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GENERAL NOTICE

NOTICE 1699 OF 2003

Circular Instruction No. 172

CIRCULAR INSTRUCTION REGARDING COMPENSATION FOR POST TRAUMATIC STRESS DISORDER (PTSD)

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

The following circular instruction is issued to clarify the position in regard to compensation of claims for Post Traumatic Stress Disorder (PTSD). This circular instruction comes into effect on 01 April 2003 and supersedes all previous circular instructions in respect of Post Traumatic Stress Disorder. Post Traumatic Stress Disorder is regarded as an occupational injury in terms of the Compensation for Occupational Injuries and Diseases Act, no. 130 of 1993, as amended (COIDA); therefore, an extreme traumatic event or stressor must be an accident as defined in section 1 of the Compensation for Occupational Injuries and Diseases Act, no. 130 of 1993, as amended (COIDA). An occupational injury is an injury caused by an accident arising out of and in the course of an employee's employment and resulting in a personal injury requiring medical aid or resulting in disability or death and does not include an occupational disease in any form except if that occupational disease results from an occupational injury.

1. DEFINITION

Post Traumatic Stress Disorder is a mental disorder following exposure to an extreme, traumatic event or stressor. A claim for Post Traumatic Stress Disorder shall not be eligible for benefits under the Act unless:

1. The employee was exposed to an extreme, traumatic event or stressor, and
2. The employee experienced an extreme, traumatic event or stressor that arose out of and in the course of his / her employment, and
3. The employee experienced symptoms of the Post Traumatic Stress Disorder within six months of the accident, and
4. The employment-related trauma or stressor was a pertinent factor in the development of Post Traumatic Stress Disorder or played an active role in the course of Post Traumatic Stress Disorder, and
5. Notice of the claim for compensation was made to the employer or the Compensation Commissioner or the employer individually liable or the mutual association within one year after the date of accident.

2. HOW DIAGNOSIS IS MADE

The internationally accepted diagnostic criteria for Post Traumatic Stress Disorder (at any given time) should be used to make the diagnosis of Post Traumatic Stress Disorder. The diagnostic tools available are the latest publication of the Diagnostic and Statistical Manual of Mental Disorders referred to as DSM and the International Classification of Diseases, known as ICD. All suspected Post Traumatic Stress Disorder cases must be referred to a psychiatrist for assessment within one month from the date of suspected diagnosis. Only a psychiatrist should confirm the diagnosis of PTSD. The Medical Officers in the Compensation Office will determine if the diagnosis was made according to acceptable medical standards.

3. IMPAIRMENT

Impairment shall be assessed on the strength of the Final Medical Report. The Compensation Commissioner shall, whenever she deems it fit, constitute a panel made up of psychiatrists, clinical psychologists, and when necessary, occupational therapists, with a view to assess impairment of the employee. An employee who claims compensation shall when so required, after reasonable notice submit himself at the time and place mentioned in the notice to an examination by the panel. The Compensation Commissioner shall determine the disability in consultation with the said panel whenever deemed necessary. The guide to the percentage permanent disablement shall be based on percentage as guided by Schedule 2 of the COID Act and the degree of impairment and disablement according to psychiatric scales. The impairment will be evaluated using the following:

- Social and Occupational Functioning Assessment (SOFAS), and
- Global Assessment Functioning (GAF) Scale, and
- South African Society of Psychiatrists Management of Disability Claims on Psychiatric Grounds Second Edition (SASOP Guidelines)

4. BENEFITS

The benefits payable according to the Act:

4.1 Temporary Disablement

Payment for temporary total or partial disablement shall be made for as long as such disablement continues, but not for a period exceeding 24 months from the date of the accident. Monthly progress reports must be submitted to the office of the Compensation Commissioner.

4.2 Permanent Disablement

Payment of permanent disablement shall be made, where applicable, when a Final Medical Report and/ or the report from the panel is received. Permanent disablement shall only be determined after 24 months of optimal treatment. The Compensation Commissioner shall calculate the permanent disablement and 100% impairment due to PTSD shall be equivalent to 65% permanent disablement whereas impairment less than 20% will not be awarded permanent disablement.

4.3 Medical Aid

Medical aid shall be provided for a period of not more than 24 months from the date of accident, or longer, if in the opinion of the Director-General, further medical aid will reduce the extent of the disablement. Medical aid covers costs of diagnosis of PTSD by a psychiatrist, any necessary treatment provided by any health care provider and hospitalisation when motivated for by the psychiatrist. The Compensation Commissioner shall decide on the need for, the nature and sufficiency of medical aid supplied.

5. REPORTING

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

- (W.Cl.2) Employer's Report of an Accident.
- (W.Cl.3) Notice of Accident and Claim for Compensation.
- (W.Cl.4) First Medical Report in respect of an Accident / First Psychiatric Report.
- (W.Cl.5)(P) Progress Medical Reports in respect of an Accident / Progress Psychiatric Reports.
- (W.Cl.5)(F) Final Medical Report in respect of an Accident/ Final Psychiatric Report.
- Detailed psychiatric/ psychological report.
- All other relevant reports pertaining to the accident, diagnosis and treatment, where applicable.

6. CLAIM PROCESSING

The Office of the Compensation Commissioner shall consider and adjudicate upon the liability of all claims. The Medical Officers in the Compensation Commissioner's Office are responsible for medical assessment of a claim and for the confirmation of the acceptance or rejection of a claim.



DIRECTOR-GENERAL: LABOUR

Date: 21/05/2003
