



Occupational Health Condition – Investigation Record Form:

Platinum Salt Sensitivity (PSS)

Site		
Business Unit		
Employee number		
Investigation number		
Investigation Team	Name	Function
Date Investigation initiated		
Date Investigation completed		

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

Table of Contents

Introduction	4
1. Site and Employee information	5
Site information	5
Employee information	5
2. Employment history	5
Current job role	5
Job role at time of diagnosis	5
Previous job roles at company	5
Information on job roles of potential relevance prior to joining company	5
3. Medical information	6
Medical practitioner's summary	6
4. Exposure to sensitising Pt substances	6
Industrial Hygienist's summary	6
Exposure duration	6
Routine exposure in job role at time of PSS diagnosis – summary	6
Routine exposure in job role at time of PSS diagnosis – detailed data	7
Routine exposure in previous job roles – summary	8
Routine exposure in previous job roles – detailed data	8
Additional Exposures	9
Planned events	9
Unplanned events	9
Other factors affecting exposure and risk of sensitisation	10
5. Overall conclusions of the investigation	10
6. Recommendations and actions	10
7. Signatures	11
APPENDIX A Medical information – to be completed and retained only by the medical department	12
Medical practitioner's summary	12
PSS health surveillance history	12
Pre-employment assessment	12
Periodic assessments	12
Factors known or possibly associated with increased risk of sensitisation	12
PSS diagnosis	13
Basis of PSS diagnosis	13
Skin prick testing	13
Specific inhalation challenge testing	13

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXX	

Pulmonary function testing.....	13
Symptoms	14

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

Introduction

The incidence of Platinum Salt Sensitisation (PSS) amongst platinum group metals (PGM) refinery workers and those working in the industrial manufacture of platinum containing products has decreased dramatically over the past decades and incidences today are typically low. Cases do occasionally still occur and it is important to investigate those cases to determine where possible the factors likely to have contributed to sensitisation occurring, and root causes, so that learnings can be shared and, where appropriate, actions taken to deliver continuous improvement.

PSS may present in different ways; it may be asymptomatic, at least in the early stages, and not all diagnostic assessments may indicate sensitisation or allergy. It is generally considered that a 'case' has occurred whenever the suitably qualified Occupational Health Practitioner concludes based on their professional judgement that a worker has become sensitised to platinum, whether or not symptoms are evident.

This template provides an example outline of how salient information and investigation outcomes should be recorded. The detailed process of organising and conducting the investigation is beyond the scope of this document and may vary depending on a company's existing processes and approaches to root cause analysis and incident investigation.

Investigations should be conducted in a timely manner to minimise the potential for information or memory loss. A multidisciplinary team should be assigned to conduct the investigation, including suitable representatives from functions including Human Resources, Environment Health & Safety (EHS), Occupational Health, and Industrial Hygiene, as well as the affected colleague's supervisor. It is good practice for a senior manager to sponsor and be part of the investigation team and to sign off the investigation and recommendations. Where trade unions are in place, it may be appropriate to also include a union representative. It is important data protection obligations are honoured throughout the conduct and recording of the investigation. Consideration should be given to consulting a company data protection specialist or including them as part of the investigation team.

The affected worker would not normally be part of the investigation team, but should be consulted to the extent possible and given the opportunity to review the investigation report.

Disclaimer

This template has been prepared by occupational health physicians, industrial hygienists and other professionals working in the Platinum Group Metals (PGM) industry for the benefit of those responsible for the health and wellbeing of colleagues exposed to chloroplatinates in the workplace. It is not and should not be construed to be either comprehensive nor advice or recommendation of any kind. Local legal requirements and restrictions, as well as cultural and practical considerations must be accounted for when undertaking occupational health investigations. Any reader/user should consult their own local experts, scientific advisors and legal counsel or appropriate regulatory agencies to ensure compliance with applicable laws and regulations. Neither the contributors to this document nor the International Platinum Group Metals Association assumes any liability for any errors or omissions or for any personal injury, physical harm and any loss or damages of whatsoever nature that have been caused by or in connection with the use of the information contained within this document.

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

1. Site and Employee information

Site information

Country			
Site			
Business Unit			
Other identifiers			

Employee information

Name	
Employee number	
Date of first employment	

2. Employment history

Responsible investigator: XXXXXXXXXXXXXXXXXXXX

Current job role

Job title	
Job role	
Department / Function	
Building	
Similar Exposure Group	
Work area	
Date started	

Job role at time of diagnosis

Job title	
Job role	
Department / Function	
Building	
Similar Exposure Group	
Work area	
Date started	
Date ended	

Previous job roles at company

Dates	Details

Information on job roles of potential relevance prior to joining company

Dates	Details

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

3. Medical information

Responsible investigator: XXXXXXXXXXXXXXXXXXXX

Medical practitioner's summary

Note: patient confidentiality obligations. Only information considered non-confidential or that the worker has consented to being shared should be included in the investigation record. A more detailed medical assessment should be maintained by the medical department. A template for the detailed medical assessment is provided in Appendix A.

