

BOARD OF DIRECTORS  
Douglas J. Enns, Chair

Terry Brown  
Rosyln Kunin  
Peter Morse

Stephen Hunt  
Calvin Lee  
Arlene Ward

January 2004

Update 2004 - 1

**TO: HOLDERS OF THE *REHABILITATION SERVICES & CLAIMS MANUAL* –  
VOLUME II**

This update of the *Rehabilitation Services & Claims Manual* contains amendments to the *Manual* implemented since update 2003 – 8.

This amendment includes:

- Amended policies to indicate that treatment injuries are compensable on the basis that they are considered part of the original work injury and arise out of and in the course of the worker's employment.

A summary of the amendments is attached and the amended pages are included as part of the package.

If you have any questions regarding subscription information for updates to the *Rehabilitation Services & Claims Manual*, please call WCB Customer Service provided by Benwell Atkins/Moore at 1-866-271-4879.

DOUGLAS J. ENNS  
Chair, Board of Directors

Attachments

***Rehabilitation Services & Claims Manual, Volume II***

**SUMMARY OF AMENDMENTS – Update 2004 - 1**

Table of Contents	Pages iii - vi	Updated.
Chapter 3	Pages 57 - 76	#22.00, #22.10, #22.11, #22.15 & #22.21 Amended and apply to all decisions, including appellate decisions, made on or after February 1, 2004, regardless of the date of the original work injury or the further injury.
Chapter 10	Pages 5 - 6	#74.11 - Deleted. Effective February 1, 2004.
Chapter 16	Pages 1 - 2	#111.10 - Amended. Effective February 1, 2004.
Appendix 1	Pages 8 – 9	Decision No. 152 – retired Effective February 1, 2004.

#18.10	Road Leading to Employers Premises	3-30
	#18.11 Captive Road Doctrine	3-31
	#18.12 Special Hazards of Access Route	3-33
#18.20	Provision of Transportation by Employer	3-34
	#18.21 Provision of Vehicle by Employer	3-34
	#18.22 Payment of Travel Time and/or Expenses by Employer	3-35
#18.30	Journey to Work Also Has Employment Purpose	3-36
	#18.31 Worker On Call	3-36
	#18.32 Irregular Starting Points	3-36
	#18.33 Deviations From Route	3-38
#18.40	Travelling Employees	3-38
	#18.41 Personal Activities During Business Trips	3-39
	#18.42 Trips Having Business and Non-Business Purpose	3-40
#19.00	USE OF FACILITIES PROVIDED BY THE EMPLOYER	3-41
	#19.10 Bunkhouses	3-41
	#19.20 Parking Lots	3-42
	#19.30 Lunchrooms	3-43
	#19.31 Injury Results from Worker's Personal Property	3-44
	#19.40 Medical Facilities	3-44
	#19.41 Adverse Reactions to Inoculations or Injections	3-44
#20.00	EXTRA-EMPLOYMENT ACTIVITIES	3-45
	#20.10 Participation in Competitions	3-46
	#20.20 Recreational, Exercise or Sports Activities	3-47
	#20.30 Educational or Training Courses	3-51
	#20.40 Provision of Clothing and Equipment Required for Job	3-51

	#20.41	Injuries Resulting from Workers Clothing or Footwear	3-52
	#20.50	Fund Raising, Charitable or Other Similar Activities	3-52
#21.00		PERSONAL ACTS	3-53
	#21.10	Lunch, Coffee and Other Breaks	3-53
	#21.20	Vacations	3-55
	#21.30	Payment of Wages or Salary	3-55
	#21.40	Acts for Personal Benefit of Principals of Business	3-56
#22.00		COMPENSABLE CONSEQUENCES OF WORK INJURIES	3-57
	#22.10	Further Injury or Increased Disablement Resulting from Treatment	3-57
	#22.11	Disablement Caused by Surgery	3-58
	#22.12	Acceleration of Treatment	3-59
	#22.13	Activities at Home	3-59
	#22.14	Treatment Unrelated to Injury	3-59
	#22.15	Travelling To and From Treatment	3-60
	#22.20	Subsequent Injuries Occurring Otherwise than in the Course of Treatment	3-62
	#22.21	Activities on Board Premises or at Other Premises under Board Sponsorship	3-63
	#22.22	Suicide	3-63
	#22.23	Criminal Proceedings	3-64
	#22.30	Diseases or Other Conditions Resulting from Trauma	3-64
	#22.31	Multiple Sclerosis	3-64
	#22.32	Cancer	3-64
	#22.33	Psychological Problems	3-65
	#22.34	Alcoholism and Drug Dependency Problems	3-66
	#22.35	Pain and Chronic Pain	3-66

#23.00	REPLACEMENT AND REPAIR OF ARTIFICIAL APPLIANCES, EYEGASSES, HEARING AIDS, AND DENTURES – SECTION 21(8)	3-69
#23.10	Meaning of Authority in Section 21(8)	3-69
#23.20	Appliances Covered by Section 21(8)	3-70
#23.30	Meaning of Damaged or Broken under Section 21(8)	3-70
#23.40	Meaning of Accident under Section 21(8)	3-70
#23.50	Meaning of Corroboration in Section 21(8)	3-72
#23.60	Meaning of Fault in Section 21(8)	3-73
#23.70	Compensation Payable under Section 21(8)	3-74
#24.00	FEDERAL GOVERNMENT EMPLOYEES	3-74
NOTES		3-76

#### **CHAPTER 4 – COMPENSATION FOR OCCUPATIONAL DISEASE**

#25.00	INTRODUCTION	4-1
#25.10	Legislative Requirements	4-1
#26.00	THE DESIGNATION OR RECOGNITION OF AN OCCUPATIONAL DISEASE	4-2
#26.01	Recognition by Inclusion in Schedule B	4-3
#26.02	Recognition under Section 6(4.2)	4-4
#26.03	Recognition by Regulation of General Application	4-4
#26.04	Recognition by Order Dealing with a Specific Case	4-6
#26.10	Suffers from an Occupational Disease	4-8
#26.20	Establishing Work Causation	4-8
#26.21	Schedule B Presumption	4-8
#26.22	Non-Scheduled Recognition and Onus of Proof	4-10
#26.30	Disabled from Earning Full Wages at Work	4-12
#26.50	Natural Degeneration of the Body	4-13
#26.55	Aggravation of a Disease	4-13
#26.60	Amending Schedule B	4-14

