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Update 2026 – 4

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

This update of the *Rehabilitation Services & Claims Manual* contains amendments in the *Manual* implemented since update 2026 – 3 made March 2026.

The revised pages are housekeeping amendments to various policies as a result of the *Health Professions and Occupations Act* coming into force on April 1, 2026, replacing the *Health Professions Act*.

A summary is attached, and the amended pages are included as part of the package effective **April 1, 2026**.

These amended pages and the complete manual are available at worksafebc.com/law-policy.

Shelley Russell
Head of Law & Policy and General Counsel

Attachments

Rehabilitation Services & Claims Manual, Volume II

SUMMARY OF AMENDMENTS – Update 2026 – 4

Chapter	Policy	Pages	Change
Chapter 3	C3-24.00	Pages 1 to 8	Housekeeping
	C3-24.10	Pages 1 to 6 and Pages 9 to 10	Housekeeping
Chapter 10	C10-72.00	Pages 1 to 7	Housekeeping
	C10-76.00	Pages 1 to 10	Housekeeping
	C10-77.00	Pages 1 to 9	Housekeeping
Chapter 12	C12-95.00	Pages 1 to 6	Housekeeping

RE: Section 135 – Mental Disorders**ITEM: C3-24.00**

BACKGROUND

1. Explanatory Notes

This is the principal policy that sets out the decision-making principles for determining a worker's entitlement to compensation under section 135 of the *Act*.

2. The Act

Section 135, in part:

- (1) Subject to subsection (3), a worker is entitled to compensation for a mental disorder, payable as if the mental disorder were a personal injury arising out of and in the course of a worker's employment, if that mental disorder does not result from an injury for which the worker is otherwise entitled to compensation under this Part, and only if all of the following apply:
 - (a) the mental disorder is either
 - (i) a reaction to one or more traumatic events arising out of and in the course of the worker's employment, or
 - (ii) predominantly caused by a significant work-related stressor, including bullying or harassment, or a cumulative series of significant work-related stressors, arising out of and in the course of the worker's employment;
 - (b) the mental disorder is diagnosed by a psychiatrist or psychologist as a mental or physical condition that is described, at the time of diagnosis, in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association;
 - (c) the mental disorder is not caused by a decision of the worker's employer relating to the worker's employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the worker's employment.

...

- (3) The Board may require that a psychiatrist or psychologist appointed by the Board review a diagnosis made for the purposes of subsection (1)(b) and may consider that review in determining whether a worker is entitled to compensation for a mental disorder.
- (4) Section 163 [*duties of physicians and qualified practitioners*] applies to a psychiatrist or psychologist who makes a diagnosis referred to in this section.
- (5) In this section:

...

“psychiatrist” means a physician who is authorized to practise in the speciality of psychiatry by

- (a) the regulator that is responsible, under the *Health Professions and Occupations Act*, for governing the designated health profession of medicine, or
- (b) an accredited body recognized by the Board;

“psychologist” means a person who is authorized

- (a) under the *Health Professions and Occupations Act* to practise the designated health profession of psychology, or
- (b) under the laws of another province to practise as a psychologist;

...

POLICY

The complexity of mental disorders gives rise to challenges in the adjudication of a claim for a mental or physical condition that is described, at the time of diagnosis, in the most recent *Diagnostic and Statistical Manual of Mental Disorders* (“DSM”) published by the American Psychiatric Association. The mental disorder may be the result of a number of contributing factors, some of which are work-related and some of which are not.

This policy provides guidance on the adjudication of claims for mental disorders where the mental disorder is either:

- a reaction to one or more traumatic events arising out of and in the course of the worker's employment; or
- predominantly caused by a significant work-related stressor, or a cumulative series of significant work-related stressors, arising out of and in the course of the worker's employment.

Section 135 of the *Act* sets out that a worker may be entitled to compensation for a mental disorder that does not result from an injury. This is distinct from a worker's entitlement under section 134(1) for psychological impairment that is a compensable consequence of an injury.

For decisions respecting the compensation or rehabilitation of a worker, the standard of proof under section 339(3) of the *Act* is "at least as likely as not." If the evidence supporting different findings on an issue is evenly weighted, the issue is resolved in favour of the worker.

This standard of proof is different than medical or scientific standards of certainty. Therefore, the presence or absence of expert evidence supporting or opposing a causal link is relevant and will generally be given weight by the Board, but it is not determinative of causation; causation can be inferred from other evidence. In every case, the Board decides whether the evidence supports a finding of causation based on a weighing of the evidence.

The gathering and weighing of evidence generally is covered by policy in Items C12-97.00 through C12-97.50.

A. Does the worker have a DSM diagnosed mental disorder?

Section 135 requires more than the normal reactions to traumatic events or significant work-related stressors, such as being dissatisfied with work, upset or experiencing distress, frustration, anxiety, sadness or worry as those terms are widely and informally used.

It requires that a worker's mental disorder be diagnosed by a psychiatrist or a psychologist as a condition that is described in the most recent DSM, at the time of diagnosis.

As set out in the DSM, a DSM diagnosis generally involves a comprehensive and systematic clinical assessment of the worker.

The Board is responsible for the decision-making process, and for reaching the conclusions on the claim. Under section 135(3) of the *Act*, the Board may obtain expert

advice to review the diagnosis and where required, may obtain additional diagnostic assessment.

In reviewing the diagnosis, the Board also considers all of the relevant medical evidence, including prior medical history, attending physician reports and expert medical opinion. The findings of this additional information are considered in determining whether there is a DSM diagnosed mental disorder.

B. Was there one or more events, or a stressor, or a cumulative series of stressors?

In all cases, the one or more events, stressor or cumulative series of stressors, must be identifiable.

C. Was the event “traumatic” or the work-related stressor “significant”?

All workers are exposed to normal pressures and tensions at work which are associated with the duties and interpersonal relations connected with employment.

A “traumatic” event is an emotionally shocking event. In most cases, the worker must have experienced or witnessed the traumatic event.

A work-related stressor is considered “significant” when it is excessive in intensity and/or duration from what is experienced in the normal pressures or tensions of employment.

Interpersonal conflicts between the worker and their supervisors, co-workers or customers are not generally considered significant unless the conflict results in behaviour that is considered threatening or abusive.

As set out in the *Act*, an example of a significant work-related stressor includes exposure to workplace bullying or harassment.

The Board recognizes that workers may, due to the nature of their work, be exposed to traumatic events or significant work-related stressors as part of their employment. An event may be traumatic or a work-related stressor significant even though the worker has previous work-related exposure to traumatic events or significant stressors.

In determining whether an event is traumatic or a work-related stressor is significant, the worker’s subjective statements and response to the event or work-related stressor are considered. However, this question is not determined solely by the worker’s subjective belief about the event or work-related stressor. It involves an analysis of both subjective and objective factors. The Board considers whether a reasonable person, in the worker’s situation and with the general characteristics of the worker, would expect to find the event traumatic or the work-related stressor significant.

D. Causation

- (i) Was the mental disorder a reaction to one or more traumatic events arising out of and in the course of the worker's employment?

The *Act* requires that the mental disorder be a reaction to one or more traumatic events arising out of and in the course of the worker's employment. This requires the Board to determine the following:

- Did the one or more traumatic events arise in the course of the worker's employment?

This refers to whether the one or more traumatic events happened at a time and place and during an activity consistent with, and reasonably incidental to, the obligations and expectations of the worker's employment.

- Did the one or more traumatic events arise out of the worker's employment?

This refers to the cause of the mental disorder. Both employment and non-employment factors may contribute to the mental disorder. However, in order for the mental disorder to be compensable, the one or more traumatic events have to be of causative significance, which means more than a trivial or insignificant cause of the mental disorder.

In making the above determinations, the Board reviews the medical and non-medical evidence to consider whether:

- there is a connection between the mental disorder and the one or more traumatic events, including whether the one or more traumatic events were of sufficient degree and/or duration to be of causative significance in the mental disorder;
- any pre-existing non-work related medical conditions were a factor in the mental disorder; and
- any non-work related events were a factor in the mental disorder.

The Board is required to determine whether the evidence supports a finding of one or more traumatic events that are of causative significance in the mental disorder.

- (ii) Was the mental disorder predominantly caused by a significant work-related stressor, or a cumulative series of significant work-related stressors, arising out of and in the course of the worker's employment?

The *Act* requires that the mental disorder be predominantly caused by a significant work-related stressor, or a cumulative series of significant work-related stressors,

arising out of and in the course of the worker's employment. There are two parts to this requirement as set out below.

The first part is the determination of whether the significant stressor or cumulative series of significant stressors arose out of and in the course of employment. This requires the Board to determine the following:

- Did the significant stressor or cumulative series of significant stressors arise in the course of the worker's employment?

This refers to whether the significant stressor, or cumulative series of significant stressors, happened at a time and place and during an activity consistent with, and reasonably incidental to, the obligations and expectations of the worker's employment.

- Did the significant stressor or cumulative series of significant stressors arise out of the worker's employment?

A significant stressor or a cumulative series of significant stressors may be due to employment or non-employment factors. The *Act* requires that the significant stressors be work-related.

