



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 19/09/2003

**C(2003) 3297 final**

**COMMISSION RECOMMENDATION  
OF 19/09/2003**

**concerning the European schedule of occupational diseases**

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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 diseases<sup>1</sup> 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 Commission<sup>2</sup> 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 Commission<sup>3</sup> 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 Paper<sup>4</sup> 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.

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<sup>1</sup> OJ L 160, 26.6.90, p. 39.

<sup>2</sup> COM(96) 454 final.

<sup>3</sup> COM(2002) 118 final.

<sup>4</sup> COM(2001) 428 final.

- (6) The Communication also mentions that quantified national objectives should be adopted with a view to reducing the rates of recognised occupational illnesses.
- (7) The Council Resolution of 3 June 2002 on a new Community strategy on health and safety at work 2002-2006<sup>5</sup> 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.
- (8) The role of the European Agency for Safety and Health at Work, established by Council Regulation (EC) No 2062/94<sup>6</sup>, is, *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.
- (9) 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:

#### *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;

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<sup>5</sup> OJ C 161, 5.7.2002, p.1.

<sup>6</sup> OJ L 216, 20.8.1994, p.1.

- 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	

- 118 Butyl, methyl and isopropyl alcohol
- 119 Ethylene glycol, diethylene glycol, 1,4-butanediol and the nitrated derivatives of the glycols and of glycerol
- 120 Methyl ether, ethyl ether, isopropyl ether, vinyl ether, dichloroisopropyl ether, guaiacol, methyl ether and ethyl ether of ethylene glycol
- 121 Acetone, chloroacetone, bromoacetone, hexafluoroacetone, methyl ethyl ketone, methyl n-butyl ketone, methyl isobutyl ketone, diacetone alcohol, mesityl oxide, 2-methylcyclohexanone
- 122 Organophosphorus esters
- 123 Organic acids
- 124 Formaldehyde
- 125 Aliphatic nitrated derivatives
- 126.01 Benzene or counterparts thereof (the counterparts of benzene are defined by the formula:  $C_nH_{2n-6}$ )
- 126.02 Naphthalene or naphthalene counterparts (the counterpart of naphthalene is defined by the formula:  $C_nH_{2n-12}$ )
- 126.03 Vinylbenzene and divinylbenzene
- 127 Halogenated derivatives of the aromatic hydrocarbons
- 128.01 Phenols or counterparts or halogenated derivatives thereof
- 128.02 Naphthols or counterparts or halogenated derivatives thereof
- 128.03 Halogenated derivatives of the alkylaryl oxides
- 128.04 Halogenated derivatives of the alkylaryl sulfonates
- 128.05 Benzoquinones
- 129.01 Aromatic amines or aromatic hydrazines or halogenated, phenolic, nitrified, nitrated or sulfonated derivatives thereof
- 129.02 Aliphatic amines and halogenated derivatives thereof
- 130.01 Nitrated derivatives of aromatic hydrocarbons
- 130.02 Nitrated derivatives of phenols or their counterparts
- 131 Antimony and derivatives thereof
- 132 Nitric acid esters
- 133 Hydrogen sulphide
- 135 Encephalopathies due to organic solvents which do not come under other headings
- 136 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 asthmas caused by the inhalation of substances consistently recognised as causing allergies and inherent to the type of work

- 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 Hypoacusis 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



- 506.22 Diseases due to overstraining of the peritendineum
- 506.23 Diseases due to overstraining of the muscular and tendonous insertions
- 506.30 Meniscus lesions following extended periods of work in a kneeling or squatting position
- 506.40 Paralysis of the nerves due to pressure
- 506.45 Carpal tunnel syndrome
- 507 Miner's nystagmus
- 508 Diseases caused by ionising radiation

## 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