
NIOSH Standard Occupational Data Architecture (SODA)

*** Version 1.0 ***
12/19/2012



Table of Contents

NIOSH Standard Occupational Data Architecture (SODA)	1
SODA Common.....	2
Data Elements.....	3
SODA Traumatic Injury.....	10
Data Elements.....	11
SODA Value Sets.....	13
Value Sets.....	14

Overview

Description

This document defines the data formats used by the NIOSH Standard Occupational Data Architecture (SODA) for collecting data from participants in the Occupational Health Safety Network (OHSN). This version of SODA supports events that can lead to traumatic injuries or musculoskeletal disorders among healthcare personnel (HCP), with a special focus on:

1. Patient handling and working in awkward postures (resulting in overexertion/ bodily reaction injuries).
2. Slips, trips, and falls.
3. Workplace violence.

Future versions of SODA will be expanded to include additional outcomes of interest, such as contact dermatitis and work-related asthma.

SODA uses Extensible Markup Language (XML) as its underlying data format and uses XML Schema to define the structure and content.

XML Schemas

Name	Description
SODA Common	Standard Occupational Data Architecture (SODA) Common Data Elements.
SODA Traumatic Injury	Standard Occupational Data Architecture (SODA) Traumatic Injury Data Elements.
SODA Value Sets	Standard Occupational Data Architecture (SODA) Value Sets.

SODA Common

Description

Standard Occupational Data Architecture (SODA) Common Data Elements.

Namespace

<http://cdc.gov/niosh/soda/1.0/common>

Prefix

c

See Also

Data Elements

Data Elements: SODA Common

Data Elements

Name	Description
DataSubmission	Data to be included with each submission to OHSN.
Event	Data to be collected on all events. <i>(Required)</i>
FacilityData	Contains the data specific to a facility allowing multiple facilities to be included in a single submission. <i>(Required)</i>
Worker	Demographic information about the healthcare worker involved in the event. <i>(Required)</i>

Data Element: DataSubmission

Description

Data to be included with each submission to OHSN.

Content Model

Contains elements as defined in the following table.

Component	Type	Description
SubmissionDate	date	Date of submission. <i>(Required)</i>
FirstYearMonth	gYearMonth	The first month of the time period for the events in this data submission. <i>(Required)</i>
LastYearMonth	gYearMonth	The last month of the time period for the events in this data submission. <i>(Required)</i>
FacilityData	FacilityDataType	Contains the data specific to a facility allowing multiple facilities to be included in a single submission. <i>(Required)</i>

Remarks

DataYearMonth should be in YYYY-MM format. All dates should be in YYYY-MM-DD format.

Example

```
<DataSubmission xmlns="http://cdc.gov/niosh/soda/1.0/common">
  <SubmissionDate>2011-06-01</SubmissionDate>
  <FirstYearMonth>2011-04</FirstYearMonth>
  <LastYearMonth>2011-05</LastYearMonth>
  <FacilityData>
    <FacilityName>General Hospital</FacilityName>
    <FacilityId>123456789</FacilityId>
    <Event>
      <EventID>TI0023</EventID>
      <EventDate>2011-04-31</EventDate>
      <EventLocationCode>105</EventLocationCode>
      <EventTypeCode>203</EventTypeCode>
      <EventSeverityCode>2</EventSeverityCode>
      <Worker>
        <WorkerGenderCode>F</WorkerGenderCode>
        <WorkerAge>42</WorkerAge>
        <WorkerOccupationCode>D00</WorkerOccupationCode>
        <WorkerEmployeeTypeCode>F</WorkerEmployeeTypeCode>
      </Worker>
      <Injury xmlns="http://cdc.gov/niosh/soda/1.0/traumatic-injury">
        <InjuryNatureCode>021</InjuryNatureCode>
        <InjurySourceCode>103</InjurySourceCode>
      </Injury>
    </Event>
    :
  </FacilityData>
  :
  <Additional facilities>
    :
  </DataSubmission>
```

Data Element: Event

Description

Data to be collected on all events. *(Required)*

Content Model

Contains elements as defined in the following table.

Component	Type	Description
EventID	string (restriction)	ID of the traumatic injury event. <i>(Required)</i>
EventDate	date	Date that the event, condition, or injury occurred. <i>(Required)</i>
EventTime	time	Time that the event, condition, or injury occurred.
EventReportedDate	date	Date that the event, condition, or injury was reported to participating OHSN organization.
EventHoursOnDuty	decimal (restriction)	Number of hours the healthcare worker was on duty before the incident.
EventLocationCode	HealthcareServiceLocation	Location where the event that caused the traumatic injury occurred. <i>(Required)</i>
EventLocationText	string (restriction)	Supplemental text for event location.
EventAreaCode	EventArea	Area of the facility where the injury occurred.
EventAreaText	string (restriction)	Supplemental text for event area.
EventMedicalTreatmentCode	MedicalTreatment	The type of medical treatment the healthcare worker received at the time of the injury event.
EventMedicalTreatmentText	string (restriction)	Supplemental text for medical treatment.
EventTypeCode	EventType	Type of event that occurred. <i>(Required)</i>
EventTypeText	string (restriction)	Supplemental text for event type.
EventDescription	string (restriction)	Narrative text that describes what transpired.
EventSeverityCode	OshaSeverity	Severity of the event. <i>(Required)</i>
EventSeverityText	string (restriction)	Supplemental text for event severity.
Worker	WorkerType	Demographic information about the healthcare worker involved in the event. <i>(Required)</i>
Injury	InjuryType	Supplemental data to be collected for all injury events.

