

HEALTHCARE PERSONNEL SAFETY COMPONENT	
Variable Name	Label
administered	Vaccine Administered
administeredDesc	Vaccine Administered Description
advReaction	Adverse Reactions?
advRxn	Adverse~Reaction
advRxnOth	Other Adverse Reaction
ageAtExp	HCW Age at Exposure
ageAtVacc	HCW Age at Vacc Date
AnyExposureRate	Any Exposure Rate
arvDrug1	Anti-retroviral drug #1
arvdrug1desc	Anti-retroviral drug #1 Description
arvDrug2	Anti-retroviral drug #2
arvdrug2desc	Anti-retroviral drug #2 Description
arvDrug3	Anti-retroviral drug #3
arvdrug3desc	Anti-retroviral drug #3 Description
arvDrug4	Anti-retroviral drug #4
arvdrug4desc	Anti-retroviral drug #4 Description
arvDrug5	Anti-retroviral drug #5
arvdrug5desc	Anti-retroviral drug #5 Description
arvDrug6	Anti-retroviral drug #6
arvdrug6desc	Anti-retroviral drug #6 Description
arvDrugOffered	HCW Offered Anti-retroviral Prophylaxis?
arvDrugOth	Other Anti-retroviral Drug
arvDrugTaken	Anti-retroviral Prophylaxis Taken by HCW?
barrierGloves	Barrier Used: Gloves?
barrierGoggles	Goggles Used by HCW?
barrierGown	Barrier Used: Gown?
barrierMaskResp	Mask/Respirator Used by HCW?
barrierOth	Other Barrier Used by HCW?
barrierOthSfy	Other Barrier Used by HCW
barrierShield	Shield Used by HCW?
baseTest	Baseline Testing Performed?
bbfExpFacility	Exposure Occurred in Reporting Facility?
bbfLocation	Location of Exposure
bbfLocBeds	Exposure Location Beds
bbfLocCDC	CDC Exposure Location
bbfloccdcdesc	CDC Exposure Location Description
bbfLocLabel	Exposure Location Label
bbfLocStatus	Exposure Location Status
bbfocclabel	Occupation Desc
bbfOccupation	Occupation
bedsize	Bedsize
biteActivity	Activity/Event When Bite Occurred
biteactivitydesc	Activity/Event When Bite Occurred Description
biteActivityOth	Other Activity/Event When Bite Occurred
biteExp	Bite Exposure?
bldEstimate	Estimated Amount of Blood/Body Fluid
bldestimatedesc	Estimated Amount of Blood/Body Fluid Description
bodySiteArm	Body Site of Exposure: Arm?
bodySiteEye	Body Site of Exposure: Eye?
bodySiteFoot	Body Site of Exposure: Foot?
bodySiteHand	Body Site of Exposure: Hand?
bodySiteLeg	Body Site of Exposure: Leg?
bodySiteMouth	Body Site of Exposure: Mouth?
bodySiteNose	Body Site of Exposure: Nose?
bodySiteOth	Body Site of Exposure: Other?
bodySiteOthSfy	Other Body Site of Exposure
bornInUS	HCW Born in US?
cd4Count	Most Recent CD4 Count
cd4Month	Month of Last CD4 Count

HEALTHCARE PERSONNEL SAFETY COMPONENT	
<u>Variable Name</u>	<u>Label</u>
cd4Year	Year of Last CD4 Count
city	City
cleanNeedle	Exposure Involved Clean Sharp?
