

Hemovigilance Incident

OMB No. 0920-0666



xx-xx-20xx

Exp. Date:

* Required for saving

Facility ID #: _____	Incident #: _____ [system generated]	
Local Incident # or Log #: _____		
Discovery		
*Date of discovery: ___/___/_____ *Time of discovery: ___:___ (HH:MM) <input type="checkbox"/> Time approximate <input type="checkbox"/> Time unknown	*Where in the facility was the incident discovered? _____	
*How was the incident first discovered? (Check one) <input type="checkbox"/> Computer system alarm or warning <input type="checkbox"/> Comparison of product label to patient information <input type="checkbox"/> Comparison of sample and paperwork <input type="checkbox"/> Comparison of product label to physician order <input type="checkbox"/> Historical record/previous type check <input type="checkbox"/> Human 'lucky catch' <input type="checkbox"/> Observation by staff of unit/plate/reagent/sample/equipment <input type="checkbox"/> Patient transfusion reaction <input type="checkbox"/> Repeat or sample re-testing <input type="checkbox"/> Routine audit or supervisory review <input type="checkbox"/> Visual inventory review <input type="checkbox"/> Other (specify) _____		
*At what point in the process was the incident first discovered? (Check one) <input type="checkbox"/> Product check-in <input type="checkbox"/> Product/test request <input type="checkbox"/> Sample collection <input type="checkbox"/> Sample handling <input type="checkbox"/> Sample receipt <input type="checkbox"/> Sample testing <input type="checkbox"/> Product storage <input type="checkbox"/> Available for issue <input type="checkbox"/> Product selection <input type="checkbox"/> Product manipulation <input type="checkbox"/> Request for pick-up <input type="checkbox"/> Product issue <input type="checkbox"/> Product administration <input type="checkbox"/> Post-transfusion review/audit <input type="checkbox"/> Other (specify) _____		
Occurrence		
*Date the incident occurred: ___/___/_____ _____	*Time the incident occurred: ___:___ (HH:MM) <input type="checkbox"/> Time approximate <input type="checkbox"/> Time unknown	*Where in the facility did the incident occur? _____
Job function of the worker involved in the incident (Use CDC Occupation Type codes on page 5) _____ <input type="checkbox"/> If Other (specify) _____		
<p>Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</p> <p>Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).</p> <p>CDC 57.305</p>		

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*Where in the process did the incident first occur? (Check one)

- Product check-in Product/test request Sample collection Sample handling
 Sample receipt Sample testing Product storage Available for issue
 Product selection Product manipulation Request for pick-up Product issue
 Product administration Other (specify) _____

*Enter Incident Code (See Incident Codes on Page 4 of Form): __ __ __

OR Incident detail not specified

Incident summary: _____

*Incident result: (Check one)

- 1 = No recovery, harm 2 = No recovery, no harm
 3 = Near miss, unplanned recovery 4 = Near miss, planned recovery

*Product action: (Check all that apply)

- Product retrieved
 Product destroyed

Code system used: (Check one) ISBT-128 Codabar

Indicate whether single or multiple units were destroyed:

*Single unit: a. Unit #: _____

OR b. Component Code: _____

*Multiple units: Component Code(s) _____ # of Units _____

Code _____ # of Units _____ Code _____ # of Units _____ (Add add'l)

- Product issued but not transfused
 Product transfused

If the unit was transfused was a patient reaction associated with this incident?

- YES NO

If YES, Patient ID#: _____ Patient ID#: _____

*Record/other action: (Check all that apply)

- Record corrected Floor/clinic notified Attending physician notified Additional testing
 Patient sample re-collected Other (specify) _____

Investigation Results

*Did this incident receive root cause analysis?

- YES NO

If YES, indicate result of analysis: (Check all that apply)

- Technical Organizational Human Patient-related
 Other (specify) _____

[Future]

Severity Code: (check one)

- High Medium Low

Custom Fields

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Label	Label
_____ / / _____	_____ / / _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Comments	



