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May 16, 2019

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Mr. Alan Howarth
Senior Policy & Legal Advisor
Policy, Regulation and Research Division
Workers' Compensation Board
P.O. Box 5350, Station Terminal
Vancouver, British Columbia V6B 5L5

Dear Mr. Howarth:

RE: Discussion Paper Regarding Activity-related Soft Tissue Disorders (ASTDs)

Thank you for the opportunity to provide input on the proposed policy amendments regarding Activity-related Soft Tissue Disorders (ASTDs).

The BC Building Trades Council's submission is attached.

Respectfully Submitted,

Merrill James O'Donnell, M.A., LL. B.
Workers' Advocate

MO/jl MoveUP

SUBMISSION TO THE WORKERS' COMPENSATION BOARD

Activity-related Soft Tissue Disorders (ASTDs) Discussion Paper



BC BUILDING TRADES POSITION

Written by Merrill J. O'Donnell, M.A., LL. B.

May 16, 2019

Discussion Paper Regarding Activity-related Soft Tissue Disorders

BC Building Trades Position

INTRODUCTION

The BC Building Trades Council, which represents 22 affiliated union locals and approximately 35,000 red seal certified tradespersons and apprentices in British Columbia, appreciates the opportunity to provide feedback on the Workers' Compensation Board's discussion paper regarding activity-related soft tissue disorders (ASTDs).

The changes proposed by the Board in this discussion paper were recommended by Paul Petrie in his report entitled *Restoring the Balance: A Worker-centred Approach to Workers' Compensation Policy*. As requested by the Chair of the Board of Directors, the overarching purpose of Mr. Petrie's report was to recommend changes to the *Rehabilitation Services and Claims Manual*, Volume II, to ensure a worker-centred approach wherever practicable. More specifically, Petrie was asked to focus his review "on identifying policy options within the bounds of the current legislation for consideration by the Board of Directors to ensure a worker-centred approach that maximizes recovery from the workplace injury or disease and restores injured workers to safe, productive and durable employment".

The Board's policy proposals with respect to ASTDs reflect Mr. Petrie's recommendations. The BC Building Trades endorsed the Petrie Report in its entirety and, therefore, supports these proposals regarding ASTDs. The two substantive proposals set out in Option 1B (Recommendation #34) and Option 2B (Recommendation #35) should improve the adjudication of claims and provide a heightened worker-centred focus. Option 1B should provide some helpful guidance to decision-makers when

diagnoses are unclear, while Option 2B, which underlines the importance of considering the merits and justice of all relevant risk factors, bolsters a critical consideration that deserves repeating again, again and again.

The BC Building Trades Council is particularly interested in the Board's proposal to seek a *Request for Proposal* for a systematic review of the scientific literature regarding the causal relationship of work-related physical risk factors and the development of ASTDs of the limbs. We fully support this effort. Indeed, there is a pressing need to ensure the existing prevention-related risk analysis data as well as the compensation-related risk factors reflect the most current scientific knowledge, and work together to support improved prevention in the field and adjudication of injured workers' claims. And although it is true that the measurement criteria for specific risk factors are different for compensation claims than for prevention matters, they must issue from the same scientific logic and form a coherent whole.

While the issue of training case managers to adjudicate ASTDs claims is not discussed in Petrie's recommendations #36 or #37, it is an issue of great importance to the BC Building Trades. Currently, many injured workers' claims are denied because they fail to "check all the boxes" in the complex risk factor matrix set out in the *Rehabilitation Services and Claims Manual*, Volume 2, Chapter 4, Policy Item #27.00 ASTD of the limbs. Yet many of the case managers assigned the task of adjudicating the claim do not possess the necessary expertise to evaluate the claim using this same matrix. True, these managers must take some training provided by the Board to adjudicate ASTD claims, but their training is wholly inadequate and not up to the task. Only a qualified occupational therapist or physiotherapist should be tasked with adjudicating ASTD claims. Until changes are made to the policy to ensure this takes place, the ASTD policies will not fully support a worker-centred approach to claim management.