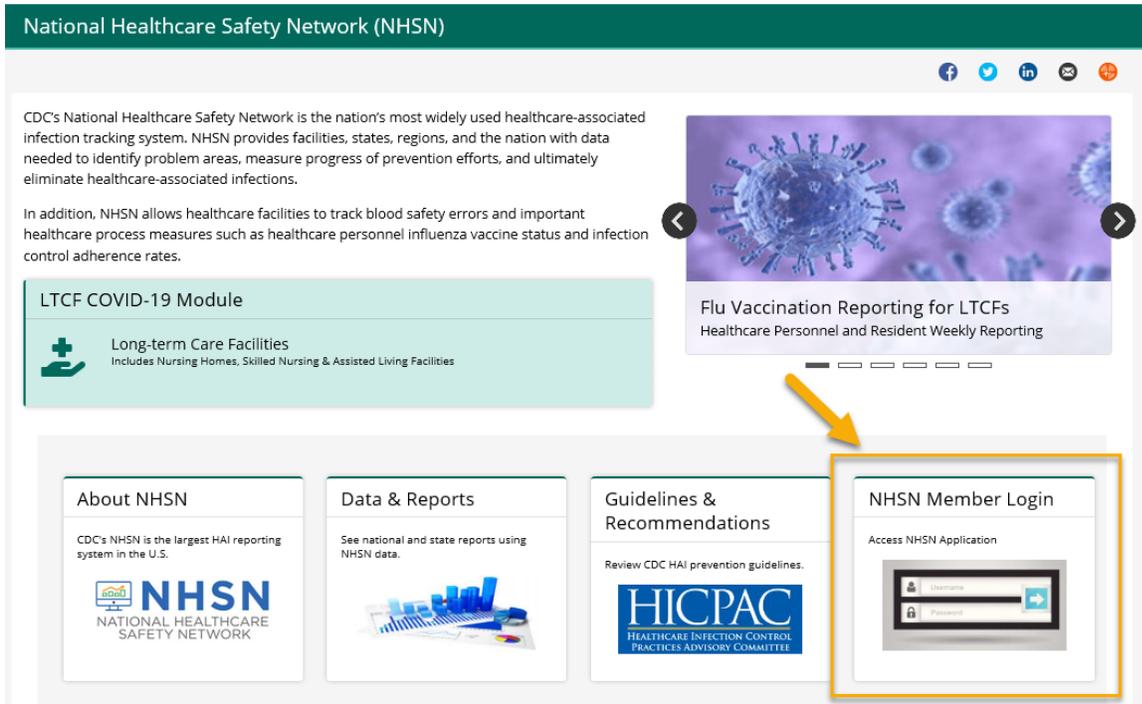


1. Access the NHSN application by going to the NHSN website at [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn) and click on the NHSN Member Login-Access NHSN Application.



