**WEARING OF PERSONAL PROTECTIVE CLOTHING**

**Scope (Structure standards):** This policy is applicable to all employees in the institution at all times.

**Policy Statement:** All employees rendering a service in/at Dihlabeng Regional Hospital, will adhere to standards set in this policy, when hazards and/or risks are encountered in a manner capable of causing injury or impairment through absorption or physical contact. Dihlabeng Regional Hospital will provide this protective clothing/equipment, whenever it is necessary.

**Reference:**
- Policy FSDOH – 16/08/2004

**Purpose: (Outcome standards) IFC**
- To ensure protection of employees when exposed to hazard and/or risks, e.g. inhalation, contamination, infection, burns, radiation, etc.

**Procedure: (Process standards)**

**Duties of Health and Safety Committee:**
- Members of the Health and Safety Committee should
- Assist with the identification of risks and hazards in the workplace that will need personal protective equipment.
- Assist with the identification of appropriate personal protective equipment after identification of hazardous work tasks and associated risks.
- Assist with the issuing of personal protective equipment to employees

**The Occupational Health Services should:**
- Contribute effectively in the identification of hazardous work places and the issuing of personal protective equipment.
POLICY: PROTECTIVE CLOTHING, UNIFORM AND SHOES

1. TITLE

Protective clothing, uniform and shoes.

2. DEFINITION OF TERMS

In this policy, unless the context indicates otherwise, the following words mean:

- **Protective clothing** – Clothing that is necessitated to protect the health of employees due to the nature of the work being performed
- **Uniforms** – Clothing that should be issued to employees to clearly distinguish them from other personnel due to them occupying posts in professional categories that needs corporate identification

3. PURPOSE

To outline instances whereby employees have to be provided with protective clothing and/or uniform and to give direction to all employees and Managers on how to deal with the issues pertaining to the provision and/or payment of relevant allowances.

4. LEGAL FRAMEWORK

- Public Service Act, 1994 (Proclamation 103 of 1994)
- Basic Conditions of Employment Act, 1997 (Act 75 of 1997)
- Public Service Regulations, 2001
- Collective Agreements (Resolution 3 of 1999)
- Human Resources Circular No. 142 of 1997

5. DELEGATION OF AUTHORITY

The authority of approval is vested in the MEC: Health.

6. SCOPE OF APPLICABILITY

This policy is applicable to all employees within the Department of Health in the Free State.
2.8 What are the conditions of payment of the allowance, e.g. upon termination of service a pro rata portion must be refunded, etc.

3. **GENERAL PROVISIONS**

The employee to whom a uniform is issued or to whom an allowance is paid:

(a) should wear his/her uniform at all times when performing official duties;

(b) should maintain a standard of neatness and appearance commensurate with his/her work and official status when wearing his/her uniform;

(c) will be personally responsible for the replacement costs necessitated by wilful damage or neglect; and

(d) is responsible for the cost in regard to repairs to and washing and laundering of his/her uniform.

4. **REPLACEMENT**

4.1 Uniforms or shoes will only be replaced at State expense if it is necessary as a result of normal wear and tear and not as a result of wilful damage or neglect.

4.2 If replacement of uniforms or shoes is necessary as a result of wilful damage or neglect, the replacement costs remain the responsibility of the employee and will be recovered from the concerned official.

4.3 All items for condemning must be presented for inspection of their condition and handed in on receipt of the new item/s.

4.4 Replacement takes place on a write-off basis. This implies a changing of an old item for a new one, after which the worn one is destroyed by the relevant institution. (Staff Circular No. 142 of 1997)

4.5 The new item received need not to be the same size as the item handed in.
5. **UNIFORMS**

5.1 Uniforms are issued to employees on appointment.

5.2 The uniform becomes the property of the employee to whom it was issued only after **two years** of continued service. Should an employee resign or terminate his/her services before lapsed of the two-year period, the uniform remains the property of the Department of Health. Should an employee neglect to hand in the uniform, the amount still owed will be deducted from the concerned official’s pension payment.

