

The National Healthcare Safety Network (NHSN) Manual

HEALTHCARE PERSONNEL SAFETY COMPONENT PROTOCOL:

Healthcare Personnel Exposure Module

Division of Healthcare Quality Promotion

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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.

The Healthcare Personnel Safety (HPS) Component of the National Healthcare Safety Network (NHSN) was launched in 2009. The component consists of two modules: 1) Healthcare Personnel Exposure; and (2) Healthcare Personnel Vaccination. The Healthcare Personnel Exposure module includes: Blood/Body Fluid Exposure Only; Blood/Body Fluid Exposure with Exposure Management; and Influenza Exposure Management. The Healthcare Personnel Vaccination module includes: Influenza Vaccination Summary.

Data collected in this component of NHSN will help 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 post-exposure 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 standard.



Healthcare Personnel Safety Reporting Plan

The *Healthcare Personnel Safety Monthly Reporting Plan Form* (CDC 57.203) is used by an NHSN facility to inform CDC which healthcare personnel safety modules are used during a given month. This guides NHSN on what data to expect from the user in a given month and 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 Monthly Reporting Plan Form* includes brief instructions for collection and entry of each data element on the form.



Blood/Body Fluid Exposure Option

Introduction:

Transmission of bloodborne pathogens [e.g., Hepatitis B virus (HBV), Hepatitis C virus (HBC), Human Immunodeficiency Virus (HIV)] from patients to healthcare workers (HCW) is an important occupational hazard faced by healthcare personnel (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.

(http://www.osha.gov/SLTC/bloodbornepathogens/). 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/sharpssafety/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 Option permits a



healthcare facility to record information about the exposure and its management. This option can be used in any healthcare setting where there is potential for occupational exposure to blood and body fluids among HCP. This option requires that data be entered into NHSN when exposures occur, as indicated in the *Healthcare Personnel Safety Monthly 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 included for 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 as they occur during the calendar year.

Definitions:

- Bite: A human bite sustained by a 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): A population of healthcare workers working in a healthcare setting.
- **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 object penetrates the skin. This term is interchangeable with "percutaneous injury."
- **Solid Sharp:** A sharp object (e.g., suture needle, scalpel) that does not have a lumen through which material can flow.

Reporting Instructions:

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

All NHSN facilities following the Blood/Body Fluids Exposure Option:

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 patient beds set up and staffed, annual inpatient days, number of patient admissions per year, number of annual outpatient encounters, number of annual employee hours worked. The survey also collects annual data on the total number of HCP in selected occupational groups (full-time equivalents and numbers of HCP, full or part-time).
- ➤ Healthcare Personnel Safety Monthly Reporting Plan (CDC Form 57.203) Used to collect data on which modules and which months a facility intends to participate in



the NHSN HPS Component. This form should be completed for every month that the facility will participate in the HPS component.

Exposure-Only Reporting:

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

- ➤ 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.
- ➤ 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, the completion of Sections V-IX is not required.

Exposure and Exposure Management Reporting:

Facilities participating in exposure reporting and exposure management should complete the forms:

- ➤ 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.
- ➤ 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.
- ➤ 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 Options will allow the participating NHSN site to estimate the nature, frequency, circumstances, and sequelae of occupational exposures to bloodborne pathogens (i.e., HBV, HCV, and/or HIV) through



percutaneous injuries, bites, mucous membrane exposures or non-intact skin exposures. 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). (PEP medications are updated in NHSN as required)
- 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 Exposure Management Option

Introduction: The Advisory Committee on Immunization Practices (ACIP) recommends that all healthcare personnel (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]

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 coverage (i.e., non-seasonal), a plan for anti-viral chemoprophylaxis and treatment could be implemented.

Influenza Exposure Management Option

Use of the Influenza Exposure Management Option 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 option 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 option 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.

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 a healthcare setting.



- 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 July 1 of a year June 30 of the following year.

