HEALTHCARE PERSONNEL SAF	ETY COMPONENT
Variable Name	Label
administered	Vaccine Administered
administeredDesc	Vaccine Administered Description
advReaction	Adverse Reactions?
advRxn	Adverse~Reaction
advRxnOth	Other Adverse Reaction
ageAtExp	HCW Age at Exposure
ageAtVacc	HCW Age at Vacc Date
AnyExposureRate	Any Exposure Rate
arvDrug1	Anti-retroviral drug #1
arvdrug1desc	Anti-retroviral drug #1 Description
arvDrug2	Anti-retroviral drug #2
arvdrug2desc	Anti-retroviral drug #2 Description
arvDrug3	Anti-retroviral drug #3
arvdrug3desc	Anti-retroviral drug #3 Description
arvDrug4	Anti-retroviral drug #4
arvdrug4desc	Anti-retroviral drug #4 Description
arvDrug5	Anti-retroviral drug #5
arvdrug5desc	Anti-retroviral drug #5 Description
arvDrug6	Anti-retroviral drug #6
arvdrug6desc	Anti-retroviral drug #6 Description
arvDrugOffered	HCW Offered Anti-retroviral Prophylaxis?
arvDrugOth	Other Anti-retroviral Drug
arvDrugTaken	Anti-retroviral Prophylaxis Taken by HCW?
barrierGloves	Barrier Used: Gloves?
barrierGoggles	Goggles Used by HCW?
barrierGown	Barrier Used: Gown?
barrierMaskResp	Mask/Respirator Used by HCW?
barrierOth	Other Barrier Used by HCW?
barrierOthSfy	Other Barrier Used by HCW
barrierShield	Shield Used by HCW?
baseTest	Baseline Testing Performed?
bbfExpFacility	Exposure Occurred in Reporting Facility?
bbfLocation	Location of Exposure
bbfLocBeds	Exposure Location Beds
bbfLocCDC	CDC Exposure Location
bbfloccdcdesc	CDC Exposure Location Description
bbfLocLabel	Exposure Location Label
bbfLocStatus	Exposure Location Status
bbfoccLabel	Occupation Desc
bbfOccupation	Occupation
bedsize	Bedsize
biteActivity	Activity/Event When Bite Occurred
biteactivitydesc	Activity/Event When Bite Occurred Description
biteActivityOth	Other Activity/Event When Bite Occurred
biteExp	Bite Exposure?
bldEstimate	Estimated Amount of Blood/Body Fluid
bldestimatedesc	Estimated Amount of Blood/Body Fluid Description
bodySiteArm	Body Site of Exposure: Arm?
bodySiteEye	Body Site of Exposure: Eye?
bodySiteFoot	Body Site of Exposure: Foot?
bodySiteHand	Body Site of Exposure: Hand?
bodySiteLeg	Body Site of Exposure: Leg?
bodySiteMouth	Body Site of Exposure: Mouth?
bodySiteNose	Body Site of Exposure: Nose?
bodySiteOth	Body Site of Exposure: Other?
bodySiteOthSfy	Other Body Site of Exposure
bornInUS	HCW Born in US?
cd4Count	Most Recent CD4 Count
cd4Month	Month of Last CD4 Count

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HEALTHCARE PERSONNEL SAF	FTY COMPONENT
Variable Name	Label
cd4Year	Year of Last CD4 Count
city	City
cleanNeedle	Exposure Involved Clean Sharp?
