



# **The National Healthcare Safety Network (NHSN) Manual**

## **HEALTHCARE PERSONNEL SAFETY COMPONENT PROTOCOL:**

### **Healthcare Personnel Exposure Module**

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## **Introduction to Healthcare Personnel Safety Component of NHSN**

In recent years, occupational hazards faced by healthcare personnel (HCP) in the United States have received increasing attention. Although recommendations, guidelines, and regulations to minimize HCP exposure to such hazards have been developed, additional information is needed to improve HCP safety. In particular, existing surveillance systems are often inadequate to describe the scope and magnitude of occupational exposures to infectious agents and non-infectious occupational hazards that HCP experience, the outcomes of these exposures and injuries, and the impact of preventive measures. The lack of ongoing surveillance of occupational exposures, injuries, and infections in a national network of healthcare facilities using standardized methodology also compromises the ability of the Centers for Disease Prevention and Control (CDC) and other public health agencies to identify emerging problems, to monitor trends, and to evaluate preventive measures.

The Healthcare Personnel Safety (HPS) Component of the National Healthcare Safety Network (NHSN) was launched in 2009. The component consists of two modules: 1) Healthcare Personnel Exposure; and (2) Healthcare Personnel Vaccination. The Healthcare Personnel Exposure module includes: Blood/Body Fluid Exposure Only; Blood/Body Fluid Exposure with Exposure Management; and Influenza Exposure Management. The Healthcare Personnel Vaccination module includes: Influenza Vaccination Summary.

Data collected in this component of NHSN will help healthcare facilities, HCP organizations, and public health agencies to monitor and report trends in blood/body fluid exposures, to assess the impact of preventive measures, to characterize antiviral medication use for exposures to influenza, and to monitor influenza vaccination rates among HCP. In addition, this surveillance component will allow CDC to monitor national trends, to identify newly emerging hazards for HCP, to assess the risk of occupational infection, and to evaluate measures, including engineering controls, work practices, protective equipment, and post-exposure prophylaxis designed to prevent occupationally-acquired infections. Hospitals and other healthcare facilities participating in this system will benefit by receiving technical support and standardized methodologies, including a web-based application, for conducting surveillance activities on occupational health. The NHSN reporting application will enable participating facilities to analyze their own data and compare these data with a national standard.



## Healthcare Personnel Safety Reporting Plan

The *Healthcare Personnel Safety Monthly Reporting Plan Form* (CDC 57.203) is used by an NHSN facility to inform CDC which healthcare personnel safety modules are used during a given month. This guides NHSN on what data to expect from the user in a given month and allows CDC to select the data that should be included into the aggregate data pool for analysis. Each participating facility is to enter a monthly plan to indicate the module to be used, if any, and the exposures and/or vaccinations that will be monitored.

A plan must be completed for every month that data are entered into NHSN, although a facility may choose “No NHSN Healthcare Personnel Safety Modules Followed this Month” as an option. The *Instructions for Completion of Healthcare Personnel Safety Monthly Reporting Plan Form* includes brief instructions for collection and entry of each data element on the form.



## Blood/Body Fluid Exposure Option

### Introduction:

Transmission of bloodborne pathogens [e.g., Hepatitis B virus (HBV), Hepatitis C virus (HCV), Human Immunodeficiency Virus (HIV)] from patients to healthcare workers (HCW) is an important occupational hazard faced by healthcare personnel (HCP). The risk of bloodborne pathogen transmission following occupational exposure depends on a variety of factors that include source patient factors (e.g., titer of virus in the source patient's blood/body fluid), the type of injury and quantity of blood/body fluid transferred to the HCW during the exposure, and the HCW's immune status. The greatest risk of infection transmission is through percutaneous exposure to infected blood. Nevertheless, transmission of HBV, HCV, or HIV after mucous membrane or non-intact skin exposure to blood has also been reported. The risk of transmission of these pathogens through mucocutaneous exposure is considered lower than the risk associated with a percutaneous exposure.

An estimated 385,000 percutaneous injuries (i.e., needlesticks, cuts, punctures and other injuries with sharp objects) occur in U.S. hospitals each year. Prevention of occupational transmission of bloodborne pathogens requires a diversified approach to reduce blood contact and percutaneous injuries including improved engineering controls (e.g., safer medical devices), work practices (e.g., technique changes to reduce handling of sharps), and the use of personal protective equipment (e.g., impervious materials for barrier precautions). Since 1991, when the U.S. Occupational Safety and Health Administration (OSHA) first issued its Bloodborne Pathogens Standard, the focus of regulatory and legislative activity has been on implementing a hierarchy of control measures. The federal Needlestick Safety and Prevention Act signed into law in November 2000 authorized OSHA's revision of its Bloodborne Pathogens Standard to more explicitly require the use of safety-engineered sharp devices.

(<http://www.osha.gov/SLTC/bloodbornepathogens/>). Other strategies to prevent infection include hepatitis B immunization and postexposure prophylaxis for HIV and HBV. Strategies for prevention of percutaneous injuries are addressed in CDC's Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program at <http://www.cdc.gov/sharpsafety/index.html>.

Facilities are not required to collect data for exposures that involve intact skin or exposures to body fluids that do not carry a risk of bloodborne pathogen transmission (e.g., feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus) unless these are visibly contaminated with blood. However, facilities that routinely collect data on such exposures may enter this information into the system.

### *(i) Methodology*

Occupational exposures to blood and body fluids in healthcare settings have the potential to transmit HBV, HCV, or HIV. Use of the Blood/Body Fluid Exposure Option permits a



healthcare facility to record information about the exposure and its management. This option can be used in any healthcare setting where there is potential for occupational exposure to blood and body fluids among HCP. This option requires that data be entered into NHSN when exposures occur, as indicated in the *Healthcare Personnel Safety Monthly Reporting Plan* (CDC 57.203). In general, these data may be provided by the occupational health department in the facility or may be provided by the infection control/epidemiology department, as appropriate. NHSN forms should be used to collect all required data, using the definitions included for each data field.

#### *Blood/Body Fluid Exposure with or without Exposure Management*

A facility may choose to report exposure events alone or exposure events and subsequent management and follow-up of each event, including administration of postexposure prophylaxis (PEP) to the HCW and any laboratory test results collected as part of exposure management.

**Settings:** Any healthcare setting with the potential for occupational exposure to blood and body fluids.

**Requirements:** Blood and body fluid exposures are to be reported as they occur during the calendar year.

#### **Definitions:**

- **Bite:** A human bite sustained by a HCW from a patient, other HCW, or visitor.
- **Bloodborne pathogens:** Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- **HCW (Healthcare Worker):** A person who works in the facility, whether paid or unpaid, who has the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. Healthcare worker is the singular form of healthcare personnel.
- **HCP (Healthcare Personnel):** A population of healthcare workers working in a healthcare setting.
- **Hollow-bore needle:** Needle (e.g., hypodermic needle, phlebotomy needle) with a lumen through which material (e.g., medication, blood) can flow.
- **Mucous membrane exposure:** Contact of mucous membrane (e.g., eyes, nose, or mouth) with the fluids, tissues, or specimens listed below in "**Occupational exposure.**"
- **Non-intact skin:** Areas of the skin that have been opened by cuts, abrasions, dermatitis, chapped skin, etc.



- **Non-intact skin exposure:** Contact of non-intact skin with the fluids, tissues, or specimens listed below in "**Occupational exposure.**"
- **Non-Responder to Hepatitis B vaccine:** A HCW who has received two series of hepatitis B vaccine is serotested within 2 months after the last dose of vaccine and does not have anti-HBs  $\geq 10$  mIU/mL.
- **Occupational exposure:** Contact with blood, visibly bloody fluids, and other body fluids (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, tissues, and laboratory specimens that contain concentrated virus) to which Standard Precautions apply and during the performance of an HCW's duties. Modes of exposure include percutaneous injuries, mucous membrane exposures, non-intact skin exposures, and bites.
- **Percutaneous injury:** An exposure event occurring when a needle or other sharp object penetrates the skin. This term is interchangeable with "sharps injury."
- **Sharp:** Any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- **Sharps Injury:** An exposure event occurring when any sharp object penetrates the skin. This term is interchangeable with "percutaneous injury."
- **Solid Sharp:** A sharp object (e.g., suture needle, scalpel) that does not have a lumen through which material can flow.

