WORK SAFE. FOR LIFE.
WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Program Policy Background Paper
General Entitlement - Occupational Disease Recognition

September 21, 2009

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1. SETTING THE PROGRAM POLICY AGENDA

In setting the Program Policy Agenda, the Workers' Compensation Board of Nova Scotia (the "WCB") undertakes a program policy issue identification process. This process involves the identification of program policy issues where the development of new, and/or the revision of existing, program policy statements will improve consistency in decision making and/or assist the WCB in achieving its corporate and system goals.

Program policy issues are identified through a number of sources including:

- Employers, Labour Unions, and Injured Workers' Associations
- Workplace Safety and Insurance System (WSIS) partners (Workers' Advisers Program, Workers' Compensation Appeals Tribunal, and Occupational Health and Safety Division of Labour and Workforce Development)
- WCB operational departments
- WCB strategic and business plans

Stakeholder input is a critical step in the program policy issue identification process. Throughout April - July 2008, the WCB asked stakeholders, WSIS, and WCB staff to identify program policy topics that support the WCB's vision and strategic focus. After careful review and analysis of input, the Board of Directors decided that 2009 will be a "foundation and follow-up" year for program policy review. The WCB believes that clarification of the principles used to make key claim decisions will begin to resolve some of the issues raised by stakeholders. As a result, the 2009 Program Policy Agenda includes the following three foundational, principle based, program policy topics:

- General Entitlement – Arising Out of and in the Course of Employment
- General Entitlement – Occupational Disease
- General Principles – Medical Aid

The development of policy in these areas will help create a common understanding of how entitlement decisions are made. This should improve transparency and accountability of the WCB decision making processes; support the WSIS goal to "get the right decision the first time"; reduce the need, in some cases, for situation specific policies; and establish the basis on which more complex entitlement policies may be built.

2. PURPOSE OF THIS PAPER

The purpose of this discussion paper is to provide stakeholders with background information and an overview of the proposed new program policy, "General Entitlement - Occupational Disease Recognition". This program policy is intended to clarify and communicate the WCB's approach to the recognition of occupational diseases.

This paper kicks off Stage 2 consultation on this program policy topic. Stage 1 consultation took place at the November 26th 2008 Program Policy Summit. The input received from stakeholders during Stage 1 consultation was considered by the WCB and informed the development of this proposed program policy. In support of the 2008

Program Policy Summit, a paper titled "Issues Clarification Paper: General Entitlement – Occupational Disease" was prepared. To view the paper and other background information related to the 2008 Program Policy Summit, go to the Policy tab at www.wcb.ns.ca.

Prior to finalizing this proposed program policy, the WCB would like to hear stakeholders' views. The Board of Directors will consider the input received and determine whether revisions are required to the draft program policy before making a final decision.

DEADLINE FOR COMMENTS: OCTOBER 28, 2009

Please review the background paper and draft program policy, and provide your written feedback to:

Angela D. Peckford, Policy Analyst
WCB of Nova Scotia
PO Box 1150
Halifax NS B3J 2Y2
902-491-8347
E-mail: angela.peckford@wcb.gov.ns.ca

This paper is also available at www.wcb.ns.ca under News & Events.

3. PROGRAM POLICY INTENT AND RATIONALE

Based on the analysis of stakeholder input during the development of the 2009 Program Policy Agenda, it has been determined there are gaps in our existing program policy framework related to the theme of entitlement. Addressing these program policy gaps will better position the WCB to successfully respond, in the future, to more specific entitlement related program policy topics. One of the gaps identified was the lack of a program policy for "General Entitlement - Occupational Disease". The development of this program policy is important because:

- It supports clarity and transparency in decision making. Recognition of an occupational disease is a pivotal decision in the WCB environment and currently there is no general program policy that guides or communicates this decision-making process.
- It will lay the foundation necessary to address more specific occupational disease issues identified by stakeholders, such as hearing loss.

This "General Entitlement – Occupational Disease Recognition" program policy will articulate the principles that guide the adjudication of occupational disease claims. The purpose of this program policy is not to change, expand or limit the legal rules governing recognition of occupational diseases but rather to improve transparency and accountability regarding the WCB's decision-making process.

