



CIRCULAR H 38 / 2020

**TO: ALL HEADS OF DIVISIONS/ CHIEF DIRECTORATES/ DIRECTORATES/ DISTRICTS/  
REGIONS/ SUB – STRUCTURES/ INSTITUTIONS**

**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.**

I refer to Circular H 101/2019 dated 27 August 2019.

Attached self explanatory notice dated 20 March 2020 received from the Department of Employment and Labour to inform employers / employees on the manner in which Corona Virus Disease (COVID - 19) which has been contracted by employees during the course of their duties should be handled.

It would be appreciated if the contents of the attached notice received from the Department of Employment and Labour could be brought to the attention of all staff.

**CHIEF DIRECTOR: PEOPLE MANAGEMENT**

**DATE:** 26-03-20

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**GOVERNMENT NOTICE**

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**DEPARTMENT OF EMPLOYMENT AND LABOUR**

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No. R.

**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).

  
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**VUYO MAFATA**  
**COMPENSATION COMMISSIONER**  
DATE: 2020/03/20

**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

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

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 COLD 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 medical 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

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

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).

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

### **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.

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

- 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.



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

- 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](http://www.labour.gov.za))**

**Rand Mutual Assurance: CompCare ([www.randmutual.co.za](http://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](mailto:covid19claims@labour.gov.za) or phone 0860 105 350**

**Rand Mutual Assurance: [contactcentre@randmutual.co.za](mailto:contactcentre@randmutual.co.za) or phone 086 022 2132**

**Federated Employers Mutual: [FEM-Registry@fema.co.za](mailto: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.



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



## 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](mailto:covid19claims@labour.gov.za) [www.labour.gov.za](http://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	





## 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](mailto:covid19claims@labour.gov.za) [www.labour.gov.za](http://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				
<input type="checkbox"/>	Pregnancy (trimester: _____)	<input type="checkbox"/>	Post-partum (< 6 weeks)	
<input type="checkbox"/>	Cardiovascular disease, including hypertension	<input type="checkbox"/>	Immunodeficiency, including HIV	
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Renal disease	
<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	Chronic lung disease	
<input type="checkbox"/>	Chronic neurological or neuromuscular disease	<input type="checkbox"/>	Malignancy	
<input type="checkbox"/>	Other(s), please specify:			
Medical Condition		Year of Diagnosis	On Treatment?	
Pre-existing conditions:			Yes	No
Occupational diseases:			Yes	No

Name	Signature	Date







**CIRCULAR NO H 101 /2019**

**TO: ALL HEADS OF DIVISIONS/ CHIEF DIRECTORATES / DIRECTORATES / DISTRICTS / REGIONS/ SUB-STRUCTURES / INSTITUTIONS**

**STANDARD OPERATING PROCEDURES FOR THE REPORTING OF INJURY ON DUTY CLAIMS / OCCUPATIONAL DISEASE CLAIMS**

**1. PURPOSE:**

- 1.1 The purpose of this circular is to introduce a Standard Operating Procedure (SOP) to ensure uniformity in the reporting and administration of Injury on Duty/Occupational Disease claims (COLD claims) in the Department of Health. This circular will apply to all employees in the Department and must be brought to their attention.

**2. BACKGROUND:**

- 2.1 Over the past two (2) years the Directorate: People Practices & Administration has made a concerted effort to get the extensive backlogs of Injury on duty and Occupational Disease claims adjudicated by the Department of Labour. Meetings have been held with Senior Managers of the Department of Labour both at Provincial and National level. The Department has reached the point where the majority of the backlogs of the Injury on Duty and the Occupational Diseases claims have been adjudicated.
- 2.2 It has been noted that many of the cases are Repudiated by the Department of Labour due to the Full Clinical Descriptions on the **First Medical Report (WCL 4)**, point 3, not being sufficient. The COLD claim is then returned to the institution to obtain a full clinical description in order for the Department of Labour to re-assess the claim.

### 3. CLINICAL DESCRIPTION:

- 3.1 Attached hereto is a summary of what is regarded as a **Full Clinical Description (Annexure A)** by the Department of Labour. It is imperative that supervisors and HR managers take responsibility to ensure that the clinical description is legible and conforms to the criteria before it is sent to the WCA Section at Head Office for further processing to the Department of Labour.

