

GUIDELINES FOR COMPLETING THE OPRA REPORTING CARD/WEBFORM

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 and direct cause of the condition e.g. atopic eczema aggravated by a workplace exposure to a skin irritant.

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

Please enter the details of each case on the back of the reporting card. 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 bottom 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).

Also on the front of the card we would be grateful if you could indicate whether, in your reporting month, you were employed in full or part time clinical work in occupational medicine

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 OPRA card please telephone George McHale on 0161 275 5531 or email georgia.mchale@manchester.ac.uk for further information.

OPRA ONLINE REPORTING:

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

<https://redcap.link/opra>

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

Category 1: Respiratory (the conditions of special interest (from the SWORD scheme) are noted on the front of the reporting card)

Condition	Guidance to be used in deciding whether to report to THOR
Asthma	<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, for example, exposure to irritant substances (e.g. a fume-filled or dusty environment); changes in temperature (especially cold air); physical activity required by their job, such as lifting heavy boxes; or stress.</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>
Inhalation accidents	Denoted by acute respiratory systems due to inhalation of toxic gas or fumes
Allergic alveolitis	Includes, for example, farmer's lung, mushroom worker's lung
Bronchitis/emphysema (COPD)	Includes any case in which occupational exposure is believed to be an important factor
Infectious disease	Includes, for example, ornithosis and tuberculosis
Non-malignant pleural disease	Includes localised thickening (plaques), or diffuse thickening/effusions (please specify which in the diagnosis column)
Mesothelioma	Because of the strong association of this condition with asbestos exposure all clinically diagnosed cases should be reported to OPRA. Reporting physicians should be aware of the British Thoracic Society's guidance on the condition, accessible online at https://www.brit-thoracic.org.uk/quality-improvement/guidelines/mesothelioma/
Lung cancer	Includes any case in which occupational exposure is considered an important contributing factor, regardless of smoking habit
Pneumoconiosis	Includes pulmonary fibrosis due to coal, asbestos, silica, talc etc., with or without pleural disease
Other respiratory illness	Includes, for example, building-related illness and byssinosis

Category 2: Skin (the conditions of special interest (from EPIDERM) are noted on the front of the reporting card).

Condition	Guidance to be used in deciding whether to report to THOR
Contact dermatitis	Includes both allergic and irritant (please specify in the diagnosis column)
Contact urticaria	Is denoted by immediate hypersensitivity
Folliculitis/acne	Includes inflammatory diagnosis such as acne and folliculitis
Infective	Includes, for example, tinea, warts and orf
Mechanical	Includes dermatitis and callosities caused by mechanical trauma
Nail	Problems include chronic paronychia and dystrophies caused by physical or chemical occupational contact
Neoplasia	Includes skin neoplasia (keratosis, basal and squamous cell carcinomas and melanomas - please specify in the diagnosis column) caused by radiation, occupational sun exposure or chemicals
Other dermatoses	For example includes low humidity dermatitis, scleroderma-like disorders and ulceration

Category 3: Musculoskeletal (the anatomical areas of special interest are noted on the front of the reporting card).

Condition	Guidance to be used in deciding whether to report to THOR
Back or neck	Including neck/thoracic spine, lumbar spine/trunk – for example, spondylosis/disc problems (any inflammation of the synovial joints); mechanical pain (muscles/tendons/ligaments); osteoarthritis; other pain (pathology ill defined)
Upper limbs	Including shoulders, elbows, wrists and hands – for example, carpal tunnel syndrome; other nerve entrapment conditions (including radial and ulnar tunnel syndrome); tendon sheath/tendon condition (tendonitis and tenosynovitis); Raynauds phenomenon, HAVS, VWF (to include the effects of vibration and/or cold on the upper limb); epicondylitis/bursitis (medial or lateral and to include olecranon bursitis - "beat elbow"); rotator cuff injury/bursitis (to include tendonitis and frozen shoulder); osteoarthritis; other pain (pathology ill-defined)
Lower limbs	Including hips, knees, ankles and feet – for example, inflammation/bursitis (any irritation of joints or associated structures resulting in an inflammatory response; including occupationally related faciitis); osteoarthritis; other pain (pathology ill-defined)
Other musculoskeletal	Give any other diagnosis and site, for example, head injury

Category 4: Audiological

Condition	Guidance to be used in deciding whether to report to THOR
Hearing loss	In deciding whether loss of hearing should be reported, you may wish to keep in mind that occupational deafness has been defined as "Sensorineural hearing loss due to occupational noise amounting to at least 50dB, being the average of hearing loss at 1, 2 and 3 kHz frequencies"
Other audiological	Including, for example; balance problems, tympanic disorders, tinnitus

Category 5: Stress/Mental Illness

Condition	Guidance to be used in deciding whether to report to THOR
Anxiety/Depression	Include cases with symptoms of either disease (please specify)
Post-traumatic stress disorder	Include cases where either the traumatic event occurred at work (for example, body under the train in a driver) or where working conditions militate seriously against recovery from other trauma
Other work related stress	Stress associated with work where the condition does not, in your clinical judgement, constitute anxiety, depression or post traumatic disorder
Alcohol or drug abuse	Cases where the illness is either the result of working conditions or where access to substances at work have helped precipitate or sustain the illness
Psychotic episode	Include cases caused or precipitated by work (including toxic exposure)
Other mental ill-health	Includes, for example, agoraphobia, obsessive/compulsive disorder etc

Category 6: Other Diseases

Condition	Guidance to be used in deciding whether to report to THOR
Others	Here we are interested in determining the frequency of other new diseases caused by work to assess the feasibility of their surveillance. Neurological disease (other than hearing loss) e.g. neuropathy and CNS damage. You are also encouraged to report other serious diseases e.g. bladder cancer, blood dyscrasias, nephritis, hepatitis, leptospirosis which, in your clinical judgement, were caused by work

Table 2 Information to report for each diagnosis

Field	Description
Diagnosis	Give sufficient detail to code, noting location (e.g. elbow) where appropriate
Reference number	This is your reference to help <u>you</u> identify the case if there is a query
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
Agent/exposure/activity	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
Reason	Please record the letter (A-H) appropriate for the reason the patient was seen (see bottom of card for categories). You may use more than one reason if necessary.
Symptom onset date	Wherever possible, please specify the month and year when the current symptoms began