



Healthcare Personnel Safety Component

Blood and Body Fluids Exposure Module

Division of Healthcare Quality Promotion

SAFER • HEALTHIER • PEOPLE™



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



Prerequisites

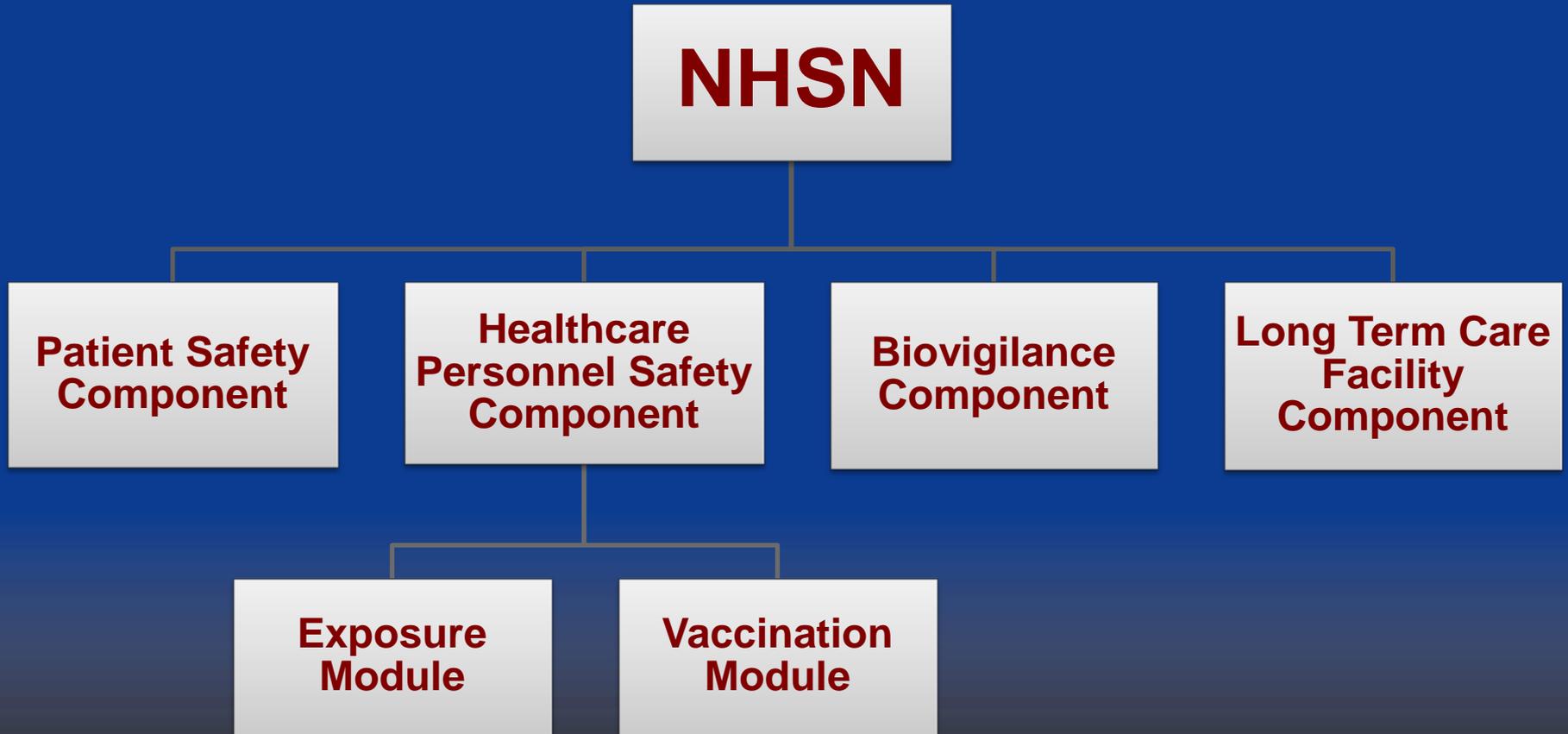
- ◆ You should have already viewed the HPS Overview training slides
- ◆ Annual Healthcare Personnel Safety Facility Survey must be completed



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.