#27.00	ACTIVITY-RELATED SOFT TISSUE DISORDERS OF THE LIMBS	4-15
#27.10	ASTDs Recognized by Inclusion in Schedule B	4-17
#27.11	Bursitis	4-17
#27.12	Tendinitis and Tenosynovitis	4-19
#27.13	Hand-Arm Vibration Syndrome (HAVS)	4-22
#27.14	Hypothenar Hammer Syndrome	4-25
#27.20	Tendinitis/Tenosynovitis and Bursitis Claims Where No Presumption Applies	4-25
#27.30	ASTDs Recognized by Regulation	4-28
#27.31	Epicondylitis	4-28
#27.32	Carpal Tunnel Syndrome	4-29
#27.33	Other Peripheral Nerve Entrapments and Stenosing Tenovaginitis	4-31
#27.34	Disablement from Vibrations	4-31
#27.35	Unspecified or Multiple-Tissue Disorders	4-31
#27.40	Risk Factors	4-32
#28.00	CONTAGIOUS DISEASES	4-38
#28.10	Scabies	4-40
#29.00	RESPIRATORY DISEASES	4-41
#29.10	Acute Respiratory Reactions to Substances with Irritating or Inflammatory Properties	4-41
#29.20	Asthma	4-42
#29.30	Bronchitis and Emphysema	4-43
#29.40	Pneumoconioses and Other Specified Diseases of the Lungs	4-44
#29.41	Silicosis	4-44
#29.42	Meaning of Disabled from Silicosis	4-45
#29.43	Exposure to Silica Dust Occurring Outside the Province	4-45
#29.45	Pneumoconiosis	4-46

## **#22.00      COMPENSABLE CONSEQUENCES OF WORK INJURIES**

Once it is established that an injury arose out of and in the course of employment, the question arises as to what consequences of that injury are compensable. The minimum requirement before one event can be considered as the consequence of another is that it would not have happened but for the other.

Not all consequences of work injuries are compensable. A claim will not be reopened merely because a later injury would not have occurred but for the original injury. Looking at the matter broadly and from a “common sense” point of view, it should be considered whether the work injury was a significant cause of the later injury. If the work injury was a significant cause of the further injury, then the further injury is sufficiently connected to the work injury so that it forms an inseparable part of the work injury. The further injury is therefore considered to arise out of and in the course of employment and is compensable.

**EFFECTIVE DATE:**            February 1, 2004  
**APPLICATION:**            All decisions, including appellate decisions, made on or after February 1, 2004 regardless of the date of the original work injury or the further injury.

### **#22.10      Further Injury or Increased Disablement Resulting from Treatment**

Where a further injury or increased disablement arises as a direct consequence of treatment for a compensable injury, it is sufficiently connected to the original work injury as to form part of that injury. The further injury is therefore considered to arise out of and in the course of employment and is compensable.

Where a worker is undergoing treatment for a compensable injury, the place of treatment is analogous to a place of employment. A further injury arising out of the place of treatment is compensable provided it is consistent with the worker being at the place of treatment for the purpose of treatment and does not result from activities of a personal nature. The further injury in these cases is compensable because it is sufficiently connected to the original work injury so that it forms part of that injury and is therefore considered to arise out of and in the course of employment. For example, if a worker is undergoing treatment at a hospital for a compensable injury and sustains a further injury by stumbling down the stairs in the hospital while en route to a treatment appointment, the further injury is also compensable.

**EFFECTIVE DATE:** February 1, 2004  
**APPLICATION:** All decisions, including appellate decisions, made on or after February 1, 2004 regardless of the date of the original work injury or the further injury.

## **#22.11**      *Disablement Caused by Unauthorized Surgery*

Compensation is not limited to the direct consequences of work accidents. Ordinarily, when a worker undertakes surgery for a work injury, the consequences of the surgery are considered to be sufficiently connected to the original work injury as to form part of that injury. Any disablement resulting from the surgery is treated as compensable on the basis that it arose out of and in the course of employment.

An exception could be made if a worker recklessly undertook surgery, knowing that it was likely to do more harm than good. In that case, a worker might be viewed as having introduced a new cause of disablement so that the further injury is not sufficiently connected to the original work injury so as to form part of that injury. There may be other grounds for making an exception. However, the connection between the original work injury and the further injury is not severed simply because the surgery was not authorized by the Board.

Virtually all patients place complete faith in their physicians and, if a physician merely suggests the remote possibility of improvement in a patient's condition through surgery, it cannot be said to be "clearly unreasonable" for the patient to go along with that suggestion. It is irrelevant whether unauthorized surgery was successful or unsuccessful, whether or not the worker and/or the physician knew the Board was not prepared to authorize the surgery, nor that the surgery was purely exploratory in nature.

The only situation where it is foreseeable that the Board could reasonably refuse payment of benefits for unauthorized surgery is where a worker, in desperation and against the advice of every other physician consulted, deliberately seeks out surgery. In such a situation, the connection between the original work injury and the further injury is considered to be severed. However, unless the worker can be shown to have acted foolishly, the worker should not be deprived of compensation because there happens to be a persuasive surgeon involved who has convinced the worker that, on balance, surgery is the best course of action.  
(9)

The above rules only apply where the surgery resulted from the injury. The Board accepts no responsibility for the cost of surgery or any resulting disability where the surgery was not a consequence of the injury.

**EFFECTIVE DATE:** February 1, 2004  
**APPLICATION:** All decisions, including appellate decisions, made on or after February 1, 2004 regardless of the date of the original work injury or the further injury.

### **#22.12**      *Acceleration of Treatment*

The Board accepts responsibility for all the consequences of treatment where the need for it was accelerated by the injury, even where it would likely have been required at some point in the future in any event. The only exception is where the injury is superimposed on an already existing disability so that Proportionate Entitlement applies. (10)

### **#22.13**      *Activities at Home*

While the Board does pay compensation for injuries arising out of and in the course of medical treatment for a work injury, this does not extend to ordinary exercises performed at home long after the worker has recovered, or the condition has stabilized and the worker is in receipt of a permanent disability pension. Such exercises are usually for the purpose of preventing further problems rather than for treating an existing condition. Compensation is not payable in respect of preventive measures.

### **#22.14**      *Treatment Unrelated to Injury*

Where a worker has to undergo surgery, tests, or other treatment for a non-compensable condition or a non-compensable injury occurs prior to the worker's complete recovery from a compensable injury, and there is for that reason, a delay in recovery or an aggravation of the condition, there are two possible methods for the Claims Adjudicator to deal with the situation. The Adjudicator may, on the one hand, continue to pay wage-loss benefits after the occurrence of the non-compensable injury or treatment for a period which the Adjudicator estimates the worker would have taken to fully recover from the compensable injury if the non-compensable injury or treatment had not occurred. Alternatively, the Adjudicator might immediately terminate benefits on the occurrence of the non-compensable injury or treatment and recommence them when the worker's recovery is at the same stage as it was immediately before its occurrence. Either of these methods may be an appropriate way of dealing with the circumstances of a particular claim. However, in no situation could there be justification for applying both methods to the same claim at the same time, since this would, in effect, result in a double payment to the worker.