Remarks

EventID is a required field that can be up to 15 characters in length. EventID values must be unique for a given facility and not change over time.

EventDescription is an optional field that can hold up to 700 characters of text. The purpose of EventDescription is to capture textual descriptions of the event.

EventSeverityCode can be determined from other flags, days away from work and days restricted information. For example, if a case has both days away from work and days restricted, specify level 2 indicating the higher

of the two severity levels.

In cases where "Other" codes are used for EventAreaCode, EventTypeCode, EventLocationCode or EventMedicalTreatmentCode, it is recommended that supplemental text be provided in EventAreaText, EventTypeText, EventLocationText and EventMedicalTreatmentText respectively. Supplemental text can be up to 50 characters in length.

All dates should be in YYYY-MM-DD format.

Each Event element must contain a Worker element that describes the injured worker and may also contain an Injury element that describes the traumatic injury event. The Injury element is required for STF, WPV and PHM events and optional for all other event types.

Example

See the DataSubmission for an example of an OHSN submission.

Data Element: FacilityData

Description

Contains the data specific to a facility allowing multiple facilities to be included in a single submission.
(Required)

Content Model

Contains elements as defined in the following table.

Component	Type	Description
FacilityID	string (restriction)	ID that uniquely identifies the health care facility. <i>(Required)</i>
FacilityName	string (restriction)	Name of the health care facility. <i>(Required)</i>
Event	EventType	Data to be collected on all events. <i>(Required)</i>

Remarks

Each OHSN DataSubmission will contain at least one FacilityData element. Network providers that wish to submit data for multiple facilities in a single submission can include a FacilityData element for each facility.

FacilityID can be up to 15 characters in length. The purpose of the FacilityID is to uniquely identify the facility that the data belongs to. This identifier will be provided by NIOSH during the OHSN registration process using ID values assigned by the American Hospital Association (AHA) as the preferred identifier.

FacilityName can be up to 100 characters in length.

In addition to identifying the facility, the FacilityData element also contains an Event element for each event being submitted for that facility.

Example

See the DataSubmission for an example of an OHSN submission.

Data Element: Worker

Description

Demographic information about the healthcare worker involved in the event. *(Required)*

Content Model

Contains elements as defined in the following table.

Component	Type	Description
WorkerID	string (restriction)	ID of the worker.
WorkerGenderCode	Gender	Gender of the worker.
WorkerGenderText	string (restriction)	Supplemental text for gender.
WorkerAge	integer (restriction)	Age of the worker at the time of the event in years. <i>(Required)</i>
WorkerUsualLocationCode	HealthcareServiceLocation	Location where the worker normally worked.
WorkerUsualLocationText	string (restriction)	Supplemental text for work location.
WorkerOccupationCode	Occupation	Occupation of the worker at the time of the event. <i>(Required)</i>
WorkerOccupationText	string (restriction)	Supplemental text for occupations.
WorkerTypeCode	EmployeeType	Type of employee at the time of the event.
WorkerTypeText	string (restriction)	Supplemental text for types of employees.
WorkerStartDate	date	Date the worker started the job held at the time of the event.
WorkerRaceCode	Race	Race of the worker.
WorkerRaceText	string (restriction)	Supplemental text for race.
WorkerEthnicityCode	EthnicityGroup	Ethnicity of the worker.
WorkerEthnicityText	string (restriction)	Supplemental text for ethnicity.

Remarks

Each Event contains a single Worker element that identifies the worker injured in the event. In cases where multiple workers are injured, a separate Event element must be used for each worker.

WorkerID can be up to 15 characters in length. The purpose of the WorkerID element is to group multiple events involving the same worker. The WorkerID element is optional and should only be included if the following conditions can be met:

1. The ID for a given worker does not change over time.
2. The ID is an internal system identifier, not a public ID such as an employee badge number or a Social Security Number.

Demographic information that changes over time should represent the worker at the time of the event. This includes WorkerAge, WorkerOccupationCode and WorkerTypeCode.

WorkerAge can be calculated by subtracting the worker's date of birth from the EventDate and rounding up to the nearest year.

In cases where "Other" codes are used for WorkerOccupationCode or WorkerTypeCode, it is recommended that supplemental text be provided in WorkerOccupationText and WorkerTypeText respectively. Supplemental text can be up to 50 characters in length.

