

DISCUSSION PAPER

1. TITLE

Preventive Measures for Infectious Diseases

2. ISSUE

Preventive measures primarily include post-exposure prophylaxis (“PEP”), such as medications, required to preserve health and prevent the onset of disease following occupational exposure to an infectious disease.¹

Under current policy, WorkSafeBC (“WCB”) only provides preventive measures if the exposure occurs as a direct consequence of an objectively verifiable personal trauma (i.e. a percutaneous injury²). Policy suggests that the WCB does not have authority to provide preventive measures if the exposure is not accompanied by such an obvious physical trauma, unless the exposure has caused the onset of an occupational disease.

For example, under current policy, the WCB may provide PEP to an attending nurse who is exposed to human immunodeficiency virus (“HIV”) as a result of a needle-stick from a needle just used on an HIV-positive patient. However, current policy would not provide preventive measures if the nurse is exposed to HIV as a result of HIV-positive blood splashing into an open wound she suffered at home earlier in the day.

At issue is whether to amend policy to provide compensation following occupational exposure to an infectious disease, in the absence of an objectively verifiable personal trauma, before the worker’s infectious status can be conclusively determined; and if so, in what circumstances.

3. GOAL IN ADDRESSING ISSUE

The goal of this project is to ensure appropriate compensation is provided to workers following occupational exposure to infectious diseases, and to clarify policy so that it can be effectively implemented in practice.

¹ *Rehabilitation Services & Claims Manual*, Vol. II (“RS&CM”), policy item #32.60: *Preventive Measures*.

² Percutaneous means effected, occurring or performed through the skin; for example, a needle-stick injury.

4. DECISION REQUESTED

The Policy and Research Division (“PRD”) seeks approval to consult with stakeholders on the options and draft policy outlined in this submission.

5. BACKGROUND

5.1 Law and Policy

Personal injury is not defined in the *Workers Compensation Act* (“Act”). However, policy provides the following definition:³

“Personal injury” is defined as any physiological change arising from some cause, for example, a limitation in movement of the back or restriction in the use of a limb. It is not confined to injuries which are readily and objectively verifiable by their outward signs, e.g. breaks in the skin ... It includes, for example, strains and sprains.

It is not necessary for a worker to be disabled from work in order to have a compensable personal injury and be entitled to health care benefits.

However, current policy on preventive measures suggests that the WCB can only provide PEP following occupational exposure to an infectious disease where the exposure occurred as a compensable consequence of an objectively verifiable personal trauma.⁴ If the exposure did not result from such a trauma, the exposed worker is not eligible for compensation unless the worker develops an occupational disease.

The only exception is if an employer compels a worker to take PEP in the form of an inoculation or injection and the worker suffers an adverse reaction. Here the worker is eligible for compensation in respect of that adverse reaction regardless of how the exposure occurred.⁵

5.2 Practice

In 1998, Occupational Disease Services (“ODS”) developed the *ODS Procedure Directive Regarding Claims for Exposure to HIV and AIDS* (“*ODS HIV/AIDS Procedure*”) as an interim directive for the adjudication of HIV and acquired immunodeficiency syndrome (“AIDS”) exposure claims, until a comprehensive review of policy on preventive measures, including exposures to other infectious diseases, could be completed.

³ RS&CM policy item #13.00: *Personal Injury*.

⁴ See RS&CM policy item #22.00: *Compensable Consequences of Work Injuries*.

⁵ RS&CM policy item #19.41: *Adverse Reactions to Inoculations or Injections*.

The *ODS HIV/AIDS Procedure* states [emphasis added]:

Where workers, while in the course of their employment, come in contact with potentially infected blood or other body fluids via mucous membrane (eye/nose/mouth) or non-intact skin, *such exposure will be accepted as sufficient evidence that a personal injury has occurred* provided the exposure is classified as a “higher” or “moderate” risk under the Centre for Excellence’s post-exposure management protocol.

Percutaneous injuries such as a needle stick are already accepted by the WCB to be personal injuries per Section 5(1) of the *Act*.

The *ODS HIV/AIDS Procedure* is consistent with policy insofar as it recognizes that exposure to HIV/AIDS can be a compensable consequence of a percutaneous injury. However, the *ODS HIV/AIDS Procedure* provides that an objectively identifiable physical trauma is not necessary for entitlement. Where PEP is recommended under the BC Centre for Excellence in HIV/AIDS *Accidental Exposure Guidelines* (“*Guidelines*”) following a mucous membrane or non-intact skin exposure, that exposure is itself compensable. The *ODS HIV/AIDS Procedure* does not extend to possible exposures to other diseases, such as hepatitis B (“HBV”).

