



WORKERS' COMPENSATION BOARD OF BC

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Update 2004 - 3

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 2004 - 2.

This amendment includes:

- New Preface.
- Updates to Hepatitis A terminology in policy items #26.03, *Recognition by Regulation of General Application*, and #32.60, *Preventive Measures and Exposures*.

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.

Margaret Eckenfelder
Vice President
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Attachments

Rehabilitation Services & Claims Manual, Volume II

SUMMARY OF AMENDMENTS – Update 2004 - 3

Preface		Updated.
Chapter 4	Pages 5 - 8	Policy item #26.03 Amended to reflect updated hepatitis terminology.
	Pages 67 - 70	Policy item #32.60 Amended to reflect updated hepatitis terminology.
Chapter 6	Pages 1 – 2	Policy item #36.10 Cross-reference correction.
Chapter 8	Pages 1 – 3	Item C8-53.00 Typographical correction.
Chapter 10	Pages 13 – 14	#75.30 Typographical correction.
Chapter 11	Page 3 of 3	C11-86.10 Cross-reference correction.

REHABILITATION SERVICES & CLAIMS MANUAL

PREFACE

Section 82 of the *Workers Compensation Act* provides that the Board of Directors of the Workers' Compensation Board must set and revise as necessary the policies of the Board of Directors, including policies respecting compensation, assessment, rehabilitation and occupational safety and health (or prevention).

The policies of the Board of Directors consist of:

- (a) The statements contained under the heading "Policy" in the *Assessment Manual*,
- (b) The statements contained under the heading "Policy" in the *Prevention Manual*,
- (c) The *Rehabilitation Services & Claims Manual*, Volume I and Volume II, except statements under the headings "Background" and "Practice" and explanatory material at the end of each Item appearing in the new manual format,
- (d) The *Classification and Rate List*, as approved annually by the Board of Directors,
- (e) *Workers' Compensation Reporter Decisions* No. 1 – 423 of Volumes 1 – 6 not retired prior to February 24, 2004;¹ and
- (f) Policy decisions of the former Governors and the former Panel of Administrators still in effect immediately before February 11, 2003,

as well as amendments to policy in the four policy manuals, any new or replacement manuals issued by the Board of Directors, any documents published by the Workers' Compensation Board that are adopted by the Board of Directors as policies of the Board of Directors, and all decisions of the Board of Directors declared to be policy decisions.

The *Manual* in which this preface appears (*Rehabilitation Services & Claims Manual*, Volume II) contains current Board policy with respect to the rehabilitation and compensation matters described in Chapter 1 of the *Manual*. It is used by Board staff in carrying out their responsibilities under the *Workers Compensation Act*. As new policy is developed and approved in this area, the *Manual* will be updated by issuing replacement pages.

¹ As of February 24, 2004, only five Decisions from Volumes 1 – 6 remain to be retired: Nos. 99, 225, 231, 271, and 343. These decisions will be addressed in the near future. An explanation of "retirement" and an index of "retired" Decisions are found in APPENDIX 1 to this *Manual*.

Chicken Pox
Cubital Tunnel Syndrome
Disablement from Vibrations
Emphysema
Epicondylitis (Lateral and Medial)
Food Poisoning
Giardia Lamblia Infestation
Head Lice (Pediculosis Capitis)
Heart Disease
Herpes Simplex
Hypothenar Hammer Syndrome
Hepatitis A
Legionellosis
Lyme Disease
Meningitis
Mononucleosis
Mumps
Plantar Fasciitis
Radial Tunnel Syndrome
Red Measles (Rubeola)
Ringworm
Rubella
Scabies
Shigellosis
Staphylococci Infections
Stenosing Tenovaginitis (Trigger Finger)
Streptococci Infections
Thoracic Outlet Syndrome
Toxoplasmosis
Typhoid
Vinyl Chloride Induced Raynaud's Phenomenon
Whooping Cough
Yersiniosis

It is important to distinguish between designation or recognition of an occupational disease under section 6(4.2) where a particular process, trade or occupation is specified or by regulation of general application, and the addition of a disease to Schedule B under section 6(4.1). Where the Board concludes that a disease is more likely to occur in connection with a particular employment covered by the *Act* than elsewhere, it may be added to Schedule B (see policy item #26.01). On the other hand, where the Board concludes that a disease is sometimes due to the nature of a particular employment covered by the *Act*, but it does not appear that the disease is more likely to occur in connection with that employment than elsewhere (it is not something specific to that employment), the Board may designate or recognize the disease under section 6(4.2) where a particular process, trade or occupation is specified, or by regulation of general

application without the rebuttable presumption afforded by inclusion in Schedule B.