clinSpec	HCW Clinical Specialty
clinSpecDesc	HCW Clinical Specialty Description
comment	Comment
conDec	Number of other contract personnel declined vaccine
conMed	Number of other contract personnel with contraindication
contraindications	# Contraindications
conUnk	Number of other contract personnel with unknown vaccination
conVaccEW	Number of other contract personnel vaccinated elsewhere
conVaccHere	Number of other contract personnel vaccinated at this facility
conWorking	Number of other contract personnel working
createDate	Date the record was created
createUserID	User ID for Data Entry
custom01	Custom 1
custom02	Custom 2
custom03	Custom 3
custom04	Custom 4
custom05	Custom 5
custom06	Custom 6
custom07	Custom 7
custom08	Custom 8
custom09	Custom 9
custom10	Custom 10
custom11	Custom 11
custom12	Custom 12
custom13	Custom 13
custom14	Custom 14
custom15	Custom 15
custom16	Custom 16
custom17	Custom 17
custom18	Custom 18
custom19	Custom 19
custom20	Custom 20
custom21	Custom 21
custom22	Custom 22
custom23	Custom 23
custom24	Custom 24
custom25	Custom 25
custom26	Custom 26
custom27	Custom 27
custom28	Custom 28
custom29	Custom 29
custom30	Custom 30
custom31	Custom 31
custom32	Custom 32
custom33	Custom 33
custom34	Custom 34
custom35	Custom 35
custom36	Custom 36
custom37	Custom 37
custom38	Custom 38
custom39	Custom 39
custom40	Custom 40
custom41	Custom 41
custom42	Custom 42
custom43	Custom 43
custom44	Custom 44

HEALTHCARE PERSONNEL SAFETY COMPONENT	
<u>Variable Name</u>	<u>Label</u>
custom45	Custom 45
custom46	Custom 46
custom47	Custom 47
custom48	Custom 48
custom49	Custom 49
custom50	Custom 50
customFlu01	Custom Flu01
customFlu02	Custom Flu02
customFlu03	Custom Flu03
customFlu04	Custom Flu04
customFlu05	Custom Flu05
customFlu06	Custom Flu06
customFlu07	Custom Flu07
customFlu08	Custom Flu08
customFlu09	Custom Flu09
customFlu10	Custom Flu10
customFlu11	Custom Flu11
customFlu12	Custom Flu12
customFlu13	Custom Flu13
customFlu14	Custom Flu14
customFlu15	Custom Flu15
customFlu16	Custom Flu16
customFlu17	Custom Flu17
customFlu18	Custom Flu18
customFlu19	Custom Flu19
customFlu20	Custom Flu20
customFlu21	Custom Flu21
customFlu22	Custom Flu22
customFlu23	Custom Flu23
customFlu24	Custom Flu24
customFlu25	Custom Flu25
customFlu26	Custom Flu26
customFlu27	Custom Flu27
customFlu28	Custom Flu28
customFlu29	Custom Flu29
customFlu30	Custom Flu30
customFlu31	Custom Flu31
customFlu32	Custom Flu32
customFlu33	Custom Flu33
customFlu34	Custom Flu34
customFlu35	Custom Flu35
customFlu36	Custom Flu36
customFlu37	Custom Flu37
customFlu38	Custom Flu38
customFlu39	Custom Flu39
customFlu40	Custom Flu40
customFlu41	Custom Flu41
customFlu42	Custom Flu42
customFlu43	Custom Flu43
customFlu44	Custom Flu44
customFlu45	Custom Flu45
customFlu46	Custom Flu46
customFlu47	Custom Flu47
customFlu48	Custom Flu48
customFlu49	Custom Flu49
customFlu50	Custom Flu50
customHCW01	Custom HCW 01
customHCW02	Custom HCW 02
customHCW03	Custom HCW 03

HEALTHCARE PERSONNEL SAFETY COMPONENT	
<u>Variable Name</u>	<u>Label</u>
customHCW04	Custom HCW 04
customHCW05	Custom HCW 05
customHCW06	Custom HCW 06
customHCW07	Custom HCW 07
customHCW08	Custom HCW 08
customHCW09	Custom HCW 09
customHCW10	Custom HCW 10
customHCW11	Custom HCW 11
customHCW12	Custom HCW 12
customHCW13	Custom HCW 13
customHCW14	Custom HCW 14
customHCW15	Custom HCW 15
customHCW16	Custom HCW 16
customHCW17	Custom HCW 17
customHCW18	Custom HCW 18
customHCW19	Custom HCW 19
customHCW20	Custom HCW 20
customHCW21	Custom HCW 21
customHCW22	Custom HCW 22
customHCW23	Custom HCW 23
customHCW24	Custom HCW 24
customHCW25	Custom HCW 25
customHCW26	Custom HCW 26
customHCW27	Custom HCW 27
customHCW28	Custom HCW 28
customHCW29	Custom HCW 29
