No. 82 **10 January 2003**

Circular Instruction No. 176

CIRCULAR INSTRUCTION REGARDING COMPENSATION FOR OCCUPATIONAL ASTHMA

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

The following circular instruction is issued to clarify the position in regard to compensation of claims for occupational asthma and supersedes all previous instructions regarding compensation for occupational asthma.

1. DEFINITION

Occupational asthma is a disease characterised by variable airflow limitation and/or bronchial hyperresponsiveness due to causes and conditions attributable to a particular working environment. This circular instruction deals with occupational asthma, which is characterised by a latency period and is commonly due to exposure to high- and certain low-molecular weight agents. A claim for occupational asthma shall clearly be set out as contemplated in and provided for in Section 65 of COIDA.

2. DIAGNOSIS

The diagnosis of occupational asthma relies on: 1) a reliable diagnosis of asthma; 2) occupational exposure to a known cause of asthma; and 3) a chronological relationship between asthma and the working environment. The criteria for a diagnosis of occupational asthma requires all 4 factors listed below (A – D):

(A) A medical practitioner's diagnosis of asthma and physiological evidence of reversible airways obstruction or airways hyperresponsiveness.

(B) An occupational exposure preceding the onset of asthmatic symptoms.

(C) An association between symptoms of asthma and work exposure.

(D) An exposure and/or physiological evidence of the relationship between asthma and the workplace environment (Diagnosis of occupational asthma requires D1 and preferably one or more of D2 – D5) -

(1) Workplace exposure to agent reported to give rise to occupational asthma.

(2) Work-related changes in FEV_1 or PEFR.

(3) Work-related changes in serial testing of non-specific bronchial hyperresponsiveness (e.g. methacholine challenge test).

(4) Positive specific bronchial challenge test.

(5) Positive skin prick test or raised specific IgE antibody level to the suspected agent.

The Medical Officers in the Compensation Office will determine whether the diagnosis of occupational asthma was made according to acceptable medical standards.

3. IMPAIRMENT

3.1 Assessment of impairment shall be determined after at least 3 weeks removal from exposure. This may necessitate payment of temporary total or partial disablement.

3.2 The degree of impairment will be evaluated based on lung function tests and the history of medication prescribed to control asthma. Original copies of lung function tests performed must be submitted to enable the Medical Officers to consider the acceptability of the quality of these tests. A test carried out after the administration of a bronchodilator must be included. The impairment score will be determined by the two parameters (post bronchodilator FEV_1 and medication requirements), each contributing to

the compilation of a score, which determines the permanent disablement of a claimant. The evaluation of airflow obstruction will be based on lung function testing in accordance with the Compensation Commissioner's Circular Instruction on Respiratory Impairment.

Table 1: Parameter 1: Postbronchodilator FEV_1

Score	FEV_1 % Predicted
0	> lower limit of normal (80)
1	70 – lower limit of normal
2	60 – 69
3	50 – 59
4	< 50

Table 2: Parameter 2: Minimum Medication Prescribed

Score	Medication
0	• No medication.
1	• Occasional bronchodilator, not daily.
2	• Occasional or daily bronchodilators and/or daily low-dose inhaled steroid (< 800 micrograms beclomethasone or equivalent)
3	• Daily bronchodilator and/or daily high dose inhaled steroid (> 800 micrograms beclomethasone or equivalent) and occasional (1 – 3/year) course oral steroid.
4	• Daily bronchodilator and/or daily high dose inhaled steroid (> 800 micrograms beclomethasone or equivalent) and frequent (>3/year) course systemic steroid or daily oral steroid.

Table 3: Summary Impairment scores in cases accepted as occupational asthma.	
Impairment Total Score	**Permanent disablement**
0-1	15%
2	20%
3	30%
4	40%
5	50%
6	60%
7	70%
8	80%
Fatal case of OA	100%

Sensitisation associated with a total score of zero (0):

For occupational asthma, where sensitisation persists after the worker has been removed from the specific work environment, and lung function is not impaired and there is no need for medication, a PD of 15% will be awarded.

4. BENEFITS

- Occupational asthma is a special case when it comes to benefit payments.

- Ideally, assessment of permanent impairment should be performed two years after removal from exposure to the causative agent and when the asthma has stabilised as a result of maximal therapy. Therefore, permanent disablement can only be determined two-years after the employee has been removed from exposure to the causative agent.

- This is often impractical in the South African socio-economic environment, so a compromise has been reached.

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

4.2 ***Impairment shall be assessed three weeks after removal from exposure and the claim shall be adjudicated in the following manner:***

4.2.1 If impairment total 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 and removal from further exposure recommended.

4.2.2 If impairment total score is more than three (i.e. permanent disablement is higher than 30%), temporary partial disablement shall be paid according to permanent disablement determined and periodic payments will be paid in terms of the Act and removal from further exposure recommended.

4.2.3 In the case of temporary partial disablement being awarded, periodic payments will be dependent on re-assessment done every six months for a period of 24 months after initial assessment. Temporary partial disablement will be increased or decreased depending on this assessment.

4.2.4 Determination of permanent disablement of employees receiving temporary partial disablement will be made at 24 months and either a lump sum (if PD is lower or equal to 30%) or pension (if PD is higher than 30%) shall be paid.

4.3 ***Medical Aid***

In all accepted cases of occupational asthma, medical aid shall be provided for a period of not more than 24 months from the date of diagnosis or longer if further medical aid will reduce the extent of the disablement in the opinion of the Director General. The medical aid shall cover costs of the diagnosis of occupational asthma and/ or any necessary treatment of asthma provided by any health care provider as well as any costs of chronic medication related to asthma treatment. The Compensation Commissioner shall decide on the need for, the nature and sufficiency of medical aid supplied.

4.4 ***Death Benefits***

Reasonable burial expenses, widow's and dependent's pensions shall be payable, where applicable, if an employee dies as a result of occupational asthma.

5. REPORTING

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

- Employer's Report of an Occupational Disease (W.CL.1).
- Notice of an Occupational Disease and Claim for Compensation (W.CL.14).
- First Medical Report in respect of an Occupational Disease (W.CL. 22).
- For each consultation, a Progress Medical Report (W.CL. 26).
- Final Medical Report in respect of an Occupational Disease (W.CL.26) when the employee's condition has reached maximum medical improvement. The most recent lung function tests available, which include pre- and post administration of a bronchodilator, and medication prescribed should be attached to this report.

- Exposure History (W.CL. 110) or an appropriate employment history which may include any information that may be helpful to the Compensation Commissioner such as Material Safety Data Sheets, risk assessments or results of environmental hygiene assessments. The suspect agent /agents should be stated if known.
- A medical report on the employee's symptoms that details the history, establishes a diagnosis of asthma and includes results of lung function and immunological tests, chest radiographs where appropriate or any other information relevant to the claim.
- An affidavit by the employee if employer cannot be traced or will not timeously supply a W.CL 1, where applicable.

6. **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.

DIRECTOR GENERAL: LABOUR