CHAPTER 58
REPORTABLE OCCUPATIONAL AND ENVIRONMENTAL DISEASES, INJURIES, AND POISONINGS

Authority
N.J.S.A. 17:23A-13; 18A:6ID-1 et seq., particularly 18A:6ID-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
See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(e).

Chapter Expiration Date
Chapter 58, Reportable Occupational and Environmental Diseases, Injuries, and Poisonings, expires on March 10, 2014.

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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/ohs/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 alveolitis, ICD code 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 alkalies ICD 983 (983.0-.9); E864 (E864.0-.9)
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)
DISEASES, INJURIES, AND POISONINGS

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 ≥ 25 micrograms per deciliter; urine lead ≥ 80 micrograms per liter);
7. Arsenic toxicity, adult (defined as blood arsenic ≥ .07 micrograms per milliliter; urine arsenic ≥ 100 micrograms per liter);
8. Mercury toxicity, adult (defined as blood mercury ≥ 2.8 micrograms per deciliter; urine mercury ≥ 20 micrograms per liter);
9. Cadmium toxicity, adult (defined as blood cadmium ≥ five micrograms per liter of whole blood; urine cadmium ≥ 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.

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

### PATIENT INFORMATION
- **Name of Patient (Print):**
- **Date of Birth:**
- **Street Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Age (If DOB Unavailable):**
- **Sex:**
- **Race:**
- **Ancestry:**
- **Hispanic Origin:**
- **Date of Onset of Disease, Injury, or Poisoning:**
- **Diagnostic Information:**
  - **Diagnosis:**
    - Work-Related Asthma
    - Work-Related Late Onset
    - Work-Related Late Onset in Children (Under Age 16)
    - Work-Related Carpal Tunnel Syndrome
    - Poisoning Caused by Known or Suspected Occupational Exposure
    - Pesticide Toxicity
  - **Lead Toxicity, Adult:**
    - Blood = __________ mg/dL
    - Urine = __________ µg/L
  - **Arsenic Toxicity, Adult:**
    - Blood = __________ µg/dL
    - Urine = __________ µg/L
  - **Mercury Toxicity, Adult:**
    - Blood = __________ µg/dL
    - Urine = __________ µg/L
  - **Cadmium Toxicity, Adult:**
    - Blood = __________ µg/dL
    - Urine = __________ µg/L

### PLACE OF EXPOSURE / INJURY
- **Company Where Exposure/Injury Occurred:**
  - **Name:**
  - **Address:**
  - **City:**
  - **State:**
  - **Zip Code:**
  - **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 Code:**

### Indicate Any Reasons Why the Patient Should NOT be Contacted
- **Comments by Health Care Provider, if Any:**

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DISEASES, INJURIES, AND POISONINGS

APPENDIX

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

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 completed report to above address or fax to (609) 984-3787. Additional information, report forms, or business reply envelopes may be obtained from the above address, or by calling (609) 984-1563. This form is also available online in Microsoft Word and as PDF format at eapcns.rutgers.edu/health/outreach/