20. MALARIA AND SCHISTOSOMIASIS.** All of the following conditions
(a) In the medical treatment or nursing of person/s suffering from tuberculosis; (b) As pathologist, post-mortem worker and medical laboratory workers e.g. medical technologists, smears/labouratory technicians where the occupation involves working with materials which are sources of tuberculosis infection; (c) Occupations involving close and frequent contact with a source/s of tuberculosis infection

21. PNEUMONIA. Any of the following: (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)
(a) There must be a direct connection between the offending agent or event and the worker based on epidemiologic criteria and occupational relevance i.e. (a) health care workers exposed to outbreaks such as SARS, bird handlers exposed to Cryptococcus; (b) Pneumonia as a complication of a primary work-connected illness or injury (e.g. as a complication of injury to the chest wall or with without rib fracture that was sustained at work); (c) Pneumonia as a complication of a chemical inhalation exposure such as among welders exposed to iron fumes; (d) Clinical diagnosis consistent with the signs and symptoms of pneumonia supported by diagnostic proof such as chest X-ray and/or microbiological studies (e.g. blood cultures).

22. HERNIA.** All of the following conditions
(a) The hernia should be of recent origin.
(b) The employee must have been exposed for a prolonged/sufficient duration to cotton dust in the work place, as certified by the employer or by a competent medical practitioner/ institution acceptable to the System.

23. OCCUPATIONAL ASTHMA (OA)** All of the following conditions (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)
(a) There was no past medical/ clinical history of asthma before employment.
(b) Clinical diagnosis consistent with signs and symptoms of Occupational Asthma and supported by diagnostic proof such as obstructive ventilator pattern with significant bronchial hyperresposiveness (methacholine challenge test).
(c) Latency period of 10 years or more unless proven otherwise.
(d) Except for lung cancer and myocardial infarction, ARD must be accompanied with impaired lung function for compensation.

24. OSTEARTHRITIS.**
Any occupation involving: (a) joint strain from carrying heavy loads, or unduly heavy physical labor, as among laborers and mechanics; (b) minor or major injuries to the joint; (c) excessive use or constant strenuous usage of a particular joint, as among sportmen, particularly those who have engaged in the more active sports activities; (d) extreme temperature changes (humidity, heat and cold exposures); (e) faulty work posture or use of vibratory tools.

25. VIRAL ENCEPHALITIS.***
Any occupation involving: (a) contact with an infected person, as in areas of poor sanitation, with high density of schoolchildren, who are the most frequent virus spreaders; (b) rural occupation, primarily in pigs, poultry, farming activities, fishing or hunting in, or adjacent to, woods or subtropical vegetations, or as among agricultural or forest workers; and (c) contact with other sources of infection, such as birds and animals, as among veterinarians and abattoir workers.

26. PEPTIC ULCER.***
Any occupation involving: close and frequent contact with a source/s of peptic ulceration infection

27. TUBERCULOSIS (PULMONARY AND EXTRAPULMONARY).*******(As amended by B.R. No. 11-05-13, Dated May 26, 2011)
(a) In the medical treatment or nursing of person/s suffering from tuberculosis; (b) As pathologist, post-mortem worker and medical laboratory workers e.g. medical technologists, smears/labouratory technicians where the occupation involves working with materials which are sources of tuberculosis infection; (c) Other health facility staff in direct and frequent contact/handling of active PTB cases or infected materials e.g. dentists, dental/technicians, respirator therapists, physiotherapist, housekeeping staff, social workers, clinic secretaries; (d) Staff of correctional facilities/jails in direct contact with inmates especially in overcrowded and poorly ventilated prisons; (e) Workers involved in collection/handling/transportation/disposal of biological wastes; (f) Workers who have been clinically diagnosed with Silicosis or those chronically exposed to silica in the course of their work; (g) Workers in workplaces characterized as overcrowded, poorly ventilated and enclosed where there are documented cases of active TB.

28. VIRAL HEPATITIS.***
In addition to working conditions already listed under P.D. 626, as amended, any occupation involving: exposure to a source of infection through ingestion of water, milk, or other foods contaminated with hepatitis virus; Provided that the pathologist determine the causal relationship between the employment and the illness should be able to indicate whether the disease of the afflicted worker manifested itself while he/she was so employed, knowing the incubation period thereof.

29. ESSENTIAL HYPERTENSION.****(As amended by B.R. No. 11-05-13, s. 2011, approved on 26 May 2011)
All of the following conditions:
(a) The employee must have been exposed for a prolonged/sufficient duration to dust in the workplace, as duly certified by the employer or by a competent medical practitioner/ institution acceptable to the System.
(b) Latency period of 10 years or more unless proven otherwise.