The second part is the determination of whether the significant work-related stressor, or cumulative series of significant work-related stressors, was the predominant cause of the mental disorder.

Predominant cause means that the significant work-related stressor, or cumulative series of significant work-related stressors, was the primary or main cause of the mental disorder.

Both parts of this requirement must be met in order for the mental disorder to be compensable.

(iii) Pre-existing Mental Disorders

Where a worker has a pre-existing mental disorder and claims that a traumatic event or significant work-related stressor aggravated the pre-existing mental disorder, the claim is adjudicated with regard to section 135 of the *Act* and the direction in this policy.

E. Section 135(1)(c) Labour Relations Exclusion

Section 135(1)(c) provides there is no entitlement to compensation if the mental disorder is caused by a decision of the worker's employer relating to the worker's employment. This exclusion is to ensure employers remain able to manage their workplaces and workers in an effective manner.

The labour relations exclusion is not absolute. It only applies to employer decisions on generic processes and actions taken in good faith. This means an employer decision must be both:

- on a generic process; and
- made and performed in good faith.

Decisions of the employer are not limited to explicit decisions and include circumstances related to the worker's employment over which the employer has control.

The *Act* provides a list of examples of decisions on generic processes relating to a worker's employment which include a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the worker's employment. This statutory list of examples is inclusive and not exclusive.

Other examples of decisions on generic processes relating to a worker's employment may include decisions relating to workload and deadlines, work evaluation, performance management, transfers, changes in job duties, lay-offs, demotions and reorganizations.

For the purpose of this policy, good faith is the absence of bad faith. Bad faith means improper purpose or ulterior motive, or a misuse of managerial authority. Bad faith is not simply bad judgment. Decisions performed in bad faith would include management decisions communicated to the worker in an abusive or threatening manner.

Determining whether the labour relations exclusion applies to an employer's decision requires an objective analysis. It does not turn on the worker's subjective perceptions or opinions of the employer's decision or motivation. The Board considers how a reasonable person would view the employer's conduct.

EFFECTIVE DATE:	March 2, 2026
AUTHORITY:	Section 135 of the <i>Act</i> .
CROSS REFERENCES:	<i>Rehabilitation Services & Claims Manual</i> , Volume II: Item C3-24.10, <i>Section 135(2) – Mental Disorder Presumption</i> ; Item C3-22.30, <i>Compensable Consequences – Psychological Impairment</i> ; Item C12-97.00, <i>Evidence – General</i> ; Item C12-97.10, <i>Evidence Evenly Weighted</i> ; Item C12-97.20, <i>Presumptions</i> ; Item C12-97.30, <i>Medical Evidence</i> ; Item C12-97.40, <i>Evidence – Other Matters</i> ; Item C12-97.50, <i>Surveillance</i> .
HISTORY:	April 1, 2026 – Housekeeping changes to the Background section resulting from the replacement of the <i>Health Professions Act</i> with the <i>Health Professions and Occupations Act</i> .

March 2, 2026 – Amended the definition of significant work-related stressor; guidance provided on the British Columbia Supreme Court’s reading down of the labour relations exclusion to ensure compliance with section 15(1) of the *Canadian Charter of Rights and Freedoms*.

December 1, 2025 – Housekeeping change to update internal cross-references, consequential to reformatting and renumbering Chapter 12, *Claims Procedures*.

June 1, 2024 – Housekeeping changes made to modernize terminology by removing gendered language.

October 21, 2020 – Housekeeping amendments to the *Act* portion of the Background section to reflect amendments to the *Act* by the *Workers Compensation Amendment Act, 2020* (Bill 23 of 2020), in effect August 14, 2020.

April 6, 2020 – Housekeeping changes consequential to implementing the *Workers Compensation Act*, R.S.B.C. 2019, c. 1.

February 1, 2020 – Policy amended to provide guidance on the legal issues of standard of proof, evidence, and causation.

May 16, 2019 – the *Workers Compensation Amendment Act, 2019* (Bill 18 of 2019) amended the definition of firefighter in sections 1 and 5.1 of the then *Workers Compensation Act*, R.S.B.C. 1996, c. 492. Bill 18 of 2019 was brought into force on May 16, 2019, the transitional provisions in sections 4 and 5 of the Bill set out how the legislative amendments apply to claims made before May 16, 2019.

March 1, 2019 – Consequential amendments arising from addition of then policy item #97.70, *Surveillance* were made.

July 23, 2018 – Amendments to Item C3-13.00 were made to reflect changes to the *Act* resulting from the *Workers Compensation Amendment Act, 2018* (Bill 9 of 2018). Bill 9 of 2018 added a mental disorder presumption to the then *Workers Compensation Act*, R.S.B.C. 1996, c. 492, for workers who are or have been employed in an eligible occupation, and revised the definition of firefighter in then section 5.1 of the *Workers Compensation Act*, R.S.B.C. 1996, c. 492, to include firefighters employed by the government of Canada. Bill 9 of 2018 was brought into force on May 17, 2018, the transitional provisions in sections 3 and 4 of the Bill set out how the legislative amendments apply to claims made before May 17, 2018.

January 1, 2018 – Housekeeping changes were made to the definition of “psychologist” as amended by the *Act* effective November 2, 2017.

July 17, 2013 – Housekeeping changes were made to remove references to multi-axial diagnostic assessment in accordance with DSM-5.

July 1, 2012 – New Item C3-13.00, *Section 5.1 – Mental Disorders*, was added, to reflect changes to the *Act* resulting from the *Workers Compensation Amendment Act, 2011* (Bill 14 of 2011). This section of Bill 14 of 2011 came into force on January 1, 2012, the transitional provision in section 5 of the Bill set out how the legislative amendment applies to claims made before January 1, 2012. This policy replaced former Item C3-13.00, *Mental Stress*, of the *Rehabilitation Services & Claims Manual*, Volume II, in its entirety. Former Item C3-13.00 had replaced former policy item #13.30 by putting it into the new format.

April 30, 2009 – Former policy item #13.30 was amended to delete references identified by the British Columbia Court of Appeal as being

**RE: Section 135(2) – Mental Disorder
Presumption**

ITEM: C3-24.10

BACKGROUND

1. Explanatory Notes

This policy provides guidance on the adjudication of claims for a mental disorder where the presumption in section 135(2) of the *Act* applies.

2. The Act

Section 1, in part:

“firefighter” means a member of a fire brigade, working with or without remuneration, who is assigned primarily to

- (a) fire suppression duties, whether or not those duties include the performance of ambulance or rescue services,
- (b) investigation duties respecting the cause, origin or circumstances of a fire, or
- (c) any combination of both fire suppression duties as described in paragraph (a) and fire investigation duties as described in paragraph (b);

...

Section 135, in part:

- (1) Subject to subsection (3), a worker is entitled to compensation for a mental disorder, payable as if the mental disorder were a personal injury arising out of and in the course of a worker's employment, if that mental disorder does not result from an injury for which the worker is otherwise entitled to compensation under this Part, and only if...

...

- (b) the mental disorder is diagnosed by a psychiatrist or psychologist as a mental or physical condition that is described, at the time of diagnosis, in the most recent Diagnostic and Statistical Manual of

Mental Disorders published by the American Psychiatric Association;

...

- (2) If a worker who is or has been employed in an eligible occupation
 - (a) is exposed to one or more traumatic events arising out of and in the course of the worker's employment in that eligible occupation, and
 - (b) has a mental disorder that, at the time of diagnosis under subsection (1)(b), is recognized in the manual referred to in that subsection, as a mental or physical condition that may arise from exposure to a traumatic event,

the mental disorder must be presumed to be a reaction to the one or more traumatic events arising out of and in the course of the worker's employment in that eligible occupation, unless the contrary is proved.

- (3) The Board may require that a psychiatrist or psychologist appointed by the Board review a diagnosis made for the purposes of subsection (1)(b) and may consider that review in determining whether a worker is entitled to compensation for a mental disorder.
- (4) Section 163 [*duties of physicians and qualified practitioners*] applies to a psychiatrist or psychologist who makes a diagnosis referred to in this section.
- (5) In this section:

“correctional officer” means a correctional officer as defined by regulation of the Lieutenant Governor in Council;

“eligible occupation” means the occupation of correctional officer, emergency medical assistant, firefighter, police officer, sheriff or, without limitation, any other occupation prescribed by regulation of the Lieutenant Governor in Council;

“emergency medical assistant” means an emergency medical assistant as defined in section 1 of the *Emergency Health Services Act*;

“police officer” means an officer as defined in section 1 of the *Police Act*;

“**psychiatrist**” means a physician who is authorized to practise in the speciality of psychiatry by

- (a) the regulator that is responsible, under the *Health Professions and Occupations Act*, for governing the designated health profession of medicine, or
- (b) an accredited body recognized by the Board;

“**psychologist**” means a person who is authorized

- (a) under the *Health Professions and Occupations Act* to practise the designated health profession of psychology, or
- (b) under the laws of another province to practise as a psychologist;

“**sheriff**” means a person lawfully holding the office of sheriff or lawfully performing the duties of sheriff by way of delegation, substitution, temporary appointment or otherwise.