All dates should be in YYYY-MM-DD format.

Example

See the DataSubmission for an example of an OHSN submission.

SODA Traumatic Injury

Description

Standard Occupational Data Architecture (SODA) Traumatic Injury Data Elements.

Namespace

<http://cdc.gov/niosh/soda/1.0/traumatic-injury>

Prefix

ti

See Also

Data Elements

Data Elements: SODA Traumatic Injury

Data Elements

Name	Description
Injury	Supplemental data to be collected for all injury events.

Data Element: Injury

Description

Supplemental data to be collected for all injury events.

Content Model

Contains elements as defined in the following table.

Component	Type	Description
InjuryBodyPartCode	BodyPart	The primary body part of the healthcare worker that was injured or exhibits a health condition.
InjuryBodyPartText	string (restriction)	Supplemental text for body part.
InjuryNatureCode	InjuryNature	The primary nature of the healthcare worker's injury/health condition.
InjuryNatureText	string (restriction)	Supplemental text for nature of injury.
InjurySourceCode	InjurySource	The primary source of the healthcare worker's injury/health condition. <i>(Required for STF events)</i>
InjurySourceText	string (restriction)	Supplemental text for source of injury.
InjuryContributingFactorCode	ContributingFactor	The primary factor contributing to the injury of a healthcare worker. <i>(Required for WPV events)</i>
InjuryContributingFactorText	string (restriction)	Supplemental text for contributing factor.
InjuryActivityCode	Activity	The activity the healthcare worker was performing at the time the event occurred. <i>(Required for PHM events)</i>
InjuryActivityText	string (restriction)	Supplemental text for worker activity.
InjuryPreventionCode	PreventionRecommendation	Recommended strategy for preventing the injury event in the future.
InjuryPreventionText	string (restriction)	Supplemental text for prevention strategy.

Remarks

The Injury element is a component of the Event element that can be used to provide supplemental information related to a traumatic injury. This element is required for STF, WPV and PHM events. For all other types of events it is optional.

In cases where "Other" codes are used for InjuryBodyPartCode, InjuryNatureCode, InjurySourceCode, InjuryContributingFactorCode, InjuryActivityCode or InjuryPreventionCode, it is recommended that supplemental text be provided in InjuryBodyPartText, InjuryNatureText, InjurySourceText, InjuryContributingFactorText, InjuryActivityText and InjuryPreventionText respectively. Supplemental text can be up to 50 characters in length.

Example

See the DataSubmission for an example of an OHSN submission.

SODA Value Sets

Description

Standard Occupational Data Architecture (SODA) Value Sets.

Namespace

<http://cdc.gov/niosh/soda/1.0/value-sets>

Prefix

vs

Remarks

For the following value sets, all codes specific to STF, PHM and WPV events contain a 1, 2 and 3 respectively in the third character position:

- Activity
- ContributingFactor
- EventType
- InjurySource
- PreventionRecommendation

See Also

Value Sets

Value Sets: SODA Value Sets

Value Sets

Name	Description
Activity	A code list that enumerates types of activities related to injury events.
BodyPart	A code list that enumerates types of body parts.
ContributingFactor	A code list that enumerates types of contributing factors related to injury events.
EmployeeType	A code list that enumerates the type of employment.
EthnicityGroup	A code list that enumerates ethnicity groups.
EventArea	A code list that enumerates the type of event areas.
EventType	A code list that enumerates the event types.
Gender	A code list that enumerates genders.
HealthcareServiceLocation	A code list that enumerates the types of healthcare service locations.
InjuryNature	A code list that enumerates the nature of the injury.
InjurySource	A code list that enumerates the primary or secondary source of the injury or the primary hazard involved.
MedicalTreatment	A code list that enumerates the medical treatment.
Occupation	A code list that enumerates the types of occupations.
OshaSeverity	A code list that enumerates OSHA severity levels for injury events.
PreventionRecommendation	A code list that enumerates prevention recommendations related to injury events.
Race	A code list that enumerates races.

Value Set: Activity

Description

A code list that enumerates types of activities related to injury events.

