

Department for Work and Pensions

DECISION MAKING AND APPEALS (PART OF LEGAL GROUP)

Decision Makers Guide

Volume 12 Amendment 42 –Oct 2018

1. This letter provides details on Amendment 42; the changes have already been incorporated in to the Intranet and Internet versions of the DMG.
2. PDF amendment packages are also available. These can be printed with the amended pages being reproduced in full. Each page will contain the amendment number in the footer.

PDF amendment packages can be found on the **Intranet** at:

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Note: When printing PDF packages set the print properties to Duplex/Long Edge in order to produce double sided prints.

3. Amendment 42 affects chapter 67::
 - The amendments incorporate memo DMG 10/18 and make minor and consequential changes.
4. If using a PDF amendment package remove the sheets as stated in the left hand column of the Remove and Insert table below and insert the new sheets as stated in the right hand column (note the record of amendments at the back of the Volume).

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67101 – 67115 (1 page)
67581 – 67630 (2 pages)
67091 – 67955 (5 pages)
67984 – 67999 (2 pages)

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Chapter 67

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Diagnosis

General

67101 The question whether a person is suffering or has suffered from a PD is referred to as a diagnosis question¹ and should be decided after obtaining medical advice from medical services.

1 SS CS (D&A) Regs, reg 12(1)(b)

67102 No action is needed on the diagnosis question if the claim fails completely on other grounds, for example prescription.

67103

Determination of diagnosis question

67104 For procedural purposes the PDs are divided into two categories, respiratory diseases and others, as distinct from the four groups into which they fall for prescription purposes¹. The following table lists the PDs in these two categories

Respiratory	Other
	A1 - A14
	B1 - B5
B6	B7 - B15
	C1 - C16
C17 - C18	C19 - C22(a)
C22(b)	C23 - C30
C31	C32
D1 - D3	D4 - D6
D7 - D12	D13

1 SS (II) (PD) Regs, Sch 1

67105 There are some slight variations in the action required to decide the diagnosis question between the two categories. These are explained in the guidance at DMG 67111 et seq.

67106 - 67110

References for medical advice

Non-respiratory diseases

- 67111 When a diagnosis/disablement question arises on a claim for a non-respiratory disease the DM can refer the question for medical advice¹. There are circumstances where this will not be necessary (see DMG 67115).

1 SS Act 98, s 11; SS CS (D&A) Regs, reg 12(1)(b)

- 67112 Procedural instructions provide for the claim to be referred to a medical adviser who may examine the claimant or provide advice based on documentary evidence. The papers should not be referred for medical advice until the DM considers that the prescription question is satisfied (but see DMG 67902).

Respiratory diseases

- 67113 In claims for respiratory diseases action is taken as in DMG 67111 - 67112 except that medical services will arrange for advice to be obtained from a medical adviser experienced in respiratory diseases¹.

1 SS CS (D&A) Regs, reg 12(1)(b)

- 67114 Any variation from the usual procedure which may be required in the case of a particular PD is covered in DMG 67301 et seq.

Power to dispense with reference for medical advice

- 67115 In exceptional circumstances the DM may dispense with reference for medical advice if
1. medical reports from
 - 1.1 a doctor at a hospital which treated the claimant **or**
 - 1.2 a medical officer at the claimant's workplacesupport a favourable diagnosis decision¹
 2. a similar diagnosis or recrudescence question has been decided on any previous claim or question arising on the same PD suffered by the same person (see DMG 67116)
 3. the DM considers that the whole or any part of a claim can be disposed of without deciding the diagnosis or recrudescence question (see DMG 67097).

Note: If the reports do not support a decision as in **1.** the DM should take action as in DMG 67111.

1 SS CB Act 92, s 108

Prescribed diseases B10(a), B10(b), B11, B12, B13, B14 and B15

Prescribed diseases B10(a) and B10(b)

- 67581 Chlamydiosis is a disease of animals which can be transmitted to man mainly by birds and sheep (the avian and ovine varieties). The disease is most likely to cause adult pneumonia although occasionally it can also cause eye infections.
- 67582 The major sources of infection of the avian variety of chlamydiosis are parrots (and related birds), poultry and pigeons. Humans acquire the infection by exposure to infected birds probably by the inhalation of dried discharges and droppings.
- 67583 The disease, although generally uncommon, is a special risk to certain occupational groups. The most obvious are people working in the farming industry, vets and people whose work involves the importation and/or breeding of birds in captivity. The ovine variety could also be a special risk to shepherds and abattoir workers.

