

Occupational Health Safety Network (OHSN) Data Elements and Value Sets

Version 1.0: Required and Optional, with Descriptions

***Indicates Required Data Elements for participation in OHSN**

Other data elements are optional

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
Facility Level Data			
*Facility ID (ID that uniquely identifies the healthcare facility. Facility must enter this ID.)	String up to 15 characters	N/A	<i>American Hospital Association – AHA – IDs are preferred.</i>
*Facility Name (Name of the healthcare facility)	String up to 100 characters in length	N/A	
Event Level Data			
*Event ID (ID number of the traumatic injury event. This value must be unique for each event.)	String up to 15 characters	N/A	<i>This can be a random number assigned by the facility. Must NOT include personal identifiers such as date of birth or social security number.</i>
*Event Date (Date the event, condition, or injury occurred)	Format YYYY-MM-DD, eg 2012-02-24	N/A	
Event Time (Time that the event, condition, or injury occurred)	Format hh:mm	N/A	<i>Use 24 hour clock.</i>
Event Reported Date (Date that the event, condition, or injury was reported to participating OHSN organization)	Format YYYY-MM-DD	N/A	

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
Event Hours on Duty (Number of hours the healthcare worker was on duty before the incident.)	Decimal, e.g., 2.50	N/A	
*Event Location (Location where the event that caused the traumatic injury occurred) <i>Note: These are based on values from the CDC/National Healthcare Safety Network (NHSN)</i>	Inpatient-Unspecified	LO100	<i>Use if you do not know the exact inpatient location.</i>
	Inpatient-Adult Critical Care Units	LO101	<i>Burn Critical Care, Medical Cardiac Critical Care, Medical Critical Care, Med/Surg Critical Care, Neurologic Critical Care, Neurosurg. Critical Care, Prenatal Critical Care, Respiratory Critical Care, Surgical Cardiothoracic Critical Care, Surgical Critical Care, Trauma Critical Care</i>
	Inpatient-Neonatal Units	LO102	<i>Well Baby Nursery, Step down Neonatal Nursery, Neonatal Critical Care Levels II / III</i>
	Inpatient-Pediatric Critical Care Units	LO103	<i>Pediatric: Burn Critical Care, Cardiothoracic Critical Care, Medical Cardiac Critical Care, Medical Critical Care, Med/Surg Critical Care, Neurosurg. Critical Care, Respiratory Critical Care, Surgical Critical Care, Trauma Critical Care</i>
	Inpatient-Specialty Care areas (Adult or Pediatric)	LO104	<i>Long Term Acute Care, Bone Marrow Transplant, Acute Dialysis Unit, Hematology/Oncology, Solid Organ Transplant, Pediatric Bone Marrow Transplant, Pediatric Dialysis, Pediatric Hem/Onc, Pediatric Long-Term Acute Care, Pediatric Solid Organ Transplant</i>
	Inpatient-Adult Wards	LO105	<i>Adult Medical or Surgical Wards: Antenatal Care Ward, Burn Ward, Ear/Nose/Throat Ward, Gastrointestinal Ward, Gerontology Ward, Genitourinary Ward, Gynecology</i>

