

# Occupational diseases and taking an occupational history

**M**any family physicians or primary care providers will see occupational diseases in their daily practice. Physicians can play an important role in the prevention and early recognition of occupational diseases. Recognizing these diseases can be challenging for a variety of reasons, including the long latency period between some exposures and disease onset and the multifactorial nature of these diseases.<sup>1</sup>

Occupational diseases can be caused or exacerbated by conditions in the workplace. Some examples of occupational diseases include noise-induced hearing loss, respiratory diseases (e.g., asbestosis, silicosis, occupational asthma or COPD, occupational allergic rhinitis), cancers (e.g., mesothelioma, lung cancer), chemical or heavy metal poisoning (e.g., carbon monoxide, lead, mercury, cadmium), skin conditions (e.g., allergic or irritant contact dermatitis, cancers), and infectious diseases (e.g., HBV from blood and body fluid exposures, TB, zoonotic diseases).

You can help your patients navigate through WorkSafeBC by incorporating occupational screening questions into your patient history. This helps identify potential exposures in the workplace that may be contributing to your patients' symptoms. Some useful questions include:<sup>1</sup>

1. What kind of work do you do? How do you do your work?
2. Are your symptoms better at home or worse when you are work?
3. Are you now or have you previously been exposed to dust, fumes, chemicals, radiation, infectious diseases, or loud noise at your workplace?
4. Do you think your health problems are related to your work? Why?

*This article is the opinion of WorkSafeBC and has not been peer reviewed by the BCMJ Editorial Board.*

5. Do other workers have similar symptoms associated with the same exposure?

A more detailed occupational history should include:<sup>1</sup>

1. Documenting your patients' past and present employment history.
2. Identifying the types of exposures at workplaces, which may be biological, chemical, physical, or psychological.
3. Assessing exposure by asking:
  - For safety data sheets, what substances the patient works with.
  - About the frequency and quantity of exposures.
  - Where they were working in relation to the exposures and the duration of the exposures.
  - What types of controls are present at work (e.g., ventilation, personal protective equipment such as respirators or gloves, hand washing).
  - How they may be exposed at work (e.g., skin contact, inhalation, or ingestion while eating).
4. Documenting nonoccupational exposures (e.g., hobbies, pets, smoking, travel, home renovations).<sup>2</sup>

If a patient develops a disease and you or they are concerned that the disease may be work related, a claim can be initiated by submitting a Form 8 to WorkSafeBC. WorkSafeBC claims require a medical diagnosis submitted by a physician or other qualified practitioner. Your patient's claim will be reviewed by Occupational Disease Services, a specialized claims unit of WorkSafeBC. There are two main requirements for an occupational disease to be considered work related by WorkSafeBC: the disease must be recognized by WorkSafeBC as an occupational disease and the disease must be due to the nature of your patient's current or past employment.

If WorkSafeBC accepts your patient's claim as an occupational disease, then they may

be eligible for benefits and services, which can include compensation for lost wages, coverage of health care costs, support with rehabilitation, or a permanent disability benefit. If your patient's disease is due to the nature of their employment but they have not lost time from work, they can still claim for medical costs and treatment for the occupational disease. If your patient has a terminal illness or passes away from an accepted occupational disease, your patient's spouse or dependants may be eligible for compensation benefits. ■

—**Olivia Sampson, MPH, FRCPC, ABPM, CCFP**

## References

1. Taiwo O, Mobo BH, Cantley L. Recognizing occupational illnesses and injuries. *Am Fam Physician* 2010;82:169-174.
2. College of Family Physicians of Canada. Occupational medicine clinical snippet, August 2016: Taking an occupational history. Accessed 25 January 2021. [https://portal.cfpc.ca/resourcesdocs/uploadedFiles/Directories/Committees\\_List/2016-08%20Taking%20an%20Occupational%20History%20\(Final\).pdf](https://portal.cfpc.ca/resourcesdocs/uploadedFiles/Directories/Committees_List/2016-08%20Taking%20an%20Occupational%20History%20(Final).pdf).

## Further information

1. If you or your patients are concerned about occupational exposures or safety in the workplace, contact WorkSafeBC Prevention at 604 276-3100.
2. If you or a patient has concerns about an exposure at their workplace but your patient is well, you or your patient can register the exposure on the Exposure Registry at [combined-files.docwww.worksafebc.com/en/resources/health-care-providers/forms/exposure-registry-program-form-41m1?lang=en](http://combined-files.docwww.worksafebc.com/en/resources/health-care-providers/forms/exposure-registry-program-form-41m1?lang=en).
3. If you have questions about an occupational disease, call 604 231-8842 and request to speak to an occupational disease services medical advisor or visit [www.worksafebc.com/en/claims/report-workplace-injury-illness/types-of-claims/occupational-diseases](http://www.worksafebc.com/en/claims/report-workplace-injury-illness/types-of-claims/occupational-diseases).