NHSN Structure

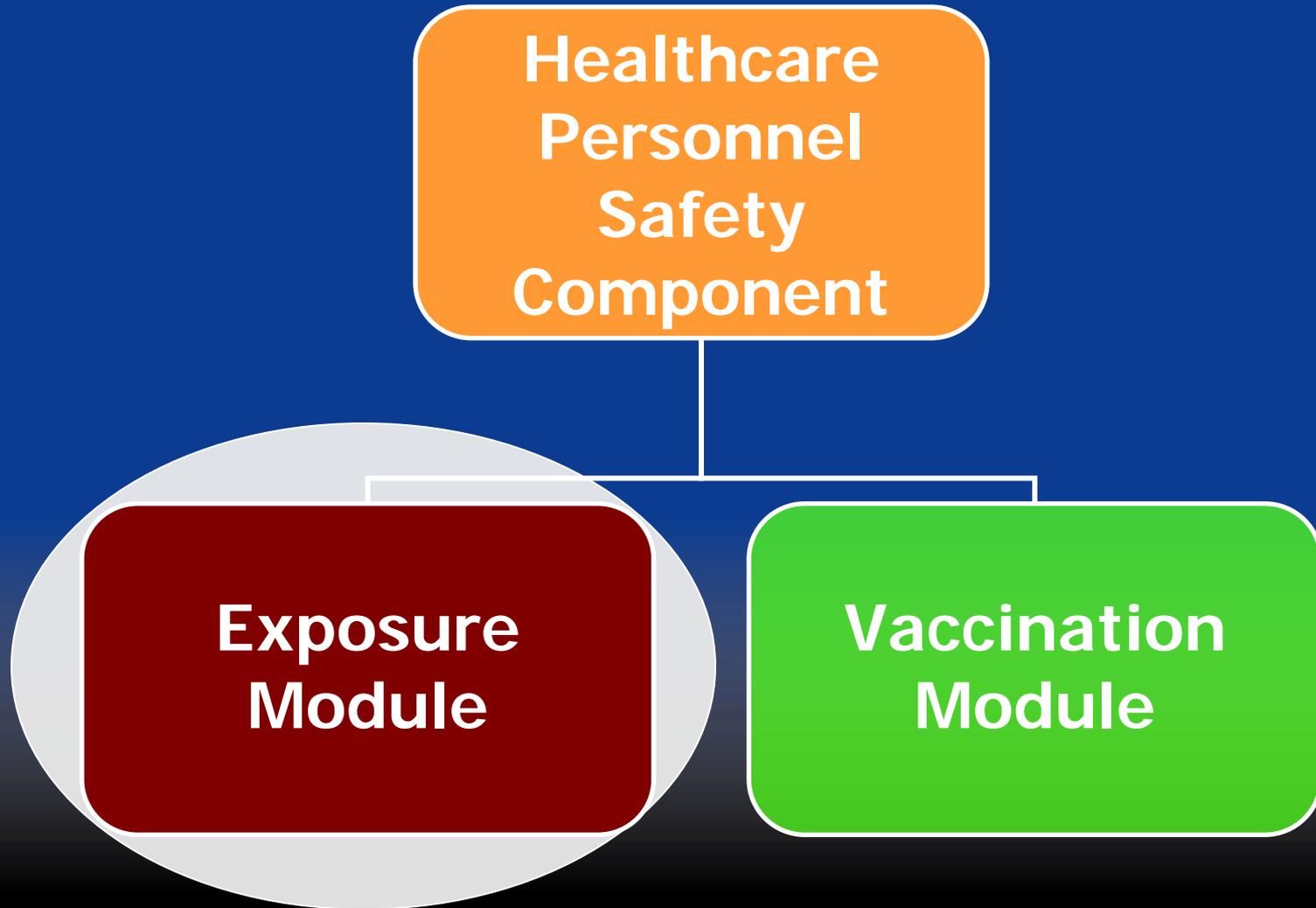




HPS Component Purposes

- 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 Component Modules





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.



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



BBF Exposure Module

BBFE Documents/Forms: <http://www.cdc.gov/nhsn/hps.html>

- Healthcare Personnel Safety Protocol
 - background and methods for performing surveillance
- Tables of Instructions
 - 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

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 monthly
- HCW demographic data – information on the exposed healthcare worker
- BBF exposure 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 per year





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)



Steps for Entering BBF Exposures in NRSN

- ◆ Enter Monthly Reporting Plan for each month that you intend to collect and report information on blood and body fluid exposures; otherwise, report “no modules followed”
- ◆ 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

Monthly Reporting Plan

Two options on the monthly reporting plan:

NHSN - National Healthcare Safety Network (ISD-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) ▼

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

[Print PDF Form](#)

Save Back

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



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

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 (shown below).
 - Some HCW demographic information can be entered directly into the exposure screen
- Use “Find” HCW to populate the HCW demographic data fields of BBF exposure form (See training on HPS set up for importing HCP data.)

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

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

NHSN Home
Reporting Plan
HCW
Add
Find
Import
Vaccination
Lab Test
Exposure
Prophy/Treat
Analysis
Surveys
Users
Facility
Group

Logged into Mount Sinai Medical Center (ID 10127) as RUBY.
Facility Mount Sinai Medical Center (ID 10127) 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: Mount Sinai Medical Center (ID 10127) ▼
HCW ID:
Last Name:
First Name:

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

Find HCW

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.

