

BOSS

RETAIN. GROW. BUILD.



Dr Lucas Mosidi
Head - Medical Management

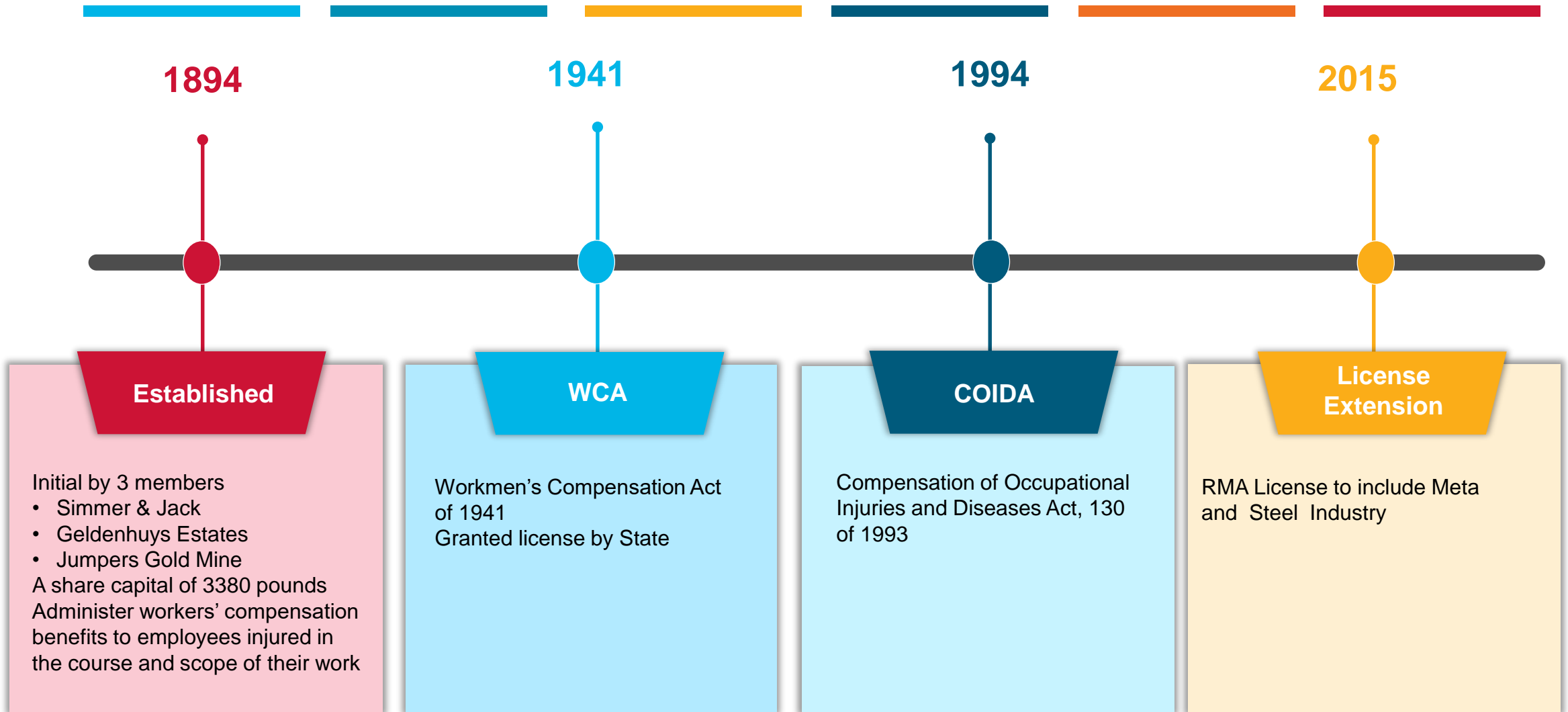


Update on Long Covid – an Insurer’s Perspective

Dr Lucas Mosidi
Medical Management



Overview of RMA



COMPENSATION UNDER THE COID ACT

The Rand Mutual Assurance (RMA) is **licensed to administer the COID Act** in terms of section 30 of the COID Act, under the auspices of the Compensation Fund.

