

APPENDIX 2

OCCUPATIONAL DISEASES LISTED IN SCHEDULE B – #26.01

SECTION 6(4)

DESCRIPTION OF DISEASE	DESCRIPTION OF PROCESS OR INDUSTRY
1. Poisoning by:	
(a) Lead	Where there is an exposure to lead or lead compounds.
(b) Mercury	Where there is an exposure to mercury or mercury compounds.
(c) Arsenic or arsine	Where there is an exposure to arsenic or arsenic compounds.
(d) Cadmium	Where there is an exposure to cadmium or cadmium compounds.
(e) Manganese	Where there is an exposure to manganese or manganese compounds.
(f) Phosphorus, phosphine or due to the anti-cholinesterase action of organic phosphorus compounds.	Where there is an exposure to phosphorus or phosphorus compounds.
(g) Organic solvents (n-hexane, carbon tetrachloride, trichloroethane, trichloroethylene, acetone, benzene, toluene, xylene and others)	Where there is exposure to organic solvents.

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| (h) Carbon monoxide | Where there is exposure to products of combustion, or any other source of carbon monoxide. |
| (i) Hydrogen sulphide | Where there is excessive exposure to hydrogen sulphide. |
| (j) Nitrous fumes
(including silo-filler's disease) | Where there is excessive exposure to nitrous fumes including the oxides of nitrogen. |
| (k) Nitriles, hydrogen cyanide or
its soluble salts | Where there is exposure to chemicals containing -CN group including certain pesticides. |
| (l) Phosgene | Where there is excessive exposure to phosgene including its occurrence as a breakdown product of chlorinated compounds by combustion. |
| (m) Other toxic substances | Where there is exposure to such toxic gases, vapours, mists, fumes or dusts. |
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| 2. Infection caused by: | |
| (a) Psittacosis virus | Where there is established contact with ornithosis-infected avian species or material. |
| (b) Staphylococcus aureus,
Salmonella organisms,
Hepatitis B virus | Employment where close and frequent contact with a source or sources of the infection has been established and the employment necessitates: <ul style="list-style-type: none"> (1) the treatment, nursing or examination of or interviews with patients or ill persons; or (2) the analysis or testing of body tissues or fluids; or (3) research into salmonellae, pathogenic staphylococci or Hepatitis B virus. |

(c) Brucella organisms
(Undulant fever)

Where there is contact with animals, carcasses or animal by-products.

(d) Tubercle bacillus

Employment where close and frequent contact with a source or sources of tuberculous infection has been established and the employment necessitates:

- (1) the treatment, nursing or examination of patients or ill persons: or
- (2) the analysis or testing of body tissues or fluids; or
- (3) research into tuberculosis by a worker who:
 - (i) when first engaged, or, after an absence from employment of the types mentioned in these regulations for a period of more than one year, when re-engaged in such employment, was free from evidence of tuberculosis; and
 - (ii) continued to be free from evidence of tuberculosis for 6 months after being so employed (except in primary tuberculosis as proven by a negative tuberculin test at time of employment). In the case of an employee previously compensated for tuberculosis, any subsequent tuberculosis after the disease has become inactive and has remained inactive for a period of three years or more shall not be deemed to have occurred as a result of the original disability

for the purpose of the Act, unless the worker is still engaged in employment listed above or the Board is satisfied that the subsequent tuberculosis is the direct result of the tuberculosis for which the worker has been compensated.

3. Pneumoconiosis:

(a) Silicosis

Where there is exposure to airborne silica dust including metalliferous mining and coal mining.

(b) Asbestosis

Where there is exposure to airborne asbestos dust.

(c) Other pneumoconioses

Where there is exposure to the airborne dusts of coal, beryllium, tungsten carbide, aluminum or other dusts known to produce fibrosis of the lungs.

3A. Diffuse pleural thickening or fibrosis, whether unilateral or bilateral

Where there is exposure to airborne asbestos dust and the claimant has not previously suffered and is not currently suffering collagen disease, chronic uremia, drug-induced fibrosis, tuberculosis or other infection, trauma, or disease capable of causing pleural thickening or fibrosis.

3B. Benign pleural effusion, whether unilateral or bilateral

Where there is exposure to airborne asbestos dust and the claimant has not previously suffered and is not currently suffering collagen disease, chronic uremia, tuberculosis or other infection, trauma, or disease capable of causing pleural effusion.

4. Cancer:

(a) Carcinoma of the lung when associated with:

(i) asbestosis

Where there is exposure to airborne asbestos dust.

or

(ii) bilateral diffuse pleural thickening or fibrosis, over 5 mm thick and extending over more than a quarter of the chest wall

Where there is exposure to airborne asbestos dust and the claimant has not previously suffered collagen disease, chronic uremia, drug-induced fibrosis, tuberculosis or other infection or trauma capable of causing pleural thickening or fibrosis.

(b) Mesothelioma (pleural or peritoneal)

Where there is exposure to airborne asbestos dust.

