Occupational (Industrial) Disease - Definitions, Policy, Schedules, Regulation and Legislation

The following tables give details about occupational disease (also called industrial disease) in each province and territory, including: the definition of occupational disease, the method of adjudicating occupational disease claims and links to policy, schedules, regulations and legislation related to occupational disease.

For firefighter presumptions, see: 'Firefighter Presumptions' at <u>Workers' Compensation Legislation & Policy</u> under 'Compensation Principles and Presumptions' heading.

Click below to go directly to the following jurisdiction:

- Newfoundland and Labrador
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Newfoundland and Labrador

The following table gives details about occupational disease in Newfoundland and Labrador.

The Newfoundland and Labrador Workplace Health, Safety and Compensation Act, 2022, became effective on September 1, 2023, along with new regulations. The table has been updated to incorporate these changes. The Summary table will soon be revised to encompass all jurisdictional updates in the near future.

	Newfoundland and Labrador – Occupational Disease	
Definition:	Newfoundland and Labrador's definition of "injury" (1) includes "occupational disease" arising out of and in the course of employment and includes a recurrence of an injury and an aggravation of a pre-existing condition, but does not include stress other than stress that is a reaction to a traumatic event or events. (2) Notwithstanding paragraph (1), stress that may be the result of an employer's decision or action relating to the employment of a worker including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the worker's employment does not constitute an injury. In addition, there is a definition for "occupational disease" as follows: "occupational disease" means a disease prescribed in the regulations and another disease peculiar to or characteristic of a particular industrial process, trade or occupation.	
Method of adjudicating occupational disease claims:	The process of adjudication in disease claims involves the issue of causation. The same standard of proof applies as in injury cases, except where the presumption applies under sections 106 and 109 of the Act. Comparing the evidence of employment exposure to harmful material with the exposure outside the employment may be necessary. The latency period between the time of the first exposure to the employment hazard and the time the symptoms of the disease appear must be established.	
Policy:	 Policy EN-12, Hearing Loss Policy EN-13, Occupational Chest Disease (Loss of Medical Certificate) Policy EN-14, Asbestos Related Claims Policy EN-15, Peripheral Vascular Disease Policy EN-16, Scleroderma 	
Schedule/ regulation:	Workplace Health, Safety and Compensation Administrative Regulations – Regulation 66/23 (section 21)	
Sections of Act:	Workplace Health, Safety and Compensation Act, 2022 (sections 2, 104-106)	

Prince Edward Island

The following table gives details about occupational disease in Prince Edward Island.

	Prince Edward Island – Occupational Disease	
Definition:	In Prince Edward Island's Workers' Compensation Act, the definition of "accident" includes a reference to occupational disease. "Accident" is defined in section 1(1) as: a chance event occasioned by a physical or natural cause; and includes (iii) an occupational disease, and as a result of which a worker is injured. "Occupational disease" is defined as: a disease arising out of and in the course of employment and resulting from causes and conditions (i) peculiar to or characteristic of a particular trade or occupation; or (ii) peculiar to the particular employment; but does not include (iii) an ordinary disease of life.	
Method of adjudicating occupational disease claims:	All claims for occupational disease are adjudicated on a case-by-case basis.	
Policy:	POL-65, Occupational Disease	
Schedule/ regulation:	Occupational Diseases are not listed in Schedules or Regulations in Prince Edward Island.	
Sections of Act:	Workers Compensation Act (sections 1, 84)	

Nova Scotia

The following table gives details about occupational disease in Nova Scotia.

