

Hazardous Substances Injury Case Report Form Guidelines

Hazardous Substance Injury case definition: any injury caused by exposure to a hazardous substance as defined by the Hazardous Substance and New Organisms (HSNO) Act 1996.

Background

The notification of hazardous substance injuries is mandated by section 143 of the HSNO Act. In December 2005, an amendment to the HSNO Act was made that requires all diagnosing medical practitioners, in addition to hospitals, to report injuries caused by hazardous substances to the Medical Officer of Health. In turn, the Medical Officer of Health is required to supply information about the notified injury (excluding person identifiable data) to the Ministry of Health for reporting to the Minister of Health. The hazardous substances injury case report form (CRF) in EpiSurv is the mechanism that collects this information for the Ministry of Health.

In compliance with the HSNO Act only Public Health Unit (PHU) staff will be able to view identifiable case information entered into this CRF on EpiSurv.

HSNO Harmful Substance Definition

Under the HSNO Act, a hazardous substance is any substance that exceeds the level defined in regulations of any of the following properties:

- An explosive nature
- Flammability
- Ability to oxidise
- Corrosiveness
- Acute or chronic toxicity
- Ecotoxicity, with or without bioaccumulation
- Can generate a hazardous substance on contact with air or water.

Some harmful substances are not covered by the HSNO Act but by other legislation, and this CRF should not be used for these, for example:

- Radioactive substances
- Ozone-depleting substances
- Infectious substances
- Manufactured articles (e.g. cellphone batteries which may contain hazardous substances but are not considered as hazardous substances themselves).

The Environmental Risk Management Authority New Zealand (ERMA New Zealand) website (www.ermanz.govt.nz) provides further details on HSNO substances. Of particular relevance is the Manufactured Article information sheet (www.ermanz.govt.nz/resources/publications/pdfs/ER-IS-11-1.pdf), which assists in deciding whether a substance, which is part of a manufactured item, is or is not covered by the HSNO Act.

Generic and Brand Names

When entering substance details, both the generic and brand name of the hazardous substance causing injury can be entered. The generic name is the non-proprietary name or chemical makeup of the substance as opposed to the brand name under which the substance is marketed. For example, Glyphosate is a generic name and Roundup® is one corresponding brand name. It is not essential to enter both the generic and brand name of the hazardous substance; if you are unable to fill in both fields, provide as much information as possible.

Core Surveillance Data

Fields on the CRF that are marked with * represent core surveillance data, and are required to be completed where possible.

HAZARDOUS SUBSTANCES INJURY

Reporting Authority	
Name of Public Health Officer responsible for case	Enter the name of the Public Health Officer responsible for the investigation of the case.
Notifier Identification	
Reporting Source	Indicate the reporting source. Tick the appropriate box.
Name of Reporting Source	Enter the name of the reporting source.
Organisation	Enter the name of the organisation of the reporting source.
Date Reported	Enter the date the case was reported in dd/mm/yyyy format.
Contact phone	Enter a contact phone number of the reporting source.
Usual GP	Enter the name of the usual general practitioner (GP). Enter the first three letters of the GP's name. A drop down box should appear. Either select the corresponding name from the drop down box or if the desired GP is unavailable, click the 'new' button and enter in a new GP and their details. After creating a new GP click the 'save' button.
Practice	Enter the name of the usual GP's practice.
GP Phone	Enter GP's phone number.
GP/Practice Address	Enter the GP/Practice Address:
<i>Number</i>	Enter the street number. If entering a unit/flat/apartment number, enter the relevant number followed by a '/' and then the street number. For example, Flat A, 123 High Street would be entered as A/123
<i>Street</i>	Enter the name of the Street.
<i>Suburb</i>	Enter the name of the Suburb. It is recommended that in the first instance this is left blank for geocoding.
<i>Town/City</i>	Enter the name of the Town or City. It is recommended that in the first instance this is left blank for geocoding.
<i>Post Code</i>	Enter the NZ Post Code for the Address. The geocoding tool will provide the Post Code, however, this can be entered if known.
<i>GeoCode</i>	Tick the GeoCode box to automatically geocode and populate the GP address fields.

Case Identification	
Name of Case	Enter surname and given name(s) of the case in appropriate fields
NHI Number	Enter the National Health Index number of the case.
Email	Enter a contact email address of the case.
Current Address and GeoCode	<p>Enter the current address of the case - <i>this is the address at which the case was staying when they went to the reporting source.</i></p> <p>Tick the GeoCode box. This will bring up a geocode window in which you will have to select the most relevant address information in order to geocode the address. If none of the suggested addresses are suitable select the TA or DHB.</p>
Phone	Enter up to three contact phone numbers. E.g. home, work and cell.
Case Demography	
Location	The TA and DHB fields will be automatically populated when the current address of the case has been geocoded (previous step).
Date of Birth OR Age	Enter the date of birth of the case in dd/mm/yyyy format. Alternatively, enter the age of the case and tick whether it is in days, months or years.
Sex	Indicate the sex of the case. Tick the appropriate box. If the sex of the case is not known tick 'unknown'.
Occupation	Enter the first three letters of the case's occupation. A dropdown box should appear. Select the occupation that is most relevant to the case.
Occupation location	Indicate the location of the occupation by ticking the appropriate box.
Name	Enter the name of the place of work/school/pre-school.
Address and GeoCode	Enter the address of the place of work/school/pre-school. Tick the GeoCode box to automatically geocode the location.
Alternative Location	This field is for the benefit of PHU's to manage cases. If useful, enter details of an alternative location.
Ethnic group case belongs to	Indicate the ethnic group the case belongs to. Tick all the boxes that apply. If the ethnic group is not listed tick 'other' and specify (click on the information icon on the form for further explanation).

