

## Occupational Health Safety Network (OHSN) Data Elements and Value Sets Version 1.0: Required and Optional, with Descriptions

**\*Indicates Required Data Elements for participation in OHSN**

Other data elements are optional

| Data Element (Description)  | Value Set (Descriptions)              | Codes | Notes   |
|---|---------------------------------------|-------|---|
| <b>Facility Level Data</b>  |                                       |       |   |
| <b>*Facility ID</b> (ID that uniquely identifies the healthcare facility. Facility must enter this ID.)                   | String up to 15 characters            | N/A   | <i>American Hospital Association – AHA – IDs are preferred.</i>   |
| <b>*Facility Name</b> (Name of the healthcare facility)   | String up to 100 characters in length | N/A   |   |
| <b>Event Level Data</b>   |                                       |       |   |
| <b>*Event ID</b> (ID number of the traumatic injury event. This value must be unique for each event.)                     | String up to 15 characters            | N/A   | <i>This can be a random number assigned by the facility. Must NOT include personal identifiers such as date of birth or social security number.</i> |
| <b>*Event Date</b> (Date the event, condition, or injury occurred)  | Format YYYY-MM-DD, eg 2012-02-24      | N/A   |   |
| <b>Event Time</b><br>(Time that the event, condition, or injury occurred)   | Format hh:mm                          | N/A   | <i>Use 24 hour clock.</i>   |
| <b>Event Reported Date</b><br>(Date that the event, condition, or injury was reported to participating OHSN organization) | Format YYYY-MM-DD                     | N/A   |   |

OHSN Data Elements and Value Sets - **\*Indicates Required; others are optional**

| Data Element (Description)  | Value Set (Descriptions)                                      | Codes        | Notes   |
|---|---|--------------|---|
| <b>Event Hours on Duty</b><br>(Number of hours the healthcare worker was on duty before the incident.)  | Decimal, e.g., 2.50   | N/A          |   |
| <b>*Event Location</b><br>(Location where the event that caused the traumatic injury occurred)<br><br><i>Note: These are based on values from the CDC/National Healthcare Safety Network (NHSN)</i> | <b>Inpatient-Unspecified</b>                                  | <b>LO100</b> | <i>Use if you do not know the exact inpatient location.</i>   |
|   | <b>Inpatient-Adult Critical Care Units</b>                    | <b>LO101</b> | <i>Burn Critical Care, Medical Cardiac Critical Care, Medical Critical Care, Med/Surg Critical Care, Neurologic Critical Care, Neurosurg. Critical Care, Prenatal Critical Care, Respiratory Critical Care, Surgical Cardiothoracic Critical Care, Surgical Critical Care, Trauma Critical Care</i> |
|   | <b>Inpatient-Neonatal Units</b>                               | <b>LO102</b> | <i>Well Baby Nursery, Step down Neonatal Nursery, Neonatal Critical Care Levels II / III</i>  |
|   | <b>Inpatient-Pediatric Critical Care Units</b>                | <b>LO103</b> | <i>Pediatric: Burn Critical Care, Cardiothoracic Critical Care, Medical Cardiac Critical Care, Medical Critical Care, Med/Surg Critical Care, Neurosurg. Critical Care, Respiratory Critical Care, Surgical Critical Care, Trauma Critical Care</i>   |
|   | <b>Inpatient-Specialty Care areas</b><br>(Adult or Pediatric) | <b>LO104</b> | <i>Long Term Acute Care, Bone Marrow Transplant, Acute Dialysis Unit, Hematology/Oncology, Solid Organ Transplant, Pediatric Bone Marrow Transplant, Pediatric Dialysis, Pediatric Hem/Onc, Pediatric Long-Term Acute Care, Pediatric Solid Organ Transplant</i>                                    |
|   | <b>Inpatient-Adult Wards</b>                                  | <b>LO105</b> | <i>Adult Medical or Surgical Wards: Antenatal Care Ward, Burn Ward, Ear/Nose/Throat Ward, Gastrointestinal Ward, Gerontology Ward, Genitourinary Ward, Gynecology</i>   |

| Data Element (Description) | Value Set (Descriptions)   | Codes        | Notes  |
|----------------------------|--|--------------|--|
|                            |  |              | <i>Ward, Jail Unit, Labor / Delivery/Recovery/Postpartum, Medical Ward, Med/Surg Ward, Mixed Acuity Ward, Neurology Ward, Neurosurgical Ward, Ophthalmology Ward, Orthopedic Trauma Ward, Orthopedic Ward, Plastic Surgery Ward, Postpartum Ward, Pulmonary Ward, Rehabilitation Ward, School Infirmary (inpatient), Surgical Ward, Stroke (Acute) Unit, Telemetry Unit, Vascular Surgery Ward</i> |
|                            | <b>Inpatient-Pediatric Wards</b>                                   | <b>LO106</b> | <i>Pediatric Burn Ward, Pediatric Ear/Nose/Throat, Pediatric Genitourinary, Medical Pediatric Ward, Pediatric Med/Surg Ward, Pediatric Mixed Acuity Ward, Pediatric Neurosurgical Ward, Pediatric Orthopedic Ward, Pediatric Rehab Ward, Pediatric Surgical Ward</i>   |
|                            | <b>Inpatient-Step Down Units</b>                                   | <b>LO107</b> | <i>Adult or Pediatric</i>  |
|                            | <b>Inpatient-Operating Rooms</b>                                   | <b>LO108</b> | <i>Cardiac Catheterization Room, Cesarean Section Room, Interventional Radiology, Operating Room, Post Anesthesia Care Unit/Recovery Room</i>  |
|                            | <b>Inpatient-Long-term Care</b>                                    | <b>LO109</b> | <i>Inpatient Hospice, LTC Unit, LTC Alzheimer's Unit, LTC Behavioral Health/Psych Unit, Ventilator Dependent Unit, LTC Rehab Unit</i>  |
|                            | <b>Inpatient-Behavioral Health/Psych Ward (Adult or Pediatric)</b> | <b>LO110</b> |  |
|                            | <b>Inpatient-Other locations, please specify</b>                   | <b>LO199</b> | <i>Includes Patient Transportation, Sleep Studies, Pulmonary Function Testing, Treatment Room. Use if you know the inpatient location but cannot find it otherwise on the list. Specify location in field for Event Location Text.</i>   |

