POLICY REPORT
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WSIB ONTARIO Workplace Safety & Insurance Board
CSPAAT Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

Changes to TB Schedule 3 entry and the TB Policy

Legislative Cabinet, following the recommendations of the Occupational Disease Panel and the WSIB, amended Schedule 3 of the Act. Because of changes to the Schedule 3 entry for Tuberculosis (TB), the TB policy has been updated. These changes reflect how our understanding of the incidence, spread, control, and prevention of TB has changed in the past decade.

What is TB?

TB is a disease caused by a bacterial infection of *tubercle bacilli*. The most common form is pulmonary tuberculosis, where the infection occurs in the lungs. When first infected with TB, a person's immune system may eliminate the bacteria or the bacteria may be sealed within scar tissue where it can remain dormant for years. This first infection usually has no symptoms.

Later, the bacteria may break through the scar tissue, usually when the person's immune system has been compromised. Usually, this infection is more severe than the initial infection because the bacteria have established a breeding colony in the body and the person's immune system is not fully functioning. Any, all, or none of the following symptoms may appear:

- a cough that will not go away
- feeling tired all the time
- weight loss
- loss of appetite
- fever
- coughing up blood.

Tuberculosis is spread through inhaling TB positive sputum, mucous-like material coughed up from the respiratory system (pulmonary TB). TB can also be found in animals, and these animals can also pass TB to humans. Brief exposure to a source of TB rarely infects a person; close contact over a long period of time is the usual cause of TB infection.

The exception to this rule are people with already compromised immune systems, such as HIV infections, that can be infected with brief exposure.

If a doctor thinks that a patient might be infected with TB, a Tuberculin skin test is performed. A positive test means the person had been in contact with TB bacteria. X-rays would determine if the bacteria had done any harm.

Treatment

In 1944 Dr. Waksman found an antibiotic substance,which he named streptomycin, that kills the tubercle bacillus.

Dr. Waksman (right) with Dr. Fleming another pioneer of antibiotic research

Unfortunately, there is no quick cure for TB. The *tubercle bacilli* are sealed behind a layer of scar tissue, called a tubercle, that is not easily penetrated by drugs. Long-term drug treatment, usually lasting six to eight months, is needed to allow the drugs time to seep into the tubercles.

Tuberculsosis, 16-01-03

Workers covered

Previously, the *Tuberculosis* policy (04-02-06 in the pre-Bill 99 OPM) specifically covered workers in the medical and healthcare fields. Workers in other fields may have been covered based on the individual merits of the case.

Now to better recogonize the fact that workers in other fields can be routinely exposed to TB, the new policy extends coverage to workers if they are routinely exposed during the course of their employement to an established source of tuberculosis infection or to the *tubercle bacilli*.

Example: Coverage can include workers dealing with immigrants and foreign visitors. Because of the prevalence of TB in much of the world (see **The changing understanding of TB** on page 3) workers who deal with immigrants and foreign visitors can be routinely exposed.

Types of TB covered

There are many different types of TB. The most common is pulmonary TB, but TB can infect almost any area of the body (extra-pulmonary). Other parts of the body that are particularly susceptible include the bones and joints, and the lymphatic, reproductive, urinary, and digestive systems.

Since extra-pulmonary TB infects people in a similar manner as pulmonary TB, it is now explicitly included in the new policy.

Recurrences

The WSIB considers any recurrence of TB within three years of the worker's recovery and return to work under the original claim, whether or not the worker returns to the job with exposure to TB. If a recurrence occurs after three years, it is adjudicated as a new claim because, if the worker followed the proper course of treatment, the initial case of TB should have been cured within that time. Therefore, this case may be a new infection and not necessarily a recurrence.

Presumption of Entitlement

Entitlement to benefits is decided on the clinical evidence of TB, along with the likelihood of TB exposure in the course of work. The presumption is that the claim is work-related.

A rebuttal of a presumption occurs if:

- the worker is no longer employed in a job with exposure to TB **and** the evidence of active TB occurs after six months of the exposure employment.
- the worker has a prior history of TB within the last three years. This claim would be considered a re-activation of the prior condition.

Example

Ms. Greene developed TB symptoms and tested positive for TB nine months after leaving the employment of BFK Ltd., where Ms. Greene regularly encountered people with TB. The presumption of entitlement would be rebutted for two reasons:

1. The worker is no longer employed in a job with exposure to TB.
2. The evidence of TB occurred more than six months after leaving BFK Ltd.

Ms. Greene's claim would then be adjudicated on its own merits.

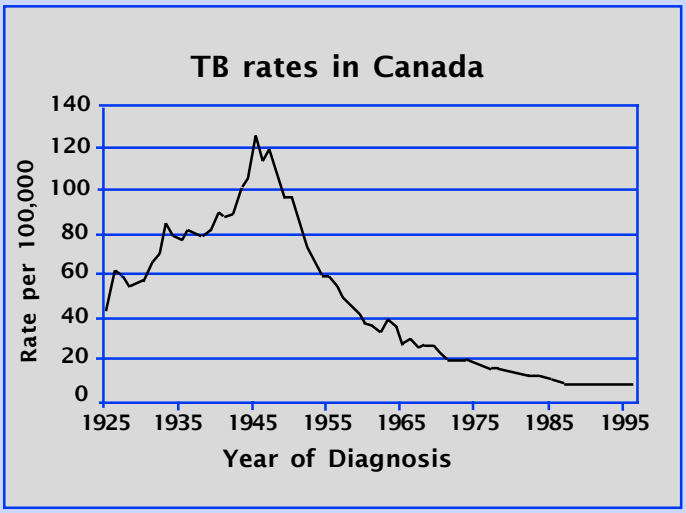
In order for the WSIB to obtain the necessary information to adjudicate the claim:

- the worker must complete and return to the WSIB the "Worker's Report of Tuberculosis" Form 0084A, and
- the employer must complete and return to the WSIB the "Employer's Report of Tuberculosis" Form 0255A, with the physician completing the medical report.

