COMMISSION RECOMMENDATION
OF 19/09/2003

concerning the European schedule of occupational diseases
COMMISSION RECOMMENDATION  
OF 19/09/2003  

concerning the European schedule of occupational diseases  

THE COMMISSION OF THE EUROPEAN COMMUNITIES,  

Having regard to the Treaty establishing the European Community, and in particular Article 211 thereof,  

Whereas:  

(1) Commission Recommendation 90/326/EEC of 22 May 1990 concerning the adoption of a European schedule of occupational diseases¹ has largely been applied by the Member States, which have made a great effort in particular to comply with the provisions set out in Annex I to the Recommendation, as mentioned in the 1996 Communication from the Commission² concerning the European schedule of occupational diseases.  

(2) During the time since Recommendation 90/326/EEC was issued, scientific and technical progress has led to a greater understanding of how certain occupational diseases emerge and of the causal relationships involved. The resulting changes should therefore be incorporated into a new recommendation, the European schedule of occupational diseases and the additional list.  

(3) The experience acquired since 1990 by monitoring Recommendation 90/326/EEC in the Member States has highlighted various aspects which could be improved in order to attain more fully the Recommendation’s objectives, particularly in relation to prevention and to the collection and comparability of data.  

(4) The Communication from the Commission³ entitled “Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006” attaches particular importance to greater prevention of occupational diseases. This Recommendation must therefore be the principal instrument for prevention at Community level.  

(5) The above Communication stresses the importance of involving all players, in particular the public authorities and social partners, in order to encourage an improvement in health and safety at work within a framework of “good governance” based on universal participation, in accordance with the White Paper⁴ on European governance. Member States should therefore be called on to actively involve all players in developing measures for the effective prevention of occupational illnesses.  

² COM(96) 454 final.  
The Communication also mentions that quantified national objectives should be adopted with a view to reducing the rates of recognised occupational illnesses.

The Council Resolution of 3 June 2002 on a new Community strategy on health and safety at work 2002-2006\(^5\) calls on the Member States to develop and implement coordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average.

The role of the European Agency for Safety and Health at Work, established by Council Regulation (EC) No 2062/94\(^6\), is, \textit{inter alia}, to supply the Community bodies and the Member States with the objective available technical, scientific and economic information they require to formulate and implement policies designed to protect the safety and health of workers and to collect and disseminate technical, scientific and economic information in the Member States. Accordingly, the Agency must also play an important part in the exchange of information, experience and best practice on the prevention of occupational illnesses.

National health care systems can play an important part in improving prevention of occupational illnesses, for example by raising awareness among medical staff with a view to improving knowledge and diagnosis of these illnesses.

HEREBY RECOMMENDS:

\textit{Article 1}

Without prejudice to more favourable national laws or regulations, it is recommended that the Member States:

1) introduce as soon as possible into their national laws, regulations or administrative provisions concerning scientifically recognised occupational diseases liable for compensation and subject to preventive measures, the European schedule in Annex I;

2) take steps to introduce into their national laws, regulations or administrative provisions the right of a worker to compensation in respect of occupational diseases if the worker is suffering from an ailment which is not listed in Annex I but which can be proved to be occupational in origin and nature, particularly if the ailment is listed in Annex II;

3) develop and improve effective preventive measures for the occupational diseases mentioned in the European schedule in Annex I, actively involving all players and, where appropriate, exchanging information, experience and best practice via the European Agency for Safety and Health at Work;

4) draw up quantified national objectives with a view to reducing the rates of recognised occupational illnesses, in particular those included in the European schedule in Annex I;

5) ensure that all cases of occupational diseases are reported and progressively make their statistics on occupational diseases compatible with the European schedule in Annex I, in accordance with the work being done on the system of harmonising European statistics on occupational diseases, so that information on the causative agent or factor, the medical diagnosis and the sex of the patient is available for each case of occupational disease;

6) introduce a system for the collection of information or data concerning the epidemiology of the diseases listed in Annex II and any other disease of an occupational nature;

7) promote research in the field of ailments linked to an occupational activity, in particular the ailments listed in Annex II and the disorders of a psychosocial nature related to work;

8) ensure that documents to assist in the diagnosis of occupational diseases included in their national schedules are disseminated widely, taking account in particular of the notices for the diagnosis of occupational diseases published by the Commission;

9) forward to the Commission and make available to interested parties statistical and epidemiological data on occupational diseases recognised at national level, in particular via the information network set up by the European Agency for Safety and Health at Work;

10) promote an active role for national health care systems in preventing occupational diseases, in particular by raising awareness among medical staff with a view to improving knowledge and diagnosis of these illnesses.

Article 2

The Member States shall themselves determine the criteria for the recognition of each occupational disease in accordance with the national laws or practices in force.

Article 3

This recommendation replaces Recommendation 90/326/EEC.

Article 4

The Member States are requested to inform the Commission, by no later than 31 December 2006, of the measures taken or envisaged in response to this Recommendation.

