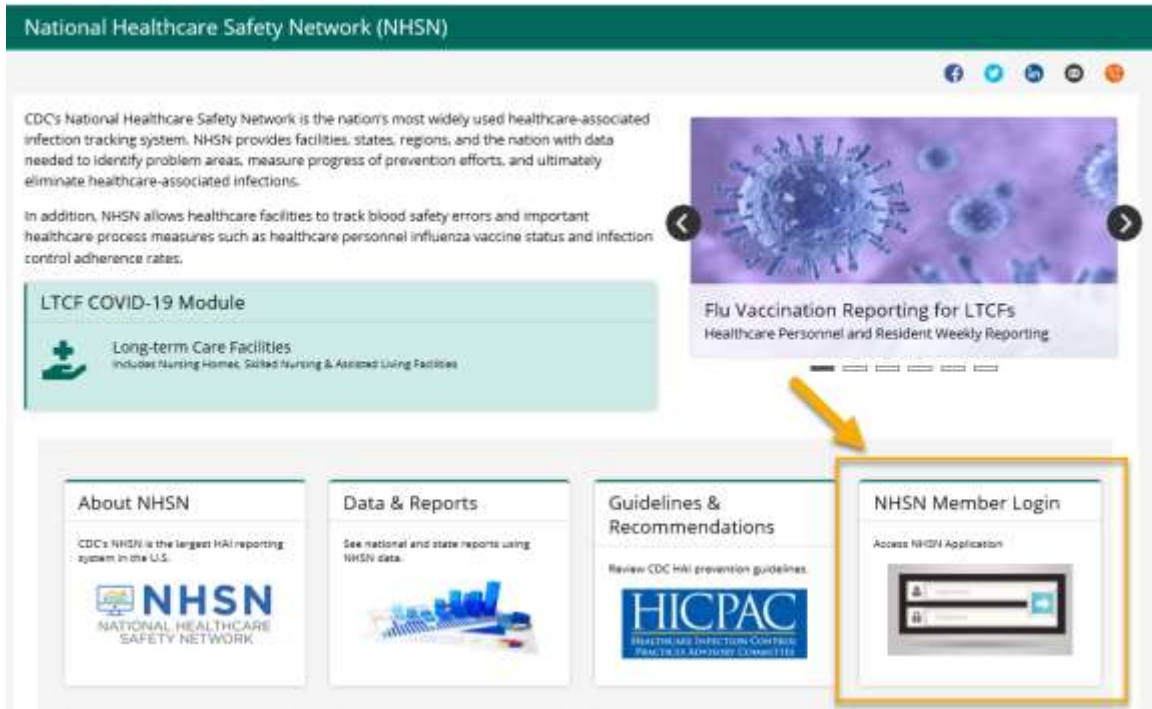


1. Access the NHSN application by going to the NHSN website at www.cdc.gov/nhsn and click on the NHSN Member Login-Access NHSN Application.