Nova Scotia – Occupational Disease		
Definition:	Section 2(v) of the Nova Scotia Workers' Compensation Act, An Act to Reform the Law Respecting Compensation for Workers, provides a generic definition of occupational disease:	
	"occupational disease" means a disease arising out of and in the course of employment and resulting from causes or conditions	
	(i) peculiar to or characteristic of a particular trade or occupation, or	
	(ii) peculiar to the particular employment,	
	and includes silicosis and pneumonoconiosis.	
	The definition of "accident" also includes entitlement for occupational disease. Section 2(a) states:	
	"accident" includes	
	(iii) disablement, including occupational disease, arising out of and in the course of employment,	
	but does not include stress other than an acute reaction to a traumatic event.	
Method of adjudicating	Industrial Disease claims in Nova Scotia are adjudicated on a case-by-case basis relying on general legal principles:	
occupational disease	- causation test (material contribution);	
claims:	 burden of proof (investigative role resides with the WCB to gather necessary evidence to make a decision); 	
	- standard of proof (balance of probabilities); and	
	 benefit of the doubt (where evidence equally weighed the issue is resolved in the worker's favour). 	
	A case-by-case adjudicative approach requires the following information gathering:	
	 worker's complete employment history and exposure history (i.e. employment history; description of work processes; level, duration and frequency of exposure; MSDS data; description of chemical agents used, etc); 	
	- the worker's medical history; and	
	 relevant scientific evidence (i.e. epidemiology; expert opinion, occupational hygienist reports, use of Bradford Hill criteria is recommended). 	

	Nova Scotia – Occupational Disease
Policy:	Policies 1.2.1R and 1.2.1A, Automatic Assumption
	Policy 1.2.2, Fee Schedule Assessment – Automatic Assumption Claims
	Policy 1.2.3, Voluntary Autopsy Reports – Deceased Pneumonoconiosis Pensioners
	Policy 1.2.4R, Carpal Tunnel Syndrome
	Policies 1.2.5R1 and 1.2.5AR, Occupational Hearing Loss
	Policy 1.2.6R, Workplace Noise Levels,
	Policy 1.2.7R, Lead Poisoning
	Policies 1.2.8 and 1.2.9, Lung Cancer
	Policy 1.2.10, Medical Conditions from Coke Oven Workers other than Lung Cancer
	Policy 1.2.11, Lung Cancer in Asbestos Workers
	Policy 1.2.12, Mesothelioma in Asbestos Workers
	Policy 1.2.13, Laryngeal Cancer – Asbestos and Nickel Workers
Schedule/	Firefighters' Compensation Regulations (section 2)
regulation:	Workers' Compensation General Regulations (Appendix B)
Sections of Act:	Workers' Compensation Act (sections 2, 10, 12, 13, 14, 15, 16, 17, 18, 35, 35A, 83)

New Brunswick

The following table gives details about occupational disease in New Brunswick.

New Brunswick – Occupational Disease	
Definition:	The definition of "accident" in New Brunswick includes reference to occupational disease, as follows:
	and also includes a chance event occasioned by a physical or natural cause, as well as disablement caused by an occupational disease and any other disablement arising out of and in the course of employment, but does not include the disablement of mental stress or a disablement caused by mental stress, other than as an acute reaction to a traumatic event.
	"Occupational disease" is further defined as:
	any disease, which by the regulations, is declared to be an occupational disease and includes any other disease peculiar to or characteristic of a particular industrial process, trade or occupation.
Method of adjudicating occupational disease claims:	WorkSafeNB's approach to adjudicating claims is the same whether the disease is listed in regulation or not. In general, adjudication of claims for occupational disease or 'disablement arising out of employment' (i.e., not resulting from a single specific event or exposure with immediate injury), is as follows:
	In order to accept a claim for compensation, WorkSafeNB must determine that the disease is an occupational disease that arose out of and in the course of employment. To determine this, WorkSafeNB:
	Evaluates scientific and medical literature to determine that there is a probable causal association between the exposure reported and the disease; and
	Weighs other information, such as medical evidence specific to the claim, to evaluate if the particular exposure and the disease reported is work-related.
Policy:	Policy No. 21-100, Conditions for Entitlement – General Principles
	Policy No. 21-111 – Conditions for Entitlement – Occupational Diseases
Schedule/ regulation:	New Brunswick Regulation 84-66 to the Workers' Compensation Act (O. C. 84-263) (section 13)
Sections of Act:	Workers' Compensation Act (sections 1, 85)

Quebec

The following table gives details about occupational disease in Quebec.