Several of the above contagious diseases are not likely to be “. . . due to the nature of any employment in which the worker was employed . . .” except for hospital employees, or workers at other places of medical care.

The authority under the *Act* to designate or recognize a disease by regulation under sections 6(4.1) and 6(4.2) rests with the Board of Directors.

EFFECTIVE DATE: March 22, 2004, as to deletion of reference to “serum hepatitis” and “infectious hepatitis” and addition of “Hepatitis A”.

APPLICATION: To all decisions on or after March 22, 2004.

#26.04 Recognition by Order Dealing with a Specific Case

The lack of prior designation or recognition by the Board of a disease as an occupational disease by any of the means specified in policy items #26.01, #26.02, or #26.03, does not mean a claim for such disease will not be considered on its merits. Such disease may not have been previously designated or recognized due to weak or a complete absence of medical and scientific information which causally associates such disease with employment. If the merits and justice of an individual claim for such a disease warrant its recognition as an occupational disease, the Board may do so “by order dealing with a specific case” (section 1).

The effect of such an order is to accept the claim for compensation purposes without establishing an institutional memory for decision-makers or an expectation for others who may suffer from that disease that the disease may be due to the nature of some employment. In other words, the disease will be recognized as an occupational disease limited to the specific facts of that individual claim.

This allows an avenue of recognition for unique, meritorious, individual disease claims. As the Board repeatedly encounters such claims for a particular disease, it may determine that a higher level of designation or recognition is warranted for that disease.

A Board officer upon investigating an individual claim may find that the condition suffered by the worker is not one listed in the first column of Schedule B, nor is it one which has been previously designated or recognized by the Board as an occupational disease under section 6(4.2). If the Board officer concludes, after seeking appropriate input from both the worker (or their legal representative) and the employer (if a specific employer is identified) that the facts warrant

recognition of the worker's condition as an occupational disease, the Board officer will refer the claim with a recommendation to that effect to a panel made up of his or her Client Services Manager, (referred to in this section as the "Manager"), and a Board Medical Advisor (referred to in this section as the "Medical Advisor").

If, however, after seeking such input from the worker and employer, the Board officer concludes that the facts do not warrant recognition of the worker's condition as an occupational disease, the Board officer will disallow the claim without referring it to the panel, and will notify the worker and employer. This is a reviewable decision. The Board officer shall provide the Manager with a memorandum advising that the worker's condition is not one previously designated or recognized by the Board as an occupational disease, the nature of the condition, and the Board officer's decision to disallow the claim.

The Manager, upon receipt of a recommendation from the Board officer for recognition of the worker's condition as an occupational disease, and after considering and discussing the claim with the Medical Advisor and after completing any further investigations which he or she considers appropriate, will determine whether the condition reported is one which should be recognized by the Board as an occupational disease for the purposes of that claim. If so, he or she will make an order to that effect which is recorded on the claim. The Manager will keep a record of all such referrals under this section.

If, after considering a referral under this section, the Manager concludes that the reported condition might not be recognized as an occupational disease, the Manager will first advise the worker (or in the case of a deceased worker, their legal representative) and give him or her an opportunity to respond. A decision of the Manager not to recognize the condition as an occupational disease for the purposes of that claim is a reviewable decision.

Where the Manager makes an order to recognize the condition as an occupational disease for the purposes of that claim, the claim is returned to the Board officer who will determine all other relevant issues, including whether the worker is entitled to benefits provided for under the *Act*. The making of such an order by the Manager is a reviewable decision.

Where the Manager is not the Client Services Manager, Occupational Disease Services, he or she will ensure that the Client Services Manager, Occupational Disease Services is provided with written notice of any decisions under policy item #26.04.

The designation or recognition of an occupational disease by inclusion in Schedule B, under section 6(4.2), where a particular process, trade or occupation is specified, or by regulation of general application, does not preclude its recognition by order dealing with a specific case if it occurred prior to its designation or recognition by one of the other alternate methods.