5.3 Replacement will only be considered after a minimum of two years’ use or longer.
7. IMPLEMENTATION

7.1 Uniforms and special clothing:

If an employee's work requires that she or he wear a uniform or particular clothing, the employer shall provide either:

(a) the uniform or clothing; or

(b) an allowance that covers the reasonable actual costs of the uniform or clothing.

7.2 Protective clothing:

The employer shall provide and launder protective clothing for an employee where necessary:

(a) to comply with legislation or a collective agreement;

(b) to safeguard the employee's health;

(c) to prevent the transmission of an infection; or

(d) to protect the employee's private clothes or uniform from excessive dirt or wear.

8. ROLES AND RESPONSIBILITIES

The responsibility to approve the issuing of uniforms and protective clothing to employees within the Department is delegated to the Head: Health. The responsibility to control the issuing of uniforms and protective clothing is vested in the head of an Institution/office.

9. MONITORING, EVALUATION AND REPORTING

This policy is in line with the legal framework of the Public Service. The institutions/offices are responsible for the control of the issuing and controlling of the uniforms issued.

**************

Free State Department of Health\16.08.2004cb\2
1. DETAILS TO BE PROVIDED WHEN INSTITUTIONS/OFFICES APPLY FOR THE ISSUING OF UNIFORMS

1.1 The component and section in which the particular person works.

1.2 The occupational classes which are involved and the number of employees per occupational class.

1.3 Full motivation why it is necessary or in the interest of the Department that the nature of an employee's work should be associated with a distinctive uniform or that he/she be more easily identified thereby.

1.4 Type of item which must be issued, e.g. shirt (short sleeve).

1.5 Quantity of items which must be issued and the frequency of issue.

1.6 What will the expenditure be on the proposed issuing/change amount to per financial year and are the funds available for the purpose.

1.7 What are the conditions of issue, e.g. upon termination of service, the uniforms should be restored, etc.

2. DETAILS TO BE PROVIDED WHEN INSTITUTIONS/OFFICES APPLY FOR THE PAYMENT OF A COMPREHENSIVE UNIFORM ALLOWANCE (I.E. SHOE ALLOWANCE INCLUDED) INSTEAD OF ISSUING UNIFORMS

2.1 Component and section in which the particular person works.

2.2 Occupational classes which are involved, as well as the number of persons per occupational class.

2.3 Full motivation why for practical or economic reasons it is preferable that a uniform allowance be paid rather than the issuing of a uniform.

2.4 The proposed sum to which the uniform allowance will amount.

2.5 The frequency at which the payment of the allowance must take place.

2.6 What would the expenditure be in a financial year if a uniform were provided instead of an allowance?

2.7 What will the expenditure on the payment of an allowance be per financial year and are funds available for the purposes? and
MANAGEMENT OF INJURY ON DUTY AND OCCUPATIONAL DISEASES.

Scope (Structure standards): All health care workers, patients and visitors.

Policy Statement:
All health care workers, patients and their families as well as visitors at Dihlabeng Regional Hospital, will adhere to standards set in this policy.

Reference:
- COHSASA Guidelines
- Health Human Resource Management circular no 69 of 2002
- (Act No 130 of 1993) are documents to be completed.

Purpose: (Outcome standards)
- To ensure correct procedure in reporting and management of all injuries/ incidents/ occupational disease, which may occur on the premises and or in the building.
- To ensure effective analysis of all accidents/incidents/injuries by management, which may occur on the premises and/or inside the building.
- To provide proper guidance in management of all injuries/accidents/incidents, which may occur.
Procedure: (Process standards)

Responsibilities.

Supervisors shall:

- As soon as possible complete their portion of all injury/illness reporting forms and return it to the appropriate Personnel Officer.
- Obtain witness statements and ensure that the necessary documentation on the witness reports are completed.
- Assist in accident investigation efforts.
- Coordinate with Human Resource Management department and the occupational health service on the sick leave granted by medical practitioners or alternatively the recommendations on temporary, light-duty, or alternative work assignments for their employees who are partially disabled.