Quebec – Occupational Disease	
Definition:	The Quebec Workers' Compensation Commission, "Commission de la santé et de la sécurité du travail du Québec" (CSST), includes in their Act (<i>An Act respecting Industrial Accidents and Occupational Diseases</i>) definitions (interpretations) for "employment injury" and "occupational disease", as follows: "employment injury" means an injury or a disease arising out of or in the course of an industrial accident, or an occupational disease, including a recurrence, relapse or aggravation. "occupational disease" means a disease contracted out of or in the course of work and characteristic of that work or directly related to the risks peculiar to that work.
Method of adjudicating occupational disease claims:	When adjudicating occupational disease claims, Quebec has a Rehabilitation and Compensation Policy which includes a detailed description for occupational diseases. Here is what Policy 1.02 Eligibility of employment injury states: Policy 1.02 Eligibility of employment injury 1.1.3 Occupational disease A disease may be recognized as an occupational disease when it is contracted out of or in the course of work and characteristic of that work or directly related to the risks peculiar to that work. ARIAOD, section 2 Two cases are possible: a worker who contracts a disease listed in Schedule I of the ARIAOD and who performs or has performed work corresponding to this disease according to this schedule, is presumed to be suffering from an occupational disease; ARIAOD, section 29 if the presumption of section 29 of the ARIAOD does not apply and his disease does not result from an industrial accident, the worker must show that this disease is characteristic of the work he performs or has performed, or that it is directly related to the risks peculiar to that work. ARIAOD, section 30

5.2 Presumption of occupational disease applies

Schedule I of the ARIAOD lists diseases that are characteristic of work corresponding to each of these diseases according to this schedule and that are directly related to the risks peculiar to that work.

A worker suffering from a disease listed in this schedule is presumed to be suffering from an occupational disease if he has performed work corresponding to that disease.

ARIAOD, section 29

The conjunction of two conditions is necessary for the presumption of occupational disease to apply, that is:

- the presence of a diagnosed disease listed in Schedule 1 of the ARIAOD; and
- a work experience corresponding to that disease according to the schedule.

Schedule I of the ARIAOD includes different types of diseases that may be caused by:

- toxic products or substances;
- infectious agents;
- agents other than infectious;
- physical agents; and
- organic and inorganic dust.

ARIAOD, Schedule I

5. 3 Presumption of occupational disease does not apply

If one of the conditions for the presumption to apply is lacking, the presumption of occupational disease does not apply and the worker must show preponderant evidence that he is suffering from a disease resulting from the work he performs or a work he has performed.

To do so, a worker must show:

- the presence of a diagnosed disease; and
- that this disease has been contracted out of or in the course of work; and
- that it is characteristic of a work he has performed; or
- that it is directly related to the risks peculiar to that work.

ARIAOD, section 30

Disease characteristic of work

The proof that a disease is characteristic of work requires scientific evidence that the prevalence of that disease is significantly higher among a group of workers when the latter is compared in particular to another group of workers or to the population as a whole. Such proof generally needs to be supported by valid, recognized epidemiological studies.

Disease directly related to the risks peculiar to a work

To prove that his disease is directly related to the risks peculiar to his work, a worker may provide information about different elements such as:

- the type of industry;
- a job description;
- the equipment, tools, devices, instruments used (frequency, length of use);
- the presence of a chemical, physical, biological or other risk factor that may have caused the disease;
- the degree and duration of exposure in his employment;
- the presence or acquisition process of the disease among other workers performing the same tasks or similarly exposed;
- the occupational history;
- medical documentation or expertises;
- a video or pictures.

5.3.1 Relationship

When the presumption under section 29 of the ARIAOD is not applicable, the CSST must determine the relationship between the diagnosed illness to which it is related and the work. To do so, the CSST has the power to appreciate the elements presented to them. These elements enable the Commission to determine the facts and circumstances in which the disease occurred, to establish the link with the work and to conclude whether the worker's disease constitutes an occupational disease.

A physician's opinion on the relationship between the diagnosis and the work, even though an element to be considered, does not bind the CSST since it is up to the CSST to establish the relationship.

Policy 1.02

9.3 Occupational lung disease

The ARIAOD includes particular provisions regarding an occupational lung disease.

