

Instructions for Completion of the NHSN Healthcare Preparedness Component, Critical Infrastructure – Essential Elements of Information Data Form (CDC 57.802)

The following table provides instructions for completing each section of the Critical Infrastructure (Daily Facility Operating Status) Form - Essential Elements of Information in the NHSN Healthcare Preparedness Component.

Provide your facility's daily operating status using this form and provide responses for all required fields. Update this form every 12 hours. Daily submissions are recorded with a timestamp captured by the NHSN application, which is displayed in the latest record field from the monthly calendar view.

Data Field ID	Data Field Name	Instructions for Completion
Facility Information		
N/A	Facility ID#	<i>Required.</i> The NHSN-assigned facility ID will be auto-entered by the application.
N/A	Event Date	<i>Required.</i> Select the month and calendar year for which you are reporting data and the responses apply. For example, if reporting the facility operational status for June 25, 2025, at 12pm ET, select June 2025 on the Summary View user interface or select from the calendar drop-down on the form.
Essential Elements of Information (EEl)s – Critical Infrastructure		
Status Indicators		
1a	Facility Operational Status	<i>Required.</i> Check the appropriate facility operational status from the list: <ul style="list-style-type: none"> Normal/routine operations/conventional state: facility operations <u>not impacted</u> Contingency state: facility operations <u>partially impacted</u>/managed with an alternate power source Emergency state: facility operations <u>fully impacted</u> <p>Note: if the facility reports a normal/conventional state with routine operations in place, you do not complete the remainder of this form.</p>
1b	Facility Structural Status	<i>Conditionally required.</i> Required if Facility Operational Status (1a) is contingency or emergency state. Check 'Yes' if the integrity of the facility physical structure has been compromised; otherwise, check 'No'.
1c	Facility Power Status	<i>Conditionally required.</i> Required if Facility Operational Status (1a) is contingency or emergency state. Check 'Yes' if the facility power has been impacted; otherwise, check 'No'. <p>'Power status impacted' is defined as the facility has switched to an alternate power source other than what is used during routine or normal operations.</p>
1d	Facility Water Status	<i>Conditionally required.</i> Required if Facility Operational Status (1a) is contingency or emergency state. Check 'Yes' if the water system has been impacted; otherwise, check 'No'. <p>'Water system status impacted' is defined as access to the usual water supply is interrupted and alternate water resources being sought other than what is used during routine or normal operations.</p>

1e	Facility Sewer Status	<p><i>Conditionally required.</i> Required if Facility Operational Status (1a) is contingency or emergency state. Check 'Yes' if the sewer system is not functioning; otherwise, check 'No'.</p> <p>'Sewer status impacted' is defined as the current sewer system being inoperable.</p>
Structural Damage		
2a	Structural Damage	<p><i>Conditionally required.</i> Required if Facility Structural Status (1b) is 'Yes' (has been impacted). Select the option that best represents the integrity of the facility:</p> <ul style="list-style-type: none"> • No damage: facility sustained no damages • Affected: facility has sustained minimal, often cosmetic damage to the exterior and/or contents, which does not require significant repairs and does not impede functionality • Minor: encompasses a wider range of damage that may require more extensive repairs but still does not threaten the structural integrity of the facility • Destroyed: facility is a total loss or damaged to such an extent that repair is not feasible
Evacuation – The evacuation process applies ONLY to patients		
3a	Facility Evacuation Status	<p><i>Conditionally required.</i> Required if Facility Operational Status (1a) is contingency or emergency state. Select the option that best describes the facility evacuation status:</p> <ul style="list-style-type: none"> • Planning: preparing to evacuate the facility within the next 12 hours • Departure in progress: currently evacuating the facility • Fully evacuated: the facility evacuated all patients • Not applicable: not planning to evacuate the facility
3b	Evacuation Type	<p><i>Conditionally required.</i> Required if Facility Evacuation Status (3a) is planning, departure OR fully evacuated. Select the option that best represents the evacuation type of the facility:</p> <ul style="list-style-type: none"> • Normal operations: facility did not evacuate or shelter-in-place (unaffected) • Full evacuation: facility evacuated all patients • 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 dealing with the event
3c	Evacuation Start Time	<p><i>Conditionally Required.</i> Required if Evacuation Type (3b) is full evacuation OR partial evacuation. Enter the time the evacuation started using the format:</p> <p>hh: mm</p> <p>Note: Please be advised that this field is currently not available in the application. At this time, data for these fields do not need to be entered. This documentation will be updated when these fields are available for reporting.</p>