Relevant summary information on medical and health surveillance history, PSS diagnosis and subsequent health status that is considered non-confidential or that the worker has given consent to be shared.	
What is the level of confidence that the affected worker has developed PSS?	
During what time period is it expected sensitisation may have occurred (based on the dates of assessments and the findings of those assessments)?	

4. Exposure to sensitising Pt substances

Responsible investigator: XXXXXXXXXXXXXXXXXXXX

Industrial Hygienist's summary

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Exposure duration

length of time in job role at time of PSS diagnosis	
Total length of time (years) working with sensitising Pt substances at time of PSS diagnosis	

Routine exposure in job role at time of PSS diagnosis – summary

Summary of exposure profile (noting the quality and quantity of relevant exposure data available on which to base the assessment of inhalation and dermal exposure)	
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Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

Routine exposure in job role at time of PSS diagnosis – detailed data

	Estimated exposures based on information and data for relevant Homogeneous Exposure Group(s) or other relevant data	
Exposure to sensitising Pt substances <i>(including, where possible, exposure range, geomean, and 70:95 UTL, and the regulatory or internal company exposure limit)</i>	Main sources of airborne exposure	<i>(tasks, equipment, work areas)</i>
	Main sources of dermal exposure	<i>(tasks, equipment, work areas)</i>
	Airborne soluble Pt exposure: personal sampling data (ng/m³)	
	Airborne soluble Pt exposure: static sampling data (ng/m³)	
	Dermal soluble Pt exposure: skin sampling data (ng/cm²)	
	Surface wipe sampling data (ng/cm²)	
Exposure to other relevant substances (e.g. irritants) <i>(including, where possible, exposure range, geomean, and 70:95 UTL, and the regulatory or internal company exposure limit)</i>	Main sources of airborne exposure	<i>(tasks, equipment, work areas)</i>
	Main sources of dermal exposure	<i>(tasks, equipment, work areas)</i>
	Airborne exposure levels: personal sampling data	
	Airborne exposure levels: static sampling data	
	Dermal exposure levels: skin sampling data	
	Surface wipe sampling data	
Respiratory Protective Equipment used <i>[Link to tasks if RPE use varies]</i>		
Other Personal Protective Equipment used <i>[Link to tasks if PPE use varies]</i>		

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

Routine exposure in previous job roles – summary

Provide a summary of expected exposures in previous job roles.

Job role (job title, Dept, SEG, work area)	Dates	Summary of expected exposure (Inhalation, dermal, RPE and PPE use)

Routine exposure in previous job roles – detailed data

If it is expected that exposure from a previous job role is likely to have caused or substantially contributed to the sensitisation, complete the table below with detailed exposure information for that role.

	Estimated exposures based on information and data for relevant Homogeneous Exposure Group(s) or other relevant data	
Exposure to sensitising Pt substances <i>(including, where possible, exposure range, geomean, and 70:95 UTL, and the regulatory or internal company exposure limit)</i>	Main sources of airborne exposure	<i>(tasks, equipment, work areas)</i>
	Main sources of dermal exposure	<i>(tasks, equipment, work areas)</i>
	Airborne soluble Pt exposure: personal sampling data (ng/m³)	
	Airborne soluble Pt exposure: static sampling data (ng/m³)	
	Dermal soluble Pt exposure: skin sampling data (ng/cm²)	
	Surface wipe sampling data (ng/cm²)	
Exposure to other relevant substances (e.g. irritants) <i>(including, where possible, exposure range, geomean, and 70:95 UTL, and the regulatory or internal company exposure limit)</i>	Main sources of airborne exposure	<i>(tasks, equipment, work areas)</i>
	Main sources of dermal exposure	<i>(tasks, equipment, work areas)</i>
	Airborne exposure levels: personal sampling data	
	Airborne exposure levels: static sampling data	
	Dermal exposure levels: skin sampling data	
	Surface wipe sampling data	
Respiratory Protective Equipment used [Link to tasks if RPE use varies]		
Other Personal Protective Equipment used [Link to tasks if PPE use varies]		

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

Additional Exposures

Planned events

If the employee participated in any activities (e.g. stock takes) that might be expected to have been associated with exposures greater than would be expected in the performance of the employee's routine job role – whether or not relevant exposure data are available – include details below. Focus should be on potential exposures in the 2-3 years prior to diagnosis.