3. Mental Disorder Presumption Regulation

Section 1:

- (1) For the purposes of section 135(5) [*mental disorder*] of the *Workers Compensation Act*, “**correctional officer**” means a worker who
 - (a) is employed in a correctional centre, as defined in the *Correction Act*, and is appointed under section 2(1)(b) of that Act,
 - (b) is employed in a youth custody centre, as defined in the *Youth Justice Act*, and is appointed under section 24(1)(b) of that Act, or
 - (c) is employed in a penitentiary, as defined in the *Corrections and Conditional Release Act* (Canada), and holds one of the following positions:
 - (i) warden;
 - (ii) deputy warden;
 - (iii) assistant warden of operations;
 - (iv) correctional manager;

- (v) correctional officer, including a correctional officer who holds the position of primary worker.

Section 2:

The following occupations, as defined in the Schedule, are prescribed as eligible occupations for the purposes of section 135(5) of the *Workers Compensation Act*:

- (a) community integration specialist;
- (b) coroner;
- (c) emergency response dispatcher;
- (d) harm reduction worker;
- (e) health care assistant;
- (f) nurse;
- (g) parole officer;
- (h) probation officer;
- (i) respiratory therapist;
- (j) shelter worker;
- (k) social worker;
- (l) transition house worker;
- (m) victim service worker;
- (n) withdrawal management worker.

Schedule:

1 In this regulation:

“community integration specialist” means a worker

- (a) who is appointed under the *Public Service Act*,
- (b) whose duties include supporting persons in relation to
 - (i) income assistance or disability assistance, or

- (ii) accessing support services for trauma, mental illness or addiction, and
- (c) who works primarily in one or more of the following:
 - (i) a correctional centre, youth custody centre or penitentiary referred to in section 1(1) of this regulation;
 - (ii) a site operated by a board as defined in section 1 of the *Health Authorities Act*;
 - (iii) an emergency shelter or homeless encampment;
 - (iv) a community-based location;

“coroner” means a worker

- (a) who is appointed as a coroner under section 54 of the *Coroners Act*, or
- (b) who is retained to act as a coroner under section 55 of the *Coroners Act*;

“emergency response dispatcher” means a worker whose duties include one or both of the following:

- (a) dispatching ambulance services, firefighters or police officers;
- (b) receiving emergency calls that initiate the dispatch of ambulance services, firefighters or police officers;

“harm reduction worker” means a worker

- (a) whose duties include, for the purpose of reducing the risk of toxic drug poisoning and other drug-related harms, supporting and monitoring persons who consume drugs, and
- (b) who works primarily in one or more of the following:
 - (i) the community;
 - (ii) residential facilities or units in which supportive housing services are provided;
 - (iii) premises used to provide public health interventions, including sites

- (A) commonly known as safe consumption sites, or
- (B) at which other types of overdose prevention services are provided;

“health care assistant” means a worker

- (a) who is registered with the BC Care Aide & Community Health Worker Registry, and
- (b) who is employed as a health care assistant in a publicly funded organization or setting;

“nurse” means a worker who is authorized under the *Health Professions and Occupations Act* to practise the designated health profession of licensed practical nursing, nursing or psychiatric nursing;

“parole officer” means a worker who holds the position of parole supervisor within the meaning of section 99(1) of the *Corrections and Conditional Release Act* (Canada);

“probation officer” means a worker who is appointed under one of the following:

- (a) section 2(1)(a) of the *Correction Act*;
- (b) section 2(1)(b) of the *Correction Act*, for the purpose of exercising powers and performing duties as a probation officer;
- (c) section 24(1)(a) of the *Youth Justice Act*;
- (d) section 24(1)(b) of the *Youth Justice Act*, for the purpose of exercising powers and performing duties as a youth probation officer;

“respiratory therapist” means a worker whose duties include assisting health professionals in evaluating, diagnosing, treating and caring for patients with respiratory or cardiopulmonary disorders;

“shelter worker” means a worker

- (a) who works at a shelter for persons experiencing homelessness, and
- (b) whose duties include the provision of one or more of the following:
 - (i) intake services;

D. Causation

The *Act* requires that the mental disorder be presumed to be a reaction to the one or more traumatic events arising out of and in the course of the worker's employment in that eligible occupation, unless the contrary is proved.

The Board is not required to establish that any specific traumatic event is causative of the worker's mental disorder.

E. Rebutting the presumption

Inclusion of the words "unless the contrary is proved" in section 135(2) means that the presumption is rebuttable. Where evidence which rebuts or refutes the presumption is available, it must be considered.

The standard of proof to be applied in determining whether the presumption has been rebutted is proof on a balance of probabilities. Balance of probabilities means "more likely than not." If the evidence is more heavily weighted in favour of a conclusion that something other than the employment caused the mental disorder, then the contrary will be considered to be proved and the presumption is rebutted. The presumption is not rebutted because there is a lack of evidence to support work causation.

The gathering and weighing of evidence generally is covered by policy in Items C12-97.00 through C12-97.50.

F. Pre-existing mental disorders

Where a worker who is or has been employed in an eligible occupation has a pre-existing mental disorder and claims that a traumatic event aggravated the pre-existing mental disorder, the claim is adjudicated with regard to section 135(2) of the *Act* and the direction in this policy.

For the presumption to apply, the pre-existing mental disorder must also be recognized in the most recent DSM as a mental or physical condition that may arise from exposure to a traumatic event.

EFFECTIVE DATE:	March 2, 2026
AUTHORITY:	Sections 1 and 135 of the <i>Act</i> .
CROSS REFERENCES:	<i>Rehabilitation Services & Claims Manual</i> , Volume II: Item C3-24.00, <i>Section 135 – Mental Disorders</i> ; Item C3-22.30, <i>Compensable Consequences – Psychological Impairment</i> ; Item C12-97.00, <i>Evidence – General</i> ; Item C12-97.10, <i>Evidence Evenly Weighted</i> ;

HISTORY:

Item C12-97.20, *Presumptions*;

Item C12-97.30, *Medical Evidence*;

Item C12-97.40, *Evidence – Other Matters*;

Item C12-97.50, *Surveillance*.

April 1, 2026 – Housekeeping changes to the Background section resulting from the replacement of the *Health Professions Act* with the *Health Professions and Occupations Act*.

March 2, 2026 – Policy amended to provide guidance on the meaning of a subjective and objective analysis when determining whether an event is traumatic.

December 1, 2025 – Housekeeping change to update internal cross-references, consequential to reformatting and renumbering Chapter 12, *Claims Procedures*.

June 10, 2024 – Housekeeping changes consequential to the approval of Order in Council No. 299, which added additional eligible occupations to the *Mental Disorder Presumption Regulation* (B.C. Reg. 122/2024, deposited June 10, 2024).

October 21, 2020 – Housekeeping amendments to the *Act* portion of the Background section to reflect amendments to the *Act* by the *Workers Compensation Amendment Act, 2020* (Bill 23 of 2020), in effect August 14, 2020.

April 6, 2020 – Housekeeping changes consequential to implementing the *Workers Compensation Act*, R.S.B.C. 2019, c. 1.

February 1, 2020 – Policy amended to provide guidance on the legal issues of standard of proof, evidence, and causation.

May 16, 2019 – the *Workers Compensation Amendment Act, 2019* (Bill 18 of 2019) amended the definition of firefighter in sections 1 and 5.1 of the then *Workers Compensation Act*, R.S.B.C. 1996, c. 492. Bill 18 of 2019 was brought into force on May 16, 2019, the transitional provisions in sections 4 and 5 of the Bill set out how the legislative amendments apply to claims made before May 16, 2019.

April 16, 2019 – This policy was amended when Order in Council No. 204 was approved, adding emergency response dispatchers, health care assistants, and nurses to the list of eligible occupations (B.C. Reg. 92/2019, deposited April 16, 2019).

March 1, 2019 – Consequential amendments were made arising from addition of then policy item #97.70, *Surveillance*.

July 23, 2018 – New Item C3-13.10, *Section 5.1(1.1) – Mental Disorder Presumption*, was added to reflect changes to the *Act* resulting from the *Workers Compensation Amendment Act, 2018* (Bill 9 of 2018). Bill 9 of 2018 added a mental disorder presumption to the then *Workers Compensation Act*, R.S.B.C. 1996, c. 492, for workers who are or have been employed in an eligible occupation, and revised the definition of firefighter in then section 5.1 of the *Workers Compensation Act*, R.S.B.C. 1996, c. 492, to include firefighters employed by the government of Canada. Bill 9 of 2018 was brought into force on May 17, 2018, the transitional provisions in sections 3 and 4 of the Bill set out how the legislative amendments apply to claims made before May 17, 2018.

APPLICATION:

Applies to all decisions, including appellate decisions, made on or after March 2, 2026.

RE: Health Care – Introduction**ITEM: C10-72.00**

BACKGROUND

1. Explanatory Notes

This policy defines key terms and sets out general principles regarding a worker's entitlement to health care.

2. The Act

Section 1, in part:

“compensation” includes health care;

...