clinSpec	HCW Clinical Specialty
clinSpecDesc	HCW Clinical Specialty Description
comment	Comment
conDec	Number of other contract personnel declined vaccine
conMed	Number of other contract personnel with contraindication
contraindications	# Contraindications
conUnk	Number of other contract personnel with unknown vaccination
conVaccEW	Number of other contract personnel vaccinated elsewhere
conVaccHere	Number of other contract personnel vaccinated at this facility
conWorking	Number of other contract personnel working
createDate	Date the record was created
createUserID	User ID for Data Entry
custom01	Custom 1
custom02	Custom 2
custom03	Custom 3
custom04	Custom 4
custom05	Custom 5
custom06	Custom 6
custom07	Custom 7
custom08	Custom 8
custom09	Custom 9
custom10	Custom 10
custom11	Custom 11
custom12	Custom 12
custom13	Custom 13
custom14	Custom 14
custom15	Custom 15
custom16	Custom 16
custom17	Custom 17
custom18	Custom 18
custom19	Custom 19
custom20	Custom 20
custom21	Custom 21
custom22	Custom 22
custom23	Custom 23
custom24	Custom 24
custom25	Custom 25
custom26	Custom 26
custom27	Custom 27
custom28	Custom 28
custom29	Custom 29
custom30	Custom 30
custom31	Custom 31
custom32	Custom 32
custom33	Custom 33
custom34	Custom 34
custom35	Custom 35
custom36	Custom 36
custom37	Custom 37
custom38	Custom 38
custom39	Custom 39
custom40	Custom 40
custom41	Custom 41
custom42	Custom 42
custom43	Custom 43
custom44	Custom 44
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HEALTHCARE PERSONNEL SAF	FETY COMPONENT
Variable Name	Label
custom45	Custom 45
custom46	Custom 46
custom47	Custom 47
custom48	Custom 48
custom49	Custom 49
custom50	Custom 50
customFlu01	Custom Flu01
customFlu02	Custom Flu02
customFlu03	Custom Flu03
customFlu04	Custom Flu04
customFlu05	Custom Flu05
customFlu06	Custom Flu06
customFlu07	Custom Flu07
customFlu08	Custom Flu08
customFlu09	Custom Flu09
customFlu10	Custom Flu10
customFlu11	Custom Flu11
customFlu12	Custom Flu12
customFlu13	Custom Flu13
customFlu14	Custom Flu14
customFlu15	Custom Flu15
customFlu16	Custom Flu16
customFlu17	Custom Flu17
customFlu18	Custom Flu18
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customFlu40	Custom Flu40
customFlu41	Custom Flu40 Custom Flu41
customFlu42	Custom Flu41 Custom Flu42
customFlu43	Custom Flu43
customFlu44	Custom Flu44
customFlu45	Custom Flu45
customFlu46	Custom Flu46
customFlu47	Custom Flu47
customFlu48	Custom Flu48
customFlu49	Custom Flu49
customFlu50	Custom Flu50
customHCW01	Custom HCW 01
customHCW02	Custom HCW 02
customHCW03	Custom HCW 03
0000011111011100	Cademination 30

HEALTHCARE PERSONNEL SAF	ETY COMPONENT
Variable Name	Label
customHCW04	Custom HCW 04
customHCW05	Custom HCW 05
customHCW06	Custom HCW 06
customHCW07	Custom HCW 07
customHCW08	Custom HCW 08
customHCW09	Custom HCW 09
customHCW10	Custom HCW 10
customHCW11	Custom HCW 10
customHCW12	Custom HCW 12
customHCW13	Custom HCW 13
customHCW14	Custom HCW 13
customHCW15	Custom HCW 14 Custom HCW 15
customHCW16	Custom HCW 15
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customHCW44	Custom HCW 44
customHCW45	Custom HCW 45
customHCW46	Custom HCW 46
customHCW47	Custom HCW 47
customHCW48	Custom HCW 48
customHCW49	Custom HCW 49
customHCW50	Custom HCW 50
customVacc01	Custom Vacc 01
customVacc02	Custom Vacc 02
customVacc03	Custom Vacc 03
customVacc04	Custom Vacc 04
customVacc05	Custom Vacc 05
customVacc06	Custom Vacc 06
customVacc07	Custom Vacc 07
customVacc08	Custom Vacc 08
customVacc09	Custom Vacc 09
customVacc10	Custom Vacc 10
customVacc11	Custom Vacc 11
customVacc12	Custom Vacc 12
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HEALTHCARE PERSONNEL SAF	ETY COMPONENT
Variable Name	Label
customVacc13	Custom Vacc 13
customVacc14	Custom Vacc 14
customVacc15	Custom Vacc 15
customVacc16	Custom Vacc 16
customVacc17	Custom Vacc 17
customVacc18	Custom Vacc 18
customVacc19	Custom Vacc 19
customVacc20	Custom Vacc 20
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customVacc43	Custom Vacc 43
customVacc44	Custom Vacc 44
customVacc45	Custom Vacc 45
customVacc46	Custom Vacc 46
customVacc47	Custom Vacc 47
customVacc48	Custom Vacc 48
customVacc49	Custom Vacc 49
customVacc50	Custom Vacc 50
declinations	# Declinations
declineOth	Declined for Other Reason?