Enumeration

Value	Description
AC111	STF: Making occupied bed.
AC121	STF: Carrying, pushing or pulling a load.
AC131	STF: Walking.
AC141	STF: Running.
AC151	STF: Awkward posture. Reaching, stretching, twisting, bending, or some other awkward posture
AC161	STF: Cleaning. Includes washing, waxing, sweeping, dusting, making (unoccupied) beds, etc
AC199	STF: Other.
AC210	PHM: Hygiene: Unspecified.
AC211	PHM: Hygiene: Bathing patient in bed.
AC212	PHM: Hygiene: Bathing/toileting patient in bathroom.
AC213	PHM: Hygiene: Dressing/Undressing or diapering patient. Includes applying or removing TED hose.
AC230	PHM: Positioning: Unspecified.
AC231	PHM: Positioning: Positioning/Repositioning in bed or stretcher.
AC232	PHM: Positioning: Positioning/Repositioning in chair. Includes wheel chair, dependency chair, etc.
AC241	PHM: Responding to patient medical emergency. For example, Code blue.
AC251	PHM: Sustained Lifting /Holding of body part/s. For example, holding patient leg/s for sterilization or holding a retractor during thoracic surgery for hours.
AC260	PHM: Transfer: Unspecified.
AC261	PHM: Transfer: Transferring/Lifting to/from bed or chair. Includes transferring/lifting to/from bed, chair, wheel chair, dependency chair, toilet, car, etc.
AC262	PHM: Transfer: Transferring/Lifting from floor.
AC263	PHM: Transfer: Lateral transfer of patient to/from bed. To/from stretcher/exam table/surgical lift/trolley.
AC264	PHM: Transfer: Transferring/Lifting deceased patient.
AC270	PHM: Transport: Unspecified.
AC271	PHM: Transport: Moving patient by wheelchair.

Value	Description
AC272	<i>PHM: Transport: Moving patient by stretcher, bed, litter, trolley, etc..</i>
AC273	<i>PHM: Transport: Escorting patient without equipment.</i>
AC299	<i>PHM: Other.</i>
AC310	<i>WPV: Interaction with Patient: Unspecified.</i>
AC311	<i>WPV: Interaction with Patient: Assisting.</i> Any activity assisting or providing care to the patient, where the patient causes the incident.
AC312	<i>WPV: Interaction with Patient: Dispute.</i>
AC320	<i>WPV: Interaction with Co-worker: Unspecified.</i>
AC321	<i>WPV: Interaction with Co-worker: Assisting.</i> Any activity assisting a co-worker, where the co-worker causes the incident.
AC322	<i>WPV: Interaction with Co-worker: Dispute.</i>
AC330	<i>WPV: Interaction with Visitor: Unspecified.</i>
AC331	<i>WPV: Interaction with Visitor: Domestic Dispute.</i>
AC332	<i>WPV: Interaction with Visitor: Non-domestic Dispute.</i>
AC341	<i>WPV: Intervening in assault on another person.</i>
AC342	<i>WPV: Intervening in an assault on property.</i>
AC343	<i>WPV: Involved in an assault without preceding interaction with perpetrator.</i>
AC399	<i>WPV: Other.</i>
AC999	<i>Other activity.</i>
UNK	<i>Unknown.</i>

Remarks

These codes are from the OHSN Activity coding system.

This value set defines the codes available for the InjuryActivityCode element which is required for any injury event involving patient handling (200, 201, 202) and is optional for any other event type.

Value Set: BodyPart

Description

A code list that enumerates types of body parts.

Enumeration

Value	Description
0	Head, including face. Uppermost parts of the body. This region consists of the skull, its contents, and related external structures.
1	Neck, including throat. Portion of the body that connects the head to the torso or trunk. This region is bounded by the jaw/chin and cranial region to the top and the shoulder to the bottom.
21	Shoulder, including clavicle and scapula. Region where the arm(s) join the trunk and includes the armpit.
22	Chest, including ribs and internal organs. Frontal region of the body or thorax. It is bounded by the respiratory diaphragm or abdomen below, the shoulder above, and the back in the rear
23	Back, including spine and spinal cord. Posterior part of the trunk that is bounded by the neck and the pelvis.
24	Abdomen. Portion of the body which lies between the thorax and the pelvis.
25	Pelvic region. Lower portion of the trunk or torso that supports the lower extremities. This region is bounded by the coccyx of the vertebral column, the abdomen and the legs.
31	Arms. Upper extremities from the area above the wrist up to the shoulder and includes the mid-shaft (311) and distal (312) parts of the humerus. The proximal humerus and armpit are coded as the shoulder (21).
32	Wrists. Region between the forearm and the hand.
33	Hand(s), except finger(s). Part of the upper extremity at the end of the forearm. Select this code whether the injury or illness involves hand(s) from the right, left, or both arms.
34	Finger(s), fingernail(s). Digits of the hand.
41	Legs. Lower extremities between the hip and the ankle.
42	Ankles. Hinge joint area between the foot and the lower leg.
43	Foot(feet), except toe(s). Final or lowest extremity of the leg.
44	Toe(s), toenail(s). Digits of the foot.
5	Body Systems. Applies when the functioning of an entire body system has been affected without specific injury to any other part of the body.
9	Other body parts. This major group classifies other parts of the body.
UNK	Unknown. A proper value is applicable, but not known.

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest of the codes in this list are from the Occupational Injury and Illness Classification System (OIICS) Part of Body coding system.

Value Set: ContributingFactor

Description

A code list that enumerates types of contributing factors related to injury events.

