

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	Required. Select the date on the calendar for which the
personal protective equipment (PPE)"	responses are being reported in the NHSN COVID 19-Module.
responses are reported	

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	On the date responses are reported into this Module, does your facility
ANY supply?	have ANY of <u>each</u> supply item listed below?
Select "YES" or "NO" for each supply item.	Select "YES" for <u>each</u> supply item in which your facility currently has.
	OR
(Select one answer for	
each supply item)	Select "NO" for <u>each</u> supply item in which your facility currently does NOT have. (<i>Select one answer for each supply item</i>)
	Have. (Select one unswer for each supply item)
	N95 masks
	Surgical masks
	Eye protection, including face shields or goggles
	• Gowns
	Gloves
	Alcohol-based hand sanitizer

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Data Field	Instructions for Data Collection
Do you have enough	On the date responses are reported into this Module, does your facility
for ONE week?	have enough of <u>each</u> supply item listed for ONE week (For example, the
	next 7 days).
Coloot "VEC" or "NO" for	Soloet "VES" for each supply item listed in which your facility has an ough
Select "YES" or "NO" for	Select "YES" for each supply item listed in which your facility has enough
each supply item.	for the next week (for example, the next 7 days).
(Select one answer for	OR
each supply item)	
, , ,	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

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