Circular Instructions related to occupational lung diseases

Compensation Fund
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OCCUPATIONAL DISEASES

According to Section 65(1) of the COID ACT:

a) An Occupational disease – disease arising out of and in the course of employment

A disease contracted other than that contemplated in a), out of and in the course of employment needs strong proof that it’s occupational

Occupational diseases, cont.

- The disease must be shown to be a risk of the occupation and not one common to every person
- The connection with employment must be established.
Onset and development of the diseases is dependant on:
- physical / chemical nature of the causative agent
- extent (amount and duration) of exposure

Occup disease cont.

- Scheduled:
  If reported, it shall be assumed that the disease arose out of and in the course of employment unless proven otherwise
- Unscheduled:
  The burden lies with the employee to prove that the disease being claimed for is occupational in origin

Compensation benefits of the Fund

COIDA provides that employees who contract occupational diseases are eligible for the following benefits:

- Temporary Total/Partial Disablement
- Permanent Disablement
- Reasonable Medical Expenses-includes
  - costs of diagnosis
  - cost of treatment
  - cost of chronic medication
- Death Benefits

Occup disease cont.

Typical occupational diseases:
- Have a long latency period
- Slow progressing
- Usually incurable
- But can be prevented.
CIRCULAR INSTRUCTIONS

Background
- Are documents that are used as guidelines in the Office of the CC
- Main purpose: to clarify the position of the CC in regards to compensation of claims
- They were previously not available to the public, now found on the website.

Circular Instructions
- Increase in diseases reported to the Fund after 2000
- The Board raised concerns in the way that diseases were finalized
- Board established the Technical Committee on Occupational Diseases (TCOD)
- To date:
  1. 13 policies finalized
  2. 4 forms revised
  3. Schedule 3 revised

Lung Circular instructions:
The following instructions exist in the Office:
- Occupational asthma
- Irritant-induced asthma
- Work-aggravated asthma
- TB in health workers
- Pulmonary TB assoc with silica dust exposure
- Mesothelioma
- Lung cancers
- Byssinosis

Occupational Asthma
Definition:
A disease characterized by variable airflow limitation and bronchial hyperresponsiveness due to causes and conditions attributable to a particular work environment,
- Latency period
- Exposure to high & certain low molecular weight agents

Diagnosis
Criteria:
- Occupational exposure preceding onset of symptoms
- Association of asthma symptoms and work exposure
- Workplace agents, changes in FEV1, changes in serial bronchial hyperresponsiveness, etc
- Raised IgE antibody, SPT

Irritant-induced asthma
Definition:
A disease characterized by variable airflow limitation and bronchial hyperresponsiveness due to causes and conditions attributable to a particular work environment resulting from
- a single intense exposure or multiple exposures to known irritants in previously healthy individual
**Diagnosis**

- Absence of pre-existing asthma
- Onset of symptoms after exposure
- An occupational exposure
- Onset of symptoms within 24 hours, persist at least 3 months
- Presence of obstruction on LFT’s

**Work-aggravated asthma**

**Definition**

A disease characterized by variable airflow limitation and bronchial hyperresponsiveness due to causes and conditions NOT attributable to a particular agent in the work environment, relates to:

- Pre-existing asthma aggravated by work exposures

**Diagnosis**

- Pre-existing asthma OR asthmatic symptoms
- Exposures preceding / associated with attack or worsening of symptoms
- Presence of work-related factors known to aggravate asthma e.g. dust, cold air, chemicals, etc
- Increase in symptoms or medications, changes in FEV1
- Presence reversible airflow obstruction / hyperresponsiveness

**Impairment - Asthma**

Is determined from Lung Function Tests (LFT’s)

Degree of impairment based on:

- Pre and post bronchodilator LFT’s
- Medication

N.B: PD for work-aggravated is determined by subtracting current score from pre-employment score i.e. (baseline), if baseline not available, subtract one from current score

**Reporting According to the COID Act**

Within 12 months of diagnosis

- Employer’s report
- Notice of an occupational disease
- Exposure history (employment, suspect agents, MSDS)
- First medical report (detailed history, symptoms diagnosis, tests e.g. LFT’s, IgE, CXR or any information relevant to the claim)
- For each consultation, a progress report
- Final medical report (recent LFT’s, medication)

**Pulmonary TB in health workers**

Due to Mycobacterium tuberculosis or Mycobacterium other than tuberculosis (MOTTS), work-related if

- Transmitted to an employee from a patient suffering from active open TB or
- from analysis or testing of infected body fluids
TB ass with silica dust exposure

In employees exposed to crystalline silica dust:
- If employee has silicosis
- Exposure to free crystalline silica for 2 years without radiological evidence of silicosis,
- and silica dust exposure is inherent in the job

Diagnosis:

PTB
- Definitive diagnosis - positive culture of sputum or body fluids
- Presumptive diagnosis - positive sputum smear and / relevant clinical or radiological picture
- Two positive sputum smears
- Other

Diagnosis

Silico-Tb:
- Positive culture of sputum or body fluids
- Positive sputum smear and / relevant clinical or radiological picture
- Two positive sputum smears or
- Three negative smears, clinical, radiological picture or response to Tb treatment

Tb cont.

Impairment – determined by LFT’s
Benefits – according to the Act
Reporting - according to the Act

Lung cancers and Mesothelioma

Lung cancers - malignancies arising from
- lung tissues and / airways

Mesothelioma - malignancies arising from
- pleura or peritoneum
- History of occupational exposure to asbestos

Diagnosis

- biopsy - +ve histology results
- autopsy – tumour detectable at post-mortem
- cytology - +ve results to be supported by clinical and radiological investigations
Cont.

Impairment – confirmed diagnosis equates to 100% in all cases
Benefits – according to the Act
Reporting – according to the Act

Byssinosis

Lung disease in employees exposed to:
- cotton, hemp, flax, sisal dust
Diagnosis:
- occupational exposure
- clinical features
- work-related symptoms
- fall in lung function (>15% fall in FEV1)

Byssinosis

Impairment
- Asthma criteria applied
- Irreversible airflow obstruction – 5 years exp
- Based on LFT’s
Benefits – according to the Act
Reporting – according to the Act

Thank you