Done at Brussels, 19/09/2003.

For the Commission
Anna DIAMANTOPOULOU
Member of the Commission
ANNEX I

EUROPEAN SCHEDULE OF OCCUPATIONAL DISEASES

The diseases mentioned in this schedule must be linked directly to the occupation. The Commission will determine the criteria for recognising each of the occupational diseases listed hereunder:

1. Diseases caused by the following chemical agents:

   100 Acrylonitrile
   101 Arsenic or compounds thereof
   102 Beryllium (glucinium) or compounds thereof
   103.01 Carbon monoxide
   103.02 Carbon oxychloride
   104.01 Hydrocyanic acid
   104.02 Cyanides and compounds thereof
   104.03 Isocyanates
   105 Cadmium or compounds thereof
   106 Chromium or compounds thereof
   107 Mercury or compounds thereof
   108 Manganese or compounds thereof
   109.01 Nitric acid
   109.02 Oxides of nitrogen
   109.03 Ammonia
   110 Nickel or compounds thereof
   111 Phosphorus or compounds thereof
   112 Lead or compounds thereof
   113.01 Oxides of sulphur
   113.02 Sulphuric acid
   113.03 Carbon disulphide
   114 Vanadium or compounds thereof
   115.01 Chlorine
   115.02 Bromine
   115.04 Iodine
   115.05 Fluorine or compounds thereof
   116 Aliphatic or alicyclic hydrocarbons derived from petroleum spirit or petrol
   117 Halogenated derivatives of the aliphatic or alicyclic hydrocarbons
Butyl, methyl and isopropyl alcohol

Ethylene glycol, diethylene glycol, 1,4-butanediol and the nitrated derivatives of the glycols and of glycerol

Methyl ether, ethyl ether, isopropyl ether, vinyl ether, dichloroisopropyl ether, guaiacol, methyl ether and ethyl ether of ethylene glycol

Acetone, chloroacetone, bromoacetone, hexafluoroacetone, methyl ethyl ketone, methyl n-butyl ketone, methyl isobutyl ketone, diacetone alcohol, mesityl oxide, 2-methylcyclohexanone

Organophosphorus esters

Organic acids

Formaldehyde

Aliphatic nitrated derivatives

Benzene or counterparts thereof (the counterparts of benzene are defined by the formula: CnH2n-6)

Naphthalene or naphthalene counterparts (the counterpart of naphthalene is defined by the formula: CnH2n-12)

Vinylbenzene and divinylbenzene

Halogenated derivatives of the aromatic hydrocarbons

Phenols or counterparts or halogenated derivatives thereof

Naphthols or counterparts or halogenated derivatives thereof

Halogenated derivatives of the alkylaryl oxides

Halogenated derivatives of the alkylaryl sulfonates

Benzoquinones

Aromatic amines or aromatic hydrazines or halogenated, phenolic, nitrified, nitrated or sulfonated derivatives thereof

Aliphatic amines and halogenated derivatives thereof

Nitrat ed derivatives of aromatic hydrocarbons

Nitrat ed derivatives of phenols or their counterparts

Antimony and derivatives thereof

Nitric acid esters

Hydrogen sulphide

Encephalopathies due to organic solvents which do not come under other headings

Polyneuropathies due to organic solvents which do not
come under other headings

2 Skin diseases caused by substances and agents not included under other headings

201 Skin diseases and skin cancers caused by:

201.01 Soot
201.03 Tar
201.02 Bitumen
201.04 Pitch
201.05 Anthracene or compounds thereof
201.06 Mineral and other oils
201.07 Crude paraffin
201.08 Carbazole or compounds thereof
201.09 By-products of the distillation of coal

202 Occupational skin ailments caused by scientifically recognised allergy provoking or irritative substances not included under other headings

3 Diseases caused by the inhalation of substances and agents not included under other headings

301 Diseases of the respiratory system and cancers

301.11 Silicosis
301.12 Silicosis combined with pulmonary tuberculosis
301.21 Asbestosis
301.22 Mesothelioma following the inhalation of asbestos dust
301.31 Pneumoconioses caused by dusts of silicates

302 Complication of asbestos in the form of bronchial cancer

303 Broncho-pulmonary ailments caused by dusts from sintered metals

304.01 Extrinsic allergic alveolites
304.02 Lung diseases caused by the inhalation of dusts and fibres from cotton, flax, hemp, jute, sisal and bagasse
304.04 Respiratory ailments caused by the inhalation of dust from cobalt, tin, barium and graphite
304.05 Siderosis
305.01 Cancerous diseases of the upper respiratory tract caused by dust from wood
304.06 Allergic asthmatis caused by the inhalation of substances consistently recognised as causing allergies and inherent to the type of work
7

304.07 Allergic rhinitis caused by the inhalation of substances consistently recognised as causing allergies and inherent to the type of work