EFFECTIVE DATE: March 3, 2003 (as to references to review)
APPLICATION: Not applicable.

#26.10 Suffers from an Occupational Disease

Part of the first requirement for compensability is that the worker suffers from, or in the case of a deceased worker the death was caused by, an occupational disease. Confirming the diagnosis of many occupational diseases may be difficult. This is particularly so for poisoning by some of the metals and compounds listed in Schedule B, the symptoms of which may be similar to the symptoms caused by common complaints that produce fatigue, nausea, headache and the like.

In one Board decision, a worker was advised by the attending physician that he was suffering from lead poisoning and should temporarily withdraw from work. The Board concurred with that advice. Laboratory testing done one month later led to a conclusion that initial tests had been wrong and that the worker never did have lead poisoning. The Board concluded that in these circumstances, where the worker acted reasonably in reliance on medical advice that the Board agreed with, the merits and justice of the claim warranted a conclusion that the worker was suffering from an occupational disease at the time in question even though in retrospect this was proven not to be the case. (2) The cost of compensation paid on a claim of this type is excluded from the employer's experience rating (see policy item #113.10).

#26.20 Establishing Work Causation

The fundamental requirement for a disease to be compensable under section 6(1) of the *Act* is that the disease suffered by the worker is "due to the nature of any employment in which the worker was employed whether under one or more employments".

There are two approaches to establishing work causation.

#26.21 *Schedule B Presumption*

Section 6(3) provides:

If the worker at or immediately before the date of the disablement was employed in a process or industry mentioned in the second column of Schedule B, and the disease contracted is the disease in the first column of the schedule set opposite to the description of the process, the disease is deemed to have been due to the nature of that employment unless the contrary is proved

- the Board received the application not later than March 13, 1992.

Section 55(3.3) allows the Board to reconsider any claims for bladder cancer that meet the requirements of section 55(3.2) and to pay compensation for any periods previously denied because of the wording of the earlier section 55 in effect since July 1, 1974. Sections 55(3.2) and (3.3) went into effect on August 26, 1994. If a claim for bladder cancer is filed after March 13, 1992, then the requirements of sections 55(2), (3), or (3.1) must be met before compensation can be paid.

EFFECTIVE DATE: March 3, 2003 (as to new wording of section 55(3.3))
APPLICATION: Not applicable.

#32.59 Discretion to Pay Compensation

As stated in policy item #93.22, even though special circumstances may have precluded the filing of the application within one year, the Board has discretion under section 55 whether or not to pay compensation. In exercising that discretion, the Board considers whether the time elapsed since the death or disability due to the occupational disease has prejudiced its ability to investigate the merits of the claim, including determining whether the worker was disabled from earning full wages at the work at which he or she was employed.

The Board considers the availability of evidence, such as:

- medical records about the worker's state of health at relevant times (cause of death in the case of a deceased worker)
- employment records that may document exposures to contaminants or hazardous processes, or periods of disability that may have been due to the occupational disease
- evidence from co-workers or others who may know about the worker's employment activities.

The Board will generally decide not to pay compensation if so much time has elapsed that it cannot reasonably obtain sufficient evidence to determine whether:

- the worker's disease was causally connected to the employment, or
- the worker was disabled by the disease when claimed.

A request for review by the Review Division can be made on a Board decision not to pay compensation.

Where a worker has experienced more than one period of disablement from the occupational disease for which the worker intends to claim, then each period of

disablement will have to be individually considered to determine if the requirements of section 55 are met with respect to that period.

EFFECTIVE DATE: March 3, 2003 (as to reference to Review Division)
APPLICATION: Not applicable.

#32.60 Preventive Measures and Exposures

Once the basic requirements of a claim for a compensable injury or occupational disease have been met, the Board can accept responsibility for reasonable preventive or curative measures which are a normal part of the treatment of the resulting condition. For example, if a nurse pricks his or her finger with a contaminated hypodermic needle, just used for injecting a patient suspected of having Hepatitis A, the Board will pay for a gamma globulin injection. This would be so even if the actual needle prick itself did not require treatment.

