GUIDELINES FOR COMPLETING THE EPIDERM 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 EPIDERM card please telephone 0161 275 7103 or email laura.byrne@manchester.ac.uk for further information.

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

https://redcap.link/epiderm

The webform 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

Category	Condition	Guidance to be used in deciding whether to report to THOR
A	Contact dermatitis	Includes both allergic and irritant (please specify in the diagnosis column)
B	Contact urticaria	Is denoted by immediate hypersensitivity
C	Folliculitis/acne	Includes inflammatory diagnosis such as acne and folliculitis
D	Infective	Includes, for example, tinea, warts and orf
E	Mechanical	Includes dermatitis and callosities caused by mechanical trauma
F	Nail	Problems include chronic paronychia and dystrophies caused by physical or chemical occupational contact

G	**Neoplasia**	Include skin neoplasia (keratosis, basal and squamous cell carcinomas and melanomas - please specify in the diagnosis column) caused by radiation, occupational sun exposure or chemicals
H	**Other dermatoses**	For example include low humidity dermatitis, scleroderma-like disorders and ulceration

Table 2   Information to report for each diagnosis

Field	Description
Reference number	This is your reference to help you identify the case if there is a query
Diagnosis	Select from the disease categories above or choose (H) other and provide sufficient detail
Primary site	Please note the primary site of the diagnosis e.g. hand, face etc
Sex	Male or female
Age	Age at time of diagnosis
Postcode or town	Please give the first half of the postcode if possible, or town if not
Job	Type of work (e.g. florist or welder). Be as specific as possible (machinist, assembler, process worker are difficult to code without more detail)
Industry	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). For example, manufacture of motor vehicles or hospital cleaner
Suspected agents	Please be as specific as possible, e.g. 'fibre glass' not 'irritant dust', 'chicken de-boning' not 'repetitive work'. If giving proprietary names, please try to identify the active agent
Suspected source(s)	Please specify the source(s) of exposure e.g. gloves
Symptom onset date	Wherever possible, please specify the month and year when the current symptoms began
Date first exposed	Wherever possible, please specify the month and year when exposure first occurred