A strategy for the prevention of known occupational diseases

Newfoundland and Labrador

2011-2013

SAFE WORK NEWFOUNDLAND & LABRADOR

WHSCC WORKPLACE HEALTH, SAFETY & COMPENSATION COMMISSION

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SECTION 1.0

INTRODUCTION

Between 2003 and 2010 there were 112 fatalities due to occupational disease reported in Newfoundland and Labrador.

1.1 The right to health and safety at work

Health and safety at work is a basic human right made law in Canada through occupational health and safety and human rights legislation.

Work provides for the necessities of life and has a positive impact on social, psychological and physical health and wellbeing. The work environment can positively or adversely affect the health of workers, who spend one-third of their adult lives at work. While a commitment to occupational health and safety contributes to a high quality working life, uncontrolled workplace hazards may reduce the wellbeing, working capacity, and even the life span of workers.

The "internal responsibility system" is the underlying philosophy of occupational health and safety legislation in Canada. This means everyone in the workplace, both employees and employers, must take responsibility for his or her own safety and for the safety of their co-workers. The internal responsibility system creates an employee-employer partnership to ensure a safe and disease-free workplace.

1.2 Role of the Commission

Section 20.2 of the *Workplace Health, Safety and Compensation Act (WHSC Act)* gives Newfoundland and Labrador's Workplace Health, Safety and Compensation Commission (the Commission) the mandate to promote health and safety in the province's workplaces and to prevent workplace injuries and diseases. The Commission does this by:

- Promoting public awareness of workplace health and safety
- Educating employers, workers and others about workplace health and safety
- Supporting occupational health and safety committees, worker health and safety representatives, and workplace health and safety designates (established or appointed under the *Occupational Health and Safety Act*)
- Promoting and funding workplace health and safety research
- Fostering a commitment to workplace health and safety among employers, workers and others
- Making recommendations to the Government of Newfoundland and Labrador regarding workplace health and safety

1.3 Defining occupational disease

In Newfoundland and Labrador, occupational disease is also known as industrial disease, and is defined in both the *Workplace Health, Safety and Compensation Act* and the Occupational Health and Safety (OH&S) Regulations. The OH&S Regulations focus primarily on preventing illness and enforcing an employer's duty to report known or suspected hazards that could impact workers' health. The *WHSC Act* addresses compensability issues if a worker becomes ill as the result of a hazardous exposure in the workplace.

For the purpose of this prevention strategy, occupational diseases are viewed as disorders of health resulting from work hazards and conditions in the workplace. These known illnesses or diseases are distinguished from occupational injuries, which are disorders resulting from trauma such as strains or sprains, lacerations, burns or soft-tissue injuries, often resulting from factors such as lifting and bending, or insufficient safety controls. Work on occupational injuries is provided for in the Commission's prevention programs and will feature prominently in the Integrated Prevention Strategy, expected to be finalized in 2011.

1.4 A partnership approach

Preventing workplace injuries, illnesses and occupational disease is everyone's responsibility. The Commission relies on a partnership approach in all its health and safety and prevention activities.

In laying the groundwork for an occupational disease strategy, the Commission formed a working group. This group, consisting of Commission staff and representatives of the Occupational Health and Safety Division (Occupational Health and Safety Branch, Department of Government Services), was asked to research and collaborate with workplace parties in creating this strategy.

The working group consulted with the Newfoundland and Labrador Federation of Labour and the Newfoundland and Labrador Employers' Council. Both organizations submitted, in writing, their issues and priorities related to the development of an occupational disease prevention strategy and these recommendations have been factored into this strategy's development. The position of both organizations was that education and awareness is key to the prevention of occupational disease.

SECTION 2.0

RATIONALE FOR AN OCCUPATIONAL DISEASE STRATEGY

This strategy provides a framework for raising awareness about known occupational diseases in Newfoundland and Labrador.

2.1 An emerging issue in Newfoundland and Labrador

Several milestones in the past ten years have led to the development of an occupational disease strategy for Newfoundland and Labrador.

- **2001:** The Commission releases the statutory review report titled *Changing the Mindset – Task Force Report*. The document named occupational disease as an emerging issue needing focused attention in the years ahead.
- **2003:** The Commission releases a new accident prevention strategy titled *Promoting Safe and Healthly Workplaces: a Provincial Strategy.* The strategy identifies the need to gather research to lay the foundation for addressing occupational disease in the province. It also states the need to collaborate with other workers' compensation boards and local stakeholders to determine emerging trends based on the incidence and prevalence of occupational disease.
- **2006:** The Statutory Review Committee recognizes occupational disease as one of the most complex emerging issues in the area of workers' compensation and recommends the establishment of an Occupational Disease Advisory Panel.

- **2008:** The Government of Newfoundland and Labrador follows through on the Statutory Review Committee's recommendation and, in its action plan in response to the review of the province's workers' compensation system, tasks the Commission with establishing an Occupational Disease Advisory Panel. Existing as a standing committee of the Commission's Board of Directors, the Panel is given a mandate to oversee occupational disease matters before the Commission.

2.2 An immediate priority

The nature of occupational disease makes the issue difficult to address. Occupational diseases result from a variety of biological, chemical and physical factors encountered in the course of employment. These diseases usually (but not always) arise from repeated exposures to a hazard over time and, in the case of diseases of long latency, symptoms may take decades to manifest. This is the case, for example, with asbestos-related lung cancer.

Momentum is now building across Canada to strategically and systematically prevent occupational disease. This strategy, a unique initiative in Canada, provides a framework for educating and raising awareness about known occupational disease in Newfoundland and Labrador. Our ultimate vision is to reduce the burden and incidence of occupational disease in this province. We recognize that new and emerging occupational diseases, resulting from previously unrecognized hazards in the workplace, can be identified at any point in time. Hence, this strategy is subject to change.

Success of this strategy ultimately rests on several factors:

- Employers' and employees' acceptance of their responsibility to create safe and healthy workplaces, and to be informed about, and promote awareness of, occupational disease hazards in the workplace.
- Government regulation and enforcement to ensure employers follow safe and healthy workplace practices.
- Industry support to promote awareness of occupational disease hazards and to support prevention strategies.
- Public education efforts to promote awareness of occupational disease, especially among youth.
- A teamwork approach by physicians, nurses, and allied health professionals to promote the awareness and prevention of occupational disease.
- Leadership of the Commission in building and delivering education and awareness programs that lead to the prevention of known occupational diseases.