In order for an exposure to a disease or contaminant to be compensable, the worker must either sustain a personal injury or suffer from an occupational disease. An exposure which does not result in a personal injury or occupational disease does not meet the requirements of the *Act* in terms of compensability. Section 1 provides that "occupational disease" includes "*disablement* resulting from exposure to contamination" (emphasis added). No matter how appropriate it may be for a worker to be provided with prophylactic health care, particularly following an exposure to an infectious agent, the Board does not have the statutory authority to pay for such health care where the worker has not sustained a personal injury or is suffering from an occupational disease, even if the exposure places the worker at risk for developing an occupational disease.

In the event of such an exposure, any medical or other expenses that the worker may incur to prevent the onset of an injury or disease must remain the responsibility of the worker or the employer. For example, the Board would not pay for a measles vaccine for a nurse who came in contact with a patient who had that disease. In those circumstances, the nurse has not sustained either a personal injury nor an occupational disease. In one case, a laboratory assistant accidentally spilled over a hand blood from a patient infected with hepatitis. The worker already had an infected hangnail on that hand. The Board could not accept responsibility for the subsequent treatment with gamma globulin as there was no evidence of the worker suffering an injury or occupational disease. The treatment was for the purpose of preventing the onset of a disease.

It may help to further illustrate these principles. The Board would not pay for preventive health care benefits with respect to the following exposures (unless an occupational disease results):

- an ambulance attendant who has the blood of a suspected Hepatitis B carrier splashed onto a hand which had pre-existing cuts from gardening at home;

- a pipefitter who unknowingly works in an area containing asbestos insulation.

The Board would pay for reasonable health care benefits with respect to the following occupational exposures:

- a lab technician who in the course of employment cuts a finger on the sharp edge of a broken specimen bottle;
- a teacher who contracts ringworm at the time of an outbreak of this disease in the classroom.

No compensation is payable to a worker who withdraws from work or changes employment as a result of the worker believing (no matter how well-founded that belief may be) that further exposure to the conditions at work would create a risk of causing an injury or disease which does not yet exist. This is so even if the belief is based on information which comes from the Board itself.

For injuries on or after June 30, 2002, temporary total or temporary partial disability benefits are payable for a compensable occupational disease until any temporary disability terminates or until the worker's symptoms become stabilized or until the worker reaches retirement age as determined by the Board. Such benefits are not payable to a worker who remains off work or who changes employment to prevent a reoccurrence of an occupational disease that has resolved, or to prevent an aggravation, activation, or acceleration of an occupational disease which has stabilized or plateaued. However, vocational rehabilitation assistance may be provided to a worker in this situation (see Item C11-88.80). Where the worker is left with a permanent impairment, the worker may be entitled to a permanent disability award.

EFFECTIVE DATE: March 22, 2004, as to deletion of reference to "infectious hepatitis" and substitution of "Hepatitis A."
APPLICATION: To all decisions on or after March 22, 2004.

#32.80 Federal Government Employees

The rights of employees of the Federal Government to compensation for occupational disease are set out in section 4 of the *Government Employees Compensation Act*. This provides that an employee who . . . is disabled by reason of an industrial disease due to the nature of the employment; and . . . the dependants of an employee whose death results from such . . . industrial disease . . . are, notwithstanding the nature or class of such 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. Section 4(4) of this *Act* applies a similar provision to railway employees of the Federal Government.

The meaning of “employee” is discussed in policy item #8.10. The place where an employee is usually employed is discussed in policy item #24.00.

#32.85 *Meaning of “Industrial Disease” under Government Employees Compensation Act*

“Industrial Disease” is defined in section 2 to mean “any disease in respect of which compensation is payable under the law of the province where the employee is usually employed respecting compensation for workmen and the dependents of deceased workmen”.

Any employee who is disabled by reason of any disease that is not an occupational disease but is due to the nature of the employment and peculiar to or characteristic of the particular process, trade or occupation in which the employee is employed at the time the disease was contracted (17) and the dependants of a deceased employee whose death is caused by reason of such a disease, are entitled to receive compensation at the same rate as they would be entitled to receive under the *Government Employees Compensation Act* if the disease were an occupational disease, and the right to and the amount of such compensation is determined by the same board, officers or authorities and in the same manner as if the disease were an occupational disease.

CHAPTER 6

PERMANENT DISABILITY AWARDS

#36.00 INTRODUCTION

Permanent disability awards are made when a worker fails to completely recover from a work-related injury or occupational disease, but is left with a permanent residual disability. They commence at the point when the worker's temporary disability under the claim ceases and the condition stabilizes. They may be total (section 22) or partial (section 23).

