

**COMPENSATION FOR OCCUPATIONAL INJURIES AND
DISEASES ACT, 1993 (ACT NO 130 OF 1993)**

**THE REHABILITATION, REINTEGRATION AND RETURN-TO-WORK REGULATIONS
UNDER THE COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES
ACT 130 OF 1993**

I, Nomakhosazana Meth, Minister of the Department of Employment and Labour, after consultation with the Compensation Board, hereby make the following attached regulations in terms of Section 97 read with Section 70A of Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993) as amended. The regulations are attached hereto as Schedule A.

EFFECTIVE DATE OF REGULATIONS

The regulations will come into effect on the publication date hereof in the Gazette.



Ms N Meth, MP

MINISTER OF EMPLOYMENT AND LABOUR

DATE 7 November 2025

SCHEDULE A

REGULATIONS ON REHABILITATION, REINTEGRATION AND RETURN-TO-WORK OF EMPLOYEES WHO SUSTAINED OCCUPATIONAL INJURIES OR CONTRACTED OCCUPATIONAL DISEASES

The Regulation

These regulations relate to the Rehabilitation, Reintegration, and Return-to-work of employees who sustained occupational injuries or contracted occupational diseases. These regulations are made under the Compensation for Occupational Injuries and Diseases (Act 130 of 1993) as amended.

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1. Definitions and Interpretation

In these Regulations, any word or expression to which a meaning has been assigned in the Act shall have the meaning so assigned and, unless the context otherwise indicates—

“Assistive devices” means any device, product, equipment, or tool designed or adapted to enable persons with disabilities to participate in activities, tasks or actions. They may include (i) Mobility aids such as wheelchairs, prostheses and crutches; (ii) Communication aids such as hearing aids FM systems; (iii) Sensory aids such as white canes; noise-reducing headphones and coloured lenses (iv) Technology aids such as computers for alternate and augmentative communication, screen readers, magnifiers, text in audio format;

“Assistive technology” includes assistive, adaptive, and rehabilitative devices and services for persons with disabilities, which enable them to attain independence in functional areas of living;

“Case Manager” means the health professional appointed by the Compensation Fund or the Licensee to conduct case management interventions, which include assessment/evaluation of treatment and rehabilitation, monitoring the implementation of care plans for the employees who sustained occupational injuries or contracted occupational or diseases;

“Clinical Rehabilitation” means the specialised medical and clinical process that focuses on enhancing and restoring functional ability and quality of life for individuals who have experienced impairments or disablement due to occupational injury/disease. This encompasses comprehensive assessment, treatment, and management by a multi-disciplinary team of healthcare professionals to address sensory, physical, cognitive, emotional and social limitations to achieve their maximum potential and attain independence in their daily activities and social participation;

“Employee health and wellness representative” means an appointed employee or representative acting on behalf of the employer as liaison officer between the Compensation Fund or Licensee with regards to the organisation’s Return-to-Work and Occupational Health and Safety programmes;

“Employers” means employers as defined in the Act;

“Employers Individually liable” means Employers as defined in the Act;

“Employees who sustained occupational injuries or contracted occupational diseases” means an employee whose prospects of securing, returning to, retaining and advancing in current employment are substantially reduced because of a physical, psychosocial, cognitive and sensory impairment which was sustained at work or during the cause and scope of employment and liability accepted by the Compensation Fund and/or Licensees;

“Frail Care facility” means a full-time residential health-care facility that provides nursing and specialised care for employees who sustained or contracted occupational injuries/diseases. These are employees who are unable to live independently after reaching Maximum Medical Improvement (MMI);

“Healthcare Practitioner” means an individual registered and licensed to practice within the healthcare profession in terms of the laws and regulations of Republic South Africa. This includes medical doctors, nurses, therapists, psychologists and other healthcare professionals legally authorised to provide medical and clinical rehabilitation services;

“Healthcare service providers” means healthcare professionals or organisations offering medical care, treatment or support to employees who sustained or contracted occupational injuries or disease seeking health-related services;