The above rule applies though the treatment is carried out at the same time as the treatment for the compensable condition and might not have been carried out at the time if the worker had not then sought treatment for the compensable condition.

If a compensable injury delays a worker's recovery from subsequent non-compensable surgery, wage-loss compensation may be paid for the period of the delay.

## **#22.15**      *Travelling To and From Treatment*

The test for determining whether a further injury is compensable is whether the work injury was a significant cause of the further injury. Where this test is met, there is a sufficient connection between the work injury and the further injury to consider the further injury a part of the work injury. In considering whether this test has been met, the place of treatment is analogous to a place of employment.

Travel to the place of treatment is generally comparable to the ordinary commute to work. Injuries arising in the course of normal travel for subsequent treatment are generally not compensable. For example, if a worker suffering from a compensable injury is subsequently injured in the course of travel in the following circumstances, it is not compensable:

- (a) attending the office of the attending physician for advice, examination or treatment;
- (b) attending for x-ray examinations or laboratory tests when associated with a visit to the office of the attending physician and not involving a special journey from home;
- (c) attending the office of a medical specialist in connection with a course of treatments by such a specialist;
- (d) attendances at the out-patient department of a hospital or a private physiotherapist for a course of therapy treatments;
- (e) travel to a drugstore for the purchase of drugs or other medical supplies;
- (f) travel to an optician or optometrist, prosthetist, shoemaker or hearing aid dealer in connection with medical supplies or the fulfillment of prescriptions.

The heading also includes any other types of visits or attendances which are part of a routine (analogous to travelling to and from work) or which are analogous to personal shopping.

Apart from routine travel in connection with subsequent treatment, a worker may sometimes be injured in the course of a special and exceptional journey undertaken as a result of the compensable injury. The following headings illustrate the point.

1. Emergency Transportation

Where a compensable injury has just occurred and a worker is being transported to a hospital or other place of emergency treatment, and a further injury occurs in the course of such transportation, the further injury is also compensable. This is so whether the worker is travelling on foot, by ambulance, by automobile, by aircraft, or by any kind of vehicle; and it is so regardless of the ownership of the vehicle, and regardless of whether the worker is driving the vehicle or being carried as a passenger.

2. Treatment-Related Vehicles

If a worker is travelling to or from a place of treatment for a compensable injury and sustains a further injury while travelling in a vehicle that is provided for that purpose by an institution engaged in the provision of treatment, or in the provision of a vehicle for the conveyance of patients for treatment, the injury is compensable.

3. Exceptional Travel for Subsequent Treatment

This heading relates to situations where a worker is travelling by prearranged appointment to a place of exceptional medical treatment, or for an exceptional examination. In these cases, an injury arising out of travel to or from that place of treatment is compensable. The following situations illustrate this point.

- (a) Travelling to a hospital for admittance as an inpatient, or travelling home following discharge from hospital as an inpatient.
- (b) Travelling to any other place of special treatment that involves living away from home for the duration of the treatment.
- (c) Travelling in relation to a referral by the attending physician to a specialist for a special examination or treatment.
- (d) Travelling for x-ray examination or laboratory tests where this involves a special journey separate from any attendance for routine treatment.
- (e) Travelling to a special place of paramedical attention, or a social or rehabilitation agency in connection with assistance

in the diagnosis, handling, treatment or care of medical or rehabilitation problems related to the compensable injury on referral by the attending physician, or by the Board.

- (f) Travelling on referral by a physician or qualified practitioner to another physician or qualified practitioner for a second opinion.
- (g) Travelling for a medical examination at the Board by prearranged appointment with the Board, or for a medical examination elsewhere approved by the Board in connection with a compensable injury.

In the examples in items 1-3 above, the further injury is compensable because it is sufficiently connected to the original work injury as to form part of that injury. The further injury is therefore considered to arise out of and in the course of employment.

**EFFECTIVE DATE:** February 1, 2004

**APPLICATION:** All decisions, including appellate decisions, made on or after February 1, 2004 regardless of the date of the original work injury or the further injury.

## **#22.20 Subsequent Injuries Occurring Otherwise than in the Course of Treatment**

Where a worker has a pre-existing non-compensable condition which is aggravated and rendered disabling by a work injury, the Board does not deny a claim for compensation just because the injury would have caused no significant problems if there had been no pre-existing condition. The Board accepts that it was the injury that rendered that condition disabling and pays compensation accordingly. The corollary of this is that, where a worker has a compensable condition which is rendered disabling by an aggravating incident occurring outside of work, the worker's claim for the compensable condition is not re-opened just because the incident would not have been significant if that condition had not existed. The Board recognizes rather that it was the non-work incident that produced the disability for which compensation is claimed. The only exception to this is where the compensable condition actually causes the fall or other incident which brought about the aggravation.

Where the subsequent injury occurs at a time when the worker is still recovering from a previous work injury, the principles set out in policy item #22.14 apply.

## **#22.21**      *Activities on Board Premises or at Other Premises under Board Sponsorship*

Where a worker is attending at the Board by prearranged appointment made with an officer of the Board for the purpose of an enquiry, interview or discussion in respect of a claim which has been accepted, or which is subsequently accepted, and where the worker suffers a further injury arising out of and in the course of travel to or from such an appointment, the further injury will be compensable.

The same rules apply where a worker is attending by prearranged appointment to meet with the Board's Review Division, the Workers' Compensation Appeal Tribunal or a Medical Review Panel.

Where an injured worker is reinjured while undergoing a course of rehabilitation training sponsored by the Board, the second injury may be regarded as a compensable consequence of the first injury. (11)

In all of these instances the place of treatment, appointment or rehabilitation is analogous to a place of employment. The further injury is compensable because it is sufficiently connected to the original injury as to form part of that injury and, therefore, is considered to arise out of and in the course of employment.

**EFFECTIVE DATE:**            February 1, 2004  
**APPLICATION:**              All decisions, including appellate decisions, made on or after February 1, 2004 regardless of the date of the original work injury or the further injury.

## **#22.22**      *Suicide*

In a case of suicide, death benefits are payable if it is established that the suicide resulted from a compensable injury.

