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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF LABOUR

NOTICE 193 OF 2020

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO 130 OF 1993)

NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19) UNDER COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 130 of 1993 AS AMENDED

1. I, Vuyo Mafata, Compensation Commissioner, after consultation with the Compensation Executive Committee, hereby make the following notice in terms of Section 6A of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993) as amended. The proposed notice is attached as Schedule A.

SCHEDULE

2. The notice for compensation of occupationally-acquired novel Corona virus disease (Covid-19) comes into effect on the date of publication hereof and shall be implemented with immediate effect thereon.
3. All employers and Medical Service Providers must follow the stipulated prescripts when submitting claims and supporting medical reports for Covid-19.
4. When submitting reports online through the CompEasy system or Mutual Association Claims systems, Medical Service Providers must use the emergency Covid-19 ICD-10 code: **U07.1** as proposed by the World Health Organization (WHO).

VUYO MAFATA
COMPENSATION COMMISSIONER
DATE: 2020/03/20

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NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

SCHEDULE A **Circular No. CF/03/2020**

NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

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

The following notice is issued to clarify the position of the Compensation Fund with regard to compensation of claims for Covid-19.

1. Acronyms

COID Act	Compensation for Occupational Injuries and Diseases Act, 130 of 1993
Covid-19	Novel Corona Virus Disease of 2019
DOH	Department of Health, South Africa
WHO	World Health Organization
ILO	International Labour Organization
SARS-Cov-2	Severe Acute Respiratory Syndrome Corona Virus 2
RNA	Ribonucleic Acid

2. Definition

Coronavirus Disease (COVID-19) is a viral infection of the upper respiratory system which presents with flu-like symptoms ranging from mild fever, dry cough, runny nose, sneezing to moderate and severe symptoms like productive cough, high fever, shortness of breath and general malaise. In its severe form it can present with pneumonia, cough with haemoptysis and respiratory failure. It is transmitted through droplets suspended in the air during coughing and sneezing from an infected source.

Occupationally-acquired COVID-19 is a disease contracted by an employee as defined in the COID Act arising out of and in the course of his or her employment. This notice deals with occupationally-acquired COVID-19 resulting from single or multiple exposures to confirmed case(s) of COVID-19 in the workplace or after an official trip to high-risk countries or areas in a

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previously COVID-19-free individual.

A claim for occupationally-acquired COVID-19 shall clearly be set out as contemplated in and provided for in sections 65 and 66 of the COID Act.

3. Diagnosis

3.1. Occupationally-acquired COVID-19 diagnosis relies on:

a) Occupational exposure to a known source of COVID-19;
b) A reliable diagnosis of COVID-19 as per the WHO guidelines;
c) An approved official trip and travel history to countries and/or areas of high risk for COVID-19 on work assignment;
d) A presumed high-risk work environment where transmission of COVID-19 is inherently prevalent; and
e) A chronological sequence between the work exposure and the development of symptoms.

3.2. COVID-19 can be reliably diagnosed by:

a) Sputum, nasopharyngeal or oropharyngeal swab specimen collected from all patients at admission tested by real time polymerase chain reaction (PCR) for SARS-Cov-2 RNA performed within three hours of collection.

3.3. Occupations at Risk:

3.3.1. Very high exposure risk occupations

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, post mortem, or laboratory procedures. Workers in this category include:

a) Healthcare workers (e.g. doctors, nurses, dentists, paramedics, emergency edical technicians) performing aerosol-generating procedures (e.g. intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
b) Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g. manipulating cultures from known or suspected

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COVID-19 patients).

c) Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

3.3.2. High exposure risk occupations

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

a) Healthcare delivery and support staff (e.g. doctors, nurses, and other hospital staff who must enter patients rooms) exposed to known or suspected COVID-19 patients.
(**Note:** when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)
b) Medical transport workers (e.g. ambulance personnel and porters) moving known or suspected COVID-19 patients in enclosed vehicles.
c) Mortuary workers involved in preparing (e.g. for burial or cremation) the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.

3.3.3. Medium exposure risk occupations

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e. within 2 meters of) people who may be infected with SARS-CoV-2, but who are not known or suspected 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 ongoing community transmission, workers in this category may have contact with the general public (e.g. in schools, high-population-density work environments, such as labour centres, consulting rooms, point of entry personnel and some high-volume retail settings).

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3.3.4. Low exposure risk occupations

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being infected with Covid-19, nor frequent close contact with (i.e. within 2 meter of) the general public. Workers in this category have minimal occupational contact with the public and other co-workers.