### Reporting Instructions:

Forms Description and Purpose: (See also: Tables of Instructions for Completion of Healthcare Personnel Safety Component forms)

*All NHSN facilities following the Blood/Body Fluids Exposure Option:*

For either exposure reporting or exposure and exposure management reporting, a site should complete the following form:

- *Healthcare Personnel Safety Component Facility Survey (CDC Form 57.200)* – Used to collect facility administrative data including total patient beds set up and staffed, annual inpatient days, number of patient admissions per year, number of annual outpatient encounters, number of annual employee hours worked. The survey also collects annual data on the total number of HCP in selected occupational groups (full-time equivalents and numbers of HCP, full or part-time).
- *Healthcare Personnel Safety Monthly Reporting Plan (CDC Form 57.203)* – Used to collect data on which modules and which months a facility intends to participate in



the NHSN HPS Component. This form should be completed for every month that the facility will participate in the HPS component.

#### *Exposure-Only Reporting:*

Those facilities participating in exposure-only reporting should complete the following forms:

- *Healthcare Worker Demographic Data* (CDC Form 57.204) – Used to collect data on HCW demographics such as gender and occupation for a healthcare worker who has reported a blood or body fluid exposure.
- *Exposure to Blood/Body Fluids* (CDC Form 57.205) – Used to collect information about individual blood and body fluid exposure events. Sections I – IV should be completed for all reported exposures. For percutaneous injuries with a needle or sharp object that was not in contact with blood or other body fluids (as defined in “occupational exposure”) prior to exposure, the completion of Sections V-IX is not required.

#### *Exposure and Exposure Management Reporting:*

Facilities participating in exposure reporting and exposure management should complete the forms:

- *Healthcare Worker Demographic Data* (CDC Form 57.204) – Used to collect data on HCW demographics such as gender and occupation for a healthcare worker who has reported a blood or body fluid exposure.
- *Exposure to Blood/Body Fluids* (CDC Form 57.205) – Used to collect information about individual blood and body fluid exposure events. Sections I – IV should be completed for all reported exposures. If a facility chooses to follow the protocol for exposure management, Sections V – IX are also required.
- *Healthcare Worker Prophylaxis/Treatment – BBF Postexposure Prophylaxis (PEP)* (CDC Form 57.206) – Used to collect details of medications administered to a healthcare worker following blood or body fluid exposure to HIV or HBV.
- *Follow-Up Laboratory Testing* (CDC Form 57.207) – Used to collect additional laboratory testing results obtained on an HCW following a blood or body fluid exposure as part of exposure management. These serologic and other laboratory results are not required for exposure management but provide details for facilities opting for the long-term follow-up of exposures and evidence of seroconversion.

#### **Data Analysis:**

The use of the Blood/Body Fluid Exposure and Exposure Management Options will allow the participating NHSN site to estimate the nature, frequency, circumstances, and sequelae of occupational exposures to bloodborne pathogens (i.e., HBV, HCV, and/or HIV) through





percutaneous injuries, bites, mucous membrane exposures or non-intact skin exposures. In addition, facilities can assess for changes in percutaneous injuries with the implementation of safety devices and other prevention strategies, the timeliness of initiating HIV postexposure prophylaxis (PEP) when indicated, assess the duration of HIV prophylaxis, and the proportion of HCP experiencing adverse signs and symptoms after taking HIV PEP for occupational exposures.

Denominator data from the annual Facility Survey (CDC 57.200) can be used to estimate rates of exposures to blood/body fluids and to assess the effectiveness of engineering controls, work practices, and protective equipment in reducing exposure.

### **References:**

The following CDC/PHS publications provide recommendations for management and follow-up of blood and body fluid exposures to HBV, HCV, and HIV:

- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis (MMWR, June 29, 2001 / 50(RR11); 1-42)
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis (MMWR, September 30, 2005 / 54(RR09); 1-17). (PEP medications are updated in NHSN as required)
- A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. (MMWR), December 8, 2006 / 55(RR16); 1-25)



## Influenza Exposure Management Option

**Introduction:** The Advisory Committee on Immunization Practices (ACIP) recommends that all healthcare personnel (HCP) and persons in training for healthcare professions should be vaccinated annually against influenza.[1,2] Persons who are infected with influenza virus, including those with subclinical infection, can transmit influenza virus to persons at higher risk for complications from influenza. Vaccination of HCP has been associated with reduced work absenteeism [3] and with fewer deaths among nursing home patients [4,5] and elderly hospitalized patients.[5] Although annual vaccination is recommended for HCP and is a high priority for reducing morbidity associated with influenza in healthcare settings, national survey data have demonstrated vaccination coverage levels of <50% among HCP over several vaccination seasons.[1]

Although annual vaccination with the seasonal influenza vaccine is the best way to prevent infection, antiviral drugs can be effective for prevention and treatment of influenza. When HCP have not been vaccinated or are exposed to an influenza strain with no vaccine coverage (i.e., non-seasonal), a plan for anti-viral chemoprophylaxis and treatment could be implemented.

### *Influenza Exposure Management Option*

Use of the Influenza Exposure Management Option permits a healthcare facility to record information on antiviral medication use for chemoprophylaxis or treatment without reporting influenza vaccination. It can be used in any healthcare setting. This option includes reporting of individual-level antiviral medication use for chemoprophylaxis or treatment after exposure to influenza. The reason for antiviral medication use can be attributed to either seasonal or non-seasonal influenza. Use of this option will allow facilities and CDC to measure antiviral medication use related to the prevention and treatment of influenza.

**Settings:** Any healthcare settings

**Requirements:** Surveillance for influenza in the healthcare facility is to be conducted during the vaccination season.

### **Definitions:**

- **HCW (Healthcare Worker):** A person who works in the facility, whether paid or unpaid, who has the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. Healthcare worker is the singular form of healthcare personnel.
- **HCP (Healthcare Personnel):** The entire population of healthcare workers working in a healthcare setting.



- **Non-seasonal influenza vaccine:** A vaccine for additional/novel influenza virus strains (e.g., 2009 H1N1) not included in the seasonal influenza vaccine which may or may not be offered on an annual basis.
- **Seasonal influenza vaccine:** A vaccine for seasonal influenza virus strains that is offered on an annual basis.
- **Severe adverse reaction to antiviral medication use for influenza chemoprophylaxis or treatment:** Adverse reactions severe enough to affect daily activities and/or result in the discontinuation of the antiviral medication.
- **Vaccination season:** A 12-month period starting from July 1 of a year – June 30 of the following year.

## Reporting Instructions

Forms Description and Purpose: (See also: Tables of Instructions for Completion of Healthcare Personnel Safety Component forms)

*All NHSN facilities following the Influenza Exposure Management Option:*

NHSN participants should complete the following forms:

- *Healthcare Personnel Safety Component Facility Survey (CDC 57.200)* – Used to collect facility administrative data including total patient beds set up and staffed, annual inpatient days, number of patient admissions per year, number of annual outpatient encounters, number of annual employee hours worked. The survey also collects annual data on the total number of HCP in selected occupational groups (full-time equivalents and numbers of HCP, full or part-time). Numbers of HCWs for at least one nurse occupation (e.g., registered nurse, nurse midwife) and one physician occupation (i.e., intern/resident, fellow, attending physician) are required. All other fields are optional for the Selected HCW Occupational Groups; you may enter 0 for these optional fields.
- *Healthcare Personnel Safety Monthly Reporting Plan (CDC 57.203)* – Used to collect data on which modules and which months a facility intends to participate in the NHSN HPS Component. This form should be completed for every month that the facility will participate in the HPS Component.
- *Healthcare Worker Demographic Data (CDC 57.204)* – Used to collect data on HCW demographics such as gender and occupation for each individual HCW. This form is also used optionally to collect information about immune status for certain vaccine-preventable diseases (e.g., measles, mumps, rubella).

*Influenza Exposure Management Reporting:*



Facilities participating in influenza exposure management reporting for antiviral medication use should complete the following form:

- *Healthcare Worker Prophylaxis/Treatment – Influenza (CDC 57.210)* – Used to collect data on which (if any) antiviral medications were administered to the HCW and any severe adverse reactions associated with their use.