| <b>Data Element (Description)</b> | <b>Value Set (Descriptions)</b>                               | <b>Codes</b> | <b>Notes</b>  |
|-----------------------------------|---|--------------|---|
|                                   | <b>Outpatient- Unspecified</b>                                | <b>LO200</b> | <i>Use if you do not know the exact outpatient location.</i>  |
|                                   | <b>Outpatient-Acute Care-Emergency Department/Urgent Care</b> | <b>LO201</b> |   |
|                                   | <b>Outpatient-Acute Care-Ambulatory Surgery/Observation</b>   | <b>LO202</b> |   |
|                                   | <b>Outpatient-Clinic (Nonacute) settings</b>                  | <b>LO203</b> | <i>Allergy, Behavioral Health, Blood Collection, Cardiac Rehab, Cardiology, Continence, Dermatology, Diabetes/Endocrinology, Ear/Nose/Throat, Family Medicine, Genetics, Gynecology, Holistic Medicine, Hyperbaric Oxygen, Infusion, Neurology, Occupational Health, Occupational Therapy, Ophthalmology, Orthopedic, Ostomy, Outpt Dental, Outpt GI, Outpt Hem/Onc, Outpt Hemodialysis, Outpt HIV, Outpt Medical, Oupt Rehab, Pain, Pediatric Behavioral Health, Ped. Cardiology, Ped. Clinic, Ped Dental, Ped. Dermatology, Ped. Diabetes/Endocrinology, Ped. Gastrointestinal, Ped. Hem/Onc, Ped. Nephrology, Ped. Orthopedic, Ped. Rheumatology, Ped. Scoliosis, Physical Therapy, Physician's office, Podiatry, Prenatal, Pulmonary, Rheumatology, School/Prison infirmary (outpatient), Specimen Collection Area, Speech Therapy, Surgical Services, Well Baby, Wound Center, Wound Ostomy Continence, Mobile Blood collection center</i> |
|                                   | <b>Outpatient-Community locations</b>                         | <b>LO204</b> | <i>Includes Home Care, Home-based Hospice, Specimen collection in area not designed for healthcare, Blood Collection (not a van/mobile) in a location not designed for</i>  |

| Data Element (Description)  | Value Set (Descriptions)                                | Codes        | Notes   |
|---|---|--------------|---|
|   |   |              | <i>healthcare (ex – school gym)</i>   |
|   | <b>Outpatient-Other locations, please specify</b>       | <b>LO299</b> | <i>Use if you know the outpatient location and can't find it otherwise listed. Specify location in field for Event Location Text.</i>   |
|   | <b>Radiology (Inpatient and outpatient)</b>             | <b>LO301</b> | <i>Includes Mobile MRI/CT.</i>  |
|   | <b>Non-patient-care locations-Unspecified</b>           | <b>LO400</b> | <i>Use if you do not know the exact non-patient-care location.</i>  |
|   | <b>Non-patient-care locations-Administrative areas</b>  | <b>LO401</b> |   |
|   | <b>Non-patient-care locations-Laboratories</b>          | <b>LO402</b> | <i>Inpatient or Outpatient</i>  |
|   | <b>Non-patient-care locations- Hospital Maintenance</b> | <b>LO403</b> | <i>Housekeeping, Environmental Services, Kitchen, Engineering, Biomedical Engineering, Sterile Plant Processing, Plant Maintenance, Loading Dock, Central Sterile Supply, Central Trash Area, Laundry</i> |
|   | <b>Non-patient-care locations-Pharmacy</b>              | <b>LO404</b> |   |
|   | <b>Non-patient-care locations-Morgue</b>                | <b>LO405</b> |   |
|   | <b>Non-patient-care locations-Public areas</b>          | <b>LO406</b> | <i>Including cafeteria, waiting rooms, parking lot, etc. These can be further specified by the Event Area values.</i>   |
|   | <b>Non-patient-care locations-Other</b>                 | <b>LO499</b> | <i>Use if you know the non-patient location and can't find it otherwise listed. Specify location in field for Event Location Text.</i>  |
|   | <b>Unknown</b>  | <b>UNK</b>   | <i>A proper value is applicable, but not known.</i>   |
| <b>Event Area</b><br>(Area of the facility where the injury occurred) | <b>Patient room</b>                                     | <b>EA101</b> | <i>Other than patient bathroom or shower room.</i>  |
|   | <b>Patient bathroom</b>                                 | <b>EA102</b> | <i>Patient bathroom or shower room.</i>   |
|   | <b>Exam room</b>  | <b>EA103</b> |   |
|   | <b>Operating Room</b>                                   | <b>EA104</b> |   |
|   | <b>Kitchen/dietary/cafeteria/dining/break room</b>      | <b>EA201</b> |   |