Employees shall:

- Promptly report any incident to their respective supervisor.
- Ensure that they receive immediate medical attention at medical sites as stipulate in the policy and procedures.
- Complete the necessary documentation on Injury on Duty (IOD) or occupational disease and submit it to their respective supervisor.
- Ensure that the initial medical examinations is done by a medical practitioner and that the medical report is completed by medical practitioner.
- Ensure that the follow-up medical examinations are done and recorded as indicated by the medical practitioner.
- Keep their respective supervisor apprised of the medical condition as it affects the ability to return to either light or full duty.
- Ensure that the final medical examination is performed and recorded as indicated by medical practitioner.

Health and Safety Representative/Committee shall:

- Ensure that initial emergency or first-aid care is provided to injured/ill employees.
- Provide as far as possible, guidance and assistance on the procedure to be followed for the workman’s compensation claims.
- Ensure that they receive regular updates on Injury on Duty (IOD) and occupational disease cases for investigation purposes.
- Initiate and conduct accident/incident investigations.
- Maintain injury and illness statistics provided by the occupational health service/ Human Resources departments department.
- Prepares summary reports as required by policies and procedures or legislation.

Occupational Health service shall:

- Ensure that all injury on Duty (IOD) / Occupational Disease cases are reported to the services.
- Make appointments for affected employees to be examined by medical practitioner.
- Ensure that all relevant documentation is completed, filed and sent to the Human Resource department.
- Keep statistics of all injury on Duty (IOD)/ Occupational Disease cases and report it to the Executive Health and Safety Committee.

Health and safety HS 9 Management of Injury on Duty and Occupational Diseases
Human Resource department shall:

- Ensure that all the applicable documentation is received from supervisors and occupational health service (initially and periodically).
- Ensure that records are kept of all injury on Duty (IOD)/Occupational Disease cases including the register for cases.
- Send all applicable documentation to the Provincial Head Office for further processing.

Applicable documentation/legislation.

The following documentation/legislation is applicable for the purpose of this policy and procedures:

- Attachment C: All applicable WCL forms

Injury and Illness Reporting Procedures.

Traumatic Injury.

- It is defined as a wound or other condition of the body caused by external force (e.g. burn, stab wounds, laceration, fracture, sprain, animal bite, etc.) that occurs within a single work day or work shift.
- If possible, an employee should verbally notify his/her supervisor immediately upon sustaining a work-related injury.
- Every injury on Duty (IOD) case should be reported within 7 days.

Occupational Disease or Illness.

- It is defined as a disease or illness produced by exposure or activities related to the work environment (e.g., systemic infections or disease, continued or repeated stress or strain, exposure to toxic or hazardous agents) occurring over a longer period of time than one day or work shift.
- Another definition could be found in the compensation for Occupational Injury and Disease Act (no 130, 1993) and listed in Schedule 3 of the Act.
- Documentation to be completed in the case of an Occupational Disease is explained in Paragraph 2 of Attachment A.
- Occupational Diseases should be reported to the Compensation Commissioner within 12 months after the diagnosis was made.

Investigation and Review.

The Health and Safety Representative responsible for that area will investigate every incident resulting in an Injury on Duty (IOD).

- All serious or potentially life-threatening incidents will be evaluated by an ad hoc committee established by the Executive Health and Safety Committee of Dihlabeng Regional Hospital and could include the following members:
  - Chairperson of Executive Health and Safety Committee.
  - Health and Safety Representative of that area.
  - Manager of the affected area.
• Any other individuals who are experts or who have the necessary knowledge of the functions/activities of the department.

The functions of the ad hoc committee should be the following:

• Review the activities/actions and the usage of materials/equipment involved in the accident.
• Investigate the circumstances, leading and underlying factors, which could have been contributed to the accident.
• Identify the existing methods or actions that were in place to prevent such an incident to prevent similar accidental events.
• Identify alternative methods, actions or measures that should be put in place to prevent similar accidental events.
• No responsibilities or any disciplinary action should be assigned by the ad hoc committee.
• The findings and recommendations of the ad hoc committee should be presented to the Executive Health and Safety Committee as well as Management of Dihlabeng Regional Hospital.

