

CHAPTER 219.**WORKMEN'S COMPENSATION.****RULES**

made by the Governor in Council under section 43.

NOTIFICATION OF INJURIES.

P.N.
26 of 1955.
Citation.

1. These rules may be cited as the Workmen's Compensation (Notification of Injuries) Rules.

2. (1) Notice of an accident arising out of and in the course of his employment causing injury to a workman of such a nature as would entitle him to compensation under the provisions of the Ordinance may be given by or on behalf of the workman as soon as practicable after the accident and before the workman has voluntarily left the employment in which he was injured, either in writing or orally to the employer (or if there is more than one employer, to one of such employers) or to the Commissioner of Labour or to the Labour Officer of the area in which the workman was employed.

Notification
of accident
by or on
behalf of
workman.

(2) The notice shall give the name and address of the person injured and shall state in ordinary language the cause of the injury and the date on which the accident happened.

Require-
ments of
notice by
workman.

(3) Where the employer is a body of persons, corporate or unincorporate, the notice, if in writing, may also be given by delivering it or by sending it by post in a registered letter addressed to the residence or place of business of the person to whom it is to be given.

Notice by
post.

3. (1) Notice of an accident arising out of and in the course of his employment causing injury to a workman of such a nature as would entitle him to compensation under the provisions of the Ordinance shall be given in the prescribed form to the Commissioner of Labour or to the Labour Officer of the area by the employer as soon as practicable after the accident and before the workman has voluntarily left the employment in which he was injured. In this sub-rule, "prescribed form" means Form No. 1 in Schedule A of these rules.

Notification
of accident
by employer.

(2) When the death of any workman from any cause whatever is brought to the notice of, or comes to the knowledge of his employer, the employer shall, as soon as practicable after

Notification
of death of
a workman.

the occurrence of the death, give notice in the prescribed form to the Commissioner of Labour or to the Labour Officer of the area in which the workman was employed. Such notice shall state the circumstances of the death of the workman if they are known to the employer. In this sub-rule, "prescribed form" means Form No. 2 in Schedule A of these rules.

Schedule A.

4. The forms prescribed in Schedule A shall be used where applicable, with such variations and modifications as the circumstances may require.

Schedule B.

5. Every employer of persons, who are workmen within the meaning of the Ordinance shall render to the Commissioner of Labour by the 31st day of January in each year, the return or returns prescribed in Schedule B, duly completed so far as the same are applicable.

Rules 3 & 4.

SCHEDULE A.

FORM No. 1.

THE WORKMEN'S COMPENSATION ORDINANCE.

NOTIFICATION OF ACCIDENT.

- 1. Name of firm or proprietor.....
 - 2. Address of firm.....
 - 3. Address and place where accident occurred.....
 - 4. Date and time of accident.....
 - 5. Name of injured worker.....
 - 6. Tribe, chiefdom, home town (village) and address of injured worker.....
 - 7. (a) Sex (b) age and (c) occupation of injured person.....
 (a)..... (b)..... (c).....
 - 8. Statement by person in charge describing accident and cause.....
 - 9. Was machinery involved, if so, was there any failure of an essential part?
 - 10. Nature of injury sustained.....
 - 11. Probable duration of incapacity of worker from doing his ordinary work
 - 12. Employer's reference number.....
- Dated this.....day of.....19.....
- Signature of person giving the notice.....
- Address of person giving the notice.....

FOR OFFICIAL USE.

- 1. Date received.....
- 2. Accident No.....
- 3. Industry.....
- 4. Occupation.....
- 5. Classification
- 6. Sex

- 7. Copy of Medical Officer's Report received.....
- 8. Dependants (in the case of fatal accidents).....
- 9. Interim payments made to worker.....
- 10. Assessment of compensation.....

FORM No. 2.

THE WORKMEN'S COMPENSATION ORDINANCE.

NOTIFICATION OF DEATH.