Reporting Instructions

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

All NHSN facilities following the Influenza Exposure Management Option:

NHSN participants should complete the following forms:

- ➤ Healthcare Personnel Safety Component Facility Survey (CDC 57.200) Used to collect facility administrative data including total patient beds set up and staffed, annual inpatient days, number of patient admissions per year, number of annual outpatient encounters, number of annual employee hours worked. The survey also collects annual data on the total number of HCP in selected occupational groups (full-time equivalents and numbers of HCP, full or part-time). 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 Monthly Reporting Plan (CDC 57.203) Used to collect data on which modules and which months a facility intends to participate in the 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 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).

Influenza Exposure Management Reporting:



Facilities participating in influenza exposure management reporting 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.

Data Analyses:

The use of the Influenza Exposure Management Option will allow facilities and CDC to measure antiviral medication use related to the prevention and treatment of influenza. Antiviral medication use for chemoprophylaxis or treatment after exposure to influenza can be evaluated and monitored. Frequencies and trends of antiviral medication use as a result of potential or confirmed exposures to influenza will be calculated and summarized. Also, frequency estimates of the personnel types and clinical areas more likely to require chemoprophylaxis or treatment may be analyzed as well as information on adverse effects associated with the receipt of antiviral medications (as part of chemoprophylaxis or treatment).

References:

- [1] Centers for Disease Control and Prevention, Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009, MMWR, 58 (2009) 1-52.
- [2] Centers for Disease Control and Prevention, Influenza vaccination of health-care personnel, MMWR, 55 (2006) 1-16.
- [3] R. T. Lester, A. McGeer, G. Tomlinson, and A. S. Detsky, Use of, effectiveness of, attitudes regarding influenza vaccine among house staff, Infection Control and Hospital Epidemiology, 24 (2003) 839-844.
- [4] J. Potter, D. J. Stott, M. A. Roberts, A. G. Elder, B. ODonnell, P. V. Knight, and W. F. Carman, Influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients, Journal of Infectious Diseases, 175 (1997) 1-6.
- [5] R. E. Thomas, T. O. Jefferson, V. Demicheli, and D. Rivetti, Influenza vaccination for health-care workers who work with elderly people in institutions: a systematic review, Lancet Infectious Diseases, 6 (2006) 273-279.



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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 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	Conditionally required. Check this box if you do <u>not</u> plan		
Modules Followed this Month	to follow any of the NHSN Healthcare Personnel Safety		
	Modules during the month and year selected.		
Healthcare Pe	ersonnel Exposure Module		
Blood/Body Fluid Exposure Only	Conditionally required. Check this box if you plan to		
Blood/Body I fuld Exposure Only	follow blood/body fluid exposures only, without		
	following exposure management during the month and		
	year selected.		
Blood/Body Fluid Exposure with Exposure	Conditionally required. Check this box if you plan to		
Management Management	follow blood/body fluid exposure with exposure		
Management	management during the month and year selected.		
Influenza Exposure Management	Conditionally required. Check this box if you plan to		
Influenza Exposure Management	follow influenza exposure management (i.e., antiviral		
	chemoprophylaxis and/or treatment)		
Healthcare Personnel Vaccination Module			
Influenza Vaccination Summary	Conditionally required. Check this box if you plan to		
Influenza Vaccination Summary	follow the influenza vaccination summary option. Once		
	the influenza vaccination summary is selected on the		
	reporting plan, it is automatically updated with this		
	information for the entire NHSN-defined influenza		
	season (July 1 to June 30).		



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:	Optional. Enter demographic information for the HCW.		
Last, First, Middle			
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).		
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/master-locations-descriptions.pdf).		
Department	Optional. Enter the department in which the HCW works (facility defined).		
Department	Optional. Enter the department in which the fiew works (facility defined).		



