

CONNECTICUT GENERAL STATUTES CONCERNING REPORTING FOR OCCUPATIONAL DISEASES
(INCLUDING LEAD POISONING)

Sec. 31-40a. (Formerly Sec. 19-48). Reports of occupational diseases and investigations concerning them. Each physician having knowledge of any person whom he believes to be suffering from poisoning from lead, phosphorus, arsenic, brass, wood alcohol or mercury or their compounds, or from anthrax or from compressed-air illness or any other disease, contracted as a result of the nature of employment of such person, shall, within forty-eight hours, mail to the labor department, department of factory inspection, as provided in section 31-9, a report stating the name, address and occupation of such patient, the name, address and business of his employer, the nature of the disease and such other information as may reasonably be required by said department. The department shall prepare and furnish to the physicians of this state suitable blanks for the report herein required. No report made pursuant to the provisions of this section shall be admissible as evidence of the facts therein stated in any action at law or in any action under the workers' compensation act against any employer of such diseased person. Any physician who fails to send any report herein required or who fails to send the same within the time specified herein shall be liable to the state for a penalty of not more than ten dollars, recoverable by civil action in the name of the state by said department. The labor department, department of factory inspection, as provided in section 31-9, is authorized to investigate and make recommendations for the elimination or prevention of occupational diseases reported to it in accordance with the provisions of this section. Said department is also authorized to study and provide advice in regard to conditions suspected of causing occupational diseases, provided information obtained upon investigations made in accordance with the provisions of this section shall not be admissible as evidence in any action at law to recover damages for personal injury or any action under the workers' compensation act.

Sec. 19a-25. (Formerly Sec. 19-6a). Confidentiality of records concerning morbidity and mortality. All information, records of interviews, written reports, statements, notes, memoranda or other data, including personal data as defined in subdivision (9) of section 4-190, procured by the department of health services or by staff committees of facilities accredited by the department of health services in connection with studies of morbidity and mortality conducted by the department of health services or such staff committees, or carried on by said department or such staff committees jointly with other persons, agencies or organizations, or procured by such other persons, agencies or organizations, for the purpose of reducing morbidity or mortality from any cause or condition, shall be confidential and shall be used solely for the purposes of medical or scientific research. Such information, records, reports, statements, notes, memoranda or other data shall not be admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency, or person, nor shall it be exhibited or its contents disclosed in any way, in whole or in part, by any officer or representative of the department of health services or of any such facility, by any person participating in such a research project or by any other person, except as may be necessary for the purpose of furthering the research project to which it relates. Notwithstanding the provisions of chapter 55, the department of health services may exchange personal data for the

purpose of medical or scientific research, with any other governmental agency or private research organization; provided such state, governmental agency or private research organization shall not further disclose such personal data. The commissioner of health services shall adopt regulations consistent with the purposes of this section to establish the procedures to ensure the confidentiality of such disclosures. The furnishing of such information to the department of health services or its authorized representative, or to any other agency cooperating in such a research project, shall not subject any person, hospital, sanitarium, rest home, nursing home, or other person or agency furnishing such information to any action or damages or other relief because of such disclosure. This section shall not be deemed to affect disclosure of regular hospital and medical records made in the course of the regular notation and the care and treatment of any patient, but only records or notations by such staff committees pursuant to their work.

Sec. 31-400. Implementation of surveillance in emergency situations. In the event of recognition of a health emergency, suggested disease cluster or imminent hazard, the commissioner of health services and the commissioner of labor, upon their own initiative or upon notice from an occupational health clinic or auxiliary occupational health clinic, may initiate site-specific hazard evaluations, industry-wide epidemiologic and industrial hygiene studies or other surveillance activities. Such investigatory studies or surveillance shall be conducted in full cooperation with local public health officials.

Sec. 19a-110. (Formerly Sec. 19-65e). Report of Lead Poisoning. Availability of information regarding lead poisoning. (a) Each institution licensed under the provision of sections 19a-490 to 19a-503, inclusive, as amended, and each private clinical laboratory licensed under section 19a-30 shall, within forty-eight hours of receipt of knowledge thereof, report to the Commissioner of Public Health, and to the director of health of the town, city or borough in which the person resides: (1) the name, full residence address, date of birth, gender, race and ethnicity of each person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead; (2) the name, address and telephone number of the health care provider who ordered the test; (3) the sample collection date, analysis date, type and blood lead analysis result; and (4) such other information as the commissioner may require. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner or the director of health. The commissioner, after consultation with the Chief Information Officer of the Department of Information Technology, shall determine the method and format of transmission of data contained in said report.

(b) Each institution or laboratory that conducts lead testing pursuant to subsection (a) of this section shall, at least monthly, submit to the Commissioner of Public Health a comprehensive report that includes: (1) the name, full residence address, date of birth, gender, race and ethnicity of each person tested pursuant to subsection (a) of this section regardless of the level of lead in the blood; (2) the name, address and telephone number of the health care provider who ordered the test; (3) the sample collection date, analysis date, type and blood lead analysis result; (4) laboratory identifiers; and (5) such other information as the commissioner may require. Any

institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner. The commissioner, after consultation with the Chief Information Officer, shall determine the method and format of transmission of data contained in said report.

