



National Healthcare Safety Network (NHSN)

The Next Generation Hemovigilance Module

How To Guides

March 2026





How To Guides



Managing Users

- Add a user
- Remove a user
- Assign user rights
- Reassign users
- NHSN enrollment
- SAMS registration



Activating Components

- Add a component
- Assign a POC
- NHSN Agreement to Participate & Consent
- Remove a component



Creating Groups

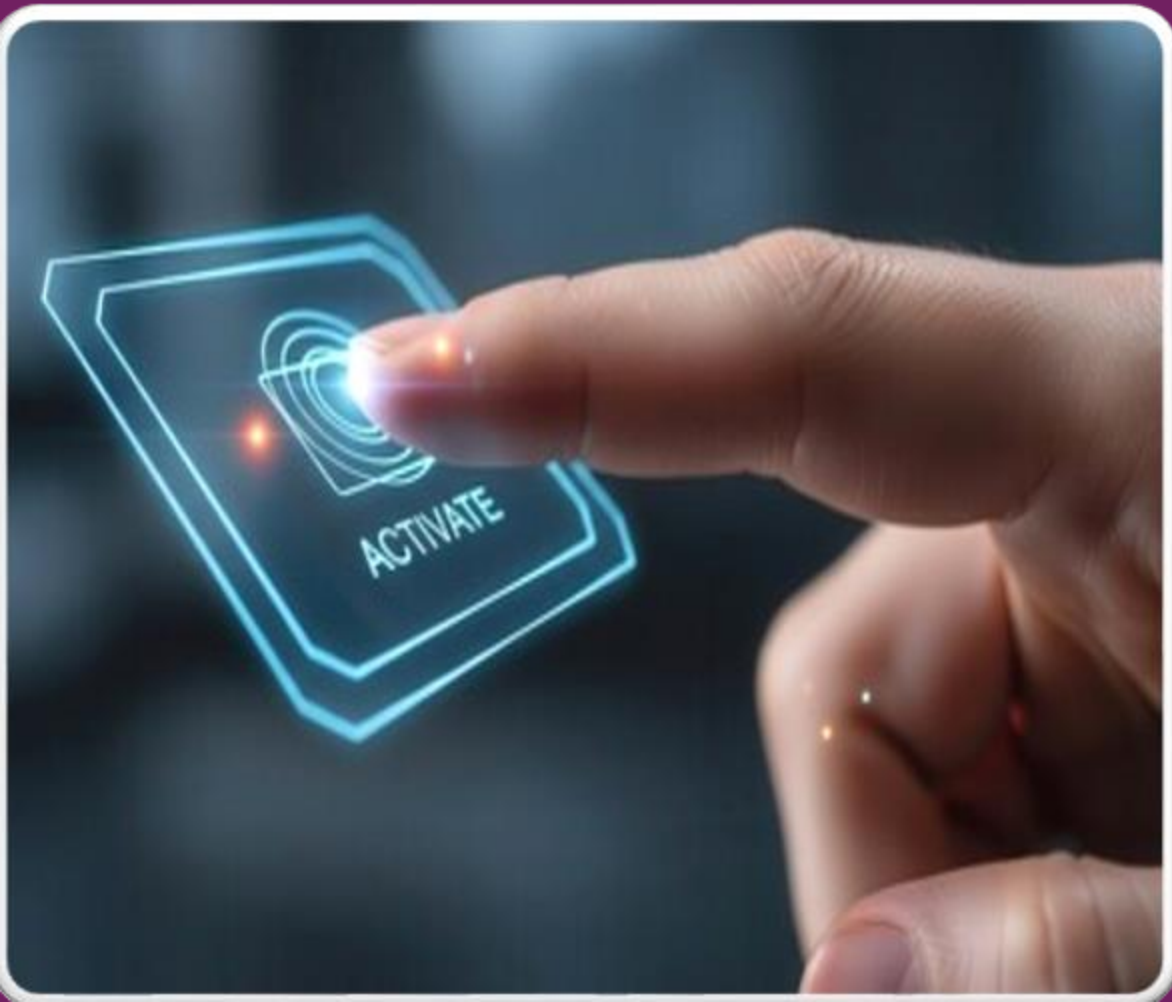
- Nominate a group
- Assign Group Admin.
- Add group users
- Assign user rights
- Password to join group
- Set up group rights
- Track membership



Joining Groups

- Invite member facilities
- Join a group
- Confer rights
- Accept rights
- Review rights

Activating Components



Add a component

Only a NHSN Facility Administrator can add their facility to a component.