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
			<i>Ward, Jail Unit, Labor / Delivery/Recovery/Postpartum, Medical Ward, Med/Surg Ward, Mixed Acuity Ward, Neurology Ward, Neurosurgical Ward, Ophthalmology Ward, Orthopedic Trauma Ward, Orthopedic Ward, Plastic Surgery Ward, Postpartum Ward, Pulmonary Ward, Rehabilitation Ward, School Infirmary (inpatient), Surgical Ward, Stroke (Acute) Unit, Telemetry Unit, Vascular Surgery Ward</i>
	Inpatient-Pediatric Wards	LO106	<i>Pediatric Burn Ward, Pediatric Ear/Nose/Throat, Pediatric Genitourinary, Medical Pediatric Ward, Pediatric Med/Surg Ward, Pediatric Mixed Acuity Ward, Pediatric Neurosurgical Ward, Pediatric Orthopedic Ward, Pediatric Rehab Ward, Pediatric Surgical Ward</i>
	Inpatient-Step Down Units	LO107	<i>Adult or Pediatric</i>
	Inpatient-Operating Rooms	LO108	<i>Cardiac Catheterization Room, Cesarean Section Room, Interventional Radiology, Operating Room, Post Anesthesia Care Unit/Recovery Room</i>
	Inpatient-Long-term Care	LO109	<i>Inpatient Hospice, LTC Unit, LTC Alzheimer's Unit, LTC Behavioral Health/Psych Unit, Ventilator Dependent Unit, LTC Rehab Unit</i>
	Inpatient-Behavioral Health/Psych Ward (Adult or Pediatric)	LO110	
	Inpatient-Other locations, please specify	LO199	<i>Includes Patient Transportation, Sleep Studies, Pulmonary Function Testing, Treatment Room. Use if you know the inpatient location but cannot find it otherwise on the list. Specify location in field for Event Location Text.</i>

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
	Outpatient- Unspecified	LO200	<i>Use if you do not know the exact outpatient location.</i>
	Outpatient-Acute Care-Emergency Department/Urgent Care	LO201	
	Outpatient-Acute Care-Ambulatory Surgery/Observation	LO202	
	Outpatient-Clinic (Nonacute) settings	LO203	<i>Allergy, Behavioral Health, Blood Collection, Cardiac Rehab, Cardiology, Continence, Dermatology, Diabetes/Endocrinology, Ear/Nose/Throat, Family Medicine, Genetics, Gynecology, Holistic Medicine, Hyperbaric Oxygen, Infusion, Neurology, Occupational Health, Occupational Therapy, Ophthalmology, Orthopedic, Ostomy, Outpt Dental, Outpt GI, Outpt Hem/Onc, Outpt Hemodialysis, Outpt HIV, Outpt Medical, Oupt Rehab, Pain, Pediatric Behavioral Health, Ped. Cardiology, Ped. Clinic, Ped Dental, Ped. Dermatology, Ped. Diabetes/Endocrinology, Ped. Gastrointestinal, Ped. Hem/Onc, Ped. Nephrology, Ped. Orthopedic, Ped. Rheumatology, Ped. Scoliosis, Physical Therapy, Physician's office, Podiatry, Prenatal, Pulmonary, Rheumatology, School/Prison infirmary (outpatient), Specimen Collection Area, Speech Therapy, Surgical Services, Well Baby, Wound Center, Wound Ostomy Continence, Mobile Blood collection center</i>
	Outpatient-Community locations	LO204	<i>Includes Home Care, Home-based Hospice, Specimen collection in area not designed for healthcare, Blood Collection (not a van/mobile) in a location not designed for</i>

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
			<i>healthcare (ex – school gym)</i>
	Outpatient-Other locations, please specify	LO299	<i>Use if you know the outpatient location and can't find it otherwise listed. Specify location in field for Event Location Text.</i>
	Radiology (Inpatient and outpatient)	LO301	<i>Includes Mobile MRI/CT.</i>
	Non-patient-care locations-Unspecified	LO400	<i>Use if you do not know the exact non-patient-care location.</i>
	Non-patient-care locations-Administrative areas	LO401	
	Non-patient-care locations-Laboratories	LO402	<i>Inpatient or Outpatient</i>
	Non-patient-care locations- Hospital Maintenance	LO403	<i>Housekeeping, Environmental Services, Kitchen, Engineering, Biomedical Engineering, Sterile Plant Processing, Plant Maintenance, Loading Dock, Central Sterile Supply, Central Trash Area, Laundry</i>
	Non-patient-care locations-Pharmacy	LO404	
	Non-patient-care locations-Morgue	LO405	
	Non-patient-care locations-Public areas	LO406	<i>Including cafeteria, waiting rooms, parking lot, etc. These can be further specified by the Event Area values.</i>
	Non-patient-care locations-Other	LO499	<i>Use if you know the non-patient location and can't find it otherwise listed. Specify location in field for Event Location Text.</i>
	Unknown	UNK	<i>A proper value is applicable, but not known.</i>
Event Area (Area of the facility where the injury occurred)	Patient room	EA101	<i>Other than patient bathroom or shower room.</i>
	Patient bathroom	EA102	<i>Patient bathroom or shower room.</i>
	Exam room	EA103	
	Operating Room	EA104	
	Kitchen/dietary/cafeteria/dining/break room	EA201	

