

DEPARTMENT OF FOREIGN AFFAIRS AND TRADE
CANBERRA

**PROTOCOL OF 2002 TO THE OCCUPATIONAL SAFETY AND HEALTH
CONVENTION, 1981**

(Geneva, 3 June 2002)

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PROTOCOL OF 2002 TO THE OCCUPATIONAL SAFETY AND HEALTH CONVENTION, 1981

The General Conference of the International Labour Organization,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its 90th Session on 3 June 2002, and

Noting the provisions of Article 11 of the Occupational Safety and Health Convention, 1981, (hereinafter referred to as “the Convention”), which states in particular that:

- (c) the establishment and application of procedures for the notification of occupational accidents and diseases, by employers and, when appropriate, “To give effect to the policy referred to in Article 4 of this Convention, the competent authority or authorities shall ensure that the following functions are progressively carried out: ... insurance institutions and others directly concerned, and the production of annual statistics on occupational accidents and diseases; ...
- (e) the publication, annually, of information on measures taken in pursuance of the policy referred to in Article 4 of this Convention and on occupational accidents, occupational diseases and other injuries to health which arise in the course of or in connection with work”, and

Having regard to the need to strengthen recording and notification procedures for occupational accidents and diseases and to promote the harmonization of recording and notification systems with the aim of identifying their causes and establishing preventive measures, and

Having decided upon the adoption of certain proposals with regard to the recording and notification of occupational accidents and diseases, which is the fifth item on the agenda of the session, and

Having determined that these proposals shall take the form of a protocol to the Occupational Safety and Health Convention, 1981;

adopts this twentieth day of June two thousand and two the following Protocol, which may be cited as the Protocol of 2002 to the Occupational Safety and Health Convention, 1981.

I. DEFINITIONS

Article 1

For the purpose of this Protocol:

- (a) the term “occupational accident” covers an occurrence arising out of, or in the course of, work which results in fatal or non-fatal injury;
- (b) the term “occupational disease” covers any disease contracted as a result of an exposure to risk factors arising from work activity;

(c) the term “dangerous occurrence” covers a readily identifiable event as defined under national laws and regulations, with potential to cause an injury or disease to persons at work or to the public;

(d) the term “commuting accident” covers an accident resulting in death or personal injury occurring on the direct way between the place of work and:

- (i) the worker’s principal or secondary residence; or
- (ii) the place where the worker usually takes a meal; or
- (iii) the place where the worker usually receives his or her remuneration.

II. SYSTEMS FOR RECORDING AND NOTIFICATION

Article 2

The competent authority shall, by laws or regulations or any other method consistent with national conditions and practice, and in consultation with the most representative organizations of employers and workers, establish and periodically review requirements and procedures for:

- (a) the recording of occupational accidents, occupational diseases and, as appropriate, dangerous occurrences, commuting accidents and suspected cases of occupational diseases; and
- (b) the notification of occupational accidents, occupational diseases and, as appropriate, dangerous occurrences, commuting accidents and suspected cases of occupational diseases.

Article 3

The requirements and procedures for recording shall determine:

- (a) the responsibility of employers:
 - (i) to record occupational accidents, occupational diseases and, as appropriate, dangerous occurrences, commuting accidents and suspected cases of occupational diseases;
 - (ii) to provide appropriate information to workers and their representatives concerning the recording system;
 - (iii) to ensure appropriate maintenance of these records and their use for the establishment of preventive measures; and
 - (iv) to refrain from instituting retaliatory or disciplinary measures against a worker for reporting an occupational accident, occupational disease, dangerous occurrence, commuting accident or suspected case of occupational disease;
- (b) the information to be recorded;
- (c) the duration for maintaining these records; and
- (d) measures to ensure the confidentiality of personal and medical data in the employer’s possession, in accordance with national laws and regulations, conditions and practice.

Article 4

The requirements and procedures for the notification shall determine:

(a) the responsibility of employers:

(i) to notify the competent authorities or other designated bodies of occupational accidents, occupational diseases and, as appropriate, dangerous occurrences, commuting accidents and suspected cases of occupational diseases; and

(ii) to provide appropriate information to workers and their representatives concerning the notified cases;

(b) where appropriate, arrangements for notification of occupational accidents and occupational diseases by insurance institutions, occupational health services, medical practitioners and other bodies directly concerned;

(c) the criteria according to which occupational accidents, occupational diseases and, as appropriate, dangerous occurrences, commuting accidents and suspected cases of occupational diseases are to be notified; and (d) the time limits for notification.

Article 5

The notification shall include data on:

(a) the enterprise, establishment and employer;

(b) if applicable, the injured persons and the nature of the injuries or disease; and

(c) the workplace, the circumstances of the accident or the dangerous occurrence and, in the case of an occupational disease, the circumstances of the exposure to health hazards.

III. NATIONAL STATISTICS

Article 6

Each Member which ratifies this Protocol shall, based on the notifications and other available information, publish annually statistics that are compiled in such a way as to be representative of the country as a whole, concerning occupational accidents, occupational diseases and, as appropriate, dangerous occurrences and commuting accidents, as well as the analyses thereof.

