NHSN Biovigilance Component
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Table 6. Hemovigilance Module Incident (CDC 57.305)

Data Field	Instructions for Form Completion
Facility ID#	The Facility ID number will be auto entered by NHSN.
NHSN Incident #	An incident number will be auto entered by NHSN.
Local Incident # or Log #	Optional. Enter your facility's incident report, log, or other locally-assigned incident number.
Discovery	
Date of discovery	Required. Enter the date the incident was discovered. It must be on or after the date the incident occurred.
Time of discovery	Required. Enter the time the incident was discovered using a 24-hour clock. If only an approximate time is known, check the "Time approximate" box. If the time cannot be determined, select "Time unknown."
Where in the facility was the incident discovered?	Required. Select the location where the incident was discovered. This may or may not be the same as the location where the incident occurred.
At what point in the process was the incident **first discovered**? (check one)	Required. Select the process point at which the incident was **first** discovered. This may or may not be the same process point at which the incident occurred.
How was the incident **first discovered**? (check one)	Required. Select the description that most closely represents how the incident was **first** discovered. If "other" is selected, briefly describe how the incident was discovered.
Occurrence	
Date **initial** incident occurred	Required. Enter the date the incident occurred. It must be on or before the date the incident was discovered.
Time **initial** incident occurred	Required. Enter the time the incident occurred using a 24-hour clock.
Incident summary	Optional. Provide a description of the incident. *Note: Only 500 characters are allowed.*
Incident code(s): (max 20)	Required. Enter a maximum of 20 incident codes and occurrence locations. *Note: A single incident may result in a cascade of future incidents related to the same sample or blood product. Report all incidents known to have occurred in association with a reaction.*
• Incident Code	Enter the NHSN-defined incident code(s). Incident codes are found in the protocol. *Note: For each process code (PC: Product Check-In, etc.) there is an option for unspecified incidents. If no process code is defined or the process point is unknown for the incident you are reporting, use MS 99 and briefly describe the incident.*
• Occurrence Location	Select the location(s) where the incident occurred. This may or may not be the same as the location where the incident was discovered.

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Data Field	Instructions for Form Completion
Job function of the worker(s) involved in the Incident: (max 6)	Optional. Enter the <u>job function</u> of the worker(s) involved in the incident using the occupation codes found in the protocol. This is the worker who was involved in and **may** have been responsible for the incident, but not necessarily. In cases such as equipment malfunction, this may be the person who discovered the incident.
Incident result	Required. Select the outcome of the incident.
• Product transfused, reaction	A product related to this incident was transfused; the patient experienced an adverse reaction.
• Product transfused, no reaction	A product related to this incident was transfused; the patient did not experience an adverse reaction.
• No product transfused, unplanned recovery	No product was transfused; the incident was discovered ad hoc, by accident, by a human lucky catch, etc.
• No product transfused, planned recovery	No product was transfused; the incident was discovered through a standardized process or barrier designed to prevent errors.
Product action	Required. Check all that apply.
• Not applicable	The incident was not related to a product, or the incident was discovered before a product was selected for transfusion.
• Product retrieved and returned to inventory	A blood product related to the incident was intercepted or withdrawn and was not transfused to the patient.
• Product retrieved and destroyed	A blood product was retrieved and destroyed as a result of the incident.
Single or multiple units destroyed?	Conditionally required. If any blood product was destroyed, indicate whether single or multiple units were destroyed.
Single unit	Conditionally required: If a single unit was destroyed, select the labeling system used and enter the individual unit number **OR** the component code of the product.
Multiple units	Conditionally required. If multiple units were destroyed, select the labeling system used and enter the component code(s) and the total number of units of each product type destroyed. ***Note: Codabar- and ISBT 128-labeled products may be entered.***
• Product issued but not transfused.	A blood product related to the incident **was issued to the patient care area but was NOT transfused**.
• Product transfused	A blood product related to the incident **was transfused**.
Was a patient reaction associated with this incident?	Conditionally required. If a blood product related to the incident was transfused, indicate whether the patient(s) experienced an adverse transfusion reaction.
Patient ID#(s)	Conditionally required. If an adverse transfusion reaction occurred, enter the Patient ID number(s) of the affected patient(s). Multiple patients can be listed. *Note: To link an adverse reaction to an incident in NHSN, the incident record must be entered into the system <u>first</u> and must include the Patient ID number(s). When attempting to link an adverse reaction record, NHSN will search for matching Patient ID number(s) in the incident records.*

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Data Field	Instructions for Form Completion
Record/other action	Required. Select all follow-up actions that were performed in response to this incident. If "other" is selected, briefly describe.

Investigation Results

Did this incident receive root cause analysis?	Required. Indicate whether a formal, documented root cause analysis of the incident was performed.
If Yes, result(s) of analysis	Conditionally required. If a root cause analysis was performed, select all applicable results. If "other" is selected, briefly describe.

Technical:
- Technical failures beyond the control and responsibility of the facility.
- Poor design of equipment, software, labels or forms.
- Designed correctly but not constructed properly or set up in accessible areas.
- Other material defects.

Organizational:
- Failure at an organizational level beyond the control and responsibility of the facility or department where the incident occurred.
- Inadequate measures taken to ensure that situational or domain-specific knowledge or information is transferred to new or inexperienced staff.
- Inadequate quality and/or availability of protocols or procedures within the department (e.g., outdated, too complicated, inaccurate, unrealistic, absent or poorly presented).
- Organizational/cultural attitudes and behaviors. For example, internal management decisions when faced with conflicting demands or objectives; an inadequate collective approach and its attendant modes of behavior to risks in the investigating organization.

Human:
- Human failures originating beyond the control and responsibility of the investigating organization. This could include individuals in other departments.
- Inability of an individual to apply their existing knowledge to a novel situation.
- An incorrect fit between an individual's training or education and a particular task.
- A lack of task coordination within a health care team.
- Incorrect or incomplete assessment of a situation including related conditions of the patient and materials to be used before starting the transfusion. Faulty task planning and execution. Example: washing red blood cells using the same protocol as that used for platelets.
- Failure in monitoring a process or patient status.
- Failure in performing highly developed skills.
- Failure in whole body movements, e.g. slips, trips and falls.

Patient-related:
- Failures related to patient characteristics or conditions which are beyond the control of staff and influence treatment.

Other:
- Cannot be classified under any of the other categories.

Custom Fields

Optional. Up to 50 custom fields may be added to this form for local use. Custom data may be collected in an alphanumeric, numeric, or date format.

Comments

Optional. Enter additional information about the incident.