
DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 2330 OF 2024



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THE SCHEDULE 3 LIST OF OCCUPATIONAL DISEASES PUBLISHED FOR PUBLIC COMMENTS

FEBRUARY 2024

Request to publish for Public Comments the List of Occupational Diseases as appended in Schedule 3 in terms of Section 97 of the Compensation Fund for Occupational and Disease Act, 1993 (Act No. 130 of 1993).

Public Comments can be emailed to:

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ANNEXURE A

SCHEDULE 3

In this schedule, the following general concepts have been defined and clarified as set out below.

GENERAL

1. Schedule 3 deals with the List of Occupational Diseases, which depicts occupational and compensable diseases on the benefits of an explicit presumption referred to in terms of section 66 of the Compensation for Occupational Injuries and Diseases Act, 130 of 1993, as amended.
2. The updated Schedule 3 is issued to align to the List of Occupational Diseases mentioned in the first column of schedule 3 of the Compensation for Occupational Injuries and Diseases Act, 130 of 1993, as amended, with the list of occupational diseases appended to the International Labour Organisation's List of Occupational Diseases (Revised 2010).
3. The updated Schedule 3 is issued in conformity with sections 65(a) and 66 of the Compensation for Occupational Injuries and Diseases Act, 130 of 1993, as amended.
4. The List of Occupational Diseases appended to this updated Schedule 3 shall supersede the list of diseases mentioned in the first column of Schedule 3 in terms of section 65(a) of the Compensation for Occupational Injuries and Diseases Act, 130 of 1993 as amended.
5. Work shall be defined as:
 - All work involving the handling of and/or exposure to any agent(s) mentioned in the List of Occupational Diseases; and/or
 - Any occupation involving handling or exposure to specified agent/ work processes mentioned in the List of Occupational Diseases.
6. Work as defined in the updated Schedule 3 shall supersede all previous work(s) mentioned in Schedule 3 and in section 66 of the Compensation for Occupational Injuries and Diseases Act, 130 of 1993 as amended.

7. Criteria for diagnosing an occupational disease:

- The clinical features must fit in with what is known about the health effects following exposure to the specified agent. The symptoms and signs should fit, which may be supported in some cases by suitable diagnostic tests.
- There must be an indication of sufficient occupational exposure. Evidence on exposure may be obtained through taking the occupational history, results of occupational hygiene measurements taken at the workplace, biological monitoring results, and/or records of incidents of over-exposure.
- The time interval between exposure and effect must be consistent with what is known about the natural history and progress of the disease.

A. LIST OF OCCUPATIONAL DISEASES

1. Occupational diseases caused by exposure to agents arising from work activities

1.1. Diseases caused by chemical agents

- 1.1.1. Diseases caused by beryllium or its compounds
- 1.1.2. Diseases caused by cadmium or its compounds
- 1.1.3. Diseases caused by phosphorus or its compounds
- 1.1.4. Diseases caused by chromium or its compounds
- 1.1.5. Diseases caused by manganese or its compounds
- 1.1.6. Diseases caused by arsenic or its compounds
- 1.1.7. Diseases caused by mercury or its compounds
- 1.1.8. Diseases caused by lead or its compounds
- 1.1.9. Diseases caused by fluorine or its compounds
- 1.1.10. Diseases caused by carbon disulfide
- 1.1.11. Diseases caused by halogen derivatives of aliphatic or aromatic hydrocarbons
- 1.1.12. Diseases caused by benzene or its homologues
- 1.1.13. Diseases caused by nitro- and amino-derivatives of benzene or its