“Incapacity” means a state in which an employee who sustained or contracted occupational injuries or diseases is unable to perform certain activities or fulfil specific responsibilities due to physical or mental impairment, disease, injury or disablement;

“Maximum Medical Improvement (MMI)” is described as the point at which the medical condition of an employee who sustained or contracted occupational injuries or diseases has stabilised and is unlikely to improve significantly with further medical treatment;

“Reasonable Accommodation” means necessary and appropriate modifications and adjustments made in the workplace, which may include adaptive assistive devices and technology, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure employees who sustained or contracted occupational injuries or diseases to reintegrate to work;

“Rehabilitation” means Rehabilitation as defined in the Act;

“Rehabilitation Healthcare Facilities” means specialised healthcare facilities where medical and/or rehabilitation services are provided by healthcare service providers and designed to provide comprehensive care, therapies and support services for employees recovering from occupational injuries/diseases;

“Rehabilitation, Reintegration and Return-to-Work Programme” is a structured and comprehensive programme that supports employees who sustained or contracted occupational injuries or diseases to recover from occupational injuries, disablement or disease. This includes providing necessary support, therapies, assistive devices, assistive technologies and vocational rehabilitation interventions to facilitate successful transition back into productive employment and seamless reintegration into the workforce;

“Rehabilitation service providers” means professionals or organisations that offer a range of specialised services aimed at helping employees who sustained or

contracted occupational injuries or diseases to recover from injuries, diseases, or disablement and regain their functional abilities;

“Reasonable, transitional and temporary work” means employment opportunities that may be short-term or serve as a developmental stepping stone for a career path after rehabilitation interventions for employees who sustained or contracted occupational injuries or diseases. These types of work can be beneficial for various reasons, such as gaining experience, acquiring new skills, and income generating whilst searching for long-term employment;

“Return-to-work” means the process of reintegrating an employee into the workplace or Supported Employment Enterprises (SEE) after they have suffered an occupational injury or disease, include enterprise development initiatives that offer support for entrepreneurial endeavours to help the employee attain sustainable income; and

“Statutory councils” refer to governance structures that health professionals must be registered with, including but not limited to the Health Professions Council of South Africa, the South African Nursing Council, and the South African Council for Social Service Professions.

2. Application of regulations

- (1) The provisions of these regulations shall prioritise a comprehensive and person-centred approach to facilitate the seamless transition of employees who sustained or contracted occupational injuries or diseases into the workforce. This application encompasses early intervention, holistic rehabilitation programmes, sustainable reintegration, provision of assistive devices & technology and collaboration between relevant stakeholders, reasonable workplace accommodations, vocational rehabilitation interventions, and ongoing support to optimise the affected employees' physical, psychological, and social well-being.

3. Appointment of Employee Health and Wellness Representative

- (1) An employer or an employer individually liable shall designate or appoint an employee health and wellness representative to act as a liaison officer between the Compensation Fund or the Licensee relating to Rehabilitation, Reintegration, and Return-to-Work matters for their business establishment.

4. Obligations of Employee Health and Wellness representatives

- (1) An employer shall be responsible for identifying or appointing an employee health and wellness representative, who will act as a liaison officer between the Compensation Fund or Licensee, the employees who contracted occupational injuries/disease and the medical and rehabilitation service providers. The representative shall have the necessary knowledge, skill and competencies in the application of this regulation and shall have the right to: -
 - (a) request and be provided with all relevant medical and rehabilitation reports, with the employee's consent, pertaining to the employee who contracted occupational disease or sustained occupational injuries;
 - (b) in consultation with the Rehabilitation Case Manager, collaborate regarding the employee who sustained or contracted occupational injuries or diseases to confirm potential reintegration into the workplace;
 - (c) coordinate the provision of occupational assistive devices and technology to promote inclusion and independence in the workplace;
 - (d) coordinate and monitor the approved vocational rehabilitation and return-to-work programme within the relevant functions of the employer;
 - (e) provide information and support to the employee who contracted occupational injuries/diseases; and
 - (f) maintain a case/claim file and protect the confidentiality of the information.

