The National Healthcare Safety Network (NHSN) Manual

HEALTHCARE PERSONNEL SAFETY COMPONENT PROTOCOL:

Healthcare Personnel Exposure Module

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Introduction to Healthcare Personnel Safety Component of NHSN

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

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

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

Healthcare Personnel Safety Reporting Plan

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

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

Blood/Body Fluid Exposure Option

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

An estimated 385,000 percutaneous injuries (i.e., needlesticks, cuts, punctures and other injuries with sharp objects) occur in U.S. hospitals each year. Prevention of occupational transmission of bloodborne pathogens requires a diversified approach to reduce blood contact and percutaneous injuries including improved engineering controls (e.g., safer medical devices), work practices (e.g., technique changes to reduce handling of sharps), and the use of personal protective equipment (e.g., impervious materials for barrier precautions). Since 1991, when the U.S. Occupational Safety and Health Administration (OSHA) first issued its Bloodborne Pathogens Standard, the focus of regulatory and legislative activity has been on implementing a hierarchy of control measures. The federal Needlestick Safety and Prevention Act signed into law in November 2000 authorized OSHA's revision of its Bloodborne Pathogens Standard to more explicitly require the use of safety-engineered sharp devices. (http://www.osha.gov/SLTC/bloodbornepathogens/). Other strategies to prevent infection include hepatitis B immunization and postexposure prophylaxis for HIV and HBV. Strategies for prevention of percutaneous injuries are addressed in CDC's Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program at **http://www.cdc.gov/sharpssafety/index.html**.

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

(i) Methodology

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

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

Blood/Body Fluid Exposure with or without Exposure Management

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

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

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

Definitions:

- **Bite:** A human bite sustained by a HCW from a patient, other HCW, or visitor.

- **Bloodborne pathogens**: Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

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

- **HCP (Healthcare Personnel):** A population of healthcare workers working in a healthcare setting.

- **Hollow-bore needle:** Needle (e.g., hypodermic needle, phlebotomy needle) with a lumen through which material (e.g., medication, blood) can flow.

- **Mucous membrane exposure:** Contact of mucous membrane (e.g., eyes, nose, or mouth) with the fluids, tissues, or specimens listed below in **"Occupational exposure."**

- **Non-intact skin:** Areas of the skin that have been opened by cuts, abrasions, dermatitis, chapped skin, etc.

- **Non-intact skin exposure:** Contact of non-intact skin with the fluids, tissues, or specimens listed below in **"Occupational exposure."**

- **Non-Responder to Hepatitis B vaccine:** A HCW who has received two series of hepatitis B vaccine is serotested within 2 months after the last dose of vaccine and does not have anti-HBs ≥10 mIU/mL.

- **Occupational exposure:** Contact with blood, visibly bloody fluids, and other body fluids (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, tissues, and laboratory specimens that contain concentrated virus) to which Standard Precautions apply and during the performance of an HCW's duties. Modes of exposure include percutaneous injuries, mucous membrane exposures, non-intact skin exposures, and bites.

- **Percutaneous injury:** An exposure event occurring when a needle or other sharp object penetrates the skin. This term is interchangeable with "sharps injury."

- **Sharp:** Any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

- **Sharps Injury:** An exposure event occurring when any sharp object penetrates the skin. This term is interchangeable with "percutaneous injury."

- **Solid Sharp:** A sharp object (e.g., suture needle, scalpel) that does not have a lumen through which material can flow.

Reporting Instructions:

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

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

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

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

➢ *Healthcare Personnel Safety Monthly Reporting Plan* (CDC Form 57.203) – Used to collect data on which modules and which months a facility intends to participate in

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

Exposure-Only Reporting:

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

➢ *Healthcare Worker Demographic Data* (CDC Form 57.204) – Used to collect data on HCW demographics such as gender and occupation for a healthcare worker who has reported a blood or body fluid exposure.

➢ *Exposure to Blood/Body Fluids* (CDC Form 57.205) – Used to collect information about individual blood and body fluid exposure events. Sections I – IV should be completed for all reported exposures. For percutaneous injuries with a needle or sharp object that was not in contact with blood or other body fluids (as defined in "occupational exposure") prior to exposure, the completion of Sections V-IX is not required.

Exposure and Exposure Management Reporting:

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

➢ *Healthcare Worker Demographic Data* (CDC Form 57.204) – Used to collect data on HCW demographics such as gender and occupation for a healthcare worker who has reported a blood or body fluid exposure.

➢ *Exposure to Blood/Body Fluids* (CDC Form 57.205) – Used to collect information about individual blood and body fluid exposure events. Sections I – IV should be completed for all reported exposures. If a facility chooses to follow the protocol for exposure management, Sections V – IX are also required.

➢ *Healthcare Worker Prophylaxis/Treatment – BBF Postexposure Prophylaxis (PEP)* (CDC Form 57.206) – Used to collect details of medications administered to a healthcare worker following blood or body fluid exposure to HIV or HBV.

➢ *Follow-Up Laboratory Testing* (CDC Form 57.207) – Used to collect additional laboratory testing results obtained on an HCW following a blood or body fluid exposure as part of exposure management. These serologic and other laboratory results are not required for exposure management but provide details for facilities opting for the long-term follow-up of exposures and evidence of seroconversion.

Data Analysis:

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

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

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

References:

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

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

Influenza Exposure Management Option

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

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

Influenza Exposure Management Option

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

Settings: Any healthcare settings

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

Definitions:

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

- **HCP (Healthcare Personnel):** The entire population of healthcare workers working in a healthcare setting.

- **Non-seasonal influenza vaccine:** A vaccine for additional/novel influenza virus strains (e.g., 2009 H1N1) not included in the seasonal influenza vaccine which may or may not be offered on an annual basis.

- **Seasonal influenza vaccine:** A vaccine for seasonal influenza virus strains that is offered on an annual basis.

- **Severe adverse reaction to antiviral medication use for influenza chemoprophylaxis or treatment:** Adverse reactions severe enough to affect daily activities and/or result in the discontinuation of the antiviral medication.

- **Vaccination season:** A 12-month period starting from July 1 of a year – June 30 of the following year.

Reporting Instructions

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

All NHSN facilities following the Influenza Exposure Management Option:

NHSN participants should complete the following forms:

- *Healthcare Personnel Safety Component Facility Survey* (CDC 57.200) – Used to collect facility administrative data including total patient beds set up and staffed, annual inpatient days, number of patient admissions per year, number of annual outpatient encounters, number of annual employee hours worked. The survey also collects annual data on the total number of HCP in selected occupational groups (full-time equivalents and numbers of HCP, full or part-time). Numbers of HCWs for at least one nurse occupation (e.g., registered nurse, nurse midwife) and one physician occupation (i.e., intern/resident, fellow, attending physician) are required. All other fields are optional for the Selected HCW Occupational Groups; you may enter 0 for these optional fields.

- *Healthcare Personnel Safety Monthly Reporting Plan* (CDC 57.203) – Used to collect data on which modules and which months a facility intends to participate in the NHSN HPS Component. This form should be completed for every month that the facility will participate in the HPS Component.

- *Healthcare Worker Demographic Data* (CDC 57.204) – Used to collect data on HCW demographics such as gender and occupation for each individual HCW. This form also is used optionally to collect information about immune status for certain vaccine-preventable diseases (e.g., measles, mumps, rubella).