### **Data Analyses:**

The use of the Influenza Exposure Management Option will allow facilities and CDC to measure antiviral medication use related to the prevention and treatment of influenza. Antiviral medication use for chemoprophylaxis or treatment after exposure to influenza can be evaluated and monitored. Frequencies and trends of antiviral medication use as a result of potential or confirmed exposures to influenza will be calculated and summarized. Also, frequency estimates of the personnel types and clinical areas more likely to require chemoprophylaxis or treatment may be analyzed as well as information on adverse effects associated with the receipt of antiviral medications (as part of chemoprophylaxis or treatment).

### **References:**

- [1] Centers for Disease Control and Prevention, Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009, MMWR, 58 (2009) 1-52.
- [2] Centers for Disease Control and Prevention, Influenza vaccination of health-care personnel, MMWR, 55 (2006) 1-16.
- [3] R. T. Lester, A. McGeer, G. Tomlinson, and A. S. Detsky, Use of, effectiveness of, attitudes regarding influenza vaccine among house staff, *Infection Control and Hospital Epidemiology*, 24 (2003) 839-844.
- [4] J. Potter, D. J. Stott, M. A. Roberts, A. G. Elder, B. O'Donnell, P. V. Knight, and W. F. Carman, Influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients, *Journal of Infectious Diseases*, 175 (1997) 1-6.
- [5] R. E. Thomas, T. O. Jefferson, V. Demicheli, and D. Rivetti, Influenza vaccination for health-care workers who work with elderly people in institutions: a systematic review, *Lancet Infectious Diseases*, 6 (2006) 273-279.



**Tables of Instructions**

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**Table 1. Instructions for Completion of the Healthcare Personnel Safety Monthly Reporting Plan Form (CDC 57.203)**

This form collects data on which options and which months a facility intends to participate in NHSN Healthcare Personnel Safety (HPS) Component. This form should be completed for every month that the facility will participate in the HPS Component.

| <b>Data Field</b>   | <b>Instructions for Data Collection</b>  |
|---|--|
| Facility ID #   | Required. The NHSN-assigned facility ID will be auto-entered by the application.   |
| Month/Year  | Required. Enter the month and year for the surveillance plan being recorded.   |
| No NHSN Healthcare Personnel Safety Modules Followed this Month | Conditionally required. Check this box if you do <u>not</u> plan to follow any of the NHSN Healthcare Personnel Safety Modules during the month and year selected.   |
| <b>Healthcare Personnel Exposure Module</b>                     |  |
| Blood/Body Fluid Exposure Only                                  | Conditionally required. Check this box if you plan to follow blood/body fluid exposures only, without following exposure management during the month and year selected.  |
| Blood/Body Fluid Exposure with Exposure Management              | Conditionally required. Check this box if you plan to follow blood/body fluid exposure with exposure management during the month and year selected.  |
| Influenza Exposure Management                                   | Conditionally required. Check this box if you plan to follow influenza exposure management (i.e., antiviral chemoprophylaxis and/or treatment)   |
| <b>Healthcare Personnel Vaccination Module</b>                  |  |
| Influenza Vaccination Summary                                   | Conditionally required. Check this box if you plan to follow the influenza vaccination summary option. Once the influenza vaccination summary is selected on the reporting plan, it is automatically updated with this information for the entire NHSN-defined influenza season (July 1 to June 30). |



**Table 2. Instructions for Completion of the Healthcare Worker Demographic Data Form (CDC 57.204)**

This form must be completed for all HCP who have information recorded in HPS component of NHSN (e.g., exposure to blood or body fluid or influenza vaccination.) Alternatively, data for all or selected personnel can be imported from the facility’s personnel database at facility enrollment.

| <b>Data Field</b>                | <b>Instructions for Data Collection</b>   |
|----------------------------------|---|
| Facility ID #                    | Required. The NHSN-assigned facility ID will be auto-entered by the application.  |
| HCW ID #                         | Required. Enter the healthcare worker’s (HCW) alphanumeric identification number. This identifier is unique to the healthcare facility.   |
| Social Security #                | Optional. Enter the HCW’s Social Security Number.   |
| Secondary ID #                   | Optional. Enter the HCW’s secondary ID number. This could be the employee’s medical record # or some other unique identifier.   |
| HCW Name:<br>Last, First, Middle | Optional. Enter demographic information for the HCW.  |
| Street Address                   |   |
| City                             |   |
| State                            |   |
| Zip Code                         |   |
| Home Phone                       |   |
| E-mail Address                   |   |
| Gender                           | Required. Indicate the gender of the HCW by checking F (Female) or M (Male).  |
| Date of birth                    | Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.  |
| Born in the U.S.?                | Optional. Select Yes, No, or Unknown.   |
| Ethnicity                        | Optional. Select one ethnicity of the HCW.  |
| Race                             | Optional. Select the race of the HCW. Check all that apply.   |
| Work Phone                       | Optional. Enter the work phone number of the HCW.   |
| Start Date                       | Required. Enter the date the HCW began employment or affiliation with the facility (use format: mm/dd/yyyy).  |
| Work Status                      | Required. Select Active, Inactive, or No longer affiliated.   |
| Type of Employment               | Required. Select from Full-time, Part-time, Contract, Volunteer, Other (please specify).  |
| Work Location                    | Required. Select the code that best describes the HCW’s current permanent work location. This refers to physical work location rather than to department assignment. For example, a radiology technician who spends most of his/her time performing portable x-rays throughout the facility works at multiple locations. In general, most interns/residents are not considered to work at a single location because they rotate every month or every few months. For HCP who do not work at least 75% of the time at a single location, the work location code for ‘float’ should be entered. Location codes must be customized to the facility and set up prior to entering HCW records. The work location must be mapped to a CDC Location ( <a href="http://www.cdc.gov/nhsn/PDFs/master-locations-descriptions.pdf">http://www.cdc.gov/nhsn/PDFs/master-locations-descriptions.pdf</a> ). |
| Department                       | Optional. Enter the department in which the HCW works (facility defined).   |



| <b>Data Field</b>            | <b>Instructions for Data Collection</b>  |
|------------------------------|--|
| Supervisor                   | Optional. Enter the name of the HCW's supervisor (facility defined).   |
| Occupation                   | Required. Select the occupation code that most appropriately describes the HCW's job. These must be customized to the facility and set up prior to entering HCW records. The occupation must be mapped to a CDC Occupation Code.   |
| Title                        | Conditionally required. Required only for HCP designated as Influenza Vaccinators if the facility intends on using NHSN to fulfill federal recordkeeping requirements for administration of vaccine covered by the Vaccine Injury Compensation Program. Enter the HCW's job title.   |
| Clinical specialty           | Conditionally required. If Occupation is physician, fellow or intern/resident, select the appropriate clinical specialty.  |
| Performs direct patient care | Conditionally required. Required only when the HCW has influenza vaccination and/or influenza chemoprophylaxis/treatment records. Select Y (Yes) if the HCW provides direct patient care (i.e., hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring); otherwise select N (No). |
| Custom Fields                | Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.   |
| Comments                     | Optional. Enter any information about the HCW. This information cannot be analyzed.  |





**Table 3. Instructions for Completion of the Exposure to Blood/Body Fluids Form (CDC 57.205)**

Information for all blood/body fluid exposures should be recorded using this form. The variables to be entered depend upon whether the facility selects the exposure event only reporting or exposure reporting and management.

