Exposure Report (Sharps Injury Log. 29 CFR 1904)

Wichita State University –Student Health Services 1845 Fairmount Wichita, KS 67260-0092
Phone number: 316-978-4792 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:_____

Initial Form Date: 1/92 **Last update:** 02/20