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 Form Completion
NHSN Facility ID #	The NHSN-assigned facility ID will be **auto generated** by the system.
CMS Certification Number (CCN)-may be referred to as participation number	**Auto generated** by the computer, if applicable, based on the CCN entered during NHSN registration or last updated, if previously edited. Please see NHSN CCN Guidance document for instructions on how to add a new CCN or edit an existing CCN.
Facility Name	**Auto generated** by the system based on the facility name previously entered during NHSN registration.
Date for which counts are reported	**Required**. Select the date on the calendar for which the responses are being reported in the NHSN LTCF COVID-19 Module - *Supplies and Personal Protective Equipment (PPE) Pathway*.
Facility Type	**Auto generated** based on the facility type selected during NHSN enrollment. Selections include: • LTC-ASSIST – Assisted Living Residence • LTC-ICF/IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities. • LTC-SKILLNURS – Skilled Nursing Facility + +Includes both skilled nursing facilities and nursing homes • LTC-PSYCH – Psychiatric Residential Treatment Facility • LTC - SVHALF – Assisted Living Facility for Sate Veteran's Homes • LTC - SVHSNF – Skilled Nursing Facility for State Veteran's Homes Please see NHSN Guidance document for instructions on *How to Correct Your Facility Type* if the autogenerated information is incorrect.
Date Created	**Auto generated** based on the first calendar date and time that a user manually enters and saves data or the date the facility first submits a CSV file for a specific pathway. ***Note:*** The date and time will automatically generate after the "Save" button is selected and **cannot** be modified.

Important:

For the following questions, please collect and report responses once during the reporting week. A blank response is equivalent to missing data.

Data Field	Instructions for Form Completion
	Alcohol Based Hand Rub (ABHR)
ALCOHOL BASED HAND RUB (ABHR) **Availability:** Available for use? Select "YES" or "NO" *(Select one answer for each supply item)* **URGENT NEED** **Urgent Need:** Indicate "YES" if facility will no longer have the ABHR in 7 days	Alcohol Based Hand Rub (ABHR) with a 60-95% alcohol content are recommended by the CDC to use in healthcare settings. **Available for use**. On the date responses are reported in this pathway, answer "YES" if your facility has alcohol-based hand rub (ABHR) available for use. Answer "NO" if your facility does not have ABHR available for use. **Urgent need:** On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have ABHR in 7 days. Otherwise, answer "NO". **Important:** • **Please refer to the** CDC's Hand Hygiene Recommendations web-page for additional information.
Personal Protective Equipment (PPE) Supply Item	**Facility Strategy for Optimizing Supply Item and Urgent Need**
N95 RESPIRATOR **Select facility strategy for optimizing N95 Respirator** *(select the most commonly applied strategy for the reporting week)* ☐ Conventional ☐ Contingency ☐ Crisis **URGENT NEED** **Urgent need:** Indicate if your facility has an urgent need because the facility will no longer have N95 Respirators in 7 days ☐ "YES" if facility has an urgent need ☐ "NO" if facility does not have an urgent need	**N95 Respirator** is defined by CDC-NHSN as a personal protective device that is worn on the face or head and covers at least the nose and mouth, reducing the wearer's risk of inhaling hazardous airborne particles (including infectious agents), gases or vapors. Applying the CDC's recommended *Optimizing Personal Protective Equipment (PPE) and Supplies*, select the most common facility strategy used for optimizing **N95 Respirators** for the reporting week. *(Select only one)* ☐ **Conventional:** Select this strategy if your facility has returned to using N95 Respirators based on the recommended use for infection prevention and control in healthcare settings (specifically, pre-COVID-19 pandemic). **EXAMPLE(S):** • Implement fit testing to assess adequacy of a respirator fit. ☐ **Contingency**: Select this strategy if your facility anticipates a shortage and is conserving N95 respirators in order to maintain supply. **EXAMPLE(S):** • Temporarily suspend annual fit testing • Extended use of N95 respirators per CDC's instruction (specifically, wearing same N95 respirator for duration of shift for repeated close contact encounters with different residents, without removing the N95 between resident encounters).