- 1. Name of firm or proprietor.....
 - 2. Address of firm.....
 - 3. Address and place where death occurred.....
 - 4. Date and time of death.....
 - 5. Name of injured worker.....
 - 6. Tribe, chieftom, home town (village) and address of worker.....
 - 7. (a) Sex (b) age (c) occupation of person (a).....(b).....(c).....
 - 8. Statement by person in charge describing cause and circumstances of death, if known.....
 - 9. Was machinery involved, if so, was there any failure of an essential part?
 - 10. Employer's reference number.....
- Dated this.....day of.....19.....
- Signature of person giving the notice.....
- Address of person giving the notice.....

FOR OFFICIAL USE.

- 1. Date received.....
- 2. Accident No.....
- 3. Industry
- 4. Occupation.....
- 5. Classification
- 6. Sex
- 7. Copy of Medical Officer's Report received.....
- 8. Dependants
- 9. Interim payments made to worker.....
- 10. Assessment of compensation.....

FORM No. 3.

THE WORKMEN'S COMPENSATION ORDINANCE.

REQUEST BY EMPLOYER TO WORKMAN TO SUBMIT HIMSELF FOR MEDICAL EXAMINATION.

To:

In reference to your notice given on the.....day of.....that you have met with an accident causing personal injury, you are hereby required to submit yourself for examination by Dr.....who is the medical practitioner named by me.....at.....on the.....day of.....19....., at.....m.

(if you claim that you are unable or not in a fit state to attend the above medical examination you should inform me immediately).

Dated this.....day of....., 19.....

Signature.

FORM No. 4.

THE WORKMEN'S COMPENSATION ORDINANCE.

DETAILS OF AGREEMENT AS TO THE AMOUNT OF COMPENSATION PAYABLE BY THE EMPLOYER.

(This form must be completed and forwarded to the Clerk of the Court by the party who desires the agreement to be made an Order of the Court.)

- 1. Name, address and business of employer.....
2. (a) Name and address of workman (tribe, chiefdom, home town).....
(b) Occupation

(Full details of the nature of the work and duties on which the workman was employed at the date of the accident.)

- (c) Age
(d) Sex
(e) Previous Compensation awarded (if any).....

- 3. (a) Date of accident.....
(b) Cause of accident.....
(c) Nature and circumstances of injury.....

(Give full details and state whether incapacity is total or partial, permanent or temporary. If partial, the degree, and, if temporary, the period of incapacity must be given.)

- 4. Contract of employment.....

The monthly earnings must be stated, specifying the value of food, fuel or quarters

- 5. Date of agreement.....
6. Amount of compensation agreed upon and to whom payable.....
(Copy of agreement must be given.)

- 7. (a) Amount payable in a lump sum.....
(b) Amount and period of periodical payments.....
8. Any other information.....

Signature of Applicant.

Sworn before me this.....day of....., 19.....

Commissioner of Oaths.

FORM No. 5.

THE WORKMEN'S COMPENSATION ORDINANCE.

APPLICATION FOR ENFORCING CLAIM TO COMPENSATION.

(This form must be completed and forwarded to the Clerk of Court, by the workman making application for enforcing his claim to compensation.)

- 1. Name of firm or proprietor.....
2. Address of firm.....
3. Place where accident occurred.....

4. Date and time of accident.....
5. Name of injured worker.....
6. Tribe, chiefdom, home town (village) and address of injured worker
.....
7. (a) sex..... (b) age
- (c) occupation of injured person.....
8. Nature of injury sustained.....
9. Percentage incapacity or medical report.....
10. Average earnings per month.....
11. Amount of compensation claimed.....

Signature.

SCHEDULE B.

If payments have been made in respect of an accident by an Employer the following Form must be filled up.

A. CASES IN WHICH COMPENSATION WAS PAID FOR DEATH.

(Compensation paid in respect of previous incapacity should be included in Table B).

	No. of cases in which Compensation was paid during 19 .	Total amount of Compensation paid during 19 .
Cases where compensation (including medical or burial expenses, if any) was paid.....		£ s. d.

B. CASES IN WHICH COMPENSATION WAS PAID FOR INCAPACITY.

	No. of cases in which compensation was paid during 19 .	Total amount of compensation paid during 19 .					
		Lump sum Payments.		Periodical Payments.			
		£	s.	d.	£	s.	d.
Cases continued from previous years.							
Cases in which the first payment of compensation was made during 19.....							
Total							

P.N.
106 of 1955.