Where a worker, or his physician, alleges that he is suffering from an occupational lung disease, the CSST refers the worker to a committee on occupational lung diseases. Members of the committee examine the worker and a written report on the diagnosis is given to the CSST. If the diagnosis is positive, the committee includes in its report its findings relating to the functional disability, the percentage of physical impairment and the worker's tolerance for a contaminant within the meaning of the Act respecting occupational health and safety that caused his disease or that is likely to expose him to a recurrence, relapse or aggravation.

ARIAOD, section 226
ARIAOD, section 227
ARIAOD, section 230

AROHS, section 1

	Quebec – Occupational Disease		
	The CSST submits this report to a special committee made up of three chairmen of committees on occupational lung diseases, which confirms or rejects the diagnosis and the other findings arrived at by the committee on occupational lung diseases.		
	ARIAOD, section 231		
	For the purposes of rendering a decision on the eligibility of the claim, the CSST is bound by the diagnosis arrived at by the special committee.		
	ARIAOD, section 233		
	9.3.1 Presumption of occupational disease applies Section V of Schedule I of the ARIAOD lists the lung diseases that are characteristic of work corresponding to these diseases and that are directly related to the risks peculiar to that work.		
	A worker suffering from a lung disease listed in that schedule is presumed to be suffering from an occupational disease if he has performed work corresponding to that disease.		
	ARIAOD, section 29		
	ARIAOD, Schedule I, section V		
	9.3.3 In the absence of one of the conditions of application of the presumption Where one of the conditions of application of the presumption of occupational lung disease is lacking or where the findings of the special committee are that it is not an occupational lung disease, the presumption of occupational disease does not apply. However, a worker may show by preponderant evidence that he is suffering from a disease resulting from an employment injury under section 2 of the ARIAOD or from an occupational disease resulting from work he performs or has performed under section 30 of the ARIAOD. ARIAOD, section 2		
	ARIAOD, section 30		
Policy:	Policy 1.01 The filing of a claim and its admissibility (Politique 1.01 Le dépôt d'une réclamation et sa recevabilité) Policy 1.02 Admissibility of an occupational injury (Politique 1.02 L'admissibilité de la lésion professionnelle)		
Schedule/ regulation:	Act Respecting Industrial Accidents and Occupational Diseases (Schedule I)		
Sections of Act:	Act Respecting Industrial Accidents and Occupational Diseases (sections 7, 29, 30, 226-233)		

Ontario

The following table gives details about occupational disease in Ontario.

Ontario – Occupational Disease

Definition:

Section 2(1) of the *Workplace Safety and Insurance Act* defines "occupational disease" as follows:

"occupational disease" includes,

- a) a disease resulting from exposure to a substance relating to a particular process, a trade or occupation in an industry,
- b) a disease peculiar to or characteristic of a particular industrial process, trade or occupation,
- a medical condition that in the opinion of the Board requires a worker to be removed either temporarily or permanently from exposure to a substance because the condition may be a precursor to an occupational disease, or
- d) any of the diseases mentioned in Schedule 3 or 4.
- e) a disease prescribed under clause 15.1 (8) (d) [firefighters]

Method of adjudicating occupational disease claims:

There are four different methods to adjudicate occupational disease claims:

- 1) by reference to Schedules 3 or 4¹ of the regulation to the Act;
- 2) through the operation of sections 15.1 and 15.2 of the Act (firefighters)
- 3) by reference to WSIB operational policies;
- 4) on a case-by-case basis.

Ontario Regulation 175/98 contains Schedule 3, which describes thirty occupational diseases with associated processes, and Schedule 4, which describes four occupational diseases and processes. Occupational diseases associated with specified processes in Schedule 3 are provided a rebuttable presumption of work-relatedness, while those in Schedule 4 are irrebuttable.

There are approximately 40 published operational policy documents to assist the adjudication of disease claims relating to long-term exposures and occupational diseases.

