Schedule A

[Schedule A repealed 1993-34-13]

Schedule B

Description of Disease			Description of Process or Industry
1	Poisoning by:		
	(a)	Lead	Where there is an exposure to lead or lead compounds.
	(b)	Mercury	Where there is an exposure to mercury or mercury compounds.
	(c)	Arsenic or arsine	Where there is an exposure to arsenic or arsenic compounds.
	(d)	Cadmium	Where there is an exposure to cadmium or cadmium compounds.
	(e)	Manganese	Where there is an exposure to manganese or manganese compounds.
	(f)	Phosphorus, phosphine or due to the anti-cholinesterase action of organic phosphorus compounds	Where there is an exposure to phosphorus or phosphorus compounds.
	(g)	Organic solvents (n-hexane, carbon tetrachloride, trichloroethane, trichloroethylene, acetone, benzene, toluene, xylene and others)	Where there is exposure to organic solvents.
	(h)	Carbon monoxide	Where there is exposure to products of combustion, or any other source of carbon monoxide.
	(i)	Hydrogen sulphide	Where there is excessive exposure to hydrogen sulphide.
	(j)	Nitrous fumes (including silo-filler's disease)	Where there is excessive exposure to nitrous fumes including the oxides of nitrogen.
	(k)	Nitriles, hydrogen cyanide or its soluble salts	Where there is exposure to chemicals containing — CN group including certain pesticides.
	(l)	Phosgene	Where there is excessive exposure to phosgene including its occurrence as a breakdown product of chlorinated compounds by combustion.
	(m)	Other toxic substances	Where there is exposure to such toxic gases, vapours, mists, fumes or dusts.
2	Infection caused by:		
	(a)	Psittacosis virus	Where there is established contact with ornithosis-infected avian species or material.
	(b)	Staphylococcus aureus, Salmonella organisms, Hepatitis B virus	Employment where close and frequent contact with a source or sources of the infection has been established and the employment necessitates
			(1) the treatment, nursing or examination of or interviews with patients or ill persons; or
			(2) the analysis or testing of body tissues or fluids; or
			(3) research into salmonellae, pathogenic staphylococci or Hepatitis B virus.
	(c)	Brucella organisms (Undulant fever)	Where there is contact with animals, carcasses or animal by-products.
	(d)	Tubercle bacillus	Employment where close and frequent contact with a source or sources of tuberculous infection has been established and the employment necessitates
			(1) the treatment, nursing or examination of patients or ill persons; or
			(2) the analysis or testing of body tissues or fluids; or
			(3) research into tuberculosis by a worker who,
			(i) when first engaged, or after an absence from employment of the types mentioned in these regulations for a period of more than one year, when re-engaged in such employment was free from evidence of tuberculosis; and
			(ii) continued to be free from evidence of tuberculosis for 6 months after being so employed (except in primary tuberculosis as proven by a negative tuberculin test at time of employment). In the case of an employee previously compensated for tuberculosis, any subsequent tuberculosis after the disease has become inactive and has remained inactive for a period of 3 years or more shall not be deemed to have occurred as a result of the

			original disability for the purpose of the Act, unless the worker is still engaged in employment listed above or the Board is satisfied that the subsequent tuberculosis is the direct result of the tuberculosis for which the worker has been compensated.
3	Pneumoconiosis:		
	(a)	Silicosis	Where there is exposure to airborne silica dust including metalliferous mining and coal mining.
	(b)	Asbestosis	Where there is exposure to airborne asbestos dust.
	(c)	Other pneumoconioses	Where there is exposure to the airborne dusts of coal, beryllium, tungsten carbide, aluminium or other dusts known to produce fibrosis of the lungs.
3A	Diffuse pleural thickening or fibrosis, whether unilateral or bilateral		Where there is exposure to airborne asbestos dust and the worker has not previously suffered and is not currently suffering collagen disease, chronic uremia, drug-induced fibrosis, tuberculosis or other infection, trauma, or disease capable of causing pleural thickening or fibrosis.
3B	Benign pleural effusion, whether unilateral or bilateral		Where there is exposure to airborne asbestos dust and the worker has not previously suffered and is not currently suffering collagen disease, chronic uremia, tuberculosis or other infection, trauma, or disease capable of causing pleural effusion.
4	Cancer:		
	(a) [Deleted B.C. Reg. 224/2010.]		
	(a.1)	Primary carcinoma of the lung when associated with:	
		(i) asbestosis or	Where there is exposure to airborne asbestos dust.
		(ii) bilateral diffuse pleural thickening over 2mm thick	Where there is exposure to airborne asbestos dust and the worker has not previously suffered collagen disease, chronic uremia, drug-induced fibrosis, tuberculosis or other infection or trauma capable of causing pleural thickening.
	(a.2)	Primary carcinoma of the lung	Where there is exposure to airborne asbestos dust for a period of 10 years or more of employment in one or more of the following industries:
			(1) asbestos mining;
			(2) insulation or filter material production;
			(3) construction (where there is disturbance of asbestos-containing materials);
			(4) plumbing or electrical work;
			(5) pulp mill work;
			(6) shipyard work;
			(7) longshoring.
	(b)	Mesothelioma (pleural or peritoneal)	Where there is exposure to airborne asbestos dust.
	(c)	Carcinoma of the larynx or pharynx associated with asbestosis	Where there is exposure to airborne asbestos dust.
	(d)	Gastro-intestinal cancer (including all primary cancers associated with the oesophagus, stomach, small bowel, colon and rectum excluding the anus, and without regard to the site of the cancer in the gastro-intestinal tract or the histological structure of the cancer)	Where there is exposure to asbestos dust if during the period between the first exposure to asbestos dust and the diagnosis of gastro-intestinal cancer there has been a period of, or periods adding up to, 20 years of continuous exposure to asbestos dust and such exposure represents or is a manifestation of the major component of the occupational activity in which it occurred.
	(e)	Primary cancer of the lung	Where there is prolonged exposure to
			(1) aerosols and gases containing arsenic, chromium, nickel or their compounds; or
			(2) bis (chloromethyl) ether; or
			(3) the dust of uranium, or radon gas and its decay products; or
			(4) particulate polycyclic aromatic hydrocarbons.
	(f)	Leukemia or pre-leukemia	Where there is prolonged exposure to benzene or to ionizing radiation.
	(g)	Primary cancer of the skin	Where there is prolonged contact with coal tar products, arsenic or cutting oils or prolonged exposure to solar ultra-violet light.
	(h)	Primary cancer of the epithelial lining of the urinary bladder, ureter or renal pelvis	Where there is prolonged exposure to beta-naphthylamine, benzidine, or 4-nitrodiphenyl.