4. OCCUPATIONAL DISEASE ADJUDICATION

(a) Introduction

The WCB has chosen to take a high level approach in developing this program policy. The proposed program policy will articulate general principles and questions that are considered in making occupational disease decisions in cases where criteria are not currently outlined in the legislation or policy. There are a number of legislative provisions and WCB program policies which identify certain diseases as occupational diseases, and provide criteria to consider for claim recognition. This proposed program policy, and the accompanying paper, do not discuss specific occupational disease topics that are addressed elsewhere in the workers' compensation legislative or policy framework. Where diseases are already recognized as occupational diseases, section 2(iv) of the proposed policy (evaluating the medical and scientific literature to determine whether an exposure is causally connected to a reported disease) would not apply.

(b) Relevant Legislative Provisions

An occupational disease is defined by section 2(v) of the *Workers' Compensation Act* (the *Act*) as 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 pneumoconiosis. This means that to link a disease to employment, it must be a disease that is typical or distinctive to the trade, occupation or employment in which the worker reports the occupational disease arose. In other words, the disease is due to the nature of employment.

An occupational disease definition assists workers with claim recognition where there are long latency periods and the evidence necessary to determine the cause of a disease is more complex. Where a causal connection between a disease and a particular trade, occupation or employment is not already recognized by legislation or policy, claims are adjudicated on a case by case basis using section 10 of the *Act* (arising out of and in the course of employment) and the definition of occupational disease under section 2(v).

When a specific disease is already recognized in legislation or policy as an "occupational disease" the WCB is does not have to gather medical and scientific evidence to determine whether there is a causal connection between the specific exposure(s) and the recognized disease because it has already been established. For example, Policy 1.2.9, "Lung Cancer – Coke Oven Workers", outlines the factors to be considered where lung cancer is diagnosed in coke oven workers. The policy recognizes (unless the contrary is proven) that the disease (lung cancer) is peculiar or characteristic of a trade, occupational or employment (coke oven workers in the steel industry) when particular factors are satisfied. The WCB then gathers and weighs evidence to determine whether the worker's cancer arose out of and in the course of employment.

This proposed program policy, "General Entitlement – Occupational Disease Recognition", will provide information related to the gathering of evidence that is specific to case by case adjudication of diseases that are not currently recognized under the legislation or in policy as "occupational diseases".

(c) Eligibility Requirements

To accept a claim for compensation, the WCB must determine whether the disease is an occupational disease that arose out of and in the course of employment, and resulting from causes or conditions peculiar to or characteristic of a trade, occupation or employment. To determine eligibility the WCB:

- Gathers and weighs evidence to determine if the particular exposure and the disease reported arose out of and in the course of employment; and
- Evaluates medical and scientific literature to determine if there is a causal connection between the exposure and the disease.

(d) Adjudication Process

The first step toward claim recognition is the "pre-adjudication" process. The WCB must ensure that general legislative requirements are met before a claim is adjudicated. At this stage, the WCB considers the following:

- The worker must make an application for benefits
- The employer must be a covered employer under the *Act*
- The worker must be a worker under the *Act*
- An application must be made to WCB within the required time frames

Once the WCB is satisfied that the claim is eligible for adjudication, the decision maker gathers information to determine whether the disease reported arose out of and in the course of employment. Generally, the WCB considers:

- Where the exposure occurred
- Type, nature, duration and frequency of the worker's exposure
- Level of exposure
- Latency period specific to the disease
- Confirmation or diagnosis of a disease, and date of first diagnosis
- Medical history, specialists' reports, pathology reports
- Use of personal protective equipment by the worker
- Evidence of an alternate cause(s) of the worker's disease such as hobbies, medical conditions, exposures outside of employment, or exposures in employment not covered by the *Act*

Once the WCB has confirmed an exposure and a disease, a decision maker turns to the medical and scientific literature to determine whether there is a causal connection between the reported exposure and the disease. The following questions are used as a guideline to gather information and weigh evidence to determine whether a causal relationship exists between an exposure and a disease:

- Is there a biologically plausible relationship between the reported exposure and the condition?
- Did the condition occur after a reasonable duration of exposure and latency based on current medical/scientific knowledge?
- Is the condition linked to a specific type of exposure as opposed to multiple exposures?