| Data Element (Description)   | Value Set (Descriptions)   | Codes | Notes  |
|--|--|-------|--|
|  | Facility entrance/exit/lobby/foyer                                     | EA202 |  |
|  | Waiting room area  | EA203 |  |
|  | Corridor/hallway/elevator/stairwell                                    | EA204 |  |
|  | Nurses' station  | EA205 |  |
|  | Office/workstation   | EA206 |  |
|  | Public bathroom/staff bathroom/staff locker room                       | EA207 |  |
|  | Outside hospital   | EA301 | <i>Includes parking lot, sidewalk, garage, loading dock.</i> |
|  | Off-site home/patient residence  | EA401 |  |
|  | Other room or location not listed above, please specify                | EA999 | <i>Specify in field for Event Area Text.</i>                 |
|  | Unknown  | UNK   | <i>A proper value is applicable, but not known.</i>          |
| <b>Event Medical Treatment</b><br>(The type of medical treatment the healthcare worker received at the time of the injury event)   | Hospitalized   | MT1   |  |
|  | Visit to a healthcare professional                                     | MT2   |  |
|  | First Aid at the scene   | MT3   |  |
|  | No medical treatment   | MT4   |  |
|  | Other, please specify  | MT9   | <i>Specify in field for Event Medical Treatment Text.</i>    |
|  | Unknown  | UNK   | <i>A proper value is applicable, but not known.</i>          |
| <b>*Event Type</b><br>(The type of event that occurred: STF=slip/trip/fall, PHM=patient handling/movement, WPV=workplace violence) | STF: Slip, trip, fall: Unspecified                                     | ET100 |  |
|  | STF: Slip or trip without fall   | ET101 |  |
|  | STF: Fall on same level  | ET102 | <i>Includes fall to upper level.</i>                         |
|  | STF: Fall to lower level   | ET103 |  |
|  | PHM: Unspecified   | ET200 |  |
|  | PHM: Patient handling musculoskeletal disorder (MSD) with no equipment | ET201 |  |
|  | PHM: Patient handling MSD with equipment                               | ET202 |  |
|  | WPV: Unspecified   | ET300 |  |

| Data Element (Description)  | Value Set (Descriptions)   | Codes        | Notes   |
|---|--|--------------|---|
|   | <b>WPV: Verbal assault</b>   | <b>ET301</b> | <i>Includes threat.</i>   |
|   | <b>WPV: Assault against property</b>   | <b>ET302</b> |   |
|   | <b>WPV: Physical assault to person</b>   | <b>ET303</b> |   |
|   | <b>Exposure to blood/body fluid</b>  | <b>ET401</b> | <i>Includes needlesticks with or without BBF exposure, other sharps injuries, body fluid splashes, medical waste.</i> |
|   | <b>Exposure to other biohazard</b>   | <b>ET402</b> | <i>Includes insects, mildew, MRSA, meningitis, TB.</i>  |
|   | <b>Exposure to other harmful substance or environment</b>  | <b>ET403</b> | <i>Includes fumes, dust, chemicals, fiberglass, electricity, radiation, burns, heat/cold exposure.</i>                |
|   | <b>Contact with objects and equipment</b>  | <b>ET404</b> |   |
|   | <b>Musculoskeletal Disorder not related to patient handling</b>  | <b>ET501</b> |   |
|   | <b>Transportation incident</b>   | <b>ET601</b> |   |
|   | <b>Fire or explosion</b>   | <b>ET701</b> |   |
|   | <b>Other, please specify</b>   | <b>ET999</b> | <i>Specify in field for Event Type Text.</i>  |
|   |  |              |   |
| <b>Event Description</b><br>(Narrative text that describes what happened)   | Text string up to 700 characters   | N/A          |   |
|   |  |              |   |
| <b>*Event Severity</b><br>(Indicate the Severity level of the event based on OSHA severity.)<br><br><i>If more than one category applies, choose the one that reflects the higher severity. For example, if there are both Days Away (OS12) and Job Transfer (OS13), choose OS12.</i> | <b>OSHA Recordable, unspecified:</b><br>(ONLY to be used when cannot be placed in OS11, OS12, OS13, or OS14) | <b>OS10</b>  | <i>ONLY to be used when the event cannot be placed in one of the categories below.</i>                                |
|   | <b>OSHA Recordable, Death</b>  | <b>OS11</b>  | <i>OSHA recordable case – Death.</i>  |
|   | <b>OSHA Recordable, Days away from work</b>  | <b>OS12</b>  | <i>OSHA recordable case with days away from work.</i>   |
|   | <b>OSHA Recordable, Job transfer or restriction</b>  | <b>OS13</b>  | <i>OSHA recordable case with job transfer/restriction.</i>  |
|   | <b>OSHA Recordable, all other cases</b>  | <b>OS14</b>  | <i>An OSHA Recordable case that did not result</i>  |

