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Taking the prevention of injuries and diseases to the next level

Demystifying the diagnosis of **occupational diseases**

Understanding Noise Induced Hearing Loss





Establishing an Occupational Health and Safety Programme: Taking the prevention of injuries and diseases to the next level

Prevention is better than cure is how the adage goes, and so we are embarking on an Occupational Health and Safety Programme which we believe will help to better equip our clients to effectively reduce injury, illness and fatalities in their work environments.

How can this programme help you?

We believe that this programme will contribute towards:

- the promotion of health and safety in the workplace; and
- prevention and reduction in the number of occupational injuries and diseases in our Class IV and Class XIII industries.

Programmes that focus on prevention and awareness of occupational injuries and diseases have been found to have enormous social and economic benefits for both employers and employees, locally and internationally. This includes improvements in productivity and competitiveness of employers, safe working environments for employees and an overall improvement in their quality of life free from injury or disease.

Through this programme we also intend to ensure a more equitable provision of compensation benefits to injured workers, including medical treatment, financial compensation and access to rehabilitation and return to work services.

Lastly, the programme aims to help reduce premiums paid by employers. Premiums are aligned to your claims experience which in turn can often be tied to good safety and preventative measures.

While we have already received much interest in this programme by both our Class IV and Class XIII clients, the ultimate success of this programme will depend on how well it is adopted and implemented by you. Furthermore, there needs to be a wider adoption of a culture of prevention by employers, employees, RMA and government within South Africa.

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What are the key components of this health and safety programme?

In line with established key elements of successful occupational health and safety programmes, it will include:

1. Leadership
2. Worker engagement and participation
3. Hazard risk identification and assessment
4. Hazard prevention and control
5. Education and training, and
6. Medical surveillance

In order to assist in developing an effective intervention programme that promotes occupational health and safety, we intend to encourage employers to collect and share their medical surveillance data. This data will also be critical in the future assessment of your rates.

What are the expected benefits of participating in the programme?

- **Benefits for Employers**
 - o Improvement in compliance with requirements of Occupational Health and Safety (OHS) and Compensation for Occupational Injuries and Diseases (COID) legislations;
 - o Increased productivity;
 - o Reduced absenteeism; and
 - o Reduced assessment rates and possibly premiums under COIDA.
- **Benefits for Employees**
 - o Prevention and/or reduction in the number of occupational injuries, diseases and fatalities; and
 - o Improvement in quality of health.

• Benefits for Government

- o Creation of safe work places as encouraged by the International Labour Organisation; and
- o Effective enforcement of compliance.

• Benefits for RMA

- o Fair pricing of COID cover; and
- o Fair compensation, optimal rehabilitation and speedy return to work.

How will this programme be rolled out?

The programme will roll out with various awareness campaigns focusing on high impact injuries and diseases, in order of priority. In other words, the most prevalent injuries and diseases experienced within our client base will be addressed and rolled out first.

We will therefore be launching this year long programme with an awareness drive focusing on Noise Induced Hearing Loss (NIHL). The NIHL campaign will run from 12 October 2017 to 1 March 2018. We will target both Classes IV and XIII which are equally affected by this disease. More information on NIHL can be found on page 6.

We normally are at the receiving end of system and process failures, leaving us powerless to help you in managing this cost. By bringing forward what we normally see of these failures to the forefront, we believe we'll be contributing to sustainable partnerships going forward.

Feel free to chat to us about your involvement in the campaign. Surely you agree, participation makes good business sense.



DEMYSTIFYING THE DIAGNOSIS OF **OCCUPATIONAL DISEASES**

Our compensation benefits include cover for occupational injuries and diseases, but what exactly are occupational diseases and how do you know if a disease has arisen in the workplace or not? Understanding occupational diseases can help your employees receive the appropriate care, and ultimately ensure that they are correctly compensated.

What is an occupational disease?

Occupational diseases are illnesses that are caused by substances or agents that the employee is exposed to in the workplace. These diseases generally (but not always) arise from exposure to a hazard over time. Some diseases have long latency periods, which means that symptoms may take decades to manifest, for example asbestos-related lung cancer.

Occupational medicine focuses not only on the employee but on preventive efforts in the workplace, and how this affects everyone who is at risk.

In occupational medicine, the key focus is not on the clinical diagnosis (e.g. the diagnosis of occupational asthma) but rather the etiological (causal) diagnosis (e.g. the diagnosis of occupational asthma caused by platinum salts).

What are the key factors for diagnosing occupational disease?

1. The employee's occupational history

The employee's occupational history is critical in assessing them for occupational disease, and deciding on the occupational origin of the disease.

The below are key criteria that are used to help determine whether the disease is work-related:

- There must be evidence of sufficient exposure to a substance or hazard in the workplace, including intensity and duration of exposure.
- The time interval between exposure and the appearance of symptoms must be consistent with what is known about the natural history and progress of the disease.
- The symptoms must fit with what is known about the disease following exposure to a specific agent.

