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If a whole or part of a paragraph has been amended, the date of the amending regulation appears in square brackets at the end of the paragraph. If a whole paragraph or sub-paragraph has been deleted, the date of the deletion appears in square brackets beside the deleted paragraph or sub-paragraph.

Republic of Latvia

Cabinet

Regulation No. 908

Adopted 6 November 2006

**Procedures for Investigation and Registration of Occupational Diseases**

*Issued pursuant to*

*Section 13, Paragraph two of the Labour Protection Law*

**I. General Provisions**

1. This Regulation prescribes the procedures for investigation and registration of occupational diseases, the list of occupational diseases, and also the list of factors causing occupational diseases and of the categories of the use thereof.

2. The examination of a person, drawing up a hygienic characterisation of a workplace, making a diagnosis, and also expert-examination of health and ability to work if there are grounds to consider that a person might have an occupational disease shall be regarded as the investigation of an occupational disease.

3. The procedures for investigation and registration of occupational diseases shall be applied to all cases of occupational diseases if employees at work are or have been subjected to harmful working environment factors.

4. Physicians who ensure the investigation of occupational diseases (including performance of mandatory health examinations of employees) and employers shall be responsible for compliance with this Regulation.

5. Upon request of an occupational health and occupational disease physician (hereinafter – the occupational physician), the State Labour Inspectorate shall perform an examination at the workplace of the person who has or potentially might have an occupational disease and shall specify the potential harmful working environment factors and working conditions with an exception of the case referred to in Paragraph 16.2 of this Regulation in which the workplace is examined by the relevant labour protection specialist.

[*19 January 2010*]

6. Compliance with this Regulation in respect of activities performed by a medical practitioner (for example, diagnosing of occupational diseases, entries in medical documentation) shall be controlled by the Health Inspectorate, whereas in respect of measures taken by the employer – by the State Labour Inspectorate.

[*3 March 2008*]

**II. Examination of a Person**

7. If the diseases referred to in Annex 1 to this Regulation or indications thereof have been discovered for a person and he or she is or has been subjected to harmful working environment factors, the person has the right to request his or her family doctor, with whom the respective person is registered, to be examined and to determine whether the diagnosed disease is an occupation disease.

8. If upon examining a person a family doctor discovers health disorders which probably has been caused by harmful working environment factors, the person shall be referred to the occupational physician to clarify the diagnosis, except the case referred to in Paragraphs 13 and 14 of this Regulation.

[*19 January 2010*]

9. An occupational physician shall examine a person, evaluate his or her health condition, record his or her health history and, if necessary, shall refer the person to specialists for additional consultations and examinations.

10. If the occupational physician confirms the likelihood of an occupational disease, he or she shall refer the person for a consultation to the medical commission for occupational diseases established by a medical treatment institution or if the person is a military person of a unit subordinate to the Ministry of Defence – to the Central Medical Expert-examination Commission of the National Armed Forces (hereinafter – the medical commission), or to the medical commission for occupational diseases (hereinafter – the medical commission of the Centre) of the Occupational and Radiation Medicine Centre of the State limited liability company “Pauls Stradiņš University Clinical Hospital” (hereinafter – the Centre). The results of the examination and an extract from the out-patient medical card on previous diseases shall be appended to the referral.

[*19 January 2010*]

11. Upon submitting the documents referred to in Paragraph 10 of this Regulation to the medical commission or medical commission of the Centre, the person shall also append the documents attesting the length of service (copies of the employment contract or another certification issued by the employer). If such documents are not available, the person shall append an explanation indicating the period of time he or she has been employed by the respective employer, harmful working environment factors and working conditions.

[*19 January 2010*]

12. A decision on diagnosis of an occupational disease shall be taken by the medical commission or the medical commission of the Centre. The commission shall be composed of two occupational physicians or the occupational physician and senior labour protection specialist with medical education, a neurologist and other specialists, if necessary. The chair of the commission shall be the occupational physician. A representative of the State Social Insurance Agency and State Labour Inspectorate also has the right to participate in the decision-making process.

[*19 January 2010*]

13. If upon performing the mandatory health examination of a person the occupational physician discovers occupational diseases referred to in Annex 1 to this Regulation or indications thereof, the patient shall be examined and referred to the family doctor by appending the results of the examination and the opinion of a consultant to the referral. The family doctor shall refer the person to the medial commission or medical commission of the Centre.