• A report of the mentioned investigations should be presented to the Executive Health and Safety during the next meeting.

• Management of injured people other than employed staff on the premises of Dihlabeng Regional Hospital.

According to the Occupational Health and Safety Act (no 85, 1993), Dihlabeng Regional Hospital shall ensure that its undertaking is in such a manner that persons other than those in its employment (including contractors) who may be directly affected by its activities, are not thereby exposed to hazards to their health or safety.

• Section 8 of the Occupational Health and Safety Act (No 85, 1993) stated that Dihlabeng Regional Hospital can not only create a safe environment for his own employees. Dihlabeng Regional Hospital shall not allow contractors to work unsafely.

Contractors:

In terms of Section 89 of the Compensation for Occupational Injuries and Diseases Act (No 130, 1993), the staff of contractors will only be regarded as the employer's employees if the contractor is not registered and paid up with the Compensation Commissioner. Dihlabeng Regional Hospital is only then responsible for managing all injury on Duty and Occupational Disease cases.

• Third parties:

Any third party injured by a contractor during performing his/her functions shall be the responsibility of the contractor. Dihlabeng Regional Hospital personnel will be managed by the Hospital except if the injured person decided otherwise.

Please note that any emergency Injury on Duty case will be managed and stabilised initially in Bethlehem Regional Hospital if necessary before they are appropriately referred.

Emergency Services / Security

According to Contract available in the office of the Manager: Administration.
Algorithm for the management and reporting of Injury on Duty (IOD)

1. Injured employee
2. Report to supervisor
3. Seek medical Attention
4. Complete Injury on Duty forms and applicable reports
5. Report to Dihlabeng Regional Hospital Occupational Health unit
6. Incident investigation
7. Submit reports to Management and Human Resource (within 7 days)
8. To Provincial Head Office
9. Submit reports to Management and Human Resource
10. Regular progress reports
11. Final medical report
TO ALL HEADS OF OFFICES AND INSTITUTIONS OF THE DEPARTMENT OF HEALTH IN THE FREE STATE

HEALTH HUMAN RESOURCE CIRCULAR NO. ...27.... OF 2001

GENERAL INFORMATION AS WELL AS PROCEDURES THAT SHOULD BE FOLLOWED IN THE HANDLING OF OCCUPATIONAL INJURIES AND DISEASES

The above-mentioned circular is attached for your information. Kindly bring its contents to the attention of all staff concerned.

HEAD: HEALTH  Mr. C. Gardner (Director HR)

Date: 6 / 4 / 2001
4.2 Section 39 of the Compensation for Occupational Injuries and Diseases Act of 1993 (Act 130 of 1993) stipulates, among others:

NOTICE OF ACCIDENT BY EMPLOYER TO COMMISSIONER (paragraphs (1) and (7))

Subject to the provisions of this Section an employer shall within 7 days after having received notice of an accident or having learned in some other way that an employee has met with an accident, report the accident to the Compensation Commissioner in the prescribed manner.

For the purpose of this section an accident includes any injury reported by an employee to his employer, if the employee when reporting the injury alleges that it arose out of and in the course of his employment and irrespective of the fact that, in the opinion of the employer the alleged accident did not so arise out of and in the course thereof.

4.3 Section 68 of the Compensation for Occupational Injuries and Diseases Act of 1993 (Act 130 of 1993) stipulates, among others:

NOTICE OF OCCUPATIONAL DISEASE BY EMPLOYEE AND EMPLOYER

That an employer shall within 14 days after having so received notice that an employee has contracted a disease referred to in Section 65, report such disease in the prescribed manner to the Compensation Commissioner, irrespective of whether he/she may be of the opinion that the employee did not contract such disease in his employ.