customHCW30	Custom HCW 30
customHCW31	Custom HCW 31
customHCW32	Custom HCW 32
customHCW33	Custom HCW 33
customHCW34	Custom HCW 34
customHCW35	Custom HCW 35
customHCW36	Custom HCW 36
customHCW37	Custom HCW 37
customHCW38	Custom HCW 38
customHCW39	Custom HCW 39
customHCW40	Custom HCW 40
customHCW41	Custom HCW 41
customHCW42	Custom HCW 42
customHCW43	Custom HCW 43
customHCW44	Custom HCW 44
customHCW45	Custom HCW 45
customHCW46	Custom HCW 46
customHCW47	Custom HCW 47
customHCW48	Custom HCW 48
customHCW49	Custom HCW 49
customHCW50	Custom HCW 50
customVacc01	Custom Vacc 01
customVacc02	Custom Vacc 02
customVacc03	Custom Vacc 03
customVacc04	Custom Vacc 04
customVacc05	Custom Vacc 05
customVacc06	Custom Vacc 06
customVacc07	Custom Vacc 07
customVacc08	Custom Vacc 08
customVacc09	Custom Vacc 09
customVacc10	Custom Vacc 10
customVacc11	Custom Vacc 11
customVacc12	Custom Vacc 12

HEALTHCARE PERSONNEL SAFETY COMPONENT	
<u>Variable Name</u>	<u>Label</u>
customVacc13	Custom Vacc 13
customVacc14	Custom Vacc 14
customVacc15	Custom Vacc 15
customVacc16	Custom Vacc 16
customVacc17	Custom Vacc 17
customVacc18	Custom Vacc 18
customVacc19	Custom Vacc 19
customVacc20	Custom Vacc 20
customVacc21	Custom Vacc 21
customVacc22	Custom Vacc 22
customVacc23	Custom Vacc 23
customVacc24	Custom Vacc 24
customVacc25	Custom Vacc 25
customVacc26	Custom Vacc 26
customVacc27	Custom Vacc 27
customVacc28	Custom Vacc 28
customVacc29	Custom Vacc 29
customVacc30	Custom Vacc 30
customVacc31	Custom Vacc 31
customVacc32	Custom Vacc 32
customVacc33	Custom Vacc 33
customVacc34	Custom Vacc 34
customVacc35	Custom Vacc 35
customVacc36	Custom Vacc 36
customVacc37	Custom Vacc 37
customVacc38	Custom Vacc 38
customVacc39	Custom Vacc 39
customVacc40	Custom Vacc 40
customVacc41	Custom Vacc 41
customVacc42	Custom Vacc 42
customVacc43	Custom Vacc 43
customVacc44	Custom Vacc 44
customVacc45	Custom Vacc 45
customVacc46	Custom Vacc 46
customVacc47	Custom Vacc 47
customVacc48	Custom Vacc 48
customVacc49	Custom Vacc 49
customVacc50	Custom Vacc 50
declinations	# Declinations
declineOth	Declined for Other Reason?
declineOthSfy	Other Reason for Declining
degree	HCW Degree
department	HCW Department
depthInjury	Depth of Injury
depthinjurydesc	Depth of Injury Description
devCDC	CDC Device
devcdcdesc	CDC Device Description
devDiscQtr	Device Discontinuation Qtr
devDiscWhy	Reason for Device Discontinuation
devdiscwhydesc	Reason for Device Discontinuation Description
devDiscYr	Device Discontinued Yr
device	Device
deviceBrand	Device Brand
deviceLabel	Device Label
deviceOth	Other Device
deviceVisContam	Sharp Visibly Contaminated?
devImpQtr	Device Implementation Qtr
devImpYr	Device Implementation Yr
devstatus	Device Status

HEALTHCARE PERSONNEL SAFETY COMPONENT	
Variable Name	Label
devTypeCDC	CDC Device Type
devTypeCDCDesc	CDC Device Type Description
directcare	HCW Performs Direct Patient Care?
dob	Date of Birth
drug	Drug
edition	Edition Date of Vaccine Information Statement
empDate	Date of Employment
empDateYH	Employment~Yr/Half
empDateYM	Employment~Yr/Mon
empDateYQ	Employment~Yr/Qtr
empDateYr	Employment~Year
empDec	Number of employees declined vaccine
empMed	Number of employees with contraindication
empStatus	Employee Status
empUnk	Number of employees with unknown vaccination
empVaccEW	Number of employees vaccinated elsewhere
empVaccHere	Number of employees vaccinated at this facility
empWorking	Number of employees working
ethnicity	Ethnicity
expDate	Exposure Date
expDateYH	Exposure~Yr/Half
expDateYM	Exposure~Yr/Mon
expDateYQ	Exposure~Yr/Qtr
expDateYr	Exposure~Year
explD	Exposure ID
exptype	Exposure Type
facActivated	Facility Activated
fearNeedle	Declination Reason~Fear of Needles/Injections?