Its mandate is derived from Section 27(1)(c) of the Constitution which gives all citizens the right to social security, which is provided for in terms of the Act to injured or diseased employees.

Our duty is to ensure and deliver social security to all employees in terms of social security legislation.

Pillar 1

Social Assistance
(Non-contributory - poverty alleviation)

Old Age

Disability

Child Support

Foster Care

Care Dependency

War Veterans

Social Relief of Distress

Pillar 2

Social Insurance
(Contributory - Mandatory)

Unemployment Insurance
Fund (UIF)

Compensation Funds (CF,
RMA, FEM).

Road Accident Fund (RAF)

*National Health Insurance
(NHI)

*National Social Security
Fund (NSSF)

Pillar 3

Voluntary (Supplementary)
Arrangements

Pension and Provident
Funds

Retirement Annuities

Group Life Schemes

Collective Investment
Funds; Long-term savings
and endowment funds and
other discretionary savings
and insurance products

Our Business in a Nutshell

Our Beneficiaries

Employees in Mining , Metal and Steel Industry

WHO WE ARE (Our business)

- Administering COIDA
- Life and Short-term Insurance

OUR CUSTOMERS

- Employees
 - Claimants
 - Pensioners
- Employers
 - Metals
 - Mining
- Healthcare Providers
- Healthcare Administrators

OUR CAPABILITIES

- Admin
- COIDA
- Life
- IT System
- Life insurance

OUR PURPOSE

- Empowering Employees
- Ensuring their dignity
- Enabling their dreams

OUR LEGACY

129 Years Pioneering
Workmen's Compensation
(COIDA)

Our Critical Stakeholders

Labour Organisations. Compensation Fund. DOEL. Shareholders

COMPENSATION UNDER THE COID ACT

Section 22 - 29

Section 22

Section 22: Employees have the right to compensation

- **22(2)** – Compensation payable from the 4th day of absence
- **22(3)(a)** – No compensation where there is serious and wilful misconduct of an employee, unless (i) accident results in serious disablement; or (ii) the employee dies as a consequence and leaving a dependent wholly-dependent on him or her

Section 26

Section 26: The Director-General may refuse to pay a portion or whole of compensation or medical aid based on certain circumstances

[Apportionment of Liability], if **(a)** employee misrepresent the facts or provides false information and/or **(b)** the disablement or death resulted from employee's serious and wilful neglect to submit to medical aid as a result of an injury or for pre-existing conditions.

Section 27

Section 27: Where there is invalid employer-employee contract, the Director-General may deal with injury or occupational disease as if contract is valid

Section 29

Section 29: Liability of payment of compensation guaranteed where entitlement has been established **[Fund, Employer, Mutual Association]**.

COMPENSATION UNDER THE C/OID ACT

Section 38 – 45

Section 38

Section 38(2): Employee to report accident to employer, but failure to report does not bar the right to compensation if proven that employer ought to have known from any other source [**Constructive Knowledge/ Vicarious Liability**]

Section 39(7)

Section 39(7) – Employer to report accident even if he or she has reasons to believe it did not arise out of and in the course of work [**Right to state employer reservations**]

Section 42

Section 42 – Employee to submit to medical examination when required by the Fund

Section 43/44

Section 43/44 – Claim for compensation to be lodged within 12 months of accident or death; otherwise, it prescribes at 12 months and compensation shall be forfeited.

