BC Professional Fire Fighters' Association

Letter for Fire Fighter Attending Physician

Cancers, Heart Disease / Injury Presumption

April 27, 2022

BCPFFA OFFICE

info@bcpffa.org

April 27, 2022

To all British Columbia Physicians,

Dear Sir/Madam:

Re: Cancers, Heart Disease And Heart Injury Presumption For Fire Fighters

This letter is to assist you as the attending physician of a fire fighter in British Columbia, and to provide information on the particular aspects of the occupational connection associated with fire fighting, heart injury/disease and certain cancers.

The Government of British Columbia adopted the Worker's Compensation Amendment Act in 2005, which was amended in 2008, 2011, 2014, 2017, 2018 and 2022. This Act recognizes the researched scientific evidence and the connection between the occupation of fire fighting, heart injury/disease and certain cancers. According to the Act, these diseases/injuries must be presumed to be due to the nature of the worker's employment as a fire fighter, unless the contrary is proven.

Occupational Illnesses / Diseases that are recognized in this Act (including minimum employment years)

	Occupational Disease	**Minimum Employment Years:**
1.	Primary Site Leukemia	5 years
2.	Primary Site Brain cancer	10 years
3.	Primary Site Colorectal cancer	10 years
4.	Primary Site Testicular cancer	10 years
5.	Primary Site Breast cancer	10 years
6.	Primary Site Ovarian cancer	10 years
7.	Primary Site Cervical cancer	10 years
8.	Primary Site Penile cancer	10 years
9.	Primary Site Bladder cancer	15 years
10.	Primary Site Ureter cancer	15 years
11.	Primary Site Non-smoker's Lung cancer	15 years
12.	Primary Site Prostate cancer	15 years
13.	Multiple Myeloma cancer	15 years
14.	Primary site Esophageal cancer	20 years
15.	Primary Site Kidney cancer	20 years
16.	Primary Site Non-Hodgkin's lymphoma	20 years
17.	Operational Stress Injury	N/A
18.	Heart Disease & Heart Injury	N/A

These cancers and heart injury/disease are listed in the Workers Compensation Act under the Fire Fighters' Occupational Disease Regulation, along with the corresponding minimum cumulative periods for each cancer. These cancers and heart injury/disease are presumed to be linked to the occupation of fire fighting, have a special legal and scientific standing in British Columbia, and are recognized in the legislation mentioned.

This legal recognition affects the aspect of medical coverage for fire fighters in BC. Tests dealing with fire fighters that help identify these cancers and heart injury/disease are part of the areas of special consideration for you as a physician due to the occupational risk, which is greater than the general public.

For your information, WorkSafe BC is the organization responsible for the administration of these recognized presumptive cancers and heart injury/disease. The number to their Claims Call Centre is P: 604.231.8888 (Lower Mainland) Toll-free: 1.888.967.5377 (Canada).

If you require any further help with this topic contact our office at 604 436-2053 or admin@bcpffa.org.

Yours Sincerely,

Gord Ditchburn
President

Recommended Fire Fighter Physical Exam, Lab and Screening Tests

ANNUAL EXAM

- Blood pressure, pulse
- Respiratory rate, temperature
- Oxygen saturation
- Weight and body-fat index
- Thorough skin exam
- Hearing testing
- Oral exam
- Eye Examination (every 2 years)
- Heart and Spirometry (lung testing)
- Abdominal and testicular exam
- Fecal occult blood testing
- Pelvic and Pap for females
- Vascular and neurological exams
- Mental health assessment
- Musculoskeletal exam

