

## **GUIDELINES FOR COMPLETING THE SWORD REPORTING CARD/WEB FORM**

Only **NEW** cases, first diagnosed by you during the specified month as being wholly or partly caused by exposure or conditions at work should be entered on the reporting card/web form. Cases diagnosed by you outside the specified month should not be reported as this would lead to a substantial overestimate of cases.

The definition of occupational disease used in THOR is as follows:

The reporting physician considers it more likely than not, on a balance of probabilities, that the condition has been wholly or partly caused by work, bearing in mind that the workplace exposure need not be the sole cause of the condition.

This definition means:

- Doctors should report conditions to THOR where, in their opinion, work has either caused, or aggravated the condition.
- The burden of proof you should use is “on a balance of probabilities” i.e. that you consider it more likely than not that the condition has been wholly or partly caused by work
- Work does not have to be the sole cause of the condition.

Further guidance for reporting is given in Table 1 and you should use this to help you decide whether the above definition is fulfilled.

The additional details we’d like you to report for each case are shown in Table 2.

**If you have not seen any NEW CASES of disease caused by work in the reporting month, please tick the box at the top of the card. You may also wish to record the reason for the nil return (e.g. no clinical work this month, annual leave, etc).**

The completed card should be returned in the enclosed addressed envelope at the end of the reporting month. If you have any queries about the completion of the SWORD card please telephone 0161 275 7103 or email [laura.byrne@manchester.ac.uk](mailto:laura.byrne@manchester.ac.uk) for further information.

### **SWORD ONLINE REPORTING:**

Cases and nil returns can also be reported via the web using the link below:

<https://redcap.link/sword>

The web form contains the same fields as the reporting cards and should be completed using the same guidelines as above.

**Table 1      Guidance for reporting to THOR**

<b>Category</b>	<b>Condition</b>	<b>Guidance to be used in deciding whether to report to THOR</b>
<b>A</b>	<b>Asthma</b>	<p>Work-related asthma consists of an association between asthma and work. It can be subdivided into occupational asthma and work-aggravated asthma.</p> <p>Occupational asthma is defined as adult asthma caused by workplace exposure and not by factors outside the workplace and includes cases where the agent acted either as a sensitiser or an irritant. Occupational asthma can occur in workers with or without prior asthma.</p>

		<p>Work-aggravated asthma is defined as pre-existing or coincidental new onset adult asthma which is made worse by non-specific factors in the workplace</p> <p>Both occupational asthma (allergic and irritant) and work-aggravated asthma should be reported to THOR (please specify which in the diagnosis column)</p>
<b>B</b>	<b>Inhalation accidents</b>	Denoted by acute respiratory systems due to inhalation of toxic gas or fumes
<b>C</b>	<b>Allergic alveolitis</b>	Includes, for example, farmer's lung, mushroom worker's lung
<b>D</b>	<b>Bronchitis/emphysema (COPD)</b>	Includes any case in which occupational exposure is believed to be an important factor
<b>E</b>	<b>Infectious disease</b>	Includes, for example, ornithosis and tuberculosis
<b>F</b>	<b>Non-malignant pleural disease</b>	Includes localised thickening (plaques), or diffuse thickening/effusions (please specify which in the diagnosis column)
<b>G</b>	<b>Mesothelioma</b>	<p>Because of the strong association of this condition with asbestos exposure all clinically diagnosed cases should be reported to SWORD.</p> <p>Reporting physicians should be aware of the British Thoracic Society's 2007 guidance on the condition, accessible online at <a href="https://www.brit-thoracic.org.uk/quality-improvement/guidelines/mesothelioma/">https://www.brit-thoracic.org.uk/quality-improvement/guidelines/mesothelioma/</a></p>
<b>H</b>	<b>Lung cancer</b>	Includes any case in which occupational exposure is considered an important contributing factor, regardless of smoking habit
<b>I</b>	<b>Pneumoconiosis</b>	Includes pulmonary fibrosis due to coal, asbestos, silica, talc etc., with or without pleural disease
<b>J</b>	<b>Other respiratory illness</b>	Includes, for example, building-related illness and byssinosis

**Table 2 Information to report for each diagnosis**

<b>Field</b>	<b>Description</b>
<b>Reference number</b>	This is your reference to help you identify the case if there is a query
<b>Diagnosis</b>	Select from the disease categories above or choose (J) other and provide sufficient detail
<b>Sex</b>	Male or female
<b>Age</b>	Age at time of diagnosis
<b>Postcode or town</b>	Please give the first half of the postcode if possible, or town if not
<b>Job</b>	Type of work (e.g. florist or welder). Be as specific as possible (machinist, assembler, process worker are difficult to code without more detail)
<b>Industry</b>	The industrial group of the patient's employer. Be as specific as possible (e.g. for engineering we need to know the product manufactured, and for cleaning we need the site of work)
<b>Suspected agents</b>	Please be as specific as possible, e.g. 'fibre glass' not 'irritant dust', 'chicken deboning' not 'repetitive work'. If giving proprietary names, please try to identify the active agent
<b>Symptom onset date</b>	Wherever possible, please specify the month and year when the current symptoms began
<b>Date first exposed</b>	Wherever possible, please specify the month and year when exposure first occurred