3.3.5. The Medical Officers in the Compensation Fund will determine whether the diagnosis of Covid-19 was made according to acceptable medical standards.

4. Impairment

4.1. Assessment of permanent impairment shall be determined three months after diagnosis and when Maximum Medical Improvement (MMI) has been reached.

4.2. The degree of impairment will be evaluated based on the complications of the Covid-19 from the affected body system(s).

5. Benefits

5.1. Temporary total disablement (TTD

a) Payment for temporary total disablement shall be made for as long as such disablement continues, but not for a period exceeding 30 days.

5.1.1. Suspected and Unconfirmed Cases

a) For self-quarantine recommended by registered Medical Practitioner in accordance with the DOH/WHO/ILO guidelines, the employer will be liable for remuneration for days of absence.

5.1.2. Confirmed Cases

a) For confirmed cases and where the Compensation Fund has accepted liability, temporary total disablement shall be paid from the date of diagnosis up to 30 days.

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b) In an event where there are complications, the Commissioner has a right to review the case.

5.2. Permanent Disablement:

In an event where there are complications the Commissioner has a right to assess each case on merit and determine if there is any permanent disablement.

5.3. Medical Aid

In all accepted cases of COVID-19, medical aid shall be provided for a period of not more than 30 days from the date of diagnosis. If in the opinion of the Director-General further medical aid will reduce the extent of the disablement this shall be considered.

5.4. Death Benefits

Reasonable burial expenses, widow's and dependent's pensions shall be payable, where applicable, if an employee dies as a result of the complications of COVID-19.

6. Reporting

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

a) Employer's Report of an Occupational Disease (W.CL.1)
b) Notice of an Occupational Disease and Claim for Compensation (W.CL.14)
c) Exposure and Medical Questionnaire
d) First Medical Report in respect of an Occupational Disease (W.CL.22) indicating U07.1 as the ICD-10 code for Covid-19
e) Exposure History (W.CL. 110) and/or any other appropriate employment history which may include any information that may be helpful to the Compensation Commissioner.

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f) A medical report on the employee's symptoms that details the history, establishes a diagnosis of COVID-19 and laboratory results and chest radiographs where appropriate or any other information relevant to the claim.
g) For each consultation, a Progress Medical Report (W.CL. 26).
h) Final Medical Report in respect of an Occupational Disease (W.CL.26) when the employee's condition has reached Maximum Medical Improvement (MMI).
i) An affidavit by the employee if employer cannot be traced or will not timeously supply a W.CL.1, where applicable.

6.2. Online claims for Covid-19 must be made through the following channels, indicating the correct ICD-10 code – U07.1:

Compensation Fund: CompEasy **(www.labour.gov.za)**
Rand Mutual Assurance: CompCare **(www.randmutual.co.za)**
Federated Employers Mutual: IMS **(https://roe.fem.co.za)**

6.3. Submission of manual claims for COVID-19 must be sent 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: FEM-Registry@fema.co.za or phone 011 359 4300

7. 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.

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employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za

COVID-19 EXPOSURE AND MEDICAL QUESTIONNAIRE (To be completed by employer):

Employee details

Name and Surname	
Contact Number	
Nationality	
ID Number	
Email Address	
Occupation	

Employer details

Name of Employer				
Industry/Sector				
Province				
Contact person				
Contact details	**Email**		**Phone No.**	

EXPOSURE HISTORY:
Has the Employee travelled to any high risk countries/areas? Yes / No

If Yes

Area Travelled To	
Date Travelled	
Length of Stay	
Reason for Travel	

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employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za

If No, has the employee been exposed to a confirmed occupationally-exposed case in the workplace Yes / No, If Yes

Date of Contact		
Contact Reported?	**Yes**	**No**
Period of Exposure		
Cases on quarantine in area of work		
Total confirmed cases in the workplace		

MEDICAL HISTORY:
Does the employee suffer from any pre-existing medical conditions? Yes/No

Has the employee been diagnosed with any other occupational disease? Yes/No

If Yes to any of the above, please check all that apply or specify in the box below:

Medical Condition			
	Pregnancy (trimester: _____)		Post-partum (< 6 weeks)
	Cardiovascular disease, including hypertension		Immunodeficiency, including HIV
	Diabetes		Renal disease
	Liver disease		Chronic lung disease
	Chronic neurological or neuromuscular disease		Malignancy
	Other(s), please specify:		

Medical Condition		**Year of Diagnosis**	**On Treatment?**	
Pre-existing conditions:			Yes	No
Occupational diseases:			Yes	No

Name	**Signature**	**Date**

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