homologues

- 1.1.14. Diseases caused by nitroglycerine or other nitric acid esters
- 1.1.15. Diseases caused by alcohols, glycols or ketones
- 1.1.16. Diseases caused by asphyxiants like carbon monoxide, hydrogen sulfide, hydrogen cyanide or its derivatives
- 1.1.17. Diseases caused by acrylonitrile
- 1.1.18. Diseases caused by oxides of nitrogen
- 1.1.19. Diseases caused by vanadium or its compounds
- 1.1.20. Diseases caused by antimony or its compounds
- 1.1.21. Diseases caused by hexane
- 1.1.22. Diseases caused by mineral acids
- 1.1.23. Diseases caused by pharmaceutical agents
- 1.1.24. Diseases caused by nickel or its compounds
- 1.1.25. Diseases caused by thallium or its compounds
- 1.1.26. Diseases caused by osmium or its compounds
- 1.1.27. Diseases caused by selenium or its compounds
- 1.1.28. Diseases caused by copper or its compounds
- 1.1.29. Diseases caused by platinum or its compounds
- 1.1.30. Diseases caused by tin or its compounds
- 1.1.31. Diseases caused by zinc or its compounds
- 1.1.32. Diseases caused by phosgene
- 1.1.33. Diseases caused by corneal irritants like benzoquinone
- 1.1.34. Diseases caused by ammonia
- 1.1.35. Diseases caused by isocyanates
- 1.1.36. Diseases caused by pesticides
- 1.1.37. Diseases caused by sulphur oxides
- 1.1.38. Diseases caused by organic solvents
- 1.1.39. Diseases caused by latex or latex-containing products
- 1.1.40. Diseases caused by chlorine
- 1.1.41. Diseases caused by other chemical 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 chemical agents arising from work activities and the disease(s) contracted by the worker.

1.2. Diseases caused by physical agents

- 1.2.1. Hearing impairment caused by noise.
- 1.2.2. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)
- 1.2.3. Diseases caused by compressed or decompressed air.
- 1.2.4. Diseases caused by ionizing radiations
- 1.2.5. Diseases caused by optical (ultraviolet, visible light, infrared) radiations including laser
- 1.2.6. Diseases caused by exposure to extreme temperatures
- 1.2.7. Diseases caused by other physical 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 physical agents arising from work activities and the disease(s) contracted by the worker.

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

2. Occupational diseases by target organ systems

2.1. Respiratory diseases

- 2.1.1. Pneumoconioses caused by fibrogenic mineral dust (silicosis, anthracosis, asbestosis)
- 2.1.2. Silicotuberculosis
- 2.1.3. Pneumoconioses caused by non-fibrogenic mineral dust
- 2.1.4. Siderosis
- 2.1.5. Bronchopulmonary diseases caused by hard-metal dust
- 2.1.6. Bronchopulmonary diseases caused by dust of cotton (byssinosis), flax, hemp, sisal or sugar cane (bagassosis)
- 2.1.7. Asthma caused by recognized sensitizing agents or irritants inherent to the work process.
- 2.1.8. Extrinsic allergic alveolitis caused by the inhalation of organic dusts or microbially contaminated aerosols, arising from work activities
- 2.1.9. Chronic obstructive pulmonary diseases caused by inhalation of coal dust, dust from stone quarries, wood dust, dust from cereals and agricultural work, dust in animal stables, dust from textiles, and paper dust, arising from work activities
- 2.1.10. Diseases of the lung caused by aluminium.
- 2.1.11. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process
- 2.1.12. Other respiratory diseases 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 risk factors arising from work activities and the disease(s) contracted by the worker

2.2. Skin diseases

- 2.2.1. Allergic contact dermatoses and contact urticaria caused by other recognized allergy-provoking agents arising from work activities not included in other items
- 2.2.2. Irritant contact dermatoses caused by other recognized irritant agents arising from work activities not included in other items
- 2.2.3. Vitiligo caused by other recognized agents arising from work activities not

Included in other items

- 2.2.4. Other skin diseases caused by physical, chemical, or biological agents at work not included under other items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the skin disease(s) contracted by the worker

2.3. Musculoskeletal disorders

- 2.3.1. Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.2. Chronic tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.3. Olecranon bursitis due to prolonged pressure of the elbow region
- 2.3.4. Prepatellar bursitis due to prolonged stay in kneeling position
- 2.3.5. Epicondylitis due to repetitive forceful work
- 2.3.6. Meniscus lesions following extended periods of work in a kneeling or squatting position
- 2.3.7. Carpal tunnel syndrome due to extended periods of repetitive forceful work, work involving vibration, extreme postures of the wrist, or a combination of the three
- 2.3.8. Other musculoskeletal disorders 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 risk factors arising from work activities and the musculoskeletal disorder(s) contracted by the worker

2.4. Mental and behavioural disorders

- 2.4.1. Post-traumatic stress disorder
- 2.4.2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker

3. Occupational cancer

3.1. Cancer caused by the following agents

- 3.1.1. Asbestos
- 3.1.2. Benzidine and its salts
- 3.1.3. Bis-chloromethyl ether (BCME)
- 3.1.4. Chromium VI compounds
- 3.1.5. Coal tars, coal tar pitches or soots
- 3.1.6. Beta-naphthylamine
- 3.1.7. Vinyl chloride
- 3.1.8. Benzene
- 3.1.9. Toxic nitro- and amino-derivatives of benzene or its homologues
- 3.1.10. Ionizing radiations
- 3.1.11. Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
- 3.1.12. Coke oven emissions
- 3.1.13. Nickel compounds
- 3.1.14. Wood dust
- 3.1.15. Arsenic and its compounds
- 3.1.16. Beryllium and its compounds
- 3.1.17. Cadmium and its compounds
- 3.1.18. Erionite
- 3.1.19. Ethylene oxide
- 3.1.20. Hepatitis B virus (HBV) and hepatitis C virus (HCV)
- 3.1.21. Cancers caused by other 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 agents arising from work activities and the cancer(s) contracted by the worker.

4. Other diseases

- 4.1. Miners' nystagmus
- 4.2. Other specific diseases caused by occupations or processes not mentioned in this list where a direct link is established scientifically, or determined by methods

appropriate to national conditions and practice, between the exposure arising from work activities and the disease(s) contracted by the worker

ANNEXURE A

On advice from the National Medical Advisory Panel, duly appointed in line with Section 70 of COID Act No 130 of 1993, while exercising its duties in accordance with Subsection 1 (C), hereby issues this notice in the determination of diagnostic criteria and the determination of disablement for occupational injuries and diseases under COID Act.

This notice outlines the evaluation of impairment and disability after diagnosis and application of diagnostic criteria for all occupational diseases as contained in schedule 3 of the COID Act 130 of 1993.

This notice further outlines the procedure to be undertaken in the determination of disablement.

1. In the diagnosing of any occupational diseases, the criteria to be met, shall be as outlined in the ILO Diagnostic Criteria for Occupational Diseases. At all times, when a diagnosis is to be made, the access to criteria shall be made available to the diagnosing team, such access being in the form of freely accessible electronic soft copy, or other accessible methods in line with the ILO Diagnostic Criteria for Occupational Diseases.
2. The diagnostic criteria for other conditions not listed in the ILO Diagnostic Criteria, shall be attached and published in the updated Instructions as published along with the schedules.
3. In so far as determination of disablement determination is to be carried out, the method to be used shall be a consensus driven method, in line with the International Classification of Function and shall be updated annually in accordance with current medical evidence. Such method shall be used to confer a whole person impairment (WPI) at the time of maximum medical improvement (MMI) and shall take into consideration clinical assessments that shall contain the following:
 - a. Full Functional History of the relevant system(s) involved
 - b. Comprehensive Physical Examination Findings of the System(s) involved
 - c. Clinical Studies of the relevant system(s) involved
4. The medical assessment, as submitted in the forms as updated, shall use the tables of impairment, the method of adjustment and conversion to WPI as contained in the AMA Guides to the Evaluation of Permanent Disablement
5. The impairment so determined shall be equivalent to the total disablement for purposes of determining the compensation in line with Schedule 4 as updated annually.
6. No person shall, in as far as whole person impairment determination is concerned, be more than 100% impaired, utilizing combined values charts.

7. Where there is current instruction in place, the determination of disablement shall compare the disablement gained from above method and the disablement in the prevailing instruction, the final disablement being the one that will keep the employee concerned in a gainful employment while accessing the compensation and medical aid as defined in the benefits.
8. The above determination of disablement shall not be applicable to NIHL, Instruction 171 shall prevail. Hearing loss as an occupational disease secondary to head trauma, shall be assessed according to the methodology contained above (1-7)

Active Transitional Scenarios

Instruction	AMA Guides	Decision
<30%	<30%	Adopt Disablement according to Instruction
>30%	<30%	Adopt AMA Disablement
>30%	>30%	Adopt the Instruction
<30%	>30%	Adopt the AMA Guides

Attach the ILO Diagnostic Criteria for Occupational Diseases (https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---lab_admin/documents/publication/wcms_836362.pdf)

Attach the AMA Guides Digital (<https://ama-guides.ama-assn.org/>)

Attach the Instructions as contained in the COID Act