[*19 January 2010*]

14. If an accident has occurred at work whereon an official accident report has been drawn up (due to the risk of infection), however immediate working disability has not set in, but the infectious disease related to the accident at work is diagnosed afterwards, the family doctor shall refer the person for a consultation with the medical commission or medical commission of the Centre.

**III. Hygienic Characterisation of a Workplace**

15. In order to evaluate the impact of harmful working environment factors on a person and to diagnose an occupational disease, the occupational physician, if necessary, shall send a written request to the State Labour Inspectorate (Annex 2) to prepare a hygienic characterisation of a workplace.

16. The hygienic characterisation of a workplace may be requested in the following cases:

16.1. indications of an occupational disease have been discovered to an employee – health disorders caused by certain working environment factors;

16.2. indications of an occupation disease have been discovered to a person after termination of employment relationship;

16.3. the previously prepared hygienic characterisation of a workplace lacks sufficient information and additional information or a repeated hygienic characterisation of a workplace is required.

16.1 The hygienic characterisation of a workplace shall not be requested in the following cases:

16.11. if it is known that the workplace with harmful factors, which were the potential cause of the occupational disease, has been liquidated;

16.12. if during the past two years the person has been employed at one workplace and profession which are not related to the potential occupational disease and it is known that previous workplaces have been liquidated;

16.13. in relation to the last workplace in cases of chronic occupational diseases if the person at the last workplace has been employed less than two years;

16.14. if the potential occupational disease has been caused by such working environment factor which is typical to the profession and type of work in which the person is employed or was employed at the time of obtaining the potential occupational disease;

16.15. if during the past six months cases of occupational diseases have been encountered at the same employer and profession or type of work where the person is employed and whose potential occupational disease is examined, and it is known that working conditions having caused the potential occupational disease have been similar;

16.16. if the occupational disease has been caused by an accident at work whereon an official report on an accident at work has been drawn up.

[*19 January 2010*]

16.2 If the hygienic characterisation of a workplace is requested on a workplace within the system of the Ministry of the Interior or Ministry of Defence wherein there is limited access due to the status of the official secret object, the State Labour Inspectorate shall send a request to draw up the hygienic characterisation of a workplace accordingly to the Ministry of the Interior or Ministry of Defence and the hygienic characterisation of a workplace shall be drawn up by a labour protection specialist responsible for satisfying the labour protection requirements at the specific workplace.

[*19 January 2010*]

17. Upon drawing up the hygienic characterisation of a workplace (Annex 3), the officials of the State Labour Inspectorate shall perform the following activities in compliance with their competence:

17.1. by meeting the person who is suspected of having an occupational disease, identify what harmful working environment factors have influenced or could have influenced the health of the person;

17.2. summarise the information on the profession, the length of service of the relevant person, risk factors of the working environment, results of the control thereof, training and instructions at the workplace, and also other necessary information;

17.3. check the workplace, familiarise with the working environment factors which have influenced or could have influenced health of the relevant person and preventive labour protection measures, and also work equipment at the specific workplace;

17.4. draw up an objective hygienic characterisation of a workplace by appending thereto the copies of the mandatory health examination card of the person and performed measurements of working environment factors referred to in Sub-paragraph 17.1 of this Regulation;

17.5. specify harmful working environment factors which have influenced or could have influenced health of the person, the application category of the harmful factor in accordance with Annex 4 to this Regulation and the harmful factor in accordance with the classification of factors causing occupational diseases in compliance with Annex 5 to this Regulation.

[*19 January 2010*]

18. The employer shall collaborate with the officials of the State Labour Inspectorate and shall ensure access to all necessary information on internal supervision of the working environment, risk assessment and prevention measures and other information necessary to draw up the hygienic characterisation of a workplace, and also shall take into account the requirements of the officials of the State Labour Inspectorate in respect of risk prevention or minimisation and improvement of the working environment.

19. The State Labour Inspectorate shall, within a month, prepare the hygienic characterisation of a workplace after having received the request and shall send it to the requester within five working days.

20. The State Labour Inspectorate shall not examine the cause of the potential occupational disease, working conditions, impact of harmful factors in the working environment and shall not draw up the hygienic characterisation of a workplace if the employer at whose workplace harmful factors which were the cause of the potential occupational disease is liquidated, deleted from the Commercial Register, or the specific workplace or similar workplaces no longer exist. In such case the State Labour Inspectorate shall, within a month, inform the requester of the hygienic characterisation thereon.