67584 - 67585

Prescribed disease B11

- 67586 Q fever is an infectious disease similar to viral pneumonia but which can develop into hepatitis or endocarditis. It is caused by an organism carried by ticks which infest small mammals, cattle, sheep and goats from which the disease is contracted by humans.
- 67587 As Q fever can be contracted from a wide range of species the terms of prescription have been drawn very widely. It is likely that any person whose occupation involves contact with animals either living or dead would be able to satisfy prescription.

Prescribed disease B12

- 67588 Orf is a skin disease. Humans acquire infection by close contact with sheep or goats or their meat. Farm workers, abattoir workers, meat inspectors or veterinary surgeons are most likely to be affected.

Prescribed disease B13

- 67589 Hydatidosis is a tapeworm infection which can be passed from dogs to humans. Dogs acquire the parasite by feeding on the infected offal of sheep. Occupations such as shepherds, veterinary surgeons, kennel workers and others working with dogs are most at risk.

Prescribed disease B14

- 67590 This disease is an infection caused by several different strains of *Borrelia* encountered by contact with ticks carried by deer and rodents. Among those at risk are vets, deer farmers and any other worker who may be exposed to tick carrying mammals.

Prescribed disease B15

- 67591 Where a healthcare worker has an anaphylactic reaction at work following exposure to natural latex then that reaction will be covered by the accident provisions. However a reaction outside work following sensitising to natural rubber latex at work would not have been covered therefore the Industrial Injuries Advisory Council have recommended that anaphylaxis due to contact with natural rubber latex occurring outside the workplace should be prescribed in relation to healthcare workers.
- 67592 The term “healthcare worker” has not been defined but should cover anyone involved with human healthcare including home-carers and care workers who work in residential nursing homes. It does not include occupations where there is no level of healthcare involved such as home helps and staff in residential homes. If there is any doubt about whether a claimant is a healthcare worker please refer to DMA Leeds for advice.

Change from 28.9.18

- 67593 From 28.9.18 the prescription for PD B15 changed so that it will apply to a person in **any** occupation (not just healthcare workers) involving contact with products made with natural rubber latex¹. In addition to healthcare workers, people who might wear latex gloves include
1. police officers
 2. vehicle mechanics
 3. hairdressers **and**
 4. workers from the food industry.

Note: This list is not exhaustive.

1 SS (II) (PD) Regs, Sch 1

- 67594 Apart from latex gloves, there can be natural rubber latex allergy arising from occupational contact with non-glove latex products, such as in the manufacture of
1. rubber bands **or**
 2. toy dolls **or**
 3. elastic textiles.

Presumption

67595 DMs should note that where a person has contracted PD B15 there is a presumption¹, unless the contrary is proved, that the PD is due to the employed earner's employment if the person who has contracted the PD

1. was employed in a prescribed occupation² **and**
2. was so employed on, or at any time within one month immediately preceding, the date of onset of the disease³.

1 SS (II) (PD) Regs, reg 4(1); 2 reg 4(1)(a) & Sch 1, Part 1; 3 reg 4(1)(b)

Reduced earnings allowance

67596 The change to PD B15 is an extension to the list of prescribed diseases or occupations. Therefore, there is no entitlement to REA in respect of that change as the extension was after 10.10.94¹.

1 SS (II) (PD) Regs, reg 14A

67597 - 67630

Prescribed disease D3

67901 PD D3 (diffuse mesothelioma) is an asbestos-related disease. DMG 67792 - 67794 gives guidance on the nature of asbestos and its hazards.

Prescription

67902 From 9.4.97 the occupational prescription is amended to exposure to asbestos, asbestos dust or any admixture of asbestos at a level above that commonly found in the environment at large¹.

1 SS (II) (PD) Regs, Sch 1

67903 The effect of the change is to extend the cover to any occupation where there has been exposure to asbestos at a level above that commonly found in the air in buildings and the general outdoor environment.

