

CHAPTER 58

REPORTABLE OCCUPATIONAL AND ENVIRONMENTAL DISEASES, INJURIES, AND POISONINGS

Authority

N.J.S.A. 17:23A-13; 18A:61D-1 et seq., particularly 18A:61D-6; 18A:62-15, 15.1 and 15.2; 26:1A-7; 26:1A-15; 26:2-137.1; 26:4-1 et seq., particularly 26:4-2 and 26:4-70; 26:5C-1 et seq., particularly 26:5C-6 and 26:5C-20; and 30:9-57.

Source and Effective Date

R.2009 d.107, effective March 10, 2009.
See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 58, Reportable Occupational and Environmental Diseases, Injuries, and Poisonings, expires on March 10, 2016. See: 43 N.J.R. 1203(a).

Chapter Historical Note

All provisions of this subchapter "Standards for Ambulatory or Out-patient Tuberculosis Control" pursuant to authority of N.J.S.A. 26:4-70 became effective May 1, 1979 as R.1979 d.149. See: 11 N.J.R. 11(b), 11 N.J.R. 236(b). This chapter expired on May 1, 1984, pursuant to Executive Order 66 (1978).

Chapter 58, Reportable Occupational and Environmental Diseases, Injuries, and Poisonings, was adopted as new rules by R.2009 d.107, effective March 10, 2009. As a part of R.2009 d.107, former Subchapter 3 of Chapter 57, Reportable Occupational and Environmental Diseases, Injuries and Poisons, was recodified as Subchapter 1 of Chapter 58 and renamed Occupational and Environmental Diseases, Injuries, and Poisonings, effective April 6, 2009. See: Source and Effective Date. See, also, section annotations.

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APPENDIX

SUBCHAPTER 1. OCCUPATIONAL AND ENVIRONMENTAL DISEASES, INJURIES, AND POISONINGS

8:58-1.1 Purpose and scope

(a) This chapter contains rules intended to:

1. Provide a framework for reporting occupational and environmental disease, injury and poisoning;

2. Enable the Department to conduct surveillance and research activities; and

3. Prevent occupational and environmental disease, injury, and poisoning through early detection, exposure reduction, and elimination of hazards.

(b) This chapter applies to each hospital and health care provider licensed in New Jersey and establishes procedures concerning the reporting of occupational and environmental disease, injury, and poisoning.

8:58-1.2 Incorporated documents

(a) The Department incorporates by reference the following form in this chapter:

1. Occupational and Environmental Disease, Injury, or Poisoning Report by Health Care Provider (OCC-31) (chapter Appendix) is the form required of a health care provider in order to report an occupational or environmental disease, injury, or poisoning to the Department.

2. The OCC-31 is available:

- i. By written request to:

New Jersey Department of Health and Senior Services,
Occupational Health Service
PO Box 360
Trenton, NJ 08625-0360; or

- ii. Online through the Occupational Health Service web page at <http://nj.gov/health/eoh/survweb/> or the Department's Forms web page at <http://web.doh.state.nj.us/forms>.

(b) The Department incorporates by reference, as amended and supplemented, in this subchapter the following document:

1. International Classification of Diseases Ninth Revision (ICD-9), published by the World Health Organization, which promotes international comparability in the collection, processing, classification, and presentation of mortality statistics.

- i. The international Classification of Diseases Ninth Revision (ICD-9) is available for download at the National Center for Health Statistics' webpage <http://www.cdc.gov/nchs/about/major/dvs/icd9des.htm>.

8:58-1.3 Definitions

The following words and terms, as used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Administrator" means the chief administrator or other person having control or supervision over any hospital.

“Commissioner” means the Commissioner of the New Jersey Department of Health and Senior Services, or his or her designee.

“Confirmed work-related asthma” means diagnosis of asthma and objective evidence of work-relatedness.

“Department” means the New Jersey Department of Health and Senior Services.