Influenza Exposure Management Reporting:

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

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

Data Analyses:

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

References:

[1] Centers for Disease Control and Prevention, Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009, MMWR, 58 (2009) 1-52.

[2] Centers for Disease Control and Prevention, Influenza vaccination of health-care personnel, MMWR, 55 (2006) 1-16.

[3] R. T. Lester, A. McGeer, G. Tomlinson, and A. S. Detsky, Use of, effectiveness of, attitudes regarding influenza vaccine among house staff, Infection Control and Hospital Epidemiology, 24 (2003) 839-844.

[4] J. Potter, D. J. Stott, M. A. Roberts, A. G. Elder, B. ODonnell, P. V. Knight, and W. F. Carman, Influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients, Journal of Infectious Diseases, 175 (1997) 1-6.

[5] R. E. Thomas, T. O. Jefferson, V. Demicheli, and D. Rivetti, Influenza vaccination for health-care workers who work with elderly people in institutions: a systematic review, Lancet Infectious Diseases, 6 (2006) 273-279.

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

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

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

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

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

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

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

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

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

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

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

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

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

Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
3. What needle or sharp object caused the injury?	Select one of the following categories: Device, Non-Device Sharp Object, or Unknown Sharp Object. If you select Device in the application you will be provided with a **Device** button that will take you to a screen to enter manufacturer, model, etc. Once a device has been entered you will be able to select it from the drop down list.	Conditionally required	Conditionally required
	If a Non-Device Sharp is selected, please describe the item or object.	Conditionally required	Conditionally required
	Within Devices, there are six categories: *Hollow-bore needles, Suture needles, Other solid sharps, Glass, Plastic, Non-sharp safety devices, and Other devices.*		
	If Other known device is selected, please specify.	Conditionally required	Conditionally required
4. Manufacturer and model	Enter the brand name and model of the device used. If the brand and model are unknown, generic device descriptors can be entered.	Conditionally required	Conditionally required
5. Did the needle or other sharp object involved in the injury have a safety feature?	Choose Y (Yes) or N (No). If Yes, answer 5a and 5b. If No, skip to Q6.	Conditionally required	Conditionally required
5a. If Yes, indicate the type of safety feature	If above is Y (Yes), choose one item from the list of safety devices.	Conditionally required	Conditionally required
5b. If the device had a safety feature, when did the injury occur?	Choose the timing of the injury event with relation to the use of the safety device. Check one item from the list provided.	Conditionally required	Conditionally required

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

Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
2. Activity/event when exposure occurred	Select the activity or event at the time mucous membrane or skin exposure occurred.	Conditionally required	Conditionally required
	If Other is selected record details of the activity or event in the space provided.	Conditionally required	Conditionally required
3. Barriers used by the worker at the time of exposure	Check all that apply.	Conditionally required	Conditionally required
	If Other is selected, list other barriers in the space provided.	Conditionally required	Conditionally required
Section IV – Bite			
1. Wound description	Select the description of the bite wound from the list provided.	Conditionally required	Conditionally required
2. Activity/event when exposure occurred	Choose the activity or event when the bite occurred.	Conditionally required	Conditionally required
	If Other, specify the event in the space provided.	Conditionally required	Conditionally required
Sections V – IX are required when following the protocols for Exposure Management			
Section V – Source Information			
1. Was the source patient known?	Choose Y (Yes) if the source of the exposure (patient) is known. Otherwise, select N (No).	Optional	Required
2. Was HIV status known at time of exposure?	Indicate Y (Yes) if the source patient's serostatus was known at the time of exposure.	Optional	Required

3. Check the test results for the source patient:
 	
Hepatitis B
  HbsAg
  HBeAg
  Total anti-HBc
  anti-HBs
Hepatitis C
  anti-HCV EIA
  anti-HCV suppl
  PCR-HCV RNA
HIV
  HIV EIA, ELISA
  Rapid HIV
  Confirmatory HIV
	Use codes: P= positive, N= negative, I=Indeterminate, U=Unknown, R=Refused and NT=Not tested.
	
	Indicate the results of any tests performed prior to the exposure (as found in the medical record) or performed immediately after the exposure. If the source is not known, check U. If the source refuses to be tested, check R. Not all tests listed on the form need to be offered after all exposures.
		Optional	Required

Section VI – For HIV Infected Source			
1. Stage of Disease	Indicate the stage of HIV disease of the <u>source</u> patient. Use CDC surveillance definitions. For end stage AIDS and acute HIV illness, use definitions as defined in the protocol.	Optional	Conditionally required

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

Data Field	Instructions for Data Collection	Exposure Event Only	Exposure Event and Exposure Management
4. Is the HCW pregnant?	Indicate the pregnancy status of HCW. Choose Y (Yes), N (No), or U (Unknown).	Optional	Conditionally required
4a. If yes, which trimester?	Check 1 (1st trimester), 2 (2nd trimester), or 3 (3rd trimester) at the time of exposure. If stage of pregnancy is unknown, check U.	Optional	Conditionally required
Section VIII – Baseline Lab Testing			
Was baseline testing performed on the HCW?	Choose Y (Yes) or N (No) or U (Unknown). Baseline lab tests should be performed within hours of the exposure .	Optional	Required
HIV EIA HIV confirmatory HepC anti-HCV EIA HepC anti-HCV-supp HepC PCR HCV RNA HepB HBsAg HepB IgM anti-Hbc HepB Total anti-Hbc HepB Anti-HBs	Enter the dates for each test performed and the result (Use codes: P= Positive, N= Negative, I=Indeterminate, U=Unknown, R=Refused).	Optional	Conditionally required
ALT Amylase Blood glucose Hematocrit Hemoglobin Platelets Blood cells in urine WBC Creatinine Other	Additional baseline laboratory tests may be completed to document potential physiologic changes associated with a blood/body fluid exposure. Enter the date (in mm/dd/yyyy format) and result, using the specified units.	Optional	Optional
Section IX – Follow-up			
1. Is it recommended that the HCW return for follow-up of this exposure?	Choose Y (Yes) or N (No).	Optional	Required
1a. If Yes, will follow-up be performed at this facility?	Choose Y (Yes) or N (No).	Optional	Conditionally Required
Section X – Narrative			
In the worker's words, how did the injury occur?	Enter the narrative of the HCW's description of how the injury occurred.	Optional	Optional
Section XI – Prevention			

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

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

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

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

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

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

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

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

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

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

Data Field	Instructions for Data Collection
Facility ID #	Required. The NHSN-assigned facility ID will be auto-entered by the application.
Lab #	Required. The lab testing ID number will be auto-generated by the application.
HCW ID #	Required. Enter the HCW's alphanumeric identification number. This identifier is unique to the healthcare facility.
♦HCW Name: Last, First, Middle	Optional. Enter the HCW's name.
♦Gender	Required. Indicate the gender of the HCW by checking F (Female) or M (Male).
♦Date of birth	Required. Enter the date of birth of the HCW using the format: mm/dd/yyyy.
Exposure Event #	Required. The user is required to link the laboratory follow-up record to a blood and body fluid exposure record using the Link feature within the application. Once the exposure is selected and submitted, the form will display the message "Lab is Linked." Laboratory records must be linked to an exposure.
Lab Results	
Lab Test	Required (At least one laboratory test and date are required). Multiple test results may be recorded on this form. Select lab test from dropdown menu: HIV EIA, HIV confirmatory, HepC anti-HCV EIA, HepC anti-HCV-supp, HepC PCR HCV RNA, HepB HBsAg, HepB IgM anti-Hbc, HepB Total anti-Hbc, HepB Anti-HBs, ALT, Amylase, Blood glucose, Hematocrit, Hemoglobin, Platelets, Blood cells in urine, WBC, Creatinine, Other
Date	Required. Indicate date of test using mm/dd/yyyy format.
Result	Conditionally required. Select one of the result codes: Use codes: P= positive, N= negative, I=Indeterminate, U=Unknown, R=Refused)
Custom Fields	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any additional information about the HCW. CDC will not analyze this information.

