

CHAPTER 255

CHRONIC DISEASE AND INJURIES

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Cross–reference: See definitions in s. 250.01.

SUBCHAPTER I

DEFINITIONS

255.01 Definitions. In this chapter:

(1) “Chronic disease” means any disease, illness, impairment or other physical condition that requires health care and treatment over a prolonged period and, although amenable to treatment, is irreversible and frequently progresses to increasing disability or death.

(2) “Injury” means damage to the human body that is the result of some acute exposure to harm. “Injury” includes all of the following:

(a) Unintentional injuries including physical damage resulting from transportation–related crashes, fires, burns, submersion, suffocation, falls, natural and environmental factors and occupational hazards and exposures.

(b) Intentional injuries, including physical damage resulting from deliberate assault by one person on another or self–inflicted acts.

(3) “Risk assessment” means the measurement and evaluation of specific lifestyle and environmental conditions to determine the presence of, and the extent of the threat resulting from, these factors that may increase the risk of developing chronic disease.

History: 1993 a. 27.

SUBCHAPTER II

CHRONIC DISEASE PREVENTION, ASSESSMENT AND CONTROL

255.02 Duties of the state epidemiologist for chronic disease. The state epidemiologist for chronic disease shall do all of the following:

(1) Develop and maintain a system for detecting and monitoring chronic diseases within this state.

(2) Investigate and determine the epidemiology of those conditions that contribute to preventable or premature illness, disability and death.

History: 1993 a. 27.

255.03 Duties of the department. The department shall:

(1) Conduct programs to prevent, delay and detect the onset of chronic diseases, including cancer, diabetes, cardiovascular and pulmonary disease, cerebrovascular disease and genetic disease, and other chronic diseases that the department determines are important to prevent, delay and detect in order to promote, protect and maintain the public’s health.

(2) Establish programs of community and professional education relevant to the detection, prevention and control of chronic diseases.

(3) Assist local health departments in performing activities related to chronic disease, including risk assessment, monitoring, surveillance and education.

History: 1993 a. 27.

255.04 Cancer reporting. (1) Any hospital, as defined under s. 50.33 (2), any physician and any laboratory certified under 42 USC 263a shall report information concerning any person diagnosed as having cancer or a precancerous condition to the department as prescribed by the department under sub. (2).

(2) The department shall prescribe:

(a) The form on which the report under sub. (1) shall be submitted.

(b) The time schedule under which the report under sub. (1) shall be submitted.

(c) The types of cancer and precancerous conditions to be reported under sub. (1).

(3) Any information reported to the department under sub. (1) or (5) which could identify any individual who is the subject of the report or a physician submitting the report shall be confidential and may not be disclosed by the department except to the following:

(a) A central tumor registry in another state if the individual who is the subject of the information resides in the other state.

(b) A national tumor registry recognized by the department.

(4) The report of information under sub. (1) or (5) may not be construed as a violation of any person’s responsibility for maintaining the confidentiality of patient health care records, as defined under s. 146.81 (4).

(5) The department may, to the extent feasible, collect information related to the occupation of cancer patients in order to fulfill the purpose of s. 250.04 (3) (b) 4.

History: 1985 a. 29; 1989 a. 173 ss. 2, 13; 1993 a. 16; 1993 a. 27 s. 48; Stats. 1993 s. 255.04; 1993 a. 183; 1997 a. 114.

255.05 Cancer control and prevention grants. (1) DEFINITIONS. In this section:

(a) “Institution” means any hospital, nursing home, county home, county mental hospital, community–based residential facility or other place licensed or approved by the department under s. 49.70, 49.71, 49.72, 50.02, 50.03, 50.35, 51.08 or 51.09.

(b) “Nonprofit corporation” means a nonstock corporation organized under ch. 181 that is a nonprofit corporation, as defined in s. 181.0103 (17). (b) “Nonprofit corporation” means a nonstock corporation organized under ch. 181 that is a nonprofit corporation, as defined in s. 181.0103 (17).