SECTION 3.0

STATISTICS, DATA AND A JURISDICTIONAL REVIEW

While there is growing awareness of occupational diseases, preventing them remains a global challenge.

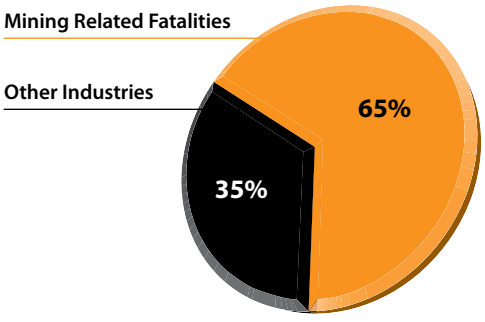
3.1 Fatality and injury statistics

Between 2003 and 2010, 112 fatalities were reported in Newfoundland and Labrador due to occupational disease. During this period, the Commission paid out $12.3 million for occupational disease fatalities. Of the 112 claims:

- 85 (76%) were coded as neoplasms, tumors and cancer, including malignant tumors (52%) and mesothelioma (13%).
- 27 (24%) were coded as systemic diseases and disorders, including chronic obstructive lung disease and pulmonary fibrosis.

Although the 112 fatalities were distributed among the various industries throughout Newfoundland and Labrador, 65% were

Fatalities by Industry
(112 fatalities from 2003 to 2010)



mining related. In fact, 40% of the 112 fatalities and 33% of the total claims costs were linked to the occupation of miner.

Based on historical data, in an average year the Commission accepts 14 new claims for occupational disease fatalities, and pays out over $1.5 million.

3.2 Lost time and health care only claims

At the time of this report's release, Commission records show hundreds of people in Newfoundland and Labrador are living with occupational diseases. In 2010 alone, the Commission recieved 47 new occupational disease claims. Diseases include cancer, chronic obstructive pulmonary disease, asbestosis and silicosis. Once again, the majority of these claimants worked as miners. Sources of their illnesses include asbestos, metallic particulates and silica.

Lost time and health care only claims by occupational disease category *(Beginning with most prevalent)*
Respiratory system diseases
Neoplasms, tumours and cancer
Deafness and hearing loss
Dermatitis and skin infections
Crab asthma

Between 2003 and 2010, the Commission paid out roughly $8.9 million for "lost time and health care only" claims coded as respiratory system diseases and neoplasms, tumors and cancer.

Other systemic diseases and disorders have also been reported. Between 2003 and 2010, the Commission accepted:

- 2,044 claims for deafness and hearing loss (14 lost-time; 2030 health care only)
- 123 claims for dermatitis and skin infections (63 lost-time; 60 health care only)
- 15 claims for crab asthma (12 lost-time; 3 health care only)

Positive indicators are also evident in this time period. For example, recent total lost-time claims data shows that exposure to harmful substances and environments has seen a steady decrease, from 6.5% of total claims in 2003 to 3.5% in 2011. The combination of education and awareness surrounding occupational disease, along with more stringent OH&S legislation, enforcement, and industry codes of practice, have begun to positively influence a prevention-focused safety culture.

3.3 Data challenges regarding occupational disease

Occupational disease claims often result from long-term exposure to harmful substances, with onset of disease typically occurring many years after chronic exposure. The vast majority of occupational disease claims discussed above resulted from exposures dating as far back as the 1950s and 1960s. Today's occupational disease rates do not reflect today's workplace conditions or exposures.

It must be noted there are gaps in the analysis of occupational disease claims. Reasons include:

- Long latency periods from time of exposure to symptoms of illness
- Challenges in attributing an illness to occupational exposure (it may takes months or years, for example, to link a respiratory condition of today to occupational exposure many years ago)
- Inconsistent tracking over time, since only in recent years have we begun to understand and define occupational disease

As a result of these gaps, the Commission is establishing an occupational disease grouping for the various injury/illness codes. This will provide more routine analysis of this particular data and greater validity in reporting occupational disease claims.

3.4 OH&S enforcement

The Occupational Health and Safety Division of the Occupational Health and Safety Branch (Department of Government Services) is working to decrease the incidence of occupational disease in the province. The Branch addresses situations where workers can be exposed to hazardous substances in the workplace. The Branch has expertise in industrial hygiene, hazardous materials handling, ergonomics and radiation.

The OH&S Division routinely issues directives to workplaces where OH&S officers detect violations of the *OH&S Act* and Regulations. When an officer discovers a workplace situation that could adversely affect the health of a worker, he/she writes a directive informing the employer of required changes. Directives have been issued to address asbestos exposure, chemical exposure, ventilation, noise, respiratory protection, dust, and medical surveillance (see Table 1).

The number of directives issued from 2004 to 2010 has increased; this reflects a stronger focus on prevention, not necessarily an escalation in workplace hazards.

Occupational health hazards	Number of directives issued						
	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	Total
Asbestos	105	234	212	94	226	182	1053
Chemical/hazardous substance	132	157	153	270	250	219	1181
Medical surveillance	0	0	4	2	13	11	30
Noise hazards	24	30	32	31	47	51	215
Ventilation	69	73	57	131	83	134	547
Respiratory protection	33	48	27	37	51	66	262
Dust	10	30	19	16	67	23	165
Total	373	572	504	581	737	686	3453

Table 1: OH&S directives

3.5 A Canadian perspective on occupational disease

General consensus: Occupational disease is a complex issue.

While there is growing awareness of occupational diseases, preventing them remains a global challenge. According to the International Labour Organization (ILO), one reason may be the difficulty in determining a causal relationship between workplace conditions and a worker's health impairments. The problem is particularly evident in cases of diseases with long latency periods and multi-factorial causes *(ILO 2010, Emerging Risks and New Patterns of Prevention in a Changing World of Work).*

The following information provides a perspective on initiatives underway across Canada to address occupational disease.

Canadian Centre for Occupational Health and Safety

In 2005, the Canadian Centre for Occupational Health and Safety (CCOHS) held a two-day multi-stakeholder national forum titled "Recognizing and Preventing Occupational Disease." The forum responded to concerns about the steadily increasing trend, over the previous two decades, of deaths due to work-related disease and the challenges in recognizing and preventing these diseases.

