

Basic guide: reporting and diagnosing occupational diseases



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Early recognition, diagnosis and reporting of occupational diseases are vital steps in any occupational health (OH) surveillance system. This article provides frontline medical practitioners with a basic guide to assist them in the vital role they play in diagnosing occupational diseases. Their clinical findings and expertise are critical for establishing a high index of suspicion of an occupational event.

COMPENSATION LEGISLATION

Compensation for occupational diseases in South Africa is covered by two statutory systems, namely the Compensation for Occupational Injuries and Diseases Act (COIDA, Act No. 130 of 1993), and the Occupational Diseases in Mines and Works Amendment Act (ODMWA, Act No. 208 of 1993). ODMWA provides compensation for specific occupational lung diseases contracted by employees who work, or previously worked, in a controlled mine and related works.

COIDA covers all other occupational diseases not covered by ODMWA that arise out of, and in the course of, employment. Rand Mutual Assurance (RMA) is licensed to administer COIDA benefits on behalf of the Compensation Commissioner for the mining, iron, metal, steel and related industries.

NOTIFIABLE OCCUPATIONAL DISEASES

Compensation legislation imposes a statutory notification

requirement on the employer with regard to OH diseases. Thus medical practitioners must inform employers of the diagnosis of occupational diseases to enable them to notify the relevant compensation fund, mutual assurance or entity.

Reporting an occupational disease triggers investigations to establish causality and active case-finding to identify others who may also be at risk. This assists employers to take appropriate preventive measures, monitor trends and ensure early identification of emerging concerns. Moreover, accurate and prompt reporting enables employees to exercise their rights in claiming compensation and ensuring that their claims can be processed swiftly.

DIAGNOSIS OF OCCUPATIONAL DISEASES

Occupational diseases are not easy to identify as the cause and effect (disease) are normally distantly related in time. An exposure or multiple exposures over a long period are more likely to be the cause, and the effect (disease) may be slow to manifest, so may not be attributed immediately to the exposure.

The proposed approach described in Table 1 simplifies diagnosing and reporting of occupational diseases.

Proper diagnosis and efficient reporting of occupational diseases will be beneficial in two respects: more eligible employees will be compensated, and this will result in effective vigilance that will lead to early detection of an occupational disease, and timely treatment.

Table 1. Stepwise approach for diagnosis of occupational diseases, adapted from Boschman et al. (2017)¹

Step	Description	Operationalisation and/or points of attention
1	Determine disorder/disease	Make a diagnosis
2	Determine relationship with work	Occupational history is essential, including: <ul style="list-style-type: none"> • Employment details: occupation, type of industry and specific work, name of employer and years employed • Exposure information: general description of job process and overall hygiene, materials used by worker and others, specific workplace exposures and use of PPEs • Details about past employment/exposures in a chronological order
3	Determine the nature and level of the causative exposure	Gain an understanding of the actual exposure: <ul style="list-style-type: none"> • Nature, intensity, duration and frequency • Occupational hygiene measurements (if available)
4	Appropriate diagnostic tests	Evidence of structural lesion must be consistent with the known pathological process following exposure to the specified agent
5	Clinical decision-making	Critical review of all the available evidence: <ul style="list-style-type: none"> • Establish if the specific exposure caused the disease • Did the exposure of interest precede the disease by a period consistent with any proposed biological mechanism? • Biological plausibility: from what is known of toxicology, chemistry, physical properties or other attributes of the studied risk or hazard, does it make biological sense to suggest that exposure leads to the disease? • There is a dose-response relationship (ie. a relationship between an exposure and the risk of an outcome)
6	Conclusion and reporting	Conclusion: <ul style="list-style-type: none"> • Is there no possible alternate explanation? • Is there sufficient reason to assume there is a causal relationship between work and the disorder or disease? • Is there a diagnosis?

RESOURCES

1. Eurogip. Reporting of occupational diseases: issues and good practices in five European countries. 2015. Available from http://www.eurogip.fr/_scripts_externe/pdf.php?a=e&f=.../images/.../Report...pdf (accessed 30 Apr 2018).
2. Govender M, Ehrlich RI, Mohammed A. Notification of occupational disease by general practitioners in the Western Cape. *S Afr Med J*. 2000; 90(10):1012-1014.
3. International Labour Organization (ILO). Identification and recognition

of occupational diseases: criteria for incorporating diseases in the ILO list of occupational diseases. Meeting of experts on the revision of the list of occupational diseases (recommendation no. 194). 27-30 Oct 2009. Available from <http://www.ilo.org/wcmsp5/groups-public> (accessed 5 May 2018).

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1. Boschman JS, Brand T, Frings-Desen MH, Van der Molen HF. Improving the assessment of occupational diseases by occupational physicians. *Occup Med (London)*. 2017; 67(1):13-19.

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