Enumeration

Value	Description
CF1101	STF: Shoe with open back.
CF1102	STF: Non-slip-resistant shoe.
CF1199	STF: Other.
CF2100	PHM: Patient factor: Unspecified.
CF2101	PHM: Patient factor: Slipped. Patient slipped, tripped, fell, or lost balance.
CF2102	PHM: Patient factor: Sudden movement. Patient made sudden or unpredictable movement.
CF2103	PHM: Patient factor: Uncooperative.
CF2104	PHM: Patient factor: Patient equipment or tubes.
CF2105	PHM: Patient factor: Patient size or weight.
CF2106	PHM: Patient factor: Patient's inability to assist.
CF2199	PHM: Patient factor: Other.
CF2200	PHM: Equipment not used: Reason unspecified.
CF2201	PHM: Equipment not used: No equipment available.
CF2202	PHM: Equipment not used: Refused by patient or family.
CF2203	PHM: Equipment not used: Equipment not accessible. E.g. equipment needs to be transferred from another room.
CF2204	PHM: Equipment not used: Equipment not suitable for use. E.g., equipment not clean or not working.
CF2205	PHM: Equipment not used: Difficult to use. E.g., equipment not user friendly.
CF2206	PHM: Equipment not used: Space constraints.
CF2207	PHM: Equipment not used: Lack of training. Lack of training in the use of the equipment.
CF2208	PHM: Equipment not used: Urgent medical situation.
CF2299	PHM: Equipment not used: Other reason.
CF3100	WPV: Patient: Unspecified. The perpetrator of violence was a patient, but the reason/s was unspecified.
CF3101	WPV: Patient: Anesthesia recovery.
CF3102	WPV: Patient: Anger related to system. Anger related to the health care system in general.
CF3103	WPV: Patient: Anger related to situation. Anger related to the patient's situation or condition.

Value	Description
CF3104	WPV: Patient: Anger related to policies. Anger at staff members related to enforcement of hospital policies.
CF3105	WPV: Patient: Anger related to wait. Anger related to long wait times.
CF3106	WPV: Patient: Cognitive dysfunction. Includes hypoxic patient, confused patient, unrelated to anesthesia recovery.
CF3107	WPV: Patient: Influenced by medication.
CF3108	WPV: Patient: Mental or behavioral health problems.
CF3109	WPV: Patient: Substance abuse.
CF3199	WPV: Patient: Other.
CF3200	WPV: Worker: Unspecified. Perpetrator of violence was a co-worker of the victim, but the reason/s was unspecified.
CF3201	WPV: Worker: Anger between co-workers.
CF3202	WPV: Worker: Mental or behavioral health problems.
CF3203	WPV: Worker: Substance abuse.
CF3299	WPV: Worker: Other.
CF3300	WPV: Visitor: Unspecified. Perpetrator of violence was a visitor to the facility, but the reason/s was unspecified.
CF3301	WPV: Visitor: Anger related to system. Anger related to the health care system in general.
CF3302	WPV: Visitor: Anger related to situation. Anger related to the patient's situation or condition.
CF3303	WPV: Visitor: Anger related to policies. Anger at staff members related to enforcement of hospital policies.
CF3304	WPV: Visitor: Anger related to wait. Anger related to long wait times.
CF3305	WPV: Visitor: Domestic dispute with HCW.
CF3306	WPV: Visitor: Domestic dispute with patient.
CF3307	WPV: Visitor: Mental or behavioral health problems.
CF3308	WPV: Visitor: Substance abuse.
CF3399	WPV: Visitor: Other.
CF9999	Other.
UNK	Unknown. A proper value is applicable, but not known.

Remarks

These codes are from the OHSN ContributingFactor coding system.

This value set defines the codes available for the InjuryContributingFactorCode element which is required for any injury event involving workplace violence (300 - 303) and is optional for any other event type.

Value Set: EmployeeType

Description

A code list that enumerates the type of employment.

Enumeration

Value	Description
EM1	Full-time. Not a contractor.
EM2	Part-time. Not a contractor.
EM3	Contractor. Contract Employee.
EM4	Casual. Casual or per diem.
EM5	Volunteer.
EM9	Other.
UNK	Unknown. A proper value is applicable, but not known.

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest of the codes are from the OHSN EmployeeType coding system.

Value Set: EthnicityGroup

Description

A code list that enumerates ethnicity groups.

Enumeration

Value	Description
2135-2	<i>Hispanic or Latino.</i>
2186-5	<i>Not Hispanic or Latino.</i>
UNK	<i>Unknown.</i>

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest of the codes in this list are from the CDC Race & Ethnicity coding system.

Value Set: EventArea

Description

A code list that enumerates the type of event areas.

Enumeration

Value	Description
EA101	Patient room. Other than patient bathroom or shower room.
EA102	Patient bathroom. Patient bathroom or shower room.
EA103	Exam room.
EA104	Operating Room.
EA201	Kitchen / dietary / cafeteria / dining / break room.
EA202	Facility entrance / exit / lobby / foyer.
EA203	Waiting room area.
EA204	Corridor / hallway / elevator / stairwell.
EA205	Nurses' station.
EA206	Office / workstation.
EA207	Public bathroom / staff bathroom/ staff locker room.
EA301	Outside hospital. Includes parking lot, sidewalk, garage, loading dock.
EA401	Off site home/patient residence.
EA999	Other room or location not listed above.
UNK	Unknown.