Experts attributed the challenges to a number of issues:

- Difficulties in making a connection between work and health issues

- Limited understanding or knowledge of exposure-effect relationships
- Long latency period for many diseases
- Limited disease reporting and systematic data collection
- Divisions in government responsibility for workplace issues and health issues

The forum generated 125 recommendations through the joint efforts of workers, employers, researchers and government representatives. While recommendations for occupational disease tended to focus on broad initiatives and solutions beyond the scope of a single disease prevention initiative, three priorities emerged:

1. The need to educate youth, new and immigrant workers, and students in all aspects of occupational health and safety
2. The need to establish a national registry of all compensable occupational diseases
3. The need to share information on occupational disease

Cross-jurisdictional review

The Commission performed a cross-jurisdictional review of all workers' compensation boards in Canada to seek input into strategies, programs and initiatives specifically designed to prevent known occupational diseases.

The review showed that most boards in Canada have yet to develop a strategy for the prevention of known occupational diseases. Most boards said any initiatives they have in place are for the adjudication of occupational disease claims and disease management protocols. Some boards indicated they also have initiatives that focus on the prevention of occupational disease.

For example, WorkSafeNB, which commissioned a study in 2005 to assess occupational disease and to direct further action, employs specialists in occupational hygiene. They also partner with health care to deal with infectious diseases and other hazards found in the health care industry. WorkSafeBC carries out occupational disease prevention activities across four primary categories: occupational hygiene, ergonomics, hearing loss prevention, and technical and quality assurance sampling services. And SafeWorkNS's prevention strategy directs staff to work with targeted employers in an all-inclusive approach to identifying hazards, risks and injuries in the workplace.

Some boards also said they are considering investing in broader initiatives focused on the prevention of occupational disease. In particular, the Workplace Safety and Insurance Board of Ontario and the Northwest Territories and Nunavut Board are each developing a strategy.

The review also highlighted the complexity in defining known occupational diseases. All jurisdictions in Canada have their own legislation regarding workers' compensation and occupational health and safety. Hence, Canada's workers' compensation boards do not appear to have a common definition of known occupational disease that could provide a basis for comparative measurement and data analysis.

SECTION 4.0

WORK IN PROGRESS TO ADDRESS OCCUPATIONAL DISEASE IN NL

To advance the occupational health agenda in this province, we must connect science with the workplace.

While occupational disease is broad and multi-factorial, and often involves long latency periods, the actions of today can have a large impact on preventing the occupational diseases of tomorrow.

We need medical expertise to help us understand this group of diseases. Through a clearer understanding, we can address the challenges of educating stakeholders on the technical components of hazards, exposure levels, chemical, biological and radioactive agents, surveillance, and causation. In order to advance the occupational health agenda in this province, we must connect science with the workplace and find creative, simplistic avenues to educate and train workplace parties.

In Newfoundland and Labrador there is a significant body of work in place, in various stages of development, to address known occupational disease. The following pages highlight evidence of this work.

4.1 OH&S legislative changes

Background: The Government of NL updated its OH&S Regulations in 2009, adding a schedule of occupational disease and dedicating a section to occupational health requirements. Topics in this section include: hazardous substances, health surveillance, ventilation, silica medical surveillance, MSI prevention, and noise hazards.

Currently: Government is also reviewing the Mines Safety of Worker Regulations. Stakeholders expect the new regulations will help address occupational diseases in mining.

4.2 Labrador West dust study

Background:

1970s - Diagnosis of silicosis in two Labrador West mining properties.

1982 - Labrador West dust study completed.

1994 - Medical education and dust sampling audits conducted, proving that recommendations implemented from the 1982 study led to improved working conditions and a reduced number of confirmed cases of pneumoconiosis.

2000 - Study completed to assess the effectiveness of controls implemented in 1982 and 1994.

Currently: A third phase of the study, recommended for 2011, will focus on medical auditing. The Labrador West Dust Study Steering Committee is in the process of coordinating a medical audit of two mining properties in Labrador West.

4.3 Hazardous medications

Background:

2007 - The Government of Newfoundland and Labrador's OH&S Division initiated an enforcement strategy to focus on the safe handling of hazardous medications, specific to the operations of regional health authorities.

2010 - In consultation with the province's Pharmacy Board and Pharmacists' Association, a similar enforcement strategy was initiated for retail pharmacies, focusing on the handling and storage of biomedical waste and cytotoxic waste.

Currently: The Division will continue to enforce safe handling procedures for hazardous medications.

4.4 Asbestos abatement contractors

Background: Asbestos abatement companies are workplaces where employees are at risk of developing work-related illnesses/diseases. The OH&S Division requires all registered asbestos abatement contractors in this province to monitor the health of their employees. In 2010, these contractors were sent information outlining an asbestos health surveillance program, including information workers can take to their physicians.

A particular point of focus for the OH&S Division in this area has been Respiratory Protection Programs. During the application process to become a registered asbestos abatement contractor, applicants are required to submit a copy of their Respiratory Protection Program (ensuring compliancy with CSA Z94.4-02) for review. Contractors do not receive a registration certificate until they can show they have an effective program and are qualified to implement it.

Currently: Contractors registered prior to 2010 may not have functioning programs. The Division intends to formally notify all asbestos abatement contractors reminding them of the new requirement under Section 16 of the Asbestos Abatement Regulations 111/98. Compliance will be checked during routine inspections.

4.5 Radiation inspection program

Background: As part of a review of the Radiation Inspection Program used in the province's health care system, the OH&S Division has developed procedures for its radiation protection officers. Specifically, the document outlines the process to follow to inspect new installations, general X-ray equipment, dental radiation producing equipment and fluoroscopy equipment. An updated computerized registration system for all radiation-producing equipment has also been implemented.

Currently: The OH&S Division will continue to follow the procedures and improve them as needed.

4.6 Crab asthma

Background: In 2000, a working group was formed to address shellfish asthma among workers in the province's fish processing plants. The group included representatives of the Commission; the OH&S Division; the Fish, Food and Allied Workers; Fisheries Association

of Newfoundland and Labrador; the Department of Fisheries and Aquaculture; and the Department of Health and Community Services. The group's task was to ensure all measures were taken to minimize the adverse effects of shellfish exposure on plant workers, while permitting plants to operate and provide valuable employment. The Commission's role was to coordinate education initiatives on how to prevent exposure, including distributing a booklet for crab workers, harvesters and processors, and issuing a bulletin for physicians who care for workers with this condition.

Currently: The Commission will continue to monitor crab asthma.