OK

Ethnicity:

Entering a BBF Exposure in NHSN



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

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

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#)

[NHSN Home](#)

[Reporting Plan](#)

[HCW](#)

[Vaccination](#)

[Lab Test](#)

[Exposure](#)

[Add](#)

[Find](#)

[Prophy/Treat](#)

[Analysis](#)

[Surveys](#)

[Users](#)

[Facility](#)

[Group](#)

[Log Out](#)

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

Add Exposure

[Print](#)

Mandatory fields marked with *

Fields required when Exposure is in Plan marked with †

Fields required when Exposure with Management is in Plan marked with §

Healthcare Worker Demographics

Facility ID*:

Exposure Event #:

HCW ID*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Adding a HCW Record to an Exposure

- NHSN Home
- Reporting Plan
- HCW
- Vaccination
- Lab Test
- Exposure
 - Add**
 - Find
- Prophy/Treat
- Analysis

Facility
Group
Log Out

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*:	Doctors Hospital (ID 10552) ▼	Exposure Event #:	733
HCW ID*:	RP1234	<input type="button" value="Find HCW"/>	<input type="button" value="Add HCW"/>
Social Security #:	<input type="text"/>	Secondary ID:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Middle Name:	<input type="text"/>	Date of Birth*:	<input type="text"/> 
Gender*:	<input type="text"/> ▼		
Work Location*:	<input type="text"/> ▼		
Occupation*:	<input type="text"/> ▼		



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

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 PM

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

Location where exposure occurred*: 5E - 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:

BBF Exposure Form

 **NHSN**
National Healthcare
Safety Network
Required for saving

OMB No. 0920-0696
Exp. Date: 03-31-2011

Exposure to Blood/Body Fluids

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-XI)

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

<input type="checkbox"/> Blood/blood products	<input type="checkbox"/> Body fluids: (Check one)
<input type="checkbox"/> Solutions (IV fluid, irrigation, etc.): (Check one)	<input type="checkbox"/> Visibly bloody

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



BBF Exposures

Clean or Unused Sharps

- 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

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

Did exposure involve a clean, unused needle or sharp object?*

Y - Yes
N - No

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

BBF Exposures: Percutaneous Injury

Additional information is collected about percutaneous exposures such as:

- Depth of injury
- Device Involved and Type
- Circumstances at the time of injury

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?:

Device*:

Manufacturer and Model:

Type of safety feature:

If the device had a safety feature, when did the injury occur?*:

When did the injury occur?:

For what purpose or activity was the sharp device being used?:

Activity at the time of injury:

Who was holding the device at the time the injury occurred?:

What happened when the injury occurred?:

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	

BBF Exposures: Bites

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

Bite

Wound description*:

Activity/Event when exposure occurred*:

Source Information

Was the source patient known?*: N - No

- DENT - During dental procedure
- EXAM - During oral exam
- ORHYG - Providing oral hygiene
- PRONON - Provide non-oral care to patient
- PTASSAUL - Assault by patient
- OTH - Other
- UNK - Unknown

Initial Care given to Healthcare Worker

HIV postexposure prophylaxis Offered?*

Enter Propylax/Treat



Exposure Management

- Information about exposure source
- Initial care provided to exposed HCW
- Baseline and follow-up lab testing
- Recommendations to HCW 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 ^{†§}	<input type="button" value="v"/>
HBeAg [§]	<input type="button" value="v"/>
Total anti-HBc [§]	<input type="button" value="v"/>
anti-HBs [§]	<input type="button" value="v"/>
Hepatitis C	Result
anti-HCV EIA ^{†§}	<input type="button" value="v"/>
anti-HCV supplemental [§]	<input type="button" value="v"/>
PCR-HCV RNA [§]	<input type="button" value="v"/>
HIV	Result
EIA, ELISA [§]	<input type="button" value="v"/>
Rapid HIV [§]	<input type="button" value="v"/>
Confirmatory test [§]	<input type="button" value="v"/>

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

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"/>	<input type="text" value="Taken?§"/>	<input type="button" value="Enter Prophy/Treat"/>
HBIG Given?:	<input type="text" value="Y - Yes"/>	Date administered*:	<input type="text"/> 
Hepatitis B vaccine given?:	<input type="text" value="Y - Yes"/>	Date 1st dose administered*:	<input type="text"/> 

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



Data Entry Form for HIV Prophylaxis



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
 Lab results HCW choice
 Lost to follow up

Adverse reactions
Possible anti-retroviral resistance

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 |

Data Entry for HIV Prophylaxis

Enter prophylaxis/treatment from main menu or within 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](#)

1

- NHSN Home
- Reporting Plan
- HCW
- Vaccination
- Lab Test
- Exposure
- Prophy/Treat**
 - Add
 - Find
- Analysis

Healthcare Worker Demographics

Facility ID*: Med Admin ID #: 926

Initial Care given to Healthcare Worker

HIV postexposure prophylaxis Offered?:

HBIG Given?:

Hepatitis B vaccine given?:

2

Baseline Lab Results

Data Entry for HIV Prophylaxis

Information about the Antiviral Medication

Infectious agent*: HIV - HIV/AIDS

Exposure Event #: Date of Exposure: **Record is Linked**

Initial PEP - *First drugs initiated*

Time between exposure and first dose*: hours

Drug:

Date Started*: Date Stopped^:

Reason for stopping:

PEP Change 1

Drug:

Date Started*: Date Stopped^:

Reason for stopping:

Second regimen date started must be on or after first regimen completed.