\*Demographic data auto-entered by application if part of an existing HCW Demographic Data record (CDC 57.204).

| <b>Data Field</b>                               | <b>Instructions for Data Collection</b>  | <b>Exposure Event Only</b> | <b>Exposure Event and Exposure Management</b> |
|---|--|----------------------------|---|
| Facility ID #                                   | The NHSN-assigned facility ID will be auto-entered by the application.   | Required                   | Required                                      |
| Exposure Event #                                | The exposure event number will be auto-generated by the application.   | Required                   | Required                                      |
| HCW ID  | Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.  | Required                   | Required                                      |
| *HCW Name: Last, First, Middle                  | Enter the HCW's name.  | Optional                   | Optional                                      |
| *Gender   | Indicate the gender of the HCW by checking F (Female) or M (Male).   | Required                   | Required                                      |
| *Date of Birth                                  | Enter the date of birth of the HCW using the format: mm/dd/yyyy.   | Required                   | Required                                      |
| *Work Location                                  | Required. Select the code that best describes the HCW's current permanent work location. This refers to physical work location rather than to department assignment. Location codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details. | Required                   | Required                                      |
| *Occupation                                     | Required. Select the occupation code that most appropriately describes the HCW's job. Occupation codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details.  | Required                   | Required                                      |
| Clinical Specialty                              | If Occupation is physician, fellow or intern/resident, enter the appropriate clinical specialty. The list of clinical specialties can be found on Form CDC 57.204.   | Conditionally required     | Conditionally required                        |
| Exposure Type                                   | The default setting is auto-entered by the application as Blood/Body Fluids.   | Required                   | Required                                      |
| <b>Section I – General Exposure Information</b> |  |                            |   |
| 1. Did the exposure occur at this facility      | Choose Y (Yes) or N (No).  | Required                   | Required                                      |



| <b>Data Field</b>   | <b>Instructions for Data Collection</b>   | <b>Exposure Event Only</b>                           | <b>Exposure Event and Exposure Management</b>        |
|---|---|--|--|
| 1a. If No, specify the name of facility in which exposure occurred                        | If the exposure did not occur at the reporting facility, enter the name of the facility where the event occurred.   | Conditionally required                               | Conditionally required                               |
| 2. Date of exposure   | Enter date of exposure in mm/dd/yyyy format.  | Required   | Required   |
| 3. Time of exposure   | Enter the time the exposure occurred and whether it was AM or PM.   | Required   | Required   |
| 4. Number of hours on duty  | Enter the number of hours the HCW had been on duty when the exposure occurred.  | Optional   | Optional   |
| 5. Is exposed person a temp/agency employee?  | Choose Y (Yes) or N (No).   | Optional   | Optional   |
| 6. Location where exposure occurred   | Choose the appropriate code for the physical location where the event took place. (This is customized to the facility).   | Required   | Required   |
| 7. Type of Exposure   | Check the appropriate exposure type. Check all that apply.  | Required   | Required   |
| 7a. Percutaneous:<br><br>Did the exposure involve a clean, unused needle or sharp object? | If Type of Exposure was Percutaneous, then check this item.<br><br>If percutaneous is checked, then select Yes or No to indicate whether the exposure involved a clean, unused needle or sharp object. If the incident involved a clean, unused needle or sharp object you may not need to report this as an exposure (see your protocol for more information). If not, check No and complete Q8, Q9 and Section II. If following the protocol for exposure management also complete Sections V-XI. | Conditionally required<br><br>Conditionally required | Conditionally required<br><br>Conditionally required |
| 7b. Mucous membrane   | If Type of Exposure was Mucous Membrane, then check this item and complete Q8, Q9 and Section III. If following the protocol for exposure management also complete Sections V-XI.   | Conditionally required                               | Conditionally required                               |
| 7c. Skin:<br><br>Was skin intact?   | If Type of Exposure was Skin, then check this item.<br><br>If Skin is checked, then indicate Y (Yes), N (No) or (U) Unknown for whether the skin remained intact during the exposure. If the answer is No, complete Q8, Q9 and Section III. If following the protocol for exposure management also complete Sections V-XI.  | Conditionally required<br><br>Conditionally required | Conditionally required<br><br>Conditionally required |



| Data Field   | Instructions for Data Collection   | Exposure Event Only   | Exposure Event and Exposure Management                                      |
|--|--|---|---|
| 7d. Bite   | If Type of Exposure was Bite, then check this item and complete Q9 and Section IV. If following the protocol for exposure management also complete Sections V-XI.  | Conditionally required  | Conditionally required  |
| 8. Type of fluid/tissue involved in exposure   | <p>Select the Type of fluid/tissue from the list.</p> <p>If Solutions or Body fluids are checked, indicate whether visibly bloody or not visibly bloody. For Body Fluids, indicate the primary body fluid type implicated in the exposure from the list.</p> <p>If Other is selected for either the Type of Fluid/Tissue involved in the exposure or the Body Fluid Type, please specify the type. (Make sure it is not a body fluid that is already listed in the box on the right side of the form).</p> | <p>Required</p> <p>Conditionally required</p> <p>Conditionally required</p> | <p>Required</p> <p>Conditionally required</p> <p>Conditionally required</p> |
| 9. Body site of exposure   | <p>Check body site of exposure from the list. Check all sites that were exposed.</p> <p>If the Body site of exposure was (Other), please specify the site.</p>   | <p>Required</p> <p>Conditionally required</p>                               | <p>Required</p> <p>Conditionally required</p>                               |
| <b>Section II – Percutaneous Injury</b>  |  |   |   |
| 1. Was the needle or sharp object visibly contaminated with blood prior to exposure? | Choose Y (Yes) or N (No).  | Required  | Required  |
| 2. Depth of the injury (check one)   | Indicate the depth of the injury from the needle or sharp object using the list provided. Exposures that are not obviously superficial (e.g., scratch) or deep (e.g., “muscle contracted” or “touched bone”), should be classified as moderate.  | Conditionally required  | Conditionally required  |





| Data Field   | Instructions for Data Collection  | Exposure Event Only    | Exposure Event and Exposure Management |
|--|---|------------------------|--|
| <p>6. When did the injury occur? (check one)</p> <p><u>Before use of the item</u></p> <p><u>During use of the item</u></p> <p><u>After use of item, before disposal</u></p> <p><u>During or after disposal</u></p> <p><u>Unknown</u></p> | <p>Choose the timing of the injury event from the list provided.</p> <p>Injuries that occurred prior to intended use and usually involve clean needles or sharp objects. It may also include injuries that occurred with a clean device that passed through bloody gloves.</p> <p>Injuries that occurred during the use of the needle or sharp object. It also includes surgical or other invasive procedures with many steps.</p> <p>Injuries that occurred while in transit to disposal, cleaning instrument or recapping.</p> <p>Injuries that occurred during or after the process of disposal or because of improper disposal of a needle or other sharp object.</p> <p>Time of injury relative to the use of the device or object is unknown.</p> | Conditionally required | Conditionally required                 |
| <p>7. For what purpose or activity was the sharp device being used?</p>  | <p>Choose from the lists provided. If Other specify the purpose in the space provided.</p> <p>Select Unknown if injury was a result of contact with discarded or uncontrolled sharps, or in circumstances where the intent of device or object use is unknown or cannot be ascertained.</p>   | Conditionally required | Conditionally required                 |
| <p>8. What was the activity at the time of injury?</p>   | <p>Choose the activity being performed at the time of injury involving the sharp object or needle. If the activity being performed at the time of the injury was different than the purpose indicated in Q7, select the activity at the time the actual injury event took place.</p>  | Conditionally required | Conditionally required                 |
| <p>9. Who was holding the device at the time the injury occurred?</p>  | <p>Select one answer.</p>   | Conditionally required | Conditionally required                 |
| <p>10. What happened when the injury occurred?</p>   | <p>Choose one item from the list. If Other, please record details in the space provided.</p>  | Conditionally required | Conditionally required                 |
| <b>Section III – Mucous Membrane and/or Skin Exposure</b>  |   |                        |  |
| <p>1. Estimate the amount of blood/body fluid exposure</p>   | <p>Select the estimated amount of blood or body fluid involved in the mucous membrane or skin exposure. Indicate Unknown if unable to estimate the amount.</p>  | Conditionally required | Conditionally required                 |



