**Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Supplies and Personal Protective Equipment Form (CDC 57.146)**

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| **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. |
| Date for which *“supplies and personal protective equipment (PPE)”* responses are reported | *Required*. Select the date on the calendar for which the responses are being reported in the NHSN COVID 19-Module. |

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| **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** |
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| **Do you currently have ANY supply?**  Select “YES” **or** “NO” for each supply item.  *(Select* ***one*** *answer for each supply item*) | On the date responses are reported into this Module, does your facility have ANY of each supply item listed below?  Select “YES” for each supply item in which your facility currently has.  **OR**  Select “NO” for each supply item in which your facility currently does NOT have. (*Select one answer for each supply item*)   * N95 masks * Surgical masks * Eye protection, including face shields or goggles * Gowns * Gloves * Alcohol-based hand sanitizer |
| **Do you have enough for ONE week?**  Select “YES” **or** “NO”for each supply item.  *(Select* ***one*** *answer for each supply item*) | On the date responses are reported into this Module, does your facility have enough of each supply item listed for ONE week (For example, the next 7 days).  Select “YES” for each supply item listed in which your facility has enough for the next week (for example, the next 7 days).  **OR**  Select “NO” for each supply item listed in which your facility does NOT have enough for ONE week (for example, the next 7 days).  (*Select only one answer for each supply item*)   * N95 masks * Surgical masks * Eye protection, including face shields or goggles * Gowns * Gloves * Alcohol-based hand sanitizer |