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
	Facility entrance/exit/lobby/foyer	EA202	
	Waiting room area	EA203	
	Corridor/hallway/elevator/stairwell	EA204	
	Nurses' station	EA205	
	Office/workstation	EA206	
	Public bathroom/staff bathroom/staff locker room	EA207	
	Outside hospital	EA301	<i>Includes parking lot, sidewalk, garage, loading dock.</i>
	Off-site home/patient residence	EA401	
	Other room or location not listed above, please specify	EA999	<i>Specify in field for Event Area Text.</i>
	Unknown	UNK	<i>A proper value is applicable, but not known.</i>
Event Medical Treatment (The type of medical treatment the healthcare worker received at the time of the injury event)	Hospitalized	MT1	
	Visit to a healthcare professional	MT2	
	First Aid at the scene	MT3	
	No medical treatment	MT4	
	Other, please specify	MT9	<i>Specify in field for Event Medical Treatment Text.</i>
	Unknown	UNK	<i>A proper value is applicable, but not known.</i>
*Event Type (The type of event that occurred: STF=slip/trip/fall, PHM=patient handling/movement, WPV=workplace violence)	STF: Slip, trip, fall: Unspecified	ET100	
	STF: Slip or trip without fall	ET101	
	STF: Fall on same level	ET102	<i>Includes fall to upper level.</i>
	STF: Fall to lower level	ET103	
	PHM: Unspecified	ET200	
	PHM: Patient handling musculoskeletal disorder (MSD) with no equipment	ET201	
	PHM: Patient handling MSD with equipment	ET202	
	WPV: Unspecified	ET300	

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
	WPV: Verbal assault	ET301	<i>Includes threat.</i>
	WPV: Assault against property	ET302	
	WPV: Physical assault to person	ET303	
	Exposure to blood/body fluid	ET401	<i>Includes needlesticks with or without BBF exposure, other sharps injuries, body fluid splashes, medical waste.</i>
	Exposure to other biohazard	ET402	<i>Includes insects, mildew, MRSA, meningitis, TB.</i>
	Exposure to other harmful substance or environment	ET403	<i>Includes fumes, dust, chemicals, fiberglass, electricity, radiation, burns, heat/cold exposure.</i>
	Contact with objects and equipment	ET404	
	Musculoskeletal Disorder not related to patient handling	ET501	
	Transportation incident	ET601	
	Fire or explosion	ET701	
	Other, please specify	ET999	<i>Specify in field for Event Type Text.</i>
Event Description (Narrative text that describes what happened)	Text string up to 700 characters	N/A	
*Event Severity (Indicate the Severity level of the event based on OSHA severity.) <i>If more than one category applies, choose the one that reflects the higher severity. For example, if there are both Days Away (OS12) and Job Transfer (OS13), choose OS12.</i>	OSHA Recordable, unspecified: (ONLY to be used when cannot be placed in OS11, OS12, OS13, or OS14)	OS10	<i>ONLY to be used when the event cannot be placed in one of the categories below.</i>
	OSHA Recordable, Death	OS11	<i>OSHA recordable case – Death.</i>
	OSHA Recordable, Days away from work	OS12	<i>OSHA recordable case with days away from work.</i>
	OSHA Recordable, Job transfer or restriction	OS13	<i>OSHA recordable case with job transfer/restriction.</i>
	OSHA Recordable, all other cases	OS14	<i>An OSHA Recordable case that did not result</i>