Permanent disability awards are calculated on the basis of a worker's long term "average net earnings". The computation of long term average net earnings is dealt with in Chapter 9.

#36.10 Transitional Provisions for Permanent Disability Awards (see Chapter 1, policy item #1.03)

#36.20 Canada Pension Plan Disability Benefits

Section 34(2) of the *Act* provides:

Subject to sections 7(4.1), 22(2) and 23(4), the Board must deduct, from the amount of a periodic payment of compensation paid to a worker under section 22(1) or 23(1) or (3) for an injury, an amount equal to 50% of any disability benefit that the worker is paid in respect of the injury under the *Canada Pension Plan*.

The Board deducts applicable Canada Pension Plan ("CPP") disability benefits from a worker's permanent disability award where the injury occurs on or after June 30, 2002. Where a worker was injured before June 30, 2002 and the permanent disability first occurred on or after June 30, 2002, CPP disability benefits paid to the worker for the same injury will not be deducted from the worker's permanent disability award.

Where a worker is paid CPP disability benefits for his or her dependent children, the Board does not deduct CPP disability child benefits from the worker's permanent disability award.

#36.21 Confirmation of CPP Disability Payments

The Board will advise a worker of the legislative requirement that CPP disability benefits be deducted from the worker's permanent disability award. To ensure that only the portion of CPP disability benefits related to the injury is deducted from a worker's permanent disability award, the Board needs information from Human Resources Development Canada confirming that the worker is receiving CPP disability benefits, the effective dates (start and end dates), the medical condition(s) for which CPP disability benefits are being paid and benefit amount. Workers are responsible for providing CPP information to the Board.

The worker's obligation to provide information to the Board to administer the claim is discussed in policy item #93.26.

The Board will also advise a worker of the obligation to provide necessary CPP information and the consequences of failing to comply. If a worker fails to provide the necessary CPP information, the Board may reduce or suspend the worker's permanent disability periodic payments as discussed in policy item #93.26.

#36.22 Determination of the Amount of a CPP Disability Benefit that is Attributed to the Compensable Work Injury

CPP disability benefit entitlement is based on total disablement which may encompass a work injury, other disabling conditions or a combination of both.

When a worker is disabled because of the work injury and there is evidence that leads the Board to determine that the disability benefits being issued under CPP are only related to the injury, 50% of the entire CPP disability benefits paid to the worker will be deducted from the worker's permanent disability award payable by the Board.

Where a worker is disabled because of the work injury and it is unclear what amount of CPP disability benefits is attributable to the compensable work injury, the amount of the CPP disability benefits attributable to the compensable work injury is determined as follows:

- Where the permanent disability award is calculated under the section 23(1) method of assessment, the amount of the CPP disability benefits attributable to the injury is determined by using the same proportion to the total CPP disability benefits as the worker's assessed percentage of disability using the section 23(1) method. The Board deducts 50% of the calculated amount from the worker's permanent disability award

**RE: Compensation on the Death of a Worker
Definitions - Meaning of "Dependant"
and Presumptions of Dependency**

ITEM: C8-53.00

BACKGROUND

1. Explanatory Notes

This policy describes who is a "dependant" for the purposes of compensation as a result of a worker's death. It also describes the circumstances where it is presumed, without further investigation, that a spouse or child was a dependant of a worker at the date of the worker's death.

2. The Act

Section 1:

"dependant" means a member of the family of a worker who was wholly or partly dependent on the worker's earnings at the time of the worker's death, or who but for the incapacity due to the accident would have been so dependent, and, except in section 17(3)(a) to (h), (9) and (13), includes a spouse, parent or child who satisfies the Board that he or she had a reasonable expectation of pecuniary benefit from the continuation of the life of the deceased worker.

"member of family" means wife, husband, father, mother, grandfather, grandmother, stepfather, stepmother, son, daughter, grandson, granddaughter, stepson, stepdaughter, brother, sister, half brother and half sister and a person who stood in loco parentis to the worker or to whom the worker stood in loco parentis, whether related to the worker by consanguinity or not.

Section 17(7):

Where 2 workers are married to each other and both are contributing to the support of a common household, each is deemed to be a dependant of the other.

Section 17(8):

Where 2 parents contribute to the support of a common household at which their children also reside, the children are deemed to be dependants of the parent whose death is compensable under this Part.

