



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
LANSING

STANLEY "SKIP" PRUSS
DIRECTOR

To: Michigan Physicians, Hospitals, Clinics, and Employers

The enclosed material includes an instruction sheet, occupational disease report form, and a listing of several categories of occupational diseases and disorders. We have mailed this to you to assist in your complying with Part 56 of the Michigan Public Health Code, which requires physicians, hospitals, clinics, or employers to report all known or suspected cases of occupational diseases. As a result of Executive Orders No. 1996-1, 1996-2, and 2003-18, the responsibility for implementing Part 56 of the Michigan Public Health Code were transferred to the Michigan Department of Energy, Labor & Economic Growth.

The instruction sheet gives some background on Code Requirements and provides guidance on completing the report form. The following list of occupational diseases and disorders is taken from MIOSHA form #300 – Log and Summary of Occupational Injuries and Illnesses – where it is used for classifying recordable illnesses. This list, which we have added for informational purposes, includes typical examples of types of illnesses and disorders under each category and some causative agents. It is not a complete listing but is to be used as a guide.

The Department of Energy, Labor & Economic Growth has a contract with the Department of Medicine, Michigan State University to assist in the compilation and reporting of Michigan occupational diseases. Additionally, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Part 164.512 authorizes agencies to collect and receive health information for the purpose of preventing and controlling diseases and related activities.

Any inquiries regarding occupational reporting requirements should be directed to John Peck at the Management and Technical Services Division, Michigan Department of Energy, Labor & Economic Growth, P.O. Box 30649, Lansing, Michigan, 48909-8149; or (517) 322-5123.

Sincerely,

A handwritten signature in black ink, appearing to read "Stanley F. Pruss".

Stanley F. Pruss
Director

Classifying Illnesses

Skin diseases or disorders – Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances. *Examples:* Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters; chrome ulcers; or inflammation of the skin.

Musculoskeletal conditions - Musculoskeletal conditions are considered illnesses when caused by repetitive use. Musculoskeletal conditions secondary to acute strains or trauma are categorized as Michigan Physicians, Hospitals, Clinics, and Employers injuries.

DELEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Examples: chronic bursitis, carpal tunnel syndrome, chronic tendonitis/tenosynovitis, trigger finger, chronic rotator cuff tear or impingement, chronic lumbar strain, chronic radiculopathy, or sciatica.

Respiratory conditions – Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work. *Examples:* Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion, farmer’s lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconiosis.

Poisoning – Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body. *Examples:* Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; or poisoning by other chemicals, such as formaldehyde.

Hearing Loss – Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000, and 4000 hertz, and the employee’s total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

All other illnesses – All other occupational illnesses. *Examples:* Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; blood borne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; or coccidioidomycosis.

Excerpts from Michigan Public Health Code

Article 5. Prevention and Control of Diseases and Disabilities

Part 56. Occupational Diseases

Sec. 5601. (1) As used in this part, "occupational disease" means an illness of the human body arising out of and in the course of an individual's employment and having one or more of the following characteristics:

- (a) It is caused by a frequently repeated or continuous exposure to a hazardous substance or agent or to a specific industrial practice which is hazardous and which has continued over an extended period of time.
- (b) It is caused by an acute exposure to a hazardous substance or agent.
- (c) It presents symptoms characteristic of an occupational disease known to have resulted in other cases from the same type of specific exposure.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code and part 51 contains definitions applicable to this part.

Sec. 5611. (1) A physician, hospital, clinic, or employer knowing of an individual having a case of occupational disease or a health condition aggravated by workplace exposures shall report the case to the department within 10 days after the discovery of the occupational disease or condition.

(2) A physician, hospital, clinic, or employer knowing of a suspected case of occupational disease or a health condition aggravated by workplace exposures shall report the case to the department within 10 days after the discovery of the occupational disease or condition.

(3) The report shall state the name and address of the individual, the name and business address of the employer, the business of the employer, the place of the individual's employment, the length of time of employment in the place where the individual became ill, the nature of the disease, and other information required by the department.

(4) The department shall prepare and furnish the report forms and instructions for their use to physicians, hospitals, clinics, and employers.

Sec. 5613. (1) The department, upon receiving a report under section 5611 or believing that a case or suspected case of occupational disease exists in this state, may investigate to determine the accuracy of the report and the cause of the disease.

(2) To aid in the diagnosis or treatment of an occupational disease, the department shall advise the physician in charge of a patient of the nature of the hazardous substance or agent and the conditions of exposure of the patient as established by the investigation. In so doing the department shall protect the confidentiality of trade secrets or privileged information disclosed by the investigations in accordance with section 13 Act No. 442 of the Public Acts of 1976, being section 15.243 of the Michigan Compiled Laws.

Sec. 5621. (1) Reports submitted to the department under section 5611 are not public records and are exempt from disclosure pursuant to section 13(1)(d) of Act. No. 442 of the Public Acts of 1976.

(2) The bureau of worker's disability compensation and the compensation appeal board in the department of labor shall have access to the record of an actual case of occupational disease in a compensation case before it.

Sec. 5623 (1) Not less than once each year, the department shall compile statistical summaries of all occupational diseases reported and accepted as covering true occupational diseases, and the kinds of employment leading to the occurrence of the diseases.

(2) The department shall disseminate to appropriate employers in this state appropriate instructions and information to prevent the occurrence of occupational diseases.