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
			<i>in death, days away, or job transfer/restriction.</i>
	Not OSHA recordable	OS20	<i>Injury/illness that is not OSHA recordable. Includes no injury (“near-miss”).</i>
	Unknown	UNK	<i>A proper value is applicable but not known.</i>
Worker Level Data			
Worker ID (ID of worker)	String up to 15 characters	N/A	<i>This can be a random number assigned by the facility. Must NOT include personal identifiers such as date of birth or social security number.</i>
Worker Gender (Gender of the worker)	Female	F	
	Male	M	
	Undifferentiated	UN	
*Worker Age (Age in years of the worker at the time of the event)	Number	N/A	<i>The age of the worker who was injured as a 2-digit number. If worker age is unavailable, enter 0. This column cannot be left blank.</i>
Worker Usual Location (Location where the worker normally worked)	Healthcare service location (Same as Event Location)	<i>Use Event Location Codes</i>	
*Worker Occupation (Occupation category of worker at time of event based on categories used in AHA annual survey + additional OHSN value sets)	Physician, unspecified	OC110	
	Attending Physicians & Dentists	OC111	
	Interns/Residents	OC112	
	Nurse, unspecified	OC120	
	Registered Nurses	OC121	
	Licensed Practical (Vocational) Nurses	OC122	
	Pharmacy, unspecified	OC130	
	Pharmacists	OC131	
	Pharmacy Technicians	OC132	

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
	Nursing assistive personnel	OC140	<i>Includes patient care technicians, patient care assistants, nurse aides.</i>
	Radiology Technicians	OC150	<i>Includes ultrasound technicians, nuclear medicine technicians.</i>
	Laboratory professional/technical	OC160	<i>Includes phlebotomists.</i>
	Respiratory Therapists	OC170	
	Rehabilitation Personnel	OC180	<i>Includes physical therapists, occupational therapists, speech therapists, etc.</i>
	Other trainees	OC190	
	All other personnel-patient care staff	OC199	<i>Includes Advanced Registered Nurse Practitioners, Physician Assistants, paramedics, medical assistants. Specify in field for Worker Occupation Text.</i>
	Housekeeping/laundry	OC210	
	Food service	OC220	
	All other personnel-non-patient care staff	OC299	<i>Specify in field for Worker Occupation Text.</i>
	Unknown	UNK	<i>A proper value is applicable, but not known.</i>
Worker Type			
(Type of employee at the time of the event; used to choose appropriate denominators for rates)	Full-time	EM1	<i>Not a contractor.</i>
	Part-time	EM2	<i>Not a contractor.</i>
	Contractor	EM3	<i>Contract Employee.</i>
	Casual	EM4	<i>Casual or per diem.</i>
	Volunteer	EM5	
	Other, please specify	EM9	<i>Specify in field for Worker Type Text.</i>
	Unknown	UNK	<i>A proper value is applicable, but not known.</i>
Worker Start Date			
(Date the worker started the job held at the time of the event)	Format YYYY-MM-DD	N/A	
Worker Race			
	American Indian or Alaska Native	1002-5	

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
(Race of worker)	Asian	2028-9	
	Black or African American	2054-5	
	Native Hawaiian or Other Pacific Islander	2076-8	
	White	2106-3	
	Other Race, please specify	2131-1	<i>Specify in field for Worker Race Text.</i>
	Unknown	UNK	<i>A proper value is applicable, but not known.</i>
Worker Ethnicity (Ethnicity of worker)	Hispanic or Latino	2135-2	
	Not Hispanic or Latino	2186-5	
	Undifferentiated	UNK	
Injury Level Data			
Injury Body Part (The primary body part of the healthcare worker that was injured or exhibits a health condition)	Head, including face	0	
	Neck, including throat	1	
	Shoulder, including clavicle and scapula	21	
	Chest, including ribs and internal organs	22	
	Back, including spine and spinal cord	23	
	Abdomen	24	
	Pelvic region	25	
	Arms	31	
	Wrists	32	
	Hand(s) except finger(s)	33	
	Finger(s), fingernails(s)	34	
	Legs	41	
	Ankles	42	
	Foot (feet), except toe(s)	43	
	Toe(s), toenail(s)	44	
	Body Systems	5	<i>Applies when the functioning of an entire body system has been affected without specific injury to any other part of the body.</i>
Other body parts, please specify	9	<i>Specify in field for Injury Body Part Text.</i>	
Unknown	UNK	<i>A proper value is applicable but not known.</i>	