Article 7

The statistics shall be established following classification schemes that are compatible with the latest relevant international schemes established under the auspices of the International Labour Organization or other competent international organizations.

IV. FINAL PROVISIONS

Article 8

1. A Member may ratify this Protocol at the same time as or at any time after its ratification of the Convention, by communicating its formal ratification to the Director-General of the International Labour Office for registration.

2. The Protocol shall come into force 12 months after the date on which ratifications of two Members have been registered by the Director-General. Thereafter, this Protocol shall come into force for a Member 12 months after the date on which its ratification has been registered by the Director-General and the Convention shall be binding on the Member concerned with the addition of Articles 1 to 7 of this Protocol.

Article 9

1. A Member which has ratified this Protocol may denounce it whenever the Convention is open to denunciation in accordance with its Article 25, by an act communicated to the Director-General of the International Labour Office for registration.

2. Denunciation of the Convention in accordance with its Article 25 by a Member which has ratified this Protocol shall *ipso jure* involve the denunciation of this Protocol.

3. Any denunciation of this Protocol in accordance with paragraphs 1 or 2 of this Article shall not take effect until one year after the date on which it is registered.

Article 10

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organization of the registration of all ratifications and acts of denunciation communicated by the Members of the Organization.

2. When notifying the Members of the Organization of the registration of the second ratification, the Director-General shall draw the attention of the Members of the Organization to the date upon which the Protocol shall come into force.

Article 11

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations, for registration in accordance with article 102 of the Charter of the United Nations, full particulars of all ratifications and acts of denunciation registered by the Director-General in accordance with the provisions of the preceding Articles.

Article 12

The English and French versions of the text of this Protocol are equally authoritative.

ILO RECOMMENDATION 194, LIST OF OCCUPATIONAL DISEASES, 2002

The General Conference of the International Labour Organization,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its 90th Session on 3 June 2002, and

Noting the provisions of the Occupational Safety and Health Convention and Recommendation, 1981, and the Occupational Health Services Convention and Recommendation, 1985, and

Noting also the list of occupational diseases as amended in 1980 appended to the Employment Injury Benefits Convention, 1964, and

Having regard to the need to strengthen identification, recording and notification procedures for occupational accidents and diseases, with the aim of identifying their causes, establishing preventive measures, promoting the harmonization of recording and notification systems, and improving the compensation process in the case of occupational accidents and occupational diseases, and

Having regard to the need for a simplified procedure for updating a list of occupational diseases, and

Having decided upon the adoption of certain proposals with regard to the recording and notification of occupational accidents and diseases, and to the regular review and updating of a list of occupational diseases, which is the fifth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation;

adopts this twentieth day of June of the year two thousand and two the following Recommendation, which may be cited as the List of Occupational Diseases Recommendation, 2002.

1. In the establishment, review and application of systems for the recording and notification of occupational accidents and diseases, the competent authority should take account of the 1996 Code of practice on the recording and notification of occupational accidents and diseases, and other codes of practice or guides relating to this subject that are approved in the future by the International Labour Organization.

2. A national list of occupational diseases for the purposes of prevention, recording, notification and, if applicable, compensation should be established by the competent authority, in consultation with the most representative organizations of employers and workers, by methods appropriate to national conditions and practice, and by stages as necessary. This list should:

(a) for the purposes of prevention, recording, notification and compensation comprise, at the least, the diseases enumerated in Schedule I of the Employment Injury Benefits Convention, 1964, as amended in 1980;

(b) comprise, to the extent possible, other diseases contained in the list of occupational diseases as annexed to this Recommendation; and

(c) comprise, to the extent possible, a section entitled “Suspected occupational diseases”.

3. The list as annexed to this Recommendation should be regularly reviewed and updated through tripartite meetings of experts convened by the Governing Body of the International Labour Office. Any new list so established shall be submitted to the Governing Body for its approval, and upon approval shall replace the preceding list and shall be communicated to the Members of the International Labour Organization.

4. The national list of occupational diseases should be reviewed and updated with due regard to the most up-to-date list established in accordance with Paragraph 3 above.

5. Each Member should communicate its national list of occupational diseases to the International Labour Office as soon as it is established or revised, with a view to facilitating the regular review and updating of the list of occupational diseases annexed to this Recommendation.

6. Each Member should furnish annually to the International Labour Office comprehensive statistics on occupational accidents and diseases and, as appropriate, dangerous occurrences and commuting accidents with a view to facilitating the international exchange and comparison of these statistics.

