

**Agreement to Participate in the
NIOSH Occupational Health Safety Network (OHSN)
Data Use Agreement**

This data use agreement (“Agreement”) is effective upon execution, and is entered into by and between the **National Institute for Occupational Safety and Health (NIOSH)**, an agency of the Centers for Disease Control and Prevention (“Data Recipient”) and **Name of the hospital or System** (“Data Provider”). Participation in OHSN is voluntary. Data Provider can discontinue participation at any time by providing NIOSH written notice of such desire. Termination will be effective immediately.

This agreement will expire on December 31, 2025.

1. Purposes of OHSN

Below are the purposes for which the data are being collected by OHSN for NIOSH in its role as the nation’s public health and prevention agency focused on occupational safety and health.

- a. Serve as an occupational health surveillance resource for U.S. workplaces.
- b. Analyze and report workplace-specific data to illustrate the magnitude of injury and illness events among workers.
- c. Provide resources for prevention of injury and illness events specific to the healthcare sector.

2. Data Collection and Reporting Requirements for Participation

- a. To participate in OHSN, healthcare facilities or systems provide regular submissions about the occupational injury and illness event information, detailed in 2c. NIOSH will maintain a secure database of all submitted information. See 2d for details on the OHSN submission schedule.
- b. OHSN currently offers five modules focused on healthcare events which may lead to injury or exposure. Healthcare facilities or systems can choose to participate in one or more of these modules. Currently available modules are:
 - i. Slips, trips, and falls
 - ii. Patient handling and movement
 - iii. Workplace violence
 - iv. Sharps injury (needle sticks)
 - v. Blood and body fluids exposure
- c. Information submitted by each facility or system will include a minimum of 10 data elements about each injury event, and an additional 14 data elements about each event submitted at the discretion of the facility or system (“optional data”). The data will meet the format and content

criteria of the Standard Occupation Data Architecture (SODA). Details about these data elements are outlined in the document “Occupational Health Safety Network (OHSN) Data Elements and Value Sets,” available at <http://www.cdc.gov/niosh/topics/ohsn/pdfs/OHSN%20Data%20Elements.pdf>. Minimum data elements include:

- i. General information about the injury event: event date and event location.
 - ii. General, non-identifiable information about the worker involved in the event: occupation category and year of birth.
 - iii. Information about the root cause/s of the event.
- d. Guidelines for data submission include the following:
- i. Use the secure OHSN Internet-based portal to upload data to OHSN.
 - ii. For the OHSN module(s) chosen by the facility or system, submit data on a regular basis. NIOSH recommends submitting data monthly, but data may also be submitted quarterly. The submission schedule will be pre-arranged with NIOSH.
 - iii. Submit data within 15 days after the end of the reporting period.
 - iv. For months where there are no adverse injury events in your module(s), inform NIOSH of that fact within 15 days after the reporting period ends.
 - v. Submit at least 6 months of data per calendar year for each selected module(s) to maintain active status. Months need not be consecutive.
 - vi. Pass quality control acceptance checks that assess the data for completeness and accuracy.
 - vii. Keep healthcare facility or system denominator data up-to-date and accurate, reviewing and confirming this denominator data at least once per year. OHSN will provide initial denominator data for the facility or system to update or confirm. These initial data will be obtained from publicly available American Hospital Association records, and include number of licensed beds, number of inpatient admissions, number of employees in occupation categories, hospital service type, and region. These data must be accurate in order for OHSN to calculate rates.
- e. There is no fee for participation in OHSN.

3. Eligibility Criteria

- a. Healthcare facilities or systems participating in OHSN must meet the following criteria:
 - i. Be a healthcare facility or system in the United States of America, i.e., be listed in or associated with a facility or system that is in one of the following national databases: American Hospital Association (AHA); Centers for Medicare and Medicaid Services (CMS); or Veteran’s Affairs (VA).
 - ii. Have email addresses for OHSN users and high-speed Internet access on the computers used to access OHSN.
 - iii. Follow the OHSN Rules of Behavior as described on the OHSN Internet Portal

<http://www.cdc.gov/niosh/topics/ohsn/>.

- iv. Agree to share data with NIOSH for the purposes stated in Section 1 above.

4. Data Security

- a. OHSN does not collect personal identifiers for any individual. Healthcare facilities or systems must remove any potentially identifying information for individuals before uploading data to OHSN, including name, date of birth, social security number, phone numbers, place of birth, and military status.
- b. The National Institute for Occupational Safety and Health (NIOSH) has managed many national occupational surveillance systems. NIOSH will maintain security and integrity of all submitted data.
- c. NIOSH shall adopt and use appropriate administrative, physical and technical safeguards to preserve the integrity and security of the submitted facility or system data and prevent their use or disclosure other than as permitted by Section 5 of this Agreement or as otherwise required by law.
- d. Facilities or systems will have access to output graphs and detailed analyses of their own data through a secure, web-based portal.

5. Data Use

- a. NIOSH may use and disclose the submitted data for purposes solely in connection with research or public health.
- b. Neither AHA numbers nor other information that would reveal the identity of facilities or systems participating in OHSN will be disclosed by NIOSH to either OHSN participants or the public, unless otherwise required by law.

IN WITNESS WHEREOF, Data Provider and Data Recipient execute this Agreement in multiple originals to be effective on the last date written below.

Data Provider: Healthcare Facility or System

By: _____ Title: _____

Phone: _____ Email: _____

Date: _____ Signature: _____

Data Recipient: NIOSH

By: _____ Teresa Schnorr, PhD _____ Title: _____ Director, DSHEFS, NIOSH _____

Signature: _____

Date: _____

OHSN Contact: Ahmed Gomaa, MD; 513-841-4337; AGomaa@cdc.gov

Please complete and sign both enclosed copies of this form. Keep one and mail the other copy FEDEX using the enclosed postage pre-paid envelope to:

Ahmed Gomaa, MD, ScD, MSPH
NIOSH
5555 Ridge Ave.
MS-R17
Cincinnati, OH 45213-2515

For normal mail correspondence:
1090 Tusculum Ave.
Cincinnati, OH 45226-1938