(c) “Organization” means a nonprofit corporation or a public agency which proposes to provide services to individuals.

(d) “Public agency” means a county, city, village, town or school district or an agency of this state or of a county, city, village, town or school district.

(2) From the appropriation under s. 20.435 (5) (cc), the department shall allocate up to \$400,000 in each fiscal year to provide grants to applying individuals, institutions or organizations for the conduct of projects on cancer control and prevention. Funds shall be awarded on a matching basis, under which, for each grant awarded, the department shall provide 50%, and the grantee 50%, of the total grant funding.

(3) The department shall promulgate rules establishing the criteria and procedures for the awarding of grants for projects under sub. (2).

History: 1987 a. 399; 1989 a. 31; 1991 a. 39; 1993 a. 27 s. 344; Stats. 1993 s. 255.05; 1995 a. 27; 1997 a. 27, 79; 1999 a. 9.

Cross Reference: See also ch. HFS 147, Wis. adm. code.

255.055 Breast cancer research program. (1) The Medical College of Wisconsin, Inc., and the University of Wisconsin Comprehensive Cancer Center shall use the moneys appropriated under ss. 20.250 (2) (g) and 20.285 (1) (gm) for breast cancer research projects. These moneys may not be used to supplant funds available for breast cancer research from other sources.

(2) Annually by January 1, the Medical College of Wisconsin, Inc., and the Board of Regents of the University of Wisconsin System shall each report to the appropriate standing committees of the legislature under s. 13.172 (3) and to the governor on the breast cancer research projects each has conducted under sub. (1) in the previous fiscal year.

History: 2003 a. 176.

255.056 Cancer drug repository. (1) DEFINITIONS. In this section:

(a) “Cancer drug” means a prescription drug that is used to treat any of the following:

1. Cancer or side effects of cancer.
2. The side effects of any prescription drug that is used to treat cancer or side effects of cancer.

(b) “Dispense” has the meaning given in s. 450.01 (7).

(c) “Medical facility” has the meaning given in s. 943.145 (1).

(d) “Pharmacist” has the meaning given in s. 450.01 (15).

(e) “Pharmacy” means a pharmacy that is licensed under s. 450.06.

(f) “Practitioner” has the meaning given in s. 450.01 (17).

(g) “Prescription drug” has the meaning given in s. 450.01 (20).

(2) The department shall establish and maintain a cancer drug repository program, under which any person may donate a cancer drug or supplies needed to administer a cancer drug for use by an individual who meets eligibility criteria specified by rule by the department. Donation may be made on the premises of a medical facility or pharmacy that elects to participate in the program and meets requirements specified by rule by the department. The medical facility or pharmacy may charge an individual who receives a cancer drug or supplies needed to administer a cancer drug under this subsection a handling fee that may not exceed the amount specified by rule by the department. A medical facility or pharmacy that receives a donated cancer drug or supplies needed to administer a cancer drug under this subsection may distribute the cancer drug or supplies to another eligible medical facility or pharmacy for use under the program under this section.

(3) A cancer drug or supplies needed to administer a cancer drug may be accepted and dispensed under the program specified in sub. (2) only if all of the following requirements are met:

(a) The cancer drug or supplies needed to administer a cancer drug is in its original, unopened, sealed, and tamper-evident unit dose packaging or, if packaged in single-unit doses, the single-unit-dose packaging is unopened.

(b) The cancer drug bears an expiration date that is later than 6 months after the date that the drug was donated.

(c) The cancer drug or supplies needed to administer a cancer drug is not adulterated or misbranded, as determined by a pharmacist employed by, or under contract with, the medical facility or pharmacy, who shall inspect the drug or supplies needed to administer a cancer drug before the drug or supplies are dispensed.

(d) The cancer drug or supplies needed to administer a cancer drug are prescribed by a practitioner for use by an eligible individual and are dispensed by a pharmacist.