The screenshot shows the NHSN interface for a facility administrator. The top navigation bar includes the NHSN logo, the facility name 'TEST MEMORIAL HOSPITAL (12345)', and the user email 'TEST@CDC.GOV'. The left sidebar contains navigation options: Alerts, Survey, Adverse Reaction, Patients, Users, Locations, Customize Forms, **Facility Info** (highlighted with a '1'), Groups, Analysis, and Logout. The main content area is titled 'Facility' and contains a 'Components Followed' section. This section is a table with columns for 'Follow/Followed', 'Component', 'Activated', 'Deactivated', 'Agreement Accepted', and 'View Agreement'. The 'Follow/Followed' column contains a vertical list of checkboxes, with a '2' indicating they should be selected. The components listed are: Dialysis, Outpatient Procedure, Patient Safety, Biovigilance, Long Term Care Facility, Healthcare Preparedness, Neonatal, Medication Safety, and Healthcare Personnel Safety. A '3' points to a 'Confirm' dialog box that appears when a component is selected. The dialog contains a note: 'A Primary Contact for this component must be entered in the Contact Information section prior to entering data. Note: You will be prompted to complete a facility survey for the previous calendar year the first time you log-in to this component. The survey can be printed using the Print Survey link next to the component.' At the bottom of the dialog are 'Yes' and 'No' buttons, with 'Yes' highlighted. A '4' is located at the bottom right of the page.

1 On the left-hand navigation panel of the NHSN homepage, select **Facility Info**. When the **Facility** screen appears, scroll down to the bottom of the page to the **Components Followed** section.

2 Select the check boxes of the desired components.

3 A confirmation notice will appear to indicate that a Primary Contact for the component is needed, and that submission of a facility survey will be requested.

4

Assign a Person of Contact (POC)

Each component needs a designated person of contact for component correspondence.

The screenshot shows the NHSN interface for a facility named 'TEST MEMORIAL HOSPITAL (12345)'. The user is logged in as 'TEST@CDC.GOV'. A 'Users' modal window is open, displaying a table of users. The table has columns for First Name, Last Name, User ID, E-mail, User Type, and Active. The first row is highlighted in blue and has a checkmark in a box next to the name 'Test'. An orange arrow labeled '1' points to this checkmark. Below the table, there is a pagination control showing 'Page 1 of 36' and '10 items per page'. At the bottom of the modal, there are two buttons: 'Select User' and 'Cancel'. An orange arrow labeled '2' points to the 'Select User' button. A text box with a blue border contains the following instructions:

1. After selecting **Yes** to indicate a Primary Contact for a component, the **Users** screen will appear. Search for the desired person based on their identifiers (name, user ID, email, etc.). Select the check box next to the user's name.
2. Click **Select User** and **Save**.

Below the modal, a table row is visible with the following data: Healthcare Personnel Safety, 08/11/2004, Y, and a [View Agreement](#) link.

NHSN Agreement to Participate & Consent

NHSN Patient Safety Component Home Page

The NHSN Agreement to Participate and Consent is incomplete. Only a Facility Administrator or Primary Contact can complete the Agreement to Participate and Consent. If you are the Facility Administrator or the component's Primary Contact, click [here](#) to complete the form. Please contact nhsn@cdc.gov if you believe the Facility Administrator or Primary Contact information for this component needs updating. Deadline: 4/14/2018

COMPLETE THESE ITEMS

Confer Rights
Not Accepted

ALERTS

90	502	60	723	2185	1748	529	184
Incomplete Events	Missing Events	Incomplete Summary Items	Missing Summary Items	Incomplete Procedures	Incomplete Procedures	Missing Procedure-Associated Events	Unusual Susceptibility Profiles

After assigning a Primary Contact, the NHSN Facility Administrator and primary contact will receive an email to review and accept an NHSN Agreement to Participate and Consent form.

An alert message with access to the Agreement and Consent form will also be visible in NHSN on the homepage.

The NHSN Facility Administrator *OR* Primary Contact will need to sign this form to participate in the component.