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest of the codes are from the OHSN EventArea coding system.

Value Set: EventType

Description

A code list that enumerates the event types.

Enumeration

Value	Description
ET100	STF: Unspecified.
ET101	STF: Slip or trip without fall.
ET102	STF: Fall on same level. Includes fall to upper level.
ET103	STF: Fall to lower level.
ET200	PHM: Unspecified.
ET201	PHM: Patient handling MSD with no equipment.
ET202	PHM: Patient handling MSD with equipment.
ET300	WPV: Unspecified.
ET301	WPV: Verbal assault. Includes threat.
ET302	WPV: Assault against property.
ET303	WPV: Physical assault to person.
ET401	Exposure to blood or body fluids. Includes needlesticks with or without BBF exposure, other sharps injuries, body fluid splashes, medical waste.
ET402	Exposure to other biohazard. Includes insects, mildew, MRSA, meningitis, TB.
ET403	Exposure to other harmful substance or environment. Includes fumes, dust, chemicals, fiberglass, electricity, radiation, burns, heat/cold exposure.
ET404	Contact with objects and equipment.
ET501	MSD not related to patient handling.
ET601	Transportation incident.
ET701	Fire or explosion.
ET999	Other.

Remarks

These codes are from the OHSN EventType coding system.

This value set defines the codes available for the EventTypeCode element which is required for all injury events. If more than one event type applies, patient handling types (200-202) take precedence.

Value Set: Gender

Description

A code list that enumerates genders.

Enumeration

Value	Description
F	<i>Female.</i>
M	<i>Male.</i>
UN	<i>Undifferentiated.</i>

Remarks

The codes in this list are from the HL7 Administrative Gender coding system.

Value Set: HealthcareServiceLocation

Description

A code list that enumerates the types of healthcare service locations.

Enumeration

Value	Description
LO100	Inpatient-Unspecified. Use if you do not know the exact inpatient location.
LO101	Inpatient-Adult Critical Care Units.
LO102	Inpatient-Neonatal Units.
LO103	Inpatient-Pediatric Critical Care Units.
LO104	Inpatient-Specialty Care Areas. Adult or pediatric.
LO105	Inpatient-Adult Wards. E.g., adult medical and/or surgical wards.
LO106	Inpatient-Pediatric Wards. E.g., pediatric medical and/or surgical wards.
LO107	Inpatient-Step Down Units.
LO108	Inpatient-Operating Rooms.
LO109	Inpatient-Long-term Care.
LO110	Inpatient-Behavioral Health/ Psych Ward. Adult or pediatric.
LO199	Inpatient-Other Locations.
LO200	Outpatient-Unspecified. Use if you do not know the exact outpatient location.
LO201	Outpatient-Acute Care-Emergency Department/Urgent Care.
LO202	Outpatient-Acute Care-Ambulatory Surgery/Observation.
LO203	Outpatient-Clinic (Nonacute) Settings.
LO204	Outpatient-Community Locations. E.g., home care, home-based hospice.
LO299	Outpatient-Other Locations.
LO301	Radiology. Inpatient and/or outpatient.
LO400	Non-patient-care Locations-Unspecified.
LO401	Non-patient-care Locations-Administrative Areas.
LO402	Non-patient-care Locations-Laboratories.
LO403	Non-patient-care Locations-Hospital Maintenance. Housekeeping, Environmental Services, Kitchen, Engineering, Biomedical Engineering, Sterile Plant Processing, Plant Maintenance, Loading Dock, Central Sterile Supply, Central Trash Area, Laundry
LO404	Non-patient-care Locations-Pharmacy.
LO405	Non-patient-care Locations-Morgue.

Value	Description
LO406	Non-patient-care Locations-Public Areas. Including cafeteria, waiting rooms, parking lot, etc. These can be further specified by the EventArea values.
LO499	Non-patient-care Locations-Other. Use if you know the non-patient location and can't find it otherwise listed. Specify location in field for Event Location Text.
UNK	Unknown. A proper value is applicable, but not known.

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest the codes in this list are from the OHSN HealthcareLocation coding system.

Value Set: InjuryNature

Description

A code list that enumerates the nature of the injury.