[*19 January 2010*]

21. If the hygienic characterisation of a workplace is not drawn up, the medical commission or medical commission of the Centre shall request an explanation of the relevant person wherein the information referred to in Paragraph 11 of this Regulation is to be specified.

**IV. Making a Diagnosis of Occupational Diseases**

22. The medical commission or medical commission of the Centre by evaluating the results of the examination of a person, data on previous diseases, the hygienic characterisation of a workplace and other submitted documents, shall, within two months after receipt of the documents referred to in Paragraphs 10 and 11 of this Regulation, take a decision on whether the relevant disease is an occupational disease and issue an opinion to the person (Annex 6). The time when a repeated medical examination by the occupational physician is required shall also be indicated in the opinion, and also the family doctor with whom the person is registered shall be informed thereon.

23. The person suffering from an occupational disease has an obligation to take care of his or her health and to take into consideration the instructions of physicians. The person suffering from an occupational disease has the right to receive complete information on harmful working environment factors which have influenced his or her health condition, results of the examination and treatment measures, where necessary, also information on unclear matters, and also the right to contest the decision-making process in the Health Inspectorate, whereas the decision may be appealed in a court.

[*3 March 2008*]

24. If the medical commission or medical commission of the Centre takes a decision that the disease is an occupational disease, it shall send the following information within five working days:

24.1. the opinion on an occupational disease to the State Medical Commission for the Assessment of Health Condition and Working Ability (Annex 6);

24.2. the report on the case of an occupational disease to the State Labour Inspectorate (Annex 7).

24.1 The medical commission shall send the opinion on an occupational disease (a copy) referred to in Sub-paragraph 24.1 of this Regulation to the Centre within five working days after taking the decision.

[*19 January 2010*]

25. After receipt of the report referred to in Sub-paragraph 24.2 of this Regulation, the State Labour Inspectorate shall inform the employer of the relevant employee regarding the work environment risk factors having caused the occupational disease.

[*19 January 2010*]

25.1 Having received a copy of the opinion referred to in Paragraph 24.1of this Regulation, the Centre shall register the case of an occupational disease in the database of the Centre.

[*19 January 2010*]

26. After receipt of the information referred to in Paragraph 25 of this Regulation, the employer shall take labour protection measures to prevent or reduce the risk, and also shall intend a possibility of assigning alternative tasks to the person suffering from an occupational disease without the risk of harmful working environment factors which cause health disorders of the person.

[*19 January 2010*]

27. In order to evaluate the progress of a disease and treatment results, a family doctor shall refer the person suffering from an occupational disease for repeated medical examination by the occupational physician at the time indicated in the opinion.

28. If the occupational physician is visited repeatedly, the person shall be examined, where necessary, referred to additional examinations and consultations at specialists, a diagnosis shall be made and the person shall be referred to the medical commission or medical commission of the Centre. Having evaluated results of the examination, the commission shall issue a repeated opinion.

**V. Health and Working Ability Expert-examination**

29. If the medical commission or medical commission of the Centre diagnoses an occupational disease to a person, the person shall address with the opinion issued by the commission to the family doctor with whom he or she is registered. In order to determine the severity level of disability and the loss of ability to work (in per cent), the family doctor shall refer the person suffering from an occupational disease to the State Medical Commission for the Assessment of Health Condition and Working Ability or a unit thereof – general and special profile health condition and ability to work expert-examination commission (hereinafter – the expert-examination commission) – to carry out a disability expert-examination in accordance with the laws and regulations regarding the procedures for disability expert-examination.

30. The person suffering from an occupational disease shall present a personal identification document to the expert-examination commission and submit a referral issued by the family doctor, and the opinion of the medical commission or medical commission of the Centre regarding the connection of the disease with the work to be performed.

31. On the day of taking a decision, the expert-examination commission shall issue the following documents to the person suffering from an occupational disease:

31.1. a statement of disability if disability caused by an occupational disease is determined to the person suffering from an occupational disease;

31.2. an extract from the expert-examination report on the loss of ability to work.

32. The expert-examination commission shall inform the medical commission or medical commission of the Centre, State Labour Inspectorate and State Social Insurance Agency on the decision taken.