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<p>INCIDENT CODES Based on MERS-TM and TESS</p> <p><input type="checkbox"/> Product Check-In (Products Received from Outside Source)</p> <p>PC 01 Data entry incomplete/not performed/incorrect</p> <p>PC 02 Shipment incomplete/incorrect</p> <p>PC 03 Product & paperwork do not match</p> <p>PC 04 Shipped under inappropriate conditions</p> <p>PC 05 Inappropriate return to inventory</p> <p>PC 06 Product confirmation</p> <p>PC 07 Administrative check (2nd check)</p> <p><input type="checkbox"/> Product/Test Request (Clinical Service)</p> <p>PR 01 Order for wrong patient</p> <p>PR 02 Order incorrectly entered on-line</p> <p>PR 03 Special needs not indicated on order (e.g., CMV negative, auto)</p> <p>PR 04 Order not done/incomplete/incorrect</p> <p>PR 05 Inappropriate/incorrect test ordered</p> <p>PR 06 Inappropriate/incorrect blood product ordered</p> <p><input type="checkbox"/> Sample Collection</p> <p>SC 01 Sample labeled with incorrect patient name</p> <p>SC 02 Not labeled</p> <p>SC 03 Wrong patient collected</p> <p>SC 04 Collected in wrong tube type</p> <p>SC 05 Sample QNS</p> <p>SC 06 Sample hemolyzed</p> <p>SC 07 Label incomplete/illegible/incorrect (other than patient name)</p> <p>SC 08 Sample collected in error</p> <p>SC 09 Requisition arrives without samples</p> <p>SC 10 Wristband incorrect/not available</p> <p>SC 11 Sample contaminated</p> <p><input type="checkbox"/> Sample Handling (Service Collecting Samples)</p> <p>SH 01 Sample arrives without requisition</p> <p>SH 02 Requisition & sample label don't match</p> <p>SH 03 Patient ID incorrect/illegible on requisition</p> <p>SH 05 No phlebotomist/witness identification</p> <p>SH 06 Sample arrives with incorrect requisition</p> <p>SH 07 Patient information (other than ID) missing/incorrect on requisition</p> <p>SH10 Sample transport issues</p>	<p><input type="checkbox"/> Sample Receipt (Transfusion Service)</p> <p>SR 01 Sample processed in error</p> <p>SR 02 Historical review incorrect/not done</p> <p>SR 03 Demographic review/data entry incorrect/not done</p> <p>SR 04 Sample incorrectly accessioned (test/product)</p> <p>SR 05 Duplicate sample sent</p> <p><input type="checkbox"/> Sample Testing (Transfusion Service)</p> <p>ST 01 Data entry incorrect/not performed</p> <p>ST 02 Appropriate sample checks not done</p> <p>ST 03 Computer warning overridden</p> <p>ST 05 Sample tube w/ incorrect accession label</p> <p>ST 07 Sample tubes mixed up</p> <p>ST 09 Test tubes mislabeled (wrong patient name/number)</p> <p>ST 10 Equipment problem</p> <p>ST 12 Patient testing not performed</p> <p>ST 13 Incorrect testing method chosen</p> <p>ST 14 Testing performed incorrectly</p> <p>ST 15 Test result misinterpreted</p> <p>ST 16 Inappropriate/expired reagents used</p> <p>ST 17 ABO/Rh error caught on final check</p> <p>ST 18 Current & historical ABO/Rh don't match</p> <p>ST 19 Additional testing not performed</p> <p>ST 20 Administrative check at time work performed</p> <p>ST 22 Sample storage incorrect/inappropriate</p> <p><input type="checkbox"/> Product Storage (Transfusion Service)</p> <p>US 01 Incorrect storage of unit in transfusion service</p> <p>US 02 Expired product in stock</p> <p>US 03 Inappropriate monitoring of storage device</p> <p>US 04 Unit stored on incorrect ABO shelf</p> <p><input type="checkbox"/> Available for Issue (Transfusion Service)</p> <p>AV 01 Inventory audits</p> <p>AV 02 Product status not/incorrectly updated in computer</p> <p>AV 03 Supplier recall</p> <p>AV 04 Product ordered incorrectly/not submitted</p> <p><input type="checkbox"/> Product Selection (Transfusion Service)</p> <p>SE 01 Incorrect product/component selected</p> <p>SE 02 Data entry incomplete/incorrect</p> <p>SE 03 Not checking/incorrect checking of product and/or patient information</p> <p>SE 05 Historical file misinterpreted/not checked</p> <p>SE 07 Special processing needs not checked</p> <p>SE 09 Special processing needs not understood or misinterpreted</p>	<p><input type="checkbox"/> Product Manipulation (Transfusion Service)</p> <p>UM 01 Data entry incomplete/incorrect</p> <p>UM 02 Record review incomplete/incorrect</p> <p>UM 03 Wrong component selected</p> <p>UM 04 Administrative check (at time of manipulation)</p> <p>UM 05 Labeling incorrect</p> <p>UM 07 Special processing needs not checked</p> <p>UM 08 Special processing misunderstood or misinterpreted</p> <p>UM 09 Special processing not done/incorrectly done</p> <p><input type="checkbox"/> Request for Pick-up (Clinical Service)</p> <p>RP 01 Request for pick-up on wrong patient</p> <p>RP 02 Incorrect product requested for pick-up</p> <p>RP 03 Product requested prior to obtaining consent</p> <p>RP 04 Product requested for pick-up pt not available</p> <p>RP 05 Product requested for pick-up IV not ready</p> <p>RP 06 Request for pick-up incomplete</p> <p>RP 10 Product transport issues</p> <p><input type="checkbox"/> Product Issue (Transfusion Service)</p> <p>UI 01 Data entry incomplete/incorrect</p> <p>UI 02 Record review incomplete/incorrect</p> <p>UI 03 Pick-up slip did not match patient information</p> <p>UI 04 Incorrect unit selected (wrong person or right person wrong order)</p> <p>UI 05 Issue delayed</p> <p>UI 06 LIS warning overridden</p> <p>UI 07 Computer issue not completed</p> <p>UI 09 Not checking/incorrect checking of unit and/or patient information</p> <p>UI 11 Unit delivered to incorrect location</p> <p>UI 19 Wrong product issued</p> <p>UI 20 Administrative review (self, 2nd check at issue)</p> <p>UI 22 Issue approval not obtained/documentated</p> <p><input type="checkbox"/> Product Administration (Clinical Service)</p> <p>UT 01 Administered product to wrong patient</p> <p>UT 02 Administered wrong product to patient</p> <p>UT 03 Product not administered</p> <p>UT 04 Incorrect storage of product on floor</p> <p>UT 05 Administrative review (unit/patient at bedside)</p> <p>UT 06 Administered product w/ incompatible IV fluid</p> <p>UT 07 Administration delayed</p> <p>UT 08 Wrong unit chosen from satellite refrigerator</p> <p>UT 10 Administered components in inappropriate order</p> <p>UT 11 Appropriate monitoring of patient not done</p> <p>UT 12 Floor/clinic did not check for existing products in their area</p> <p>UT 13 Labeling problem on unit</p> <p>UT 19 Transfusion protocol not followed</p>
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	SE 11 Special processing not done	<input type="checkbox"/> Other MS 99
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NHSN Occupation Type (Job Function) Codes

