

Exposure Event | Assessment | Notifier / Patient Details | PHU Review

Send notification to Medical Officer of Health at:

**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/ECC  
 Public place  Unknown  Other

Intent  Unintentional  Intentional  Unknown

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

**Substance**

Substance categories  Household chemical  Agrichemical  Industrial chemical  
 Fireworks/explosive  Lead  Unknown  
 Other

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	Product name	Common name	Unknown
e.g. sodium hypochlorite	Janola	bleach	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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Mandatory field

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<b>Systems affected</b> (tick all that apply)	<input type="checkbox"/> Central nervous system <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Unknown	<input type="checkbox"/> Eye <input type="checkbox"/> Respiratory <input type="checkbox"/> Psychological <input type="checkbox"/> Other	<input type="checkbox"/> Skin <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Nil
<b>Symptoms / signs</b>	<input type="checkbox"/> Symptoms only <input type="checkbox"/> Unknown	<input type="checkbox"/> Signs with/without symptoms	<input type="checkbox"/> No signs or symptoms
<b>Are the symptoms/signs consistent with the substance?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Lab tests requested</b>	<input type="radio"/> None requested <input type="radio"/> Pending <input type="radio"/> Confirmed		
<b>Referral</b>	<input type="checkbox"/> None <input type="checkbox"/> Emergency department <input type="checkbox"/> Outpatients <input type="checkbox"/> Other		
<b>Additional Information</b>	<input type="text"/>		

Mandatory field

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<b>Notifier Details</b>			
Name	<input type="text"/>	Assessment date	<input type="text" value="24/05/2021"/> 
NZMC/NZNC	<input type="text"/>	Role	<input type="text" value="Please Select"/> ▼
Practice	<input type="text"/>	Usual GP (if different to Notifier)	Name <input type="text"/>
Address	<input type="text"/>	Practice	<input type="text"/>
	<input type="text"/>	NZMC	<input type="text"/>
	<input type="text"/>	Town/City	<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>
<b>Case demography</b>			
Family Name	<input type="text"/>	Title	<input type="text"/>
First Name(s)	<input type="text"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth (dd/mm/yyyy)	<input type="text"/> 	NHI	<input type="text"/>
Parent/Guardian	<input type="text"/>		
	Required if person is younger than 16 years.		
Street Address	<input type="text"/>	Home phone	<input type="text"/>
Suburb	<input type="text"/>	Work phone	<input type="text"/>
Town/City	<input type="text"/>	Mobile phone	<input type="text"/>
Postcode	<input type="text"/>	Occupation	<input type="text"/>
Ethnicity	<input type="text" value="Please Select"/> ▼		
Ethnicity	<input type="text" value="Not stated"/> ▼		
Ethnicity	<input type="text" value="Not stated"/> ▼		
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Refresh

Attach

Park

Cancel

Submit

Mandatory field

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Public Health Unit responsible	Demonstration PHU		
PHU action	<input type="checkbox"/> No investigation <input type="checkbox"/> Investigation underway / complete <input type="checkbox"/> Referred to another agency eg WorkSafe		
Reporting Source	Please Select		
Type of notification	<input type="checkbox"/> Health Act poisoning arising from chemical contamination of the environment <input type="checkbox"/> Health Act non-occupational lead absorption <input type="checkbox"/> HSNO Act occupational lead absorption or other hazardous substance		
<b>Case assignment</b>			
<input type="radio"/> Definite case <input type="radio"/> Probable case <input type="radio"/> Possible case <input type="radio"/> Not a case <input type="radio"/> Insufficient info to assign case status			
Investigating Officer's name e.g. Health Protection Officer	<input type="text"/>		
Clinician's name e.g. Medical Officer of Health	<input type="text"/>		
Date of case review	<input type="text"/>		
<b>Exposure event</b>			
Specific name of place where exposure occurred eg Centre Port Wellington.			
<input type="text"/>			
<b>Address where exposure occurred</b>		<b>Incident Address</b>	
Street Address	<input type="text"/>	Street Address	<input type="text"/>
Suburb	<input type="text"/>	Suburb	<input type="text"/>
Town/City	<input type="text"/>	Town/City	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
DHB	Please Select	DHB	Please Select
What were the circumstances of the exposure? (tick as many as apply). The hazardous substance was being:			
<input type="checkbox"/> manufactured <input type="checkbox"/> used to manufacture another product <input type="checkbox"/> transported <input type="checkbox"/> disposed of <input type="checkbox"/> stored <input type="checkbox"/> used, for its intended purpose <input type="checkbox"/> used, for a purpose outside of its usual use			
Was exposure a result of non-compliance with one or more HSNO controls <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Notes <input type="text"/>			
<b>Clinical course</b>			
Approx time off work, school, normal duties as a result <input type="radio"/> zero <input type="radio"/> 1-3 <input type="radio"/> 4-9 <input type="radio"/> 10+ days <input type="radio"/> Unknown			
Was person hospitalised <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown      Date <input type="text"/>			

Refresh    Attach    Park    Cancel    Submit

  Mandatory field