POLICY

1. Meaning of Dependant

The term “dependant” means a member of a worker’s family who was wholly or partly dependent on the worker’s earnings at the time of the worker’s death, or who but for the incapacity due to the accident would have been so dependent. In certain limited situations, as discussed in Item C8-56.70, the term also includes a spouse, parent or child who satisfies the Board that he or she had a reasonable expectation of pecuniary benefit from the worker if the worker had not died.

Section 1 of the *Act* defines who are the members of a worker’s family.

Only the members of a worker’s family may be found to be the worker’s dependants. Thus, a former husband or wife does not qualify as a dependant of a deceased worker because he or she is not considered a member of the worker’s family under the *Act*.

Dependency does not exist simply because the claimant is a member of the worker’s family. There must be evidence that, at the time of the worker’s death, the claimant was actually wholly or partly dependent on the worker’s earnings.

Except in respect of the provision discussed in Item C8-56.70, a reasonable expectation of pecuniary benefit from the continuation of the life of the worker is not itself sufficient to constitute dependency.

The above principles also apply where the claimant is a child. In the case of a child who was unborn at the date of the worker’s death, once paternity is established, the fact that the worker would have been under an obligation to support the child is evidence to warrant an inference that that person would have supported the child, and should be accepted as proof of dependency unless it is controverted by evidence to the contrary. If it is found that the worker was supporting the mother at the time of death, that is also evidence from which an inference may be drawn that that person would have supported the child.

Dependency is determined at the date of death. Changes of circumstances after the death, for instance, the marriage of a child, do not affect the status of a person as a dependant.

2. Presumptions of Dependency

Where two workers are married to each other and both are contributing to the support of a common household, each is deemed to be a dependant of the other.

Where two parents contribute to the support of a common household at which their children also reside, the children are deemed to be dependants of the parent whose death is compensable.

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For a common household to exist it is not necessary that there be a constant 24-hour-a-day presence by both parties in the house. There are many reasons why one party to a marriage would leave the house for different periods which would not affect the existence of the common household. However, this only applies when the absences are consistent with the normal continuation of the marriage. The common household will come to an end when there is some kind of separation of the parties which brings into question the continued existence of the marriage. For example, if one party deserts the other or, because of difficulties in the marital relationship, a separation agreement or court order comes into being.

A prospect of reconciliation is not sufficient to establish that a common household existed. This might indicate a possibility of the common household again coming into existence at a future time, but does not alter the fact that there was no such household in existence at the time of the worker's death.

PRACTICE

For any relevant PRACTICE information, readers should consult the Rehabilitation and Compensation Services Division's Practice Directives available on the WCB website.

EFFECTIVE DATE:	December 31, 2003
AUTHORITY:	Sections 1, 17(7) and 17(8) of the <i>Act</i> .
CROSS REFERENCES:	Compensation on the Death of a Worker – Calculation of Compensation – Persons with a Reasonable Expectation of Pecuniary Benefit (Item C8-56.70) of the <i>Rehabilitation Services & Claims Manual</i> , Volume II.
HISTORY:	Replaces policy items #54.00 and #54.10 of the <i>Rehabilitation Services & Claims Manual</i> , Volume II. A typographical correction was made on March 22, 2004.
APPLICATION:	This Item applies to the death of a worker on or after December 31, 2003.

If approval for concurrent treatment is denied, in those cases where medical reports have been submitted within a reasonable time, corresponding health care benefit accounts will be paid to the date of the written notification.

#75.00 HEALTH CARE RENDERED BY PERSONS OTHER THAN PHYSICIANS OR QUALIFIED PRACTITIONERS

Persons other than physicians or qualified practitioners may be authorized to render health care, for example, optometrists, dental mechanics, nurses and physiotherapists.

#75.10 Physiotherapists

Physiotherapists, who are members in good standing of the Canadian Physiotherapy Association or the British Columbia Association of Physiotherapists in Private Practice, may provide injured workers the specific types of treatment they are authorized by statute to render.

#75.12 *Physiotherapy Given Privately*

The following policy guidelines now apply for all Workers' Compensation Board workers with the exception of paraplegics and quadriplegics.