2. Use your CDC issued SAMS Grid Card to login in to the NHSN application

**External Partners**

**SAMS Grid Card**

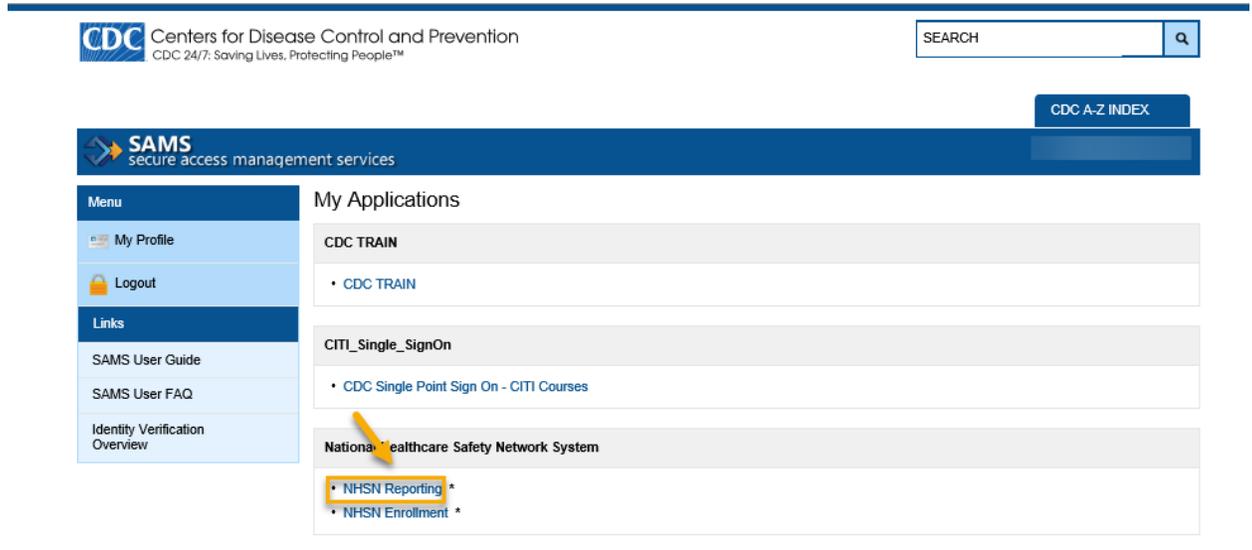


Click the Login button to sign on with a SAMS Grid Card

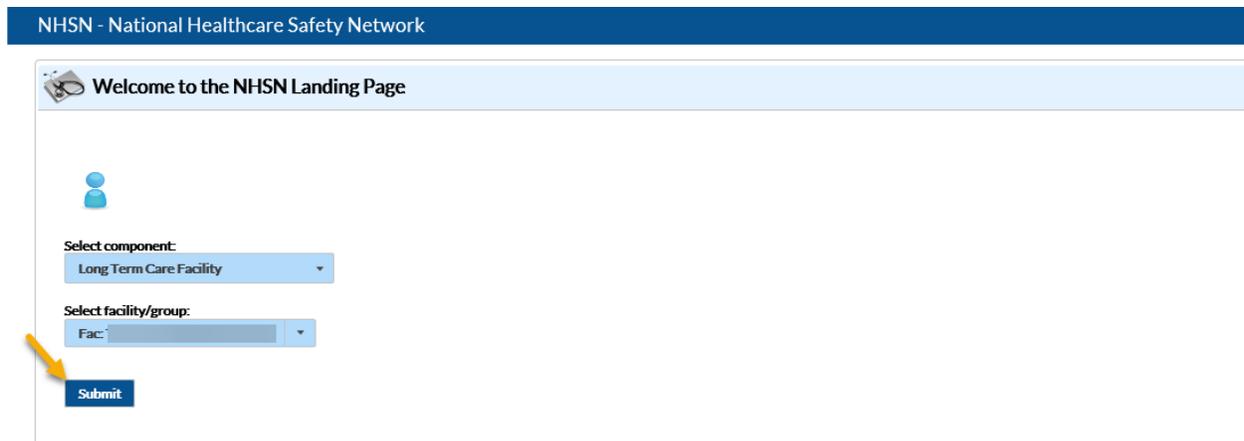
Login

For External Partners who have been issued a SAMS Grid Card.