33. In order to determine the right to insurance compensation laid down in the laws and regulations, the person suffering from an occupational disease shall submit the documents issued by the medical commission or medical commission of the Centre and expert-examination commission to the State Social Insurance Agency.

**VI. Registration of Occupational Diseases**

34. Until the fifth date of every month medical commissions shall send to the Centre the following information on occupational diseases diagnosed for the first time or repeatedly in accordance with Annex 8 to this Regulation:

34.1. the given name, surname of the person suffering from an occupational disease;

34.2. the personal identity number of the person suffering from an occupational disease;

34.3. the gender of the person suffering from an occupational disease;

34.4. the profession of the person suffering from an occupational disease at the time when the person was under the impact of factors that caused the occupational disease;

34.5. the economic activity during the impact of factors having caused the occupational disease;

34.6. the factor which has caused the relevant occupational disease in accordance with Annex 5 to this Regulation;

34.7. the application category of the harmful factor in accordance with Annex 4 to this Regulation;

34.8. an occupational disease in accordance with Annex 1 to this Regulation;

34.9. the group of an occupational disease in accordance with the precipitating factor in accordance with Annex 9 to this Regulation;

34.10. the diagnosis of an occupational disease in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD, 10th Revision).

[*19 January 2010*]

35. For the purpose of achieving the treatment objectives, the medical commission or medical commission of the Centre shall, upon the request of another medical commission, provide additional information on the person suffering from an occupational disease who has applied thereto.

[*19 January 2010*]

36. The State Labour Inspectorate shall include the following information on occupational diseases determined for the first time in the semi-annual and annual reports:

36.1. the analysis of newly registered cases of occupational diseases according to nosological units in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD, 10th Revision);

36.2. the analysis of the correlation of the cases of occupational diseases in respect of the precipitating factor of the occupational disease, profession, kind of economic activity, gender, age and overall length of service of the persons employed at work which is related with the impact of harmful factors;

36.3. data on the number of cases of occupational diseases per 100 000 persons employed in Latvia.

[*19 January 2010*]

37. The State Labour Inspectorate shall submit the semi-annual and annual reports to the Ministry of Welfare, and also publish the information on the website of the State Labour Inspectorate.

[*19 January 2010*]

38. Upon request of the State Labour Inspectorate, the State Social Insurance Agency shall provide information on covering additional costs for the treatment and rehabilitation of the person suffering from an occupational disease.

**VII. Closing Provisions**

39. Cabinet Regulation No. 119 of 31 March 1998, List of Occupational Diseases (Latvijas Vēstnesis, 1998, No. 87/88), is repealed.

40. Until establishment of medical commissions at medical treatment institutions, the persons shall be referred to the Centre to diagnose an occupational disease.

41. This Regulation shall come into force on 1 January 2007.

Prime Minister A. Kalvītis

Minister for Welfare D. Staķe

**Annex 1**

Cabinet Regulation No. 908

6 November 2006

**Occupational Diseases**

[*4 June 2020*]

1. Acute and chronic diseases caused by chemical factors:

1.1. metal and metalloid-caused diseases: toxic damages of the respiratory tract, anaemia, hepatitis, nephropathy, toxic damages of the nervous system, tumours, metal fume fever, skin diseases;

1.2. halogen inorganic compound-caused diseases: toxic damages of the respiratory tract, skin diseases;

1.3. cyano compound-caused diseases: toxic damages of the respiratory tract;

1.4. erodent and irritant effect substance-caused diseases (inorganic gas, acid, hydroxide, hydrogen peroxide): toxic damages of the respiratory tract, skin diseases;

1.5. hydrocarbon and their derivative compound-caused diseases: toxic damages of the respiratory tract, diseases of the blood, hepatitis, nephropathy, toxic damages of the nervous system, tumours, skin diseases;

1.6. nitro compound and amine compound-caused diseases: toxic damages of the respiratory tract, diseases of the blood, hepatitis, nephropathy, toxic damages of the nervous system, tumours, skin diseases;

1.7. phenol and their derivative-caused diseases: toxic damages of the respiratory tract, toxic damages of kidney, skin diseases;

1.8. alcohol and glycol-caused diseases: optic nerve and retina diseases, toxic damages of the nervous system, skin diseases;

1.9. ether, ester, epoxide compound-caused diseases: toxic damages of the respiratory tract, skin diseases, tumours;

1.10. aldehyde and ketone-caused diseases: toxic damages of the respiratory tract, peripheral nervous system diseases, skin diseases;

1.11. organic acid and their derivative-caused diseases (amides, acid anhydrides): toxic damages of the respiratory tract, peripheral nervous system diseases, hepatitis, skin diseases.