(4) No cancer drug or supplies needed to administer a cancer drug that are donated for use under this section may be resold.

(5) Nothing in this section requires that a medical facility, pharmacy, pharmacist, or practitioner participate in the program under this section.

(6) (a) Unless the manufacturer of a drug or supply exercises bad faith, the manufacturer is not subject to criminal or civil liability for injury, death, or loss to a person or property for matters related to the donation, acceptance, or dispensing of a cancer drug or supply manufactured by the manufacturer that is donated by any person under this section, including liability for failure to transfer or communicate product or consumer information or the expiration date of the donated cancer drug or supply.

(b) Except as provided in par. (c), any person, except the manufacturer of a drug or supply, is immune from civil liability for injury to or the death of the individual to whom the cancer drug or supply is dispensed and may not be found guilty of unprofessional conduct for his or her acts or omissions related to donating, accepting, distributing, or dispensing a cancer drug or supply under this section.

(c) The immunity or the prohibition on a finding of guilty of unprofessional conduct under par. (b) does not extend to donation, acceptance, distribution, or dispensation of a cancer drug by a person whose act or omission involves reckless, wanton, or intentional misconduct.

(7) The department shall promulgate all of the following as rules:

(a) Requirements for medical facilities and pharmacies to accept and dispense donated cancer drugs or supplies needed to administer cancer drugs under this section, including all of the following:

1. Eligibility criteria.
2. Standards and procedures for accepting, safely storing, and dispensing donated cancer drugs or supplies needed to administer cancer drugs.
3. Standards and procedures for inspecting donated cancer drugs or supplies needed to administer cancer drugs to determine if the cancer drug or supplies needed to administer a cancer drug are in its original, unopened, sealed, and tamper-evident unit dose packaging or, if packaged in single-unit doses, the single-unit-dose packaging is unopened.
4. Standards and procedures for inspecting donated cancer drugs or supplies needed to administer cancer drugs to determine that the cancer drug or supplies needed to administer a cancer drug are not adulterated or misbranded.

(b) Eligibility criteria for individuals to receive donated cancer drugs or supplies needed to administer cancer drugs dispensed under the program. The standards shall prioritize dispensation to individuals who are uninsured or indigent, but will permit dispensation to others if an uninsured or indigent individual is unavailable.

(c) A means, such as an identification card, by which an individual who is eligible to receive a donated cancer drug or supplies needed to administer a cancer drug may indicate that eligibility.

(d) Necessary forms for administration of the cancer drug repository program, including forms for use by persons that

donate, accept, distribute, or dispense cancer drugs or supplies needed to administer cancer drugs under the program.

(e) The maximum handling fee that a medical facility or pharmacy may charge for accepting, distributing, or dispensing donated cancer drugs or supplies needed to administer cancer drugs.

(f) A list of cancer drugs and supplies needed to administer cancer drugs, arranged by category or by individual cancer drug or supply, that the cancer drug repository program will accept for dispensing.

(g) A list of cancer drugs and supplies needed to administer cancer drugs, arranged by category or by individual cancer drug or supply, that the cancer drug repository program will not accept for dispensing. The list shall include a statement that specifies the reason that the cancer drug or supplies needed to administer a cancer drug are ineligible for donation.

History: 2003 a. 175, 327.

255.06 Well-woman program. (1) DEFINITIONS. In this section:

(a) “Hospital” has the meaning given in s. 50.33 (2).

(b) “Mammography” means the making of a record of a breast by passing X rays through a body to act on specially sensitized film.

(c) “Medicare” has the meaning given in s. 49.498 (1) (f).

(d) “Nurse practitioner” means a registered nurse licensed under ch. 441 or in a party state, as defined in s. 441.50 (2) (j), whose practice of professional nursing under s. 441.001 (4) includes performance of delegated medical services under the supervision of a physician, dentist, or podiatrist.

(e) “Poverty line” means the nonfarm federal poverty line for the continental United States, as defined by the federal department of labor under 42 USC 9902 (2).