fearSideEffects	Declination Reason~Fear of Side Effects?
fedRecord	Federal Record
fluidSource	Body Fluid Type
fluidsourcdesc	Body Fluid Type Description
fluidSourceOth	Other Body Fluid Type
fluidType	Type of Fluid
fluidtypedesc	Type of Fluid Description
fluidTypeOth	Other Type of Fluid
FluQtr	Flu Quarter
FluQtr_Desc	Flu Quarter Description
fluseason	Flu Season
fluVaccAnn	Influenza Vaccination Annual summary Plan?
fluVaccSubtype	Flu Vacc Subtype
fluVaccSubtypeDesc	Flu Vacc Subtype Description
fluVaccType	Type of Flu Vaccination
fluVaccTypeDesc	Type of Flu Vaccination Description
FluYQ	Year/Quarter Flu Season Began
FluYr	Year Flu Season Began
followUpHere	Follow-Up to be Done Here?
gender	Gender
GName	Patient First Name
hbigDate	HBIG Date
hbigGiven	HBIG Given?
hcwGName	HCW First Name
hcwid	HCW ID
hcwMName	HCW Middle Name
HCWNAME	Employee's name
hcwPregStatus	HCW Pregnant?
hcwRaceaab	HCW Race-Black/African American?
hcwRaceamin	HCW Race-American Indian/Alaska Native?
hcwRaceasian	HCW Race-Asian?

HEALTHCARE PERSONNEL SAFETY COMPONENT	
Variable Name	Label
hcwRaceNH_PI	HCW Race-Native Hawaiian/Pacific Islander?
hcwRacewhite	HCW Race-White?
hcwSurname	HCW Last Name
hcwTempEmp	Temp Employee?
hcwTrimester	Trimester
hepBVacc	Hepatitis B Vaccine Given?
hepBVaccDate	Date of First Hepatitis B Vaccine
howInjured	What Caused the Injury to Occur
howInjureddesc	What Caused the Injury to Occur Description
howInjuredOth	What Caused the Injury to Occur Other
hrsDuty	Hours on Duty
id2	Patient ID2
inaVIS	Inactivated Influenza VIS?
indication	Indication
infAgent	Infectious Agent
injuryDevice	Device
JOBTITLE	Job title
lastReport	Most Recent Summary Data Entry for Flu Season
laVIS	Live, Attenuated Influenza VIS?
lipDec	Number of LIPS declined vaccine
lipMed	Number of LIPs with contraindication
lipUnk	Number of LIPs with unknown vaccination
lipVaccEW	Number of LIPs vaccinated elsewhere
lipVaccHere	Number of LIPs vaccinated at this facility
lipWorking	Number of LIPs working
location	Location
locbeds	Location Beds
locCDC	CDC Location
locCDCDesc	CDC Location Description
locImport	Location Import?
locLabel	Location Label
locStatus	Location Status
lotNumber	Lot Number
manufacturer	Manufacturer
manufacturerDesc	Manufacturer Description
medReaction	Adverse Reaction to Medication?
medstartdate	Medication~Start Date
medstopdate	Medication~Stop Date
MName	Patient Middle Name
modifyDate	Last Modified
modifyUserID	Modify User ID
modifyVersion	Version number of the software under which the data was last updated
mucMem	Mucous Membrane Exposure?