Laboratory and Specimen Collection Centre Licensing Act R.S.O. 1990

A laboratory is now defined using the following definition from the above Act:

> "laboratory" means an institution, building, or place in which operations and procedures for the microbiological, serological, chemical, hematological, biophysical, immunohematological, cytological or pathological examination of specimens taken from the human body are performed to obtain information for diagnosis, prophylaxis or treatment, but not including simple procedures prescribed by the regulations that are carried out by legally qualified medical practitioners exclusively for the purpose of the diagnosis and treatment of their patients.



Changes to Schedule 3 TB entry

Legislative Cabinet revised Schedule 3 of the Act with the approval of the amending regulation (O. Reg. 444/01) on Nov. 31, 2001, following the recommendations of the Occupational Disease Panel (ODP Report No. 14A, Nov. 1997). The TB Schedule 3 entry now includes the following as process so that

- it would be consistent with the other occupational diseases listed in Schedule 3, and
- to reflect current language usage.

Revised Schedule 3 entry for TB

Column 1 Description of Disease	Column 2 Process
Tuberculosis	Any employment in a health care facility, a laboratory as defined in the *Laboratory and Specimen Collection Centre Licensing Act*, or a reform institution, any employment in health care services or health care support services or any other employment for which there is a known risk of exposure to tuberculosis or to the tubercle bacillus

For questions about the changes to the TB policy or any of the changes to the changes to Schedule 3 contact the Medical and Occupational Disease Policy Branch at (416) 344-4365 or toll-free 1-800-387-5540 and ask for Ext. 4365 or email at modpb@wsib.on.ca.

The changing understanding of Tuberculosis

When drugs to treat TB were first discovered, TB in the developed world began to decline rapidly. Like smallpox, it was felt that TB would soon be eliminated. The rates of TB in Canada and the rest of the world initially declined, but since the 1980's the rate of TB has remained the same. It is now understood that there are three main reasons for the persistence of TB.

1 Drug-resistance

Antibiotics used to combat TB become ineffective if they are not used properly. When people fail to comply with continued long-term drug treatment, some of the bacteria that are more resistant to the drug can survive. These drug-resistant bacteria can breed, forming a new TB strain that proliferates despite drug treatment and can only be killed when new drugs are found. Multi-drug-resistance is beginning to be a problem in Canada.

2 Immigration from countries where TB is common

One third of the world's population is believed to have TB. TB has continued to be a major problem, particularly in the developing world where drug treatments are not readily available or affordable. To support immigration into Canada from these countries, the federal government must carefully watch for TB in the incoming population. Canadian immigration laws currently require that all immigrants older than ten years be screened for active tuberculosis, and that all positive cases be followed-up once entering Canada.

3 High risk population groups

In Canada, some population groups have a higher potential for infection by tuberculosis and thus have the potential for spreading TB:

- those whose immune system is compromised, such as patients with HIV;
- those located in economically depressed areas, such as poor and overcrowded inner-city areas, or isolated communities; and
- mobile, displaced populations such as the homeless.

New policy

Redirected Benefit Payments, 18-01-06

The Benefits Policy Branch has developed a new *Redirected Benefit Payments* policy, 18-01-06 in the new OPM which replaces *Assignments*, 05-01-06 in the Pre-Bill 99 OPM.

Policy 18-01-06 takes into account new agreements struck by the WSIB with agencies such as Canada Customs and Revenue Agency (formerly Revenue Canada).

The new policy also reflects current legal and administrative changes, which made the previous policy inaccurate and incomplete.

The Benefits Policy Branch worked with the WSIB's Operations and Legal Services divisions to update the policy, making it useful for lawyers, decision-makers, and those with a need to know how all types of assignment and garnishment requests should be handled.

The policy on Support Deduction Orders for family support or maintenance remains unchanged and continues to be governed by the *Automatic Deduction for Family Support* policy, 05-01-15 in the Pre-Bill 99 OPM.

The new policy applies to all redirection notices received by the WSIB on or after August 1, 2001. If you have questions about the new policy, please contact Steve Densmore, Policy Analyst, Benefits Policy Branch at (416) 344-4349 or toll-free 1-800-387-5540, Ext. 4349 or via email at steve_densmore@wsib.on.ca.

Revised policy

Health Care Fees, 17-03-02

The WSIB has the authority under section 33 of the *Workplace Safety and Insurance Act* to set and review rates or fees paid to health care practitioners. The *Health Care Fees* policy, 17-03-02 has been revised to highlight legislative provisions prohibiting health care practitioners from charging fees beyond the set fee schedules established by the WSIB. Benefits Policy Branch worked with Health Services to revise the policy.

Since the approach to fee setting has not changed, the policy's original application date of January 1, 1993 continues to apply. For further information on specific fees please see our website www.wsib.on.ca or contact Health Services at (416) 344-4526 or toll-free at 1-800-569-7919.

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