

BE AWARE OF YOUR INJURY-ON-DUTY (IOD) BENEFITS

Sustained an injury while on duty and not sure what to do and what you are entitled to? Relax, because the IOD office is here for you.

How do I report injuries-on-duty?

Every employee who sustains an injury (irrespective of how minor it appears to be) or contracts a disease during the course of and as a result of the execution of official duties, should report such an injury or disease to our employer, the SAPS.

IODs are regulated by COIDA (Compensation for Occupational Injuries and Diseases Act, 1993) (Act no 130 of 1993). The members must report the injury to his/her commander immediately or before reporting off duty. If he/she is unable to give a report, a colleague must do so on behalf of the injured member.



The following forms are used for injury on duty:

- WCL 2 (Employer's report of an accident)
- WCL 3 (Notice of an accident); WCL 4
- (First medical report)WCL 5 (Progress or final medical report).
- WCL 6 (Resumption report)
- A certified copy of the injured person's ID, as well as a copy of the salary advice of the month in which the injury was sustained.
- WCL 226 (Transport questionnaire) in case of MVA.
- Assault report in case of assault



The following forms are used for CoVID-19

- WCL 1 (Employers report).
- W.CL 14 Notice of an occupational disease and claim for Compensation
- W.CL 22 (first medical report in respect of an occupational disease) from the treating Medical Practitioner
- W.CL 26 (Progress/ Final medical report in respect of an occupational disease) from the treating Medical Practitioner.
- W,CL 110 (COVID-19 exposure and medical questionnaire)
- Certified Copy of identity document to be attached
- Test result from Pathologist
- A certified copy of the injured members ID, as well as a salary advice for the month when the disease was contracted



The following forms are used for Post-Traumatic Stress Disorder:

01 March 2022

- WCL 1//2 (Employer's report of an accident)
 WCL 3 (Notice of an accident), WCL 303
 (First Madian accident)
- (First Medical report)WCL 303 (First medical report)
- WCL304 (Progress or final medical report)
- WCL 6 (Resumption report)
- Detailed Psychiatrist Report from treating Doctor with brief psychiatrist rating scale, impairment rating scale and global assessment function (GAF)
- A certified copy of the injured person's ID, as well as a copy of the salary advice of the month in which the illness contracted.



What must the commander do after the IOD has been reported?

The employer (commander) must complete the WCL 2 within 24 hours,

and the medical practitioner treating the employee, must complete part B of WCL 2 and attach it to the medical account. The employer reports the accident or occupational disease by submitting the WCL 2/1, WCL 4/22/303, certified copy of ID and salary advice to Head Office within 14 working days after the day of the injury, to report an IOD to the Compensation Fund (section 39 of the COIDA).

The following documents must be compiled and submitted to Head Office within THREE months after the date of the injury to determine whether the alleged injury/disease meets the criteria for recognition as an IOD:

- SAPS 114
- The injured member's supplementary statement
- The WCL 4 (normal injury)/303 (PTSD)/22 (COVID-19) and/or medical certificate
- The on-duty statement from the commander
- The first report statement
- The witness' statement/s
- A copy of the pocketbook or diary entry
- Test results from the Pathologist in case of COVID-19
- The call-up instruction for the course, if applicable
- The provincial/national sport championship call-up instruction, if applicable
- Physical fitness call-up instruction (for SAPS Act employees)
- A copy of the Occurrence Book entry

NB: If your IOD application is accepted, you are entitled to the following benefits:

- Payment of all reasonable medical accounts by the SAPS (NOT by POLMED) Medical accounts for civilian employees are payable
 by the Compensation Fund (NOT by the SAPS).
- Provision of necessary medical assistive devices to enhance functionality, e.g. a wheelchair and prosthesis.
- Monetary compensation from the Compensation Fund determined by the % of disablement as well as the earnings at the time of the injury.
- 1 30%: Once-off gratuity compensation
- 31% and above: monthly compensation
- Home nurse in case the injury causes permanent/temporary complete disability to carry out the activities of daily living
- In case of death, immediate family members (spouse, minor children and dependent parents) are entitled to monthly compensation

SAPS IOD Human Resources Department: Tel: 012 393 2848/1501/1626/1803/2941 E-mail address: LeonardQ@saps.gov.za/NakengDM@saps.gov.za

SAPS IOD Finance Management Services:

Tel: 012 393 2435/4461/4409 E-Mail address: Delporth@saps.gov.za / SekoriPiet@saps.gov.za

Want to speak to us?

If you would like to speak to us, please do not hesitate to contact our Client Service Centre or send us an email.

Contact Us Tel: 0860 765 633 or 0860 POLMED Email: polmed@medscheme.co.za Fax: 0860 104 114

POLMED Client Service Centre:

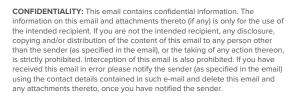
Nedbank Plaza, C/o Stanza Bopape and Steve Biko Streets, Arcadia, 0083

Claims, Membership and Contributions:

POLMED, Private Bag X16, Arcadia, 0007

Council for Medical Schemes: www.medicalschemes.com

POLMED Fraud Hotline: 0800 112 811 fraud@medscheme.co.za



*Please use the latest browser to view the Electronic Vaccination Data System (EVDS).



IF YOU ARE OVER 18+ YEARS OLD, REGISTER AND GET VACCINATED NOW! https://vaccine.enroll.health.gov.za/#/

COVID-19 Public Hotline: 0800 029 999 WhatsApp Support Line: 0600-123456