mucMemRate	Mucous Membrane Exposure Rate
name	Facility Name
noBarrier	No Barrier Used by HCW
nonDevice	Non-device Sharp Object
numAdmits	Number of Admissions
numBeds	Number of Beds
numEmpDec	Number of Employees- Declined Vaccine
numEmpMed	Number of Employees- Medical Contraindication
numEmpVaccEW	Number of Employees- Vaccine at Other Facility
numEmpVaccHere	Number of Employees- Vaccine at this Facility
numEmpWorking	Number of Employees
numencounters	Encounters
numNonEmpCDec	Number of Non-employees, Credentialed- Declined Vaccine
numNonEmpCMed	Number of Non-employees, Credentialed- Medical Contraindication
numNonEmpCVaccEW	Number of Non-employees, Credentialed- Vaccine at Other Facility
numNonEmpCVaccHere	Number of Non-employees, Credentialed- Vaccine at this Facility

HEALTHCARE PERSONNEL SAFETY COMPONENT	
Variable Name	Label
numNonEmpCWorking	Number of Non-employees, Credentialed
numNonEmpODec	Number of Non-employees, Other- Declined Vaccine
numNonEmpOMed	Number of Non-employees, Other- Medical Contraindication
numNonEmpOVaccEW	Number of Non-employees, Other- Vaccine at Other Facility
numNonEmpOVaccHere	Number of Non-employees, Other- Vaccine at this Facility
numNonEmpOWorking	Number of Non-employees, Other
numPatDays	Patient Days
numTotal	Total Number
numVaccAdm	Number of Admin Vaccinated
numVaccNurs	Number of Nursing Professionals Vaccinated
numVaccPhys	Number of Physicians Vaccinated
numVaccSupp	Number of Support/Volunteers Vaccinated
numVaccTech	Number of Credentialed/Technicians Vaccinated
numVaccTrain	Number of Students/Clinical Trainees Vaccinated
occCDC	CDC Occupation
occCDCDesc	CDC Occupation~Description
occLabel	Occupation Label
occStatus	Occupation Status
occupation	Occupation
occurComment	How the Injury Occurred
orgID	Org ID
OSHA_E	Where the event occurred
OSHA_F	Description of injury or illness
OSHA_G	Classify the case: Death
OSHA_H	Classify the case: Days away from work
OSHA_I	Classify the case: Job transfer or restriction
OSHA_J	Classify the case: Other recordable cases
OSHA_K	Away from work
OSHA_L	On job transfer or restriction
OSHA_M1	Injury
OSHA_M2	Skin disorder
OSHA_M3	Respiratory condition
OSHA_M4	Poisoning
OSHA_M5	Hearing loss
OSHA_M6	All other illnesses
othFacLoc	Name of Other Facility
parentOrgID	Group Org ID
pctConDec	Percentage of other contract personnel declined vaccination
pctConDecUnk	Percentage of other contract personal declined or unknown
pctConMed	Percentage of other contract personnel with contraindication
pctConUnk	Percentage of other contract personnel with unknown vaccination
pctConVaccEW	Percentage of other contract personnel vaccinated elsewhere
pctConVaccHere	Percentage of other contract personnel vaccinated at this facility
pctConVaccHereEW	Percentage of other contract personnel vaccinated
pctDecNoCon	Percentage of HCP (excluding other contract personnel) declined vaccine
pctDecUnkNoCon	Percentage of HCP (excluding other contract personnel) declined or unknown
pctDecUnkWCon	Percentage of HCP (including other contract personnel) declined or unknown
pctDecWCon	Percentage of HCP (including other contract personnel) declined vaccine
pctEmpDec	Percentage of employees declined vaccine
pctEmpDecUnk	Percentage of employees declined or unknown
pctEmpMed	Percentage of employees with contraindication
pctEmpUnk	Percentage of employees with unknown vaccination
pctEmpVaccEW	Percentage of employees vaccinated elsewhere
pctEmpVaccHere	Percentage of employees vaccinated at this facility
pctEmpVaccHereEW	Percentage of employees vaccinated
pctFluCov	% of HCP Flu Coverage
pctFluDec	% HCP Who Declined to Receive Vaccine
pctFluEmp	% of Employees-Vaccinated at this Facility or Elsewhere
pctFluEmpC	% of Non-Employees, Credentialed - vaccinated at this Facility or Elsewhere

HEALTHCARE PERSONNEL SAFETY COMPONENT	
Variable Name	Label
pctFluEmpCDec	% of Non-employees, Credentialed- Declined Vaccine
pctFluEmpCMed	% of Non-employees, Credentialed- Medical Contraindication
pctFluEmpDec	% of Employees- Declined Vaccine
