

DEMOGRAPHICS	
Number of new patients awaiting admission	Enter the number of new patients awaiting admission
Number of single occupancy rooms available for COVID-19 Patients	Enter the Number of single occupancy rooms available for COVID-19 Patients
Number of Residents on Hospice	Enter the Number of current Residents on Hospice
Number of Residents with DNR Status	Enter the Number of current Residents with DNR Status
Number of Residents on Sex Offender List	Enter the Number of current Residents on Sex Offender List
Number of Residents in Isolation for Non-COVID Reasons	Enter the Number of current Residents in Isolation for Non-COVID Reasons
Number of Residents that would require an ambulance transfer	Enter the Number of Residents that would require an ambulance transfer based on their current health condition

ESSENTIAL ELEMENTS OF INFORMATION	
Does your facility have an established respiratory protection plan?	Yes/No
Is your facility planning to use N95 masks. If so, is your staff fit-tested to wear N95 masks?	Yes/No
What mask brands and models are staff fit tested to use?	Enter the top three Brand and Model numbers of N95 respirator masks your full and part-time employees are fit tested to use.
Is your facility planning to use PAPRs. If so, is your staff trained to use PAPRs?	Yes/No
Is your staff adequately trained in correctly donning and doffing of PPE?	Yes/No
Does your facility anticipate material/supply shortages of the following today?	
Alcohol Based Hand Sanitizer	Yes/No
Hand Soap	Yes/No
Disinfection Solutions	Yes/No
Disinfection Wipes	Yes/No
N95's	Yes/No
PAPR's	Yes/No
PAPR's Hoods	Yes/No
PAPR's Filters	Yes/No
Facial Masks (Procedural/Surgical)	Yes/No
Gown/Apron	Yes/No
Eye Protection (Goggles, Face shield)	Yes/No
Gloves	Yes/No
Other (please specify)	Yes/No
Does your facility anticipate material/supply shortages of the following within a week?	
Alcohol Based Hand Sanitizer	Yes/No
Hand Soap	Yes/No

Disinfection Solutions	Yes/No
Disinfection Wipes	Yes/No
N95's	Yes/No
PAPR's	Yes/No
PAPR's Hoods	Yes/No
PAPR's Filters	Yes/No
Facial Masks (Procedural/Surgical)	Yes/No
Gown/Apron	Yes/No
Eye Protection (Goggles, Face shield)	Yes/No
Gloves	Yes/No
Cleaning/Disinfection Supplies	Yes/No
Other (please specify)	Yes/No
<b>If you have a COVID-19 resident(s), Do you anticipate shortages of the below:</b>	
N95's	Yes/No
PAPR's	Yes/No
PAPR's Hoods	Yes/No
PAPR Filters	Yes/No
Facial Mask (Procedural/Surgical)	Yes/No
Gowns	Yes/No
Eye Protection (Goggles, Face shield)	Yes/No
Hand Soap	Yes/No
Hand Sanitizer	Yes/No
Cleaning/Disinfection Supplies	Yes/No
Other (please specify)	Yes/No
<b>Current Burn Rates per day for the following PPE (Single Units):</b>	<b>Enter the calculated Burn Rates of the following supplies:</b>
N95's	N95 Burn Rate
PAPR's	PAPR Burn Rate
PAPR's Hoods	PAPR's Hoods Burn Rate
PAPR Filters	PAPR Filters Burn Rate
Facial Mask (Procedural/Surgical)	Facial Mask (Procedural/Surgical) Burn Rate
Gowns	Gowns Burn Rate
Eye Protection (Goggles, Face shield)	Eye Protection (Goggles, Face shield) Burn Rate
<b>Testing Supplies</b>	<b>Testing Supplies Burn Rate</b>
Does your facility have access to COVID-19 testing while the resident is in the facility?	Yes/No
If yes, what laboratory type?	Enter the laboratory type(s) your facility has access to for in-facility resident testing