FEES AND CHARGES FOR MEDICAL AID.

Citation.

1. These rules may be cited as the Workmen's Compensation (Fees and Charges for Medical Aid) Rules.

Scale of fees
and charges
for medical
aid to
workmen.

2. The fees and charges for medical aid to workmen within Sierra Leone shall be in accordance with the scale set out in the Schedule hereto.

SCHEDULE

<i>Item</i>	<i>Service</i>	<i>Fees and Charges</i>
I. FOR TREATMENT GIVEN OUTSIDE GOVERNMENT HOSPITALS AND MEDICAL INSTITUTIONS		

	£	s.	d.
(a) Visit of patient to doctor	0	5	0
(b) Visit of doctor to patient	0	10	0

The fees for (a) and (b) shall not be additional to the fees prescribed in (c) in so far as the doctor consulted is concerned.

(c) Consultation between doctors	1	0	0
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The fee prescribed for (c) shall be payable only to the doctor consulted, the consulting doctor being paid as for a visit.

II. FOR SURGICAL TREATMENT

(a) *For the services of a surgical specialist—*

(i) at a major operation	25	0	0
(ii) at an intermediate operation	15	0	0
(iii) at a minor operation	5	0	0

Provided that if more than one operation is required for the relief of the same injury or occupational disease the total fees charged shall not exceed £40.

(b) *For the services of a medical practitioner who is not a specialist—*

	£	s.	d.
(i) at a major or intermediate operation	10	0	0
(ii) at a minor operation	No charge, other than the fees for visits specified in Item I, or, if treated in hospital the hospital fees specified in Item VI.		

The charges in this item are inclusive of all services rendered, including operation, any necessary attendances, operations for the implantation of radon or radium seeds and anaesthetic fees.

For the purposes of this item "major", "intermediate" and "minor" operations mean the operations respectively so described in the Appendix to this Schedule.

In the case of any operation not specified in such Appendix, the decision of the Director of Medical Services whether the operation is to be assessed as a major, intermediate or minor operation shall be final.

<i>Item</i>	<i>Service</i>	<i>Fees and Charges</i>
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III. RADIOLOGICAL

X-Ray examinations

£ s. d.

(a)	For each film 17"x14" in size	0 6 6
(b)	For each film 15"x12" in size	0 6 3
(c)	For each film 12"x10" in size	0 3 5
(d)	For each film 10"x8" in size	0 2 3
(e)	For each film 8"x6" in size	0 1 8
(f)	For each film 6"x4" in size	0 1 2
(g)	For each film 15"x6" in size	0 2 6
(h)	For each film 12"x6" in size	0 1 11

IV. PHYSIOTHERAPY

Massage, electrical, etc. per session	0 2 0
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Fees for physiotherapy, in respect of treatment administered by a hospital, shall be payable solely in those cases where the workman has been referred for such treatment by a medical practitioner.

V. DENTISTRY

£ s. d.

(a)	Clinical examination	0 10 6
(b)	Routine scaling and gum-treatment	0 17 6
(c)	Deep scaling and prolonged gum-treatment	2 0 0
	to	4 0 0
(d)	Gingivectomy including scaling and gum-treatment	1 0 0
	to	5 0 0
(e)	Apicectomy including root-treatment, per tooth	2 0 0
	to	5 0 0
(f)	X-ray examination—	
	(i) one intra-oral film	0 5 0
	(ii) additional films at same examination, each	0 2 0
	(iii) extra-oral films	as in Item III