pctFluEmpMed	% of Employees- Medical Contraindication
pctFluEmpO	% of Non-Employees, Other - Vaccinated at this Facility or Elsewhere
pctFluEmpODec	% of Non-employees, Other- Declined Vaccine
pctFluEmpOMed	% of Non-employees, Other- Medical Contraindication
pctFluMed	% of HCP Medical Contraindication/Exemption to Vaccine
pctFluUnk	% HCP Unknown Vaccination Status
pctFluVaccNurs	% of Nursing Professionals Vaccinated
pctFluVaccPhys	% of Physicians Vaccinated
pctFluVaccTech	% of Credentialed/Technicians Vaccinated
pctLIPDec	Percentage of LIPs declined vaccine
pctLIPDecUnk	Percentage of LIPs declined or unknown
pctLIPMed	Percentage of LIPs with contraindication
pctLIPUnk	Percentage of LIPs with unknown vaccination
pctLIPVaccEW	Percentage of LIPs vaccinated elsewhere
pctLIPVaccHere	Percentage of LIPs vaccinated at this facility
pctLIPVaccHereEW	Percentage of LIPs vaccinated
pctMedNoCon	Percentage of HCP (excluding other contract personnel) with contraindication
pctMedWCon	Percentage of HCP (including other contract personnel) with contraindication
pctNonEmpDecNoCon	Percentage of non-employees (excluding contract personnel) declined vaccination
pctNonEmpDecUnkNoCon	Percentage of non-employees (excluding other contract personnel) declined or unknown
pctNonEmpDecUnkWCon	Percentage of non-employees (including other contract personnel) declined or unknown
pctNonEmpDecWCon	Percentage of non-employees (including contract personnel) declined vaccination
pctNonEmpMedNoCon	Percentage of non-employees (excluding contract personnel) with contraindication
pctNonEmpMedWCon	Percentage of non-employees (including contract personnel) with contraindication
pctNonEmpUnkNoCon	Percentage of non-employees (excluding other contract personnel) with unknown vaccination
pctNonEmpUnkWCon	Percentage of non-employees (including other contract personnel) with unknown vaccination
pctNonEmpVaccEWNNoCon	Percentage of non-employees (excluding other contract personnel) vaccinated elsewhere
pctNonEmpVaccEWWCon	Percentage of non-employees (including other contract personnel) vaccinated elsewhere
pctNonEmpVaccHereEWNNoCon	Percentage of non-employees (excluding other contract personnel) vaccinated
pctNonEmpVaccHereEWWCon	Percentage of all non-employees (including other contract personnel) vaccinated
pctNonEmpVaccHereNoCon	Percentage of non-employees (excluding other contract personnel) vaccinated at this facility
pctNonEmpVaccHereWCon	Percentage of non-employees (including other contract personnel) vaccinated at this facility
pctStudVolDec	Percentage of adult students/trainees & volunteers declined vaccine
pctStudVolDecUnk	Percentage of adult students/trainees and volunteers declined or unknown
pctStudVolMed	Percentage of adult students/trainees & volunteers with contraindication
pctStudVolUnk	Percentage of adult students/trainees & volunteers with unknown vaccination
pctStudVolVaccEW	Percentage of adult students/trainees & volunteers vaccinated elsewhere
pctStudVolVaccHere	Percentage of adult students/trainees & volunteers vaccinated at this facility
pctStudVolVaccHereEW	Percentage of adult students/trainees & volunteers vaccinated
pctUnkNoCon	Percentage of HCP (excluding other contract personnel) with unknown vaccination
pctUnkWCon	Percentage of HCP (including other contract personnel) with unknown vaccination
pctVacc	Vaccination %
pctVaccCI	95% CI
pctVaccEWNNoCon	Percentage of HCP (excluding other contract personnel) vaccinated elsewhere
pctVaccEWWCon	Percentage of HCP (including other contract personnel) vaccinated elsewhere
pctVaccHereEWNNoCon	Percentage of HCP (excluding other contract personnel) vaccinated
pctVaccHereEWWCon	Percentage of HCP (including other contract personnel) vaccinated
pctVaccHereNoCon	Percentage of HCP (excluding other contract personnel) vaccinated at this facility
pctVaccHereWCon	Percentage of HCP (including other contract personnel) vaccinated at this facility
perclnjury	Percutaneous Injury?
perclnjuryRate	Percutaneous Exposure Rate
percvdIneffect	Declination Reason~Perceived Ineffectiveness?
