



Healthcare Personnel Safety Component

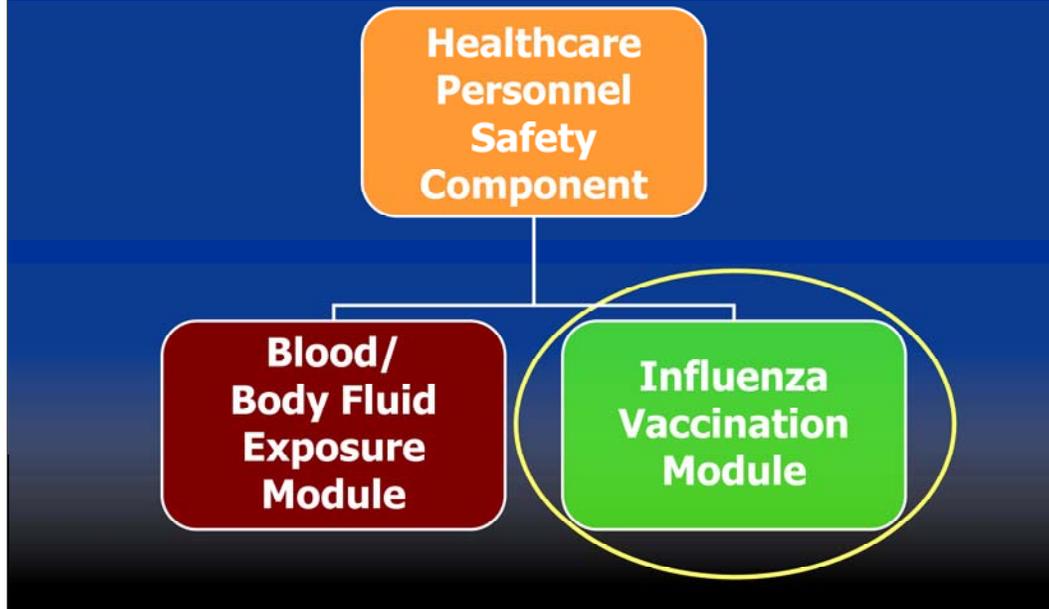
Influenza Vaccination Modules

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This presentation will provide an overview of the Influenza Vaccination Modules of the National Healthcare Safety Network Healthcare Personnel Safety Component (HPS).

HPS Component Modules



The Healthcare Personnel Safety Component currently consists of Blood/Body Fluid Exposure Modules and Influenza Modules. This presentation will focus on the Influenza Modules.



Target Audience



- Personnel who enter and analyze data in the NHSN Healthcare Personnel Safety (HPS) Component Influenza Modules.
 - ◆ NHSN facility administrators
 - ◆ Occupational health professionals
 - ◆ Infection preventionists
 - ◆ Epidemiologists
- Should have completed the following:
 - ◆ Enrolling in NHSN
 - ◆ Overview of HPS Component
 - ◆ HPS Component: Setting up a facility



This training has multiple targets; it is designed for those who will collect and analyze Healthcare Personnel Safety (or HPS) Component data for NHSN. The personnel involved in this activity may include those listed here.

Please note that this training assumes you have completed the courses *Enrolling in NHSN*, *Overview of HPS Component* and *HPS Component: Setting up a Facility*.

Objectives

- Describe purposes of using the Influenza Modules
- Describe how to enter data about influenza vaccination and antiviral medication use into NHSN, consistent with your chosen Monthly Reporting Plan
- Indicate requirements for various types of data fields
- Show examples of data entry

The objectives of this training are to enable use of the Influenza Modules of the Healthcare Personnel Safety Component to record information about influenza vaccinations and antiviral medication use after exposure to influenza in your facility. We will review the purposes of using the Influenza Modules; describe how to record data about influenza vaccinations and anti-viral medication use consistent with your Monthly Reporting Plan; describe the requirements for various types of data fields; and show examples of data entry.

Why vaccinate against influenza?

- Recommended since 1997
- Mandatory in some facilities
- Benefits of vaccination
 - ◆ Reduce staff influenza infection
 - ◆ Reduce absenteeism
 - ◆ Prevent transmission and outbreaks
 - ◆ Prevent influenza-related mortality in patients
- Vaccination uptake <50%
- Misconceptions about adverse reactions to vaccination need to be addressed

Annual influenza vaccination of HCP has been recommended since 1997.

In addition, offering influenza vaccination to HCP may be mandatory in some states and/or facilities.

There are several benefits of vaccination, including reducing staff influenza infection and preventing influenza-related mortality in patients. Influenza infects an average of 5%-20% of the U.S. population each year. Over 200,000 people are hospitalized and 36,000 people die of influenza or its complications each year. Healthcare-associated transmission of influenza has occurred in acute and long-term care facilities from patients-to-healthcare workers (HCWs), HCWs-to-patients, and HCWs-to-HCWs.

Vaccination is the primary measure to prevent influenza and prevent transmission. Despite the benefits of vaccination are evident, the influenza vaccination rate among HCP is generally less than 50%.

HCP offer various reasons for not receiving vaccination, including misconceptions about vaccination producing flu-like illness.

Influenza Vaccination Modules National-Level Purposes

- Continue and expand occupational exposure and infection surveillance
- Collect data from U.S. healthcare facilities to
 - ◆ estimate participation in seasonal and non-seasonal influenza vaccination campaigns
 - ◆ estimate the severity and magnitude of adverse reactions to influenza vaccine among healthcare personnel (HCP)
 - ◆ monitor treatment and prophylaxis administered for influenza
- Assess adoption and effect of strategies to increase vaccination uptake

The HPS Component is a continuation and expansion of occupational exposure and infection surveillance that was started with the National Surveillance System for Healthcare Workers or NaSH. At the national level, the purposes of the Influenza Modules are to collect data from a sample of U.S. healthcare facilities to estimate healthcare personnel participation in seasonal and non-seasonal flu vaccination campaigns, to examine adverse reactions to influenza vaccine among HCP, and to monitor trends in the treatment and prophylaxis for influenza among HCP. The module can also be used to assess the adoption and effect of strategies to increase flu vaccination uptake in healthcare personnel.

Influenza Vaccination Modules Facility-Level Purposes

- Provide a record of influenza vaccination and adverse reactions for HCP in the facility
- Meet requirement for record-keeping for adult vaccine administration
- Monitor trends in vaccination and declination rates
- Monitor treatment and prophylaxis administered for influenza infections
- Assess efficacy of facility influenza vaccination programs

At the facility level, the purposes of using the Influenza Modules are to provide a record of flu vaccinations and treatment/prophylaxis for influenza for healthcare personnel in the facility. The data collected in NHSN is designed to help facilities meet the federal requirement for record keeping for adult vaccine administration as set forth in the Instructions for the Mandatory Use of Vaccine Information Statements (<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-Instructions.pdf>).

Use of the Influenza Vaccination Module will also permit the monitoring of trends in vaccination uptake rates to permit targeting interventions to areas or occupational groups with lower vaccination rates. In addition, one can characterize the reasons why HCWs decline vaccination which may be useful to improve future vaccination rates. Facilities can monitor antiviral medication use for treatment and prophylaxis and assess the efficacy of their vaccination programs.

Why use NHSN for surveillance?

- Systematic and standardized collection of information
- Secure, confidential, electronic format
- Compare facility data to national aggregate data
- Free of charge
- May already be implemented in your facility

There are additional benefits of using these modules. Because the data from all participating facilities nationwide are collected in a systematic and standardized manner that is secure and confidential, individual participating facilities can compare their rates with national aggregate data.

Although facilities must maintain minimum data reporting requirements in order to remain active, participation and software is free of charge and open to all US healthcare facilities. In fact, NHSN may already be implemented in your facility for the Patient Safety Component modules. You may only have to activate the HPS Component to get started. To determine if your facility is already active in NHSN, please talk to your Infection Prevention or Infection Control Department.

NHSN HPS Component: Influenza Modules

- Influenza vaccination with exposure management
 - ◆ Seasonal and non-seasonal influenza vaccination measurement
 - ◆ Use of antiviral medications for chemoprophylaxis/treatment
- Influenza exposure management only
 - ◆ Use of antiviral medications for chemoprophylaxis/treatment

In the NHSN Healthcare personnel safety component, facilities can participate and report data pertaining to influenza among HCP in two ways. First, a facility can report influenza vaccination with exposure management. This module collects data on seasonal and non-seasonal influenza vaccination on an individual HCW level. In addition, facilities can report and monitor the use of antiviral medications for chemoprophylaxis and/or treatment for exposure to influenza. Second, the facility may report influenza exposure management only without reporting influenza vaccinations. This may be useful in a pandemic or outbreak event where widespread chemoprophylaxis may be implemented to control the spread of influenza.

Types of Data Entered in HPS

- Healthcare worker demographics
- Events (e.g., blood/body fluids exposure) and interventions (e.g., PEP)
- Denominators
 - ◆ Measures of facility size (e.g., # beds, in-patient days)
 - ◆ Denominators for exposure rates, including facility size measures, numbers of HCW and FTEs
- Custom data
- Comments

The types of data that may be entered into NHSN HPS Component are listed here:

Demographics data must be recorded for each healthcare worker in NHSN, including an ID number, age, gender, occupation, and assigned work location.

Events, in the context of HPS, include BBF exposures and interventions, including laboratory tests as well as influenza vaccinations, and post-exposure prophylaxis (or PEP), and treatment for a healthcare worker.

Denominators for expressing rates, such as number of beds, admissions, or healthcare personnel by occupation, are recorded once per year via the Annual Facility Survey.

Custom data are those of your choosing that can be entered into custom fields on NHSN forms. Instructions on customizing HPS forms are found in the online NHSN Help system. Customized data are not included in NHSN aggregate analyses.

Comments can be entered in an open text field at the end of many HPS forms. These are also not included in NHSN aggregate analyses.

Forms Used in the Influenza Vaccination Modules

- Printable pdfs and web-based forms
- Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel
- Healthcare Worker Demographic Data
- Healthcare Worker Influenza Vaccination
- Healthcare Worker Prophylaxis/Treatment
- Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel
- Other required forms
 - ◆ Facility Survey
 - ◆ Monthly Reporting Plan

There are five printable forms, located online at www.cdc.gov/nhsn, which correspond to each web-based form. Throughout this session, we'll be showing screen shots of the web-based forms.

The Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel form, which records information on how you propose to vaccinate HCP in your facility.

The Healthcare Worker Demographic Data form, which records personal information on each healthcare worker in your facility.

The Healthcare Worker Influenza Vaccination form, which records individual influenza vaccination information on each healthcare worker.

The Healthcare Worker Prophylaxis/Treatment form, which records any prophylaxis and/or treatment for influenza infection in an individual healthcare worker.

And the Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel form, which records any changes in your facility's influenza vaccination program over the course of the influenza season.

There are two other forms that need to be entered before you can start entering data for the Influenza Vaccination Module: the annual Facility Survey and the Monthly Reporting Plan that was covered in the *Overview to HPS Component* training. You cannot proceed with entering data for the Influenza Modules until these data are entered.

Requirements for Data Fields

- Required:
 - ◆ Must be completed for record to be saved
 - ◆ Marked by a red asterisk*
- Conditionally required: Requirement to complete depends on a response given in another field (e.g., clinical specialty for physician occupation)
- Optional: Data not required to save record and will not be used in analyses by CDC (e.g., number of hours on duty)

Every field in NHSN is designated as required, conditionally required, or optional. Required fields are marked on the screen with a red asterisk next to the field label. You cannot save the record until a value is recorded in all required fields.

A conditionally required field is one in which the requirement depends on the response given in another field (e.g., if the occupation is physician, then clinical specialty is a required field).

And finally, optional fields are those that are not required. For example, the HCW name is an optional field. Data may be entered into these fields, but will not be error-checked. These data are available for a facility to analyze but will not be used in national aggregate analyses.

Key Terms (1)

- Healthcare personnel (HCP)
- Healthcare worker (HCW)
- Seasonal influenza vaccine
- Non-seasonal influenza vaccine
- Vaccination year = influenza season

Because NHSN uses the information that you enter to produce aggregate rates that are used for comparison by hospitals all over the United States and in other countries, it is important that the data you report are collected using exactly the same definitions.

Healthcare Personnel (HCP) refers to all paid and unpaid persons working in healthcare settings at your facility.

A Healthcare Worker (HCW) is an individual who works in the facility, whether paid or unpaid. Healthcare worker is the singular form of healthcare personnel.

Seasonal influenza vaccine is the vaccine for seasonal influenza virus strains that is offered on an annual basis.

Non-seasonal influenza vaccine is the vaccine for additional/novel influenza virus strains not included in the seasonal influenza vaccine (e.g., 2009 H1N1) which may or may not be offered on an annual basis.

Vaccination year (i.e., influenza season) is the 12 month period starting from September 1, 2xxx to the start of the next traditional influenza season (i.e., August 31 of the following year).

Key Terms (2)

- Work location
- Adverse reaction to vaccine
- Direct patient care
- Antiviral medications for influenza
- Severe adverse reaction to antiviral medications

The work location is HCW's current permanent work location. This refers to physical work location rather than to department assignment.

An adverse reaction to the influenza vaccine is a reaction experienced by the healthcare worker that is attributable to the influenza vaccine.

Direct patient care refers to hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring.

Antiviral medications for influenza are drugs used to treat or to prevent influenza infections, not necessarily to treat the symptoms of influenza (e.g., analgesics).

Severe adverse reactions to antiviral medications that are severe enough to affect daily activities and/or resulted in the discontinuation of the antiviral medication.

Required Data Elements for Both Influenza Modules

- Annual facility survey
- Monthly reporting plan
- Individual HCW demographic data
 - ◆ HCW demographic data form
 - ◆ Import HCW data from existing database
 - ◆ Adding HCW demographic data “on the fly” when adding vaccination records or antiviral prophylaxis/treatment records

Two data forms are required whether you participate in HPS influenza vaccination with exposure management module or in HPS influenza exposure management only module: the annual facility survey and the monthly reporting plan which will be addressed in following slides. Individual HCW demographic data are required and can be entered into NHSN by three methods: 1) Using the demographic data form; 2) Importing HCW demographic data as an ASCII comma delimited text file from an existing database (please refer to Importing HCWs in the *HPS Setting Up a Facility* training); and 3) Entering demographic data “on the fly” as you are entering the individual HCW vaccination records or antiviral prophylaxis/treatment records.

Facility Survey

The screenshot shows the NHSN (National Healthcare Safety Network) interface for finding a facility survey. The page title is "Find Facility Survey". The left-hand navigation menu is visible, with "Facility" selected. A red arrow points to the "Facility" menu item with the text "Click here". The main content area shows search criteria: "Facility: Brattleboro Memorial Hospital (ID 10067)" and "Survey year:". There are "Find" and "Back" buttons.

The annual Facility Survey collects denominator data for expressing vaccination rates. An annual Facility Survey must be completed for the year previous to the influenza season (i.e., vaccination year) for which you are entering data. For example, in order to enter data for January 2009, a 2008 annual Facility Survey must be entered. To see if an annual Facility Survey was completed for the influenza season of interest, select Surveys → Facility → Find from the left-hand navigation, or nav bar in NHSN. A user with administrative rights (e.g., the NHSN Facility Administrator) at your facility must enter the annual survey if it has not already been done. Please refer to the *Overview of HPS Component* training for more detailed instructions on how to complete a Facility Survey.

Monthly Reporting Plan

CDC Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISO-CLFT-NHSN1)

Logged into Doctors Hospital (ID 10552) as CAROL.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Reporting Plan
Add
Find

HCW
Vaccination
Lab Test
Exposure
Prophy/Treat
Surveys
Users
Facility
Group
Log Out

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*: Doctors Hospital (ID 10552)

Month*: [dropdown]

Year*: [dropdown]

No NHSN Healthcare Personnel Safety Modules Followed this Month

Healthcare Personnel Exposure Modules

- Blood/Body Fluid Exposure Only
- Blood/Body Fluid Exposure with Exposure Management
- Influenza Exposure Management

Healthcare Personnel Vaccination Module

- Influenza Vaccination with Exposure Management/Treatment

Save Back

A Monthly Reporting Plan must be completed for every month that you intend to enter influenza vaccination and/or exposure management (i.e., antiviral medication use) data. Users must follow at least one HPS module (including blood and body fluid exposure modules) for at least 6 months per calendar year. From the nav bar, click on Reporting Plan→Add. Select the month and year from the dropdown list. If you only intend on following antiviral medication use after exposure to influenza and not influenza vaccination, then check the Influenza Exposure Management box under Healthcare Personnel Exposure Modules. If you intend on following influenza vaccination and antiviral medication use, then check the Influenza Vaccination with Exposure Management/Treatment box under Healthcare Worker Vaccination Module. Please refer to the *Overview of HPS Component* training for more detailed instructions.

HCW Demographic Data

Click here

Add Healthcare Worker

Mandatory fields marked with *

Worker Information

Facility ID*: Doctors Hospital (ID 10552)

HCW ID*:

Secondary ID:

Last Name:

Middle Name:

Address Line 1:

Social Security #:

First Name:

Employment Information

Work Phone:

Start Date*:

Type of employee*:

Work Location*:

CDC Location: PT - Part-time

Department: CONTRACT - Contract employee

Supervisor: VOL - Volunteer

Supervisor: OTHER - Other

Occupation*:

CDC Occupation Code:

Title:

Performs direct patient care: (i.e.,

Work Status*:

ACTIVE - Active

INACTIVE - Inactive

NOAFF - No longer affiliated

To enter an individual HCW's demographic data, from the nav bar, click on HCW→Add. HCW ID, gender, date of birth, start date, type of employee (full-time employee, part-time, contract, volunteer, other), work location, occupation and work status are required. If the HCW is a physician, fellow or intern/resident, then clinical specialty will also be required. Although "Performs direct patient care" is not required on this screen, it will be required to enter a vaccination or antiviral medication use record.

HCW Vaccination: Seasonal and Non-seasonal Influenza

If you intend on following influenza vaccination for either (or both) seasonal and non-seasonal influenza vaccines, you can record individual vaccination details in NHSN. You will also be required to tell us about your vaccination campaigns.

Pre-season Survey on Flu Vaccination Programs for HCW

NHSN Home Logged into Doctors Hospital (ID 10552) as RUBY.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Survey on Influenza Vaccination Programs for Healthcare Workers

Pre-Flu Season

Facility ID: Flu Season: Vaccination campaign for:

Click here

Use this form to report how your facility intends or plans to implement an influenza vaccination campaign. From the nav bar, click on Survey->Pre-Flu Add. Enter the Flu Season (i.e., vaccination year) and type of vaccination campaign (seasonal, non-seasonal, or both), and click on Continue. Select Both if the vaccination program/campaign and target population for both vaccines are the same. If either the vaccination program/campaign or the target population (e.g., if the non-seasonal influenza campaign targets only HCW with direct patient care) for seasonal and non-seasonal influenza vaccines, then you must complete two separate pre-season surveys to reflect the difference.

The Pre-season Survey includes types of employees eligible to participate in vaccination campaign, cost to the employee, implementation, vaccine promotion strategies and handling of off-site vaccinations/declinations. Complete the 11-question pre-season survey and click the Save button. Please refer to the Pre-season Survey Form to view all 11 questions. Questions 1-7 and 9-10 are required. Question 8, regarding required attendance at formal education programs is conditionally required only if you answered "Yes" to question 7.

After the end of your campaign or at the end of the flu season, you will report what was actually done at your facility using the Post-season Survey on Influenza Vaccination Programs for Healthcare Workers. We'll cover that a little later in this session.

Pre-season Survey on Flu Vaccination Programs for HCW

Pre-Flu Season [Print PDF Form](#)
Facility ID: * Doctors Hospital (ID 10552) Flu Season: * 2009/2010

Date Entered: * 08/07/2009 

1. Which personnel groups do you plan to include in your annual influenza vaccination program:*

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g., physicians, nurses, respiratory therapists)

2. Which of the following types of employees do you plan to include in your annual influenza vaccination program? (check all that apply)*

<input checked="" type="checkbox"/> Full-time employees	Number:	<input type="text" value="400"/>
<input checked="" type="checkbox"/> Part-time employees	Number:	<input type="text" value="23"/>
<input checked="" type="checkbox"/> Contract employees	Number:	<input type="text" value="12"/>
<input type="checkbox"/> Volunteers	Number:	<input type="text"/>
<input checked="" type="checkbox"/> Others, specify <input type="text" value="delivery men"/>	Number:	<input type="text" value="12"/>

11. Vaccine information statement edition date = 

The Pre-season survey will also be used to establish the denominator for influenza vaccination rates among the HCP in your facility. For question 1, please indicate which kinds of HCW you intend to include in your influenza vaccination program. For question 2, please estimate the number of employees by type, who you plan to include in your program. If you have more than one employee type for "Others," please list all of them, separated by commas. Then add together all the "Others" and enter the total number of "Others" employees.

If you intend on using NHSN for federal record-keeping requirements for administration of vaccine covered by the Vaccine Injury Compensation Program, then the edition date of the Vaccine Information Statement will be used. In Question 11, Enter the edition date for the official vaccine information statement (VIS) for the seasonal and non-seasonal influenza vaccines that you will be distributing to your employees at ONSITE vaccinations. VISs can be found on the CDC website at <http://www.cdc.gov/vaccines/pubs/vis/>. Enter the VIS edition date of the primary type of vaccine (e.g., inactivated) that your facility will be using. If the pre-season survey reflects "Both" seasonal and non-seasonal influenza vaccines, then enter the edition dates for both vaccines. This date will be used to auto-fill the HCW vaccination records that are entered for the applicable edition dates. You can edit the date on the vaccination record to reflect a secondary type of vaccine (e.g., live attenuated).

HCW Influenza Vaccination Form

- Healthcare worker demographic data
- Vaccination details
 - ◆ Influenza season
 - ◆ Onsite, Off-site or Declined vaccination
 - ◆ Vaccine product
 - ◆ Adverse reactions to vaccine
 - ◆ Vaccinator

The HCW Influenza Vaccination form collects information on HCW demographics and the details of an individual HCW's influenza vaccination including the influenza season, influenza subtype (i.e., seasonal or non-seasonal) where the vaccine was administered (onsite, off-site, or declined), reasons for declination, vaccine product information, if there were any adverse reactions to the vaccine, and the details of the person administering the vaccine (i.e., the vaccinator). Before we examine this form in more detail, remember that you cannot enter an influenza vaccination record until location and occupation codes have been set-up for your facility. Please refer to *HPS Component: Setting Up a Facility* training session for more details on setting up location and occupation codes.

HCW Influenza Vaccination Form

HCW Demographics

The screenshot shows the CDC NHSN web interface. At the top, it says 'Department of Health and Human Services, Centers for Disease Control and Prevention'. Below that, it indicates the user is logged into Brattleboro Memorial Hospital (ID 10067) as CRAO. The main content area is titled 'Add Vaccination' and contains a form for 'Healthcare Worker Demographics'. The form includes fields for Facility ID (Brattleboro Memorial Hospital), HCV ID (with a 'Find HCV' button), Social Security #, Last Name, Middle Name, Gender, Date of Birth, Work Location, Occupation, Performs direct patient care, and Ethnicity. The ethnicity section has checkboxes for American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, and White. A red arrow points from the text 'Click here' to the 'Add' option in the left navigation menu.

Click here

Add Vaccination

Mandatory fields marked with *

Healthcare Worker Demographics

Facility ID*: Brattleboro Memorial Hospital (ID 10067) Vaccination #: 914

HCV ID#: Find HCV

Social Security #*: Secondary ID:

Last Name: First Name:

Middle Name:

Gender*: Date of Birth*:

Work Location*:

Occupation*:

Performs direct patient care*:

Ethnicity:

Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

When you are ready to add an influenza vaccination record, go to the nav bar and click on Vaccination->Add or Add (Batch) (we'll discuss this distinction shortly). You'll be taken to the top of the Add Vaccination page and where you will enter the required demographic information of the HCW who was either vaccinated or declined influenza vaccine. It may help you to be familiar with the drop down lists on the Web-based form as you are filling out the hard copy data form.

Adding HCW Demographic Data

- Use “Find HCW” to populate the demographic data fields
- Or
- Use HCW ID # to populate the demographic data fields of influenza vaccination form (See training on HPS setting up a facility for importing HCP data.)
- Or
- Enter HCW demographic data “on the fly.”

HCW demographic data needs to be entered before the vaccination details can be entered. If you imported data at set up, you can either use the HCW ID# or use the “Find HCW” function to find an HCW already in the database. Once you find the HCW, the demographic data fields will be automatically populated on the Add Vaccination screen. The *HPS Component: Setting Up a Facility* training describes how to import HCW demographic data.

Demographic data can also be entered “on the fly” when entering a vaccination event or prophylaxis/treatment record if the HCW is not already in the database.

First, we will discuss using the HCW ID#.

Adding HCW Demographics Using “Find HCW” function

The screenshot displays the NHSN 'Add Vaccination' form. At the top, the CDC logo and 'Department of Health and Human Services Centers for Disease Control and Prevention' are visible. The user is logged into Brattleboro Memorial Hospital (ID 10067) as CRAO. The form title is 'Add Vaccination'. A red arrow points to a 'Find HCW' button next to the 'HCW ID #' field, with the text 'Click here' above it. The form includes various fields for demographic information, with mandatory fields marked with an asterisk. The 'Race' section includes checkboxes for American Indian/Alaska Native, Black or African American, White, Asian, and Native Hawaiian/Other Pacific Islander.

**Department of Health and Human Services
Centers for Disease Control and Prevention**

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1) | NHSN Home | My Info

Logged into Brattleboro Memorial Hospital (ID 10067) as CRAO.
Facility Brattleboro Memorial Hospital (ID 10067) is following HCW component.

Add Vaccination

Mandatory fields marked with *

Healthcare Worker Demographics

Facility ID*: Brattleboro Memorial Hospital (ID 10067) Vaccination #: 914

HCW ID#*:

Social Security #*: Secondary ID:

Last Name: First Name:

Middle Name:

Gender*: Date of Birth*:

Work Location*:

Occupation*:

Performs direct patient care*:

Ethnicity:

Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

If the HCW is already in the database and you do not know his/her HCW ID#, you can search for the HCW using the “Find HCW” function.

Adding HCW Demographics Using “Find HCW” function

Department of Health and Human Services
Centers for Disease Control and Prevention

NHCN - National Healthcare Safety Network (ISD-CLFT-NHCN1)

Logged into Brattleboro Memorial Hospital (ID 10067) as CRAO.
Facility Brattleboro Memorial Hospital (ID 10067) is following the HPS component.

Find Healthcare Worker

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID: Brattleboro Memorial Hospital (ID 10067) ▼

HCW ID:

Last Name: Jones

First Name:

SSN:

Secondary ID:

Date of Birth: To

Find Clear Back

Enter known data here

Then, click here

From this page, you can enter as much information as you know about the HCW in order to find someone already in the database. For example, if you search on “Jones,” then all HCW with the last name of Jones will be retrieved.

If you do not enter data into any of the data fields and click “Find,” then all of the HCWs in the database will be retrieved.

Adding HCW Demographics Using “Find HCW” function

View Healthcare Worker

Mandatory fields marked with *

Worker Information

Facility ID*: Brattleboro Memorial Hospital (10067) Social Security #:

HCW ID*: 1454

Secondary ID: Last Name*: Jones First Name*: marge

Middle Name: Address, line 1: Address, line 2: Address, line 3: City: State: Zip Code: Home Phone: Gender*: F - Female E-mail: Date of birth*: 08/08/1980

Born in U.S.: Ethnicity: Race: American Indian/Alaska Native Black or African American Asian Native Hawaiian/Other Pacific Islander White

Employment Information

Work Phone: Start Date: Work Status:

Work Location*: LOC-103 - ALL INPATIENT

CDC Location: All Inpatient Areas (not ICU or SCA)

Department: Supervisor: Occupation*: RNU7 - Nurse

CDC Occupation Code: RNU - Registered Nurse

Title*: RN

Performs direct patient care: (i.e., hands on, face to face contact with patients for the purpose of monitoring)

Custom Fields

TEST1:

Comments

Immune Status

Click here

Since Marge Jones is the only HCW with the last name of Jones, her demographic data will appear in the data fields. Click on “Submit” to bring her demographic data into the vaccination record.

Adding HCW Demographics Using "Find HCW" function

CDC Department of Health and Human Services
Centers for Disease Control and Prevention

NHCN - National Healthcare Safety Network (ISO-CLFT-NHCN1) | NHCN Home | My Info | Contact us | Help | Log Out

Logged into Brattleboro Memorial Hospital (ID 10067) as CRAO.
Facility Brattleboro Memorial Hospital (ID 10067) is following the HPS component.

Healthcare Worker List

First | Previous | [Next](#) | Last Displaying 1 - 10 of 13

Submit	Facility ID	HCW ID	Last Name	First Name	SSN	Date of Birth	Secondary ID
<input type="checkbox"/>	10067	1A				03/15/1995	
<input type="checkbox"/>	10067	12245				07/30/1980	
<input type="checkbox"/>	10067	1454	jones	marge		08/08/1980	
<input type="checkbox"/>	10067	1342	cahen	misty			
<input type="checkbox"/>	10067	1653	rose	jane		03/01/1975	
<input type="checkbox"/>	10067	9478	Winston	Cecily		12/03/1975	
<input type="checkbox"/>	10067	6574				09/16/1958	
<input type="checkbox"/>	10067	2A	Phillips	Jessica	255551001	08/14/1985	
<input type="checkbox"/>	10067	1640	Winfield	Justin		09/15/1978	
<input type="checkbox"/>	10067	VACC123	Wicker	Bradley		08/29/1983	

First | Previous | [Next](#) | Last Displaying 1 - 10 of 13

If there is more than one HCW who fulfills your search criteria, then a list of the HCWs will be retrieved. Select the HCW ID, highlighted in blue, for the HCW you are searching. Their demographic data will be brought into the vaccination record.

Adding HCW Demographics Using HCW ID#

The screenshot shows the NHSN interface for adding a vaccination. The main heading is "Add Vaccination". Below it, the "Healthcare Worker Demographics" section is highlighted. A red arrow points to the "HCW ID #" field with the text "Enter ID# here". The form includes various fields for demographic information, such as Facility ID, Social Security #, Last Name, Middle Name, Gender, Work Location, Occupation, Performs direct patient care, and Ethnicity. There are also checkboxes for Race: American Indian/Alaska Native, Black or African American, White, Asian, and Native Hawaiian/Other Pacific Islander. The form is titled "Add Vaccination" and shows "Vaccination #: 914".

If you know that an HCW Demographic record exists for this HCW, you can use his/her HCW ID# to automatically populate the Healthcare Worker Demographics data fields. Just enter the HCW ID# and move your cursor off the field. The *HPS Component: Setting Up a Facility* training describes how to import HCW demographic data.

If you don't know whether this HCW's demographic record exists, simply enter the ID # and move your cursor off the field. NHSN will search for the record and notify you if it does not exist – see the next slide for this screen shot.

Adding HCW Demographics Using HCW ID#

The screenshot shows the NHSN (National Healthcare Safety Network) interface. At the top, the CDC logo and the text 'Department of Health and Human Services, Centers for Disease Control and Prevention' are visible. Below this, the user is logged into Mount Sinai Medical Center (ID 10127) as TCH. The main heading is 'Add Vaccination'. A left-hand navigation menu includes options like 'Reporting Plan', 'HCW', 'Vaccination', 'Lab Test', 'Exposure', 'Prophy/Treat', 'Analysis', 'Surveys', 'Users', 'Facility', 'Group', and 'Log Out'. The 'Vaccination' section is active, showing 'Add', 'Add (Batch)', and 'Find' options. The form fields include 'Healthcare Worker' information: Facility ID, HCW ID, Social Security, Last Name, Middle Name, Gender, Date of Birth, Work Location, Occupation, Performs direct patient care, and Ethnicity. There are also checkboxes for 'Race' (American Indian/Alaska Native, Asian). A 'Print PDF Form' link is present. A yellow error message box from Windows Internet Explorer is overlaid on the form, stating: 'Could not find HCW. You can directly enter a new HCW from this screen or Click "Add HCW" to enter a new HCW with additional fields.' The error box has an 'OK' button.

If the HCW demographic record doesn't exist, the pop-up message will notify you and instruct you either to enter the data "on the fly" either directly from this screen or by clicking on the "Add HCW" button to enter a new HCW record with additional fields, such as address and employment information.

Adding HCW Demographics “on the fly”

The screenshot shows the 'Add Vaccination' form in the NHSN system. The form is titled 'Add Vaccination' and is part of the 'Reporting Plan' section. The user is logged into Mount Sinai Medical Center (ID 10127) as TCH. The form includes a sidebar with navigation options: NHSN Home, Reporting Plan, HCW, Vaccination (Add, Add (Batch), Find), Lab Test, Exposure, Propyl/Treat, Analysis, Surveys, Users, Facility, Group, and Log Out. The main form area is titled 'Add Vaccination' and contains the following fields: Facility ID* (Mount Sinai Medical Center (ID 10127)), Vaccination # (986), HCW ID# (456567), Find HCW button, Add HCW button (circled in red), Social Security #, Secondary ID, Last Name, First Name, Middle Name, Gender*, Date of Birth* (with a calendar icon), Work Location*, Occupation*, Performs direct patient care* (dropdown), and Ethnicity. Below the Ethnicity field, there are checkboxes for Race: American Indian/Alaska Native, Asian, Black or African American, and Native Hawaiian/Other Pacific Islander. A 'Print PDF Form' link is located in the top right corner of the form area.

If you did not import HCW demographic data, or the HCW’s demographic data are not already in your database, then you can enter the data “on the fly.”

HCW demographic data can be added directly via the “Add Vaccination” screen by entering the data into the fields. The six required fields are marked with a red asterisk*. If you indicate that the HCW’s occupation is a physician/fellow/resident/surgeon, then a new “Clinical specialty” field will appear and must be completed (i.e., it is a conditionally required field). Note that work location and occupation codes must be set up before adding HCW demographics. Please see the *HPS Component: Setting Up a Facility* training for instructions on setting up work locations and occupations for your facility. Finally, name, social security number, secondary ID and Ethnicity/Race are all optional fields; they are never required.

If you prefer to enter a full HCW demographic record, you may do so by clicking on the HCW Add button that will pop up once you enter the HCW ID#. Once you enter the data and save it, you will be returned to this Add Vaccination screen, which will display the demographic data you just entered.

HCW Influenza Vaccination Form

Vaccination Details

Vaccination

Type of vaccination*: Influenza

Influenza subtype*: SEASONAL - Seasonal

Season*: NONSEASONAL - Non-seasonal

Do you plan to use this information for record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program?: N - No

Vaccine administered*: Y - Yes

Date of vaccination*: N - No

ONSITE - At this facility
OFFSITE - Not at this facility
DECLINEMED - Declined due to medical contraindications
DECLINEPER - Declined due to personal reasons

Next you'll enter the details of the vaccination. Select the Influenza subtype that this vaccination record represents (i.e., seasonal or non-seasonal influenza). If the facility plans to use NHSN to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program, select "Yes." Specific data elements regarding vaccinator data and vaccine information statement edition dates will be required.

Different data elements will be required depending upon where the vaccine was administered (Onsite, Offsite or Declined). You can use either single entry or batch entry modes.

Vaccination Details Single versus Batch Data Entry

- Single entry: Every data field manually entered for each HCW vaccination record
- Batch entry: Some data fields in vaccination details carried over from one vaccination record to the next
 - ◆ Only data from the immediate prior record during a given data entry session are carried over
 - ◆ Different data fields carried over for declined, offsite, and onsite vaccinations

For the vaccination details, you can enter the data for each HCW one at a time (single entry mode) or in groupings (batch entry mode). In batch entry mode, only the HCW demographics change from one influenza vaccination record to the next.

For example, if only one vaccine product was administered for all HCWs in your facility, then you would only have to enter the vaccine product once in batch entry mode. The vaccine product entry would carry over into subsequent HCW vaccination records in batch entry mode. In single entry mode, you would have to re-enter the vaccine product for each HCW.

Only data from the entry immediately prior will be carried over. In addition, different data fields are carried forward for declination, offsite, and onsite vaccinations. We'll look at each of these situations in more detail after reviewing some general features of Batch mode.

Vaccination Details

Single versus Batch data entry

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISD-CLPT-NHSN1)

Logged into Brattleboro Memorial Hospital (ID 10067) as CRAO.
Facility Brattleboro Memorial Hospital (ID 10067) is following HCW component.

Add Vaccination

Mandatory fields marked with *

Healthcare Worker Demographics

Facility ID*: Brattleboro Memorial Hospital (ID 10067) Vaccination #: 914

HCW ID#*: Find HCW

Social Security #: Secondary ID:

Last Name: First Name:

In Batch Mode only

Last 10 records added

HCW ID#	Vaccination	Administered	Date
1001	FLU	ONSITE	01/18/2007
1002	FLU	ONSITE	01/18/2007
1005	FLU	OFFSITE	01/09/2007
1006	FLU	DECLINED	
1003	FLU	DECLINED	
1004	FLU	ONSITE	01/29/2007

The screen will look identical whether you select either “Add” or “Add (Batch)” mode. The only difference will be at the bottom of the screen where in Batch mode, you will be able to see the last 10 records added for this data entry session. Remember that in Batch mode, data from the record entered immediately prior will be carried forward. For example, no data were carried forward between HCW ID#1003 (Declined vaccination) and ID#1004 (Onsite vaccination) since the HCW who declined vaccination would not have vaccination details to carry forward (e.g., vaccine product, adverse reaction to vaccine).

We recommend that if you decide to enter data by batch, that you enter all of the declinations together and all of the onsite vaccinations together to maximize the usefulness of Batch mode. We do **not** recommend entering offsite vaccinations using Batch mode (more about this when we get to offsite vaccinations).