“health care”, when used in a compensation provision, includes things that the Board is empowered under this Act to provide for injured workers;

...

“physician” means a medical practitioner;

...

“qualified practitioner” means

- (a) a nurse practitioner, or
- (b) a person who is authorized under the *Health Professions and Occupations Act* to practise the designated health profession of chiropractic, dentistry, naturopathic medicine or podiatry;

...

“specialist” means a physician who

- (a) resides and practises in British Columbia, and
- (b) is recognized as having specialist qualifications by the regulator that is responsible, under the *Health Professions and*

Occupations Act, for governing the designated health profession of medicine;

...

Section 134, in part:

- (4) If an injury disables a worker from earning full wages at the work at which the worker was employed, compensation other than a health care benefit is payable under this Part [Part 4 of the *Act* – Compensation to Injured Workers and Their Dependants] from the first working day following the day of the injury.
- (5) A health care benefit may be provided for an injured worker in respect of the day of the injury.

Section 136, in part:

- (1) Compensation is payable under this Part [Part 4 of the *Act* – Compensation to Injured Workers and Their Dependants] in relation to an occupational disease, as if the disease were a personal injury arising out of and in the course of a worker's employment, if
 - (a) as applicable,
 - (i) the worker has an occupational disease that disables the worker from earning full wages at the work at which the worker was employed, or
 - (ii) the death of the worker is caused by an occupational disease, and
 - (b) the occupational disease is due to the nature of any employment in which the worker was employed, whether under one or more employments.

...

- (3) A health care benefit may be provided for a worker who has an occupational disease referred to in subsection (1)(b) even though the worker is not disabled from earning full wages at the work at which the worker was employed.

Section 156:

- (1) In addition to other compensation provided under this Part [Part 4 of the *Act* – Compensation to Injured Workers and Their Dependants], the Board may provide for an injured worker any services or supplies, including related transportation, that the Board considers reasonably necessary at the time of the injury and afterwards during the worker's disability to cure the injury or alleviate the effects of the injury.
 - (1.1) The services and supplies referred to in subsection (1) may be provided before the Board determines a worker's entitlement to compensation under this Part if the Board is satisfied that medical evidence indicates that without such services or supplies the worker is at risk of a significant deterioration in health.
 - (1.2) If a service or supply is provided under subsection (1.1) and the Board later determines that the worker is not eligible for compensation under this Part, the worker is not required to reimburse the Board for that service or supply.
- (2) The Board may adopt rules and regulations with respect to the provision of health care to injured workers and for the payment of such health care.
- (3) The Board may make a daily allowance to an injured worker for the worker's subsistence if, under the Board's direction, the worker is undergoing treatment at a place other than the place where the worker resides.
- (4) The power of the Board under subsection (3) extends to an injured worker who receives compensation, regardless of the date the worker first became entitled to compensation.

Section 162:

- (1) If a worker has a permanent total disability, the Board must, within the 3-month period before a retirement benefit under section 206 [*retirement benefits for workers with permanent disability*] is payable to the worker, evaluate the worker's need or continued need for services and personal supports under this Division [Division 4 of Part 4 of the *Act* – Vocational Rehabilitation, Health Care and Other Assistance].
- (2) After the evaluation under subsection (1) is completed, the Board must take all actions necessary to provide to the worker, for the

worker's life, the services and personal supports under this Division that the Board considers necessary.

- (3) This section does not limit the powers of the Board to otherwise provide services and personal supports to workers at any time under this Division.

POLICY

1. DEFINITIONS

In addition to the terms defined in the *Act*, the following terms, defined by the Board, are used throughout this Chapter:

“Activities of daily living” are basic activities that are performed by individuals on a daily basis for self-care. Examples include, but are not limited to: ambulating (e.g. walking), transferring (e.g. getting from bed to chair and back), feeding, dressing, personal hygiene (e.g., bathing, grooming, bladder and bowel care), and taking medication.

“Health care” may include, but is not limited to, the following:

- services provided by physicians, qualified practitioners and other recognized health care professionals;
- services provided by a health care facility;
- prescription medications;
- modifications to a person's home or vehicle;
- medical supplies, equipment, devices and prostheses;
- certain transportation and subsistence costs associated with obtaining health care; and
- additional benefits for severely disabled workers.

“Health care account” means a statement of fees owed for goods and/or services supplied, which a physician, qualified practitioner or other recognized health care professional submits to the Board (including reporting or form fees) for health care provided to a worker.

“Health care facility” means a hospital; surgical facility; office of a physician, qualified practitioner or other recognized health care professional; group home; or other place where acute, intermediate or long-term health care services or programs, are provided.

“Instrumental activities of daily living” are activities related to independent living. Examples include, but are not limited to: using a telephone, preparing meals, performing housework, shopping for groceries or personal items, managing medication, managing money, using public transportation, and maintaining and/or driving a car.

“Other recognized health care professionals” are health care professionals, other than physicians and qualified practitioners, recognized by the Board through contracts and/or fee schedules, to provide health care to injured workers, such as acupuncturists, audiologists, community health workers, denturists, dietitians, massage therapists, nurses other than nurse practitioners, occupational therapists, opticians, optometrists, pharmacists, physiotherapists, prosthetists and orthotists, psychologists, and other mental health care providers.

“Residence” means the place where a worker lives or regularly stays. Where the worker has more than one residence, the worker is required to identify one as the primary residence.

2. GENERAL PRINCIPLES

2.1 Objectives

The Board’s objective is to provide reasonably necessary health care to cure or alleviate the effects of a compensable personal injury, occupational disease or mental disorder. In order to meet this objective, the Board aims to:

- facilitate the timely delivery of treatment;
- ensure that health care provided is appropriate and safe;
- ensure that injured workers receive quality care and services from physicians, qualified practitioners and other recognized health care professionals;
- work collaboratively with injured workers and their physicians, qualified practitioners and other recognized health care professionals in the development of treatment and rehabilitation plans;
- promote safe and early recovery and return to work;
- balance the individual needs of injured workers and the need to ensure the financial integrity of the workers’ compensation system;
- support the long-term health care needs of severely disabled workers; and
- ensure that the health care provided is supported by up-to-date scientific evidence and information.

2.2 Duration of Entitlement to Health Care

On accepted personal injury and mental disorder claims, entitlement to health care begins on the date of injury. On accepted occupational disease claims, entitlement to health care begins on the date the worker first seeks treatment by a physician, qualified practitioner or other recognized health care professional.

Health care continues for as long as the Board considers it reasonably necessary with respect to the worker's compensable personal injury, occupational disease or mental disorder. In making this decision, the Board may consider medical opinion or other expert professional advice.

Health care may continue even if the worker is not disabled from earning full wages at the work at which they are employed, or is retired from the workforce.

Health care may be provided before the Board determines a worker's entitlement to compensation, if the Board is satisfied that medical evidence indicates that without health care, the worker is at risk of significant deterioration in health.

2.3 When a Worker Leaves British Columbia

Workers who reside in British Columbia on the date of injury and subsequently wish to leave British Columbia, either temporarily or permanently, are required to discuss the potential health care ramifications with the Board. If leaving British Columbia might impede the worker's recovery, compensation may be suspended if the circumstances set out in Item C10-74.00 are met.

The Board does not generally pay in excess of British Columbia rates for health care rendered outside British Columbia to a worker who has voluntarily left British Columbia.

2.4 When a Worker Retires

The Board assesses the health care needs of workers with permanent total disabilities during the three month period before their retirement benefits are payable.

In assessing a permanently totally disabled worker, the Board focuses on the health care benefits, services and personal supports that the worker will need or continue to need, after retirement.

EFFECTIVE DATE:	October 21, 2020
AUTHORITY:	Sections 1, 134, 136, 156, and 162 of the <i>Act</i> .
CROSS REFERENCES:	<i>Rehabilitation Services & Claims Manual</i> , Volume II: Item C4-26.00, "Date of Injury" For Occupational Disease; Item C10-74.00, <i>Reduction or Suspension of Compensation</i> ;

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Item C10-75.10, *Health Care Accounts – Health Care Provided Out-of-Province*;

Chapter 18 – Retirement Benefits.

HISTORY:

April 1, 2026 – Housekeeping changes to the Background section resulting from the replacement of the *Health Professions Act* with the *Health Professions and Occupations Act*.

June 1, 2024 – Housekeeping changes made to modernize terminology by removing gendered language.

October 21, 2020 – Amended to reflect amendment to the health care provisions in the *Act* by the *Workers Compensation Amendment Act, 2020* (Bill 23 of 2020), in effect August 14, 2020.

April 6, 2020 – Housekeeping changes consequential to implementing the *Workers Compensation Act*, R.S.B.C. 2019, c. 1.

January 1, 2015 – Policy amended to include nurse practitioners as qualified practitioners in accordance with changes to the *Act* resulting from the *Miscellaneous Statutes Amendment Act, 2014*, of 2014, Bill 17.

Policy also consolidated and replaced former policy items #72.00, #73.00, #73.01, #73.20, #73.40 and #73.54 of the *Rehabilitation Services & Claims Manual*, Volume II.

