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

This form collects data on which options and which months a facility intends 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 not plan to follow any of the NHSN Healthcare Personnel Safety Modules during the month and year selected. |
| **Healthcare Personnel Exposure Module** | |
| 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 (for example, antiviral chemoprophylaxis and/or treatment) |
| **Healthcare Personnel Vaccination Module** | |
| Influenza Vaccination Summary | Conditionally required. Check this box if you plan to follow the influenza vaccination summary option. Once the box is checked on one monthly reporting plan, the system will auto-check that same box on every monthly reporting plan throughout the entire NHSN-defined influenza season (July 1 through June 30 of the following year). |
| **Weekly COVID-19 Vaccination Module** | |
| COVID-19 Vaccination Summary | Conditionally required. Check this box if you plan to follow the COVID-19 vaccination summary option. |

| | Complete a monthly reporting plan for each month you enter COVID-19 vaccination summary data. |