Data Field	Instructions for Data Collection
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	Conditionally required. Required only when the HCW has influenza vaccination
patient care	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 Exposure 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 Event Only Management			_	Exposure Event
Facility ID #	D 4 E' 11		Exposure	and Exposure
entered by the application. Exposure Event # The exposure event number will be autogenerated by the application. HCW ID Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility. *HCW Name: Last, First, Middle Gender Indicate the gender of the HCW by checking F (Female) or M (Male). *Date of Birth 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 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. Exposure Type The default setting is auto-entered by the application as Blood/Body Fluids. Section I – General Exposure Information 1. Did the exposure Choose Y (Yes) or N (No). Required Required Required Required Required Required				
Exposure Event # The exposure event number will be autogenerated by the application. HCW ID Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility. *HCW Name: Enter the HCW's name. Last, First, Middle *Gender Indicate the gender of the HCW by checking F (Female) or M (Male). *Date of Birth 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 cocupation 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 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. Exposure Type The default setting is auto-entered by the application as Blood/Body Fluids. Section I – General Exposure Information I. Did the exposure Choose Y (Yes) or N (No). Required Required	Facility ID #		Required	Required
Generated by the application. Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.				
Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility. *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). *Date of Birth 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 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. Exposure Type The default setting is auto-entered by the application as Blood/Body Fluids. Required Required	Exposure Event #		Required	Required
number. This identifier is unique to the healthcare facility. *HCW Name: Last, First, Middle *Gender				
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*HCW Name: 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/yyy. 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 specialties can be found on Form CDC 57.204. Conditionally required required Exposure Type The default setting is auto-entered by the application as Blood/Body Fluids. Required Required Required Section I - General Exposure Information Choose Y (Yes) or N (No). Required Required				
Last, First, Middle *Gender				
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			Required	Required
			1	1



		10	Exposure Event
Data Field	Instructions for Data Collection	Exposure Event Only	and Exposure Management
1a. If No, specify the	If the exposure did not occur at the reporting	Conditionally	Conditionally
name of facility in which exposure	facility, enter the name of the facility where the event occurred.	required	required
occurred	event occurred.		
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:	If Type of Exposure was Percutaneous, then check this item.	Conditionally required	Conditionally required
Did the exposure involve a clean, unused needle or sharp object?	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
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
7c. Skin:	If Type of Exposure was Skin, then check this item.	Conditionally required	Conditionally required
Was skin intact?	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



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
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.	Required Conditionally required	Required Conditionally required
	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).	Conditionally required	Conditionally required
9. Body site of exposure	Check body site of exposure from the list. Check all sites that were exposed.	Required	Required
	If the Body site of exposure was (Other), please specify the site.	Conditionally required	Conditionally required
Section II - Percutan	eous 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
3. What needle or sharp object caused the injury?	Select one of the following categories: Device, Non-Device Sharp Object, or Unknown Sharp Object. If you select Device in the application you will be provided with a Device button that will take you to a screen to enter manufacturer, model, etc. Once a device has been entered you will be able to select it from the drop down list.	Conditionally required	Conditionally required
	If a Non-Device Sharp is selected, please describe the item or object.	Conditionally required	Conditionally required
	Within Devices, there are six categories: Hollow-bore needles, Suture needles, Other solid sharps, Glass, Plastic, Non-sharp safety devices, and Other devices.		
	If Other known device is selected, please specify.	Conditionally required	Conditionally required
4. Manufacturer and model	Enter the brand name and model of the device used. If the brand and model are unknown, generic device descriptors can be entered.	Conditionally required	Conditionally required
5. Did the needle or other sharp object involved in the injury have a safety feature?	Choose Y (Yes) or N (No). If Yes, answer 5a and 5b. If No, skip to Q6.	Conditionally required	Conditionally required
5a. If Yes, indicate the type of safety feature	If above is Y (Yes), choose one item from the list of safety devices.	Conditionally required	Conditionally required
5b. If the device had a safety feature, when did the injury occur?	Choose the timing of the injury event with relation to the use of the safety device. Check one item from the list provided.	Conditionally required	Conditionally required