Entering Baseline Laboratory on Exposed HCW

Baseline lab entered in the last section of the BBF Exposure Form

Baseline Lab Results

Was baseline testing performed on the HCW?: Y-Yes

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="text" value="Doctors Hospital (ID 10552)"/>	Lab ID #:	<input type="text" value="498"/>
HCW ID#*:	<input type="text" value="HCW001"/>		
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"/>		

Entering Baseline Laboratory on Exposed HCW

White

Exposure Event #: Date of Exposure: **Lab is Linked**

Lab Results

	Lab Test*	Date*	Result*
	HIV-EIA - HIV antibody <input type="text" value="v"/>	<input type="text" value="01/10/2009"/> 	N - Negative <input type="text" value="v"/>
	HCV-EIA - Hepatitis C antibody <input type="text" value="v"/>	<input type="text" value="01/10/2009"/> 	N - Negative <input type="text" value="v"/>

Baseline lab results should be collected within 2 weeks (before or after) of exposure.



Linking Records

- Post-exposure 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

Follow-up Laboratory Testing Form



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
	HBs Ag	__/__/__	P N R		Platelet	__/__/__	____x10 ⁹ /L
	IgM anti-HBc	__/__/__	P N R		#Blood cells in urine	__/__/__	____#/mm ³

Follow-up Laboratory Testing Form

Lab Results

Lab Test*	Date*	Result*
 <input type="text"/>	<input type="text"/> 	

Add a new Lab Test

Custom Fields

Comment

HIV

- HIV-EIA - HIV antibody
- HIV-CONF - HIV confirmatory

Hepatitis C

- HCV-EIA - Hepatitis C antibody
- HCV-SUPP - Hepatitis C suppl. Antibody
- HCV-PCR - Hepatitis C PCR for RNA

Hepatitis B

- HB-SAG - Hepatitis B surface antigen
- IGM-ANTI-HBC - IgM Hep B core antibody
- TOT-ANTI-HBC - Total Hep B core antibody
- ANTI-HBS - Hepatitis B surface antibody

Other Labs

- ALT - ALT
- AMYLASE - Amylase
- BLGLUCOSE - Blood Glucose
- HEMAT - Hematocrit
- HEMOGLOB - Hemoglobin
- PLATELET - Platelet count
- URINALYSIS - # Blood cells in urine
- WBC - White Blood Cell count (blood)
- CREATININE - Creatinine
- OTHER - Other Lab Test

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

[Reassign](#)

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

[Reassign](#)

Lab is Linked

Lab Results

Lab Test*	Date*	Result*
 HEMOGLOB - Hemoglobin	07/27/2009	223.0 gm/L

Link to Prophylaxis / Treatment

Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Prophylaxis/Treatment

Mandatory fields marked with *

[Print PDF Form](#)

Conditionally required fields marked with ^

Healthcare Worker Demographics

Facility ID*:

Med Admin ID #:

HCW ID#*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*: 

Work Location*:

Occupation*:

Ethnicity:

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

Information about the Antiviral Medication

Infectious agent*:

Exposure Event #:

Date of Exposure:

Record is Linked

Review!



- NHSN Structure
- HPS Component Purposes
- Blood and Body Fluid Exposure and Management 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

Review!



- Steps for entering BBF exposures in NHSN
 - ◆ Add monthly reporting plan
 - ◆ Enter HCW demographic data
 - ◆ Enter blood and body fluid exposure record
 - ★ Add post-exposure prophylaxis (if any)
 - ★ Add baseline laboratory records
 - ◆ Enter any follow-up laboratory testing

- ◆ All laboratory and prophylaxis records must be linked to an exposure for BBF events

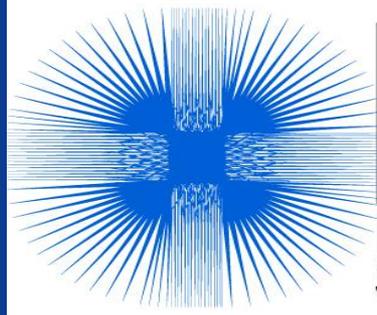


References

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



NHSN
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Questions or Need Help? Contact User Support