Section 45

Section 45 - The Fund to consider and adjudicate on all claims submitted

COMPENSATION UNDER THE COID ACT

Section 65 - 74

Section 65 (1)

Section 65(1)(a) – Employee entitled to compensation prescribed in the Act if it is proven that the employee contracted a disease mentioned in the first column of Schedule 3 and that such disease has arisen out of and in the course of his or her employment; or

Section 65 (1)(b) – that an employee contracted a disease other than the one contemplated in (a) and that such disease has arisen out of and in the course of his or her employment

Section 66

Section 66 – If an employee who has contracted an occupational disease was employed in **any work mentioned in Schedule 3** in respect of that disease, it shall be presumed, **unless the contrary is proved**, that such disease arose out of and in the course of his or her employment [**Presumption Clause**]

Section 73

Section 73 – The Director-General to pay reasonable costs towards medical aid where liability is established

Section 74

Section 74 – A Medical Practitioner shall within 14 days after having for the first time examined an employee injured in an accident or within 14 days after having diagnosed an occupational disease in an employee, furnish a medical report to the employer concerned in the prescribed manner.

COMPENSATION UNDER THE COVID ACT

Section 75 - 91

Section 75

Section 75 – Director-General to determine the need for, necessity and extent of medical aid [**Pre-authorisation Process**]

Section 90

Section 90 – The Director-General to review claim where employee refuses to submit to **(a)** medical examination ito Section 42, **(b)** medical aid/treatment, or where **(c)** awarded compensation is excessive or insufficient, **(d)** award based on incorrect/ incomplete information or misrepresentation of facts or on receipt of new evidence previously not available

Section 91

Section 91 - Right to appeal the decision of the Compensation Commissioner[RMA]

COIDA Cover Elements



ILO Workmen's Compensation (Occupational Diseases) Convention 42 (Revised) of 1934

As a member of the ILO, which ratifies this Convention undertakes to provide that compensation shall be payable to workmen incapacitated by occupational diseases or, in case of death from such diseases, to their dependants, in accordance with the general principles of the national legislation relating to compensation for occupational accidents.

Schedule 3 of the Act (similar to ILO classification)

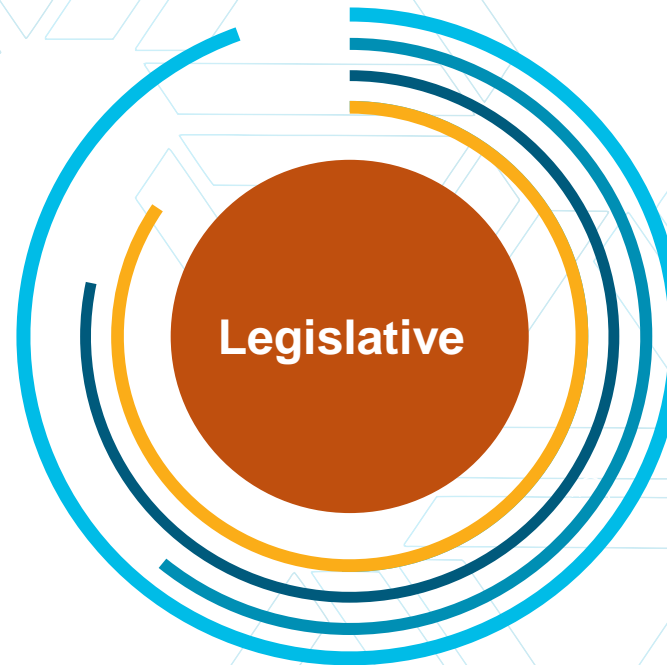
List of compensable diseases

in respect of that disease, unless the contrary is proved, it shall be presumed that such disease arose out of and in the course of his/her employment.

Except for a specific list of OLDs that ODMWA covers in control mines & works

Schedule 2 of the Act

Stipulates percentages of disablement for different injuries or varying levels of amputations, from the loss of all limbs to the loss of one finger.