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
Injury Nature (The primary nature of the healthcare worker's injury/health condition)	Dislocation	011	<i>Displacement and subluxation of bone or cartilage.</i>
	Fractures	012	<i>Traumatic injuries that result in fractures of bones or teeth.</i>
	Sprains, strains, tears	021	<i>Cases of sprains and strains of muscles, joints, tendons, and ligaments. Includes edema.</i>
	Open wounds	03	<i>Involving open wounds, broken skin, or outward opening, beyond the superficial skin surface, e.g., lacerations or puncture wounds.</i>
	Amputations	031	<i>Traumatic loss of a limb or other external body part. For an injury to be classified in this group, bone must be lost.</i>
	Surface wounds and bruises	04	<i>Traumatic bruises and other injuries that occur to the surface of the body and generally do not involve open wounds. Includes skin disorders, needlesticks, other sharps injuries.</i>
	Burns	05	<i>Tissue damage resulting from a variety of sources including heat, flame, hot substances, lightning, radiation, heat, extremely cold objects, and electricity.</i>
	Intracranial injury	06	<i>Traumatic injuries to the cranium or skull and the structures within.</i>
	Multiple traumatic injuries and disorders	08	<i>Combinations of traumatic injuries or disorders of different types.</i>
	Other traumatic injuries and disorders	09	<i>Traumatic injuries or disorders that are not assigned to the other major groups.</i>
	Internal injuries to organs and blood vessels of the trunk	094	<i>Traumatic injuries involving internal organs or blood vessels of the trunk and are not classified in any other major group.</i>
Crushing injuries	0971		

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
	Back pain, hurt back	0972	
	Soreness, pain, hurt, except the back	0973	
	Multiple nonspecified injuries and disorders	0978	
	Nonclassifiable	9999	Insufficient information to select even an unspecified code at the division level or there appears to be no injury or illness. Includes "Near-Miss."
	Unknown	UNK	A proper value is applicable but not known.
*+Injury Source (The primary source or secondary source of the injury or the primary hazard involved) +Only required for slip, trip, fall events; optional for workplace violence and patient handling/movement events STF= slip/trip/fall PHM= patient handling/movement WPV= workplace violence	STF Hazard: Unspecified or none	IS100	
	STF Hazard: Contaminant	IS101	Includes water, soap, body fluid, grease/oil, coffee, wax, gel, slick, slippery not otherwise classified.
	STF Hazard: Cord or tubing	IS102	Includes hose, medical tubing, phone cord, nurse call cord, equipment cords.
	STF Hazard: Object	IS103	Includes tripping over or getting caught on objects or items on floor, propped against wall, or in the pathway.
	STF Hazard: Ice or snow	IS104	
	STF Hazard: Surface irregularity	IS105	Includes surface irregularities due to buckled, loose, or damaged mat, carpeting, or rug; when some part of the walking surface is irregular; cracked tiles; loose gravel, door guards; etc.
	STF Hazard: A curb or wheel stop	IS106	
	STF Hazard: Steps, stairs, or handrail	IS107	
	STF Hazard: Other, please specify	IS199	Specify in field for Injury Source Text.
	PHM Equipment: Unspecified	IS200	
PHM Equipment: Full body sling lift – Unspecified	IS210		

