**Hemovigilance Module**

**Incident**

\*Required for saving

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

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| \*At what point in the process did the incident **first occur**? (check one) |
| [ ]  Product check-in | [ ]  Sample receipt | [ ]  Available for issue  | [ ]  Request for pick-up |
| [ ]  Product/test request | [ ]  Sample testing | [ ]  Product selection | [ ]  Product issue |
| [ ]  Sample collection | [ ]  Product storage | [ ]  Product manipulation | [ ]  Product administration |
| [ ]  Sample handling | [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Incident code: \_\_\_ \_\_\_ \_\_\_ \_\_\_ (Use NHSN Incident Codes on page 4.) |
| Incident summary: (500 characters max) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Incident result: (check one) |
| [ ]  1 – Product Transfused; Reaction | [ ]  3 – No Product Transfused; Unplanned Recovery |
| [ ]  2 – Product Transfused; No Reaction | [ ]  4 – No Product Transfused; Planned Recovery |
| \*Product action: (check all that apply) |
| [ ]  Not applicable |
| [ ]  Product retrieved |
| [ ]  Product destroyed |
| ^Single or multiple units destroyed? |
| [ ]  Single unit: |
| Code system used: | [ ]  ISBT-128 | [ ]  Codabar |
| Unit #: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **OR** | Component code: \_\_ \_\_ \_\_ \_\_ \_\_ |
| [ ]  Multiple units: (select code system used) |
| [ ]  ISBT-128 | [ ]  Codabar | Component code: \_\_ \_\_ \_\_ \_\_ \_\_ | Number of units: \_\_\_\_ |
| [ ]  ISBT-128 | [ ]  Codabar | Component code: \_\_ \_\_ \_\_ \_\_ \_\_ | Number of units: \_\_\_\_ |
| [ ]  ISBT-128 | [ ]  Codabar | 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): | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

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| \*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)**

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| **Product Check-In** (Products Received from Outside Source)PC 00 Detail not specifiedPC 01 Data entry incomplete/not performed/incorrectPC 02 Shipment incomplete/incorrectPC 03 Product and paperwork do not matchPC 04 Shipped under inappropriate conditionsPC 05 Inappropriate return to inventoryPC 06 Product confirmationPC 07 Administrative check (2nd check)**Product/Test Request** (Clinical Service)PR 00 Detail not specifiedPR 01 Order for wrong patientPR 02 Order incorrectly entered online**+**PR 03 Special needs not indicated on order (e.g., CMV negative, auto)PR 04 Order not done/incomplete/incorrectPR 05 Inappropriate/incorrect test orderedPR 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 collectedSC 04 Collected in wrong tube typeSC 05 Sample QNSSC 06 Sample hemolyzed**+**SC 07 Label incomplete/illegible/incorrect (other than patient name)SC 08 Sample collected in errorSC 09 Requisition arrived without samples**+**SC 10 Wristband incorrect/not availableSC 11 Sample contaminated**Sample Handling** (Service Collecting Samples)SH 00 Detail not specifiedSH 01 Sample arrived without requisitionSH 02 Requisition and sample label don’t match**+**SH 03 Patient ID incorrect/illegible on requisitionSH 05 No phlebotomist/witness identificationSH 06 Sample arrived with incorrect requisitionSH 07 Patient information (other than ID) missing/incorrect on requisitionSH 10 Sample transport issue**Sample Receipt**(Transfusion Service)SR 00 Detail not specifiedSR 01 Sample processed in errorSR 02 Historical review incorrect/not doneSR 03 Demographic review/data entry incorrect/not doneSR 04 Sample incorrectly accessioned (test/product)SR 05 Duplicate sample sent  | **Sample Testing** (Transfusion Service)ST 00 Detail not specifiedST 01 Data entry incorrect/not performedST 02 Appropriate sample checks not done**+**ST 03 Computer warning overriddenST 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 problemST 12 Patient testing not performedST 13 Incorrect testing method chosenST 14 Testing performed incorrectlyST 15 Test result misinterpretedST 16 Inappropriate/expired reagents usedST 17 ABO/Rh error caught on final checkST 18 Current and historical ABO/Rh don’t match ST 19 Additional testing not performedST 20 Administrative check at time work performedST 22 Sample storage incorrect/inappropriate**Product Storage** (Transfusion Service)US 00 Detail not specifiedUS 01 Incorrect storage of unit in transfusion serviceUS 02 Expired product in stockUS 03 Inappropriate monitoring of storage deviceUS 04 Unit stored on incorrect ABO shelf**Available for Issue** (Transfusion Service)AV 00 Detail not specifiedAV 01 Inventory auditAV 02 Product status not/incorrectly updated in computerAV 03 Supplier recallAV 04 Product ordered incorrectly/not submitted**Product Selection** (Transfusion Service)SE 00 Detail not specifiedSE 01 Incorrect product/component selectedSE 02 Data entry incomplete/incorrectSE 03 Not/incorrect checking of product and/or patient informationSE 05 Historical file misinterpreted/not checkedSE 07 Special processing needs not checkedSE 09 Special processing needs not understood or misinterpretedSE 11 Special processing not done**Product Manipulation** (Transfusion Service)UM 00 Detail not specifiedUM 01 Data entry incomplete/incorrectUM 02 Record review incomplete/incorrectUM 03 Wrong component selectedUM 04 Administrative check at time of manipulationUM 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 specifiedRP 01 Request for pick-up on wrong patientRP 02 Incorrect product requested for pick-upRP 03 Product requested prior to obtaining consentRP 04 Product requested for pick-up patient not availableRP 05 Product requested for pick-up IV not readyRP 06 Request for pick-up incompleteRP 10 Product transport issue**Product Issue** (Transfusion Service)UI 00 Detail not specifiedUI 01 Data entry incomplete/incorrectUI 02 Record review incomplete/incorrectUI 03 Pick-up slip did not match patient informationUI 04 Incorrect unit selected (wrong person or right person, wrong order)UI 05 Product issue delayed**+**UI 06 LIS warning overriddenUI 07 Computer issue not completedUI 09 Not/incorrect checking of unit and/or patient informationUI 11 Unit delivered to incorrect locationUI 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 patientUT 03 Product not administeredUT 04 Incorrect storage of product on floorUT 05 Administrative review (unit/patient at bedside)UT 06 Administered product w/incompatible IV fluidUT 07 Administration delayedUT 08 Wrong unit chosen from satellite refrigeratorUT 10 Administered components in inappropriate orderUT 11 Appropriate monitoring of patient not doneUT 12 Floor/clinic did not check for existing products in their areaUT 13 Labeling problem on unitUT 19 Transfusion protocol not followed**Other** MS 99 |

**+ Indicates high-priority incidents; individual incident report must be completed for each.**

**NHSN Occupation Codes**

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| **Laboratory** | **Additional 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  |
| **Nursing** | 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 |
| **Physician** | ICP | Infection Control Professional |
| FEL | Fellow | LAU | Laundry Staff |
| MST | Medical Student | MNT | Maintenance/Engineering |
| PHY | Attending/Staff Physician | MOR | Morgue Technician |
| RES | Intern/Resident  | OAS | Other Ancillary Staff |
| **Technicians** | 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 Personnel** | 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 |