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

External Partners

SAMS Grid Card

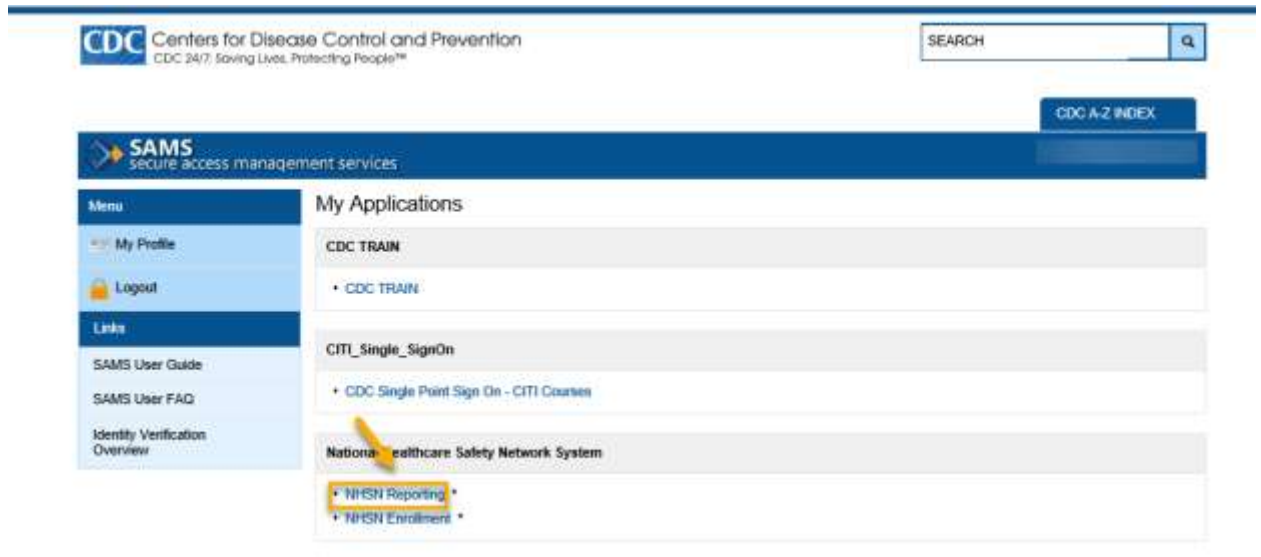


Click the Login button to sign on with a SAMS Grid Card

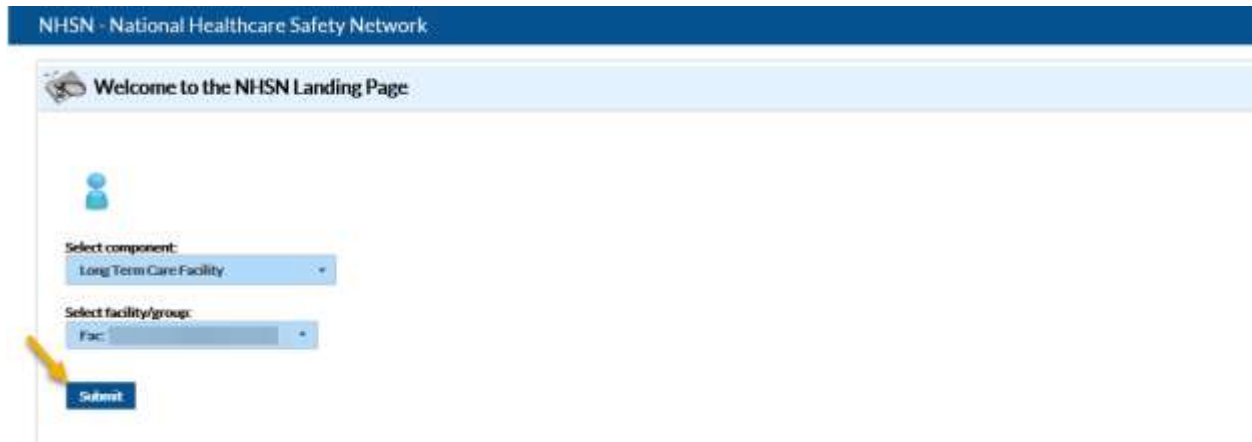
[Login](#)