In a Board decision, a claim was made by a widow that her husband had committed suicide because of a state of depression and despair resulting from a compensable injury occurring four years earlier. The claim was disallowed. It was possible that the accident might have had some significance. Any adverse experience might have had some significance. But the real test was: Was the suicide something which would have been unlikely to occur if there had been no work accident? On the facts, the suicide was something which might well have occurred in any event rather than something that would have been unlikely without the accident. Bearing in mind the deceased's history of mental disorder and the sparsity of other evidence of causal connections between the work injury and the suicide, it did not appear that the accident had a sufficient degree of causative significance to warrant the conclusion that the death resulted from the compensable injury.

### **#22.23**      *Criminal Proceedings*

As an example, the worker, a caretaker of an apartment building, became involved in a fight with a tenant and received injuries for which a compensation claim was accepted. The worker suffered psychological problems as a result of criminal proceedings taken by the Crown for assault and his employer's suspension of him from his employment pending the outcome of the proceedings. If the charges had not been laid and the worker had not been suspended, he would not have been disabled. While there was an undeniable link between the actions of the Crown and his employer with the compensable incident, it was too tenuous to make the disability which flows from these actions compensable. The reaction to the laying of charges did not arise out of and in the course of employment, but from the intervening decision of the Crown, a party extraneous to the employer/employee relationship, to proceed with criminal charges. The disability flowing from that decision was not compensable.

### **#22.30**      **Diseases or Other Conditions Resulting from Trauma**

Compensation coverage extends not just to the immediate physical damage caused by the injury, but to any separate diseases or conditions which arise directly from it.

### **#22.31**      *Multiple Sclerosis*

While the cause of multiple sclerosis is unknown, there has been much medical literature on factors which may precipitate the onset of the disease in an already predisposed person. One of these factors is a traumatic injury. There is a medical authority for the view that multiple sclerosis may be considered to have been precipitated by a traumatic injury if:

- (a) the symptoms and signs of the disease first appeared in the injured part of the body;
- (b) the symptoms and signs of the disease occurred shortly after the injury; and
- (c) there has been no preceding history of neurologic deficit.

### **#22.32**      *Cancer*

In claims where trauma is alleged to be the cause of cancer, the following five criteria (12) should be satisfied before a cancer can be even remotely considered to be traumatically induced.

1. Authenticity and adequacy of trauma.
2. Previous integrity of the wounded part.
3. Origin of tumour at exact point of injury.
4. Reasonable time limit between injury and time of appearance of tumour.
5. Positive diagnosis of the presence and nature of the tumour.

Recent reviews of the medical literature have been completed to ascertain whether or not there is new evidence to associate trauma as a causal agent in cancer.

Except in the case of skin cancer, there is little firm evidence to associate trauma with cancer as an etiologic agent. In particular, reviews of several studies (13) of bone cancer fail to establish a causal relationship between trauma and cancer, although there is general recognition of what has been called “traumatic determinism”, i.e. that an injury may call the person’s attention to a pre-existing tumour.

### **#22.33**      *Psychological Problems*

Psychological problems arising from a physical or psychological injury are acceptable as compensable consequences of the injury. However, there must be evidence that the worker is psychologically disabled. It cannot be assumed that such a disability exists simply because the worker has unexplained subjective complaints or is having difficulty in psychologically or emotionally adjusting to any physical limitations resulting from the injury.

When a claim is submitted for psychological problems resulting directly from the worker’s employment without the occurrence of any physical trauma, reference should be made to policy items #13.20, #13.30 and #32.10.

When a psychological impairment becomes permanent, it will be necessary to determine whether there is entitlement to a permanent disability pension. The decision-making procedure for assessing entitlement to a permanent disability award for psychological impairment is found in policy item #39.01.

**EFFECTIVE DATE:**            January 1, 2003  
**APPLICATION:**              Applies to new claims received and all active claims that are currently awaiting an initial adjudication.

## **#22.34      *Alcoholism and Drug Dependency Problems***

Where it is claimed that an alcohol problem may have arisen out of and as a result of a compensable injury, the compensability of the problem is thoroughly investigated in the same manner as followed in investigating the relationship of other problems to an injury. Because of the psychological nature of the problem, this investigation would normally include a reference to a Board Psychologist. The decision on acceptability will however be made by the Claims Adjudicator.

Any pre-existing alcohol problem can be treated in the same way as any other pre-existing condition. The Claims Adjudicator will have to decide whether the worker's problems are simply a continuation of the previous problems or have been worsened by the injury.

The above procedure would also apply if a worker whose alcohol problems have previously been accepted by the Board seeks to re-open the claim because of further problems of this type. The request would have to be investigated and if appropriate, a reference made to a Board Psychologist, and a determination made as to whether the current problems are related to the injury and the previous problem, or to some pre-existing condition or other cause.

This policy also has general application in the adjudication of drug dependency problems. For the policy regarding the prescription of narcotics and other drugs of addiction, reference should be made to policy item #77.30.

For the Board's policy toward applications for compensation for alcoholism as an occupational disease, reference should be made to policy item #32.15.

## **#22.35      *Pain and Chronic Pain***

A worker's pain symptoms may be accepted as compensable where medical evidence indicates that the pain results as a consequence of a work injury or occupational disease. This policy discusses the scope of coverage in cases where pain is accepted as compensable. Pain is not assessed as a psychological impairment.

### **1.      Definitions:**

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. It includes cognitive, affective, behavioural and physiological components.

The Board recognizes three main stages of pain:

- i. Acute pain is pain that coincides with a traumatic injury or disease and the early stages of recovery. In the vast majority of cases acute pain eventually resolves, either spontaneously or with some form of treatment.
- ii. Subacute pain is pain that an injured worker continues to experience four to six weeks after a traumatic injury or disease.
- iii. Chronic pain is pain that persists six months after an injury or occupational disease and beyond the usual recovery time for that injury or disease. Chronic pain is further distinguished as either specific or non-specific as set out in policy item #39.02, "Chronic Pain".

Usual recovery times for injuries or diseases are based on medical protocols and procedures adopted by the Rehabilitation and Compensation Services Division. These medical protocols set out the points in time, after an injury, when a worker should regain pre-accident functional ability, or reach maximum medical recovery.

In determining the appropriate recovery time for an injury, the Board officer may, in consultation with a Board Medical Advisor, consider the medical protocols as well as other factors such as the worker's pre-injury health status and any treatments received that would likely impact the recovery time of the work injury.

