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**GOVERNMENT NOTICE**

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**DEPARTMENT OF LABOUR**

No. 852

16 July 2004

Circular Instruction No. 179

**CIRCULAR INSTRUCTION REGARDING COMPENSATION FOR PULMONARY TUBERCULOSIS ASSOCIATED WITH SILICA DUST EXPOSURE.****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT No. 130 OF 1993), AS AMENDED**

The following circular instruction is issued to clarify the position in regard to compensation of claims for pulmonary tuberculosis associated with silica dust exposure and supersedes all previous instructions regarding compensation for pulmonary tuberculosis associated with silica dust exposure:

**1. DEFINITION**

Pulmonary tuberculosis associated with crystalline silica dust exposure is an occupational disease caused by *Mycobacterium tuberculosis* in employees who have been exposed to crystalline silica dust in the workplace. Pulmonary Tuberculosis associated with crystalline silica dust exposure shall be presumed to be work-related:

- if the affected employee has silicosis attributable to silica dust exposure (silicotuberculosis);
- if the affected employee has been exposed to free crystalline silica in the workplace for two years in the absence of radiological evidence of silicosis and silica dust exposure is inherent to his/her work process and/ or occupation.

## 2. DIAGNOSIS

The diagnosis of pulmonary tuberculosis may be confirmed by:

- isolation of Mycobacterium tuberculosis by culture of sputum or body fluids or tissue, OR
- a positive sputum smear and a relevant clinical/ radiological picture, OR
- two positive sputum smears, OR
- three negative sputum smears and a relevant clinical, radiological picture and a response to tuberculosis treatment.

If it is impossible to isolate Mycobacterium tuberculosis using microscopy or bacterial culture, other acceptable diagnostic techniques may be used. The Medical Officers in the Compensation Office will determine if diagnosis was made according to acceptable medical standards.

## 3. IMPAIRMENT

Pulmonary impairment will be determined by the lung function test done in accordance with the Compensation Commissioner's Circular instruction on Respiratory Impairment.

## 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.

### 4.2 **Permanent disablement**

Payment for permanent disablement shall be made, where applicable, and when a Final Medical Report is received. The Final Medical Report and lung function test must be submitted 12 months after completion of treatment of tuberculosis or when the treating medical practitioner considers that no further improvement is anticipated.

#### 4.3 Medical Aid

Medical aid shall be provided for a period of not more than 24 months from the date of diagnosis 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 tuberculosis and any necessary treatment provided by any health care provider. 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 dependant's pensions may be payable, where applicable, if the employee dies as a result of tuberculosis.

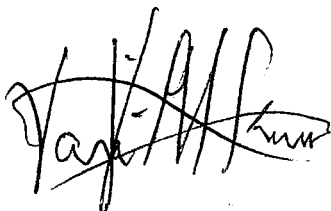
### 5. REPORTING

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).
- First Medical Report in respect of an Occupational Disease (W.CL.22).
- Notice of an Occupational Disease and Claim for Compensation (W.CL.14).
- The laboratory results demonstrating Mycobacterium tuberculosis.
- Exposure History (W.CL.110) or an appropriate employment history.
- Progress Medical Report in respect of an Occupational Disease (W.CL.26).
- Medical report detailing the employee's symptoms and clinical features.
- Final medical report (W.CL.26) and lung function test must be submitted 12 months after completion of treatment of tuberculosis or when the treating medical practitioner considers that no further improvement is anticipated.
- Chest X-ray and/or radiology reports 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 Commissioner's Office are responsible for medical assessment of a claim and for the confirmation of the acceptance or rejection of a claim.



**ACTING DIRECTOR GENERAL: LABOUR**

Date: 1/6/04

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