GOVERNMENT NOTICE

Department of Employment and Labour

No. 2023

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

REGULATIONS ON CONTACT DERMATITIS FOR THE COMPENSATION FUND MADE BY THE MINISTER UNDER COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

I, Thembelani Waltermade Nxesi, Minister of Employment and Labour, after consultation with the Compensation Board, hereby make the following attached regulations in terms of Section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993) as amended. The regulation is attached as Schedule A.

EFFECTIVE DATE OF REGULATIONS

The regulations will come into effect on the date of publication hereof in the Gazette.

MR T W NXESI, MP
MINISTER OF EMPLOYMENT AND LABOUR
DATE: 03/04/2023

REGULATIONS ON CONTACT DERMATITIS FOR THE COMPENSATION FUND MADE BY THEMINISTER UNDER COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993SCHEDULE A

1. DEFINITION OF REGULATION

In these regulations, "the regulations" means the regulations relating to contact dermatitis under Compensation for Occupational Injuries and Diseases Act, 1993; and any word or expression to which a meaning has been assigned in the regulations shall have that meaning unless the context otherwise indicates.

TABLE OF CONTENTS:

1. DEFINITIONS

"Allergen" means substance that can cause an allergy, or a reaction on the skin or any other organ;

"ADL" means Activities of Daily Living;

"Dermatitis" means inflammation of the skin;

"Dermatologist" means a medical doctor who has specialized in skin conditions;

"Occupational contact dermatitis or eczema" means a clinically recognised condition of the skin caused entirely or aggravated by conditions in the workplace. Two types of contact dermatitis are generally recognized, namely irritant contact dermatitis (which occurs most commonly) and allergic contact dermatitis;

"Patch test" means a test that is used to test skin for allergies. Allergens are applied to the skin using patches; and

"RPPTR" means Relevant Positive Patch Test Reaction.

2. DIAGNOSIS

The diagnosis of occupational dermatitis shall be made by medical practitioner based on the following:

(a) A detailed medical history and the nature and distribution of the skin lesions. A colour photograph must be provided, where available;

(b) A full history of all occupational risk factors (physical, chemical and biological);

(c) Occupational exposure to a known causative agent(s) of contact dermatitis and a chronological relationship between the dermatitis and the work environment.

(d) A confirmatory skin test which is mandatory e.g. Patch Test.

(e) The opinion and confirmation of the diagnosis by a dermatologist when the dermatitis is recurrent or resistant to treatment for more than 6 consecutive weeks.

3. IMPAIRMENT

(1) The impairment shall be assessed after removal from exposure or maximum medical improvement has been reached:

(2) Criteria for rating permanent impairment shall be determined based on the following:

(a) Table 8.2. must be used to establish the diagnosis, using objective physical examination and laboratory tests;

(b) Table 8.3 provides suggestions for physical examination findings and laboratory tests;

(c) Place the individual in the appropriate class based on history, physical examination, and diagnostic findings;

(d) Focus on the impact of the skin disease on ability to perform ADLs;

(e) Begin by selecting middle number of the class; and

(f) Consider the percentage of time that symptoms are present and the amount of treatment required.

Table 8-2 Criteria for Rating Permanent Impairment due to Skin Disorders

IMPAIRMENT CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RANGES	0	1%-9% UE	11%-27% UE	30%-42% UE	45%-58%
GRADE		1 3 5 7 9 (A B C D E)	11 15 19 23 27 (A B C D E)	30 33 36 39 42 (A B C D E)	45 48 51 54 58 (A B C D E)
HISTORY[a,c]	Skin disorder signs have been present in the past but are currently present <1% of the time[b]	Skin disorder signs and symptoms consistent with Table 8-3 are present 1%-30% of the time[b]	Skin disorder signs and symptoms consistent with Table 8-3 are present 30%-60% of the time[b]	Skin disorder signs and symptoms consistent with Table 8-3 are present 60%-90% of the time[b]	Skin disorder signs and symptoms consistent with Table 8-3 are present >90% of the time[b]

4

	and no medication is necessary ***and*** there is essentially no interference with activities of daily living (ADLs)	***and*** may intermittently require treatment with topical medications[a] ***and*** when signs and symptoms are present, there is minimal interference with ADLs	***and*** often require treatment with topical or systematic medications ***and*** when signs and symptoms are present, there is mild interference with ADLs	***and*** require intermittent to constant treatment with topical medications ***and*** when signs and symptoms are present, there is moderate interference with ADLs	***and*** require treatment with topical or systemic medications on a regular basis[a] ***and*** There is severe interference with most ADLS to the extent that confinement may be required. All cancers not in remission, other than basal cell carcinoma, automatically receive 58% combined with all other systemic or musculoskeletal impairments or 100% when terminal.
PHYSICAL EXAM FINDINGS[c]		Physical exam findings in accordance with Table 8-3 are present when symptoms are present. When present, the findings (1) do not cover 10% of the body, (2) exclude the face	Physical exam findings in accordance with Table 8-3 are present when symptoms are present. When present, the findings generally (1)	Physical exam findings in accordance with Table 8-3 are usually present. The findings generally (1) cover 20%-40% of the body and can be at least	Physical exam findings Table 8-3 are present almost all the time. Findings generally cover >40% of the body and are not able to be