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2. The Occupational Healthcare Practitioner

The occupational healthcare practitioner plays a critical gatekeeper role in the early detection, diagnosis and treatment of a disease, and determining whether it is work related. The employee should then be referred for the appropriate care.

Diagnosing occupational disease goes further than just treating the employee. It can also be used to improve preventive measures, assist other occupational health providers to better understand occupational diseases and symptoms, and can ultimately even influence regulation and compensation benefits. Occupational medical practitioners are often the first to see employees with occupational diseases and so their clinical findings and expertise are critical in uncovering a possible occupational event.

Why is correct diagnosis important?

An inadequate assessment may not only hinder future prevention but could also deny the employee an opportunity to receive appropriate care and possible compensation benefits.

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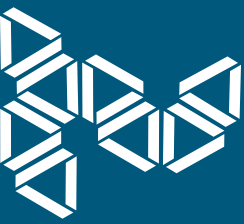
What are the challenges relating to occupational diseases?

Occupational diseases are frequently under-diagnosed and therefore under-reported. This is often due to:

- limited understanding or knowledge of the exposure-effect relationship between agents and occupational diseases;
- long latency periods for many diseases in that the employee may have long left the company before symptoms begin to show;
- difficulties in distinguishing occupational diseases from non-occupational diseases e.g. lung cancer caused by asbestos exposure does not have a unique pathology that differentiates it from lung cancer caused by cigarette smoking;
- limited training of healthcare providers in occupational medicine and diagnosis;
- lack of knowledge about conditions that need to be reported to us; and
- fear of the impact on the employer's reputation which results in non-reporting.

Administrative barriers and uncertainty about the applicable compensation legislation (see page 8), especially for claims of workers who are no longer in employment, also play a role.





THE SOUNDS OF SILENCE: UNDERSTANDING NIHL

We are all exposed to sound in our everyday environments. Normally, these sounds are at safe levels that don't damage our hearing. But sounds can be harmful when they are too loud, even for a brief time, or when they are both loud and long-lasting. These sounds can damage sensitive structures in the inner ear and cause hearing loss.

When we think of an occupational disease, few of us think of Noise-Induced Hearing Loss (NIHL). We think instead of respiratory illnesses or skin conditions, despite the fact that NIHL is one of the most common occupational diseases in both the Class IV and Class XIII industries. Workers in factories, mines and heavy industry are especially at risk.

Depending on the level of exposure, NIHL takes a long time before it is noticeable, but once there is hearing loss due to NIHL, it is permanent and affects both ears.

What causes NIHL?

Worldwide, 16% of disabling hearing loss in adults is attributed to occupational noise. NIHL is a scheduled occupational disease – that is, there's a presumption that if the employee is exposed to noise on the job, any hearing loss is a result of that noise – unless proven otherwise. Noise-induced hearing loss takes years to develop, but affects both ears more or less equally and symmetrically, and it affects high frequencies first such as the sound of the human voice.

Hearing loss can be caused by continuous exposure to loud sounds over an extended period of time such as constant drilling. Barotrauma on the other hand is hearing loss due to a one-time exposure to an intense "impulse" sound such as an explosion, or a pressure-event, and this is not NIHL.

The damage caused by this continuous exposure to noise is irreversible – but if exposure to the noise ends, the damage does not get any worse.

Sound is measured in units called decibels. Sounds of less than 75 decibels, even after long exposure, are unlikely to cause hearing loss. However, long or repeated exposure to sounds from 85 decibels upwards can cause hearing loss. The louder the sound, the quicker NIHL occurs.

The distance from the source of the sound and the length of time employees are exposed to the sound are also important factors in protecting hearing.

What do I need to prove NIHL for an employee?

To claim for NIHL, you need to prove:

- the degree of hearing loss by means of an audiogram;
- that the employee is exposed to excessive noise in the workplace. The employee / employer must prove that the noise is greater than 85 decibels over an eight hour day or 40 hour week. The higher the intensity of the sound, the less exposure time is needed for NIHL to occur;
- when the employee first started working in a noise zone by means of the initial screening audiogram i.e. the baseline audiogram (which could have been performed at a previous employer); and
- that the type of hearing loss is due to noise exposure and not the various other causes of hearing loss as confirmed in a medical report.

Please note that if the results of the screening audiogram appear to be questionable, refer the employee for a diagnostic audiogram.



What do I need to submit to RMA for NIHL claims?

The following documents will be required:

- Two diagnostic audiograms conducted on the same day with a reasonable break between the two audiograms. These should only be conducted after 24 hours of the employee having been removed from the noisy environment;
- The baseline audiogram;
- A certified copy of an ID document or passport;
- Certified proof of identity completed by the Audiologist or ENT specialist;
- A full record of service, documenting the noise level exposure for each of the employee's occupations or positions during his/her working career - if the employee has not been exposed to noise, this should also be recorded as such;
- Medical report compiled by the Occupational Health Practitioner - this is the doctor responsible for the occupational health examinations of the company's employees; and
- If the percentage hearing loss is greater than 30%, the employee is to be seen by an ENT (ear/nose/throat) specialist. The ENT specialist is to include in the first medical report the full medical history of the employee, such as treatment with ototoxic drugs, ear surgery and otitis media.