Agreement to Participate and Consent

Page 1 of 3

Tracking #: 12345

The National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), collects, analyzes, and reports data submitted by healthcare or residential facilities on healthcare-associated adverse events, adherence to prevention practices, and antimicrobial use and resistance. Healthcare or residential facilities may participate in NHSN voluntarily, i.e., on their own initiative and for their own purposes, or as a result of a state or federal reporting requirement. CDC will disclose data submitted to NHSN to other federal agencies and to state health departments in accordance with the scope of their reporting mandates. CDC also will disclose data to state, local, or territorial health departments that are outside the scope of federal or state reporting mandates provided the state, local, or territorial health department has completed a data use agreement with CDC that stipulates the data will be used solely for surveillance and prevention purposes and not for public reporting of facility-specific data or any regulatory or punitive actions against facilities, such as a fine or licensure action. These

NHSN Agreement to Participate & Consent

Facilities will need a signed consent form for each enrolled component.

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1

Accept	Component	Contact Type	Contact Name	Phone Number	Email
<input type="checkbox"/>	Biovigilance	Biovigilance Contact	Audrey Smith	770-100-1950	AUSM@CDC.GOV
<input type="checkbox"/>	Medication Safety	Medication Safety Primary Contact	Winifred Ashby	770-100-1919	WIAS@CDC.GOV
<input type="checkbox"/>	Patient Safety	Patient Safety Primary Contact	Ludwik Hirszfied	770-100-1910	LUHI@CDC.GOV



1. Within the Consent form, the NHSN Facility Administrator **OR** Primary Contact will be able to select the check box next to the component that they are currently logged into.
2. If the NHSN Facility Administrator or Primary Contact serve in their role for multiple facilities, they can select the check box(es) next to those additional facilities.
3. Then select **Submit**.

You are listed as the Facility Administrator or Primary Contact for the facilities below. Select all facilities for which you would like to accept the agreement. Click the submit button to accept the agreement for all selected facilities.

Facility Name	Facility ID	Contact Type	Contact Name	Phone Number	Email	Accept
S.B Dialysis Facility	14968	Facility Administrator	Amber Cragette	678-595-7685	UYQ2@CDC.GOV	<input type="checkbox"/>
Amber Home Dialysis 2	14974	Facility Administrator	Amber Cragette	404-521-2512	UYQ2@CDC.GOV	<input type="checkbox"/>
S.B Dialysis Facilitya	14940	Facility Administrator	Amber Cragette	678-575-8373	UYQ2@CDC.GOV	<input type="checkbox"/>
QA HDPO Test Facility	14635	Facility Administrator	Amber Cragette	678-465-7483	UYQ2@CDC.GOV	<input type="checkbox"/>
Amber Dial Enroll	14628	Facility Administrator	Amber Cragette	631-252-0235	UYQ2@CDC.GOV	<input type="checkbox"/>
Amber S.4.0.9 DIAL Enroll	14240	Facility Administrator	Amber Cragette	678-948-5950	UYQ2@CDC.GOV	<input type="checkbox"/>
McDowell General	13780	Facility Administrator	Amber Cragette	404-555-5555	uy2@cdc.gov	<input type="checkbox"/>

Page 1 of 1 View 1 of 7

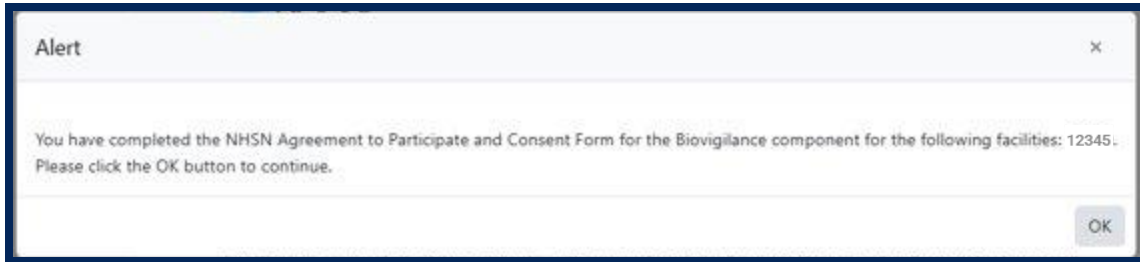
2

3



NHSN Agreement to Participate & Consent

Facilities will need a signed consent form for each enrolled component.



Once the NHSN Facility Administrator **OR** Primary Contact selects **Submit**, an alert message will appear indicating that the Consent form was successfully accepted.