| <b>Data Field</b>   | <b>Instructions for Data Collection</b>   | <b>Exposure Event Only</b>                           | <b>Exposure Event and Exposure Management</b>        |
|---|---|--|--|
| 2. Activity/event when exposure occurred  | Select the activity or event at the time mucous membrane or skin exposure occurred.<br><br>If Other is selected record details of the activity or event in the space provided.  | Conditionally required<br><br>Conditionally required | Conditionally required<br><br>Conditionally required |
| 3. Barriers used by the worker at the time of exposure  | Check all that apply.<br><br>If Other is selected, list other barriers in the space provided.   | Conditionally required<br><br>Conditionally required | Conditionally required<br><br>Conditionally required |
| <b>Section IV – Bite</b>  |   |  |  |
| 1. Wound description  | Select the description of the bite wound from the list provided.  | Conditionally required                               | Conditionally required                               |
| 2. Activity/event when exposure occurred  | Choose the activity or event when the bite occurred.<br><br>If Other, specify the event in the space provided.  | Conditionally required<br><br>Conditionally required | Conditionally required<br><br>Conditionally required |
| <i>Sections V – IX are required when following the protocols for Exposure Management</i>  |   |  |  |
| <b>Section V – Source Information</b>   |   |  |  |
| 1. Was the source patient known?  | Choose Y (Yes) if the source of the exposure (patient) is known. Otherwise, select N (No).  | Optional   | Required   |
| 2. Was HIV status known at time of exposure?  | Indicate Y (Yes) if the source patient's serostatus was known at the time of exposure.  | Optional   | Required   |
| 3. Check the test results for the source patient:<br><br><b>Hepatitis B</b><br>HbsAg<br>HBeAg<br>Total anti-HBc<br>anti-HBs<br><b>Hepatitis C</b><br>anti-HCV EIA<br>anti-HCV suppl<br>PCR-HCV RNA<br><b>HIV</b><br>HIV EIA, ELISA<br>Rapid HIV<br>Confirmatory HIV | Use codes: P= positive, N= negative, I=Indeterminate, U=Unknown, R=Refused and NT=Not tested.<br><br>Indicate the results of any tests performed prior to the exposure (as found in the medical record) or performed immediately after the exposure. If the source is not known, check U. If the source refuses to be tested, check R. Not all tests listed on the form need to be offered after all exposures. | Optional   | Required   |
| <b>Section VI – For HIV Infected Source</b>   |   |  |  |
| 1. Stage of Disease   | Indicate the stage of HIV disease of the <u>source</u> patient. Use CDC surveillance definitions. For end stage AIDS and acute HIV illness, use definitions as defined in the protocol.   | Optional   | Conditionally required                               |



| Data Field  | Instructions for Data Collection  | Exposure Event Only              | Exposure Event and Exposure Management |
|---|---|----------------------------------|--|
| 2. Is the source patient taking anti-retroviral drugs?                | Indicate if the <u>source</u> patient is was taking anti-retroviral drugs at the time of the exposure, Y (Yes), N (No), or U (Unknown).   | Optional                         | Conditionally required                 |
| 2a. If Yes, indicate drug(s)  | If the <u>source</u> patient was taking anti-retroviral drugs at the time of the exposure, list them here. Drug codes are listed in Chapter 7 and will be in a drop down list in the application.   | Optional                         | Conditionally required                 |
| 3. Most recent CD4 count<br><br>Date                                  | If available, indicate the most recent CD4 count in mm <sup>3</sup> for the source patient.<br><br>Enter the month and year of the test for the <u>source</u> patient.  | Optional                         | Conditionally required                 |
| 4. Viral Load<br><br>Date   | If available, indicate the most recent HIV viral load (# of copies per ml) or Undetectable for the <u>source</u> patient.<br><br>Enter the month and year of the test.  | Optional                         | Conditionally required                 |
| <b>Section VII: Initial Care Given to Healthcare Worker</b>           |   |                                  |  |
| 1. HIV postexposure prophylaxis<br><br>Offered?<br><br><br><br>Taken? | Choose Y (Yes), N (No), or U (Unknown) if antiretroviral drugs were offered to the HCW following this exposure.<br><br>Choose Y (Yes), N (No), or U (Unknown) if antiretroviral drugs were taken by the HCW. If Yes is selected, complete Post-Exposure Prophylaxis/Treatment form (CDC form 57.206). | Optional<br><br><br><br>Optional | Required<br><br><br><br>Required       |
| 2. HBIG given?<br><br>Date administered                               | Choose Y (Yes), N (No), or U Unknown) for whether Hepatitis B immunoglobulin was given.<br><br>Enter date HBIG prophylaxis pertaining to this exposure was administered. Use mm/dd/yyyy format.   | Optional<br><br>Optional         | Required<br><br>Conditionally Required |
| 3. Hepatitis B vaccine given?<br><br>Date first dose administered     | Choose Y (Yes), N (No), or U. (Unknown) for whether Hepatitis B vaccine was given after exposure.<br><br>Enter date of first dose of Hepatitis B vaccine (mm/dd/yyyy format). This and subsequent doses to complete the HBV series should be recorded in the HCW's file.                              | Optional<br><br>Optional         | Required<br><br>Conditionally Required |







| <b>Data Field</b>  | <b>Instructions for Data Collection</b>  | <b>Exposure Event Only</b> | <b>Exposure Event and Exposure Management</b> |
|--|--|----------------------------|---|
| In the worker's words, what could have prevented the injury? | Enter the narrative of the HCW's assessment of how the injury might have been prevented.   | Optional                   | Optional                                      |
| Custom Fields  | Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use. | Optional                   | Optional                                      |
| Comments   | Enter any additional information about the HCW. CDC will not analyze this information.   | Optional                   | Optional                                      |



**Table 4. Instructions for Completion of the Healthcare Worker Prophylaxis/Treatment – BBF Postexposure Prophylaxis (PEP) Form (CDC 57.206)**

Use this form if HIV postexposure prophylaxis (PEP) was administered to a healthcare worker following a blood or body fluid exposure.

†Demographic data auto-entered by application if part of an existing HCW Demographic Data record (CDC 57.204).

| <b>Data Field</b>                              | <b>Instructions for Data Collection</b>  |
|--|--|
| Facility ID #                                  | Required. The NHSN-assigned facility ID will be auto-entered by the application.   |
| MedAdmin ID#                                   | Required. Medical administration number. Data will be auto-entered by the application.   |
| HCW ID #                                       | Required. Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.  |
| *HCW Name:<br>Last, First, Middle              | Optional. Enter the HCW's name.  |
| *Gender  | Required. Indicate the gender of the HCW by checking F (Female) or M (Male).   |
| *Date of Birth                                 | Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.   |
| Infectious Agent                               | Required. Enter HIV on form. Select HIV in the application.  |
| Exposure Event #                               | Required. The Exposure event number will be auto-entered by the system. Use the Link/Unlink button to find any exposures for the entered HCW, select, and link the exposure for which PEP is being administered. PEP records cannot be saved unless they are linked to an exposure. PEP records entered from the Blood and Body Fluid Exposure Form will automatically be linked to that exposure. |
| <b>Initial PEP</b>                             | <b>Indication: Prophylaxis</b>   |
| Time between exposure and 1 <sup>st</sup> dose | Required. Enter the number of hours between the exposure and when the 1st dose of PEP was administered.  |
| Drug   | Required. Enter any drugs prescribed for prophylaxis. See Chapter 7 in the protocol for a list of individual drug codes.   |
| Drug   | Conditionally required. Enter any additional drugs prescribed for initial prophylaxis.   |
| Drug   | Conditionally required. Enter any additional drugs prescribed for prophylaxis.   |
| Drug   | Conditionally required. Enter any additional drugs prescribed for prophylaxis.   |
| Date Started                                   | Required. Enter the date the initial PEP regimen commenced (mm/dd/yyyy format). The start date will apply to all drugs selected as the initial PEP regimen. The date started must be on or after the exposure date.  |
| Date Stopped                                   | Required. Enter the date the initial PEP regimen was stopped (mm/dd/yyyy format).<br><br>Note: If any drug(s) of a drug regimen are discontinued, the entire regimen is considered 'stopped.' If select drugs in the regimen continue to be used as prophylaxis (and if other drugs are added) enter them as drugs under a PEP change with a new start date.                                       |