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
6. When did the injury occur? (check one)	Choose the timing of the injury event from the list provided.	Conditionally required	Conditionally required
Before use of the item	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.		
During use of the item	Injuries that occurred during the use of the needle or sharp object. It also includes surgical or other invasive procedures with many steps.		
After use of item, before disposal	Injuries that occurred while in transit to disposal, cleaning instrument or recapping.		
During or after disposal	Injuries that occurred during or after the process of disposal or because of improper disposal of a needle or other sharp object.		
<u>Unknown</u>	Time of injury relative to the use of the device or object is unknown.		
7. For what purpose or activity was the sharp device being used?	Choose from the lists provided. If Other specify the purpose in the space provided. 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.	Conditionally required	Conditionally required
8. What was the activity at the time of injury?	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.	Conditionally required	Conditionally required
9. Who was holding the device at the time the injury occurred?	Select one answer.	Conditionally required	Conditionally required
10. What happened when the injury occurred?	Choose one item from the list. If Other, please record details in the space provided.	Conditionally required	Conditionally required
	Membrane and/or Skin Exposure	T	
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



			Exposure Event
Doto Field	Instructions for Data Collection	Exposure	and Exposure
Data Field	Instructions for Data Collection	Event Only	Management
2. Activity/event when exposure	Select the activity or event at the time mucous membrane or skin exposure occurred.	Conditionally required	Conditionally required
occurred	memorane of skin exposure occurred.	required	required
occurred	If Other is selected record details of the activity	Conditionally	Conditionally
	or event in the space provided.	required	required
3. Barriers used by	Check all that apply.	Conditionally	Conditionally
the worker at the		required	required
time of exposure	If Other is selected, list other barriers in the	Conditionally	Conditionally
	space provided.	required	required
Section IV – Bite		1	<u> </u>
1. Wound	Select the description of the bite wound from	Conditionally	Conditionally
description	the list provided.	required	required
2. Activity/event	Choose the activity or event when the bite	Conditionally	Conditionally
when exposure	occurred.	required	required
occurred	If Other, specify the event in the space	Conditionally	Conditionally
	provided.	required	required
Sections V	– IX are required when following the protocols for		
Section V – Source In		Exposure man	<u>aşemem</u>
1. Was the source	Choose Y (Yes) if the source of the exposure	Optional	Required
patient known?	(patient) is known. Otherwise, select N (No).		1
2. Was HIV status	Indicate Y (Yes) if the source patient's	Optional	Required
known at time of	serostatus was known at the time of exposure.		
exposure?			
3. Check the test	Use codes: P= positive, N= negative,	Optional	Required
results for the source	I=Indeterminate, U=Unknown, R=Refused and		
patient:	NT=Not tested.		
Hepatitis B	Indicate the results of any tests performed prior		
ĤbsAg	to the exposure (as found in the medical record)		
HBeAg	or performed immediately after the exposure. If		
Total anti-HBc	the source is not known, check U. If the source		
anti-HBs Hepatitis C	refuses to be tested, check R. Not all tests listed		
anti-HCV EIA	on the form need to be offered after all		
anti-HCV suppl	exposures.		
PCR-HCV RNA			
HIV			
HIV EIA, ELISA			
Rapid HIV			
Confirmatory HIV Section VI – For HIV	Infected Source		
1. Stage of Disease	Indicate the stage of HIV disease of the source	Optional	Conditionally
1. Stage of Discuse	patient. Use CDC surveillance definitions. For	optionui	required
	end stage AIDS and acute HIV illness, use		4
	definitions as defined in the protocol.		



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
2. Is the source	Indicate if the source patient is was taking anti-	Optional	Conditionally
patient taking anti- retroviral drugs?	retroviral drugs at the time of the exposure, Y (Yes), N (No), or U (Unknown).		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 source patient.		
4. Viral Load	If available, indicate the most recent HIV viral load (# of copies per ml) or Undetectable for the source patient.	Optional	Conditionally required
Date	Enter the month and year of the test.		
	are Given to Healthcare Worker	T	T
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
3. Hepatitis B	Choose Y (Yes), N (No), or U. (Unknown) for	Optional	Required
vaccine given?	whether Hepatitis B vaccine was given after exposure.		
Date first dose administered	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	Conditionally Required



