



**SASOM**

South African Society  
of Occupational Medicine

FOUNDED IN 1948

## THE SOUTH AFRICAN SOCIETY OF OCCUPATIONAL MEDICINE

### MANAGEMENT OF INJURY ON DUTY AND OCCUPATIONAL DISEASES

---

#### SASOM GUIDELINE 22

ISBN: 978-1-919727-79-0

©2011 by SASOM

*All rights are reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior permission of the copyright owner.*

# MANAGEMENT OF INJURY ON DUTY

## 1. DEFINITION

- 1.1 An injury on duty (IOD) is an injury sustained by a worker at a specific day, time, and place in the execution of the work by the worker.
- 1.2 IODs must be reported to supervisors immediately or as soon as possible after they had happened.
- 1.3 Eyewitness statements must be obtained wherever possible.
- 1.4 The Compensation for Occupational Injuries and Diseases Act (COIDA Act 140 of 1993) is the main act that governs management of IODs.

## 2. TREATMENT

- 2.1 Injured workers should preferably be treated at the local health station or clinic of the employer.
- 2.2 In case of injuries that cannot be treated locally, the injured worker should first be stabilised or directly be transferred to the nearest health facility where the necessary treatment can be supplied.
- 2.3 The employer (supervisor) is responsible for transporting the injured worker to the nearest health facility where the worker can receive the necessary treatment.
- 2.4 Treatment of IODs is the same as treatment for similar injuries that are not IODs.

## 3. DOCUMENTATION

- 3.1 The supervisor must complete a W.CL 2 injury report for every injury. Availability of these forms must be ensured at all hours.
- 3.2 The health-care professional who consults the injured worker must make detailed notes of the date, time and place of the incident, the mechanism of injury and clinical findings.
- 3.3 The doctor who treats the patient must complete a W.CL 4 (a first medical report), progress and or final medical report (W.CL5).
- 3.4 Should the injured worker be treated by an Occupational nursing professional (ONP) or registered nurse the responsible doctor or Occupational medicine practitioner (OMP) may complete the W.CL 4 or W.CL 5 according to the notes made by them.
- 3.5 Only doctors and OMPs may complete W.CL 4 and W.CL 5 forms. (This is not the case with Rand Mutual Assurance if injury results in < 2 lost shifts.)
- 3.6 It is important to complete relevant accessory forms for different IODs, eg Supplementary report on injury to the hand (W.CL 31), foot, sprain and strain, Final report on eye injuries (W.CL 52) Special report of hernia case (W.CL 215), etc - available on website: [www.labour.gov.za](http://www.labour.gov.za)
- 3.7 Should an injured worker be referred or transferred to another health-care facility or professional, all relevant documents must accompany the worker. Notice of referral must be

stated clearly on the W.CL 4 or W.CL 5 forms. Reports on these referrals to be submitted to treating doctor (or the employer) for follow up and management of the injury.

- 3.8 The employer must collect all documentation and medical reports and submit that to the office of the Compensation Commissioner (CC), with copies of documents to be kept in the medical or clinic file of the injured worker.
- 3.9 To ensure payment of medical accounts, doctors must complete W.CL 5 and progress reports, at regular intervals (usually monthly), and every time workers are referred for whatever reason to other health-care professionals, including OTs, Physios, etc. Detailed reports on treatment and special investigations rendered to be submitted.
- 3.10 Once an IOD has completely recovered or stabilised an W.CL 5, a final report, is completed by the treating doctor or OMP who confirm the recovery and stableness of the worker. All outstanding medical reports on referrals are collected and submitted to the CC who then can make an informed decision on the functional impairment as result of the injury and recommend an award for permanent disability, where after the claim will be considered closed.

#### **4. PAYMENT**

- 4.1 The employer personally, or the CC is responsible for all reasonable costs incurred in the treatment of IODs, side-effects and complications directly related to the IODs.
- 4.2 The CC published guidelines on tariffs for the treatment of IODs and no co-payment may be requested or collected from the injured.
- 4.3 Until such time the CC receives notice of the claim and the prescribed documentation and approves the claim, the employee remains responsible for all costs.

#### **5. RE-OPENING**

- 5.1 If, after a while, a worker again suffers from signs and symptoms that he or she is of the opinion are related to the IOD, the worker must consult with a medical doctor or specialist at his or her own cost or the relevant company OMP.
- 5.2 Should they determine that the present health condition is directly related to the IOD, they must write a motivating report to the CC, and attach the relevant evidence stating the present condition, IOD and relevancy, planned treatment and apply for reopening of the case.
- 5.3 The worker remains responsible for the costs until such time as the CC accepts the claim.

#### **6. GENERAL**

- 6.1 The worker's fitness for work following an IOD should be determined by the employer as deemed necessary.
- 6.2 Incidents complying with section 24 of the Occupational Health and Safety Act of 1993 must be reported to the Inspector of the Department of Labour.
- 6.3 IODs must be investigated to determine and manage the cause to prevent similar incidents and IODs in future.

# OCCUPATIONAL DISEASES

## 1. BACKGROUND

- 1.1 The Compensation for Occupational Injuries and Diseases Act (COID Act 130 of 1993) provides for the compensation of workers who contract an occupational disease (OD) in the course of their employment.
- 1.2 According to the Act a worker is entitled to compensation if it can be proven that the worker has contracted an OD, and that the disease arose out of and in the course of employment.
- 1.3 It is applicable to all workplaces where work is carried out, which may result in ODs as listed in the Amended Schedule 3 of the Act.
- 1.4 Aggravation of existing diseases should be reported as IODs if it is an once-off temporary occurrence. The CC instructions clearly allow for aggravation of conditions like asthma and consider as OD.
- 1.5 Aggravation of exiting disease should be reported as ODs if it more permanent in nature, or will re-occur every time the worker is exposed to the same risks.

