

State of South Carolina
Workers' Compensation Commission

APPELLATE PANEL DECISION AND ORDER

COMMISSION PANEL: Melody L. James, Commissioner; Gene McCaskill, Commissioner;
and Avery B. Wilkerson, Jr., Commissioner, Chair

SCWCC File No.: 2118696

Serge Wandji,
Claimant/Appellant,

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v.

The Regional Medical Center,
Self-Insured Employer,

DEC 18 2024

SC Court of Appeals

through

Antum Risk,
Carrier,
Defendants/Respondents.

AFFIRMED

Hearing held in Richland County, South Carolina,

on September 18, 2023

Per notice timely and properly served upon all Parties in Interest.

Appearances: Serge Wandji, Claimant/Appellant, appeared *pro se*.

Roy A. Howell, III, Esq., of Trask & Howell, L.L.C., Mt.
Pleasant, South Carolina, appeared on behalf of
Defendants/Respondents.

Court Reporter:

Sarah Costilow, (803) 252-3445,
contact@creelreporting.com

Filed:

March 8, 2024

I. STATEMENT OF THE CASE

This matter is before the Commission's Appellate Panel pursuant to the *pro se* Claimant's Form 30, seeking review of Hearing Commissioner T. Scott Beck's Decision and Order dated May 31, 2023. Following a hearing on February 16, 2023, Commissioner Beck concluded that the greater weight of the evidence indicates that the Claimant's alleged injuries (a COVID-19 infection and related symptoms) were not caused naturally or unavoidably by any accident on or about August 27, 2021, and his alleged injuries did not otherwise arise out of or in the course of his employment as required by S.C. Code Ann. § 42-1-160. Commissioner Beck further concluded that, pursuant to S.C. Code Ann. § 42-11-10, the greater weight of the evidence indicates the Claimant's employment did not subject him to hazards in excess to those ordinarily incident to employment, that COVID-19 was peculiar to the Claimant's occupation, or that the disease was either directly caused by, especially incident to, or the natural consequence of the Claimant's work. Accordingly, the claim for medical and compensation benefits was denied.

On June 16, 2023, the Claimant filed a Form 30, Request for Review, with the Commission.

The Claimant seeks a full reversal of Commissioner Beck's May 31, 2023, Decision and Order and an award of medical and compensation benefits.

The Respondents, the Regional Medical Center of Orangeburg and Palmetto Hospital Trust, contend that Commissioner Beck's findings and conclusions are supported by the greater weight of the evidence in the record and the applicable law and seek a full affirmation by the Appellate Panel.

II. SINGLE COMMISSIONER FINDINGS OF FACT AND CONCLUSIONS OF LAW

COMMISSIONER BECK'S FINDINGS OF FACT

1. The undersigned spent a significant amount of time advising the Claimant on the complexity of this matter and potential legal challenges in satisfying his burden of proving a compensable claim. He was also advised of his right to retain counsel and the potential repercussions of proceeding without the assistance of counsel. In spite of those admonishments, the Claimant elected to proceed *Pro Se* in this matter.
2. The Claimant filed a Form 50 claiming an "injury" or "illness" and alleging that on August 27, 2021, his "whole body" was infected with COVID-19. I find that this pleading triggers the requirements of S.C. Code Ann. § 42-1-160 and I find that COVID-19 must be evaluated as a "disease" under that statute. As such, the Claimant's claim must fail, as I find he did not satisfy his burden of proving it resulted "naturally or unavoidably" from an accident at work by a preponderance of the evidence. There is no medical evidence, as defined in the Act, in the record to satisfy this requirement or to otherwise support a finding that the Claimant's employment placed him at an increased risk of exposure to COVID-19.

