CHAPTER 219.

WORKMEN'S COMPENSATION.

RULES

made by the Governor in Council under section 43.

NOTIFICATION OF INJURIES.

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.

(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.

(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.

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.

(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
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
Notification of Injuries [Cap. 219 1873]

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 ....................................................................................

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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, chiefdom, 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. Dependents .............................................................................................................
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....................................................................................................
Notification of Injuries

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).

<table>
<thead>
<tr>
<th>Cases where compensation (including medical or burial expenses, if any) was paid</th>
<th>No. of cases in which Compensation was paid during 19</th>
<th>Total amount of Compensation paid during 19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£ s. d.</td>
</tr>
</tbody>
</table>

B. CASES IN WHICH COMPENSATION WAS PAID FOR INCAPACITY.

<table>
<thead>
<tr>
<th>Cases continued from previous years</th>
<th>No. of cases in which compensation was paid during 19</th>
<th>Total amount of compensation paid during 19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£ s. d.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases in which the first payment of compensation was made during 19</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total ... ...
FEES AND CHARGES FOR MEDICAL AID.

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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Service</th>
<th>Fees and Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>FOR TREATMENT GIVEN OUTSIDE GOVERNMENT HOSPITALS AND MEDICAL INSTITUTIONS</td>
<td>£ s. d.</td>
</tr>
<tr>
<td></td>
<td>(a) Visit of patient to doctor</td>
<td>... ... ... ... 0 5 0</td>
</tr>
<tr>
<td></td>
<td>(b) Visit of doctor to patient</td>
<td>... ... ... ... 0 10 0</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) Consultation between doctors</td>
<td>... ... ... ... 1 0 0</td>
</tr>
<tr>
<td></td>
<td>The fee prescribed for (c) shall be payable only to the doctor consulted, the consulting doctor being paid as for a visit.</td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>FOR SURGICAL TREATMENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) For the services of a surgical specialist—</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) at a major operation</td>
<td>... ... ... ... 25 0 0</td>
</tr>
<tr>
<td></td>
<td>(ii) at an intermediate operation</td>
<td>... ... ... ... 15 0 0</td>
</tr>
<tr>
<td></td>
<td>(iii) at a minor operation</td>
<td>... ... ... ... 5 0 0</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) For the services of a medical practitioner who is not a specialist—</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) at a major or intermediate operation</td>
<td>... 10 0 0</td>
</tr>
<tr>
<td></td>
<td>(ii) at a minor operation</td>
<td>... ... ... ... No charge, other than the fees for visits specified in Item I, or, if treated in hospital the hospital fees specified in Item VI.</td>
</tr>
</tbody>
</table>
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.

### Item Service Fees and Charges

#### III. RADIOLOGICAL

**X-Ray examinations**

<table>
<thead>
<tr>
<th>Service</th>
<th>£</th>
<th>s</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) For each film 17&quot;x14&quot; in size</td>
<td>...</td>
<td>...</td>
<td>0 6 6</td>
</tr>
<tr>
<td>(b) For each film 15&quot;x12&quot; in size</td>
<td>...</td>
<td>...</td>
<td>0 6 3</td>
</tr>
<tr>
<td>(c) For each film 12&quot;x10&quot; in size</td>
<td>...</td>
<td>...</td>
<td>0 3 5</td>
</tr>
<tr>
<td>(d) For each film 10&quot;x8&quot; in size</td>
<td>...</td>
<td>...</td>
<td>0 2 3</td>
</tr>
<tr>
<td>(e) For each film 8&quot;x6&quot; in size</td>
<td>...</td>
<td>...</td>
<td>0 1 8</td>
</tr>
<tr>
<td>(f) For each film 6&quot;x4&quot; in size</td>
<td>...</td>
<td>...</td>
<td>0 1 2</td>
</tr>
<tr>
<td>(g) For each film 15&quot;x6&quot; in size</td>
<td>...</td>
<td>...</td>
<td>0 2 6</td>
</tr>
<tr>
<td>(h) For each film 12&quot;x6&quot; in size</td>
<td>...</td>
<td>...</td>
<td>0 1 11</td>
</tr>
</tbody>
</table>

#### IV. PHYSIOTHERAPY

Massage, electrical, etc. per session

<table>
<thead>
<tr>
<th>Service</th>
<th>£</th>
<th>s</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
<td>0 2 0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>£</th>
<th>s</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Clinical examination</td>
<td>...</td>
<td>...</td>
<td>0 10 6</td>
</tr>
<tr>
<td>(b) Routine scaling and gum-treatment</td>
<td>...</td>
<td>...</td>
<td>0 17 6</td>
</tr>
<tr>
<td>(c) Deep scaling and prolonged gum-treatment</td>
<td>...</td>
<td>2 0 0</td>
<td></td>
</tr>
<tr>
<td>to</td>
<td>4 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Gingivectomy including scaling and gum-treatment</td>
<td>1 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to</td>
<td>5 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Apicectomy including root-treatment, per tooth</td>
<td>2 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to</td>
<td>5 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) X-ray examination— (i) one intra-oral film</td>
<td>...</td>
<td>...</td>
<td>0 5 0</td>
</tr>
<tr>
<td>(ii) additional films at same examination, each</td>
<td>...</td>
<td>0 2 0</td>
<td></td>
</tr>
<tr>
<td>(iii) extra-oral films</td>
<td>...</td>
<td>...</td>
<td>as in Item III</td>
</tr>
</tbody>
</table>
V. **Dentistry—continued**

