, what laboratory type? Select all that apply. <input type="checkbox"/> State health department lab <input type="checkbox"/> Private lab (hospital, corporation, academic institution) <input type="checkbox"/> Other

- **ALL BEDS:** Enter the total number of resident beds in the facility. Saved bed count will pre-populate on future dates.
- **CURRENT CENSUS:** Total number of occupied beds on the date responses are entered in the module.
- **TESTING:** Does your facility have access to in-house COVID-19 testing for residents?

Resident Impact and Facility Capacity

Focuses on impact of COVID-19 on residents, facility capacity, and testing

Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity | Staff and Personnel Impact | Supplies & Personal Protective Equipment | Ventilator Capacity & Supplies

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

Resident Impact

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

Facility Capacity and Laboratory Testing

125	ALL BEDS (FIRST SURVEY ONLY)
122	CURRENT CENSUS: Total number of beds that are currently occupied
Y - Yes	*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?
	If YES, what laboratory type? Select all that apply.
	<input checked="" type="checkbox"/> State health department lab
	<input checked="" type="checkbox"/> Private lab (hospital, corporation, academic institution)
	<input type="checkbox"/> Other

Since last reported to NHSN

Required for 1st survey only. Update as needed if answer changes in future submissions

Save Cancel

Save to exit Pathway reporting and return to calendar or CLICK in next tab to continue entering data



COVID-19

Click a cell to begin entering data on the day for which counts are reported.



22 March 2020 - 02 May 2020

Record Complete Record Incomplete

Mar 22	23	24	25	26	27	28
29	30	31	Apr 01 Resident	02	03	04
05	06	07		09	10	11
12	13	14		16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	May 01	02

Message
Successfully saved record.
OK

Upload CSV...

Download CSV Template...

Export CSV...



22 March 2020 - 02 May 2020

Record Complete Record Incomplete

Mar 22	23	24	25	26	27
29	30	31	Apr 01 ✔ Resident	02	03
05	06	07		09	10
12	13	14		16	17
19	20	21	22	23	24
26	27	28	29	30	May 01

Message
Successfully saved record.
OK



Add Daily COVID-19 Data

Date for which counts are reported:

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

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



Nursing Staff: registered nurse, licensed practical nurse, vocational nurse



Clinical Staff: physician, physician assistant, advanced practice nurse



Aide: certified nursing assistant, nurse aide, medication aide, and medication technician



Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)

Include anyone working or volunteering in the LTCF (for example, contractors, full-time, part-time, as needed/prn, temporary, resident care givers, shared staff, etc.)

Save

Cancel

Data Collection Form and Form Instructions Available

LTCF COVID-19 WEBPAGE

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Staff and Personnel Impact Pathway

Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

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

- **CONFIRMED:** Staff and facility personnel newly identified with a laboratory positive COVID-19 test result since the last date *Confirmed* counts were entered into the module.
- **SUSPECTED:** Staff and facility personnel being newly managed as though they have COVID-19 since the last date that *Suspected* counts were entered into the module. No positive COVID-19 lab result
- **COVID 19 DEATHS:** New deaths for staff and facility personnel with suspected or laboratory positive COVID-19 since the last date the *COVID-19 Death* count for staff and facility personnel was entered.

Staff and Personnel Impact Pathway

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

Staffing Shortage?	Staff and Personnel Groups
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinical Staff: physician, physician assistant, advanced practice nurse
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Aide: certified nursing assistant, nurse aide, medication aide, and medication technician
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)

Responses based on the date responses are entered in the module

Staff and Personnel Impact Pathway

Impact COVID-19 is having on staff and facility personnel, including staffing shortages.

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

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

<input type="text" value="3"/>	CONFIRMED: Staff and facility personnel with new laboratory positive COVID-19
<input type="text" value="6"/>	SUSPECTED: Staff and facility personnel with new suspected COVID-19 who are being managed as though they have it
<input type="text" value="0"/>	COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory positive COVID-19 who died

Since Last Reported to NHSN

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

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

On the Day of NHSN Reporting

Save to exit Pathway reporting and return to calendar or CLICK in next tab to continue entering data

Save Cancel

Add Daily COVID-19 Data

Date for which counts are reported:

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

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="text" value="v"/>	<input type="text" value="v"/>
Surgical masks	<input type="text" value="v"/>	<input type="text" value="v"/>
Eye protection, including face shields or goggles	<input type="text" value="v"/>	<input type="text" value="v"/>
Gowns	<input type="text" value="v"/>	<input type="text" value="v"/>
Gloves	<input type="text" value="v"/>	<input type="text" value="v"/>
Alcohol-based hand sanitizer	<input type="text" value="v"/>	<input type="text" value="v"/>

Responses based on the date responses are entered in the module

ANY SUPPLY: Does the facility have any of each supply item listed?