Health care providers (usually emergency room physicians or nurses) determine whether to recommend PEP by applying the *Guidelines* to weigh the risk of HIV infection, which is frequently extremely small, against the risk of taking HIV-PEP, which is significant.

The risk of HIV transmission is assessed by considering details about the mechanism and amount of exposure such as:

- the material by which exposure occurred (e.g. saliva);
- the infectious status of the source (e.g. advanced stage AIDS);
- the means of exposure (e.g. via mucous membrane); and
- the duration of exposure (e.g. several minutes).

The risks of having an adverse reaction to HIV PEP are summarized in the *Guidelines* as follows:⁶

- Minor adverse reactions e.g. nausea, fatigue, etc. (70% of patients).

⁶ *Guidelines*, as of October 2006 at p. 15. Most of the statistics are based on the use of two drugs and the adverse effects of three drugs may be higher. Currently three drugs are provided under the *Guidelines*.

- Serious reactions e.g. unable to work for the month of therapy (30 – 60% of patients). This risk is probably lower with newer drugs.
- Long term adverse effects (poorly defined) 1:5,000.
- Risk of death is unknown but we would estimate that the risk of dying is 1:15,000 to 1:150,000. With three drugs without good follow-up, it may actually be higher.

Where the risk of HIV transmission is extremely small, PEP is not recommended under the *Guidelines*, and as a result, the exposure is not compensable under the *ODS HIV/AIDS Procedure*.⁷

5.3 Occupational Health and Safety Regulation (“OHSR”)

The *OHSR* includes provisions for medical evaluation and treatment of workers exposed to hepatitis B or other bloodborne pathogens. It states:⁸

(1) A worker potentially exposed to hepatitis B virus or another bloodborne pathogen in an exposure incident must be advised to seek a medical evaluation at the time of the incident.

(2) The medical evaluation must be based on an assessment of the risks associated with the incident, and subsequent post-exposure health management must be provided as necessary.

This portion of the regulation is currently under review as part of the 2007 *OHSR* review.

5.4 Appeal Decisions

There are few appeal decisions on the issue of entitlement to preventive measures following an exposure that is not a compensable consequence of an objectively identifiable physical trauma. However, some notable decisions are summarized below.

In a decision of the former Commissioners,⁹ a worker claimed wage loss following lead exposure, even though he did not suffer from “lead poisoning”. The Commissioners specifically rejected arguments in favour of the WCB paying compensation for a level of contamination not immediately dangerous to health.

⁷ Where HIV PEP is not recommended under the *Guidelines* and is therefore not covered under the provincial medical services plan or WCB coverage, if applicable, it is still possible for an individual to purchase an HIV PEP kit from a pharmacy.

⁸ Regulation 6.40.

⁹ Decision No. 3: *Re a Claim for Industrial Disease* (1973), 1 W.C.R. 11.

This case has been cited for the proposition that “the Board will not pay compensation for prevention”.¹⁰

In 2001, a three member panel of the former Appeal Division considered an appeal by a nurse claiming compensation for PEP, and consequential wage loss, after she used an ungloved hand to control the bleeding of an HIV-positive patient.¹¹ The worker’s claim was initially denied on the basis that the exposure was to intact skin, as per hospital emergency room reports, and therefore was not covered under the *ODS HIV/AIDS Procedure*.

However, the panel considered that the disease in question was potentially fatal, the worker was exposed to a large amount of blood, the amount of the virus in the blood would have been high because the patient had advanced AIDS, and it was possible the worker had paper cuts and her nail beds were often not intact because of eczema. PEP was recommended by the worker’s physician and an expert at the BC Centre for Excellence in HIV/AIDS. The panel considered that the WCB’s policy in this area was under development and should not be applied to preclude acceptance of the worker’s claim. Her exposure was found to be a compensable.

In a more recent appeal decision involving a bus driver exposed to unidentified white powder, policy on preventive measures was applied to disallow a claim on the basis that there was no personal injury or occupational disease.¹²

5.5 Claims Information

Because effective PEP is not available for many diseases (e.g. hepatitis C¹³), and many diseases can be detected very quickly following exposure and can therefore be adjudicated as occupational disease claims (e.g. tuberculosis), the category of claims at issue is primarily claims arising from exposure to HIV/AIDS¹⁴ and exposure to HBV.¹⁵ However, new categories of relevant claims may emerge; such as claims following exposure to diseases like the Avian Flu, if effective PEP is developed.