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
4. Is the HCW	Indicate the pregnancy status of HCW. Choose	Optional	Conditionally
pregnant?	Y (Yes), N (No), or U (Unknown).	1	required
4a. If yes, which	Check 1 (1 st trimester), 2 (2 nd trimester), or 3	Optional	Conditionally
trimester?	(3 rd trimester) at the time of exposure. If stage of		required
	pregnancy is unknown, check U.		
Section VIII - Baselin			
Was baseline testing	Choose Y (Yes) or N (No) or U (Unknown).	Optional	Required
performed on the	Baseline lab tests should be performed within		
HCW?	hours of the exposure.		
HIV EIA	Enter the dates for each test performed and the	Optional	Conditionally
HIV confirmatory	result (Use codes: P= Positive, N= Negative,		required
HepC anti-HCV EIA	I=Indeterminate, U=Unknown, R=Refused).		
HepC anti-HCV-supp HepC PCR HCV RNA			
HepB HBsAg			
HepB IgM anti-Hbc			
HepB Total anti-Hbc			
HepB Anti-HBs			
ALT	Additional baseline laboratory tests may be	Optional	Optional
Amylase	completed to document potential physiologic		
Blood glucose Hematocrit	changes associated with a blood/body fluid		
Hemoglobin	exposure. Enter the date (in mm/dd/yyyy		
Platelets	format) and result, using the specified units.		
Blood cells in urine			
WBC			
Creatinine			
Other			
Section IX – Follow-u			n
1. Is it recommended	Choose Y (Yes) or N (No).	Optional	Required
that the HCW return			
for follow-up of this			
exposure?	Character V (Van) and N (N)	0	C11/111
1a. If Yes, will	Choose Y (Yes) or N (No).	Optional	Conditionally
follow-up be			Required
performed at this			
facility? Section X – Narrative			
In the worker's		Optional	Ontional
	Enter the narrative of the HCW's description of	Орионаг	Optional
words, how did the	how the injury occurred.		
injury occur?	an and a second a second and a second a second and a second a second and a second a second and a second a second a second and a second a second a second a second a second a second a secon		
Section XI – Prevention			



Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
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. CDC will not analyze this information.	Optional	Optional



Table 4. Instructions for Completion of the Healthcare Worker Prophylaxis/Treatment – BBF Postexposure Prophylaxis (PEP) 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:	Optional. Enter the HCW's name.
Last, First, Middle	
*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	Required. Enter the number of hours between the exposure and when the 1st dose
exposure and 1 st 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 initial
	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.
	I change with a new start date



Data Field	Instructions for Data Collection
Reason for Stopping	Required. Indicate the primary reason for stopping the initial PEP regimen by selecting the appropriate choice.
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 recorded as part of a new PEP regimen(s) with dates that resume from the last stop date.
Reason for Stopping	Conditionally required. Indicate the primary reason for stopping this PEP regimen by selecting the appropriate choice.
	• • • • •
PEP Change 2	Indication: Prophylaxis
PEP Change 2 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
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.
	Conditionally required. Enter drugs prescribed for a third prophylaxis regimen. Note that the third PEP regimen may contain drugs that were included in previous
Drug 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. Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Drug Drug 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. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis.
Drug Drug Drug 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. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter the date the new PEP regimen was started using
Drug Drug Drug Drug Date Started	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. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter the date the new PEP regimen was started using mm/dd/yyyy format. 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.
Drug Drug Drug Drug Date Started	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. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter the date the new PEP regimen was started using mm/dd/yyyy format. 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
Drug Drug Drug Drug Date Started Date Stopped	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. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter the date the new PEP regimen was started using mm/dd/yyyy format. 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. Conditionally required. Indicate the primary reason for stopping this PEP regimen
Drug Drug Drug Drug Date Started Date Stopped Reason for Stopping	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. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter any additional drugs prescribed for prophylaxis. Conditionally required. Enter the date the new PEP regimen was started using mm/dd/yyyy format. 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. Conditionally required. Indicate the primary reason for stopping this PEP regimen



Data Field	Instructions for Data Collection
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. CDC will not analyze this information.