COIDA, Act 130 of 1993 as Amended

- (i) "accident" means an accident arising out of and in the course of an employee's employment and resulting in a personal injury, illness or the death of the employee
- (ii) "occupational injury" means a personal injury sustained as a result of an accident
- (iii) "occupational disease" means any disease contemplated in s65 mentioned in Schedule 3 in respect of that disease, it shall be presumed unless the contrary is proved, that such disease arose out of and in the course of his/her employment.

Gazetted Circular instructions

Injuries

Instructions 157- determination of residual impairment of the function of the muscles, tendons, joints or nerves involved after MMI (mainly based on AMA 3 & 4)

ODs- various Instructions for individual or Group of Diseases

Gives guidance wrt diagnosis

Impairment assessment

Impairment rating of residual/permanent impairment.



Biological Agents

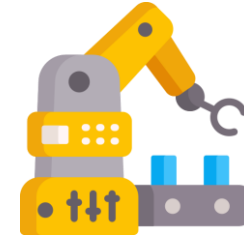
1.3. Biological agents and infectious or parasitic diseases

- 1.3.1. Brucellosis
- 1.3.2. Hepatitis viruses
- 1.3.3. Human immunodeficiency virus (HIV)
- 1.3.4. Tetanus
- 1.3.5. Tuberculosis



Biological Agents

- 1.3.6. Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
- 1.3.7. Anthrax
- 1.3.8. Leptospirosis



Biological Agents

1.3.9. Diseases caused by other biological agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these biological agents arising from work activities and the disease(s) contracted by the worker

Diagnostic Aspects

- Long COVID is broadly defined as “signs, symptoms, and conditions that continue or develop after initial COVID-19 or SARS-CoV-2 infection. The signs, symptoms, and conditions are present four weeks or more after the initial phase of infection; may be multisystemic; and may present with a relapsing– remitting pattern and progression or worsening over time, with the possibility of severe and life-threatening events even months or years after infection. Long COVID is not one condition. It represents many potentially overlapping entities, likely with different biological causes and different sets of risk factors and outcomes” – **CDC 2020.**
- Long COVID can include a wide range of ongoing health problems; these conditions can last weeks, months, or years.
- Long COVID occurs more often in people who had severe COVID-19 illness, but anyone who has been infected with the virus that causes COVID-19 can experience it.
- People who are not vaccinated against COVID-19 and become infected may have a higher risk of developing Long COVID compared to people who have been vaccinated.
- People can be reinfected with SARS-CoV-2, the virus that causes COVID-19, multiple times. Each time a person is infected or reinfected with SARS-CoV-2, they have a risk of developing Long COVID.
- While most people with Long COVID have evidence of infection or COVID-19 illness, in some cases, a person with Long COVID may not have tested positive for the virus or known they were infected.

BURDEN OF PROOF OF LIABILITY – OCCUPATIONAL DISEASES

The **COID Act, 130 of 1993** as amended, provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, or for death resulting from such injuries or diseases; and for matters connected therewith.