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
STF= slip/trip/fall PHM= patient handling/movement WPV= workplace violence	PHM Equipment: Full body sling lift – Ceiling lift	IS211	
	PHM Equipment: Full body sling lift – Floor-based lift	IS212	
	PHM Equipment: Sit-to-stand lift	IS220	
	PHM Equipment: Lateral transfer device- Unspecified	IS230	
	PHM Equipment: Air assisted lateral transfer device	IS231	
	PHM Equipment: Mechanical lateral transfer device	IS232	
	PHM Equipment: Friction-reducing lateral transfer device	IS233	<i>Includes slide sheet.</i>
	PHM Equipment: Repositioning aid for bed/chair	IS241	
	PHM Equipment: Motorized bed/stretchers/wheelchair	IS242	
	PHM Equipment: Specialty function bed	IS243	
	PHM Equipment: Shower chair	IS244	
	PHM Equipment: Height adjustable exam table	IS245	
	PHM Equipment: Gait belt	IS246	
	PHM Equipment: Other, please specify	IS299	<i>Specify in field for Injury Source Text.</i>
	WPV: Weapon: Unspecified	IS300	
	WPV: Weapon: Firearm	IS301	
	WPV: Weapon: Knife	IS302	<i>Excluding eating utensil knife.</i>
	WPV: Weapon: Bar, rod, club, stick	IS303	
	WPV: Weapon: Building materials	IS304	<i>Includes door, window, floor, wall.</i>
	WPV: Weapon: Medical instrument or equipment	IS305	
WPV: Weapon: Food, utensils, meal tray	IS306		

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
STF= slip/trip/fall, PHM= patient handling/movement, WPV= workplace violence	WPV: Weapon: Bodily fluids or substances of person	IS307	
	WPV: Weapon: Other, please specify	IS309	<i>Specify in field for Injury Source Text.</i>
	WPV: Persons (without weapon)	IS311	<i>This code does not apply to PHM events.</i>
	WPV: Other, please specify	IS399	<i>Specify in field for Injury Source Text.</i>
	General Source: Chemicals and chemical products	IS401	
	General Source: Containers	IS402	
	General Source: Furniture and fixtures	IS403	
	General Source: Machinery	IS404	
	General Source: Parts and materials	IS405	
	General Source: Plants, animals, and minerals	IS407	
	General Source: Structures and surfaces	IS408	<i>Other than STF hazards.</i>
	General Source: Tools, instruments, and equipment	IS409	<i>Other than STF hazards or weapons.</i>
	General Source: Vehicles	IS410	
	General Source: Other, please specify	IS499	<i>Specify in field for Injury Source Text.</i>
Unknown	UNK	<i>A proper value is applicable but not known.</i>	
*+Injury Contributing Factor (The primary factor contributing to the injury of a healthcare worker) +Only required for workplace violence events; optional for slip/trip/fall and patient handling/movement events	STF: Shoe with open back	CF1101	
	STF: Non-slip-resistant shoe	CF1102	
	STF: Other, please specify	CF1199	<i>Specify in field for Injury Contributing Factor Text.</i>
	PHM: Patient factor: Unspecified	CF2100	
	PHM: Patient factor: Slipped	CF2101	<i>Patient slipped, tripped, fell, or lost balance.</i>
	PHM: Patient factor: Sudden movement	CF2102	<i>Patient made sudden or unpredictable movement.</i>
	PHM: Patient factor: Uncooperative	CF2103	