Data Field	Instructions for Form Completion
	Case Example: Donning an N95 respirator at the beginning of your shift and wearing that same respirator for multiple resident encounters. Once your shift is over, you doff the N95 and discard it. The respirator is not doffed between resident encounters. This same N95 respirator is used throughout the shift, but only doffed for eating and drinking. ☐ **Crisis:** Select this strategy if your facility's N95 respirator supply cannot meet the current needs. Specifically, the facility needs more N95 respirators than the supply will allow. **EXAMPLES:** • Use of respirators approved under standards used in other countries, such as K95. • Limited re-use of N95 respirators per CDC's instruction (specifically, wearing the same N95 respirator for multiple encounters with different residents but removing after each resident encounter). • Use of respirators beyond the manufacturer-designated shelf life for healthcare delivery. **Case Example:** Donning an N95 at the start of your shift and wearing this same N95 for multiple resident encounters. The N95 is doffed between resident encounters and donned again for the next resident encounter. The N95 is used for multiple shifts and stored in a secure place in between uses. **Important:** • Refer to the CDC's guidance for Understanding the Difference Between a Surgical Mask and a N95 Respirator. • Overview of PPE optimization strategies • If your facility is using more than one strategy, select the strategy in which your facility practices the most during the reporting week. **URGENT NEED:** On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have N95 Respirators in 7 days. Otherwise, selected "NO".

Data Field	Instructions for Form Completion
Personal Protective Equipment (PPE) Supply Item	**Facility Strategy for Optimizing Supply Item and Urgent Need**
FACEMASKS **Select facility strategy for optimizing Facemasks** *(select one strategy based on the most commonly applied strategy for the reporting week)* ☐ Conventional ☐ Contingency ☐ Crisis **URGENT NEED** **Urgent need:** Indicate if your facility has an urgent need because the facility will no longer have facemasks in 7 days ☐ "YES" if facility has an urgent need ☐ "NO" if facility does not have an urgent need	**Facemasks are defined by CDC-NHSN** Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the residents from the wearer's respiratory emissions. Applying the CDC's recommended *Optimizing Personal Protective Equipment (PPE) and Supplies*, select the most common facility strategy used for optimizing **Facemasks** for the reporting week. *(Select only one)* ☐ **Conventional:** Select this strategy if your facility has returned to using Facemasks based on the recommended use for infection prevention and control in healthcare settings (specifically, pre-COVID-19 pandemic). **EXAMPLE(S):** • Discard after each close contact encounter **Case Example:** Donning a facemask prior to a resident encounter and doffing the facemask once the resident encounter is over. After the facemask has been doffed it is discarded. A new face masked will be donned for each resident encounter that occurs. ☐ **Contingency:** Select this strategy if your facility anticipates a shortage and is conserving facemasks in order to maintain supply. **EXAMPLE(S):** • Facemasks are limited to healthcare personnel only and removed from facility entrances and other public areas. • Extended use: specifically, wearing same facemask for duration of shift for repeated close contact encounters with different residents, without removing the facemask between resident encounters. The mask is discarded whenever the facemask is removed, and always at the end of each workday. **Case Example:** Donning a facemask at the beginning of your shift and wearing that same facemask for multiple resident encounters. The mask is not doffed between resident encounters. This same facemask is used throughout the shift, but only doffed for eating and drinking. You discard your facemask after removing it for your lunch break and don a new one before the next resident encounter. Once your shift is over, you doff the facemask and discard it.

Data Field	Instructions for Form Completion
	☐ **Crisis:** Select this strategy if your facility's facemask supply cannot meet the current needs. **EXAMPLE(S):** • Use facemasks beyond the manufacturer-designated shelf life during resident care activities. • Implement limited re-use of facemasks with extended use. • Prioritize facemasks for selected activities based on the CDC's *Strategies for Optimizing the Supply of Facemasks* **Case Example:** Donning a facemask at the start of your shift and wearing this same mask for multiple resident encounters. You doff the facemask after an encounter with Resident A and store the facemask in a secure area. You are preparing for an encounter with resident B, you don the same facemask (the one you stored in a secure area after the encounter with Resident A) and enter Resident B's room. This facemask is used for multiple shifts and stored in a secure place in order to preserve the integrity of the mask. **Important:** • Refer to the *CDC's guidance for Understanding the Difference Between a Surgical Mask and a N95 Respirator*. • If your facility is using more than one strategy, select the strategy in which your facility practices the most during the reporting week. • Refer to the CDC's *Strategies for Optimizing the Supply of Facemasks* for guidance and additional examples for each capacity strategy. • Refer to the CDC's quick reference document, *Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages* **URGENT NEED:** On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have facemasks in 7 days. Otherwise, selected "NO".