Event	Summary of expected or potential exposure

Unplanned events

If the employee was in the vicinity of spills or other unplanned losses of containment, or was working during an engineering control failure, that may have resulted in greater than normal exposure to sensitising Pt substances or other substances that may have enhanced the potential for sensitisation to occur (e.g. irritants) – whether or not relevant exposure data are available – include details below. Focus should be on potential exposures in the 2-3 years prior to diagnosis.

Event	Summary of expected or potential exposure

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXX	

Other factors affecting exposure and risk of sensitisation

If there are records or anecdotal reports of other relevant events or factors that may have contributed to the sensitisation, include details below. For example, if the employee been recorded or observed as not wearing the required PPE properly, or not performing tasks or using equipment properly. Focus should be on the 2-3 years prior to diagnosis.

Event	Summary of expected or potential exposure

5. Overall conclusions of the investigation

Summarise the key findings of the investigation including root causes and other factors considered to have contributed to the worker developing PSS.

6. Recommendations and actions

Detail below any actions that should be taken, based the investigation and its findings.

Action	Responsible person	Due date

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

7. Signatures

All key stakeholders in the investigation should sign-off the investigation, including the investigators, the sensitised employee, the employee's line manager, and the senior manager sponsoring the investigation.

Designation	Name	Job title	Signature	Date
Sensitised employee				
Employee's line manager				
Occupational Health Practitioner				
Industrial Hygienist				
Production Manager				
Union representative				
General Manager				

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

APPENDIX A Medical information – to be completed and retained only by the medical department

Due to the confidential nature of medical information, only the most salient and non-confidential information should be included in the PSS Case Investigation form accessible to the case investigation team and potentially others. This appendix contains pertinent considerations for the Occupational Health Practitioner assigned to the investigation to address. This detailed information should be maintained by the Occupational Health Department and only accessible to appropriate OHD staff. In contributing to the investigation, the assigned OH investigator should consider all aspects of the sensitised worker's medical status and history, including those aspects covered in this appendix, while ensuring the appropriate level of patient confidentiality is maintained.

Medical practitioner's summary

Summary of medical and health surveillance history, PSS diagnosis, and subsequent health status	
During what time period is it expected sensitisation may have occurred (based on the dates of assessments and the findings of those assessments)?	

PSS health surveillance history

Pre-employment assessment

SPT status	
Pulmonary function testing results	
Relevant symptoms or symptomatic history	

Periodic assessments

Frequency of health surveillance medical assessments (medical consultation and questionnaire, pulmonary function testing, and skin prick testing)	
If the employee has visited the health clinic / medical practitioner outside the routine health surveillance assessments for any reasons of potential relevance to PSS, provide details of the date(s) and reasons	

Factors known or possibly associated with increased risk of sensitisation

	Status at pre-employment assessment	Status at time of PSS diagnosis	Date of change of status
Smoking			
Atopy			
Dermatitis			
Other (please specify)			

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

PSS diagnosis

Basis of PSS diagnosis

	Primary factor	Supporting factor
SPT – skin prick test	Choose an item.	Choose an item.
Symptoms	Choose an item.	Choose an item.
PFT – pulmonary function testing	Choose an item.	Choose an item.
Serial peak-flow testing at work	Choose an item.	Choose an item.
SIC – specific inhalation challenge	Choose an item.	Choose an item.
Other	Choose an item.	Choose an item.
(If 'Other' please state what):		

Skin prick testing

Last negative SPT	Date	
	Anything notable with -ve control	
	Anything notable with +ve control	
	Reaction to test solution (wheal size)	
First positive SPT	Date	
	Anything notable with -ve control	
	Anything notable with +ve control	
	Reaction to test solution (wheal size)	
Confirmatory (positive) SPT	Date	
	Anything notable with -ve control	
	Anything notable with +ve control	
	Reaction to test solution (wheal size)	
SPT since PSS diagnosis	Date of last positive SPT	
	Is SPT still positive?	
	If SPT is still positive, is the SPT reaction stronger, weaker, or unchanged since PSS diagnosis?	
	Additional notes from medical practitioner	

Specific inhalation challenge testing

Date of SIC test	
Details of SIC test	
Results	

Pulmonary function testing

PFT results at pre-employment assessment	
Changes to PFT status since employment	

Platinum Salt Sensitisation (PSS) Case Investigation			
Investigation number: XXXXXXXXXXXXXXXXXX	Employee number: XXXXXXXXXXXXXXXXXX	Investigation date: XXXXXXXXXXXXXXXXXX	

PFT results at time of PSS diagnosis	
Changes to PFT status since PSS diagnosis	
Serial peak-flow testing at work	

Symptoms

Symptoms status at pre-employment assessment	
Changes to symptoms status since employment	
Symptoms status at time of PSS diagnosis	
Changes to symptoms status since PSS diagnosis	