- Is there consistency across the literature on the relationship between the reported exposure and the condition?
- What is the incidence of the condition under study between those exposed and those not exposed?
- Does the employment expose the worker to a greater risk of this type of disease than the normal risk/incidence to the public at large?
- Is there an abnormal prevalence of the disease in people carrying out the same employment?

During this process, the WCB may draw on the institutional knowledge of decision-makers, turn to dedicated medical advisors who assist in understanding evidence of causality, and/or refer a claim to an external consultant who specializes in occupational medicine, toxicology, or epidemiology.

Upon completion of information gathering, the claim then proceeds to the final stage of adjudication. At this stage, the decision-maker must assess and weigh all of the relevant evidence to determine whether the exposure is the probable cause of the disease, and if the disease reported arose out of and in the course of employment. A claim is accepted if a disease is found to be causally connected to a work-related exposure.

5. OCCUPATIONAL DISEASE RECOGNITION FOR RATE SETTING

In accordance with Policy 9.3.5R, *Claims Costs Which Are Excluded From Rate Setting*, occupational disease claims which on average require exposure for two or more years before manifestation into a disability are excluded from consideration for rate setting purposes. In effect, this Policy defines occupational disease for the purpose of rate setting. Any disease which requires an exposure of two years or more does not impact an employer's claim costs, and is paid out of the general accident fund. Policy development for this program policy topic, "General Entitlement - Occupational Disease Recognition", will not impact or change, in any way, the rate setting rules respecting the exclusion of claims costs related to occupational diseases under Policy 9.3.5R.

6. PROPOSED PROGRAM POLICY APPROACH

The WCB proposes a new program policy that will identify and communicate the principles and questions the WCB considers in determining whether a disease is 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. Please see Appendix A for a copy of the proposed program policy.

The intent of the program policy is not to change, expand, or limit the existing criteria used to determine recognition of an occupational disease, but rather to improve transparency and accountability regarding the WCB's decision-making process. The principles and questions outlined in this program policy are not new and are currently considered by WCB decision makers when making claim recognition decisions. The following is a high-level overview of the proposed new program policy.

Preamble and Definitions

The Preamble section of the proposed program policy establishes the purpose of the policy and provides context for the policy statements that follow. The WCB has chosen to include the definition of "accident" and "occupational disease" in the draft policy because they are an important part of understanding the basic eligibility requirements that must be met to recognize an occupational disease as work-related.

Policy Statement

Section 1: Section 10 of the *Act* and basic administrative requirements are referenced in the program policy to reinforce that all claims for compensation, including occupational diseases, are adjudicated according to the general principles and questions that may be considered in determining whether an accident arose out of and in the course of employment.

Basic Eligibility Requirements

Section 2(i): "Basic Eligibility Requirements" communicates the basic administrative requirements that must be met before a claim can be adjudicated. These requirements are in the *Act* and are not new. This section simply consolidates the requirements so workers and employers are able to easily access the basic information.

Section 2(ii): "Occupational disease claim adjudication process" communicates that there are two stages of information gathering that occur when adjudicating occupational disease claims. This is a high-level framework and a principle-based approach designed to ensure that the proposed program policy does not limit coverage, or exclude new types of occupational disease we have yet to consider in our compensation system. It also provides clarity for workers and employers on the WCB's decision-making process.

Section 2(iii): "Gathering evidence specific to the claim to determine if the particular exposure and disease reported arose out of and in the course of employment". This section is intended to clarify that section 10 of the *Act* (arising out of and in the course of employment) applies to all occupational disease claims, including those diseases that are recognized by legislation and/or policy as "occupational diseases".

The *Act* and Policy 1.3.7, "General Entitlement – Arising out of and in the Course of Employment", set out the general principles and questions that guide the determination of work-relatedness. In gathering evidence to determine if an accident, and resulting injury, arose out of and in the course of employment the WCB considers a series of questions that help determine the cause, time, place and activity of a personal injury by accident. The questions in this proposed program policy further guide the collection of evidence specific to occupational disease claims.

