



Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
**EMPLOYEES' COMPENSATION COMMISSION**

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**EXCERPTS FROM THE MINUTES OF  
THE SIXTH (6<sup>th</sup>) REGULAR COMMISSION MEETING,  
EMPLOYEES' COMPENSATION COMMISSION, SERIES OF 2012,**  
*Convened at the Board Room, 5<sup>th</sup> Floor, ECC Bldg., Sen. Gil Puyat Ave., Makati City  
Thursday, 27 September 2012 at 9:00 A.M.*

**BOARD RESOLUTION NO. 12- 09-18**

***Amending the Conditions for Compensability of Pneumonia, Bronchial Asthma,  
Pneumoconiosis and Asbestosis and Other Pulmonary Conditions of Annex "A" of  
the Amended Rules on Employees Compensation***

**WHEREAS**, Article 167 par. (1) partly states that "...the Commission is empowered to determine and approve occupational diseases and work-related illness that may be considered compensable based on the peculiar hazards of employment (as amended by Sec. 1, P.D. 1368);"

**WHEREAS**, Art. 177 (c) states that the Commission shall have the powers and duties "to approve rules and regulation governing the processing of claims and the settlement of disputes arising therefrom as prescribed by the System;"

**WHEREAS**, pursuant to the policy of the Commission for the continuous upgrading of the benefit structure for workers through the updating on the conditions for compensability of occupational and work-related illnesses under Annex "A" of the Amended Rules on Employees Compensation and due to the recent developments in the field of Occupational Medicine, this Commission finds it necessary to amend the prevailing conditions for the compensability of Pneumonia, Bronchial Asthma, Pneumoconiosis and Asbestosis and other Pulmonary Conditions;

**WHEREAS**, on February 25, 2011, this Commission issued Board Resolution No. 11-12-09 creating the Technical Review Panel to review the conditions for

compensability of occupational and work related illnesses under Annex "A" of the Amended Rules on Employees Compensation;

**WHEREAS**, the Technical Review Panel, composed of medical experts and leaders of medical professional groups and medical specialty societies deliberated after a series of meetings to present its proposed amendments on the conditions of compensability of Pneumonia, Bronchial Asthma, Pneumoconiosis and Asbestosis;

**WHEREAS**, the proposed amendments by Technical Review Panel members were presented to a tripartite group composed of representatives from the Bureau of Working Conditions, Civil Service Commission, Social Security System, Federation of Free Workers, Philippine Government Employees Association, Employers Confederation of the Philippines/ Regional Tripartite Industrial Peace Council RO IV-A, Philippine College of Occupational Medicine, Occupational Health Nurses Association, Association of Health Maintenance Organization of the Philippines Incorporated, Philippine Coalition Against Tuberculosis, TB LINC, Philippine Nurses Association and Pilipinas Shell;

**WHEREAS**, the representatives from the tripartite group after due deliberations recommended the approval and adoption by the Commission of the amendments on the conditions for compensability of Pneumonia, Bronchial Asthma, Pneumoconiosis and Asbestosis and other Occupational Lung Diseases;

**NOW THEREFORE, ON MOTION DULY MADE AND SECONDED,**

This Commission **RESOLVES AS IT IS HEREBY RESOLVED**, to revise the following conditions for compensability of Pneumonia, Bronchial Asthma, Pneumoconiosis and Asbestosis under Annex "A" of the Amended Rules on Employees Compensation:

*"10. Pneumoconiosis*

*x x x*

*"(a) Coal miners*

*Exposure to coal dust.*

*"(b) Byssinosis*

*Exposure to cotton dust causing weaver's cough or mill fever.*

*"(c) Bagassosis*

*Exposure to sugar cane dust.*

*"(d) Psittacosis*

*Any occupation involving handling of parrots, parakeets and other species of birds."*



*"21. Pneumonia All of the following conditions*

- a. "There must be an honest and definite history of wetting and chilling during the course of employment and also, injury to the chest wall with or without rib fracture, or substances in the place of work.*
- b. "There must be direct connection between the offending agent or event and the worker.*
- c. "The signs of consolidation should appear soon (within a few hours) and the symptoms of initial chilling and fever should at least be 24 hours after injury or exposure.*
- d. "The patient must manifest any of the following symptoms within a few days of the accident:*
  - (1) "Severe chill and fever*
  - (2) "Headache and pain, agonizing in character in the side of the body;*
  - (3) "Short, dry, painful cough with blood-tinged expectorations; and*
  - (4) "Physical signs of consolidation with fine rales."*

*"23. Bronchial Asthma All of the following conditions*

- a. "There was no evidence of history of asthma before employment*
- b. "The allergen is present in the working environment*
- c. "Sensitivity test to allergen in the working environment should yield positive results*
- d. "A provocative test should show positive results."*

*"30. Asbestosis All of the following conditions*

- a. "The employees must have been exposed to Asbestos dust in the workplace, as duly certified to by the employer, or by a medical institution or competent medical practitioner acceptable to, or accredited by the System;*
- b. "The chest x-ray report of the employee must show findings of asbestos related disease, e.g. pleural plaques, pleural thickening, effusion and interstitial fibrosis; and*
- c. "In case the ailment is discovered after the employees' retirement/ separation from the service, the claim thereof must be filed with the System within three (3) years from discovery."*