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
STF= slip/trip/fall PHM= patient handling/movement WPV= workplace violence	PHM: Patient factor: Patient equipment or tubes	CF2104	
	PHM: Patient factor: Patient size or weight	CF2105	
	PHM: Patient factor: Patient's inability to assist	CF2106	
	PHM: Patient factor: Other, please specify	CF2199	<i>Specify in field for Injury Contributing Factor Text.</i>
	PHM: Equipment not used: Reason unspecified	CF2200	
	PHM: Equipment not used: No equipment available	CF2201	
	PHM: Equipment not used: Refused by patient or family	CF2202	
	PHM: Equipment not used: Equipment not accessible	CF2203	<i>For example, needs to be transferred from another room.</i>
	PHM: Equipment not used: Equipment not suitable for use	CF2204	<i>For example, equipment not clean or not working.</i>
	PHM: Equipment not used: Difficult to use	CF2205	<i>For example, equipment not user-friendly.</i>
	PHM: Equipment not used: Space constraints	CF2206	
	PHM: Equipment not used: Lack of training	CF2207	<i>Lack of training in use of equipment.</i>
	PHM: Equipment not used: Urgent medical situation	CF2208	
	PHM: Equipment not used: Other reason, please specify	CF2299	<i>Specify in field for Injury Contributing Factor Text.</i>
	WPV: Patient Unspecified	CF3100	<i>Perpetrator of violence was a patient, but the reason was unspecified.</i>
	WPV: Patient: Anesthesia recovery	CF3101	
	WPV: Patient: Anger related to system	CF3102	<i>Anger related to the healthcare system in general.</i>

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
STF= slip/trip/fall PHM= patient handling/movement WPV= workplace violence	WPV: Patient: Anger related to situation	CF3103	Anger related to the patient's situation or condition.
	WPV: Patient: Anger related to policies	CF3104	Anger at staff members related to enforcement of hospital policies.
	WPV: Patient: Anger related to wait	CF3105	Anger related to long wait times.
	WPV: Patient: Cognitive dysfunction	CF3106	Includes hypoxic patient, confused patient.
	WPV: Patient: Influenced by medication	CF3107	
	WPV: Patient: Mental or behavioral health problems	CF3108	
	WPV: Patient: Substance abuse	CF3109	
	WPV: Patient: Other, please specify	CF3199	Specify in field for Injury Contributing Factor Text.
	WPV: Worker: Unspecified	CF3200	Perpetrator of violence was a co-worker of the victim, but the reason/s was unspecified.
	WPV: Worker: Anger between co-workers	CF3201	
	WPV: Worker: Mental or behavioral health problems	CF3202	
	WPV: Worker: Substance abuse	CF3203	
	WPV: Worker: Other	CF3299	
	WPV: Visitor: Unspecified	CF3300	Perpetrator of violence was a visitor to the facility, but the reason/s was unspecified.
	WPV: Visitor: Anger related to system	CF3301	
	WPV: Visitor: Anger related to situation	CF3302	Anger related to the patient's situation or condition.
	WPV: Visitor: Anger related to policies	CF3303	Anger at staff members related to enforcement of hospital policies.
	WPV: Visitor: Anger related to wait	CF3304	Anger related to long wait times.
	WPV: Visitor: Domestic dispute with HCW	CF3305	
WPV: Visitor: Domestic dispute with	CF3306		

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
	patient		
	WPV: Visitor: Mental or behavioral health problems	CF3307	
	WPV: Visitor: Substance abuse	CF3308	
	WPV: Visitor: Other, please specify	CF3399	Specify in field for Injury Contributing Factor Text.
	Other, please specify	CF9999	Specify in field for Injury Contributing Factor Text.
	Unknown	UNK	A proper value is applicable, but not known.
<p>*+Injury Activity (The primary activity the healthcare worker was performing at the time the event occurred)</p> <p>+Only required for patient handling events; optional for slip/trip/fall and workplace violence events</p> <p>STF= slip/trip/fall, PHM= patient handling/movement, WPV= workplace violence</p>	STF: Making occupied bed	AC111	
	STF: Carrying, pushing or pulling a load	AC121	
	STF: Walking	AC131	
	STF: Running	AC141	
	STF: Awkward posture	AC151	Reaching, stretching, twisting, bending, or some other awkward posture.
	STF: Cleaning	AC161	Includes washing, waxing, sweeping, dusting, making unoccupied beds, etc.
	STF: Other, please specify	AC199	Specify in field for Injury Activity Text.
	PHM: Hygiene: Unspecified	AC210	
	PHM: Hygiene: Bathing patient in bed	AC211	
	PHM: Hygiene: Bathing/toileting patient in bathroom	AC212	
	PHM: Hygiene: Dressing/undressing or diapering patient	AC213	Includes applying or removing TED hose.
	PHM: Positioning: Unspecified	AC230	
	PHM: Positioning: Positioning/repositioning in bed or stretcher	AC231	
	PHM: Positioning: Positioning/repositioning in chair	AC232	Includes wheelchair, dependency chair, etc.

