**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 | | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **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 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 |

**+ 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 |