Adjudication of diseases that are not listed in the published policies or schedules may proceed under either the occupational disease or injury by accident provisions of the Act. This also applies when a worker has a disease listed in Schedule 3 or 4 but was not employed in the related process specified in the schedule. Case-by-case adjudication in these claims is based on the facts of the claim and an assessment of evidence of causal connection between occupational exposure and the disease.

The Ontario *Workplace Safety and Insurance Act* contains a conclusive schedule (Schedule 4) as well as a presumptive schedule. Under this conclusive schedule, a disease listed in the schedule which meets the requirements of column 2 'shall be conclusively deemed to have been due to the nature of the employment.' That is, the presumption cannot be rebutted. See: section 15(4).

Source: Association of Workers' Compensation Boards of Canada – 2014

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	Ontario – Occupational Disease	
Policy:	Policies in Section 16 of the OPM, <u>Long Term Exposures</u> Policies in Section 23 of the OPM, <u>Occupational Diseases</u>	
Schedule/ regulation:	General Regulation to Workplace Safety and Insurance Act – O. Reg.175/98 (Sched. 3 and 4) Firefighters Regulation (Ontario Regulation 253/07)	
Sections of Act:	Workplace Safety and Insurance Act (sections 1, 2, 15, 15.1, 15.2, 94, 183)	

Manitoba

The following table gives details about occupational disease in Manitoba.

Manitoba - Occupational Disease

Definition:

Under *The Workers Compensation Act*, occupational disease is included in the definition of accident. "Accident" is defined in subsection 1(1) as a chance event occasioned by a physical or natural cause; and includes ... (c) an occupational disease ...

Occupational disease is defined as a disease arising out of and in the course of employment and resulting from causes and conditions

- a) peculiar to or characteristic of a particular trade or occupation; or
- b) peculiar to the particular employment;

but does not include

- c) an ordinary disease of life; and
- d) stress, other than an acute reaction to a traumatic event.

Method of adjudicating occupational disease claims:

Excluding the rebuttable presumption for firefighters and the Office of the Fire Commissioner (OFC) personnel, the Act does not include a schedule listing occupational diseases that are presumed to be due to employment unless the contrary was proven. The WCB has a general policy dealing with the adjudication of occupational disease claims.

By applying criteria under the *Act* and this policy, the WCB will determine if the occupational disease is compensable. The Policy Manual also contains policies on specific occupational diseases.

The *Act* was amended in 2002 to include a rebuttable presumption for firefighters that have primary-site brain, bladder or kidney cancers, non-Hodgkin's lymphoma and leukemia. In 2005, 2009 and 2011, the list of presumptive cancers was expanded. In 2005, this list was expanded to include primary-site colorectal, ureter and lung cancers. In 2009, esophageal and testicular cancers were added. In 2011, multiple myeloma, prostate, skin and breast cancers were added.

The cancer presumptions apply to full-time, part-time/volunteer firefighters and personnel of the OFC. The presumptions include a minimum qualifying period of employment, as prescribed in Manitoba Regulation 160/2005R. In the case of lung cancer, the presumption will only apply if the firefighter or OFC member has been a non-smoker for the minimum period of time set out in the regulation.

The effective date for the presumptions is January 1, 1992 for full time firefighters, and June 9, 2005, for part-time/ volunteer firefighters and OFC personnel. The Act also contains a rebuttable presumption that a heart injury suffered by a firefighter or OFC member within 24 hours of attending an emergency response is presumed to arise out of or in the course of employment. This presumption applies to heart injuries occurring on or after June 9, 2005.

Manitoba – Occupational Disease	
Policy:	Policy 44.20, Disease/General Policy 44.20.10.40, Spondylolysis/ Spondylolishesis Policy 44.20.30.60, Laryngeal Cancer Policy 44.20.50.20, Noise-Induced Hearing Loss Policy 44.20.65, Gastro-Intestinal Cancer
Schedule/ regulation:	Manitoba Regulation 160/2005R, Minimum Periods of Employment and Non-Smoking - Firefighters and OFC Personnel
Sections of Act:	Workers Compensation Act (sections 1, 4, 17, 81, 105)

Saskatchewan

The following table gives details about occupational disease in Saskatchewan.