4.7 Education and awareness of occupational disease

Background: An important part of the Commission's mandate is to increase occupational health and safety education and awareness, and each year the Commission offers a Prevention Workshop Series. The series, which includes over 100 workshops delivered throughout the province, shares information on various facets of occupational health and safety. The Commission has also undertaken two specific initiatives related to the awareness of sources of occupational disease:

- **Air quality:** In 2009, the Commission and the OH&S Division partnered to develop a workshop on indoor air quality, which they delivered across the province to 131 people. The session helped participants identify signs of poor indoor air quality and possible causes, and shared information on eliminating and preventing air quality issues.
- **Noise hazards:** In 2010, the Commission developed and delivered a workshop on noise hazards - the most common occupational health hazard in the workplace. While noise is often regarded as a low risk hazard in the workplace, many workers are exposed to occupational noise loud enough to damage their hearing. However, hearing loss can occur so gradually that individuals may not realize it is happening. The workshop was delivered to 178 participants.

Commission employees also regularly take part in speaking engagements at conferences and industry meetings on all OH&S related topics. In June 2010, a number of staff members attended the Newfoundland and Labrador Federation of Labour's Occupational Disease Planning Day, which focused on various occupational health hazards.

Currently: The Commission plans to offer two additional workshops in 2011 (11 locations across the province) related to occupational disease. The first, titled *Overview of Chemical Hazards*, is scheduled for April and the second, titled *Occupational Disease*, is scheduled for September.

4.8 IRSST partnership

Background: Responding to the 2006 Statutory Review Committee's report on the *WHSC Act*, the provincial government identified occupational disease as one of the most complex and rapidly emerging issues in the area of workers' compensation. To support effective and timely management of occupational disease claims, the best scientific and medical advice and evidence is required.

Following a jurisdictional review, the Commission identified the Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST) as having significant expertise in the area of occupational disease. The Commission signed a Memorandum of Understanding with the IRSST in 2009. Through its network of research collaborators nationally and internationally, the IRSST links the Commission to experts who can advise on occupational disease matters under review.

Currently: The Commission is examining the prevalence of cancer among shipyard workers. Dating back to 2007, approximately 60 claims have been submitted by workers of the former Marystown Shipyard. Approximately 80% of those claims have been adjudicated with respect to asbestos exposure; however, exposures to other chemicals or combinations of chemicals have not been adjudicated. This is now the primary focus of worker representatives.

To ensure a thorough examination of the issue, in 2010 the Commission contracted the IRSST to review scientific and medical literature to determine if there is an increased incidence of cancer among shipyard workers. As part of this review, stakeholders and worker/family representatives of former Marystown Shipyard workers were invited to submit relevant literature. The IRSST's review (targeted for completion in June 2011) will help the Commission adjudicate the Marystown Shipyard claims, as well as those from other workplaces with similar occupations and /or exposures.

4.9 SafetyNet

Background: SafetyNet (Memorial University) is a community alliance for health research, with major funding from the Canadian Institutes of Health Research. The program studies the occupational health and safety of marine and coastal work. Despite the notoriously dangerous and risky nature of marine and coastal occupations, little research of this kind has been done in this sector. A primary reason is the sector's complex nature, requiring coordination of researchers from a wide range of backgrounds and participation of a broad range of community partners.

SafetyNet's community alliance has brought together researchers in medicine, nursing, social sciences, natural sciences, engineering and marine sciences, and partners in the

public and private sectors and in the coastal communities where the research is taking place. The Commission has worked with SafetyNet in various initiatives, including funding for crab asthma research.

Currently: The Commission will continue to monitor occupational disease issues in marine and coastal environments.

4.10 Baie Verte miners' registry

To date: The health effects from exposure to, and working with, asbestos have been widely recognized for more than 50 years. Asbestos was mined and milled at Baie Verte from 1955 to 1992. Work to develop a registry of former workers at the Baie Verte mine commenced in July 2008. The registry:

- Identifies former mine employees
- Determines their vital status and general state of health
- Attempts to ascertain how many may have contracted an asbestos-related disease

The project had a target population of 2500 – 3000 former Baie Verte Mine employees; to date, 1200 people have been contacted and 998 registered. The project is being completed by SafetyNet and overseen by a working group comprising representatives from the United Steel Workers, the Baie Verte Peninsula Miner's Action Committee, and the Commission.

Currently: The Commission and SafetyNet will finalize the work needed to complete the registry in 2011.

4.11 Workers' compensation boards' research partners

Background: The Commission has a Memorandum of Understanding with WorkSafeBC and has partnered with workers' compensation boards in Nova Scotia, Manitoba and Saskatchewan to jointly fund and support research of common interest. WorkSafeBC oversees the research program, which funds rigorous scientific study and practical, shop floor projects.

Currently: The Commission is now a funding partner for the development of a Canadian workplace exposure database through WorkSafeBC.

4.12 Creation of the Occupational Disease Advisory Panel

Background: The Commission formed the Occupational Disease Advisory Panel in 2009, at the direction of Government, to oversee occupational disease matters before the Commission. The Panel, a committee of the Commission's Board of Directors, was also tasked with prioritizing specific occupational disease issues.

Currently: The Panel will continue its work on occupational disease, including overseeing implementation of this prevention strategy.

4.13 Summary

As evidenced here, a significant body of work has been completed or is in progress related to occupational disease in Newfoundland and Labrador. The investigations, studies and initiatives all highlight the fact that we need further efforts to address occupational disease in our province's workplaces. Stakeholders must now come together to establish a strategic approach to preventing known occupational diseases into the future.

SECTION 5.0

ROLES AND RESPONSIBILITIES

Workplace parties must share common goals and contribute to activities that promote a safety culture.

Each workplace stakeholder has unique roles and responsibilities in promoting, protecting, and advancing occupational health in the workplace. Collectively, workplace parties must share common goals and contribute to activities that promote the safety culture of organizations and workplaces. The Commission will rely on the following stakeholders to support this prevention strategy.

5.1 Employers

Employers must comply with the OHS Act & Regulations, including any applicable regulations pertaining to their industry. They fulfill their duties under legislation by developing safety systems and programs that educate, train, and protect workers from workplace hazards. From an occupational health perspective, employers must familiarize employees with health hazards, develop safe work practices, provide adequate training, and establish OH&S committees and/or worker health and safety representatives/ designates.

The Newfoundland and Labrador Employers' Council provides advocacy, communication and training services to its members on matters that affect the employment relationship and the workplace. This includes occupational health and safety and workers' compensation.