(2) WELL-WOMAN PROGRAM. From the appropriation under s. 20.435 (5) (cb), the department shall administer a well-woman program to provide reimbursement for health care screenings, referrals, follow-ups, and patient education provided to low-income, underinsured, and uninsured women. Reimbursement to service providers under this section shall be at the rate of reimbursement for identical services provided under medicare, except that, if projected costs under this section exceed the amounts appropriated under s. 20.435 (5) (cb), the department shall modify services or reimbursement accordingly. Within this limitation, the department shall implement the well-woman program to do all of the following:

(a) *Breast cancer screening services.* Provide not more than \$422,600 in each fiscal year as reimbursement for the provision of breast cancer screening services to women who are aged 40 years or older, by a hospital or organization that has a mammography unit available for use and that is selected by the department under procedures established by the department. Recipients of services under this paragraph are subject to a copayment, payable to the service provider, for which the department shall reduce reimbursement to the service provider, as follows:

1. For a woman for whom 3rd-party coverage for services is obtainable, payment by the source of the 3rd-party coverage at full reasonable charge.

2. For a woman for whom 3rd-party coverage for services is not obtainable and whose income is above 150% of the poverty line, a copayment for the provided service that is based on a sliding scale, as developed by the department, according to the woman’s income.

3. For a woman for whom 3rd-party coverage is not obtainable and whose income is at or below 150% of the poverty line, no copayment.

(b) *Media announcements and educational materials.* Allocate and expend at least \$20,000 in each fiscal year to develop and provide media announcements and educational materials to pro-

mote breast cancer screening services that are available under pars. (a) and (c) and to promote health care screening services for women that are available under par. (e).

(c) *Breast cancer screenings using mobile mammography van.* Reimburse the city of Milwaukee public health department for up to \$115,200 in each fiscal year for the performance of breast cancer screening activities with the use of a mobile mammography van.

(d) *Specialized training to for rural colposcopic examinations and activities.* Provide not more than \$25,000 in each fiscal year as reimbursement for the provision of specialized training of nurse practitioners to perform, in rural areas, colposcopic examinations and follow-up activities for the treatment of cervical cancer.

(e) *Health care screening, referral, follow-up, and patient education.* Reimburse service providers for the provision of health care screening, referral, follow-up, and patient education to low-income, underinsured, and uninsured women.

(f) *Women’s health campaign.* Conduct a women’s health campaign to do all of the following:

1. Increase women’s awareness of issues that affect their health.

2. Reduce the prevalence of chronic and debilitating health conditions that affect women.

(g) *Osteoporosis prevention and education.* Conduct an osteoporosis prevention and education program to raise public awareness concerning the causes and nature of osteoporosis, the risk factors for developing osteoporosis, the value of prevention and early detection of osteoporosis, and options for diagnosing and treating osteoporosis.

(h) *Multiple sclerosis education.* Conduct a multiple sclerosis education program to raise public awareness concerning the causes and nature of multiple sclerosis and options for diagnosing and treating multiple sclerosis.

(i) *Multiple sclerosis services.* Allocate and expend at least \$60,000 as reimbursement for the provision of multiple sclerosis services to women.

(3) SERVICE COORDINATION. The department shall coordinate the services provided under this section with the services provided under the minority health program under s. 146.185, to ensure that disparities in the health of women who are minority group members are adequately addressed.

History: 1991 a. 39 s. 3709, 3710, 3711; Stats. 1991 s. 146.0275; 1991 a. 269; 1993 a. 16; 1993 a. 27 s. 345; Stats. 1993 s. 255.06; 1995 a. 27; 1997 a. 27, 79; 2001 a. 16, 107, 109; 2003 a. 33.

255.08 Tanning facilities. (1) DEFINITIONS. In this section:

(a) “Phototherapy device” means equipment that emits ultraviolet radiation and is used in treating disease.