Section 2(iv): "Evaluating medical and scientific literature". This section is designed to provide guidance in situations where neither legislation nor policy recognizes a specific disease as an "occupational disease" (peculiar to or characteristic of a trade, occupation or employment).

The questions included in this section of the draft program policy are commonly found in the medical and scientific literature. These questions are derived from what is known as the "Bradford-Hill criteria" for assessing evidence of causation. Bradford-Hill criteria are widely used in population health (epidemiology) studies, and highly regarded in evidence-based medicine for identifying risk factors for disease. These questions are a framework in which to organize information and draw conclusions about causal connections. None of the questions are intended to provide indisputable evidence for or against a causal connection. The objective is to determine whether there is an association between an exposure and a disease.

Section 2(v): "Weighing evidence". This section states that the WCB must weigh the evidence gathered throughout the claim adjudication process, and determine whether the exposure is causally connected to the disease (peculiar to or characteristic of a trade, occupation or employment), and whether the disease arose out of and in the course of employment.

Application and References

These are standard sections in WCB program policies that determine when, and to what, the program policy will apply, as well as the sections of the *Act* that give the WCB the authority for the content of the policy.

Section 3. "Application" directs that the program policy will apply to all new claims for compensation after a date to be determined by the WCB Board of Directors, who have the final authority to approve program policy.

Section 4. "References" states the sections of the *Act* from which the WCB gains its authority to make program policy and as well as the sections specific to the content of the policy.

7. PROVIDING YOUR COMMENTS

We would like to hear your comments on this proposed program policy and the information presented in this paper. In particular, we encourage you to consider whether there **are any recommended changes or additional topics you would like to see addressed in the proposed program policy, "General Entitlement - Occupational Disease Recognition".** Comments received will assist the WCB in ensuring that all issues are considered in the development of this program policy.

You may provide comments by e-mail to Angela Peckford at angela.peckford@wcb.gov.ns.ca, or by mail at:

Angela Peckford, Policy Analyst
Workers' Compensation Board of Nova Scotia
PO Box 1150, Halifax, NS B3J 2Y2
Phone: (902) 491-8347

The deadline for comments is **OCTOBER 28, 2009**

Appendix A – Draft Policy

DRAFT PROGRAM POLICY

NUMBER: 1.2.14

Effective Date: to be inserted	**Topic:**	**General Entitlement Occupational Disease Recognition**
Date Issued: to be inserted	Section:	Entitlement
Date Approved by Board of Directors: to be inserted	Subsection:	General

Preamble

The purpose of this policy is to: 1) identify the basic requirements that must be met to be eligible to receive compensation benefits and services for an occupational disease; and 2) describe the typical questions, general principles and sections of the *Workers' Compensation Act* (the "*Act*") the *Workers' Compensation Board* (the "WCB") considers in determining whether a disease is an occupational disease.

Definitions

"accident" is defined in section 2(a) of the *Act* and means
(i) a wilful and intentional act, not being the act of the worker claiming compensation,
(ii) a chance event occasioned by a physical or natural cause, or
(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.

"occupational disease" is defined in section 2(v) of the *Act* and 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 pneumoconiosis

Policy Statement

1.

The WCB uses section 10 of the *Act* and Policy 1.3.7, General Entitlement – Arising Out of and in the Course of Employment, to adjudicate all claims for compensation involving a personal injury by accident.

2.

(i) Basic eligibility requirements

To be eligible to receive compensation benefits and services a worker must:

a) be a worker as defined by Section 2 (ae) of the *Act;*

b) meet the requirements for filing a claim for compensation in Section 83 of the *Act*; and
c) be caused a personal injury by accident arising out of and in the course of employment as required by Section 10 of the *Act*;
d) depending on the facts of the claim, meet any other applicable sections of the *Act*.