APPLICATION:

Applies on or after October 21, 2020.

RE: Physicians and Qualified Practitioners**ITEM: C10-76.00**

BACKGROUND

1. Explanatory Notes

This policy provides guidance regarding an injured worker's entitlement to the services of a physician or qualified practitioner.

2. The Act

Section 1, in part:

“physician” means a medical practitioner;

...

“qualified practitioner” means

- (a) a nurse practitioner, or
- (b) a person who is authorized under the *Health Professions and Occupations Act* to practise the designated health profession of chiropractic, dentistry, naturopathic medicine or podiatry;

...

“specialist” means a physician who

- (a) resides and practises in British Columbia, and
- (b) is recognized as having specialist qualifications by the regulator that is responsible, under the *Health Professions and Occupations Act*, for governing the designated health profession of medicine;

...

Section 156:

See Item C10-72.00.

Section 157:

See Item C10-73.00.

Section 158:

See Item C10-73.00.

Section 160:

See Item C10-73.00.

Section 161(1), in part:

The Board may assume the responsibility of replacement and repair of the following for a worker:

...

- (b) eyeglasses, dentures and hearing aids broken as a result of an accident arising out of and in the course of the worker's employment ...

Section 163, in part:

- (1) A physician or qualified practitioner attending or consulted on a case of injury to a worker in an industry within the scope of the compensation provisions, or of an alleged case of such an injury, has the following duties:

...

- (d) without charge to the worker, to give to the worker and the worker's dependants all reasonable and necessary information, advice and assistance they need to
 - (i) make an application for compensation, and
 - (ii) provide the certificates and proofs required in relation to the application.
- (2) Every physician or qualified practitioner authorized under this Act to treat an injured worker is subject to the duties and responsibilities established by subsection (1), and any health care provided by the physician or qualified practitioner is subject to the direction, supervision and control of the Board.

Section 164, in part:

- (1) Physicians, qualified practitioners or other persons authorized to provide health care under the compensation provisions must confine their treatment to injuries that are injuries to the parts of the body that they are authorized to treat under the Act under which they are permitted to practise.
- (2) A person referred to in subsection (1) who gives treatment that is not authorized as referred to in that subsection commits an offence.
- (3) A person referred to in subsection (1) who fails to submit prompt, adequate and accurate reports and accounts as required by this Act or by the Board commits an offence.
- (4) If a person fails to submit reports and accounts as referred to in subsection (3), the Board may
 - (a) cancel the right of the person to be selected by a worker to provide health care, or
 - (b) suspend the person for a period determined by the Board.
- (5) If the right of a person to provide health care is cancelled or suspended under subsection (4),
 - (a) the Board must
 - (i) notify the person of the cancellation or suspension, and
 - (ii) inform the applicable regulator under the *Health Professions and Occupations Act*, and
 - (b) the person must notify injured workers who seek treatment from that person of the cancellation or suspension.

...

3. Health Professions and Occupations Act

Section 25, in part:

- (1) The minister may, by regulation, designate a health profession as a designated health profession.

- (2) A designation regulation made under this section must include regulations respecting all of the following:
- (a) the name of the regulatory college that is responsible for governing the designated health profession;
 - (b) the titles that licensees practising the designated health profession may use exclusively;
 - (c) the types of health services that constitute the scope of practice of the designated health profession.

...

POLICY

1. ENTITLEMENT TO HEALTH CARE SERVICES

An injured worker is entitled to the services of a physician and/or qualified practitioner as defined under the *Act*.

The Board establishes the types of treatment and fees it pays for health care and related services through contracts, or by implementation of fee schedules, as appropriate. If there is no contract or fee schedule in place at the time of service delivery with respect to a certain type of health care, the Board pays an amount for that health care that it considers reasonable.

Unless prior approval has been obtained, the Board does not generally pay for health care that is new or that it does not generally accept as reasonably necessary for the treatment of a compensable personal injury, occupational disease or mental disorder, or as preventative health care. The Board considers the scientific evidence and information regarding the effectiveness of such health care, as part of determining whether to grant approval.

Generally, the Board only pays health care accounts for treatment provided to injured workers at their residence, when the injured worker is non-ambulatory and the visit is pre-approved by the Board.

2. GENERAL POSITION OF PHYSICIANS AND QUALIFIED PRACTITIONERS

The Board's general position is that a worker's treatment should be overseen by only one physician or qualified practitioner at a time. There are cases, however, where the Board may consider concurrent treatment to be reasonable, as discussed in Item C10-73.00.

Physicians and qualified practitioners are confined to treat injuries that are injuries to the parts of the body that they are authorized to treat by their governing Acts, regulations and bylaws.

The Board may further limit the injuries and parts of the body they are authorized to treat. A physician or qualified practitioner who gives treatment that is not authorized by their governing Act commits an offence. The maximum fine for committing this offence is set out in Appendix 5 to this *Manual*.

The Board does not pay for a worker to attend a physician or qualified practitioner whose right to provide health care has been cancelled or suspended either by the licensing body, or by the Board under the provisions referred to in Item C12-95.00.

Physicians and qualified practitioners are required to submit prompt, adequate and accurate reports to the Board. These reports should include information on the diagnosis, the treatment possibilities, whether the injury, occupational disease or mental disorder could have been caused by the worker's employment, the worker's prognosis, and, where appropriate, expectations for return to work. Physicians and qualified practitioners are also required to give to the worker and the worker's dependants all reasonable and necessary information, including advice and assistance they need to make an application for compensation, and to provide the certificates and proofs required in relation to the application.

3. CONSULTATION WITH SPECIALIST PHYSICIANS

On an accepted claim where health care is continuing, it is not necessary for a worker to obtain approval from the Board before seeing a specialist for a consultation, provided the necessity for consultation is shown on the referring physician's reports.

Where the Board arranges a referral with a specialist, the Board notifies the worker's physician or qualified practitioner.

When either the Board or the worker's physician refers a worker to a specialist and the specialist produces a report, the specialist is required to provide a copy of the report to both the Board and the worker's physician or qualified practitioner.

3.1 Surgical Treatment

Surgeons are one type of physician recognized by the Royal College of Physicians and Surgeons of Canada as having specialist qualifications.

The Board does not expect specialist physicians working under emergency conditions to obtain prior authorization from the Board before performing necessary surgical treatments.

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However, prior authorization from the Board is required before a worker receives any elective surgical treatments, including investigative surgery, and the Board applies the policy in Item C10-73.00, in making this determination. If prior authorization is not obtained and the Board determines that the elective surgical treatment was not acceptable under the claim, the Board does not pay for the treatment.

The Board does not generally authorize investigative surgery before a claim is adjudicated, because such invasive procedures could result in a disability. However, if a worker pays the cost of investigative surgery, the Board may consider any resultant reports in adjudicating the worker's claim. If the claim is subsequently allowed, the Board may then pay the health care account for the investigative surgery under Item C10-75.00.

3.2 Psychiatric Consultation and Treatment

A psychiatrist is one type of specialist physician. "Psychiatrist" means a physician who is authorized to practise in the speciality of psychiatry by the regulator that is responsible, under the *Health Professions and Occupations Act*, for governing the designated health profession of medicine, or an accredited body recognized by the Board.

The Board generally approves psychiatric examination of a worker for the purposes of assessment or consultation on an investigative basis.

Prior to paying for psychiatric treatment, the Board requires an examination report from the worker's psychiatrist relating to diagnosis, etiology, treatment possibilities and prognosis.

4. CHIROPRACTORS

Licensees in good standing with the applicable regulator responsible for governing chiropractors may provide chiropractic treatment and services to injured workers. Chiropractors may provide the chiropractic treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

4.1 Duration of Treatment

The Board determines the duration of chiropractic treatment and services that it considers reasonable. The Board considers up to five weeks of chiropractic treatment reasonable for most compensable personal injuries, but pays for up to eight weeks of treatment.

The Board may pay for extensions beyond eight weeks based on a review of the evidence. The Board does not pay for more than one chiropractic treatment per day.

4.2 Scope of Treatment

The Board may set out the types of chiropractic treatment and services that it considers reasonable for most compensable personal injuries. The Board limits chiropractic treatment to the compensable area of injury and requires the chiropractic treatment to be reasonably necessary for the worker's compensable personal injury.

Prior to refusing or terminating authorization for chiropractic treatment, the Board considers all relevant medical opinions or other expert professional advice and information regarding the appropriateness of the treatment.

If the Board limits a worker's health care by terminating its authorization for chiropractic treatment, the Board communicates the decision to the chiropractor and the worker. The Board normally pays accounts for health care provided before the decision date.

4.3 X-rays

X-rays of the affected anatomical area may be taken for the purpose of assisting a chiropractor in the treatment of a worker. The Board pays health care accounts for x-rays in accordance with the current Board contract and/or fee schedule in place at the time of service delivery. The Board does not pay for:

- full-length views of the spine;
- x-rays of non-interpretable quality;
- x-rays of areas of the body not injured; and
- excess, or duplication of, x-rays.

