



Heart Attacks Usually Not Work Related, However There Are Circumstances in Which a Cardiac Event Might be Allowed. Strokes Are Entirely Different and Not Work Related

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In my experience workers who suffer heart attacks usually have clinical evidence of myocardial disease, either undiagnosed until the first cardiac episode, or some documented past cardiac history.

In many instances, the worker was asymptomatic until they suffer a cardiac event at work. Heart attacks are the proverbial ticking time bomb case, in which the bomb was not set at work, but blew up at work. This is usually on a background of arteriosclerotic heart disease (ASHD), which is a thickening and hardening of the walls of the coronary arteries. This is a potentially serious condition where arteries become clogged with fatty substances called plaques, or atheroma.

Our working membership spans the entire age spectrum from age-18 to 70-plus. The younger a worker, the less likely they would fall into an age group statistically at-risk for a cardiac event, however, one also has to consider a workers body habitus (BMI- Body Mass Index), whether they're a smoker, have high blood pressure, and/or suffer from other systemic diseases. It is worth noting that obese workers may have good heart health compared to persons with a perfect weight to height BMI who may have coronary issues.

Injury Not an Accident Analysis

A frequent controversy that arises when a worker suffers an injury at work is whether there was a work related accident, even minor, that rose out of and in the course of employment. Many workers, and workplace parties, naturally assume that a fall from a ladder, or some spontaneous incident while walking or climbing stairs implies there was a work related accident. After all, the worker is crumpled up on the ground, fell off a ladder or down some stairs, therefore, it's difficult to reconcile HOW this isn't a work related accident?

However, there is a line of Tribunal cases that addresses "an injury is not an accident." In all WSIB claims there must be an accident.

For instance, a worker walking down a hallway, turns, and collapses injuring his/her knee. Since it happened at work, the natural assumption is the worker suffered a work related knee injury. However, the legal analysis turns on whether the activity giving rise to the spontaneous fall was a natural bodily function (bipedalism) or was there a clearly identifiable accident (mechanism of injury). Clearly walking isn't an accident, even though the worker suffered an injury after falling while walking. However, slipping on ice and twisting your knee, or tripping on a pipe is a provocative work related accident. In all injury claims, the details are important.

Where Bomb Blows Up (Injury) Not a Key Factor in Establishing Causation

Another example is a worker on a ladder who falls because he/she suffered a non-work related syncopal episode (fainted/blacked out). Since the fainting spell is not work related, there was no accident even though the worker may have sustained injuries after falling off a ladder.

Taking this analysis further, a worker suffers a stroke at work, and is disabled by the residual effects of a stroke. The fact a stroke or heart attack happens at work, does not necessarily make the stroke and resulting stroke complications (disability) work related. These fall under the rubric of non-compensable ticking time bomb cases. In other words, the bomb was not set at work, but merely blew up at work. The fact the bomb blows up at work does not necessarily make this a work related injury covered under the *Workplace Safety and Insurance Act*.

Conversely, sometimes the bomb (injury) is set at work, but doesn't blow up at work, but at home. The phrase I use is the work related disability became complete outside of work. This can arguably be a viable claim regardless where or when the disability manifests because work was a significant contributing factor in the pathogenesis of the workers injury. Thus, the location where and when a workers disability manifests or becomes complete requires careful analysis with respect to causation (work relatedness).

WSIB Policy – OPM 15-03-10 (Heart Conditions)

Arising out of and in the Course of Employment

It is noteworthy that the Board has a policy on heart conditions. *Operational Policy Manual (OPM) Document #15-03-10, "In the Course of and Arising out of – Heart Conditions"* states that the Board accepts claims as work-related when a causal relationship is shown between the cardiac condition and an accident at work or the cardiac condition is established in a disablement "arising out of and in the course of employment."

The policy further states that when entitlement is established there will be no limitation of ongoing entitlement so long as the subsequent condition is related to the work-related cardiac condition or unusual physical exertion for the individual and/or acute emotional stress with no significant delay in the onset of symptoms.

Under OPM 15--03-10, WSIB accepts claims as work related when:

- a causal relationship is shown between the cardiac condition and an accident at work,

or



- the cardiac condition is established as a disablement "arising out of and in the course of employment."

Guidelines - The WSIB accepts entitlement for cardiac conditions under **any** of the following circumstances:

- traumatic injury, either penetrating or non-penetrating injuries to the chest wall
- electric shock producing irregular cardiac rhythm
- inhalation of smoke and various noxious gases and fumes, e.g., fire fighters, and
- complication of treatment for a work-related injury, e.g., anesthesia with an interval of hypotension, hypoxia or cardiac arrest.

NOTE - When entitlement is established under the above points for a cardiac condition, there will be no limitation of ongoing entitlement as long as the **subsequent** condition is related to the work-related cardiac condition, or

- unusual physical exertion for the individual and/or acute emotional stress with no significant delay in the onset of symptoms.

NOTE - This instance is allowed on the basis of aggravation of a pre-existing non-work-related condition. When entitlement is established, the condition has stabilized, and a permanent disability/impairment evaluation has been conducted, further entitlement will not be granted for a **subsequent** cardiac condition unless there is a new work-related occurrence, which merits allowance under a new claim.

Temporary disability/impairment

In most instances, claims for cardiac conditions are considered on the basis of aggravation of a pre-existing condition, usually arteriosclerotic heart disease. When a claim is accepted under this category for a heart condition, entitlement includes full benefits for wage loss and health care.

Significant Contributing Factor Test

In order for a worker to be entitled to benefits for an injury, the Tribunal applies the "significant contribution" test. Under that test the workplace injury need not be the sole cause of the worker's condition, as long as it is a "significant contributing factor." In *Decision No. 280*, the Panel defined "significant contributing factor" as follows:

A "significant contributing factor" is a factor of considerable effect or importance or one which added to the worker's pre-existing condition in a material way to establish a causal connection

As one can see, there are circumstances when a heart attack has a work related causal connection. But generally, they are not work related.

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