### 4. REPORTING OF OCCUPATIONAL INJURIES (ACCIDENT)

- 4.1 The **registration number** for the Department of Health: Western Cape is: **990000503974** and must be used with immediate effect when reporting an occupational injury or disease.
- 4.2 **All accidents or alleged accidents must be reported within seven (7) days** after the accident took place to the Directorate: People Practices and Administration. Attached find the **COID Checklist (Annexure B)** for completion.
- 4.3 The employer has to report the accident in the prescribed manner i.e by completing the **Employers Report of an Accident (WCL 2)**. All points must be completed on the WCL 2 form. The Employers Report (WCL 2) must also be signed by the employee's supervisor.
- 4.4 A duplicate of the **Employer's Report of an Accident (WCL 2)** should be handed to the employee to give to the doctor/hospital/chiropractor who is going to treat him/her.
- 4.5 **Notice of an Accident and Claim for Compensation (WCL 3)** must be completed by the injured employee.
- 4.6 The **First Medical Report (WCL 4)** should be completed by the First Doctor treating the employee. This report is used by the Department of Labour to assess liability of the claim. The **full clinical description**, question 3 on the WCL 4 is the main tool used by the Department of Labour to ascertain if the employee sustained a personal injury during the accident. Attached find an example of what the Department of Labour considers as a full clinical description (**Annexure A**).
- 4.7 When an employee is receiving prolonged medical treatment and is off duty as a result of injuries sustained in an accident, a **Progress Medical Report (WCL 5)** should be submitted on a monthly basis with a detailed prognosis of the employee's condition.

- 4.8 A **Final Medical Report (WCL 5)** should be submitted as soon as the employee's condition has become stable. The doctor has to describe the impairment of function as a result of the accident, if any, to enable the Compensation Commissioner to assess permanent disablement, if any.
- 4.9 The Employers Report of an Accident (WCL 2) with the First Medical Report (WCL 4), certified copy of the ID and the employee's payslip at the time of the accident must be forwarded under a covering letter to: **The Directorate: People Practices and Administration, PO Box 2060, Cape Town, 8000: SECTION WCA**
- 4.10 Under **no** circumstances must the above mentioned reports/documents be forwarded directly to the Department of Labour.

## **5. REPORTING OF OCCUPATIONAL DISEASES**

- 5.1 The Employer must complete the **Employers Report of an Occupational Disease (WCL 1)** within 14 days after they find out about the disease.
- 5.2 Employers must also forward the following documents:
- **Claim for Compensation for an Occupational Disease (WCL 14)**
  - **First Medical Report for an Occupational Disease (WCL 22)**
  - **Progress / Final Medical Report (WCL 26)**
- 5.3 The following additional reports must be submitted in respect of employees who were exposed to TB in the workplace:
- **Exposure History Report (WCL 110)**
  - **TB Questionnaire (WCL 38)**
  - **Laboratory Investigations (e.g. Sputum test) done to confirm the disease.**
  - **Lung function test report done 12 months post completion of TB treatment.**
- 5.4 The Employers Report of an Occupational Disease (WCL 1) with the First Medical Report of an Occupational Disease (WCL 22), certified copy of the ID, the employee's payslip at the time of the diagnosis of the occupational disease as well as the reports mentioned in paragraphs 5.2 and 5.3 must be forwarded under a covering letter to: **The Directorate: People Practices and Administration, PO Box 2060, Cape Town, 8000: SECTION WCA**



## **6. LEAVE FOR OCCUPATIONAL INJURIES AND DISEASES**

- 6.1 **All leave forms Z1(a) regarding injuries on duty must be forwarded to the Directorate: People Practices and Administration for approval/disapproval pending a decision from the Compensation Commissioner.** A medical certificate indicating the date of injury, period of absence as a result of the injury as well as medical diagnosis must be attached to the leave form. Leave forms should only be captured on PERSAL once the Leave for Occupational Injuries and Diseases has been approved by Head Office. Should a claim be repudiated by the Compensation Commissioner normal sick leave must be utilized to cover the absence. Should sick leave be exhausted, the request for incapacity leave should be referred to the Health Risk Manager in terms of the PILIR process.
- 6.2 Under no circumstances should COID claims and leave be referred to the Health Risk Manager for a decision. Institutions are requested to monitor COID Leave abuse and in doubtful cases, a motivation must be attached to a Progress Medical Report (WCL 5) and forwarded to Head Office. This will then be escalated to the Compensation Commissioner for a decision. Should it be deemed necessary to terminate an employee's service due to continuous ill-health, the PILIR process for Ill-Health Retirement must be followed.