2. Diseases caused by biological factors:

2.1. infections and parasitic diseases pursuant to the infection with which the employee was in contact during the hours of work: amebiosis, brucellosis, erysipeloid, tick-borne encephalitis, yersiniosis, Lyme disease, leptospirosis, ornithosis, Q fever, tetanus, tuberculosis, tularaemia, viral hepatitis;

2.2. other infections which have originated while fulfilling professional duties in the field of health care, prophylaxis and social work or other services, and in the origin of which importance of working environment risk factors has been proven (HIV/AIDS, Hepatitis B, Hepatitis C, tuberculosis, Covid-19);

2.3. dysbacteriosis, skin and mucous membrane candidamycosis, visceral candidiasis.

3. Diseases caused by physical factors:

3.1. diseases related to effects of ionising radiation: radiation sickness (acute or chronic), local tissue damages (acute or chronic), tumours;

3.2. local tissue damages caused by laser radiation (skin burns, eye cornea or retina damages);

3.3. diseases caused by overall or local vibration;

3.4. hypoacusis or deafness caused by a sensorineural noise;

3.5. electroophthalmia, cataract caused by severe ultraviolet radiation;

3.6. decompression (xenon) disease and consequences thereof (osteonecrosis);

3.7. compression disease (barotitis);

3.8. diseases caused by a heat radiation: heat stroke, cramps, cataract;

3.9. diseases caused by reduced temperature: angioneurosis, angiotrophoneurosis, obliterating endarteritis, vegetative sensory polyneuropathy.

4. Diseases caused by the means of medical treatment: toxic damages of the respiratory tract, anaemia, hepatitis, nephropathy, toxic damages of the nervous system, tumours, metal fume fever, skin diseases.

5. Diseases caused by overload (overall physical stress or overload of certain organs or systems):

5.1. coordination neuroses;

5.2. peripheral nervous system and postural and movement apparatus diseases (acute, subacute or chronic): mononeuropathy and polyneuropathy, including compression and vegetative sensory neuropathies and lumbar radiculitis;

5.3. chronic tendovaginitis, tendinitis, peritendinitis, epicondylitis;

5.4. stenosing ligamentitis, “cracking finger”, humero-scapular periarthrosis;

5.5. bursitis (prepatellar, infrapatellar, elbow and shoulder);

5.6. deformatory osteoarthrosis, including spondylarthrosis and osteonecrosis;

5.7. meniscus disorders;

5.8. Dupuytren’s contracture;

5.9. uterine and vaginal prolapse;

5.10. varicose veins with inflammatory signs (thrombophlebitis) or trophic disorders;

5.11. diseases affecting the voice due to its overload: chronic laryngitis, vocal fold nodules (Singer’s Nodules), vocal cord contact ulcers, phonasthenia;

5.12. myopia progression;

5.13. pulmonary emphysema;

5.14. psychoneurosis;

5.15. occupational burnout.

6. Diseases caused by industrial sprays:

6.1. pneumoconioses: silicosis, silicosis accompanied by tuberculosis, silicatosis, siderosis, asbestosis, metal coniosis, carboconiosis, mixed-dust pneumoconiosis, organic dust pneumoconiosis;

6.2. acute toxic bronchitis;

6.3. chronic bronchitis (chronic dust bronchitis, acute and chronic toxic bronchitis);

6.4. chronic obstructive pulmonary disease;

6.5. chronic rhinopharyngolaryngitis;

6.6. respiratory tract and pulmonary tumours;

6.7. mesothelioma caused by the inhalation of asbestos dust.

7. Allergic occupational diseases: conjunctivitis, rhinitis, rhinopharyngitis, rhinopharyngolaryngitis, rhinosinusitis, bronchial asthma, asthmatic bronchitis, extrinsic allergic alveolitis, eczema, toxicodermia, angioedema, urticaria, anaphylactic shock, toxic-allergic hepatitis, vasculitis, allergic inflammation of the auditory nerve, mononeuropathy and polyneuropathy, polyneiritis.

Minister for Welfare D. Staķe