ENOUGH FOR ONE WEEK: Does the facility have enough for ONE week of each supply item?

Save

Cancel

Data Collection Form and Form Instructions Available

LTCF COVID-19 WEBPAGE

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Supplies and Personal Protective Equipment Pathway

Availability of Personal protective equipment and hand hygiene supplies in the facility.

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

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	N - No	N - No
Surgical masks	Y - Yes	Y - Yes
Eye protection, including face shields or goggles	N - No	N - No
Gowns	N - No	N - No
Gloves	Y - Yes	Y - Yes
Alcohol-based hand sanitizer	Y - Yes	Y - Yes



Save

Cancel

Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

Do you have a ventilator dependent unit in your facility? *

If, NO, skip this form

Y - Yes
N - No

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 one week?

Ventilator supplies (any, including tubing)

Save

Cancel

Data Collection Form and Form Instructions Available

LTCF COVID-19 WEBPAGE

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Ventilator Capacity and Supplies Pathway

Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies & Personal Protective Equipment **Ventilator Capacity & Supplies**

Do you have a ventilator dependent unit in your facility? *

If, NO, skip this form

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 one week?
Ventilator supplies (any, including tubing)	<input type="text"/>	<input type="text"/>

Responses based on the date responses are entered in the module

- **MECHANICAL VENTILATORS:** Number of mechanical ventilators in the facility
- **MECHANICAL VENTILATORS IN USE:** Number of mechanical ventilators in use for residents who have suspected or laboratory confirmed COVID-19.

Ventilator Capacity and Supplies Pathway

WILCO
Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies & Personal Protective Equipment **Ventilator Capacity & Supplies**

Do you have a ventilator dependent unit in your facility? *
If, NO, skip this form

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 one week?
Ventilator supplies (any, including tubing)	<input type="text"/>	<input type="text"/>

Responses based on the date responses are entered in the module

- **ANY:** Ventilator supply available in the facility
- **ENOUGH SUPPLIES FOR ONE WEEK:** Number of mechanical ventilators in use for residents who have suspected or laboratory confirmed COVID-19.

Ventilator Capacity and Supplies Pathway

Ventilator capacity and supplies in the facility.

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

Do you have a ventilator dependent unit in your facility? * Y - Yes

If, NO, skip this form

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

15

MECHANICAL VENTILATORS: Total number available in your facility

2

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 one week?
Ventilator supplies (any, including tubing)	Y - Yes	N - No



Save

Cancel



Click a cell to begin entering data on the day for which counts are reported.

◀ ▶ 29 March 2020 - 09 May 2020

Record Complete Record Incomplete

29	30	31	Apr 01 <input checked="" type="checkbox"/> Resident <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Supplies <input checked="" type="checkbox"/> Ventilator	02 <input checked="" type="checkbox"/> Resident	03 <input checked="" type="checkbox"/> Resident	04
05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	May 01	02
03	04	05	06	07	08	09

Upload CSV...

Download CSV Template...

Export CSV...



29 March 2020 - 09 May 2020

Record Complete Record Incomplete

29	30	31	Apr 01	02	03	04
Edit Daily COVID-19 Data				<input checked="" type="checkbox"/> Resident	<input checked="" type="checkbox"/> Resident	
Date for which counts are reported: 04/02/2020						
Resident Impact and Facility Capacity						
For the following questions, please collect data at the same time <u>at least</u> once a week (for example, 7 AM)						
Resident Impact						
<input type="checkbox"/> ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19						
<input type="checkbox"/> CONFIRMED: Residents with new laboratory positive COVID-19						
<input type="checkbox"/> SUSPECTED: Residents with new suspected COVID-19						
<input type="checkbox"/> TOTAL DEATHS: Residents who have died in the facility or another location						
<input type="checkbox"/> COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location						
Facility Capacity and Laboratory Testing						
<input type="text" value="125"/> ALL BEDS (FIRST SURVEY ONLY)						
<input type="text"/> CURRENT CENSUS: Total number of beds that are currently occupied						
<input type="text" value="N - No"/> *TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?						
If YES, what laboratory type? Select all that apply.						
<input type="checkbox"/> State health department lab						
<input type="checkbox"/> Private lab (hospital, corporation, academic institution)						
<input type="checkbox"/> Other						
				09	10	11
				16	17	18
				23	24	25
				30	May 01	02
				07	08	09



Save Cancel

Additional Resources:

- CDC's Coronavirus (COVID-19) website: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- NHSN COVID-19 Webpage for Long-term Care Facilities: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>
- CDC's National Healthcare Safety Network (NHSN) Home Page: <https://www.cdc.gov/nhsn/index.html>
- Guidance for Retirement Communities and Independent Living: <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/index.html>
- Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-checklist.html>
- Guidance for U.S. Healthcare Facilities about Coronavirus (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>
- Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

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