## 2. Early Intervention – Acute and Subacute Pain:

Early intervention involves the provision of early return to work assistance and/or focused multidisciplinary treatment and rehabilitation, to expedite the worker's medical recovery and return to work. Early intervention at the acute or subacute stages of pain is essential as both rehabilitation and prevention measures in deterring the development of chronic pain. Studies indicate that even with some residual or recurrent pain symptoms, workers do not have to wait until they are completely pain free to return to work. Early intervention should be incorporated into the worker's rehabilitation plan. (See policy C11-88.00, "Nature and Extent of Programs and Services")

### (a) Early Return to Work Assistance

In the majority of cases following an injury, a worker is able to return to work shortly after an injury without Board assistance. The provision of early return to work assistance for a worker experiencing acute or subacute pain that is affecting the worker's return to work efforts will be considered as soon as the worker is medically able to participate. A Board officer will coordinate the worker's early return to work plan in collaboration with the worker, the attending physician, a Board Medical Advisor, the employer and treating clinicians as needed.

In developing an early return to work plan, the Board officer may consider the worker's entitlement to vocational rehabilitation programs and services such as

graduated return to work assistance, placement assistance and work site/job modifications where the Board officer concludes that they will assist in a worker's return to work. (See Chapter 11, "Vocational Rehabilitation")

(b) Multidisciplinary Treatment and Rehabilitation

In certain cases, the Board officer may consider it appropriate to refer the worker for focused multidisciplinary treatment and/or rehabilitation intervention. These interventions are preferred in cases where the Board officer concludes that they will assist in the worker's early return to work. The Board officer may also consider these interventions where they will assist in preventing the onset of chronic pain.

In making this determination, the Board officer may consult with a Board Medical Advisor and/or a Board Psychologist. The worker's attending physician may also be consulted to confirm his or her agreement with the proposed intervention.

A multidisciplinary approach may include one or more of the following: medical management, physical conditioning, work conditioning, pain and stress management, ergonomic consultation, and vocational counseling and placement.

In determining what specific treatment or rehabilitation intervention is appropriate for a worker, the Board officer may refer the worker for a multidisciplinary assessment. A multidisciplinary assessment is an evaluation of the worker by a physician, a psychologist, a physiotherapist, an occupational therapist, or other provider as the Board determines appropriate.

A multidisciplinary assessment may involve consideration of the worker's medical history, health status, physical limitations, psychological state, behaviour, and workplace issues. The evaluation will provide an opinion on the treatment or rehabilitation intervention, or combination of interventions that would be appropriate to aid in the worker's recovery and return to work.

(c) Early Intervention - Chronic Pain

In all cases where a Board officer considers that a worker may be experiencing chronic pain symptoms, a multidisciplinary assessment must be undertaken. This evaluation will provide an opinion on whether a worker is experiencing chronic pain as a consequence of a compensable injury. The evaluation will also provide an opinion on the appropriate course of treatment and rehabilitation for the worker.

3. Compensation:

Where a worker is participating in treatment and/or rehabilitation for temporarily disabling pain, a worker's entitlement to temporary wage loss benefits may be considered under section 29 or 30 of the *Act*.

Where chronic pain is considered by the Board officer to become permanent, entitlement to permanent partial disability benefits may be considered under section 23 of the *Act*.

**EFFECTIVE DATE:** January 1, 2003

**APPLICATION:** Applies to new claims received and all active claims that are currently awaiting an initial adjudication.

### **#23.00 REPLACEMENT AND REPAIR OF ARTIFICIAL APPLIANCES, EYEGLASSES, HEARING AIDS, AND DENTURES – SECTION 21(8)**

The Board may assume the responsibility of replacement and repair of

- (a) artificial appliances, including artificial members damaged or broken as the result of an accident arising out of and in the course of the employment of the worker; and
- (b) eyeglasses, dentures and hearing aids broken as a result of an accident arising out of and in the course of employment if that breakage is accompanied by objective signs of personal injury, or, where there is no personal injury, if the accident is otherwise corroborated and the Board is satisfied the worker was not at fault. (15)

In no other circumstances can the Board accept responsibility for damage to a worker's personal possessions.

With the exception of eyeglasses, no compensation for broken appliances, etc. can be paid under the *Government Employees Compensation Act* to employees of the Federal Government unless the breakage resulted from an accident that also caused personal injury. In claims for broken eyeglasses, the adjudication principles used are the same as those which apply under the provincial *Act*.

### **#23.10 Meaning of Authority in Section 21(8)**

The payment of compensation under section 21(8) is not a legal right. The section merely confers authority on the Board to pay the compensation provided for. Whether the Board exercises its authority or not is within its discretion. Compensation will be payable in respect of all claims which fall within the terms of the section.

## **#23.20 Appliances Covered by Section 21(8)**

The reference to “eyeglasses” in section 21(8)(b) includes contact lenses.

Where an injury involves damage to dental crowns and fixed bridgework, they are regarded as part of the natural anatomy for the purpose of adjudication.

Therefore such claims are adjudicated as claims for personal injury under section 5(1) rather than under section 21(8).

## **#23.30 Meaning of Damaged or Broken under Section 21(8)**

Section 21(8) refers to items being “damaged” or “broken”. However, suppose an accident occurs which causes the loss of a worker’s glasses. For instance, they may “fly off” somewhere unknown or be dropped into a place which is inaccessible. Where this follows from an “accident” as defined in policy item #23.40 below, and it is reasonable to assume that, though lost, the worker’s glasses are broken, section 21(8) may be applied as if they are in fact “broken”.

## **#23.40 Meaning of Accident under Section 21(8)**

Compensation is not payable under section 21(8) unless the damage or breakage results from an accident arising out of and in the course of the worker’s employment.

The meaning of “accident” in this section was considered in a Board decision where it was stated:

“It appears to us that the purpose of section 21(8) is to provide a form of insurance protection against damage to eyeglasses through chance events. In this case, however, the damage was nothing unexpected. The replacement of eyeglasses in the plant where this occurred is a predictable routine and part of the normal operating cost of the type of work done by the worker in that plant. Usually the employer contributes to the replacement of eyeglasses by men working in this situation, and the claim came about only because the worker required replacement more frequently than the employer regarded as reasonable.

In this situation, the cost of replacing eyeglasses should be regarded as part of the wear and tear of industrial activity rather than being classified as damage by accident.”

