

Northwest Territories and Nunavut

INDUSTRIAL DISEASE

1. STATEMENT OF POLICY

Workers will receive compensation for industrial or occupational diseases that arise out of and during the course of employment (see Policy 03.03—Arising Out of and During the Course of Employment).

2. AUTHORITIES

Nunavut Worker's Compensation Act:Section 14 and Subsection 1(1).NWT Worker's Compensation Act:Section 14 and Subsection 1(1).Interjurisdictional Agreement on Workers'Section 7Compensation (among WCBs in Canada)Section 7

3. DEFINITIONS

Industrial Disease (commonly referred to as "occupational disease"):	"a disease caused by the conditions in a place where an industrial process, trade, industry or occupation is carried on." (per ss. 1(1) of the <i>Workers'</i> <i>Compensation Acts</i>)
Exposure:	Contact between an agent and a target, i.e., the worker. Exposure can be acute or cumulative.
	Acute exposure is received within a short period of time (e.g., traumatic hearing loss).
	Cumulative exposure (duration x intensity) grows by successive contacts and/or routes between an agent or agents and the worker, for example, noise-induced hearing loss. Industrial diseases are usually the result of cumulative exposure, occurring after initial exposure(s) and a latent period (e.g., asbestosis, cancers, and asthma). The disease becomes apparent with the passage of time.



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4. PROVISIONS

A) <u>Determining the Cause, Eligibility and Work-Relatedness of an Industrial</u> <u>Disease</u>

Industrial disease includes those diseases that are incurred because of the conditions or environment of employment. Unlike accidents, time usually elapses between exposure to the cause and development of the disease.

Schedule "A" lists some industrial diseases and causative agents usual or anticipated in the Northwest Territories and Nunavut. Schedule "B" shows the probable causes and eligibility criteria for claims for hand, arm or foot vibration syndromes and noise-induced hearing loss.

Claims for industrial diseases listed in Schedules "A" and "B" will be adjudicated on a case by case basis. The work environment and/or activities must have contributed to the worker contracting the disease on the balance of probabilities. This recognizes that the cause of many diseases is multi-factorial.

The *Acts* state that claims should be submitted to the WCB within one year of the date of accident. By extension, claims for industrial disease should be submitted within one year of the date of diagnosis. The *Acts* also allow for late claims submitted after the one-year period to be accepted in certain circumstances.

Tests for determining work-relatedness include, but are not limited to, the following:

- a) The disease must be due to the nature of that particular employment.
- b) The disease must be more specific to that particular employment than to the general public.
- c) Proof of exposure must be established.
- d) There must be current medical or scientific evidence of a causal link between the exposure, the industrial disease and the employment.

B) Effective Date of Payment of Compensation

Any payment of compensation will be effective from the day after the date of disablement resulting from the industrial disease.



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C) Allocation of Claims Costs and Cost Relief

Claims costs are allocated to the accident experience of the employer where the exposure occurred. Where conditions in the workplaces of two or more employers have contributed to the claimant's condition, the claims costs will be charged against the claims experience of the industry where most of the exposure occurred.

D) <u>Responsibility for Payment</u>

Exposure in the NWT or Nunavut:

If a worker accumulated sufficient exposure (as described in Schedules "A" and "B") only in the NWT and/or Nunavut, the WCB will compensate the worker according to Policy 03.02—Entitlement.

Exposure in the NWT or Nunavut and Another Jurisdiction:

If a worker accumulated sufficient exposure in the NWT or Nunavut as well as another jurisdiction, the claim will be entitled according to subsections 7(3) and 7(4) of the Interjurisdictional Agreement on Workers' Compensation (among WCBs in Canada).

5. <u>REFERENCES</u>

Policy 03.03 (April 1, 1999)	Arising Out of During the Course of Employment
Policy 03.04 (April 1, 1999)	Decision Making—Benefit of Doubt / Presumption
Policy 03.05 (August 31, 2001)	Renewable Resource Harvesters
Policy 04.01 (August 31, 2001)	Payment of Compensation
October 1993	Interjurisdictional Agreement on Workers'
	Compensation (among WCBs in Canada) (Section 7)

6. <u>HISTORY</u>

Policy 03.06 (99/10/20) Policy 03.06 (99/04/01) Policy 03.06 (96/03/19) Policy 20-02-23 (93/09/10) Policy 20-02-24 (93/09/10) Industrial Disease Industrial Disease Industrial Disease Poliomyelitis Tuberculosis



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Policy 20-02-25 (93/09/10)	Caisson Disease (Decompression Illness)	
Policy 20-02-26 (93/09/10)	Rabies	
Policy 20-03-05 (93/09/10)	Tenosynovitis	
Policy 20-03-06 (93/09/10)	Silicosis	
Policy 20-03-07 (93/09/10)	Pneumoconiosis	
Policy 20-03-08 (93/09/10)	Lung Cancer-Radon & Radon Progeny Exposure	
Policy 20-13-02 (12/81)	Arsenic	
Policy 20-13-04 (12/81)	Dermatitis	
Policy 20-13-05 (12/81)	Fumes	
Policy 20-13-06 (12/81)	Must be Referred to the Medical Advisor	
Policy 20-13-06 (12/81)	File Referral	
Policy 20-13-07 (12/81)	Infected Blisters	
Policy 20-13-10 (12/81)	Vibration Induced White Finger Disease (White	
	Hands Syndrome)	
Policy 20-13-11 (12/81)	Other Industrial Diseases (Lead, Ultraviolet	
•	Light, Radioactive Isotopes, etc.)	
Policy 20-13-12 (12/81)	Immunization	
Policy 20-13-15 (81/12)	Noise Induced Progressive Hearing Loss and	
-	Tinnitus	

Chairperson



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SCHEDULE "A" INDUSTRIAL DISEASES USUAL OR ANTICIPATED IN THE NORTHWEST TERRITORIES AND NUNAVUT

[This is not an exhaustive list of diseases or processes.]