Saskatchewan – Occupational Disease

Definition:

Section 2(1)(aa) of The Workers' Compensation Act, 2013 defines occupational disease as:

- a disease or disorder that arises out of and in the course of, employment and that results from causes or conditions that are:
- (i) peculiar to or characteristic of a particular trade, occupation or industry; or
- (ii) peculiar to a particular employment.

Occupational disease has been recognized as an injury in *The Workers' Compensation Act*, 2013 (Section 2(1)(r)(iii)) defined as "a disabling or potentially disabling condition caused by an occupational disease" that has arisen out of and in the course of employment.

Method of adjudicating occupational disease claims:

Effective February 1999, the Saskatchewan WCB approved a policy (POL07/1999, superseded by POL11/2003 in November 2003) that established the guidelines for occupational disease injuries. To determine entitlement when a claim for occupational disease is made, each claim will be reviewed on its own merits and justice. It is noted that simply working in employment peculiar to an occupational disease will not result in automatic acceptance but should be considered when weighing the evidence to support the claim. Policy POL11/2003 notes that:

- 1. As a requirement of both the definition of injury and occupational disease, the development of a claim must include the determination of whether the condition or disease has arisen out of and in the course of employment.
- 2. When a number of claims are submitted for a disease or condition from the same trade, occupation, industry or employer, and the employment environment provides exposure to the causative agent, a record of these trades, occupations, industries or employers is to be maintained and referenced for any future claims of the same disease or condition.
- 3. When the WCB staff member assesses the cause or origin of the disease or condition and whether it has occurred as the result of exposure or incident in employment, he or she will determine if it is one which is peculiar to any trade, occupation, industry or employer.
- 4. Where the worker's exposure to a causative agent is peculiar to a trade, occupation, industry or employer, staff shall make inquiries to determine if any non-work causes exist and if none are present the claim shall be accepted.
- 5. Where there are both work and non-work causes, staff will assess the degree of exposure or effect on the disease by both and determine, based on such things as: the latency, progression and nature of the disease, degree of exposure and medical support of the cause, whether to accept a claim.
- Employers may be provided cost relief if the circumstances of a claim meet the criteria defined under either the Disaster and Occupational Disease Reserve or the Second Injury and Re-employment Reserve.

	Saskatchewan – Occupational Disease
Policy:	 POL 11/2003, Injuries – Occupational Disease PRO 13/2007 – Injuries – Occupational Disease POL/PRO 05/2013 – Injuries – Heart Attack POL 06/2012 – Injuries – Firefighters POL & PRO 11/2012 – Injuries - Hearing Loss POL & PRO 23/2010 – Permanent Functional Impairment (PFI) - General
Schedule/ regulation:	Occupational Diseases are listed in appendices A-H of PRO 13/2007.
Sections of Act:	The Workers' Compensation Act, 2013 (sections 2(1)(aa), 2(1)(rr), 28(1))

Alberta

The following table gives details about occupational disease in Alberta.

Alberta – Occupational Disease

Definition:

In the Alberta *Workers' Compensation Act*, "occupational disease" is included in the definition of "accident". Specifically, section 1(1)(a) provides that an "accident means an accident that arises out of and occurs in the course of employment in an industry to which this Act applies and includes...(iv) a disabling or potentially disabling condition caused by an occupational disease." "Occupational disease" is defined in the regulations as "(a) a disease or condition listed in Column 1 of Schedule B that is caused by employment in the industry or process listed opposite it in Column 2 of Schedule B, and (b) any other disease or condition that the Board is satisfied in a particular case is caused by employment in an industry by employment to which the Act applies." The Regulations also state that for the purposes of the above subsection (a), employment in an industry or process listed in Column 2 of Schedule B, and in the manner and circumstances set out in Column 2 of Schedule B shall, unless the contrary is proven, be deemed to be the cause of the specified disease or condition listed opposite it in Column 1 of Schedule B.

Method of adjudicating occupational disease claims:

There are two main methods the Alberta WCB uses to adjudicate occupational disease claims. The first method is by the use of Schedule B in the regulations. Schedule B has two columns. Column 1 contains a description of a disease or condition. Ten diseases or conditions are recognized in Column 1 of Schedule B which is included in Appendix B of this document.

