


**Compensation for occupational injuries and diseases act**

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# Compensation for occupational injuries and diseases act

Indemnity for injuries and occupational diseases, Law 1993 1. I, Vuyo Mafata, Commissioner for Reparations, after consulting the Executive Committee for Reparations, forward the following communication under Section 6A of the Law on Indemnity of Lesions and Professional Diseases of 1993 (Law No 130 of 1993) and subsequent amendments. The proposed communication appears in Annex A. 2. The communication on compensation for coronary disease acquired at work (Covid-19) enters into force on the date of this publication and is applied with immediate effect. 3. All employers and medical service providers must comply with the requirements laid down when submitting medical requests and referrals for Covid-19. 4. When sending online reports via the CompEasy system or the Mutual Association Claims system, medical service providers must use the emergency code Covid-19 ICD-10: U07.1 as proposed by the World Health Organization (WHO). VUYO MAFATA COMPENSATION COMMISSIONER DATA: 2020/03/20 To clarify the position of the compensation fund on the compensation for Covid-19 claims, the following notice is published. COVID Act Compensation for Occupational Lesions and Diseases Act, 130 of 1993 Covid-19 Novel Corona Virus Disease of 2019 DOH Department of Health, South Africa WHO World Health Organization OIL International Labour Organization SARS-Cov-2 Acute Severe respiratory syndrome Corona Virus 2 RNA Ribonucleic Acid Coronavirus Disease (COVID 19) is a "viral infection of the upper respiratory system that has symptoms in its severe form it can present with pneumonia, cough with hemoptysis and respiratory failure. It is transmitted through droplets suspended in the air during the cough and sneezed by an infected source. The COVID-19 acquired at work is a disease contracted by an employee, according to the definition of the COVID law, deriving from and during his work. This notice concerns the COVID-19 acquired at the workplace from single or multiple exposures to confirmed cases of COVID-19 at the workplace or after an official journey to countries or areas at high risk in an individual previously free from COVID-19. 3.1 The diagnosis of COVID-19 acquired for professional reasons is based on: a) professional exposure to a known source of COVID-19; b) reliable diagnosis of COVID-19 according to WHO guidelines; c) professional exposure to a known source of COVID-19; b) a reliable diagnosis of COVID-19 according to WHO guidelines; (d) a high-risk workplace where COVID-19 transmission is inherently) a chronological sequence between exposure to work and onset of symptoms. symptoms can be reliably diagnosed by: (a) Sputum, nasopharyngeal or oropharyngeal swab sample collected from all admission patients tested by Real-time Polymeric Chain Reaction (PCR) for SARS-Cov-2 RNA performed within three hours of collection. 3.3 Occupations at Risk: 3.3.1. Occupations at Very High Exposure Occupations at very high risk of exposure are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, post-mortem or laboratory procedures. (a) health workers (e.g. doctors, nurses, dentists, paramedics, emergency building technicians) performing aerosol-generating procedures (e.g. intubation procedures, cough induction procedures, bronchoscopies, certain dental procedures and examinations, or the collection of invasive specimens) on (b) health or laboratory personnel collecting or handling specimens of known or suspected patients of COVID-19 (e.g. manipulating cultures of known or suspected patients of COVID-19), they had, or suspected of having, COVID-19 at the time of their death. 3.3.2. High Exposure Occupations High Exposure Occupations are those with a high potential for exposure to known or suspected sources of COVID-19. Workers in this category include: (a) health care and support staff (e.g. doctors, nurses and other hospital staff who must enter patients' rooms) exposed to known or suspected patients with COVID-19. (Note: when such workers perform aerosol-generating procedures, their level of risk of exposure becomes very high.) (b) Medical transport workers (e.g. ambulance personnel and carriers) moving known or suspected COVID-19 patients in enclosed vehicles. bodies of people who are known to have, or suspected to have, COVID-19 at the time of their death. 3.3.3. Occupations at Risk of Medium Exposure Occupations at Risk of Medium Exposure include those requiring frequent and/or close contact (i.e. within 2 metres) with people who may be infected with SARS-CoV-2 but who are not known or suspected to have COVID-19 patients. In areas without ongoing Community transmission, workers in this risk group may have frequent contact with travellers who may return from international locations with widespread COVID-19 transmission. In areas where there is an ongoing Community transmission, workers in this category may have contacts with the general public. (e.g. schools, densely populated work environments such as work centers, counseling rooms, entrance staff and some high volume retail settings). 