67904 A list of occupations where exposure to asbestos may have occurred and where mesothelioma could reasonably be attributed to work is at Appendix 3 to this Chapter.

67905 The list is not exhaustive and there could be other occupations in which exposure to asbestos may have occurred. Because of the wide range of occupations where exposure to asbestos may arise there should be few cases which do not satisfy the prescription test. Cases of difficulty should be sent to DMA Leeds for advice. However, where disallowance is appropriate, the claimant should be advised of the 2008 diffuse mesothelioma scheme which provides compensation where the disease is non-industrially caused. Details of the 2008 diffuse mesothelioma scheme can be found in procedural guidance.

67906 The 90 day waiting period does not apply to claims for PD D3¹.

1 SS (II) (PD) Regs, reg 20(4)

67907 Because prescription enquiries may take a long time, action on prescription and diagnosis should take place simultaneously. If the diagnosis question is decided first, the DM should not overlook the prescription question.

Effect on REA entitlement

67908 There is no entitlement to REA for

1. a disease prescribed on or after 10.10.94 **or**
2. an extension to an existing disease on or after that date **1..**

This means that there is no entitlement to REA in respect of PD D3 where the claim is made under the new extended test. Entitlement to REA may still arise where the old prescription test is satisfied provided the normal entitlement conditions are satisfied¹.

1 SS (II) (PD) Regs, reg 14A

Special action

- 67909 Claims for diffuse mesothelioma are not normally invited under that name, because sufferers' medical advisers may not wish them to know the true nature of the disease.
- 67910 Because the prescription for PD D3 is very similar to that for asbestos-induced pneumoconiosis, a claim for IIDB is normally obtained on the same form as for pneumoconiosis (asbestosis) to avoid disclosing the true nature of the disease to claimants. The claim is then considered as if it were in all respects a pneumoconiosis case. If PD D3 is diagnosed it may occasionally be referred to as pneumoconiosis or as pleural asbestosis.

Benefit

- 67911 The loss of faculty is defined as impaired function of the pleura, pericardium or peritoneum caused by diffuse mesothelioma and where a person suffers from that loss of faculty the resulting disability is to be taken as 100%¹. See DMG 67791 about this PD being 'fast track'.

1 SS (II) (PD) Regs, reg 20A

67912 - 67915

Prescribed diseases D4 to D10

Prescribed disease D4

67916 Before 24.3.96 D4 was defined as inflammation or ulceration of the mucous membrane of the upper respiratory passages or mouth and occupational cover was by exposure to dust, liquid or vapour. In this context “dust” meant simply dust in excess of what might be regarded as an acceptable level¹.

1 R(I) 1/85

67917 The upper respiratory passages include the nose, pharynx and larynx but not the trachea, bronchi or sub-branches of the bronchi. Bronchitis did not therefore come within the description of PD D4.

67918 From 24.3.96 the disease was redefined¹ as allergic rhinitis due to exposure to the same sensitizing agents listed for PD D7 (see DMG 67937) **excluding** the “open category” (category (x)). Occupational cover is by exposure to the same agents. The prescription conditions in force before 24.3.96 continue to apply in the type of cases set out at DMG 67530 - 67531². From 14.3.05 the agent at DMG 67937 **24.** was added to the list. That agent will therefore come within the description of PD D4 from 14.3.05³.

1 SS (II & D) (Misc Amdt) Regs, reg 5(7); 2 reg 7; 3 SS (II) (PD) Amdt Regs 05, reg 2(7)

Presumption

67919 Since 24.3.96 the presumption that a disease is due to the nature of an employment (see DMG 67187) has applied to D4¹. It did not apply before this date.

Note: See Appendix 7 to this Chapter for further guidance on presumption.

1 SS (II) (PD) Amdt Regs 05, reg 5(2)

Example

PD D4 is claimed on 20.9.96. Date of onset is 14.7 92. Presumption is satisfied if the claimant worked in a prescribed occupation, that is one involving exposure to a named agent, at any time between 14.6.92 and 14 7.92.