CDC

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

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

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

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

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

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

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

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

REFERENCES

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

- *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. (MMWR, June 29, 2001 / 50(RR11); 1-42)*

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

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

- *A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. (MMWR, December 8, 2006 / 55(RR16); 1-25)*

- *Influenza Vaccination of Health-care Personnel. (MMWR, February 24, 2006 / 55(RR02); 1-16)*

- *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). (MMWR, July 29, 2009 / 58(Early Release); 1-52)*

Key Terms

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

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

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

CDC occupation Codes used to code ("map") facility locations

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

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

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

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

CDC Device description used to code ("map") medical devices used in the facility

CDC Device Description	CDC Device Description
IVPER - IV catheter - peripheral	BCUT - Bone cutter
IVCATH - IV catheter – central line	BOVIE - Electrocautery device
HYPO - Hypodermic needle, attached syringe	BUR - Bur
UNATT - Unattached hypodermic needle	ELEV - Elevator
PREFILL - Prefilled cartridge syringe	EXPL - Explorer
STYLET - I.V. Stylet	FILE - File
VHOLD - Vacuum tube holder/needle	FORCEPS - Extraction Forceps
SPINAL - Spinal or epidural needle	LANCET - Lancet
BMARROW - Bone marrow needle	MICRO - Microtome blade
BIOPSY - Biopsy needle	PIN - Pin
OTH-HOL - Other hollow-bore needle	RAZOR - Razor
UNK-HOL - Hollow-bore needle, type unknown	RETRACT - Retractor
HUBER - Huber needle	ROD - Rod (orthopaedic)
WINGED - Winged-steel (Butterfly™-type) needle	SCALE - Scaler/curette
HEMODIAL - Hemodialysis needle	SCALPEL - Scalpel blade
HYPO-TUB - Hypodermic, attached to IV tubing	SCIS - Scissors
DENTASP -Dental aspirating syringe with needle	TENAC - Tenaculum
ABCD - Arterial Blood Collection Device	TROCAR - Trocar
SUTR - Suture needle	WIRE - Wire

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

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

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

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

The National Healthcare Safety Network (NHSN) Manual

HEALTHCARE PERSONNEL SAFETY COMPONENT PROTOCOL

Healthcare Personnel Vaccination Module:

Influenza Vaccination Summary

Division of Healthcare Quality Promotion

National Center for Emerging and Zoonotic Infectious Diseases

Atlanta, GA, USA

CDC

Table of Contents

1. Introduction to Healthcare Personnel Safety Component

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

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

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

2. Healthcare Personnel Safety Monthly Reporting Plan

The *Healthcare Personnel Safety Monthly Reporting Plan* (CDC 57.203) is used by NHSN facilities to inform CDC which Healthcare Personnel Safety component modules are used during a given month. This allows CDC to select data that should be included in the aggregate data pool for analysis. Each facility must enter a monthly reporting plan to indicate the modules to be used, if any, and the exposures and/or vaccinations that will be monitored.

For the Exposure Module, a plan must be completed for every month that data are entered into NHSN, although a facility may choose "No NHSN Healthcare Personnel Safety Modules Followed this Month" as an option. When creating a plan for influenza vaccination summary data reporting in the Healthcare Personnel Vaccination Module, all months will be included in the plan regardless of whether data are entered each month. Once the influenza vaccination summary is selected on the reporting plan for any given month, all reporting plans are automatically updated with this information for the entire NHSN-defined influenza season (July 1 through June 30 of the following year). The *Instructions for Completion of the Healthcare Personnel Safety Monthly Reporting Plan Form* includes brief instructions for collection and entry of each data element on the form.

3. Healthcare Personnel Vaccination Module: Influenza Vaccination Summary

Introduction

The Advisory Committee on Immunization Practices (ACIP) recommends that all persons six months of age and older, including HCP and persons in training for healthcare professions, should be vaccinated annually against influenza. [1,2] Persons infected with influenza virus, including those who are pre-symptomatic, can transmit the virus to coworkers and patients, some of who may be at higher risk for complications from influenza. Vaccination of working age adults, including HCP, has been associated with reduced risk of influenza illness, and reduced work absenteeism, antibiotic use, and medical visits. [3,4] In addition, HCP influenza vaccination has reduced deaths among nursing home patients [5,6] and elderly hospitalized patients.[6] Annual vaccination is recommended for all HCP and is a high priority for reducing morbidity associated with influenza in healthcare settings. National survey data have demonstrated that HCP influenza vaccination coverage levels are approximately 80% [7], falling short of the Healthy People 2020 target of 90% for HCP influenza vaccination [8]. HCP influenza vaccination varies substantially by provider type and healthcare setting. [7]

Healthcare facilities should provide influenza vaccine to HCP using approaches that have demonstrated effectiveness in increasing vaccination coverage. [1, 2] Healthcare administrators should consider the level of vaccination coverage among HCP to be one measure of a patient safety quality program and consider obtaining signed declinations from personnel who decline influenza vaccination for reasons other than medical contraindications. [2; 9-12] Influenza vaccination rates (including ward-, unit-, and specialty-specific coverage rates) among HCP within facilities should be regularly measured and reported to facility administrators and staff. [2,12]

Healthcare facilities should offer influenza vaccinations to all eligible HCP, [2] including part-time and temporary staff. Efforts should be made to educate HCP on the benefits of vaccination and the potential health consequences of influenza illness for their patients, themselves, and their family members [2]. Studies have demonstrated that organized campaigns can attain higher rates of vaccination among HCP with moderate effort and by using strategies that increase vaccine acceptance.[9,13,14] All HCP should be provided convenient access to influenza vaccine at the work site, free of charge. [9,14]

HCP Influenza Vaccination Measure

The HCP influenza vaccination measure is designed to ensure that reported HCP influenza vaccination percentages are consistent over time within a single healthcare facility and comparable across facilities. Using this measure to monitor influenza vaccination among HCP may also result in increased influenza vaccination uptake among HCP, because improvements in tracking and reporting HCP influenza vaccination status will allow healthcare institutions to better identify and target unvaccinated HCP. Increased influenza vaccination coverage among HCP is expected to result in reduced morbidity and mortality related to influenza virus infection among patients. The HCP Vaccination Module of the HPS Component will allow NHSN users to report HCP influenza vaccination percentages using this HCP influenza vaccination measure.

Settings

All types of healthcare facilities including acute care hospitals, long-term acute care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, outpatient dialysis centers, ambulatory surgery centers, and long-term care facilities are invited to join NHSN and use the measure.