5

		and/or (3) are usually transitory or can be concealed.	cover 10%-20% of the body but can usually be concealed and/or (2) significantly involve the face or anterior part of the neck and/or hands.	partially concealed in most social situations and/or (2) involve the entire palmar aspect of the hand.	concealed in most social situations. May move to highest number in class 4 depending on extent of involvement, and ability to conceal.
DIAGNOSTIC TEST FINDINGS[c]	Diagnostic test findings expected to be positive are either negative or the test or tests have not been performed. For example, for allergic contact dermatitis, class 0 would be assigned if there were no relevant positive patch test reactions (RPPTRs)[e]	Diagnostic test findings expected to be positive are equivocal. For example, for allergic contact dermatitis, class 1 would be assigned for patch test reactions that are equivocal but would be considered relevant if positive.	Diagnostic test findings expected to be positive are positive and in the range of results expected in typical cases of the given diagnosis. For example, for allergic contact dermatitis, class 2 would be assigned if there was at least one RPPTR.[e]	Diagnostic test findings expected to be positive are positive and are somewhat beyond the range of results expected in typical cases of the given diagnosis. For example, for allergic contact dermatitis, class 3 would be assigned for multiple RPPTRs.[e]	Diagnostic test findings expected to be positive are positive and are significantly beyond the range of results expected in typical cases of the given diagnosis. For example, for allergic contact dermatitis, class 4 would be assigned if multiple RPPTRs[e] where present that indicated that the patient must avoid many widespread substance or crucial occupationall

6

					y related substances.

[a] Determine the patient's class using the history, focussing on medically documented interference with ADLs. Objective exam findings must have been documented by a physician on at least 1 occasion to perform a rating.
[b] Scars are present permanently, and thus the time element is not used as part of the rating.
[c] Any facial scarring should be graded according to Table 11-5 and then combined with other impairments from this chapter when applicable.
[d] The category of Diagnostic Test Findings is not applied to scars. If no diagnostic tests are necessary or expected to be positive, then use number obtained after assessing physical exam findings as final impairment rating. Patch test reactions graded as having definite, probable, possible, or past relevance should all be considered to be RPPTRs (see Section 8.1b for a discussion of assigning relevance to patch

Skin Impairment Evaluation Summary

Table 8-3 Skin Impairment Evaluation Summary

Disorder	History, Including Selected Relevant Symptoms	Examination Record	Assessment of Skin Function	End-Organ or System Damage	Diagnosis	Degree of Impairment
Dermatitis[15, 26-29]	Duration, location, itch, redness, nail or pigment change Episode of superimposed infection Progression and remission factors, response to therapy, side effect from therapy Atopy childness eczema Effect on work, hobbies, etc.	Papules, papule vesicular Erythema, serous discharge, crusting, edema, scale, lichenified or thickened plaques % of skin surface involved, hand, foot, face involvement	Clinical presentation and history Biopsy (may not be necessary) Patch testing only positive in allergic contact dermatitis)	Exfoliative erythroderma, atopy, rhinitis, asthma	Atopic, Allergic, irritant contact Acute, subacute, chronic Urticaria, photosensitive, Seborrheic, exfoliative, statis, hand and foot, nummular	See Table 8.2

7

4. COMPENSATION BENEFITS

(1) Payment for temporary total disablement shall be made for as long as such disablement continues, but not for a period exceeding 24 months.

(2) If total impairment score is zero to three (i.e. permanent disablement less than or equal to 30%), permanent disablement shall be determined and a lump sum shall be paid in terms of the Act.

(3) If total impairment score is more than three (i.e. permanent disablement is higher than 30%), pension shall be paid in terms of the Act.

5. MEDICAL COSTS

(1) Medical costs shall be provided for a period of 24 months from the date of diagnosis or longer, if in the opinion of the Commissioner, further medical costs would reduce the extent of the disablement.

(2) Medical costs shall cover the costs of diagnosis of occupational contact dermatitis and any necessary treatment provided by any medical practitioner a well as the costs of chronic medication in the sensitized individuals.

(3) Medical costs shall also be provided for episodes of acute on chronic flare-ups. The Commissioner shall decide on the need for, the nature and sufficiency of medical costs to be supplied.

6. DEATH BENEFITS

Death benefits payable are:

(1) Reasonable burial expenses shall be paid in terms of Burial Expenses Policy; and

(2) Widow's and dependent's pensions shall be payable, where applicable, if the employee dies as a result of occupational contact dermatitis.

7. REPORTING

The following documentation must be submitted to the Compensation Fund or the employer individually liable or the licensee concerned

(a) Employer's Report of an Occupational Disease (W.CL.1)

(b) Notice of an Occupational Disease and Claim for Compensation (W.CL.1 4)

8

(c) An affidavit by the employee (W.CL.305) if an employer cannot be traced or the employer fails to timeously submit Employer's report of an Occupational Disease (W.CL.1).

(d) Exposure History (W.CL. 110) or an appropriate employment history that may include any information that may be helpful to the Compensation Commissioner, such as Material Safety Data Sheets, risk assessment or environmental hygiene reports. The causal agent(s) must be confirmed

(e) First Medical Report in respect of an Occupational Disease (W.CL.22)

(f) Skin patch test results.

(g) Results of acceptable special medical tests or investigations carried out by the medical practitioner

(h) For each consultation, a Progress Medical Report (W.CL.26)

(i) Final Medical Report in respect of an Occupational Disease (W.CL.26) or the Dermatological report when the employee's condition has reached maximum medical improvement including colour photographs of affected areas

(j) In case of death, a death certificate and a BI1663 (notification of death) must be submitted. Alternatively, a death certificate accompanied by a detailed medical report on a practice letterhead on the cause of death should be submitted.

8. CLAIMS PROCESSING

The Commissioner shall consider and adjudicate upon the liability of all claims. The Medical Officers employed by the Compensation Fund are responsible for the medical assessment of a claim and for the confirmation of the acceptance or rejection of a claim.

MR T W NXESI, MP
MINISTER OF EMPLOYMENT AND LABOUR
DATE: 03/04/2023

9