NIOSH Standard Occupational Data Architecture (SODA)

*** Version 1.0 ***
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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. *(Required)*
FacilityData	Contains the data specific to a facility allowing multiple facilities to be included in a single submission. *(Required)*
Worker	Demographic information about the healthcare worker involved in the event. *(Required)*

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. *(Required)*
FirstYearMonth	gYearMonth	The first month of the time period for the events in this data submission. *(Required)*
LastYearMonth	gYearMonth	The last month of the time period for the events in this data submission. *(Required)*
FacilityData	FacilityDataType	Contains the data specific to a facility allowing multiple facilities to be included in a single submission. *(Required)*

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>
        :
More events
        :
  </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. *(Required)*
EventDate	date	Date that the event, condition, or injury occurred. *(Required)*
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. *(Required)*
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. *(Required)*
EventTypeText	string (restriction)	Supplemental text for event type.
EventDescription	string (restriction)	Narrative text that describes what transpired.
EventSeverityCode	OshaSeverity	Severity of the event. *(Required)*
EventSeverityText	string (restriction)	Supplemental text for event severity.
Worker	WorkerType	Demographic information about the healthcare worker involved in the event. *(Required)*
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. *(Required)*
FacilityName	string (restriction)	Name of the health care facility. *(Required)*
Event	EventType	Data to be collected on all events. *(Required)*

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. *(Required)*
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. *(Required)*
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. *(Required for STF events)*
InjurySourceText	string (restriction)	Supplemental text for source of injury.
InjuryContributingFactorCode	ContributingFactor	The primary factor contributing to the injury of a healthcare worker. *(Required for WPV events)*
InjuryContributingFactorText	string (restriction)	Supplemental text for contributing factor.
InjuryActivityCode	Activity	The activity the healthcare worker was performing at the time the event occurred. *(Required for PHM events)*
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	*PHM: Transport: Moving patient by stretcher, bed, litter, trolley, etc..*
AC273	*PHM: Transport: Escorting patient without equipment.*
AC299	*PHM: Other.*
AC310	*WPV: Interaction with Patient: Unspecified.*
AC311	*WPV: Interaction with Patient: Assisting.* Any activity assisting or providing care to the patient, where the patient causes the incident.
AC312	*WPV: Interaction with Patient: Dispute.*
AC320	*WPV: Interaction with Co-worker: Unspecified.*
AC321	*WPV: Interaction with Co-worker: Assisting.* Any activity assisting a co-worker, where the co-worker causes the incident.
AC322	*WPV: Interaction with Co-worker: Dispute.*
AC330	*WPV: Interaction with Visitor: Unspecified.*
AC331	*WPV: Interaction with Visitor: Domestic Dispute.*
AC332	*WPV: Interaction with Visitor: Non-domestic Dispute.*
AC341	*WPV: Intervening in assault on another person.*
AC342	*WPV: Intervening in an assault on property.*
AC343	*WPV: Involved in an assault without preceding interaction with perpetrator.*
AC399	*WPV: Other.*
AC999	*Other activity.*
UNK	*Unknown.*

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	*Hispanic or Latino.*
2186-5	*Not Hispanic or Latino.*
UNK	*Unknown.*

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	*Female.*
M	*Male.*
UN	*Undifferentiated.*

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	*STF: Redesign of work area.*
PR102	*STF: Shoe policy.*
PR199	*STF: Other.*
PR201	*PHM: Having more patient lifting equipment.*
PR202	*PHM: Having properly working lifting equipment.*
PR299	*PHM: Other.*
PR301	*WPV: Restricted movement of public.*
PR302	*WPV: Security devices (e.g. metal detectors, cameras, panic buttons).* (e.g. metal detectors, cameras, panic buttons)
PR399	*WPV: Other.*
PR401	*General: Safety training.*
PR501	*General: Higher staff to patient ratios (staffing patterns).*
PR999	*Other, please specify.*
UNK	*Unknown.* 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	*American Indian or Alaska Native.*
2028-9	*Asian.*
2054-5	*Black or African American.*
2076-8	*Native Hawaiian or Other Pacific Islander.*
2106-3	*White.*
2131-1	*Other Race.*
UNK	*Unknown.*

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.

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