3d	Evacuation End Time	<p><i>Conditionally Required.</i> Required if Evacuation Type (3b) is full evacuation OR partial evacuation. Enter the time the evacuation ended, using the format:</p> <p>hh: mm</p> <p>Note: Please be advised that this field is currently not available in the application. At this time, data for these fields do not need to be entered. This documentation will be updated when these fields are available for reporting.</p>
3e	Re-entry Status	<p><i>Conditionally Required.</i> Required if Evacuation End Time (3d) is completed. Select the option which best represents the re-entry status of the facility:</p> <ul style="list-style-type: none"> • Planning: preparing to re-enter the facility • Re-entry in the process: implementing the re-entry process into the facility • Re-entry complete: all required elements to re-enter the facility completed • Not applicable: did not evacuate
Generator		
4a	Generator Power Status	<p><i>Conditionally required.</i> Required if Facility Power System (1c) is 'Yes' (has been impacted). Select the option which describes the type of power the facility is using:</p> <ul style="list-style-type: none"> • Commercial power: sold by utility company • Generator power: device converts mechanical energy into electrical power • Mixed commercial/generator power: both commercial and mechanical energy • No power: facility is without commercial and generator power
4b	Generator Fuel Status	<p><i>Conditionally Required.</i> Required if Generator Power Status (4a) is commercial power, generator power, OR mixed commercial and generator power. Specify how many hours of fuel the facility has for generator(s) (in hours only):</p> <ul style="list-style-type: none"> • 24-48 hours • 48-72 hours • 72-96 hours • >96 hours
4c	Generator Fuel Type	<p><i>Conditionally required.</i> Required if Facility Power System (1c) is 'Yes' (has been impacted). Select the type of fuel the hospital generator needs for operation:</p> <ul style="list-style-type: none"> • Diesel • Gasoline • Natural gas • Dual fuel system (both liquid fuel and natural gas) • Unknown
4d	HVAC Generator Status	<p><i>Conditionally required.</i> Required if Facility Power System (1c) is 'Yes' (has been impacted). Check 'Yes' if the facility's HVAC system is on generator backup; otherwise, check 'No'.</p>

Water		
5a	Water Supply	<p><i>Conditionally required.</i> Required if Facility Water System (1d) is 'Yes' (has been impacted). Select the option which best represents the water supply status for your facility:</p> <ul style="list-style-type: none"> • Usual water supply (usual water supply is defined as potable water provided by a local drinking water utility company, including if the groundwater is managed directly by the facility). • Secondary or alternate water source (secondary or alternate water source is defined as water obtained from bottled water suppliers or bulk water tank services). • Unknown
5b	Dialysis Reliable Water supply	<p><i>Conditionally required.</i> Required if Facility Water System (1d) is 'Yes' (has been impacted). Do you have a water source to dialyze patients? Select either:</p> <ul style="list-style-type: none"> • Yes • No • Unknown
Sewer		
6a	Sewer Status	<p><i>Conditionally required.</i> Required if Facility Sewer System (1e) is 'Yes' (has been impacted). Is the facility sewer system functioning (e.g., are toilets flushing)? Select either:</p> <ul style="list-style-type: none"> • Yes • No • Unknown
Other		
7a	Immediate Needs	<p><i>Conditionally required.</i> 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 resource request process [for example, request for a backup generator]? Select either:</p> <ul style="list-style-type: none"> • Yes • No • Not Applicable <p>Note: Please contact your local / state Emergency Manager or ESF8 contact to complete a resource request.</p>
7b	Immediate Needs Notes	<p><i>Conditionally required.</i> Required if Immediate Needs (7a) is 'Yes' (are needed). Describe the facility's immediate needs. (Field cannot contain more than 2000 characters)</p> <p>Note: Submitting information here does not mean this meets your resource request submission; please do not submit requests related to staffing or medical equipment.</p>