Hazardous Substances Disease & Injury Reporting Tool

Send notification to Medical Officer of Health at: Regional Public Health

Exposure Event

Exposure route ☐ Ingestion ☐ Inhalation ☐ Skin contact ☐ Eye contact

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/preschool ☐ Public place ☐ Unknown ☐ Other

Specify Other

Intent ○ Unintentional ○ Intentional ○ Unknown

Is this case known to be linked to other cases of the same exposure event ○ Yes ◉ No

Substance

Substance category(s) ☐ Household chemical ☐ Agrichemical ☐ Industrial chemical ☐ Fireworks/explosive ☐ Lead ☐ Unknown ☐ Other

Household: eg. cosmetic, dishwashing powder, fumigants / Industrial: eg. solvent, chlorine
Agrichemical: eg. pesticide, animal remedies, spraydrift / Other: eg. asbestos, mercury, arsenic

Lead exposure

Did you obtain a whole blood lead specimen for this lead exposure event?

○ Yes ○ No

Whole blood lead concentration - µmol/L

Main source of lead exposure

☐ Occupational ☐ Close contact with person whose occupation involves lead exposure ☐ Paint ☐ Hobby ☐ Traditional medicine ☐ Drinking water ☐ Other

Enrolled in workplace lead monitoring ○ Yes ○ No ○ Unknown

Was exposure event spraydrift ○ Yes ○ No

Substance name (complete at least 1 field)

	Chemical name	**Product name**	**Common name**	**Unknown**
e.g.	*sodium hypochlorite*	*Janola*	*bleach*	
☐				☐
☐				☐
☐				☐
☐				☐
☐				☐
				☐

Systems affected (tick all that apply) ☐ Central nervous system ☐ Eye ☐ Skin ☐ Cardiovascular ☐ Respiratory ☐ Gastrointestinal ☐ Musculoskeletal ☐ Psychological ☐ Nil ☐ Other

Specify Other

Symptoms / signs ☐ Symptoms only ☐ Symptoms and signs ☐ No signs or symptoms

Diagnosis - actual or suspected exposure ☐ Poisoning ☐ Corrosive burn ☐ Explosive/traumatic damage ☐ No injury/disease ☐ Other

Poisoning: plausible exposure, with consistent symptoms

Corrosive burn: direct skin contact with hazardous substance

Specify Other

Treatment required ◉ Yes ○ No

Lab tests requested ○ None requested ◉ Pending ◉ Confirmed

Referral ◉ Yes ○ No ☐ Emergency department ☐ Specialist ☐ Other

Additional Information

Notifier Details

Name

Practice

Address

Phone ()

Assessment date dd/mm/yyyy

Case demography

Family Name

First Name(s)

Date of Birth (dd/mm/yyyy)

Title

Gender ○ Male ◉ Female

NHI

Parent/Guardian

Required if person is younger than 16 years.

Street Address

Suburb

Town/City

Postcode

Home phone

Work phone

Mobile phone

Ethnicity

Ethnicity

Ethnicity

Occupation

Public Health Unit responsible

PHU action ☐ No further investigation ☐ Investigation underway ☐ Referred to another agency eg DoL ☐ Investigation complete

Case assignment

○ Definite case ○ Probable case ○ Possible case

○ Not a case ○ Insufficient info to assign case status

Exposure event

Name of place where exposure occurred

Address where exposure occurred

Street Address

Suburb

Town/City

Postcode

DHB

Incident Address

Street Address

Suburb

Town/City

Postcode

DHB

What were the circumstances of the exposure? (tick as many as apply). **The hazardous substance was:**

☐ being manufactured

☐ being transported

☐ stored

☐ being used, for a purpose outside of its usual use

☐ being used to manufacture another product

☐ being disposed of

☐ being used, for its intended purpose

Was exposure a result of non-compliance with one or more HSNO controls ○ Yes ○ No ○ Unknown

Notes

Clinical course

Died ○ Yes ○ No ○ Unknown **Date**

Was hazardous substance injury or disease primary cause of death ○ Yes ○ No

Was person hospitalised ○ Yes ○ No ○ Unknown

Name of Hospital

Date admitted **Date discharged**

Approx time off work, school, normal duties as a result ○ zero ○ 1-3 ○ 4-9 ○ 10+ days ○ Unknown