4.4 In order for the Occupational Injuries and Diseases Section to comply with the instructions as prescribed in Sections 39 and 68 of the Act, it is imperative for reports to be submitted immediately to this Section as to ensure that it will reach the Compensation Commissioner within either 7 or 14 days as the case may be.

4.5 Section 40 of the Compensation for Occupational Injuries and Diseases Act of 1993 stipulates, among others:

INQUIRY BY DIRECTOR GENERAL INTO ACCIDENT

That an employer who fails to submit such further details of an accident/ injury or such further facts of which he/she has knowledge, which the Commissioner may require to enable him to decide upon any claim or liability in terms of this Act, is guilty of an offence and may the
Compensation Commissioner refuse to adjudicate on the claim of an employee who fails to furnish such further particulars as the Compensation Commissioner may require.

5. PROCEDURE WHEN REPORTING AN INJURY/DISEASE

5.1 In all circumstances use the prescribed covering letter (Annexure 1) when dispatching documents.

5.2 All documents must be submitted in duplicate – the original and one copy.

5.3 The employer must complete form W.C.L.2 Employer's Report Of An Accident, or W.C.L.1 Employer's Report Of An Occupational Disease, in detail.

5.3.1 On page 1 of the W.C.L.2 or W.C.L.1, the registered name must be furnished to the Compensation Commissioner as follows: FS Provincial Administration, Department of Health, P.O. Box 227, Bloemfontein 9300 and the registration number allocated by the Compensation Commissioner, 1183/659/006x.

With regard to injuries page 1 (Part A) of the form W.C.L.2, must be completed and signed immediately. The second page marked W.C.L.2, Part B, page 1, which is an automatic copy of page 1, must be torn off at the perforations and be sent with the injured employee to a doctor or hospital. The rest of the form may be completed later by the employer. In serious cases the completed Part B must be sent to the hospital or doctor without delay, so that the doctor may fill in the form, First Medical Report And Account In Respect Of An Accident (W.C.L.4) and send it to the employer.

With regard to diseases the W.C.L.1 form must be completed and signed immediately and a copy be sent with the employee to the doctor or hospital without delay, so that the doctor may fill in the form, First Medical Report In Respect Of A Disease (W.C.L.22) and send it to the employer. The advantage of the above procedure is that the hospital or doctor is not dependent on the information obtained from the injured employee, but gets the basic details required from the employer himself. This will eliminate wrong spellings of names which may cause confusion in the Office of the Compensation Commissioner or that accounts are sent to the wrong address.
The person who signs the "DECLARATION BY EMPLOYER OR AUTHORISED PERSON" which is at the top of page 1 of the W.C.L.2 or W.C.L.1 must also indicate his/her name in print. Take note that the responsibility for the completion of the W.C.L. forms is that of the supervisor and not of the employee.

5.4 Forms W.C.L.2/W.C.L.1 together with the Claim for Compensation (form W.C.L.3/W.C.L.14) and the First Medical Report (form W.C.L.4/W.C.L.22) must be submitted without delay and not held back until the employee's condition has stabilised and he/she had resumed duty. In cases of long absence a Progress Medical Report (W.C.L.5/W.C.L.26) must be obtained and submitted monthly. As soon as the employee has resumed duty, a Resumption Report (form W.C.L.6), and a sick leave application must be completed and submitted together with a Final Medical Report or a further Progress Medical Report. In cases of absence of long duration the leave form and the Resumption Report must be submitted monthly until the employee resumes duty.

5.5 The employee has a free choice of doctor and only the form pertaining to the choice of doctor furnished by the Occupational Injuries and Diseases Section (Annexure 2) shall be accepted.

5.6 An acknowledgement letter or letter requesting further information will be issued indicating the claim/reference number. This number must be quoted in all correspondence relating to the injury/disease with this Section, as this will greatly facilitate the filing of correspondence on the appropriate file and will expedite finalization of the claim.