Column 2 describes the process or industry which has historically caused the particular disease listed opposite to it in Column 2. Schedule B is a presumptive schedule and, therefore, if a worker is employed in an industry or process and in the manner set out in column 2, that employment will be deemed to be the cause of the disease listed opposite to it in Column 1.² The *Workers' Compensation Act*, however, contains an additional requirement for the presumption to apply. That is, the legislation requires that the worker must have been employed in the industry or process that gave rise to the disease in the previous 12 months if the presumption that the disease was caused by employment is to apply.³

The second method of adjudicating occupational disease claims is on a case-by-case basis where the Board is satisfied that a disease is caused by employment in an industry to which the Act applies. This method can be used to compensate for diseases which are not listed in the Schedule or which are listed in the Schedule but do not meet the requirements of Column B. The disease will be compensable if it is established that it is one arising out of and in the course of the employment.

Policy:

- POLICY: 03-01 PART II (Occupational Disease)
- POLICY 02-01, PART II, APPLICATION 7, (Causation)

² A.R. 325/2002, section 20(2).

³ See: section 24(6).

Source: Association of Workers' Compensation Boards of Canada - 2014

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Alberta – Occupational Disease	
Schedule/ regulation:	Workers' Compensation Regulation – Alberta Regulation 325/2002 (section 20, Schedule B)
	Firefighters' Primary Site Cancer Regulation (A.R. 102/2003)
Sections of Act:	Workers' Compensation Act (sections 1, 24, 24.1, 89, 153)

British Columbia

The following table gives details about occupational disease in British Columbia.

British Columbia - Occupational Disease

Definition:

"Occupational disease" is defined in British Columbia's Workers Compensation Act as:

- (a) a disease mentioned in Schedule B,
- (b) a disease the Board may designate or recognize by regulation of general application,
- (c) a disease the Board may designate or recognize by order dealing with a specific case, and
- (d) the disease referred to in section 6.1 (1.1) or (7) or a disease prescribed by regulation for the purposes of section 6.1 (2), but only in respect of a worker to whom the presumption in any of those provisions applies, unless the disease is otherwise described by this definition,

and "disease" includes disablement resulting from exposure to contamination.

Section 6.1 sets out the firefighter occupational disease presumption.

Method of adjudicating occupational disease claims:

There are four basic ways in which the Board may recognize occupational disease claims:

- 1) under Schedule B;
- 2) under Sec. 6(4.2) as a disease peculiar to or characteristic of a particular process, trade or occupation;
- 3) by regulation of general application; or
- 4) by order dealing with a specific case.

Schedule B is a presumptive schedule, as outlined in Section 6(3) of the *Workers Compensation Act*. In Schedule B, the Board lists a disease in connection with a described process or industry wherever it is satisfied from the expert medical and scientific advice it receives that there is a substantially greater incidence of the particular disease in a particular employment than there is in the general population. The questions to be addressed include: is the disease common in that particular employment, and not common amongst the general public? Is it something specific to the employment?

Section 6(4.2) gives the Board flexibility in its designation or recognition of occupational diseases other than by listing it in Schedule B. The Board may designate or recognize a disease as being a disease peculiar to or characteristic of a particular process, trade or occupation with respect to future claims in a broad sense, or it may impose a much more limited designation or recognition by specifying whatever terms or conditions or limitations it deems appropriate. There is only one disease recognized this way at present: osteoarthritis of the first carpo-metacarpal joint of both thumbs for physiotherapists who perform deep friction massage.