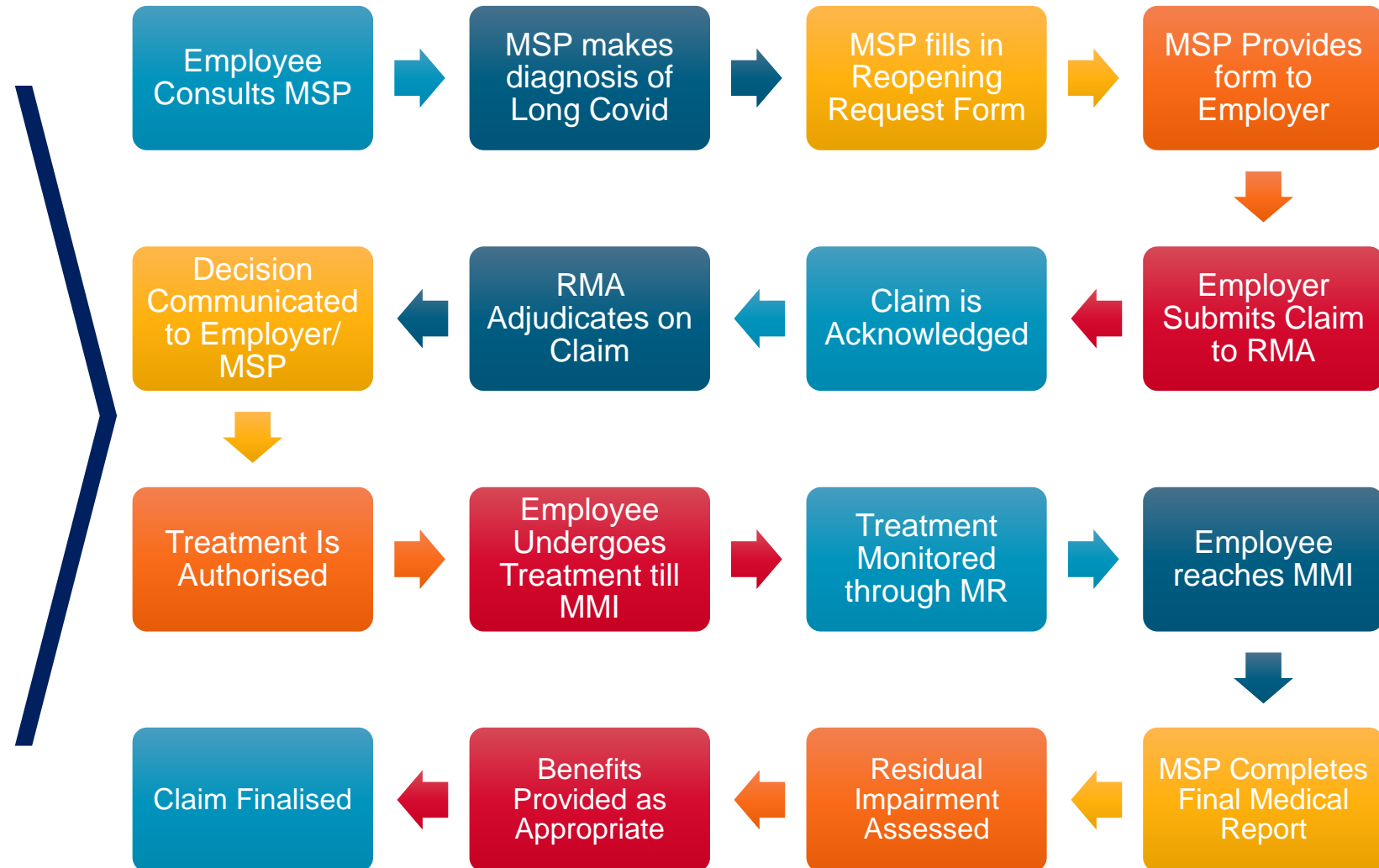
For liability to be established, the disease must have arisen out of and in the course of the employee's work; and that:

- The agent causing the disease must be a known cause of the disease and that the disease suffered must have a causal link to the exposure within the working environment [**Causality**].
- The series of events leading to the disease must have a chronological sequence that justifies the link to the cause [**Chronology**].
- The link between the cause and effect must satisfy the requirements for medical probability, which stipulates that the likelihood that an association between a cause and an effect be greater than 95% for the relationship to be considered probable [**Medical Probability**]

Acceptance of Liability for Long Covid

Conditions for Acceptance of Liability

- Claim must have been previously lodged with and accepted by RMA
- The diagnosis of Long Covid must have been made in accordance with the current guidelines
- The Long Covid must be directly linked to the Covid-19 claim previously made to RMA
- Liability for Long Covid after multiple infections not related to the workplace will not be accepted even where the initial Covid-19 was deemed occupational



Long COVID is a physical or mental impairment:

A physical impairment includes any physiological disorder or condition affecting one or more body systems, including, among others, the neurological, respiratory, cardiovascular, and circulatory systems. A mental impairment includes any mental or psychological disorder, such as an emotional or mental illness

The sixth edition of the *Guides to the Evaluation of Permanent Impairment*, published by the American Medical Association (AMA), defines impairment as "a significant deviation, loss, or loss of use of any body structure or body function in an individual with a health condition, disorder, or disease." [1]

The World Health Organization (WHO) defines impairment as "any loss or abnormality of psychological, physiological or anatomical structure or function."