Data Field	Instructions for Form Completion
Personal Protective Equipment (PPE) Supply Item	**Facility Strategy for Optimizing Supply Item and Urgent Need**
EYE PROTECTION **Select facility strategy for optimizing eye protection** *(select one strategy based on the most commonly applied strategy for the reporting week)* ☐ Conventional ☐ Contingency ☐ Crisis **URGENT NEED** **Urgent need:** Indicate if your facility has an urgent need because the facility will no longer have eye protection in 7 days ☐ "YES" if facility has an urgent need ☐ "NO" if facility does not have an urgent need	**Eye Protection:** used to protect eyes from exposure to splashes, sprays, splatter, and respiratory secretions. Includes the use of goggles, face shields, or both. These can be either disposable or re-usable. Applying the CDC's recommended *Optimizing Personal Protective Equipment (PPE) and Supplies*, select the most common facility strategy used for optimizing **eye protection** for the reporting week. *(Select only one).* ☐ **Conventional:** Select this strategy if your facility has returned to using eye protection based on the recommended use for infection prevention and control in healthcare settings (specifically, pre-COVID-19 pandemic). **EXAMPLE(S)** • Disposable eye protection removed and discarded after each resident encounter. • Reusable eye protection cleaned and disinfected after each resident encounter. **Case Example:** Donning disposable goggles or face shield prior to a resident encounter and doffing the goggles or face shield once the resident encounter is over. After the goggles or face shield has been doffed, the healthcare personnel will discard the eye protection or face shield. ☐ **Contingency:** Select this strategy if your facility anticipates eye protection shortages and is conserving eye protection in order to maintain supply. **EXAMPLE(S):** • Extended use: specifically, wearing same eye protection for duration of shift for repeated close contact encounters with different residents, without removing the eye protection between resident encounters. Applies to disposable and reusable devices. • Selectively cancel elective, non-urgent procedures for which eye protection is typically used by healthcare providers. **Case Example:** Donning goggles or face shield at the beginning of your shift and wear that same eye protection for multiple resident encounters. Once your shift is over, you doff the goggles or face shield and discard it or clean it and keep it in a secure area until your next shift. The eye protection is not doffed between resident encounters. This same eye protection is used throughout your shift, but only doffed for eating and drinking. The eye protection

Data Field	Instructions for Form Completion
	is cleaned as needed (for example, when visibly soiled). ☐ **Crisis:** Select this strategy if your facility's eye protection supply cannot meet the current needs. **EXAMPLE(S):** • Use eye protection devices beyond the manufacturer-designated shelf life during resident care activities. • Prioritizing eye protection for selected activities • Cancel all elective and non-urgent procedures for which eye protection is typically used by healthcare provider. **Important:** • If your facility is using more than one strategy, please select the strategy in which your facility practices the most. • Refer to the CDC's quick reference document, *Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages*. • Refer to the CDC's Strategies for *Optimizing the Supply of Eye Protection* for guidance and additional examples for each capacity strategy. **URGENT NEED:** On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have eye protection supply in 7 days. Otherwise, selected "NO".
Personal Protective Equipment (PPE) Supply Item	**Facility Strategy for Optimizing Supply Item and Urgent Need**
GOWNS **Select facility strategy for optimizing Gowns** *(select one strategy based on the most commonly applied strategy for reporting time-week)* ☐ Conventional ☐ Contingency ☐ Crisis **URGENT NEED** **Urgent need:** Indicate if your facility has an urgent need because the facility will no longer have gowns 7 days ☐ "YES" if facility has an urgent need	**Gowns:** The proper selection and use of protective clothing, such as isolation gowns, is based on the hazards and the risk of exposure. Applying the CDC's recommended *Optimizing Personal Protective Equipment (PPE) and Supplies*, select the most common facility strategy used for optimizing **gowns** for the reporting week. *(Select only one)* ☐ **Conventional:** Select this strategy if your facility has returned to using isolation gowns based on the recommended use for infection prevention and control in healthcare settings (specifically, pre-COVID-19 pandemic). **EXAMPLE:** • Use of isolation gown alternatives that offer equivalent or higher protection. **Case Examples:** Donning a disposable or washable (re-usable) gown prior to a resident encounter and doffing the gown once the resident encounter is over. After the gown has been doffed, the