III

<i>Item</i>	<i>Service</i>	<i>Fees and Charges</i>
V. DENTISTRY— <i>continued</i>		
		£ s. d.
(g) Dental extractions, including after-treatment, per tooth		0 12 6
Provided that the maximum fee shall be £5		
(h) General anaesthetics—		
Anaesthetist's fee, additional to dental fee		0 12 6
(i) Fillings: amalgam, silicate and other cements		0 17 6
Provided that the maximum fee per tooth shall be £1 17s. 6d.		
(j) Fillings, gold		3 0 0
		to 7 0 0
(k) Fillings, temporary and dressings		0 10 6
(l) Crowns, all kinds		3 0 0
		to 7 0 0
(m) Root-treatment, additional to fee for fillings		1 0 0
		to 3 0 0
(n) Dentures: plastic, per tooth or band		0 15 0
Provided that the minimum fee shall be £3 and the maximum fee £10 10s. 0d.		
(o) Dentures: plastic, re-lining		3 0 0
(p) Dentures: plastic, repairs per count		0 17 6
Provided that the maximum fee per denture shall be £1 10s. 0d.		
(q) Dentures: gold, per tooth or band		3 0 0
Provided that the minimum fee shall be £12 0s. 0d. and the maximum fee £45 0s. 0d.		
(r) Dentures: gold, repairs per count		2 0 0
(s) Bridges		7 0 0
		to 15 0 0
(t) Orthodontic treatment, including the provision of appliances		7 0 0
		to 15 0 0
(u) Surgical extractions, removal of cysts, treatment of fractures, alveolectomy, maxillo-facial operations, excluding the provision of appliances		3 0 0
		to 26 0 0
(v) Obturators, maxillo-facial appliances		5 0 0
		to 26 0 0
(w) Miscellaneous treatment		0 10 0
(x) Emergency treatment between the hours of 2 p.m. and 8 a.m. and on Sundays and Public Holidays, additional to dental fee		1 0 0

The above fees include the cost of all material and anaesthetic fees.

<i>Item</i>	<i>Service</i>	<i>Fees and Charges</i>
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VI. HOSPITAL FEES

(A) IN-PATIENTS

(i) For accommodation in public wards of general hospitals—

	<i>per day</i>
	£ s. d.
(a) whose income does not exceed £90 per annum	0 0 3
(b) whose income exceeds £90 but does not exceed £144 per annum	0 1 3
(c) whose income exceeds £144 but does not exceed £200 per annum	0 2 0
(d) whose income exceeds £200 but does not exceed £250 per annum	0 2 6
(e) whose income exceeds £250 but does not exceed £372 per annum	0 3 6
(f) whose income exceeds £372 per annum	0 5 0

For patients requiring European diet an additional fee equal to half the rate applicable as set out above shall be charged.

(ii) For accommodation in private wards of general hospitals—

(a) in a ward containing more than two beds	0 12 0
(b) in a two-bedded ward	0 18 0

(B) OUT-PATIENTS

For attendance at public out-patients clinics—

(a) on first attendance, on the issue of the first treatment form	0 1 0
(b) for each subsequent treatment form	0 1 0

VII. DRUGS, DRESSINGS, VACCINES AND SERA.

Except where inclusive fees for surgical treatment and for dental treatment are paid as provided for in items II and V of this Schedule, the above fees and charges shall not be deemed to include charges for drugs, dressings, vaccines or sera used in the treatment of any injury or occupational disease and the net cost thereof may be added to any fee or charge made in accordance with this Schedule.

VIII. LABORATORY SERVICES Free.

IX. TRAVELLING EXPENSES

Such charge in each particular case as is equivalent to the mileage allowance drawn by the doctor or dentist, if he is a Government officer entitled to mileage allowance, or which would be drawn by the doctor or dentist if he were a Government officer entitled to mileage allowance.

SURGICAL OPERATIONS

Major

Abscess of brain	Plastic operations requiring tube graft
Any operation involving intestinal suture	Rupture of bladder
Complicated fistula	Rupture of urethra
Depressed fracture	Splenectomy
Excision of larger joints	Subphrenic abscess requiring trans-thoracic or transperitoneal access
Hernia (Strangulated)	Transplantation of ureters
Meningeal haemorrhage	
Nephrectomy	

Intermediate

Castration	Hernia-inguinal, femoral, umbilica or ventral (simple)
Empyema	Suprapubic cystostomy
Enterotomy, colotomy, colostomy	
Epithelioma of lip with excision of glands in sub-mandibular region	
Gastrostomy	
Grafting with tube grafts	

