OMB No. 0920-0666
Exp. Date: XX-XX-XXXX

Hemovigilance Module
Incident

*Required for saving

*Facility ID#: _____	NHSN Incident #: _____	Local Incident # or Log #: _____

Discovery

*Date of discovery: __ __/__ __/__ __ __ __

*Time of discovery: __ __:__ __ (HH:MM) ☐ Time approximate ☐ Time unknown

*Where in the facility was the incident discovered? _____

*How was the incident **first discovered**? (check one)

- ☐ Communication from lab to floor
- ☐ Comparison of product label to patient information
- ☐ Comparison of product label to physician order
- ☐ Comparison of sample to paperwork
- ☐ Computer system alarm or warning
- ☐ Historical record/previous type check
- ☐ Human 'lucky catch'
- ☐ Notification or complaint from floor (nurse, MD, etc.)
- ☐ Observation by staff of unit/plate/reagent/sample/equipment
- ☐ Patient transfusion reaction
- ☐ Repeat or sample re-testing
- ☐ Routine audit or supervisory review
- ☐ Visual inventory review
- ☐ When checking patient ID band
- ☐ When product/units returned to lab
- ☐ Other (specify) _____

*At what point in the process was the incident **first discovered**? (check one)

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

Occurrence

*Date incident occurred: __ __/__ __/__ __ __ __

*Time incident occurred: __ __:__ __ (HH:MM) ☐ Time approximate ☐ Time unknown

*Where in the facility did the incident occur? _____

Job function of the worker involved in the incident: (Use NHSN Occupation Codes on page 5.)

___ ___ ___ If Other (OTH), specify _____ ☐ Worker unknown

Assurance of Confidentiality: The voluntarily provided 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)).

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).

*At what point 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
- ☐ Other (specify) ________________________________
- ☐ Available for issue
- ☐ Product selection
- ☐ Product manipulation
- ☐ Request for pick-up
- ☐ Product issue
- ☐ Product administration

*Incident code: ___ ___ ___ ___ (Use NHSN Incident Codes on page 4.)

Incident summary: (500 characters max)

____

____

____

____

*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)

- ☐ Not applicable
- ☐ Product retrieved
- ☐ Product destroyed

Code system used: ☐ ISBT-128 ☐ Codabar

Single or multiple units destroyed?

☐ Single unit: Unit #: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

OR Component code: __ __ __ __ __

☐ Multiple units: Component code: __ __ __ __ __ Number of units: ____

Component code: __ __ __ __ __ Number of units: ____

Component code: __ __ __ __ __ Number of units: ____

- ☐ Product issued but not transfused
- ☐ Product transfused

Was a patient reaction associated with this incident? ☐ Yes ☐ No

If Yes, Patient ID#(s): __________ __________ __________ __________

*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, result(s) of analysis: (check all that apply)

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

Custom Fields

Label		Label	
_____	__ __/__ __/__ __ __ __	_____	__ __/__ __/__ __ __ __
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

_____

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NHSN Incident Codes

(Based on MERS-TM and TESS)

Product Check-In

(Products Received from Outside Source)

PC 00 Detail not specified
PC 01 Data entry incomplete/not performed/incorrect
PC 02 Shipment incomplete/incorrect
PC 03 Product and paperwork do not match
PC 04 Shipped under inappropriate conditions
PC 05 Inappropriate return to inventory
PC 06 Product confirmation
PC 07 Administrative check (2nd check)

Product/Test Request

(Clinical Service)

PR 00 Detail not specified
PR 01 Order for wrong patient
PR 02 Order incorrectly entered online
+PR 03 Special needs not indicated on order (e.g., CMV negative, auto)
PR 04 Order not done/incomplete/incorrect
PR 05 Inappropriate/incorrect test ordered
PR 06 Inappropriate/incorrect blood product ordered

Sample Collection

SC 00 Detail not specified
+SC 01 Sample labeled with incorrect patient name
+SC 02 Not labeled
+SC 03 Wrong patient collected
SC 04 Collected in wrong tube type
SC 05 Sample QNS
SC 06 Sample hemolyzed
+SC 07 Label incomplete/illegible/incorrect (other than patient name)
SC 08 Sample collected in error
SC 09 Requisition arrived without samples
+SC 10 Wristband incorrect/not available
SC 11 Sample contaminated

Sample Handling

(Service Collecting Samples)

SH 00 Detail not specified
SH 01 Sample arrived without requisition
SH 02 Requisition and sample label don't match
+SH 03 Patient ID incorrect/illegible on requisition
SH 05 No phlebotomist/witness identification
SH 06 Sample arrived with incorrect requisition
SH 07 Patient information (other than ID) missing/incorrect on requisition
SH 10 Sample transport issue

Sample Receipt

(Transfusion Service)

SR 00 Detail not specified
SR 01 Sample processed in error
SR 02 Historical review incorrect/not done
SR 03 Demographic review/data entry incorrect/not done
SR 04 Sample incorrectly accessioned (test/product)
SR 05 Duplicate sample sent

Sample Testing

(Transfusion Service)