ANNUAL LABS AND SCREENING TESTS

- Complete blood count (White blood cell count (with differential), Red blood cell count, Platelet count, Liver function tests, Triglycerides, Glucose, Blood urea nitrogen, Creatinine, Sodium, Potassium, Total Protein, Albumin, Calcium, Cholesterol, HCO_3)
- Comprehensive metabolic / chemistry panel
- Liver function tests
- Hepatitis profile
- Thyroid panel
- Diabetes Test (Fasting Plasma Glucose test) Hemoglobin A1c (for diabetes monitoring);
- Fasting lipid profile and blood glucose
- Urinalysis and urine biomarkers: PH, Glucose, Ketones, Protein, Blood, Bilirubin, (Microscopic: WBC, RBC, White Blood cell casts, Red cell casts, Crystals)
- EKG - All members should undergo a resting EKG & an aerobic/cardiopulmonary test. Members **over 50 years old** should get EKG's and the stress test done annually.
- Pulmonary function test every three years
- Low-dose helical chest CT scanning **(begin at age 50)**
- Colonoscopy (**begin age 40** and every five years)
- Exercise stress echocardiogram test (**begin age 40** and every three years)
- Mammograms for females (**begin age 35**)
- **Chest X-Ray (every 3 years):** An initial Baseline is useful for healthy individuals for late comparison in the event that a disease develops. All members are recommended to have a chest X-ray every 3 years.

Male members are recommended to be screened for prostate specific antigen (PSA) and have a digital rectal exam. The PSA test covered may vary depending on the benefit carrier. Regular testicular self exams are also recommended

Female members are recommended to perform regular breast self-exams, to annually have a doctor palpate the breasts, and to have a mammogram every two years at minimum. PAP tests, to screen for cervical cancer, should also be done at minimum every two years, with no family history. These tests are covered by Greenshield. Please note that female reproductive cancers (Ovariaon, Cervivcal) are considered occupational diseases by WorkSafe BC.

Breast cancer incidence and mortality rates increase with age. An annual clinical breast examination is required. Self-examination should be encouraged, and educational information should be made available to interested patients.

- Mammography screening shall be performed on all women uniformed personnel beginning at age 40 and continuing every other year until age 50, at which point annual mammography is indicated.
- Annual mammography should be obtained before age 50 if clinically indicated.
- The United States Preventive Services Task Force (USPSTF) recommends screening for cervical cancer in women ages 21 to 65 years, with a pap smear every three years.
- For women ages 30 to 65 years who want to be screened less frequently (every five years), screening should be a combination of a pap smear and human papillomavirus (HPV) testing.

Recommended Immunizations:

Tetanus/Diphtheria vaccinations (personnel should get tetanus /diphtheria boosters every 10 years). It is also recommended to get annual flu shots.

BRITISH COLUMBIA

Workers Compensation Act

FIREFIGHTERS' OCCUPATIONAL DISEASE REGULATION

B.C. Reg. 125/2009

Deposited and effective March 18, 2009
Last amended March 31, 2017 by B.C. Reg. 131/2017

Consolidated Regulations of British Columbia
This is an unofficial consolidation.

Consolidation current to July 24, 2020

B.C. Reg. 125/2009 (O.C. 246/2009), deposited and effective March 18, 2009, is made under the Workers Compensation Act, R.S.B.C. 2019, c. 1, s. 140. This is an unofficial consolidation provided for convenience only. This is not a copy prepared for the purposes of the Evidence Act. This consolidation includes any amendments deposited and in force as of the currency date at the bottom of each page. See the end of this regulation for any amendments deposited but not in force as of the currency date. Any amendments deposited after the currency date are listed in the B.C. Regulations Bulletins. All amendments to this regulation are listed in the Index of B.C. Regulations. Regulations Bulletins and the Index are available online at www.bclaws.ca. See the User Guide for more information about the Consolidated Regulations of British Columbia. The User Guide and the Consolidated Regulations of British Columbia are available online at www.bclaws.ca.

Prepared by: Office of Legislative Counsel Ministry of Attorney General Victoria, B.C.

Consolidation current to July 24, 2020

BC FIRE FIGHTERS' OCCUPATIONAL DISEASE OR PERSONAL INJURY PRESUMPTION

On May 29, 2014, Bill 17, *Miscellaneous Statutes Amendment Act, 2014* received Royal Assent and amended the *Workers Compensation Act* ("*Act*"). The amendments provided fire fighters with a presumption in favour of coverage for heart disease and heart injury.

Below is the related WorkSafeBC policy related to the presumption

FIRE FIGHTERS' OCCUPATIONAL DISEASE OR PERSONAL INJURY PRESUMPTION

6.1 (1) In subsections (1.1) to (4) of this section, **"firefighter"** means a member of a fire brigade who is (a) described in paragraph (c) of the definition of "worker" or employed by the government of Canada, and (b) assigned primarily to fire suppression duties, whether or not those duties include the performance of ambulance or rescue services.

