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GENERAL NOTICES

NOTICE 118 OF 2005

Circular Instruction No. 184

DRAFT CIRCULAR INSTRUCTION REGARDING COMPENSATION FOR WORK-AGGRAVATED ASTHMA

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (COIDA) (NO. 130 OF 1993) AS AMENDED

The following circular instruction is issued to clarify the position in regard to compensation of claims for work-aggravated asthma and supersedes all previous instructions regarding compensation for work-aggravated asthma.

1. DEFINITION

Work-aggravated asthma is a disease characterised by variable airflow limitation and/or bronchial hyper responsiveness due to causes and conditions NOT directly attributable to any particular agent in the working environment. This circular instruction deals with pre-existing asthma, which is aggravated by exposure(s) in the workplace.

2. DIAGNOSIS

Diagnosis of work-aggravated asthma should meet the following factors (all 5):

(1) Medical history indicating pre-existing asthma or history of asthmatic symptoms, prior to the start of employment or exposure to the known aggravating agent.

(2) Presence of work related exposures preceding and/or associated with the onset of an asthmatic attack or the worsening of symptoms.

(3) Presence of work-related factors known to aggravate asthma symptoms (e.g. cold air, dusty work, chemical or biological irritants, indoor air pollutants, physically strenuous work, second-hand smoke).

(4) Increase in symptoms or medication requirements, or documentation of work-related changes in PEFR or FEV1 after start of employment or occupational exposure.

(5) Presence of reversible airflow obstruction and/or non-specific bronchial hyper-responsiveness on pulmonary function testing.

The Medical Officers in the Compensation Office will determine if the diagnosis of work- aggravated asthma was made according to acceptable medical standards.

3. IMPAIRMENT

3.1 It is recommended that all employees with preexisting asthma have baseline impairment score before entering a workplace that poses a high risk of aggravating asthma. The baseline impairment will be based on lung function tests (FEV_1 % Predicted) and medication prescribed to control asthma at the time of employment or before diagnosis of work-aggravated asthma.

3.2 Assessment of impairment shall be determined after the employee's asthmatic symptoms have stabilised. Assessment of impairment should be determined after at least 3 weeks of removal from exposure.

3.3 The degree of impairment will be evaluated based on lung function tests and the history of medication prescribed to control asthma. Original copies of lung function tests performed must be submitted to enable the Medical Officers to consider the acceptability of the quality of these tests. A test carried out after the administration of a bronchodilator must be included. The impairment score will be determined by the two parameters (post bronchodilator FEV_1 and medication requirements), each contributing to the compilation of a score, which determines the permanent disablement of a claimant.

Table 1: Parameter 1: Postbronchodilator FEV1	
Score	FEV1 % Predicted
0	> lower limit of normal (80)
1	70 – lower limit of normal
2	60 – 69
3	50 – 59
4	< 50

Table 2: Parameter 2: Minimum Medication Prescribed	
Score	Medication
0	No medication.
1	Occasional bronchodilator, not daily.
2	Occasional or daily bronchodilators and/or daily low-dose inhaled steroid (< 800 micrograms beclomethasone or equivalent)
3	Daily bronchodilator and/or daily high dose inhaled steroid (> 800 micrograms beclomethasone or equivalent) and occasional (1 – 3/year) course oral steroid.
4	Daily bronchodilator and/or daily high dose inhaled steroid (> 800 micrograms beclomethasone or equivalent) and frequent (>3/year) course systemic steroid or daily oral steroid.

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

Determination of permanent disablement of employees will either be a lump sum (if PD is lower or equal to 30%) or pension (if PD is higher than 30%). Percentage permanent disablement shall be calculated by subtracting impairment baseline score from impairment total score. If no impairment baseline score is available, it will be assumed that impairment total score was one (1) at the time of the diagnosis of work related asthma i.e. the PD will be impairment total score subtract one.

Payment for permanent disablement shall be made when a Final Medical Report and lung function test done have been received. Thus will usually occur after completion of treatment of work aggravated asthma has been done or when the treating medical practitioner considers that no further improvement is anticipated and effort have been made to reduce exposure to the potential aggravating agents.

Table 3: Summary **Impairment** scores in cases accepted as occupational asthma.

Impairment Total Score	Permanent disablement
0-1	15%
2	20%
3	30%
4	40%
5	50%
6	60%
7	70%
8	80%
Fatal case of work related asthma	100%

4.3 Medical Aid

In all accepted cases of work-aggravated asthma, medical aid shall be provided until the asthma attack/symptoms have stabilised for a period of not more than 24 months from the date of diagnosis. The medical aid shall cover costs of the diagnosis of work aggravated asthma and/ or any necessary treatment of work aggravated asthma provided by any health care provider until the condition stabilises. 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 dependent's pensions shall be payable, where applicable, if an employee dies as a result of work aggravated asthma.

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)
- Notice of an Occupational Disease and Claim for Compensation (W.CL.14)
- First Medical Report in respect of an Occupational Disease (W.CL. 22)
- For each consultation, a Progress Medical Report (W.CL. 26).
- Final Medical Report in respect of an Occupational Disease (W.CL.26) when the employee's condition has reached maximum medical improvement. The most recent lung function tests available,

which include pre- and post administration of a bronchodilator, and medication prescribed should be attached to this report

- Exposure History (W.CL. 110) or an appropriate employment history which may include any information that may be helpful to the Compensation Commissioner such as Material Safety Data Sheets, risk assessments or results of environmental hygiene assessments where appropriate. The suspected aggravating agent / agents should be stated if known.
- A medical report on the employee's symptoms that details the history, establishes a diagnosis of asthma and includes results of lung function and immunological tests, chest radiographs where appropriate or any other information relevant to the claim.
- An affidavit by the employee if employer cannot be traced or will not timeously supply a W.CL 1, 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 Commissioners' Office are responsible for medical assessment of the claim and for the confirmation of the acceptance or rejection of the claim.

DIRECTOR GENERAL: LABOUR

Date: 29/11/04

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