	British Columbia - Occupational Disease	
	The <i>Occupational Disease Recognition Regulation</i> , pursuant to Section 1 of the British Columbia <i>Workers' Compensation Act</i> , lists a number of diseases which the WCB recognizes as occupational diseases.	
	The order in a specific case method allows the Board to recognize a condition as an occupational disease where the merits and justice of the case warrant it, and where the condition may not have previously been recognized due to weak or a complete absence of scientific evidence linking the condition with employment. The condition is recognized as an occupational disease limited to the specific facts of the individual case.	
Policy:	Chapter 4 of the Rehabilitation Services & Claims Manual: - Compensation for Occupational <u>Disease</u>	
Schedule/ regulation:	Workers Compensation Act (Schedule B) Occupational Disease Recognition Regulation, B.C. Reg. 71/99 Firefighters Occupational Disease Regulation B.C. Reg 125/2009	
Sections of Act:	Workers Compensation Act (sections 1, 6, 7, 6.1)	

Yukon

The following table gives details about occupational disease in Yukon.

Please note, Yukon's information was last updated in 2012. 2014 information was unavailable at time of publishing.

Yukon – Occupational Disease	
Definition:	The Yukon <i>Workers' Compensation Act</i> does not define "occupational" or "industrial disease", nor does it define "accident". However, occupational disease is in the definition for injury. Injury" is defined as follows:
	Injury means
	a) an injury as a result of an even, or series of events, occasioned by a physical or natural cause,
	b) an injury as a result of a wilful and intentional act, not being the act of the worker,
	c) a disablement, but does not include the disablement of mental stress or disablement caused by mental stress, other than post-traumatic stress,
	d) an occupational disease, which includes a disease from causes and conditions peculiar to or characteristic of a particular trade or occupation or peculiar to the particular employment; but does not include an ordinary disease of life, or
	e) death as a result of an injury.
Method of adjudicating occupational disease claims:	The adjudication of occupational disease claims is performed in the same manner as all claims for compensation.
Policy:	 Policy EN-01 Arising Out of and In the Course of Employment; Policy EN-06 Hearing Loss; Policy EN-07 Pre-Existing Conditions; Policy EN-08 Gradual Onset Musculoskeletal Disorder; Policy EN-12 Permanent Impairment
Schedule/ regulation:	Occupational Diseases are not listed in Schedules or Regulations in Yukon.
Sections of Act:	Workers' Compensation Act (section 3 – definition of "Injury")

Northwest Territories and Nunavut

The following table gives details about occupational disease in Northwest Territories and Nunavut.

Northwest Territories and Nunavut – Occupational Disease	
Definition:	The <i>Act</i> defines disease as "an unhealthy condition of the body or mind." Policy 03.06 defines 'occupational disease' as follows: "Occupational diseases are usually the result of cumulative exposure, occurring after initial exposure(s) and a latent period (e.g., asbestosis, cancers, and asthma). The disease becomes apparent with the passage of time."
Method of adjudicating occupational disease claims:	The WSCC recognizes there may be multiple causes of disease; however, the work environment and/or activities must have contributed in a material way to the worker contracting the disease. To determine eligibility for compensation from an occupational disease, there must be current medical or scientific evidence of a causal link between the exposure, the disease, and the employment. To establish the causal link, the WSCC uses Hills Criteria of Causation (A. Bradford-Hill, The Environment and Disease: Association or Causation 1965), specifically developed for use in occupational medicine. The characteristics considered are as follows: 1. Strength of the association. How large is the effect? 2. The consistency of the association. Has the same association been observed by others, in different populations, using a different method? 3. Specificity. Does altering only the cause alter the effect? 4. Temporal relationship. Does the cause precede the effect? 5. Biological gradient. Is there a dose response? 6. Biological plausibility. Does it make sense? Is there a logical and theoretical basis to accept the association? 7. Coherence. Does the evidence fit with what is known regarding the natural history and biology of the outcome? 8. Experimental evidence. Are there any clinical studies supporting the association. 9. Reasoning by analogy. Is the observed association supported by similar associations?
Policy:	Policy 03.06 – Entitlement of Occupational Disease
Schedule/ regulation:	N/A
Sections of Act:	Workers' Compensation Act (sections 1, 10, 12, 13, 14)

^{**}These tables have been designed for general information purposes only. The AWCBC makes no representations as to the completeness or accuracy of the information (which is not exhaustive) and individual workers' compensation boards/commissions should be contacted for specific or additional information and clarification. See Boards/Commissions on AWCBC's website.