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

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

VI. Hospital Fees

(A) IN-PATIENTS

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

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Fees and Charges</th>
<th>per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) whose income does not exceed £90 per annum</td>
<td>0 0 3</td>
<td></td>
</tr>
<tr>
<td>(b) whose income exceeds £90 but does not exceed £144 per annum</td>
<td>0 1 3</td>
<td></td>
</tr>
<tr>
<td>(c) whose income exceeds £144 but does not exceed £200 per annum</td>
<td>0 2 0</td>
<td></td>
</tr>
<tr>
<td>(d) whose income exceeds £200 but does not exceed £250 per annum</td>
<td>0 2 6</td>
<td></td>
</tr>
<tr>
<td>(e) whose income exceeds £250 but does not exceed £372 per annum</td>
<td>0 3 6</td>
<td></td>
</tr>
<tr>
<td>(f) whose income exceeds £372 per annum</td>
<td>0 5 0</td>
<td></td>
</tr>
</tbody>
</table>

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—

<table>
<thead>
<tr>
<th>Ward Type</th>
<th>Fees and Charges</th>
<th>per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) in a ward containing more than two beds</td>
<td>0 12 0</td>
<td></td>
</tr>
<tr>
<td>(b) in a two-bedded ward</td>
<td>0 18 0</td>
<td></td>
</tr>
</tbody>
</table>

(B) OUT-PATIENTS

For attendance at public out-patients clinics—

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Fees and Charges</th>
<th>per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) on first attendance, on the issue of the first treatment form</td>
<td>0 1 0</td>
<td></td>
</tr>
<tr>
<td>(b) for each subsequent treatment form</td>
<td>0 1 0</td>
<td></td>
</tr>
</tbody>
</table>

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
Any operation involving intestinal suture
Complicated fistula
Depressed fracture
Excision of larger joints
Hernia (Strangulated)
Meningeal haemorrhage
Nephrectomy

Plastic operations requiring tube graft
Rupture of bladder
Rupture of urethra
Splenectomy
Subphrenic abscess requiring trans-thoracic or transperitoneal access
Transplantation of ureters

Intermediate

Castration
Empyema
Enterotomy, colotomy, colostomy
Epithelioma of lip with excision of glands in sub-mandibular region
Gastrostomy
Grafting with tube grafts

Hernia-inguinal, femoral, umbilical or ventral (simple)
Suprapubic cystostomy

Minor

Abscess
Any condition treated by surgical diathermy under general anaesthesia, other than mouth or tongue, or bladder
Blood transfusion (grouping and expenses of donor extra)
Cystoscopy
Dilatation of urethra
Examination under anaesthetic
Implantation of radium or radon seeds for treatment of a skin tumour

Plastic operations not requiring a tube graft and of a simple kind
Pyelography (not including services of radiologist)
Removal of needles from hand or foot or elsewhere
Rodent ulcer not involving bone or eye
Skin grafting

Ear, Nose and Throat Operations

Major

Bronchoscopy (operative)
Intracranial complications such as cerebellar abscess

Ligature of jugular vein and opening of lateral sinus
Oesophagoscopy (operative)
Plastic operations requiring a tube graft

Intermediate

Diagnostic bronchoscopy
Diagnostic oesophagoscopy
Intranasal operations

Laryngoscopy (operative)
Simple tracheotomy

Minor

Diagnostic Laryngoscopy
Paracentesis
Plastic operations not requiring a tube graft

Reduction of deformity, fractured noses, and facial bones
Medical Fees and Charges

Ocular 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 in cornea
- Entropion
- 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
- Tendon transplantation
- and other joints
- Other orthopaedic operations requiring an equivalent degree of surgical skill
- Laminectomy
- Note.—Charges for the above operations to include the immediate mechanical after-treatment and subsequent changing of splints and plasters (with or without anaesthesia)
- Open reduction of fractures
- Operative treatment of compound fractures
- Reconstrucitve operations on bones and joints:
  - arthrodesis
  - arthroplasty
  - bone grafts
- Other orthopaedic operations requiring an equivalent degree of surgical skill

Intermediate

- Amputation of limbs, save fingers and toes (minor) and thigh, shoulder and hip (major)
- Emergency operations for acute osteomyelitis and acute suppurrative 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.
1882 Cap. 219] Workmen’s Compensation

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.

<table>
<thead>
<tr>
<th>No. Registered in previous years</th>
<th>No. Registered in 19.....</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

SCHEDULE B.

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

<table>
<thead>
<tr>
<th>Name of Employer/Firm</th>
<th>Address</th>
<th>Date of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
WORKMEN'S COMPENSATION (EXCLUSION OF POLICE) ORDER.

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.

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

   (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.