5.7 Needle pricks (Read with Health Circular No. 3 of 1999: Implementation of policy guidelines on occupational exposure to HIV and post exposure prophylaxis)

5.7.1 All needle pricks must be reported immediately in the prescribed manner.

5.7.2 The HIV status of the employee as well as that of the contact person should be ascertained immediately or within 24 hours after exposure. The employee should be re-tested as is necessary after that to confirm seroconversion within a reasonable, probable period.
5.7.3 Approval has been given to District and Regional Hospitals to bear the cost of laboratory tests if they are done by the laboratory of the hospital or a laboratory which has a contract with the hospital. The above said circular should be consulted with regard to treatment.

5.7.4 Expenses incurred by employees with a private doctor, hospital or laboratory will therefore not be borne by this Department.

5.7.5 **No prophylactic treatment is ever payable by the Compensation Commissioner or Department of Health.** If seroconversion occurs the claim should be lodged with all applicable documentation to support the employee's claim. When the claim has been accepted, costs for tests, etc. will be reimbursed and reasonable costs in respect of treatment will be paid. Please take note that the Compensation Commissioner only decides whether the cost of any treatment is reasonable in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 and will therefore instruct this Department to accept liability for the payment thereof.

5.7.6 If and when an employee becomes permanently unable to do any work, a percentage of permanent disablement will be determined by the Compensation Commissioner, which could be a monthly pension payable up to death.

6. **RECORD-KEEPING OF CLAIMS BY OFFICES/INSTITUTIONS**

6.1 The correct procedure that should be followed, requires that a separate file be opened, which remains in the possession of the institutions/regional offices, even if the employee concerned were to leave the service. The institution/regional office concerned remains responsible for the submission of applicable documents regarding occupational injuries/diseases, as well as for replying to enquiries by the Compensation Commissioner, if a claim were to be reopened. The said documents must be stored for an indefinite period of time.

6.2 Should the employee be transferred from one regional office/institution to another, the regional office/institution may use its own discretion to decide at what stage the documentation regarding the injured employee has been finalised to such an extent that it can be forwarded to the present regional office/institution for further attention.
7. MEDICAL EXPENSES AND SUBMISSION OF ACCOUNTS

Since this Department is individually liable for the payment of accounts to doctors/medical institutions etc., the accounts should contain the full information such as the employee's name, the date of the injury, etc. and must be sent by the doctor/medical institution, etc. concerned via the head of the institution/office, to the Human Resources Directorate, Occupational Injuries and Diseases Section. All reasonable medical expenses incurred by or on behalf of the employee for medical treatment resulting from the injury/disease, will then be considered for payment, provided the employer/employee has reported the injury/disease in the prescribed manner.

8. FATALITIES

8.1 If the injury/disease leads to the employee's death, the following documents must be submitted in addition to documents mentioned in paragraph 5 as soon as they are available:

8.1.1 Documentary proof of death;

8.1.2 If the employee is survived by a widow/widower and/or children under 18 years: a marriage certificate, birth/baptismal certificates of widow/widower and children under the age of 18 years (up to 3 children) and W.C.L.32 (Declaration by dependent widow/widower of deceased employee).

9. BENEFITS IN TERMS OF THE ACT

Compensation is based on the employee's salary at the time of death, injury or when a disease was contracted.

9.1 Compensation payable

Compensation is payable to an employee only if the Commissioner awards a percentage disability.

9.2 Temporary disability

9.2.1 Sick leave is converted into special leave with full pay.
9.2.2 To calculate the period of absence from work, the day on which the employee stopped working without completing his/her shift as a result of the injury/disease and the doctor indicates leave as from that day, it is regarded as the first day of his/her disability to work.

9.3 **Permanent Disability**

9.3.1 When the degree of permanent disability is estimated to be 30% or less, compensation is paid in a single lumpsum of money.

9.3.2 When the degree of permanent disability is higher than 30%, compensation is payable in the form of a **monthly pension**.

The degree of disability is determined by the Compensation Commissioner and not by this Department.