In addition to an alert, NHSN will also send an email to the NHSN Facility Administrator **AND** Primary Contact confirming that the Consent form was accepted.

The following facility's component has completed the NHSN Agreement to Participate and Consent Form:

Facility Name: Test Memorial Hospital
Component: Biovigilance
Consent Date: March 26, 2026
Facility ID: 12345

NHSN Facility Administrator: Test Person test@cdc.gov
Component Primary Contact: Audrey Smith ausm@cdc.gov

If you have questions about NHSN, please contact us at nhsn@cdc.gov. For information on the NHSN, please visit the member's web site at <http://www.cdc.gov/nhsn>.

NHSN Agreement to Participate & Consent

Newly enrolling NHSN users have 60 days from enrollment to accept the Agreement to Participate & Consent.

1. To view a signed and dated copy of the NHSN Agreement to Participate & Consent form, select **Facility Info** on the left-hand navigation panel of the NHSN homepage.

2. When the **Facility** screen appears, scroll down to the bottom of the page to the **Components Followed** section. Select **View Agreement**.

Follow/ Followed	Component	Activated	Deactivated	Agreement Accepted	View Agreement
<input type="checkbox"/>	Dialysis				
<input type="checkbox"/>	Outpatient Procedure				
<input type="checkbox"/>	Patient Safety				
<input checked="" type="checkbox"/>	Biovigilance	01/12/2009		Y	2 View Agreement

1 [Facility Info](#)

View Agreement

View Agreement

Page 1 of 3

Tracking #: 10018

The National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), collects, analyzes, and reports data submitted by healthcare or residential facilities on healthcare-associated adverse events, adherence to prevention practices, and antimicrobial use and resistance. Healthcare or residential facilities may participate in NHSN voluntarily, i.e., on their own initiative and for their own purposes, or as a result of a state or federal reporting requirement. CDC will disclose data submitted to NHSN to other federal agencies and to state health departments in accordance

Tip: If a newly enrolled facility fails to accept the agreement within 60 days, access to NHSN will be suspended until the Facility Administrator or Primary Contact accepts the Consent form.

Remove a component

Only a NHSN Facility Administrator can remove their facility from a component.

The screenshot shows the NHSN interface for 'TEST MEMORIAL HOSPITAL (12345)'. The user is logged in as TEST@CDC.GOV. The 'Biovigilance' component is selected in the left-hand navigation panel. The 'Facility' page displays a table of components followed by the facility. The 'Biovigilance' component is selected, and a confirmation dialog is shown with the 'Yes' button highlighted.

1 On the left-hand navigation panel of the NHSN homepage, select **Facility Info**.

2 When the **Facility** screen appears, scroll down to the bottom of the page to **Components Followed** section. To remove a component, deselect the check boxes of the desired components.

3 A confirmation notice will appear to indicate the chosen action. To deactivate the component, select **Yes**.

Follow/ Followed	Component	Activated	Deactivated	Agreement Accepted	View Agreement
<input type="checkbox"/>	Dialysis				
<input type="checkbox"/>	Outpatient Procedure				
<input type="checkbox"/>	Patient Safety				
<input checked="" type="checkbox"/>	Biovigilance	01/12/2009		Y	View Agreement
<input type="checkbox"/>	Long Term Care Facility				
<input type="checkbox"/>	Healthcare Preparedness				

Confirm

You have chosen to stop following the **Biovigilance** component. Press Yes to inactivate the component or No to return to the page.

The following resources are available to provide additional guidance, support, and assistance related to the Hemovigilance Module. These services are designed to help users access reliable information, professional advice, and ongoing support when needed.

- [Secure Access Management Service \(SAMS\)](#)
- **NHSN Websites**
 - [NHSN | CDC](#)
 - [Newsletters | NHSN | CDC](#)
 - [FAQs About Agreement to Participate and Consent | NHSN | CDC](#)
- **NHSN Hemovigilance Websites**
 - [Hemovigilance Module| BV | NHSN | CDC](#)
 - [BV Roadmap | NHSN Roadmap | NHSN | CDC](#)
 - [Biovigilance Component \(BV\) Training | NHSN | CDC](#)

Want more information?

Email our team directly at Hemovigilance@cdc.gov.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 <https://www.cdc.gov/>
Follow us on social [@CDCgov](https://twitter.com/CDCgov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.