HIV/AIDS Claims

The WCB does not keep statistics on the number of HIV/AIDS exposure claims according to whether they are accepted under the *HIV/AIDS Procedure* or as a

¹⁰ Appeal Division Reference #00-1060.

¹¹ Appeal Division Reference #2001-0264.

¹² WCAT-2004-06735-RB.

¹³ “Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis,” CDC MMWR, *Recommendations and Reports*, June 29, 2001 / 50(RR11);1-42.

¹⁴ It usually takes 3 to 6 months to detect whether an exposure resulted in HIV infection (see BC Health Guide at <http://www.bchealthguide.org/healthfiles/hfile08m.stm#05>).

¹⁵ It usually takes 2 to 3 months to detect whether an exposure resulted in HBV infection (see BC Health Guide at <http://www.bchealthguide.org/healthfiles/hfile25a.stm>).

compensable consequence of a percutaneous injury. However, the following information provides a sense of the volume and costs involved for HIV/AIDS exposure claims generally:

- The average cost per claim is approximately \$2,200.¹⁶
- The number of HIV/AIDS exposure claims is on the decline from 430 in 1999 to 58 in 2005. This decline is largely attributed to scientific developments about HIV transmission and consequential changes to the *Guidelines* in 2000 that refined the circumstances in which PEP is recommended.
- To date, one worker with a claim for HIV/AIDS exposure has converted to HIV-positive status.

HBV Claims

Like HIV, HBV can be transmitted when a worker is exposed to HBV-positive bodily fluids via a percutaneous injury, or mucous membrane or non-intact skin.¹⁷ Blood is the major source of HBV virus in the workplace; however, it can also be found in other bodily fluids and tissues, but in much lower concentrations. The risk of transmission varies according to the specific source. Given that HBV can cause cirrhosis of the liver and eventually liver cancer, HBV may have life-threatening health consequences.

Currently, the WCB does not generally provide compensation for HBV exposures that do not occur as a compensable consequence of an objectively verifiable physical trauma. Statistics are not available on the number of claims where the only cost is HBV-PEP. However, the cost of HBV-PEP is approximately \$125 per claim.

The side effects of HBV-PEP are mild and occur rarely.¹⁸ They include soreness, redness and stiffness of the muscles around the injection site, lasting for several hours. A mild fever or feeling unwell may also occur, and there is a risk of allergic reaction. Given the relatively low risk of an adverse reaction to HBV-PEP, there is less potential for wage loss claims to flow from compensable HBV exposures as compared to HIV/AIDS exposures. The WCB has not paid wage loss on a claim resulting from HBV exposure since 1990.¹⁹

¹⁶ This figure is based on ODS statistics for 1997, 1998, 1999 and 2001, and includes wage loss (average of 8.3 days per claim), miscellaneous health care expenses, and amounts the BC Centre for Excellence charged the WCB for administration of HIV PEP in 2005 (\$1437 per claim).

¹⁷ See Canadian Centre for Occupational Health and Safety, *OHS Answers* at http://www.ccohs.ca/oshanswers/diseases/hepatitis_b.html.

¹⁸ See <http://www.bchealthguide.org/healthfiles/hfile25b.stm>.

¹⁹ Based on WCB statistics for the years 1981-2005.

6. DISCUSSION

It is open for policy to provide that, in certain circumstances, a worker who has been exposed to an infectious disease is entitled to compensation, even in the absence of an objectively verifiable physical trauma and before the worker's infectious status can be conclusively determined. Therefore, it is possible that current policy on preventive measures unduly restricts coverage.

The 1999 Royal Commission on Workers' Compensation in British Columbia supported expanding coverage for preventive measures. Its final report states:²⁰

...the commission noted that the system currently restricts payment for preventative or curative measures...

This seems clearly at odds with the board's prevention mandate, as well as contrary to the principle that workers should not be called on to bear costs associated with workplace injuries. It also seems generally counter-productive in that the Board may end up paying substantial compensation for conditions which could have been prevented altogether by minimal expenditures on preventative measures. Where a work related incident places a worker at risk of injury or disease, the commission considers it appropriate that the Board should pay for reasonable health care measures aimed at eliminating or reducing that risk.