| Data Element (Description)   | Value Set (Descriptions)                                | Codes                           | Notes   |
|--|---|---------------------------------|---|
|  |   |                                 | <i>in death, days away, or job transfer/restriction.</i>  |
|  | <b>Not OSHA recordable</b>                              | <b>OS20</b>                     | <i>Injury/illness that is not OSHA recordable. Includes no injury (“near-miss”).</i>  |
|  | <b>Unknown</b>  | <b>UNK</b>                      | <i>A proper value is applicable but not known.</i>  |
| <b>Worker Level Data</b>   |   |                                 |   |
| <b>Worker ID</b> (ID of worker)  | String up to 15 characters                              | N/A                             | <i>This can be a random number assigned by the facility. Must NOT include personal identifiers such as date of birth or social security number.</i> |
| <b>Worker Gender</b><br>(Gender of the worker)   | <b>Female</b>   | <b>F</b>                        |   |
|  | <b>Male</b>   | <b>M</b>                        |   |
|  | <b>Undifferentiated</b>                                 | <b>UN</b>                       |   |
| <b>*Worker Age</b><br>(Age in years of the worker at the time of the event)  | Number  | N/A                             | <i>The age of the worker who was injured as a 2-digit number. If worker age is unavailable, enter 0. This column cannot be left blank.</i>          |
| <b>Worker Usual Location</b><br>(Location where the worker normally worked)  | Healthcare service location<br>(Same as Event Location) | <i>Use Event Location Codes</i> |   |
| <b>*Worker Occupation</b><br>(Occupation category of worker at time of event based on categories used in AHA annual survey + additional OHSN value sets) | <b>Physician, unspecified</b>                           | <b>OC110</b>                    |   |
|  | <b>Attending Physicians &amp; Dentists</b>              | <b>OC111</b>                    |   |
|  | <b>Interns/Residents</b>                                | <b>OC112</b>                    |   |
|  | <b>Nurse, unspecified</b>                               | <b>OC120</b>                    |   |
|  | <b>Registered Nurses</b>                                | <b>OC121</b>                    |   |
|  | <b>Licensed Practical (Vocational) Nurses</b>           | <b>OC122</b>                    |   |
|  | <b>Pharmacy, unspecified</b>                            | <b>OC130</b>                    |   |
|  | <b>Pharmacists</b>                                      | <b>OC131</b>                    |   |
|  | <b>Pharmacy Technicians</b>                             | <b>OC132</b>                    |   |



| Data Element (Description)   | Value Set (Descriptions)                          | Codes         | Notes   |
|--|---|---------------|---|
|  | <b>Nursing assistive personnel</b>                | <b>OC140</b>  | <i>Includes patient care technicians, patient care assistants, nurse aides.</i>   |
|  | <b>Radiology Technicians</b>                      | <b>OC150</b>  | <i>Includes ultrasound technicians, nuclear medicine technicians.</i>   |
|  | <b>Laboratory professional/technical</b>          | <b>OC160</b>  | <i>Includes phlebotomists.</i>  |
|  | <b>Respiratory Therapists</b>                     | <b>OC170</b>  |   |
|  | <b>Rehabilitation Personnel</b>                   | <b>OC180</b>  | <i>Includes physical therapists, occupational therapists, speech therapists, etc.</i>   |
|  | <b>Other trainees</b>                             | <b>OC190</b>  |   |
|  | <b>All other personnel-patient care staff</b>     | <b>OC199</b>  | <i>Includes Advanced Registered Nurse Practitioners, Physician Assistants, paramedics, medical assistants. Specify in field for Worker Occupation Text.</i> |
|  | <b>Housekeeping/laundry</b>                       | <b>OC210</b>  |   |
|  | <b>Food service</b>                               | <b>OC220</b>  |   |
|  | <b>All other personnel-non-patient care staff</b> | <b>OC299</b>  | <i>Specify in field for Worker Occupation Text.</i>   |
|  | <b>Unknown</b>                                    | <b>UNK</b>    | <i>A proper value is applicable, but not known.</i>   |
| <b>Worker Type</b>   |   |               |   |
| (Type of employee at the time of the event; used to choose appropriate denominators for rates) | <b>Full-time</b>                                  | <b>EM1</b>    | <i>Not a contractor.</i>  |
|  | <b>Part-time</b>                                  | <b>EM2</b>    | <i>Not a contractor.</i>  |
|  | <b>Contractor</b>                                 | <b>EM3</b>    | <i>Contract Employee.</i>   |
|  | <b>Casual</b>                                     | <b>EM4</b>    | <i>Casual or per diem.</i>  |
|  | <b>Volunteer</b>                                  | <b>EM5</b>    |   |
|  | <b>Other, please specify</b>                      | <b>EM9</b>    | <i>Specify in field for Worker Type Text.</i>   |
|  | <b>Unknown</b>                                    | <b>UNK</b>    | <i>A proper value is applicable, but not known.</i>   |
| <b>Worker Start Date</b>   |   |               |   |
| (Date the worker started the job held at the time of the event)                                | Format YYYY-MM-DD                                 | N/A           |   |
| <b>Worker Race</b>   |   |               |   |
|  | <b>American Indian or Alaska Native</b>           | <b>1002-5</b> |   |