Lab

- CLT Clinical lab technician
- IVT IVT Team Staff
- PHL Phlebotomist/IV Team

Nursing Staff

- CNA Nurse Anesthetist
- LPN Licensed Practical Nurse
- NMW Nurse Midwife
- NUA Nursing Assistant
- NUP Nurse Practitioner
- RNU Registered Nurse

Physician

- FEL Fellow
- MST Medical Student
- PHY Physician
- RES Intern/Resident

Technicians

- EMT EMT/Paramedic
- HEM Hemodialysis Technician
- ORS OR/Surgery Technician
- PCT Patient Care Technician

Other Personnel

- CLA Clerical/administrative
- TRA Transport/Messenger/Porter

Additional Occupation Types

- | | | | |
|-----|----------------------------------|-----|----------------------------|
| ATT | Attendant/orderly | PHA | Pharmacist |
| CSS | Central Supply | PHW | Public Health Worker |
| CSW | Counselor/Social Worker | PLT | Physical Therapist |
| DIT | Dietician | PSY | Psychiatric Technician |
| DNA | Dental Assistant/Tech | RCH | Researcher |
| DNH | Dental Hygienist | RDT | Radiologic Technologist |
| DNO | Other Dental Worker | RTT | Respiratory Therapist/Tech |
| FOS | Food Service | STU | Other Student |
| HSK | Housekeeper | VOL | Volunteer |
| ICP | Infection Control Professional | | |
| LAU | Laundry Staff | | |
| MNT | Maintenance/Engineering | | |
| MOR | Morgue Technician | OTH | Other (Specify) |
| OAS | Other Ancillary Staff | | |
| OFR | Other First Responder | | |
| OH | Occupational Health Professional | | |
| OMS | Other Medical Staff | | |

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Other Technician/Therapist