Enumeration

Value	Description
011	Dislocation (displacement and subluxation). Displacement or dislocation of bone or cartilage.
012	Fractures. Traumatic injuries that result in fractures of bones or teeth.
021	Sprains, strains, tears. Cases of sprains and strains of muscles, joints tendons, and ligaments. Includes edema.
03	Open wounds. Involving open wounds, broken skin, or outward opening, beyond the superficial skin surface, e.g., lacerations or puncture wounds.
031	Amputations. Traumatic loss of a limb or other external body part. For an injury to be classified in this group, bone must be lost.
04	Surface wounds and bruises. Traumatic bruises and other injuries that occur to the surface of the body and generally do not involve open wounds. Includes skin disorders, needlesticks, other sharps injuries.
05	Burns. Tissue damage resulting from a variety of sources including heat, flame, hot substances, lightning, radiation, heat, extremely cold objects, and electricity.
06	Intracranial injury. Traumatic injuries to the cranium or skull and the structures within.
08	Multiple traumatic injuries and disorders. Combinations of traumatic injuries or disorders of different types.
09	Other traumatic injuries and disorders. Traumatic injuries or disorders that are not assigned to the other major groups.
094	Internal injuries to organs and blood vessels of the trunk. Traumatic injuries involving internal organs or blood vessels of the trunk and are not classified in any other major group.
0971	Crushing injuries.
0972	Back pain, hurt back.
0973	Soreness, pain, hurt, except the back.
0978	Multiple nonspecified injuries and disorders.
9999	Nonclassifiable. Insufficient information to select even an unspecified code at the division level or there appears to be no injury or illness. Includes "Near-Miss."
UNK	Unknown. A proper value is applicable, but not known.

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest of the codes in this list are from the Occupational Injury and Illness Classification System (OIICS) Nature of Injury coding system.

Value Set: InjurySource

Description

A code list that enumerates the primary or secondary source of the injury or the primary hazard involved.

Enumeration

Value	Description
IS100	STF Hazard: Unspecified or none.
IS101	STF Hazard: Contaminant. Includes water, soap, body fluid, grease/oil, coffee, wax, gel, slick, slippery not otherwise classified.
IS102	STF Hazard: Cord or tubing. Includes hose, medical tubing, phone cord, nurse call cord, equipment cords.
IS103	STF Hazard: Object. Includes tripping over or getting caught on objects or items on floor, propped against wall, or in the pathway.
IS104	STF Hazard: Ice or snow.
IS105	STF Hazard: Surface irregularity. Includes surface irregularities due to buckled, loose, or damaged mat, carpeting, or rug; when some part of the walking surface is irregular; cracked tiles; loose gravel, door guards; etc.
IS106	STF Hazard: A curb or wheel stop.
IS107	STF Hazard: Steps, stairs, or handrail.
IS199	STF Hazard: Other.
IS200	PHM Equipment: Unspecified.
IS210	PHM Equipment: Full Body Sling Lift –Unspecified.
IS211	PHM Equipment: Full Body Sling Lift – Ceiling Lift.
IS212	PHM Equipment: Full Body Sling Lift – Floor-based Lift.
IS220	PHM Equipment: Sit-to-Stand Lift.
IS230	PHM Equipment: Lateral Transfer Device-Unspecified.
IS231	PHM Equipment: Air Assisted Lateral Transfer Device.
IS232	PHM Equipment: Mechanical Lateral Transfer Device.
IS233	PHM Equipment: Friction-reducing Lateral Transfer Device. Includes slide sheet.
IS241	PHM Equipment: Repositioning Aid for Bed/Chair.
IS242	PHM Equipment: Motorized Bed/Stretcher/Wheelchair.
IS243	PHM Equipment: Specialty Function Bed.
IS244	PHM Equipment: Shower Chair.
IS245	PHM Equipment: Height Adjustable Exam Table.
IS246	PHM Equipment: Gait Belt.
IS299	PHM: Other.
IS300	WPV: Weapon: Unspecified.

Value	Description
IS301	WPV: Weapon: Firearm.
IS302	WPV: Weapon: Knife. Excluding eating utensil knife.
IS303	WPV: Weapon: Bar, rod, club, stick.
IS304	WPV: Weapon: Building Materials. Includes door, window, floor, wall.
IS305	WPV: Weapon: Medical instrument or equipment.
IS306	WPV: Weapon: Food, utensils, meal tray.
IS307	WPV: Weapon: Bodily Fluids or substances of person.
IS309	WPV: Weapon: Other.
IS311	WPV: Persons (without weapon). Includes bites and blows. Does not apply to PHM events.
IS399	WPV: Other.
IS401	General Source: Chemicals and chemical products.
IS402	General Source: Containers.
IS403	General Source: Furniture and fixtures.
IS404	General Source: Machinery.
IS405	General Source: Parts and Materials.
IS407	General Source: Plants, animals, and minerals.
IS408	General Source: Structures and surfaces. Other than STF hazards.
IS409	General Source: Tools, instruments, and equipment. Other than STF hazards or weapons.
IS410	General Source: Vehicles.
IS499	General Source: Other.
UNK	Unknown. A proper value is applicable, but not known.

Remarks

These codes are from the OHSN InjurySource coding system.

This value set defines the codes available for the InjurySourceCode element which is required for any slip, trip, fall event (200 - 203) and is optional for any other event type.

Value Set: MedicalTreatment

Description

A code list that enumerates the medical treatment.