| Data Element (Description)  | Value Set (Descriptions)                  | Codes  | Notes   |
|---|---|--|---|
| (Race of worker)  | Asian                                     | 2028-9   |   |
|   | Black or African American                 | 2054-5   |   |
|   | Native Hawaiian or Other Pacific Islander | 2076-8   |   |
|   | White                                     | 2106-3   |   |
|   | Other Race, please specify                | 2131-1   | <i>Specify in field for Worker Race Text.</i>   |
|   | Unknown                                   | UNK  | <i>A proper value is applicable, but not known.</i>   |
| <b>Worker Ethnicity</b><br>(Ethnicity of worker)  | Hispanic or Latino                        | 2135-2   |   |
|   | Not Hispanic or Latino                    | 2186-5   |   |
|   | Undifferentiated                          | UNK  |   |
| <b>Injury Level Data</b>  |   |  |   |
| <b>Injury Body Part</b><br>(The primary body part of the healthcare worker that was injured or exhibits a health condition) | Head, including face                      | 0  |   |
|   | Neck, including throat                    | 1  |   |
|   | Shoulder, including clavicle and scapula  | 21   |   |
|   | Chest, including ribs and internal organs | 22   |   |
|   | Back, including spine and spinal cord     | 23   |   |
|   | Abdomen                                   | 24   |   |
|   | Pelvic region                             | 25   |   |
|   | Arms                                      | 31   |   |
|   | Wrists                                    | 32   |   |
|   | Hand(s) except finger(s)                  | 33   |   |
|   | Finger(s), fingernails(s)                 | 34   |   |
|   | Legs                                      | 41   |   |
|   | Ankles                                    | 42   |   |
|   | Foot (feet), except toe(s)                | 43   |   |
|   | Toe(s), toenail(s)                        | 44   |   |
|   | Body Systems                              | 5  | <i>Applies when the functioning of an entire body system has been affected without specific injury to any other part of the body.</i> |
|   | Other body parts, please specify          | 9  | <i>Specify in field for Injury Body Part Text.</i>  |
| Unknown   | UNK                                       | <i>A proper value is applicable but not known.</i> |   |

| Data Element (Description)  | Value Set (Descriptions)  | Codes      | Notes   |
|---|---|------------|---|
| <b>Injury Nature</b><br>(The primary nature of the healthcare worker's injury/health condition) | <b>Dislocation</b>  | <b>011</b> | <i>Displacement and subluxation of bone or cartilage.</i>   |
|   | <b>Fractures</b>  | <b>012</b> | <i>Traumatic injuries that result in fractures of bones or teeth.</i>   |
|   | <b>Sprains, strains, tears</b>                                    | <b>021</b> | <i>Cases of sprains and strains of muscles, joints, tendons, and ligaments. Includes edema.</i>   |
|   | <b>Open wounds</b>  | <b>03</b>  | <i>Involving open wounds, broken skin, or outward opening, beyond the superficial skin surface, e.g., lacerations or puncture wounds.</i>   |
|   | <b>Amputations</b>  | <b>031</b> | <i>Traumatic loss of a limb or other external body part. For an injury to be classified in this group, bone must be lost.</i>   |
|   | <b>Surface wounds and bruises</b>                                 | <b>04</b>  | <i>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.</i> |
|   | <b>Burns</b>  | <b>05</b>  | <i>Tissue damage resulting from a variety of sources including heat, flame, hot substances, lightning, radiation, heat, extremely cold objects, and electricity.</i>                      |
|   | <b>Intracranial injury</b>  | <b>06</b>  | <i>Traumatic injuries to the cranium or skull and the structures within.</i>  |
|   | <b>Multiple traumatic injuries and disorders</b>                  | <b>08</b>  | <i>Combinations of traumatic injuries or disorders of different types.</i>  |
|   | <b>Other traumatic injuries and disorders</b>                     | <b>09</b>  | <i>Traumatic injuries or disorders that are not assigned to the other major groups.</i>   |
|   | <b>Internal injuries to organs and blood vessels of the trunk</b> | <b>094</b> | <i>Traumatic injuries involving internal organs or blood vessels of the trunk and are not classified in any other major group.</i>  |
| <b>Crushing injuries</b>  | <b>0971</b>   |            |   |

| Data Element (Description)  | Value Set (Descriptions)                     | Codes | Notes  |
|---|--|-------|--|
|   | Back pain, hurt back                         | 0972  |  |
|   | Soreness, pain, hurt, except the back        | 0973  |  |
|   | Multiple nonspecified injuries and disorders | 0978  |  |
|   | Nonclassifiable                              | 9999  | Insufficient information to select even an unspecified code at the division level or there appears to be no injury or illness. Includes "Near-Miss."   |
|   | Unknown                                      | UNK   | A proper value is applicable but not known.  |
| <b>*+Injury Source</b><br>(The primary source or secondary source of the injury or the primary hazard involved)<br><br>+Only required for slip, trip, fall events; optional for workplace violence and patient handling/movement events<br><br>STF= slip/trip/fall<br>PHM= patient handling/movement<br>WPV= workplace violence | STF Hazard: Unspecified or none              | IS100 |  |
|   | STF Hazard: Contaminant                      | IS101 | Includes water, soap, body fluid, grease/oil, coffee, wax, gel, slick, slippery not otherwise classified.  |
|   | STF Hazard: Cord or tubing                   | IS102 | Includes hose, medical tubing, phone cord, nurse call cord, equipment cords.   |
|   | STF Hazard: Object                           | IS103 | Includes tripping over or getting caught on objects or items on floor, propped against wall, or in the pathway.  |
|   | STF Hazard: Ice or snow                      | IS104 |  |
|   | STF Hazard: Surface irregularity             | IS105 | 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. |
|   | STF Hazard: A curb or wheel stop             | IS106 |  |
|   | STF Hazard: Steps, stairs, or handrail       | IS107 |  |
|   | STF Hazard: Other, please specify            | IS199 | Specify in field for Injury Source Text.   |
|   | PHM Equipment: Unspecified                   | IS200 |  |
| PHM Equipment: Full body sling lift – Unspecified   | IS210  |       |  |