Minor

Abscess	Plastic operations not requiring a tube graft and of a simple kind
Any condition treated by surgical diathermy under general anaesthesia, other than mouth or tongue, or bladder	Pyelography (not including services of radiologist)
Blood transfusion (grouping and expenses of donor extra)	Removal of needles from hand or foot or elsewhere
Cystoscopy	Rodent ulcer not involving bone or eye
Dilatation of urethra	Skin grafting
Examination under anaesthetic	
Implantation of radium or radon seeds for treatment of a skin tumour	

EAR, NOSE AND THROAT OPERATIONS

Major

Bronchoscopy (operative)	Ligature of jugular vein and opening of lateral sinus
Intracranial complications such as cerebellar abscess	Oesophagoscopy (operative)
	Plastic operations requiring a tube graft

Intermediate

Diagnostic bronchoscopy	Laryngoscopy (operative)
Diagnostic oesophagoscopy	Simple tracheotomy
Intranasal operations	

Minor

Diagnostic Laryngoscopy	Reduction of deformity, fractured noses, and facial bones
Paracentesis	
Plastic operations not requiring a tube graft	

OPHTHALMIC OPERATIONS

Major

Corneal grafting	Operation for dislocated lens
Detachment of retina	Reconstruction of eyelids
Exenteration of orbit	Removal of intraocular foreign body

Intermediate

Corneal abscission or tattooing	Excision or evisceration of eye-ball
Corneal wound	Exploration of orbit
Excision of rodent ulcer	Orbital abscess
	Paracentesis

Minor

Ectropion	Removal of foreign body embedded
Entropion	in cornea
	Suturing lid wounds

ORTHOPAEDIC OPERATIONS

Major

Amputation through thigh	Repair of intricate tendon injuries
Disarticulation of the hip and shoulder	Secondary nerve sutures
Excision of larger joints	Severe acquired deformities requiring open correction
Internal derangement of the knee and other joints	Tendon transplantation
Laminectomy	Other orthopaedic operations requiring an equivalent degree of surgical skill
Open reduction of fractures	<i>Note.</i> —Charges for the above operations to include the immediate mechanical after-treatment and subsequent changing of splints and plasters (with or without anaesthesia)
Operative treatment of compound fractures	
Reconstructive operations on bones and joints:	
arthrodesis	
arthroplasty	
bone grafts	

Intermediate

Amputation of limbs, save fingers and toes (minor) and thigh, shoulder and hip (major)	Emergency operations for acute osteomyelitis and acute suppurative arthritis
Closed reduction and fixation of fractures involving joints or shafts of larger bones	Manipulation of larger joints primary nerve and tendon repairs
	Other orthopaedic operations requiring an equivalent degree of surgical skill

Minor

Amputation of toes and fingers	Manipulation of smaller joints
Application of plaster-of-Paris casts with or without anaesthesia	Removal of exostoses
	Simple manipulation or tenotomy and plasters.

P.N.
27 of 1955.

Citation.

Insurers'
returns.

Cap. 219.

INSURERS' RETURNS.

1. These rules may be cited as the Workmen's Compensation (Insurers' Returns) Rules.

2. Every insurance society, association, company or underwriter who carries on a business of insurance under the Workmen's Compensation Ordinance shall render to the Commissioner of Labour by the 31st day of January in each year, the returns prescribed in Schedules *A* and *B* hereto, duly completed so far as the same are applicable.

SCHEDULE A.

NUMBER OF FIRMS/EMPLOYERS REGISTERED.

No. Registered in previous years.	No. Registered in 19.....	Total.

SCHEDULE B.

EMPLOYERS/FIRMS INSURED DURING 19.....:

Name of Employer/ Firm.	Address.	Date of Insurance.

WORKMEN'S COMPENSATION (EXCLUSION OF POLICE) ORDER. P.N. 67 of 1958.

made by the Governor in Council under section 2.

1. This Order may be cited as the Workmen's Compensation (Exclusion of Police) Order and shall be deemed to have come into effect on the 1st day of January, 1955. Citation.

2. The following classes of persons are hereby declared not to be workmen for the purposes of the Workmen's Compensation Ordinance— Police not to be workmen.

- (a) Members of the Sierra Leone Police Force;
 - (b) Persons engaged to perform police duties in accordance with the provisions of any written law, while so performing such duties.
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