3.3.4. Low Risk of Exposure Occupations Risk of exposure (deposit) jobs are those that do not require contact with people known or suspected to be infected with Covid-19, nor frequent close contact with (i.e. within 2 meters) the general public. in this category, have a minimum professional contact with the public and other collaborators. 4.1 The assessment of permanent damage must be carried out three months after the diagnosis and when the Maximum Medical Improvement (MMI) was reached. 4.2 The degree of damage will be assessed on the basis of the complications of Covid-19 from the system (i) concerned (i). 5.1 Temporary total invalidity [TTD (a) Payment for temporary total invalidity must be effected for as long as such invalidity persists, but for a period not exceeding 30 days. 5.1.1. Sustained and unconfirmed cases (a) For self-quarantine recommended by a doctor registered under the DOH/OMS/OIL guidelines, the employer is responsible for the pay for days of absence. 5.1.2. Cases confirmed a) For confirmed cases and for which the Indemnity Fund has accepted (the total temporary invalidity is paid from the date of diagnosis up to 30 days. 5.2 permanent invalidity In the event of complications, the Commissioner has the right to assess each case on the basis of merit and to determine whether there is a permanent disability. 5.3 Medical assistance In all cases eligible for COVID-19, medical care must be provided for a period not exceeding 30 days from the date of diagnosis. 5.4 Benefits in case of death In case of death of an employee following the complications of COVID-19. 6.1 The following documentation must be submitted to the Remuneration Commissioner or to the employer individually, where appropriate, an employee must be subjected to further medical assistance. b) Notification of a professional disease and claim for compensation (W.CL. 14) C) Exposition and Medical Questionnaire d) First medical report on an occupational disease (W.CL. 22) indicating U07.1 as ICD-10 code for Covid-19 (e) Exposure history (W.CL. 110) and/or any other appropriate working history that may include any useful information for the Commissioner for Compensation. (f) a medical report on the symptoms of the worker, which defines the anamnesis, establish a diagnosis of COVID-19, the laboratory results and the X-rays of the chest, if appropriate, or any other information relevant to the indication. (g) For each consultation, a medical report on progress (W.CL. 26). (h) Final medical report on an occupational disease (W.CL. 26) when the state of the worker has reached the maximum medical improvement (MMI). (i) A statement sworn by the employee if the employer cannot be traced or cannot provide a W.CL. 1, promptly.6.2 Online submissions for Covid-19 should be made through the following channels, indicating the correct ICD-10 code Ác U07.1: Compensation Fund: CompEasy (www.labour.gov.za) Rand Mutual Assurance: CompCare (www.randmutual.co.za) Federated Employers Mutual: IMS ( ) 6.3 Manual submissions for Covid-19 should be made to these email addresses: Compensation Fund: covid19claims@labour.gov.za or phone 0860 105 350 Rand Mutual Assurance: contactcentre@randmutual.co.za or phone 086 022 2132 Federated Employers Mutual: FEM4-Registry@fema.co.za or phone 011 359 4300. The medical officers of the Office of Claims Commissioners are responsible for the medical evaluation of the claim and confirming the acceptance or rejection of the claim. (To be completed by the employer): Employee Details First and Last Name Á Contact Number Á Nationality Á ID Number Á Email Address Á Occupation Á Employer Details Employer Name Á Industry/Sector Á Provinces Á Contact Person Á Email Contacts Á Phone Number Á EXPOSURE HISTORY: Did the employee travel to high risk countries/areas? Yes/No If yes Destination area Date of travel Duration of stay Reason for travel If no, has employee been exposed to a confirmed case of occupational exposure at work Yes/No. If yes Date of contact Reported? Yes No Period of exposure Á Quarantine cases in the work area Á Total confirmed cases in the workplace Á MEDICAL HISTORY: Does the worker have any pre-existing medical conditions? Yes/No Has the worker been diagnosed with other occupational diseases? Yes/No If yes to any of the above conditions, please check all that apply or specify in the box below: Medical condition Á Pregnancy (trimester: ) Á Postpartum (< 6 weeks) Á Cardiovascular disease, including hypertension Á Immunodeficiency, including HIV Á Diabetes Á Kidney disease Á Liver disease Á Chronic lung disease Á Chronic neurological or neuromuscular disease Á Malignancy Á Other(s), please specify Medical condition Year of diagnosis Under treatment? Pre-existing conditions: Á Yes No Occupational disease: Á Yes No Name Signature Date Á Á Á

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