Cases of acute exposure to infectious diseases will be handled according to Policy 03.03—Arising Out Of and During the Course of Employment.

	AGENT	PROCESS	
	POISONING		
A1	By arsenic	Any process involving exposure to or the use of arsenic, arsenic preparations or arsenic compounds	
A2	By benzene	Any process involving exposure to or the use of benzene	
A3	By carbon dioxide	Any process involving exposure to carbon dioxide	
A4	By carbon disulphide	Any process involving exposure to carbon disulphide	
A5	By carbon monoxide	Any process involving exposure to carbon monoxide	
A6	By chlorinated hydrocarbons	Any process involving exposure to chlorinated hydrocarbons	
A7	By lead	Any process involving exposure to or the use of lead, lead preparations or lead compounds	
A8	By mercury	Any process involving exposure to or the use of mercury, mercury preparations or mercury compounds	
A9	By nitro- or amino-derivatives of benzene, phenol, or their homologues	Any process involving handling, use or exposure to nitro- or amino-derivatives of benzene, phenol, or their homologues	
A10	By oxides of nitrogen	Any process involving exposure to oxides of nitrogen	
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A11	By phosphorous	Any process involving exposure to or the use of phosphorous		
A12	By isocyanates	Any process involving exposure to or the use of isocyanates		
	DISEASES FROM PHYSICAL AGENTS			
B1	Hand, arm or foot vibration syndrome	Any process involving the use of tools or equipment which transfers a significant amount of vibration to the hands, arms or feet		
B2	Dysbarism: decompression sickness including Caisson disease	Any process involving work in compressed or decompressed air		
B3	Noise-induced hearing loss	Any process that results in the exposure to continuous or intermittent loud noise over a period of years		
B4	Any disease due to exposure to x- rays, radium or other radioactive substances	Any process that results in exposure to ionizing radiation		
	RESPIRATOR	RY DISEASES		
C1	Asbestosis	Any mining, milling, manufacturing, assembling, construction, repair, alteration, maintenance or demolition process involving the generation of airborne, respirable asbestos fibres		
C2	Asthma	Any process involving exposure to allergens or irritant sensitizers attributable to a particular industrial environment		
C3	Silicosis	Any process involving exposure to respirable crystalline silica		
C4	Pneumoconiosis other than silicosis or asbestosis	Any process involving exposure to the relevant dust		



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	CANCERS		
D1	Carcinoma of the lung, larynx or pharynx or gastro-intestinal cancer, including all primary cancers associated with the oesophagus, stomach, small bowel, colon and rectum	Any process involving exposure to asbestos dust or other carcinogenic agents	
D2	Epitheliomatous (skin) cancer	Any process involving use or handling of tar pitch, bitumen, mineral oil or paraffin or any compound, product or residue of these substances; or prolonged exposure to solar ultra-violet light	



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SCHEDULE "B"

PROBABLE CAUSES AND ELIGIBILITIY CRITERIA FOR VIBRATION SYNDROMES AND NOISE-INDUCED HEARING LOSS

Hand, Arm or Foot Vibration Syndrome

Probable Cause: Exposure to vibration. Low temperatures can accelerate this condition. Examples of causative activities are:

- Grinding, chipping, scaling and caulking
- Operating a jack hammer, chainsaw or jackleg (rock) drill
- Stone cutting using pneumatic tools of medium to light weight and high frequency vibration
- Any process using air compression tools

Eligibility Criteria: More than 3500 hours of employment exposure to one or more of the causative activities as described above preceding the onset of the disability. Employment exposure must have been in the NWT and/or Nunavut.

The effective date for any increase to the disability benefit award, as assessed at the time of removal from the exposure, is the midway point between the two permanent disability assessments.

Noise-Induced Hearing Loss

Probable Cause: Cumulative exposure to high noise levels

Eligibility Criteria: Two or more years of exposure in the NWT and/or Nunavut to noise levels of 90 decibels or more for 8 hours per day

or

Two or more years of exposure in the NWT and/or Nunavut as follows:

Decibels	Exposure	Decibels	Exposure
	(hours per day)		(hours per day)
86	16	100	2
89	8	102	1.5
92	6	105	1
95	4	110	.5
97	3	115	.24 or less



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When information to estimate cumulative exposure is not available, the industry average will be used.

The effective date for the pension award, as assessed initially, is the date of diagnosis. The effective date for any increase to the disability benefit award, as assessed at the time of removal from the exposure, is the midway point between the two disability assessments.