Having an advance plan to group all the paper forms together will greatly facilitate the data entry task. For example, for onsite vaccinations, you could have the vaccinators sort the forms for different vaccine products as they are administering the different vaccines. That way, you could enter all the HCWs that received a particular vaccine product, from a particular lot on a particular day (e.g., the data that can be carried forward), more efficiently in the Batch mode.

Vaccination Details Declination

Vaccination

Type of vaccination*: Influenza

Influenza subtype*: NONSEASONAL - Non-seasonal

Season*: 2008/2009

Do you plan to use this information to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program*? N - No

Vaccine administered*:

Date of vaccination*:

ONSITE - At this facility
OFFSITE - Not at this facility
DECLINEMED - Declined due to medical contraindications
DECLINEPER - Declined due to personal reasons

Select DECLINEMED or DECLINEPER

Vaccine administered*: DECLINEPER - Declined due to personal reasons

Reasons for declining (check all that apply)

- Fear of needles/injections
- Fear of side effects
- Perceived ineffectiveness of vaccine
- Religious or philosophical objections
- Concern for transmitting vaccine virus to contacts
- Other (specify):

If the HCW declined vaccination, you need to select “DECLINEMED” if the HCW declined vaccination due to medical contraindications for the “Vaccine Administered” field. If the HCW declined due to personal reasons, select “DECLINEPER” and a list of reasons will pop up; check all reasons that apply. At least one reason must be selected. No other vaccination details data can be entered for this HCW if “Declined” is selected.

Click the Save button to save this flu vaccination record.

If you are entering declinations in Batch entry mode, the “Type of vaccination” and the “Season” will be auto-filled from the previous record. You will need to fill in the HCW demographic information and the “Reasons for declining” for this new HCW vaccination record. Then click the Save button.

Vaccination Details

Offsite Vaccination

Vaccination			
Type of vaccination*:	Influenza		
Influenza subtype*:	SEASONAL - Seasonal		
Season*:	2008/2009		
Do you plan to use this information to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program*?			
N - No			
Vaccine administered*:	OFFSITE - Not at this facility		
Date of vaccination*:	01/01/2009		
<hr/>			
Details			
Product:		Manufacturer:	
Lot number:			
Type of influenza vaccine:			
Route of administration:		Adverse reaction to vaccine:	
Vaccine information statement provided to the vaccinee?:			
<input type="radio"/> Live, Attenuated Influenza Vaccine Information Statement			
<input type="radio"/> Inactivated Influenza Vaccine Information Statement			
<input type="radio"/> Unknown Vaccine Information Statement			
Edition Date:	09/01/2008		

If the vaccination was administered offsite, the only required fields are: 1) the influenza season (i.e., vaccination year), 2) the influenza sub-type, 3) that the vaccine was administered offsite, and 4) the date that the vaccine was administered. The date of vaccination is required and must be within certain dates for a specific season. For example, vaccination date must be between 9/1/2008 – 8/31/2009 for the 2008/2009 season. The software will warn you if the dates entered are not within the acceptable range. The type of vaccination (i.e., Influenza) is pre-filled.

When the vaccination was administered offsite, the details, such as product, lot number, etc., are optional. You may enter as much of the remaining vaccination details as you like.

We recommend that you use Single Entry mode rather than Batch mode for entering offsite vaccination records since many details will differ from HCW to HCW.

Vaccination Details

Onsite Vaccination

Vaccination

Type of vaccination*: Influenza
Influenza subtype*: NONSEASONAL - Non-seasonal
Season*: 2008/2009
Do you plan to use this information to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program*? N - No
Vaccine administered*: ONSITE - At this facility
Date of vaccination*: 01/01/2009

Details

Product*:
Lot number*:
Type of influenza vaccine*:
Route of administration*:
Adverse reaction to vaccine*:
Vaccine information statement provided to the vaccinee?:
 Live, Attenuated Influenza Vaccine Information Statement
 Inactivated Influenza Vaccine Information Statement
Edition Date*: 09/01/2008

Person Administering Vaccine

Vaccinators: Select a Vaccinator or add a new one below...
Vaccinator ID: Find HCW (This is the HCW ID # for the vaccinator)
Last Name: First Name:
Middle Name:
Title:

If the vaccine was administered at your facility (i.e., ONSITE) then the vaccination details are required. The required data fields are indicated with a red asterisk. For the Vaccination section, select the flu season, then select "ONSITE – At this facility" and enter Date of vaccination. As before, the date of vaccination must be within certain dates for a specific season. For example, vaccination date must be between 9/1/2008 – 8/31/2009 for the 2008/2009 season.

If you select "Y-Yes" for using NSHN for federal record-keeping requirements, then details on the "Person Administering Vaccine" (i.e., the vaccinator) will be required. This will be addressed later in the training.

Many of the data elements will be auto-entered by the application once a product is selected.

Vaccination Details Onsite Vaccination

Details

Product*: Manufacturer:

Lot number*:

Type of influenza vaccine*:

Route of administration*:

Vaccine information statement provided to the vaccinee?*:
 Live, Attenuated Influenza Vaccine Information Statement
 Inactivated Influenza Vaccine Information Statement

Adverse reaction to vaccine*:

Edition Date*:

Selecting "Product" auto-fills most data fields

Details

Product*: Manufacturer:

Lot number*:

Type of influenza vaccine*:

Route of administration*:

Vaccine information statement provided to the vaccinee?*:
 Live, Attenuated Influenza Vaccine Information Statement
 Inactivated Influenza Vaccine Information Statement

Adverse reaction to vaccine*:

Edition Date*:

For the Details section of the screen, select the vaccine product that was administered from the dropdown list. The Manufacturer, Type of influenza vaccine, Route of administration, and Vaccine information statement type provided to the vaccinee, and Edition date of the vaccine information statement will be filled automatically. If the vaccine is not listed (for example, for a non-seasonal influenza vaccine), select "OTHER" and specify the product name and manufacturer. You must manually enter the Lot number of the vaccine and whether there was an Adverse reaction to vaccine (see next slide). If you do not know whether there was an adverse reaction, select "D - Don't know."

Even though the edition date of the vaccine information statement is auto-filled based on your answer to question 11 on the Pre-season Survey, you may override the date.

Vaccination Details

Onsite Vaccination

Details

Product*: AFLUR - Alluria®
Lot number*: 11111
Manufacturer: CSL - CSL Biotherapies

Type of influenza vaccine*: INA - Inactivated vaccine (injectable)
Route of administration*: MUSC - Intramuscular
Adverse reaction to vaccine*: Y - Yes

Adverse reaction to vaccine (check all that apply)

<input type="checkbox"/> ARTHRALG - Arthralgia	<input type="checkbox"/> CHILLS - Chills
<input type="checkbox"/> COUGH - Cough	<input type="checkbox"/> FEVER - Fever
<input type="checkbox"/> HEADACHE - Headache	<input type="checkbox"/> HIVES - Hives
<input type="checkbox"/> MALAISE - Malaise/fatigue	<input type="checkbox"/> MYALGIA - Myalgia
<input type="checkbox"/> CONGEST - Nasal congestion	<input type="checkbox"/> PAIN - Pain/soreness
<input type="checkbox"/> RASHGEN - Rash, generalized	<input type="checkbox"/> RASHLOC - Rash, localized
<input type="checkbox"/> RHINO - Rhinorrhea	<input type="checkbox"/> BREATH - Shortness of breath/difficulty breathing
<input type="checkbox"/> THROAT - Sore throat	<input type="checkbox"/> SWELLING - Swelling
<input type="checkbox"/> OTHER - Other adverse reaction	

Vaccine information statement provided to the vaccinee?*:
 Live, Attenuated Influenza Vaccine Information Statement
 Inactivated Influenza Vaccine Information Statement

Edition Date*: 03/07/2006

If there was an adverse reaction to the vaccine select “Y – Yes” from the dropdown menu. Check all adverse reactions; at least one adverse reaction must be selected.

Vaccinator Onsite Vaccination

Person Administering Vaccine

Vaccinators: Select a Vaccinator or add a new one below...
Vaccinator ID*: Select a Vaccinator or add a new one below...
Last Name*: 1454 - jones, marge
Middle Name: 1342 - cahen, misty
Title*: VACC123 - Wicker, Bradley
1234 - brown, james
1001 - Mouse, Minnie

HCW ID # for the vaccinator)
[]

Work address: []
City: []
State: [] Zip code: []

If Marge Jones selected...

Person Administering Vaccine

Vaccinators: Select a Vaccinator or add a new one below...
Vaccinator ID*: 1454 Find HCW (This is the HCW ID # for the vaccinator)
Last Name*: jones First Name*: marge
Middle Name: []
Title*: RN
Work address: 17 Belmont Avenue
City: BRATTLEBORO
State: VT Zip code: 05301

...then her details will auto-populate the fields.

If the vaccine was administered onsite and you selected “Y-Yes” to the question regarding using NHSN to satisfy federal record-keeping requirements for vaccine administration, then information on the vaccinator must also be entered into NHSN. If the person administering the vaccine has been previously entered as a vaccinator, then his/her name will be listed in the “Vaccinators” drop down menu. When you select a vaccinator from the drop down list, the rest of the vaccinator data will be automatically filled.

Vaccinator Onsite Vaccination

Person Administering Vaccine

Vaccinators:

Vaccinator ID*: (This is the HCW ID # for the vaccinator)

Last Name*: First Name*:

Middle Name:

Title*:

Work address:

City:

State: Zip code:

If the vaccinator does not appear in the drop down menu but is already in the NHSN database, then you can search for him/her.

If you know the HCW ID# for the vaccinator (i.e., the Vaccinator ID#), you can just enter the number into the "Vaccinator ID" field. All of the other fields (i.e., Last Name, First Name, Title and work address) will be automatically filled once the HCW ID# for the vaccinator is found.

If you know the name but not the HCW ID# for the vaccinator, then you can click on "Find HCW" to search for the vaccinator. When you find and "Submit" the HCW, you will return to the vaccination details webpage and all of the vaccinator data fields will be automatically filled.

If the vaccinator is not in the NHSN database, then you can enter her/his information directly on this webpage. Enter the Vaccinator ID (i.e., the HCW ID#), the name, and the title of the vaccinator. NHSN assumes that the vaccinator is a healthcare worker at the facility and will automatically fill the work address (i.e., the facility address).

Vaccination Details

Onsite Vaccination – Batch Mode

Vaccination

Type of vaccination*: Influenza

Influenza subtype*: SEASONAL - Seasonal

Season*: 2008/2009

Do you plan to use this information to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program*? N - No

Vaccine administered*: ONSITE - At this facility

Date of vaccination*: 01/01/2009

Details

Product*: AFLUR - AfluriaA®

Manufacturer: CSL - CSL Biotherapies

Lot number*: 1111

Type of influenza vaccine*: INA - Inactivated vaccine (injectable)

Route of administration*: MUSC - Intramuscular

Adverse reaction to vaccine*: N - No

↓ At bottom of screen

Last 10 records added

HCW ID#	Vaccination	Administered	Date
123987	FLU	ONSITE	10/15/2008
876987	FLU	ONSITE	10/15/2008
768098	FLU	ONSITE	10/15/2008

For Batch entry for Onsite vaccinations, data in the Vaccination and Details sections will be filled from the previous ONSITE record. As before, you will need to enter the HCW demographics for each HCW.

While the Batch mode should help save time during data entry, you should be aware that some information may need to be edited from record to record even if the vaccination administration details do not change. For example, "Adverse reaction to vaccine" is a data field that may change from one vaccinee to the next. In addition, data fields do not default back to a specific answer. For example, if you enter "Don't know" for Adverse reaction to vaccine, "Don't know" will also be auto-filled for the subsequent vaccination record. Therefore, as stated earlier, to minimize data entry errors while using Batch mode, it is best to organize the forms in advance. For example, it would be wise to group all records for onsite vaccinations without adverse reactions given by a certain vaccinator using a specific lot number of the product on a particular date.

Finally, once all required data have been entered using either mode, you must save the record by clicking the Save button at the bottom of the screen. Note again that you can tell you are in Batch mode because there will be a list of the last 10 records added at the bottom of the screen.

Vaccination Details

Editing Previous Entries

The screenshot shows the NHSN interface for finding vaccination records. On the left is a navigation menu with options: NHSN Home, Reporting Plan, HCW, Vaccination (with sub-options Add, Add (Batch), and Find), Lab Test, Exposure, Prophy/Treat, Analysis, Surveys, Users, Facility, Group, and Log Out. The 'Find' option under 'Vaccination' is highlighted with a red arrow and the text 'Click here'. The main content area is titled 'Find Vaccination' and includes a list of instructions: 'Enter search criteria and click Find', 'Fewer criteria will return a broader result set', and 'More criteria will return a narrower result set'. Below this is a form with two sections: 'Vaccination Information' and 'HCW Information'. The 'Vaccination Information' section contains fields for Facility ID (pre-filled with 'Brattleboro Memorial Hospital (ID 10067)'), Vaccination ID, Vaccination Type (pre-filled with 'FLU - Influenza'), and Date of Vaccination (with 'From' and 'To' date pickers). The 'HCW Information' section contains fields for HCW ID, Last Name, First Name, Social Security #, Secondary ID, and Occupation. A red bracket on the right side of the form is labeled 'Enter known data here'. At the bottom of the form are three buttons: 'Find' (circled in red), 'Clear', and 'Back'.

If you have to add an adverse reaction to the vaccine or edit a previously saved vaccination record for any other reason (including deleting the record), you can search for the record. Select Vaccination→Find and enter your search criteria. Click on “Find” at the bottom of the screen to retrieve the vaccination record.

Post-season Survey

As mentioned earlier, once your flu vaccination campaign has ended, you will need to complete the Post-season Survey.

Post-season Survey on Flu Vaccination Programs for HCP

The screenshot shows the NHSN web application interface. At the top, there is a blue header with the text "Post-season Survey on Flu Vaccination Programs for HCP" in yellow. Below this is the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". The main content area has a title "Add Survey on Influenza Vaccination Programs for Healthcare Workers". On the left, there is a navigation menu with categories like "Reporting Plan", "HCW", "Vaccination", "Lab Test", "Exposure", "Prophy/Treat", "Surveys", "Facility", "Pre-Flu", "Post-Flu", "Users", "Facility", "Group", and "Log Out". The "Post-Flu" category is expanded, showing "Add" and "Find" options. A red arrow points from the "Add" option to the "Add Survey" button on the main page. The main page also has a "Post-Flu Season" section with a "Facility ID" dropdown set to "Doctors Hospital (ID 10552)", a "Flu Season" dropdown, and a "Vaccination campaign for:" dropdown set to "Non-seasonal Seasonal Both". There are "Continue" and "Back" buttons, with the "Continue" button circled in red. A red arrow points from the text "Click here" to the circled "Continue" button.

From the nav bar, click on Survey→Post-Flu→Add. Enter the Flu Season (i.e., vaccination year) and click on Continue. Complete the 10-question post-season survey (see next slide) and click the Save button.

Post-season Survey on Flu Vaccination Programs for HCP

Post-Flu Season [Print PDF Form](#)

Facility ID: * Doctors Hospital (ID 10552) Flu Season: * 2008/2009

Date Entered: * 07/01/2009

1. Which of the following personnel groups did you include in your annual influenza vaccination program this past season: *

- All personnel who worked in the facility
- All personnel who worked in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g., physicians, nurses, respiratory therapists)

2. Which of the following types of employees did you include in your influenza vaccination program this season? (check all that apply) *

<input checked="" type="checkbox"/> Full-time employees	Number: <input type="text" value="300"/>
<input checked="" type="checkbox"/> Part-time employees	Number: <input type="text" value="200"/>
<input checked="" type="checkbox"/> Contract employees	Number: <input type="text" value="100"/>
<input checked="" type="checkbox"/> Volunteers	Number: <input type="text" value="100"/>
<input checked="" type="checkbox"/> Others, specify <input type="text" value="Delivery men, Candy Strippers"/>	Number: <input type="text" value="50"/>

This form is used to report what your facility did for its influenza vaccination campaign. The first 10 questions from the Pre-season Survey are included in the Post-season Survey, except they are posed in the past tense.

This form captures the difference between what your facility intended to do versus what your facility actually did by the end of the season. For example, perhaps your facility intended to conduct formal education programs but since vaccination uptake was high, your facility decided that it did not need a formal education program. This change in influenza campaign will be captured by this post-season survey. In addition, if your target population changed over the course of the vaccination program/campaign, you can indicate the change in Question 2. For example, if you intended to include volunteers in your Pre-season survey but then decided not to, you can unselect "Volunteers" in the Post-season Survey. Remember that this is the denominator data that will be used to calculate vaccination coverage rates.

HCW Antiviral Prophylaxis and Treatment

For both the modules, Influenza Vaccination with Exposure Management and for the Influenza Exposure Management Only, you can record information for HCP who receive antiviral medications as prophylaxis against and/or treatment for influenza and any serious adverse reactions associated with taking antiviral medications. The HCW Prophylaxis/Treatment form is provided for this purpose.

HCW Prophylaxis/Treatment

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1) | NHSN Home | My Info | Contact us | Help

Logged into Doctors Hospital (ID 10552) as CAROL.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Prophylaxis/Treatment

Mandatory fields marked with *
Conditionally required fields marked with ^

Healthcare Worker Demographics

Facility ID*: Doctors Hospital (ID 10552) | Med Admin ID #: 979

HCW ID#: | Find HCW

Social Security #: | Secondary ID:

Last Name: | First Name:

Middle Name:

Gender*: | Date of Birth*: [Date]

Work Location*: | Occupation*:

Performs direct patient care*:

Information about the Antiviral Medication

Infectious agent*: | Season*:

Select FLU – Influenza

Select vaccination year

If an HCW received prophylaxis to prevent influenza infection or treatment for influenza infection, then you can complete an HCW Prophylaxis/Treatment form for her/him. This is a screen shot of that form, which can be accessed from the nav bar by clicking on Prophy/Treat → Add. Select 'FLU-Influenza' as the infectious agent from the drop down list. Select Season (i.e., vaccination year).

Enter the HCW ID#. If the HCW is already in NHSN, then the red asterisk fields (i.e., Gender, Date of Birth, Work Location, Occupation) will automatically populate. If you have not already entered the value for Performs direct patient care, please enter it here. If the HCW is not already in NHSN, then you can enter the red asterisk fields "on the fly" as we've shown you previously.

HCW Prophylaxis/Treatment

The screenshot shows a web application interface for recording HCW prophylaxis or treatment. The interface is divided into two main sections. The top section shows a single row of data with dropdown menus for 'Indication', 'Influenza Subtype', 'Antiviral Medication', and 'Adverse reaction'. The 'Infectious agent' is set to 'FLU - Influenza' and the 'Season' is '2008/2009'. The 'Start Date' is '01/05/2009'. A yellow arrow points from this row to the bottom section. The bottom section shows a table with three rows. The first row has 'Prophylaxis' as the indication, 'Seasonal' as the subtype, 'AMAN - Amantadine' as the medication, and '01/05/2009' as the start date. The second row has 'Treatment' as the indication, 'Non-seasonal' as the subtype, 'OSELT - Oseltamivir' as the medication, and '04/30/2009' as the start date. The third row is empty. A red arrow points to a 'Start a new medication' button at the bottom left of the table.

Indication*	Influenza Subtype*	Antiviral Medication*	Start Date*	Stop Date^	Adverse reaction*
Prophylaxis	Seasonal	AMAN - Amantadine	01/05/2009		D - Don't know
Treatment	Non-seasonal	OSELT - Oseltamivir	04/30/2009		

Select the Season (i.e., vaccination year) from the drop down list and select the reason why the HCW is receiving antiviral medication (i.e., Indication). You can choose either “Prophylaxis” or “Treatment” as the Indication.

Using the dropdown list, then select the Influenza Subtype for which the HCW is receiving antiviral medication. If the causative agent is unknown, select “Unknown.”

Using the dropdown lists, select the antiviral medication.

Enter the Start and Stop dates of the medication. Since medications are being recorded by influenza season, the Start date must be within certain dates for that specific season. For example, Start date must be between 9/1/2008 – 8/31/2009 for the 2008/2009 season. In addition, there must be a Monthly Reporting Plan for the month/year of the Start date. There are no date limitations on the Stop Date.

For Adverse reaction, select “No” from the drop down list if there was no known reaction to the antiviral medication or “Don’t know” if you do not know.

If more than one antiviral medication was administered for prophylaxis and treatment in response to that specific influenza season, you can click on “Start a new medication” to add more records. You can enter up to 10 antiviral medication starts for a single HCW in a single season (i.e., 9/1/2008-8/31/2009). You can also delete medication row by clicking on the trashcan on the left of “Indication”. When you save the record, the medication rows with all empty fields will be deleted. In this example, only the first two medications would be saved since row 3 is empty.

HCW Prophylaxis/Treatment

Indication*	Influenza Subtype*	Antiviral Medication*	Start Date*	Stop Date^	Adverse reaction*
Prophylaxis	Seasonal	AMAN - Amantadine	01/05/2009		Y - Yes
Adverse Reaction (check all that apply)					
<input type="checkbox"/> RESPFAIL - Acute respiratory failure	<input type="checkbox"/> ANAPHYL - Anaphylactic reactions				
<input type="checkbox"/> ARRHYTH - Arrhythmia	<input type="checkbox"/> BEHAVIOR - Behavior disturbances				
<input type="checkbox"/> BRONCHO - Bronchospasm	<input type="checkbox"/> CARDARREST - Cardiac arrest				
<input type="checkbox"/> CARDFAIL - Cardiac failure	<input type="checkbox"/> COMA - Coma				
<input type="checkbox"/> CONVULS - Convulsions; seizure	<input type="checkbox"/> DELIRIUM - Delirium, delusions, stupor				
<input type="checkbox"/> ERYMULTI - Erythema multiforme	<input type="checkbox"/> HEMORRHAG - Hemorrhagic colitis				
<input type="checkbox"/> HEPATITIS - Hepatitis	<input type="checkbox"/> HYPOTENS - Hypotension; orthostatic hypotension				
<input type="checkbox"/> LEUKONEUTRO - Leukopenia; neutropenia	<input type="checkbox"/> OVERDOSE - Life-threatening overdose				
<input type="checkbox"/> LIVER - Liver function test elevation	<input type="checkbox"/> MYDRIASIS - Mydriasis (in patients with untreated angle closure glaucoma)				
<input type="checkbox"/> NEUROMALIG - Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction	<input type="checkbox"/> OROPHARYNG - Oropharyngeal edema				
<input type="checkbox"/> PSYCHOSIS - Psychosis	<input type="checkbox"/> PULMEDEMA - Pulmonary edema				
<input type="checkbox"/> RASHSKIN - Serious skin rash	<input type="checkbox"/> SUICIDE - Suicide or self-harm attempt				
<input type="checkbox"/> SWELLFACE - Swelling of face or tongue	<input type="checkbox"/> SYNCOPES - Syncope				
<input type="checkbox"/> TACHYCARDIA - Tachycardia	<input type="checkbox"/> TEN - Toxic epidermal necrolysis; Stevens Johnson Syndrome				
<input type="checkbox"/> URINARY - Urinary retention	<input type="checkbox"/> OTHER - Other adverse reaction				

If there was a severe adverse reaction to the antiviral medication, select 'Y – Yes' from the drop down list. A list of serious adverse reactions to antiviral medications will pop up. Check all of the reactions attributed to that specific antiviral medication that were reported by the HCW.

Analysis*

- Line listings
- Frequency tables and charts
- Rate tables and charts
- Customizable outputs
- Export data for more sophisticated analyses of facility data

*Coming soon

Finally, as you enter your flu vaccination records, you'll want to periodically analyze your data. By analyzing your data on vaccine uptake by work location and/or occupation several times during the season, you'll be able to target low uptake areas or groups with more educational efforts or incentives to help boost vaccination rates.

Some of standard analyses that you will be able to perform with the HCP influenza vaccination data include the following:

Line listings

Frequency tables and charts

Rate tables and charts

Customizable outputs

Export data for more sophisticated analyses of facility data

For more information....

- NHSN website: <http://www.cdc.gov/nhsn/hps.html>
- Healthcare Personnel Safety Component
 - ◆ Manual/Protocol
 - ◆ Tables of instruction for completing all forms
 - ◆ Printable NHSN data collection forms
 - ◆ Key terms
- NHSN
 - ◆ Purposes, data collection requirements and assurance of confidentiality
 - ◆ Facility enrollment

For more information about these topics, please visit the NHSN Website.



Thank you.



The National Healthcare Safety Network (NHSN) Manual

HEALTHCARE PERSONNEL SAFETY COMPONENT PROTOCOL

Division of Healthcare Quality Promotion
National Center for Preparedness, Detection,
and Control of Infectious Diseases
Atlanta, GA, USA



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Introduction to Healthcare Personnel Safety Component of NHSN

In recent years, occupational hazards faced by healthcare personnel (HCP) in the United States have received increasing attention. Although recommendations, guidelines, and regulations to minimize HCP exposure to such hazards have been developed, additional information is needed to improve HCP safety. In particular, existing surveillance systems are often inadequate to describe the scope and magnitude of occupational exposures to infectious agents and non-infectious occupational hazards that HCP experience, the outcomes of these exposures and injuries, and the impact of preventive measures. The lack of ongoing surveillance of occupational exposures, injuries, and infections in a national network of healthcare facilities using standardized methodology also compromises the ability of the Centers for Disease Prevention and Control (CDC) and other public health agencies to identify emerging problems, to monitor trends, and to evaluate preventive measures.

CDC developed a surveillance system, NaSH or the National Surveillance System for Health Care Workers, that focused on surveillance of exposures and infections among HCP. Operational from 1995 through 2007, NaSH has been replaced by the Healthcare Personnel Safety Component (HPS) of the National Healthcare Safety Network (NHSN). The component consists of four modules: Blood/Body Fluids Exposure with Exposure Management, Blood/Body Fluids Exposure only, Influenza Exposure Management, and Influenza Vaccination with (or without) Exposure Management. Additional modules are anticipated in the future. Data collected in this surveillance system will assist healthcare facilities, HCP organizations, and public health agencies to monitor and report trends in blood/body fluid exposures, to assess the impact of preventive measures, to characterize antiviral medication use for exposures to influenza and to monitor influenza vaccination rates among HCP. In addition, this surveillance component will allow CDC to monitor national trends, to identify newly emerging hazards for HCP, to assess the risk of occupational infection, and to evaluate measures, including engineering controls, work practices, protective equipment, and postexposure prophylaxis designed to prevent occupationally-acquired infections. Hospitals and other healthcare facilities participating in this system will benefit by receiving technical support and standardized methodologies, including a Web-based application, for conducting surveillance activities on occupational health. The NHSN reporting application will enable participating facilities to analyze their own data and compare these data with a national database.



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Healthcare Personnel Safety Reporting Plan

The *Healthcare Personnel Safety Reporting Plan Form* (CDC 57.203) is used by NHSN facilities to inform CDC which healthcare personnel safety modules are used during a given month. This allows CDC to select the data that should be included into the aggregate data pool for analysis. Each participating facility is to enter a monthly Plan to indicate the module to be used, if any, and the exposures and/or vaccinations that will be monitored.

A plan must be completed for every month that data are entered into NHSN, although a facility may choose “No NHSN Healthcare Personnel Safety Modules Followed this Month” as an option. The *Instructions for Completion of Healthcare Personnel Safety Reporting Plan Form* includes brief instructions for collection and entry of each data element on the form. A minimum of 6 months of data collection for at least one module is required during each calendar year to remain an active participant in NHSN.



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Blood/Body Fluid Exposure Module

Introduction: Transmission of bloodborne pathogens [e.g., Hepatitis B virus (HBV), Hepatitis C virus (HCV), Human Immunodeficiency Virus (HIV)] from patients to healthcare worker (HCW) is an important occupational hazard faced by HCP. The risk of bloodborne pathogen transmission following occupational exposure depends on a variety of factors that include source patient factors (e.g., titer of virus in the source patient's blood/body fluid), the type of injury and quantity of blood/body fluid transferred to the HCW during the exposure, and the HCW's immune status. The greatest risk of infection transmission is through percutaneous exposure to infected blood. Nevertheless, transmission of HBV, HCV, or HIV after mucous membrane or non-intact skin exposure to blood has also been reported; the risk of transmission of these pathogens through mucocutaneous exposure is considered lower than the risk associated with a percutaneous exposure.

An estimated 385,000 percutaneous injuries (i.e., needlesticks, cuts, punctures and other injuries with sharp objects) occur in U.S. hospitals each year. Prevention of occupational transmission of bloodborne pathogens requires a diversified approach to reduce blood contact and percutaneous injuries including improved engineering controls (e.g., safer medical devices), work practices (e.g., technique changes to reduce handling of sharps), and the use of personal protective equipment (e.g., impervious materials for barrier precautions). Since 1991, when the U.S. Occupational Safety and Health Administration (OSHA) first issued its Bloodborne Pathogens Standard, the focus of regulatory and legislative activity has been on implementing a hierarchy of control measures. The federal Needlestick Safety and Prevention Act signed into law in November 2000 authorized OSHA's revision of its Bloodborne Pathogens Standard to more explicitly require the use of safety-engineered sharp devices.

(www.osha.gov/SLTC/bloodbornepathogens/index.html). Other strategies to prevent infection include hepatitis B immunization and postexposure prophylaxis for HIV and HBV. Strategies for prevention of percutaneous injuries are addressed in CDC's Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program at <http://www.cdc.gov/sharpsafety/index.html>.

Facilities are not required to collect data for exposures that involve intact skin or exposures to body fluids that do not carry a risk of bloodborne pathogen transmission (e.g., feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus) unless these are visibly contaminated with blood. However, facilities that routinely collect data on such exposures may enter this information into the system.

(i) Methodology



Occupational exposures to blood and body fluids in healthcare settings have the potential to transmit HBV, HCV, or HIV. Use of the Blood/Body Fluid Exposure Module permits a healthcare facility to record information about the exposure and its management. This module can be used in any healthcare setting where there is potential for occupational exposure to blood and body fluids among HCP. This module requires that data be entered into NHSN when exposures occur, as indicated in the *Healthcare Personnel Safety Reporting Plan (CDC 57.203)*. In general, these data may be provided by the occupational health department in the facility or may be provided by the infection control/epidemiology department, as appropriate. NHSN forms should be used to collect all required data, using the definitions of each data field.

Blood/Body Fluid Exposure with or without Exposure Management

A facility may choose to report exposure events alone or exposure events and subsequent management and follow-up of each event, including administration of postexposure prophylaxis (PEP) to the HCW and any laboratory test results collected as part of exposure management.

Settings: Any healthcare setting with the potential for occupational exposure to blood and body fluids.

Requirements: Blood and body fluid exposures are to be reported during the calendar year. Actively participating NHSN sites will be required to submit blood/body fluid exposure data for a minimum of 6 months per calendar year.

Definitions:

- **Bite:** A human bite sustained by an HCW from a patient, other HCW, or visitor.
- **Bloodborne pathogens:** Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- **HCW (Healthcare Worker):** A person who works in the facility, whether paid or unpaid, who has the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. Healthcare worker is the singular form of healthcare personnel.
- **HCP (Healthcare Personnel):** The entire population of healthcare workers working in healthcare settings.
- **Hollow-bore needle:** Needle (e.g., hypodermic needle, phlebotomy needle) with a lumen through which material (e.g., medication, blood) can flow.



- **Mucous membrane exposure:** Contact of mucous membrane (e.g., eyes, nose, or mouth) with the fluids, tissues, or specimens listed below in "**Occupational exposure.**"
- **Non-intact skin:** Areas of the skin that have been opened by cuts, abrasions, dermatitis, chapped skin, etc.
- **Non-intact skin exposure:** Contact of non-intact skin with the fluids, tissues, or specimens listed below in "**Occupational exposure.**"
- **Non-Responder to Hepatitis B vaccine:** A HCW who has received two series of hepatitis B vaccine is serotested within 2 months after the last dose of vaccine and does not have anti-HBs ≥ 10 mIU/mL.
- **Occupational exposure:** Contact with blood, visibly bloody fluids, and other body fluids (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, tissues, and laboratory specimens that contain concentrated virus) to which Standard Precautions apply and during the performance of an HCW's duties. Modes of exposure include percutaneous injuries, mucous membrane exposures, non-intact skin exposures, and bites.
- **Percutaneous injury:** An exposure event occurring when a needle or other sharp object penetrates the skin. This term is interchangeable with "sharps injury."
- **Sharp:** Any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- **Sharps Injury:** An exposure event occurring when any sharp penetrates the skin. This term is interchangeable with "percutaneous injury."
- **Solid Sharp:** A sharp (e.g., suture needle, scalpel) that does not have a lumen through which material can flow.

Reporting Instructions:

Forms Description and Purpose: (See also: Tables of Instructions for Completion of Healthcare Personnel Safety Component forms)

All NHSN sites following the Blood/Body Fluids Exposure Module:

For either exposure reporting or exposure and exposure management reporting, a site should complete the following form:

- › *Healthcare Personnel Safety Component Facility Survey (CDC Form 57.200) – Used to collect facility administrative data including total acute care beds, inpatient and*



outpatient days, inpatient and outpatient surgeries performed, and total numbers of healthcare personnel (full- and part-time) and numbers of healthcare personnel (HCP) in selected occupational groups (full-time equivalents and numbers of HCP).

Exposure-Only Reporting:

Those facilities participating in exposure-only reporting should complete the following forms:

- › *Healthcare Personnel Safety Monthly Reporting Plan* (CDC Form 57.203) – Used to collect data on which modules and which months (if any) the facilities intend to participate in NHSN HPS Component. This form should be completed for every month that the facility will participate in the HPS component.
- › *Healthcare Worker Demographic Data* (CDC Form 57.204) – Used to collect data on HCW demographics such as gender and occupation for a healthcare worker who has reported a blood or body fluid exposure. This form also is used optionally to collect information about immune status for certain vaccine-preventable diseases (e.g., measles, mumps, rubella).
- › *Exposure to Blood/Body Fluids* (CDC Form 57.205) – Used to collect information about individual blood and body fluid exposure events. Sections I – IV should be completed for all reported exposures. For percutaneous injuries with a needle or sharp object that was not in contact with blood or other body fluids (as defined in “occupational exposure”) prior to exposure, collection of data is optional.

Exposure and Exposure Management Reporting:

Facilities participating in exposure reporting and exposure management should complete the forms listed below in addition to those listed above:

- › *Exposure to Blood/Body Fluids* (CDC Form 57.205) – Used to collect information about individual blood and body fluid exposure events. Sections I – IV should be completed for all reported exposures. If a facility chooses to follow the protocol for exposure management, Sections V – IX are also required.
- › *Healthcare Worker Prophylaxis/Treatment – BBF Postexposure Prophylaxis (PEP)* (CDC Form 57.206) – Used to collect details of medications administered to a healthcare worker following blood or body fluid exposure to HIV or HBV. This form is required if the facility follows the exposure management protocol.
- › *Follow-Up Laboratory Testing* (CDC Form 57.207) – Used to collect additional laboratory testing results obtained on an HCW following a blood or body fluid exposure as part of exposure management. These serologic and other laboratory results are not required for exposure management but provide details for facilities opting for the long-term follow-up of exposures and evidence of seroconversion.



Data Analysis:

The use of the Blood/Body Fluid Exposure and Exposure Management Modules will allow the participating NHSN site to estimate the nature, frequency, circumstances, and sequelae of occupational exposures to: 1) blood and body fluids 2) tissue 3) concentrated virus, and 4) bloodborne pathogens (HBV, HCV, and HIV). In addition, facilities can assess for changes in percutaneous injuries with the implementation of safety devices and other prevention strategies, the timeliness of initiating HIV postexposure prophylaxis (PEP) when indicated, assess the duration of HIV prophylaxis, and the proportion of HCP experiencing adverse signs and symptoms after taking HIV PEP for occupational exposures.

Denominator data from the annual Facility Survey (CDC 57.200) can be used to estimate rates of exposures to blood/body fluids and to assess the effectiveness of engineering controls, work practices, and protective equipment in reducing exposure.

References:

The following CDC/PHS publications provide recommendations for management and follow-up of blood and body fluid exposures to HBV, HCV, and HIV:

- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis (MMWR, June 29, 2001 / 50(RR11); 1-42)
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis (MMWR, September 30, 2005 / 54(RR09); 1-17). Some PEP regimens changed from previous update.
- A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. (MMWR), December 8, 2006 / 55(RR16); 1-25)



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Influenza Vaccination and Exposure Management Modules

Introduction: The Advisory Committee on Immunization Practices (ACIP) recommends that all HCP and persons in training for healthcare professions should be vaccinated annually against influenza.[1,2] Persons who are infected with influenza virus, including those with subclinical infection, can transmit influenza virus to persons at higher risk for complications from influenza. Vaccination of HCP has been associated with reduced work absenteeism [3] and with fewer deaths among nursing home patients [4,5] and elderly hospitalized patients.[5] Although annual vaccination is recommended for HCP and is a high priority for reducing morbidity associated with influenza in healthcare settings, national survey data have demonstrated vaccination coverage levels of <50% among HCP over several vaccination seasons.[1]

Facilities that employ HCP should provide vaccine to personnel using approaches that have demonstrated effectiveness in increasing vaccination coverage. Healthcare administrators should consider the level of vaccination coverage among HCP to be one measure of a patient safety quality program and consider obtaining signed declinations from personnel who decline influenza vaccination for reasons other than medical contraindications.[6-9] Influenza vaccination rates (including ward-, unit-, and specialty-specific coverage rates) among HCP within facilities should be regularly measured and reported to occupational health services.[9]

Healthcare facilities should offer influenza vaccinations to all HCP, including night, weekend, and temporary staff. Particular emphasis should be placed on providing vaccinations to personnel who provide direct care for persons at high risk for influenza complications. Efforts should be made to educate HCP regarding the benefits of vaccination and the potential health consequences of influenza illness for their patients, themselves, and their family members. Studies have demonstrated that organized campaigns can attain higher rates of vaccination among HCP with moderate effort and by using strategies that increase vaccine acceptance.[6,10,11] All HCP should be provided convenient access to influenza vaccine at the work site, free of charge, as part of employee health programs.[6,11,12]

Although annual vaccination with the seasonal influenza vaccine is the best way to prevent infection, antiviral drugs can be effective for prevention and treatment of influenza. When HCP have not been vaccinated or are exposed to an influenza strain with no vaccine (i.e., non-seasonal), a plan for anti-viral chemoprophylaxis and treatment could be implemented.