## **7. NEEDLE-STICK INJURIES**

- 7.1 Needle-stick injuries may only be submitted to Head Office once sero-conversion has taken place or where an employee was booked off or incurred medical expenses due to a needleprick injury. The Compensation Commissioner will not accept responsibility for any costs which arise before sero-conversion occurs.
- 7.2 Institutions must however keep registers in respect of needle-stick injuries for statistical purposes and provide the information to the WCA Section at Head Office on a quarterly basis.

## **8. OBJECTIONS AND APPEALS**

- 8.1 If an employee disagrees with the outcome of their claim, they have 180 days to submit the **WG 29** form to lodge an objection.

## 9. GENERAL

- 9.1 The Department of Labour administers the Compensation Fund's Integrated Claims Management System called UMEHLUKO since 1 December 2014. Electronic reporting of work related accidents and diseases via UMEHLUKO will only be done at Head Office. The Department of Labour is in the process of introducing a new online reporting system that will replace UMEHLUKO in the near future. Institutions should however still report injury on duty claims in the prescribed manner to the Directorate: People Practices and Administration. All WCL forms as referred to in this Standard Operating Procedure can be downloaded from the following link:

<http://www.labour.gov.za/DOL/documents/forms/compensation-for-occupational-injuries-and-diseases/o-forms-and-sample-documents>

10. The content of this circular must be brought to the attention of all employees including supervisors and managers.



HEAD OF DEPARTMENT

DATE: 17.08.27

## ANNEXURE A

Claim Number: .....

### FIRST MEDICAL REPORT IN RESPECT OF AN ACCIDENT COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (Act No. 130 OF 1993) [Section 5A(b) – Commissioner's rules, forms and particulars – Annexure 15]

Names and Surname of employee .....	
Identity Number .....	Address: .....
	Postal Code .....
Name of employer .....	
Address .....	
	Postal Code .....
Date of accident .....	

1.	Date of your first consultation .....
2.	How did the alleged accident happen? .....
3.	Full clinical description of injury (ies) (not symptoms, signs or syndromes) .....

#### Basic Information:

- The WCL 4 should be completed by the First Doctor treating the employee injured on duty.
- This report is used by the Compensation Fund (CF) to assess liability of the claim.
- The full clinical description (question nr 3) is the main tool used by the CF to ascertain if the employee sustained a personal injury during the accident.
- A full clinical description should include the appearance of the injury and any anatomical loss as a result of the injury.
- For the description to be "Full" it must be possible for the reader to visualise the presentation of the patient.
- The description should always include a reference to the location of the injury, i.e. left or right side.
- If the patient did not sustain any personal injuries the claim will be repudiated. (This is not necessarily applicable to claims where further pathology tests must be carried out to determine diagnosis.)

### Clinical terms to Avoid

'Pain' is NOT acceptable as a clinical term

by the CF – a WCL 4 indicating e.g. "Pain

Left Lower leg" is not acceptable.

Smoke inhalation should not be

stipulated on its own. The medical

diagnosis must be stipulated, i.e.

bronchospasm.

Needle Prick injuries are repudiated as

the CF does not pay for prophylactic treatment.

· If the diagnosis is **unrelated** to the injury sustained the claim will be repudiated.

## **Clinical Guidelines for full descriptions of Lacerations/Muscle**

### **LACERATION**

- Location
- Depth
- Length
- Damage to skin, tendon sheaths, tendons, vessels, nerves or other structures.
- Associated Functional loss (or lack thereof "e.g. no neuro vascular impairment.)