Requirements

Participating facilities are required to report data according to this protocol, using the NHSN definitions described herein, to ensure data are uniformly reported across facilities. Within the HPS Component, monthly reporting plans must

be created or updated to include HCP influenza vaccination summary reporting. Once the "Influenza Vaccination Summary" box is checked on one monthly reporting plan, then the system will auto-check that same box on every monthly reporting plan throughout the entire NHSN-defined influenza season (defined as the 12 months from July 1 – June 30).

CDC/NHSN encourages that HCP influenza vaccination summary data be updated on a monthly basis and suggests that healthcare facilities update data within 30 days of the end of each month (for example, all October data should be added by November 30) so they have the greatest impact on influenza vaccination activities. However, entering a single influenza vaccination summary report at the conclusion of the measure reporting period will meet the minimum data requirements for NHSN participation.

Reporting Instructions

Forms, Description, and Purpose (See also: *Tables of Instructions for Completion of Healthcare Personnel Influenza Vaccination Summary Form* in Chapter 4)

<u>All</u> facilities using the HCP Vaccination Module for HCP influenza vaccination summary data reporting must complete the following forms: the Healthcare Personnel Safety Monthly Reporting Plan form and the Healthcare Personnel Influenza Vaccination Summary form. In addition, <u>dialysis centers that do not provide in-center hemodialysis</u> are also required to complete the Home Dialysis Center Practices survey.

- *Healthcare Personnel Safety Monthly Reporting Plan Form* (CDC 57.203) – This is used to collect data on which modules and which months (if any) the facility intends to participate in the NHSN HPS Component. Once the influenza vaccination summary is selected on the reporting plan, it is automatically updated with this information for the entire NHSN-defined influenza season (July 1 to June 30).

- *Healthcare Personnel Influenza Vaccination Summary Form* (CDC 57.214) – This is used to collect data on summary influenza vaccination counts among HCP working in a facility. HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season. Each time a user enters updated data for a particular influenza season, all previously entered data for that season will be overwritten and a new modified date will be auto-filled by the system. When entering data, all required fields indicated with an asterisk must be completed. Otherwise, the data cannot be saved. Users should enter "0" in a field if no HCP at the facility fall into that category.

- *Home Dialysis Center Practices Survey* (CDC 57.507) – Dialysis centers that do not provide in-center hemodialysis are required to complete the Home Dialysis Center Practices Survey before they can enter the HCP influenza vaccination summary data into NHSN. This survey captures information about various topics such as surveillance practices, vaccination, and vascular access.

The *Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel* (CDC 57.215) is not required at this time. The survey collects data on types of personnel groups that are included in a facility's annual influenza vaccination campaign, methods a facility is using to deliver influenza vaccine to its HCP, strategies a facility uses to promote/enhance HCP influenza vaccination, etc. Facilities are encouraged to complete one survey at the end of the influenza season.

Measure Specifications

Denominator
The denominator for this measure consists of HCP who are physically present in the healthcare facility for at least 1 working day between October 1 through March 31 of the following year. Denominators are to be calculated separately for three required categories of HCP and can also be calculated for a fourth optional category:

a. Employees (required): This includes all persons receiving a direct paycheck from the reporting facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.

b. Licensed independent practitioners (LIPs) (required): This includes physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on the facility's payroll.

c. Adult students/trainees and volunteers (required): This includes medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.

d. Other contract personnel (optional): Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the other - denominator categories. (See Appendix A for a list of contract personnel examples.)   Reporting for this category is optional at this time.

Denominator Notes
1. The denominator includes HCP who worked at the facility for at least 1 working day from October 1 through March 31 during the reporting period, regardless of clinical responsibility or patient contact. This includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day.

2. Both full-time and part-time personnel should be included. HCP should be counted as individuals rather than full-time equivalents. If a healthcare worker (HCW) works in two or more facilities, each facility should include the HCW in their denominator data.

3. Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.

4. The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories.

Numerator
The numerator for this measure consists of HCP in the denominator population, who fall into one of the categories below. HCP should be counted as vaccinated if they receive influenza vaccine any time from when it first became available, such as August or September, through March 31 of the following year:

a. received an influenza vaccination administered at the healthcare facility; or

b. reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or

    c. were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other component(s) of the vaccine, or history of Guillain-Barré Syndrome (GBS) within 6 weeks after a previous influenza vaccination; or

    d. were offered but declined influenza vaccination; or

    e. had an unknown vaccination status or did not otherwise meet any of the definitions of the other numerator categories.

Numerator Notes
1. Persons who declined vaccination because of conditions other than those specified in category (c) above should be categorized as declined vaccination.*

2. Persons who declined vaccination and did not provide any other information should be categorized as declined vaccination.

3. Persons who did not receive vaccination because of religious or philosophical exemptions should be categorized as declined vaccination.

4. Persons who deferred vaccination all season should be categorized as declined vaccination.

5. The numerator data are mutually exclusive. The sum of the numerator categories should be equal to the denominator for each HCP group.

*Note: For the purposes of this measure, a medical contraindication to vaccination with is defined as having a severe allergic reaction to eggs or other components of the influenza vaccine or a history of GBS within 6 weeks after a previous influenza vaccination. A healthcare facility may grant medical exemptions to HCP with other conditions besides those defined for this measure and may include these conditions in its list of acceptable medical contraindications to influenza vaccination. However, to ensure that data are comparable across different facilities reporting data using this measure, only those HCP with one of the two conditions stated above should be reported to NHSN as having a medical contraindication to influenza vaccination.

Data Sources
Data sources for the required data elements include management/personnel data, medical or occupational health records, and vaccination records. HCP can self-report in writing (paper or electronic) that the vaccination was received elsewhere or provide documentation of receipt of the influenza vaccine elsewhere. Documentation should include the date and location of vaccine receipt. For this reporting measure, verbal statements are not acceptable proof of vaccination outside the facility. However, HCP can provide verbal statements for medical contraindications to and declination of the influenza vaccine, as written documentation is not required for NHSN reporting.

Methodology
The influenza vaccination summary data reporting enables a healthcare facility to record influenza vaccination data for HCP working in the healthcare facility for at least 1 day from October 1 through March 31. Data must be entered for the three denominator categories of HCP groups and the five numerator fields describing vaccination status. A fourth denominator category for other contract personnel is optional at this time.

This module requires that data be collected as per CDC reporting requirements. Data covering the entire denominator reporting period (October 1 through March 31) must be entered once into NHSN for each reporting year. The data can

be entered on a monthly and/or quarterly basis, but only cumulative data should be entered. Any new data that are entered into NHSN will overwrite previously entered data. Thus, if a facility would like to keep track of its monthly numbers, it should maintain its own record of monthly summary reports as it will not be able to review previously entered data in NHSN.

Data Analyses

Influenza vaccination status is calculated separately among each of the three required denominator categories: employees, LIPs, and adult students/trainees and volunteers. Influenza vaccination status can also be calculated for the fourth optional category of other contract personnel using the modify option within the analysis function. Separate measures are calculated by dividing the number of HCP in one numerator field (for example, number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season) by the number of HCP in that denominator group, and multiplying by 100 to produce a vaccination percentage for that specific group. Percentages of vaccination received elsewhere, medical contraindications, declinations, and unknown vaccination status can also be calculated using the second, third, fourth, and fifth numerator fields, respectively. Calculations for employee vaccination percentages are shown below. Vaccination percentages for LIPs, adult students/trainees and volunteers, and other contract personnel are calculated in the same manner.