declineOthSfy	Other Reason for Declining
degree department	HCW Degree HCW Department
depthInjury	Depth of Injury
depthinjurydesc	Depth of Injury Description
devCDC	CDC Device
devododesc	CDC Device Description
devDiscQtr	Device Discontinuation Qtr
devDiscWhy	Reason for Device Discontinuation
devdiscwhydesc	Reason for Device Discontinuation Description
devDiscYr	Device Discontinued Yr
device	Device
deviceBrand	Device Brand
deviceLabel	Device Label
deviceOth	Other Device
deviceVisContam	Sharp Visibly Contaminated?
devImpQtr	Device Implementation Qtr
devImpYr	Device Implementation Yr
devstatus	Device Status

HEALTHCARE PERSONNEL SA	AFFTY COMPONENT
Variable Name	Label
devTypeCDC	CDC Device Type
devTypeCDCDesc	CDC Device Type CDC Device Type Description
directcare	HCW Performs Direct Patient Care?
	Date of Birth
dob	
drug	Drug Edition Date of Vessins Information Statement
edition	Edition Date of Vaccine Information Statement
empDate	Date of Employment
empDateYH	Employment~Yr/Half
empDateYM	Employment~Yr/Mon
empDateYQ	Employment~Yr/Qtr
empDateYr	Employment~Year
empDec	Number of employees declined vaccine
empMed	Number of employees with contraindication
empStatus	Employee Status
empUnk	Number of employees with unknown vaccination
empVaccEW	Number of employees vaccinated elsewhere
empVaccHere	Number of employees vaccinated at this facility
empWorking	Number of employees working
ethnicity	Ethnicity
expDate	Exposure Date
expDateYH	Exposure~Yr/Half
expDateYM	Exposure~Yr/Mon
expDateYQ	Exposure~Yr/Qtr
expDateYr	Exposure~Year
expID	Exposure ID
exptype	Exposure Type
facActivated	Facility Activated
fearNeedle	Declination Reason~Fear of Needles/Injections?
fearSideEffects	Declination Reason~Fear of Side Effects?
fedRecord	Federal Record
fluidSource	Body Fluid Type
fluidsourcedesc	Body Fluid Type Body Fluid Type Description
fluidSourceOth	Other Body Fluid Type
fluidType	Type of Fluid
fluidtypedesc	Type of Fluid Description
fluidTypeOth	Other Type of Fluid
FluQtr	Flu Quarter
FluQtr_Desc	Flu Quarter Description
fluseason	Flu Season
fluVaccAnn	Influenza Vaccination Annual summary Plan?
fluVaccSubtype	Flu Vacc Subtype
fluVaccSubtypeDesc	Flu Vacc Subtype Description
fluVaccType	Type of Flu Vaccination
fluVaccTypeDesc	Type of Flu Vaccination Description
FluYQ	Year/Quarter Flu Season Began
FluYr	Year Flu Season Began
followUpHere	Follow-Up to be Done Here?
gender	Gender
GName	Patient First Name
hbigDate	HBIG Date
hbigGiven	HBIG Given?
hcwGName	HCW First Name
hcwid	HCW ID
hcwMName	HCW Middle Name
HCWNAME	Employee's name
hcwPregStatus	HCW Pregnant?
hcwRaceaab	HCW Race-Black/African American?
hcwRaceamin	HCW Race-American Indian/Alaska Native?
hcwRaceasian	HCW Race-Asian?