It should not be concluded from this that if a worker’s glasses are broken as a result of a chance event arising out of and in the course of employment, compensation will automatically be payable under section 21(8). The section is

limited to situations where there is a personal injury, the consequences of which include breakage or damage to this apparatus, or there is a direct injury to this apparatus which might also have caused a personal injury. To be an “accident” for the purposes of section 21(8) a chance event must be such that if it does not actually cause the worker personal injury, it must have had the potential for doing so. In other words, there must have been a reasonable probability that the accident could have caused the worker personal injury. No compensation is payable under section 21(8) if the accident involved the damaged article only and there was no reasonable probability of its harming the worker.

Consider the following examples:

- A. The worker is wearing glasses, or is not wearing them but has them about his or her person, for instance, in a pocket, and they are broken when an object flies into or falls upon them, some harmful liquid splashes onto them, the worker slips and falls to the ground, or bumps his or her head against a wall or some machinery. Even if such an accident does not injure the worker, there is usually an “accident” for the purposes of section 21(8) as there is usually a reasonable probability that it could have injured the worker.
- B. The worker drops his or her glasses, they fall out of a pocket, or off his or her face, or the worker knocks them off when removing clothing or headwear, and they break on impact with the ground or when something falls on them, or the worker takes off the glasses and places them in a position where they are broken. If such an accident does not injure the worker, there is usually not an “accident” for the purposes of section 21(8) as there is not usually a reasonable probability that it could have injured the worker.
- C. Where breakage of eyeglasses falling within Example B. follows immediately after an accident within the meaning of section 21(8), i.e. one arising out of and in the course of employment which injured or could with reasonable probability have injured the worker, the breakage may be considered to have resulted from this accident. For instance, a worker slips and falls, and the glasses fly off and are run over by a truck, or some harmful liquid splashes into the worker’s face and while washing his or her face, the worker places the glasses in a position where they are broken or the glasses are dropped while removed for cleaning. The breakage in these cases might be considered to have resulted from the fall and the splashing of the liquid. The question of whether the worker was at fault would have to be considered.

## **#23.50      Meaning of Corroboration in Section 21(8)**

In the case of eyeglasses, dentures, and hearing aids, where the breakage is not accompanied by objective signs of personal injury, the accident must be corroborated.

Corroboration is evidence other than that of the worker which renders more probable the truth of the worker's testimony on a material point. As the *Act* requires that the accident be corroborated, it is not sufficient for the corroborating evidence simply to confirm the existence of the broken glasses.

Corroboration means that there must be some evidence that is independent of the report or testimony of the worker. Thus, there is not normally corroboration where the only evidence is the statement of the worker, coupled with the evidence of another person who had no knowledge of the facts, but is simply able to report a similar statement of the worker made to the person at an earlier time.

For example, suppose a worker who had just had his or her glasses broken as a result of an accident arising out of and in the course of employment goes immediately to the employer, reports the accident and shows the employer the broken glasses. No matter how shortly after the accident this occurs, a few minutes for instance, the employer's evidence as to this report is corroboration as to the breakage of the glasses, not the accident from which it may have resulted. The employer's evidence as to the occurrence of the accident is not evidence independent of the report or testimony of the worker.

A possible exception to this rule was recognized in cases where the worker makes a spontaneous exclamation, or reports an event momentarily after its occurrence so that the immediacy of the report adds to its credibility. This exception was explained in a Board decision as a reference to what is known in the law of evidence as "res gestae", where the facts speak through the party. More particularly, this means declarations uttered by the worker simultaneously or almost simultaneously with the occurrence of the accident, so that the declaration forms part of the circumstances of the accident. For example, suppose a worker is hit in the face and the worker's glasses are damaged by a splinter. The worker utters an exclamation of surprise or shock at the moment of impact which indicates that the glasses have been damaged as a result of the accident. This is overheard by someone standing near who did not witness the accident. The repetition of that exclamation by the person who overheard it might amount to corroboration.

Normally corroboration consists of the evidence of witnesses to the accident. Where there are no such witnesses it will, in practice, be very difficult to provide corroboration of an accident's occurrence. It will therefore be very difficult for a person working alone to establish corroboration. However, it may be possible

that a lack of witnesses could, in an appropriate case, be remedied by other evidence. This evidence would have to be independent of the report or testimony of the worker and corroborate the occurrence of the accident as well as the breakage.

In one claim, for instance, the eyeglasses of a nurse in a mental hospital were broken while the nurse was trying to restrain a patient. There were no witnesses to the breakage, but some persons entered the room shortly after to see the glasses broken on the floor and the struggle between nurse and patient continuing. It was considered that the accident was sufficiently corroborated by the witnessing of the struggle. However, if those witnesses had entered after the struggle had ceased the question may be more doubtful. It would probably depend on whether the appearance of the nurse, the patient, and the room, without regard to the nurse's statement as to what happened, made it clear that the struggle had occurred and had resulted in the broken glasses. Obviously, corroboration would be more difficult, the longer after the event the witnesses entered the room.

The above policies and procedures regarding situations where no personal injury occurs also apply to claims administered under the *Government Employees Compensation Act*.

## **#23.60 Meaning of Fault in Section 21(8)**

Where breakage of eyeglasses, dentures, or hearing aids is not accompanied by objective signs of personal injury, not only must the accident causing the breakage be corroborated, but the Board must be satisfied that the worker was not "at fault".

The question of whether the worker was "at fault" arises whenever some negligent or careless act or omission of the worker has contributed to the breakage. However, not all such acts or omissions will result in the worker's being "at fault". In the normal situation, a worker's negligence or carelessness will combine with something in the employment to cause the breakage. Then the question becomes one of weighing the worker's careless act or omission against the employment causes of the damage. If, after weighing these factors, it is considered that the worker's negligence was the predominant cause of the breakage, the worker must be held to be at fault. If, although the worker's negligence contributed to the breakage, it is felt that the predominant cause was something in the employment, the worker is not to be considered at fault.

In weighing the worker's carelessness against any employment causes of the breakage of eyeglasses, it was considered that minor lapses of attention, which it is reasonable to expect from the average worker in the normal course of work, would not generally outweigh the employment aspects of the situation. Therefore, if, for example, a worker trips over or bumps into something in the

course of employment, the worker will not usually be held to be at fault because of carelessness in not looking where he or she was going. On the other hand, if, for example, the worker tripped or bumped into something as a result of horseplay or some other misconduct or unauthorized activity, or had previously been warned about this sort of conduct, such activity might be said to be the predominant cause of any breakage of eyeglasses.