The revised conditions for compensability of Pneumonia, Bronchial Asthma, Pneumoconiosis and Asbestosis and other lung disorders shall now read as follows:

*"10. Pneumoconiosis*

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

- i. *"Silicosis – talc in talc processors, soapstone mining-milling, polishing, cosmetics industry; silica in mining, quarrying, foundries, sandblasting, construction work, work involving grinding, drilling or breaking of silica-containing rocks, ceramics and glass manufacture*
- ii. *"Coal worker's pneumoconiosis – exposure to coal dust such as in mining*
- iii. *"Asbestosis (please refer to #30, Asbestos-related Diseases)"*

*"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 to by the employer or by a competent medical practitioner/institution acceptable to the System;*
- b. *"Clinical diagnosis consistent with signs and symptoms of pneumoconiosis and impairment of lung function supported by diagnostic proof such as chest X-ray or computer tomography (CT) scan and lung function test, ultrasound, histological findings;*
- c. *"With a reasonable latency period following exposure to the mineral dust and the development of the disease."*

*"21. Pneumonia. Any of the following:*

- a. *"There must be a direct connection between the offending agent or event and the worker based on epidemiologic criteria and occupational risk (e.g. 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 with or without rib fracture that was sustained at work);*
- c. *"Pneumonia as a complication of chemical inhalational 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 microbiologic studies (e.g. blood cultures)."*

**"23. Occupational Asthma (OA). All of the following conditions**

- 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 ventilatory pattern with significant bronchodilator response on spirometry (FEV1), peak flow meter response and/ or non-specific bronchial hyperresponsiveness (methacholine challenge test);*
- c. *"Workplace exposure to agent/s reported to give rise to Occupational Asthma as certified by the employer or by a competent medical practitioner / institution acceptable to the System."*

**"30. Asbestos-related Diseases (ARD).**

- i. *"Asbestosis*
- ii. *"Benign Asbestos-related Pleural Disease*
- iii. *"Asbestos-related Malignancy:*
  - 1. *"Lung Cancer*
  - 2. *"Mesothelioma"*

**"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. *"Clinical diagnosis consistent with the signs and symptoms of ARD and supported by any appropriate diagnostic tests such as chest x-ray or computer tomography (CT) scan and lung function test or positron emission tomography (PET), magnetic resonance imaging (MRI), biomarkers, histological findings;*
- c. *"Latency period of 10 years or more unless proven otherwise*
- d. *"Except for lung cancer and mesothelioma, ARD must be accompanied with impaired lung function for compensation."*

Including the following additional lung diseases:

*"31. Hypersensitivity Pneumonitis.*

- i. *"Bagassosis*
- ii. *"Farmer's Lung Disease*
- iii. *"Bird Fancier's Disease (Psittacosis)*
- iv. *"Others as listed in the guidelines*

*"All of the following conditions:*

- a. *"The employee must have been exposed for a prolonged/ sufficient duration to an offending agent or antigen known to cause the disease in the work place, as duly certified to by the employer or by a competent medical practitioner / institution acceptable to the System;*
- b. *Clinical diagnosis consistent with signs and symptoms of hypersensitivity pneumonitis and impairment of lung function supported by diagnostic tests such as chest X-ray or computer tomography (CT) scan, lung function test, bronchoalveolar lavage fluid (BALF) analysis, and/or other appropriate immunologic and histological tests."*


*"32. Byssinosis (cotton dust). All of the following conditions:*


- a. *"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;*
- b. *"Clinical diagnosis consistent with signs and symptoms of Byssinosis and impairment of lung function supported by diagnostic proof such as lung function test, skin test or other appropriate immunologic tests."*

This Commission **RESOLVES FURTHER**, that copies of this Resolution be duly furnished the SSS and the GSIS for their compliance and proper guidance.

**APPROVED** in Makati City, 27<sup>th</sup> day of September 2012.


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**LOURDES M. TRASMONTE**  
Chairperson-Designate  
Department of Labor and Employment

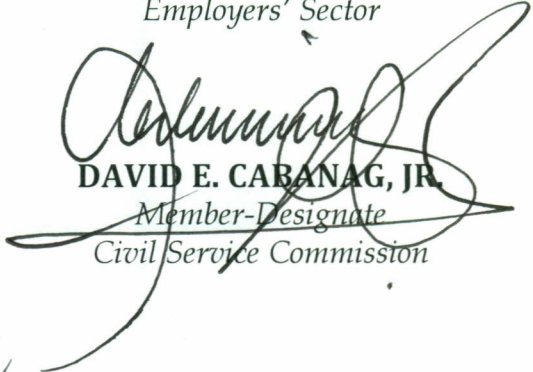
  
**LETICIA B. ONG, M.D.**  
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(absent)  
**DIONISIO C. EBDANE, JR.**  
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**VLADIMIR R. TURAZ**  
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**ALEXANDER A. PADILLA**  
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Employees' Compensation Commission - Secretariat