Effect on REA entitlement

67920 As the amendment on 24.3.96 was not an extension of the disease, entitlement to REA can still be established¹.

1 SS (II) (PD) Regs, reg 14A

Prescribed disease D5 (dermatitis)

Prescription

- 67921 From 24.3.96 the disease was amended to exclude chrome ulceration of the skin (which was provided for in the newly prescribed PD C30). At the same time occupational coverage was amended to exclude dermatitis arising from exposure to chromic acid, chromates or dichromates (again covered by PD C30).
- 67922 The prescription conditions in force prior to 24.3.96 continue to apply in the type of cases set out at DMG 67530 - 67531.
- 67923 The terms of prescription for dermatitis are drawn so widely that in most cases the DM will probably find that the disease is prescribed for the claimant. Bearing this in mind the DM should ensure that there are very good grounds before disallowing on prescription.

Diagnosis - sensitization

- 67924 The claimant will usually have become sensitized to some irritating substance before showing any symptoms of PD D5. In most cases this will present no difficulty, because a favourable diagnosis decision will have been given. Where this is not so, that is where the medical evidence shows the claimant not to be suffering from PD D5 but to have developed a skin sensitization to some external skin irritant encountered at work, the DM should consider whether the claim could succeed under the accident provisions (see DMG Chapter 66).

Presumption

- 67925 In deciding whether the disease is due to the nature of the claimant's employed earner's employment there is no presumption in favour of the claimant¹, the onus of proof rests upon the claimant. Although the nature of the claimant's employment may involve a risk of contracting the disease, the claimant may engage in activities outside the employment which involve a similar risk, or the evidence may suggest that the disease is due to other causes unconnected with the employment. The DM should ask medical advice on this question. The DM should not normally give a decision contrary to the medical adviser's opinion.

1 SS (II) (PD) Regs, reg 4

Effect on REA entitlement

- 67926 As the prescription for PD D5 was not extended on 24.3.96, entitlement to REA can still be established¹.

1 SS (II) (PD) Regs, reg 14A

67927

Prescribed disease D6

Prescription

67928 In most cases the period between first exposure and clinical symptoms can be as long as 40 years or more. There may, therefore, be cases where the claimant has not worked in a prescribed occupation on or after 5.7.48. For claims before 5.12.12, such cases fell for consideration under the PB and MDB Scheme. However, claims from 5.12.12 are considered for IIDB.

Changes from 28.9.18

67929 From 28.9.18 the prescription for PD D6 is changed so that

1. occupation (a) is attendance for work at a workplace where wooden goods or products made wholly or partially of wood are manufactured or repaired **and**
2. exposure to wood dust in the course of the machine processing of wood is added as occupation (d)¹.

1 SS (II) (PD) Regs, Sch 1

67930 For the purposes of DMG 67929 **1.**, a workplace is not restricted to within a building because, for example, highly mechanised operations can generate high local exposures to wood dust in outdoor environments. The prescription therefore includes outdoor work, such as on a building site.

67931 For the purposes of DMG 67929 **2.**, “in the course of” means simply and only whilst performing the occupation; i.e. performing the machine processing of wood.

Due to the nature of the employed earner’s employment

67932 From 16.3.15, there is a presumption¹, unless the contrary is proved, that PD D6 is due to the employed earner’s employment if the person who has contracted a PD was employed in a prescribed occupation² (see DMG 67188). Before 16.3.15, medical advice that the disease was due to the nature of the employed earner’s employment should normally be accepted.

Note: See Appendix 7 to this Chapter for further guidance on presumption.

1 SS (II) (PD) Regs, reg 4(2); 2 Sch 1, Part 1

Reduced earnings allowance

67933 The changes to PD D6 are an extension to the list of prescribed diseases or occupations. Therefore, there is no entitlement to REA in respect of those changes as the extension was after 10.10.94¹.

1 SS (II) (PD) Regs, reg 14A

Similarities with PD D13

67934 Although there are similarities between them, DMs should not confuse PD D6 with PD D13 which is defined as “Primary carcinoma of the nasopharynx”¹. PD D13 also has a different test and provides for a minimum exposure time.

Note: See DMG 67991 et seq for guidance on PD D13.