5. DENTISTS

Licensees in good standing with the applicable regulator responsible for governing dentists may provide dental treatment and services to injured workers. Dentists may provide the dental treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board generally pays for dental repair for damage caused by a compensable personal injury or occupational disease. "Personal injury" includes damage to dental crowns and fixed bridgework, as they are regarded as part of the anatomy. The Board pays for repair of dentures as set out in section 161(1)(b) of the *Act* and Item C3-23.20.

Except in emergency cases, the Board does not pay health care accounts for dental treatments without prior Board approval of the dentist's proposed treatment.

Where there are two equally effective treatment plans, the Board normally authorizes the plan that is expected to be the least costly in the long term. If the dentist and/or a worker chooses the more costly option, the Board pays for costs up to the amount that would have been paid for the authorized dental treatment plan.

6. PODIATRISTS

Licensees in good standing with the applicable regulator responsible for governing podiatrists may provide podiatric treatment and services to injured workers. Podiatrists may provide the podiatric treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines the podiatric services that it considers reasonable. The Board may pay for podiatric services such as: primary care services, referral services, and special podiatric procedures.

7. NATUROPATHIC PHYSICIANS

Licensees in good standing with the applicable regulator responsible for governing naturopathic physicians may provide naturopathic treatment and services to injured workers. Naturopathic physicians may provide the naturopathic treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

7.1 Duration of Treatment

The Board determines the duration of naturopathic treatment and services that it considers reasonable. The Board considers up to eight weeks of naturopathic treatment reasonable for most compensable personal injuries, occupational diseases or mental disorders. The Board may pay for extensions of treatment beyond eight weeks based on a review of the evidence.

7.2 Scope of Coverage

The Board determines whether it will pay for naturopathic remedies, treatments, or dietary supplements as part of an injured worker's claim.

Following approval, the Board may pay health care accounts submitted by a naturopathic physician, medical laboratory, or a radiologist, for tests and services performed by or on behalf of the naturopathic physician, as they relate to the worker's compensable personal injury, occupational disease or mental disorder.

8. NURSE PRACTITIONERS

Nurse practitioners in good standing with the applicable regulator responsible for governing nurse practitioners may provide nursing treatment and services to injured workers. Nurse practitioners may provide the nursing treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulation and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

EFFECTIVE DATE:	October 21, 2020
AUTHORITY:	Sections 1, 156, 157, 158, 160, 161, 163, and 164 of the <i>Act</i> .
CROSS REFERENCES:	Sections 25(1) and 25(2) of the <i>Health Professions and Occupations Act</i> , S.B.C. 2022, c. 43; <i>Rehabilitation Services & Claims Manual</i> , Volume II: Item C3-23.00, <i>Replacement and Repair of Personal Possessions – Section 161(1)</i> ; Item C3-23.20, <i>Section 161(1)(b) – Eyeglasses, Dentures and Hearing Aids</i> ; Item C10-73.00, <i>Direction, Supervision, and Control of Health Care</i> ; Item C10-75.00, <i>Health Care Accounts – General</i> ; Item C10-78.00, <i>Health Care Facilities</i> ; Item C10-79.00, <i>Health Care Supplies and Equipment</i> ; Item C12-95.00, <i>Responsibilities of Physicians and Qualified Practitioners</i> ; Appendix 5, <i>Maximum Fines for Committing Offences Under the Act</i> .
HISTORY:	April 1, 2026 – Housekeeping changes resulting from the replacement of the <i>Health Professions Act</i> with the <i>Health Professions and Occupations Act</i> and its regulations. December 1, 2025 – Housekeeping change to update internal cross-reference, consequential to reformatting and renumbering Chapter 12, <i>Claims Procedures</i> . October 21, 2020 – Amended to reflect amendment to the health care provisions in the <i>Act</i> by the <i>Workers Compensation Amendment Act, 2020</i> (Bill 23 of 2020), in effect August 14, 2020. September 1, 2020 – Policy amended to streamline language on pre-approval requirements. April 6, 2020 – Housekeeping changes consequential to implementing the <i>Workers Compensation Act</i> , R.S.B.C. 2019, c. 1. March 1, 2019 – Housekeeping changes were made as a result of amendments to various regulations under the <i>Health Professions Act</i> , effective September 4, 2018, creating name of British Columbia College of Nursing Professionals Housekeeping changes made on January 1, 2018 as a result of the amendment of section 15(1) of the <i>Health Professions Act</i> , effective November 2, 2017. January 1, 2015 – Policy amended to include nurse practitioners as qualified practitioners in accordance with change to the <i>Act</i>

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resulting from the *Miscellaneous Statutes Amendment Act, 2014*, Bill 17 of 2014.

Policy also consolidated and replaced former policy items #74.00, #74.10, #74.20, #74.21, #74.22, #74.24, #74.27, #74.30, #74.40, #78.22 and #78.23 of the *Rehabilitation Services & Claims Manual*, Volume II, and included new policy on podiatrists.

June 1, 2009 – Deleted references to Board officer, Medical Advisor, Board Medical Advisor, Board's Chiropractic Consultant, Health Care Services Department, and claimant.

October 1, 2007 – Deleted references to memos and memorandums.

December 31, 2003 – This policy was amended to reflect the amendment of then section 5.1(1) of the *Act* and the introduction of then section 5.1(2) to (4) of the *Act*.

March 3, 2003 – Consequential changes were made as to references to review.

APPLICATION:

Applies to health care expenses incurred and health care provided on or after October 21, 2020.

RE: Other Recognized Health Care Professionals**ITEM: C10-77.00**

BACKGROUND

1. Explanatory Notes

This policy provides guidance regarding an injured worker's entitlement to the services of recognized health care professionals, other than physicians and qualified practitioners.

2. The Act

Section 156:

See Item C10-72.00.

Section 157:

See Item C10-73.00.

Section 161, in part:

See Item C10-76.00.

Section 164, in part:

- (1) Physicians, qualified practitioners or other persons authorized to provide health care under the compensation provisions [of the Act] must confine their treatment to injuries that are injuries to the parts of the body that they are authorized to treat under the Act under which they are permitted to practise.
- (2) A person referred to in subsection (1) who gives treatment that is not authorized as referred to in that subsection commits an offence.

...

3. Health Professions and Occupations Act

Section 25, in part:

- (1) The minister may, by regulation, designate a health profession as a designated health profession.
- (2) A designation regulation made under this section must include regulations respecting all of the following:
 - (a) the name of the regulatory college that is responsible for governing the designated health profession;
 - (b) the titles that licensees practising the designated health profession may use exclusively;
 - (c) the types of health services that constitute the scope of practice of the designated health profession.

...

POLICY**1. DEFINITION**

As set out in Item C10-72.00, “other recognized health care professionals” are health care professionals other than physicians and qualified practitioners, recognized by the Board through contracts and/or fee schedules, to provide health care to injured workers, such as acupuncturists, audiologists, community health workers, denturists, dietitians, massage therapists, nurses other than nurse practitioners, occupational therapists, opticians, optometrists, pharmacists, physiotherapists, prosthetists and orthotists, psychologists, and other mental health care providers.

2. AUTHORIZATION FOR HEALTH CARE SERVICES

The Board may authorize persons other than physicians or qualified practitioners to provide health care to injured workers.

The Board establishes the types of treatment and fees it pays for health care through contracts or by implementation of fee schedules, as appropriate. If there is no contract and/or fee schedule in place with respect to a certain type of health care, the Board pays an amount that it considers reasonable.

Generally, the Board pays in accordance with the rates set out in the current Board contracts and/or fee schedules in place at the time of service delivery, regardless of

whether the other recognized health care professional is a Board-authorized service provider under the contract and/or fee schedule.

Generally, the Board does not pay for health care that is new, non-standard or not generally accepted by the Board, unless prior Board approval has been obtained. The Board considers the scientific evidence and information regarding the effectiveness of such health care, when deciding whether to grant payment approval.

The Board only pays for the use of spas, public swimming pools or other exercise facilities as health care where the spa, public swimming pool or other exercise facility is used in the presence of another recognized health care professional as part of a Board-approved treatment program.

Generally, the Board only pays health care accounts for treatment provided to injured workers at their residence, when the injured worker is non-ambulatory and the visit is pre-approved by the Board.

3. GENERAL POSITION OF OTHER RECOGNIZED HEALTH CARE PROFESSIONALS

The Board's general position is that a worker should only be treated by one other recognized health care professional at a time.

Other recognized health care professionals are confined to treat injuries that are injuries to the parts of the body that they are authorized to treat by their governing Acts, regulations and bylaws. The Board may further limit the injuries and parts of the body they are authorized to treat. Other recognized health care professionals who give treatment that is not authorized by their governing Act commit an offence. The maximum fine for committing this offence is set out in Appendix 5 to this *Manual*.

The Board does not pay for a worker to attend other recognized health care professionals whose rights to provide health care have been cancelled or suspended either by the licensing body, or by the Board under the provisions referred to in Item C12-95.00.

Other recognized health care professionals are required to submit prompt, adequate and accurate reports to the Board. These reports should include information on the diagnosis, treatment possibilities, worker's prognosis, and, where appropriate, expectations for return to work.