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

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

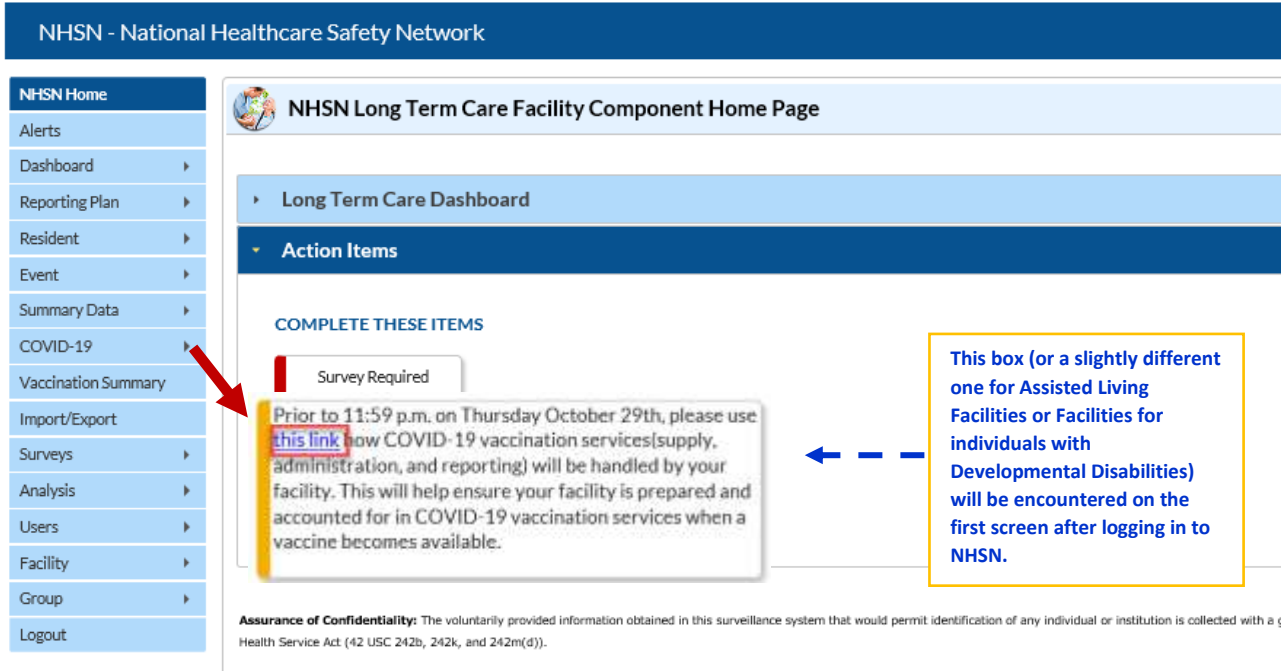


- On the NHSN Landing Page, select your facility and “Long-Term Care Facility” as the component. Click “Submit”.



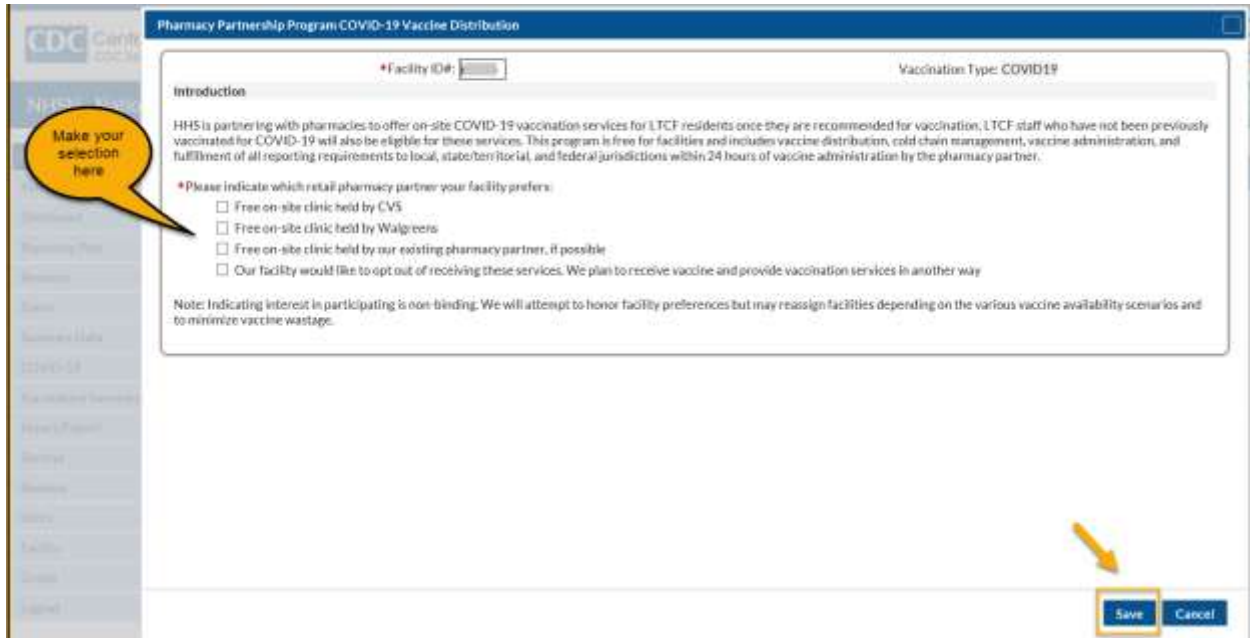
HOW TO ACCESS THE PHARMACY PARTNERSHIP FOR LONG-TERM CARE PROGRAM FORM IN THE NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

- 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.



