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 UnknownParent/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 UnknownDate exposure began \_\_\_\_\_\_\_\_\_\_\_\_ OR Month/Year \_\_\_\_\_\_\_\_\_\_\_\_ OR UnknownExposure length  < 1 day  between 1 day &1 month  ≥ 1 month UnknownPlace 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 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  |
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| 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  |

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| LABORATORY CONFIRMATIONWas the exposure confirmed by a lab test? Yes No Not Done Awaiting Result |

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