(b) “Tanning device” means equipment that emits electromagnetic radiation having wavelengths in the air between 200 and 400 nanometers and that is used for tanning of human skin and any equipment used with that equipment, including but not limited to protective eyewear, timers and handrails, except that “tanning device” does not include a phototherapy device used by a physician.

(c) “Tanning facility” means a place or business that provides persons access to a tanning device.

(2) PERMITS. (a) No person may operate a tanning facility without a permit that the department may, except as provided in ss. 250.041 and 254.115, issue under this subsection. The holder of a permit issued under this subsection shall display the permit in a conspicuous place at the tanning facility for which the permit is issued.

(b) Permits issued under this subsection shall expire annually on June 30. Except as provided in ss. 250.041 and 254.115, a permit applicant shall submit an application for a permit to the department on a form provided by the department with a permit fee established by the department by rule. The application shall

include the name and complete mailing address and street address of the tanning facility and any other information reasonably required by the department for the administration of this section.

(3) ADVERTISING. No tanning facility may state in any advertising that the tanning facility holds a license or permit issued by the department to operate a tanning facility.

(4) NOTICE. Each tanning facility shall give to each of its customers written notice of all of the following:

(a) Failure to wear the eye protection provided by the tanning facility may damage the customer's eyes and cause cataracts.

(b) Overexposure to a tanning device causes burns.

(c) Repeated exposure to a tanning device may cause premature aging of the skin and skin cancer.

(d) Abnormal skin sensitivity or burning of the skin while using a tanning device may be caused by the following:

1. Certain foods.

2. Certain cosmetics.

3. Certain medications, including but not limited to tranquilizers, diuretics, antibiotics, high blood pressure medicines and birth control pills.

(e) Any person who takes a drug should consult a physician before using a tanning device.

(5) WARNING SIGN. Each tanning facility shall prominently display a warning sign in each area where a tanning device is used. That sign shall convey the following directions and information:

(a) Follow instructions.

(b) Avoid too frequent or too lengthy exposure. Like exposure to the sun, use of a tanning device can cause eye and skin injury and allergic reactions. Repeated exposure can cause chronic sun damage, which is characterized by wrinkling, dryness, fragility and bruising of the skin and skin cancer.

(c) Wear protective eyewear.

(d) Ultraviolet radiation from tanning devices will aggravate the effects of the sun, so do not sunbathe during the 24 hours immediately preceding or immediately following the use of a tanning device.

(e) Medications and cosmetics may increase your sensitivity to ultraviolet radiation. Consult a physician before using a tanning device if you are using medications, have a history of skin problems or believe that you are especially sensitive to sunlight. Women who are pregnant or using birth control pills and who use a tanning device may develop discolored skin.

(f) If your skin does not tan when exposed to the sun it is unlikely that your skin will tan when exposed to this tanning device.

(6) TUBE REPLACEMENT. Each tanning facility shall post a sign in each area where a tanning device is used stating the date on which each fluorescent tube in that tanning device was last replaced. The tanning facility shall maintain a record of the date on which each fluorescent tube is replaced.

(7) CLAIMS PRECLUDED. No owner or employee of a tanning facility may claim, or distribute materials that claim, that using a tanning device is free of risk.

(8) LIABILITY. A tanning facility's compliance with the requirements of subs. (4) and (5) does not relieve the owner or any employee of the tanning facility from liability for injury sustained by a customer from the use of a tanning device.

(9) DUTIES OF OWNER. The owner of a tanning facility shall ensure that all of the following requirements are fulfilled:

(a) No customer under 16 years of age is permitted to use the tanning facility.

(b) During operating hours there is present at the tanning facility a trained operator who is able to inform customers about, and assist customers in, the proper use of tanning devices.

(c) Each tanning bed is properly sanitized after each use.

(d) Each customer, before he or she begins to use a tanning device, is provided with properly sanitized and securely fitting

protective eyewear that protects the wearer's eyes from ultraviolet radiation and allows enough vision to maintain balance.