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HEALTHCARE PERSONNEL SAF	
Variable Name	<u>Label</u>
hcwRaceNH_PI	HCW Race-Native Hawaiian/Pacific Islander?
hcwRacewhite	HCW Race-White?
hcwSurname	HCW Last Name
hcwTempEmp	Temp Employee?
hcwTrimester	Trimester
hepBVacc	Hepatitis B Vaccine Given?
hepBVaccDate	Date of First Hepatitis B Vaccine
howlnjured	What Caused the Injury to Occur
howinjureddesc	What Coased the Injury to Occur Description
howInjuredOth	What Caused the Injury to Occur Other
hrsDuty	Hours on Duty
id2 inaVIS	Patient ID2
	Inactivated Influenza VIS?
indication	Indication
infAgent	Infectious Agent
injuryDevice	Device
JOBTITLE	Job title
lastReport	Most Recent Summary Data Entry for Flu Season
laVIS	Live, Attenuated Influenza VIS?
lipDec	Number of LIPS declined vaccine
lipMed	Number of LIPs with contraindication
lipUnk	Number of LIPs with unknown vaccination
lipVaccEW	Number of LIPs vaccinated elsewhere
lipVaccHere	Number of LIPs vaccinated at this facility
lipWorking	Number of LIPs working
location	Location
locbeds	Location Beds
locCDC	CDC Location
locCDCDesc	CDC Location Description
locImport	Location Import?
locLabel	Location Label
locStatus	Location Status
lotNumber	Lot Number
manufacturer	Manufacturer
manufacturerDesc	Manufacturer Description
medReaction	Adverse Reaction to Medication?
medstartdate	Medication~Start Date
medstopdate	Medication~Stop Date
MName	Patient Middle Name
modifyDate	Last Modified
modifyUserID	Modify User ID
modifyVersion	Version number of the software under which the data was last updated
mucMem	Mucous Membrane Exposure?
mucMemRate	Mucous Membrane Exposure Rate
name	Facility Name
noBarrier	No Barrier Used by HCW
nonDevice	Non-device Sharp Object
numAdmits	Number of Admissions
numBeds	Number of Beds
numEmpDec	Number of Employees- Declined Vaccine
numEmpMed	Number of Employees- Medical Contraindication
numEmpVaccEW	Number of Employees- Vaccine at Other Facility
numEmpVaccHere	Number of Employees- Vaccine at this Facility
numEmpWorking	Number of Employees
numencounters	Encounters
numNonEmpCDec	Number of Non-employees, Credentialed- Declined Vaccine
numNonEmpCMed	Number of Non-employees, Credentialed- Medical Contraindication
numNonEmpCVaccEW	Number of Non-employees, Credentialed- Vaccine at Other Facility
numNonEmpCVaccHere	Number of Non-employees, Credentialed- Vaccine at this Facility

HEALTHCARE PERSONNEL SAF	CETY COMPONENT
Variable Name	<u>Label</u>
numNonEmpCWorking	Number of Non-employees, Credentialed
numNonEmpODec	Number of Non-employees, Other- Declined Vaccine
numNonEmpOMed	Number of Non-employees, Other-Medical Contraindication
numNonEmpOVaccEW	Number of Non-employees, Other- Vaccine at Other Facility
numNonEmpOVaccHere	Number of Non-employees, Other- Vaccine at this Facility
numNonEmpOWorking	Number of Non-employees, Other
numPatDays	Patient Days
numTotal	Total Number
numVaccAdm	Number of Admin Vaccinated
numVaccNurs	Number of Nursing Professionals Vaccinated
numVaccPhys	Number of Physicians Vaccinated
numVaccSupp	Number of Support/Volunteers Vaccinated
numVaccTech	Number of Credentialed/Technicians Vaccinated
numVaccTrain	Number of Students/Clinical Trainees Vaccinated
occCDC	CDC Occupation
occCDCDesc	CDC Occupation~Description
occLabel	Occupation Label
occStatus	Occupation Status
occupation	Occupation
occurComment	How the Injury Occurred
orgID	Org ID
OSHA_E	Where the event occurred
OSHA_F	Description of injury or illness
OSHA_G	Classify the case: Death
OSHA_H	Classify the case: Days away from work
OSHA_I	Classify the case: Job transfer or restriction
OSHA_J	Classify the case: Other recordable cases
OSHA_K	Away from work
OSHA_L	On job transfer or restriction
OSHA_M1	Injury
OSHA_M2	Skin disorder
OSHA_M3	Respiratory condition
OSHA_M4	Poisoning
OSHA_M5	Hearing loss
OSHA_M6	All other illnesses
othFacLoc	Name of Other Facility