(ii) Methodology

A facility may choose to report influenza vaccination with (or without) exposure management (i.e., antiviral medication use for chemoprophylaxis or treatment) or only exposure management.

Influenza Vaccination Module with (or without) Exposure Management



Use of the Influenza Vaccination Module with (or without) Exposure Management enables a healthcare facility to record information on influenza vaccination and anti-viral medication use for chemoprophylaxis or treatment after exposure to influenza. It can be used in any healthcare setting. This module requires that data be entered into NHSN on a monthly basis. This module includes reporting individual-level vaccination details plus antiviral medication use for chemoprophylaxis or treatment. Administration of one or more seasonal and non-seasonal (e.g., novel, 2009 H1N1) vaccines can be reported, including multi-dose vaccination series. If the module is being used to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program, additional vaccination details must be included, such as vaccinator name, title and work address. Vaccination status of all HCP in the facility should be reported, regardless of whether they received the vaccine, in order to accurately assess vaccination rates.

The module will permit characterizations of reasons for HCP declining vaccine that might be used to improve future vaccination rates. Although surveillance of exposure management is not required under this module, reporting of antiviral use to NHSN will also permit systematic collection of information on antiviral medication use related to the prevention and treatment of influenza.

Influenza Exposure Management Module

Use of the Influenza Exposure Management Module permits a healthcare facility to record information on antiviral medication use for chemoprophylaxis or treatment without reporting influenza vaccination. It can be used in any healthcare setting. This module requires that data be provided to CDC as per reporting requirements. This module includes reporting of individual-level antiviral medication use for chemoprophylaxis or treatment after exposure to influenza. The reason for antiviral medication use can be attributed to either seasonal or non-seasonal influenza. Use of this module will allow facilities and CDC to measure antiviral medication use related to the prevention and treatment of influenza.

Settings: Any healthcare settings

Requirements: Surveillance for influenza in the healthcare facility is to be conducted during the vaccination season. Actively participating NHSN sites will be required to submit data for a minimum of 6 months per calendar year. A waiver is granted for the first year of participation since facilities may not have 6 months of data in one calendar year in the first vaccination season.

Definitions:



- **HCW (Healthcare Worker):** A person who works in the facility, whether paid or unpaid, who has the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. Healthcare worker is the singular form of healthcare personnel.
- **HCP (Healthcare Personnel):** The entire population of healthcare workers working in healthcare settings.
- **Non-seasonal influenza vaccine:** A vaccine for additional/novel influenza virus strains (e.g., 2009 H1N1) not included in the seasonal influenza vaccine which may or may not be offered on an annual basis.
- **Seasonal influenza vaccine:** A vaccine for seasonal influenza virus strains that is offered on an annual basis.
- **Severe adverse reaction to antiviral medication use for influenza chemoprophylaxis or treatment:** Adverse reactions severe enough to affect daily activities and/or result in the discontinuation of the antiviral medication.
- **Vaccination season:** A 12-month period starting from September 1, 2xxx to the start of the next traditional influenza season (i.e., August 31 of the following year).

Reporting Instructions

Forms Description and Purpose: (See also: Tables of Instructions for Completion of Healthcare Personnel Safety Component forms)

All NHSN sites following any Influenza Module:

For either Influenza Vaccination with Exposure Management Module or the Influenza Exposure Management Module, a site should complete the following forms:

- › *Healthcare Personnel Safety Component Facility Survey (CDC 57.200)* – Used to collect facility administrative data including total acute care beds, inpatient and outpatient days, inpatient and outpatient surgeries performed, and total numbers of HCP (full- and part-time) and numbers of HCP in selected occupational groups (full-time equivalents and numbers of HCP). Numbers of HCWs for at least one nurse occupation (e.g., registered nurse, nurse midwife) and one physician occupation (i.e., intern/resident, fellow, attending physician) are required. All other fields are optional for the Selected HCW Occupational Groups; you may enter 0 for these optional fields.
- › *Healthcare Personnel Safety Reporting Plan (CDC 57.203)* – Used to collect data on which modules and which months (if any) the facilities intend to participate in NHSN HPS Component. This form should be completed for every month that the facility will



participate in the HPS influenza surveillance modules (either influenza vaccination with exposure management or exposure management only).

- › *Healthcare Worker Demographic Data* (CDC 57.204) – Used to collect data on HCW demographics such as gender and occupation for each individual HCW. This form also is used optionally to collect information about immune status for certain vaccine-preventable diseases (e.g., measles, mumps, rubella). This form should be completed for all HCP offered influenza vaccine. The demographic data may already be contained in a facility database that can be uploaded into NHSN as an ASCII comma delimited text file. File specifications and importing instructions are available on the NHSN website (<http://www.cdc.gov/nhsn>).

Influenza Exposure Management only Reporting:

Facilities participating in Healthcare Personnel Influenza Exposure Management Module for antiviral medication use should complete the following form:

- › *Healthcare Worker Prophylaxis/Treatment – Influenza* (CDC 57.210) – Used to collect data on which (if any) antiviral medications were administered to the HCW and any severe adverse reactions associated with their use.

Influenza Vaccination with Exposure Management Reporting:

Facilities participating in Healthcare Personnel Influenza Vaccination with Exposure Management Module should complete the forms listed above and the forms listed below. The Pre- and Post-season facility-level surveys will be used to capture information on vaccination planning (pre-season) and actual (post-season) strategies implemented by the facilities.

- › *Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel* (CDC 57.211) – Used to collect data on the strategies that the facility plans to provide for influenza vaccine of HCP. In addition, denominator data regarding the target vaccination population (e.g., number of FTEs, PTEs, contractors, volunteers, others) are collected. This form should be completed at the beginning of the vaccination season.
- › *Healthcare Worker Influenza Vaccination* (CDC 57.209) – Used to collect specific information on whether a seasonal and/or non-seasonal influenza vaccination was received or declined by the HCW, and the date, time, location and type of vaccination that was administered. A separate form is required for each dose of vaccine. For example, a 2-dose vaccine series administered on 2 separate dates would require 2 separate forms. The form also contains information on any adverse reactions experienced as a result of the vaccine. If NHSN is used to satisfy federal record-keeping requirements for vaccine administration, identifiers of the person administering the vaccine and the edition date of the vaccine information statement provided to the HCW will be required. This form should be completed for all HCP.



- › *Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel* (CDC 57.212) – Used to collect information on the strategies actually implemented in order to vaccinate HCP against influenza. This survey will capture any changes that occurred to the facilities’ vaccination strategies and/or target vaccination populations during the vaccination season. This form should be completed at the conclusion of the vaccination season.

Data Analyses:

The use of the Influenza Vaccination and Exposure Management Module will allow the NHSN site to measure its rate of vaccination coverage. In addition, antiviral medication use for chemoprophylaxis or treatment after exposure to influenza can be evaluated and monitored. Frequencies of the various healthcare influenza surveillance data will be calculated and summarized. Vaccination rates can be calculated using the total number of vaccinated HCP entered into the system divided by the total number of HCP targeted in the vaccination strategy (from the Pre-season Season Survey). In addition, vaccination uptake rates by work location, occupation, gender or another demographic data element, can be calculated by stratifying analysis by the demographic data element of interest. Among the potential data points that could be analyzed are general estimates of influenza vaccination coverage, the frequency of antiviral medication use as chemoprophylaxis or treatment, as well as information on adverse effects associated with the receipt of vaccines or antiviral medications (as part of chemoprophylaxis or treatment).

For the data related to the pre- and post-survey on influenza vaccination programs, frequencies for program-related questions will be calculated, and changes in pre- and post- frequencies will be compared. On a national level, effectiveness of certain vaccination strategies in increasing vaccine uptake can be evaluated.

References:

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Table 1. Instructions for Completion of the Healthcare Personnel Safety Monthly Reporting Plan Form (CDC 57.203)

This form collects data on which modules and which months (if any) the facilities intend to participate in NHSN Healthcare Personnel Safety (HPS) Component. This form should be completed for every month that the facility will participate in the HPS component.

Data Field	Instructions for Data Collection
Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.
Month/Year	Required. Enter the month and year for the surveillance plan being recorded.
No NHSN Healthcare Personnel Safety Modules Followed this Month	Conditionally required. Check this box if you do <u>not</u> plan to follow any of the NHSN Healthcare Personnel Safety Modules during the month and year selected.
Healthcare Personnel Exposure Modules	
Blood/Body Fluid Exposure Only	Conditionally required. Check this box if you plan to follow blood/body fluid exposures only, without following exposure management during the month and year selected.
Blood/Body Fluid Exposure with Exposure Management	Conditionally required. Check this box if you plan to follow blood/body fluid exposure with exposure management during the month and year selected.
Influenza Exposure Management	Conditionally required. Check this box if you plan to follow influenza exposure management (i.e., antiviral chemoprophylaxis and/or treatment) only, without following influenza vaccination.
Healthcare Personnel Vaccination Module	
Influenza Vaccination with Exposure Management/Treatment	Conditionally required. Check this box if you plan to follow influenza vaccination (either seasonal and/or non-seasonal vaccine) with exposure management (i.e., antiviral chemoprophylaxis and/or treatment) during the month and year selected.



Table 2. Instructions for Completion of the Healthcare Worker Demographic Data Form (CDC 57.204)

This form must be completed for all HCP who have information recorded in HPS component of NHSN (e.g., exposure to blood or body fluid or influenza vaccination.) Alternatively, data for all or selected personnel can be imported from the facility's personnel database at facility enrollment.

Data Field	Instructions for Data Collection
Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.
HCW ID #	Required. Enter the healthcare worker's (HCW) alphanumeric identification number. This identifier is unique to the healthcare facility.
Social Security #	Optional. Enter the HCW's Social Security Number.
Secondary ID #	Optional. Enter the HCW's secondary ID number. This could be the employee's medical record # or some other unique identifier.
HCW Name: Last, First, Middle	Optional. Enter demographic information for the HCW.
Street Address	
City	
State	
Zip Code	
Home Phone	
E-mail Address	
Gender	Required. Indicate the gender of the HCW by checking F (Female) or M (Male).
Date of birth	Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.
Born in the U.S.?	Optional. Select Yes, No, or Unknown.
Ethnicity	Optional. Select one ethnicity of the HCW.
Race	Optional. Select the race of the HCW. Check all that apply.
Work Phone	Optional. Enter the work phone number of the HCW.
Start Date	Required. Enter the date the HCW began employment or affiliation with the facility (use format: mm/dd/yyyy).
Work Status	Required. Select Active, Inactive, or No longer affiliated.
Type of Employment	Required. Select from Full-time, Part-time, Contract, Volunteer, Other (please specify).



Data Field	Instructions for Data Collection
Work Location	Required. Select the code that best describes the HCW's current permanent work location. This refers to physical work location rather than to department assignment. For example, a radiology technician who spends most of his/her time performing portable x-rays throughout the facility works at multiple locations. In general, most interns/residents are not considered to work at a single location because they rotate every month or every few months. For HCP who do not work at least 75% of the time at a single location, the work location code for 'float' should be entered. Location codes must be customized to the facility and set up prior to entering HCW records. The work location must be mapped to a CDC Location (http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf).
Department	Optional. Enter the department in which the HCW works (facility defined).
Supervisor	Optional. Enter the name of the HCW's supervisor (facility defined).
Occupation	Required. Select the occupation code that most appropriately describes the HCW's job. These must be customized to the facility and set up prior to entering HCW records. The occupation must be mapped to a CDC Occupation Code.
Title	Conditionally required. Required only for HCP designated as Influenza Vaccinators if the facility intends on using NHSN to fulfill federal recordkeeping requirements for administration of vaccine covered by the Vaccine Injury Compensation Program. Enter the HCW's job title.
Clinical specialty	Conditionally required. If Occupation is physician, fellow or intern/resident, select the appropriate clinical specialty.
Performs direct patient care	Conditionally required. Required only when the HCW has influenza vaccination and/or influenza chemoprophylaxis/treatment records. Select Y (Yes) if the HCW provides direct patient care (i.e., hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring); otherwise select N (No).
Custom Fields	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any information about the HCW. This information cannot be analyzed.



Table 3. Instructions for Completion of the Exposures to Blood/Body Fluids Form (CDC 57.205)

Information for all blood/body fluid exposures should be recorded using this form. The variables to be entered depend upon whether the facility selects the exposure event only reporting or exposure reporting and management.

*Demographic data auto-entered by application if part of an existing HCW Demographic Data record (CDC 57.204).

Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the application.	Required	Required
Exposure Event #	The exposure event number will be auto-generated by the application.	Required	Required
HCW ID	Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.	Required	Required
*HCW Name: Last, First, Middle	Enter the HCW's name.	Optional	Optional
*Gender	Indicate the gender of the HCW by checking F (Female) or M (Male).	Required	Required
*Date of Birth	Enter the date of birth of the HCW using the format: mm/dd/yyyy.	Required	Required
*Work Location	Required. Select the code that best describes the HCW's current permanent work location. This refers to physical work location rather than to department assignment. Location codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details.	Required	Required
*Occupation	Required. Select the occupation code that most appropriately describes the HCW's job. Occupation codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details.	Required	Required
Clinical Specialty	If Occupation is physician, fellow or intern/resident, enter the appropriate clinical specialty. The list of clinical specialties can be found on Form CDC 57.204.	Conditionally required	Conditionally required
Exposure Type	The default setting is auto-entered by the application as Blood/Body Fluids.	Required	Required
Section I – General Exposure Information			
1. Did the exposure occur at this facility	Choose Y (Yes) or N (No).	Required	Required



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
1a. If No, specify the name of facility in which exposure occurred	If the exposure did not occur at the reporting facility, enter the name of the facility where the event occurred.	Conditionally required	Conditionally required
2. Date of exposure	Enter date of exposure in mm/dd/yyyy format.	Required	Required
3. Time of exposure	Enter the time the exposure occurred and whether it was AM or PM.	Required	Required
4. Number of hours on duty	Enter the number of hours the HCW had been on duty when the exposure occurred.	Optional	Optional
5. Is exposed person a temp/agency employee?	Choose Y (Yes) or N (No).	Optional	Optional
6. Location where exposure occurred	Choose the appropriate code for the physical location where the event took place. (This is customized to the facility).	Required	Required
7. Type of Exposure	Check the appropriate exposure type. Check all that apply.	Required	Required
7a. Percutaneous: Did the exposure involve a clean, unused needle or sharp object?	If Type of Exposure was Percutaneous, then check this item. If percutaneous is checked, then select Yes or No to indicate whether the exposure involved a clean, unused needle or sharp object. If the incident involved a clean, unused needle or sharp object you may not need to report this as an exposure (see your protocol for more information). If not, check No and complete Q8, Q9 and Section II. If following the protocol for exposure management also complete Sections V-XI.	Conditionally required Conditionally required	Conditionally required Conditionally required
7b. Mucous membrane	If Type of Exposure was Mucous Membrane, then check this item and complete Q8, Q9 and Section III. If following the protocol for exposure management also complete Sections V-XI.	Conditionally required	Conditionally required



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
7c. Skin: Was skin intact?	If Type of Exposure was Skin, then check this item. If Skin is checked, then indicate Y (Yes), N (No) or (U) Unknown for whether the skin remained intact during the exposure. If the answer is No, complete Q8, Q9 and Section III. If following the protocol for exposure management also complete Sections V-XI.	Conditionally required Conditionally required	Conditionally required Conditionally required
7d. Bite	If Type of Exposure was Bite, then check this item and complete Q9 and Section IV. If following the protocol for exposure management also complete Sections V-XI.	Conditionally required	Conditionally required
8. Type of fluid/tissue involved in exposure	Select the Type of fluid/tissue from the list. If Solutions or Body fluids are checked, indicate whether visibly bloody or not visibly bloody. For Body Fluids, indicate the primary body fluid type implicated in the exposure from the list. If Other is selected for either the Type of Fluid/Tissue involved in the exposure or the Body Fluid Type, please specify the type. (Make sure it is not a body fluid that is already listed in the box on the right side of the form).	Required Conditionally required Conditionally required	Required Conditionally required Conditionally required
9. Body site of exposure	Check body site of exposure from the list. Check all sites that were exposed. If the Body site of exposure was (Other), please specify the site.	Required Conditionally required	Required Conditionally required
Section II – Percutaneous Injury			
1. Was the needle or sharp object visibly contaminated with blood prior to exposure?	Choose Y (Yes) or N (No).	Required	Required
2. Depth of the injury (check one)	Indicate the depth of the injury from the needle or sharp object using the list provided. Exposures that are not obviously superficial (e.g., scratch) or deep (e.g., “muscle contracted” or “touched bone”), should be classified as moderate.	Conditionally required	Conditionally required



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
<p>6. When did the injury occur? (check one)</p> <p><u>Before use of the item</u></p> <p><u>During use of the item</u></p> <p><u>After use of item, before disposal</u></p> <p><u>During or after disposal</u></p> <p><u>Unknown</u></p>	<p>Choose the timing of the injury event from the list provided.</p> <p>Injuries that occurred prior to intended use and usually involve clean needles or sharp objects. It may also include injuries that occurred with a clean device that passed through bloody gloves.</p> <p>Injuries that occurred during the use of the needle or sharp object. It also includes surgical or other invasive procedures with many steps.</p> <p>Injuries that occurred while in transit to disposal, cleaning instrument or recapping.</p> <p>Injuries that occurred during or after the process of disposal or because of improper disposal of a needle or other sharp object.</p> <p>Time of injury relative to the use of the device or object is unknown.</p>	Conditionally required	Conditionally required
<p>7. For what purpose or activity was the sharp device being used?</p>	<p>Choose from the lists provided. If Other specify the purpose in the space provided.</p> <p>Select Unknown if injury was a result of contact with discarded or uncontrolled sharps, or in circumstances where the intent of device or object use is unknown or cannot be ascertained.</p>	Conditionally required	Conditionally required
<p>8. What was the activity at the time of injury?</p>	<p>Choose the activity being performed at the time of injury involving the sharp object or needle. If the activity being performed at the time of the injury was different than the purpose indicated in Q7, select the activity at the time the actual injury event took place.</p>	Conditionally required	Conditionally required
<p>9. Who was holding the device at the time the injury occurred?</p>	<p>Select one answer.</p>	Conditionally required	Conditionally required
<p>10. What happened when the injury occurred?</p>	<p>Choose one item from the list. If Other, please record details in the space provided.</p>	Conditionally required	Conditionally required
<p>Section III – Mucous Membrane and/or Skin Exposure</p>			



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
1. Estimate the amount of blood/body fluid exposure	Select the estimated amount of blood or body fluid involved in the mucous membrane or skin exposure. Indicate Unknown if unable to estimate the amount.	Conditionally required	Conditionally required
2. Activity/event when exposure occurred	Select the activity or event at the time mucous membrane or skin exposure occurred. If Other is selected record details of the activity or event in the space provided.	Conditionally required Conditionally required	Conditionally required Conditionally required
3. Barriers used by the worker at the time of exposure	Check all that apply. If Other is selected, list other barriers in the space provided.	Conditionally required Conditionally required	Conditionally required Conditionally required
Section IV – Bite			
1. Wound description	Select the description of the bite wound from the list provided.	Conditionally required	Conditionally required
2. Activity/event when exposure occurred	Choose the activity or event when the bite occurred. If Other, specify the event in the space provided.	Conditionally required Conditionally required	Conditionally required Conditionally required
<i>Sections V – IX are required when following the protocols for Exposure Management</i>			
Section V – Source Information			
1. Was the source patient known?	Choose Y (Yes) if the source of the exposure (patient) is known. Otherwise, select N (No).	Optional	Required
2. Was HIV status known at time of exposure?	Indicate Y (Yes) if the source patient's serostatus was known at the time of exposure.	Optional	Required
3. Check the test results for the source patient: Hepatitis B HbsAg HBeAg Total anti-HBc anti-HBs Hepatitis C anti-HCV EIA anti-HCV suppl PCR-HCV RNA HIV HIV EIA, ELISA Rapid HIV Confirmatory HIV	Use codes: P= positive, N= negative, I=Indeterminate, U=Unknown, R=Refused and NT=Not tested. Indicate the results of any tests performed prior to the exposure (as found in the medical record) or performed immediately after the exposure. If the source is not known, check U. If the source refuses to be tested, check R. Not all tests listed on the form need to be offered after all exposures.	Optional	Required



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
Section VI – For HIV Infected Source			
1. Stage of Disease	Indicate the stage of HIV disease of the <u>source</u> patient. Use CDC surveillance definitions. For end stage AIDS and acute HIV illness, use definitions as defined in the protocol.	Optional	Conditionally required
2. Is the source patient taking anti-retroviral drugs?	Indicate if the <u>source</u> patient is was taking anti-retroviral drugs at the time of the exposure, Y (Yes), N (No), or U (Unknown).	Optional	Conditionally required
2a. If Yes, indicate drug(s)	If the <u>source</u> patient was taking anti-retroviral drugs at the time of the exposure, list them here. Drug codes are listed in Chapter 7 and will be in a drop down list in the application.	Optional	Conditionally required
3. Most recent CD4 count	If available, indicate the most recent CD4 count in mm ³ for the source patient.	Optional	Conditionally required
Date	Enter the month and year of the test for the <u>source</u> patient.		
4. Viral Load	If available, indicate the most recent HIV viral load (# of copies per ml) or Undetectable for the <u>source</u> patient.	Optional	Conditionally required
Date	Enter the month and year of the test.		
Section VII: Initial Care Given to Healthcare Worker			
1. HIV postexposure prophylaxis Offered?	Choose Y (Yes), N (No), or U (Unknown) if antiretroviral drugs were offered to the HCW following this exposure.	Optional	Required
Taken?	Choose Y (Yes), N (No), or U (Unknown) if antiretroviral drugs were taken by the HCW. If Yes is selected, complete Post-Exposure Prophylaxis/Treatment form (CDC form 57.206).	Optional	Required
2. HBIG given?	Choose Y (Yes), N (No), or U Unknown) for whether Hepatitis B immunoglobulin was given.	Optional	Required
Date administered	Enter date HBIG prophylaxis pertaining to this exposure was administered. Use mm/dd/yyyy format.	Optional	Conditionally Required



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
3. Hepatitis B vaccine given? Date first dose administered	Choose Y (Yes), N (No), or U. (Unknown) for whether Hepatitis B vaccine was given. Enter date of first dose of Hepatitis B vaccine (mm/dd/yyyy format). This and subsequent doses to complete the HBV series should be recorded in the HCW's file.	Optional Optional	Required Conditionally Required
4. Is the HCW pregnant?	Indicate the pregnancy status of HCW. Choose Y (Yes), N (No), or U (Unknown).	Optional	Conditionally required
4a. If yes, which trimester?	Check 1 (1 st trimester), 2 (2 nd trimester), or 3 (3 rd trimester) at the time of exposure. If stage of pregnancy is unknown, check U.	Optional	Conditionally required
Section VIII – Baseline Lab Testing			
Was baseline testing performed on the HCW?	Choose Y (Yes) or N (No) or U (Unknown). Baseline lab tests should be performed within 2 weeks of exposure date (either before or after).	Optional	Required
HIV EIA HIV confirmatory HepC anti-HCV EIA HepC anti-HCV-supp HepC PCR HCV RNA HepB HBsAg HepB IgM anti-Hbc HepB Total anti-Hbc HepB Anti-HBs ALT Amylase Blood glucose Hematocrit Hemoglobin Platelets Blood cells in urine WBC Creatinine Other	Enter the dates for each test performed and the result (Use codes: P= Positive, N= Negative, I=Indeterminate, U=Unknown, R=Refused). Additional baseline laboratory tests may be completed to document potential physiologic changes associated with a blood/body fluid exposure. Enter the date (in mm/dd/yyyy format) and result, using the specified units.	Optional Optional	Conditionally required Optional
Section IX – Follow-up			
1. Is it recommended that the HCW return for follow-up of this exposure?	Choose Y (Yes) or N (No).	Optional	Required



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
1a. If Yes, will follow-up be performed at this facility?	Choose Y (Yes) or N (No).	Optional	Conditionally Required
Section X – Narrative			
In the worker’s words, how did the injury occur?	Enter the narrative of the HCW’s description of how the injury occurred.	Optional	Optional
Section XI – Prevention			
In the worker’s words, what could have prevented the injury?	Enter the narrative of the HCW’s assessment of how the injury might have been prevented.	Optional	Optional
Custom Fields	Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.	Optional	Optional
Comments	Enter any additional information about the HCW. This information cannot be analyzed.	Optional	Optional



Table 4. Instructions for Completion of the Healthcare Personnel Postexposure Prophylaxis Form (CDC 57.206)

Use this form if HIV postexposure prophylaxis (PEP) was administered to a healthcare worker following a blood or body fluid exposure.

*Demographic data auto-entered by application if part of an existing HCW Demographic Data record (CDC 57.204).

Data Field	Instructions for Data Collection
Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.
MedAdmin ID#	Required. Medical administration number. Data will be auto-entered by the application.
HCW ID #	Required. Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.
*HCW Name: Last, First, Middle	Optional. Enter the HCW's name.
*Gender	Required. Indicate the gender of the HCW by checking F (Female) or M (Male).
*Date of Birth	Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.
Infectious Agent	Required. Enter HIV on form. Select HIV in the application.
Exposure Event #	Required. The Exposure event number will be auto-entered by the system. Use the Link/Unlink button to find any exposures for the entered HCW, select, and link the exposure for which PEP is being administered. PEP records cannot be saved unless they are linked to an exposure. PEP records entered from the Blood and Body Fluid Exposure Form will automatically be linked to that exposure.
Initial PEP	Indication: Prophylaxis
Time between exposure and 1 st dose	Required. Enter the number of hours between the exposure and when the 1st dose of PEP was administered.
Drug	Required. Enter any drugs prescribed for prophylaxis. See Chapter 7 in the protocol for a list of individual drug codes.
Drug	Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Drug	Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Drug	Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Date Started	Required. Enter the date the initial PEP regimen commenced (mm/dd/yyyy format). The start date will apply to all drugs selected as the initial PEP regimen. The date started must be on or after the exposure date.
Date Stopped	Required. Enter the date the initial PEP regimen was stopped (mm/dd/yyyy format). Note: If any drug(s) of a drug regimen are discontinued, the entire regimen is considered 'stopped.' If select drugs in the regimen continue to be used as prophylaxis (and if other drugs are added) enter them as drugs under a PEP change with a new start date.
Reason for Stopping	Required. Indicate the primary reason for stopping the initial PEP regimen by selecting the appropriate choice.



Data Field	Instructions for Data Collection
PEP Change 1	Indication: Prophylaxis
Drug	Required. Enter drugs prescribed for a second prophylaxis regimen. Note that the second PEP regimen may contain drugs that were included in the first regimen.
Drug	Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Drug	Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Drug	Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Date Started	Conditionally required. Enter the date the second PEP regimen was started using mm/dd/yyyy format.
Date Stopped	Conditionally required. Enter the date the second PEP regimen was stopped using mm/dd/yyyy format. Note: If any drug(s) of a drug regimen are discontinued, the regimen is considered 'stopped.' Whatever drugs in the regimen are continued (and if other drugs are added) will constitute a new regimen and should be entered as such.
Reason for Stopping	Conditionally required. Indicate the primary reason for stopping this PEP regimen by selecting the appropriate choice.
PEP Change 2	Indication: Prophylaxis
Drug	Conditionally required. Enter drugs prescribed for a third prophylaxis regimen. Note that the third PEP regimen may contain drugs that were included in previous regimens.
Drug	Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Drug	Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Drug	Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Date Started	Conditionally required. Enter the date the new PEP regimen was started using mm/dd/yyyy format.
Date Stopped	Conditionally required. Enter the date the new PEP regimen was stopped using mm/dd/yyyy format. Note: If any drug(s) of a drug regimen are discontinued, the regimen is considered 'stopped.' Whatever drugs in the regimen are continued (and if other drugs are added) will constitute a new regimen and should be entered as such.
Reason for Stopping	Conditionally required. Indicate the primary reason for stopping this PEP regimen by selecting the appropriate choice.
Adverse Reactions	
Signs or symptoms of adverse reactions to post-exposure prophylaxis	Optional. Indicate any adverse signs/symptoms the HCW experienced while receiving postexposure prophylaxis. You may select up to six. If Other is selected, briefly specify details of adverse reaction.
Custom Fields	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any additional information about the HCW. This information cannot be analyzed.



Table 5: Instructions for Completion of Follow-Up Laboratory Testing Form (CDC 57.207)

This form should be completed for HCP who have additional laboratory testing done as a result of blood or body fluid exposures. These tests would occur after baseline laboratory testing had been completed.

♦Demographic data auto-entered by application if part of an existing HCW Demographic Data record (CDC 57.204).

Data Field	Instructions for Data Collection																				
Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.																				
Lab #	Required. The lab testing ID number will be auto-generated by the application.																				
HCW ID #	Required. Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.																				
♦HCW Name: Last, First, Middle	Optional. Enter the HCW's name.																				
♦Gender	Required. Indicate the gender of the HCW by checking F (Female) or M (Male).																				
♦Date of birth	Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.																				
Exposure Event #	Required. The user is required to link the laboratory follow-up record to a blood and body fluid exposure record using the Link feature within the application. Once the exposure is selected and submitted, the form will display the message "Lab is Linked." Laboratory records must be linked to an exposure.																				
Lab Results																					
Lab Test	Required (At least one laboratory test and date are required). Select lab test from dropdown menu: <table style="width: 100%; border: none;"> <tr> <td>HIV EIA</td> <td>ALT</td> </tr> <tr> <td>HIV confirmatory</td> <td>Amylase</td> </tr> <tr> <td>HepC anti-HCV EIA</td> <td>Blood glucose</td> </tr> <tr> <td>HepC anti-HCV-supp</td> <td>Hematocrit</td> </tr> <tr> <td>HepC PCR HCV RNA</td> <td>Hemoglobin</td> </tr> <tr> <td>HepB HBsAg</td> <td>Platelets</td> </tr> <tr> <td>HepB IgM anti-Hbc</td> <td>Blood cells in urine</td> </tr> <tr> <td>HepB Total anti-Hbc</td> <td>WBC</td> </tr> <tr> <td>HepB Anti-HBs</td> <td>Creatinine</td> </tr> <tr> <td></td> <td>Other</td> </tr> </table>	HIV EIA	ALT	HIV confirmatory	Amylase	HepC anti-HCV EIA	Blood glucose	HepC anti-HCV-supp	Hematocrit	HepC PCR HCV RNA	Hemoglobin	HepB HBsAg	Platelets	HepB IgM anti-Hbc	Blood cells in urine	HepB Total anti-Hbc	WBC	HepB Anti-HBs	Creatinine		Other
HIV EIA	ALT																				
HIV confirmatory	Amylase																				
HepC anti-HCV EIA	Blood glucose																				
HepC anti-HCV-supp	Hematocrit																				
HepC PCR HCV RNA	Hemoglobin																				
HepB HBsAg	Platelets																				
HepB IgM anti-Hbc	Blood cells in urine																				
HepB Total anti-Hbc	WBC																				
HepB Anti-HBs	Creatinine																				
	Other																				
Date	Required. Indicate date of test using mm/dd/yyyy format.																				
Result	Conditionally required. Select one of the result codes: Use codes: P= positive, N= negative, I=Indeterminate, U=Unknown, R=Refused)																				
Custom Fields	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.																				
Comments	Optional. Enter any additional information about the HCW. This information cannot be analyzed.																				



Table 6. Instructions for Completion of the Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel Form (CDC 57.211)

This form is used to report plans for the facility’s influenza vaccination campaign. In addition, denominator data regarding the target vaccination population (i.e., number of FTEs, PTEs, contractors, volunteers, others) are collected. This form should be completed at the beginning of the vaccination season.

Data Field	Instructions for Data Collection
Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.
Date Entered	Required. The month and year that the pre-season survey was filled out.
For Season	Required. Years of the vaccination season for which survey was completed entered in the format: yyyy – yyyy. Vaccination season is 9/1 of the current year to 8/31 of the following year.
Vaccination campaign for: Seasonal influenza subtype, Non-seasonal influenza subtype, Both	Required. Select the influenza subtype for the campaign described in this survey. Select “Both” if your vaccination campaign and target populations are the same for both influenza subtypes. If your campaign and/or target populations will be different for seasonal and non-seasonal influenza subtypes, complete a separate pre-season survey for each subtype.
1. Which personnel groups do you plan to include in your annual influenza vaccination program?	Required. Check the personnel group you plan to include.
2. Which of the following types of employees do you plan to include in your annual influenza vaccination program? (Check all that apply)	Required. Check each type of employee you plan to include in your influenza vaccination program. For each type of employee you checked, enter the estimated number of employees. This should be the estimated number of employees in each category who you intend on vaccinating during the season.
3. At what cost will you provide influenza vaccine to your healthcare workers?	Required. Check one cost category that best describes your plan for providing influenza vaccinations for the majority of the personnel group specified above.
4. Will influenza vaccination be available during all work shifts (including nights and weekends)?	Required. Check Yes or No.
5. Which of the following methods do you plan to use this influenza season to deliver vaccine to your healthcare workers?	Required. Check all methods that you plan to use to deliver influenza vaccination this season.



Data Field	Instructions for Data Collection
6. Which of the following strategies do you plan to use to promote/enhance healthcare worker influenza vaccination at your facility?	Required. Check all strategies you plan to use in order to promote or enhance influenza vaccination at your facility.
7. Do you plan to conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?	Required. Check Yes or No.
8. If you plan to conduct formal educational programs on influenza and influenza vaccination, will your healthcare workers be required to attend?	Conditionally required if you plan on conducting formal education programs (i.e., you checked Yes for Question 7). Check Yes or No.
9. Will you require healthcare workers who receive off-site influenza vaccination to provide documentation of their vaccination status?	Required. Check Yes or No.
10. Will you required signed declination statements from healthcare workers who refuse influenza vaccination?	Required. Check Yes or No.
11. Vaccine information statement edition date	Required. Enter the edition date for the official vaccine information statement (VIS) for the seasonal and non-seasonal influenza vaccines that you will be distributing to your employees at ONSITE vaccinations. VISs can be found on the CDC website at http://www.cdc.gov/vaccines/pubs/vis/ . Enter the VIS edition date of the primary type of vaccine (e.g., inactivated) that your facility will be using. If the pre-season survey reflects “Both” seasonal and non-seasonal influenza vaccines, then enter the edition dates for both vaccines. This date will be used to auto-fill the HCW vaccination records that are entered for the applicable edition dates. You can edit the date on the vaccination record to reflect a secondary type of vaccine (e.g., live attenuated). The edition dates are required if you plan to use NHSN to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program.
Comments	Optional. Enter any additional information about the HCW. This information cannot be analyzed.



Table 7. Instructions for Completion of the Healthcare Worker Influenza Vaccination Form (CDC 57.209)

This form is used to collect information on whether an individual HCW received or declined the influenza vaccine, and the details of that vaccination. A separate form must be filled out for each vaccination dose. For example, if a HCW received 1 dose of seasonal influenza vaccine and 2 doses of non-seasonal influenza vaccine, there should be three separate vaccination forms. A pre-season survey (CDC 57.211), an annual facility survey (CDC 57.200), and a monthly reporting plan for the month of vaccination (CDC 57.203) must be completed before vaccination records can be entered in NHSN.

*Demographic data auto-entered by application if part of an existing HCW Demographic Data record (CDC 57.204).
+Data elements that are carried forward from one vaccination record to the next during batch data entry.

Data Field	Instructions for Data Collection
+Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.
Vaccination ID #	Required. The vaccination ID number is a unique NSHN locator number for that specific vaccination record that will be auto-generated by the application.
HCW ID #	Required. Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.
*HCW Name: Last, First, Middle	Optional. Enter the HCW's name.
*Gender	Required. Indicate the gender of the HCW by checking F (Female) or M (Male).
*Date of birth	Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.
*Work Location	Required. Select the code that best describes the HCW's current permanent work location. This refers to physical work location rather than to department assignment. Location codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details.
*Occupation	Required. Select the occupation code that most appropriately describes the HCW's job. Occupation codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details.
*Clinical Specialty	Conditionally required. If Occupation is physician, fellow or intern/resident, enter the appropriate clinical specialty. The list of clinical specialties can be found on Form CDC 57.204.
*Performs direct patient care	Required. Select Yes if the HCW provides direct patient care (i.e., hands on, face to face contact with patients for the purpose of diagnosis, treatment and monitoring); otherwise select No.
+Type of vaccination	Required. Influenza is pre-filled on form and auto-entered by the application.
+Influenza subtype (years)	Required. Select seasonal vaccine or non-seasonal (e.g., 2009 H1N1) vaccine. For either subtype specify the vaccination years during which this vaccination date (or the date the vaccination was offered) falls. For NHSN purposes, the vaccination year is 9/1 of the first year to 8/31 of the following year.