(1.1) If a worker who is or has been a firefighter contracts primary site lung cancer, the disease must be presumed to be due to the nature of the worker's employment as a firefighter, unless the contrary is proved.

(2) If a worker who is or has been a firefighter contracts a prescribed disease, the disease must be presumed to be due to the nature of the worker's employment as a firefighter, unless the contrary is proved.

(3) The presumptions in subsections (1.1) and (2) apply only to a worker who (a)has worked as a firefighter for the minimum cumulative period prescribed for the disease, which minimum cumulative period may be defined differently, and be different, for different categories of firefighters,
(b)throughout that period, has been regularly exposed to the hazards of a fire scene, other than a forest fire scene, and

(c) is first disabled from the disease on or after the following date, as applicable: (i)in the case of a disease that, on or before the date this subparagraph comes into force, was prescribed by regulation for the purposes of subsection (2), April 11, 2005; (ii)in the case of primary site lung cancer, May 27, 2008; (iii) in the case of a disease that, after the date this subparagraph comes into force, is prescribed by regulation for the purposes of subsection (2), the date on which that regulation takes effect.

(3.1) In addition to the requirements of subsection (3), the presumption for a primary site lung cancer applies only if

(a) the worker has, in his or her lifetime, smoked a combined total of fewer than 365 cigarettes, cigars and pipes, or

(b) the worker has been a non-smoker of tobacco products immediately before the date on which the worker is first disabled from that disease for the minimum period that may be prescribed, which minimum period may be different for different types or amounts of previous tobacco product usage.

(4) The Lieutenant Governor in Council may make regulations for the purposes of subsections (2), (3) (a) and (3.1) (b).

(5) [Repealed 2009-7-2.]

(6) In subsections (7) to (9) of this section: **"firefighter"** means a worker who is a member of a fire brigade and is assigned primarily to fire suppression duties, whether or not those duties include the performance of ambulance or rescue services; **"heart disease"** includes disease of the pericardium or coronary arteries; **"heart injury"** includes heart attack, cardiac arrest or arrhythmia.

(7) If a worker is disabled as a result of a heart disease and was employed as a firefighter at or immediately before the date of disablement from the heart disease, the heart disease must be presumed to be due to the nature of the worker's employment as a firefighter, unless the contrary is proved.

(8) If a worker is disabled as a result of a heart injury and was employed as a firefighter at or immediately before the date of disablement from the heart injury, the heart injury must be presumed to have arisen out of and in the course of the worker's employment as a firefighter, unless the contrary is proved.

(9) The presumptions in subsections (7) and (8) apply only to a worker who (a)has been regularly exposed, throughout the worker's employment as a firefighter, to the hazards of a fire scene, and
(b)is first disabled as a result of the heart disease or heart injury, as the case may be, on or after the date this subsection comes into force.

#29.50 Presumption Where Death Results from Ailment or Impairment of Lungs or Heart Section 6(11) provides that: Where a deceased worker was, at the date of his death, under the age of 70 years and suffering from an occupational disease of a type that impairs the capacity of function of the lungs, and where the death was caused by some ailment or impairment of the lungs or heart of non-traumatic origin, it must be conclusively presumed that the death resulted from the occupational disease. This provision does not apply to deaths occurring before July 1, 1974. December 1, 2015 Volume II 4 - 49 The question whether the deceased suffered from an ". . . occupational disease of a type that impairs the capacity of function of the lungs, . . ." is not determined by the failure or success of any claim made in the deceased's lifetime. Thus, the Board can decide that there was such a disease at the date of death, even though it disallowed a claim made by the worker in respect of that disease. Alternatively, it can now conclude that there is no such disease, notwithstanding it accepted a claim made by the worker before his or her death in respect of the same condition. This can well happen because often there is new evidence available following a death, typically in the form of an autopsy report which may be the best evidence available.

Once the age of the worker and the conditions set out in section 6 (11) have been established, it is conclusively presumed that the death resulted from the occupational disease. This presumption cannot be rebutted by contrary evidence. If the deceased worker was over 70 years of age or for some other reason the presumption cannot be applied, medical and other evidence must be examined to determine whether the death resulted from the occupational disease.