Compensation in the absence of an objectively verifiable physical trauma, before the worker's infectious status is known, is only required where: the exposure presents a high risk of disease transmission, the disease has a long incubation period, and PEP is available and medically recommended to prevent or mitigate the effects of the exposure.

If there is no available PEP and no objectively identifiable physical trauma, any claim by the worker in respect of the exposure may be adjudicated as an occupational disease claim once the worker's infectious status is confirmed.

For an exposure to be compensable, it must arise out of and in the course of employment, as required by the *Act*. However, the BOD has discretion to further define the circumstances in which an exposure is compensable by specifying additional prerequisites to entitlement, such as:

- objective evidence of exposure;
- a moderate to high risk of the worker developing a disease with health consequences that are so serious it may be life-threatening; and

²⁰ For the Common Good, Vol. 2, Chapter 4, pp. 33-34.

- an urgent need for PEP even though conclusive evidence of the worker's infectious status is not immediately available.

Medical evidence would be required to determine the risk of a worker developing a disease and the necessity of PEP on a case-by-case basis. With regards to HIV/AIDS claims, it is generally an emergency room physician or nurse who makes this determination based on the *Guidelines*.

Making these circumstances prerequisites to entitlement following an exposure, in the absence of an objective physical trauma and before the worker's infectious status can be conclusively determined, would mitigate the risks associated with providing unnecessary PEP, and would cover mucous membrane or non-intact skin exposures to HIV or HBV. Exposures to other diseases with health consequences that are so serious they may be life-threatening may also be covered as new diseases emerge and additional effective forms of PEP are developed.

If an exposure is compensable, the exposed worker would be entitled to PEP and other reasonably necessary health care,²¹ as well as wage loss for any disability that may occur as a consequence of PEP.

7. OTHER JURISDICTIONS

Generally, U.S. courts appear to have taken the view that where there is objective evidence that a worker has been exposed to a contagious, potentially life threatening disease, the exposed worker is entitled to compensation under workers' compensation legislation.²²

Many Canadian jurisdictions²³ do not have specific practice, policy or legislative provisions that address compensation for preventive measures. However, Ontario, Alberta, Saskatchewan and Quebec do have relevant provisions.

In Ontario, the legislated definition of occupational disease includes a medical condition that in the opinion of the Board, requires a worker to be removed either temporarily or permanently from exposure to a substance because the condition may be a precursor to an occupational disease. Ontario also has policies that provide for a worker to receive PEP following exposure to rabies and exposure to HIV. The policy on exposure to HIV is similar to the *ODS HIV/AIDS Procedure* in that it provides benefits for PEP where there is a percutaneous, mucous membrane or non-intact skin exposure to material known to be infective for HIV.

²¹ Act section 21(1).

²² *Larson's Workers' Compensation Law*, Release No. 97, December 2006 (Lexis Nexis) at Part 6, Ch. 55, §55.02; *K-Mart v. Evenson*, (2000), 167 Ore. App. 46, 1 P.3d 477 (C.A.); *Doe v. City of Stamford* (1997), 241 Conn. 692; 699 A.2d 52 (S.C.); *Frey v. Gunston Animal Hosp.* (2002) 39 Va. App. 414; 573 S.E.2d 307 (C.A.).

²³ Manitoba, Northwest Territories, Nunavut, Yukon, Nova Scotia, New Brunswick, Newfoundland and Prince Edward Island.

It also suggests benefits may be paid on a case-by-case basis where the HIV status of the source is unknown, when a significant amount of blood is involved and the source is at high risk of being HIV-infected.

In practice, Alberta provides compensation when there is an accident with a reasonable probability of injury, such as a splash of contaminated fluids into eyes, mouth, or open skin when a physician has determined the risk is high enough to warrant PEP.

In Saskatchewan, legislation defines “injury” as including a disabling or potentially disabling condition caused by an occupational disease. Exposure to HIV is accepted as falling within this definition of injury, and the cost of PEP is provided where the attending physician deems the treatment appropriate.

Quebec has policy dealing with the compensability of a claim for care and treatment prescribed following occupational exposure to biological fluids. Where a worker has an exposure at work, and the attending physician assesses that there is a risk of infection with HIV, HBV or hepatitis C and prescribes PEP, the worker’s claim is accepted.

Neither Australia nor New Zealand has specific provisions to address compensation for preventive measures in legislation or policy. However, in South Africa, employers are required to provide immediately necessary PEP as an extension of their duty to minimize the risk of injuries and disease in the workplace. If a personal injury or occupational disease claim is subsequently accepted, workers’ compensation coverage would be provided in respect of further preventive measures.