Data Field	Instructions for Data Collection
+Do you plan to use this information to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program?	Required. Check Yes or No. If you select Yes, information on the person administering the vaccine (i.e., the vaccinator) will be required per federal record-keeping requirements.
+Vaccine administered Reasons for declining due to personal reasons:	Required. Select the appropriate location of vaccine administration (ONSITE or OFFSITE). If the HCW declined vaccination, indicate primary reason for declination. Check “Declined due to medical contraindications” if the HCW has severe allergy to chicken eggs or other vaccine components or has developed Guillain-Barre’ syndrome within 6 weeks of getting an influenza vaccine. Select “Declined due to personal reasons” for all other reasons. Conditionally required. If the HCW declined influenza vaccination for personal reasons, select the reason(s) for declining.
+Date of vaccination	Conditionally required – Date is required if the vaccination was administered ONSITE or OFFSITE. Enter the vaccination date using mm/dd/yyyy format. If the exact date of an OFFSITE vaccination is unknown, use the 15 th of the month: mm/15/yyyy. The HCW cannot receive two doses of the same vaccine on the same day.
+Product	Conditionally required if vaccine was administered ONSITE. Select the product used in this vaccination. For a NON-SEASONAL vaccine, please select “Other” and specify the name of the NON-SEASONAL vaccine. Optional if vaccine was administered OFFSITE.
+Manufacturer	Conditionally required if vaccine was administered ONSITE. Manufacturer will be auto-entered by the application based on the product that is selected. For a NON-SEASONAL vaccine, specify the manufacturer of the vaccine. Optional if vaccine was administered OFFSITE.
+Lot number	Conditionally required if vaccine was administered ONSITE. Enter the lot number of the vaccine administered to the HCW. Optional if vaccine was administered OFFSITE.
+Type of influenza vaccine	Conditionally required if vaccine was administered ONSITE. Type of influenza vaccine will be auto-entered by the application based on the product that is selected. Select either “Live attenuated” or “Inactivated vaccine.” Optional if vaccine was administered OFFSITE.
+Route of administration	Conditionally required if vaccine was administered ONSITE. Route of administration will be auto-entered by the application based on the product that is selected. In rare instances, where some products may be administered subcutaneously (SUBQ), you can manually change the route of administration. Optional if vaccine was administered OFFSITE.



Data Field	Instructions for Data Collection
<p>Adverse reaction to the vaccine</p> <p>If Yes, check all that apply</p>	<p>Conditionally required if vaccine was administered ONSITE. Select Yes if the HCW had an adverse reaction attributable to the vaccine; otherwise select No. Select “Don’t know” if it is unknown whether the HCW experienced an adverse reaction.</p> <p>Optional if vaccine was administered OFFSITE.</p> <p>Conditionally required if vaccine was administered ONSITE. Select all adverse reactions that apply. If Other is checked, please specify the reaction the HCW experienced.</p> <p>Optional if vaccine was administered OFFSITE.</p>
<p>+Which vaccine information statement, including edition date, was provided to the vaccinee?</p>	<p>Conditionally required if vaccine was administered ONSITE. Vaccine information statement type will be auto-entered by the application based on the product that is selected.</p> <p>Optional if vaccine was administered OFFSITE.</p>
<p>+Edition date [of Vaccine Information Statement (VIS)]</p>	<p>Conditionally required if vaccine was administered ONSITE. The edition date of the primary VIS will be auto-entered by the application based on the answer to Question 11 on the Pre-season Survey. If another vaccine is administered, you can edit the edition date to reflect the secondary VIS.</p> <p>Optional if vaccine was administered OFFSITE.</p>
<p>Vaccinator ID</p>	<p>Conditionally required for ONSITE vaccinations if NHSN will be used to satisfy federal record-keeping requirements for the administration of vaccine (You checked Yes to the Federal record-keeping question). Enter the HCW ID # of the person administering the vaccine.</p>
<p>*Name, Last First Middle</p>	<p>Conditionally required for ONSITE vaccinations if NHSN will be used to satisfy federal record-keeping requirements for the administration of vaccine. Enter the vaccinator’s first and last names. Middle name is optional.</p>
<p>Work address, City, State, Zip code</p>	<p>Conditionally required for ONSITE vaccinations. The vaccinator’s work address will be auto-entered by the application from data entered on the Facility form.</p>
<p>*Title</p>	<p>Conditionally required for ONSITE vaccinations if NHSN will be used to satisfy federal record-keeping requirements for the administration of vaccine. Enter the vaccinator’s job title which does <u>not</u> have to match a CDC occupation Code.</p>
<p>Custom Fields</p>	<p>Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.</p>
<p>Comments</p>	<p>Optional. Enter any additional information about the HCW. This information cannot be analyzed.</p>



Table 8. Instructions for Completion of the Healthcare Worker Influenza Antiviral Medication Administration Form (CDC 57.210)

This form should be completed when an HCW receives antiviral medications as influenza treatment or as chemoprophylaxis against influenza infection. It is used to collect information on which antiviral medications were administered, when, and what (if any) adverse reactions were experienced by the HCW.

*Demographic data auto-entered by application if part of an existing HCW Demographic Data record (CDC 57.204).

Data Field	Instructions for Data Collection
Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.
Med Admin ID #	Required. The medication administration ID number will be auto-generated by the application.
HCW ID #	Required. Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.
*HCW Name: Last, First, Middle	Optional. Enter the HCW's name.
*Gender	Required. Indicate the gender of the HCW by checking F (Female) or M (Male).
*Date of Birth	Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.
*Work Location	Required. Select the code that best describes the HCW's current permanent work location. This refers to physical work location rather than to department assignment. Location codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details.
*Occupation	Required. Select the occupation code that most appropriately describes the HCW's job. Occupation codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details.
*Clinical Specialty	Conditionally required. If Occupation is physician, fellow or intern/resident, enter the appropriate clinical specialty. The list of clinical specialties can be found on Form CDC 57.204.
*Performs direct patient care	Required. Select Yes if the HCW provides direct patient care (i.e., hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring); otherwise select No.
Infectious agent	Required. Auto-filled on hard copy form. Select Influenza in application.
For season	Required. Select the vaccination season. Specify the year(s) during which this chemoprophylaxis or treatment date falls. For NHSN purposes, the vaccination "season" is 9/1 of the first year to 8/31 of the second year.
#	Required. Indicate up to 10 antiviral medications given using sequential numbers starting with 1.
Indication	Required. Select Prophylaxis or Treatment as appropriate.
Influenza subtype	Required. Select the influenza subtype for which the HCW is receiving antiviral medications (for post-exposure chemoprophylaxis or for treatment). Select Unknown, if you do not know the specific subtype necessitating antiviral medication use.
Antiviral medication	Required. Enter the code of the antiviral medication that was administered to the HCW using the codes listed at the bottom of the form.
Start date	Required. Enter the start date of the antiviral using mm/dd/yyyy format.



Data Field	Instructions for Data Collection
Stop date	Conditionally required. Enter the stop date of the antiviral using mm/dd/yyyy format.
Adverse reactions?	Required. Check Yes if the HCW had a severe adverse reaction attributable to the influenza antiviral medication; otherwise check No. If it is unknown whether or not the HCW experienced any adverse reactions, check Don't Know.
Adverse reactions to antiviral medication #1...#10	Conditionally required. If the HCW had a severe adverse reaction, check all reactions that apply for each medication administered. Please correlate the antiviral medication # with the antiviral medication on page 1. If an adverse reaction is not listed, check Other and specify the adverse reaction in the space provided. All Other adverse reactions should be included if the reactions were severe enough to affect daily activities and/or resulted in the discontinuation of the antiviral medication.
Custom Fields	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any additional information about the HCW. This information cannot be analyzed.



Table 9. Instructions for Completion of the Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel Form (CDC 57.212)

This form is used to report the facility’s implemented influenza vaccination campaign. This survey will capture any changes that occurred to the facilities’ vaccination strategy and/or target vaccination population during the vaccination season. This form should be completed at the conclusion of the vaccination season.

Data Field	Instructions for Data Collection
Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.
Date Entered	Required. The month and year that the post-season survey was filled out.
For Season	Required. Years of the vaccination season for which the survey was completed, entered in the format: yyyy – yyyy. Vaccination season is 9/1 of the current year to 8/31 of the following year.
Vaccination campaign for: Seasonal influenza subtype, Non-seasonal influenza subtype, Both.	Required. Select the influenza subtype for the campaign described in this survey. If your campaign and target populations were the same for both influenza vaccination subtypes and you completed a single pre-season survey, select Both. If your campaign and target populations were different for seasonal vs. non-seasonal subtypes, you should complete a separate post-season survey for each.
1. Which personnel groups did you include in your annual influenza vaccination program this past season?	Required. Check the personnel group(s) you included in your campaign or program.
2. Which of the following types of employees did you include in your annual influenza vaccination program this past season? (Check all that apply)	Required. Check each type of employee you included in your influenza vaccination program. Data for each type of employee that you checked for the pre-season survey will be auto-entered into the post-season survey. If your target vaccination population changed over the course of the season, you can edit the number.
3. At what cost did you provide influenza vaccine to your healthcare workers?	Required. Check one cost category that best describes how you provided influenza vaccinations to the majority of the personnel group specified above.
4. Did you provide influenza vaccination during all work shifts (including nights and weekends)?	Required. Choose Yes or No.
5. Which of the following methods did you use during influenza season to deliver vaccine to your healthcare workers?	Required. Check all methods that you used to deliver influenza vaccination this season.



Data Field	Instructions for Data Collection
6. Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility?	Required. Check all strategies you used in order to promote or enhance influenza vaccination at your facility.
7. Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?	Required. Indicate if you conducted formal educational programs on influenza and influenza vaccination for your HCP.
8. If you conducted formal educational programs on influenza and influenza vaccination, did you require your healthcare workers to attend?	Conditionally required if you conducted formal education programs (you checked Yes for Question 7). Check Yes or No.
9. Did you require healthcare workers who received off-site influenza vaccination to provide documentation of their vaccination status?	Required. Check Yes or No.
10. Did you require signed declination statements from healthcare workers who refused influenza vaccination?	Required. Check Yes or No.



Table 10. Instructions for Completion of Healthcare Personnel Safety Component Facility Survey Form (CDC 57.200)

This form must be completed once a year by any facility using the Healthcare Personnel Safety Component.

Data Field	Instructions for Data Collection/Entry
Tracking #	Required. The NHSN-assigned Tracking # will be auto-entered by the application.
Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.
Survey year	Required. Enter the year of the survey using the format: yyyy.
Total beds set up and staffed	Required. Enter the number of all active beds across specialties and intensive care units.
Patient admissions	Required. Enter the number of patients, excluding newborns, admitted for inpatient service.
Inpatient days	Required. Enter the number of adult and pediatric days of care, excluding newborn days of care, rendered during a specified reporting period.
Outpatient encounters	Required. Enter the number of visits by patients who are not admitted as inpatients to the hospital while receiving medical, dental, or other services.
Number of hours worked by all employees	Optional. Number of hours worked is available from OSHA300 reporting logs. The value can also be calculated by identifying the number of full time employees working in your facility within a year, multiply by the number of work hours for one full time employee in a year (typically ranges from 2000-2100 hours per year). Add in overtime hours and total hours worked by part-time, temporary, and contracted staff.
Number of HCWs	Required. HCWs are all persons who work in the hospital. Similar to the AHA survey, calculate the number of attending physicians by including only those who are active or associate staff. Do not include courtesy, consulting, honorary, provisional, or other attending physicians in this number. If you cannot determine the exact number for a particular category, please estimate it. If the facility does not have any HCP in a specific occupation, the user may enter 0. This is the denominator when used to calculate rates of particular exposure events per HCW.
Number of FTEs	Required. A subset of total number of HCP. FTEs are all HCP whose regularly scheduled workweek is 35 hours or more. To calculate the number of FTE's add the number of FTEs to ½ the number of part-time HCP (e.g., 2 part-time HCP = 1 FTE). If you cannot determine the exact number for a particular category, please estimate it. If the facility does not have any FTEs in a specific occupation, the user may enter 0. This is the denominator used to calculate rates of particular exposure events per FTE.



REFERENCES

The following CDC/PHS publications provide recommendations for management and follow-up of blood and body fluid exposures to HBV, HCV, and HIV:

- *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. (MMWR, June 29, 2001 / 50(RR11); 1-42)*
- *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis (PEP regimens have been changed). (MMWR, September 30, 2005 / 54(RR09); 1-17)*

The following CDC/PHS publication provides recommendations for the immunization of HCP:

- *A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. (MMWR, December 8, 2006 / 55(RR16); 1-25)*
- *Influenza Vaccination of Health-care Personnel. (MMWR, February 24, 2006 / 55(RR02); 1-16)*
- *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). (MMWR, July 29, 2009 / 58(Early Release); 1-52)*



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Key Terms

Key term	Definition
Antiviral medications for influenza	Drugs used to treat or to prevent influenza infections, not necessarily to treat the symptoms of influenza (e.g., analgesics)
Adverse reaction to influenza vaccine	A reaction experienced by the HCW that is attributable to the influenza vaccine. The Vaccine Information Statement defines a reaction as “Any unusual condition, such as high fever or behavior changes.” Typically, adverse reactions to vaccines are only known when the HCW notifies you (i.e., passive surveillance) rather than you following up after the vaccination (i.e., active surveillance).
Bite	A human bite sustained by an HCW from a patient, other HCW, or visitor.
Bloodborne pathogens	Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
CDC Location	A CDC-defined designation given to a patient care area housing patients who have similar disease conditions or who are receiving care for similar medical or surgical specialties. Each facility location that is monitored is “mapped” to one CDC Location. The specific CDC Location code is determined by the type of patients cared for in that area according to the 80% Rule. That is, if 80% of patients are of a certain type (e.g., pediatric patients with orthopedic problems) then that area is designated as that type of location (in this case, an Inpatient Pediatric Orthopedic Ward). Work locations must be mapped to a CDC location. For CDC locations, see http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf
CDC (occupation) Code	A CDC-defined designation for each occupation type in a facility. A facility occupation is “mapped” to one CDC Code. See Chapter 7 of protocol for list of occupations.
Contractor	Individual facilities may have differing classifications of work status. According to the Bureau of Labor Statistics, workers with no explicit or implicit contract for a long-term employment arrangement, such as temporary or term positions, are considered contingent or contract workers. Facilities should use their own definition of a contractor.
Declined influenza vaccination due to medical contraindications	If the HCW has severe allergy to chicken eggs or other vaccine components or has developed Guillain-Barre’ syndrome within 6 weeks of getting an influenza vaccine. For all other reasons, please select Declined Due to Personal Reasons.
Device	Any of the following devices (hollow-bore needle, suture needle, glass, plastic, other solid sharps, and non-sharp safety devices) used at the healthcare facility.
Direct patient care	Hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring.



Key term	Definition
Float	A work location for HCP who do not work at least 75% of the time in a single location. For example, a radiology technician who spends most of his/her time performing portable x-rays throughout the facility.
Full Time Equivalent (FTE)	HCP whose regularly scheduled workweek is 35 hours or more. To calculate the number of FTE's add the number of FTEs to ½ the number of part-time HCP (e.g., 2 part-time HCWs = 1 FTE).
Healthcare personnel (HCP)	The entire population of healthcare workers working in healthcare settings. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP. It includes students, trainees, and volunteers.
Healthcare worker (HCW)	A person who works in the facility, whether paid or unpaid, who has the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. Healthcare worker is the singular form of healthcare personnel.
Hollow-bore needle	Needle (e.g., hypodermic needle, phlebotomy needle) with a lumen through which material (e.g., medication, blood) can flow.
Location	The patient care area to which an HCW is assigned while working in the healthcare facility. See also CDC Location for how locations are defined.
Mucous membrane exposure	Contact of mucous membrane (e.g., eyes, nose, or mouth) with the fluids, tissues, or specimens listed on the blood and body fluids exposure form.
Non-intact skin	Areas of the skin that have been opened by cuts, abrasions, dermatitis, chapped skin, etc.
Non-intact skin-exposure	Contact of non-intact skin with the fluids, tissues, or specimens listed under Occupational Exposure
Non-Responder to Hepatitis B vaccine	An HCW, who has received two series of hepatitis B vaccine, is serotested within 2 months after the last dose of vaccine and does not have anti-HBs ≥ 10 mIU/mL.
Non-seasonal influenza vaccine	A vaccine for additional/novel influenza virus strains (e.g., 2009 H1N1) not included in the seasonal influenza vaccine which may or may not be available on an annual basis.
Occupational exposure	Contact with blood, visibly bloody fluids, and other body fluids (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, tissues, and laboratory specimens that contain concentrated virus) to which Standard Precautions apply and during the performance of a healthcare worker's duties. Modes of exposure include percutaneous injuries, mucous membrane exposures, non-intact skin exposures, and bites.



Key term	Definition
Part Time Equivalent (PTE)	HCP whose regularly scheduled workweek is less than 35 hours. Two PTEs equal 1 FTE.
Percutaneous injury	An exposure event occurring when a needle or other sharp object penetrates the skin. For percutaneous injuries with a needle or sharp object that was not in contact with blood or other body fluids prior to exposure, collection of data is optional. Facilities are not required to collect data that involve intact skin or exposures to body fluids to which contact precautions do not apply unless they are visibly bloody. However, facilities that routinely collect data on such exposures may enter this information into the system.
Safety device	Includes any safety device (e.g., needless IV systems, blunted surgical needles, self-sheathing needles) used at the healthcare facility.
Seasonal influenza vaccine	A vaccine for seasonal influenza virus strains that is offered on an annual basis.
Severe adverse reaction to antiviral medication use for influenza chemoprophylaxis or treatment	Adverse reactions severe enough to affect daily activities and/or result in the discontinuation of the antiviral medication.
Sharp	Any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Sharps Injury	An exposure event occurring when any sharp penetrates the skin
Solid Sharp	A sharp (e.g., suture needle, scalpel) that does not have a lumen through which material can flow.
Vaccination season	A 12-month period starting from September 1, 2xxx to the start of the next traditional influenza season (i.e., August 31 of the following year).
Vaccinator	The person who administers a vaccine to the HCW.
Work location	A HCW's current permanent work location. This refers to physical work location rather than to department assignment.



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CDC occupation Codes used to code (“map”) facility locations

CDC (occupation) Code	BLS SOC (2000)*
ATT-Attendant/orderly	31-1012
CLA-Clerical/administrative	
CNA-Nurse Anesthetist	
CNM-Nurse Midwife	
CSS-Central Supply	33-7012
CSW-Counselor/Social Worker	21-1020
DIT-Dietician	29-1030
DNA-Dental Assistant/Tech	31-9091
DNH-Dental Hygienist	29-2021
DNO-Other Dental Worker	
DNT-Dentist	29-1020
DST-Dental Student	
EMT-EMT/Paramedic	29-2041
FEL-Fellow	
FOS-Food Service	35-0000
HEM-Hemodialysis Technician	
HSK-Housekeeper	37-2010
ICP-Infection Control Professional	
IVT-IVT Team Staff	
LAU-Laundry Staff	
LPN-Licensed Practical Nurse	29-2061
MLT -Medical Laboratory Technician	29-2012
MNT-Maintenance/Engineering	
MOR-Morgue Technician	
MST-Medical Student	
MTE-Medical Technologist	29-2090
NUA-Nursing Assistant	
NUP-Nurse Practitioner	
OAS-Other Ancillary Staff	
OFR-Other First Responder	

CDC (occupation) Code	BLS SOC (2000)*
OH-Occupational Health Professional	29-9010
OMS-Other Medical Staff	
ORS-OR/Surgery Technician	29-2055
OTH-Other	
OTT-Other Technician/Therapist	29-2099
PAS-Physician Assistant	29-1071
PCT-Patient Care Technician	
PHA-Pharmacist	29-1051
PHL-Phlebotomist/IV Team	
PHW-Public Health Worker	
PHY-Physician	29-1060
PLT-Physical Therapist	29-1123
PSY-Psychiatric Technician	29-2053
RCH-Researcher	19-1040
RDT-Radiologic Technologist	29-2034
RES-Intern/Resident	
RNU-Registered Nurse	29-1111
RTT-Respiratory Therapist/Tech	29-1126
STU-Other Student	
TRA-Transport/Messenger/Porter	
VOL-Volunteer	

* Bureau of Labor Statistics (BLS) Standard Occupational Codes (SOC), available online at the United States Department of Labor, Bureau of Labor Statistics at <http://www.bls.gov/soc/>



CDC Device description used to code (“map”) medical devices used in the facility

CDC Device Description
IVPER - IV catheter - peripheral
IVCATH - IV catheter – central line
HYPO - Hypodermic needle, attached syringe
UNATT - Unattached hypodermic needle
PREFILL - Prefilled cartridge syringe
STYLET - I.V. Stylet
VHOLD - Vacuum tube holder/needle
SPINAL - Spinal or epidural needle
BMARROW - Bone marrow needle
BIOPSY - Biopsy needle
OTH-HOL - Other hollow-bore needle
UNK-HOL - Hollow-bore needle, type unknown
HUBER - Huber needle
WINGED - Winged-steel (Butterfly™-type) needle
HEMODIAL - Hemodialysis needle
HYPO-TUB - Hypodermic, attached to IV tubing
DENTASP -Dental aspirating syringe with needle
ABCD - Arterial Blood Collection Device
SUTR - Suture needle
BCUT - Bone cutter
BOVIE - Electrocautery device
BUR - Bur
ELEV - Elevator
EXPL - Explorer
FILE - File
FORCEPS - Extraction Forceps
LANCET - Lancet
MICRO - Microtome blade
PIN - Pin
RAZOR - Razor
RETRACT - Retractor
ROD - Rod (orthopaedic)

CDC Device Description
SCALE - Scaler/curette
SCALPEL - Scalpel blade
SCIS - Scissors
TENAC - Tenaculum
TROCAR - Trocar
WIRE - Wire
COLLTUBE - Blood collection tubes
CAPILL - Capillary tube
MED - Medication ampule/vial/IV bottle
PIPE - Pipette (glass)
SLIDE - Slide
TUBE - Specimen/test/vacuum tube
BCADAP - Blood culture adapter
IVDEL - IV Delivery System
CATHSECD - Catheter Securement Device
PCOLLTUBE - Blood collection tubes - plastic
PCAPILL - Capillary tube - plastic
PTUBE - Specimen/test/vacuum tube - plastic
UNK - Unknown type of sharp object
OTHER - Other sharp



**Antiretroviral and Associated Drug Codes for Use on Healthcare Worker
BBF Postexposure Prophylaxis form (CDC 57.206)**

CDC Drug Code
3TC - lamivudine
ABC - abacavir
APV - amprenavir
ATV - atazanavir
CD4 - CD4 therapies
D4T - stavudine
DDC - zalcitabine
ddI - didanosine
DLV - delavirdine
DRV - darunavir
EFV - efavirenz
ENF - enfuvirtide (T-20)
ETR - etravirine
fAPV - fosamprenavir
FTC - emtricitabine
HU - hydroxyurea
IDV - indinavir
IL2 - interleukin2
INT - interferon
LPV - lopinavir
NFV - nelfinavir
NVP - nevirapine
OTH - other
RLT - raltegravir
RTV - ritonavir
SQV - saquinavir
TDF - tenofovir
TIP - tipranavir (PNU-140690)
ZDV - zidovudine (AZT)



Importing Healthcare Worker Data

The NHSN will allow importation of healthcare worker data in an ASCII comma delimited text file format. You can generate the import files from different external sources, such as databases or hospital information systems. You must have both Add and Edit HCW privileges for the facility you logged into.

Notes:

1. Data in the import file must be in the same order as described in the table below, not as they appear on the Healthcare Worker Demographic Data form.
2. The comma delimited text file format defined in the below table requires commas between fields even if no data values exist (e.g., optional fields).
3. Work locations, department codes, supervisor's codes, and occupation codes must be set-up in NHSN prior to importing.
4. If the optional Comment field has text that contains commas you must place a double quote at the beginning and end of the string of text.
5. When creating comma delimited files, be careful to exclude non-printable characters as they may actually cause the data to be improperly imported and result in errors.
6. You must delete the header line from the CSV file prior to importing the data.

NHSN Healthcare Worker Import File Format:

Field	Required/Optional	Values	Format
HCW ID #	Required		Character Length 15
Social Security #	Optional		Numeric - Omit the "-"s
Secondary ID #	Optional		Character Length



Field	Required/Optional	Values	Format
			12
First name	Optional		Character Length 30
Middle name	Optional		Character Length 15
Last name	Optional		Character Length 30
Street address, line 1	Optional		Character Length 30
Street address, line 2	Optional		Character Length 30
Street address, line 3	Optional		Character Length 30
City	Optional		Character Length 30
State	Optional		Character Length 2
Zip code	Optional		Numeric Length 10
Work phone	Optional		Character Length 15
Home phone	Optional		Character Length 15
Email address	Optional		Character Length 250
Gender	Required	M - Male F - Female	Character Length 1
Date of Birth	Required		mm/dd/yyyy
Born in US	Optional	Y - Yes N - No U - Unknown	Character Length 1
Start date	Required		mm/dd/yyyy
Work status	Required	ACTIVE - Active INACTIVE - Inactive NOAFF - No longer affiliated	Character Length 8
Work location	Required	Must be one of the codes already set up for this facility	Character Length 10



Field	Required/Optional	Values	Format
Department	Optional	Must be one of the codes already set up for this facility	Character Length 30
Supervisor	Optional	Must be one of the codes already set up for this facility	Character Length 30
Occupation	Required	Must be one of the codes already set up for this facility	Character Length 15
Clinical specialty	Required if the CDC Occupational Code associated with this facility occupation code is RES,FEL,PHY,PAS, or OMS	ANE = Anesthesiology CAR = Cardiology CTS = Cardiothoracic Surgery CRC = Critical Care DOS = Dental/Oral Surgery DER = Dermatology ENT = Ear, Nose, and Throat ERM = Emergency Medicine FAP = Family Practice GAS = Gastroenterology GEN = General Surgery/Trauma IND = Infectious Diseases INM = Internal Medicine MSU = Other Medical Subspecialty NEP = Nephrology NEU = Neurology	Character Length 3



Field	Required/Optional	Values	Format
		NRS = Neurosurgery OBG = Obstetrics and Gynecology OPT = Ophthalmology ORT = Orthopedics OSS = Other Surgical Specialty OTH = Other Clinical Specialty PAT = Pathology PED = Pediatrics PLS = Plastic Surgery PMR = Physical Medicine/Rehab PSC = Psychiatry PUL = Pulmonology RAD = Radiology URO = Urology VAS = Vascular Surgery	
Race	Optional	AMIN - American Indian/Alaskan Native ASIAN - Asian AAB - Black or African American NH-PI - Native Hawaiian/Other	Character Length 5



Field	Required/Optional	Values	Format
		Pacific Islander	
		WHITE - White	
Ethnicity	Optional	HISP - Hispanic or Latino NOHISP - Not Hispanic or Not Latino	Character Length 6
Title	Optional		Character Length 20
Performs direct patient care	Optional	Y - Yes N - No	Character Length 1
Comment	Optional		Character Length 2000
Custom alpha value 1	Optional		Character Length 15
Custom alpha value 2	Optional		Character Length 15
Custom alpha value 3	Optional		Character Length 15
Custom alpha value 4	Optional		Character Length 15
Custom alpha value 5	Optional		Character Length 15
Custom alpha value 6	Optional		Character Length 15
Custom alpha value 7	Optional		Character Length 15
Custom alpha value 8	Optional		Character Length 15
Custom alpha value 9	Optional		Character Length 15
Custom alpha value 10	Optional		Character Length 15
Custom date value 1	Optional		mm/dd/yyyy
Custom date value 2	Optional		mm/dd/yyyy
Custom numeric value 1	Optional		Numeric - Length



Field	Required/Optional	Values	Format
			decimal(12,3) 999999999.999
Custom numeric value 2	Optional		Numeric - Length decimal(12,3) 999999999.999
Type of Employee	Required	FT - Full-time PT - Part-time CONTRACT - Contract employee VOL - Volunteer OTHER - Other	Character Length 10



Healthcare Worker Prophylaxis/Treatment

OMB No. 0920-0666
Exp.Date: 03-31-2011

Influenza

* Required

Facility ID#:

Med Admin#:

Healthcare Worker Demographics

*HCW ID#:

HCW Name, Last:

First:

Middle:

*Gender:

*Date of Birth:

/ /

*Work Location:

*Occupation:

Clinical Specialty:

Information about the Antiviral Medication

Infectious agent: **Influenza**

*For season: _____
(specify years)

*Indication (select one)	*#	Influenza subtype	*Antiviral medication (Enter code from below)	*Start date	Stop date	*Adverse reactions?
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___ / ___ / ___ mm dd yyyy	___ / ___ / ___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Antiviral medications

AMAN—amantadine (Symmetrel®) RIMAN—rimantadine(Flumadine®) ZANAM—zanamivir (Relenza®) OSELT—oseltamivir (Tamiflu®)

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Information about the Antiviral Medication (cont.)

Adverse reactions to antiviral medication #1: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #2: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #3: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #4: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Information about the Antiviral Medication (cont.)

Adverse reactions to antiviral medication #5: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #6: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #7: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #8: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |



Healthcare Worker Influenza Antiviral Medication Administration

OMB No. 0920-0666
Exp.Date: 03-31-2011

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Information about the Antiviral Medication (cont.)

Adverse reactions to antiviral medication #9: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #10: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Custom Fields

Label

_____	___/___/___
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Label

_____	___/___/___
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments



Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666
Exp. Date: 03-31-2011

Page 1 of 2

Facility ID #: _____

*Date Entered: _____
(Month/Year)

*For Season: _____ - _____
(Specify years)

*Vaccination campaign for: (check one)

Seasonal influenza subtype Non-seasonal influenza subtype Both (campaign and target populations are the same for both subtypes)

*1. Which personnel groups do you plan to include in your annual influenza vaccination program?

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g, physicians, nurses, respiratory therapists)

*2. Which of the following types of employees do you plan to include in your annual influenza vaccination program? (check all that apply)

- Full-time employees Number _____
- Part-time employees Number _____
- Contract employees Number _____
- Volunteers Number _____
- Others, specify: _____ Number _____

*3. At what cost will you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

*4. Will influenza vaccination be available during all work shifts (including nights and weekends)?

- Yes
- No

*5. Which of the following methods do you plan to use this influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provide vaccination in congregate areas (e.g, conferences/meetings or cafeteria)
- Provide vaccination at occupational health clinic
- Other, specify: _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).
CDC 57.211 (Front)



Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666
Exp. Date: 03-31-2011

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*6. Which of the following strategies do you plan to use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities are planned
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Require receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify:

*7. Do you plan to conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

8. If you plan to conduct formal educational programs on influenza and influenza vaccination, will your healthcare workers be required to attend?

- Yes
- No

*9. Will you require healthcare workers who receive off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

*10. Will you require signed declination statements from healthcare workers who refuse influenza vaccination?

- Yes
- No

*11. Vaccine information statement edition date:

Seasonal: ____/____/____
 mm dd yyyy

Non-seasonal: ____/____/____
 mm dd yyyy



Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666
Exp. Date: 03-31-2011

Page 1 of 2

Facility ID #: _____

*Date Entered: _____
(Month/Year)

*For Season: _____ - _____
(Specify years)

*Vaccination campaign for: (check one)

Seasonal influenza subtype Non-seasonal influenza subtype Both (campaign and target populations were the same for both subtypes)

*1. Which personnel groups did you include in your annual influenza vaccination program this past season?

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g, physicians, nurses, respiratory therapists)

*2. Which of the following types of employees did you include in your annual influenza vaccination program this past season? (check all that apply)

- Full-time employees Number _____
- Part-time employees Number _____
- Contract employees Number _____
- Volunteers Number _____
- Others, specify: _____ Number _____

*3. At what cost did you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

*4. Did you provide influenza vaccination during all work shifts (including nights and weekends)?

- Yes
- No

*5. Which of the following methods did you use during influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provided vaccination in congregate areas (e.g, conferences/meetings or cafeteria)
- Provided vaccination at occupational health clinic
- Other, specify: _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.212 (Front)



Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666
Exp. Date: 03-31-2011

Page 2 of 2

*6. Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities are planned
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Required receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify:

*7. Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

8. If you conducted formal educational programs on influenza and influenza vaccination, did you require your healthcare workers to attend?

- Yes
- No

*9. Did you require healthcare workers who received off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

*10. Did you require signed declination statements from healthcare workers who refused influenza vaccination?

- Yes
- No



This training session will focus on how to Set up a Facility, specific to the Healthcare Personnel Safety Component.



Objectives

- Review how locations are used in NHSN
- Illustrate how to add:
 - Users
 - Locations
 - Devices
 - Occupations
 - Departments
 - Supervisors
- Discuss how a facility can import healthcare worker demographic data

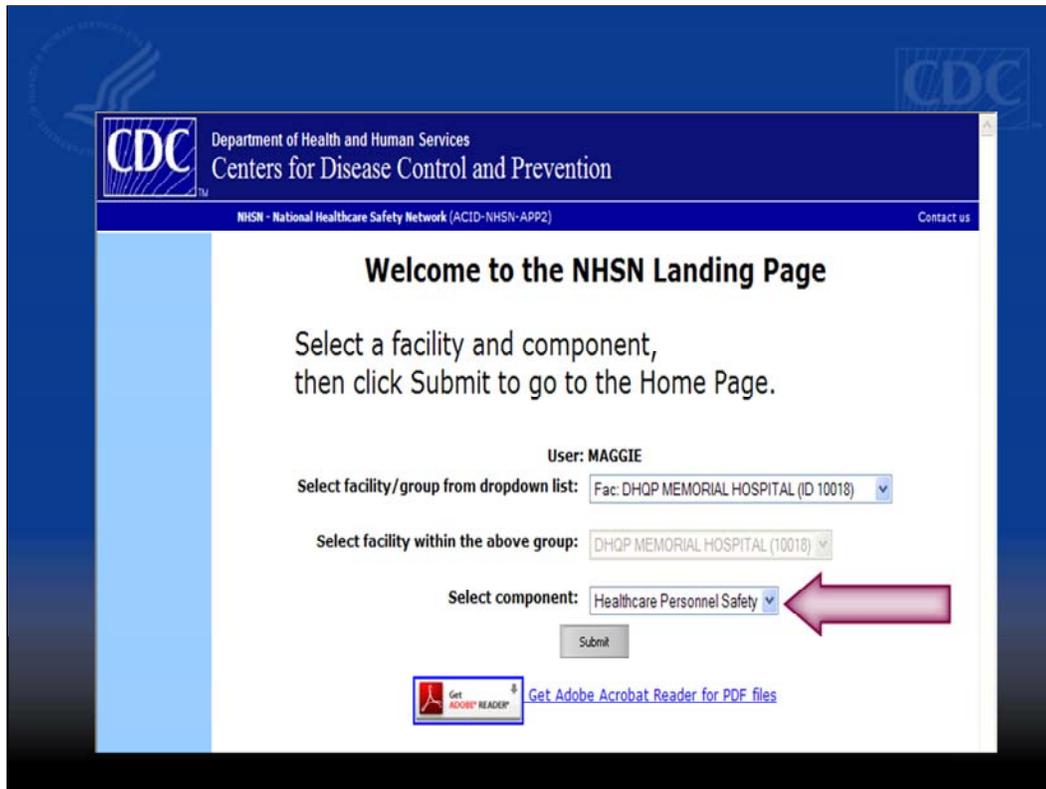
The objectives for this training session include: reviewing how locations are used in NHSN, illustrating how to add users, locations, devices, occupations, departments, and supervisors, and discuss how a facility can import healthcare worker demographic data.

- Log in to <https://sdn.cdc.gov>
- Click on “NHSN Reporting”

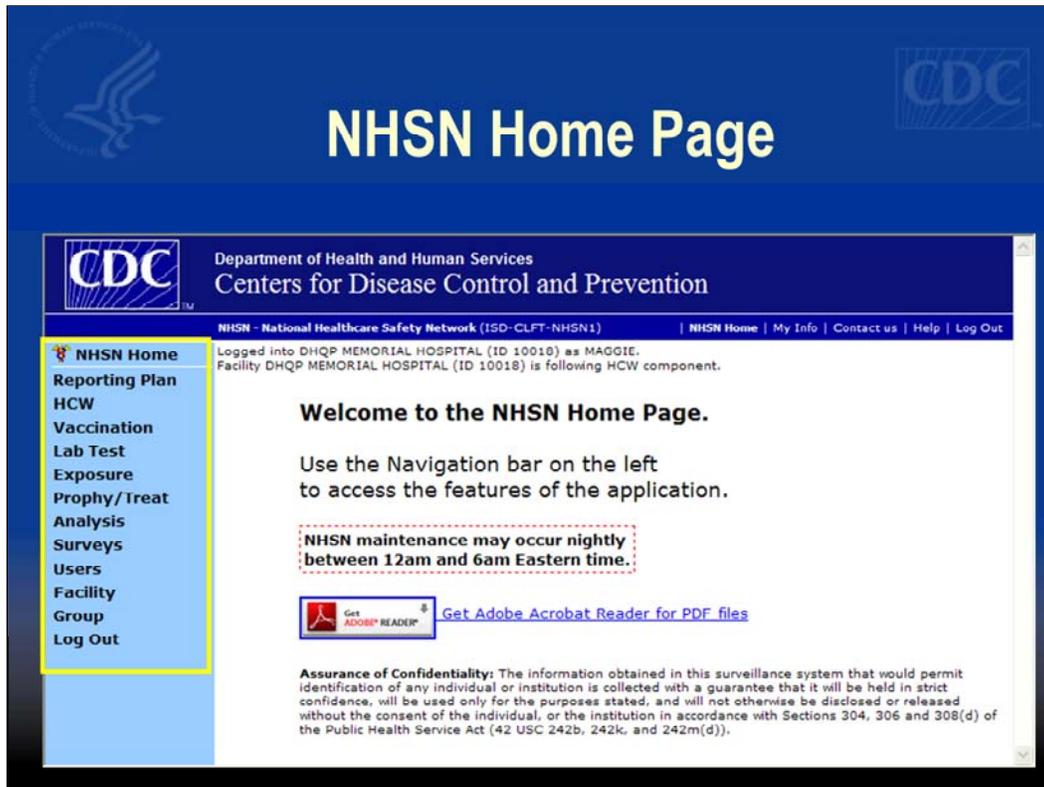
The screenshot shows the CDC Public Health Partners website interface. At the top, it says "You are logged in as Maggie Dudeck". Below this, there are several sections:

- My Applications:** Under "National Healthcare Safety Network (NHSN)", there are two links: "NHSN Enrollment" and "NHSN Reporting", with a red arrow pointing to the latter. Below this is a link for "Request Additional Activities".
- Electronic Reference:** A section for searching databases. It includes a dropdown menu set to "PubMed", a search input field, and a "Search" button.
- Morbidity and Mortality Weekly Report:** A section titled "This Week in MMWR November 9, 2007 / Vol. 56 / No. 44" with links to "Great American Smokeout -- November 15, 2007", "Cigarette Smoking Among Adults -- United States, 2006", and "Salmonella Typhimurium Infection Associated with Raw Milk".
- Recommendations and Reports:** A section for "November 2, 2007 / Vol. 56" with links to "Interpreting and Managing Blood Lead Levels <10 microg/dL in Children", "Lead: Recommendations of CDC's Advisory Committee on Lead", and "Appendix: Guide to Resources for Parents". There is also a link to "Download pdf document of this issue".
- Surveillance Summaries:** A section for "October 19, 2007 / Vol. 56 / No. 41" with a link to "National Surveillance for Asthma -- United States, 1996-2004".