#30.70 Heart Conditions Heart-related conditions which arise out of and in the course of a person's employment and which are attributed to a specific event or cause or to a series of specific events or causes are generally treated as personal injuries. They are therefore adjudicated in accordance with the policies set out in Chapter 3. If the heart-related condition of a worker is one involving a gradual onset and is not attributed to a specific event or cause or to a series of events or causes, the claim will be adjudicated under section 6 of the Act. (See Item C3-16.00, PreExisting Conditions or Diseases).

#97.20 Presumptions There are three statutory presumptions in favour of workers or dependants which have already been discussed in earlier chapters. These are as follows: (1) In cases where the injury is caused by accident, where the accident arose out of the employment, unless the contrary is shown, it shall Volume II June 1, 2009 12 - 28 be presumed that it occurred in the course of the employment; and where the accident occurred in the course of the employment, unless the contrary is shown, it shall be presumed that it arose out of the employment. (24) (2) If the worker at or immediately before the date of disablement was employed in a process or industry mentioned in the second column of Schedule B, and the disease contracted is the disease in the first column of the schedule set opposite to the description of the process, the disease shall be deemed to have been due to the nature of that employment unless the contrary is proved. (25) (3)

Where a deceased worker was, at the date of death, under the age of 70 years and suffering from an occupational disease of a type that impairs the capacity or function of the lungs, and where the death was caused by some ailment or impairment of the lungs or heart of non-traumatic origin, it shall be conclusively presumed that the death resulted from the occupational disease. (26)

Once the age of the worker and the conditions set out in section 6 (11) have been established, it is conclusively presumed that the death resulted from the occupational disease. This presumption cannot be rebutted by contrary evidence. If the deceased worker was over 70 years of age or for some other reason the presumption cannot be applied, medical and other evidence must be examined to determine whether the death resulted from the occupational disease.

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BC FIRE FIGHTERS' PRESUMPTIVE COVERAGE

THE WORKERS COMPENSATION ACT RECOGNIZES **EIGHTEEN** OCCUPATIONAL DISEASES AS BEING CAUSALLY RELATED TO THE PROFESSION OF **FIRE FIGHTING.**

If a fire fighter develops an occupational disease/injury listed in the Fire Fighters' Occuptional Disease Regulation, has worked as a fire fighter for the minimum cumulative period, and has been regularly exposed to the hazards of a fire scene other than a forest fire, the diagnosed disease/illness is presumed to be caused by the worker's employment. A compensation claim would then be covered by WorkSafeBC, unless the contrary was proven. The following cancer/illness types currently covered under BC presumptive legislation:

Occupational Disease/Injury	Min. Period of Cumulative Employment	Effective Date
Primary site Leukaemia	5 years	April 11, 2005
Primary site Non-Hodgkin's Lymphoma	20 years	April 11, 2005
Primary site Bladder Cancer	15 years	April 11, 2005
Primary site Brain Cancer	10 years	April 11, 2005
Primary site Colorectal Cancer	10 years	April 11, 2005
Primary site Kidney Cancer	20 years	April 11, 2005
Primary site Ureter Cancer	15 years	April 11, 2005
Primary site Testicular Cancer	10 years	April 11, 2005
Primary site Lung Cancer	15 years non-smokers, others vary	May 27, 2008
Primary site Esophageal Cancer	20 years	July 14, 2011
Heart Disease and Heart Injury	N/A	May 29, 2014
Primary site Breast Cancer	10 years	March 31, 2017
Primary site Prostate Cancer	15 years	March 31, 2017
Multiple Myeloma	15 years	March 31, 2017
Operational Stress Injury	N/A	May 17, 2018
Primary site Cervical Cancer	10 years	March 31, 2022
Primary site Ovarian Cancer	10 years	March 31, 2022
Primary site Penile Cancer	10 years	March 31, 2022

To make a report to WorkSafeBC, please contact Claims at 1.888.967.5377

Your employer and health care provider(s) are also required to file reports.

If you have questions relating to occupational disease claims, call 604.231.8842