

DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF EPIDEMIOLOGY
DIVISION OF ENVIRONMENTAL HEALTH
REPORTING OF NON-SUICIDAL, NON-MEDICINAL CHEMICAL
POISONINGS

(By authority conferred on the community public health agency by sections 5111 and 2226 of PA 368 of 1978, as amended, section 8 of PA 312 of 1978, and Executive Reorganization Order No.1996-1, MCL 333.5111, MCL 333.2226, MCL 325.78, MCL 333.2233, MCL 333.2221, and MCL 330.3101.)

R 325.71 Definitions.

Rule 1. (1) As used in these rules:

(a) "Chemical" means any substance or mixture of substances composed of chemical elements or obtained by a chemical process.

(b) "Chemical poison" means a substance which, when ingested, inhaled or absorbed, injected into, or developed within the body, causes damage to structure or disturbance of function in the body. "Chemical poison" includes asphyxiant gases.

(c) "Chemical poisoning report form" means the form used to report the required reportable information for individuals with a chemical poisoning.

(d) "Department" means the Michigan department of community health.

(e) "Health facility" means any facility or agency licensed under article 17 of the public health code, MCL 333.20101 to 333.22260 that provides health care services. "Health facility" includes a hospital, clinical laboratory, surgical outpatient facility, health maintenance organization, nursing home, home for the aged, county medical care facility, ambulance operation, and hospice.

(f) "Local health department" means a public health department established under the provisions of article 24 of the public health code, MCL 333.2401 to 333.2498, to protect the public health and prevent disease within a specific geographic area.

(g) "Non-medicinal" means substances that are not classified as drugs, medicines, or biologicals.

(h) "Non-suicidal" means not associated with an intention to commit self-harm, including suicide.

(i) "Health professional" means a person licensed under article 15 of the public health code, MCL 333.16101 to 333.18838, in medicine, osteopathic medicine, as a physician's assistant, or nurse practitioner.

(j) "Poisoning" means a morbid condition, including death, produced by a poison.

(k) "Protected health information" means any individually identified health information, whether oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university,

or health care clearinghouse; and, relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

(l) "Public health investigation" means the collection of medical, epidemiologic, exposure, and other information to determine the magnitude and cause of illness or injury, which is used to determine appropriate actions to prevent or mitigate additional illness or injury.

History: 2007 AACCS; 2009 AACCS.

R 325.72 Reportable information.

Rule 2. (1) Reportable information is specifically related to patients with known or suspected non-suicidal, non-medicinal chemical poisonings.

(2) Clinical laboratory evidence of overexposure to a chemical poison, defined as a laboratory test result outside of that laboratory's reference range, shall be considered evidence of known or suspected chemical poisoning.

(3) The health professional or health facility shall submit its report a format that ensures the inclusion of the information listed under subdivisions (a) to (e) of this subrule as applicable.

(a) All of the following information, with respect to the patient, shall be provided:

(i) Last and first name and middle initial.

(ii) Sex.

(iii) Race, if available.

(iv) Ethnic group, if available.

(v) Birth date or age.

(vi) Residential address.

(vii) Telephone number.

(viii) If the individual is a minor, the name of a parent or guardian.

(ix) If the individual is an adult, the name and address of his or her employer, if available.

(b) If the reporting entity is a health care provider or health facility other than a clinical laboratory, the following diagnostic information shall be provided, in addition to information specified in R 325.72 (3)(a):

(i) The date of diagnosis.

(ii) The diagnosis, including diagnostic code, if available.

(iii) Brief narrative of the poisoning event, including date, location, and type of chemical poison involved, and any other information considered by the health professional/health facility to be related to health of the public.

(iv) Brief narrative of the patient signs and symptoms, clinical findings, results of diagnostic tests, and clinical outcome.

(c) If the reporting entity is a clinical laboratory, the following information shall be provided in addition to information specified in R 325.72 (3)(a):

(i) Name of the clinical test performed.

(ii) Test result including units of measurement.

(iii) Laboratory reference range including units of measurement.

(iv) Date laboratory test was ordered.

(d) Name, address, telephone, and other contact information shall be provided for the reporting health professional. If the reporting entity is a health facility, contact information for the diagnosing/treating/ordering physician shall be provided.

(e) Name, address, telephone and other contact information for the health facility shall be provided if the reporting entity is the facility.

History: 2007 AACCS; 2009 AACCS.

R 325.73 Reporting responsibilities.

Rule 3. (1) When requested by the department or local health department, health professionals and health facilities shall provide reports. The department or local health department shall notify health professionals and health facilities when reports of 1 or more types of chemical poisonings shall be submitted. Both of the following apply:

(i) Reports shall be made within 5 working days following request by the department or local health department.

(ii) Reports shall be provided to the agency (department and/or local health department) that makes the request.

(2) Reports may be provided by health professionals and health facilities, without departmental or local health department request, when the reporting entity believes that public health investigation is needed to protect the public.

(3) Nothing in this rule shall be construed to relieve a health professional or health facility from reporting to any other entity as required by state, federal, or local statutes or regulations or in accordance with accepted standard of practice, except that reporting in compliance with this rule satisfies the reporting requirements of 1978 PA 368, MCL 333.1101.

History: 2007 AACCS.

R 325.74 Investigation and quality assurance.

Rule 4. (1) The department or local health department, upon receiving a report under R 325.73, may investigate to determine the accuracy of the report, a patient's source of exposure, and adverse health effects resulting from the exposure.

(2) The department and local public health departments shall collaborate in the development of procedures for processing poisoning reports and conducting follow-up investigations to ensure efficient, non-duplicative, and effective public health response.

(3) Requests for individual medical and epidemiologic information to validate the completeness and accuracy of reporting are specifically authorized.

(4) Copies of protected health information from reported poisoning cases shall be kept in locked file cabinets when not in use. Information stored electronically shall be maintained on a secure server accessible only by department or local health department program staff through password protected user accounts.

(5) Reports may be released to other state, local, or federal agencies for those agencies to administer and enforce provisions of laws or rules to protect individuals from exposure to chemical poisons. Protected health information may be released to other governmental

agencies and bona fide agents of the state that comply with the confidentiality requirements of R 325.75.

(6) Confidential information obtained during the public health investigation may be exchanged between the department and the local health department with jurisdiction where the chemical poisoning occurred.

(7) Nothing in this rule shall be construed to relieve or preempt any other entities from investigating hazards associated with chemical poisons under state, federal, or local statutes or regulations.

History: 2007 AACCS; 2009 AACCS.

R 325.75 Confidentiality of reports.

Rule 5. (1) Reports submitted to the department or local health department under R 325.73 are not public records and are exempt from disclosure pursuant to the freedom of information act, section 13 of 1976 PA 442, MCL 15.231.

(2) The department and local health departments shall maintain the confidentiality of all reports and shall not release reports, including protected health information or any information that may be used to directly link the information to a particular individual, except as allowed in R 325.74(5), unless the department or local health department has received written consent from the individual, or from the individual's parent or legal guardian, requesting the release of information.

(3) Medical and epidemiological information that is released to a legislative body shall not contain information that identifies a specific individual. Aggregate epidemiological information concerning the public health, which is released to the public for informational purposes only, shall not contain information that allows individuals to be identified.

History: 2007 AACCS; 2009 AACCS.