4. ACUPUNCTURISTS

Licensees in good standing with the applicable regulator responsible for governing acupuncturists may provide acupuncture treatment and services to injured workers. Acupuncturists may provide the acupuncture treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws,

and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for acupuncture treatment and services as part of an injured worker's claim. The Board generally pays health care accounts for acupuncture treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

5. AUDIOLOGISTS

Licensees in good standing with the applicable regulator responsible for governing audiologists may provide audiology services to injured workers. Audiologists may provide the audiology services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for audiology services as part of an injured worker's claim. The Board generally pays health care accounts for audiology services according to any current Board contract and/or fee schedule in place at the time of service delivery.

6. HEALTH CARE ASSISTANTS

Health care assistants include residential care aides, personal care attendants, registered care attendants, home support workers, rehabilitation aides, or nurses' aides. Health care assistants work under the direction and supervision of a physician, nurse practitioner, registered nurse or licensed practical nurse.

The Board determines whether it will pay for services by health care assistants as a part of an injured worker's claim. The Board generally pays health care accounts for services by health care assistants according to any current Board contract and/or fee schedule in place at the time of service delivery.

7. DENTURISTS

Licensees in good standing with the applicable regulator responsible for governing denturists may provide denturist services to injured workers. Denturists may provide the denturist services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for denturist services as part of an injured worker's claim. The Board pays reporting or form fees to denturists for any reports that the Board requires, and generally pays health care accounts according to any current Board contract and/or fee schedule in place at the time of service delivery.

The Board may not pay for denturist services until it has received and approved an estimate from the denturist outlining:

- the extent of dental damage;
- the method of restoration recommended; and
- the expected costs of the repair, itemized according to the current Board contract and/or fee schedule in place at the time of service delivery.

8. DIETITIANS

Licensees in good standing with the applicable regulator responsible for governing dietitians may provide dietetic services to injured workers. Dietitians may provide the dietetic services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for dietetic services as part of an injured worker's claim. The Board generally pays health care accounts for dietetic services according to any current Board contract and/or fee schedule in place at the time of service delivery.

9. MASSAGE THERAPISTS

Licensees in good standing with the applicable regulator responsible for governing massage therapists may provide massage therapy treatment and services to injured workers. Massage therapists and massage practitioners may provide the massage therapy treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for massage therapy treatment and services as a part of an injured worker's claim. The Board generally pays health care accounts for massage therapy treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

10. NURSES

Registered nurses, registered psychiatric nurses and licensed practical nurses in good standing with the applicable regulator responsible for governing nurses may provide nursing treatment and services to injured workers. Nurses may provide the nursing treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

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For workers who need nursing services while in a hospital, the necessary nursing service is determined and provided by the hospital. If the worker or the worker's family desires to have an additional or one-on-one nurse in attendance, the worker pays the cost of such nursing services.

The Board determines whether it will pay for nursing treatment and services as a part of an injured worker's claim. The Board generally pays health care accounts for nursing treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

The Board accepts reports received from nurses in remote locations as medical reports if there is no physician in the immediate area.

11. OCCUPATIONAL THERAPISTS

Licensees in good standing with the applicable regulator responsible for governing occupational therapists may provide occupational therapy treatment and services to injured workers. Occupational therapists may provide the occupational therapy treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for occupational therapy treatment and services as part of an injured worker's claim. The Board generally pays health care accounts for occupational therapy treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

12. OPTICIANS

Licensees in good standing with the applicable regulator responsible for governing opticians may provide opticianry services to injured workers. Opticians and dispensing opticians may provide the opticianry services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for opticianry services as part of an injured worker's claim. The Board generally pays health care accounts for opticianry services according to any current Board contract and/or fee schedule in place at the time of service delivery.

13. OPTOMETRISTS

Licensees in good standing with the applicable regulator responsible for governing optometrists may provide optometry treatment and services to injured workers. Optometrists may provide the optometry treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws,

and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for optometry treatment and services as part of an injured worker's claim. The Board generally pays health care accounts for optometry treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

14. PHARMACISTS

Licensees in good standing with the applicable regulator responsible for governing pharmacists may provide pharmacy services to injured workers. Pharmacists may provide the pharmacy services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for pharmacy services as part of an injured worker's claim. The Board generally pays health care accounts for pharmacy services according to any current Board contract and/or fee schedule in place at the time of service delivery.

15. PHYSIOTHERAPISTS

Licensees in good standing with the applicable regulator responsible for governing physiotherapists may provide physical therapy treatment and services to injured workers. Physical therapists and physiotherapists may provide the physical therapy treatment and services authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for physical therapy treatment and services as part of an injured worker's claim. The Board generally pays health care accounts for physical therapy treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

16. PROSTHETISTS AND ORTHOTISTS

Registered members in good standing with the relevant governing body for prosthetists and orthotists may provide prosthetic or orthotic services and devices to injured workers. Prosthetists and orthotists may provide prosthetic or orthotic services and devices as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for prosthetic or orthotic services and devices as part of an injured worker's claim. The Board generally pays health care accounts for

prosthetic or orthotic services and devices according to any current Board contract and/or fee schedule in place at the time of service delivery.

17. PSYCHOLOGISTS AND COUNSELLORS

Licenses in good standing with the applicable regulator responsible for governing psychologists may provide psychological treatment and services to injured workers. Psychologists may provide psychological treatment and services as authorized by the *Health Professions and Occupations Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

Registered clinical counsellors in good standing with the relevant governing body, or Canadian certified counsellors in good standing with the relevant governing body, may provide counselling treatment and services to injured workers. Registered clinical counsellors and Canadian certified counsellors may provide counselling treatment and services as authorized by their governing bodies and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for psychological or counselling treatment and services as part of an injured worker's claim. The Board generally pays health care accounts for psychological or counselling treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

When psychological or counselling treatment and/or services are required, the Board arranges for a psychologist or counsellor to provide treatment and/or services to the worker according to any current Board agreement and/or accompanying guideline in place at the time of service delivery.

EFFECTIVE DATE:	July 4, 2025
AUTHORITY:	Sections 156, 157, 161, and 164 of the <i>Act</i> .
CROSS REFERENCES:	Sections 25(1) and 25(2) of the <i>Health Professions and Occupations Act</i> , S.B.C. 2022, c. 43; <i>Rehabilitation Services & Claims Manual</i> , Volume II: Item C10-73.00, <i>Direction, Supervision, and Control of Health Care</i> ; Item C10-75.00, <i>Health Care Accounts – General</i> ; Item C10-79.00, <i>Health Care Supplies and Equipment</i> ; Item C10-84.00, <i>Additional Benefits for Severely Disabled Workers</i> ; Appendix 5, <i>Maximum Fines for Committing Offences Under the Act</i> .
HISTORY:	April 1, 2026 – Housekeeping changes resulting from the replacement of the <i>Health Professions Act</i> with the <i>Health Professions and Occupations Act</i> and its regulations. December 1, 2025 – Housekeeping change to update internal

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cross-reference, consequential to reformatting and renumbering Chapter 12, *Claims Procedures*.

July 4, 2025 – Policy amended to remove reference to specific governing bodies and to make the language more general and consistent throughout. Policy also amended to update the term community health workers with the term health care assistants, and to add registered psychiatric nurses to the list of nurses that may provide treatment and services.

September 1, 2024 – Housekeeping change to update title of College of Health and Care Professionals of British Columbia.

September 1, 2020 – Policy amended to increase acupuncture coverage and streamline language on pre-approval requirements.

April 6, 2020 – Housekeeping changes consequential to implementing the *Workers Compensation Act*, R.S.B.C. 2019, c. 1.

March 1, 2019 – Housekeeping changes were made as a result of amendments to various regulations under the *Health Professions Act*, effective September 4, 2018, creating name of British Columbia College of Nursing Professionals.

January 1, 2018 – Housekeeping changes were made as a result of the amendment of section 15(1) of the *Health Professions Act*, which came into effect November 2, 2017.

January 1, 2015 – Policy amended to remove reference to nurse practitioners as other recognized health care professionals.

Policy also incorporated the concepts from and replaced former policy items #75.00, #75.10, #75.12, #75.20, #75.30, #75.40 and #78.14 of the *Rehabilitation Services & Claims Manual*, Volume II, and included new policy on audiologists, community health workers, dieticians, massage therapists, occupational therapists, opticians, optometrists, pharmacists, prosthetists and orthotists, and psychologists and counsellors.

June 1, 2009 – Deleted references to Board officer, Unit or Area Office Medical Advisor, and Board Medical Advisor and Consultant.

This Item applies to health care expenses incurred and health care provided on or after July 4, 2025.

APPLICATION:

**RE: Responsibilities of Physicians and Qualified
Practitioners****ITEM: C12-95.00**

BACKGROUND

1. Explanatory Notes

This policy provides guidance on the responsibilities of physicians, qualified practitioners, and other people authorized to provide health care under the *Act*, such as submitting reports and providing assistance to workers.

2. The Act

Section 1, in part:

...

“physician” means a medical practitioner;

...