The screenshot shows the NHSN Long Term Care Facility Component Home Page. On the left is a navigation menu with items like Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19, Vaccination Summary, Import/Export, Surveys, Analysis, Users, Facility, Group, and Logout. The main content area is titled "NHSN Long Term Care Facility Component Home Page" and contains a "Long Term Care Dashboard" and an "Action Items" section. Under "Action Items", there is a "Survey Required" notification. A red arrow points to a link in the notification text: "Prior to 11:59 p.m. on Thursday October 29th, please use [this link](#) now COVID-19 vaccination services...". A blue dashed arrow points from this link to a yellow callout box on the right that reads: "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." Below the notification is an "Assurance of Confidentiality" statement.

- 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”.

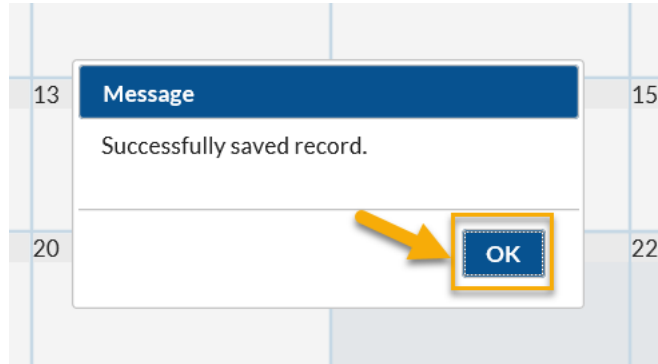


The screenshot shows the "Pharmacy Partnership Program COVID-19 Vaccine Distribution" form. It includes a "Facility ID#" field and a "Vaccination Type: COVID19" dropdown. The "Introduction" section explains the program. A yellow callout bubble on the left says "Make your selection here" and points to the pharmacy partner selection options. The options are:

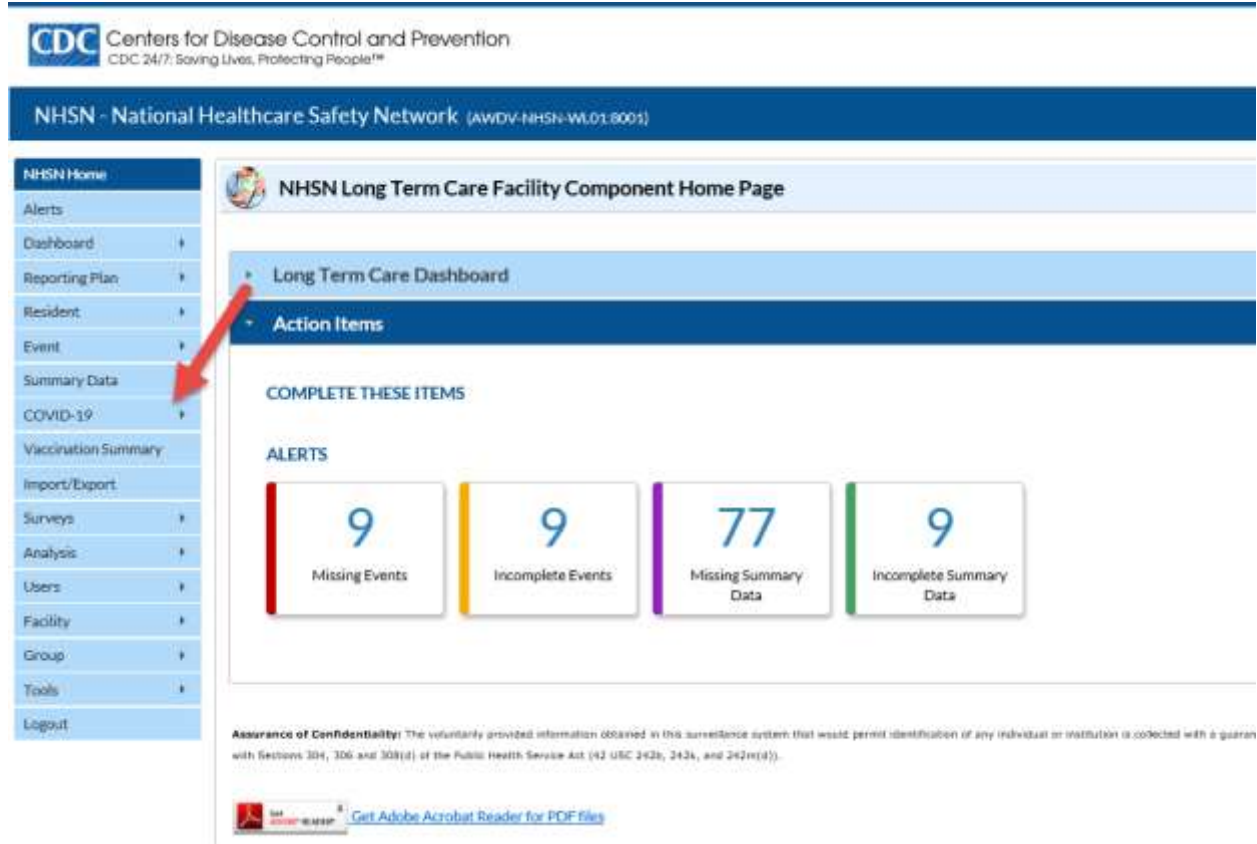
- Free on-site clinic held by CVS
- Free on-site clinic held by Walgreens
- Free on-site clinic held by our existing pharmacy partner, if possible
- Our facility would like to opt out of receiving these services. We plan to receive vaccine and provide vaccination services in another way