1 SS (II) (PD) Regs, Sch 1, Part 1

67935 If a claim is made for both PD D6 and PD D13 the DM should consider the prescription test for both diseases.

Prescribed disease D7 (occupational asthma)

Prescription

67936 This disease was added to the list of PDs from 29.3.82¹. The list of prescribed causative agents was initially limited to the agents numbered **1.** to **7.** at DMG 67937. With effect from 1.9.86² the list of causative agents was extended by the addition of those agents numbered **8.** to **14.** at DMG 67937. The list of causative agents was further extended by the addition of those agents numbered **15.** to **23.** and **25.** at DMG 67937 from 26.9.91³. The list of causative agents was again extended by the addition of the agent numbered **24.** at DMG 67937 from 14.3.05⁴.

*1 SS (II) (PD) Amdt Regs 82; 2 SS (II) (PD & Adj) Misc Amdt Regs, reg 2; 3 SS (II) (PD) Amdt Regs 91, reg 2;
4 SS (II) (PD) Amdt Regs 05, reg 3*

67937 As a broad guide the employments or circumstances where the causative agents are most likely to be encountered are

- 1. Isocyanates** most likely to be encountered in occupations involving the manufacture of polyurethane foam, synthetic inks, paint and adhesives
- 2. Platinum salts** most likely to be encountered in platinum refining workshops or in photographic laboratories
- 3. Hardening agents** the manufacture or use of adhesives, plastics, moulding resins (such as fibreglass), surface coatings (for example of transistors, etc for the electronics industry)
- 4. Rosin flux** soldering in the electronics industry
- 5. Proteolytic enzymes** the manufacture or use of “biological” washing powders; also used in the baking, brewing, silk and leather industries; or encountered in the processing of meat or fish products
- 6. Animals or insects** schools (all ages) universities and colleges, as well as research establishments and testing and research departments of manufacturing companies
- 7. Grain and flour dusts** farming, flour milling, animal feed processing, baking, brewing and distilling

8. **Antibiotics** any stage in the manufacture and packaging of antibiotics
9. **Cimetidine** the manufacture and packaging of cimetidine tablets which are used for treating peptic ulcers
10. **Wood dust** carpenters, joiners, papermill and sawmill workers
11. **Ispaghula** this is a component of bulk laxatives and will most likely be encountered in the manufacture or administration of bulk laxatives
12. **Castor bean dust** most likely encountered by merchant seamen, laboratory workers, felt workers
13. **Ipecacuanha** the manufacture including packaging of ipecacuanha tablets which are used for treating coughs
14. **Azodicarbonamide** this is used as a blowing agent in the manufacture of expanded foam plastics used for wall and floor coverings, insulation and packaging materials. Most likely exposure will be encountered in the manufacture of these products
15. **Animals including insects and other arthropods or their larval forms** used for the purpose of pest control or fruit cultivation, or the larval forms of animals used for the purposes of research, education or in laboratories
16. **Glutaraldehyde** this is widely used in hospitals for disinfection, in histological processing, electron microscopy, as an agent in tanning leather and also as a biocide in cooling towers
17. **Persulphate salts and henna** the manufacture including packaging of these substances or their use in the hairdressing industry
18. **Crustaceans, fish and fish products** in the food processing industry
19. **Reactive dyes** most likely encountered in the dyeing, printing, and textile industry
20. **Soya bean** most likely to be encountered in the processing of this substance or handling sacking
21. **Tea dust** most likely to be encountered in its processing of this substance of the food industry
22. **Green coffee bean dust** most likely to be encountered in the processing of this substance or handling sacking
23. **Fumes from stainless steel welding** encountered by welders inhaling nickel or chromium fumes in the welding process
24. **Products made with natural rubber latex** any occupation involving exposure to products made with natural rubber latex
25. **Any other sensitizing agent** not otherwise listed which a claimant specifies.

The above is not an exhaustive list and DMs should expect to find other cases in which prescription is satisfied. Where there is doubt about the precise nature of the substances or agents involved the DM should follow the guidance in DMG 67098 to DMG 67099. In “open category” cases, advice on whether the substance specified by the claimant is a sensitizing agent will normally be needed from medical advisers before a decision on prescription is given. The medical advisers have access to information about such agents. Any approach for such advice should make it clear that it is a prescription query, not a reference for advice on diagnosis or disablement at this stage.

