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

|  |  |
| --- | --- |
| **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. |

|  |
| --- |
| **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**  |
| --- | --- |
| **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
 |