In addition, based on the greater weight of the lay and circumstantial evidence presented, the Claimant's COVID-19 infection did not result "naturally or unavoidably" from an accident arising out of or in the course of his employment, as alleged. The Claimant admits that he did not work at the Regional Medical Center on August 27, 2021, and that there was "no injury" on August 27, 2021. (T. p.61, ll.1—9; T. p.64, l.25—p.65, l.4). The Claimant did not present any evidence that he worked with, or provided care for, any COVID positive individuals at any time. Instead, the greater weight of the evidence,

including the testimony of his supervisor, nurse manager Teresa Noe, reveals that the Claimant and all staff on the "locked" unit where the Claimant worked were required to wear N-95 masks (T. pp.129--130); all patients in the unit were required to test negative prior to admission (T. p.129); the Claimant did not provide care to any COVID patients at any time (T. p.130); and the Claimant "would have had a less chance of catching COVID on the unit versus in the public." (T. p.130, ll.13—14). Even the Claimant testified that "[n]obody except God" knows when or how he was exposed to, or infected with, COVID-19. (APA p.82).

The greater weight of the evidence further reveals that the Claimant gave inconsistent accounts of when he believes he was first exposed to COVID-19 (August 16, 2021, later recanted) and when his symptoms began (August 23rd or August 25th or August 26th) according to the persuasive testimony of Ms. Kelci Caruso and Ms. Kellie Evans. (T. pp.99-101; T. pp. 113—114; APA p.148; Def. APA pp.7, 57). Dr. John H. Samies, the only infectious disease expert to address this claim, stated that "[t]he recanting of the 8/16 exposure by the claimant and the confusion about the date of onset of symptoms puts doubt on all claimant statements in this case ... the timing of the onset of symptoms should have been quite clear to the claimant." Dr. Samies ultimately opined "that a link to employment exposure here is unlikely," negating the probability of a causal connection between the Claimant's COVID-19 infection and his employment. (Def. APA p.57). While the Claimant's personal physician, Dr. Fayssoux (an internal medicine doctor), stated that the Claimant "contracted Covid-19 at his place of employment" (APA pp.35, 37), Dr. Fayssoux (unlike Dr. Samies) neither gave a basis for this opinion, nor does he explain when he believes the Claimant was exposed or the nature of any such exposure; he does

not explain how he excluded the possibility of exposure outside of work during a pandemic; and he does not reconcile the inconsistencies in the Claimant's timeline. Therefore, after carefully considering and weighing all of the evidence presented, I find that the Claimant did not meet his burden of proving by a preponderance of the evidence that his COVID-19 infection was the natural or unavoidable result of any alleged accident arising out of or in the course of his employment on or about August 27, 2021.

3. While the Claimant did not file a claim alleging an occupational disease, and while I believe the Claimant's pleading limits him to a claim under S.C. Code Ann. § 42-1-160, I have also analyzed the claim under S.C. Code Ann. § 42-11-10 analysis out of an abundance of caution. The Claimant's claim must also fail under this analysis. To satisfy his burden of proving an occupational disease under § 42-11-10 by a preponderance of the evidence, the Claimant must not only prove that his COVID infection was "a direct result of continuous exposure to the normal working conditions" of his employment, but the Claimant must also prove that he contracted COVID due to "hazards in excess to those ordinarily incident to employment" and "peculiar to the occupation in which he was engaged." The Claimant has presented no competent evidence to support such findings.

The record contains no opinion of any person, lay or expert, that the Claimant's employment subjected him to hazards in excess to those ordinarily incident to employment, or any opinion that COVID-19 was peculiar to the Claimant's occupation. Instead, the record reveals that COVID-19 was contracted by at least 123,842 South Carolinians during the period from August 1, 2021, through August 31, 2021, alone -- including at least 1,869 persons during this period in Orangeburg County. (Def. APA pp.147—148). Ms. Noe testified without objection that the Claimant "would have had a less chance of catching

COVID on the unit versus in the public” because of the stringent testing protocols and the personal protective equipment, including N-95 masks, required in the Claimant’s position as a nurse in the Behavioral Health Unit. (T. p.130, ll.13—14). In addition, Dr. Samies, an infectious disease specialist, opined “that a link to employment exposure here is unlikely,” which does not support a finding that the Claimant’s COVID-19 infection was “a direct result of continuous exposure to the normal working conditions” of the Claimant’s employment. (Def. APA p.57).