(ii) Occupational disease claim adjudication process

To accept a claim for compensation for an occupational disease, the WCB must determine that the disease is an occupational disease that arose out of and in the course of employment. To determine eligibility the WCB:

- Gathers and weighs all evidence specific to the claim to determine if the particular exposure and the disease reported arose out of and in the course of employment; and
- Evaluates medical and scientific literature to determine if there is a causal connection between the reported exposure and the disease.

(iii) Gathering evidence specific to the claim to determine if the particular exposure and the disease reported arose out of and in the course of employment

The WCB gathers evidence specific to the claim to determine whether the reported disease arose out of and in the course of employment. The WCB gathers, among other things, the following:

- Where the exposure occurred
- Type, nature, duration and frequency of the worker's exposure
- Level of exposure
- Latency period specific to the disease
- Confirmation or diagnosis of a disease, and date of first diagnosis
- Medical history, specialists' reports, pathology reports
- Use of personal protective equipment to determine whether, and to what extent, the worker was protected from exposure.
- Evidence of an alternate cause(s) of the worker's disease such as hobbies, medical conditions, exposures outside of employment, or exposures in employment not covered by the *Act.*

(iv) Evaluating medical and scientific literature

The WCB also considers medical and scientific literature to determine whether there is a casual connection between an exposure and a disease. Based on the Bradford-Hill Criteria for Causation the WCB may consider, among other things, the following questions:

- Is there a biologically plausible relationship between the reported exposure and the condition?
- Did the condition occur after a reasonable duration of exposure and latency based on current medical/scientific knowledge?
- Is the condition linked to a specific type of exposure as opposed to multiple exposures?
- Is there consistency across the literature on the relationship between the reported exposure and the condition?
- What is the incidence of the condition under study between those exposed and those not exposed?
- Does the employment expose the worker to a greater risk of this type of disease than the normal risk/incidence to the public at large?

- Is there an abnormal prevalence of the disease in people carrying out the same employment?

(v) Weighing the evidence

The WCB then considers the evidence gathered throughout the claim adjudication process, and weighs the evidence to determine whether the exposure is causally connected to the disease, and whether the disease arose out of and in the course of employment.

3.

Application

This program policy applies to new claims for compensation made on or after ___ date to be determined.

4.

References

Workers' Compensation Act(Chapter 10, Acts of 1994-95), Sections 2 (a), 2(n), 2(ae), 10, 82, 83, 183, 186, and 187.

Appendix B - Current Occupational Disease Program Policies

Guidelines for Automatic Assumption - Injuries prior to January 1, 2000 1.2.1R
Guidelines for Automatic Assumption - Injuries on or after January 1, 2000 1.2.1A
Fee Schedule Assessment: Automatic Assumption Claims 1.2.2
Voluntary Autopsy Reports - Deceased Pneumoconiosis Pensioners 1.2.3
Carpal Tunnel Syndrome 1.2.4R
Occupational Hearing Loss - Injuries prior to January 1, 2000 1.2.5R1
Occupational Hearing Loss - Injuries on or after January 1, 2000 1.2.5AR
Workplace Noise Levels 1.2.6R
Lead Poisoning 1.2.7R
Lung Cancer - Foundry Workers 1.2.8
Lung Cancer - Coke Oven Workers 1.2.9
Medical Conditions from Coke Oven Workers other than Lung Cancer 1.2.10
Lung Cancer in Asbestos Workers 1.2.11
Mesothelioma in Asbestos Workers 1.2.12
Laryngeal Cancer - Asbestos and Nickel Workers 1.2.13

Appendix C – Jurisdictional Scan

Most jurisdictions in Canada have a legislative framework similar to Nova Scotia's and compensation is payable if a worker is injured, or dies, as a result of a personal injury by accident, including an occupational disease, that arose out of and in the course of employment.