(c) Whenever an institutional laboratory or private clinical laboratory conducting blood lead tests pursuant to this section refers a blood lead sample to another laboratory for analysis, the laboratories may agree on which laboratory will report in compliance with subsections (a) and (b) of this section, but both laboratories shall be accountable to insure that reports are made. The referring laboratory shall insure that the requisition slip includes all of the information that is required in subsection (a) and (b) of this section and that this information is transmitted with the blood specimen to the laboratory performing the analysis.

(d) The director of health of the town, city or borough shall provide or cause to be provided, to the parent or guardian of a child reported, pursuant to subsection (a) of this section, with information describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning and laws and regulations concerning lead abatement. Said information shall be developed by the department of public health and provided to each local and district director of health.

Sec. 19a-215. (Formerly Sec. 19-89). Reports of diseases on the commissioner's list of reportable diseases and laboratory findings. Confidentiality. Fines. (a) For the purposes of this section: (1) "Commissioner's list of reportable diseases and laboratory findings" means the list developed pursuant to section 19a-5. (2) "Confidential" means confidentiality of information pursuant to section 19a-25. (3) "Health care provider" means a person who has direct or supervisory responsibility for the delivery of health care or medical services. This shall include licensed physicians, nurse practitioners, nurse midwives, physician assistants, nurses, dentists, medical examiners and administrators, superintendents and managers of health care facilities.

(b) Each health care provider shall report in writing or by telephone each case occurring in his practice, of any disease on the commissioner's list of reportable diseases and laboratory findings to the director of health of the town, city or borough in which such case resides and to the Department of Public Health, within twelve hours after his recognition of the disease. Such reports of disease shall be confidential and not open to public inspection except as provided in subsection (d) of this section.

(c) When a local director of health or his authorized agent or the Department of Public Health receives a report of a disease or laboratory finding on the commissioner's list of reportable disease and laboratory findings, either may contact first the reporting health care provider and then the person with the reportable finding to obtain such information as may be necessary to lead to the effective control of further spread of such disease. In the case of reportable communicable diseases and

laboratory findings, this information may include obtaining the identification of persons who may be the source or subsequent contacts of such infection.

(d) All personal information obtained from disease prevention and control investigations as performed in subsection (c) of this section including the health care provider's name and the identity of the reported case of disease and suspected source persons and contacts shall not be divulged to anyone and shall be held strictly confidential pursuant to section 19a-25, by the local director of health and his authorized agent and by the Department of Public Health.

(e) Any person who violates any reporting or confidentiality provision of this section shall be fined not more than five hundred dollars. No provision of this section shall be deemed to supersede section 19a-584.

Sec. 31-396.

Definitions. As used in sections 31-396 to 31-403, inclusive:

(1) "Occupational disease" means any disease which is peculiar to an occupation in which an employee was or is engaged and which is due to causes, in excess of the ordinary hazards of employment which are attributable to such occupation, and includes, but is not limited to, (A) any disease due to or attributable to exposure to or contact with any radioactive material by an employee in the course of his employment, (B) poisoning from lead, phosphorus, arsenic, brass, wood alcohol or mercury or their compounds or from anthrax or compressed air illness and (C) any other diseases, contracted as a result of the employment of a person, which is due to toxic or hazardous chemicals, materials, gases or other substances identified by the United States Department of Labor pursuant to occupational safety and health standards contained in 29 CFR Chapter XVII, as from time to time amended.

(2) "Occupational health clinic" means any public or nonprofit medical facility providing diagnosis, treatment and preventative services for patients with occupational diseases which is licensed by the state for such purposes. These services shall include, but shall not be limited to outpatient care, medical surveillance, data collection, and the assessment of work place exposure.

(3) "Auxiliary occupational health clinic" means any general hospital, or any other medical facility which is approved by the Labor Commissioner in accordance with regulations adopted pursuant to section 31-401, which operates a corporate medicine program or an employee wellness program which includes any of the following: (1) Routine commercial activities, such as preemployment examinations, (2) mandated examinations, such as Federal Occupational Safety and Health Administration examinations, (3) routine workers' compensation cases, (4) routine medical evaluations involving establishment of product

liability, (5) evaluations consigned to independent medical examiners, (6) employee physical programs, (7) employee wellness programs, or (8) employee drug testing programs.

(4) "Occupational physician" means any doctor licensed to practice medicine in the state and found to be qualified to practice occupational medicine by the American Board of Preventive Medicine.

(5) "Surveillance" means the detection by epidemiologic means of disease states or significant laboratory abnormalities. Surveillance activities may involve the interpretation of existing data or the active pursuit of new data and disease associations, provided surveillance activities shall not include preemployment related physicals, insurance examinations or other data collection activities of a purely commercial nature, may incorporate the experience of other states, particularly those in the northeast, and may include technical support available through the National Institute for Occupational Safety and Health.