 A note at the bottom states: "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." At the bottom right, there are "Save" and "Cancel" buttons, with a yellow arrow pointing to the "Save" button.

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

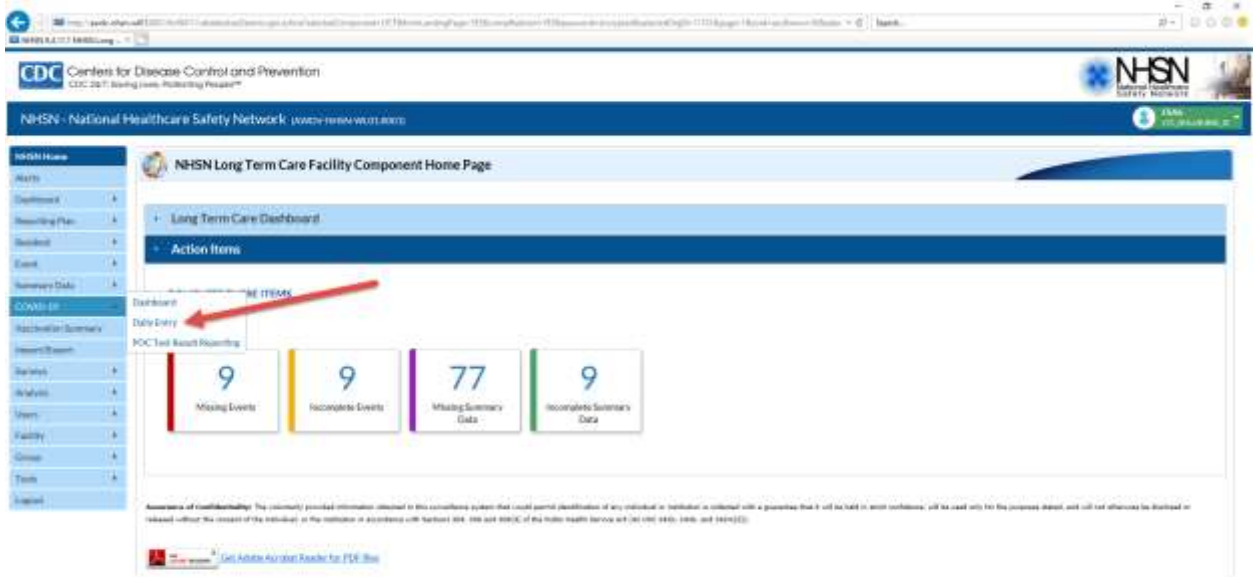


8. If, for some reason you do not see the link above, you may access the Pharmacy Partnership Program form through another route. Choose the COVID-19 option from the blue navigation bar on the left. **NOTE: THIS IS ALSO HOW YOU WILL ACCESS THE FORM TO MAKE ANY CHANGES TO PREVIOUSLY ENTERED PHARMACY PARTNERSHIP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



HOW TO ACCESS THE PHARMACY PARTNERSHIP FOR LONG-TERM CARE PROGRAM FORM IN THE NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

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.