| Data Element (Description)   | Value Set (Descriptions)                                 | Codes | Notes   |
|--|--|-------|---|
| STF= slip/trip/fall<br>PHM= patient handling/movement<br>WPV= workplace violence | PHM Equipment: Full body sling lift – Ceiling lift       | IS211 |   |
|  | PHM Equipment: Full body sling lift – Floor-based lift   | IS212 |   |
|  | PHM Equipment: Sit-to-stand lift                         | IS220 |   |
|  | PHM Equipment: Lateral transfer device- Unspecified      | IS230 |   |
|  | PHM Equipment: Air assisted lateral transfer device      | IS231 |   |
|  | PHM Equipment: Mechanical lateral transfer device        | IS232 |   |
|  | PHM Equipment: Friction-reducing lateral transfer device | IS233 | <i>Includes slide sheet.</i>                    |
|  | PHM Equipment: Repositioning aid for bed/chair           | IS241 |   |
|  | PHM Equipment: Motorized bed/stretchers/wheelchair       | IS242 |   |
|  | PHM Equipment: Specialty function bed                    | IS243 |   |
|  | PHM Equipment: Shower chair                              | IS244 |   |
|  | PHM Equipment: Height adjustable exam table              | IS245 |   |
|  | PHM Equipment: Gait belt                                 | IS246 |   |
|  | PHM Equipment: Other, please specify                     | IS299 | <i>Specify in field for Injury Source Text.</i> |
|  | WPV: Weapon: Unspecified                                 | IS300 |   |
|  | WPV: Weapon: Firearm                                     | IS301 |   |
|  | WPV: Weapon: Knife                                       | IS302 | <i>Excluding eating utensil knife.</i>          |
|  | WPV: Weapon: Bar, rod, club, stick                       | IS303 |   |
|  | WPV: Weapon: Building materials                          | IS304 | <i>Includes door, window, floor, wall.</i>      |
|  | WPV: Weapon: Medical instrument or equipment             | IS305 |   |
| WPV: Weapon: Food, utensils, meal tray   | IS306  |       |   |

| Data Element (Description)  | Value Set (Descriptions)                                  | Codes  | Notes  |
|---|---|--|--|
| STF= slip/trip/fall,<br>PHM= patient handling/movement,<br>WPV= workplace violence  | <b>WPV: Weapon: Bodily fluids or substances of person</b> | <b>IS307</b>                                       |  |
|   | <b>WPV: Weapon: Other, please specify</b>                 | <b>IS309</b>                                       | <i>Specify in field for Injury Source Text.</i>              |
|   | <b>WPV: Persons (without weapon)</b>                      | <b>IS311</b>                                       | <i>This code does not apply to PHM events.</i>               |
|   | <b>WPV: Other, please specify</b>                         | <b>IS399</b>                                       | <i>Specify in field for Injury Source Text.</i>              |
|   | <b>General Source: Chemicals and chemical products</b>    | <b>IS401</b>                                       |  |
|   | <b>General Source: Containers</b>                         | <b>IS402</b>                                       |  |
|   | <b>General Source: Furniture and fixtures</b>             | <b>IS403</b>                                       |  |
|   | <b>General Source: Machinery</b>                          | <b>IS404</b>                                       |  |
|   | <b>General Source: Parts and materials</b>                | <b>IS405</b>                                       |  |
|   | <b>General Source: Plants, animals, and minerals</b>      | <b>IS407</b>                                       |  |
|   | <b>General Source: Structures and surfaces</b>            | <b>IS408</b>                                       | <i>Other than STF hazards.</i>                               |
|   | <b>General Source: Tools, instruments, and equipment</b>  | <b>IS409</b>                                       | <i>Other than STF hazards or weapons.</i>                    |
|   | <b>General Source: Vehicles</b>                           | <b>IS410</b>                                       |  |
|   | <b>General Source: Other, please specify</b>              | <b>IS499</b>                                       | <i>Specify in field for Injury Source Text.</i>              |
| <b>Unknown</b>  | <b>UNK</b>  | <i>A proper value is applicable but not known.</i> |  |
| <b>*+Injury Contributing Factor</b><br>(The primary factor contributing to the injury of a healthcare worker)<br><br>+Only required for workplace violence events; optional for slip/trip/fall and patient handling/movement events | <b>STF: Shoe with open back</b>                           | <b>CF1101</b>                                      |  |
|   | <b>STF: Non-slip-resistant shoe</b>                       | <b>CF1102</b>                                      |  |
|   | <b>STF: Other, please specify</b>                         | <b>CF1199</b>                                      | <i>Specify in field for Injury Contributing Factor Text.</i> |
|   | <b>PHM: Patient factor: Unspecified</b>                   | <b>CF2100</b>                                      |  |
|   | <b>PHM: Patient factor: Slipped</b>                       | <b>CF2101</b>                                      | <i>Patient slipped, tripped, fell, or lost balance.</i>      |
|   | <b>PHM: Patient factor: Sudden movement</b>               | <b>CF2102</b>                                      | <i>Patient made sudden or unpredictable movement.</i>        |
|   | <b>PHM: Patient factor: Uncooperative</b>                 | <b>CF2103</b>                                      |  |