306 Fibrotic diseases of the pleura, with respiratory restriction, caused by asbestos

307 Chronic obstructive bronchitis or emphysema in miners working in underground coal mines

308 Lung cancer following the inhalation of asbestos dust

309 Broncho-pulmonary ailments caused by dusts or fumes from aluminium or compounds thereof

310 Broncho-pulmonary ailments caused by dusts from basic slags

4 Infectious and parasitic diseases

401 Infectious or parasitic diseases transmitted to man by animals or remains of animals

402 Tetanus

403 Brucellosis

404 Viral hepatitis

405 Tuberculosis

406 Amoebiasis

407 Other infectious diseases caused by work in disease prevention, health care, domiciliary assistance and other comparable activities for which a risk of infection has been proven

5 Diseases caused by the following physical agents:

502.01 Cataracts caused by heat radiation

502.02 Conjunctival ailments following exposure to ultraviolet radiation

503 Hypoacousis or deafness caused by noise

504 Diseases caused by atmospheric compression or decompression

505.01 Osteoarticular diseases of the hands and wrists caused by mechanical vibration

505.02 Angioneurotic diseases caused by mechanical vibration

506.10 Diseases of the periarticular sacs due to pressure

506.11 Pre-patellar and sub-patellar bursitis

506.12 Olecranon bursitis

506.13 Shoulder bursitis

506.21 Diseases due to overstraining of the tendon sheaths
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>506.22</td>
<td>Diseases due to overstraining of the peritendineum</td>
</tr>
<tr>
<td>506.23</td>
<td>Diseases due to overstraining of the muscular and tendonous insertions</td>
</tr>
<tr>
<td>506.30</td>
<td>Meniscus lesions following extended periods of work in a kneeling or squatting position</td>
</tr>
<tr>
<td>506.40</td>
<td>Paralysis of the nerves due to pressure</td>
</tr>
<tr>
<td>506.45</td>
<td>Carpal tunnel syndrome</td>
</tr>
<tr>
<td>507</td>
<td>Miner’s nystagmus</td>
</tr>
<tr>
<td>508</td>
<td>Diseases caused by ionising radiation</td>
</tr>
</tbody>
</table>
ANNEX II

Additional list of diseases suspected of being occupational in origin which should be subject to notification and which may be considered at a later stage for inclusion in Annex I to the European schedule

2.1 Diseases caused by the following agents

2.101 Ozone
2.102 Aliphatic hydrocarbons other than those referred to under heading 1.116 of Annex I
2.103 Diphenyl
2.104 Decalin
2.105 Aromatic acids - aromatic anhydrides or their halogenated derivatives
2.106 Diphenyl oxide
2.107 Tetrahydrophurane
2.108 Thiopene
2.109 Methacrylonitrile
   Acetonitrile
2.111 Thioalcohols
2.112 Mercaptans and thioethers
2.113 Thallium or compounds thereof
2.114 Alcohols or their halogenated derivatives not referred to under heading 1.118 of Annex I
2.115 Glycols or their halogenated derivatives not referred to under heading 1.119 of Annex I
2.116 Ethers or their halogenated derivatives not referred to under heading 1.120 of Annex I
2.117 Ketones or their halogenated derivatives not referred to under heading 1.121 of Annex I
2.118 Esters or their halogenated derivatives not referred to under heading 1.122 of Annex I
2.119 Furfural
2.120 Thiophenols or counterparts or halogenated derivatives thereof
2.121 Silver
2.122 Selenium
2.123 Copper
2.124 Zinc
2.125 Magnesium
2.126 Platinum
2.127 Tantalum
2.128 Titanium
2.129 Terpenes
2.130 Boranes
2.140 Diseases caused by inhaling nacre dust
2.141 Diseases caused by hormonal substances
2.150 Dental caries associated with work in the chocolate, sugar and flour industries
2.160 Silicium oxide
2.170 Polycyclic aromatic hydrocarbons which do not come under other headings
2.190 Dimethylformamide

2.2 Skin diseases caused by substances and agents not included under other headings
2.201 Allergic and orthoallergic skin ailments not recognised in Annex I

2.3 Diseases caused by inhaling substances not included under other headings
2.301 Pulmonary fibroses due to metals not included in the European schedule
2.303 Broncho-pulmonary ailments and cancers associated with exposure to the following:
- soot,
- tar,
- bitumen,
- pitch,
- anthracene or compounds thereof,
- mineral and other oils.
2.304 Broncho-pulmonary ailments caused by man-made mineral fibres
2.305 Broncho-pulmonary ailments caused by synthetic fibres
2.307 Respiratory ailments, particularly asthma, caused by irritants not listed in Annex I
2.308 Cancer of the larynx following the inhalation of asbestos dust

2.4 Infectious and parasitic diseases not described in Annex I
2.401 Parasitic diseases
2.402 Tropical diseases

2.5 Diseases caused by physical agents

2.501 Avulsion due to overstraining of the spinous processes

2.502 Disc-related diseases of the lumbar vertebral column caused by the repeated vertical effects of whole-body vibration

2.503 Nodules on the vocal chords caused by sustained work-related vocal effort