parentOrgID	Group Org ID
pctConDec	Percentage of other contract personnel declined vaccination
pctConDecUnk	Percentage of other contract personal declined or unknown
pctConMed	Percentage of other contract personnel with contraindication
pctConUnk	Percentage of other contract personnel with unknown vaccination
pctConVaccEW	Percentage of other contract personnel vaccinated elsewhere
pctConVaccHere pctConVaccHereEW	Percentage of other contract personnel vaccinated at this facility
pctDecNoCon	Percentage of other contract personnel vaccinated
pctDecUnkNoCon	Percentage of HCP (excluding other contract personnel) declined vaccine
	Percentage of HCP (excluding other contract personnel) declined or unknown
pctDecUnkWCon	Percentage of HCP (including other contract personnel) declined or unknown
pctDecWCon	Percentage of HCP (including other contract personnel) declined vaccine
pctEmpDec	Percentage of employees declined vaccine Percentage of employees declined or unknown
pctEmpDecUnk	Percentage of employees declined or unknown Percentage of employees with contraindication
pctEmpMed pctEmpUnk	Percentage of employees with contraindication Percentage of employees with unknown vaccination
	g i
pctEmpVaccEW	Percentage of employees vaccinated elsewhere
pctEmpVaccHere	Percentage of employees vaccinated at this facility
pctEmpVaccHereEW	Percentage of employees vaccinated
pctFluCov	% of HCP Flu Coverage
pctFluDec	% HCP Who Declined to Receive Vaccine
pctFluEmp	% of Employees-Vaccinated at this Facility or Elsewhere
pctFluEmpC	% of Non-Employees, Credentialed - vaccinated at this Facility or Elsewhere

HEALTHCARE PERSONNEL SAF	ETY COMPONENT
Variable Name	Label
pctFluEmpCDec	% of Non-employees, Credentialed- Declined Vaccine
pctFluEmpCMed	% of Non-employees, Credentialed- Medical Contraindication
pctFluEmpDec	% of Employees- Declined Vaccine
pctFluEmpMed	% of Employees- Medical Contraindication
pctFluEmpO	% of Non-Employees, Other - Vaccinated at this Facility or Elsewhere
pctFluEmpODec	% of Non-employees, Other- Declined Vaccine
pctFluEmpOMed	% of Non-employees, Other- Medical Contraindication
pctFluMed	% of HCP Medical Contraindication/Exemption to Vaccine
pctFluUnk	% HCP Unknown Vaccination Status
pctFluVaccNurs	% of Nursing Professionals Vaccinated
pctFluVaccPhys	% of Physicians Vaccinated
pctFluVaccTech	% of Credentialed/Technicians Vaccinated
pctLIPDec	Percentage of LIPs declined vaccine
pctLIPDecUnk	Percentage of LIPs declined or unknown
pctLIPMed	Percentage of LIPs with contraindication
pctLIPUnk	Percentage of LIPs with unknown vaccination
pctLIPVaccEW	Percentage of LIPs vaccinated elsewhere
pctLIPVaccHere	Percentage of LIPs vaccinated at this facility
pctLIPVaccHereEW	Percentage of LIPs vaccinated
pctMedNoCon	Percentage of HCP (excluding other contract personnel) with contraindication
pctMedWCon	Percentage of HCP (including other contract personnel) with contraindication
pctNonEmpDecNoCon	Percentage of non-employees (excluding contract personnel) declined vaccination
pctNonEmpDecUnkNoCon	Percentage of non-employees (excluding other contract personnel) declined or unknown
pctNonEmpDecUnkWCon	Percentage of non-employees (including other contract personnel) declined or unknown
pctNonEmpDecWCon	Percentage of non-employees (including contract personnel) declined vaccination
pctNonEmpMedNoCon	Percentage of non-employees (excluding contract personnel) with contraindication
pctNonEmpMedWCon	Percentage of non-employees (including contract personnel) with contraindication
pctNonEmpUnkNoCon	Percentage of non-employees (excluding other contract personnel) with unknown vaccination
pctNonEmpUnkWCon	Percentage of non-employees (including other contract personnel) with unknown vaccination
pctNonEmpVaccEWNoCon	Percentage of non-employees (excluding other contract personnel) vaccinated elsewhere