(e) Customers are not allowed to use a tanning device unless the customer uses protective eyewear.

(f) Each customer is shown how to use such physical aids as handrails and markings on the floor to determine the proper distance from the tanning device.

(g) A timing device that is accurate within 10% is used.

(h) Each tanning device is equipped with a mechanism that allows the customer to turn the tanning device off.

(i) Each customer is limited to the maximum exposure time recommended by the manufacturer.

(j) Customers are not allowed to use a tanning device more than once every 24 hours.

(k) The interior temperature of the tanning facility does not exceed 100 degrees Fahrenheit.

(L) The statements under sub. (10) (a) are retained for 3 years or until the customer signs a new statement.

(10) DUTIES OF USER. A user of a tanning facility shall do all of the following:

(a) Immediately before the customer's first use of a tanning facility in a year, sign a statement acknowledging that he or she has read and understands the notice under sub. (4) and the warning sign under sub. (5) and specifying that the customer agrees to use protective eyewear.

(b) Use protective eyewear at all times while using a tanning device.

(11) INJURY REPORTS. If a person requires medical attention due to use of a tanning facility, the owner of that tanning facility shall report that injury to the department in writing and send a copy of that report to the injured person. The owner of the tanning facility shall retain a copy of the report for 3 years.

(12) RULES. The department may promulgate rules necessary to administer this section.

(13) DENIAL, SUSPENSION OR REVOCATION OF PERMITS. The department may under this section, after a hearing under ch. 227, deny issuance of a permit to an applicant or suspend or revoke any permit issued under sub. (2) if the applicant or permit holder or his or her employee violates sub. (2), (3), (4), (5), (6), (7), (9) or (11) or any rule promulgated thereunder.

(14) ENFORCEMENT. The department shall enforce this section.

(15) PENALTIES. Any person who violates sub. (2), (3), (4), (5), (6), (7), (9) or (11) or any rule promulgated thereunder may be required to forfeit not less than \$50 nor more than \$250. The court may also revoke a permit issued to any person under sub. (2) if that person or his or her employee violates sub. (3), (4), (5), (6), (7), (9) or (11).

History: 1991 a. 192; 1993 a. 27 s. 355; Stats. 1993 s. 255.08; 1997 a. 191, 237.

Cross Reference: See also ch. HFS 161, Wis. adm. code.

255.10 Thomas T. Melvin youth tobacco prevention and education program. From the moneys distributed under s. 255.15 (3) (b), the department shall administer the Thomas T. Melvin youth tobacco prevention and education program, with the primary purpose of reducing the use of cigarettes and tobacco products by minors. The department shall award grants for the following purposes:

(1) Community education provided through local community initiatives.

(2) A multimedia education campaign directed at encouraging minors not to begin using tobacco, motivating and assisting adults to stop using tobacco and changing public opinion on the use of tobacco.

(3) Public education through grants to schools to expand and implement curricula on tobacco education.

(4) Research on methods by which to discourage use of tobacco.

(5) Evaluation of the program under this section.

History: 1997 a. 27; 2001 a. 16; 2003 a. 33.

255.15 Statewide tobacco use control program.

(1m) DUTIES. The department shall do all of the following:

- (b) Administer the grant program under sub. (3).
- (c) Promulgate rules establishing criteria for recipients of grants awarded under sub. (3), including performance-based standards for grant recipients that propose to use the grant for media efforts. The department shall ensure that programs or projects conducted under the grants are culturally sensitive.
- (d) Provide a forum for the discussion, development, and recommendation of public policy alternatives in the field of smoking cessation and prevention.
- (e) Provide a clearinghouse of information on matters relating to tobacco issues and how they are being met in different places throughout the nation such that both lay and professional groups in the field of government, health care and education may have additional avenues for sharing experiences and interchanging ideas in the formulation of public policy on tobacco.
- (f) Continue implementation of a strategic plan for a statewide tobacco use control program, including the allocation of funding, and update the plan annually.