Employee Vaccination Percentages

Employee Vaccination Percentage (at this healthcare facility)

$$\frac{\# \text{ Employees vaccinated onsite}}{\# \text{ Employees working in the required time period}} \times 100 = \text{Pct. of Employees Vaccinated Onsite}$$

Employee Vaccination Percentage (outside this healthcare facility)

$$\frac{\# \text{ Employees vaccinated elsewhere}}{\# \text{ Employees working in the required time period}} \times 100 = \text{Pct. of Employees Vaccinated Elsewhere}$$

Employee Medical Contraindication Percentage

$$\frac{\# \text{ Employees reporting contraindication}}{\# \text{ Employees working in the required time period}} \times 100 = \text{Pct. of Employees Reporting Contraindication}$$

Employee Declination Percentage

$$\frac{\# \text{ Employees declined vaccine}}{\# \text{ Employees working in the required time period}} \times 100 = \text{Pct. of Employees Reporting Declination}$$

Employee Unknown Vaccination Percentage

$$\frac{\# \text{ Employees with unknown vaccination}}{\# \text{ Employees working in the required time period}} \times 100 = \text{Pct. Employees with Unknown Status}$$

HCP Vaccination Percentages

In addition to calculating vaccination percentages for individual denominator groups, percentages can be calculated for all HCP (both employees and non-employees). Percentages can also be calculated including the optional category of

contract personnel using the modify option within the analysis function. To determine vaccination for all HCP, the system will add the total number of HCP (employees, LIPs, and adult students/trainees and volunteers) in one numerator field (for example, total number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season). The number is divided by the total number of HCP who worked at this healthcare facility for at least 1 working day from October 1 through March 31, and multiplied by 100 to produce a vaccination percentage for that HCP group. Percentages of vaccination received elsewhere, medical contraindications, declinations, and unknown vaccination status can also be calculated using the second, third, fourth, and fifth numerator fields, respectively. Calculations for total HCP vaccination percentages are shown below. The second calculation in this section shows how an onsite vaccination percentage is computed for all facility HCP including other contract personnel (OCP). Other vaccination percentages for all HCP including other contract personnel are computed in the same manner as the other calculations in this section.

HCP Vaccination Percentage (at this healthcare facility) [excluding OCP]

$$\frac{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV vaccinated onsite}}{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Onsite (exc. OCP)}$$

HCP Vaccination Percentage (at this healthcare facility) [including OCP]

$$\frac{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV} + \text{\# OCP vaccinated onsite}}{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV} + \text{\# OCP working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Onsite (inc. OCP)}$$

HCP Vaccination Percentage (outside this healthcare facility) [excluding OCP]

$$\frac{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV vaccinated elsewhere}}{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Elsewhere (exc. OCP)}$$

HCP Medical Contraindication Percentage [excluding OCP]

$$\frac{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV reporting contraindication}}{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Reporting Contra. (exc. OCP)}$$

HCP Declination Percentage [excluding OCP]

$$\frac{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV declined vaccine}}{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Reporting Declination (exc. OCP)}$$

HCP Unknown Vaccination Percentage [excluding OCP]

$$\frac{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV with unknown status}}{\text{\# Employees} + \text{\# LIPs} + \text{\# ASTV working in the required time period}} \times 100 = \text{Pct. of HCP with Unknown Status (exc. OCP)}$$

Non-Employee Vaccination Percentages
Vaccination percentages can be calculated for all non-employees (LIPs and adult students/trainees and volunteers). Percentages can also be calculated including the optional category of other contract personnel using the modify option within the analysis function. To determine vaccination for all non-employees, the system will add the total number of non-employee HCP (LIPs and adult students/trainees and volunteers) in one numerator field (for example, number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season). The number is divided by the total number of HCP who worked at this healthcare facility for at least 1 working day from October 1 through March 31, and multiplied by 100 to produce a vaccination percentage for that group of non-

employees. Percentages of vaccination received elsewhere, medical contraindications, declinations, and unknown vaccination status can also be calculated using the second, third, fourth, and fifth numerator fields, respectively. Calculations for non-employee vaccination percentages are shown below. The second calculation in this section shows how a percentage is computed for other contract personnel.

Non-Employee Vaccination Percentage (at this healthcare facility) [excluding OCP]

$$\frac{\#\ LIPs\ +\#\ ASTV\ vaccinated\ onsite}{LIPs\ +\#\ ASTV\ working\ in\ the\ required\ time\ period} \times 100 = Pct.\ of\ Non\text{-}Employees\ Vacc.\ Onsite\ (exc.\ OCP)$$

Non-Employee Vaccination Percentage (at this healthcare facility) [including OCP]

$$\frac{\#\ LIPs\ +\#\ ASTV\ +\#\ OCP\ vaccinated\ onsite}{\#\ LIPs\ +\#\ ASTV\ +\#\ OCP\ working\ in\ the\ required\ time\ period} \times 100 = Pct.\ of\ Non\text{-}Employees\ Vacc.\ Onsite\ (inc.\ OCP)$$

Non-Employee Vaccination Percentage (outside this healthcare facility) [excluding OCP]

$$\frac{\#\ LIPs\ +\#\ ASTV\ vaccinated\ elsewhere}{\#\ LIPs\ +\#\ ASTV\ working\ in\ the\ required\ time\ period} \times 100 = Pct.\ of\ Non\text{-}Employees\ Vacc.\ Elsewhere\ (exc.\ OCP)$$

Non-Employee Medical Contraindication Percentage [excluding OCP]

$$\frac{\#\ LIPs\ +\#\ ASTV\ reporting\ contraindication}{\#\ LIPs\ +\#\ ASTV\ working\ in\ the\ required\ time\ period} \times 100 = Pct.\ of\ Non\text{-}Employees\ Reporting\ Contra.\ (exc.\ OCP)$$

Non-Employee Declination Percentage [excluding OCP]

$$\frac{\#\ LIPs\ +\#\ ASTV\ declined\ vaccine}{\#\ LIPs\ +\#\ ASTV\ working\ in\ the\ required\ time\ period} \times 100 = Pct.\ of\ Non\text{-}Employees\ Reporting\ Declination\ (exc.\ OCP)$$

Non-Employee Unknown Vaccination Percentage [excluding OCP]

$$\frac{\#\ LIPs\ +\#\ ASTV\ with\ unknown\ vaccination}{\#\ LIPs\ +\#\ ASTV\ working\ in\ the\ required\ time\ period} \times 100 = Pct.\ of\ Non\text{-}Employees\ with\ Unknown\ Status\ (exc.\ OCP)$$

Vaccination Compliance
To determine vaccination compliance, the system will add the total number of HCP who received an influenza vaccination at this healthcare facility to the total number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season. The number is divided by the total number of HCP who worked at this healthcare facility for at least 1 working day from October 1 through March 31. This number is then multiplied by 100 to obtain a percentage. Percentages can also be calculated including the optional category of other contract personnel using the modify option within the analysis function. Calculations for employee vaccination compliance, HCP vaccination compliance, and non-employee vaccination compliance percentages are shown below. Vaccination compliance percentages for LIPs, adult students/trainees and volunteers, and other contract personnel are calculated in the same manner.