	(i)	Primary cancer of the mucous lining of the nose or nasal sinuses	Where there is prolonged exposure to dusts, fumes or mists containing nickel or the dusts of hard woods.
	(j)	Angiosarcoma of the liver	Where there is exposure to vinyl chloride monomer.
5	[Repealed B.C. Reg 188/00.]		
6	Asthma		Where there is exposure to
			(1) western red cedar dust; or
			(2) isocyanate vapours or gases; or
			(3) the dusts, fumes or vapours of other chemicals or organic material known to cause asthma.
7	Extrinsic allergic alveolitis (including farmers' lung and mushroom workers' lung)		Where there is repeated exposure to respirable organic dusts.
8	Acute upper respiratory inflammation, acute pharyngitis, acute laryngitis, acute tracheitis, acute bronchitis, acute pneumonitis, or acute pulmonary edema (excluding any allergic reaction, reaction to environmental tobacco smoke, or effect of an infection)		Where there is exposure to a high concentration of fumes, vapours, gases, mists, or dusts of substances that have irritating or inflammatory properties, and the respiratory symptoms occur within 48 hours of the exposure, or within 72 hours where there is exposure to nitrogen dioxide or phosgene.
9	Metal fume fever		Where there is exposure to the fume of zinc or other metals.
10	Fluorosis		Where there is exposure to high concentrations of fluorine or fluorine compounds in gaseous or particulate form.
11	Neurosensory hearing loss		Where there is prolonged exposure to excessive noise levels.
12	Bursitis:		
	(a)	Knee bursitis (inflammation of the prepatellar, suprapatellar, or superficial infrapatellar bursa)	Where there is repeated jarring impact against, or where there are significant periods of kneeling on, the involved bursa.
	(b)	Shoulder bursitis (inflammation of the subacromial or subdeltoid bursa)	Where there is frequently repeated or sustained abduction or flexion of the shoulder joint greater than 60 degrees and where such activity represents a significant component of the employment.
13	Tendinopathy:		
	(a)	Hand-wrist tendinopathy	Where there is use of the affected tendon(s) to perform a task or series of tasks that involves any two of the following:
			(1) frequently repeated motions or muscle contractions that place strain on the affected tendon(s);
			(2) significant flexion, extension, ulnar deviation or radial deviation of the affected hand or wrist;
			(3) forceful exertion of the muscles utilized in handling or moving tools or other objects with the affected hand or wrist;
			and where such activity represents a significant component of the employment.
	(b)	Shoulder tendinopathy	Where there is frequently repeated or sustained abduction or flexion of the shoulder joint greater than 60 degrees and where such activity represents a significant component of the employment.
14	Decompression sickness		Where there is exposure to increased air pressure.
15	Contact dermatitis		Where there is excessive exposure to irritants, allergens or sensitizers ordinarily causative of dermatitis.
16	Hand-arm vibration syndrome		Where there have been at least 1 000 hours of exposure to tools or equipment which cause the transfer of significant vibration to the hand or arm of the worker.
17	Radiation injury or disease:		
	(a)	Due to ionizing radiation	Where there is exposure to ionizing radiation.
	(b)	Due to non-ionizing radiation:	
		(i) conjunctivitis, keratitis	Where there is exposure to ultra-violet light.
		(ii) cataract or other thermal damage to the eye	Where there is excessive exposure to infra-red, microwave or laser radiation.
18	Erosion of incisor teeth		Where there is exposure to acid fumes or mist.

Schedule D
Non-traumatic Hearing Loss

Complete loss of hearing in both ears equals 15% of total disability. Complete loss of hearing in one ear with no loss in the other equals 3% of total

disability.

Loss of Hearing in Decibels Measured in Each Ear in Turn	Percentage of Total Disability	
	Ear Most Affected PLUS Ear Least Affected	
0-27	0	0
28-32	0.3	1.2
33-37	0.5	2.0
38-42	0.7	2.8
43-47	1.0	4.0
48-52	1.3	5.2
53-57	1.7	6.8
58-62	2.1	8.4
63-67	2.6	10.4
68 or more	3.0	12.0

The loss of hearing in decibels in the first column is the arithmetic average of thresholds of hearing measured in each ear in turn by pure tone, air conduction audiometry at frequencies of 500, 1 000 and 2 000 Hertzian waves, the measurements being made with an audiometer calibrated according to standards prescribed by the Board.

Schedule C

[Schedule C repealed 2003-65-27]