Basis of Diagnosis	
EXPOSURE EVENT	
Place of Exposure	Indicate the place of exposure. If the place of exposure is not listed tick 'other' and specify. If the place of exposure is not known tick 'unknown'.
Date Exposure Began	Record the date the exposure began in dd/mm/yyyy format. If the date the exposure began is not known tick 'unknown'.
Length of Exposure	Specify the length of exposure. If exposure was less than or equal to one day tick 'acute', if exposure was more than one day tick 'chronic' and if the length of exposure is not known tick 'unknown'.
Injury	Indicate what type of hazardous substance injury occurred. Tick all that apply. If the type of injury is not listed tick 'other' and specify.
Poisoning Route	Indicate the route of poisoning. Tick all that apply. If the route of poisoning is not listed tick 'other' and specify.
Intent	Indicate the intent of injury/poisoning. Tick the appropriate box. If the intent is not known tick 'unknown'.
SUBSTANCE DETAILS	
Classification	Indicate the classification group of the hazardous substance involved in the injury. Tick all that apply. If the substance classification is known but is not listed tick 'other' and specify. If the substance classification is not known tick 'unknown'.
Substance Name	<p>Indicate the hazardous substance generic name and brand name. The generic name is the non-proprietary name or chemical makeup of the substance as opposed to the brand name under which the substance is marketed. <i>For example</i>, Glyphosate is a generic name and Roundup® is one corresponding brand name. If the substance name is not known tick 'unknown'.</p> <p>If more than three substances were involved in the exposure event tick the relevant box and enter additional details in the comments section at the end of the form.</p>

LABORATORY CONFIRMATION	
Was the exposure confirmed by a lab test?	Indicate the status of laboratory confirmation. Tick the appropriate box.
Has a copy of the lab results been requested by the PHU?	Indicate whether a copy of the laboratory results has been requested by the PHU. If it is not known whether lab results have been requested by the PHU tick 'Unknown'.
Has a copy of lab results been received by the PHU?	Indicate whether a copy of the laboratory results has been received by the PHU. If it is not known whether a copy of the lab results have been received by the PHU tick 'Unknown'.
Status	
	<p>Indicate the status of the case. Tick the appropriate box.</p> <p>Under Investigation – A case that has been notified but information is not yet available to classify it as probable, confirmed or not a case.</p> <p>Probable – A clinically compatible injury where the exposure is linked to a confirmed source and not otherwise explained by other causes.</p> <p>Confirmed – A probable case that is confirmed by the diagnosing medical practitioner or laboratory confirmed.</p> <p>Not a case – A case that has been investigated and subsequently has been shown not to meet the case definition.</p>
Clinical Course and Outcome	
Hospitalised	Indicate whether the case was hospitalised or not. Tick the appropriate box. If not known tick 'Unknown'.
Date Hospitalised	If the case was hospitalised, indicate date of hospitalisation in dd/mm/yyyy format. If not known, tick 'Unknown'.
Hospital	If the case was hospitalised, enter the name of the hospital.
Died	Indicate whether the case died. Tick the appropriate box. If not known, tick 'Unknown'.

Date Died	If the case died, indicate the date of death in dd/mm/yyyy format. If not known, tick 'Unknown'.
Was this exposure the primary cause of death?	<p>If the case died, indicate whether the exposure to a hazardous substance was the primary cause of death. Tick the appropriate box.</p> <p>If the exposure to the hazardous substance was not the primary cause of death, specify what the primary cause of death was.</p> <p>If not known, tick 'Unknown'.</p>
Outbreak (Cluster) Details	
Is this case part of an outbreak (cluster) (i.e. known to be linked to one or more other cases of the same exposure event)?	<p>Indicate whether the case is part of an outbreak (cluster). If yes, tick the box and specify the Outbreak (Cluster) number.</p> <p>The Outbreak (Cluster) number is generated automatically by EpiSurv when an Outbreak Report Form is completed. For Hazardous Substance Injury Outbreaks (Clusters), the Generic Outbreak Report Form is to be used.</p>
Comments	
Comments	<p>Enter any additional information about the hazardous substance injury or circumstances surrounding the exposure event.</p> <p>If more than three substances were involved in the exposure event enter additional details here.</p>