Narrative: Once your facility has been activated in the Healthcare Personnel Safety Component, log in to the SDN website and click on NHSN Reporting.



Narrative: If your facility is joined to more than one component, you will be taken to the NHSN Landing page. Here, you can select “Healthcare Personnel Safety” for the component and click submit.



Narrative: You will then be taken to the NHSN Home Page. This is also the page you will see if your facility is joined to the Healthcare Personnel Safety Component only.

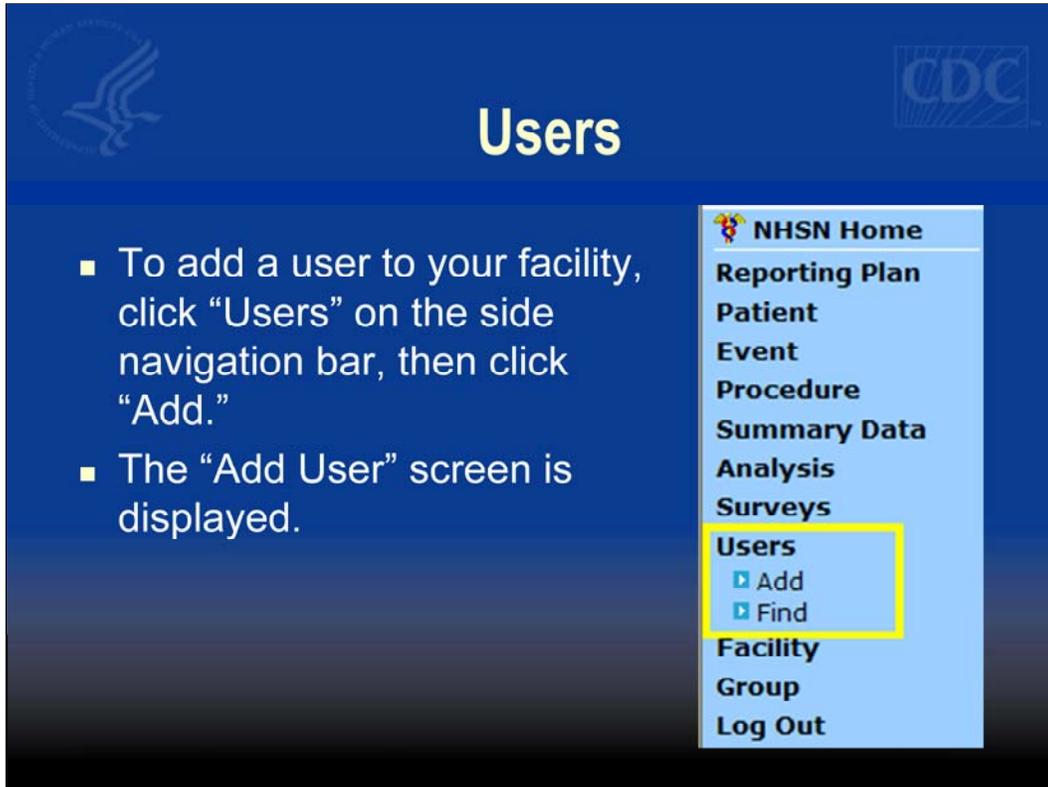
The Navigation Bar on the left will direct you to various functionalities of NHSN, including the set up tasks we will discuss today.



Users

- Once the enrollment process is complete, the NHSN Facility Administrator can add users.
- A person cannot get a digital certificate until the Facility Administrator has added him or her as a user.
- Each user must have his or her own digital certificate.

Once the enrollment process is complete, the NHSN Facility Administrator can add users. A person cannot get a digital certificate until the Facility administrator has added him or her as a user and the new user has completed training. Please note that each user in NHSN must have his or her own digital certificate.

The image shows a screenshot of a web application interface. At the top left is the NHSN logo, and at the top right is the CDC logo. The main heading is "Users". Below the heading is a list of navigation items: NHSN Home, Reporting Plan, Patient, Event, Procedure, Summary Data, Analysis, Surveys, Users, Facility, Group, and Log Out. The "Users" item is highlighted with a yellow box, and it has two sub-items: "Add" and "Find".

Users

- To add a user to your facility, click “Users” on the side navigation bar, then click “Add.”
- The “Add User” screen is displayed.

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Surveys
- Users**
 - ▢ Add
 - ▢ Find
- Facility
- Group
- Log Out

To add a user to your facility, click “Users” on the navigation bar, then click “Add.” The “Add User” screen will be displayed.

Users

Add User

Mandatory fields marked with *

User ID*: Up to 32 letters and/or numbers, no spaces or special characters

Prefix:

First Name*:

Middle Name:

Last Name*:

Title:

User Active:

User Type:

Phone Number: Extension:

Fax Number:

E-mail Address*:

Address, line 1:

Address, line 2:

Address, line 3:

City:

State:

Zip Code: Zip Code Ext.:

County:

Home Phone Number: Home Extension:

Beeper:

This is what the "Add User" screen looks like. There are only four required fields, however more information can be entered if desired.

Let's take a closer look at this screen.

This is what the "Add User" screen looks like. There are only four required fields on this screen, however, more information can be entered if desired. Let's take a closer look at this screen.



Users

- User ID
 - Each user must be assigned a unique user ID. Although the user ID is displayed in NHSN, it is not used to log in to NHSN.
 - The user ID can be any combination of up to 32 letters and/or numbers. Spaces and special characters are not allowed.

Mandatory fields marked with *

User ID*:

The first item is User ID. Each user must be assigned a unique user ID. Although the user ID will be displayed when the user is logged in to NHSN, it is not used in order to log in to NHSN. The user ID can be any combination of up to 32 letters and/or numbers. Spaces and special characters are not allowed.



Users

■ User Name

- The user's first and last name are required.
- Optional information, such as title and user type can also be added.

Mandatory fields marked with *

User ID*:

Prefix:

First Name *:

Middle Name:

Last Name *:

Title:

User Active:

User Type:

The next two required fields are the user's first and last names. Other optional information, such as title and user type can also be entered. User type may include Occupational Health Professional, as shown here, or it could be Data Entry Staff, Hospital Epidemiologist, etc. This list is defined by NHSN.



Users



- User Contact Information
 - The only piece of contact information that is required is the user's valid email address. This email address must be the same one identified by the user during his or her application for a digital certificate.

A screenshot of a web form for user contact information. The form includes the following fields: Phone Number, Extension, Fax Number, E-mail Address (pre-filled with 'JDOE@YOURFACILITY.ORG'), Address, line 1, Address, line 2, Address, line 3, City, State (dropdown menu), County (dropdown menu), Zip Code, Zip Code Ext., Home Phone Number, Home Extension, and Beeper. At the bottom of the form are 'Save' and 'Back' buttons.

The next few pieces of information include the user's contact information. Please note that the only piece of contact information required is the user's email address. This must be the same email address that the user will indicate when applying for his or her digital certificate.



Users



NOTE: Please make sure the email address is correct! Entering an incorrect email address will prevent the new user from obtaining a digital certificate and from gaining access to NHSN.

Please make sure the user's email address is correct. Entering an incorrect email address will prevent the new user from obtaining a digital certificate and gaining access to NHSN.



Users

- Edit User Rights
 - After entering the new user's information, click "Save."
 - The "Edit User Rights" screen will appear.

Edit User Rights

[HELP](#)

User ID: **MAGGIE (ID 147)**

Facility List:

Rights	Patient Safety	Healthcare Personnel Safety	Biovigilance
Administrator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Rights	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Analyze Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
View Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customize Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After the user's information has been entered, the next step is to assign user rights. This is a snapshot of what the Edit User Rights screen looks like. Notice that there are multiple categories for assigning rights, including "Customize rights".



Users

- About User Rights:
 - When a new user is added to NHSN, he or she must be assigned rights to the facility's data. If rights are not assigned, the user will not have access to any data, other than his or her own contact information.
 - User rights can be assigned by activity - view, enter, analyze - or be customized as desired.
 - The assigned rights will not only determine the new user's required trainings, but also determine the options available to him or her on the navigation bar.

There are a few important points to keep in mind when assigning user rights. If rights are not assigned when a user is added, they will not have access to any data in NHSN, other than his or her own contact information. A user can be assigned various levels of rights to data in the facility. This may be by activity, such as view, enter, or analyze data. Assigning a user as an "Administrative User" for one or more components will give them the same rights as a facility administrator – meaning the user will be able to add other users and perform other set-up and management functions. Customizing rights allow the facility administrator to allow a user to only add/edit/delete/analyze certain pieces of data, for example, Laboratory testing.

The assigned rights will not only determine the new user's required trainings, but also determine the options available to him or her on the navigation bar.



Users

- Once the user's rights have been assigned and saved, the user will receive an email from NHSN with instructions to access his or her Rules of Behavior and how to obtain a digital certificate.

After the user's rights have been assigned and saved, the user will receive an email from NHSN with instructions to access his or her unique Rules of Behavior and how to obtain a digital certificate.



Locations



- Locations are used to stratify data in NHSN. Before any data can be entered, facility-specific locations must be identified and set up. Locations are defined as physical areas of the facility.
- In the Healthcare Personnel Safety Component, this refers to any area of the facility where healthcare personnel work or have access.

Narrative: The next task in setting up a facility is to add locations. Before we review how to add locations, let's talk about how locations are used in NHSN. Locations are used to stratify data in NHSN. Before any data can be entered, including healthcare worker demographic data, facility-specific locations must be identified and set up.

Locations are defined as physical areas of the facility and, in the Healthcare Personnel Safety Component, refer to any area of the facility where healthcare personnel work or have access.



Locations

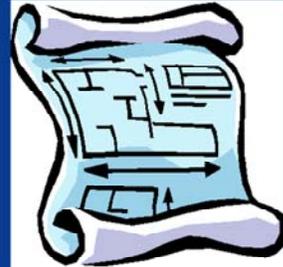
- If a facility is already enrolled in NHSN, locations will have been set up but some non-patient care areas may need to be added
- A location used in only one component can be edited or deactivated by any user with rights to edit location records
- A location used in more than one Component can only be edited by the Facility Administrator. However, a location can be activated or deactivated by any user with rights to do so.

It's important to understand the management of locations should the facility be enrolled in more than one component in NHSN. If a facility is already enrolled in NHSN, for instance in the Patient Safety Component, locations will have been set up but some non-patient care areas may need to be added for the Healthcare Personnel Safety Component. A location used in only one component can be edited or deactivated by any user with rights to edit location records. A location used in more than one Component can only be edited by the Facility Administrator. However, a location can be activated or deactivated by any user with rights to do so.



Locations

- You will “map” each location in the facility to a standard CDC Location. The CDC Location descriptions must be reviewed before mapping facility-specific locations.



Each facility is required to map each location in their facility to a standard CDC Location. The CDC Location descriptions must be reviewed before mapping facility-specific locations.



Locations



- A list of all standard CDC Locations and Descriptions can be found in the CDC Locations & Descriptions document.

CDC Location Label	Location Description
INPATIENT LOCATIONS	
Inpatient Adult Critical Care	
Burn Critical Care	Critical care area specializing in the care of patients with significant/major burns
Medical Cardiac Critical Care	Critical care area specializing in the care of patients with serious heart problems that do not require heart surgery.
Surgical Cardiothoracic Critical Care	Critical care area specializing in the care of patients following cardiac and thoracic surgery.
Medical Critical Care	Critical care area for patients who are being treated for nonsurgical conditions.
Medical/Surgical Critical Care	An area where critically ill patients with medical and/or surgical conditions are managed.
Neurologic Critical Care	Critical care area specializing in treating life-threatening neurological diseases.

This slide shows a snapshot of the CDC Locations and Descriptions document, used when mapping your locations.



Locations: Patient Care Areas



- 80% Rule:
 - The specific CDC Location for a patient care area is determined by the type of patients receiving care.
 - 80% of the patients must be of a consistent type to classify the location as that specific type.

Narrative: When setting up patient care areas, it's important to remember the 80% rule. The specific CDC location for a patient care area is determined by the type of patients receiving care, therefore, 80% of the patients must be of a consistent type to classify the location as that specific type.



Locations: Patient Care Areas



- If your facility participates in the Patient Safety Component, discuss these locations with your Facility Administrator and NHSN Patient Safety Primary Contact
- Each location in your facility should only be set up once!

Narrative: If your facility participates in the Patient Safety Component, you should discuss the mapping of Patient Care areas with your Facility Administrator and NHSN Patient Safety Primary Contact. All locations set up in NHSN are used in all components, so each location only needs to be set up once.

Locations

- To add locations, click on "Facility" on the navigation bar, then select "Locations." The following screen will appear:

NHSN Home

- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Surveys
- Users
- Facility
 - Customize Forms
 - Export Data
 - Facility Info
 - Add/Edit Component
 - Locations**
 - Surgeons
- Group
- Log Out

Locations

Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*

Your Label*

CDC Location Description*

Status* Active

Bed Size* 0 A bed size greater than zero is required for most inpatient locations.

Narrative: After you have reviewed your facility's locations and the CDC locations, it's time to add locations. To do this, go to the Navigation bar and click "Facility" and then "Locations." You will be taken to the Locations screen.



Locations

- The first step is to assign your code and label for this location. The code and label will be how you refer to the location while entering healthcare worker demographic data and exposures.
- The code and the label can be the same. In this example, the label is more descriptive than the code.

Your Code*: 61EAST
Your Label*: PEDIATRIC ICU
CDC Location Description*: Pediatric Medical Critical Care
Status*: Active

Find Add Clear

Narrative: The first step in setting up locations is to assign your facility's location code and label. Your facility's location code and label will appear in the location drop-down menu throughout NHSN. The code and label can be the same, but should be something that you will recognize. In this example, I am setting up a Pediatric ICU and in my facility, we refer to this location as 61 East.



The screenshot shows a web form titled "Locations" with the CDC logo in the top right. The form contains the following fields and controls:

- Your Code***: Text input field containing "61EAST".
- Your Label***: Text input field containing "PEDIATRIC ICU".
- CDC Location Description***: Dropdown menu with "Pediatric Medical Critical Care" selected.
- Status***: Dropdown menu with "Active" selected.
- Buttons**: "Find", "Add", and "Clear" buttons at the bottom.

- Next, you will need to "map" your location code to a CDC Location Description. Choose the location type that most closely resembles your facility location. This is an important step because it directs CDC to put your data into a specific "bucket" for aggregate analyses.

Narrative: Next, you will need to map your location code and label to the appropriate CDC Location. Because defining locations will direct CDC to put your data into a specific "bucket" for aggregate analyses and location mappings cannot be edited once data are entered, please be sure to choose the correct CDC Location description. In this example I have mapped my location to the CDC location "Pediatric Medical Critical Care." The default status is set to "Active."



Locations

- When you have entered the required information, click "Add."
- The following message will appear at the top of the screen:

 The location 'PEDIATRIC ICU' has been successfully added.

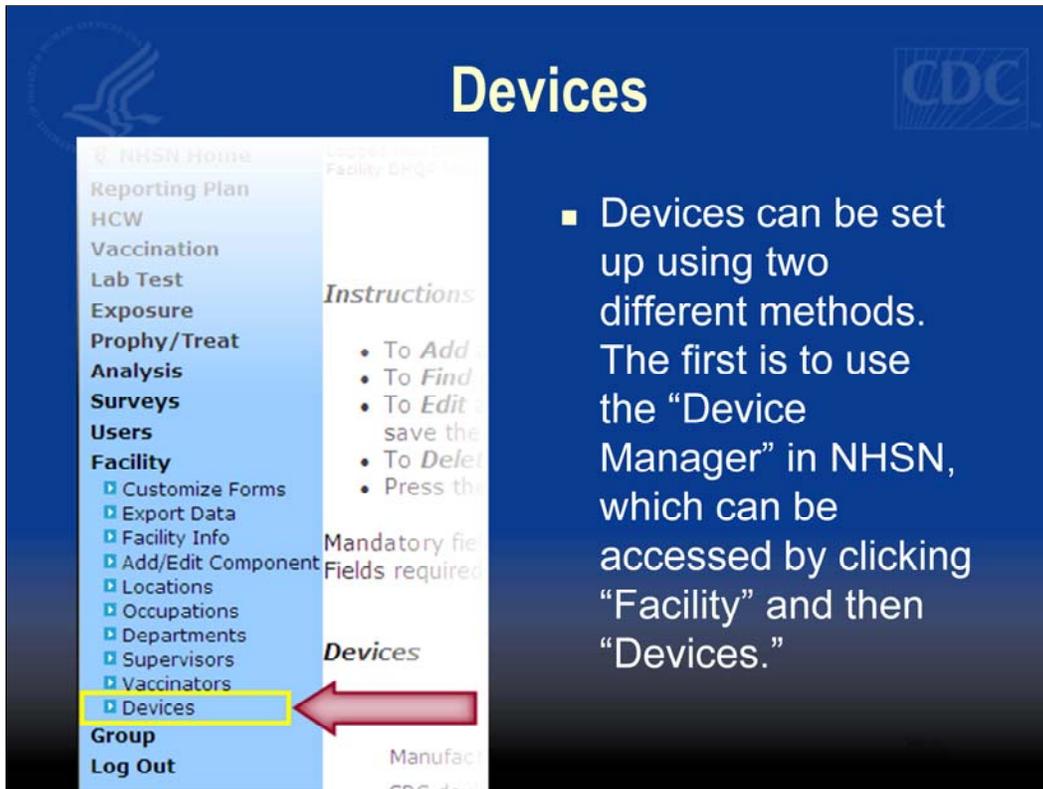
Once you have you entered the required information, click "Add." You will see a message at the top of the screen confirming the location was successfully added.



Devices

- Allows monitoring the implementation and discontinuation of such devices along with their scope of use
- Can be set up prior to or during the reporting of Blood/Body Fluid percutaneous exposures

Narrative: The next piece of the Healthcare Personnel Safety Component set up is adding devices. Devices are used in NHSN when reporting percutaneous injuries in the Blood & Body Fluid exposure module. Devices can be set up prior to or during the reporting of a Blood/Body Fluid



The screenshot shows the NHSN Home interface. On the left is a navigation menu with categories: Reporting Plan, HCW, Vaccination, Lab Test, Exposure, Prophy/Treat, Analysis, Surveys, Users, Facility, Group, and Log Out. The 'Facility' category is expanded, showing sub-items: Customize Forms, Export Data, Facility Info, Add/Edit Component, Locations, Occupations, Departments, Supervisors, Vaccinators, and Devices. The 'Devices' item is highlighted with a yellow box, and a red arrow points to it from the right. The main content area on the right shows a 'Facility DRQ' form with sections for 'Instructions' and 'Devices'. The 'Instructions' section contains a bulleted list: 'To Add', 'To Find', 'To Edit', 'save the', 'To Delete', and 'Press the'. The 'Devices' section is partially visible below.

Devices

- Devices can be set up using two different methods. The first is to use the “Device Manager” in NHSN, which can be accessed by clicking “Facility” and then “Devices.”

Devices can be set up using two different methods. The first is to use the “Device Manager” in NHSN, which can be accessed by clicking “Facility” and then “Devices.”



Devices



- You will be brought to the Device Manager screen. The fields marked with a red asterisk are required in order to save this device.

Devices

Your code*:

Your label*:

Manufacturer and model:

CDC device description*:

CDC safety feature description*:

Scope of use:

Implementation (Qtr/Yr):

Status*:

You will be brought to the Device Manager screen. The fields marked with a red asterisk are required in order to save a device.



Devices



- Map facility device code and label to standard CDC Device Description
- “Scope of Use” and “Implementation (Qtr/Yr)” are optional

Devices

Your code*: EPIDUR

Your label*: EPIDURAL NEEDLE

Manufacturer and model: ACME EPIDURAL NEEDLE SPT5

CDC device description*: SPINAL - Spinal or epidural needle

CDC safety feature description*: SLIDE - Sliding/gliding guard/shield

Scope of use: SA - Selected areas only

Implementation (Qtr/Yr): 1 2004

Status*: Active

Find Add Clear

Narrative: You'll notice that adding devices is similar to adding locations in that you must specify the code and label used by your facility and then map to a standard CDC description. In addition, you are asked to provide details on whether the device has a safety feature, scope of use of the product, and implementation month and year. Please note that including information about scope of use and implementation is optional in the Device Manager.



Devices

- Once all required fields have been completed, click “Add.”
- The following confirmation message will appear:

The device 'EPIDURAL NEEDLE' has been successfully added.

Once all required data are entered, click “Add.” Again, a message will appear at the top confirming that the device was successfully added.



Devices



- Devices can also be added while entering a Blood/Body Fluid Exposure record.
- We call this adding a device “on the fly.”

Add Exposure

Mandatory fields marked with *
Fields required when Blood/Body Fluid Exposure is in Plan marked with †
Fields required when Blood/Body Fluid Exposure with Exposure Management is in Plan marked with §

[Print PDF Form](#)

Healthcare Worker Demographics

Facility ID*: Exposure Event #: 474
HCW ID*:

Eye Mouth Nose
 Other Specify:

Percutaneous Injury

Was the needle or sharp object visibly contaminated with blood prior to exposure?*:

Depth of the injury?§:

What needle or sharp object caused the injury?§: 

Manufacturer and Model:
Type of safety feature:

When did the injury occur?*:

Devices can also be added while entering a Blood/Body Fluid exposure record. We refer to this as adding a device on the fly.



Devices



- When adding a device from the Exposure screen, click “Add Device” and the device manager screen will be displayed.
- Click “Add” to return to the Exposure screen.

Devices

Your code*: EPIDUR

Your label*: EPIDURAL NEEDLE

Manufacturer and model: ACME EPIDURAL NEEDLE SPT5

CDC device description*: SPINAL - Spinal or epidural needle

CDC safety feature description*: SLIDE - Sliding/gliding guard/shield

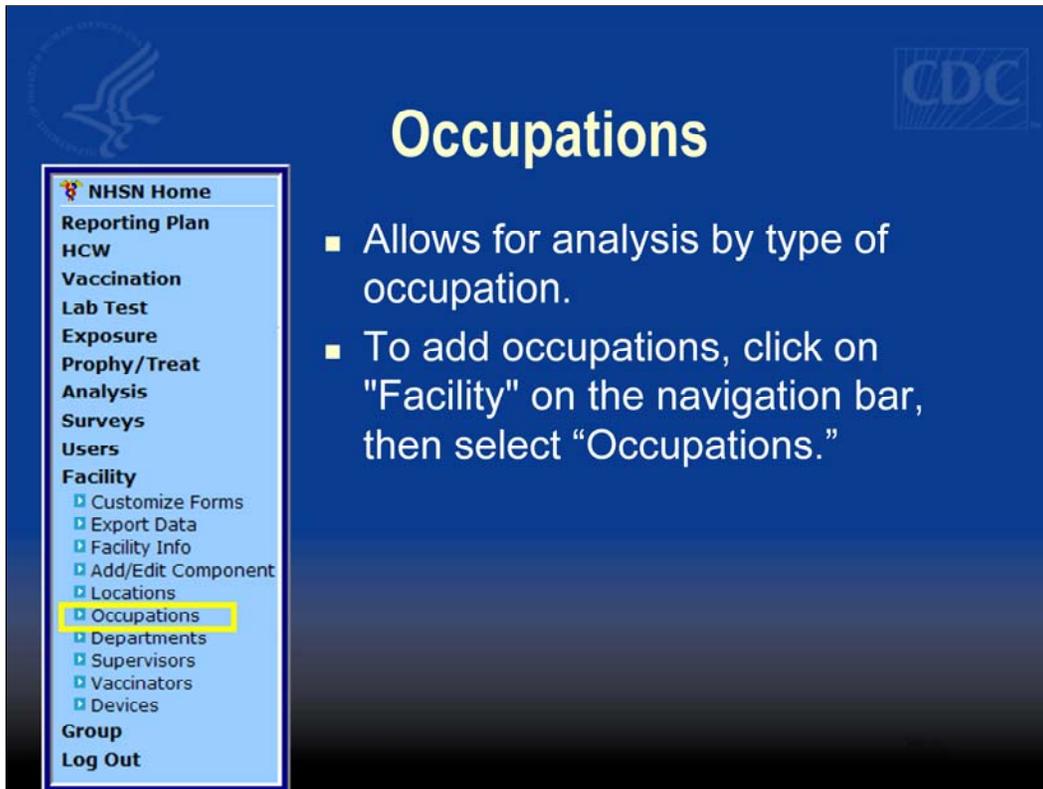
Scope of use: SA - Selected areas only

Implementation (Qtr/Yr): 1 2004

Status*: Active

Add Back

When adding a device from the Exposure screen, click “Add Device” and the device manager screen will be displayed. Once all of the required information has been entered, click “Add” to return to the Exposure screen.



The image shows a screenshot of the NHSN Home navigation menu. The menu is displayed in a light blue box with a dark blue border. The items in the menu are: NHSN Home, Reporting Plan, HCW, Vaccination, Lab Test, Exposure, Propyl/Treat, Analysis, Surveys, Users, Facility, Group, and Log Out. The 'Facility' section is expanded, showing sub-items: Customize Forms, Export Data, Facility Info, Add/Edit Component, Locations, Occupations, Departments, Supervisors, Vaccinators, and Devices. The 'Occupations' item is highlighted with a yellow rectangular box. In the top right corner of the slide, there is a CDC logo.

Occupations

- Allows for analysis by type of occupation.
- To add occupations, click on "Facility" on the navigation bar, then select "Occupations."

Another step in the set up process is to add occupations. This allows for analysis by type of occupation. To add occupations, click on "Facility" on the navigation bar, then select "Occupations."



Occupations



- On the occupations screen, enter the facility's code and description for an occupation
- Map the facility's occupation code to a CDC-defined occupation code.

Occupation Code*: MEDST
Description*: Medical Student
CDC Code*: MST - Medical Student
Status*: Active

Find Add Clear

Narrative: On the occupations screen, enter the facility's code and description for an occupation. This, of course, will be mapped to a standard CDC occupation code. All of the occupation codes are included in the NHSN Manual: Healthcare Personnel Safety Component Protocol.



Occupations

- When you have entered all of the required information, click “Add.”
- The following confirmation message will appear:

 The occupation code 'MEDST' has been successfully added.

When you have entered all of the required information, click “Add.” A message will appear at the top of the screen confirming the occupation was successfully added.



The image shows a screenshot of the NHSN Home menu. The menu items are: NHSN Home, Reporting Plan, HCW, Vaccination, Lab Test, Exposure, Propyl/Treat, Analysis, Surveys, Users, Facility (with sub-items: Customize Forms, Export Data, Facility Info, Add/Edit Component, Locations, Occupations, Departments, Supervisors, Vaccinators, Devices), Group, and Log Out. The 'Departments' and 'Supervisors' items under the 'Facility' section are highlighted with a yellow box.

Departments and Supervisors

- “Department” and “Supervisor” are optional healthcare worker demographic data fields that can be useful for analysis.
- These must be set up prior to entering/importing healthcare worker demographic data.
- Add by clicking
 - Facility > Departments
 - Facility > Supervisors
- Departments and Supervisors are not mapped to standard CDC codes.

Department and Supervisor are optional healthcare worker demographic data fields that can be useful for analysis. These must be set up prior to entering or importing healthcare worker demographic data. These codes can be added by clicking Facility, and then Departments or Supervisors. Please note that these items are not mapped to standard CDC codes.



Departments and Supervisors

Department Code*	<input type="text"/>
Description:	<input type="text"/>
Status*	Active <input type="button" value="v"/>

Supervisor Code*	<input type="text"/>
Supervisor Name:	<input type="text"/>
Status*	Active <input type="button" value="v"/>

- For Departments, enter your facility's department code and description.
- For Supervisors, enter your facility's supervisor code and supervisor name.

When adding a department, enter your facility's department code and description. Similarly, when adding a supervisor, enter the supervisor code and the supervisor name. Notice that supervisor name is an optional field.



Importing Healthcare Worker (HCW) Demographic Data

- HCW demographic data can be imported.
- If not imported, HCW demographic data can be entered “on the fly” when creating an exposure or vaccination record.
- Import file must be ASCII comma delimited text file format.
- HCW import file format available in NHSN Document Library.

Importing Healthcare Worker Data

The NHSN will allow importation of healthcare worker data in an ASCII comma delimited text file format. You can generate the import files from different external sources, such as databases or hospital information systems. You must have both Add and Edit HCW privileges for the facility you logged into.

NHSN Healthcare Worker Import File Format:

Field	Required/Optional	Values	Format
Healthcare Worker ID	Required		Character - Length 15
Social Security Number	Optional		Numeric - Omit the '-'s
Worker's secondary ID	Optional		Character - Length 12
First name	Optional		Character - Length 30
Middle name	Optional		Character - Length 15
Last name	Optional		Character - Length 30
Street address, line 1	Optional		Character - Length 30
Street address, line 2	Optional		Character - Length 30

The next item to discuss is the importation of healthcare worker demographic data. If healthcare worker demographic data are not imported, they can be entered on the fly when creating an exposure or vaccination record. The import file must be an ASCII comma delimited text file format. The required file format is available in the document library on the NHSN website.



Importing HCW Demographic Data



- Tips:
 - You must delete the header line from the CSV file prior to importing the data.
 - You must have set up location and occupation codes prior to importing.
 - If importing department and supervisor information, these must be set up prior to importing.
 - All facility specific codes in the import file must match the facility specific codes in NHSN.

If you are going to import healthcare worker demographic data, there are a few pieces of information to keep in mind. First, you must delete the header line from the CSV file prior to importing. Second, you must have set up location and occupation codes prior to importing. Third, if you'll be importing the department and supervisor, those codes must also be set up prior to importing. And finally, all facility specific codes in the import file must match the facility specific codes in NHSN.

Importing HCW Demographic Data

- When you are ready to import healthcare worker data, click HCW, then “Import.”

The screenshot shows the NHSN web interface. At the top, the CDC logo is on the left and the text 'Department of Health and Human Services Centers for Disease Control and Prevention' is on the right. Below this is a navigation bar with 'NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)' and links for 'NHSN Home', 'My Info', 'Contact us', 'Help', and 'Log Out'. A user login message reads: 'Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as MAGGIE. Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following HCW component.' The main heading is 'Import HCW Data'. Below the heading is a 'Help' button and the text 'For information on the accepted file formats and content, click the Help button.' A section titled 'Select Data file' contains a text input field with a 'Browse...' button to its right. At the bottom of this section are 'Submit' and 'Back' buttons. On the left side of the interface is a vertical navigation menu with the following items: 'NHSN Home', 'Reporting Plan', 'HCW' (with sub-items 'Add', 'Find', and 'Import' highlighted with a yellow box), 'Vaccination', 'Lab Test', 'Exposure', 'Prophy/Treat', 'Analysis', 'Surveys', 'Users', 'Facility', 'Group', and 'Log Out'.

When you are ready to import healthcare worker demographic data, click HCW, then Import.

Importing HCW Demographic Data

- On the “Import” screen, click “Browse” to find the appropriate import file.
- Once found, click “Submit.”

Import HCW Data

For information on the accepted file formats and content, click the Help button.

Help

Select Data file

MyDocuments\HCWImport.csv

On the “Import” screen, click “Browse” to find the appropriate import file. Once found, click “Submit.”



Importing HCW Demographic Data



- The next screen that appears will contain a list of data that will be imported.
- From this screen, you can choose to import the data, make edits to the data, or delete records.

These records have no match in the database. For each record you have three options.

- Leave the record as is. It will be inserted when you press the Update button.
- Ignore the record. Check the box in the Delete column and then press the Delete button.
- Edit the record. Press the Edit button if you need to change any of the record's fields.

Inserts

Delete	hcwid	ssn	id2	gname	mname	surname	addr1	addr2	addr3	city	state	zip	work
<input type="checkbox"/>	Edit	46591133		JANE		DOE				ATLANTA	GA		

Update Delete Back

The next screen that appears will contain a list of data that will be imported. From this screen, you can choose to import the data, make edits to the data, or delete records.



Importing HCW Demographic Data



- When you have confirmed the data are ready to be imported, click “Update.”
- A message will pop-up confirming that you wish to import the data. Click “Ok” to continue the import, or “Cancel” to cancel the import.



- When the data are imported, the following confirmation message will appear:

 The data file has been successfully imported.

When you have confirmed the data are ready to be imported, click “Update.” A message will pop up confirming that you wish to import the data. Click “Ok” to continue the import, or “Cancel” to cancel the import. When the data are imported, the confirmation message will appear, as shown.



Summary

In this training you learned:

- How locations are used in NHSN
- How to add:
 - Users
 - Locations
 - Devices
 - Occupations
 - Departments
 - Supervisors
- How a facility can import HCW demographic data

In summary, this training session reviewed each piece of the facility set up process for the Healthcare Personnel Safety Component. This included how to add users, how to add locations and how locations are used in NHSN, how to add devices, occupations, departments, and supervisors. And finally, we discussed how a facility can import healthcare worker demographic data.



Contact Information:
nhsn@cdc.gov

Important web addresses:
<http://www.cdc.gov/nhsn/index.html>
<http://www.cdc.gov/nhsn/hps.html>
<http://www.cdc.gov/nhsn/training.html>

If you have questions, please contact us at nhsn@cdc.gov. Additionally, we have provided a few web addresses with additional resources and documentation. Thank you!



CDC Location Label

Location Description

LOCATIONS

Adult Critical Care Units

Burn Critical Care	Critical care area specializing in the care of patients with significant/major burns.
Medical Cardiac Critical Care	Critical care area specializing in the care of patients with serious heart problems that do not require heart surgery.
Surgical Cardiothoracic Critical Care	Critical care area specializing in the care of patients following cardiac and thoracic surgery.
Medical Critical Care	Critical care area for patients who are being treated for nonsurgical conditions.
Medical/Surgical Critical Care	An area where critically ill patients with medical and/or surgical conditions are managed.
Neurologic Critical Care	Critical care area specializing in treating life-threatening neurological diseases.
Neurosurgical Critical Care	Critical care area specializing in the surgical management of patients with severe neurological diseases or those at risk for neurological injury as a result of surgery.
Prenatal Critical Care	Critical care area specializing in the management of the pregnant patient with complex medical or obstetric problems requiring a high level of care to prevent the loss of the fetus and to protect the life of the mother.
Respiratory Critical Care	Critical care area for the evaluation and treatment of the patient with severe respiratory conditions.
Surgical Critical Care	Critical care area for the evaluation and management of patients with serious illness before and/or after surgery.
Trauma Critical Care	Critical care area specializing in the care of patients who require a high level of monitoring and/or intervention following trauma or during critical illness related to trauma.

Pediatric Critical Care Units

Pediatric Burn Critical Care	Critical care area specializing in the care of patients ≤ 18 years old with significant/major burns
Pediatric Cardiothoracic Critical Care	Critical care area specializing in the care of patients ≤ 18 years old following cardiac and thoracic surgery.
Pediatric Medical Critical Care	Critical care area for patients ≤ 18 years old who are being treated for nonsurgical conditions. In the NNIS system, this was called Pediatric ICU (PICU).



Pediatric Medical/Surgical Critical Care	An area where critically ill patients ≤ 18 years old with medical and/or surgical conditions are managed.
Pediatric Neurology Critical Care	Critical care area for patients ≤ 18 years old specializing in treating life-threatening neurological diseases.
Pediatric Neurosurgical Critical Care	Critical care area specializing in the surgical management of patients ≤ 18 years old with severe neurological diseases or those at risk for neurological injury as a result of surgery.
Pediatric Respiratory Critical Care	Critical care area for the evaluation and treatment of the patients ≤ 18 years old with severe respiratory conditions.
Pediatric Surgical Critical Care	Critical care area for the evaluation and management of patients ≤ 18 years old with serious illness before and/or after surgery.
Pediatric Trauma Critical Care	Critical care area specializing in the care of patients ≤ 18 years old who require a high level of monitoring and/or intervention following trauma or during critical illness related to trauma.

Neonatal Units¹

Well Baby Nursery (Level I)	Hospital area for evaluation and postnatal care of healthy newborns. May include neonatal resuscitation and stabilization of ill newborns until transfer to a facility at which specialty neonatal care is provided.
Step down Neonatal ICU (Level II)	Special care nursery for care of preterm infants with birth weight ≥ 1500 g. Includes resuscitation and stabilization of preterm and/or ill infants before transfer to a facility at which newborn intensive care is provided.
Neonatal Critical Care (Level II/III)	Combined nursery housing both Level II and III newborns and infants.
Neonatal Critical Care (Level III)	A hospital neonatal intensive care unit (NICU) organized with personnel and equipment to provide continuous life support and comprehensive care for extremely high-risk newborn infants and those with complex and critical illness. Level III is subdivided into 4 levels differentiated by the capability to provide advanced medical and surgical care. NOTE: The categories of Level III below are classifications from the American Academy of Pediatrics, Definitions of hospital-based newborn services ¹ . These classifications are



all considered Level III nurseries in NHSN.