| Data Element (Description)   | Value Set (Descriptions)                                | Codes   | Notes   |
|--|---|---|---|
| STF= slip/trip/fall<br>PHM= patient handling/movement<br>WPV= workplace violence | PHM: Patient factor: Patient equipment or tubes         | CF2104  |   |
|  | PHM: Patient factor: Patient size or weight             | CF2105  |   |
|  | PHM: Patient factor: Patient's inability to assist      | CF2106  |   |
|  | PHM: Patient factor: Other, please specify              | CF2199  | <i>Specify in field for Injury Contributing Factor Text.</i>                  |
|  | PHM: Equipment not used: Reason unspecified             | CF2200  |   |
|  | PHM: Equipment not used: No equipment available         | CF2201  |   |
|  | PHM: Equipment not used: Refused by patient or family   | CF2202  |   |
|  | PHM: Equipment not used: Equipment not accessible       | CF2203  | <i>For example, needs to be transferred from another room.</i>                |
|  | PHM: Equipment not used: Equipment not suitable for use | CF2204  | <i>For example, equipment not clean or not working.</i>                       |
|  | PHM: Equipment not used: Difficult to use               | CF2205  | <i>For example, equipment not user-friendly.</i>                              |
|  | PHM: Equipment not used: Space constraints              | CF2206  |   |
|  | PHM: Equipment not used: Lack of training               | CF2207  | <i>Lack of training in use of equipment.</i>                                  |
|  | PHM: Equipment not used: Urgent medical situation       | CF2208  |   |
|  | PHM: Equipment not used: Other reason, please specify   | CF2299  | <i>Specify in field for Injury Contributing Factor Text.</i>                  |
|  | WPV: Patient Unspecified                                | CF3100  | <i>Perpetrator of violence was a patient, but the reason was unspecified.</i> |
|  | WPV: Patient: Anesthesia recovery                       | CF3101  |   |
| WPV: Patient: Anger related to system  | CF3102  | <i>Anger related to the healthcare system in general.</i> |   |

| Data Element (Description)   | Value Set (Descriptions)                           | Codes  | Notes  |
|--|--|--------|--|
| STF= slip/trip/fall<br>PHM= patient handling/movement<br>WPV= workplace violence | WPV: Patient: Anger related to situation           | CF3103 | Anger related to the patient's situation or condition.                                   |
|  | WPV: Patient: Anger related to policies            | CF3104 | Anger at staff members related to enforcement of hospital policies.                      |
|  | WPV: Patient: Anger related to wait                | CF3105 | Anger related to long wait times.  |
|  | WPV: Patient: Cognitive dysfunction                | CF3106 | Includes hypoxic patient, confused patient.  |
|  | WPV: Patient: Influenced by medication             | CF3107 |  |
|  | WPV: Patient: Mental or behavioral health problems | CF3108 |  |
|  | WPV: Patient: Substance abuse                      | CF3109 |  |
|  | WPV: Patient: Other, please specify                | CF3199 | Specify in field for Injury Contributing Factor Text.                                    |
|  | WPV: Worker: Unspecified                           | CF3200 | Perpetrator of violence was a co-worker of the victim, but the reason/s was unspecified. |
|  | WPV: Worker: Anger between co-workers              | CF3201 |  |
|  | WPV: Worker: Mental or behavioral health problems  | CF3202 |  |
|  | WPV: Worker: Substance abuse                       | CF3203 |  |
|  | WPV: Worker: Other                                 | CF3299 |  |
|  | WPV: Visitor: Unspecified                          | CF3300 | Perpetrator of violence was a visitor to the facility, but the reason/s was unspecified. |
|  | WPV: Visitor: Anger related to system              | CF3301 |  |
|  | WPV: Visitor: Anger related to situation           | CF3302 | Anger related to the patient's situation or condition.                                   |
|  | WPV: Visitor: Anger related to policies            | CF3303 | Anger at staff members related to enforcement of hospital policies.                      |
|  | WPV: Visitor: Anger related to wait                | CF3304 | Anger related to long wait times.  |
|  | WPV: Visitor: Domestic dispute with HCW            | CF3305 |  |
| WPV: Visitor: Domestic dispute with  | CF3306   |        |  |



| Data Element (Description)  | Value Set (Descriptions)  | Codes  | Notes   |
|---|---|--------|---|
|   | patient   |        |   |
|   | WPV: Visitor: Mental or behavioral health problems              | CF3307 |   |
|   | WPV: Visitor: Substance abuse                                   | CF3308 |   |
|   | WPV: Visitor: Other, please specify                             | CF3399 | Specify in field for Injury Contributing Factor Text.                     |
|   | Other, please specify   | CF9999 | Specify in field for Injury Contributing Factor Text.                     |
|   | Unknown   | UNK    | A proper value is applicable, but not known.                              |
|   |   |        |   |
| <p><b>*+Injury Activity</b><br/>(The primary activity the healthcare worker was performing at the time the event occurred)</p> <p>+Only required for patient handling events; optional for slip/trip/fall and workplace violence events</p> <p>STF= slip/trip/fall,<br/>PHM= patient handling/movement,<br/>WPV= workplace violence</p> | STF: Making occupied bed  | AC111  |   |
|   | STF: Carrying, pushing or pulling a load                        | AC121  |   |
|   | STF: Walking  | AC131  |   |
|   | STF: Running  | AC141  |   |
|   | STF: Awkward posture  | AC151  | Reaching, stretching, twisting, bending, or some other awkward posture.   |
|   | STF: Cleaning   | AC161  | Includes washing, waxing, sweeping, dusting, making unoccupied beds, etc. |
|   | STF: Other, please specify                                      | AC199  | Specify in field for Injury Activity Text.                                |
|   | PHM: Hygiene: Unspecified                                       | AC210  |   |
|   | PHM: Hygiene: Bathing patient in bed                            | AC211  |   |
|   | PHM: Hygiene: Bathing/toileting patient in bathroom             | AC212  |   |
|   | PHM: Hygiene: Dressing/undressing or diapering patient          | AC213  | Includes applying or removing TED hose.                                   |
|   | PHM: Positioning: Unspecified                                   | AC230  |   |
|   | PHM: Positioning: Positioning/repositioning in bed or stretcher | AC231  |   |
|   | PHM: Positioning: Positioning/repositioning in chair            | AC232  | Includes wheelchair, dependency chair, etc.                               |