8. OPTIONS AND IMPLICATIONS

Option 1: Status quo

Under this option, the WCB would only provide compensation for preventive measures following exposures to infectious agents that occur as a compensable consequence of an objectively verifiable physical trauma, such as a needle-stick injury, unless the exposure has caused the onset of an occupational disease.

Implications

- Policy on preventive measures might be considered to be unduly restrictive.
- ODS would not have authority to continue its interim procedure for adjudicating HIV exposure claims under the *ODS HIV/AIDS Procedure*.
- Workers would perceive discontinuation of the procedure under the *ODS HIV/AIDS Procedure* as a reduction in benefits.

- Workers exposed to similar risks would receive different compensation depending on how the exposure occurred.
- Lower short-term health care costs but potentially higher long-term compensation costs if more workers go on to develop diseases with health consequences that are so serious they may be life-threatening.

Option 2: Amend policy to recognize an exposure to an infectious disease as compensable itself, in certain circumstances

Under this option, a new policy would be added to Chapter 3 of the *RS&CM* dealing with infectious disease exposures and current policy on preventive measures in Chapter 4 would be deleted.

The new policy would provide that a worker who has been exposed to an infectious disease is entitled to compensation where there is objective evidence of exposure, a moderate to high risk that the worker will develop a disease with potentially life-threatening health consequences, and an urgent need for PEP even though conclusive evidence of the worker's infectious status is not immediately available. Policy would also confirm that adverse reactions to PEP are adjudicated in accordance with policy on compensable consequences of work injuries.

Draft policy amendments pursuant to this option are attached as Appendix A.

Implications

- Policy would cover situations of blood splashes or non-intact skin and mucous membrane exposure.
- Workers exposed to similar risks would be treated similarly regardless of how the exposure occurred and the type of infectious disease to which they are exposed.
- The onset of serious diseases might be prevented.
- Higher short-term health care costs²⁴ but potentially lower long-term compensation costs might result if the onset of diseases with health consequences that are so serious they may be life-threatening is prevented.
- Policy would, in effect, be consistent with the procedure for adjudicating claims under the *ODS HIV/AIDS Procedure*; therefore, the volume of compensable HIV/AIDS claims and associated costs would not change.

²⁴ Health care costs are paid out of the Accident Fund and do not effect an employer's experience rating.

- WCB coverage for exposures occurring in the absence of an objectively identifiable physical trauma would be expanded from HIV/AIDS exposures to include exposures to HBV and other diseases with health consequences that are so serious they may be life-threatening, for which effective PEP is available.
- Providing compensation for these additional exposures would result in more information and greater institutional memory being available to assist with prevention efforts.

Option 3: Amend policy to recognize an exposure to a specific infectious disease (e.g. HIV and/or HBV) as compensable in certain circumstances

Under this option, policy dealing with exposures to one or more specific infectious diseases would be added to Chapter 3 of the *RS&CM*. For example, one policy could specifically set out the circumstances in which workers are entitled to compensation as a result of HIV/AIDS exposures, and a second policy could specifically deal with HBV exposures. The general policy on preventive measures in Chapter 4 would be deleted.

Implications

- The *ODS HIV/AIDS Procedure* could be incorporated into policy, in which case the volume of compensable HIV/AIDS exposure claims and associated costs would not change.
- Adjudication of exposure claims in the future would be complex if policy were very specific in providing compensation following certain exposures but not others, and did not provide flexibility to deal with the consequences of emerging infectious diseases for which effective PEP may be developed (e.g. West Nile Virus).

9. CONSULTATION

Stakeholders are invited to provide feedback on this discussion paper, options, draft policy, and any additional comments that may be relevant to the issue.

Stakeholder comments will be accepted until **June 8, 2007**. When responding, please provide your name, organization, and address. Comments may be sent by mail, fax or e-mail to:

By mail: Renee Teleske
Policy Analyst
Policy and Research Division
WorkSafeBC
P.O. Box 5350, Stn. Terminal
Vancouver, B.C. V6B 5L5

By fax: 604 279-7599

By e-mail: policy@worksafebc.com

WorkSafeBC's governing body, the Board of Directors, will consider the options expressed by stakeholders before it adopts any amendments to the current policies.

Please note that all comments become part of the Policy and Research Division's database and may be published, including the identity of organizations and those participating on behalf of organizations. The identity of those who have participated on their own behalf will be kept confidential according to the provisions of the *Freedom of Information and Protection of Privacy Act*.

