

# Exposure Report (Sharps Injury Log. 29 CFR 1904)

Wichita State University –Student Health Services 209 AHLBERG HALL Wichita KS 67226  
Phone number: 316-978-3620 Fax number: 316-978-3517

**INFORMATION ABOUT EXPOSURE:** Circle one Student Staff/Faculty Department \_\_\_\_\_  
Name \_\_\_\_\_ myWSU# \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
(mailing address) (city/state/zip)

Where exposure occurred (circle one): On campus Off campus. Location \_\_\_\_\_  
History of Hepatitis B vaccinations? (circle one) Yes No Dates: \_\_\_\_\_  
Previous results of Hepatitis B antibody test (HBsAb) \_\_\_\_\_ Date of Last Tetanus? \_\_\_\_\_

### Details of Procedure:

Date and time of exposure: \_\_\_\_\_ Date reported to SHS \_\_\_\_\_  
Give details of procedure being performed: \_\_\_\_\_  
Where and how did exposure occur: \_\_\_\_\_  
Was exposure related to a sharp device: Yes No If yes, type/brand of sharp device: \_\_\_\_\_  
In the course of handling the device, how and when did exposure occur: \_\_\_\_\_

### Details of exposure:

Type and amount of fluid or material: \_\_\_\_\_  
Severity of exposure:  
1. Percutaneous: Yes No Depth of injury \_\_\_\_\_ Fluid injected: Yes No  
2. Skin/Mucous Membrane: Yes No Estimated volume of material \_\_\_\_\_  
Duration of contact: \_\_\_\_\_ Condition of skin (e.g. chapped, abraded or intact): \_\_\_\_\_

### Details of Exposure Source: (Individual you were exposed to)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Phone number \_\_\_\_\_  
Address: \_\_\_\_\_

### History of source individual:

Is source a known HIV infected person: Yes No If yes, stage of disease \_\_\_\_\_  
Antiretroviral therapy: Yes No Viral load, if known: \_\_\_\_\_  
Hepatitis B Surface Antigen (HBsAg) status: \_\_\_\_\_  
Hepatitis C virus (HCV) status known? \_\_\_\_\_

### For Clinic Use Only: Diagnosis Code: \_\_\_\_\_

(If form needs to be faxed to student) Date Form Faxed: \_\_\_\_\_ Location \_\_\_\_\_

Lab work – please circle if done on or off campus. Off campus lab done at \_\_\_\_\_

Source patient (On / Off campus)	Results	Exposed patient (On / Off campus)	Results
Rapid HIV		HBsAb	
HBsAg		HBsAg	
HCV Ab		HCV Ab	
Confirmation HIV		HIV	

**Patient Counseling:**  
1. Hep B, Hep C, & HIV \_\_\_\_\_  
2. Risk of infection \_\_\_\_\_  
3. All lab test results \_\_\_\_\_  
4. Treatment needs \_\_\_\_\_  
5. Follow up \_\_\_\_\_  
6. Protection \_\_\_\_\_

Off campus referral details, if needed \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_