## 2. LEGAL FRAMEWORK

- 2.1 Constitution of the Republic of South Africa. 1996 (Act 108 of 1996) Bill of Rights.
- 2.2 Occupational Health and Safety Act 1993 (Act 85 of 1993)
- 2.3 Compensation for Occupational Injuries and diseases Act 1993 (Act 130 of 1993).
- 2.4 The National Health Act 2003 (Act 61 of 2003).
- 2.5 Occupational Diseases in Mines and Works Act 1993 (Act 208 of 1993)

## 3. DEFINITIONS

- 3.1 Work: Involves all work in the handling of and / or exposure to any agent(s) mentioned in the list of Occupational Diseases; and / or any occupation involved the handling of and / or exposure to specified agents / work processes mentioned in the list of Occupational Diseases
- 3.2 Occupational Disease: Disease arising out of handling and / or exposure to specified agents or work processes mentioned in the list of Occupational Diseases. Diseases other than a disease contemplated in the list of Occupational diseases and such disease has arisen out of and in the course of his or her employment.

## 4. OCCUPATIONAL DISEASES ACCORDING TO SCHEDULE 3 OF THE COID ACT

The list has been amended and diseases have been grouped as follows:

- 4.1 Diseases caused by agents:
  - 4.1.1 Diseases caused by chemical agents
  - 4.1.2 Diseases caused by physical agents
  - 4.1.3 Diseases caused by biological agents

- 4.2 Diseases caused by target-organ systems:
  - 4.2.1 Occupational respiratory diseases
  - 4.2.2 Occupational skin diseases
  - 4.2.3 Occupational musculo-skeletal disorders
- 4.3 Occupational cancers

## **5. OCCUPATIONAL HEALTH COULD BECOME AWARE OF AN ALLEGED OR DIAGNOSED OCCUPATIONAL DISEASE WHEN –**

- 5.1 A private medical practitioner or specialist diagnoses an OD, and report it via a sick-leave certificate, medical report or relevant documentation to such as First medical report in respect of an Occupational disease (W.CL 22) and / or Final or Progress medical report in respect of an Occupational disease (W.CL 26), Dermatological report (W.CL 53) to:
  - 5.1.1 the company; or
  - 5.1.2 Occupational Health
- 5.2 Documentation was sent to the Compensation Commissioner and the Compensation Commissioner notifies the company;
- 5.3 Workers report to the Occupational Health Clinics (OHC) with alleged ODs; and
- 5.4 The Occupational Medicine Practitioner (OMP) or Occupational Nursing Practitioner (ONP) suspects an OD following medical surveillance or a consultation for a medical ailment.

## **6. PROCEDURE**

- 6.1 All notices and documents must be sent to Occupational Health Clinic, who review and request for necessary documents, including exposure and environmental reports, to see that they are complete and correct.
- 6.2 If documents are outstanding the affected worker must be contacted and requested for completion of prescribed documents by the treating medical practitioner.
- 6.3 The workplace must be visited and inspected with attention to the presence of harmful agents and their adverse effects and with proper and full documentation of observations and findings. Consideration should be given and motivation submitted for appropriate job placement where indicated.
- 6.4 The worker's own medical doctor or specialist could also report it to the CC but would not have access to the full picture and extent of exposure.
- 6.5 When the set of documents is complete, the OMP must study, review and confirm the diagnosis of occupational disease and then report to the CC in the prescribed manner.
- 6.6 The OMP sends all the confirming documents and special investigations to the CC, including a W.CL 1 which must be signed by the employer.
- 6.7 The date of the diagnosis is the date on which the diagnosis was confirmed after the review of all the appropriate documents by the OMP.
- 6.8 OH must maintain an OD Register, and follow up monthly with the CC for the outcome.

- 6.9 After the decision of the CC has been received, the company is informed. OHC faxes a copy of the WCL 22 and other relevant forms to the Department of Labour in order to comply with Regulations 8(4) of the General Administrative Regulations published under GN R1449 GG 17403 of 6 September 1996 (Fax: 012 322 0413).
- 6.10 OHC and the relevant Occupational Safety Officer, Occupational Hygienist, Company representatives and other interested parties investigate the OD to ensure that similar cases are prevented as far as reasonably practicable.
- 6.11 Copies of all documentation are placed in the clinic file of the worker, and kept for at least **forty years** after the worker has left the service.
- 6.12 Affected workers are reviewed regularly to monitor progression of the disease.

## **7. STANDARD REPORTING FORMS**

For a list of the standard forms from the Department of Labour used when reporting an OD or drafting reports about ODs visit their website [www.labour.gov.za](http://www.labour.gov.za)

## **8. POST-TRAUMATIC STRESS DISORDER**

- 8.1 Post-traumatic Stress Disorder (PTSD) could either be reported as an IOD in an acute situation or an OD when it is chronic. Refer to the definition, diagnostic criteria and necessary requirements by the CC.
- 8.2 The diagnosis of PTSD can only be made by a psychiatrist within the set timeframes where after the employer to generate and submit a W.CL1. The treating psychiatrist to submit the usual documents, namely a First medical report in respect of Post Traumatic Stress Disorder (W.CL 303) and rest of procedure are followed as with any other IOD.
- 8.3 Once the patient is stabilised on treatment a Final medical report in respect of Post Traumatic Stress Disorder (W.CL 304) is completed and submitted with final adjudication by the CC medical officers.
- 8.4 Affected workers are regularly reviewed to monitor progression of the disease.

### **NOTE**

The SASOM guidelines are active working documents that are reviewed regularly or as changes take place in legislation, the work or the workplace.

Your inputs and comments are therefore regarded as most valuable. Please send them to [info@sasom.org](mailto:info@sasom.org).