| Data Element (Description)   | Value Set (Descriptions)  | Codes  | Notes  |
|--|---|--|--|
| STF= slip/trip/fall<br>PHM= patient handling/movement<br>WPV= workplace violence | PHM: Responding to patient medical emergency                            | AC241  | For example, Code Blue.  |
|  | PHM: Sustained lifting/holding of body parts                            | AC251  | For example, holding patient leg/s for sterilization or holding a retractor during thoracic surgery for long period of time. |
|  | PHM: Transfer: Unspecified  | AC260  |  |
|  | PHM: Transfer: Transferring/lifting to/from bed or chair                | AC261  | Includes transferring/lifting to/from bed, chair, wheelchair, dependency chair, toilet, car, etc.                            |
|  | PHM: Transfer: Transferring/lifting from floor                          | AC262  |  |
|  | PHM: Transfer: Lateral transfer of patient to/from bed                  | AC263  | To/from stretcher/exam table/surgical lift/trolley.  |
|  | PHM: Transfer: Transferring/lifting deceased patient                    | AC264  |  |
|  | PHM: Transport: Unspecified   | AC270  |  |
|  | PHM: Transport: Moving patient by wheelchair                            | AC271  |  |
|  | PHM: Transport: Moving patient by stretcher, bed, litter, trolley, etc. | AC272  |  |
|  | PHM: Transport: Escorting patient without equipment                     | AC273  |  |
|  | PHM: Other, please specify  | AC299  | Specify in field for Injury Activity Text.   |
|  | WPV: Interaction with Patient Unspecified                               | AC310  |  |
|  | WPV: Interaction with Patient: Assisting                                | AC311  | Any activity assisting or providing care to the patient, where the patient causes the incident.                              |
|  | WPV: Interaction with Patient: Dispute                                  | AC312  |  |
|  | WPV: Interaction with Co-worker: Unspecified                            | AC320  |  |
| WPV: Interaction with Co-worker: Assisting                                       | AC321   | Any activity assisting a co-worker, where the co-worker causes the incident. |  |

| Data Element (Description)        | Value Set (Descriptions)   | Codes | Notes   |
|-----------------------------------|--|-------|---|
|                                   | WPV: Interaction with Co-worker: Dispute                                   | AC322 |   |
|                                   | WPV: Interaction with Visitor: Unspecified                                 | AC330 |   |
|                                   | WPV: Interaction with Visitor: Domestic dispute                            | AC331 |   |
|                                   | WPV: Interaction with Visitor: Non-domestic dispute                        | AC332 |   |
|                                   | WPV: Intervening in assault on another person                              | AC341 |   |
|                                   | WPV: Intervening in an assault on property                                 | AC342 |   |
|                                   | WPV: Involved in an assault without preceding interaction with perpetrator | AC343 |   |
|                                   | WPV: Other, please specify   | AC399 | <i>Specify in field for Injury Activity Text.</i>           |
|                                   | Other activity, please specify   | AC999 | <i>Specify in field for Injury Activity Text.</i>           |
|                                   | Unknown  | UNK   | <i>A proper value is applicable, but not known.</i>         |
|                                   |  |       |   |
| Injury Prevention: Recommendation | STF: Redesign of work area   | PR101 |   |
|                                   | STF: Shoe policy   | PR102 |   |
|                                   | STF: Other, please specify   | PR199 | <i>Specify in field for Injury Prevention Text.</i>         |
|                                   | PHM: Having more patient lifting equipment                                 | PR201 |   |
|                                   | PHM: Having properly working lifting equipment                             | PR202 |   |
|                                   | PHM: Other, please specify   | PR299 | <i>Specify in field for Injury Prevention Text.</i>         |
|                                   | WPV: Restricted movement of public   | PR301 |   |
|                                   | WPV: Security devices  | PR302 | <i>For example, metal detectors, cameras, panic button.</i> |
|                                   | WPV: Other, please specify   | PR399 | <i>Specify in field for Injury Prevention Text.</i>         |
|                                   | General: Safety training   | PR401 |   |
|                                   | General: Higher staff-to-patient ratios                                    | PR501 | <i>Staffing patterns.</i>                                   |
|                                   | Other, please specify  | PR999 | <i>Specify in field for Injury Prevention Text.</i>         |
|                                   | Unknown  | UNK   | <i>A proper value is applicable, but not known.</i>         |