Employee Vaccination Compliance Percentage

$$\frac{\text{\# Employees vaccinated onsite} + \text{\# Employees vaccinated elsewhere}}{\text{\# Employees working in the required time period}} \times 100 = \text{Pct. of Employee Vacc. Compliance}$$

HCP Vaccination Compliance Percentage [excluding OCP]

$$\frac{(\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV vacc. onsite}) + (\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV vacc. elsewhere})}{\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Comp. (exc. OCP)}$$

HCP Vaccination Compliance Percentage [including OCP]

$$\frac{(\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV} + \text{\# OCP vacc. onsite}) + (\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV} + \text{\# OCP vacc. elsewhere})}{\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV} + \text{\# OCP working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Comp. (inc. OCP)}$$

Non-Employee Vaccination Compliance Percentage [excluding OCP]

$$\frac{(\text{\# LIPs} + \text{\# ASTV vacc. onsite}) + (\text{\# LIPs} + \text{\# ASTV vacc. elsewhere})}{\text{\# LIPs} + \text{\# ASTV working in the required time period}} \times 100 = \text{Pct. of Non-Employee Vacc. Comp. (exc. OCP)}$$

Non-Employee Vaccination Compliance Percentage [including OCP]

$$\frac{(\text{\# LIPs} + \text{\# ASTV} + \text{\# OCP vacc. onsite}) + (\text{\# LIPs} + \text{\# ASTV} + \text{\# OCP vacc. elsewhere})}{\text{\# LIPs} + \text{\# ASTV} + \text{\# OCP working in the required time period}} \times 100 = \text{Pct. of Non-Employee Vacc. Comp. (inc. OCP)}$$

Vaccination Non-Compliance

To determine vaccination non-compliance, the system will add the total number of HCP who declined to receive the influenza vaccination to the total number of HCP with unknown vaccination status. The number is divided by the total number of HCP who worked at this healthcare facility for at least 1 working day between October 1 through March 31. This number is then multiplied by 100 to obtain a percentage. Percentages can also be calculated including the optional category of other contract personnel using the modify option within the analysis function. Calculation for employee vaccination non-compliance, HCP vaccination non-compliance, and non-employee vaccination non-compliance percentages are shown below. Vaccination non-compliance percentages for LIPs, adult students/trainees and volunteers, and other contract personnel are calculated in the same manner.

Employee Vaccination Non-Compliance Percentage

$$\frac{\text{\# Employees declined vacc.} + \text{\# Employees with unknown status}}{\text{\# Employees working in the required time period}} \times 100 = \text{Pct. of Employee Vacc. Non-Compliance}$$

HCP Vaccination Non-Compliance Percentage [excluding OCP]

$$\frac{(\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV declined vacc.}) + (\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV with unknown status})}{\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Non-Comp. (exc. OCP)}$$

HCP Vaccination Non-Compliance Percentage [including OCP]

$$\frac{(\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV} + \text{\# OCP dec. vacc.}) + (\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV} + \text{\# OCP with unknown status})}{\text{\# Emp.} + \text{\# LIPs} + \text{\# ASTV} + \text{\# OCP working in the required time period}} \times 100 = \text{Pct. of HCP Vacc. Non-Comp. (inc. OCP)}$$

Non-Employee Vaccination Non-Compliance Percentage [excluding OCP]

$$\frac{(\text{\# LIPs} + \text{\# ASTV declined vacc.}) + (\text{\# LIPs} + \text{\# ASTV with unknown status})}{\text{\# LIPs} + \text{\# ASTV working in the required time period}} \times 100 = \text{Pct. of Non-Employee Vacc. Non-Comp. (exc. OCP)}$$

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Non-Employee Vaccination Non-Compliance Percentage [including OCP]

$$\frac{(\text{\# LIPs } + \text{\# ASTV} + \text{\# OCP declined vacc.}) + (\text{\# LIPs } + \text{\# ASTV} + \text{\# OCP with unknown status})}{\text{\# LIPs } + \text{\# ASTV} + \text{\# OCP working in the required time period}} \times 100 = \text{Pct. of Non-Emp. Vacc. Non-Comp. (inc. OCP)}$$

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Healthcare Personnel Safety
Monthly Reporting Plan

*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)

CDC 57.203, v3, r8.4

CDC

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

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

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

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Healthcare Personnel Influenza Vaccination Summary

*required for saving, ^conditionally required for saving

Record the number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

*Facility ID#:	^Location:

*Vaccination type: Influenza	*Influenza subtype[a]: ☐ Seasonal	*Influenza Season[b]:	Date Last Modified: __/__/____

	Employee HCP	Non-Employee HCP		
	*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/ trainees & volunteers	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31				
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				

Custom Fields

Label		Label	
_____	____/____/_____	_____	____/____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

[a] For the purposes of NHSN, influenza subtype refers to whether seasonal or non-seasonal vaccine is used. Seasonal is the default and only current choice.
[b] For the purposes of NHSN, a flu season is defined as July 1 to June 30.

CDC 57.214 v2, R8.2

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Healthcare Personnel Influenza Vaccination Summary

Question 1 (Denominator) Notes:
- Include all HCP who have worked at the facility for at least 1 working day during the reporting period, regardless of clinical responsibility or patient contact. This includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day.
- Include both full-time and part-time persons. If a HCW works in two or more facilities, each facility should include the HCW in their denominator. Count HCP as individuals rather than full-time equivalents.
- Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.
- The HCP categories are mutually exclusive. Each HCP should be counted only once in the denominator (question 1).

Questions 2-6 (Numerator) Notes:
- Questions 2-6 are mutually exclusive. The sum of the HCP in questions 2-6 should equal the number of HCP in question 1 for each HCP category. Questions 2-6 are to be reported separately for each of the three HCP categories.
- Only the following HCP should be counted in question 4: HCP with (1) a severe allergic reaction to eggs or other vaccine component(s) or (2) a history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination.
- The following should be counted in question 5 (declined to receive influenza vaccine):
  o HCP who declined vaccination because of conditions **other than** those included in question 4.
  o HCP who declined vaccination and did not provide any other information.
  o HCP who did not receive vaccination because of religious or philosophical exemptions.
  o HCP who deferred vaccination for the entire influenza season (for example, from October 1 through March 31).

CDC

4. Table 2. Instructions for Completion of Healthcare Personnel Influenza Vaccination Summary Form (CDC 57.214)

This form is used to collect information on summary influenza vaccination counts among healthcare personnel (HCP). Data can be entered monthly but should represent cumulative counts for an entire influenza season. A monthly reporting plan for the influenza season for which data were collected (CDC 57.203) must be completed before data can be entered in NHSN. Facilities are encouraged to complete the Seasonal Survey on Influenza Vaccination Programs for HCP (CDC 57.215) but this is optional.