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
STF= slip/trip/fall PHM= patient handling/movement WPV= workplace violence	PHM: Responding to patient medical emergency	AC241	For example, Code Blue.
	PHM: Sustained lifting/holding of body parts	AC251	For example, holding patient leg/s for sterilization or holding a retractor during thoracic surgery for long period of time.
	PHM: Transfer: Unspecified	AC260	
	PHM: Transfer: Transferring/lifting to/from bed or chair	AC261	Includes transferring/lifting to/from bed, chair, wheelchair, dependency chair, toilet, car, etc.
	PHM: Transfer: Transferring/lifting from floor	AC262	
	PHM: Transfer: Lateral transfer of patient to/from bed	AC263	To/from stretcher/exam table/surgical lift/trolley.
	PHM: Transfer: Transferring/lifting deceased patient	AC264	
	PHM: Transport: Unspecified	AC270	
	PHM: Transport: Moving patient by wheelchair	AC271	
	PHM: Transport: Moving patient by stretcher, bed, litter, trolley, etc.	AC272	
	PHM: Transport: Escorting patient without equipment	AC273	
	PHM: Other, please specify	AC299	Specify in field for Injury Activity Text.
	WPV: Interaction with Patient Unspecified	AC310	
	WPV: Interaction with Patient: Assisting	AC311	Any activity assisting or providing care to the patient, where the patient causes the incident.
	WPV: Interaction with Patient: Dispute	AC312	
	WPV: Interaction with Co-worker: Unspecified	AC320	
WPV: Interaction with Co-worker: Assisting	AC321	Any activity assisting a co-worker, where the co-worker causes the incident.	

Data Element (Description)	Value Set (Descriptions)	Codes	Notes
	WPV: Interaction with Co-worker: Dispute	AC322	
	WPV: Interaction with Visitor: Unspecified	AC330	
	WPV: Interaction with Visitor: Domestic dispute	AC331	
	WPV: Interaction with Visitor: Non-domestic dispute	AC332	
	WPV: Intervening in assault on another person	AC341	
	WPV: Intervening in an assault on property	AC342	
	WPV: Involved in an assault without preceding interaction with perpetrator	AC343	
	WPV: Other, please specify	AC399	<i>Specify in field for Injury Activity Text.</i>
	Other activity, please specify	AC999	<i>Specify in field for Injury Activity Text.</i>
	Unknown	UNK	<i>A proper value is applicable, but not known.</i>
Injury Prevention: Recommendation	STF: Redesign of work area	PR101	
	STF: Shoe policy	PR102	
	STF: Other, please specify	PR199	<i>Specify in field for Injury Prevention Text.</i>
	PHM: Having more patient lifting equipment	PR201	
	PHM: Having properly working lifting equipment	PR202	
	PHM: Other, please specify	PR299	<i>Specify in field for Injury Prevention Text.</i>
	WPV: Restricted movement of public	PR301	
	WPV: Security devices	PR302	<i>For example, metal detectors, cameras, panic button.</i>
	WPV: Other, please specify	PR399	<i>Specify in field for Injury Prevention Text.</i>
	General: Safety training	PR401	
	General: Higher staff-to-patient ratios	PR501	<i>Staffing patterns.</i>
	Other, please specify	PR999	<i>Specify in field for Injury Prevention Text.</i>
	Unknown	UNK	<i>A proper value is applicable, but not known.</i>