Level IIIA - Hospital or state-mandated restriction on type and/or duration of mechanical ventilation.

Level IIIB - No restrictions on type or duration of mechanical ventilation. No major surgery.

Level IIIC - Major surgery performed on site (eg, omphalocele repair, tracheoesophageal fistula or esophageal atresia repair, bowel resection, myelomeningocele repair, ventriculoperitoneal shunt). No surgical repair of serious congenital heart anomalies that require cardiopulmonary bypass and /or ECMO for medical conditions.

Level IIID - Major surgery, surgical repair of serious congenital heart anomalies that require cardiopulmonary bypass, and/or ECMO for medical conditions.

Inpatient Specialty Care Areas

Long Term Acute Care (LTAC)	Area that provides acute care services to patients suffering medically complex conditions, or patients who have suffered recent catastrophic illness or injury and require an extended stay in an acute care environment.
Bone Marrow Transplant Specialty Care Area	Hospital specialty care area for the treatment of patients who undergo bone marrow (stem cell) transplant for the treatment of various disorders.
Acute Dialysis Unit	Hospital specialty care area for patients who require acute dialysis as a temporary measure.
Hematology/Oncology SCA	Hospital specialty care area for the management and treatment of patients with cancer and/or blood disorders.
Solid Organ Transplant SCA	Hospital specialty area for the postoperative care of patients who have had a solid organ transplant (e.g., heart/lung, kidney, liver, pancreas)
Pediatric Bone Marrow Transplant SCA	Hospital specialty care area for the treatment of patients \leq 18 years old who undergo bone marrow (stem cell) transplant for the treatment of various disorders.
Pediatric Dialysis SCA	Hospital specialty care area for patients \leq 18 years old who require acute dialysis as a temporary measure.
Pediatric Hematology/Oncology SCA	Hospital specialty care area for the management and treatment of patients \leq 18 years old with cancer and/or blood disorders.



Pediatric Solid Organ Transplant
SCA

Hospital specialty area for the postoperative care of patients ≤ 18 years old who have had a solid organ transplant (e.g., heart/lung, kidney, liver, pancreas).

Inpatient Adult Wards

Burn Ward

Hospital area for evaluation and treatment of patients who have burns.

Behavioral Health/Psych Ward

Hospital area for evaluation and treatment of patients with acute psychiatric or behavioral disorders.

Ear/Nose/Throat Ward

Hospital area for the evaluation, treatment, or surgery of patients with ear, nose, or throat disorders

Gastrointestinal Ward

Hospital area for evaluation, treatment or surgery of patients with disorders of the gastrointestinal tract.

Gerontology Ward

Hospital area for the evaluation, treatment or surgery of patients with age-related diseases.

Genitourinary Ward

Hospital area for the evaluation, treatment or surgery of patients with disorders of the genitourinary system.

Gynecology Ward

Hospital area for the evaluation, treatment, or surgery of female patients with reproductive tract disorders.

School Infirmary

Overnight stay patient care area of a school infirmary or health center (e.g., private residential school or college campus).

Jail Unit

Overnight stay patient care area of a hospital or correctional facility used only for those who are in custody of law enforcement during their treatment.

Labor and Delivery Ward

Hospital area where women labor and give birth.

Labor, Delivery, Recovery,
Postpartum Room (LDRP)

Hospital suite used for labor, delivery, recovery and post partum (LDRP) -- all within the same suite.

Medical Ward

Hospital area for the evaluation and treatment of patients with medical conditions or disorders.

Medical/Surgical Ward

Hospital area for the evaluation of patients with medical and/or surgical conditions.

Neurology Ward

Hospital area where patients with neurological disorders are evaluated and treated.



Neurosurgical Ward	Hospital area for care of patients whose primary reason for admission is to have neurosurgery or to be cared for by a neurosurgeon after head or spinal trauma.
Orthopedic Trauma Ward	Hospital area where patients with orthopedic injuries or disorders are evaluated and treated.
Plastic Surgery Ward	Hospital area for the care of patients who have reconstructive surgery performed by a plastic surgeon.
Postpartum Ward	Hospital area for the patient who is recovering from childbirth.
Pulmonary Ward	Hospital area where patients with respiratory system conditions or disorders are evaluated and treated.
Ophthalmology Ward	Hospital area for care of patients whose primary reason for admission is to have eye surgery or to be cared for by an ophthalmologist after eye trauma.
Orthopedic Ward	Hospital area for evaluation, treatment or surgery on bones, joints, and associated structures by an orthopedist.
Rehabilitation Ward	Hospital area for evaluation and restoration of function to patients who have lost function due to acute or chronic pain, musculoskeletal problems, stroke, or catastrophic events resulting in complete or partial paralysis.
Surgical Ward	Hospital area for evaluation and treatment of patients who have undergone a surgical procedure.
Acute Stroke Unit	Hospital area for evaluation, stabilization and treatment of patients who have experienced an acute stroke.
Vascular Surgery Ward	Hospital area for evaluation and treatment of patients who have undergone vascular surgery.

Inpatient Pediatric Wards

Adolescent Behavioral Health	Hospital area for evaluation and treatment of patients between the ages of 13 and 18 with acute psychiatric or behavioral disorders.
Pediatric Burn Ward	Hospital area specializing in the evaluation and treatment of patients ≤ 18 years who have tissue injury caused by burns.
Pediatric Behavioral Health	Hospital area for evaluation and management of patients ≤ 18 years old with acute psychiatric or behavioral disorders.
Pediatric Ear, Nose, Throat	Hospital area for evaluation and management of patients ≤ 18 years old with disorders of the ear, nose and/or throat.



Pediatric Genitourinary	Hospital area where patients ≤ 18 years of age with disorders of the genitourinary system are evaluated and treated.
Medical Pediatric Ward	Hospital area where patients ≤ 18 years of age with medical conditions or disorders are evaluated and treated.
Pediatric Med/Surg Ward	Hospital area where patients ≤ 18 years old with medical and/or surgical conditions are managed.
Pediatric Neurology Ward	Hospital area where patients ≤ 18 years old with neurological disorders are evaluated and treated.
Pediatric Neurosurgical Ward	Hospital area for care of patients ≤ 18 years old whose primary reason for admission is to have neurosurgery or to be cared for by a neurosurgeon after head or spinal trauma.
Pediatric Orthopedic Ward	Hospital area where patients ≤ 18 years old with orthopedic injuries or disorders are evaluated and treated.
Pediatric Rehabilitation Ward	Hospital area for evaluation and restoration of function to patients ≤ 18 years old who have lost function due to acute or chronic pain, musculoskeletal problems, stroke, or catastrophic events resulting in complete or partial paralysis.
Pediatric Surgical Ward	Hospital area for evaluation and treatment of patients ≤ 18 years old who have undergone a surgical procedure.

Step Down Units

Step Down Unit (post Critical Care)	Hospital area for adult patients that are hemodynamically stable who can benefit from close supervision and monitoring, such as frequent pulmonary toilet, vital signs, and/or neurological and neurovascular checks.
Pediatric Step Down Unit	Patients ≤ 18 years old that are hemodynamically stable who can benefit from close supervision and monitoring, such as frequent pulmonary toilet, vital signs, and/or neurological and neurovascular checks.

Operating Rooms

Operating Room/Suite	A room or suite in a hospital equipped for the performance of surgical operations. Requirements for air changes, temperature, humidity and surfaces must be met. (For outpatient operating room, use Ambulatory Surgery Center designation or other specialty OR shown in Outpatient Locations section of this chapter.)
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Cardiac Catheterization Room/Suite

A room or rooms in a hospital equipped for the performance of heart catheterizations for diagnostic or therapeutic purposes. Operating Room requirements for air changes, temperature, humidity and surfaces must be met.

Cesarean Section Room/Suite

A room or suite in a hospital equipped for the performance of obstetric and gynecologic surgeries and for the care of the neonate immediately after birth. Operating Room requirements for air changes, temperature, humidity and surfaces must be met.

Interventional Radiology

A room or suite in a hospital where diagnostic or therapeutic radiologic procedures on outpatients and/or inpatients occurs. Operating Room requirements for air changes, temperature, humidity and surfaces must be met.

Post Anesthesia Care Unit/Recovery Room

Hospital area designated for monitoring patients for immediate effects of anesthesia before either going home or on to an in-patient care area.

Long Term Care

Long Term Care Unit

Area where care provided for persons with chronic disease or disabilities for extended periods of time.

Long Term Care Alzheimer's Unit

Area where care is provided to persons diagnosed with Alzheimer's syndrome for extended periods of time.

Long Term Care Behavioral Health/Psych Unit

Area where care is provided to individuals with psychiatric or behavioral-disorder diagnoses for extended periods of time.

Hospice

Area where palliative care is provided to the dying patient.

Ventilator Dependent Unit

Area where care is provided to patients whose respirations depend on the use of a ventilator for extended periods of time.

Long Term Care Rehabilitation Unit

Area where evaluation and restoration of function is provided to patients who have lost function due to acute or chronic pain, musculoskeletal problems, stroke, or catastrophic events resulting in complete or partial paralysis.

AUR Documentation Only

All Wards (not ICU or SCA) combined

This location represents an aggregate of all care areas, excluding critical care, specialty care, and outpatient areas. This location is used for the purpose of reporting microbiology and pharmacy data as part of the AUR option only.



All Outpatient Areas

This location represents an aggregate of all outpatient areas and is used for the purpose of reporting microbiology data as part of the AUR Option only.

Miscellaneous Areas

All Inpatient Beds Combined

This location represents all beds. It is used for reporting optional facility-wide summary data (e.g., CLABSI rate for facility).

Sleep Studies (for in and out patients)
Pulmonary Function Testing

Area where patients stay overnight and are evaluated for sleep disorders.
Area where the evaluation of a patient's respiratory status takes place.

Transport Service

Mobile unit used to transport patients to their home or from one healthcare setting to another non-emergently.

OUTPATIENT LOCATIONS

Acute Care Settings

Urgent Care Center

Area that provides medical care services for illnesses and injuries that are not life-threatening.

Outpatient Emergency Department

Area that provides emergency medical services; top priority is given to those with life-threatening illness or injury.

Pediatric Emergency Department

Area that provides emergency medical services to patients who are ≤ 18 years old; top priority is given to those with life-threatening illness or injury.

Mobile Emergency Services/EMS

Mobile unit that provides clinical and emergency medical services to individuals who require them in the pre-hospital setting.

Ambulatory Surgery Center

Area that is equipped for the performance of surgical operations; may be free-standing or part of a hospital. Operating Room requirements for air changes, temperature, humidity and surfaces must be met. Patients do not stay overnight.

Outpatient Pediatric Surgery Center

Area that is equipped for the performance of surgical operations for persons ≤ 18 years old, may be free-standing or part of a hospital.. Operating Room requirements for air changes, temperature, humidity and surfaces must be met. Patients do not stay overnight.



Outpatient Plastic Surgery Center	Area that is equipped for the performance of plastic surgery operations may be free-standing or part of a hospital. Operating Room requirements for air changes, temperature, humidity and surfaces must be met. Patients do not stay overnight.
Outpatient Surgery Recovery Room/Post Anesthesia Care Unit	Area designated for monitoring patients for the immediate effects of anesthesia before being sent home.
24-Hour Observation Area	Area where patients are monitored for suspected or non-life threatening conditions for 24 hours or less.

Clinic (Nonacute) Settings

Allergy Clinic	An outpatient setting for the purpose of providing services to individuals with allergies.
Behavioral Health Clinic	An outpatient setting for the purpose of providing services to individuals with psychiatric or behavior-disorders.
Blood Collection Center	An outpatient setting where blood is collected from donors. This does not include donation centers that are temporarily set up in non-clinical settings (e.g., schools, churches) or mobile blood collection centers.
Cardiac Rehabilitation Center	An outpatient setting where patients with cardiac disease, in partnership with a multidisciplinary team of health professionals, are encouraged and supported to achieve and maintain optimal physical health through exercise, nutritional and psychological counseling.
Cardiology Clinic	An outpatient setting for the evaluation and management of individuals with cardiac problems.
Continence Clinic	An outpatient setting for the evaluation and management of individuals with incontinence problems.
Dermatology Clinic	An outpatient setting for the evaluation and management of dermatologic conditions by a dermatologist.
Diabetes/Endocrinology Clinic	An outpatient setting for the evaluation, education and management of persons with diabetes.
Ear, Nose, Throat Clinic	An outpatient setting for the evaluation and management of conditions related to the ear, nose and/or throat.
Family Medicine Clinic	An outpatient setting for patients who are managed by a family practice physician or group of physicians. Does not include private physician practice.



Genetics Clinic	An outpatient setting for testing and counseling of individuals may have genetic or hereditary disorders.
Gynecology Clinic	An outpatient setting for women for the evaluation and management of female reproductive tract conditions.
Holistic Medicine Center	An outpatient setting where alternative healthcare practices are used, focusing on the physical, mental, emotional, social and spiritual aspects of health.
Hyperbaric Oxygen Center	An outpatient setting where therapeutic hyperbaric oxygen is administered.
Infusion Center	An outpatient setting for the administration of fluids, blood products and medications.
Neurology Clinic	An outpatient setting for the diagnosis, evaluation, and treatment of persons with neurologic disorders.
Occupational Health Clinic	An outpatient setting where workplace physicals, workplace injury management and immunological evaluations take place.
Occupational Therapy Clinic	An outpatient setting where persons with injury or disability are helped to resume activities of daily living with exercise, massage and other therapies.
Ophthalmology Clinic	An outpatient setting for the diagnosis, evaluation and treatment of ophthalmologic disorders.
Orthopedic Clinic	An outpatient setting for the diagnosis, evaluation and treatment of orthopedic disorders.
Ostomy Clinic	An outpatient setting for the management of persons who have had surgical procedure for removing normal bodily wastes through a surgical opening (stoma) on the abdominal wall.
Outpatient Dental Clinic	An outpatient setting that provides dental services, including preventive teeth cleaning, emergency treatment, and comprehensive oral care. This may be a private or group practice or a teaching facility for dentists and/or dental hygienists.
Outpatient GI Clinic	An outpatient setting for the diagnosis, evaluation and management of conditions related to the gastrointestinal tract. Usually includes an endoscopy suite.



Outpatient Hematology/Oncology Clinic	An outpatient setting for the diagnosis, evaluation and treatment of persons with hematologic and/or oncologic disorders. This may include chemotherapy or blood/blood products infusion services.
Outpatient Hemodialysis Clinic	An outpatient setting for chronic hemodialysis patients where they are evaluated and dialyzed several times weekly.
Outpatient HIV Clinic	An outpatient setting for the diagnosis, evaluation and treatment of persons who are HIV positive or who have AIDS.
Outpatient Medical Clinic	An outpatient setting for the diagnosis, evaluation and treatment of medical disorders.
Outpatient Rehabilitation Clinic	An outpatient setting where persons with injury or disability are evaluated and treated to resume activities of daily living, speech and language skills and maximum physical function. This may include social and psychological evaluation and treatment.
Pain Clinic	An outpatient setting for the evaluation and treatment of persons with chronic or intractable pain.
Pediatric Behavioral Health Clinic	An outpatient setting for the evaluation and management of persons ≤ 18 years old with psychiatric or behavior disorders.
Pediatric Cardiology Center	An outpatient setting for the evaluation and management of persons ≤ 18 years old with cardiac disorders.
Pediatric Clinic	An outpatient setting for the evaluation and treatment of children under the age of nineteen.
Pediatric Dental Clinic	An outpatient setting that provides dental services, including preventive teeth cleaning, emergency treatment, and comprehensive oral care to persons ≤ 18 years old. This may be a private or group practice or a teaching facility for dentists and/or dental hygienists.
Pediatric Dermatology Clinic	An outpatient setting for the evaluation and management of persons ≤ 18 years old with dermatologic disorders.
Pediatric Diabetes/Endocrinology Clinic	An outpatient setting for the evaluation and management of persons ≤ 18 years old with diabetes or other endocrine disorders.
Pediatric Gastrointestinal Clinic	An outpatient setting for the evaluation and treatment of patients ≤ 18 years old with gastrointestinal disorders.



Pediatric Hematology/Oncology Clinic	An outpatient setting for the evaluation and treatment of patients ≤ 18 years old with cancer and/or blood disorders.
Pediatric Nephrology Clinic	An outpatient setting for the evaluation and treatment of patients ≤ 18 years old with disorders of the genitourinary tract.
Pediatric Orthopedic Clinic	An outpatient setting for the evaluation and treatment of patients ≤ 18 years old with fractures or other orthopedic disorders.
Pediatric Rheumatology Clinic	An outpatient setting for the evaluation and treatment of patients ≤ 18 years old with rheumatology disorders.
Pediatric Scoliosis Clinic	An outpatient setting for the evaluation and treatment of patients ≤ 18 years old with scoliosis or other growth disorders of the spine.
Physical Therapy Clinic	An outpatient setting where persons with injury or disability are helped to obtain maximum physical function.
Physician's Office	A physician's office practice.
Podiatry Clinic	An outpatient setting for the evaluation and treatment of individuals with conditions or disorders of the feet.
Prenatal Clinic	An outpatient setting for the evaluation and treatment of pregnant women.
Pulmonary Clinic	An outpatient setting for the evaluation and treatment of persons with disorders of the respiratory tract.
Rheumatology Clinic	An outpatient setting for the evaluation and treatment of persons with autoimmune disorders, primarily rheumatoid arthritis.
School or Prison Infirmary	Area in a school or correctional facility that provides medical care to students/inmates. This area is not staffed or equipped for overnight stay patients.
Specimen Collection Area (Healthcare)	An area in within a healthcare facility where procedures are performed to collect blood, tissue and other specimens for diagnostic purposes.
Speech Therapy Clinic	An outpatient setting for the evaluation and treatment of persons with brain injury to maximize their speech, swallow and language functions.
Surgical Services Clinic	An outpatient setting for the pre-operative evaluation and the postoperative management of individuals undergoing a surgical procedure.
Well Baby Clinic	An outpatient setting for the examination and treatment of normal newborns.
Wound Center	An outpatient setting for the evaluation and treatment of persons with acute or chronic wounds.



Wound Ostomy Continence Clinic	An outpatient area which provides acute and rehabilitative care for people with selective disorders of the gastrointestinal, genitourinary and integumentary (skin) systems.
Endoscopy Suite	An area where endoscopic procedures (e.g., upper gastrointestinal, lower gastrointestinal endoscopies, bronchoscopy) are performed on outpatients and/or inpatients. Patient care and processing of equipment may take place in this location.
Radiology, includes Nuclear Medicine	An area where diagnostic or therapeutic radiologic procedures are done on outpatients and/or inpatients. This location does <u>not</u> meet Operating Room requirements for air changes, temperature, humidity or surfaces.
Mobile Blood Collection center	A self-contained mobile unit such as a bus or trailer that is specifically designed and equipped for the collection of blood and blood products from public donors. This unit typically moves from location to location.
Mobile MRI/CT	A self-contained mobile unit such as a bus or trailer that is equipped with MRI or CT radiologic equipment and that may be moved between health care locations (e.g., hospitals, clinics).

COMMUNITY LOCATIONS

Blood Collection (Blood Drive Campaign)	A location that was not designed for nor equipped to perform healthcare functions (e.g., school gym or shopping mall) that has been set up specifically to collect donations of blood and blood products from the public.
Home Care	A patient's home location where medical services including routine non-invasive and other invasive procedures (e.g., insertion of indwelling urinary catheter, insertion of IV line, etc.) are performed by health care workers and family members under the supervision of a licensed independent practitioner (e.g., MD, CNP,PA)
Home-based Hospice	A patient's home location where end-of-life services are performed by health care workers, family members and volunteers.
Location Outside Facility	A location outside this facility, including unknown outside location. Used only in "Location of Device Insertion" drop down list of locations.
Specimen Collection Area (Community)	A location that was not designed for nor equipped to perform healthcare functions (e.g., school gym or shopping mall) that has been set up specifically to collect body fluids for health care testing. Examples would be blood sugar or cholesterol screening clinics.



NON-PATIENT CARE LOCATIONS

Assisted Living Area	A location where persons live and have available to them housekeeping, meal preparation, transportation and other non-medical services. Patient care is not done in this area.
Blood Bank	An area within a health care facility that may collect, store and distribute blood and blood products. Also perform diagnostic tests on blood/components to determine compatibilities.
Clinical Chemistry	An area within a diagnostic laboratory that does general clinical chemistry (clinical biochemistry), endocrinology, therapeutic substance monitoring, toxicology, blood pH and gases, urinalysis, and urine pregnancy testing.
Hematology	An area within a diagnostic laboratory that determines the specific properties of blood (e.g., CBC, white blood count).
Histology/Surgical Pathology	An area within a diagnostic laboratory that uses high-power microscopy to evaluate cells and tissues for the presence or absence of disease.
Microbiology	An area within a laboratory that performs diagnostic tests to determine the presence or absence of bacteria and its related properties.
Morgue/Autopsy Room	An area within a facility that is used for the storage and/or postmortem examination of deceased persons.
Serology Lab	An area within a diagnostic laboratory that performs blood tests to determine the presence or absence of certain diseases or the levels of immunity.
Soiled Utility Area	An area within a healthcare facility where used and/or soiled disposable or durable medical equipment is stored and/or cleaned in preparation for disposal or reprocessing/reuse.
Virology Lab	An area within a diagnostic laboratory that performs tests and/or culturing to determine the presence or absence of specific viruses.
General Laboratory	An area which encompasses all clinical divisions within a diagnostic laboratory.
Administrative Areas	Areas within a healthcare facility where administrative functions take place. No patient care takes place in these areas.
Central Sterile Supply	An area within a healthcare facility where durable medical equipment is cleaned/decontaminated, wrapped, sterilized and stored in preparation for patient use.



Physical Plant Operations Center	An area within a healthcare facility where construction, renovation, and maintenance staff activities and supplies are coordinated. This may also include areas of machinery and equipment.
Facility Grounds	Any outdoor area adjacent to a healthcare facility that belongs to the facility (e.g. sidewalks, parking ramps, lawns, etc.).
Housekeeping/Environmental Services	An area within a healthcare facility where housekeeping/environmental services staff activities are coordinated and supplies are stored.
Laundry Room	An area within a healthcare facility where laundry is sorted, washed, dried and prepared for transport and use.
Pharmacy	An area within a healthcare facility where medications are prepared and labeled for patient use.
Public Area in Facility	Any indoor area within a healthcare facility that is not used for patient care and that is available to the public (e.g., waiting rooms, cafeterias, hallways).
Central Trash Area	An area adjacent to a healthcare facility where biohazardous and non-biohazardous wastes are collected in preparation for transport to a landfill or incineration.

¹ Definitions of Hospital-Based Newborn Services Used for Survey Performed by Section on Perinatal Pediatrics American Academy of Pediatrics website:
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;114/5/1341/T1> , accessed, July 8, 2008.



This presentation will provide an overview of the Healthcare Personnel Safety component of NHSN.



Target Audience



- This training is designed for those who will collect and analyze Healthcare Personnel Safety Component (HPS) data or enroll a facility into NHSN to participate in HPS

This includes:

- NHSN Facility Administrator
- HPS Primary Contact
- Occupational Health Professionals (OHPs)
- Infection Preventionists (IPs)
- Epidemiologists
- Data entry staff



This training is designed not only for those who will collect and analyze Healthcare Personnel Safety Component (or HPS) data, but also for those who will enroll a healthcare facility into NHSN. This includes NHSN facility administrators, the Healthcare Personnel Safety Primary contact, occupational health professionals, infection preventionists or IPs, epidemiologists, and data entry staff. The primary HPS contact is the person in your facility who has primary contact with CDC, especially regarding data entry questions. This is likely to be someone with occupational health responsibilities in your facility.



Objectives



1. Describe NHSN and its purposes
2. Define the authority and confidentiality protections for NHSN
3. Identify the requirements for participating in the Healthcare Personnel Safety Component
4. List the modules of the Healthcare Personnel Safety Component
5. Explain key terms used in the Healthcare Personnel Safety Component
6. Describe the Monthly Reporting Plan

The objectives of the presentation are to describe NHSN and its purposes, to define the authority and confidentiality protections for NHSN, to identify the requirements for participating in HPS, to list its modules, explain key terms used in HPS, and to describe the monthly reporting plan. More detailed information about the HPS modules is provided in other training sessions.



National Healthcare Safety Network (NHSN)

- NHSN - an internet-based surveillance system that integrates three surveillance systems previously managed separately in the Division of Healthcare Quality Promotion (DHQP) at CDC.
 - National Nosocomial Infections Surveillance (NNIS) System
 - Dialysis Surveillance Network (DSN)
 - National Surveillance System for Healthcare Workers (NaSH)

NHSN is an internet-based surveillance system that integrates three surveillance systems that were previously managed separately in the Division of Healthcare Quality Promotion (DHQP) at the Centers for Disease Control and Prevention or CDC. Those surveillance systems were the National Nosocomial Infections Surveillance (or NNIS) System, the Dialysis Surveillance Network or DSN, and the National Surveillance System for Healthcare Workers or NaSH.



Purposes of NHSN



- Collect data from a sample of US healthcare facilities to permit valid estimation of the
 - magnitude of adverse events among patients and healthcare personnel
 - adherence to practices known to be associated with prevention of healthcare-associated adverse events
- Analyze and report collected data to permit recognition of trends

NHSN has several purposes. One of those purposes is to collect data from a sample of US healthcare facilities to permit valid estimation of the magnitude of adverse events among patients and healthcare personnel and of adherence to practices known to be associated with prevention of healthcare-associated adverse events. Another purpose of NHSN is to analyze and report collected data to permit recognition of trends in these adverse events and their prevention.



Purposes of NHSN



- Provide facilities with data that can be used for inter-facility comparisons and local quality improvement activities
- Assist facilities in developing surveillance and analysis methods that permit timely recognition of patient and healthcare personnel safety problems and prompt intervention with appropriate measures
- Conduct collaborative research studies with members

Other purposes of NHSN are to provide healthcare facilities with data that can be used for inter-facility comparisons and local quality improvement activities; to assist facilities in developing surveillance and analysis methods that permit timely recognition of patient and healthcare personnel safety problems and prompt intervention with appropriate measures; and to conduct collaborative research studies with NHSN members. NHSN also can be used to assess the impact of interventions to prevent patient and healthcare personnel safety problems.



Authority and Confidentiality for NHSN



- Public Health Service Act (42 USC 242b, 242k, and 242m(d))
- Confidentiality Protection
 - Sections 304, 306, and 308(d) of the PHS Act

“The information contained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306, and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).”

CDC is authorized to collect data in NHSN under the Public Health Service Act, 42 of the United States Code or USC. Confidentiality protection for NHSN data is provided under certain sections of this act. This means that the information contained in NHSN that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not be disclosed or released without the consent of the individual, or the institution in accordance with the sections of the Public Health Service Act that are listed here.



Data Collection and Reporting Requirements for Healthcare Personnel Safety Component



1. Submit a Monthly Reporting Plan to inform CDC which, if any, of the Healthcare Personnel Safety modules will be used for that month.
2. Adhere to the selected module's protocol(s) exactly as described in the *NHSN Manual: Healthcare Personnel Safety Component Protocol*.
3. Report exposure and/or vaccination data to CDC within 30 days of the end of the month as indicated on the Plan.

There are 6 requirements for data collection and reporting. The requirements, shown in several slides, include the following:

- 1st, submit a monthly reporting plan to inform CDC which, if any, of the HPS modules will be used for that month.
- 2nd, adhere to the selected module's protocol(s) exactly as described in the *NHSN Manual: Healthcare Personnel Safety Component Protocol* .
- 3rd, report exposure and/or influenza vaccination data to CDC within 30 days of the end of each month as indicated on the Plan



Data Collection and Reporting Requirements for Healthcare Personnel Safety Component

(continued)

4. Submit data for at least one module for a minimum of 6 months of the calendar year.
5. Complete an annual survey for your facility.
6. Pass quality control acceptance checks that assess the data for completeness and accuracy.

- 4th, submit data for at least one module for a minimum of 6 months of the calendar year
- 5th, complete an annual survey for your facility,
- 6th, pass quality control acceptance checks that assess the data for completeness and accuracy.

 **Staffing Requirements for Participating in the Healthcare Personnel Safety Component** 

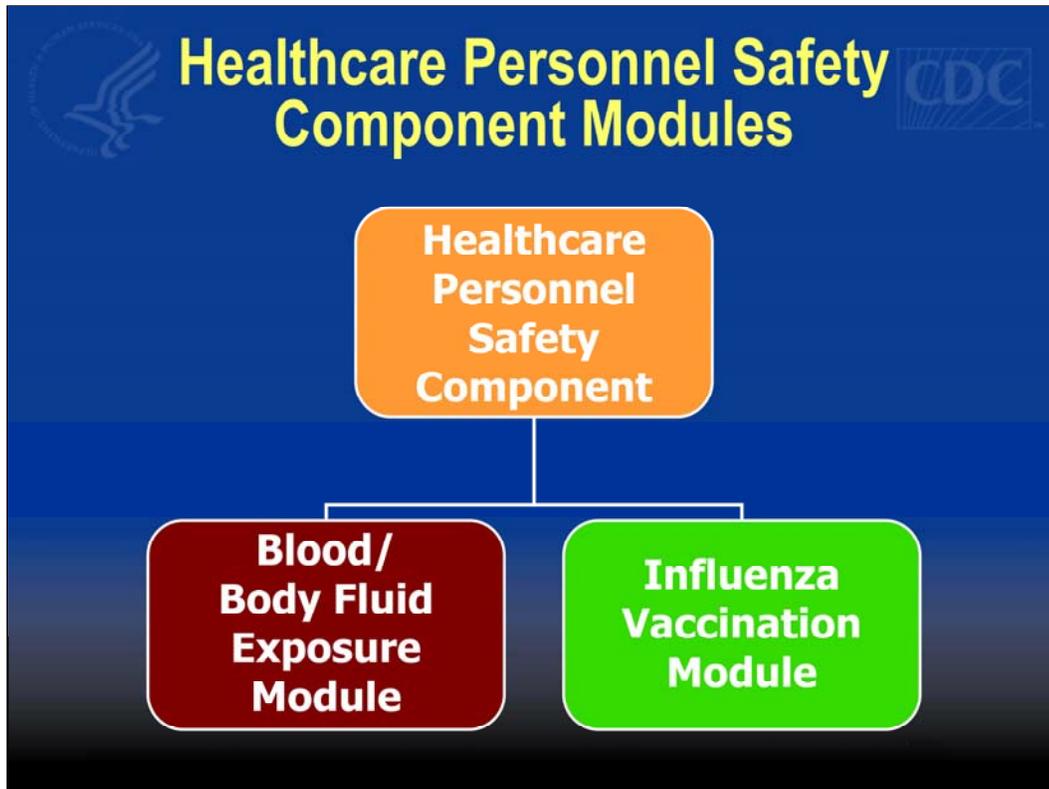
- Oversight of occupational health surveillance program by trained Occupational Health Professional (OHP), infection preventionist (IP) or Hospital Epidemiologist
- Other personnel can be trained to
 - Screen for events (e.g., exposures, vaccinations)
 - Collect denominator data
 - Collect exposure management/vaccination data
 - Enter data
 - Analyze data



To participate in HPS, we require that a trained occupational health professional, infection preventionist, or hospital epidemiologist should oversee the occupational health surveillance program in a facility. Other personnel could be trained to screen for events, such as exposures and vaccinations, to collect denominator data in the annual facility survey, to collect exposure management and vaccination data, and finally to enter and analyze data.



NHSN is organized into four components: Patient Safety, Healthcare Personnel Safety, Biovigilance, and Research and Development. Patient Safety is used for monitoring patient healthcare-associated infection events and process measures for their prevention, Healthcare Personnel Safety is for monitoring healthcare personnel occupational-associated adverse events and process measures for their prevention. The Biovigilance component tracks adverse events and incidents associated with receipt of blood transfusions. The Research and Development component is for performance of special studies.



The Healthcare Personnel Safety Component currently consists of two modules, one for tracking blood/body fluid exposures and exposure management, and another module for tracking healthcare personnel seasonal influenza vaccination, exposure prophylaxis, and treatment.



Benefits of Participation in the Healthcare Personnel Safety Component

- Provides access to web-based tool for tracking occupational exposures, exposure management, and immunizations
- Allows comparison of facility-specific data to nationally aggregated data
- Follows trends in exposure, exposure management, immunization, etc. in own facility
- Allows generation of exposure reports for individual medical records and facilitates generation of OSHA-300 or equivalent reports

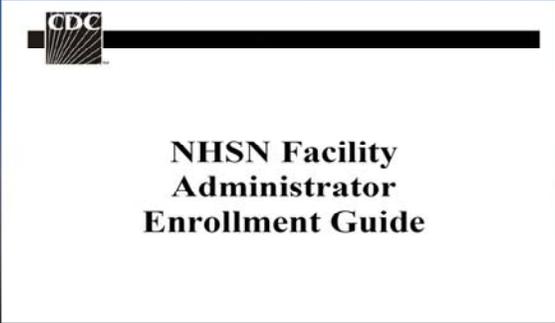
The benefits of participating in the Healthcare Personnel Safety component of NHSN are listed here. Participants have access to a Web-based tool for tracking occupational exposures, exposure management, and immunizations. They will be able to compare facility-specific data to nationally aggregated data and follow trends in exposure, exposure management, and immunizations in their own facilities. Finally, data collected in HPS can be used to generate exposure reports for individual medical records and to facilitate generation of OSHA-300 or equivalent reports. There are no fees associated with enrollment in or use of NHSN.



New Facility Enrollment



- For information on enrolling a new facility in NHSN
 - See NHSN website
 - <http://www.cdc.gov/nhsn/enroll.html>
 - Refer to NHSN Facility Administrator Enrollment Guide
 - Complete all NHSN HPS training sessions



**NHSN Facility
Administrator
Enrollment Guide**

Information about enrolling a new facility in NHSN can be found on the NHSN website, shown here. The NHSN Facility Administrator Enrollment Guide on the website provides detailed enrollment information. In addition, successful enrollment requires completion of NHSN HPS training sessions appropriate for the role in the facility (e.g., administrator, data entry, etc.)

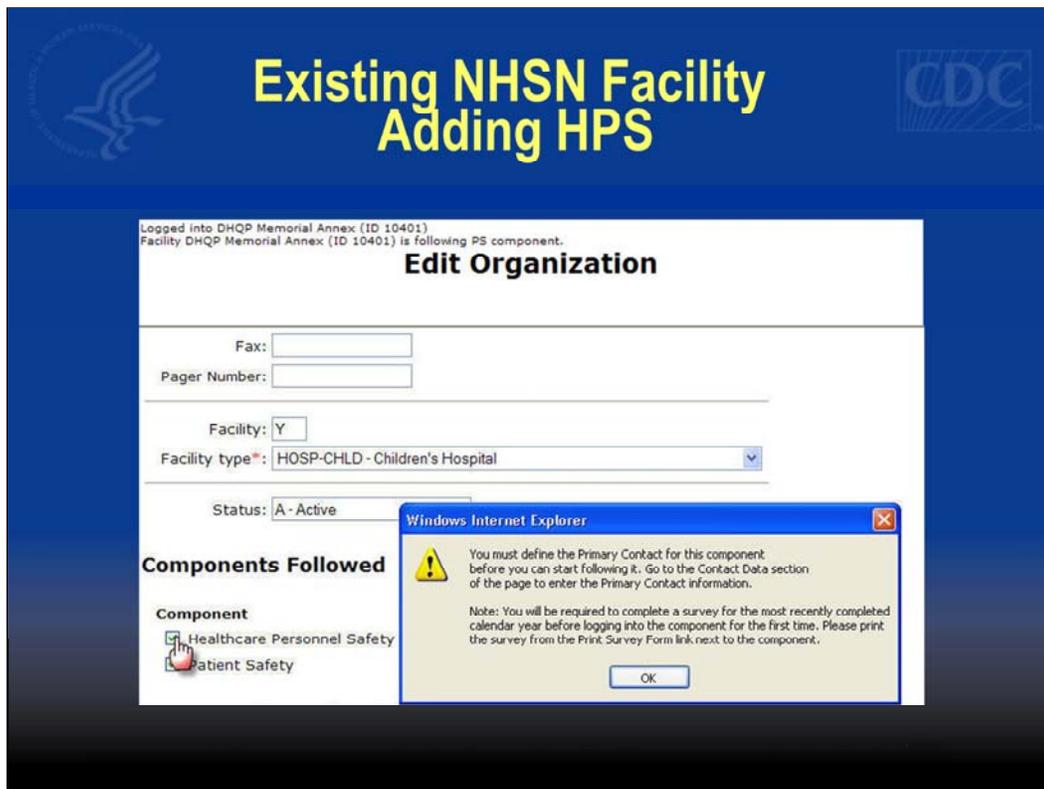


Existing Facility Enrollment



- The NHSN facility administrator adds the healthcare personnel safety component (HPS), then adds a user and assigns her/him administrative rights in HPS
- HPS user with administrative rights adds other users, if needed
- HPS users need to complete NHSN HPS training

For an existing NHSN facility, the NHSN Facility Administrator adds the HPS component and then adds a user who is given administrative rights to HPS. This person can then add and assign rights to additional HPS users. For existing NHSN facilities, the NHSN Facility Administrator is likely to be someone in the infection prevention or epidemiology department. Once the component is added, the facility survey will be displayed and must be completed before any users or data may be added! The survey will be described in later slides. Once it is completed, the HPS user with administrative rights can add additional HPS users and designate their rights, as needed. If they are new to NHSN, the HPS users need to complete NHSN HPS training before they can obtain their digital certificates. The next slide shows how to add HPS component.