Ten year rule

67938 There is no entitlement to IIDB for a person who stopped working in employed earner's employment in a prescribed occupation more than ten years before the date of claim¹. But this condition does not apply if the person already has an award of IIDB for asthma under the accident provisions and that award is for

1. life or
2. a period which includes the date of the PD claim².

1 SS (II) (PD) Regs, reg 36(1); SS Act 90, Sch 6, para 4(3); 2 SS (II) (PD) Regs, reg 36(4)

67939 The date a person last worked in a prescribed occupation is the date when actual work, as opposed to the contract of employment, ended (see DMG 67335 and 67348)¹.

1 R(I) 2/79

Date of onset and recrudescence

67940 The normal provisions for determining the date of onset apply (see DMG 67215) but the recrudescence provisions do not apply¹.

1 SS (II) (PD) Regs, reg 7(1)

Relevant date

67941 There is no entitlement to IIDB for the substances shown in DMG 67937 before the following dates

1. 29.3.67 - for agents **1-7** (except for the amendment to agent 6 on 1.9.86)¹
2. 1.9.86 - for agents **8-14**²
3. 26.9.91 - for agents **15-23** and **25**³
4. 14.3.05 - for agent **24**⁴.

*1 SS (II) (PD) Regs, Sch 4; 2 SS II (PD & Adj) Misc Amdt Regs; 3 SS II (PD) Amdt Regs 91;
4 SS II (PD) Amdt Regs 05, reg 1*

67942 However, the agent at DMG 67937 **24**. is a sensitising agent for the purpose of DMG 67937 **25**. before 14.3.05.

Prescribed diseases D8, D8A and D9

67943 PDs D8, D8A and D9 may not develop until many years after exposure to asbestos. Where corroboration is not possible because, for example, the employer has gone out of business or destroyed records or ex-workmates have died, the DM should arrange for immediate enquiries to be made of the claimant to find out

1. precisely what their work involved **and**
2. how it caused exposure to asbestos.

Note: See DMG 67791 for guidance on when these PDs are treated as 'fast track'.

67944 The claimant's employer may deny having used asbestos themselves. This may arise, for example, in the construction industry where many persons apart from those working with the asbestos may have been exposed to its dust. In such cases the DM should establish

1. as much as possible about the claimant's work **and**
2. the environment in which it was done, for example, were other firms involved, for whom was the work done, what did other people in the vicinity do.

67945 The DM should carefully weigh all the evidence including clinical findings and the claimant's testimony. It may be possible for the claim to succeed on the claimant's testimony alone.

67946 Circumstances which by themselves do not amount to "proof" can still establish a case taken together. For example a claimant who is diagnosed as suffering from PD D8, D8A or D9 does not prove that the person has been exposed to asbestos since these diseases may be caused by other means.

67947 To satisfy the prescription test for PD D8 or D9 the occupation must have been employed earner's employment¹. However, to satisfy the prescription test for PD D8A a claimant must have worked in a prescribed employment for a period of, or periods which amount in aggregate to

1. five years or more where all or any of the exposure occurred before 1.1.75 **or**
2. ten years or more where the exposure occurs on or after 1.1.75.

Note: From 30.3.17 the words "with obliteration of the costophrenic angle" were removed from the definition of PD D9². This was to reflect the use of computerised tomography for diagnosing this disease.

1 SS (II) (PD) Regs, reg 2(a) & (b); 2 SS (II) (PD) Regs, Sch 1, Part 1

67948 Because prescription enquiries may take a long time, action on prescription and diagnosis should take place simultaneously. If the diagnosis question is decided first, the DM should not overlook the prescription question.

67949 Asbestosis is defined as fibrosis of the parenchyma of the lungs due to the inhalation of asbestos dust¹.

1 SS (II) (PD) Regs, reg 1(2)

Date of onset and recrudescence

67950 The date of onset of either disease for IIDB claims¹ is the day on which the claimant first suffered a loss of faculty from the disease. Benefit cannot be paid for

1. any of the diseases, unless
2. applies, for any day before 1.4.85² **or**
2. PD D9 for any day before 30.3.17 where the claim is in respect of the definition from that date³.