Enumeration

Value	Description
MT1	Hospitalized. Hospitalized
MT2	Visit to healthcare professional. Visit to healthcare professional
MT3	First Aid at the scene. First Aid at the scene
MT4	No medical attention. No medical attention
MT9	Other (please describe). Other (please describe)
UNK	Unknown. A proper value is applicable, but not known.

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest of the codes are from the OHSN MedicalTreatment coding system.

Value Set: Occupation

Description

A code list that enumerates the types of occupations.

Enumeration

Value	Description
OC110	Physician, unspecified.
OC111	Attending Physicians and Dentists.
OC112	Interns/Residents.
OC120	Nurse, unspecified.
OC121	Registered Nurses.
OC122	Licensed Practical (Vocational) Nurses.
OC130	Pharmacy, unspecified.
OC131	Pharmacists.
OC132	Pharmacy Technicians.
OC140	Nursing assistive personnel. Includes patient care technicians, patient care assistants, nurse aides.
OC150	Radiology Technicians. Includes ultrasound technicians, nuclear medicine technicians.
OC160	Laboratory professional/technical. Includes phlebotomists.
OC170	Respiratory Therapists.
OC180	Rehabilitation Personnel. Includes physical therapists, occupational therapists, speech therapists, etc.
OC190	Other Trainees.
OC199	All other personnel-Other patient care staff. Includes Advanced Registered Nurse Practitioners, Physician Assistants, paramedics, medical assistants.
OC210	Housekeeping/laundry.
OC220	Food service.
OC299	All other personnel-Other non-patient-care staff.
UNK	Unknown. A proper value is applicable, but not known.

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest of the codes are from the OHSN Occupation coding system which are based on job categories from the AHA survey.

Value Set: OshaSeverity

Description

A code list that enumerates OSHA severity levels for injury events.

Enumeration

Value	Description
OS10	OSHA Recordable, unspecified. ONLY to be used when cannot be placed in OS11, OS12, OS13, or OS14
OS11	OSHA Recordable, Death. OSHA recordable case – Death.
OS12	OSHA Recordable, Days away from work. OSHA recordable case with days away from work.
OS13	OSHA Recordable, Job transfer or restriction. OSHA recordable case with job transfer/restriction.
OS14	OSHA Recordable, all other cases. An OSHA Recordable case that did not result in death, days away, or job transfer/restriction.
OS20	Not OSHA recordable. Injury/illness that is not OSHA recordable. Includes no injury (“near-miss”).
UNK	Unknown. A proper value is applicable, but not known.

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest of the codes are from the OHSN OshaSeverity coding system which is based on outcome classes found on the OSHA 300 incident form.

Value Set: PreventionRecommendation

Description

A code list that enumerates prevention recommendations related to injury events.

Enumeration

Value	Description
PR101	<i>STF: Redesign of work area.</i>
PR102	<i>STF: Shoe policy.</i>
PR199	<i>STF: Other.</i>
PR201	<i>PHM: Having more patient lifting equipment.</i>
PR202	<i>PHM: Having properly working lifting equipment.</i>
PR299	<i>PHM: Other.</i>
PR301	<i>WPV: Restricted movement of public.</i>
PR302	<i>WPV: Security devices (e.g. metal detectors, cameras, panic buttons).</i> (e.g. metal detectors, cameras, panic buttons)
PR399	<i>WPV: Other.</i>
PR401	<i>General: Safety training.</i>
PR501	<i>General: Higher staff to patient ratios (staffing patterns).</i>
PR999	<i>Other, please specify.</i>
UNK	<i>Unknown.</i> A proper value is applicable, but not known.

Remarks

These codes are from the OHSN PreventionRecommendation coding system.

Value Set: Race

Description

A code list that enumerates races.

Enumeration

Value	Description
1002-5	<i>American Indian or Alaska Native.</i>
2028-9	<i>Asian.</i>
2054-5	<i>Black or African American.</i>
2076-8	<i>Native Hawaiian or Other Pacific Islander.</i>
2106-3	<i>White.</i>
2131-1	<i>Other Race.</i>
UNK	<i>Unknown.</i>

Remarks

The UNK code is from the HL7 Null Flavor coding system. The rest of the codes in this list are from the CDC Race & Ethnicity coding system.

Index

A

Activity 15

B

BodyPart 17

C

ContributingFactor 19

D

Data Elements 3, 11

DataSubmission 4

E

EmployeeType 21

EthnicityGroup 22

Event 5

EventArea 23

EventType 24

F

FacilityData 7

G

Gender 25

H

HealthcareServiceLocation 26

I

Injury 12

InjuryNature 28

InjurySource 29

M

MedicalTreatment 31

O

Occupation 32

OshaSeverity 33

P

PreventionRecommendation 34

R

Race 35

S

SODA Common 2

SODA Traumatic Injury 10

SODA Value Sets 13

V

Value Sets 14

W

Worker 8