ST 00 Detail not specified
ST 01 Data entry incorrect/not performed
ST 02 Appropriate sample checks not done
+ST 03 Computer warning overridden
ST 05 Sample tube w/incorrect accession label
+ST 07 Sample tubes mixed up
+ST 09 Test tubes mislabeled (wrong patient name/number)
ST 10 Equipment problem
ST 12 Patient testing not performed
ST 13 Incorrect testing method chosen
ST 14 Testing performed incorrectly
ST 15 Test result misinterpreted
ST 16 Inappropriate/expired reagents used
ST 17 ABO/Rh error caught on final check
ST 18 Current and historical ABO/Rh don't match
ST 19 Additional testing not performed
ST 20 Administrative check at time work performed
ST 22 Sample storage incorrect/inappropriate

Product Storage

(Transfusion Service)

US 00 Detail not specified
US 01 Incorrect storage of unit in transfusion service
US 02 Expired product in stock
US 03 Inappropriate monitoring of storage device
US 04 Unit stored on incorrect ABO shelf

Available for Issue

(Transfusion Service)

AV 00 Detail not specified
AV 01 Inventory audit
AV 02 Product status not/incorrectly updated in computer
AV 03 Supplier recall
AV 04 Product ordered incorrectly/not submitted

Product Selection

(Transfusion Service)

SE 00 Detail not specified
SE 01 Incorrect product/component selected
SE 02 Data entry incomplete/incorrect
SE 03 Not/incorrect checking of product and/or patient information
SE 05 Historical file misinterpreted/not checked
SE 07 Special processing needs not checked
SE 09 Special processing needs not understood or misinterpreted
SE 11 Special processing not done

Product Manipulation

(Transfusion Service)

UM 00 Detail not specified
UM 01 Data entry incomplete/incorrect
UM 02 Record review incomplete/incorrect
UM 03 Wrong component selected
UM 04 Administrative check at time of manipulation
UM 05 Labeling incorrect
+UM 07 Special processing needs not checked
+UM 08 Special processing needs misunderstood or misinterpreted
+UM 09 Special processing not/incorrectly done

Request for Pick-up

(Clinical Service)

RP 00 Detail not specified
RP 01 Request for pick-up on wrong patient
RP 02 Incorrect product requested for pick-up
RP 03 Product requested prior to obtaining consent
RP 04 Product requested for pick-up patient not available
RP 05 Product requested for pick-up IV not ready
RP 06 Request for pick-up incomplete
RP 10 Product transport issue

Product Issue

(Transfusion Service)

UI 00 Detail not specified
UI 01 Data entry incomplete/incorrect
UI 02 Record review incomplete/incorrect
UI 03 Pick-up slip did not match patient information
UI 04 Incorrect unit selected (wrong person or right person, wrong order)
UI 05 Product issue delayed
+UI 06 LIS warning overridden
UI 07 Computer issue not completed
UI 09 Not/incorrect checking of unit and/or patient information
UI 11 Unit delivered to incorrect location
UI 19 Wrong product issued
UI 20 Administrative review (self, 2nd check at issue)
UI 22 Issue approval not obtained/documented

Product Administration

(Clinical Service)

UT 00 Detail not specified
+UT 01 Administered product to wrong patient
+UT 02 Administered wrong product to patient
UT 03 Product not administered
UT 04 Incorrect storage of product on floor
UT 05 Administrative review (unit/patient at bedside)
UT 06 Administered product w/incompatible IV fluid
UT 07 Administration delayed
UT 08 Wrong unit chosen from satellite refrigerator
UT 10 Administered components in inappropriate order
UT 11 Appropriate monitoring of patient not done
UT 12 Floor/clinic did not check for existing products in their area
UT 13 Labeling problem on unit
UT 19 Transfusion protocol not followed

Other

MS 99

NHSN Occupation Codes

Laboratory	
IVT	IVT Team Staff
MLT	Medical Laboratory Technician
MTE	Medical Technologist
PHL	Phlebotomist/IV Team
Physician	
LPN	Licensed Practical Nurse
CNA	Nurse Anesthetist
CNM	Certified Nurse Midwife
NUA	Nursing Assistant
NUP	Nurse Practitioner
RNU	Registered Nurse
Nursing	
FEL	Fellow
MST	Medical Student
PHY	Attending 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
CSS	Central Supply
CSW	Counselor/Social Worker
DIT	Dietician
DNA	Dental Assistant/Technician
DNH	Dental Hygienist
DNO	Other Dental Worker
DNT	Dentist
DST	Dental Student
FOS	Food Service
HSK	Housekeeper
ICP	Infection Control Professional
LAU	Laundry Staff
MNT	Maintenance/Engineering
MOR	Morgue Technician
OAS	Other Ancillary Staff
OFR	Other First Responder
OH	Occupational Health Professional
OMS	Other Medical Staff
OTH	Other
OTT	Other Technician/Therapist
PAS	Physician Assistant
PHA	Pharmacist
PHW	Public Health Worker
PLT	Physical Therapist
PSY	Psychiatric Technician
RCH	Researcher
RDT	Radiologic Technologist
RTT	Respiratory Therapist/Technician
STU	Other Student
VOL	Volunteer