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☐ "NO" if facility does not have an urgent need	healthcare personnel will either discard it or place in in the laundry to be washed. Systems are established to routinely inspect, maintain, replace, and store. ☐ **Contingency:** Select this strategy if your facility anticipates isolation gown shortages and is conserving isolation gowns in order to maintain supply. **EXAMPLES:** • Use of coveralls. • Use of gowns beyond the manufacturer-designated shelf life for training. • Use gowns or coveralls conforming to international standards. • Prioritize gowns for higher risk activities according to the CDC's *Strategies for Optimizing the Supply of Isolation Gowns*. **Case Example:** Donning coveralls prior to a resident encounter and doffing the coveralls once the resident encounter is over. After the coveralls have been doffed, the healthcare personnel will place them in the laundry to be washed. ☐ **Crisis:** Select this strategy if your facility's gown supply cannot meet the current needs. This type of strategy can be used if your facility needs to use more PPE than supply will allow. This strategy allows for extended use and re-use of gowns. **EXAMPLES:** • **Extended use:** the use of isolation gowns (disposable or reusable) such that the same gown is worn by the same HCP when interacting with more than one resident housed in the same location and known to be infected with the same infectious disease. • **Re-use** of isolation gowns. • Use of gown alternatives according to the CDC's *Strategies for Optimizing the Supply of Isolation Gowns*. **Case Example:** Donning a gown (disposable or washable) at the start of your shift and wearing that same gown each time you enter Resident A's room. A different gown (washable or disposable) is donned prior to entering Resident B's room and doffed once the encounter with Resident B has concluded. The HCP will only wear resident A's gown for resident encounters with Resident A and Resident B's gown for resident encounters with resident B. Once this shift or work period has concluded, each gown used for each resident will be discarded or placed in the laundry. **Important:** • If your facility is using more than one strategy, select the

Data Field	Instructions for Form Completion
	strategy in which your facility practices the most during the reporting week. • Refer to the CDC's quick reference document, *Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages*. • Refer to the CDC's Strategies for *Optimization strategies for using gowns* for guidance and additional examples of each capacity strategy. **URGENT NEED:** On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have isolation gowns in 7 days. Otherwise, selected "NO".
Personal Protective Equipment (PPE) Supply Item	**Facility Strategy for Optimizing Supply Item and Urgent Need**
GLOVES **Select facility strategy for optimizing Gloves** *(select the most commonly applied strategy for the reporting week)* ☐ Conventional ☐ Contingency ☐ Crisis **URGENT NEED** **Urgent need:** Indicate if your facility has an urgent need because the facility will no longer have gloves in 7 days ☐ "YES" if facility has an urgent need ☐ "NO" if facility does not have an urgent need	**Gloves:** FDA-cleared disposable medical gloves in accordance with standard and transmission-based precautions in healthcare settings and when indicated for other exposures such as handling cleaning chemicals. Applying the CDC's recommended *Optimizing Personal Protective Equipment (PPE) and Supplies*, select the most common facility strategy used for optimizing **gloves** for the reporting week. *(Select only one)* ☐ **Conventional:** Select this strategy if your facility has returned to using gloves based on the recommended use for infection prevention and control in healthcare settings (specifically, pre-COVID-19 pandemic). **EXAMPLES:** • Discard after each close contact encounter. • Prioritize sterile gloves for surgical and other sterile procedures. **Case Example:** Donning a pair of gloves prior to a resident encounter and doffing the gloves once the resident encounter is over. After gloves have been removed, the healthcare personnel will discard them. ☐ **Contingency:** Select this strategy if your facility anticipates glove shortages and is conserving gloves in order to maintain supply. **EXAMPLES:** • Use gloves past their manufacturer-designated shelf life for training activities • Use gloves conforming to other U.S. and international standards.

Data Field	Instructions for Form Completion
	☐ **Crisis:** Select this strategy if your facility's glove supply cannot meet the current needs. This type of strategy can be used if your facility needs to use more gloves than supply will allow. This strategy allows for extended use of gloves. **EXAMPLES:** • **Extended use:** The use of disposable medical gloves by HCP refers to the practice of wearing gloves without changing them between residents or tasks. • Use gloves past their manufacturer-designated shelf life for healthcare • Prioritize the use of non-sterile disposable gloves • Consider non-healthcare glove alternatives per CDC's *Strategies for Optimizing the Supply of Disposable Medical Gloves* **Important:** • If your facility is using more than one strategy, please select the strategy in which your facility practices the most. • Refer to the CDC's *Optimization strategies for using gloves* for additional information and guidance. **URGENT NEED:** On the date responses are reported in this pathway, answer "YES" if your facility has an urgent need because the facility will no longer have gloves in 7 days. Otherwise, selected "NO".