30. ASBESTOS-RELATED DISEASES (ARD)******* (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)
(i) Asbestosis
(ii) Benign Asbestos-related Pleural Disease
(iii) Asbestos-related Malignancy: 1. Lung Cancer
2. Mesothelioma

31. HYPERSENSITIVITY PNEUMONITIS.******
(i) Bagassosis
(ii) Farmer’s Lung Disease
(iii) Bird Fancier’s Disease (Pfaffi asis)
(iv) Others as listed in the guidelines

32. BYSSINOSIS(cotton dust). ********All of the following conditions:
(i) Chest X-ray report, (b) ECG report (c) blood chemistry report, (d) funduscopy report, (e) Ophthalmological evaluation, (f) CT-scan, (g) MRI, (h) MRA, (i) 2-D echo, (j) Kidney ultrasound, and (k) BP monitoring report.
Occupational and Work-Related Diseases

Nature of Employment

1. Cancer of the epithelial lining of the bladder. (Papilloma or Cancer of the bladder)
2. Cancer, epitheliomatous or ulceration of the skin or of the corneal surface of the eye due to tar, pitch, bitumen, mineral oil or paraffin, or any component product or residue of any of these substances.
3. Cataract produced by exposure to the glare of, or rays from (Papilloma of the bladder).
4. Discharge due to irritants and sensitizers (b) Arsenic or its toxic compound
5. Decompression sickness (a) Caustic or corrosive (b) Ammonia
6. Dematitis due to irritants and sensitizers (c) Mite dermatitis
7. Infections (a) Anthrax (b) Brucellosis (c) Glanders (d) Rabies (e) Tuberculosis (f) Tularemia (g) Well’s disease (h) Q. Fever or equine encephalomyelitis (i) Mite dermatitis
8. Ionizing radiation disease, inflammation, ulceration or malignant disease of skin or subcutaneous tissues of the bones or leukemia, or anemia of the atrophic type due to arsenic, joining particle, radium or other radioactive substance.
   8a. Acute radiation syndrome
   8b. Chronic radiation syndrome
   8c. Glass Blower’s cataract
9. Poisoning and its sequelae caused by: (a) Ammonia (b) Arsenic or its toxic compound (c) Benzene or its toxic homologues, nitro and ammoxidative derivatives of benzene or its homologue
10. Pneumoconioses

Occupational and Work-Related Diseases

As amended by B.R. No. 11-05-13, s. 2011, approved on 26 May 2011

For an occupational disease and the resulting disability or death to be compensable, all of the following conditions must be satisfied:

1. The employee’s work and/or the work conditions must involve risks that caused the development of the illness;
2. The employee must have been exposed for a prolonged/sufficient duration to dust in the workplace, as duly certified by the employer or by a competent medical practitioner/institution acceptable to the System;
3. The disease was contracted as a result of the employee’s exposure to the described risks;
4. There was no deliberate act on the part of the employee to disregard the safety measures or ignore established warning or precaution.

The employer shall require pre-employment examination of all prospective employees; provide periodic medical examination to employees who are exposed to occupational disease and take such other measures as may be necessary pursuant to Rule III, Section 2 (b) of the implementing Rules of P.D. 626, as amended.

The employer shall provide data such as work environment measurement reports on health hazards and other information that may be deemed necessary by the Systems or Commission in the determination of causal relationship between the injury to the employee’s work and his disability or death.

The employer in consultation with the union whenever applicable shall implement OSH and wellness programs such as physical fitness program, healthy nutrition program, stress management program and other programs required by existing legislation, guidelines and issuances to prevent occupational and work-related diseases. The employer shall include information and advocacies in OSH programs and support the employee deserving of compensation and rehabilitation benefits.

Workers who have failed to provide adequate protection and safety devices shall be subject to the penalty imposed by Article 200 of the Code where he has provided adequate protective and safety devices, there shall be a determination as to whether or not the employee has been notoriously negligent.

(d) Benzen or its toxic compounds
(e) Stress, zinc or nickel
(f) Carbon dioxide
(g) Carbon bisulfide
(h) Carbon monoxide
(i) Chlorine
(j) Cyanides or its toxic compounds
(k) Dithiothreitol or homologue
(l) Halogen derivatives of hydrocarbon of the aliphatic series
(m) Lead or its toxic compounds
(n) Mercury or its toxic compounds
(o) Phosgene
(p) Phosgene or its toxic compounds
(q) Sulfur dioxide

10. Pneumoconioses

As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012

Pneumoconiosis caused by fibrogenic mineral dust such as but not limited to Silicosis, Coal worker’s pneumoconiosis and Asbestosis.

Silicosis: talc in processing, soapstone mining-milling, polishing, cosmetic industry; silica in mining, quarrying, foundries, sandblasting, construction work, work involving grinding, drilling or breaking of silica-containing rocks, ceramics and glass manufacture.

Coal worker’s pneumoconiosis: exposure to coal dust such as in mining.

Asbestosis:please refer to #30, Asbestos-related Diseases

11. Diseases caused by abnormalities in temperature and humidity.
(a) Heat stroke/ramp’s exhaustion
(b) Chilblain/frostbite/freezing
(c) Immersion foot/general hypothermia

12. Vascular disturbance in the upper extremities due to continuous vibration from pneumatic tools or power drills, riveting machines or hammers.

13. Viral Hepatitis:

Any occupation involving exposure to excessive heat or cold.

Any occupation involving exposure to excessive heat.

Any occupation involving exposure to excessive cold.

Any occupation involving exposure to excessive cold.

Among workers in close and frequent contact with (a) human blood products and (b) a source of viral hepatitis by means of exposure to the nursing of a person or persons suffering from viral hepatitis, or in a service ancillary to such treatment or nursing.

Among workers in battery factories, who are exposed to cadmium fumes.

Among operating room personnel due to exposure to anesthetics.

Among workers, wood products industry craftsmen, loggers and employees in pulp and paper mills and plywood mills.

Among vinyl chloride workers, plastic workers.

Among workers, wood products industry craftsmen, loggers and employees in pulp and paper mills and plywood mills.

Among workers, wood products industry craftsmen, loggers and employees in pulp and paper mills and plywood mills.

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