1. Physiotherapy prescribed by the attending physician may be continued up to a maximum of **eight weeks** per case.
2. Such physiotherapy treatment shall not exceed one treatment per day.
3. Such physiotherapy shall be rendered by a chartered or registered physiotherapist.
4. The attending physician and the physiotherapist are required to be in communication regarding treatment progress.
5. In cases where the attending physician considers that physiotherapy should continue beyond eight weeks, prior authorization must be obtained from a Board Medical Advisor. This may be done by writing or telephoning the Board. At the time the authorization is given, the period of additional treatment will be specified (up to a maximum of eight weeks additional).
6. Where it is not feasible for the attending physician to obtain prior authorization, the request shall be submitted by the attending physiotherapist.

7. The physiotherapist may also communicate with the Board concerning patient progress. Such communication may be in the form of a letter or copies of progress reports sent to the physician.
6. Any case requiring physiotherapy treatment in excess of 16 weeks total accumulative amount shall be referred to the appropriate Board Medical Advisor/Consultant for consideration of approval to continue beyond this interval.

#75.20 Nursing Services

For seriously ill or injured workers who need additional nursing service, the necessary nursing service is determined and provided by the hospital. The Board is not responsible for payment of special duty nursing fees. If the worker or the worker's family desire to have a special nurse in attendance, the cost of employing such special nursing should be met by the worker. If the condition requires additional nursing service, the physician should indicate to the hospital the service necessary and discuss with the hospital any question about these requirements as this matter is outside the jurisdiction of the Board.

Temporary home nursing care is covered where it is specifically required because of the nature of the compensable medical condition. Where care is required permanently, the costs are covered under a personal care allowance (see policy item #80.00).

When a registered nurse is required as nursing escort during emergency transportation, Registered Nurses Association fees will be paid, as well as the nurse's expenses.

Reports received from Canadian Red Cross Society Outpost Hospital nurses can be accepted in lieu of medical reports if there is no physician in the immediate area.

#75.30 Dental Mechanics

The fees paid to Dental Mechanics cover such necessary reports as the Board may require.

Reports submitted should state clearly the exact extent of dental damage occasioned by the accident, the method of restoration and the fee therefore itemized according to the schedule.

#75.40 Health Spas and Public Swimming Pools

The costs of using spas, public swimming pools or other exercise programs that are not provided by a recognized health care professional are not recognized by the Board as a health care benefit cost.

- (e) vision/hearing problems.

Out of Province Referrals

Rehabilitation services requested of, or by, other Canadian Boards and Commissions are coordinated through reciprocal inter-jurisdictional agreement.

PRACTICE

For any relevant PRACTICE information, readers should consult the Rehabilitation and Compensation Services Division's Practice Directives available on the WCB website.

EFFECTIVE DATE:	March 3, 2003
AUTHORITY:	Section 16 of the <i>Act</i> .
CROSS REFERENCES:	ss. 21, 22, 23, 24 and 30 of the <i>Act</i> ; and Procedure for Determining Whether Worker is Temporary Partially Disabled (policy item #35.11), Section 23(3) Assessment Formula (policy item #40.10), Suitable Occupation (policy item #40.12), Decision-Making Procedures (policy item #45.50), Review of Old Pensions under Section 24 (policy item #46.00), Personal Care Expenses or Allowances (policy item #80.00), Independence and Home Maintenance Allowance (policy item #81.00), Homemakers Services (policy item #84A.00), Vocational Rehabilitation - Eligibility Criteria (Item C11-86.00), Vocational Rehabilitation - Employability Assessments – Temporary Partial Disability and Permanent Partial Disability (Item C11-89.00), and Retirement Benefits - Retirement Services and Personal Supports (Item C18-116.30) of the <i>Rehabilitation Services & Claims Manual</i> , Volume II.
HISTORY:	Replaces policy items, #86.10, #86.11, #86.12, #86.50, #86.60, and #86.80 of the <i>Rehabilitation Services & Claims Manual</i> , Volume II. The effective date of this Item was November 1, 2002. Effective March 3, 2003, the policy in this Item was amended to remove the reference to a review of a section 23(3) permanent partial disability award, consequential to the <i>Workers Compensation Amendment Act (No. 2), 2002</i> .
APPLICATION:	To decisions made on or after November 1, 2002 on claims adjudicated under the <i>Act</i> , as amended by the <i>Workers Compensation Amendment Act, 2002</i> .