Eight Canadian jurisdictions have used program policy to clarify and communicate how they adjudicate occupational disease claims. Generally, the policies address the principles and/or requirements related to the relationship between an employment exposure and a disease.

	y/n	Policy Details
AB	yes	• 2 main methods to adjudicate occupational disease claims: (1) by use of Schedule B in the regulations; (2) case-by-case basis where the Board is satisfied that disease is caused by employment in an industry to which the *Act* applies. • Policy contains details re: presumptions; conditions for infectious disease claims; respiratory illness; and dermatitis claims.
BC	yes	• "Occupational disease" defined as any disease mentioned in Schedule B, and any other disease which the Board by regulation, or order dealing with a specific case, may designate or recognize as an occupational disease. "Disease" includes disablement resulting from exposure to contamination. • Policy lays out recognition framework for each of the 4 categories: (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; or (4) by order dealing with a specific case.
MB	yes	• "Occupational disease" means 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 (i) an ordinary disease of life; and (ii) stress, other than an acute reaction to a traumatic event. • Policy contains definitions and adjudicative criteria including steps to consider when it is determined that a disease is an occupational disease.
NL	no	• NL does not define occupational disease. • No policy specific to occupational disease adjudication.
NB	yes	• "Occupational disease" is 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. • 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

NT/ NU	yes	• “disease”, commonly referred to as an occupational disease in other jurisdictions, is defined as "an unhealthy condition of the body or mind." • Tests for determining work-relatedness include, but are not limited to: (a) the disease must be due to the nature of that particular employment; (b) the disease must be more specific to that particular employment than to the general public; (c) proof of exposure must be established; and (d) there must be current medical or scientific evidence of a causal link between the exposure, the industrial disease and employment.
ON	no	• ON does not have a general entitlement occupational disease policy • “occupational disease” includes: (a) disease resulting from exposure to substance relating to a particular process, a trade or occupation in an industry; (b) disease peculiar to or characteristic of a particular industrial process, trade or occupation; (c) medical condition that requires worker to be removed from exposure because condition may be precursor to occupational disease; or (d) any of the diseases mentioned in Schedule 3 or 4. • There are three different methods to adjudicate occupational disease claims: (1) by reference to Schedules 3 or 4 of the Regulations; (2) by reference to policy guidelines; or (3) on a case-by-case basis.
PE	yes	• "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. • All claims for occupational disease are adjudicated on a case-by-case basis.
QC	yes	• "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. • Where not listed in the *Act* the worker must demonstrate that he has contracted the disease; suffers from a disease contracted out of or in the course of his employment **and** this disease is characteristic of the work he has carried out; or directly related to the risks peculiar to that work.
SK	yes	• “occupational disease” defined 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. • Policy outlines adjudicative framework based on definition and arising out of and in the course of employment.
YT	no	• YT does not define occupational disease. • No policy specific to occupational disease adjudication.

APPENDIX D - STAKEHOLDER FEEDBACK

On November 26th, 2008 the WCB held a Program Policy Summit to gather feedback from stakeholders on the program policy topics approved by the WCB Board of Directors for 2009. Prior to the Program Policy Summit, WCB key stakeholders were mailed issue identification papers on each of the three topics (including a paper on the program policy topic "General Entitlement – Occupational Disease") and the papers were posted to the WCB website. At a high level, the WCB received the following feedback from stakeholders:

- [Occupational disease is] Already defined in the Act
- A noxious agent, such as coal dust, is said to have a causal association with a particular disease when it can be shown that it plays some role in producing the occurrence of the disease. Generally both biological information and statistical information are combined to infer causal associations.
- Automatic Assumption claims are being evaluated in such a way as to deny eligibility. There is no policy that allows the current practice. "We have always done it that way" is not a legal defence [sic].

The following are paraphrased from oral submissions:

- In shipbuilding we see clusters of workers coming out with claims. The ships are built in Europe and the worker can't prove the "type of product" the shipbuilder used. There is no "label" to identify the product that the worker was exposed to.
- Workers have little or no protection and/ or knowledge of exposures. Employers need to inform staff when they know of a possible or probably exposure. Early diagnosis makes illness more manageable.
- Medical community often does not pick up on workers' compensation issues.

The WCB has considered this feedback in the development of the draft program policy, and believes that the policy clarifies how occupational diseases are recognized under workers' compensation. The intent of the policy is to clarify and communicate the requirements set out in the *Act* and principles considered in adjudication to determine if a disease is an occupational disease arising out of and in the course of employment. The draft policy is intended to remain consistent with the *Act* and not impose any new limits on access to compensation benefits or services.