pctNonEmpVaccEWWCon	Percentage of non-employees (including other contract personnel) vaccinated elsewhere
pctNonEmpVaccHereEWNoCon	Percentage of non-employees (excluding other contract personnel) vaccinated
pctNonEmpVaccHereEWWCon	Percentage of all non-employees (including other contract personnel) vaccinated
pctNonEmpVaccHereNoCon	Percentage of non-employees (excluding other contract personnel) vaccinated at this facility
pctNonEmpVaccHereWCon	Percentage of non-employees (including other contract personnel) vaccinated at this facility
pctStudVolDec	Percentage of adult students/trainees & volunteers declined vaccine
pctStudVolDecUnk	Percentage of adult students/trainees and volunteers declined or unknown
pctStudVolMed	Percentage of adult students/trainees & volunteers with contraindication
pctStudVolUnk	Percentage of adult students/trainees & volunteers with unknown vaccination
pctStudVolVaccEW	Percentage of adult students/trainees & volunteers vaccinated elsewhere
pctStudVolVaccHere	Percentage of adult students/trainees & volunteers vaccinated at this facility
pctStudVolVaccHereEW	Percentage of adult students/trainees & volunteers vaccinated at this racinty
pctUnkNoCon	Percentage of HCP (excluding other contract personnel) with unknown vaccination
pctUnkWCon	Percentage of HCP (including other contract personnel) with unknown vaccination
petVace	Vaccination %
pctVaccCl	95% CI
pctVaccEWNoCon	
•	Percentage of HCP (excluding other contract personnel) vaccinated elsewhere
pctVaccEWWCon	Percentage of HCP (including other contract personnel) vaccinated elsewhere
pctVaccHereEWNoCon	Percentage of HCP (excluding other contract personnel) vaccinated
pctVaccHereEWWCon	Percentage of HCP (including other contract personnel) vaccinated
pctVaccHereNoCon	Percentage of HCP (excluding other contract personnel) vaccinated at this facility
pctVaccHereWCon	Percentage of HCP (including other contract personnel) vaccinated at this facility
perclnjury	Percutaneous Injury?
percInjuryRate	Percutaneous Exposure Rate
percvdlneffect	Declination Reason~Perceived Ineffectiveness?
personnelType	Category
piActivity	Activity at Time of Injury
piactivitydesc	Activity at Time of Injury Description
piActivityOth	Other Activity At Time of Injury

product Description Product Product Product Product Description Product Produc	HEALTHCARE PERSONNEL	SAFETY COMPONENT
product Product Product Product Product Product Pack Product Description Product Description Product Description Product Description Product Pack Pack Product Pack Product Pack Product Pack Pack Pack Product Pack Pack Pack Pack Pack Pack Pack Pack	Variable Name	Label
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studVolMed Number of adult students/trainees & volunteers with contraindication	studVolDec	
studVolUnk Number of adult students/trainees & volunteers with unknown vaccination	studVolMed	Number of adult students/trainees & volunteers with contraindication
	studVolUnk	Number of adult students/trainees & volunteers with unknown vaccination

HEALTHCARE PERSONNEL SAF	SETY COMPONENT
Variable Name	Label
studVolVaccEW	Number of adult students/trainees & volunteers vaccinated elsewhere
studVolVaccHere	Number of adult students/trainees and volunteers vaccinated at this facility
studVolWorking	Number of adult students/trainees and volunteers working Calendar Quarter
summaryOtr	
summaryQtr_Desc	Calendar Quarter Months and Year
summaryType	Type of summary record
summaryYM	Summary Year/Month
summaryYQ	Summary~Yr/Qtr
summaryYr	Summary~Yr
superDegree	Supervisor Degree
superGName	Supervisor First Name
superMName	Supervisor Middle Name
superSurname	Supervisor Last Name
superTitle	Supervisor Title
supervisor	Supervisor HCW ID
suprName	Supervisor Name
SurName	Patient Last Name
surveyYear	survey Year
surveyYr	Facility Survey Year
timelnjury	When Injury Occurred
timeInjuryDesc	When Injury Occurred Description
