

DHHS, Division of Public Health Occupational and Environmental Epidemiology Branch Occupational Surveillance Unit 1912 Mail Service Center Raleigh, NC 27699-1912

# Reporting Occupational Illnesses and Injuries

The Physician's Responsibility Under State Public Health Law **"Surveillance** – the collection, analysis, and dissemination of information on cases of occupational disease, disability, and death - is the cornerstone of efforts to prevent work related injuries and illnesses."

Freund, et al. Mandatory Reporting of Occupational Diseases by Clinicians. *MMWR* 1990; 39:19-28.



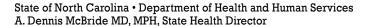
#### Occupational Health Surveillance Program

Occupational Surveillance Unit
Occupational and Environmental
Epidemiology Branch
DHHS, Division of Public Health
1912 Mail Service Center
Raleigh, North Carolina 27699-1912

TEL: 1-800-200-7090 919-733-1145

FAX: 919-733-9555







The Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

#### Who Should Report?

North Carolina General Statutes 130A-456 states that "A physician licensed to practice medicine in this State who treats a person for an occupational injury that occurred while working on a farm or an occupational disease, illness, declared by the Commission to be reportable, shall report the information required by the Commission to the Department."

According to G.S. 130A-459, persons who report in good faith are protected from any civil liability that might otherwise be incurred as a result of making the report.

# What Must Be Reported?

The Commission for Health Services has declared that the following named diseases, illnesses, and injuries be reported:

- ☑ asbestosis (ICD9 code 501)
- ☑ silicosis (ICD9 code 502)
- ☑ elevated blood lead levels\*
- serious and preventable injuries caused by tractors, farm equipment, or farm machinery that occur while working on a farm.
- \* for the Occupational Surveillance Unit an elevated blood lead level means a blood lead level of 40 ug/dL (micrograms per deciliter) or greater for adults aged 18 years or older.

#### When To Report?

The named illnesses and injuries must be reported within 15 days of the diagnosis.

# **How To Report?**

Reports are made on surveillance forms provided by or approved by the Occupational Surveillance Unit. The reports must include the

- 1) the diagnosis;
- patient's name, address, telephone number, date of birth, social security number, race, gender and job title;
- employer's name, address, telephone number and type of business; and
- reporting physician's name, address and telephone number.

The reports can be mailed to the address on the front of this brochure or can be faxed to the Occupational Surveillance Unit at 919-733-9555. For questions on reporting, please call 919-733-1145 or 1-800-200-7090.

### Confidentiality

Patients' names are confidential and are not released without consent. Only aggregate information is provided to the public.

# Why Report?

Almost all occupational illnesses and injuries can be prevented. When these illnesses and injuries occur, it hurts our citizens by lowering their quality of life. These four illnesses and injuries were selected for reporting because they are associated with serious health outcomes and can be prevented. Your reporting allows us to identify areas where public health interventions would be helpful.

# What Happens After A Case Is Reported?

In some cases, patients are interviewed to gather additional information about a worksite and assess potential hazards. Often information is provided to patients about related health concerns and workplace protections. A worksite visit may be recommended to evaluate the work environment depending upon the number of cases, severity of the illness, extent of the hazard, wishes of the patient and guidance of the reporting physician.

#### **Consultation Services**

Occupational health nurses and industrial hygienists are available at 919-733-3680 to discuss worker protection programs.

#### **Information Request Form**

| Address |  |
|---------|--|
|         |  |
|         | Zip                                    |
| Teler   | phone()                                |
| Medi    | cal Specialty                          |
| I am    | interested in receiving the following: |
|         | Case Report Forms                      |
|         | Case Reporting Information and         |
| ш       |  |
|         | Guidelines Report Summary Information  |

#### **MAIL** to

DHHS, Division of Public Health Occupational and Environmental Epidemiology Branch Occupational Surveillance Unit 1912 Mail Service Center Raleigh NC 27699-1912

or

**FAX** to 919-733-9555

or

**CALL** 1-800-200-7090 or 919-733-1145