Do you have access to COVID-19 Testing Supplies?	Yes/No
What diagnostic testing or specimen collection supplies do you anticipate a shortage of?	Enter the diagnostic testing or specimen collection supplies that you anticipate to run short of within one week.
<b>RESIDENT &amp; STAFF IMPACT</b>	
Total number of Residents admitted or readmitted who were hospitalized and treated for COVID-19:	Enter the Cumulative number of residents hospitalized for COVID-19
Total number of Residents with lab confirmed COVID-19:	Enter the Cumulative number of residents who have received lab confirmation of COVID-19
Total number of Residents under suspicion for COVID-19 (PUI):	Enter the Daily number of Residents who are suspected of having COVID-19.
Total number of deaths among Residents:	Enter the Cumulative number of residents who have passed away in your facility since March 6, 2020
Total number of deaths among Residents with suspected or confirmed COVID-19:	Enter the Cumulative number of residents who have passed away from or with document-suspected or lab-confirmed COVID-19 in your facility since March 6, 2020
Total number of Staff with lab confirmed COVID-19:	Enter the Cumulative number of full and part-time staff employed by your facility or company with lab-confirmed COVID-19
Total number of Staff under suspicion for COVID-19 (PUI):	Enter the Daily number of full and part-time staff employed by your facility or company with documented suspicion of COVID-19.
Total number of deaths among Staff with suspected or confirmed COVID-19:	Enter the Cumulative number of full and part-time staff employed by your facility or company who have died from or with COVID-19.
Are you currently implementing conservation strategies to preserve PPE:	
Extended use of respirators	Yes/No
Use of reusable respirators in place of disposable N95s (i.e. PAPRs, elastomeric N95s, etc.)	Yes/No
Reuse of disposable N95 respirators	Yes/No
Extended staff hours/shifts	Yes/No
Cohorting patients without dedicated staff	Yes/No
Cohorting patients with dedicated staff	Yes/No
At current utilization rates, how long do you expect your current supply of N95 respirators to last at your facility?	Choose One of the following:
3 or less days	3 or less days
4-7 days	4-7 days
8-14 days	8-14 days
15-28 days	15-28 days
29 or more days	29 or more days

At current utilization rates, how long do you expect your current supply of other PPE (gowns, gloves, etc.) to last at your facility?	Choose One of the following:
3 or less days	3 or less days
4-7 days	4-7 days
8-14 days	8-14 days
15-28 days	15-28 days
29 or more days	29 or more days

EMPLOYEE STATUS	
Total Employee Call Outs/Absenteeism	Enter the Daily number of full or part-time employee call outs/absenteeism
Number of Call Outs that are Nurses (RN or LPN)	Enter the Daily number of full or part-time employee call outs/absenteeism that are Nurses (RN or LPN)
Number of Call Outs that are LPN/CNA	Enter the Daily number of full or part-time employee call outs/absenteeism that are LPN/CNA
Number of Call Outs that are Aides (CNA or Personal Care Assistants)	Enter the Daily number of full or part-time employee call outs/absenteeism that are Aides (CNA or Personal Care Assistants)
Call out reason: sick with COVID-19	Enter the Daily number of staff whose call out reason is sick with COVID-19
Call out reason: quarantine or isolation due to exposure	Enter the Daily number of staff whose call out reason IS quarantine or isolation due to exposure
Call out reason: childcare issues	Enter the Daily number of staff whose call out reason IS childcare issues
Critical Staffing Shortages Today?	Yes/No
Nurses (RN or LPN)	Yes/No
LPN/CNA	Yes/No
Aides (CNA or Personal Care Assistants)	Yes/No
Other Personnel (Other persons who work in the facilities not detailed above)	Yes/No
Critical Staffing Shortages within a week?	Yes/No
Nurses (RN or LPN)	Yes/No
LPN/CNA	Yes/No
Aides (CNA or Personal Care Assistants)	Yes/No
Other Personnel (Other persons who work in the facilities not detailed above)	Yes/No