



Healthcare Personnel Safety Monthly Reporting Plan

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*required for saving

Facility ID#: _____ *Month/Year: _____ / _____

☐ No NHSN Healthcare Personnel Safety Modules followed this month

Healthcare Personnel Exposure Modules

- ☐ Blood/Body Fluid Exposure Only
- ☐ Blood/Body Fluid Exposure with Exposure Management
- ☐ Influenza Exposure Management

Healthcare Personnel Vaccination Module

- ☐ Influenza Vaccination Summary
- ☐ Influenza Vaccination Summary for the Hospital
- ☐ Influenza Vaccination Summary for the Inpatient Rehabilitation Facility Unit(s)
- ☐ Influenza Vaccination Summary for the Inpatient Psychiatric Facility Unit(s)

Weekly COVID-19 Vaccination Module

- ☐ COVID-19 Vaccination Summary
- ☐ COVID-19 Vaccination Summary for the Hospital
- ☐ COVID-19 Vaccination Summary for the Inpatient Rehabilitation Facility Unit(s)
- ☐ COVID-19 Vaccination Summary for the Inpatient Psychiatric Facility Unit(s)

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CDC 57.203, v3, r8.4