

**NOTICE 499 OF 2004****Circular Instruction No.181****CIRCULAR INSTRUCTION REGARDING COMPENSATION FOR OCCUPATIONAL CONTACT DERMATITIS.****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,  
(Act No. 130 OF 1993), AS AMENDED**

The following circular instruction is issued to clarify the position with regard to compensation of claims for occupational contact dermatitis and supersedes all previous instructions regarding compensation for occupational contact dermatitis:

**1. DEFINITION**

Occupational contact dermatitis is a clinically recognisable condition of the skin caused entirely or aggravated by conditions in the workplace. Two types of contact dermatitis are generally recognisable; irritant contact dermatitis and allergic contact dermatitis.

**2. DIAGNOSIS**

The diagnosis of occupational contact dermatitis relies on:

- A diagnosis of contact dermatitis by the medical practitioner. The diagnosis must provide a detailed medical history and the nature and distribution of the skin lesions. A colour photograph will be helpful.
- A full history of all occupational risk factors (physical, chemical and biological).
- Occupational exposure to a known causative agent(s) of contact dermatitis and a chronological relationship between the dermatitis and the work environment.
- A confirmatory skin test e.g. Patch Test, where appropriate.
- 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. The degree of impairment shall be determined based on the affected body part and the treatment prescribed to control the contact dermatitis, each contributing to an impairment score according to Table 1 and Table 2 respectively.

<b>Aspect of the body affected</b>	<b>Score</b>
Hand (each)	10
Forearm (each)	3
Upper arm (each)	1
Face	10
Neck	1
Chest	3
Back	4
Foot (each)	10
Thigh (each)	2
Calf (each)	2

<b>Medication</b>	<b>Score</b>
No treatment	0
Anti-pruritics and/or emollients	2
Topical steroids	5
Systemic steroids	10

*Footnote:*

*Sensitisation associated with a total score of zero (0): For allergic contact dermatitis, where the sensitisation persists after the worker has been removed from the specific work environment, and there is no impairment and no need for medication, a Permanent Disablement of 10% shall be awarded.*

#### 4. **BENEFITS**

The benefits according to the Act:

##### 1. **Temporary disablement**

Payment for temporary total or partial disablement shall be made for as long such disablement continues, but not for a period exceeding twenty-four months.

##### 2. **Permanent disablement**

- The permanent disablement shall be determined after removal from exposure or maximum medical improvement has been reached.
- The total impairment score (sum of the scores for the affected body part and the medication prescribed) shall be used to determine permanent disablement using Table 3. The maximum percentage permanent disablement for occupational contact dermatitis would be 50%.
- Where an employee has received maximum compensation for permanent disablement due to contact dermatitis, further compensation shall NOT be payable for disablement caused by re-exposure to the original agent.

##### 3. **Medical aid**

Medical aid shall be provided for a period of 24 months from the date of diagnosis or longer, if in the opinion of the Director-General, further medical aid would reduce the extent of the disablement. Medical aid covers costs of diagnosis of occupational contact dermatitis and any necessary treatment provided by any medical practitioner as well as the costs of chronic medication in the sensitised individuals. Medical aid will also be provided for episodes of acute on chronic flare-ups. The Compensation Commissioner shall decide on the need for, the nature and sufficiency of medical aid supplied.

##### 4. **Death Benefits**

Reasonable burial expenses, widow's and dependant's pensions may be payable, where applicable, if the employee dies as a result of occupational contact dermatitis.

<b>Total Impairment Score</b>	<b>Permanent Disablement</b>
1 – 5	10 %
6 – 10	15%
11 – 15	20 %
16 – 20	25 %
21 – 25	30 %
26 - 30	35%
31 – and above	50%

## 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 (WCL. 26)
- Final Medical Report in respect of an Occupational Disease (W.CL26) or the Dermatological report when the employee's condition has reached maximum medical improvement.
- 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 suspect agent(s) should be stated.
- Results of acceptable special medical tests or investigations carried out by the medical practitioner.
- An affidavit by the employee if an employer cannot be traced or employer will not timeously supply a W.CL 1.

**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 Commissioner's office are responsible for the medical assessment of a claim and for the confirmation of the acceptance or rejection of a claim.

**DIRECTOR GENERAL: LABOUR**DATE: 9 March 2004

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