In implementing this strategy, employers will be expected to:

- Participate in workshops and occupational health and safety committee training and/or worker health and safety representatives/designates to enhance their knowledge of known occupational diseases.
- Emphasize the importance of hazard controls to reduce occupational health exposures in the workplace.
- Communicate all health hazards and exposures to workers.

5.2 Workers

Workers have a responsibility to protect their own health and safety, and that of their co-workers and others at or near the workplace. They must also work with the employer, their co-workers, the OH&S committee, worker health and safety representative or designate, and anyone exercising a duty imposed under OH&S legislation. It is essential that workers follow instructions and participate in training, report hazardous conditions, and properly use all safety equipment/devices/clothing. In addition, workers have the right to know about workplace hazards, to participate in identifying and resolving OH&S issues, and to refuse unsafe work.

The Newfoundland and Labrador Federation of Labour represents the organized labour movement in this province. The Federation advocates for improved occupational health and safety, focusing its efforts on eliminating or minimizing workplace risks and health hazards. In 2010, the organization devoted one of its member conferences to heightening awareness of occupational disease.

In implementing this strategy, workers will be expected to:

- Take initiative towards understanding the right to a safe and healthy work environment.
- Actively participate in workplace inspections and training for occupational health and safety committees, and worker health and safety representatives or designates.
- Adhere to safe work practices when working with health hazards.

5.3 Physicians, nurses and allied health professionals

Physicians: Physicians play a key role in the early detection of occupational diseases. They detect occupational disease by evaluating patients' symptoms, diagnosing their medical conditions, considering whether it is work-related, and giving appropriate treatment. If the cause of an illness is not known but some of its characteristics strongly suggest it may be work-related, physicians arrange for a more detailed investigation.

Nurses: Occupational health nurses play an important role in monitoring the trends of occupational disease, planning appropriate interventions, and evaluating prevention programs. Occupational health nursing includes:

- Managing and administering occupational health services within legal and professional parameters
- Conducting health examinations
- Assessing the work environment
- Providing primary, secondary, and tertiary prevention strategies
- Providing health education and promotion programs
- Providing counseling interventions and programs
- Managing information
- Conducting health surveillance programs
- Monitoring injury/illness trends

Allied health professionals: As clinical professionals, these health care providers play an important role in this strategy given the broad range of diagnostic, technical, therapeutic and direct patient care and support services they provide. These services are critical to the other health professionals they work with and the clients they serve.

In implementing this strategy, the Commission will need to collaborate with various types of health care providers.

5.4 Industry associations and sector councils

Industry associations and sector councils are valuable champions of workplace health and safety given their expertise, experience, and knowledge of industry-specific practices. When industry partners come together to solve complex occupational health

issues, lives are saved and injuries prevented. Organizations like the Newfoundland and Labrador Construction Safety Association, Safety Services NL, Newfoundland and Labrador Occupational Safety and Health Association, the Fish Harvesting Safety Association, the Fish Processing Sector Safety Council, and the Forestry Safety Association of Newfoundland and Labrador help workplaces manage risks and hazards, educate workers, and set industry best practices.

In implementing this strategy, industry associations and sector councils will be expected to become aware of and carry out their important role in occupational health and safety and prevention programs in relation to occupational disease.

5.5 Secondary and post-secondary education

Given their target populations, secondary and post-secondary educational institutions have an important role to play in this occupational disease prevention strategy. As curriculum developers and educators of tomorrow's workforce, they must have current information on risk factors associated with occupational disease.

In implementing this prevention strategy, educators will be expected to enhance curricula to include information on the prevention of occupational disease.

5.6 Government and the Workplace Health, Safety and Compensation Commission

Government establishes safety and health standards for the workplace. The Department of Government Services, through its OH&S Division, plays a regulatory and enforcement role. Enforcement officers identify health hazards that contribute to occupational disease in workplaces, and through investigations and inspections, they ensure employers are aware of their responsibilities under the *OH&S Act* and Regulations.

The Commission has a mandate to promote health and safety in workplaces and to reduce the occurrence of workplace injuries and disease. Liaising with the OH&S Division, the Commission plays a central role in occupational health, particularly in delivering initiatives that educate and protect workplace parties.

SECTION 6.0

VISION, GOALS AND A THREE-YEAR ACTION PLAN

By December 31, 2013, the Commission will have laid the foundation for long-term partnerships and programs that ultimately help prevent known occupational diseases in Newfoundland and Labrador.

6.1 Framework for the strategy

The Strategy for the Prevention of Known Occupational Disease, for the years 2011–2013, is based on trend analysis and information received from a variety of sources (as noted in this document). The plan is an adjunct to the Commission's strategic plan for the same time period.

The strategy's focus is three-fold:

- Build safety partnerships with stakeholders to plan ways to provide education on the prevention of known occupational diseases.
- Implement targeted education and awareness initiatives about occupational hazards and exposures with a probable link to occupational disease.
- Continually monitor occupational disease and evaluate the strategy's progress in order to set future directions for the prevention of occupational disease.

6.2 Guiding values

Three-year goal: By December 31, 2013, the Commission will have implemented key elements of the strategy to lay the foundation for long-term partnerships and programs that ultimately help prevent known occupational diseases in Newfoundland and Labrador.

Measures: All key elements of this strategy are implemented.

6.3 Three-year action plan

YEAR ONE (2011)

GOAL: Form partnerships and a plan.

By December 31, 2011, form safety partnerships specific to the prevention of occupational disease. Working with these partners, plan strategies to increase awareness of known occupational diseases and how to prevent them.

Objective 1: Build capacity by creating a network of stakeholders with a vested interest in occupational disease.

Key actions:

A. Initiate partnerships for occupational disease education by sharing this plan with stakeholders, subject matter experts, and safety organizations.

B. Formalize partnerships with organizations willing to commit resources (time, expertise, advocacy, etc) to the strategy's implementation.

C. Create a communication network of workplace stakeholders, industry associations, sector councils, health care providers, secondary and post-secondary educators, and occupational disease experts for the purpose of sharing information on occupational disease.

D. Identify, define and communicate stakeholder roles and responsibilities in the network.

Objective 2: Identify educational issues and priorities related to known occupational diseases.