personnelType	Category
piActivity	Activity at Time of Injury
piactivitydesc	Activity at Time of Injury Description
piActivityOth	Other Activity At Time of Injury

HEALTHCARE PERSONNEL SAFETY COMPONENT	
Variable Name	Label
preventComment	What Could Have Prevented the Injury
product	Product
productDesc	Product Description
productOth	Other Product
RateType	Rate Type
recFollowUp	Was Follow-up Recommended?
religious	Declination Reason~Religious Objections?
resplnfection	Declination Reason~Respiratory Infection?
route	Route of Administration
routeDesc	Route of Administration Description
safeFeatureCDC	CDC Safety Feature
safefeaturecdcdesc	CDC Safety Feature Description
scopeOfUse	Scope Of Use
scopeOfUseDesc	Scope Of Use Description
sharpPurpose	Purpose of Sharp
sharppurposedesc	Purpose of Sharp Description
sharpPurposeOth	Other Purpose of Sharp
sharpPurposeProc	Procedure of Sharp
sharppurposeprocdesc	Procedure of Sharp Description
sharpPurposeProcOth	Other Procedure of Sharp
sharpType	Type of Sharp
skinActivity	Activity at Time of Injury
skinactivitydesc	Activity at Time of Injury Description
skinActivityOth	Other Activity At Time of Injury
skinExp	Skin Exposure?
skinExpRate	Skin Exposure Rate
skinIntact	Skin Intact?
srcPtAntiHBS	Source Pt Hep B Antibody Status
srcPtAntiHBSDesc	Source Pt Hep B Antibody Status
srcPtAntiHCV	Source Pt Hep C Antibody Status
srcPtAntiHCVDesc	'Source Pt Hep C Antibody Status'
srcPtELISA	Source Pt HIV EIA Status
srcPtELISADesc	Source Pt HIV EIA Status
srcPtHBEAG	Source Pt Hep B e Antigen Status
srcPtHBEAGDesc	Source Pt Hep B e Antigen Status
srcPtHBSAG	Source Pt Hep B Surface Antigen Status
srcPtHBSAGDesc	Source Pt Hep B Surface Antigen Status
srcPtHCVPCR	Source Pt Hep C PCR Status
srcPtHCVPCRDesc	Source Pt Hep C PCR Status
srcPtHCVSupl	Source Pt RIBA Status
srcPtHCVSuplDesc	Source Pt RIBA Status
srcPtHIVConf	Source Pt HIV Confirmatory Test
srcPtHIVConfDesc	Source Pt HIV Confirmatory Test
srcPtHIVKnown	Source Pt HIV Status Known?
srcPtHIVStage	Source Pt HIV Stage
srcPtHIVStageDesc	Source Pt HIV Stage Description
srcPtKnown	Source Pt Known?
srcPtRapidHIV	Source Pt Rapid HIV Test
srcPtRapidHIVDesc	Source Pt Rapid HIV Test
srcPtTakeDrug	Source Pt Taking Anti-retroviral Drugs?