Need for Government Support or Assistance	
The information collected below will be shared with federal, state, and local partners to identify COVID-19 emergency response needs more rapidly. However, facilities should also continue to report urgent needs through established state and local reporting mechanisms—particularly in cases where those needs present immediate threats to the health and safety of residents or staff. *For the following questions, please report responses **once during the reporting week**.*	
Category	**Requests Outreach by Local and/or State Government for Assistance**
Staffing Shortages Examples of Staff include, but are not limited to: ☐ **Nursing Staff:** registered nurse, licensed practical nurse, or vocational nurse. ☐ **Clinical Staff:** physician, physician assistant, or advanced practice nurse. ☐ **Aide:** certified nursing assistant, nurse aide, medication aide, or medication technician. ☐ **Other staff or facility personnel:** that are not included in the above categories, regardless of clinical responsibility or resident contact. For example, dietary, environmental services, cook, pharmacists, pharmacy tech, activities director, care givers, wound care, physical therapy, shared staff, physical therapy.	Select "YES" if, on the date responses are being reported into this module, the LTCF would like to request additional local and/or state government outreach for assistance with **staffing shortages**. Otherwise, select "NO". **Examples for when a facility might select "YES" include, but are not limited to the following:** • The facility has exhausted other staffing options, such as temporary staffing (for example, travel staff) • The facility has exhausted staffing options using mechanisms available internally or through the facility corporate structure. **Important:** • A facility adequately staffed with credential and/or skilled workers, including agency and/or temporary workers, is not considered to have a shortage—or to need government assistance. **Example Scenario(s):** A facility might select "yes" to state/local outreach for staffing assistance if, on the date the facility is entering data into NHSN, it has 7 nursing vacancies that it has not been able to fill through hiring actions or contracts with staffing agencies.
Personal Protective Equipment (PPE) Shortages Examples of PPE Include: ☐ N95 Respirators ☐ Gowns ☐ Gloves ☐ Eye Protection (such as face shields and goggles) ☐ Face masks	Select "YES" if, on the date responses are being reported into this module, the LTCF would like to request additional local and/or state government outreach for assistance with **personal protective equipment shortages**. Otherwise, select "NO". **Examples for when a facility might select "YES" include, but are not limited to the following:** • The facility is using crisis optimization strategies for supplies and personal protective equipment according to CDC guidance- *Optimizing Personal Protective Equipment (PPE) and Supplies*. • The facility will no longer have one or more of the listed PPE supply item in the next 7 days [specifically, reporting "YES" to "urgent need" for PPE supply item(s)] and is currently using

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	crisis or contingency optimization strategies for the selected PPE supply item(s). **Important:** • A facility should only request state/local government outreach for assistance with PPE shortages if they have exhausted other potential sources, such as commercial distributors and corporate stockpiles. **Example Scenario(s):** On the date the facility is entering data into NHSN, it is already employing limited reuse of N95 respirators and, despite this strategy, will exhaust its supply of respirators in 7 days. The facility would select "yes" to state/local outreach for PPE assistance if it **does not** anticipate receiving another shipment of N95 respirators from its supplier for approximately 2 weeks, **and** its corporate parent has exhausted its own stockpile of N95 respirators. The same facility might select "no" to state/local outreach for PPE assistance if it expects a large shipment of N95 respirators from its supplier in the next two days.
SARS-CoV-2 (COVID-19) Testing Supply Shortages	Select "YES" if, on the date responses are being reported into this module, the LTCF would like to request additional local and/or state government outreach for assistance with **SARS-CoV-2 (COVID-19) testing supply shortages**. Otherwise, select "NO". **Examples for when a facility might select "YES" include, but are not limited to the following:** • If on the day of reporting, the facility does NOT have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all staff and facility personnel within the next 7 days, if needed. • If on the day of reporting, the facility does not have access to or the ability to receive test results within 72 hours of sample collection. **Important:** • Facilities should only request state and/or local government outreach for assistance with testing supplies if they have exhausted other potential options, such as commercial distributors, corporate stockpiles, and alternative contract laboratories. **Example Scenario(s):** 1. A facility would select "yes" to state and/or local outreach for COVID-19 testing supply assistance if, on the date they are reporting to NHSN, they do not have sufficient resources, either on site or through a contract with an external laboratory, to

