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



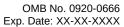
Hemovigilance Module Incident

*Required for saving					
*Facility ID#:	NHSN Incident #:	Local Incident # or Log #:			
Discovery					
*Date of discovery://_					
*Time of discovery:: ((HH:MM) 🔲 Time approxim	ate 🗌 Time unknown			
*Where in the facility was the incident discovered?					
*How was the incident first disco	overed? (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					
*At what point in the process was the incident first discovered ? (check one)					
Product check-in Sample	e receipt Product selection	Product administration			
Product/test request Sample	e testing Product manipulati	on Post-transfusion review/audit			
	Cuter (specify)				
Sample handling Available for issue Product issue					
*Date incident occurred:	1				
*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).					

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*At what point in the proc Product check-in Product/test request Sample collection Sample handling	ess did the incident fi Sample receipt Sample testing Product storage Other (specify)	rst occur? (check one) 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 c	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 a		- Near miss, planned reco	JVCIY		
Not applicable	ιι τιατ αρριγ)				
Product retrieved					
Product destroyed					
Code system used:	□ISBT-128 □ 0	Codabar			
Single or multiple un					
Single unit: Unit #:					
J		—			
Multiple units:	Component code:		of units:		
watapie arme.	Component code:		of units:		
	Component code:		of units:		
Product issued but n			<u></u>		
Product transfused					
Was a patient reaction associated with this incident?					
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?					
If Yes, result(s) of analysis: (check all that apply)					
☐ Technical ☐ Organizational ☐ Human ☐ Patient-related ☐ Other (specify)					
Custom Fields					
Label	Label				
Comments					
	 				



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

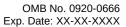
done UT 12 Floor/clinic did not check for existing products in their area

UT 13 Labeling problem on unit

UT 19 Transfusion protocol not followed

Other

MS 99





NHSN Occupation Codes

Laboratory		Additiona	al Occupation Types
IVT	IVT Team Staff	ATT	Attendant/Orderly
MLT	Medical Laboratory Technician	CSS	Central Supply
MTE	Medical Technologist	CSW	Counselor/Social Worker
PHL	Phlebotomist/IV Team	DIT	Dietician
Physician		DNA	Dental Assistant/Technician
LPN	Licensed Practical Nurse	DNH	Dental Hygienist
CNA	Nurse Anesthetist	DNO	Other Dental Worker
CNM	Certified Nurse Midwife	DNT	Dentist
NUA	Nursing Assistant	DST	Dental Student
NUP	Nurse Practitioner	FOS	Food Service
RNU	Registered Nurse	HSK	Housekeeper
Nursing		ICP	Infection Control Professional
FEL	Fellow	LAU	Laundry Staff
MST	Medical Student	MNT	Maintenance/Engineering
PHY	Attending Physician	MOR	Morgue Technician
RES	Intern/Resident	OAS	Other Ancillary Staff
Technician	s	OFR	Other First Responder
EMT	EMT/Paramedic	OH	Occupational Health Professional
HEM	Hemodialysis Technician	OMS	Other Medical Staff
ORS	OR/Surgery Technician	OTH	Other
PCT	Patient Care Technician	OTT	Other Technician/Therapist
Other Pers	onnel	PAS	Physician Assistant
CLA	Clerical/Administrative	PHA	Pharmacist
TRA	Transport/Messenger/Porter	PHW	Public Health Worker
		PLT	Physical Therapist
		PSY	Psychiatric Technician
		RCH	Researcher
		RDT	Radiologic Technologist
		RTT	Respiratory Therapist/Technician
		STU	Other Student
		VOL	Volunteer