### **MUSCLE INJURY**

- Location and description of muscles involved
- Damage-signs to muscle (swelling, spasm, hematoma)
- Damage description of muscle (full rupture, partial rupture, tear, avulsion, herniation)
- Loss of function (in degrees of movement or loss of power)

## **Clinical terms accepted by the CF**

*The clinical terminology listed below are not an exhaustive list of such terminology, but can be used as a guideline when completing First Medical reports.*

- Abrasions
- Abscess
- Amputation
- Arc Eyes/ Red Eyes/ Irritated Eyes
- Back dysfunction (Indicating

level e.g. lower back dysfunction)

- Bites & Stings E.g. Dog Bite,

Insect bite, Bee Sting, Snake

Bite, Spider Bite

- Bleeding

- Broncho Spasm

- Bruises/ Bruising

- Bursitis

- Cellulitis

- Conjunctivitis (Eyes)

- Contusions

- Cut

- Dermatitis, Rash or skin irritation\*

(Complete the WCL 14 and the

Dermatitis report)

- Disc Prolapse (Levels must be indicated)

- Dislocation (E.g. Shoulder)

- Effusion (E.g. Knee)

- Foreign Body (E.g. Eyes or hands)

- Fracture

- Gun shot

- Haematoma

- Hernia\* (Hernia Report must be completed by the employee)

- Infection

- Inflammation

- Laceration

- Ligament GRI-II

- Loss of Skin / Loss of Tissue

- Meniscus Tear

- Muscle Spasm

- Muscle Strain

- Muscle Tear (E.g. Shoulder or Knee)

- Myalgia – tenderness

- Nail Avulsion
- Pneumonitis
- Post Traumatic Stress Disorder

Emotional Shock/Acute Stress

(Complete the WCL 302)

- Puncture Wound
- Rotator cuff torn
- Rupture – torn tissue
- Sciatica – tenderness
- Scleral blood vessels (Eye)
- Slipped disc (Levels must be indicated)
- Small hole in skin
- Soft Tissue Injury
- Spondylolisthesis/ slipped disc  
(Levels must be indicated)
- Sprain (E.g. Back or ankles)
- Strain (E.g. Back or ankles)
- Swelling
- Synovitis
- Tender/ Tenderness (Anywhere on Body)
- Tendonitis
- Whiplash
- Wound E.g. Open wound



labour

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA



**Compensation Fund**  
WORKING FOR YOU



Western Cape  
Government

BETTER TOGETHER.

NAME OF EMPLOYEE: .....

DATE OF INJURY/DISEASE: .....

**COIDA FORMS TO BE SUBMITTED**

MARK "YES" IF GIVEN TO STAFF MEMBER AND N/A IF NOT APPLICABLE

<b>OCCUPATIONAL INJURIES</b>	
WCL 2 (EMPLOYERS REPORT OF AN INJURY)	
WCL 3 (NOTICE OF AN ACCIDENT AND CLAIM FOR COMPENSATION)	
WCL 4 (FIRST MEDICAL REPORT OF AN INJURY) WITH FULL CLINICAL DESCRIPTION	
WCL 5 (PROGRESS MEDICAL REPORT)	
WCL 5 (FINAL MEDICAL REPORT)	
CERTIFIED COPY OF ID	
PAYSLIP	
ASSAULT QUESTIONNAIRE (IN CASE OF ASSAULT)	
MOTOR VEHICLE ACCIDENT REPORT / ROAD ACCIDENT QUESTIONNAIRE (IN CASE OF MVA)	

<b>TUBERCULOSIS: TB, MDR TB, XDR TB</b>	
WCL 1(EMPLOYERS REPORT OF AN OCCUPATIONAL DISEASE)	
WCL 14 (NOTICE OF OCCUPATIONAL DISEASE AND CLAIM FOR COMPENSATION)	
WCL 22 (FIRST MEDICAL REPORT I.R.O AN OCCUPATIONAL DISEASE)	
WCL 26 (PROGRESS/FINAL MEDICAL REPORT OF AN OCCUPATIONAL DISEASE)	
WCL 110 (EXPOSURE HISTORY)	
WCL 38 (TB QUESTIONNAIRE)	
ALL LABORATORY INVESTIGATIONS (E.G. SPUTUM TEST) DONE TO CONFIRM THE DISEASE)	
LUNG FUNCTION TEST REPORT DONE 12 MONTHS POST COMPLETION OF TB TREATMENT	
PAYSLIP AT TIME OF DIAGNOSIS	
CERTIFIED COPY OF ID	