| Data Field  | Instructions for Data Collection  |
|---|---|
| Reason for Stopping   | Required. Indicate the primary reason for stopping the initial PEP regimen by selecting the appropriate choice.   |
| <b>PEP Change 1</b>   | <b>Indication: Prophylaxis</b>  |
| Drug  | Required. Enter drugs prescribed for a second prophylaxis regimen. Note that the second PEP regimen may contain drugs that were included in the first regimen.  |
| Drug  | Conditionally required. Enter any additional drugs prescribed for prophylaxis.  |
| Drug  | Conditionally required. Enter any additional drugs prescribed for prophylaxis.  |
| Drug  | Conditionally required. Enter any additional drugs prescribed for prophylaxis.  |
| Date Started  | Conditionally required. Enter the date the second PEP regimen was started using mm/dd/yyyy format.  |
| Date Stopped  | Conditionally required. Enter the date the second PEP regimen was stopped using mm/dd/yyyy format.<br><br>Note: If any drug(s) of a drug regimen are discontinued, the regimen is considered 'stopped.' Whatever drugs in the regimen are continued (and if other drugs are added) will constitute a new regimen and should be recorded as part of a new PEP regimen(s) with dates that resume from the last stop date. . |
| Reason for Stopping   | Conditionally required. Indicate the primary reason for stopping this PEP regimen by selecting the appropriate choice.  |
| <b>PEP Change 2</b>   | <b>Indication: Prophylaxis</b>  |
| Drug  | Conditionally required. Enter drugs prescribed for a third prophylaxis regimen. Note that the third PEP regimen may contain drugs that were included in previous regimens.  |
| Drug  | Conditionally required. Enter any additional drugs prescribed for prophylaxis.  |
| Drug  | Conditionally required. Enter any additional drugs prescribed for prophylaxis.  |
| Drug  | Conditionally required. Enter any additional drugs prescribed for prophylaxis.  |
| Date Started  | Conditionally required. Enter the date the new PEP regimen was started using mm/dd/yyyy format.   |
| Date Stopped  | Conditionally required. Enter the date the new PEP regimen was stopped using mm/dd/yyyy format.<br><br>Note: If any drug(s) of a drug regimen are discontinued, the regimen is considered 'stopped.' Whatever drugs in the regimen are continued (and if other drugs are added) will constitute a new regimen and should be entered as such.  |
| Reason for Stopping   | Conditionally required. Indicate the primary reason for stopping this PEP regimen by selecting the appropriate choice.  |
| <b>Adverse Reactions</b>  |   |
| Signs or symptoms of adverse reactions to post-exposure prophylaxis | Optional. Indicate any adverse signs/symptoms the HCW experienced while receiving postexposure prophylaxis. You may select up to six.<br><br>If Other is selected, briefly specify details of adverse reaction.   |



| <b>Data Field</b> | <b>Instructions for Data Collection</b>  |
|-------------------|--|
| Custom Fields     | Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use. |
| Comments          | Optional. Enter any additional information about the HCW. CDC will not analyze this information.   |



**Table 5: Instructions for Completion of Follow-Up Laboratory Testing Form (CDC 57.207)**

This form should be completed for HCP who have additional laboratory testing done as a result of blood or body fluid exposures. These tests would occur after baseline laboratory testing had been completed.

♦ Demographic data auto-entered by application if part of an existing HCW Demographic Data record (CDC 57.204).

| <b>Data Field</b>                 | <b>Instructions for Data Collection</b>  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
|-----------------------------------|--|---------|-----|------------------|---------|-------------------|---------------|--------------------|------------|------------------|------------|------------|-----------|-------------------|----------------------|---------------------|-----|---------------|------------|--|-------|
| Facility ID #                     | Required. The NHSN-assigned facility ID will be auto-entered by the application.   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| Lab #                             | Required. The lab testing ID number will be auto-generated by the application.   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| HCW ID #                          | Required. Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| *HCW Name:<br>Last, First, Middle | Optional. Enter the HCW's name.  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| *Gender                           | Required. Indicate the gender of the HCW by checking F (Female) or M (Male).   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| *Date of birth                    | Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| Exposure Event #                  | Required. The user is required to link the laboratory follow-up record to a blood and body fluid exposure record using the Link feature within the application. Once the exposure is selected and submitted, the form will display the message "Lab is Linked." Laboratory records must be linked to an exposure.  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| <b>Lab Results</b>                |  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| Lab Test                          | Required (At least one laboratory test and date are required). Multiple test results may be recorded on this form. Select lab test from dropdown menu:<br><br><table style="width: 100%; border: none;"> <tr> <td>HIV EIA</td> <td>ALT</td> </tr> <tr> <td>HIV confirmatory</td> <td>Amylase</td> </tr> <tr> <td>HepC anti-HCV EIA</td> <td>Blood glucose</td> </tr> <tr> <td>HepC anti-HCV-supp</td> <td>Hematocrit</td> </tr> <tr> <td>HepC PCR HCV RNA</td> <td>Hemoglobin</td> </tr> <tr> <td>HepB HBsAg</td> <td>Platelets</td> </tr> <tr> <td>HepB IgM anti-Hbc</td> <td>Blood cells in urine</td> </tr> <tr> <td>HepB Total anti-Hbc</td> <td>WBC</td> </tr> <tr> <td>HepB Anti-HBs</td> <td>Creatinine</td> </tr> <tr> <td></td> <td>Other</td> </tr> </table> | HIV EIA | ALT | HIV confirmatory | Amylase | HepC anti-HCV EIA | Blood glucose | HepC anti-HCV-supp | Hematocrit | HepC PCR HCV RNA | Hemoglobin | HepB HBsAg | Platelets | HepB IgM anti-Hbc | Blood cells in urine | HepB Total anti-Hbc | WBC | HepB Anti-HBs | Creatinine |  | Other |
| HIV EIA                           | ALT  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| HIV confirmatory                  | Amylase  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| HepC anti-HCV EIA                 | Blood glucose  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| HepC anti-HCV-supp                | Hematocrit   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| HepC PCR HCV RNA                  | Hemoglobin   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| HepB HBsAg                        | Platelets  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| HepB IgM anti-Hbc                 | Blood cells in urine   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| HepB Total anti-Hbc               | WBC  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| HepB Anti-HBs                     | Creatinine   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
|                                   | Other  |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| Date                              | Required. Indicate date of test using mm/dd/yyyy format.   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| Result                            | Conditionally required. Select one of the result codes:<br>Use codes: P= positive, N= negative, I=Indeterminate, U=Unknown, R=Refused)   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| Custom Fields                     | Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |
| Comments                          | Optional. Enter any additional information about the HCW. CDC will not analyze this information.   |         |     |                  |         |                   |               |                    |            |                  |            |            |           |                   |                      |                     |     |               |            |  |       |



**Table 6. Instructions for Completion of the Healthcare Worker Prophylaxis/Treatment – Influenza Form (CDC 57.210)**

This form should be completed when an HCW receives antiviral medications as influenza treatment or as chemoprophylaxis against influenza infection. It is used to collect information on which antiviral medications were administered, when, and what (if any) adverse reactions were experienced by the HCW.

\*Demographic data auto-entered by application if part of an existing HCW Demographic Data record (CDC 57.204).

| <b>Data Field</b>                 | <b>Instructions for Data Collection</b>  |
|-----------------------------------|--|
| Facility ID #                     | Required. The NHSN-assigned facility ID will be auto-entered by the application.   |
| Med Admin ID #                    | Required. The medication administration ID number will be auto-generated by the application.   |
| HCW ID #                          | Required. Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.  |
| *HCW Name:<br>Last, First, Middle | Optional. Enter the HCW's name.  |
| *Gender                           | Required. Indicate the gender of the HCW by checking F (Female) or M (Male).   |
| *Date of Birth                    | Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.   |
| *Work Location                    | Required. Select the code that best describes the HCW's current permanent work location. This refers to physical work location rather than to department assignment. Location codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details. |
| *Occupation                       | Required. Select the occupation code that most appropriately describes the HCW's job. Occupation codes are customized to the facility and set up prior to entering HCW records. See Table 2 for more details.  |
| *Clinical Specialty               | Conditionally required. If Occupation is physician, fellow or intern/resident, enter the appropriate clinical specialty. The list of clinical specialties can be found on Form CDC 57.204.   |
| *Performs direct patient care     | Required. Select Yes if the HCW provides direct patient care (i.e., hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring); otherwise select No.   |
| Infectious agent                  | Required. Auto-filled on hard copy form. Select Influenza in application.  |
| For season                        | Required. Select the vaccination season. Specify the year(s) during which this chemoprophylaxis or treatment date falls. For NHSN purposes, the vaccination "season" is 7/1 of the first year to 6/30 of the next calendar year.   |
| #                                 | Required. Indicate up to 10 antiviral medications given using sequential numbers starting with 1.  |
| Indication                        | Required. Select Prophylaxis or Treatment as appropriate.  |
| Influenza subtype                 | Required. Select the influenza subtype for which the HCW is receiving antiviral medications (for post-exposure chemoprophylaxis or for treatment). Select Unknown, if you do not know the specific subtype necessitating antiviral medication use.   |
| Antiviral medication              | Required. Enter the code of the antiviral medication that was administered to the HCW using the codes listed at the bottom of the form.  |
| Start date                        | Required. Enter the start date of the antiviral using mm/dd/yyyy format.   |
| Stop date                         | Conditionally required. Enter the stop date of the antiviral using mm/dd/yyyy format.  |



| <b>Data Field</b>                                  | <b>Instructions for Data Collection</b>   |
|--|---|
| Adverse reactions?                                 | Required. Check Yes if the HCW had a severe adverse reaction attributable to the influenza antiviral medication; otherwise check No. If it is unknown whether or not the HCW experienced any adverse reactions, check Don't Know.   |
| Adverse reactions to antiviral medication #1...#10 | Conditionally required. If the HCW had a severe adverse reaction, check all reactions that apply for each medication administered. Please correlate the antiviral medication # with the antiviral medication on page 1. If an adverse reaction is not listed, check Other and specify the adverse reaction in the space provided. All Other adverse reactions should be included if the reactions were severe enough to affect daily activities and/or resulted in the discontinuation of the antiviral medication. |
| Custom Fields                                      | Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.  |
| Comments   | Optional. Enter any additional information about the HCW. CDC will not analyze this information.  |