Furthermore, the claim fails consistent with the exceptions listed in S.C. Code Ann. § 42-11-10 (B) (3) & (4). Clearly, COVID-19 is a contagious disease. However, the Claimant presented no persuasive evidence that his employment as a nurse in the Behavioral Health Unit placed him at an increased risk of exposure to COVID-19 over and above his risk of exposure outside of his employment. Relevant to this risk analysis is the fact that not only was the Claimant also a student at the University of South Carolina at the time in question, but his employment required him to wear an N-95 mask at all times in clinical areas and he worked in a locked unit where patients were required to test negative for COVID prior to admission. Importantly, the only witness to assess the Claimant’s relative risk, Ms. Noe, testified without objection that the Claimant “would have had a less chance of catching COVID on the unit versus in the public.” (T. p.130, ll.13—14). Therefore, COVID-19 was not “peculiar” to the Claimant’s occupation and the disease was not directly caused by, especially incident to, or the natural consequence of his work based upon the greater weight of the evidence in the record, including the testimony of Ms. Noe and the opinion of Dr. Samies.

COMMISSIONER BECK'S CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant is not entitled to any medical or compensation benefits under the South Carolina Workers' Compensation Act because the greater weight of the evidence indicates that his alleged injuries were not caused naturally or unavoidably by any accident on or about August 27, 2021, and his alleged injuries did not otherwise arise out of or in the course of his employment.

Pursuant to S.C. Code Ann. § 42-11-10, the Claimant is not entitled to any medical or compensation benefits under the Workers' Compensation Act because he did not file a claim for an occupational disease and because the greater weight of the evidence indicates the Claimant's employment did not subject him to hazards in excess to those ordinarily incident to employment, that COVID-19 was peculiar to the Claimant's occupation, or that the disease was either directly caused by, especially incident to, or the natural consequence of the Claimant's work.

III. ISSUES ON APPEAL

1. [Whether] the Claimant demonstrated solid evidence that he was exposed to COVID-19 at Regional Medical before and during the time of his confirmed infection.
2. [Whether] the Defendants were able to produce or demonstrate evidence to support their defense strategies, as outlined in their Pre-Hearing Brief of January 12, 2023.
3. [Whether] the Defendants engaged in forgery and falsification of documents which they introduced as evidence as part of their APAs in this case.
4. [Whether] the Defendants' [actions] resulted in fraudulent representation, racists attacks and unlawful [conduct].

IV. DECISION OF THE APPELLATE PANEL

On November 29, 2021, the Claimant filed a Form 50 claiming an “injury” or “illness” and alleging that, his “whole body” was infected with COVID-19. The Claimant admits that he did not work at the Regional Medical Center on August 27, 2021, and that there was “no injury” on August 27, 2021. (T. p.61, ll.1—9; T. p.64, l.25—p.65, l.4). The Claimant did not present any evidence that he worked with, or provided care for, any COVID positive individuals at any time. Instead, the greater weight of the evidence, including the testimony of his supervisor, nurse manager Teresa Noe, reveals that the Claimant and all staff on the “locked” unit where the Claimant worked were required to wear N-95 masks (T. pp.129--130); all patients in the unit were required to test negative prior to admission (T. p.129); the Claimant did not provide care to any COVID patients at any time (T. p.130); and the Claimant “would have had a less chance of catching COVID on the unit versus in the public.” (T. p.130, ll.13—14). Even the Claimant testified that “[n]obody except God” knows when or how he was exposed to, or infected with, COVI-19. (APA p.82).

The greater weight of the evidence further reveals that the Claimant gave inconsistent accounts of when he believes he was first exposed to COVID-19 (August 16, 2021, later recanted) and when his symptoms began (August 23rd or August 24th or August 25th) according to the testimony of Ms. Kelci Caruso and Ms. Kellie Evans, who Hearing Commissioner Beck found to be “persuasive.” (T. pp.99-101; T. pp. 113—114; APA p.148; Def. APA pp.7, 57). Dr. John H. Samies, the only infectious disease expert to address this claim, stated that:

“[t]he recanting of the 8/16 exposure by the claimant and the confusion about the date of onset of symptoms puts doubt on all claimant statements in this case ... the timing of the onset of symptoms should have been quite clear to the claimant.”