When the administrator in an existing NHSN facility adds the Healthcare Personnel Safety Component, a pop-up message tells the administrator to add a primary contact for HPS and complete an annual survey, as shown here.

Adding Administrative User, Existing NHSN Facility



Logged into Mount Sinai Medical Center (ID 10127) as MSHEPARD.
Facility Mount Sinai Medical Center (ID 10127) is following the PS component.

Edit User Rights

✔ Users rights saved successfully.

User ID: **RUBY (ID 1102)**

Facility List: **Mount Sinai Medical Center (10127)**

Rights	Patient Safety	Healthcare Personnel Safety	Biovigilance
Administrator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Rights	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Analyze Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
View Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This screen shows that the rights of an existing user of NHSN have been modified to include administrative rights to both Patient Safety, Healthcare Personnel Safety, and Biovigilance Components.

Adding Administrative User, New NHSN Facility

Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as TCH.
 Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following HCW component.

Edit User Rights

User ID: **ALP4 (ID 376)**

Facility List: **DHQP MEMORIAL HOSPITAL (10018)**

Rights	Patient Safety	Healthcare Personnel Safety
Admin User	<input type="checkbox"/>	<input checked="" type="checkbox"/>
View Data	<input type="checkbox"/>	<input type="checkbox"/>
Enter Data	<input type="checkbox"/>	<input type="checkbox"/>
Analyze Data	<input type="checkbox"/>	<input type="checkbox"/>
All Rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Customize Rights	<input type="checkbox"/>	<input type="checkbox"/>

Advanced

This screen shot shows a user who has administrative rights to only the Healthcare Personnel Safety Component.



Annual Facility Survey



- Completed on enrollment for new NHSN facilities or when adding the Healthcare Personnel Safety Component for existing NHSN facilities
- First survey – data for the full calendar year before submission date
- Collects information that can be used as denominators for expressing rates, e.g., percutaneous injury rates per 100 admissions
- Completed once a year after enrollment

The annual facility survey must be completed on enrollment for new NHSN facilities or when adding the Healthcare Personnel Safety Component for existing NHSN facilities. The first survey is for data for the full calendar year before the year of enrollment. The survey collects information that can be used as denominators for expressing rates, such as percutaneous injury rates per 100 admissions or vaccination rates per 100 FTEs. The survey is completed once per calendar year after enrollment. The next slide shows a screen shot of the facility survey in HPS.

Annual Facility Survey

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1) | NHSN Home | My Info | Contact us |

Logged into Mount Sinai Medical Center (ID 10127) as RUBY.
 Facility Mount Sinai Medical Center (ID 10127) is following the HPS component.

View Facility Survey

Facility ID: Mount Sinai Medical Center (10127)
 Survey Year: 2008

Facility Information		Number of
Total beds set up and staffed*		500
Patient admissions*		4500
Inpatient days*		10200
Outpatient encounters*		4600
Hours worked by all employees (from OSHA 300 log)		48000

Selected Healthcare Worker Occupation Groups		
Occupation	*Number of HCWs:	*FTEs:
Registered nurse	1	0
Licensed practical nurse	0	0
Nurse practitioner/clinical nurse specialist	0	0
Nursing assistant/patient care technician	0	0

This survey can only be completed by a person with administrative rights.

The Healthcare Personnel Safety Component Facility Survey is different from the Patient Safety Component Annual Facility Survey. The HPS Facility Survey must be completed by both **new** and **existing NHSN** facilities. **New NHSN facilities** complete the survey during their enrollment process.



The slide features a dark blue background with a white eagle logo in the top left and the CDC logo in the top right. The title "Healthcare Personnel Safety Component - Key Terms" is centered in yellow. Below the title, a list of key terms is presented in white text with yellow square bullet points. At the bottom left, a URL is provided in white text.

Healthcare Personnel Safety Component - Key Terms

- Healthcare personnel/worker
- Location
 - CDC Location
 - 80% Rule

<http://www.cdc.gov/nhsn/library.html>

Key terms to be reviewed include:

- Healthcare personnel and healthcare worker
and
- CDC location, including the 80% rule

A document containing all the CDC Location descriptions can be found in the NHSN document library.

Healthcare Personnel / Worker

- Healthcare personnel/worker:
all persons who work in the facility, whether paid or unpaid
- Healthcare worker:
an individual who works in the facility, whether paid or unpaid



Healthcare personnel are defined as all persons who work in the facility, including employees, contractors, students, trainees, and volunteers. For example, attending physicians who may not be employees but who work in a facility would be included among a facility's HCP.

A healthcare worker is defined as an individual who works in the facility, whether paid or unpaid.

Healthcare worker is the singular form of healthcare personnel.



Location



- A location may be where a given worker is assigned permanently or where an exposure occurs in the healthcare facility
- Work location is used to stratify blood/body fluid exposure rates and influenza vaccination rates



Location indicates where a given worker is assigned permanently or where an exposure has occurred in a healthcare facility. Location can be used to stratify blood/body fluid exposure rates and influenza vaccination rates.



CDC Locations



- CDC Locations are descriptions for patient care and other areas of healthcare facilities
- Patient Safety, Biovigilance, and Healthcare Personnel Safety Components of NHSN use the same list of Locations
- The list of CDC Locations can be found in the NHSN documents library:
<http://www.cdc.gov/nhsn/library.html>
- Each facility location must be “mapped” to a CDC Location

CDC Locations are standard descriptions for patient care and other areas of healthcare facilities. Patient Safety, Biovigilance, and Healthcare Personnel Safety Components use the same list of CDC Locations. In HPS, there can be many non-patient-care area locations, such as microbiology and laundry. The list of CDC locations can be found in the NHSN documents library. In order to enter work location or location where an exposure occurred for an HCW, that location must be “mapped” to one of the CDC Locations.



CDC Location 80% Rule



- The correct mapping of a patient-care location to a CDC Location is determined by the type of patients receiving care in that location
 - **Example:** If 80% of patients on a ward are pediatric patients with orthopedic problems, the location is designated as an Inpatient Pediatric Orthopedic Ward.
 - **Exception:** For patient-care areas where the mix of medical and surgical patients is approximately equal, use the combined medical/surgical location designation.
- For instructions on setting up locations in NHSN, refer to the training “NHSN HPS Component Setting Up a Facility”.

The correct mapping of a patient-care location to a CDC Location is determined by the type of patients receiving care in that location. The 80% rule means that 80% of the patients must be of a consistent type to classify the location as that specific type.

For **example**, if 80% of patients on a ward are pediatric patients with orthopedic problems, the location is designated as an Inpatient Pediatric Orthopedic Ward.

An **exception** to this rule would be patient-care areas where the mix of medical and surgical patients is approximately equal. In this case the location would be designated the combined Inpatient Medical/Surgical Ward.

For instructions on setting up locations in NHSN, see the training, “NHSN HPS Component Set-up”.



Data Entry in NHSN



- Data entered into NHSN are available to both CDC and to the facility as soon as they are saved.
 - No “transmission” lag
- Data can be edited after they are saved
 - Exceptions - HCW ID and linked data
- Records can be deleted

Data entered into NHSN are available to both CDC and to the facility as soon as they are saved. There is no “transmission” time lag as there was in the NNIS and NaSH systems.

Data can be edited after they are saved, with one important exception. Once an HCWID has been saved, that ID number cannot be edited – you’ll have to create a new HCW with a new ID. If you edit the demographic information about a HCW, that information will be changed on all records for that HCW, including the demographic record, and any event records.

All records can be deleted except Monthly Reporting Plans, the Facility survey and pre-season flu survey. Healthcare personnel demographic records can be deleted, but by doing so, all event records for that HCW (e.g., exposures, vaccinations, etc.) would also be deleted.



Requirements for Data Fields

- Required:
 - Must be completed
 - A red asterisk (*) appears next to the field label
- Conditionally required: when the requirement depends on the response given in another field (e.g., clinical specialty for physician occupation)
- Optional:
 - NHSN does not require the data and the information will not be used in analyses by CDC (e.g., number of hours on duty)

Every field in NHSN is designated as required, conditionally required, or optional. Required fields are marked on the screen with a red asterisk. You cannot save the record until a value is recorded in all required fields.

A conditionally required field is one in which the requirement depends on the response given in another field (e.g., if the occupation is physician, then clinical specialty is a required field).

And finally, optional fields are those that are not required, period. For example, “Number of hours on duty” is an optional field.



Types of Data Entered in NHSN

- Healthcare worker demographics
- Events (e.g., blood and body fluid exposures)
- Interventions (e.g., vaccination, prophylaxis, treatment, laboratory)
- Surveys
 - Annual facility survey provides denominators
 - Pre and post season influenza surveys
- Custom data

The types of data entered into NHSN are listed here:

- Healthcare worker demographics consist of HCW ID number, age, gender, occupation, and assigned work location.
- Events, in the healthcare personnel safety component include blood/body fluid exposures, laboratory tests, influenza vaccinations, and postexposure prophylaxis or treatment for a healthcare worker.
- Denominators for expressing rates, such as number of beds, admissions, or healthcare personnel by occupation, are recorded in the Annual Facility Survey.
- Custom data can be entered into custom fields on NHSN forms. Instructions on customizing HPS forms are found in the online NHSN Help system. Customized data are not included in NHSN aggregate analyses.



Monthly Reporting Plan



- The Monthly Reporting Plan informs CDC which modules a facility is following during a given month.
- A facility must enter a Plan for every month of the year, even those months in which no modules are followed.
- Only data for months in which Plans are on file are included in CDC aggregate analyses and reports.
- Monthly Reporting Plans cannot be deleted.

The HPS Monthly Reporting Plan informs CDC which modules a facility is following during a given month.

A facility must enter a Plan for every month of the year, even those months in which no modules are followed.

A facility may enter data only for months in which Plans are on file.

Only data for those months in which a facility stated it would participate in its monthly reporting plan are included in CDC aggregate analyses and reports.

As already mentioned, Monthly Reporting Plans cannot be deleted.



Monthly Reporting Plan Options

- Plan that conforms to one or more of the modules of the Healthcare Personnel Safety Component

OR

- “No Healthcare Personnel Safety Modules Followed”

There are two options for entering a Plan.

You can enter a Plan that conforms to one or more of the modules of the Healthcare Personnel Safety Component or you may use the “No Healthcare Personnel Safety Modules Followed” option.

However, you can select “No Healthcare Personnel Safety Modules Followed” no more than six times per year to remain a participant in HPS.

Example Plan that Conforms to Modules of the Healthcare Personnel Safety Component

The screenshot shows the NHSN interface for adding a monthly reporting plan. The page title is "Add Monthly Reporting Plan". A message states: "No data found for August, 2009". The form includes a sidebar with navigation options: NHSN Home, Reporting Plan (Add, Find), HCW, Vaccination, Lab Test, Exposure, Propyl/Treat, Analysis, Surveys, Users, Facility, Group, and Log Out. The main content area shows the following fields and options:

- Facility ID*: Mount Sinai Medical Center (ID 10127)
- Month*: August
- Year*: 2009
- No NHSN Healthcare Personnel Safety Modules Followed this Month
- Healthcare Personnel Exposure Modules**
 - Blood/Body Fluid Exposure Only
 - Blood/Body Fluid Exposure with Exposure Management
 - Influenza Exposure Management
- Healthcare Personnel Vaccination Module**
 - Influenza Vaccination with Exposure Management/Treatment

Buttons for "Save" and "Back" are located at the bottom right of the form.

Here is a view of what the actual screen would look like in NHSN, showing the first option. In this example the facility indicated it would follow blood and body fluid exposures and influenza vaccination with exposure management and treatment for August 2009.

Example Plan that Conforms to the “No Healthcare Personnel Safety Modules Followed” Option

Add Monthly Reporting Plan

Mandatory fields marked with *

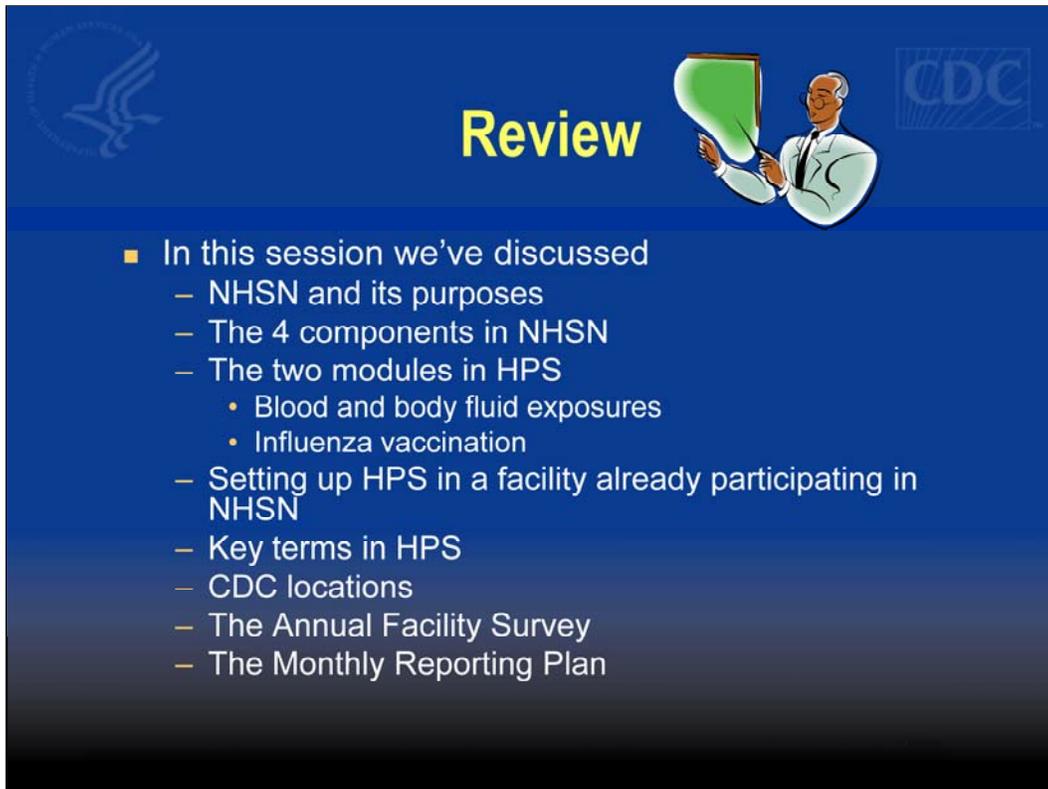
Facility ID*: DHQP MEMORIAL HOSPITAL (ID 10018) ▾

Month*: May ▾

Year*: 2008 ▾

No NHSN Healthcare Personnel Safety Modules Followed this Month

This monthly reporting plan indicates that no modules would be followed this month.



Review

- In this session we've discussed
 - NHSN and its purposes
 - The 4 components in NHSN
 - The two modules in HPS
 - Blood and body fluid exposures
 - Influenza vaccination
 - Setting up HPS in a facility already participating in NHSN
 - Key terms in HPS
 - CDC locations
 - The Annual Facility Survey
 - The Monthly Reporting Plan

In this session we've discussed NHSN and its purposes, the 4 components in NHSN: Patient Safety, Healthcare Personnel Safety, Biovigilance, and Research and Development.

The two modules in HPS are Blood and Body Fluid Exposures and Influenza Vaccination.

We've described setting up an existing facility for HPS and adding users. We've defined key terms in HPS and discussed setting up CDC locations. Finally, we've discussed the Annual Facility Survey and completing the Monthly Reporting Plan.



References



For more information, visit the NHSN website:
<http://www.cdc.gov/nhsn/hps.html>

- *NHSN Manual: Healthcare Personnel Safety Component Protocol*
 - Tables of instructions for completing all forms
 - Key terms
- CDC locations
- CDC occupation codes
- Purposes, data collection requirements and assurance of confidentiality
- NHSN data collection forms



For more information about these topics,
please visit the NHSN Website. Thank
you!



This presentation will provide an overview of the blood and body fluids exposure module of the National Healthcare Safety Network Healthcare Personnel Safety Component. This training assumes you have reviewed the NHSN Healthcare Personnel Safety Component Overview training.



Target Audience



Personnel who will enter and analyze data in the NHSN Healthcare Personnel Safety component:

- ◆ Healthcare worker (HCW) demographics
- ◆ Blood and body fluid exposure events
- ◆ Laboratory follow-up tests
- ◆ Post-exposure Prophylaxis (PEP)



May include: NHSN facility administrators, occupational health professionals, infection preventionists, epidemiologists, data entry staff

This training is designed for those who will collect and analyze Healthcare Personnel Safety Component (or HPS) Blood and Body Fluid exposure and management data for NHSN.

The target audience includes NHSN facility administrators, the Healthcare Personnel Safety Primary contacts, occupational health professionals, infection preventionists, epidemiologists, and data entry staff.

Prerequisites

- ◆ You should have already viewed the HPS Overview training slides
- ◆ Annual Healthcare Personnel Safety Facility Survey must be completed

In order to get the most benefit from this training you should have viewed the Healthcare Personnel Safety Overview training slides. The Annual Facility Survey must also have been completed before Blood and Body Fluid exposure records can be entered.

Objectives

- Describe the purpose of the blood/body fluids exposure (BBF) module
- Describe how to enter BBF exposure data into NHSN, consistent with your monthly reporting plan
- Define various types of data fields in NHSN
- Show examples of data entry
- Describe the process of linking interventions with exposures.

The objectives of this training are to describe how to use NHSN to capture information on blood/body fluids (BBF) exposures in your facility. This training will outline the purposes of using the BBF module; describe how to record data about BBF exposures consistent with your monthly reporting plan; describe the requirements for the various types of data fields in the HPS; show examples of data entry; and describe the process of linking post-exposure prophylaxis (PEP) records and laboratory test results with exposure records.



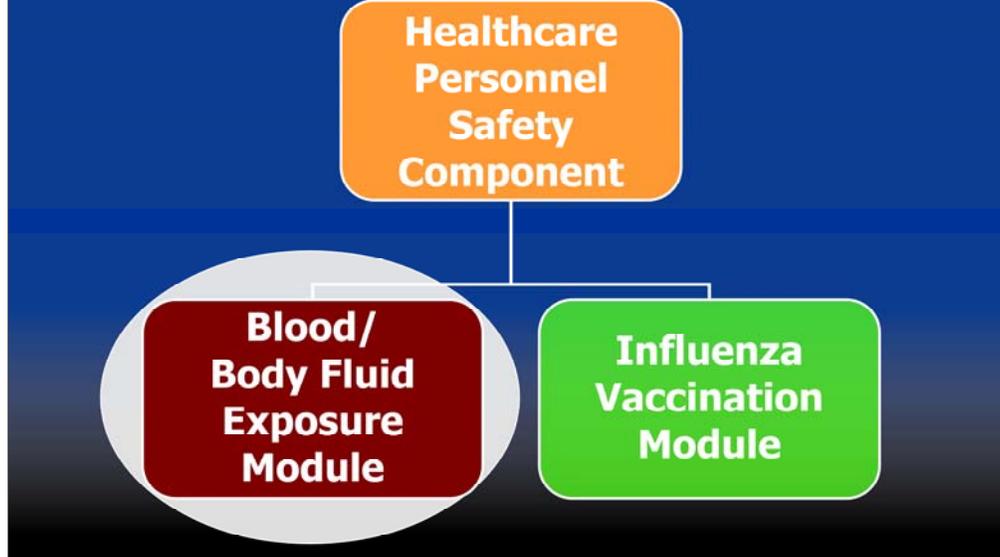
NHSN is organized into the four components shown here: Patient Safety, Healthcare Personnel Safety, Biovigilance, and Research and Development. Patient Safety is for monitoring patient adverse healthcare-associated events and process measures for their prevention. Healthcare Personnel Safety is for monitoring adverse events to healthcare personnel and process measures for their prevention. The Biovigilance component is for tracking adverse events and incidents associated with receipt of blood and blood products. The Research and Development component is for performance of special studies.

HPS Component Purposes

- Continue and expand occupational exposure and infection surveillance that started with the National Surveillance System for Healthcare Workers (NaSH)
- Collect data from sample of US healthcare facilities to:
 - ◆ Estimate the severity and magnitude of adverse events among healthcare personnel (HCP)
 - ◆ Estimate HCP participation in seasonal and novel flu vaccination campaigns
- Assess adoption and effect of strategies to prevent adverse events in HCP.

HPS is a continuation and expansion of occupational exposure and infection surveillance that was started with the National Surveillance System for Healthcare Workers or NaSH. Its purpose is to collect data from a sample of US healthcare facilities to estimate the severity and magnitude of various occupationally-related adverse events among healthcare personnel and to estimate healthcare personnel participation in seasonal and novel flu vaccination campaigns. The first release of the BBF module will enable collection of data about occupational exposures to blood/body fluids. HPS can also be used to assess adoption and effect of strategies to prevent occupationally-associated adverse events to healthcare personnel.

HPS Component Modules



The Healthcare Personnel Safety Component currently consists of two modules, one for tracking blood/body fluid exposures (BBF) and exposure management, and another module for tracking healthcare personnel seasonal and novel influenza vaccination. This presentation will focus on the BBF exposure module.

BBF Exposure Module

Purposes - Facility level

- ◆ Provide a record of BBF exposures and exposure management for HCP in the facility
 - Document baseline and follow-up laboratory tests
 - Document receipt of and adverse reactions related to PEP
- ◆ Monitor trends in BBF exposures
- ◆ Monitor process measures of exposure management.

The purposes of using the BBF exposure module are to provide a record of BBF exposures and exposure management for healthcare personnel in the facility, including documentation of baseline and follow-up laboratory tests, and documentation of receipt of and adverse reactions related to postexposure prophylaxis (PEP). Use of the BBF exposure module will also permit the monitoring of trends in BBF exposures to permit targeting interventions to areas or occupational groups with more frequent or preventable exposures.

BBF Exposure Module

Purposes - National level

- ◆ Provide aggregate BBF exposure risk estimates
- ◆ Assess the diffusion and adoption of sharps devices with safety features
- ◆ Evaluate prevention measures, including engineering controls, work practices, protective equipment, and PEP
- ◆ Monitor adherence to PHS recommendations for exposure management

From the CDC standpoint, collection of data in the BBF exposure module permits us to estimate aggregated BBF exposure risk estimates, to assess the diffusion and adoption of sharps devices with engineered safety features to prevent injuries, and to evaluate prevention measures including engineering controls, work practices, protective equipment, and use of post-exposure prophylaxis. In addition, data in the BBF exposure module will allow us to monitor adherence to PHS recommendations on management of occupational BBF exposures, including proportion of source patients tested, timeliness of initiation of PEP, duration of taking PEP, etc.

BBF Exposure Module

Documents used in NHSN for HPS:

- Healthcare Personnel Safety Protocol – provides background and methods for performing surveillance
- Tables of Instructions – provide details and rules for entering each data field on the data collection forms
- Data Collection Forms for BBF
 - Monthly Reporting Plan
 - Healthcare Worker Demographic Data
 - Exposure to Blood/Body Fluids
 - Healthcare Worker Prophylaxis/Treatment
 - BBF Post-exposure Prophylaxis (PEP)
 - Follow-up Laboratory Testing

See NHSN website: <http://www.cdc.gov/nhsn/hps.html>

Documents used in NHSN for HPS are available on the NHSN website and include the protocol (which you should read before entering any data into the BBF module), the tables of instructions, and data collection forms.

BBF Exposure Module: Key Terms

- **Healthcare Worker:** An individual who works in the facility, whether paid or unpaid
- **Healthcare Personnel:** All persons who work in the facility, whether paid or unpaid



BBF Exposure Module: Key Terms

- **Occupational exposure:** Exposure to blood, visibly bloody fluids, other body fluids to which universal precautions apply (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid), tissues, and laboratory specimens that contain concentrated virus. Modes of exposure include percutaneous injuries, mucous membrane exposures, non-intact skin exposures, and bites.

BBF Exposure Module: Key Terms



- **Percutaneous injury:** Penetration of skin by a needle or other sharp object that was in contact with blood, tissue, or other body fluid prior to the exposure.
- **Mucous membrane exposure:** Contact of mucous membranes (i.e., eyes, nose, or mouth) with fluids, tissues, or specimens listed in the definition of "Occupational Exposure."

BBF Exposure Module: Key Terms

- **Non-intact skin exposure:** Contact of non-intact skin with the fluids, tissues, or specimens listed in the definition of "Occupational Exposure."
- **Bite:** A human bite sustained by a healthcare worker from a patient, co-worker or visitor.

Types of Data Entered in the BBF Module

- Monthly reporting plan data – informs CDC of what you intend to report. Must be completed for each month you submit data.
 - HCW demographic data – information on the exposed healthcare worker
 - BBF exposure event data and the management of these adverse events (e.g., PEP, follow-up laboratory)
 - Denominators (required for the Annual Facility Survey)
 - ◆ Measures of facility size (e.g., # beds, in-patient days)
 - ◆ Numbers of HCP and FTEs
 - Custom data
 - Comments
- Facilities must enter data for at least 6 months within a year to participate in HPS.



The entered into NHSN are listed here:

- HCW demographics are information that must be recorded about each HCW record in NHSN, including a facility-specified HCW identification number, age, gender, occupation, and assigned work location.
- Events, in the context of the HPS, include BBF exposures and their management include laboratory tests and PEP for a HCW.
- Denominators to calculate rates of exposures, such as number of beds, admissions, or healthcare personnel by occupation, are recorded once per year via the Annual Facility Survey.
- Custom data are those of your choosing that can be entered into custom fields on NHSN forms. Instructions on customizing HPS forms are found in the online NHSN Help system. Customized data are not included in NHSN aggregate analyses.
- Comments can be entered in an open text field at the end of many HPS forms. These are also not included in NHSN aggregate analyses.
- Remember that facilities must enter data for at least 6 months a year to participate in HPS.

Data Fields in NHSN

Required:

- ◆ Must be completed for record to be saved
- ◆ Marked by a red asterisk (*) next to the field label

Conditionally required: Requirement to complete depends on a response given in another field (e.g., clinical specialty for physician occupation)

Optional: Data not required to save record and will not be used in analyses by CDC (e.g., number of hours on duty)

Each field in NHSN is designated as required, conditionally required, or optional. Required fields are marked on the screen with a red asterisk. You cannot save the record until a value is entered in all required fields.

A conditionally required field is one in which the requirement depends on the response given in another field (e.g., if the occupation is physician, then clinical specialty is a required field).

And finally, optional fields are those that are not required. For example, number of hours on duty is an optional field. Data may be entered into these fields but will not be validated. These data are available for a facility to analyze but will not be used in national aggregate analyses.

Steps for Entering BBF Exposures in NHSN

- ◆ Enter Monthly Reporting Plan for each month that you intend to collect and report information on blood and body fluid exposures
- ◆ Enter the Blood and Body Fluid Exposure form after all baseline information and testing are completed

If following Exposure Management:

- ◆ Enter any post-exposure prophylaxis administered to the HCW for the exposure
- ◆ Enter any follow-up laboratory testing

The first step in entering BBF exposures in NHSN is to submit a reporting plan for the months you intend to report. Collect event information on the blood and body fluid exposure form and enter the information into NHSN after you have completed your initial investigation. If you also choose to monitor exposure management, enter any post-exposure prophylaxis and follow-up laboratory testing.

Monthly Reporting Plan

Two options on the monthly reporting plan:

NHSN - National Healthcare Safety Network (ISO-CLFT-NHSN1) | NHSN Home | My Info | Contact us | Help | Log Out

Logged into Doctors Hospital (ID 10552) as RUBY.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*: Doctors Hospital (ID 10552) [Print PDF Form](#)

Month*: May

Year*: 2009

No NHSN Healthcare Personnel Safety Modules F

Healthcare Personnel Exposure Modules

- Blood/Body Fluid Exposure Only
- Blood/Body Fluid Exposure with Exposure Management
- Influenza Exposure Management

Healthcare Personnel Vaccination Module

- Influenza Vaccination with Exposure Management/Treatment

Save Back

Includes: Post-exposure prophylaxis (PEP) and laboratory follow-up

When entering the monthly reporting plan, you can choose between exposure only and exposure with management. If you select exposure only, then only general information about an exposure is included in CDC aggregate analyses. If you choose exposure with exposure management, then you will record information about the exposure and about the management of the exposure, including use of post-exposure prophylaxis and results of laboratory tests performed as follow-up for the exposure.

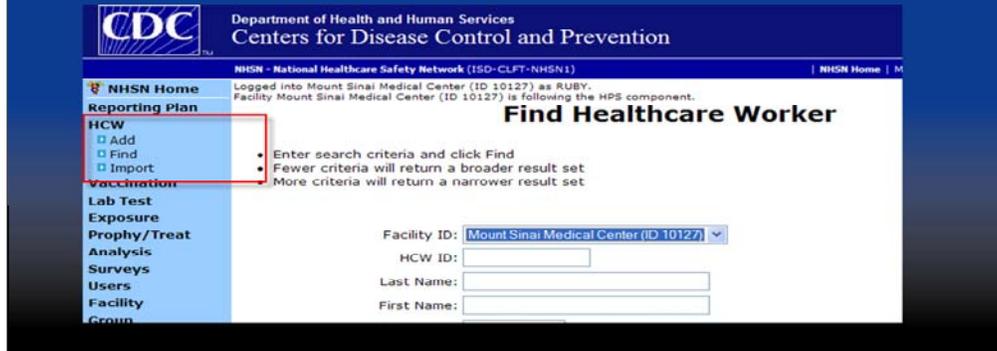
Adding HCW Demographic Data

- Required fields
 - ◆ HCW ID
 - ◆ Gender
 - ◆ Date of Birth
 - ◆ Work status, location, and occupation
- Conditionally required field
 - ◆ Clinical specialty, for physicians
- Optional fields (not used by CDC)
 - ◆ Social security number
 - ◆ Name
 - ◆ Secondary ID
 - ◆ Address

Information about an exposure cannot be saved without the demographic information about the exposed HCW. There are six required fields. Clinical specialty is a conditionally required field and is required only if the HCW is a physician. Finally, social security number, HCW name, and secondary ID are all optional fields; they are never required.

HCW Demographic Data

- Can be entered into NHSN using several options:
 - Facility HCW records can be imported into NHSN
 - Records can be entered using the HCW -> add button on the left navigation bar.
 - Some HCW demographic information can be entered at the top of the exposure and intervention screens
- Use “Find” HCW to populate the HCW demographic data fields of BBF exposure form (See training on HPS set up for importing HCP data.)



To start, you need demographic information about the exposed HCW. If you imported HCW data at set up, you can go straight to the Add Exposure screen and enter the HCW ID, as shown in the next slide. Once you find the HCW, the demographic data fields are automatically populated on the BBF exposure form. The HPS set up training slides describe how to import demographic data about the healthcare personnel in your facility if you wish to use this option.

Adding a HCW Record

Add Exposure

Mandatory fields marked with *

Fields required when Blood/Body Fluid Exposure is in Plan marked with †

Fields required when Blood/Body Fluid Exposure with Exposure Management is in Plan marked with §

Healthcare Worker Demographics

Facility ID*: DHQP MEMORIAL HOSPITAL (ID 10018) ▼

Exposure Event #: 465

HCW ID*: 913169

Social Security #:

If a HCW has not been previously added, you may still enter their information here and it will be added and saved under a new HCW profile. A popup will let you know whether this HCW already exists in the dataset.

Windows Internet Explorer

! Could not find HCW.
You can directly enter a new HCW from this screen
or
Click 'Add HCW' to enter a new HCW with additional fields.

Ethnicity: ▼

This screen shot shows the message that you would get if the worker you are looking for is not already in your database. This is your prompt to enter the HCW demographic information.

Entering a BBF Exposure in NHSN

The screenshot shows the NHSN interface for adding an exposure. The left navigation bar includes: Reporting Plan, HCW, Vaccination, Lab Test, Exposure (highlighted with a red box), Prophyl/Treat, Analysis, Surveys, Users, Facility, Group, and Log Out. Under 'Exposure', there are 'Add' and 'Find' options. The main content area is titled 'Add Exposure' and includes instructions: 'Mandatory fields marked with *', 'Fields required when Exposure is in Plan marked with †', and 'Fields required when Exposure with Management is in Plan marked with §'. The 'Healthcare Worker Demographics' section contains the following fields: Facility ID* (dropdown menu showing 'Doctors Hospital (ID 10552)'), HCW ID* (text input with 'Find HCW' button), Social Security # (text input), Last Name (text input), Exposure Event #: 736 (text input), Secondary ID (text input), and First Name (text input).

An exposure is added to NHSN by selecting Exposure, Add from the left navigation bar. If you previously entered an exposure, you can use the Find button to access the record for editing.

Adding a HCW Record to an Exposure

logged into Doctors Hospital (ID 10552) as RUBY.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Exposure

Mandatory fields marked with *
Fields required when Exposure is in Plan marked with †
Fields required when Exposure with Management is in Plan marked with §

[Print PDF](#)

Healthcare Worker Demographics

Facility ID*: Exposure Event #: 733

HCW ID*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*:

Work Location*:

Occupation*:

NHSN Home
Reporting Plan
HCW
Vaccination
Lab Test
Exposure
Add
Find
Prophy/Treat
Analysis
Facility Group
Log Out

This screen shot shows how to find and add a HCW to the Add Exposure screen.

BBF Exposure Form

Multi-section form –

- ◆ Demographic information about an exposed HCW can be found in database or new HCW information added as required
- ◆ General information about the exposure (e.g., type, location where occurred, body fluid involved, etc.)
- ◆ More detailed information about percutaneous, mucocutaneous, and bite exposures
- ◆ Information about source patient
- ◆ Initial care given to the exposed HCW

The BBF exposure form is a multi-sectional form. As we have previously stated, HCW demographic information can be found in the HPS database if it was imported during set up, or new HCW information can be added at the time exposure information is recorded. Other sections of the form collect the following information:

- General information about the exposure (e.g., type, location where occurred, body fluid involved, etc.)
- More detailed information about percutaneous, mucocutaneous, and bite exposures
- Information about source patient, if known
- Initial care given to the exposed HCW and baseline laboratory results on the HCW

The information you complete on the form is dependent on the type of

BBF Exposure General Information

General Exposure Information

Did the exposure occur in this facility?: Y - Yes

Date of Exposure*: 01/21/2009

Time of Exposure (hh:mm)*: 05:00 AM

Number of hours on duty: 7 Is exposed person a temp/agency employee?: N - No

Location where exposure occurred*: SE - 5 EAST

Type of Exposure (check all that apply)*: Percutaneous

Did exposure involve a clean, unused needle or sharp object?: N - No

Mucous membrane

Skin

Bite

Type of fluid/tissue involved in exposure*: BBP - Blood/blood products

Body site of exposure (check all that apply)*: Hand Arm Foot Leg

Eye Mouth Nose

Other Specify: _____

General BBF exposure information is recorded next. This includes the location in the facility where the exposure occurred, the time and date of exposure, the exposure type, (i.e., percutaneous, mucosal or skin exposure), the type of fluid or tissue involved, and the body site of exposure (such as hand, arm, face, etc.)

BBF Exposure Form

NHSN
National Healthcare Safety Network

Exposure to Blood/Body Fluids

OMB No. 0920-0095
Rev. Date: 03-31-2011

Facility ID#: _____ Exposure Event# _____

*HCW ID#: _____

HCW Name, Last: _____ First: _____ Middle: _____

*Gender: F M *Date of Birth: ___/___/___

*Work Location: _____

*Occupation: _____ If occupation is physician, indicate clinical specialty _____

Section I – General Exposure Information

1. *Did exposure occur in this facility? L Y L N
1a. If No, specify name of facility in which exposure occurred: _____

2. *Date of exposure: ___/___/___ 3. *Time of exposure: ___ L AM L PM

4. Number of hours on duty: _____ 5. Is exposed person a temp/agency employee? L Y L N

6. *Location where exposure occurred: _____

7. *Type of exposure: (Check all that apply)

- 7a. Percutaneous: Did exposure involve a clean, unused needle or sharp object?
Y N (If No, complete Q8, Q9, Section II and Section V–XI)
- 7b. Mucous membrane (Complete Q8, Q9, Section III and Section V–XI)
- 7c. Skin: Was skin intact? Y N Unknown (If No, complete Q8, Q9, Section II & Section V–XI)
- 7d. Bite (Complete Q9, and Section IV–XII)

8. *Type of fluid/tissue involved in exposure: (Check one)

- Blood/blood products
- Solutions (IV fluid, irrigation, etc.): (Check one)
- Body fluids: (Check one)
- Visibly bloody

Be sure to follow the skip patterns on the form so you don't try to complete unnecessary information.



This is the paper data collection form. Notice the additional instructions and skip patterns depending upon the type of exposure.

BBF Exposures Clean or Unused Sharps

7. *Type of exposure: (check all that apply)

7a. Percutaneous: Did exposure involve a clean, unused needle or sharp object? Y N
(If No, complete Q8, Q9, Section II and Section V–XI)

- Exposures to clean needles/sharps pose no risk of transmission of bloodborne virus infection
- Information about clean needle/sharp exposures not included in CDC exposure analyses
- Completion of remaining information on BBF Exposure Form optional

Location where exposure occurred: [text box]

Type of Exposure (check all that apply)*: Percutaneous

Did exposure involve a clean, unused needle or sharp object? Y-Yes

Windows Internet Explorer

Exposure to a clean, unused needle or sharp object does not pose a risk for transmission of HIV or other bloodborne infections. Completion of the rest of the sections is optional.

OK

Under the general exposure information section, for percutaneous injuries, you will need to specify if a clean or unused needle or sharp object caused the injury. If the answer is yes, then completing the rest of the BBF exposure form is optional. Exposures to clean needles do not pose a risk of transmission of infection with bloodborne viruses. Although you may document such exposures in your own facility, the information you provide will not be included in CDC exposure analyses.