**Table 7. Instructions for Completion of Healthcare Personnel Safety Component – Annual Facility Survey (CDC 57.200)**

This form must be completed once a year by any facility using the Healthcare Personnel Safety Component.

| <b>Data Field</b>                       | <b>Instructions for Data Collection/Entry</b>   |
|---|---|
| Tracking #                              | Required. The NHSN-assigned Tracking # will be auto-entered by the application.   |
| Facility ID #                           | Required. The NHSN-assigned facility ID will be auto-entered by the application.  |
| Survey year                             | Required. Enter the year of the survey using the format: yyyy.  |
| Total beds set up and staffed           | Required. Enter the number of all active beds across specialties and intensive care units.  |
| Patient admissions                      | Required. Enter the number of patients, excluding newborns, admitted for inpatient service.   |
| Inpatient days                          | Required. Enter the number of adult and pediatric days of care, excluding newborn days of care, rendered during a specified reporting period.   |
| Outpatient encounters                   | Required. Enter the number of visits by patients who are not admitted as inpatients to the hospital while receiving medical, dental, or other services.   |
| Number of hours worked by all employees | Optional. Number of hours worked is available from OSHA300 reporting logs. The value can also be calculated by identifying the number of full time employees working in your facility within a year, multiply by the number of work hours for one full time employee in a year (typically ranges from 2000-2100 hours per year). Add in overtime hours and total hours worked by part-time, temporary, and contracted staff.  |
| Number of HCWs                          | Required. HCWs are all persons who work in the hospital. Calculate the number of attending physicians by including only those who are active or associate staff (e.g. similar methodology to the American Hospital Association annual survey, if applicable). Do not include courtesy, consulting, honorary, provisional, or other attending physicians in this number. If you cannot determine the exact number for a particular category, please estimate it. If the facility does not have any HCP in a specific occupation, the user may enter 0. This is the denominator when used to calculate rates of particular exposure events per HCW. |
| Number of FTEs                          | Required. A subset of total number of HCP. FTEs are all HCP whose regularly scheduled workweek is 35 hours or more. To calculate the number of FTE's add the number of FTEs to ½ the number of part-time HCP (e.g., 2 part-time HCP = 1 FTE). If you cannot determine the exact number for a particular category, please estimate it. If the facility does not have any FTEs in a specific occupation, the user may enter 0. This is the denominator used to calculate rates of particular exposure events per FTE.   |





## REFERENCES

The following CDC/PHS publications provide recommendations for management and follow-up of blood and body fluid exposures to HBV, HCV, and HIV:

- *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. (MMWR, June 29, 2001 / 50(RR11); 1-42)*
- *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis (PEP regimens have been changed). (MMWR, September 30, 2005 / 54(RR09); 1-17)*

The following CDC/PHS publication provides recommendations for the immunization of HCP:

- *A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. (MMWR, December 8, 2006 / 55(RR16); 1-25)*
- *Influenza Vaccination of Health-care Personnel. (MMWR, February 24, 2006 / 55(RR02); 1-16)*
- *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). (MMWR, July 29, 2009 / 58(Early Release); 1-52)*



## Key Terms

| Key term                              | Definition  |
|---------------------------------------|---|
| Antiviral medications for influenza   | Drugs used to treat or to prevent influenza infections, not necessarily to treat the symptoms of influenza (e.g., analgesics)   |
| Adverse reaction to influenza vaccine | A reaction experienced by the HCW that is attributable to the influenza vaccine. The Vaccine Information Statement defines a reaction as “Any unusual condition, such as high fever or behavior changes.” Typically, adverse reactions to vaccines are only known when the HCW notifies you (i.e., passive surveillance) rather than you following up after the vaccination (i.e., active surveillance).  |
| Bite                                  | A human bite sustained by a HCW from a patient, other HCW, or visitor.  |
| Bloodborne pathogens                  | Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).  |
| CDC Location                          | A CDC-defined designation given to a patient care area housing patients who have similar disease conditions or who are receiving care for similar medical or surgical specialties. Each facility location that is monitored is “mapped” to one CDC Location. The specific CDC Location code is determined by the type of patients cared for in that area according to the 80% Rule. That is, if 80% of patients are of a certain type (e.g., pediatric patients with orthopedic problems) then that area is designated as that type of location (in this case, an Inpatient Pediatric Orthopedic Ward). Work locations must be mapped to a CDC location. For CDC locations, see <a href="http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf">http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf</a> |
| CDC (occupation) Code                 | A CDC-defined designation for each occupation type in a facility. A facility occupation is “mapped” to one CDC Code. See Chapter 7 of protocol for list of occupations.   |
| Contractor                            | Individual facilities may have differing classifications of work status. According to the Bureau of Labor Statistics, workers with no explicit or implicit contract for a long-term employment arrangement, such as temporary or term positions, are considered contingent or contract workers. Facilities should use their own definition of a contractor.   |
| Device                                | Any of the following devices (hollow-bore needle, suture needle, glass, plastic, other solid sharps, and non-sharp safety devices) used at the healthcare facility.   |
| Direct patient care                   | Hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring.  |
| Float                                 | A work location for HCP who do not work at least 75% of the time in a single location. For example, a radiology technician who spends most of his/her time performing portable x-rays throughout the facility.  |



| Key term                             | Definition  |
|--------------------------------------|---|
| Full Time Equivalent (FTE)           | HCP whose regularly scheduled workweek is 35 hours or more. To calculate the number of FTE's add the number of FTEs to ½ the number of part-time HCP (e.g., 2 part-time HCWs = 1 FTE).  |
| Healthcare personnel (HCP)           | A population of healthcare workers working in a healthcare setting. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP. It includes students, trainees, and volunteers. |
| Healthcare worker (HCW)              | A person who works in the facility, whether paid or unpaid, who has the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. Healthcare worker is the singular form of healthcare personnel.   |
| Hollow-bore needle                   | Needle (e.g., hypodermic needle, phlebotomy needle) with a lumen through which material (e.g., medication, blood) can flow.   |
| Location                             | The patient care area to which an HCW is assigned while working in the healthcare facility. See also CDC Location for how locations are defined. CDC location codes may be accessed: at <a href="http://www.cdc.gov/nhsn/PDFs/master-locations-descriptions.pdf">http://www.cdc.gov/nhsn/PDFs/master-locations-descriptions.pdf</a>   |
| Mucous membrane exposure             | Contact of mucous membrane (e.g., eyes, nose, or mouth) with the fluids, tissues, or specimens listed on the blood and body fluids exposure form.   |
| Non-intact skin                      | Areas of the skin that have been opened by cuts, abrasions, dermatitis, chapped skin, etc.  |
| Non-intact skin-exposure             | Contact of non-intact skin with the fluids, tissues, or specimens listed under Occupational Exposure  |
| Non-Responder to Hepatitis B vaccine | An HCW, who has received two series of hepatitis B vaccine, is serotested within 2 months after the last dose of vaccine and does not have anti-HBs $\geq 10$ mIU/mL.   |
| Non-seasonal influenza vaccine       | A vaccine for additional/novel influenza virus strains (e.g., 2009 H1N1) not included in the seasonal influenza vaccine which may or may not be available on an annual basis.   |
| Occupational exposure                | Contact with blood, visibly bloody fluids, and other body fluids (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, tissues, and laboratory specimens that contain concentrated virus) to which Standard Precautions apply and during the performance of a healthcare worker's duties. Modes of exposure include percutaneous injuries, mucous membrane exposures, non-intact skin exposures, and bites.  |



