

POLICY NUMBER: POL-90

Chapter:
CLAIMS

Subject:
TIME LIMIT FOR WORKERS TO FILE A CLAIM

Effective Date:
June 27, 2002

Last Updated:
September 22, 2022

PURPOSE STATEMENT:

The purpose of this policy is to explain the time limit for filing claims to the Workers Compensation Board.

REFERENCE:

Workers Compensation Act, R. S. P. E. I. 1988, Cap. W-7.1, Section(s) 6 4.1-4.4), 17, 18, 59, 84(1.3)

Workers Compensation Board Policy, POL-01, Psychological or Psychiatric Condition

Workers Compensation Board Policy, POL-09, Hearing Loss

Workers Compensation Board Policy, POL-65, Occupational Disease

Workers Compensation Board Policy, POL-76, Worker Role in Recovery and Return to Work

Workers Compensation Board Policy, POL-91, Repetitive Strain Injuries

Workers Compensation Board Policy, POL-165, Employer Role in Worker Recovery and Return to Work

DEFINITION:

In this policy:

“Accident” means an accident resulting in an injury to a worker arising out of and in the course of employment, and includes the following:

- Wilful and intentional acts that are not the act of the worker.
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- Chance events of physical or natural cause.
- Disablement.
- Occupational disease.
- Stress, if it is an acute reaction to a traumatic event.

“Occupational disease” means a disease arising out of and in the course of employment resulting from causes or conditions characteristic of a particular trade or occupation, or particular employment. It does not include an ordinary disease of life.

POLICY:

1. A worker should report a workplace injury to their employer and the Workers Compensation Board (WCB) as soon as possible after it occurs.
2. Claims for workplace injuries must be reported on the Worker’s Report - Form 6. To be considered for workers compensation benefits and services, the form must be submitted to the WCB within six months from the date of accident, as set out in the *Workers Compensation Act*.
3. The date of accident is the date of the incident that caused an injury unless otherwise specified in this policy.
4. The WCB will work with workers to ensure that they understand their reporting requirements. More information about worker responsibilities is set out in WCB policy, POL-76, Worker Role in Worker Recovery and Return to Work.

Disablement Claims

5. Accidents of disablement refer to exposure to occurrences that may not be distinct or easily identifiable, but are attributed to activities or exposures at work. Disablement injuries often occur gradually over time and may include, but are not limited to:
 - Cumulative exposures to traumatic events resulting in a psychological or psychiatric condition that has been diagnosed by a psychiatrist or psychologist. This is set out in WCB policy, POL-01, Psychological or Psychiatric Condition.
 - Activities involving repeated use, force, or maintenance of sustained or dynamic awkward postures, resulting in a repetitive strain injury, as set out in WCB policy,
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POL-91, Repetitive Strain Injuries.

- Prolonged occupational exposure of excessive noise levels over a period of two years or more. Noise induced hearing loss may be considered a disablement if an audiogram shows hearing loss above the threshold set out in WCB policy, POL-09, Hearing Loss.
 - Routine bodily motions, where the motions have a direct connection to work and are significant enough to cause an injury.
 - Prolonged occupational exposure to physical risk factors significant enough to cause injury.
6. For the purpose of determining the six month time limit to file a claim, the WCB considers the date of accident for a disablement to be the earlier of:
- The date a loss of earnings first occurs as a result of the disablement, or
 - The date the worker reports the disablement as work-related to the employer, health care provider or the WCB.

Occupational Disease Claims

7. Specific dates of exposure may be difficult to determine, especially for occupational disease that develops over a period of time. For the purpose of determining the six month time limit to file a claim, the WCB considers the date of accident for an occupational disease to be the earlier of:
- The date a loss of earnings first occurs as a result of an occupational disease, or
 - The date the worker is diagnosed with the occupational disease.
8. The WCB may extend the time limit for filing an occupational disease claim beyond six months where it is just to do so. The WCB will make this determination on a case by case basis.

Circumstances that may be considered reasonable to extend the time limit include, but are not limited to:

- Uncertainty about whether the disease was related to employment.

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- A long period of time between the work exposure and the development of the occupational disease.
 - The worker being medically incapable of filing a claim for compensation.
9. Entitlement to workers compensation benefits and services for an occupational disease is determined under WCB policy, POL-65, Occupational Disease.
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HISTORY:

September 22, 2022 – Amended to include new section on disablement claims and to define a common approach to determining date of accident for disablement claims. Discretion to extend the time limit on occupational disease claims has been clarified. Policy content relating to employers and health care providers has been removed to focus more clearly on workers.

March 29, 2021 – Non-substantive change to definition.

September 26, 2019 – Amended to clarify the date of accident for noise induced hearing loss claims. Content related to hernia claims as the standalone policy, Hernias (POL-31) is no longer required and was rescinded.

July 3, 2018 – Amended to reflect presumptive legislation for trauma- and stressor-related disorders effective June 2, 2018.

June 28, 2016 - Amended to consolidate the criteria for determining the dates of accident on claims for specific injuries, conditions and occupational disease.

January 1, 2014 - Amended to reflect the revisions made to the *Workers Compensation Act* that became effective January 1, 2014.

April 24, 2008 - The policy was updated as a result of the 60 month policy review process.

June 27, 2002 - Replaces Policy and Practice “Medical Aid Costs - Delayed Claims” dated November 15, 1994.

Board of Directors Approval Date: June 27, 2002

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