
GOVERNMENT NOTICE

Department of Employment and Labour**No.****2023****COMPENSATION FOR OCCUPATIONAL INJURIES AND
DISEASES ACT, 1993 (ACT NO 130 OF 1993)****REGULATIONS ON WORK-RELATED UPPER LIMB DISORDERS 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 for in terms of Section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993) as amended. The regulations are 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

SCHEDULE A**REGULATIONS ON WORK-RELATED UPPER LIMB DISORDERS FOR THE COMPENSATION FUND MADE BY THE MINISTER UNDER COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993****1. DEFINITION OF REGULATION**

In these regulations, "the regulations" means the regulations relating to work-related upper limb disorders (WRULD) 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.

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1. DEFINITION

“Work-Related Upper Limb Disorders” (WRULDs) means a collective term for a group of occupational diseases that consist of musculo-skeletal disorders of the upper limb caused by exposure in the workplace affecting the muscles, tendons, nerves, blood vessels, joints and bursas of the hand, wrist, arm and shoulder. These are syndromes associated with characteristic symptoms and physical signs (e.g. rotator cuff syndrome, epicondylitis at the elbow, tenosynovitis and nerve entrapments such as carpal tunnel syndrome).

Note: Previously other terms had been used, such as repetitive strain injury (RSI), cumulative trauma disorder (CTD), occupational overuse syndrome (OOS), occupational cervico-brachial disorder (OCD), etc. For the purpose of this regulations the umbrella term, WRULDs will be used.

2. CAUSES

WRULDs are caused, aggravated or precipitated by one or more of the following risk factors, singly or in combination:

(1) Physical causes are:

- (a) Highly repetitive movements
- (b) Static muscle loading
- (c) Contact stress (e.g. uncomfortable gripping and twisting, sharp edges to hand tools, desk edges etc.)
- (d) Vibration

(2) Ergonomic causes are:

- (a) Awkward sustained postures
- (b) Highly repetitive movements
- (c) Movements requiring force
- (d) Movements at the extremes of reach

(3) In terms of these regulations, upper limb musculo-skeletal disorders will be presumed to be work-related if the nature of the work performed includes exposure to the relevant risk factors.

3. DIAGNOSIS

(1) The following criteria must be used to confirm the diagnosis:

- (a) A diagnosis of WRULD shall be diagnosed by a medical practitioner taking into account:

- (i) The exposure history of an employee (type and length);
 - (ii) Medical history and clinical signs indicating the site and distribution, quality (type, character), severity (intensity, frequency, and duration) and progression of the symptoms according to the type of disorder. Pre-placement assessment report so that baseline can be determined;
 - (iii) Clinical evaluation report by an occupational therapist and or physiotherapist;
 - (iv) Ergonomic assessment confirming workplace exposure;
 - (v) Occupational exposure to known risk factors and a chronological relationship between the WRULD and the work environment; and
 - (vi) The confirmatory tests or investigations (e.g. x-rays, strength testing, range of motion testing, nerve conduction tests), where appropriate.
- (2) The Medical Officers employed by the Compensation Fund will determine whether the diagnosis of WRULD was made according to acceptable medical standards

4. IMPAIRMENT

Whole Person Impairment will be determined, in accordance with the latest AMA Guide edition once Maximal Medical Improvement (MMI) has been reached.

5. COMPENSATION BENEFITS

Compensation benefits shall be payable according to the Compensation for Occupational Injuries and Diseases Act, 1993 (Act number 130 of 1993), as amended

- (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; and

- (4) WRULDs assessment of permanent disablement shall be based on the latest AMA Guides on musculoskeletal Impairment evaluation for The Upper Extremities.

6. MEDICAL COSTS

- (1) Medical costs shall be provided for a period of not more than 12 months from the date of the diagnosis;
- (2) This period may be extended if, in the opinion of the Director General, further medical costs will reduce the extent of the disablement;
- (3) The medical costs cover diagnosing a WRULD and any necessary treatment provided by any healthcare provider; and
- (4) The Compensation Commissioner will decide on the need for, the nature and the sufficiency of the medical costs supplied.

7. 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.

8. REPORTING

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

- (a) W.C.L.1 Employer's Report of an Occupational Disease;
- (b) W.C.L.14 Notice of an Occupational Disease and Claim for Compensation;
- (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) W.C.L.110 Exposure History and an appropriate employment history together with ergonomic assessment report;