“qualified practitioner” means

- (a) a nurse practitioner, or
- (b) a person who is authorized under the *Health Professions and Occupations Act* to practise the designated health profession of chiropractic, dentistry, naturopathic medicine or podiatry;

...

“specialist” means a physician who

- (a) resides and practises in British Columbia, and
- (b) is recognized as having specialist qualifications by the regulator that is responsible, under the *Health Professions and Occupations Act*, for governing the designated health profession of medicine;

...

Section 163(1):

A physician or qualified practitioner attending or consulted on a case of injury to a worker in an industry within the scope of the compensation provisions, or of an alleged case of such an injury, has the following duties:

- (a) to provide the reports in respect of the injury in the form required by regulation or directed by the Board, with the first report containing all requested information being provided to the Board within 3 days after the date of the physician's or qualified practitioner's first attendance on the worker;
- (b) to provide a report to the Board within 3 days after the worker is, in the opinion of the physician or qualified practitioner, able to resume work and, if treatment is being continued after resumption of work, to provide further adequate reports to the Board;
- (c) if the physician
 - (i) is a specialist whose opinion is requested by the attending physician, the worker or the Board, or
 - (ii) continues to treat the worker after the physician is consulted as a specialist,to provide the first report to the Board within 3 days after the consultation is completed and, if the physician is regularly treating the worker, to provide further reports to the Board as required in paragraphs (a) and (b);
- (d) without charge to the worker, to give to the worker and the worker's dependants all reasonable and necessary information, advice and assistance they need to
 - (i) make an application for compensation, and
 - (ii) provide the certificates and proofs required in relation to the application.

Section 164, in part:

- (1) Physicians, qualified practitioners or other persons authorized to provide health care under the compensation provisions must confine their treatment to injuries that are injuries to the parts of the body that they are authorized to treat under the Act under which they are permitted to practise.

...

- (3) A person referred to in subsection (1) who fails to submit prompt, adequate and accurate reports and accounts as required by this Act or by the Board commits an offence.
- (4) If a person fails to submit reports and accounts as referred to in subsection (3), the Board may
 - (a) cancel the right of the person to be selected by a worker to provide health care, or
 - (b) suspend the person for a period determined by the Board.
- (5) If the right of a person to provide health care is cancelled or suspended under subsection (4),
 - (a) the Board must
 - (i) notify the person of the cancellation or suspension, and
 - (ii) inform the applicable regulator under the *Health Professions and Occupations Act*, and
 - (b) the person must notify injured workers who seek treatment from that person of the cancellation or suspension.

...

POLICY

A. INTRODUCTION

Section 163(1)(a) of the *Act* provides that it is the duty of every physician or qualified practitioner attending or consulted on a case of injury to a worker, in any industry within the scope of the compensation provisions of the *Act*, or of an alleged case of such an injury, to provide reports in respect of the injury in the form required by regulation or directed by the Board.

The first report containing all requested information in it must be provided to the Board within three days after the date of the physician's or qualified practitioner's first attendance on the worker.

If treatment continues, progress reports must be provided.

Section 163(1)(b) provides that the physician or qualified practitioner must provide a report to the Board within three days after the worker is, in the opinion of the physician or qualified practitioner, able to resume work and, if treatment is being continued after resumption of work, to provide further adequate reports to the Board.

The duties described in Section A of this Item apply to a psychiatrist or psychologist who diagnoses a worker with a mental disorder under section 135(1)(b).

B. FORM OF REPORTS

The Board has prescribed forms for each type of report, the most common of which are as follows:

Form 8/11	Physician's Report
Form 11A	Physician's Invoice

Similar forms are provided for qualified practitioners and other persons authorized to treat workers under the *Act*.

All medical reports must be signed by the person making the report with reference to the professional designation of a partnership or clinic. A medical report submitted electronically in a form acceptable to the Board satisfies the requirement that medical reports be signed. Any change in status of a partnership or clinic, or change in its address, should be reported to the Board without delay to assure proper direction of payment.

C. REPORTS BY SPECIALIST

Section 163(1)(c) of the *Act* provides that if the physician is a specialist whose opinion is requested by the attending physician, the worker, or the Board, or if the physician continues to treat the worker after the physician is consulted as a specialist, the physician must provide the first report to the Board within three days after the consultation is completed and, if the physician is regularly treating the worker, the physician must provide further reports to the Board as required in paragraphs (a) and (b) of section 163(1).

D. FAILURE TO REPORT

Section 164(3) of the *Act* provides that physicians, qualified practitioners, or other persons authorized to provide health care under the compensation provisions of the *Act* who fail to submit prompt, adequate and accurate reports and accounts as required by the *Act* or by the Board commit an offence. If a person fails to submit such reports and accounts, section 164(4) provides that the Board may

- (a) cancel the right of the person to be selected by a worker to provide health care, or

- (b) suspend the person for a period determined by the Board.

If the right of a person to provide health care is cancelled or suspended, section 164(5)(a) provides that the Board must notify the person of the cancellation or suspension, and inform the applicable regulator under the *Health Professions and Occupations Act*.

Section 164(5)(b) provides that the person whose right to provide health care is cancelled or suspended must also notify any injured workers who seek treatment from that person of the cancellation or suspension.

The maximum fine for the offence committed under the *Act* is set out in Appendix 5 to this *Manual*.

The Board may refuse to pay accounts where reports are inadequate.

E. PAYMENT OF WAGE-LOSS BENEFITS WITHOUT MEDICAL REPORTS

Wage-loss benefits are normally paid on the basis of medical evidence supporting a disability. This medical evidence is usually in the form of a signed medical report from a physician or a qualified practitioner.

Exceptions can be made in cases of short-term disability where the worker receives brief treatment from a first aid attendant or a hospital emergency department. If the circumstances are in all other respects acceptable, and the facts support the conclusion that the inability to earn full wages was a result of the injury, then wage-loss benefits may be paid. Normally, wage-loss benefits should not be paid for periods of disability exceeding three days or in any case of occupational disease unless supported by proper medical evidence.

Exceptions can also be made in cases of longer term disability. Where there is evidence to support the existence of a disability, but there has been no receipt of a medical report and where the claim has been adjudicated and accepted, a first payment should be processed on the claim. Moreover, there must be some discretion to depart from the principle that wage-loss benefits are to be paid only on medical confirmation of disability. That confirmation may appear at the time the disability begins, some time during the disability or, in some cases, after it has ceased. The question is always whether the worker was disabled. The best evidence of that disability is almost always medical evidence, but on some occasions, evidence from the worker or from other sources may be sufficient to establish the existence and continuation of the disability.

In summary, if there is acceptable evidence of disability, and that evidence is clearly documented, wage-loss benefits can be paid in the absence of medical reports although these will, in almost all cases, be the most acceptable evidence.

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The Board accepts reports received from nurses in remote locations as medical reports if there is no physician in the immediate area.

F. OBLIGATION TO ADVISE AND ASSIST WORKER

Section 163(1)(d) of the *Act* provides that the physician or qualified practitioner has the duty, without charge to the worker, to give all reasonable and necessary information, advice, and assistance they need to

- (i) make an application for compensation, and
- (ii) provide the certificates and proofs, required in relation to the application.

This duty applies to a psychiatrist or psychologist who diagnoses a worker with a mental disorder under section 135(1)(b).

EFFECTIVE DATE:	Sections A and F are effective December 31, 2003. Section B is effective September 1, 2022. Section D is effective October 21, 2020.
AUTHORITY:	Sections 1, 163, and 164 of the <i>Act</i> .
CROSS REFERENCES:	<i>Rehabilitation Services & Claims Manual</i> , Volume II: Item C10-75.00, <i>Health Care Accounts – General</i> ; Item C10-76.00, <i>Physicians and Qualified Practitioners</i> ; Item C10-77.00, <i>Other Recognized Health Care Professionals</i> .
HISTORY:	April 1, 2026 – Housekeeping changes resulting from the replacement of the <i>Health Professions Act</i> with the <i>Health Professions and Occupations Act</i> . December 1, 2025 – This policy resulted from the consolidation of former policy items #95.00, #95.10, #95.20, #95.30, #95.31 and #95.40, consequential to reformatting and renumbering policies in Chapter 12, <i>Claims Procedures</i> . September 1, 2022 – Amended to clarify that electronic submission of medical forms meets reporting requirements. October 21, 2020 – Amended to reflect amendments to the <i>Act</i> by the <i>Workers Compensation Amendment Act</i> , 2020 (Bill 23 of 2020), in effect August 14, 2020. April 6, 2020 – Housekeeping changes consequential to implementing the <i>Workers Compensation Act</i> , R.S.B.C. 2019, c. 1. December 31, 2003 – This policy was amended to reflect the amendment of then section 5.1(1) of the <i>Workers Compensation Act</i> , R.S.B.C. 1996, c. 492 and the introduction of then sections 5.1(2) to 4 of the <i>Workers Compensation Act</i> , R.S.B.C. 1996, c. 492.
APPLICATION:	Sections A and F apply to injuries on or after December 31, 2003. Section B applies to all decisions made on or after September 1, 2022. Section D applies on or after October 21, 2020.