(c) Carcinoma of the larynx or pharynx associated with asbestosis

Where there is exposure to airborne asbestos dust.

(d) Gastro-intestinal cancer including all primary cancers associated with the oesophagus, stomach, small bowel, colon and rectum excluding the anus, and without regard to the site of the cancer in the gastro-intestinal tract or the histological structure of the cancer)

Where there is exposure to asbestos dust if during the period between the first exposure to asbestos dust and the diagnosis of gastro-intestinal cancer there has been a period of, or periods, adding up to, 20 years of continuous exposure to asbestos dust and such exposure represents or is a manifestation of the occupational activity in which it occurred.

(e) Primary cancer of the lung

Where there is prolonged exposure to:

- (1) aerosols and gases containing arsenic, chromium, nickel or their compounds; or
- (2) bis (chloromethyl) ether; or
- (3) the dust of uranium, or radon gas and its decay products; or

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| | (4) particulate polycyclic aromatic hydrocarbons. |
| (f) Leukemia or pre-leukemia | Where there is prolonged exposure to benzene or to ionizing radiation. |
| (g) Primary cancer of the skin | Where there is prolonged contact with coal tar products, arsenic or cutting oils or prolonged exposure to solar ultra-violet light. |
| (h) Primary cancer of the epithelial lining of the urinary bladder, ureter or renal pelvis | Where there is prolonged exposure to beta-naphthylamine, benzidine, or 4-nitrodiphenyl. |
| (i) Primary cancer of the mucous lining of the nose or nasal sinuses | Where there is prolonged exposure to dusts, fumes or mists containing nickel or the dusts of hard woods. |
| (j) Angiosarcoma of the liver | Where there is exposure to vinyl chloride monomer. |
| 5. Repealed (BC Reg 188/2000) | |
| 6. Asthma | Where there is exposure to: <ol style="list-style-type: none"> (1) western red cedar dust; or (2) isocyanate vapours or gases; or (3) the dust, fume of vapours of other chemicals or organic material known to cause asthma. |
| 7. Extrinsic allergic alveolitis (including farmers' lung and mushroom workers' lung) | Where there is repeated exposure to respirable organic dusts. |

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| 8. | Acute upper respiratory inflammation, acute pharyngitis, acute laryngitis, acute tracheitis, acute bronchitis, acute pneumonitis, or acute pulmonary edema (excluding any allergic reaction, reaction to environmental tobacco smoke, or effect of an infection) | Where there is exposure to a high concentration of fumes, vapours, gases, mists, or dust of substances that have irritating or inflammatory properties, and the respiratory symptoms occur within 48 hours of the exposure, or within 72 hours where there is exposure to nitrogen dioxide or phosgene. |
| 9. | Metal fume fever | Where there is exposure to the fume of zinc or other metals. |
| 10. | Fluorosis | Where there is exposure to high concentrations of fluorine or fluorine compounds in gaseous or particulate form. |
| 11. | Neurosensory hearing loss | Where there is prolonged exposure to excessive noise levels. |
| 12. | Bursitis: | |
| | (a) Knee bursitis (inflammation of the prepatellar, suprapatellar, or superficial infrapatellar bursa) | Where there is repeated jarring impact against, or where there are significant periods of kneeling on, the affected knee. |
| | (b) Shoulder bursitis (inflammation of the subacromial or subdeltoid bursa) | Where there is frequently repeated or sustained abduction or flexion of the shoulder joint greater than sixty degrees and where such activity represents a significant component of the employment. |

13. Tendinitis, tenosynovitis:

- (a) Hand-wrist tendinitis, tenosynovitis (including deQuervain's tenosynovitis)

Where there is use of the affected tendon(s) to perform a task or series of tasks that involves any two of the following:

- (1) frequently repeated motions or muscle contractions that place strain on the affected tendon(s);
- (2) significant flexion, extension, ulnar deviation or radial deviation of the affected hand or wrist;
- (3) forceful exertion of the muscles utilized in handling or moving tools or other objects with the affected hand or wrist;

and where such activity represents a significant component of the employment.

- (b) Shoulder tendinitis

Where there is frequently repeated or sustained abduction or flexion of the shoulder joint greater than sixty degrees and where such activity represents a significant component of the employment.

14. Decompression sickness

Where there is exposure to increased air pressure.

15. Contact dermatitis

Where there is excessive exposure to irritants, allergens or sensitizers ordinarily causative of dermatitis.

16. Hand-arm vibration syndrome

Where there have been at least 1000 hours of exposure to tools or equipment which cause the transfer of significant vibration to the hand or arm of the claimant.

17. Radiation injury or disease:

(a) Due to ionizing radiation

Where there is exposure to ionizing radiation.

(b) Due to non-ionizing radiation:

(i) conjunctivitis, keratitis

Where there is exposure to ultra-violet light.

(ii) cataract or other thermal damage to the eye.

Where there is excessive exposure to infra-red, microwave or laser radiation.

18. Erosion of incisor teeth

Where there is exposure to acid fumes or mist.