“Discharge summary” means a computerized record containing information compiled by hospitals on each patient’s stay, such as codes for the most relevant diagnosis and secondary diagnoses, any procedures performed on the patient, and the admission and discharge dates of the patient’s episode of care.

“Health care provider” means a person who is directly involved in the provision of health care services, such as the clinical diagnosis of disease and the prescribing of medications, and when required by State law, the individual has received professional training in the provision of such services and is licensed or certified for such provision.

1. This definition includes physicians, physician assistants, nurse practitioners, and clinical nurse specialists.

“Hospital” means an institution, whether operated for profit or not, which maintains and operates facilities for the diagnosis, treatment, or care of two or more non-related individuals suffering from illness or injury and where emergency, outpatient, surgical, obstetrical, convalescent, or other medical and nursing care is rendered for periods exceeding 24 hours.

“Hospital discharge data” means a set of computerized records that hospitals create at the time of patient discharge, which contain information that hospitals retrieve from patients’ medical charts in accordance with N.J.S.A. 26:2H-1 et seq. and N.J.A.C. 8:31B-2.

“Other occupational diseases” means diseases that occur as a result of work or occupational activity and that the health care provider believes is a threat to worker health.

“Possible work-related asthma” means symptoms of asthma and patient-reported work-related temporal pattern of symptoms of asthma.

“Probable work-related asthma” means diagnosis of asthma and patient-reported work-related temporal pattern of symptoms of asthma.

8:58-1.4 Hospital reporting of occupational and environmental diseases, injuries, and poisonings

(a) The administrator of any hospital in which any person has been diagnosed with any of the diseases, injuries, or

poisonings listed in (b) and (c) below shall report such disease or poisoning to the Department.

1. The administrator shall consider a disease, injury, or poisoning diagnosed, if the disease, injury, or poisoning is listed as a primary or secondary diagnosis on the discharge summary.

(b) The administrator shall report the following diseases to the Department for purposes of this section using the codes established in the International Classification of Diseases Ninth Revision (ICD-9), available as set forth at N.J.A.C. 8:58-1.2, in the manner prescribed by subsection (d) below:

1. Carpal tunnel syndrome, ICD code 354.0;
2. Extrinsic allergic alveolites, ICD code 495, 495.0, 495.1, 495.2, 495.3, 495.4, 495.5, 495.6, 495.7, 495.8, 495.9;
3. Coal workers pneumoconiosis, ICD code 500;
4. Asbestosis, ICD code 501;
5. Silicosis, ICD code 502;
6. Pneumoconiosis, other dust inorganic, ICD code 503;
7. Pneumonopathy due to organic dust, ICD code 504;
8. Pneumoconiosis, unspecified, ICD code 505; and
9. Bronchitis, Pneumonitis, inflammation both acute and chronic and acute pulmonary edema due to fumes and vapors, ICD codes 506.0, 506.1, 506.2, 506.3, 506.4, and 506.9.

(c) The administrator shall report poisoning due to the following and not the result of a suicide attempt to the Department in the manner prescribed by (d) below:

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| 1. Alcohol (excluding alcoholic beverages and alcoholism) | ICD 980; E860.1-9 |
| 2. Petroleum products | ICD 981; E86 (E862.0-.9) |
| 3. Solvents other than petroleum based | ICD 982 (982.0-.9); E862 (E862.0-.9) |
| 4. Corrosive aromatics and caustic alkalis | ICD 983 (983.0-.9); E864 (864.0-.4) |
| 5. Lead and its compounds | ICD 984; E866 (E866.0) |
| 6. Other metals | ICD 985 (985.0-.9); E866 (E866.1.4) |
| 7. Carbon monoxide | ICD 986; E867, E868 (E868.0-.9) |
| 8. Other gases, fumes, or vapors | ICD 987 (987.0-.9); E869 (E869.0-.9) |
| 9. Other substances | ICD 989 (989.0-.9) E861 (E861.0-.9), E863 (E863.0-.9) E866 (E866.0-.9) |