Consider also the example given in policy item #23.40, Example C, of a worker whose glasses are damaged when dropped or taken off following an accident within the meaning of section 21(8). While the worker might be thought careless in dropping the glasses or placing them in an unsafe place, it was the accident which placed the worker in the situation where it was necessary to take them off, and this put them at risk of being broken as a result of carelessness. Assuming that the worker was not "at fault" in regard to the original accident, it would usually be unfair to regard the worker's carelessness as the predominant cause of the breakage. This would be particularly so if the employment involved the worker in having wet or greasy hands or some other circumstance which would make the worker more prone to drop the glasses or give no opportunity to find a safe place to put them. There may, on the other hand, be cases where the worker's carelessness clearly outweighs the effect of any employment accident.

## **#23.70 Compensation Payable under Section 21(8)**

When a claim satisfies the requirements of section 21(8), the worker is reimbursed the amount charged by the supplier or repairer of the appliance in question. The amount payable is not limited to what the Board would pay for a similar appliance required for a worker as the result of an injury covered by section 5(1) of the *Act*.

A worker is not entitled to wage-loss benefits under section 21(8) when there is a delay in replacing the broken or damaged appliance and the worker is unable to work without it. Nor is wage loss payable where the worker has to take off time from work in order to be fitted for new eyeglasses and to pick them up when ready.

## **#24.00 FEDERAL GOVERNMENT EMPLOYEES**

Section 4(1) of the *Government Employees Compensation Act* provides that "compensation shall be paid to . . . an employee who is caused personal injury by an accident arising out of and in the course of his employment . . . and . . . the dependants of an employee whose death results from such an accident."

Section 4(4) applies a similar provision to railway employees of the Federal Government. The employees covered by these sections were discussed in policy item #8.10.

The employee or the dependants are, notwithstanding the nature or class of the employment, entitled to receive compensation at the same rate and under the same conditions as are provided under the law of the province where the employee is usually employed. (16)

Compensation entitlement is determined by “the same board, officers or authority as is or are established by the law of the province for determining compensation for workmen and dependants of deceased workmen” other than Federal employees. (17)

The phrase “by an accident” in Subsection 4(1) does not require that there be a clearly ascertainable incident or series of incidents which caused the injury. Injuries that arise gradually over time or “by process” are not excluded by this subsection. The injury itself can be the “accident” for the purpose of section 4. Thus, the test for Federal employees in B.C. under Subsection 4(1) is, in effect, the same as the test for other workers in B.C. under Subsection 5(1) of the B.C. Act. (18)

The *Government Employees Compensation Act* applies to an accident occurring or a disease contracted within or outside Canada. (19)

For the purposes of the *Government Employees Compensation Act*, the place where an employee is usually employed is the place where the employee is appointed or engaged to work.

Where an employee is usually employed in the Yukon Territory or the Northwest Territories, the employee is deemed to be usually employed in the Province of Alberta. (20)

Where an employee, other than a person locally engaged outside Canada, is usually employed outside Canada, the employee is deemed to be usually employed in the Province of Ontario. (21)

## NOTES

- (1) Appeal Division Decision No. 92-0743; policy item #24.00
- (2) See policy item #13.12
- (3) *Law of Workmen's Compensation*, A. Larson, 1972, Vol. I, para. 23.61
- (4) See policy item #2.23
- (5) Larson, para. 25.00
- (6) See policy item #19.31
- (7) See policy item #19.31
- (8) See policy item #21.10
- (9) See policy item #78.11
- (10) See policy item #44.00
- (11) See policy item #88.54 and policy item #115.30
- (12) Ewing, J. Modern attitude toward traumatic cancer. *Arch. Path.* 19:690-728, 1935
- (13) Pritchard et al. The Etiology of Osteosarcoma. *Clin. Orthoped. and Rel. Res.* 111:14-22, September 1975;  
Coley, W.B. *Neoplasms of Bone*. Paul Haber Inc., 2nd ed., 1960;  
Dahlin, David C. *Bone Tumours*. Charles C. Thomas, 3rd ed., 1978;  
Monkman et al. Trauma and Oncogenesis. *Mayo Cl. Proc.* 49:157-163, March 1974
- (14) ~~See Chapter 5~~ **DELETED**
- (15) S.21(8)
- (16) *Government Employees Compensation Act*, S.4(2)
- (17) *Government Employees Compensation Act*, S.4(3)
- (18) Appeal Division Decision No. 92-0743
- (19) *Government Employees Compensation Act*, S.3(2)
- (20) *Government Employees Compensation Act*, S.5
- (21) *Government Employees Compensation Act*, S.6

Where, in a case of emergency, or for other justifiable cause, a physician or qualified practitioner other than the one provided by the Board is called in to treat the injured worker, and if the Board finds there was a justifiable cause and that the charge for the services is reasonable, the cost of the services shall be paid by the Board. (8)

**EFFECTIVE DATE:** December 31, 2003

**APPLICATION:** On December 31, 2003, this policy was amended to reflect the amendment of section 5.1(1) of the *Act* and the introduction of sections 5.1(2) to (4) of the *Act*. The amended policy applies to injuries on or after December 31, 2003.

## **#74.20 Chiropractors**

### **#74.21 *Duration of Treatment***

After eight weeks of treatment by a chiropractor, or earlier if there is any ground for suspecting that the worker is not receiving proper treatment, the claim must be referred to a Board Medical Advisor for review. The Board Medical Advisor will decide whether a continuance of treatment by the chiropractor should be authorized. It is necessary when such a request is received that the medical factors be considered and the various options evaluated. The main options which should be considered in order of preference are:

1. Have the worker examined at the Board.
2. Refer the worker for an orthopaedic or other appropriate specialist consultation.
3. Agree to an extension.

Giving preference to an examination by a Board Medical Advisor is simply an effective method of determining whether options 2 or 3 are necessary or appropriate, or whether some other approach or decision is indicated.

The third option is generally limited to situations where recovery appears imminent. The Board Medical Advisor should be satisfied that the worker's condition is improving. The duration of additional chiropractic treatment must be clearly designated, including the frequency of the treatments. Any extension should be limited to a maximum of four weeks. Where a request is received for an extension beyond this point, approval cannot be granted unless an examination is carried out by a Board Medical Advisor or there has been a

specialist consultation. It is expected that extensions beyond 12 weeks would only occur in rare and unusual circumstances.

The reasons for accepting or denying a request for an extension of chiropractic care must be recorded on the claim and since it is a decision that is reviewable by the Review Division, it must be communicated in writing by the Board officer to the worker and the chiropractor. When recording their opinions on claims, Board Medical Advisors should clearly define the reasons in support of their recommendations by outlining in what way an extension may produce an improvement in the worker's condition, or alternatively, why further treatments are likely to be ineffective. Under no circumstances should Board Medical Advisors make statements in memos such as, "I don't think this should be denied unless it is too frequent" or "I have no objection to chiropractic treatment if the worker thinks it is going to help."