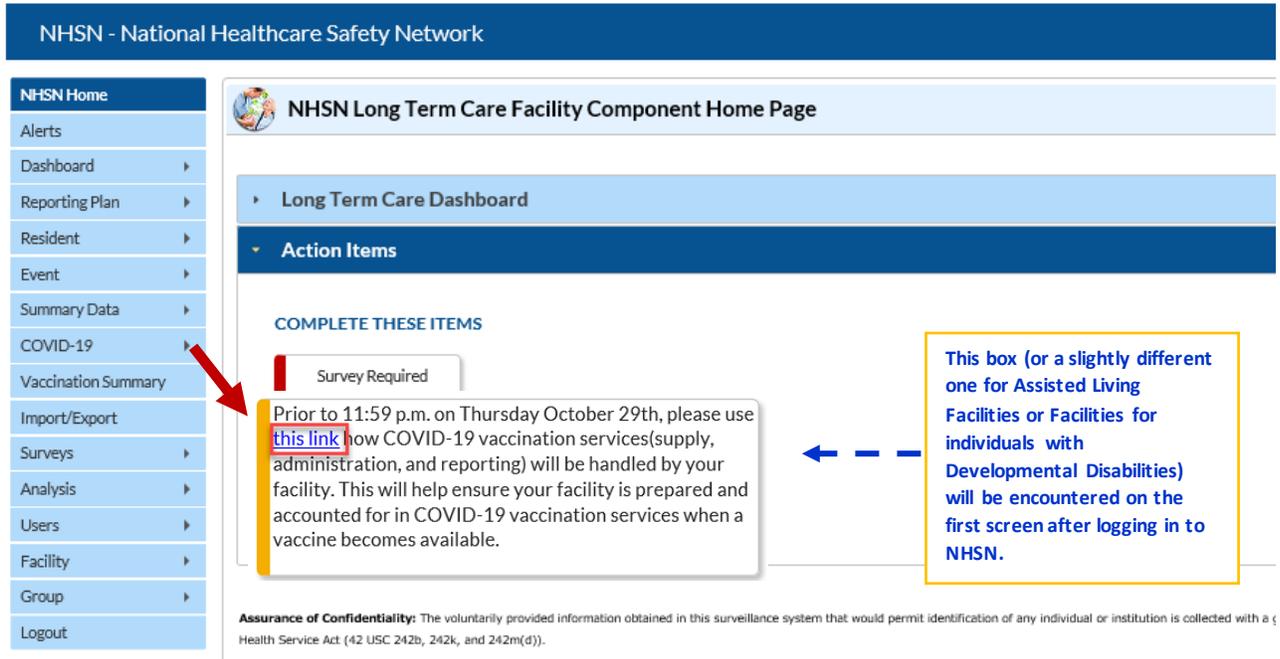
**3. Once you log in NHSN using the SAMS grid card, select “NHSN Reporting”.**



**4. On the NHSN Landing Page, select your facility and “Long-Term Care Facility” as the component. Click “Submit”.**



5. The link to the form will be found on the Long-Term Care Facility Component Home Page under “Action Items”. NOTE: YOU MUST CLICK ON THE LINK, NOT HOVER OVER IT.