Dr. Samies ultimately opined “that a link to employment exposure here is unlikely,” negating the probability of a causal connection between the Claimant’s COVID-19 infection and his employment. (Def. APA p.57).¹

While the Claimant’s personal physician, Dr. Fayssoux (an internal medicine doctor), stated that the Claimant “contracted Covid-19 at his place of employment” (APA pp.35, 37), Dr. Fayssoux (unlike Dr. Samies) neither gave a basis for this opinion, nor does explain when he believes the Claimant was exposed or the nature of any such exposure, does not explain how he excluded the possibility of exposure outside of work during a pandemic, and he does not reconcile the inconsistencies in the Claimant’s timeline. Therefore, Hearing Commissioner Beck properly

¹ The Claimant’s allegations with respect to Dr. Samies are improper, unfounded, and irrelevant. The Claimant, himself, submitted Dr. Samies’s report into evidence as APA #58. The Claimant did not object to the admission of this report at the hearing, or did he seek to exercise his right to cross-examine Dr. Samies. Therefore, the Claimant cannot be heard to complain about the admissibility of Dr. Samies’s report on appeal. See Turner v. Med. Univ. of S.C., 430 S.C. 569, 590, 846 S.E.2d 1, 12 (Ct. App. 2020) (holding that a “contemporaneous objection is required to preserve issues for appellate review” and citing Webb v. CSX Transp., Inc., 364 S.C. 639, 657, 615 S.E.2d 440, 450 (2005); see also Scott v. Porter, 340 S.C. 158, 167, 530 S.E.2d 389, 393 (Ct. App. 2000) (holding that “[o]rdinarily, if an appellant fails to object the first time a statement is made, he or she waives the right to raise the issue on appeal”). Dr. Samies’s relationship with the Regional Medical Center was always made clear to the Claimant and to the Commission, as the Respondents submitted Dr. Samies’s resume into evidence (Def. APA #12, pp.58—60), showing that he was on the medical staff at the Regional Medical Center, as well as serving on the Executive Committee and Board of Trustees. However, there is no competent evidence that Dr. Samies’s report was based upon anything other than the facts and his own expert opinion and therefore, the Claimant’s allegations of bias do not affect the weight accorded to his opinion by the Commission. Perhaps more importantly, the Claimant’s allegations regarding Dr. Samies in no way change the fact that the Claimant failed to meet his burden of proving any accident at work, any injurious exposure at work, or any increased risk of exposure to a worldwide pandemic at work, especially given the stringent personal protective equipment and testing protocols required in his workplace.

gave the reports of Dr. Fayssoux little weight in finding that the Claimant did not meet his burden of proving by a preponderance of the evidence that his COVID-19 infection was the natural or unavoidable result of any alleged accident arising out of or in the course of his employment on or about August 27, 2021.

The Claimant's argument that he is entitled to a workers' compensation benefits because the Respondents did not prove that the Claimant was exposed to COVID-19 outside of work is without merit. Not only must workers' compensation awards not be based on surmise, conjecture, or speculation, but the "the difficulty in proving a fact in a compensation case does not relieve the party on whom the burden rests of proving it and does not shift the burden to the other party." Herndon v. Morgan Mills, Inc., 246 S.C. 201, 209, 143 S.E.2d 376, 380-81 (1965) (*internal citations omitted*). Accordingly, the Appellate Panel hereby affirms Hearing Commissioner Beck's findings of fact and conclusions of law under S.C. Code Ann. § 42-1-160, because even the Claimant, when asked if he has any evidence of his alleged exposure to COVID-19, testified:

"Nobody can answer that question ... You are asking a question, with all due respect, that's very stupid." (T. p.66, l.15--p.67, l.14).