1 SS (II) (PD) Regs, reg 6(2)(b); 2 reg 43(1) & Sch 4; 3 Sch 1

67951 The recrudescence rules do not apply to PD D8, D8A and D9 because a person cannot recover from either disease and then suffer a fresh contraction¹.

1 SS (II) (PD) Regs, reg 7(1)

Qualifying period

67952 From 6.4.06 the qualifying period for PD D8 and D8A does not apply. The DM should regard the disablement as 100%¹.

1 SS (II) (PD) Regs, reg 20B(2) & (3)

Transitional provisions

67953 People who made a claim for PD D9 before 6.4.06 have transitional protection¹. This means that where a provisional assessment expires after 6.4.06 the prescription test in force on the date of the original claim will continue to be appropriate.

1 SS II (PD) Amdt Regs 06, reg 4

Effect on REA entitlement

67954 Where the claim is made under the new extended test (see DMG 67908). However, entitlement to REA may still arise in respect of the change to PD D9 (see DMG 67947) where a date of onset is before 1.10.90¹ because the change is

1. a redefinition of the disease **and**
2. not an extension of the disease.

1 SS CB Act 92, Sch 7, para 11(1)

Prescribed disease D10

Prescription

67955 This disease was added to the list of PDs from 1.4.87¹. A new prescription test was added from 1.8.12² (see DMG 67960 - 67964).

*1 Social Security (Industrial Injuries) (Prescribed Diseases) Amendment Regulations 1987;
2 Social Security (Industrial Injuries) (Prescribed Diseases) Amendment (No. 2) Regulations 2012*

Recrudescence and presumption

67987 From 16.3.15¹, there is a presumption², unless the contrary is proved, that PD D12 is due to the employed earner's employment if the person who has contracted the disease was employed in a prescribed occupation³. The recrudescence provisions do not apply.

Note: See Appendix 7 to this Chapter for further guidance on presumption.

1 Social Security (Industrial Injuries) (Prescribed Diseases) Amendment Regulations 2015, reg 1(1), 2 SS (II) (PD) Regs, reg 4(2); 3 Sch 1, Part 1

Relevant date

67988 There is no entitlement to IIDB for PD D12 for any day earlier than 13.9.93.

Effect on REA entitlement

67989 Where the claim is made under the new extended test see DMG 67908. There is also no entitlement to REA where entitlement arises to PD D12 under the changes from 21.7.08. This is because the changes are an extension of PD D12 after 10.10.94¹.

1 SS CB Act 92, Sch 7, para 11(1); SS (II) (PD) Regs, reg 14A

67990 However, entitlement to REA may still arise in respect of the change to PD D12 from 16.3.15 where a date of onset is before 1.10.90¹ because the change is

1. a redefinition of the disease **and**
2. **not** an extension of the disease.

1 SS CB Act 92, Sch 7, para 11(1)

Prescribed disease D13

Prescription

67991 This disease was added to the list of PDs¹ on 7.4.08².

1 SS (II) (PD) Regs, Sch 1, Part 1;

2 Social Security Industrial Injuries (Prescribed Diseases) Amendment Regulations 2008, reg 1

67992 PD D13 is defined as “Primary carcinoma of the nasopharynx”. The nasopharynx is an air space lying at the back of the nose above the soft palate. It connects the back of the nose to the back of the mouth. To satisfy the prescription test there must have been exposure to wood dust in the course of

1. the processing of wood **or**
2. the manufacture or repair of wood products

for a period or periods which amount in aggregate to at least 10 years¹.

1 SS (II) (PD) Regs, Sch 1, Part 1

Similarities with PD D6

67993 Although there are similarities between them, DMs should not confuse PD D13 with PD D6 which is defined as “Carcinoma of the nasal cavity or associated air sinuses (nasal carcinoma)”¹. PD D6 also has a different test and does not provide for a minimum exposure time.

Note: See DMG 67928 et seq for guidance on PD D6.

1 SS (II) (PD) Regs, Sch 1, Part 1

67994 If a claim is made for both PD D6 and PD D13 the DM should consider the prescription test for both diseases.

Effect on REA entitlement

67995 There is no entitlement to REA for PD D13 because it is a new disease prescribed after 10.10.94¹.

1 SS (II) (PD) Regs, reg 14A

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