

DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF EPIDEMIOLOGY
DIVISION OF ENVIRONMENTAL HEALTH
REPORTING OF TRAUMATIC INJURIES

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

R 325.301 Definitions.

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

- (a) "Department" means the Michigan department of community health.
- (b) "External cause-of-injury codes" means the standard codes adopted by reference in R 325.302(1).
- (c) "Health facility" means any facility or agency licensed in Michigan under Article 17 of the public health code, MCL 333.20101 to 333.22260 that provides health care services. It includes an ambulance, aircraft transport, non-transport prehospital life support, or medical first response operation; clinical laboratory; county medical care facility; freestanding surgical outpatient facility; health maintenance organization; nursing home; home for the aged; hospital; nursing home; hospice; and hospice residence.
- (d) "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.
- (e) "Local health department" means a public health department established under 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.
- (f) "Nature-of-injury codes" means the standard codes adopted by reference in R 325.302(1).
- (g) "Patient" means any injured person who receives medical attention, care, or treatment for that injury.
- (h) "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.
- (i) "Public health investigation" means the collection of medical, epidemiologic, exposure, and other information to determine the magnitude and causes of specific illnesses or injuries, which is used to determine appropriate actions to prevent or mitigate additional illness or injury.
- (j) "Traumatic injury" means bodily damage resulting from exposure to physical agents such as mechanical energy, thermal energy, ionizing radiation, or resulting from the deprivation of basic environmental requirements such as oxygen or heat. Mechanical energy injuries include acceleration and deceleration injuries, blunt trauma, and penetrating wound injuries.

History: 2010 AACCS.

R 325.302 Adoption by reference.

Rule 2. (1) The department adopts by reference the following standards which are available for inspection at the department of community health; division of environmental health, 201 Townsend, Lansing, Michigan 48909. The standard codes as published by the World Health Organization at <http://www.who.int>, classify injuries based on the type injury, as specified in either of the following:

- (a) International Classification of Diseases Ninth Revision Clinical Modification; 1975 for \$45.50.

(b) International Classification of Diseases and Related Health Problems, Tenth Revision; 1992 for \$390.00.

(2) Copies of the standards adopted in subrule (1) of this rule can be obtained from the department of community health at the cost noted in subrule (1) of these rules, plus \$20.00 for shipping and handling.

History: 2010 AACS.

R 325.303 Reportable information.

Rule 3. (1) Reportable information is specifically related to patients with traumatic injuries.

(2) The health professional or health facility shall submit its report in a format that ensures the inclusion of the information listed under subdivisions (a) to (c) of this subrule.

(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) Street address, city, and state of residence.

(vii) Telephone number.

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

(ix) Work-relatedness of the injury.

(x) Name and address of his or her employer, if injury is work-related.

(xi) The date of injury.

(xii) The date of diagnosis of the injury.

(xiii) Nature (type) of injury or injuries, and corresponding nature-of-injury codes, if available.

(xiv) Cause and intentionality of injury, and corresponding external cause-of-injury codes, if available.

(xv) Brief narrative of the injury event and any other information considered by the health professional or health facility to be relevant to public health response to the event.

(b) Name, address, and telephone number of the health professional that diagnosed or treated the patient for their injury.

(c) Name, address, and telephone number of the reporting health professional or health facility.

History: 2010 AACS.

R 325.304 Reporting responsibilities.

Rule 4. (1) Traumatic injuries are not required to be reported unless requested by the department or local health department.

(2) The department or local health department will notify health professionals and health facilities in writing when reporting of 1 or more types of traumatic injuries is requested. The following apply to injury reports requested by the department or local health department:

(i) Reports shall be submitted within the time frame requested by the department or local health department, but no later than 10 days following the request.

(ii) Except as provided in subrule (3) of this rule, reports shall be provided only to the department or local health department that makes the request.

(2) Reports may be provided by health professionals or health facilities in the absence of a department 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.

History: 2010 AACS.

R 325.305 Investigation and quality assurance.

Rule 5. (1) The department or local health department, upon receiving a report under R 325.304, may investigate to determine the accuracy of the report and collect additional information from health professionals and health facilities pertaining to, but not limited to, risk factors, medical condition, and circumstances of injury.

(2) The department and local public health departments shall collaborate in the development of procedures for processing injury 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 by the department in accordance with this rule.

(4) A health facility shall keep copies of protected health information from reported injury cases in secure storage when not in use. Information stored electronically shall be maintained on a secure server accessible only by appropriate 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 conditions associated with the injury. 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 325.306.

(6) Confidential information obtained during the public health investigation may be exchanged between the department and the local health department with jurisdiction where an injury or injuries occurred.

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

History: 2010 AACCS.

R 325.306 Confidentiality of reports.

Rule 6. (1) Reports submitted to the department or local health department under R 325.304 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 325.305(5), unless the department or local health department has received written consent from the individual, or from the individual's parent or legal guardian, authorizing 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: 2010 AACCS.