| Key term  | Definition  |
|---|---|
| Part Time Equivalent (PTE)  | HCP whose regularly scheduled workweek is less than 35 hours. Two PTEs equal 1 FTE.   |
| Percutaneous injury   | An exposure event occurring when a needle or other sharp object penetrates the skin.<br><br>For percutaneous injuries with a needle or sharp object that was not in contact with blood or other body fluids prior to exposure, collection of data is optional. Facilities are not required to collect data that involve intact skin or exposures to body fluids to which contact precautions do not apply unless they are visibly bloody. However, facilities that routinely collect data on such exposures may enter this information into the system. |
| Safety device   | Includes any safety device (e.g., needless IV systems, blunted surgical needles, self-sheathing needles) used at the healthcare facility.   |
| Seasonal influenza vaccine  | A vaccine for seasonal influenza virus strains that is offered on an annual basis.  |
| Severe adverse reaction to antiviral medication use for influenza chemoprophylaxis or treatment | Adverse reactions severe enough to affect daily activities and/or result in the discontinuation of the antiviral medication.  |
| Sharp   | Any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.  |
| Sharps Injury   | An exposure event occurring when any sharp object penetrates the skin   |
| Solid Sharp   | A sharp object (e.g., suture needle, scalpel) that does not have a lumen through which material can flow.   |
| Vaccination season  | A 12-month period starting from July 1 of a year to June 30 of the following year.  |
| Work location   | A HCW's current permanent work location. This refers to physical work location rather than to department assignment.  |



**CDC occupation Codes used to code (“map”) facility locations**

| CDC (occupation) Code       | BLS SOC (2000)* |
|-----------------------------|-----------------|
| ATT-Attendant/orderly       | 31-1012         |
| CLA-Clerical/administrative |                 |
| CNA-Nurse Anesthetist       |                 |
| CNM-Nurse Midwife           |                 |
| CSS-Central Supply          | 33-7012         |
| CSW-Counselor/Social Worker | 21-1020         |
| DIT-Dietician               | 29-1030         |
| DNA-Dental Assistant/Tech   | 31-9091         |
| DNH-Dental Hygienist        | 29-2021         |
| DNO-Other Dental Worker     |                 |
| DNT-Dentist                 | 29-1020         |
| DST-Dental Student          |                 |
| EMT-EMT/Paramedic           | 29-2041         |
| FEL-Fellow                  |                 |
| FOS-Food Service            | 35-0000         |
| HEM-Hemodialysis Technician |                 |
| HSK-Housekeeper             | 37-2010         |

| CDC (occupation) Code               | BLS SOC (2000)* |
|-------------------------------------|-----------------|
| ICP-Infection Control Professional  |                 |
| IVT-IVT Team Staff                  |                 |
| LAU-Laundry Staff                   |                 |
| LPN-Licensed Practical Nurse        | 29-2061         |
| MLT -Medical Laboratory Technician  | 29-2012         |
| MNT-Maintenance/Engineering         |                 |
| MOR-Morgue Technician               |                 |
| MST-Medical Student                 |                 |
| MTE-Medical Technologist            | 29-2090         |
| NUA-Nursing Assistant               |                 |
| NUP-Nurse Practitioner              |                 |
| OAS-Other Ancillary Staff           |                 |
| OFR-Other First Responder           |                 |
| OH-Occupational Health Professional | 29-9010         |
| OMS-Other Medical Staff             |                 |
| ORS-OR/Surgery Technician           | 29-2055         |



| CDC (occupation) Code          | BLS SOC (2000)* |
|--------------------------------|-----------------|
| OTH-Other                      |                 |
| OTT-Other Technician/Therapist | 29-2099         |
| PAS-Physician Assistant        | 29-1071         |
| PCT-Patient Care Technician    |                 |
| PHA-Pharmacist                 | 29-1051         |
| PHL-Phlebotomist/IV Team       |                 |
| PHW-Public Health Worker       |                 |
| PHY-Physician                  | 29-1060         |
| PLT-Physical Therapist         | 29-1123         |
| PSY-Psychiatric Technician     | 29-2053         |
| RCH-Researcher                 | 19-1040         |
| RDT-Radiologic Technologist    | 29-2034         |
| RES-Intern/Resident            |                 |
| RNU-Registered Nurse           | 29-1111         |
| RTT-Respiratory Therapist/Tech | 29-1126         |
| STU-Other Student              |                 |
| TRA-Transport/Messenger/Porter |                 |
| VOL-Volunteer                  |                 |

\* Bureau of Labor Statistics (BLS) Standard Occupational Codes (SOC), available online at the United States Department of Labor, Bureau of Labor Statistics at <http://www.bls.gov/soc/>



**CDC Device description used to code (“map”) medical devices used in the facility**

| CDC Device Description                         |
|--|
| IVPER - IV catheter - peripheral               |
| IVCATH - IV catheter – central line            |
| HYPO - Hypodermic needle, attached syringe     |
| UNATT - Unattached hypodermic needle           |
| PREFILL - Prefilled cartridge syringe          |
| STYLET - I.V. Stylet                           |
| VHOLD - Vacuum tube holder/needle              |
| SPINAL - Spinal or epidural needle             |
| BMARROW - Bone marrow needle                   |
| BIOPSY - Biopsy needle                         |
| OTH-HOL - Other hollow-bore needle             |
| UNK-HOL - Hollow-bore needle, type unknown     |
| HUBER - Huber needle                           |
| WINGED - Winged-steel (Butterfly™-type) needle |
| HEMODIAL - Hemodialysis needle                 |
| HYPO-TUB - Hypodermic, attached to IV tubing   |
| DENTASP -Dental aspirating syringe with needle |
| ABCD - Arterial Blood Collection Device        |
| SUTR - Suture needle                           |

| CDC Device Description        |
|-------------------------------|
| BCUT - Bone cutter            |
| BOVIE - Electrocautery device |
| BUR - Bur                     |
| ELEV - Elevator               |
| EXPL - Explorer               |
| FILE - File                   |
| FORCEPS - Extraction Forceps  |
| LANCET - Lancet               |
| MICRO - Microtome blade       |
| PIN - Pin                     |
| RAZOR - Razor                 |
| RETRACT - Retractor           |
| ROD - Rod (orthopaedic)       |
| SCALE - Scaler/curette        |
| SCALPEL - Scalpel blade       |
| SCIS - Scissors               |
| TENAC - Tenaculum             |
| TROCAR - Trocar               |
| WIRE - Wire                   |



| <b>CDC Device Description</b>                |
|--|
| COLLTUBE - Blood collection tubes            |
| CAPILL - Capillary tube                      |
| MED - Medication ampule/vial/IV bottle       |
| PIPE - Pipette (glass)                       |
| SLIDE - Slide                                |
| TUBE - Specimen/test/vacuum tube             |
| BCADAP - Blood culture adapter               |
| IVDEL - IV Delivery System                   |
| CATHSECD - Catheter Securement Device        |
| PCOLLTUBE - Blood collection tubes - plastic |
| PCAPILL - Capillary tube - plastic           |
| PTUBE - Specimen/test/vacuum tube - plastic  |
| UNK - Unknown type of sharp object           |
| OTHER - Other sharp                          |





**Antiretroviral and Associated Drug Codes for Use on Healthcare Worker BBF  
Postexposure Prophylaxis form (CDC 57.206)**

| CDC Drug Code            |
|--------------------------|
| 3TC - lamivudine         |
| ABC - abacavir           |
| ATV - atazanavir         |
| CD4 - CD4 therapies      |
| D4T - stavudine          |
| ddI - didanosine         |
| DLV - delavirdine        |
| DRV - darunavir          |
| EFV - efavirenz          |
| ENF - enfuvirtide (T-20) |
| ETR - etravirine         |
| fAPV - fosamprenavir     |
| FTC - emtricitabine      |
| HU - hydroxyurea         |
| IDV - indinavir          |
| IL2 - interleukin2       |
| INT - interferon         |
| LPV - lopinavir          |



|                               |
|-------------------------------|
| NFV - nelfinavir              |
| NVP - nevirapine              |
| OTH - other                   |
| RLT - raltegravir             |
| RIL - Rilpivirine             |
| RTV - ritonavir               |
| SQV - saquinavir              |
| TDF - tenofovir               |
| TIP - tipranavir (PNU-140690) |
| ZDV - zidovudine (AZT)        |