<b>OCCUPATIONAL ASTHMA, IRRITANT INDUCED ASTHMA, WORK AGGRAVATED ASTHMA</b>	
WCL 1(EMPLOYERS REPORT OF AN OCCUPATIONAL DISEASE)	
WCL 22 (FIRST MEDICAL REPORT I.R.O AN OCCUPATIONAL DISEASE)	
WCL 26 (PROGRESS/FINAL MEDICAL REPORT OF AN OCCUPATIONAL DISEASE)	
WCL 110 (EXPOSURE HISTORY)	
LUNG FUNCTION TEST WITH PRE & POST BRONCHODILATORS READINGS	
TREATMENT PLAN INCLUDING MEDICATION PRECIBED TO DETERMINE PD	
PROGRESS REPORT AFTER EVERY SIX MONTHS PAST AFTER MAXIMUM MEDICAL IMPROVEMENT AND CHRONIC MEDICATION IS REQUIRED	

<b>FATAL CASES</b>	
WCL 2 OR WCL 1	
WCL 3 NOTICE OF AN ACCIDENT AND CLAIM FOR COMPENSATION	
DEATH CERTIFICATE AND DEATH NOTIFICATION (B11663) MUST BE SUBMITTED OR LETTER FROM DOCTOR STATING CAUSE OF DEATH IF B11663 DOES NOT STATE CAUSE OF DEATH	
WCL 46 (BURIAL EXPENSE ACCOUNT)	
WCL 132 (DECLARATION BY WIDOW/WIDOWER)	
COPY OF ID OF DEPENDENT	



MARRIAGE CERTIFICATE IF EMPLOYEE WAS MARRIED	
GUARDIANSHIP LETTER, IF APPLICABLE	

**FORMS TO BE SUBMITTED TO THE DIRECTORATE: PEOPLE PRACTICES AND ADMINISTRATION WITHIN 7 DAYS**

**DATE SUBMITTED:** .....

1. The employer has to report the accident in the prescribed manner – i.e. by completing the Employer's Report of an Accident (W.Cl. 2). The act requires that an accident be reported by the employer to the Compensation Commissioner within 7 days after the accident took place.
2. Part B of the Employer's Report of an Accident (W.Cl. 2) is a carbon copy of Part A and should be handed to the employee to give to the doctor/hospital/chiropractor who is going to treat him.
3. If an employer fails to report the accident, the doctor can report the case by sending a copy of Part B to the Compensation Commissioner. The employer will then be subpoenaed to submit Part A.
4. Obtain First Medical Report (W.Cl. 4) from the treating doctor – medical evidence plays an important part when liability for the payment of compensation and medical expenses is considered.
5. Obtain Progress Medical Reports (W.Cl. 5) – when an employee is receiving prolonged medical treatment and is off duty as a result of injuries sustained in an accident, progress medical reports should be submitted on a monthly basis to the Compensation Fund to ensure that compensation in respect of temporary total disablement is paid timeously.
6. Final Medical Report (W.Cl. 5) – should be submitted as soon as the employee's condition has become stable. The doctor has to describe the impairment of function as a result of the accident, if any, to enable the Fund to assess permanent disablement, if any.

**It is important that employers should not wait for full documentation before reporting an accident.**

INFORMATION TO BE GIVEN TO EMPLOYEE	
1. You have a right to go to a doctor of your choice.	
2. Sick leave due to an injury on duty will be regarded as occupational leave. Leave forms to be send to Head Office <u>pending</u> approval of claim. Not to be captured as Normal Sick Leave.	
3. The employee must assist the employer in obtaining the medical reports as the employee has chosen the doctor, sees the doctor regularly and it is his/her (the employee's) case that has to be finalised.	
4. Employer may provide transport for the <u>initial</u> visit to a Dr ( <b>First consultation</b> )	
5. Progress reports with each Dr's visit and copies to be supplied to employer.	
6. The employee must take responsibility for follow up visits and ensuring that the relevant documentation gets handed in at the HR department	