APPENDIX A

RS&CM VOLUME II
CHAPTER 3/4

RE: Infectious Disease Exposures

ITEM: C3-12.30

BACKGROUND

1. Explanatory Notes

This policy provides guidance for determining a worker's entitlement to compensation following exposure to an infectious disease.

2. The Act

Section 5(1):

Where, in an industry within the scope of this Part, personal injury or death arising out of and in the course of the employment is caused to a worker, compensation as provided by this Part must be paid by the Board out of the accident fund.

POLICY

~~#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 a worker who has been exposed to an infectious disease or to be may be entitled to compensation compensable, where the exposure the worker must either sustain a personal injury or suffer from an occupational disease.:~~

- (a) occurs as a compensable consequence of a personal injury (e.g. where a rabid dog bites a veterinarian, breaking the veterinarian's skin, the exposure to rabies is a compensable consequence of the broken skin);**

APPENDIX A

RS&CM VOLUME II
CHAPTER 3/4

- (b) has caused the onset of an occupational disease; or
- (c) is accepted as compensable itself, in the absence of an objectively identifiable physical trauma, before conclusive evidence of the worker's infectious status is available (e.g. where exposure to an infectious disease with a long incubation period occurs via a blood-splash onto a mucous membrane or non-intact skin).

A worker who has been exposed to an infectious disease, as described in (c) above, is entitled to compensation where:

- (a) there is objective evidence that the worker was exposed, or was very likely to have been exposed, to an infectious disease;
- (b) the exposure arises out of and in the course of the worker's employment;
- (c) there is a moderate to high risk that, based on the mechanism and amount of exposure that occurred, the exposure will result in the worker developing a disease with health consequences that are so serious it may be life-threatening; and
- (d) the effects of the exposure can be significantly mitigated or prevented by the immediate provision of post-exposure prophylaxis ("PEP").

Medical evidence is required to assess the degree of risk and necessity of PEP on a case-by-case basis.

For example, a compensable exposure may result where a patient's blood splashes into the eyes of an attending nurse. If there is objective evidence that the nurse was exposed to an infectious disease such as HIV (e.g. if the patient is known to be HIV-positive), and if a physician concludes there is a moderate to high risk the nurse will develop HIV, a potentially life-threatening disease which cannot be immediately detected following exposure, and if PEP will mitigate or prevent the onset of HIV, the exposure can be accepted as compensable.

~~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.~~

APPENDIX A

RS&CM VOLUME II CHAPTER 3/4

~~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.~~

If a worker has an adverse reaction to PEP or develops a disease following a compensable exposure, entitlement in respect of the resultant injury, increased disablement, disease or death is adjudicated in accordance with Board policies on compensable consequences of work injuries.

~~No compensation is payable to a worker who withdraws from work or changes employment as a result **because** of the worker believing (no matter how well-founded that belief may be) that further **concern that** exposure to the conditions at work would **create a risk of causing** **may cause** 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~~

APPENDIX A

RS&CM VOLUME II CHAPTER 3/4

~~disability terminates or until the worker's symptoms become stabilized or until the worker reaches retirement age as determined by the Board. Such~~ **Wage loss** benefits are not payable to a worker who remains off work or who changes employment to prevent a reoccurrence of an **personal injury** or occupational disease that has resolved, or to prevent an aggravation, activation, or acceleration of an **personal injury** or 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: ~~Not applicable.~~

PRACTICE

For practice information, see any relevant Best Practice Information Sheets or Practice Directives at the www.worksafefbc.com website:

http://www.worksafefbc.com/regulation_and_policy/practice_directives/compensation_practices/default.asp

EFFECTIVE DATE: •
AUTHORITY: Act section 5(1)
CROSS REFERENCES: Chapter 4, *Compensation for Occupational Disease*
Chapter 5, *Wage-loss Benefits*
Chapter 6, *Permanent Disability Awards*
Policy item #19.41, *Adverse Reactions to Inoculations or Injections*
Policy item #22.00, *Compensable Consequences of Work Injuries*
Policy item #25.10, *Legislative Requirements*
Policy item #35.30, *Duration of Temporary Disability Benefits*
Item C11-88.80, *Vocational Rehabilitation – Preventive Rehabilitation*

HISTORY: This policy replaces former policy item #32.60 of the *Rehabilitation Services and Claims Manual*, Volume II.

APPLICATION: •