Key actions:

A. Establish an ongoing process to gather stakeholder input and direction.

B. Prioritize key issues related to occupational disease.

C. Improve data analysis and workplace surveillance by:

   a. Identifying existing gaps in occupational disease information

   b. Identifying strategies and mechanisms to enhance reporting systems (disease surveillance, work history records, occupational disease data)

   c. Improving data collection

D. Identify strategies to communicate known occupational disease hazards.

Objective 3: Build an education plan to support the prevention of known occupational diseases.

Key actions:

A. Working with partners, plan a targeted, collaborative, multi-disciplinary and participatory approach to occupational disease education programs for workplaces, industry sectors, students, and health care providers.

B. Establish an analytical unit (identify qualitative and quantitative measures) that will define success factors for the prevention of known occupational diseases.

C. Identify actions, responsibilities, timelines, and measurements to implement the plan and pursue the success factors described above.

YEAR TWO (2012)

GOAL: Deliver education programs.

By December 31, 2012, deliver (through partnerships) educational programs on hazards and exposures that cause known occupational diseases in high-risk industries.

Objective 1: Through adequate resources, training and cohesive project management, commit to the education plan developed in year one.

Key actions:

A. Educate workplace representatives in techniques to identify and control exposure to hazardous substances at the source, along the path, and at the receiving end.

B. Build the capacity to share knowledge among workplaces.

C. Organize and coordinate the efforts of stakeholders in delivering the education programs defined in the plan.

Objective 2: Work with the OH&S Division to increase efforts that will lead to a better workplace understanding of occupational hazards and prevention measures.

Key actions:

A. Focus on identifying workplaces that need training in the use of controlled products (WHMIS), and enforce compliance with training requirements.

B. Publish alerts, as needed, to draw attention to occupational disease hazards in the workplace.

Objective 3: Design, publish and distribute to all workplaces new fact sheets outlining known hazards and exposures that cause occupational disease. Include information on new directives issued by the OH&S Division.

Objective 4: Disseminate information to all stakeholders on the latest scientific research that links hazardous exposures to the formation of known occupational diseases.

YEAR THREE (2013)

GOAL: Monitor progress and set future directions.

By December 31, 2013, evaluate progress in order to set future directions in preventing known occupational diseases.

Objective 1: Measure the impact of this strategy's efforts to increase education about the prevention of occupational disease and its sources of exposure.

Key actions:

A. Implement the plan to strengthen the collection of current occupational disease data, including consistent and reliable environmental surveillance, exposure assessments and tracking protocols.

B. Improve the data link between the detection and prevention of known occupational diseases.

C. Complete a formal evaluation of the overall strategy's effectiveness.

Objective 2: Assess the progress of occupational disease prevention strategies to date and explore / define next steps to meet the challenges of the future.

Key actions:

A. Continue to support connections among all stakeholders involved in understanding and preventing occupational disease – from research objectives to outcomes to prevention activities.

B. Continue to gather knowledge about occupational hazards, exposures and prevention solutions.

C. Identify and share information on emerging occupational health trends and related prevention priorities.

D. Work with partners to identify next steps in the prevention of occupational disease.

APPENDIX A

LEGISLATION

Section 90 of the *WHSC Act* states:

PART VII
INDUSTRIAL DISEASES

"Industrial disease

90. **(1)** Where

(b) worker suffers from an industrial disease and is as a result disabled or his or her death is caused by an industrial disease; and

(c) the disease is due to the nature of the employment in which he or she is engaged, whether under 1 or more employments,

the worker or his or her dependents are entitled to compensation as if the disease were an injury, and the date of disablement were the date of injury, subject to the modifications mentioned in this section, unless at the time of entering into the employment he or she had falsely represented himself or herself as not having previously suffered from the disease.

(2) Subject to the approval of the Lieutenant-Governor in Council, the commission may make regulations setting out industrial diseases and associating descriptions of processes with the diseases.

(3) Where a worker referred to in subsection (1) at or immediately before the date of the disablement was employed in a prescribed process and the disease contracted is the prescribed disease associated with the description of the process, the disease shall be considered to have been due to the nature of that employment unless the contrary is proved.

(4) Where a worker referred to in subsection (1), who, at or immediately before the date of the disablement was employed in a process involving asbestos, is suffering from the industrial disease known as asbestosis, the disease shall be conclusively considered to have been due to the nature of that employment.

(5) Nothing in this section affects the right of a worker to compensation in respect of a disease to which this section does not apply where the disease is the result of an injury in respect of which he or she is entitled to compensation under this *Act*."

Section 23 of the *WHSC* Regulations states:

"Industrial diseases

For the purpose of subsection 90(2) of the *Act,* the Commission has set out the following industrial diseases and associated processes:

INDUSTRIAL DISEASE	DESCRIPTION OF PROCESS *
1. Pneumoconiosis caused by sclerogenic mineral dust (silicosis, anthraco-silicosis, asbestosis) and silicio-tuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death.	All work involving exposure to the risk concerned.
2. Bronchopulmonary diseases caused by hard metal dust.	All work involving exposure to the risk concerned.
3. Bronchopulmonary diseases caused by cotton dust (byssinosis), or flax, hemp or sisal dust.	All work involving exposure to the risk concerned.
4. Occupational asthma caused by sensitizing agents or irritants both recognized in this regard and inherent in the work process.	All work involving exposure to the risk concerned.
5. Extrinsic allergic alveolities and its sequelae caused by the inhalation of organic dusts, as prescribed by national legislation.	All work involving exposure to the risk concerned.
6. Diseases caused by beryllium or its toxic compounds.	All work involving exposure to the risk concerned.
7. Diseases caused by cadmium or its toxic compounds.	All work involving exposure to the risk concerned.
8. Diseases caused by phosphorus or its toxic compounds.	All work involving exposure to the risk concerned.
9. Diseases caused by chromium or its toxic compounds.	All work involving exposure to the risk concerned.