Situations are occasionally met where workers receive chiropractic treatments on a long-term basis (for example, one treatment per month for six to twelve months). Such treatments are probably more in the nature of preventative measures or as a means of forestalling future problems. The purpose of section 21 of the *Act* is to provide health care benefits for the treatment of injuries or occupational disease. As such, long-term chiropractic manipulation of this type will not be considered acceptable.

## CHAPTER 16

### THIRD PARTY/OUT-OF-PROVINCE CLAIMS

#### #110.00 INTRODUCTION

A worker who suffers injury or disease as a result of employment may be entitled to compensation from sources other than the Workers' Compensation Board. The *Act* makes special provision in section 10 for injuries or diseases which occur in circumstances entitling the worker to pursue an action for damages against a third party.

Injuries occurring outside the province are not generally compensable. Where they are compensable, the *Act* makes special provision for cases where the worker is also entitled to claim compensation in the place of injury.

#### #111.00 THIRD PARTY CLAIMS

##### #111.10 Injury Caused by Worker or Employer

Section 10(1) of the *Act* provides that "The provisions of this Part are in lieu of any right and rights of action, statutory or otherwise, founded on a breach of duty of care or any other cause of action, whether that duty or cause of action is imposed by or arises by reason of law or contract, express or implied, to which a worker, dependant or member of the family of the worker is or may be entitled against the employer of the worker, or against any employer within the scope of this Part, or against any worker, in respect of any personal injury, disablement or death arising out of and in the course of employment and no action in respect of it lies. This provision applies only when the action or conduct of the employer, the employer's servant or agent, or the worker, which caused the breach of duty arose out of and in the course of employment within the scope of this Part."

This provision prohibits a law suit by an injured worker or a dependant of an injured worker against the employer of the worker or against any employer within the scope of Part 1 of the *Act*, or against any worker in respect of any personal injury, disablement, or death arising out of and in the course of the employment. The worker or dependant has no choice but to claim compensation. In situations where the third party on a claim is reported to be a worker, it must also be established that the activities of this "worker" were arising out of and in the course of his or her employment.

### **#111.11    *Employer or Worker Partly at Fault***

If, in any action brought by a worker or dependant of a worker or by the Board, it is found that the injury, disablement, or death, as the case may be, was due partly to a breach of duty of care of one or more employers or workers under the *Act*, no damages, contributions, or indemnity are recoverable for the portion of the loss or damage caused by the negligence of such employer or worker; but the portion of the loss or damage caused by that negligence shall be determined although the employer or worker is not a party to the action. (1)

### **#111.20    *Injury Not Caused by Worker or Employer***

Section 10(2) provides that “Where the cause of the injury, disablement or death of a worker is such that an action lies against some person, other than an employer or worker within the scope of this Part, the worker or dependant may claim compensation or may bring an action. If the worker or dependant elects to claim compensation, he or she must do so within 3 months of the occurrence of the injury or any longer period that the board allows.”

Section 79(1) of the *Motor Vehicle Act* gives a right of action to a person injured in a motor vehicle accident against the owner of the vehicle in question where it was being driven by a member of the owner’s family living under the same roof or any other person driving with the owner’s consent. Even though an action against the driver is barred under section 10(1), the action against the owner may still lie, with the result that the claimant must make an election under section 10(2). This could occur, for example, where the owner takes her or his vehicle to a garage for repair and the accident occurs while it is being test driven by a mechanic.

In determining whether there must be an election under section 10(2), consideration is given to whether there is a right of action against the manufacturer, designer, etc. of a product which caused the injury. The action against such a person will be barred under section 10(1) if she or he is an employer covered by the *Act*, but not if she or he is located outside the province.

<b>DECISION NO.</b>	<b>TITLE</b>	<b>RETIREMENT DATE</b>
140	The Time Limit for Claiming Compensation	October 21, 2003
141	A One-Man Company	May 1, 2000
142	Employment Injuries and Natural Causes	October 21, 2003
143	The Maximum Wage Rate	May 1, 2000
144	The Management Role in Health and Safety	October 21, 2003
146	An Unmarried Mother and Child	October 21, 2003
147	Health and Safety Awards	June 17, 2003
148	The Course of Employment	June 17, 2003
149	Commercial Stock Audits	January 1, 2003
150	Compensation for Compulsory Lay-off to Prevent the Carriage of Infection	October 21, 2003
151	The Apportionment of Dependents' Allowances	June 17, 2003
152	Injuries Arising out of Treatment and Other Appointments	February 1, 2004
153	Compensation Coverage for Volunteers	May 1, 2000
154	Legal Services for Rehabilitation Purposes	May 1, 2000
155	The Commutation of Pensions	May 1, 2000
156	The Review of Old Disability	June 17, 2003
157	Sexual Impotence	October 21, 2003
158	The Uses and Limitations of Sanctions in Industrial Health and Safety	October 21, 2003
159	The Consumer Price Index	May 1, 2000
160	The Calculation of Projected Loss of Earnings	May 1, 2000
161	Compensation Coverage for Volunteers	January 1, 2003
162	Personal Acts for an Employer	October 21, 2003

DECISION NO.	TITLE	RETIREMENT DATE
163	The Fishing Industry	January 1, 2003
164	Compensation for Hearing Loss	June 17, 2003
165	Compensation Coverage for Trainees	January 1, 2003
166	Adjustments According to the Consumer Price Index	May 1, 2000
167	Industrial Hygiene	June 17, 2003
168	The Disclosure of Information on Claim Files	May 1, 2000
169	An Employer or Independent Operator	January 1, 2003
170	The Fishing Industry	January 1, 2003
171	Allowances to Claimants	May 1, 2000
173	<i>The Criminal Injury Compensation Act</i>	October 21, 2003
174	Time for Appeals	May 1, 2000
175	The Reimbursement of Expenses	May 1, 2000
176	The Binding Effects of Medical Review Certificates	October 21, 2003
177	Medical Research	June 17, 2003
179	<i>The Criminal Injury Compensation Act</i>	October 21, 2003
180	Pollution	June 17, 2003
181	<i>The Criminal Injury Compensation Act</i>	October 21, 2003
183	An Employer or an Independent Operator	January 1, 2003
184	Application of the Dual System	May 1, 2000
185	Disability Assessment	October 21, 2003
186	Industrial Hygiene and Cominco Ltd.	June 17, 2003
187	The Fishing Industry	January 1, 2003