5. Compensation Fund, Licensee, or Employer individually liable to provide Rehabilitation, Reintegration and Return-to-Work

- (1) Subject to the provisions of the Act, the Compensation Fund, Licensee and employer individually liable shall provide access to facilities, services and benefits to rehabilitate employees who sustained or contracted occupational injuries/diseases to return-to-work.
- (2) Where an employee suffered a permanent or temporary total disablement because of an occupational injury or disease, the Compensation Fund, Licensee, or Employer individually liable shall, with the consent of the employee, provide the employee with access to rehabilitation programmes to assist in restoring the employee's health, independent living and participation in the labour market and society.
- (3) The Compensation Fund, Licensee, Employer individually liable or healthcare practitioner may recommend that an employee with occupational injury or disease likely to result in temporary total and/or permanent disablement be referred for a rehabilitation, reintegration and return-to-work programme.
- (4) The Compensation Fund, Licensee or Employer individually liable may approve the referral for Rehabilitation, Reintegration and Return-to-Work Programme upon the recommendation of the employer's employee health and wellness representative or a healthcare service provider.

6. Requirement for enrolment into Rehabilitation, Reintegration and Return-to-Work Programme

- (1) Enrolment in the Rehabilitation, Reintegration and Return-to-Work Programme will be permitted if liability for the accident or disease is accepted by the Compensation Commissioner or Licensee, as the case may be.
- (2) The injury is classified as a temporary and/or permanent disablement as defined in section 1 of the Act.

- (3) The healthcare service provider shall request electronically the Compensation Fund, Licensee or employer individually liable about the further information of employee's who contracted occupational injuries or diseases to recommend enrolment in the Rehabilitation, Reintegration and Return-to-Work Programme.
- (4) The Compensation Fund, Licensee or Employer individually liable shall, upon receipt of the request for enrolment and recommendation from the healthcare service provider, consider granting or rejecting the requested services.

7. Access to information

- (1) The Compensation Fund, Licensee or employer individually liable may request access to medical records and any information that will assist the Compensation Fund, Licensee or Employer individually liable in discharging their duties in terms of the Act, taking into consideration relevant legislative requirements governing the release of confidential and personal information.
- (2) Employees who sustained or contracted occupational injuries or diseases or their representative may provide consent for obtaining personal/health information and/or medical records.

8. Roles of the Compensation Fund and Licensee

The Compensation Fund and/or Licensee shall:

- (1) Found, establish, subsidise or assist with the founding, establishment or subsidising of a body or, organisation, or scheme whose objective includes one or more of the following:
 - (a) facilities designed to provide rehabilitation and assist employees who sustained or contracted occupational injuries or diseases upon their return to work;

- (b) carry out any activity which will contribute to the attainment of any of the objectives referred to in the sub-regulation (1) (a) above;
- (c) ensure that employers and employees are informed of their obligations within the occupational setting and the Compensation Fund or Licensees' rehabilitation, reintegration and return-to-work processes;
- (d) ensure that appropriate resources are available to support the establishment, implementation and maintenance of the rehabilitation, reintegration and return-to-work programmes;
- (e) provide appropriate support to all multi-disciplinary teams, employers, employees, and healthcare providers to ensure that they meet expected goals, objectives and responsibilities in compliance with these regulations;
- (f) institute steps to increase stakeholder awareness;
- (g) cover authorised medical expenses, clinically appropriate and cost-effective assistive devices and technology for rehabilitation of employees who sustained or contracted occupational injuries or diseases;
- (h) foster stakeholder relations to streamline services and ensure that qualitative clinical and non-clinical outcomes are achieved for employees who sustained or contracted occupational injuries or diseases;
- (i) monitor, evaluate and review the implementation of rehabilitation, reintegration, and return-to-work Programme.