Even though the Claimant did not file a claim alleging an occupational disease, and his pleadings limit him to a claim under S.C. Code Ann. § 42-1-160, Hearing Commissioner Beck also analyzed the claim under S.C. Code Ann. § 42-11-10 "out of an abundance of caution" and concluded that the claim must also fail under this analysis. The Appellate Panel agrees. To satisfy his burden of proving an occupational disease under § 42-11-10 by a preponderance of the

evidence, the Claimant must not only prove that his COVID infection was “a direct result of continuous exposure to the normal working conditions” of his employment, but the Claimant must also prove that he contracted COVID due to “hazards in excess to those ordinarily incident to employment” and “peculiar to the occupation in which he was engaged.” The Claimant has presented no competent evidence to support such findings.

The record contains no opinion of any person, lay or expert, that the Claimant’s employment subjected him to hazards in excess to those ordinarily incident to employment, or any opinion that COVID-19 was peculiar to the Claimant’s occupation. Instead, the record reveals that COVID-19 was contracted at least 123,842 South Carolinians during the period from August 1, 2021, through August 31, 2021, alone -- including at least 1,869 persons during this period in Orangeburg County. (Def. APA pp.147—148). Ms. Noe, testified that the Claimant “would have had a less chance of catching COVID on the unit versus in the public” because of the stringent testing protocols and requirements for personal protective equipment, including N-95 masks, in the Claimant’s place of employment. (T. p.130, ll.13—14). In addition, Dr. Samies, an infectious disease specialist, opined “that a link to employment exposure here is unlikely,” which is clearly contrary to the requirement that the Claimant’s COVID-19 infection be “a direct result of continuous exposure to the normal working conditions” of the Claimant’s employment. (Def. APA p.57).

Furthermore, the claim fails consistent with the exceptions listed in S.C. Code Ann. § 42-11-10 (B) (3) & (4). Clearly, COVID-19 is a contagious disease. However, the Claimant presented no competent evidence that his employment placed him at an increased risk of exposure over and above his risk of exposure outside of his employment, especially considering the fact that the Claimant was a student at the University of South Carolina at the time in question and his

employment required him to wear an N-95 mask at all times. Instead, the only witness to assess the Claimant's relative risk, Ms. Noe, testified that the Claimant "would have had a less chance of catching COVID on the unit versus in the public." (T. p.130, ll.13—14). Moreover, it would be specious to suggest that COVID-19 was "peculiar" to the Claimant's occupation or that the disease was either directly caused by, especially incident to, or the natural consequence of his work and there is no persuasive or competent evidence in the record to support any such suggestion. Therefore, Hearing Commissioner Beck's findings and conclusions under S.C. Code Ann. § 42-11-10, are hereby affirmed by the Appellate Panel, as they are supported by the greater weight of the evidence and the applicable law.

FINDINGS OF FACT

1. The Hearing Commissioner spent a significant amount of time advising the Claimant on the complexity of this matter and potential legal challenges in satisfying his burden of proving a compensable claim. He was also advised of his right to retain counsel and the potential repercussions of proceeding without the assistance of counsel. In spite of those admonishments, Claimant elected to proceed *Pro Se* in this matter.
2. The Claimant filed a Form 50 claiming an "injury" or "illness" and alleging that on August 27, 2021, his "whole body" was infected with COVID-19. The Commission finds that this pleading triggers the requirements of S.C. Code Ann. § 42-1-160 and finds that COVID-19 must be evaluated as a "disease" under that statute. As such, the Claimant's claim must fail, as the Commission finds he did not satisfy his burden of proving it resulted "naturally or unavoidably" from an accident at work by a preponderance of the evidence. There is no medical evidence, as defined in the Act, in the record to satisfy this requirement or to

otherwise support a finding that the Claimant's employment placed him at an increased risk of exposure to COVID-19.