(3) USE OF FUNDS. (b) From the appropriation under s. 20.435 (5) (fm), the department may distribute grants for any of the following:

1. Community-based programs to reduce tobacco use.
2. Community-based programs to reduce the burden of tobacco-related diseases.
3. School-based programs relating to tobacco use cessation and prevention.
4. Enforcement of local laws aimed at reducing exposure to secondhand smoke and restricting underage access to tobacco.
5. Grants for partnerships among statewide organizations and businesses that support activities related to tobacco use cessation and prevention.
6. Marketing activities that promote tobacco use cessation and prevention.
7. Projects designed to reduce tobacco use among minorities and pregnant women.
8. Other tobacco use cessation or prevention programs, including tobacco research and intervention.
9. Surveillance of indicators of tobacco use and evaluation of the activities funded under this section.
10. Development of policies that restrict access to tobacco products and reduce exposure to environmental tobacco smoke.

(c) No recipient of moneys distributed under par. (b) may expend more than 10% of those moneys for administrative costs.

(4) REPORTS. Not later than April 15, 2002, and annually thereafter, the department shall submit to the governor and to the chief clerk of each house of the legislature for distribution under s. 13.172 (2) a report that evaluates the success of the grant program under sub. (3). The report shall specify the number of grants awarded during the immediately preceding fiscal year and the purpose for which each grant was made. The report shall also specify donations and grants accepted by the department under sub. (5).

(5) FUNDS. The department may accept for any of the purposes under this section any donations and grants of money, equipment, supplies, materials and services from any person. The

department shall include in the report under sub. (4) any donation or grant accepted by the department under this subsection, including the nature, amount and conditions, if any, of the donation or grant and the identity of the donor.

History: 1999 a. 9; 2001 a. 16; 2003 a. 33.

Cross Reference: See also ch. HFS 199, Wis. adm. code.

SUBCHAPTER III

INJURY PREVENTION AND CONTROL

255.20 Duties of the department. The department shall do all of the following:

- (1) Maintain an injury prevention program that includes data collection, surveillance, education and the promotion of intervention.
- (2) Assist local health departments and community agencies by serving as a focal point for injury prevention expertise and guidance and by providing the leadership for effective local program development and evaluation.
- (3) Enter into memoranda of understanding with other state agencies to reduce intentional and unintentional injuries.

History: 1993 a. 27.

255.30 Safety eye protective goggles. (1) Every student and teacher in schools, colleges, universities and other educational institutions participating in or observing any of the following courses is required to wear appropriate industrial quality eye protective goggles at all times while participating in or observing such courses or laboratories:

- (a) Vocational, technical or industrial arts shops, chemical or chemical-physical laboratories involving exposure to:
 1. Hot molten metals or other molten materials.
 2. Milling, sawing, turning, shaping, cutting, grinding or stamping of any solid materials.
 3. Heat treatment, tempering or kiln firing of any metal or other materials.
 4. Gas or electric arc welding or other forms of welding processes.
 5. Repair or servicing of any vehicle.
 6. Caustic or explosive materials.
- (b) Chemical, physical or combined chemical-physical laboratories involving caustic or explosive materials, hot liquids or solids, injurious radiations or other hazards not enumerated.

(2) Eye protective goggles may be furnished for all students and teachers by the institution, purchased and sold at cost to students and teachers or made available for a moderate rental fee and shall be furnished for all visitors.

(3) In this section, “industrial quality eye protective goggles” means devices meeting the standards of the American National Standard Practice for Occupational and Educational Eye and Face Protection, Z87.1 – 1968, and subsequent revisions thereof, approved by the American National Standards Institute, Inc.

(4) The state superintendent of public instruction shall prepare and circulate to each public and private educational institution in this state instructions and recommendations for implementing the eye safety provisions of this section.

History: 1973 c. 66; 1993 a. 27 s. 315; Stats. 1993 s. 255.30; 1993 a. 399; 1995 a. 27; 1997 a. 27.