A person with long COVID has a disability if the person's condition or any of its symptoms is a "physical or mental" impairment that "substantially limits" one or more major life activities - [Guidance on "Long COVID" as a Disability Under the ADA, Section | HHS.gov](#)

COMPENSATION BENEFITS UNDER THE COID ACT

Medical Aid

This covers reasonable costs for treatment and rehabilitation as provided for by various medical service providers and health establishments

Temporary Partial Disablement (TPD)

This is an equitable portion paid to the employee as determined in Schedule 4 of the Act, where the employee is reasonably accommodated in a similar or different task while recovering [**Reasonable Accommodation**].

Temporary Total Disablement (TTD)

This is payment made directly to the employee while he or she remains off-sick. It covers reasonable cost of lost wages up to 75% of the employee's salary, payable from the 4th day of injury or disease and for such period as the employee may remain unfit to work but not exceeding 24 months

Permanent Disablement (PD)

This is payable as lump sum (up to 30% WPI) or pension (>30% WPI) to employees whose diseases have reached permanency and no further improvement or deterioration is envisaged after maximum medical improvement status is reached.

Death Benefits

For fatal injuries or diseases causing death, the deceased employee's dependents will be compensated to an amount not exceeding 100% permanent disablement referred to in section 49(1). This includes funeral costs.

Compensation Benefits Under The COID Act (1/2



Benefits payable under the Act may be in the form of **periodic payments, a lump sum or pension depending on the nature and degree of disablement sustained**. Schedule 4 of the Act gives different forms of payments:



Section	Nature & Degree of Disablement	Nature of Benefits	Manner of calculating Benefits
47(1)(a)	Temporary Total Disablement	Periodic Payments	75% of employee's monthly earnings at time of injury or disease
49(1)	Permanent Disablement of 30%	Lump Sum	15 times the employee's monthly earnings at the time of injury or disease
	Permanent Disablement up to 30%	Lump Sum	As above but proportional to percentage of PD up to 30%
49(1)	Permanent Disablement of 100%	Monthly Pension	75% of employee's monthly earnings at time of injury or disease

Compensation Benefits Under The COID Act

Section	Nature & Degree of Disablement	Nature of Benefits	Manner of calculating Benefits
49(1)	Permanent Disablement less than 100% but more than 30%	Monthly Pension	75% of employee's monthly earnings at time of injury or disease multiplied by proportional percentage of PD
54(1)(a)	Fatal	Lump Sum	Twice the 75% of employee's monthly earnings at time of injury or disease
54(1)(b)	Fatal	Monthly Pension	75% of employee's monthly earnings at time of injury or disease multiplied by 40% payable to spouse
54(1)(c)	Fatal	Monthly Pension	75% of employee's monthly earnings at time of injury or disease multiplied by 20% payable to each child
54(1)(a)	Fatal	Funeral Costs	A once-off lump sum of R19, 620
28	Constant Attendance Allowance	Monthly Allowance	10% of beneficiary's pension with a minimum of R2 553

Documents In Support Of A Claim For Compensation: The Employer's Report and The First Medical Report



The Employer's Report (WCL 2 – Part A):

- This report must be **completed and send to the RMA within fourteen (14) days of the diagnosis of the disease.**
- It **captures the chronology of the events leading to the incident.** It usually depicts the employer's workflow processes and the interaction of the employee with the workplace. In doing so, it also assists in clarifying whether at the time of the injury the employee was actually performing his or her duties as mandated and whether his or her actions were in compliance with the employer's internal procedures or instructions or not.
- **This information has legal implications were both parties might raise disputes later on.** It also gives light to both the employer's and the employee's compliance with occupational health and safety legislation.