3. In addition, based on the greater weight of the lay and circumstantial evidence presented, the Claimant's COVID-19 infection did not result "naturally or unavoidably" from an accident arising out of or in the course of his employment, as alleged. The Claimant admits that he did not work at the Regional Medical Center on August 27, 2021, and that there was "no injury" on August 27, 2021. (T. p.61, ll.1—9; T. p.64, l.25—p.65, l.4). The Claimant did not present any evidence that he worked with, or provided care for, any COVID positive individuals at any time. Instead, the greater weight of the evidence, including the testimony of Ms. Noe, reveals that the Claimant and all staff on the "locked" unit where the Claimant worked were required to wear N-95 masks (T. pp.129--130); all patients in the unit were required to test negative prior to admission (T. p.129); the Claimant did not provide care to any COVID patients at any time (T. p.130); and the Claimant "would have had a less chance of catching COVID on the unit versus in the public." (T. p.130, ll.13—14). Even the Claimant testified that "[n]obody except God" knows when or how he was exposed to, or infected with, COVI-19. (APA p.82).
4. The greater weight of the evidence further reveals that the Claimant gave inconsistent accounts of when he believes he was first exposed to COVID-19 (August 16, 2021, later recanted) and when his symptoms began (August 23rd or August 25th or August 26th) according to the persuasive testimony of Ms. Caruso and Ms. Evans. (T. pp.99-101; T. pp. 113—114; APA p.148; Def. APA pp.7, 57). Dr. John H. Samies, the only infectious disease expert to address this claim, stated that "[t]he recanting of the 8/16 exposure by the claimant and the confusion about the date of onset of symptoms puts doubt on all claimant

statements in this case ... the timing of the onset of symptoms should have been quite clear to the claimant." Dr. Samies ultimately opined "that a link to employment exposure here is unlikely," negating the probability of a causal connection between the Claimant's COVID-19 infection and his employment. (Def. APA p.57). While the Claimant's personal physician, Dr. Fayssoux (an internal medicine doctor), stated that the Claimant "contracted Covid-19 at his place of employment" (APA pp.35, 37), Dr. Fayssoux (unlike Dr. Samies) neither gave a basis for this opinion, nor does explain when he believes the Claimant was exposed or the nature of any such exposure, does not explain how he excluded the possibility of exposure outside of work during a pandemic, and he does not reconcile the inconsistencies in the Claimant's timeline. Therefore, after carefully considering and weighing all of the evidence presented, the Commission finds that the Claimant did not meet his burden of proving by a preponderance of the evidence that his COVID-19 infection was the natural or unavoidable result of any alleged accident arising out of or in the course of his employment on or about August 27, 2021.

5. While the Claimant did not file a claim alleging an occupational disease, and while the Commission is of the belief that the Claimant's pleading limits him to a claim under S.C. Code Ann. § 42-1-160, the Commission has also analyzed the claim under S.C. Code Ann. § 42-11-10 analysis out of an abundance of caution. The Claimant's claim must also fail under this analysis. To satisfy his burden of proving an occupational disease under § 42-11-10 by a preponderance of the evidence, the Claimant must not only prove that his COVID infection was "a direct result of continuous exposure to the normal working conditions" of his employment, but the Claimant must also prove that he contracted COVID due to "hazards in excess to those ordinarily incident to employment" and

“peculiar to the occupation in which he was engaged.” The Claimant has presented no competent evidence to support such findings.