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).

Demograpine data data	b-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:	Optional. Enter the HCW's name.	
Last, First, Middle		
*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). Multiple test results may be recorded on this form. Select lab test from dropdown menu:	
	HIV EIA HIV confirmatory Amylase HepC anti-HCV EIA HepC anti-HCV-supp Hematocrit HepC PCR HCV RNA Hemoglobin HepB HBsAg HepB IgM anti-Hbc HepB Total anti-Hbc HepB Anti-HBs 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. CDC will not analyze this information.	



Table 6. Instructions for Completion of the Healthcare Worker Prophylaxis/Treatment – Influenza 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).

z emograpino data auto	Pentered by application in part of an existing the widelinographic Data record (eDe 37.204).
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:	Optional. Enter the HCW's name.
Last, First, Middle	
*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
A O .	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
*Clinical Specialty	HCW records. See Table 2 for more details. Conditionally required. If Occupation is physician, fellow or intern/resident, enter the
Cillical Specialty	appropriate clinical specialty. The list of clinical specialties can be found on Form
	CDC 57.204.
*Performs direct	Required. Select Yes if the HCW provides direct patient care (i.e., hands on, face-to-
patient care	face contact with patients for the purpose of diagnosis, treatment and monitoring);
F	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 7/1 of the first year to 6/30 of the next calendar 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,
A .: 1	if you do not know the specific subtype necessitating antiviral medication use.
Antiviral	Required. Enter the code of the antiviral medication that was administered to the
medication	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.
Stop date	Conditionally required. Enter the stop date of the antiviral using mm/dd/yyyy format.



Data Field	Instructions for Data Collection
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	Conditionally required. If the HCW had a severe adverse reaction, check all reactions
to antiviral	that apply for each medication administered. Please correlate the antiviral medication
medication	# with the antiviral medication on page 1. If an adverse reaction is not listed, check
#1#10	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. CDC will not analyze
	this information.



Table 7. Instructions for Completion of Healthcare Personnel Safety Component – Annual Facility Survey (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	Optional. Number of hours worked is available from OSHA300 reporting
all employees	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. Calculate the
	number of attending physicians by including only those who are active or
	associate staff (e.g. similar methodology to the American Hospital
	Association annual survey, if applicable). 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)



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 a 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.
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.
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.



Key term	Definition
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 $\frac{1}{2}$ the number of part-time HCP (e.g., 2 part-time HCWs = 1 FTE).
Healthcare personnel (HCP)	A population of healthcare workers working in a healthcare setting. 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. CDC location codes may be accessed: at http://www.cdc.gov/nhsn/PDFs/master-locations-descriptions.pdf
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 \geq 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 object penetrates the skin
Solid Sharp	A sharp object (e.g., suture needle, scalpel) that does not have a lumen through which material can flow.
Vaccination season	A 12-month period starting from July 1 of a year to June 30 of the following year.
Work location	A HCW's current permanent work location. This refers to physical work location rather than to department assignment.



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

CDC (occupation) Code	BLS SOC (2000)*
ICP-Infection Control Professional	
IVT-IVT Team Staff	
LAU-Laundry Staff	
LPN-Licensed Practical Nurse	29-2061
MLT -Medical Laboratory	29-2012
Technician	
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	
OH-Occupational Health	29-9010
Professional	
OMS-Other Medical Staff	
ORS-OR/Surgery Technician	29-2055



CDC (occupation) Code	BLS SOC (2000)*
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

CDC Device Description
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)
SCALE - Scaler/curette
SCALPEL - Scalpel blade
SCIS - Scissors
TENAC - Tenaculum
TROCAR - Trocar
WIRE - Wire



CDC Device Description
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)

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CDC Drug Code
3TC - lamivudine
ABC - abacavir
ATV - atazanavir
CD4 - CD4 therapies
D4T - stavudine
ddl - 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
RIL - Rilpivirine
RTV - ritonavir
SQV - saquinavir
TDF - tenofovir
TIP - tipranavir (PNU-140690)
ZDV - zidovudine (AZT)