

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-5.1.c(2), Chapter 58, Reportable Occupational and Environmental Diseases, Injuries, and Poisonings, expires on September 6, 2016. See: 48 N.J.R. 682(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.

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

CHAPTER TABLE OF CONTENTS

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

- 8:58-1.1 Purpose and scope
- 8:58-1.2 Incorporated documents
- 8:58-1.3 Definitions
- 8:58-1.4 Hospital reporting of occupational and environmental diseases, injuries, and poisonings
- 8:58-1.5 Health care provider reporting of occupational and environmental diseases, injuries, and poisonings
- 8:58-1.6 Confidentiality
- 8:58-1.7 Penalties

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:

- | | |
|---|--|
| 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) |

(d) The routine mechanism for hospital reporting shall be electronic hospital discharge data reported to the Department under N.J.S.A. 26:2H-1 et seq. and N.J.A.C. 8:31B-2.

(e) The Department may require hospitals to provide additional information after receipt of a specific report if information is missing or other information is necessary to carry out its public health mandate in accordance with the purposes of this chapter.

Amended by R.2003 d.412, effective October 20, 2003.

See: 34 N.J.R. 3945(a), 35 N.J.R. 4883(b).

Rewrote the section.

Recodified from N.J.A.C. 8:57-3.1 and amended by R.2009 d.107, effective April 6, 2009.

See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(a).

Section was "Reporting of occupational and environmental diseases, injuries, and poisonings by hospitals". Rewrote (a); rewrote the introductory paragraph of (b); rewrote (c) and (d); and added (e).

8:58-1.5 Health care provider reporting of occupational and environmental diseases, injuries, and poisonings

(a) The health care provider attending any person who is ill or diagnosed with any of the diseases, injuries, or poisonings listed in (b) below shall, within 30 days after diagnosis or treatment, report such condition to the Department.

1. The health care provider may delegate these reporting activities to a member of the staff, but this delegation does not relieve the health care provider of the ultimate reporting responsibility.

(b) The health care provider shall report the following diseases, injuries, and poisonings to the Department for purposes of this section in the manner prescribed by (c) below:

1. Asbestosis;
2. Silicosis;
3. Pneumoconiosis, other and unspecified;
4. Work-related asthma: possible, probable, and confirmed;
5. Extrinsic Allergic Alveolitis;
6. Lead toxicity, adult (defined as blood lead \geq 25 micrograms per deciliter; urine lead \geq 80 micrograms per liter);
7. Arsenic toxicity, adult (defined as blood arsenic \geq .07 micrograms per milliliter; urine arsenic \geq 100 micrograms per liter);
8. Mercury toxicity, adult (defined as blood mercury \geq 2.8 micrograms per deciliter; urine mercury \geq 20 micrograms per liter);
9. Cadmium toxicity, adult (defined as blood cadmium \geq five micrograms per liter of whole blood; urine cadmium \geq three micrograms per gram creatinine);

10. Pesticide toxicity;

11. Work-related injuries in children (under age 18);

12. Work-related fatal injuries;

13. Occupational dermatitis;

14. Work-related carpal tunnel syndrome; and

15. Poisoning caused by known or suspected occupational exposure.

(c) The health care provider shall report any other occupational disease, not already specified in (b) above, that in his or her professional opinion occurs as a result of work or occupational activity and is a threat to worker health.

(d) The health care provider shall report the information required pursuant to (a) above using the Occupational and Environmental Disease, Injury, or Poisoning Report by Health Care Provider form (OCC-31), available in the chapter Appendix.

(e) The Department may require a health care provider to submit additional information after receipt of a specific report if information is missing or other information is necessary to carry out its public health mandate in accordance with the purposes of this chapter.

Amended by R.1993 d.569, effective November 15, 1993.

See: 25 N.J.R. 2186(a), 25 N.J.R. 5164(b).

Amended by R.2003 d.412, effective October 20, 2003.

See: 34 N.J.R. 3945(a), 35 N.J.R. 4883(b).

In (b), added 14 and 15; rewrote (c).

Recodified from N.J.A.C. 8:57-3.2 and amended by R.2009 d.107, effective April 6, 2009.

See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(a).

Section was "Reporting of occupational and environmental diseases, injuries, and poisonings by physicians and advanced practice nurses". In the introductory paragraph of (a), substituted "health care provider" for "physician", a comma for "or" following "diseases" and "diagnosis or treatment" for "such condition has been diagnosed or treated", inserted "or poisonings" and deleted "of Health and Human Services" following "Department"; added (a)1; rewrote the introductory paragraph of (b); in (b)4, substituted "Work-related" for "Occupational" and inserted "possible, probable, and confirmed"; and in (b)14, substituted "Work-related carpal" for "Carpal"; rewrote (c); and added (d) and (e).

