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AIDS HELPLINE: 0800-0123-22 Prevention is the cure



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NOTICE 119 OF 2005

Circular Instruction No 187

CIRCULAR INSTRUCTION REGARDING COMPENSATION FOR WORK-RELATED UPPER RESPIRATORY TRACT DISORDERS**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993(COIDA) (ACT No. 130 OF 1993), AS AMENDED**

The following circular instruction is issued to clarify the position in regard to compensation of claims for Work-related Upper Respiratory Tract Disorders and supersedes all previous instructions regarding compensation for Work-related Upper Respiratory Tract Disorders

1. DEFINITION

Work-related Upper Respiratory Tract Disorders are diseases affecting the mucosal lining of the nose, larynx and pharynx caused or aggravated by conditions attributable to a particular working environment. Two types of Work-related Upper Respiratory Tract Disorders are generally recognisable; irritant and allergic Work-related Upper Respiratory Tract Disorders. These may include allergic and/or irritant rhinitis and nasal erosions and perforations

2. DIAGNOSIS

The diagnosis of Work-related Upper Respiratory Tract Disorders relies on:

- A medical practitioner's diagnosis of Work-related Upper Respiratory Tract Disorders
- Workplace exposure to agent(s) reported to give rise to Work-related Upper Respiratory Tract Disorders.
- A chronological relationship between the Work-related Upper Respiratory Tract Disorders and the work environment.
- Evidence of sensitization to a known workplace allergen where applicable

The Medical Officers in the office of the Compensation Commissioner will determine whether the diagnosis of Work-related Upper Respiratory Tract Disorders was made according to acceptable medical standards.

3. IMPAIRMENT

Impairment will be assessed after maximum medical improvement has been reached and where necessary after removal from exposure.

4. BENEFITS

The benefits payable according to the Act:

4.1 Temporary disablement

Payment for temporary total or partial disablement shall be made for as long as such disablement continues, but not for a period exceeding 24 months.

4.2 Permanent disablement

Payment for permanent disablement shall be made, where applicable, and when a Final Medical Report is received. For persistent nasal erosion and /or perforation after optimal medical treatment, the percentage disablement will depend on the size of the perforation and/or erosion.

Size of the nasal perforation or erosion	Percentage Permanent Disablement
Presence of erosion or a perforation less than 0.5 cm diameter	5
Presence of erosion or a perforation between 0.5 to 2.0 cm diameter	10
Presence of erosion or a perforation more than 2.0 cm diameter	15

In a case where there are multiple erosions and /or perforations, percentage permanent disablement will be the sum of all the individual percentage permanent disablement of each erosion and/or perforation present.

For allergic Work-related Upper Respiratory Tract Disorders, where sensitisation is proven to persist after the worker has been removed from the specific work environment, and there is no need for medication, a permanent disablement of 15% will be awarded. If sensitisation persists and the employee was to be dependent on medication to control symptoms, permanent disablement of 20% would be awarded.

4.3 Medical Aid

Medical aid shall be provided for a period of not more than 24 months from the date of diagnosis or longer, if in the opinion of the Director General, further medical aid will reduce the extent of the disablement. Medical aid covers costs of diagnosis of Work-related Upper Respiratory Tract Disorders and any necessary treatment provided by any health care provider. The Compensation Commissioner shall decide on the need for, the nature and sufficiency of medical aid supplied.

4.4 Death benefits

Reasonable burial expenses, widow's and dependant's pensions may be payable, where applicable, if the employee dies as a result of Work-related Upper Respiratory Tract Disorders.

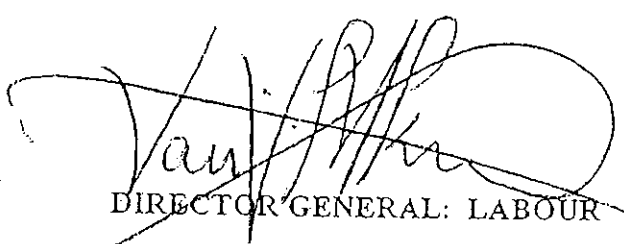
5. REPORTING

The following documentation should be submitted to the Compensation Commissioner or the employer individually liable or the mutual association concerned:

- Employer's Report of an Occupational Disease (W.CL.1).
- First Medical Report in respect of an Occupational Disease (W.CL.22).
- Notice of an Occupational Disease and Claim for Compensation (W.CL.14).
- Exposure History (W.CL.110) or an appropriate employment history.
- Progress/Final Medical Report in respect of an Occupational Disease (W.CL.26).
- ENT and /or medical report detailing the employee's symptoms and clinical features.
- An affidavit by the employee if an employer cannot be traced or the employer will not timeously supply a W.CL.1. (W.CL.305)
- Other appropriate test such as immunological and ENT examinations or any investigation done to confirm diagnosis, where applicable.

6. CLAIMS PROCESSING

The Office of the Compensation Commissioner shall consider and adjudicate upon the liability of all claims. The Medical Officers in the Compensation Commissioner's Office are responsible for medical assessment of a claim and for the confirmation of the acceptance or rejection of a claim.



DIRECTOR GENERAL: LABOUR

Date: 29/11/04