9. Functions of Rehabilitation Case Managers

- (1) A case manager, as appointed by the Compensation Fund or Licensee, shall: -
 - (a) set guidelines for referral of the employees who contracted occupational injuries or diseases for consultation with the relevant multi-disciplinary team involved in rehabilitating employees who sustained or contracted occupational injuries or diseases;
 - (b) coordinate and, where necessary, recommend a revised individual rehabilitation plan in consultation with the family, support structures, employer, affected employee and multi-disciplinary team;
 - (c) coordinate the interventions required from the various healthcare and vocational rehabilitation providers;

- (d) approve the rehabilitation plan;
- (e) facilitate the implementation of the return-to-work of employees who sustained or contracted occupational injuries or diseases;
- (f) monitor the overall progress of the employee's capacity to return to work; and
- (g) compile a detailed report to the Compensation Fund or Licensee and employer.

10. Roles of employers and employers individually liable

- (1) An employer or employer individually liable must facilitate access to rehabilitation for employees who sustained or contracted occupational injuries or diseases, and assist in their reintegration into the workplace as far as reasonably practicable and in so doing, the employer or employer individually liable must:
 - (a) facilitate required access and assistance to enable a Case Manager from the Compensation Fund or Licensee to perform their functions upon or prior to the planned request;
 - (b) submit the reporting data on enrolled rehabilitation, reintegration and return-to-work cases to the Compensation Fund or Licensee in the prescribed manner on an annual basis;
 - (c) maintain a secure and readily accessible data system containing relevant employee health and rehabilitation information;
 - (d) keep Rehabilitation, Reintegration and Return-to-Work reports for a period of not less than thirty years;
 - (e) in the event of business closure or winding up of operations, the employer shall ensure, taking legislative requirements into account, that the medical records of an employee under rehabilitation are transferred to the Compensation Fund or the Licensee as the case may be;
 - (f) facilitate access to vocational guidance, skills development initiatives, provide reasonable accommodation and assist with job placement opportunities;

- (g) provide support and assistance to employees who sustained or contracted occupational injuries or diseases to enable rehabilitation, medical treatment or assessment;
- (h) incorporate workplace Rehabilitation, Reintegration and Return-to-Work cases into concrete, predefined internal structures, such as relevant management or operational committees to monitor and implement the programme within the workplace. These structures should include, but not be limited to, Human Resource departments, Health and Safety committees, Workplace Consultative Committees and any other relevant operational groupings that are regularly involved in employee health, safety, and overall workplace management;
- (i) provide reasonable accommodation and transitional or temporary work to allow the employees who sustained or contracted occupational injuries or diseases to work safely in the return-to-work process. This may involve changing the physical environment, providing assistive devices or technology, adjusting work schedules, modifying job tasks, transferring the employees who contracted occupational injuries or diseases to an alternative job placement, making provision for a work trial, and/or giving the employees training or any other necessary measure that reasonably accommodates the occupationally injured employees' specific needs;
- (j) communicate as soon as reasonably practicable with employees who sustained or contracted occupational injuries/diseases regarding the Return-to-Work process and methods to find appropriate alternative job placements;
- (k) educate or raise awareness to co-workers to enhance insight for effective disability inclusion;
- (l) consult when the need arises, with all relevant stakeholders to resolve challenges at the workplace that impact the outcomes of the Rehabilitation, Reintegration and Return-to-Work programme;
- (m) not to dismiss an employee based on incapacity or reduce the rate of their remuneration or alter terms of their employment conditions to a less favourable one because of being injured on duty or contracting an occupational disease without adhering to labour legislation. Should the employee be dismissed the employer must report such a dismissal to the

Chief Inspector and the Compensation Fund or Licensees in writing, stating the reasons for dismissal;

- (n) in the event of employer dismissing or reducing the remuneration of the injured or occupationally diseased employee, the employer shall notify the Compensation Fund or Licensee of its intention to dismiss or reduce remuneration of the injured or diseased employee; and
- (o) notify the Compensation Fund or Licensee in writing (preferably electronically) about the resumption of duty or inability to retain the employee after reasonable efforts have been made to preserve the employment of the employee who sustained or contracted occupational injuries or diseases.