If your operation is a noisy environment, all appropriate measures to protect employee hearing should be taken. This includes employees wearing hearing protective devices (HPDs) when exposed to noise and taking the necessary precautions to reduce the sound at source (such as putting machines in a muffling housing, for example).

Your employees working in a loud noise environment should have an audiogram at the outset, so that you have an understanding of how good his or her hearing is before exposure.



The rule of thumb is that **damaging noise is anything above 85 decibels**, so if you have to shout to be heard by someone just an arm's length away from you while the noise is going on, it is probably in the **danger zone**.

UNDERSTANDING THE DIFFERENCE BETWEEN COIDA AND ODMWA

Currently there are two pieces of regulation that govern compensation in South Africa, often causing confusion as to which compensation claims are governed by which legislation.

The dominant legislation is the Compensation for Occupational Injuries and Diseases Act (COIDA) which is controlled and administered by the Department of Labour through the Compensation Fund. Rand Mutual is one of the exceptions under COIDA, having the licence to administer the mining, metal, iron and steel industries under licence from the Department of Labour.

What is COIDA?

COIDA provides a system of “no-fault” compensation for employees who are injured or contract an occupational disease on duty. COIDA covers occupational injuries and diseases in all industries including those from the mining sector, with the exception of the diseases covered by ODMWA.

What is ODMWA?

The Occupational Diseases in Mines and Works Act Amendment (ODMWA) on the other hand provides compensation for occupational lung diseases in miners. It is administered by the Medical Bureau for Occupational Disease (MBOD) and the Compensation Commissioner for Occupational Diseases (CCOD) which fall under the Department of Health. The MBOD is responsible for benefit medical examination and adjudication of miners’ claims. The CCOD is responsible for payment of compensation for a valid claim.

A key difference in the benefits offered by the two Acts is that ODMWA benefits are generally much lower than those under COIDA. However, ODMWA offers free benefit examinations which are not available under COIDA.

The main differences between the two Acts are summarised in the tables below.

Legislation Comparison

	ODMWA	COIDA
Responsible Government Department	Department of Health	Department of Labour
Administration cost	Borne by the State	Included in levies on employers
Applicability	Controlled Mines and Works	All employers and industries (including mines)
Cover	Listed occupational lung diseases in miners who are working or have worked in controlled mines and works	<ul style="list-style-type: none"> • Injuries on duty • Occupational diseases • In the mining industry, occupational diseases not covered by ODMWA
Appeals body	Reviewing Committee	Formal hearing convened by Commissioner/COIDA administrator
Maximum earnings on which compensation is based	R36 000 per annum	R403 500 per annum (reviewed annually)
Medical Care	Employer’s responsibility if disease is diagnosed while miner is still employed	Covered up to two years, treatment may be authorised even beyond two years if it is going to improve disablement or quality of life.



Benefit comparison

Benefit	ODMWA	COIDA
Income Protection	75% of earnings up to six months for Total Temporary Disablement while on treatment for tuberculosis	75% of earnings for any Total Partial or Temporary Disablement up to two years
Permanent Impairment	Covers two grades only <ul style="list-style-type: none"> • First Degree: Payable from 10% to 40% • Second Degree: Payable over 40% disablement 	Graded as a percentage, depending on degree of impairment/disability.
Impairment payment	<ul style="list-style-type: none"> • Lump sum payment • No monthly pension payment 	<ul style="list-style-type: none"> • Lump sum if impairment rating is ≤ 30% • Lifetime monthly pension payment if impairment rating > 30%
Provision for autopsy	Mandated and performed by State pathology service	None
Post-mortem compensation	Payable to beneficiaries even if disease did not contribute to death	Payable only if disease contributed to death

SYSTEM UPGRADES

Do you use our online portal? We love to ensure that our system operates at peak performance for your convenience and therefore undertake regular updates, upgrades and changes. To minimise any impact on your business, all updates and upgrades take place after hours from 5pm onwards.

We perform monthly updates and enhancements in the third week of every month. Any additional changes that we think may affect performance of our system during business hours, we will alert you on our online portal.



Upcoming events:

Claims Earnings Stakeholder Information Sessions

Region	Date	Venue
Klerksdorp	4 Oct 17	Rio Casino
Welkom	5 Oct 17	Goldfields Casino
Bloemfontein	6 Oct 17	President Hotel
Emalahleni	16 Oct 17	The Ridge Casino
Ermelo	18 Oct 17	Venue to be confirmed
Nelspruit	19 Oct 17	Protea Hotel Nelspruit
Polokwane	24 Oct 17	Garden Court Polokwane
Louis Trichardt	25 Oct 17	Venue to be confirmed
Mafikeng	22 Nov 17	Venue to be confirmed
Vryburg	22 Nov 17	Venue to be confirmed
Kimberley	23 Nov 17	Protea Hotel Kimberley

For more information or to RSVP, contact us on RMATraining@randmutual.co.za