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	initiate outbreak testing for all residents and staff (including temporary, contract staff, if applicable) following a resident newly positive for SARS-CoV-2 (COVID-19) through viral testing. 2. A facility would select "yes" to state and/or local outreach for COVID-19 testing supply assistance if, on the date it is reporting, turnaround times for resident and/or staff testing results are greater than 3 days.
Infection Control and Outbreak Management	Select "YES" if, on the date responses are being reported into this module, the LTCF would like to request additional local and/or state government outreach for assistance with **Infection Control and/or Outbreak Management**. Otherwise, select "NO". **Examples for when a facility might select "YES" include, but are not limited to the following:** • Facility needs technical assistance in helping with: (1) assessing and strengthening infection prevention and control practices, and (2) actively responding to and effectively containing the spread of COVID-19. **Important:** • A facility **can** request **additional** state and/or local outreach for outbreak assistance **even if** the facility has consulted with state and/or local staff in the recent past. • A facility should only request state and/or local government outreach for assistance with outbreak management if they are not already actively working with the state or local health department to address their current outbreak • A facility should not use this question as a substitute for regular case and/or outbreak reporting; facilities **should** contact their health department **directly** to address urgent questions or needs related to Infection Control or Outbreak Management **Example Scenario(s):** A facility might select "yes" to state and/or local outreach for infection control and/or outbreak management assistance if, on the date the facility is reporting, the facility has non-urgent questions about performing internal audits of staff hand hygiene or the implementation of testing and cohorting strategies.
Staff Training	Select "YES" if, on the date responses are being reported into this module, the LTCF would like to request additional local and/or state government outreach for assistance with **staff training** needs. Otherwise, select "NO". **Examples for when a facility might select "YES" include the need for staff training assistance with a range of COVID-19 prevention and control topics, such as:** • Infection prevention and control • Surveillance and reporting

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	• Testing
	• Cohorting strategies
	• Environmental cleaning
	• Personal Protective Equipment use, such as optimization strategies, donning and doffing, and more.
	
	Important:
	• In addition to requesting local and/or state outreach for staff training assistance, facilities may take advantage of the following federal training resources:
	  • CDC's Project Firstline, which includes resources for nursing homes (https://www.cdc.gov/infectioncontrol/projectfirstline/index.html)
	  • CMS's Targeted COVID-19 Training for Nursing Homes (https://qsep.cms.gov/COVID-Training-Instructions.aspx)
	  • AHRQ's ECHO National Nursing Home COVID-19 Action Network (https://hsc.unm.edu/echo/institute-programs/nursing-home/pages/)
	
	Example Scenario(s):
	1. A facility would select "yes" to state and/or local outreach for staff training if, on the date the facility is reporting, it had determined during a recent internal audit that many leaders and staff did not understand, and were not adhering to, guidelines for PPE use and optimization.
	2. A facility would select "yes" to state and/or local outreach for staff training if, during a recent COVID-19 Infection Control Survey, the facility had been cited for deficiencies in its implementation of standard and transmission based precautions during resident care—and some of these deficiencies could be addressed through staff training.

COVID-19 Vaccine Access (for Residents and/or Staff)	Select "YES" if, on the date responses are being reported into this module, the LTCF would like to request additional local and/or state government outreach for assistance with **COVID-19 Vaccine Access** (for Residents and/or Staff) needs. Otherwise, select "NO". **Examples for when a facility might select "YES" include, but are not limited to the following:** • If on the day of reporting, the facility does NOT have arrangements in place to order, receive, administer, and document COVID-19 vaccine for all residents and staff in the current reporting week.

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	Example Scenario(s): 1. A facility would select "yes" to state and/or local outreach for COVID-19 vaccine access assistance if, on the date the facility is reporting, it has completed all three clinics under the federal Pharmacy Partnership for LTC Program (PPP) and **does not** have access to sufficient vaccine (either on site or through a contract with an external pharmacy) to vaccinate newly admitted residents. 2. A facility would select "yes" to state and/or local outreach for COVID-19 vaccine access assistance if, on the date the facility is reporting, it **does not** have access to sufficient vaccine (either on site or through a contract with an external pharmacy) to offer a second dose to staff who received their first dose of a two dose COVID-19 vaccine during the third PPP clinic.