CASE REPORT FORM Hazardous Substances Injury

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| **EpiSurv No. \_\_\_\_\_\_\_\_\_\_\_** |

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| Notifier Details |
| Reporting Source\* General Practitioner Hospital-based Practitioner Laboratory  Outbreak Investigation Other  **Assessment date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of notifier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NZMC/NZNZ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Reported \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Usual GP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of GP Practice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GP/Practice Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number Street Suburb  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Town/City Post Code Geocode |
| Case Demography |
| Name Family name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth \_\_\_\_\_\_\_\_\_\_\_ NHI Number \_\_\_\_\_\_\_\_\_\_\_  Sex Male Female Indeterminate Unknown  Parent/Guardian (if person <16yrs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current Address\* Number Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Town/City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone (home)\_\_\_\_\_\_\_\_\_\_\_\_Phone (work)\_\_\_\_\_\_\_\_\_\_\_Phone (mobile)\_\_\_\_\_\_\_\_\_\_  Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ethnic group case belongs to\* (tick all that apply)  NZ European Maori Samoan Cook Island Maori  Niuean Chinese Indian Tongan  Other (such as Dutch, Japanese, Tokelauan) \*(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| EpiSurv No. \_\_\_\_\_\_\_ |
| Exposure event |
| Exposure Route Ingestion Inhalation Skin contact Eye contact Unknown  Date exposure began \_\_\_\_\_\_\_\_\_\_\_\_ OR Month/Year \_\_\_\_\_\_\_\_\_\_\_\_ OR Unknown  Exposure length  < 1 day  between 1 day &1 month  ≥ 1 month Unknown  Place of exposure Home Workplace School/ECEC Public place Other Unknown  If other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Intent Unintentional Intentional Unknown  **Is the case known to be linked to other cases of the same exposure event?** Yes No  **What were the circumstances of the exposure?** (tick as many as apply).  **The hazardous substance was being:**   Manufactured  Used to manufacture another product   Transported  Disposed of   Stored  Used of its intended purpose   Used for a purpose outside of its usual use  Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address where the event occurred  **Street Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Town/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| |  |  |  |  | | --- | --- | --- | --- | | Substance | | | | | Substance categories Household chemical Agrichemical Industrial chemical  Fireworks/explosive Lead Unknown  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Examples: Household: cosmetic, dishwashing powder Industrial: solvent, chlorine, fumigant*  *Agrichemical: pesticide, animal remedies, spraydrift Other: mercury, arsenic*    Substance Name *(complete at least 1 field)* | | | | |  | Chemical name  *Eg sodium hypochlorite* | Product name  *Janola* | Common name  *bleach* | | Substance 1 |  |  |  | | Substance 2 |  |  |  | | Substance 3 |  |  |  | | **OR** Unknown   Greater than 3 substances? Yes If yes, enter the details in the comments section | | | | | |  | | --- | | Clinical Course and Outcome |   **Systems affected** (tick all that apply)     Central nervous system Eye Skin   Cardiovascular  Respiratory Gastrointestinal   Musculoskeletal Psychological Nil  Unknown Other  **Symptoms/signs**  Symptoms only  Signs with/without symptoms No signs or **symptoms**   Unknown  **Are the symptoms /signs consistent with the substance?** Yes  No  Unknown | | | | |
| LABORATORY CONFIRMATION  Was the exposure confirmed by a lab test? Yes No Not Done Awaiting Result |

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| EpiSurv No. \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments |
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