**NHSN - National Healthcare Safety Network**

**NHSN Long Term Care Facility Component Home Page**

Long Term Care Dashboard

**Action Items**

COMPLETE THESE ITEMS

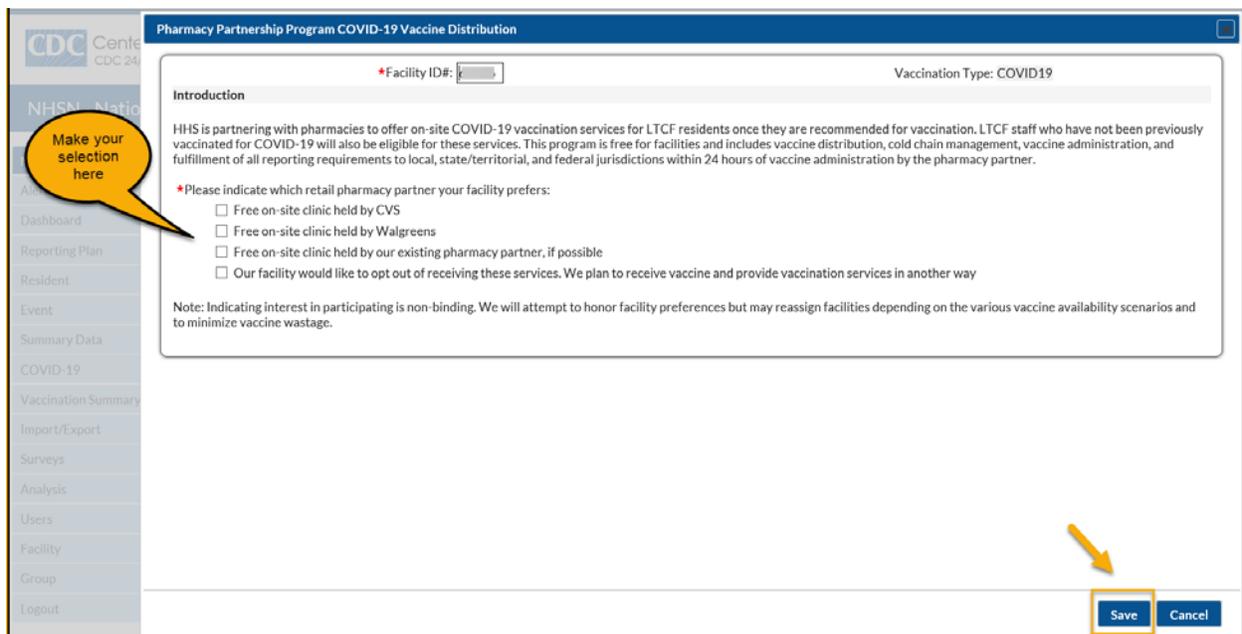
Survey Required

Prior to 11:59 p.m. on Thursday October 29th, please use [this link](#) how COVID-19 vaccination services (supply, administration, and reporting) will be handled by your facility. This will help ensure your facility is prepared and accounted for in COVID-19 vaccination services when a vaccine becomes available.

**This box (or a slightly different one for Assisted Living Facilities or Facilities for individuals with Developmental Disabilities) will be encountered on the first screen after logging in to NHSN.**

**Assurance of Confidentiality:** The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a Health Service Act (42 USC 242b, 242k, and 242m(d)).

6. Once you click the link, you will be directed to the Pharmacy Partnership Program COVID-19 Vaccine Distribution form. After you have completed all of the required fields, based on your selections, click “SAVE”.



**Pharmacy Partnership Program COVID-19 Vaccine Distribution**

Facility ID#: [input field] Vaccination Type: COVID19

**Introduction**

HHS is partnering with pharmacies to offer on-site COVID-19 vaccination services for LTCF residents once they are recommended for vaccination. LTCF staff who have not been previously vaccinated for COVID-19 will also be eligible for these services. This program is free for facilities and includes vaccine distribution, cold chain management, vaccine administration, and fulfillment of all reporting requirements to local, state/territorial, and federal jurisdictions within 24 hours of vaccine administration by the pharmacy partner.

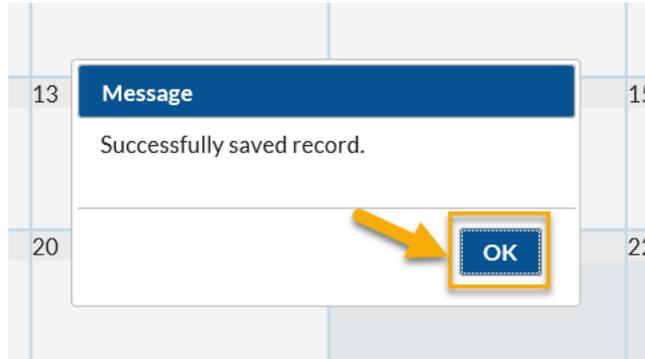
\*Please indicate which retail pharmacy partner your facility prefers:

- Free on-site clinic held by CVS
- Free on-site clinic held by Walgreens
- Free on-site clinic held by our existing pharmacy partner, if possible
- Our facility would like to opt out of receiving these services. We plan to receive vaccine and provide vaccination services in another way

Note: Indicating interest in participating is non-binding. We will attempt to honor facility preferences but may reassign facilities depending on the various vaccine availability scenarios and to minimize vaccine wastage.