Data Fields	Instructions for Completion
Facility ID #	*Required.* The NHSN-assigned facility ID will be auto-entered.
Location	*Conditionally Required.* Hospitals with CMS inpatient rehabilitation facility (IRF) units and/or inpatient psychiatric facility (IPF) units must specify if they are reporting data for their hospital or their CMS IRF unit(s) and/or CMS IPF unit(s).
Vaccination Type	*Required.* Influenza is the default and only current choice.
Influenza Subtype	*Required.* Seasonal is the default and only current choice.
Influenza Season	*Required.* Select the influenza season years for which data were collected (for example, 2019/2020).
Date Last Modified	The Date Last Modified will be auto-entered and indicate the date that these data were last changed by a user.
Employee HCP (staff on facility payroll)	*Required.* Defined as all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
Non-Employee HCP: Licensed independent practitioners: Physicians, advanced practice nurses & physician assistants	*Required.* Defined as physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.
Non-Employee HCP: Adult students/trainees and volunteers	*Required.* Defined as adult students/trainees and volunteers: medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
Non-Employee HCP: Other contract personnel	*Optional.* Defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any other denominator categories.
Question 1 (Denominator)	The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories.

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CDC

Data Fields	Instructions for Completion
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	*Required.* Indicate the number of HCP working at this healthcare facility for at least 1 working day between October 1 through March 31 of the influenza season. This includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day. Both full-time and part-time persons should be included. HCP should be counted as individuals rather than full-time equivalents. If a healthcare worker (HCW) works in two or more facilities, each facility should include the HCW in their denominator. Licensed practitioners receiving a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.
Questions 2-6 (Numerator)	The numerator data are mutually exclusive. The sum of the numerator categories should be equal to the denominator for each HCP group.
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season	*Required.* Enter the total number of HCP that received an influenza vaccination at this healthcare facility since the influenza vaccine became available this season.
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	*Required.* Enter the total number of HCP that reported in writing (paper or electronic) or provided documentation of influenza vaccination outside this healthcare facility since the influenza vaccine became available this season. <u>For the purposes of this reporting measure, verbal statements of vaccine receipt outside the facility are not acceptable.</u>
4. Number of HCP having a medical contraindication to the influenza vaccine	*Required.* Enter the total number of HCP determined to have a medical contraindication to influenza vaccination. Documentation is not required for reporting a medical contraindication. For this measure, accepted contraindications include: (1) severe allergic reaction (for example, anaphylaxis) after a previous vaccine dose or to a vaccine component, including egg protein, and (2) history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination.
5. Number of HCP who declined to receive the influenza vaccine	*Required.* Enter the total number of HCP that were offered an influenza vaccination but declined to receive one. Documentation is not required for reporting a declination.

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Data Fields	Instructions for Completion
	The following individuals should be counted in this category: • HCP that declined vaccination because of health conditions other than those included in Question 4. • HCP that declined vaccination and did not provide any other information. • HCP that did not receive vaccination because of religious or philosophical exemptions. • HCP that deferred vaccination for the entire measure reporting period (for example, from October 1 through March 31).
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	*Required.* Enter the total number of HCP with unknown vaccination status (or who did not meet the criteria for Questions 2-5 above).

Custom Fields & Comments	Instructions for Completion
Custom fields	*Optional.* Can be used to fulfill other reporting requirements not supported by the categories above; for example, reporting vaccination rates by occupational group or by unit/department.
Comments	*Optional.* Enter any additional information on the HCP influenza vaccination summary data. This information will not be analyzed by CDC.

Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel

Facility ID #: _____

*Date Entered: _____   *For Season: _____ - _____

               (Month/Year)   (Specify years)

*1. Which personnel groups are included in your facility's annual influenza vaccination campaign? *(check all that apply)*

☐ Full-time employees

☐ Part-time employees

Licensed independent practitioners:

    ☐ Non-employee physicians

    ☐ Non-employee advanced practice nurses

    ☐ Non-employee physician assistants

☐ Students and trainees (for example, interns, residents)

☐ Adult volunteers
☐ Other contract personnel
☐ Other, specify: _____

*2. Are healthcare personnel at your facility required to pay out-of-pocket costs for influenza vaccination received at your facility?

☐ Yes

☐ No

If yes, how much do each of the following groups need to pay for influenza vaccination?

    Full-time employees: $ _____

    Part-time employees: $ _____

    Non-employee physicians: $ _____

    Non-employee advanced practice nurses: $ _____

    Non-employee physician assistants: $ _____

    Students and trainees: $ _____

    Adult volunteers: $ _____

    Other contract personnel $ _____
    Other, specify:_____

*3. Which of the following methods is your facility using this influenza season to deliver vaccine to your healthcare personnel? *(check all that apply)*

☐ Have mobile vaccination carts
☐ Provide vaccination in Occupational/Employee Health
☐ Provide vaccination in wards, clinics, cafeterias, or common areas
☐ Provide vaccination during nights and weekends
☐ Provide vaccination at any meetings or grand rounds
☐ Provide visible vaccination of any key personnel/leadership
☐ Other, specify: _____
☐ None of the above

Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel

*4. Which of the following strategies does your facility use to promote/enhance healthcare personnel influenza vaccination at your facility? *(check all that apply)*

   □ Send vaccination reminders by mail, e-mail, and/or pager

   □ Coordinate vaccination with other annual programs (for example, tuberculin skin testing)

   □ Require receipt of vaccination for credentialing (if no contraindications)

   □ Require receipt of vaccination as a condition of employment

   □ Advertise vaccination with a campaign including posters, flyers, buttons, and/or fact sheets

   □ Provide education on the benefits and risks of vaccination

   □ Track unit-based vaccination rates for some or all units/departments

   □ Plan to provide feedback on vaccination rates to facility administration

   □ Provide incentives for vaccination

   □ Track vaccination on a regular basis for targeting purposes

   □ Other, specify: _____

   □ No formal promotional activities are planned

*5. What is your facility's influenza vaccination policy for healthcare personnel? (*check one*)

   □ Influenza vaccination is required; unvaccinated personnel are terminated from employment
   □ Influenza vaccination is required with consequences other than termination for unvaccinated personnel
   □ Influenza vaccination is recommended but not required
   □ My facility does not have a specific influenza vaccination policy for personnel
   □ Other, specify: _____

*6. Which personnel groups are covered by your facility's influenza vaccination policy? *(check all that apply)*

   □ Full-time employees
   □ Part-time employees

   Licensed independent practitioners:
       □ Non-employee physicians
       □ Non-employee advanced practice nurses
       □ Non-employee physician assistants

   □ Students and trainees (for example, interns, residents)
   □ Adult volunteers
   □ Other contract personnel
   □ Other, specify: _____

*7. Does your facility require healthcare personnel who receive off-site influenza vaccination to provide documentation of their vaccination status?

   □ Yes
   □ No

   If yes, what type of documentation is acceptable? *(check all that apply)*
       □ Receipt or other proof of purchase from pharmacy or other vaccinator

       □ Insurance claim for receipt of influenza vaccination

       □ Note from person or organization that administered the vaccination

       □ Handwritten statement or e-mail from healthcare worker

       □ Signature of healthcare worker on standard facility form attesting to vaccination

       □ Other, specify: _____

*8. What does your facility require from healthcare personnel who refuse influenza vaccination? (*check one*)

   □ Standardized paper or electronic declination form completed by healthcare worker

   □ Reading a statement about the risks of non-vaccination (no signature required)

   □ Verbal declination of vaccination by healthcare worker

   □ Facility does not track vaccine declinations

   □ Other, specify: _____

*9. Does your facility require healthcare personnel who refuse influenza vaccination to wear a mask or other personal protective equipment (PPE)?
   □ Yes
   □ No

4. Table 3. Instructions for Completion of Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel (CDC 57.215)

This survey is used to collect information on the influenza vaccination programs at each healthcare facility. Facilities are encouraged to complete this survey, but it is not required at this time. Only one survey should be completed per facility per year, at the end of each influenza season.