8:58-1.6 Confidentiality

(a) The reports and forms submitted to the Department pursuant to this chapter contain demographic and medical information related to the Department's investigations and epidemiological studies of occupational and environmental diseases, injuries, and poisonings and shall not be considered "government records" subject to public access or inspection within the meaning of N.J.S.A. 47:1A-1 et seq. and shall be deemed:

1. "Information relating to medical . . . history, diagnosis, treatment, or evaluation" within the meaning of Executive Order No. 26, §4(b)1 (McGreevey, August 13, 2002);

2. "Records concerning morbidity, mortality and reportable diseases of named persons required to be made, maintained or kept by any State or local governmental agency" within the meaning of Executive Order No. 9, §2(c) (Hughes, September 30, 1963); and/or

3. Information "for use in the field of forensic pathology or for use in medical or scientific education or research" pursuant to N.J.S.A. 47:1A-1.1.

(b) The Department, and such other agencies as the Commissioner may designate, shall use the reports submitted pursuant to this chapter to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries, and poisonings.

(c) Medical and epidemiologic information, which the Department gathers in connection with an investigation of a reportable disease, injury or poisoning and which identifies

an individual, is confidential and not open to public inspection without the individual's consent, except as may be necessary to carry out the Department's duties to protect the public health.

(d) The Department may disclose medical and epidemiologic information collected pursuant to this chapter in statistical or other form, which does not disclose the identity of any individual.

8:58-1.7 Penalties

(a) Any hospital administrator or health care provider that violates any provision of this chapter shall be subject to the penalties established at N.J.S.A. 26:1A-10.

1. Each violation of any provision of this chapter shall constitute a separate offense.

APPENDIX

New Jersey Department of Health and Senior Services
Occupational Health Service
P.O. Box 360
Trenton, NJ 08625-0360

OCCUPATIONAL AND ENVIRONMENTAL
DISEASE, INJURY, OR POISONING REPORT
BY HEALTH CARE PROVIDER

INSTRUCTIONS: In accordance with N.J.A.C. 8-58-1.5, health care providers must report any patient who is ill or diagnosed with any disease, injury, or poisoning listed below within 30 days after the disease, injury, or poisoning has been diagnosed or treated. In addition, suspect cases or patients with other occupational diseases may be reported. All information **MUST** be completed. Mail **complete** report to above address or fax to (609) 292-5677. Additional information, report forms, or business reply envelopes may be obtained from the above address, or by calling (609) 984-1863. This form is also available online in Microsoft Word and in PDF format at www.nj.gov/health/ech/survweb.

Date _____

PATIENT INFORMATION			
Name of Patient (Print) _____ (First) (MI) (Last)			Date of Birth
Street Address			Age (If DOB Unavailable)
City	State	Zip Code	Home Telephone Number ()
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Am. Ind./ Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander		Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
DIAGNOSTIC INFORMATION			
Date of Onset of Disease, Injury, or Poisoning ____ / ____ / ____		<input type="checkbox"/> Lead Toxicity, Adult (Blood \geq 25 μ g/dl; Urine \geq 80 μ g/L) Blood = ____ μ g/dL Urine = ____ μ g/L	
Diagnosis: <input type="checkbox"/> Work-Related Asthma <input type="checkbox"/> Possible <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Extrinsic Allergic Alveolitis <input type="checkbox"/> Silicosis <input type="checkbox"/> Asbestosis <input type="checkbox"/> Pneumoconiosis, Other and Unspecified <input type="checkbox"/> Occupational Dermatitis <input type="checkbox"/> Other Occupational Disease - Specify: _____		<input type="checkbox"/> Arsenic Toxicity, Adult (Blood \geq .07 μ g/mL; Urine \geq 100 μ g/L) Blood = ____ μ g /mL Urine = ____ μ g /L <input type="checkbox"/> Mercury Toxicity, Adult (Blood \geq 2.8 μ g/dL; Urine \geq 20 μ g/L) Blood = ____ μ g/dL Urine = ____ μ g/L <input type="checkbox"/> Cadmium Toxicity, Adult (Blood \geq 5 μ g/L whole blood; Urine \geq 3 μ g/gram creatinine) Blood = ____ μ g/L whole blood Urine = ____ μ g/gram creatinine	
Name and Address of Laboratory Which Performed the Testing, If Applicable			
Laboratory Name _____			
Street Address _____			
City _____ State _____ Zip _____			
PLACE OF EXPOSURE / INJURY			
Company Where Exposure/Injury Occurred			
Name _____			
Street Address _____ Phone No. _____			
City _____ State _____ Zip _____			
Job Title or Type of Work Performed by Patient		Patient-Reported Cause of Symptoms	
HEALTH CARE PROVIDER INFORMATION			
Name of Health Care Provider (Print)			Telephone Number ()
Address			
Facility Name _____			
Street Address _____			
City _____ State _____ Zip _____			
Indicate Any Reasons Why the Patient Should NOT be Contacted		Comments by Health Care Provider, if Any	

OCC-31
NOV 08