**Save** **Cancel**

**7. Once you click “SAVE”, you will receive a message confirming your Pharmacy selection. Then click “OK”.**



**8. If, for some reason you do not see the link above, you may access the Pharmacy Partnership Program form through another route. Choose the COVID-19 option from the blue navigation bar on the left. NOTE: THIS IS ALSO HOW YOU WILL ACCESS THE FORM TO MAKE ANY CHANGES TO PREVIOUSLY ENTERED PHARMACY PARTNERSHIP PROGRAM FORM.**

 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

NHSN - National Healthcare Safety Network (AWDV-NHSN-WL01:8001)

**NHSN Home**

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data
- COVID-19**
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Tools
- Logout



- ▶ Long Term Care Dashboard
- ▶ **Action Items**

**COMPLETE THESE ITEMS**

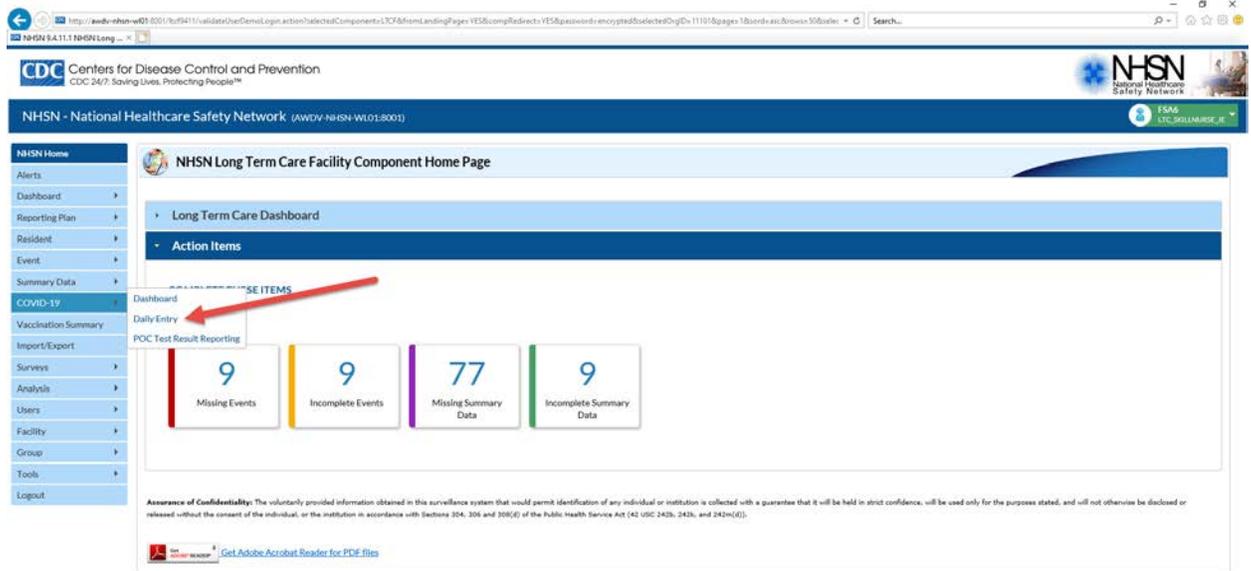
**ALERTS**

<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <span style="font-size: 2em; font-weight: bold; color: #0056b3;">9</span>            Missing Events         </div>	<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <span style="font-size: 2em; font-weight: bold; color: #0056b3;">9</span>            Incomplete Events         </div>	<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <span style="font-size: 2em; font-weight: bold; color: #0056b3;">77</span>            Missing Summary Data         </div>	<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <span style="font-size: 2em; font-weight: bold; color: #0056b3;">9</span>            Incomplete Summary Data         </div>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Assurance of Confidentiality:** The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).


[Get Adobe Acrobat Reader for PDF files](#)

9. Then Choose the Data Entry option from the available selections. This is the same pathway you take to enter daily COVID-19 data.



10. This will take you to the calendar view. From there you may access the Pharmacy Partnership Program Form. NOTE: Again, this is also how you would make any changes to the answers you previously submitted to the Pharmacy Partnership Program form.

