GUIDELINES FOR COMPLETING THE SWORD REPORTING CARD/WEBFORM

Only **NEW** cases, first diagnosed by you during the specified month as being caused by exposure or conditions at work, should be entered on the reporting card. Cases diagnosed by you outside the specified month should not be reported as this would lead to a substantial overestimation of cases. We are always glad to hear of cases of special interest; if these occur outside the specified month please send a brief case history on a separate sheet or visit:

[http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thor/schemes/thorextra/](http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thor/schemes/thorextra/)

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 caused or aggravated 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 caused or aggravated by work
- Work does not have to be the *sole* cause of the condition.

For asthma and mesothelioma further guidance is given in Table 1 and you should use this to help you decide whether the above definition is fulfilled.

**Table 1 Asthma & Mesothelioma Reporting Guidance**

<table>
<thead>
<tr>
<th>THOR condition</th>
<th>Guidance to be used in deciding whether to report to THOR</th>
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<tbody>
<tr>
<td>Occupational asthma</td>
<td>Work-related asthma consists of an association between asthma and work. It can be sub-divided into occupational asthma and work-aggravated asthma. Occupational asthma is defined as adult asthma caused by workplace exposure and not by factors outside the workplace. Occupational asthma can occur in workers with or without prior asthma. 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. Both occupational asthma and work-aggravated asthma should be reported to THOR.</td>
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<tr>
<td>Mesothelioma</td>
<td>Because of the strong association of this condition with asbestos exposure, all clinically diagnosed cases should be reported to SWORD. Reporting physicians should be aware of the <a href="http://www.brit-thoracic.org.uk">British Thoracic Society’s 2007 guidance on the condition</a>, accessible online at their website.</td>
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</tbody>
</table>
Respiratory categories

Cases of work-related respiratory ill-health can be reported to SWORD under the following diagnostic categories:

**Asthma** includes cases where the agent acted either as a sensitiser or an irritant (please specify which on the back of the reporting card).

**Inhalation accidents:** any case 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** 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 on back of the reporting card).

**Mesothelioma** includes all pleural cases, with or without evidence of occupational exposure.

**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.

Please enter the details of each case on the back of the reporting card. Note in particular:

**Diagnosis:** Give sufficient detail to code, noting location (e.g. elbow) where appropriate.

**Reference number:** This is your reference to help you identify the case if there is a query.

**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).

**Agent/exposure/activity:** Please be as specific as possible, e.g. ‘fibre glass’ rather than ‘irritant dust’, or ‘chicken de-boning’ rather than ‘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.

If you have not seen any NEW CASES of disease caused by work in the reporting month, please tick the box at the bottom left 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 for further information.

**SWORD ONLINE REPORTING:**

Cases can also be reported via the web using the link: [http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thor/schemes/sword/electronicreporting](http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thor/schemes/sword/electronicreporting)

A username and password will be sent to you with your reporting card, giving you the choice of how you return the data. The web forms contain the same fields as the reporting cards and should be completed using the same guidelines as above.

**THOR-EXTRA**

THOR-EXTRA is a supplementary form of reporting exclusively online. The main indicators for using THOR-EXTRA are the following:

1) If you see a new incident case of occupational disease or work related ill health which is outside your randomly selected reporting month, but which you feel merits reporting for special reasons (e.g. a possible new cause of occupational disease).
2) If you have already submitted a new incident case but you wish to provide additional supplementary information.

THOR-extra can be accessed via the link: [http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thor/schemes/thorextra/](http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thor/schemes/thorextra/)