The First Medical Report (WCL 4):

- In the case of an occupational disease (OD) the first medical reports will give factual information pertaining to the disease and its work-relatedness. The decision to arrive at a diagnosis must be clearly stated in the manner that is consistent with evidence-based medical practice and must show clear elements of causality, chronology and medical probability.
- The medical practitioner must include information relating to any pre-existing medical conditions or other relevant factors that have a direct or indirect impact on the disease, whether as materially contributing to the emergence of the disease or significantly having an impact on its progression. This will allow the RMA to determine the extent to which these factors temporarily affect the disease (exacerbation) or has a permanent impact (aggravation).



Notice of Accident/ Occupational Disease (WCL 3):

- This report is submitted by the employee to the RMA when the employer has failed to submit the report or in addition to the reports that are submitted by the employer and the medical practitioner as per sections 38(1) and 39 of the COID Act.
- This **ensures that the rights of the employee to compensation are protected even if the employee has failed to give notice of accident or injury to the employer** (section 22, COID Act). The employer cannot plead innocence where it can be proven that the employer or any of his or her representatives had knowledge of the accident from any other source at or about the time of the accident, as per section 38(2) of the COID Act. This is called Constructive Knowledge.
- Medical claims adjudicators within RMA do exercise diligence when injuries are reported by employees where employers fail or refuse to report such accidents.

WORK IN PROGRESS

Progress Medical Report:

- **Medical service providers are required to submit progress medical reports with every consultation subsequent to the first medical report.** Such reports must be furnished in the manner and at the time and intervals specified or prescribed, or as requested by the Commissioner from time to time (section 74(2), COID Act).
- **This report is used to get insight into the progress of the beneficiary's condition as well as to monitor such progress.** It allows the Fund to devise the beneficiary's case management plan and to actively participate in the treatment decisions made by medical service providers in the best interest of the beneficiary.



Occupational Hygiene Reports:

- **Occupational hygiene is the science and art that seeks to prevent and control occupational hazards within the workplace.** Effective occupational hygiene reports provide employers and other relevant stakeholders with clear and critical information to support hazard anticipation, identification and recognition; risk assessment and evaluation; and risk management and control. Through various methods of workplace surveys, occupational hygienists are able to provide information relating to employee exposure to occupational hazards, quantify the levels of hazards in the workplace, assess and evaluate the levels of controls, as well as make recommendations to management on ways to mitigate and control the exposures.
- **The report provided for adjudication purposes will assist the medical adjudicators to ascertain the existence and the level of the hazard in the workplace, the level of exposure to the hazard, the current mitigating controls and the likelihood of association to the disease in question.**



Occupational Risk Exposure Profile (OREP)/ Man-Job Specifications:

- This report **profiles all the hazards that the employee is exposed to, which are inherent to his or her occupation.** These hazards are linked to the inherent requirements of the job and the inherent tasks and duties of the job. They include all aspects of exposures to physical, chemical, biological, psychological and ergonomic hazards. It is a formal document of results of a risk assessment conducted on the job.
- The OREP/Man-Job specifications **profiles the qualities and characteristics of the employee which will make him or her fit to perform a specific job.** It includes demographic features like anthropometry (height, weight, etc.), as well as physical or hard skills required to perform the job..