6. The record contains no opinion of any person, lay or expert, that the Claimant’s employment subjected him to hazards in excess to those ordinarily incident to employment, or any opinion that COVID-19 was peculiar to the Claimant’s occupation. Instead, the record reveals that COVID-19 was contracted by at least 123,842 South Carolinians during the period from August 1, 2021, through August 31, 2021, alone -- including at least 1,869 persons during this period in Orangeburg County. (Def. APA pp.147—148). Ms. Noe testified without objection that the Claimant “would have had a less chance of catching COVID on the unit versus in the public” because of the stringent testing protocols and the personal protective equipment, including N-95 masks, required in the Claimant’s position as a nurse in the Behavioral Health Unit. (T. p.130, ll.13—14). In addition, Dr. Samies, an infectious disease specialist, opined “that a link to employment exposure here is unlikely,” which does not support a finding that the Claimant’s COVID-19 infection was “a direct result of continuous exposure to the normal working conditions” of the Claimant’s employment. (Def. APA p.57).
7. Furthermore, the claim fails consistent with the exceptions listed in S.C. Code Ann. § 42-11-10 (B) (3) & (4). Clearly, COVID-19 is a contagious disease. However, the Claimant presented no persuasive evidence that his employment as a nurse in the Behavioral Health Unit placed him at an increased risk of exposure to COVID-19 over and above his risk of exposure outside of his employment. Relevant to this risk analysis is the fact that not only was the Claimant also a student at the University of South Carolina at the time in question, but his employment required him to wear an N-95 mask at all times in clinical areas and

he worked in a locked unit where patients were required to test negative for COVID prior to admission. Importantly, the only witness to assess the Claimant's relative risk, Ms. Noe, testified without objection that the Claimant "would have had a less chance of catching COVID on the unit versus in the public." (T. p.130, ll.13—14). Therefore, COVID-19 was not "peculiar" to the Claimant's occupation and the disease was not directly caused by, especially incident to, or the natural consequence of his work based upon the greater weight of the evidence in the record, including the testimony of Ms. Noe and the opinion of Dr. Samies.

CONCLUSIONS OF LAW

1. "[T]he difficulty in proving a fact in a compensation case does not relieve the party on whom the burden rests of proving it, and does not shift the burden to the other party."
Herndon v. Morgan Mills, Inc., 246 S.C. 201, 209, 143 S.E.2d 376, 380–81 (1965)
(internal citations omitted).
2. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant is not entitled to any medical or compensation benefits under the South Carolina Workers' Compensation Act because the greater weight of the evidence indicates that his alleged injuries were not caused naturally or unavoidably by any accident on or about August 27, 2021, and his alleged injuries did not otherwise arise out of or in the course of his employment.
3. Pursuant to S.C. Code Ann. § 42-11-10, the Claimant is not entitled to any medical or compensation benefits under the Workers' Compensation Act because he did not file a claim for an occupational disease and because the greater weight of the evidence indicates the Claimant's employment did not subject him to hazards in excess to those ordinarily incident to employment, that COVID-19 was peculiar to the Claimant's

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occupation, or that the disease was either directly caused by, especially incident to, or the natural consequence of the Claimant's work.

ORDER

IT IS, THEREFORE, HEREBY ORDERED that the Claimant is not entitled to, and the Respondents are not responsible for, any medical or compensation benefits under the South Carolina Workers' Compensation Act for any alleged accident, injury, or occupational disease on or about August 27, 2021.

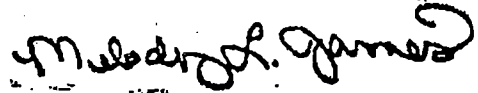
AND SO IT IS ORDERED.

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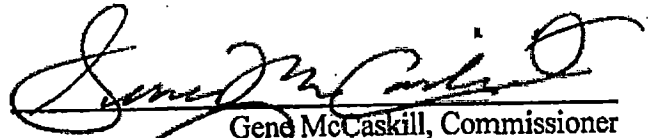
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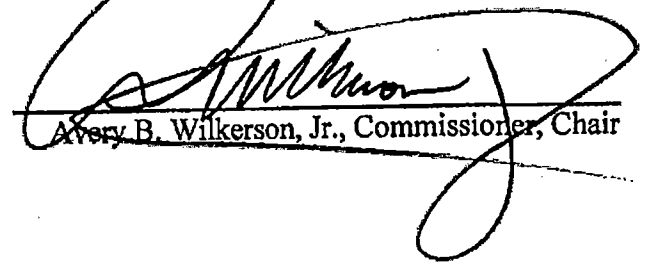
Columbia, SC



Melody L. James, Commissioner



Gene McCaskill, Commissioner



Avery B. Wilkerson, Jr., Commissioner, Chair