List of occupational diseases

1. Diseases caused by agents

1.1. Diseases caused by chemical agents

- 1.1.1. Diseases caused by beryllium or its toxic compounds
- 1.1.2. Diseases caused by cadmium or its toxic compounds
- 1.1.3. Diseases caused by phosphorus or its toxic compounds
- 1.1.4. Diseases caused by chromium or its toxic compounds
- 1.1.5. Diseases caused by manganese or its toxic compounds
- 1.1.6. Diseases caused by arsenic or its toxic compounds
- 1.1.7. Diseases caused by mercury or its toxic compounds
- 1.1.8. Diseases caused by lead or its toxic compounds
- 1.1.9. Diseases caused by fluorine or its toxic compounds
- 1.1.10. Diseases caused by carbon disulphide
- 1.1.11. Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons
- 1.1.12. Diseases caused by benzene or its toxic homologues
- 1.1.13. Diseases caused by toxic nitro- and amino-derivatives of benzene or its homologues
- 1.1.14. Diseases caused by nitroglycerine or other nitric acid esters
- 1.1.15. Diseases caused by alcohols, glycols or ketones
- 1.1.16. Diseases caused by asphyxiants: carbon monoxide, hydrogen cyanide or its toxic derivatives, hydrogen sulphide
- 1.1.17. Diseases caused by acrylonitrile
- 1.1.18. Diseases caused by oxides of nitrogen
- 1.1.19. Diseases caused by vanadium or its toxic compounds
- 1.1.20. Diseases caused by antimony or its toxic compounds
- 1.1.21. Diseases caused by hexane
- 1.1.22. Diseases of teeth caused by mineral acids
- 1.1.23. Diseases caused by pharmaceutical agents
- 1.1.24. Diseases caused by thallium or its compounds
- 1.1.25. Diseases caused by osmium or its compounds
- 1.1.26. Diseases caused by selenium or its compounds
- 1.1.27. Diseases caused by copper or its compounds
- 1.1.28. Diseases caused by tin or its compounds
- 1.1.29. Diseases caused by zinc or its compounds
- 1.1.30. Diseases caused by ozone, phosgene
- 1.1.31. Diseases caused by irritants: benzoquinone and other corneal irritants
- 1.1.32. Diseases caused by any other chemical agents not mentioned in the preceding items

1.1.1 to 1.1.31, where a link between the exposure of a worker to these chemical agents and the diseases suffered is established

1.2. Diseases caused by physical agents

- 1.2.1. Hearing impairment caused by noise
- 1.2.2. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)
- 1.2.3. Diseases caused by work in compressed air

- 1.2.4. Diseases caused by ionizing radiations
- 1.2.5. Diseases caused by heat radiation
- 1.2.6. Diseases caused by ultraviolet radiation
- 1.2.7. Diseases caused by extreme temperature (e.g. sunstroke, frostbite)
- 1.2.8. Diseases caused by any other physical agents not mentioned in the preceding items

1.2.1 to 1.2.7, where a direct link between the exposure of a worker to these physical agents and the diseases suffered is established

1.3. Diseases caused by biological agents

1.3.1. Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination

2. Diseases by target organ systems

2.1. Occupational respiratory diseases

2.1.1. Pneumoconioses caused by sclerogenic mineral dust (silicosis, anthraco-silicosis, asbestosis) and silicotuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death

2.1.2. Bronchopulmonary diseases caused by hard-metal dust

2.1.3. Bronchopulmonary diseases caused by cotton, flax, hemp or sisal dust (byssinosis)

2.1.4. Occupational asthma caused by recognized sensitizing agents or irritants inherent to the work process

2.1.5. Extrinsic allergic alveolitis caused by the inhalation of organic dusts, as prescribed by national legislation

2.1.6. Siderosis

2.1.7. Chronic obstructive pulmonary diseases

2.1.8. Diseases of the lung caused by aluminium

2.1.9. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process

2.1.10. Any other respiratory disease not mentioned in the preceding items

2.1.1 to 2.1.9, caused by an agent where a direct link between the exposure of a worker to this agent and the disease suffered is established

2.2. Occupational skin diseases

2.2.1. Skin diseases caused by physical, chemical or biological agents not included under other items

2.2.2. Occupational vitiligo

2.3. Occupational musculo-skeletal disorders

2.3.1. Musculo-skeletal diseases caused by specific work activities or work environment where particular risk factors are present Examples of such activities or environment include:

- (a) rapid or repetitive motion
- (b) forceful exertion

- (c) excessive mechanical force concentration
- (d) awkward or non-neutral postures
- (e) vibration Local or environmental cold may increase risk

3. Occupational cancer

3.1. Cancer caused by the following agents

- 3.1.1. Asbestos
- 3.1.2. Benzidine and its salts
- 3.1.3. Bis chloromethyl ether (BCME)
- 3.1.4. Chromium and chromium compounds
- 3.1.5. Coal tars, coal tar pitches or soots
- 3.1.6. Beta-naphthylamine
- 3.1.7. Vinyl chloride
- 3.1.8. Benzene or its toxic homologues
- 3.1.9. Toxic nitro- and amino-derivatives of benzene or its homologues
- 3.1.10. Ionizing radiations
- 3.1.11. Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
- 3.1.12. Coke oven emissions
- 3.1.13. Compounds of nickel
- 3.1.14. Wood dust
- 3.1.15. Cancer caused by any other agents not mentioned in the preceding items

3.1.1 to 3.1.14, where a direct link between the exposure of a worker to this agent and the cancer suffered is established

4. Other diseases

4.1. Miners' nystagmus