10. Diseases caused by mangese or its toxic compounds.	All work involving exposure to the risk concerned.
11. Diseases caused by arsenic or its toxic compounds.	All work involving exposure to the risk concerned.
12. Diseases caused by mercury or its toxic compounds.	All work involving exposure to the risk concerned.
13. Diseases caused by lead or its toxic compounds.	All work involving exposure to the risk concerned.
14. Diseases caused by fluorine or its toxic compounds.	All work involving exposure to the risk concerned.
15. Diseases caused by carbon disulfide.	All work involving exposure to the risk concerned.
16. Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons.	All work involving exposure to the risk concerned.
17. Diseases caused by benzene or its toxic homologues.	All work involving exposure to the risk concerned.
18. Diseases caused by toxic nitro and amio?derivatives of benzene or its homologues.	All work involving exposure to the risk concerned.
19. Diseases caused by nitroglycerin or other nitric acid esters.	All work involving exposure to the risk concerned.
20. Diseases caused by alcohols, glycols or ketones.	All work involving exposure to the risk concerned.
21. Diseases caused by asphyxiants; carbon monoxide, hydrogen cyanide or its toxic derivatives, hydrogen sulfide.	All work involving exposure to the risk concerned.
22. Hearing impairment caused by noise.	All work involving exposure to the risk concerned.
23. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves).	All work involving exposure to the risk concerned.
24. Diseases caused by work in compressed air.	All work involving exposure to the risk concerned.

25. Diseases caused by ionizing radiations.	All work involving exposure to the action of ionizing radiations.
26. Skin diseases caused by physical, chemical or biological agents not included under other items.	All work involving exposure to the risk concerned.
27. Primary epitheliomatous cancer of the skin caused by tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances.	All work involving exposure to the risk concerned.
28. Lung cancer or mesotheliomas caused by asbestos.	All work involving exposure to the risk concerned.
29. Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination.	(a) health or laboratory work; (b) veterinary work; (c) work handling animals, animal carcases, parts of those carcases, or merchandise which may have been contaminated by animals, animal carcases, or parts of such carcases; and (d) other work carrying a particular risk of contamination.
30. Cancer of the esophagus and cancer of the larynx caused by exposure to metal working fluids.	All work involving exposure to the risk concerned. (This portion of the table is considered to have come into force on September 1, 1998.)

** In the application of this table, the degree and type of exposure should be taken into account when appropriate.*

Section 60 of the *OH&S Act* states:

"Duty of physician

Where a physician finds that a person examined by him or her has an occupational disease the physician shall, within seven days of the diagnosis,

9. **(a)** notify the assistant deputy minister, in writing, of the name, address and place of employment of the person and the nature of the occupational disease; and

(b) notify the person examined by the physician that he or she has an occupational disease and the nature of that disease."

Section 2. (p) of the OH&S Regulations, 2009 states:

"occupational disease" means a disease prescribed by regulations under Section 90 of the *WHSC Act* and another disease peculiar to or characteristic of a particular industrial process, trade or occupation;

Section 9 of the OH&S Regulations, 2009 states:

"Notifiable occupational diseases

(1) The occupational diseases for which notification is required under Section 60 of the *Act* shall be those set out in the Schedule.

(2) Notwithstanding that it is not a disease referred to in the Schedule, an employer shall inform the minister of a disease or illness affecting a worker in his or her employ that is determined by a medical practitioner to be an occupational or work related disease or illness."

From OH&S Regulations:

Schedule – List of occupational diseases:

1. Diseases caused by agents

1.1 Diseases caused by chemical agents

1.1.1 Diseases caused by beryllium or its toxic compounds

1.1.2 Diseases caused by cadmium or its toxic compounds

1.1.3 Diseases caused by phosphorus or its toxic compounds

1.1.4 Diseases caused by chromium or its toxic compounds

1.1.5 Diseases caused by manganese or its toxic compounds

1.1.6 Diseases caused by arsenic or its toxic compounds

1.1.7 Diseases caused by mercury or its toxic compounds

1.1.8 Diseases caused by lead or its toxic compounds

1.1.9 Diseases caused by fluorine or its toxic compounds

1.1.10 Diseases caused by carbon disulphide

1.1.11 Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons

1.1.12 Diseases caused by benzene or its toxic homologues

1.1.13 Diseases caused by toxic nitro- and amino-derivatives of benzene or its homologues

1.1.14 Diseases caused by nitroglycerine or other nitric acid esters

1.1.15 Diseases caused by alcohols, glycols or ketones

1.1.16 Diseases caused by asphyxiants: carbon monoxide, hydrogen cyanide or its toxic derivatives, hydrogen sulphide

1.1.17 Diseases caused by acrylonitrile

1.1.18 Diseases caused by oxides of nitrogen

1.1.19 Diseases caused by vanadium or its toxic compounds

1.1.20 Diseases caused by antimony or its toxic compounds

1.1.21 Diseases caused by hexane

1.1.22 Diseases of teeth due to mineral acids

1.1.23 Diseases due to pharmaceutical agents

1.1.24 Diseases due to thallium or its compounds

1.1.25 Diseases due to oxmium or its compounds

1.1.26 Diseases due to selenium or its compounds

1.1.27 Diseases due to copper or its compounds

1.1.28 Diseases due to tin or its compounds

1.1.29 Diseases due to zinc or its compounds

1.1.30 Diseases due to ozone, phosgene

1.1.31 Diseases due to irritants: benzo quinone and other corneal irritants

1.1.32 Diseases caused by any other chemical agents not mentioned in the preceding items 1.1.1 to 1.1.31, where a link between the exposure of a worker to these chemical agents and the diseases suffered is established

1.2 Diseases caused by physical agents

1.2.1 Hearing impairment caused by noise

1.2.2 Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)

1.2.3 Diseases caused by work in compressed air

1.2.4 Diseases caused by ionizing radiations

1.2.5 Diseases caused by heat radiation

1.2.6 Diseases caused by ultraviolet radiation

1.2.7 Diseases due to extreme temperature (e.g. sunstroke, frostbite)

1.2.8 Diseases caused by any other physical agents not mentioned in the preceding items 1.2.1 to 1.2.7, where a direct link between the exposure of a worker to these physical agents and the diseases suffered is established

1.3 Biological agents

1.3.1 Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination

2. Diseases by target organ systems

2.1 Occupational respiratory diseases

2.1.1 Pneumoconioses caused by sclerogenic mineral dust (silicosis, anthraco-silicosis, asbestosis) and silicotuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death

2.1.2 Bronchopulmonary diseases caused by hard metal dust

2.1.3 Bronchopulmonary diseases caused by cotton, flax, hemp or sisal dust (byssinosis)

2.1.4 Occupational asthma caused by recognized sensitizing agents or irritants inherent to the work process

2.1.5 Extrinsic allergic alveolitis caused by the inhalation of organic dusts as prescribed by national legislation

2.1.6 Siderosis

2.1.7 Chronic obstructive pulmonary diseases

2.1.8 Diseases of lung, due to aluminium

2.1.9 Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process

2.1.10 Any other respiratory disease not mentioned in the preceding items 2.1.1 to 2.1.9, caused by an agent where a direct link between the exposure of a worker to this agent and the disease suffered is established