srcPtTotalHBC	Source Pt Hep B Total Antibody Status
srcPtTotalHBCDesc	Source Pt Hep B Total Antibody Status
srcPtViralLoad	Source Pt Viral Load
ssn	SSN
state	State
status	Status
studVolDec	Number of adult students/trainees & volunteers declined vaccine
studVolMed	Number of adult students/trainees & volunteers with contraindication
studVolUnk	Number of adult students/trainees & volunteers with unknown vaccination

HEALTHCARE PERSONNEL SAFETY COMPONENT	
Variable Name	Label
studVolVaccEW	Number of adult students/trainees & volunteers vaccinated elsewhere
studVolVaccHere	Number of adult students/trainees and volunteers vaccinated at this facility
studVolWorking	Number of adult students/trainees and volunteers working
summaryQtr	Calendar Quarter
summaryQtr_Desc	Calendar Quarter Months and Year
summaryType	Type of summary record
summaryYM	Summary Year/Month
summaryYQ	Summary~Yr/Qtr
summaryYr	Summary~Yr
superDegree	Supervisor Degree
superGName	Supervisor First Name
superMName	Supervisor Middle Name
superSurname	Supervisor Last Name
superTitle	Supervisor Title
supervisor	Supervisor HCW ID
suprName	Supervisor Name
SurName	Patient Last Name
surveyYear	survey Year
surveyYr	Facility Survey Year
timeInjury	When Injury Occurred
timeInjuryDesc	When Injury Occurred Description
title	Title
totConDecUnk	Total number of other contract personnel declined or unknown
totConVaccHereEW	Total number of other contract personnel vaccinated
totDecNoCon	Total number of HCP (excluding other contract personnel) declined vaccine
totDecUnkNoCon	Total number of HCP (excluding other contract personnel) declined or unknown
totDecUnkWCon	Total number of HCP (including other contract personnel) declined or unknown
totDecWCon	Total number of HCP (including other contract personnel) declined vaccine
totEmpDecUnk	Total number of employees declined or unknown
totEmpVaccHereEW	Total number of employees vaccinated
totLIPDecUnk	Total number of LIPs declined or unknown
totLIPVaccHereEW	Total number of LIPS vaccinated
totMedNoCon	Total number of HCP (excluding other contract personnel) with contraindication
totMedWCon	Total number of HCP (including other contract personnel) with contraindication
totNonEmpDecUnkNoCon	Total number of non-employees (excluding other contract personnel) declined or unknown
totNonEmpDecUnkWCon	Total number of non-employees (including other contract personnel) declined or unknown
totNonEmpVaccHereEWNCon	Total number of non-employees (excluding other contract personnel) vaccinated
totNonEmpVaccHereEWWCon	Total number of non-employees (including other contract personnel) vaccinated
totNonEmpWorkingNoCon	Total number of non-employees (excluding other contract personnel) working
totNonEmpWorkingWCon	Total number of non-employees (including other contract personnel) working
totStudVolDecUnk	Total number of adult students/trainees and volunteers declined or unknown
totStudVolVaccHereEW	Total number of adult students/trainees & volunteers vaccinated
totUnkNoCon	Total number of HCP with unknown vaccination (excluding other contract personnel)
totUnkWCon	Total number of HCP with unknown vaccination (including other contract personnel)
totVacc	Total Vaccinated
totVaccEWNCon	Total number of HCP (excluding other contract personnel) vaccinated elsewhere
totVaccEWWCon	Total number of HCP (including other contract personnel) vaccinated elsewhere
totVaccHereEWNCon	Total number of HCP (excluding other contract personnel) vaccinated
totVaccHereEWWCon	Total number of HCP (including other contract personnel) vaccinated
totVaccHereNoCon	Total number of HCP (excluding other contract personnel) vaccinated at this facility
totVaccHereWCon	Total number of HCP (including other contract personnel) vaccinated at this facility
totWorkingNoCon	Total number of healthcare personnel (HCP) [excluding other contract personnel] working
totWorkingWCon	Total number of HCP (including other contract personnel) working
transmit	Declination Reason~Concern of Transmitting Vaccine Virus?
unknownVIS	Unknown VIS?
vaccDate	Vaccination Date
vaccDateYH	Vaccination~Yr/Half
vaccDateYM	Vaccination~Yr/Mon
vaccDateYQ	Vaccination~Yr/Qtr

HEALTHCARE PERSONNEL SAFETY COMPONENT	
<u>Variable Name</u>	<u>Label</u>
vaccDateYr	Vaccination~Yr
vaccDocumented	Vacc of HCW Documented?
vaccDocumentedDesc	Vacc of HCW Documented Description
vaccEW	Vaccinated Elsewhere
vaccHere	Vaccinated at Facility
vaccid	Vaccination ID
vaccinatorFlag	Is HCW a Vaccinator?
vaccinatorid	Vaccinator HCW ID
vacctype	Type of Vaccination
vacctypedesc	Type of Vaccination Description
version	Version
viralLoadMonth	Month of Last Viral Load
viralLoadUndetect	Source Pt Viral Load Undetectable?
viralLoadYear	Year of Last Viral Load
visBloody	Body Fluid Visibly Bloody?
whenInjSafe	When Did Injury Occur
wheninjsafedesc	When Did Injury Occur Description
whenInjSafeOth	When Did Injury Occur Other
whoDevice	Who Was Holding Device
whodevicedesc	Who Was Holding Device Description
working	Total # HCW
wound	HCW Wound
wounddesc	HCW Wound Description