11. Rehabilitation, Reintegration and Return-to-Work Policy Provisions

- (1) An employer who participates in rehabilitation, reintegration and return-to-work in terms of section 85(3) or an employer individually liable shall include Rehabilitation, Reintegration and Return-to-Work provisions within their applicable human resources policies. The policy provisions must be freely accessible and communicated to all employees in writing, and they must outline the following: -
 - (a) procedures that aim and facilitate, where reasonably practicable, to allow an employee to return-to-work;
 - (b) provision of reasonable accommodation and Assistive Devices and Technology for return-to-work purposes;
 - (c) an employee health and wellness plan that returns the employee to work early; and
 - (d) re-skilling of employees for alternative work;

12. Assessment of employers participating in a Rehabilitation, Reintegration and Return-to-Work Programme

- (1) Subject to the provisions of section 85, the Compensation Commissioner may assess the employers participating in the Rehabilitation, Reintegration and Return-to-Work programme at a lower rate as the Fund may deem necessary.

- (2) The employers must prepare a report for submission in terms of section 85 for rebate consideration.

13. Obligations of the employee

- (1) An employee shall:
 - (a) avail himself or herself and actively participate in the implementation of the Rehabilitation, Reintegration and Return-to-Work programme;
 - (b) return to his or her pre-injury workplace and perform pre-injury duties where functionally and medically reasonable; and
 - (c) accept an offer of reasonable accommodation by the employer, which can include alternative job placement, with or without assistive devices, technology, or duties where this is part of an agreed Return-to-Work plan.

14. The Compensation Fund, Licensee or employer individually liable may require assessments and rehabilitation plans

- (1) Before providing clinical, vocational or social rehabilitation to an employee under the Act, the Compensation Fund, Licensee, or employer individually liable, as the case may be, may require the employee to: –
 - (a) undergo relevant assessment of current functional abilities and limitations for the purposes of rehabilitation; and
 - (b) cooperate with the Compensation Fund, Licensee, the employer or the employer individually liable in developing and implementing an individual rehabilitation plan.
- (2) The individual rehabilitation plan contemplated in sub-regulation (1) (b) shall be approved by the Compensation Fund or Licensee.
- (3) The individual rehabilitation plan contemplated in sub-regulation (1) (b) shall be paid for by the Compensation Fund, Licensee or employer individually liable.
- (4) The Compensation Fund or the Licensee will authorise the rehabilitation plans in accordance with the relevant Gazettes.

- (5) An individual rehabilitation plan made under sub-regulation (1) (b) shall include but not be limited to the following: -
- (a) clinical assessments conducted by various healthcare providers;
 - (b) identifying and implementing the employee treatment requirements for rehabilitation;
 - (c) vocational rehabilitation assessments and implementation of vocational rehabilitation interventions, assessment and provision of Assistive Devices and Technology as prescribed in the Gazette and in alignment with the healthcare provider's assessment; and
 - (d) identifying and monitoring the achievement of the desired treatment outcomes.
- (6) The Compensation Fund or Licensee shall provide information to the employee regarding the process to be followed as well as the employee's rights.
- (7) An employee who receives rehabilitation benefits shall comply with the terms of an individual rehabilitation plan.
- (8) The liability of the Compensation Fund or Licensee for payment for the healthcare service shall be limited to the healthcare services provided in the treatment plan

15. Requirements of rehabilitation healthcare providers

- (1) The Compensation Fund or Licensee may only trade with a Rehabilitation healthcare provider who meets the following requirements:
- (a) appropriately qualified and experienced to provide rehabilitation and related services;
 - (b) registered and compliant under the relevant statutory councils, and
 - (c) provide services according to the appropriate discipline-gazetted codes, rules and pricing.

16. Obligations of rehabilitation healthcare providers

- (1) Approved rehabilitation healthcare provider shall be responsible for the following: -
- (a) performing professional duties only in the field where they have been educated and trained and where they have gained experience and professional competencies, considering the extent and limits of such professional expertise;
 - (b) designing treatment and rehabilitation plans and rendering suitable services, considering the employees' vocational, reintegration and social needs;
 - (c) liaising with all parties concerned to maximise the efficiency and effectiveness of the rehabilitation plan for the individual employee; and
 - (d) only rendering products and/or services approved and authorised by the Compensation Fund or Licensee.