Sec. 5639. A physician, hospital or clinic administrator, or employer who fails to make a report or who willfully makes a false statement in a report required by section 5611 (1) is guilty of a misdemeanor punishable by a fine or not more than \$50.00.

Known or Suspected Occupational Disease Report

(Information will be held confidential as prescribed in Act.)

EMPLOYEE AFFECTED

Name (Last, First, Middle)	Age	Sex M F	Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other
Street	City	State	Zip
Home Phone Number	Social Security Number		

CURRENT EMPLOYER

Current Employer Name	Worksite County		
Worksite Address	City	State	Zip
Business Phone	If Known, Indicate Business Type (products manufactured or work done)		
Number of Employees <input type="radio"/> < 25 <input type="radio"/> 25-100 <input type="radio"/> 100-500 <input type="radio"/> > 500			
Employee's Work Unit/Department	Dates of Employment From: _____ To: _____ Mo Day Year Mo Day Year		
Employee's Job Title or Description of Work			

ILLNESS INFORMATION

Nature of Illness or Health Condition (Examples: Headache, Nausea, Difficulty Breathing, Cough, etc.)	Date of Diagnosis _____ Mo Day Year	
Suspected Causative Agents (Chemicals, Physical Agents, Conditions)	Did Employee Die? Yes <input type="radio"/> No <input type="radio"/>	If Yes, Date of Death _____ Mo Day Year
If Physician, Indicate Clinical Impression for Suspected Occupational Disease, or Diagnosis of Confirmed Occupational Disease		

ADDITIONAL COMMENTS

_____ _____

REPORT SUBMITTED BY

If Report Submitted by Non-Physician, Did Employee See a Physician? <i>If yes, record information below.</i>	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Physician's Name	Phone
Office Address	City State Zip
Name of Person Submitting Report	Physician <input type="radio"/> Non-Physician <input type="radio"/>
Address	City State Zip
Signature	Phone Date

The Michigan Department of Energy, Labor and Economic Growth is an equal opportunity, affirmative action employer, service provider and buyer.

Return completed form to:

Michigan Department of Energy, Labor and Economic Growth
Michigan Occupational Safety and Health Administration
Management and Technical Services Division
7150 Harris Drive, P.O. Box 30649
Lansing, MI 48909-8149

Authority: P.A. 368 of 1978
 Completion: Required
 Penalty: Misdemeanor

BACKGROUND AND INSTRUCTIONS FOR COMPLETING KNOWN OR SUSPECTED OCCUPATIONAL DISEASE REPORT

As a result of Executive Orders No. 1996-1, 1996-2 and 2003-18 and Part 56 of P.A. 368 of 1978, a physician, hospital, clinic or employer must report known or suspected cases of occupational diseases or workplace aggravated health conditions to the Michigan Department of Energy, Labor and Economic Growth within 10 days after discovery of the disease or condition on a report form furnished by the department. This requirement does not apply to occupational injuries.

This report is furnished by the Department of Energy, Labor and Economic Growth in accordance with Section 5611 (4) of P.A. 368 of 1978 and is required to be completed and submitted to the Department of Energy, Labor and Economic Growth at the address below for all such cases to fulfill the statutory mandate prescribed by Section 5611 or Part 56 of the Act.

Instructions for completing report:

General:

Multiple reports on the same individual for the same illness should not be submitted. The employer should return this form only if the employee is not referred to a physician, hospital, or clinic. If a physician returns the form indicating a suspected occupational disease and at a later date confirms this occupational disease, an updated form confirming their diagnosis and causative agent should be submitted.

Employers:

If an employer is submitting the form, all questions, with the exception of those indicated for physicians only, should be completed. The form should be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness and returned directly to Michigan Department of Energy, Labor and Economic Growth.

If the employee is referred to a physician, hospital, or clinic, the employer should complete the forms as stated above and the form should then accompany the employee for completion by the medical personnel.

Physician, hospital or clinic:

The questions on the form, with the exception of those indicated for physicians only, may be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness. The form should then accompany the employee at the time of referral to a physician, hospital, or clinic for medical evaluation where the remainder of the form should be completed and submitted to the Michigan Department of Energy, Labor and Economic Growth. If the employee is seen by the physician without a referral from the employer, and the physician diagnoses a suspected or confirmed occupational illness, the entire form is to be completed by the physician and submitted to the Michigan Department of Energy, Labor and Economic Growth.

It is the responsibility of the employer and of physicians, hospitals, and clinics to ensure that the form is properly completed, signed and submitted to the Michigan Department of Energy, Labor and Economic Growth within 10 days after the onset of the disease, suspected occurrence of the disease, or a workplace aggravated health condition. The form must be completed for all suspected or actual occupational diseases or health conditions aggravated by workplace exposure, including death of the employee as a result of the disease or health condition aggravated by workplace exposure.

Completion of this report form does not relieve the employer of the requirements of notification fatalities and catastrophes and to maintain records of each recordable occupational injury or illness pursuant to the requirements of Public Act 154 of 1974, as amended, the Michigan Occupational Safety and Health Act.

ADDITIONAL REPORT FORMS ARE AVAILABLE FROM THE MICHIGAN DEPARTMENT OF ENERGY, LABOR AND ECONOMIC GROWTH

**Michigan Department of Energy, Labor and Economic Growth
Michigan Occupational Safety and Health Administration
Management and Technical Services Division
7150 Harris Drive, P.O. Box 30649
Lansing, Michigan 48909-8149
(517) 322-1817**