Documents In Support Of A Claim For Compensation: Final Medical Report and Objective Medical Investigative Reports



Final Medical Report (WCL 26):

- A **final medical report is submitted once the patient's condition has reached a level of reasonable maximum medical improvement.** This stage in the healing process is specific to the injury for which the beneficiary was undergoing treatment. It excludes all other conditions which arose as a result of the treatment itself. All complications which still need further conservative or chronic treatment are not a bar to the completion of the final medical report in respect of the primary injury. It therefore stands to reason that multiple final medical reports arising from one single injury event may be required at different stages of the healing process.
- As multiple professionals might be involved in the treatment of an injured employee, it is required that **each of the providers submit a separate final medical report as and when the maximum medical improvement stage is reached in respect of the treatment, he/ she was providing.**
- Where the final medical report for an Occupational Disease is sought, and where this is static and not progressive or is not expected to deteriorate or improve in the foreseeable future, medical practitioners are required to furnish a final medical report in this regard at the same time as they submit the first medical report. This allows RMA to adjudicate and calculate appropriate compensation as legislated. The degree of aggravation on pre-existing conditions is also taken into consideration at this point for compensation purposes.



Objective Medical Investigation Reports:

- All reports pertaining to the investigation of the beneficiary, and which are used to corroborate in the diagnosis and treatment of the injured or diseased beneficiary must be made available to the Fund to **allow proper adjudication of claims when so required.** Both biological monitoring and biological end-organ effect monitoring reports may be needed in certain regulated occupational diseases.

Documents In Support Of A Claim For Compensation: Job Description, OEM Specifications and Allied Health Professional Reports



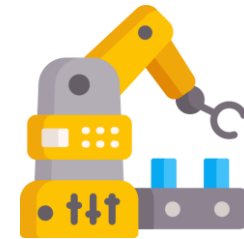
Job Description:

A job description is a **written narrative that describes the general tasks, or other related duties, and responsibilities of a position.** It may specify the functionary to whom the position reports, specifications such as the qualifications or skills needed by the person in the job, information about the equipment, tools and work aids used, working conditions, physical demands, and a salary range. It assists in determining whether the employee was suited for the job and if there were adequate measures taken to fit the job to the employee



Allied Health Professional Reports:

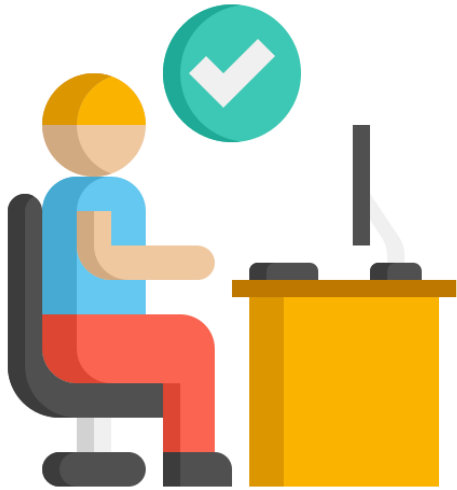
Where other professionals were involved in the overall management of the beneficiary, **each member of the professional team must submit a report in respect of which the medical aid was provided and the outcomes thereof.**



Original Equipment Manufacturer (OEM) Specifications:

An original equipment manufacturer (OEM) is a **company that produces parts and equipment that may be marketed by another manufacturer.** The specifications for how the parts and/or equipment are to be used allows us to judge if there were no violations on how the equipment ought to have been operated safely to prevent injuries or diseases

Ergonomic Reports



- An ergonomic report gives insight into the design of workstations and the environment in which employees execute their job. It is a man-job interphase report that depicts the elements of a proper fit of the work to the employee. Three main characteristics known as ergonomic stressors are evaluated during an ergonomic assessment: the force required to complete a task, awkward or static working postures adopted in completing a task, and the repetitiveness of a task. Any of these factors, or any combination of these factors, may place someone at greater risk for discomfort and therefore an increased propensity to injury or development of an occupational disease over a period of time.
- This report is particularly critical when a claim for musculoskeletal injuries or diseases is submitted. It allows RMA to discern with a certain degree of certainty and based on known medical facts the degree to which a particular condition is work-related or not.

Thank You

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