title	Title
totConDecUnk	Total number of other contract personnel declined or unknown
totConVaccHereEW	Total number of other contract personnel vaccinated
totDecNoCon	Total number of HCP (excluding other contract personnel) declined vaccine
totDecUnkNoCon	Total number of HCP (excluding other contract personnel) declined or unknown
totDecUnkWCon	Total number of HCP (including other contract personnel) declined or unknown
totDecWCon	Total number of HCP (including other contract personnel) declined vaccine
totEmpDecUnk	Total number of employees declined or unknown
totEmpVaccHereEW	Total number of employees vaccinated
totLIPDecUnk	Total number of LIPs declined or unknown
totLIPVaccHereEW	Total number of LIPS vaccinated
totMedNoCon	Total number of HCP (excluding other contract personnel) with contraindication
totMedWCon	Total number of HCP (including other contract personnel) with contraindication
totNonEmpDecUnkNoCon	Total number of non-employees (excluding other contract personnel) declined or unknown
totNonEmpDecUnkWCon	Total number of non-employees (including other contract personnel) declined or unknown
totNonEmpVaccHereEWNoCon	Total number of non-employees (excluding other contract personnel) vaccinated
totNonEmpVaccHereEWWCon	Total number of non-employees (including other contract personnel) vaccinated
totNonEmpWorkingNoCon	Total number of non-employees (excluding other contract personnel) working
totNonEmpWorkingWCon	Total number of non-employees (including other contract personnel) working
totStudVolVeseHereEW	Total number of adult students/trainees and volunteers declined or unknown
totStudVolVaccHereEW totUnkNoCon	Total number of adult students/trainees & volunteers vaccinated Total number of HCP with unknown vaccination (excluding other contract personnel)
totUnkWCon	
totVacc	Total number of HCP with unknown vaccination (including other contract personnel) Total Vaccinated
totVaccEWNoCon	Total number of HCP (excluding other contract personnel) vaccinated elsewhere
totVaccEWWCon	
totVaccHereEWNoCon	Total number of HCP (including other contract personnel) vaccinated elsewhere Total number of HCP (excluding other contract personnel) vaccinated
totVaccHereEWWCon	Total number of HCP (excluding other contract personnel) vaccinated Total number of HCP (including other contract personnel) vaccinated
totVaccHereNoCon	Total number of HCP (excluding other contract personnel) vaccinated at this facility
totVaccHereWCon	Total number of HCP (including other contract personnel) vaccinated at this facility
totWorkingNoCon	Total number of healthcare personnel (HCP) [excluding other contract personnel] working
totWorkingWCon	Total number of HCP (including other contract personnel) working
transmit	Declination Reason~Concern of Transmitting Vaccine Virus?
unknownVIS	Unknown VIS?
vaccDate	Vaccination Date
vaccDateYH vaccDateYM	Vaccination~Yr/Half Vaccination~Yr/Mon
vaccDateYQ	Vaccination~Yr/Mon
vaccuale i Q	vaccination=1/Qti

HEALTHCARE PERSONNEL SAFETY COMPONENT	
Variable Name	Label
vaccDateYr	Vaccination~Yr
vaccDocumented	Vacc of HCW Documented?
vaccDocumentedDesc	Vacc of HCW Documented Description
vaccEW	Vaccinated Elsewhere
vaccHere	Vaccinated at Facility
vaccid	Vaccination ID
vaccinatorFlag	Is HCW a Vaccinator?
vaccinatorid	Vaccinator HCW ID
vacctype	Type of Vaccination
vacctypedesc	Type of Vaccination Description
version	Version
viralLoadMonth	Month of Last Viral Load
viralLoadUndetect	Source Pt Viral Load Undetectable?
viralLoadYear	Year of Last Viral Load
visBloody	Body Fluid Visibly Bloody?
whenInjSafe	When Did Injury Occur
wheninjsafedesc	When Did Injury Occur Description
whenInjSafeOth	When Did Injury Occur Other
whoDevice	Who Was Holding Device
whodevicedesc	Who Was Holding Device Description
working	Total # HCW
wound	HCW Wound
wounddesc	HCW Wound Description