2.2 Occupational skin diseases

2.2.1 Skin diseases caused by physical, chemical or biological agents not included under other items

2.2.2 Occupational vitiligo

2.3 Occupational musculo-skeletal disorders

2.3.1 Musculo-skeletal diseases caused by specific work activities or work environment where particular risk factors are present Examples of such activities or environment include:

(a) rapid or repetitive motion

(b) forceful exertion

(c) excessive mechanical force concentration

(d) awkward or non-neutral postures

(e) vibration local or environmental cold may potentiate risk

3. Occupational cancer

3.1 Cancer caused by the following agents:

3.1.1 Asbestos

3.1.2 Benzidine and salts

3.1.3 Bis chloromethyl ether (BCME)

3.1.4 Chromium and chromium compounds

3.1.5 Coal tars and coal tar pitches; soot

3.1.6 Betanaphthylamine

3.1.7 Vinyl chloride

3.1.8 Benzene or its toxic homologues

3.1.9 Toxic nitro- and amino-derivatives of benzene or its homologues

3.1.10 Ionizing radiations

3.1.11 Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances

3.1.12 Coke oven emissions

3.1.13 Compounds of nickel

3.1.14 Dust from wood

3.1.15 Cancer caused by any other agents not mentioned in the preceding items 3.1.1 to 3.1.14, where a direct link between the exposure of a worker to this agent and the cancer suffered is established

4. Others

4.1 Miners' nystagmus

APPENDIX B

DEFINITION OF OCCUPATIONAL DISEASE AS PER WORKERS' COMPENSATION ACT IN CANADIAN JURISDICTIONS

DEFINITION OF OCCUPATIONAL DISEASE AS PER *WHSC ACT*:

Newfoundland & Labrador

The *WHSC Act*: Section 2 (1) (m)

"industrial disease" means a disease prescribed by regulation under section 90 and another disease peculiar to or characteristic of a particular industrial process, trade or occupation;

Nova Scotia

The *WHSC Act*: Section 2

(A) "occupational disease" means a disease arising out of and in the course of employment and resulting from causes or conditions

(i) peculiar to or characteristic of a particular trade or occupation, or

(ii) peculiar to the particular employment,

and includes silicosis and pneumonoconiosis;

New Brunswick

The *WHSC Act*: Section 1

"occupational disease" means any disease, which by the regulations, is declared to be an occupational disease and includes any other disease peculiar to or characteristic of a particular industrial process, trade or occupation;

Prince Edward Island

The *WHSC Act*: Section 1(1) (u)

"occupational disease" means a disease arising out of and in the course of employment and resulting from causes and conditions

(i) peculiar to or characteristic of a particular trade or occupation, or

(ii) peculiar to the particular employment, but does not include

(iii) an ordinary disease of life;

Ontario

The *WHSC Act*: Section 2

"occupational disease" includes,

(a) a disease resulting from exposure to a substance relating to a particular process, trade or occupation in an industry,

(b) a disease peculiar to or characteristic of a particular industrial process, trade or occupation,

(c) a medical condition that in the opinion of the Board requires a worker to be removed either temporarily or permanently from exposure to a substance because the condition may be a precursor to an occupational disease,

(d) a disease mentioned in Schedule 3 or 4, or

(e) a disease prescribed under clause 15.1 (8) (d); ("maladie professionnelle")

Quebec

The *Act* respecting industrial accidents and occupational diseases, in Section 2 defines

"occupational disease" means a disease contracted out of or in the course of work and characteristic of that work or directly related to the risks peculiar to that work;

The *Workers' Compensation Act* definition, Section 2 (k)

"occupational disease" means a disease contracted out of or in the course of work and recognized by the Commission as characteristic of certain work or directly linked with the specific risks of certain work;

Manitoba

The *WHSC Act*: Section 1(1)

"occupational disease" means a disease arising out of and in the course of employment and resulting from causes and conditions

(a) peculiar to or characteristic of a particular trade or occupation; or

(b) peculiar to the particular employment;

but does not include

(c) an ordinary disease of life; and

(d) stress, other than an acute reaction to a traumatic event

Saskatchewan

The *WHSC Act*: Section 2 (r.2)

"occupational disease" means a disease or disorder that arises out of, and in the course of, employment and that results from causes or

conditions that are:

(i) peculiar to or characteristic of a particular trade, occupation or industry; or

(ii) peculiar to a particular employment;

Alberta

The *WHSC Act*: Section 1 (1)

"occupational disease" means occupational disease as defined in the regulations;

Section 20 (1) and (2) of the Workers' Compensation Regulations

(1) For the purposes of the Act and this Regulation, "occupational disease" means

(a) a disease or condition listed in Column 1 of Schedule B that is caused by employment in the industry or process listed opposite it in Column 2 of Schedule B, and

(b) any other disease or condition that the Board is satisfied in a particular case is caused by employment in an industry to which the *Act* applies.

(2) For the purposes of subsection (1)(a), employment in an industry or process

(a) listed in Column 2 of Schedule B, and (b) in the manner and circumstances set out in Column 2 of Schedule B shall, unless the contrary is proven, be deemed to be the cause of the specified disease or condition listed opposite it in Column I of Schedule B.

British Columbia

The *WHSC Act*: in Part 1, Section 1

"occupational disease" means

(a) a disease mentioned in Schedule B,

(b) a disease the Board may designate or recognize by regulation of general application,

(c) a disease the Board may designate or recognize by order dealing with a specific case, and

(d) the disease referred to in section 6.1 (1.1) or a disease prescribed by regulation for the purposes of section 6.1 (2), but only in respect of a worker to whom the presumption in either of those provisions applies, unless the disease is otherwise described by this definition,

and "disease" includes disablement resulting from exposure to contamination;

Yukon

The *WHSC Act*: Section 3 (1)

(d) an occupational disease, which includes a disease from causes and conditions peculiar to or characteristic of a particular trade or occupation or peculiar to the particular employment; but does not include an ordinary disease of life

Northwest Territories & Nunavut Territory

The *NWT* and *NU Safety* or *Workers' Compensation Acts* do not define occupational disease.

The definition is found in policy, specifically 03.06 and is defined as "Occupational 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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