



#### 4. Table 1. 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 <u>not</u> plan to follow any of the NHSN Healthcare Personnel Safety Modules during the month and year selected.
<b>Healthcare Personnel Exposure Module</b>	
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)
<b>Healthcare Personnel Vaccination Module</b>	
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).