Data Fields	Instructions for Completion
Facility ID #	*Required.* The NHSN-assigned facility ID will be auto-entered.
Date Entered	*Required.* The month and year of the seasonal survey will be auto-entered.
For Season	*Required.* Enter the years of the influenza season for which the survey was completed. This is entered in the format: yyyy – yyyy. Influenza season is July 1 of the current year through June 30 of the following year.
1. Which personnel groups are included in your facility's annual influenza vaccination campaign?	*Required.* Select the personnel group(s) you included in your campaign or program. Employee healthcare personnel (staff on facility payroll): Defined as all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact. (This is a required denominator category for reporting healthcare personnel [HCP] influenza vaccination summary data.) Non-employee HCP : Licensed independent practitioners: Defined as physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category. (This is a required denominator category for reporting HCP influenza vaccination summary data.) Non-employee HCP : Adult students/trainees and volunteers: Defined as medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. (This is a required denominator category for reporting HCP influenza vaccination summary data.) Non-employee healthcare personnel: Other contract personnel: Defined as persons providing care, treatment, or services at the facility through a contract who do not meet the definition of any other required denominator

CDC

Data Fields	Instructions for Completion
	category. (This is an optional denominator category for reporting HCP influenza vaccination summary data.)
2. Are healthcare personnel at your facility required to pay out-of-pocket costs for influenza vaccination received at your facility?	*Required.* Select Yes or No. If yes, indicate the exact amount of out-of-pocket costs that the personnel groups were required to pay for influenza vaccination at your facility.
3. Which of the following methods is your facility using this influenza season to deliver vaccine to your healthcare personnel?	*Required.* Select all methods that your facility used this influenza season to deliver influenza vaccine to your HCP.
4. Which of the following strategies does your facility use to promote/enhance healthcare personnel influenza vaccination at your facility?	*Required.* Select all strategies that your facility used to promote/enhance HCP influenza vaccination at your facility.
5. What is your facility's influenza vaccination policy for healthcare personnel?	*Required.* Select the one option that best describes the influenza vaccination policy for HCP at your facility.
6. Which personnel groups are covered by your facility's influenza vaccination policy?	*Required.* Select all personnel groups covered by your facility's influenza vaccination policy. Full-time employees: Defined as all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact. These individuals work at the facility on a full-time basis. Part-time employees: Defined as all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact. These individuals work at the facility on a part-time basis. Licensed independent practitioners: Non-employee physicians: Defined as physicians (MD, DO) who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.

Data Fields	Instructions for Completion
	<u>Licensed independent practitioners: Non-employee advanced practice nurses:</u> Defined as advanced practice nurses who are affiliated with the healthcare facility but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Advanced practice nurses include nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists. <u>Licensed independent practitioners: Non-employee physician assistants:</u> Defined as physician assistants who are affiliated with the healthcare facility but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. <u>Students and trainees:</u> Defined as medical, nursing, or other health professional students, interns, medical residents, aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. <u>Adult volunteers:</u> Defined as volunteers aged 18 or older that are affiliated with the healthcare facility but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. <u>Other contract personnel:</u> Defined as persons providing care, treatment, or services at the facility through a contract who do not meet the definition of any other required denominator category.
7. Does your facility require healthcare personnel who receive off-site influenza vaccination to provide documentation of their vaccination status?	*Required.* Select Yes or No. If yes, select all types of documentation for off-site influenza vaccination that your facility accepted.
8. What does your facility require from healthcare personnel who refuse influenza vaccination?	*Required.* Select one option that best describes what your facility requires from HCP who refused influenza vaccination.
9. Does your facility require healthcare personnel who refuse influenza vaccination to	*Required.* Select Yes or No. Select yes if your facility requires HCP to wear a mask or other PPE if they refuse influenza vaccination. Select no if your healthcare facility does not have this requirement.

Last reviewed March 2020

Data Fields	Instructions for Completion
wear a mask or other personal protective equipment (PPE)?	

CDC

5. Key Terms

Key term	Definition for purposes of the HCP Influenza Vaccination Summary Module
Adult students/trainees and volunteers	Medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e. they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
Contract personnel	Persons providing care, treatment, or services at the facility through a contract, regardless of clinical responsibility or patient contact, who do not meet the definition of employees, licensed independent practitioners, or adult students/trainees and volunteers.
Employees	Persons receiving a direct paycheck from the healthcare facility (i.e. on the facility's payroll), regardless of clinical responsibility or patient contact.
Healthcare personnel (HCP)	The entire population of healthcare workers working in healthcare settings. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students/ trainees, and volunteers, contractual staff not employed by the healthcare facility (for example, clerical, dietary, housekeeping, maintenance, and volunteers), regardless of clinical responsibility or patient contact.
HCP influenza vaccination measure reporting period	The reporting period for the HCP influenza vaccination measure is October 1 through March 31. This reporting period refers to the denominator only.
Healthcare worker (HCW)	A person who works in a healthcare facility, whether paid or unpaid, regardless of clinical responsibility or patient contact. Healthcare worker is the singular form of HCP.
Influenza season	For the purposes of NHSN reporting, an influenza season is defined as July 1 through June 30 of the following year.

CDC

Key term	Definition for purposes of the HCP Influenza Vaccination Summary Module
Licensed independent practitioners (LIPs)	Physicians (MD, DO), advance practice nurses, and physician assistants who are affiliated with the healthcare facility, but are not directly employed by it (i.e. they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on a facility's payroll.
Seasonal influenza vaccine	A vaccine to protect against infection with seasonal influenza virus strains that is offered on an annual basis.

Appendix A

Influenza Vaccination Summary: List of Contracted Healthcare Personnel

Examples
The list below includes examples of contracted healthcare personnel (HCP) who provide direct patient care and who perform non-direct or non-patient care duties. HCP listed below can acquire influenza from or transmit influenza to patients, families, and other staff members. This list is not exhaustive.

Contracted HCP can include the following non-employee *direct* care providers:
- Agency nurses
- Chaplains
- Dieticians
- Dialysis technicians
- EKG technicians
- EMG technicians
- Home health aides
- Laboratory: Phlebotomists
- Nursing aides
- Occupational therapists
- Patient care technicians
- Pharmacists
- Pharmacy/medication technicians
- Physical therapists
- Psychologists
- Psychology technicians/Mental health workers
- Radiology: X-ray technicians
- Recreational therapists/Music therapists
- Respiratory therapists
- Speech therapists
- Social workers/Case managers
- Surgical technicians
- Traveling nurses
- Ultrasound technicians

Contracted HCP can include the following non-employee *non-direct* providers:
- Admitting staff/clerical support/registrars
- Biomedical engineers
- Central supply staff

- Construction workers
- Dietary/food service staff
- Housekeeping staff
- Information Technology staff
- Laboratory: technicians
- Landscapers
- Laundry staff
- Maintenance staff/engineers
- Pharmacists
- Pharmacy/medication technicians
- Patient transporters
- Security staff
- Utilization review nurses