9.4 **Amount of Compensation in case of death of an employee**

9.4.1 If an employee dies as a result of an accident, the widow/widower is entitled to the payment of:

a) a single lump sum of money

b) a monthly pension to which the employee would have been entitled had he/she been (100%) totally and permanently disabled.

9.4.2 Every child under the age of 18 years (up to 3 children) is entitled to a monthly pension (20%) of what would have been awarded to the employee had he/she been totally and permanently (100%) disabled, provided that the combined pension payable to the widow/widower (who receives 40%) and the children does not exceed the pension the employee would have been awarded had he/she been totally and permanently disabled.

9.4.3 If the widow/widower remarries his/her pension continues unaltered and it is only terminated upon his/her death. The child’s pension continues until he/she reaches the age of 18 years or dies or marries before he/she reaches the age of 18 years.

9.4.4 A reasonable amount with a maximum which is indicated in the Government Gazette of the specific year is payable in order to defray the necessary funeral expenses.
9.5 **Transportation of the injured employee**

Reasonable costs incurred in transporting an injured employee to hospital are refundable.

10. **MOTOR VEHICLE ACCIDENTS**

10.1 An employee is covered by the Compensation for Occupational Injuries and Diseases Act of 1993 only if transport is provided free of charge during trips to and from the workplace, is provided specially for the purpose of providing transport and if it is under the control of the employer. In order to enable the Compensation Commissioner to determine the responsibility regarding the motor vehicle accident the information as set out in the Travelling Questionnaire must be submitted to this office.

10.2 Should a third party claim arise from such an accident, the following information must immediately be submitted to this office in order to enable the State Attorney to protect the interests of the Department:

(i) Travelling Questionnaire
(ii) Police report and case number
(iii) Employee/witness statements
(iv) Trip authorization
(v) Sketch of accident scene.

10.3 **Section 36 of the Compensation for Occupational Injuries and Diseases Act of 1993 stipulates, among others:**

RECOVERY OF DAMAGES AND COMPENSATION PAID FROM THIRD PARTIES (paragraph 1)

If an occupational injury or disease in respect of which compensation is payable, was caused in circumstances resulting in some person other than the employer of the employee concerned (in this section referred to as the "third party") being liable for damages in respect of such injury or disease -

(a) the employee may claim compensation in terms of this Act and may also institute action for damages in a court of law against the third party; and
(b) the Director General or the employer by whom compensation is payable may institute action in a court of law against the third party for the recovery of compensation that he is obliged to pay in terms of this Act.

11. GENERAL

11.1 When an employee necessarily has to visit a doctor/medical institution in another town/city as a result of an occupational injury/disease, the form, Claim For Subsistence And Transport Expenses (W.C.L.69) should be submitted to this office after which it will be sent to the Compensation Commissioner for assessment.

11.2 A claim is finalised by means of the completion of the Final Medical Report by a medical officer or otherwise automatically after a period of two years. If an employee's condition deteriorates to such an extent that a doctor has to be consulted again he/she must submit the documents, as contained in Annexure 3, to this office at his own expense. If, after consideration of the medical evidence, approval for the re-opening of the case is granted, payment at the prescribed tariffs of the expenses incurred by the employee will be considered.

11.3 The forms that must be completed in respect of occupational injuries/diseases are not provided by this Directorate and it is the responsibility of each institution to either telephonically (012–3199111 – store division) or in writing request them directly from the Compensation Commissioner. (Relevant forms: W.C.L. 1, 2, 3, 6, 14, 32, 46, 69, the Travelling Questionnaire and W.G. 29, Objection against a decision of the Compensation Commissioner – all other W.C.L. forms will be provided either by the doctor or the Compensation Commissioner.)

12. Consequently a request is addressed to all Heads of Institutions/Offices to react immediately if any document or information pertaining to an occupational injury/disease are requested from them. Your attention is once more drawn to paragraph 4.3.1 (Section 39 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993)).

13. Other Sections of the Act to be taken into account during the handling of cases of occupational injuries and diseases: