



MH 1:07/4

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25 November 2024

All Registered Medical Practitioners

ENHANCING PATIENT CARE THROUGH ACCURATE DIAGNOSIS AND REPORTING OF OCCUPATIONAL DISEASES

Your role as a medical practitioner is pivotal in safeguarding the health of those under your care, including diagnosing and treating Occupational Diseases (ODs). Recognising and reporting ODs not only ensures the well-being of your patients, and also allows them to receive the appropriate medical treatment and work injury compensation in a timely manner.

2 Under Regulation 7(3) of the Workplace Safety and Health (Incident Reporting) Regulations, you are **required to report any of the 35 listed ODs¹**, within 10 days of diagnosis. Doctors who fail to report occupational diseases to MOM may risk a fine of up to \$10,000, with repeat offenders facing fines up to \$20,000 or imprisonment for up to 6 months, or both.

3 Furthermore, under the Work Injury Compensation Act, employees suffering from ODs are eligible for compensation for medical expenses, medical leave wages and incapacity. Your diagnosis is crucial to the claims process managed by MOM-designated insurers. Accurate and timely reporting by you ensures that affected patients receive compensation without undue delay.

Improving accuracy of OD diagnoses

4 To assist you in making a more accurate diagnosis, here are some steps you can take:

- i. Obtain the patient's detailed occupational history, to determine current and past exposures to the health hazards at work (e.g., excessive noise, chemicals, ergonomic risk factors);
- ii. Exclude non-occupational causes;
- iii. Carry out a thorough clinical examination;

¹ An Occupational Disease (OD) means any disease specified in the Second Schedule of the Workplace Safety and Health Act and any other disease that is directly attributable to any exposure to any chemical or biological agent arising out of and in the course of any employment.

- iv. Conduct relevant investigations; and
- v. Request and review relevant workplace reports, where available (e.g., noise dosimetry reports, chemical monitoring reports, ergonomic assessments).

5 Additional guidance to diagnose more commonly reported ODs such as noise-induced deafness, work-related musculoskeletal diseases and occupational skin diseases can be found in Table 1 of Annex A. For a deeper understanding of the diagnostic criteria for ODs and effective history-taking techniques, please refer to the Workplace Safety and Health Guidelines: Diagnosis and Management of Occupational Diseases available at www.tal.sg/wshc/resources/publications/wsh-guidelines/wsh-guidelines-on-diagnosis-and-management-of-occupational-diseases.

6 If you suspect an OD but are uncertain or encounter a complex case, we encourage you to refer your patient to an occupational medicine specialist or relevant medical specialist. The occupational medicine clinics can help with the investigation, diagnosis, and management of ODs for your patients. The list of occupational medicine clinics is available at www.mom.gov.sg/-/media/mom/documents/safety-health/lists/list-of-occupational-medicine-clinics.pdf.

Timely reporting and clear communication of ODs

- 7 Upon diagnosing an OD of a patient, please:
- i. Notify MOM at www.mom.gov.sg/iReport within 10 days; and
 - ii. Communicate the employee's OD diagnosis to the employer, so that the employer can fulfil their obligations to notify MOM.

8 Timely notification ensures that the necessary support for the patient and follow-up actions can be initiated promptly. If you have any clarifications, please reach out to MOM at www.mom.gov.sg/contact-us.

9 Your dedication to patient care and professional diligence in reporting will enhance patient outcomes and contribute to a healthier workforce and community.

Thank you.



PROFESSOR KENNETH MAK
DIRECTOR-GENERAL OF HEALTH
MINISTRY OF HEALTH



SILAS SNG
COMMISSIONER FOR WORKPLACE
SAFETY AND HEALTH
MINISTRY OF MANPOWER

Annexes

Annex A	List of Occupational Diseases in the Second Schedule, Workplace Safety and Health Act
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Annex A - List of Occupational Diseases in the Second Schedule, Workplace Safety and Health Act

1. Aniline poisoning
2. Anthrax
3. Arsenical poisoning
4. Asbestosis
5. Barotrauma
6. Beryllium poisoning
7. Byssinosis
8. Cadmium poisoning
9. Carbamate poisoning
10. Compressed air illness or its sequelae, including dysbaric osteonecrosis
11. Cyanide poisoning
12. Diseases caused by ionizing radiation
13. Diseases caused by excessive heat
14. Hydrogen Sulphide poisoning
15. Lead poisoning
16. Leptospirosis
17. Liver angiosarcoma
18. Manganese poisoning
19. Mercurial poisoning
20. Mesothelioma
21. Noise-induced deafness
22. Occupational asthma
23. Occupational skin cancers
24. Occupational skin diseases
25. Organophosphate poisoning
26. Phosphorus poisoning
27. Poisoning by benzene or a homologue of benzene
28. Poisoning by carbon monoxide gas
29. Poisoning by carbon disulphide
30. Poisoning by oxides of nitrogen
31. Poisoning from halogen derivatives of hydrocarbon compounds
32. Musculoskeletal disorders of the upper limb
33. Silicosis
34. Toxic anaemia
35. Toxic hepatitis

Table 1 – Diagnostic recommendations for common ODs

OD	Tips in making a diagnosis
Musculoskeletal Disorders of the Upper Limb	<ul style="list-style-type: none">• Perform an assessment of the ergonomic risks of the job, such as force, repetition, posture, frequency of tasks and vibration• Exclude non-occupational causes (e.g. hobbies, housework)
Occupational Skin Diseases	<ul style="list-style-type: none">• Identify a causative agent• Conduct appropriate and necessary tests (e.g. patch testing) to confirm the diagnosis• Exclude non-occupational causes (e.g. dishwashing, cleaning)
Noise-induced Deafness (NID)	<ul style="list-style-type: none">• Ascertain that there is definite exposure to excessive noise at work for at least 5 or more years• Check that the patient's audiometry shows bilateral sensorineural hearing loss• Carry out additional tests to confirm the diagnosis, if required• Check in with the patient that he/she was not exposed to loud noise for at least 16 hours prior to audiometry• Exclude other causes of hearing loss