BBF Exposures: Percutaneous Injury

Percutaneous Injury

Was the needle or sharp object visibly contaminated with blood prior to exposure?*: Y - Yes

Depth of the injury*: MOD - Moderate, penetrated skin

What needle or sharp object caused the injury?*: DEVICE - Device

Device*: SCALPEL - SCALPEL Add Device

Manufacturer and Model: JOE'S SCALPEL COMPANY

Type of safety feature: SLIDE - Sliding/gliding guard/shield

If the device had a safety feature, when did the injury occur?*: DA - During activation

When did the injury occur?*: DURING - During use of the item

For what purpose or activity was the sharp device being used?*: DXOTHER - Other diagnostic procedure

Activity at the time of injury*: PROC - Performing procedure

Who was holding the device at the time the injury occurred?*: EXPOSED - Exposed person

What happened when the injury occurred?*: JARRED - Patient moved & jarred device

Additional information is collected about the exposure, dependent on the type of exposure. If more than one type of exposure occurred at the same time, such as a percutaneous injury and skin exposure, information will need to be provided for both types of exposures.

For percutaneous exposures, some of the information that needs to be provided includes type of device or sharp involved in the injury, depth of injury, and circumstances of injury (e.g., who was holding device, intended purpose of device, etc.).

BBF Exposures: Mucous Membrane or Non-Intact Skin Exposure

- For mucous membrane or skin exposure, quantity of fluid, activity when exposure occurred, and type of personal protective equipment used

Mucous Membrane and/or Skin Exposure

Estimated amount of blood/body fluid exposure*§: SMALL - Small (<1 tsp or 5cc) ▼

Activity/event when exposure occurred*§: CHNG - Change dressing/wound care ▼

Barriers used at the time of exposure*§:

<input type="checkbox"/> Face shield	<input type="checkbox"/> Gown	<input checked="" type="checkbox"/> No barriers
<input type="checkbox"/> Gloves	<input type="checkbox"/> Mask/respirator	
<input type="checkbox"/> Goggles	<input type="checkbox"/> Other	

For mucous membrane or skin exposure, quantity of BBF, activity when exposure occurred, and type of personal protective equipment used should be recorded.

BBF Exposures: Bites

- For bites, description of wound and activity when exposure occurred

Bite

Wound description*:

Activity/Event when exposure occurred*:

For bites, description of wound and activity when exposure occurred are the information to be recorded

Exposure Management

- Information about exposure source
- Initial care provided to exposed HCW
- Baseline and follow-up lab testing
- Recommendations for follow-up
- HCW narrative about exposure and prevention of exposure

All the information described so far is required whether you choose exposure only or exposure plus management. If you select exposure plus management, then you will need to provide additional information as shown here. This includes the following:

Information about exposure source

Initial care provided to the exposed HCW

Baseline and follow-up lab testing

Recommendations for follow-up

HCW narrative about exposure and prevention of exposure

Exposure Source Information

Source Information

Was the source patient known?: Y-Yes

Was HIV status known at the time of exposure?*

Select test results for the source patient:

Hepatitis B	Result
HBsAg	
HBeAg	
Total anti-HBc	
anti-HBs	

Hepatitis C	Result
anti-HCV EIA	
anti-HCV supplemental	
PCR-HCV RNA	

HIV	Result
EIA, ELISA	
Rapid HIV	
Confirmatory test	

For HIV Infected Source

Stage of disease: AIDS - AIDS

Is the source patient taking anti-retroviral drugs?: Y-Yes

Drugs: 3TC - lamivudine, SQV - saquinavir

Most recent CD4 count: 150 mm³ Date (mo/yr): 05 / 2008

Viral load: 150000 copies/ml Undetectable Date (mo/yr): 05 / 2008

As shown here, information about the exposure source includes whether or not the source is known, the infection status with regards to hepatitis B virus, hepatitis C virus, and human immunodeficiency virus or HIV. If the source is HIV-infected, the stage of infection, antiretroviral drugs taken, most recent CD4 count, and viral load may be recorded.

Exposure Interventions

- Postexposure prophylaxis (PEP)
 - ◆ Initial PEP (initiated within 48 hours): Regimen and/or drugs, start and stop dates, reason for stopping
 - ◆ PEP change: Regimen and/or drugs, start and stop dates, reason for change in PEP
 - ◆ Adverse reactions to PEP
 - ◆ If any drug in a regimen is discontinued, the entire regimen is considered “stopped.” If one or more drugs is continued in the new regimen (and other drugs are added), enter them as PEP change with new start date
- Laboratory baseline tests: HIV, Hepatitis B, Hepatitis C, and other results

Initial Care given to Healthcare Worker

HIV postexposure prophylaxis Offered?:	<input type="text" value="Y - Yes"/>	Taken?§:	<input type="text"/>	<input type="button" value="Enter Prophyl/Treat"/>
HBIG Given?:	<input type="text" value="Y - Yes"/>	Date administered*:	<input type="text"/>	<input type="button" value="P5"/>
Hepatitis B vaccine given?:	<input type="text" value="Y - Yes"/>	Date 1st dose administered*:	<input type="text"/>	<input type="button" value="P5"/>

In addition, if your facility chooses to follow exposures and exposure management, information about the use of PEP, laboratory test results obtained to monitor for seroconversion, and adverse effects associated with PEP should be collected.

BBF Exposure Form: HCW Narrative

Follow-up
Is it recommended that the HCW return for follow-up of this exposure?:

Narrative
In the worker's words, how did the injury occur?:

Prevention
In the worker's words, what could have prevented the injury?:

Custom Fields

Comments

Finally, follow-up recommendations and narratives from the worker can be entered in the exposure record but are not required.

Data Entry Form for HIV Prophylaxis

NHSN Healthcare Worker Prophylaxis/Treatment OMB No. 0920-0059
Exp. Date: 03-31-2011

BBF Postexposure Prophylaxis (PEP)

Page 1 of 2 *required for saving **required for completion

Facility ID#: _____ MedAdmin ID# _____
 *HCW ID#: _____
 HCW Name, Last: _____ First: _____ Middle: _____
 *Gender: F M *Date of Birth: ____/____/____
 *Infectious Agent: _____ *Exposure Event #: _____

Initial Postexposure Prophylaxis

Indication: Prophylaxis *Time between exposure and first dose: _____ hours
 *Drug: _____ *Drug: _____ *Drug: _____
 *Date Started: ____/____/____ *Date Stopped: ____/____/____

*Reason for Stopping (select one):
 Completion of drug therapy Source patient was HIV negative Adverse reactions
 Lab results HCW choice Possible anti-retroviral resistance
 Lost to follow up

PEP Change 1 *Indicate any change from initial PEP.*

Indication: Prophylaxis
 **Drug: _____
 **Date Started: ____/____/____
 **Reason for: _____

Adverse Reactions
 Select all that apply:

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Flank pain	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Paresthesia
<input type="checkbox"/> Arthralgia	<input type="checkbox"/> Headache	<input type="checkbox"/> Lymphadenopathy	<input type="checkbox"/> Rash
<input type="checkbox"/> Dark urine	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Malaise/fatigue	<input type="checkbox"/> Somnolence
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Involuntary weight loss	<input type="checkbox"/> Myalgia	<input type="checkbox"/> Spleen enlargement
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Emotional distress	<input type="checkbox"/> Light stools	<input type="checkbox"/> Nephrolithiasis	<input type="checkbox"/> Other
<input type="checkbox"/> Fever	<input type="checkbox"/> Liver enlargement	<input type="checkbox"/> Night sweats	(specify): _____
		<input type="checkbox"/> Numbness in extremities	<input type="checkbox"/> Unknown

For HIV PEP, you need to select individual drugs prescribed. The date started is required, although the date stopped is only conditionally required. If the initial HIV PEP regimen is modified, then the date stopped must be entered. You may also indicate the reasons for stopping the HIV PEP regimen, such as completion of the regimen or stopping because the exposure source was found to be HIV negative.

Data Entry for HIV Prophylaxis

Enter prophy/treat from main menu or the exposure record.

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1) | NHSN Home | My Info | Contact us | Help | Log C

Logged into Doctors Hospital (ID 10552) as RUBY.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Prophylaxis/Treatment

Mandatory fields marked with *
Conditionally required fields marked with ^

[Print PDF Form](#)

Healthcare Worker Demographics
Facility ID*: Doctors Hospital (ID 10552) Med Admin ID #: 926

Initial Care given to Healthcare Worker
HIV postexposure prophylaxis Offered?:
HBIG Given?:
Hepatitis B vaccine given?:

Baseline Lab Results

Prophy/Treat
 Add
 Find
 Analysis

To enter information about post-exposure prophylaxis for an HIV exposure event, you can enter those data by selecting Prophy/Treat>Add on the navigation bar or by selecting the Enter Prophylaxis/Treatment button when completing the BBF exposure information. These examples illustrate how to enter a PEP record from the Add Exposure screen or from within the BBF exposure record.

Data Entry for HIV Prophylaxis

Information about the Antiviral Medication
Infectious agent*: HIV - HIV/AIDS
Exposure Event #: 727 Date of Exposure: 07/27/2009 Reassign Record is Linked

Clear Initial PEP - First drugs initiated
Time between exposure and first dose*: 0 hours
Drug: 3TC - lamivudine
Add drug
Date Started*: 07/27/2009 Date Stopped*: 08/07/2009
Reason for stopping: CHOICE - HCW choice

Clear PEP Change 1
Drug: D4T - stavudine
Add drug
Date Started*: 08/07/2009 Date Stopped*:
Reason for stopping:
Start a new PEP

Second regimen date started must be on or after first regimen completed.

This is the screen used for entering HIV PEP. Select the individual drugs prescribed for the HCW from the drop down box. The date started is required, although the date stopped is only conditionally required (for example, If the initial HIV PEP treatment is still being administered). Note that the second regimen date started must be on or after the prior regimen was completed.

Entering Baseline Laboratory on Exposed HCW

Baseline laboratory results are entered through the BBF exposure record

Baseline Lab Results
Was baseline testing performed on the HCW?:

Logged into Doctors Hospital (ID 10552) as RUBY.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Baseline Laboratory Testing

Mandatory fields marked with *

[Print PDF](#)

Healthcare Worker Demographics

Facility ID*:	<input type="button" value="Doctors Hospital (ID 10552)"/>	Lab ID #:	<input type="button" value="498"/>
HCW ID*:	<input type="button" value="HCW001"/>		
Social Security #:	<input type="button" value="111221111"/>	Secondary ID:	<input type="button" value="RL1111"/>
Last Name:	<input type="button" value="NURSE"/>	First Name:	<input type="button" value="LISA"/>
Middle Name:	<input type="button" value="B"/>		

If baseline lab testing was performed, you will enter it on the last section of the BBF Exposure form and by selecting the Enter Baseline Lab Results button. This information permits tracking whether an exposed HCW has seroconverted following exposure to HBV, HCV, or HIV. It also allows for monitoring of adverse events associated with the use of postexposure prophylaxis for HIV.

Entering Baseline Laboratory on Exposed HCW

White
Exposure Event #: 743 Date of Exposure: 01/10/2009 **Lab is Linked**

Lab Results

Lab Test*	Date*	Result*
 HIV-EIA - HIV antibody	01/10/2009 	N - Negative
 HCV-EIA - Hepatitis C antibody	01/10/2009 	N - Negative

Baseline lab results should be collected within 2 weeks (before or after) of exposure.

Notice that baseline laboratory is automatically linked to the exposure event. You can add as many tests as you need but as baseline they should be collected within two weeks of exposure (labs drawn either before or after the exposure).

Linking Records

- Postexposure prophylaxis for HIV and laboratory records are linked to an exposure
- Records are linked to assist in analyzing exposures and any related interventions
- Every HIV PEP and laboratory record must be linked
- If you delete a BBF record, any laboratory or prophylaxis/treatment record(s) linked to that exposure will also be deleted
- Linking is automatically done if you enter HIV PEP while in the BBF Exposure record

As has already been mentioned, post-exposure prophylaxis and follow-up laboratory records are linked to an exposure. Records are linked to assist in analysis of exposures and related interventions. HIV PEP and laboratory records cannot be saved in NHSN if they are not linked to an exposure. If you delete or re-assign (to another HCW) a BBF exposure record, any linked PEP or lab record will also be deleted or re-assigned.

Link to Prophylaxis / Treatment

Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Prophylaxis/Treatment

Mandatory fields marked with *
Conditionally required fields marked with ^

[Print PDF Form](#)

Healthcare Worker Demographics

Facility ID*:	Doctors Hospital (ID 10552)	Med Admin ID #:	929
HCW ID#*:	RP32421	Secondary ID:	
Social Security #:		First Name:	Gloria
Last Name:	Monday	Date of Birth*:	05/21/1965
Middle Name:			
Gender*:	F - Female		
Work Location*:	5E - 5 EAST		
Occupation*:	RN - Registered Nurse		
Ethnicity:			
Race:	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
	<input type="checkbox"/> White		

Information about the Antiviral Medication

Infectious agent*:	HIV - HIV/AIDS		
Exposure Event #:	742	Date of Exposure:	01/10/2009
			Record is Linked

When completing the Prophylaxis/Treatment form notice that after selecting or entering the HCW ID, the remaining HCW demographic data populate this form. The Prophylaxis/Treatment record will be linked to the BBF Exposure record once the antiviral medication data are entered and saved.

Follow-up Laboratory Testing Form

OAS No. 0020-0666
Exp. Date: 03-31-2011

Follow-up Laboratory Testing

*required for saving **required for completion

Facility ID: _____ Lab # _____

*HCW ID#: _____

HCW Name, Last: _____ First: _____ Middle: _____

*Gender: F M *Date of Birth: ____/____/____

** Exposure Event #: _____

Lab Results Lab test and test date are required.

Serologic Test			Date	Result	Other Test			Date	Value
HIV	HIV EIA		__/__/__	P N I R	O t h e r L a b s	ALT	__/__/__	____IU/L	
	Confirmatory		__/__/__	P N I R		Amylase	__/__/__	____IU/L	
HCV	anti-HCV-EIA		__/__/__	P N I R		Blood glucose	__/__/__	____mmol/L	
	anti-HCV-supp		__/__/__	P N I R		Hematocrit	__/__/__	____%	
	PCR HCV RNA		__/__/__	P N R		Hemoglobin	__/__/__	____gm/L	
	HBc Ag		__/__/__	P N R		Platelet	__/__/__	____x10 ⁹ /L	
	IgM anti-HBc		__/__/__	P N R		#Blood cells in urine	__/__/__	____#/mm ³	

Follow-up laboratory testing for Blood and Body Fluid exposures can be collected on this form. You should include any testing that is not considered baseline (within 2 weeks of the exposure date) but are lab results associated with the exposure.

Follow-up Laboratory Testing Form

Logged into Doctors Hospital (ID 10552) as RUBY.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Follow-up Laboratory Testing

Mandatory fields marked with *

[Print PDF Form](#)

Healthcare Worker Demographics

Facility ID*: <input type="text" value="Doctors Hospital (ID 10552)"/>	Lab ID #: 497
HCW ID#: <input type="text" value="HCW001"/> <input type="button" value="Find HCW"/>	
Social Security #: <input type="text" value="111221111"/>	Secondary ID: <input type="text" value="RL1111"/>
Last Name: <input type="text" value="NURSE"/>	First Name: <input type="text" value="LISA"/>
Middle Name: <input type="text" value="B"/>	
Gender*: <input type="text" value="F - Female"/>	Date of Birth*: <input type="text" value="01/01/1955"/> <input type="button" value="RL"/>
Work Location*: <input type="text" value="1234 - INPATIENT BEDS"/>	
Occupation*: <input type="text" value="RN - Registered Nurse"/>	
Ethnicity: <input type="text" value="NOHISP - Not Hispanic or Not Latino"/>	
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input checked="" type="checkbox"/> White	
Exposure Event #: <input type="text"/>	Date of Exposure: <input type="text"/> <input type="button" value="Link/Unlink"/> Lab is not Linked

The follow-up laboratory testing form permits tracking whether an exposed HCW seroconverts following exposure to HBV, HCV, or HIV.

Follow-up Laboratory Testing Form

Logged into Doctors Hospital (ID 10552) as RUBY.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Follow-up Laboratory Testing

No candidate records found for linking.

Mandatory fields marked with *

If you try to enter a follow-up lab before entering the exposure record you will get this message

Healthcare Worker Demographics

Facility ID*: Lab ID #: 496
HCW ID#:

Facility Doctors Hospital (ID 10552) is following the HPS component.

Link Exposure List

Check record(s) to link this lab to and click Submit

Healthcare Worker

Facility ID: 10552 HCW ID: HCW001
Last Name: NURSE First Name: LISA Middle Name: B

Exposure record(s)

Note: Please link Lab to most current exposure event, if it is related to two different exposure events.

First | Previous | Next | Last Displaying 1 - 1 of 1

Submit	Exposure ID	Exposure Date	Exposure Type	Percutaneous	Mucous Membrane	Skin Bite	Linked?
<input checked="" type="checkbox"/>	727	07/27/2009	BBF	Y	N	N	Y

First | Previous | Next | Last Displaying 1 - 1 of 1

Once you have clicked on the Link/Unlink button, you will be shown a list of exposures associated with that HCW ID. In the first example is the message you will get if an exposure record has not been entered. You will need to first enter an exposure record for the HCW before reporting any follow-up lab results.

In the second screen shot, you are shown an exposure ID and date associated with your HCW. Select the relevant exposure event record in the box on the left and click on Submit. That will link the lab follow-up record with this exposure.

Follow-up Laboratory Testing Form

Facility Doctors Hospital (ID 10552) is following the HPS component.

Edit Follow-up Laboratory Testing

Mandatory fields marked with *

[Print PDF Form](#)

Healthcare Worker Demographics

Facility ID*: Doctors Hospital (ID 10552) Lab ID #: 486

HCW ID*: HCW001

Social Security #: 111221111 Secondary ID: RL1111

Last Name: NURSE First Name: LISA

Middle Name: B

Gender*: F - Female Date of Birth*: 01/01/1955

Work Location*: 1234 - INPATIENT BEDS

Occupation*: RN - Registered Nurse

Ethnicity: NOHISP - Not Hispanic or Not Latino

Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

Exposure Event #: 727 Date of Exposure: 07/27/2009 **Lab is Linked**

Lab Results

Lab Test*	Date*	Result*
<input type="button" value="Reassign"/> HEMOGLOB - Hemoglobin	07/27/2009 <input type="button" value="Reassign"/>	223.0 gm/L

To add or edit laboratory tests, select the test from the drop down and enter the date and result. Always be sure to save the record before exiting the screen.

Review!



- NHSN Structure
- HPS Component Purposes
- Blood and Body Fluid Exposure Module
- Documents used in the BBF Module
- Key terms for BBF exposures
- Types of data entered in NHSN
- NHSN data fields
- Steps for entering BBF exposures in NHSN

Let's review what we have learned during this session. We have described the structure of NHSN, the Healthcare Personnel Safety Component, and the Blood and Body Fluid Exposure Module. Documents used in the BBF module include the protocol, forms, and tables of instructions. We defined key terms used in the BBF module and described the types of data entered in NHSN. We also talked about NHSN data fields. Now let's review our steps for entering BBF exposures.

Review!



- Steps for entering BBF exposures in NHSN
 - ◆ Add monthly reporting plan
 - ◆ Enter HCW demographic data
 - ◆ Enter blood and body fluid exposure record
 - ★ Add HIV prophylaxis (if any)
 - ★ Add baseline laboratory records
 - ◆ Enter any follow-up laboratory testing



All laboratory and prophylaxis records must be linked to an exposure.

First, we submit our monthly reporting plan. Then, there are several ways we enter the HCW demographic data. We either add HCW from the left navigation bar, add an exposure where we can enter HCW demographic data at the top of the screen, or Find a HCW that has been previously entered.

Then, we enter our blood and body fluid exposure record. If we are also monitoring exposure management, we can enter PEP and baseline laboratory testing while in the exposure record. Follow-up laboratory testing is entered using the left navigation bar.

Remember that all lab and PEP records are linked to an exposure.

Analysis (Under Development)

- Line listings
- Frequency tables and charts
- Rate tables and charts
- Customizable outputs
- Export data for more sophisticated analyses of facility data

Analysis functions are currently under development. Some of the standard analyses that you will be able to perform using BBF exposure data include the following:

Line listings

Frequency tables and charts

Rate tables and charts

Customizable outputs

Export data for more sophisticated analyses of facility data

References

For more information, visit the NHSN website:

<http://www.cdc.gov/ncidod/dhqp/nhsn.html>

- ◆ *NHSN Manual: Healthcare Personnel Safety Component Protocol*
 - ★ Tables of instructions for completing all forms
 - ★ Key terms
 - ★ CDC locations
 - ★ CDC occupation codes
- ◆ Purposes, data collection requirements and assurance of confidentiality
- ◆ NHSN data collection forms

For more information about these topics, please visit the NHSN Website. Thank you!



NHSN
National Healthcare
Safety Network



**Questions or Need Help?
Contact User Support**



nhsn@cdc.gov



S.O.S.

60

Facility ID#: _____ Exposure Event# _____

*HCW ID#: _____

HCW Name, Last: _____ First: _____ Middle: _____

*Gender: F M *Date of Birth: ____/____/____

*Work Location: _____

*Occupation _____ If occupation is physician, indicate clinical specialty _____

Section I – General Exposure Information

1. *Did exposure occur in this facility: Y N

1a. If No, specify name of facility in which exposure occurred: _____

2. *Date of exposure: ____/____/____

3. *Time of exposure: _____ AM PM

4. Number of hours on duty: _____

5. Is exposed person a temp/agency employee? Y N

6. *Location where exposure occurred: _____

7. *Type of exposure: (Check all that apply)

7a. Percutaneous: Did exposure involve a clean, unused needle or sharp object?

Y N (If No, complete Q8, Q9, Section II and Section V–XI)

7b. Mucous membrane (Complete Q8, Q9, Section III and Section V–XI)

7c. Skin: Was skin intact? Y N Unknown (If No, complete Q8, Q9, Section II & Section V–XI)

7d. Bite (Complete Q9, and Section IV–XI)

8. * Type of fluid/tissue involved in exposure: (Check one)

Blood/blood products

Body fluids: (Check one)

Solutions (IV fluid, irrigation, etc.): (Check one)

Visibly bloody

Visibly bloody

Not visibly bloody

Not visibly bloody

Tissue

If body fluid, indicate one body fluid type:

Other (specify) _____

Amniotic

Saliva

Unknown

CSF

Sputum

Pericardial

Tears

9. *Body site of exposure: (Check all that apply)

Hand/finger

Foot

Peritoneal

Urine

Eye

Mouth

Pleural

Feces/stool

Arm

Nose

Semen

Other (specify)

Leg

Other (specify) _____

Synovial

Vaginal fluid

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Section II – Percutaneous Injury

1. *Was the needle or sharp object visibly contaminated with blood prior to exposure? Y N

2. Depth of the injury: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Superficial, surface scratch | <input type="checkbox"/> Deep puncture or wound |
| <input type="checkbox"/> Moderate, penetrated skin | <input type="checkbox"/> Unknown |

3. What needle or sharp object caused the injury? (Check one)

- Device (select one) Non-device sharp object (specify) _____ Unknown sharp object

Hollow-bore needle

- | | | |
|---|---|---|
| <input type="checkbox"/> Arterial blood collection device | <input type="checkbox"/> Biopsy needle | <input type="checkbox"/> Bone marrow needle |
| <input type="checkbox"/> Hypodermic needle, attached to syringe | <input type="checkbox"/> Hypodermic needle, attached to IV tubing | <input type="checkbox"/> Unattached hypodermic needle |
| <input type="checkbox"/> IV catheter – central line | <input type="checkbox"/> IV catheter – peripheral line | <input type="checkbox"/> Huber needle |
| <input type="checkbox"/> Prefilled cartridge syringe | <input type="checkbox"/> IV stylet | <input type="checkbox"/> Spinal or epidural needle |
| <input type="checkbox"/> Hemodialysis needle | <input type="checkbox"/> Dental aspirating syringe w/ needle | <input type="checkbox"/> Vacuum tube holder/needle |
| <input type="checkbox"/> Winged-steel (Butterfly™ type) needle | <input type="checkbox"/> Hollow-bore needle, type unknown | <input type="checkbox"/> Other hollow-bore needle |

Suture needle

- Suture needle

Other solid sharps

- | | | |
|---|---|--|
| <input type="checkbox"/> Bone cutter | <input type="checkbox"/> Bur | <input type="checkbox"/> Electrocautery device |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Explorer | <input type="checkbox"/> Extraction forceps |
| <input type="checkbox"/> File | <input type="checkbox"/> Lancet | <input type="checkbox"/> Microtome blade |
| <input type="checkbox"/> Pin | <input type="checkbox"/> Razor | <input type="checkbox"/> Retractor |
| <input type="checkbox"/> Rod (orthopedic) | <input type="checkbox"/> Scaler/curette | <input type="checkbox"/> Scalpel blade |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Tenaculum | <input type="checkbox"/> Trocar |
| <input type="checkbox"/> Wire | | |

Glass

- | | | |
|---|--|--|
| <input type="checkbox"/> Capillary tube | <input type="checkbox"/> Blood collection tube | <input type="checkbox"/> Medication ampule/vial/bottle |
| <input type="checkbox"/> Pipette | <input type="checkbox"/> Slide | <input type="checkbox"/> Specimen/test/vacuum tube |

Plastic

- | | | |
|---|--|--|
| <input type="checkbox"/> Capillary tube | <input type="checkbox"/> Blood collection tube | <input type="checkbox"/> Specimen/test/vacuum tube |
|---|--|--|

Non-sharp safety device

- | | | |
|--|---|---|
| <input type="checkbox"/> Blood culture adapter | <input type="checkbox"/> Catheter securement device | <input type="checkbox"/> IV delivery system |
|--|---|---|

Other known device (specify) _____

4. Manufacturer and Model: _____

5. Did the needle or other sharp object involved in the injury have a safety feature? Y N
- 5a. If yes, indicate type of safety feature: (Check one) If No, skip to Q6.
- | | |
|---|---|
| <input type="checkbox"/> Bluntable needle, sharp | <input type="checkbox"/> Needle/sharp ejector |
| <input type="checkbox"/> Hinged guard/shield | <input type="checkbox"/> Mylar wrapping/plastic |
| <input type="checkbox"/> Retractable needle/sharp | <input type="checkbox"/> Other safety feature (specify) _____ |
| <input type="checkbox"/> Sliding/gliding guard/shield | <input type="checkbox"/> Unknown safety mechanism |
- 5b. If the device had a safety feature, when did the injury occur? (Check one)
- | | |
|--|--|
| <input type="checkbox"/> Before activation of the safety feature was appropriate | <input type="checkbox"/> Safety feature failed, after activation |
| <input type="checkbox"/> During activation of the safety feature | <input type="checkbox"/> Safety feature not activated |
| <input type="checkbox"/> Safety feature improperly activated | <input type="checkbox"/> Other (specify) _____ |
6. When did the injury occur? (check one)
- | | |
|--|---|
| <input type="checkbox"/> Before use of the item | <input type="checkbox"/> During or after disposal |
| <input type="checkbox"/> During use of the item | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> After use of the item before disposal | |
7. For what purpose or activity was the sharp device being used: (Check one)
- Obtaining a blood specimen percutaneously*
- | | |
|---|---|
| <input type="checkbox"/> Performing phlebotomy | <input type="checkbox"/> Performing a fingerstick/heelstick |
| <input type="checkbox"/> Performing arterial puncture | <input type="checkbox"/> Other blood-sampling procedure (specify) _____ |
- Giving a percutaneous injection*
- | | |
|---|--|
| <input type="checkbox"/> Giving an IM injection | <input type="checkbox"/> Placing a skin test (e.g., tuberculin, allergy, etc.) |
| <input type="checkbox"/> Giving a SC injection | |
- Performing a line related procedure*
- | | |
|--|--|
| <input type="checkbox"/> Inserting or withdrawing a catheter | <input type="checkbox"/> Injecting into a line or port |
| <input type="checkbox"/> Obtaining a blood sample from a central or peripheral I.V. line or port | <input type="checkbox"/> Connecting an I.V. line |
- Performing surgery/autopsy/other invasive procedure*
- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Suturing | <input type="checkbox"/> Palpating/exploring |
| <input type="checkbox"/> Incising | Specify procedure: _____ |
- Performing a dental procedure*
- | | |
|---|--|
| <input type="checkbox"/> Hygiene (prophylaxis) | <input type="checkbox"/> Oral surgery |
| <input type="checkbox"/> Restoration (amalgam composite, crown) | <input type="checkbox"/> Simple extraction |
| <input type="checkbox"/> Root canal | <input type="checkbox"/> Surgical extraction |
| <input type="checkbox"/> Periodontal surgery | |
- Handling a specimen*
- | | |
|---|--|
| <input type="checkbox"/> Transferring BBF into a specimen container | <input type="checkbox"/> Processing specimen |
|---|--|
- Other*
- | | |
|---|----------------------------------|
| <input type="checkbox"/> Other diagnostic procedure (e.g., thoracentesis) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other (specify) _____ | |

8. What was the activity at the time of injury? (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Cleaning room | <input type="checkbox"/> Collecting/transporting waste |
| <input type="checkbox"/> Decontamination/processing used equipment | <input type="checkbox"/> Disassembling device/equipment |
| <input type="checkbox"/> Handling equipment | <input type="checkbox"/> Opening/breaking glass container (e.g., ampule) |
| <input type="checkbox"/> Performing procedure | <input type="checkbox"/> Placing sharp in container |
| <input type="checkbox"/> Recapping | <input type="checkbox"/> Transferring/passing/receiving device |
| <input type="checkbox"/> Other (specify)_____ | |

9. Who was holding the device at the time the injury occurred? (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Exposed person | <input type="checkbox"/> No one, the sharp was an uncontrolled sharp in the environment |
| <input type="checkbox"/> Co-worker/other person | |

10. What happened when the injury occurred? (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Patient moved and jarred device | <input type="checkbox"/> Contact with overfilled/punctured sharps container |
| <input type="checkbox"/> Device slipped | <input type="checkbox"/> Improperly disposed sharp |
| <input type="checkbox"/> Device rebounded | <input type="checkbox"/> Other (specify)_____ |
| <input type="checkbox"/> Sharp was being recapped | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Collided with co-worker or other person | |

Section III – Mucous Membrane and/or Skin Exposure

1. Estimate the amount of blood/body fluid exposure: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Small (<1 tsp or 5cc) | <input type="checkbox"/> Large (>¼ cup or 50cc) |
| <input type="checkbox"/> Moderate (>1 tsp and up to ¼ cup, or 6–50cc) | <input type="checkbox"/> Unknown |

2. Activity/event when exposure occurred: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Airway manipulation (e.g., suctioning airway, inducing sputum) | <input type="checkbox"/> Patient spit/coughed/vomited |
| <input type="checkbox"/> Bleeding vessel | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Changing dressing/wound care | <input type="checkbox"/> Surgical procedure (e.g., all surgical procedures including C-section) |
| <input type="checkbox"/> Cleaning/transporting contaminated equipment | <input type="checkbox"/> Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter) |
| <input type="checkbox"/> Endoscopic procedures | <input type="checkbox"/> Vaginal delivery |
| <input type="checkbox"/> IV or arterial line insertion/removal/manipulation | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Irrigation procedures | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Manipulating blood tube/bottle/specimen container | |

3. Barriers used by the worker at the time of exposure: (Check all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Face shield | <input type="checkbox"/> Mask/respirator |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> No Barriers |
| <input type="checkbox"/> Gown | |

Section IV - Bite

1. Wound description: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> No spontaneous bleeding | <input type="checkbox"/> Tissue avulsed |
| <input type="checkbox"/> Spontaneous bleeding | <input type="checkbox"/> Unknown |

2. Activity/event when exposure occurred: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> During dental procedure | <input type="checkbox"/> Assault by patient |
| <input type="checkbox"/> During oral examination | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Providing oral hygiene | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Providing non-oral care to patient | |

Section VIII - Baseline Lab Testing

Was baseline testing performed on the HCW? Y N U If Yes, indicate results

Test	Date	Result				Test	Date	Result
HIV EIA	___/___/___	P	N	I	R	ALT	___/___/___	___ IU/L
HIV Confirmatory	___/___/___	P	N	I	R	Amylase	___/___/___	___ IU/L
Hepatitis C anti-HCV-EIA	___/___/___	P	N	I	R	Blood glucose	___/___/___	___ mmol/L
Hepatitis C anti-HCV-supp	___/___/___	P	N	I	R	Hematocrit	___/___/___	___ %
Hepatitis C PCR HCV RNA	___/___/___	P	N	R		Hemoglobin	___/___/___	___ gm/L
Hepatitis B HBs Ag	___/___/___	P	N	R		Platelets	___/___/___	___ x10 ⁹ /L
Hepatitis B IgM anti-HBc	___/___/___	P	N	R		Blood cells in Urine	___/___/___	___ #/mm ³
Hepatitis B Total anti-HBc	___/___/___	P	N	R		WBC	___/___/___	___ x10 ⁹ /L
Hepatitis B Anti-HBs	___/___/___	___ mIU/mL				Creatinine	___/___/___	___ μmol/L
Result Codes: P=Positive, N=Negative, I=Indeterminate, R=Refused						Other:	___/___/___	___

Section IX – Follow-up

1. Is it recommended that the HCW return for follow-up of this exposure? Y N

 1a. If yes, will follow-up be performed at this facility? Y N

Section X – Narrative

In the worker's words, how did the injury occur?

Section XI - Prevention

In the worker's words, what could have prevented the injury?

Custom Fields

Label	Label
_____ ___/___/___	_____ ___/___/___
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments



Healthcare Worker Prophylaxis/Treatment

OMB No. 0920-0666
Exp. Date: 03-31-2011

BBF Postexposure Prophylaxis (PEP)

Page 1 of 2

*required for saving **required for completion

Facility ID#: _____ MedAdmin ID# _____
 *HCW ID#: _____
 HCW Name, Last: _____ First: _____ Middle: _____
 *Gender: F M *Date of Birth: ____/____/_____
 *Infectious Agent: _____ *Exposure Event #: _____

Initial Postexposure Prophylaxis

Indication: Prophylaxis *Time between exposure and first dose: _____ hours
 *Drug: _____ *Drug: _____ *Drug: _____ *Drug: _____
 *Date Started: ____/____/____ *Date Stopped: ____/____/_____
 *Reason for Stopping (select one):
 Completion of drug therapy Source patient was HIV negative Adverse reactions
 Lab results HCW choice Possible anti-retroviral resistance
 Lost to follow up

PEP Change 1 *Indicate any change from initial PEP.*

Indication: Prophylaxis
 **Drug: _____ **Drug: _____ **Drug: _____ **Drug: _____
 **Date Started: ____/____/____ **Date Stopped: ____/____/_____
 **Reason for Stopping: (select one):
 Completion of drug therapy Source patient was HIV negative Adverse reactions
 Lab results HCW choice Possible anti-retroviral resistance
 Lost to follow up

PEP Change 2 *Indicate any change from first change in PEP.*

Indication: Prophylaxis
 **Drug: _____ **Drug: _____ **Drug: _____ **Drug: _____
 **Date Started: ____/____/____ **Date Stopped: ____/____/_____
 **Reason for Stopping: _____
 Completion of drug therapy Source patient was HIV negative Adverse reactions
 Lab results HCW choice Possible anti-retroviral resistance
 Lost to follow up

Adverse Reactions

(Select all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Flank pain | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Numbness in extremities |
| <input type="checkbox"/> Arthralgia | <input type="checkbox"/> Headache | <input type="checkbox"/> Lymphadenopathy | <input type="checkbox"/> Paresthesia |
| <input type="checkbox"/> Dark urine | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Malaise/fatigue | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Involuntary weight loss | <input type="checkbox"/> Myalgia | <input type="checkbox"/> Somnolence |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Nausea | <input type="checkbox"/> Spleen enlargement |
| <input type="checkbox"/> Emotional distress | <input type="checkbox"/> Light stools | <input type="checkbox"/> Nephrolithiasis | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Liver enlargement | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Other (specify): _____ |
| | | | <input type="checkbox"/> Unknown |

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).



Healthcare Worker Prophylaxis/Treatment

OMB No. 0920-0666
Exp. Date: 03-31-2011

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Custom Fields

Label

_____	___/___/___
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Label

_____	___/___/___
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments



Follow-up Laboratory Testing

OMB No. 0920-0666
Exp. Date: 03-31-2011

*required for saving **required for completion

Facility ID: _____ Lab # _____

*HCW ID#: _____

HCW Name, Last: _____ First: _____ Middle: _____

*Gender: F M *Date of Birth: ____/____/____

** Exposure Event #: _____

Lab Results Lab test and test date are required.

Serologic Test			Date	Result	Other Test			Date	Value
HIV	HIV EIA		__/__/__	P N I R	O t h e r L a b s	ALT	__/__/__	____ IU/L	
	Confirmatory		__/__/__	P N I R		Amylase	__/__/__	____ IU/L	
HCV	anti-HCV-EIA		__/__/__	P N I R		Blood glucose	__/__/__	____ mmol/L	
	anti-HCV-supp		__/__/__	P N I R		Hematocrit	__/__/__	____ %	
	PCR HCV RNA		__/__/__	P N R		Hemoglobin	__/__/__	____ gm/L	
HBV	HBs Ag		__/__/__	P N R		Platelet	__/__/__	____ x10 ⁹ /L	
	IgM anti-HBc		__/__/__	P N R		#Blood cells in urine	__/__/__	____ #/mm ³	
	Total anti-HBc		__/__/__	P N R		WBC	__/__/__	____ x10 ⁹ /L	
	Anti-HBs		__/__/__	____ mIU/mL		Creatinine	__/__/__	____ μmol/L	
						Other: _____	__/__/__	____	

Result Codes: P=Positive N=Negative I=Indeterminate R=Refused

Custom Fields

Label	Label
_____/____/____	_____/____/____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).