17. Requirements for the rehabilitation healthcare and frail care facilities

- (1) The Compensation Fund or Licensee will only recognise and utilise a rehabilitation healthcare and frail care facility to render services if:
- (a) registered with the Company and Intellectual Property Commission (CIPC);
 - (b) accredited by the Department of Health and/or Department of Social Development(DSD);
 - (c) registered with the Compensation Fund/Licensee as a rehabilitation healthcare or frail care facility;
 - (d) registered with the Board of Healthcare Funders (BHF); and
 - (e) compliant with the Occupational Health and Safety(OHS) Act.
- (2) The Compensation Fund or Licensee will only recognise and utilise a frail care facility to render services if it complies with sub-regulation (1) above.

18. Pre-Authorisation and liability for Rehabilitation Healthcare Services

- (1) The Compensation Fund or Licensee may, in the manner set out in the Gazette and regulated procedures, require that the healthcare service provider comply with a pre-authorisation procedures with respect to non-emergency healthcare services.
- (2) The Compensation Fund or Licensee may not be liable for the healthcare services mentioned in sub-regulation (1) where the pre-authorisation has not been granted.

19. Benefits and costs provided for under Rehabilitation

- (1) The rehabilitation benefits provided in this sub-regulation consist of the following:
 - (a) clinical rehabilitation for the physical, cognitive, sensory and psycho-social recovery of the employee and to reduce or remove any physical or functional limitations resulting from an occupational injury or disease;
 - (b) vocational rehabilitation, as far as it is necessary to assist an employee in preserving, obtaining or regaining employment through vocational counselling, re-skilling/up-skilling, advice on altering the work environment, adjusting and enhancement of tools of trade;
 - (c) agreed social rehabilitation, as far as it is necessary to assist in restoring an employee's independence and social integration to the maximum extent practical; and
 - (d) the provision of assistive devices and assistive technology as part of an agreed return-to-work and social reintegration plan.
- (2) The following costs of Rehabilitation are covered: -
 - (a) for clinical rehabilitation, social rehabilitation, and assistive devices & technology for the beneficiaries with permanent and/or temporary total disablement, as contemplated in sub-regulation (1), shall be borne by the Compensation Fund, Licensee, and/or employer individually liable as far as it is deemed necessary, including the costs of supplying, maintaining, and

repairing Assistive Devices and Technology which have been issued in accordance with the guidelines and costs as published annually in the government gazette;

- (b) the non-clinical vocational rehabilitation costs for the unemployed beneficiaries with permanent disablement shall also be borne by the Compensation Fund, or Licensee, as mandated by the specific vocational rehabilitation plan designed for each beneficiary. This includes, amongst others, Vocational Training; and
 - (c) the costs of non-clinical vocational rehabilitation for employees who returned to work, as contemplated in sub-regulation (1), shall be borne by the employer and the employer individually liable for participating in the rehabilitation, reintegration and return to work of employees. This includes covering the costs of reasonable accommodation and any vocational rehabilitation measures undertaken to support the employee's return-to-work, including, amongst others, Vocational Training.
- (3) The provision of rehabilitation benefits contemplated in sub-regulation (1) and the resumption of work by an affected employee does not disentitle or disqualify the employee from receiving compensation benefits which would otherwise be payable under this Act.
- (4) Notwithstanding sub-regulation (3), the Commissioner may adjust any compensation benefits to a level or levels deemed equitable if the affected employee resumes work or permanent disablement improves or deteriorates based on a rehabilitation plan developed in terms of this regulation.

20. Payment of Compensation of Benefits

- (1) The employees undergoing rehabilitation shall not forfeit their Compensation Benefits payable under the Act as the case may be.



N METH, MP

MINISTER OF EMPLOYMENT AND LABOUR

DATE: 7 November 2025