

A. “Is my injury covered?” – acceptability & causation

These help workers see that coverage isn’t limited to dramatic accidents.

1. 2004-06686 – Injury with no clear diagnosis still compensable

- Shows how a claim can be accepted as a personal injury under s.5(1) **even when there’s no definitive medical diagnosis**, by focusing on mechanism and evidence instead. [WCAT](#)

Strategic lesson:

Don’t rely on “it happened at work and I felt awful.” For idiopathic/medical events, you *need*:

A coherent medical theory of what the condition *is*; and

A doctor explicitly tying **cause to work**, not just documenting symptoms.

2. 2004-05173 – Injury during Functional Capacity Evaluation (FCE)

- Worker injured during an FCE done as a condition of getting a promotion. WCAT held this **occurred in the course of employment**, so it was compensable. Great for “I got hurt doing a test/assessment” scenarios. [WCAT](#)

Key strategy moves:

Re-characterize the FCE as “in the course of employment,” not treatment.

The worker argued:

- Employer made the FCE a **condition of promotion**.
- Employer **paid his wages** and **hotel/meals** during the FCE.
- He would **not get the job** if he didn’t attend.

Anchor in specific policy analogies:

- Used **RSCM I items #19.40 and #19.41**: if injury from employer-provided medical facilities or required inoculations is covered, then an FCE required for advancement should also be treated as work.

Undercut the Board’s frame that FCE = “treatment for a non-compensable condition” by showing it was **job-fitness testing**, not health care.

Portable strategy for workers:

- Always **frame tests/assessments as work tasks** when they're a condition of employment or promotion.
- Use policy analogies ("this is like an inoculation your boss requires for work") to flip employer/Board arguments.

3. 2004-04737 – Teacher assaulted; physical + mental injury

- Teacher assaulted by a student, developed acute stress. WCAT held that **mental stress tied to a physical injury can be compensated under s.5(1)** even if it would also fit under the mental-disorder section. This is big for "mixed" physical/psych claims. [WCAT](#)

Key strategy moves:

- **Reframe the legal box.**
Instead of staying trapped in the narrow **s.5.1 mental-stress** route (which the Board used to deny), the worker side effectively got WCAT to treat the psych condition as a **consequential injury under s.5(1)** (personal injury), where:
 - Mixed causes are okay as long as the work event is a **significant contributing factor**.
- **Lean into multiple causation.**
 - Emphasized that the psychological reaction came from the **malicious assault circumstances** + the fact he was physically injured, not just a "subjective stress claim."
- **Use Board's own psychologist partially in favour.**
WCAT relied heavily on the Board psychologist's report that acknowledged a **work-related anxiety/depressive reaction**, even while disagreeing on exact diagnosis.

Portable strategy:

- If mental health issues arise **around a physical injury**, argue them under **s.5(1)** as a **consequence of the injury / incident**, not only under the stricter s.5.1 regime.
- Don't be afraid of "multiple causes" – hammer the idea that work only needs to be materially contributory, not the only cause.

4. 2003-00254 – Wasp sting at work

- Worker stung grabbing wood; WCAT applied s.5(4) presumption and found it compensable because the **work activity exposed the worker to that risk**. Good for “freak accident / insect / nature” situations. [WCAT](#)

Key strategy moves:

- **Invoke the statutory presumption (s.5(4)).**
Argue: where injury occurs **in course of employment**, WCAT must presume it **also arose out of employment** unless there’s strong contrary evidence.
- **Emphasize work-specific exposure:**
Show that the worker’s duties (handling wood outdoors, etc.) **increased exposure** to wasps beyond everyday life.

Portable strategy:

- For “freak event” injuries (stings, slips, random objects), lead with:
 - **Where + while** the worker was working; and
 - How job duties **exposed** them to that risk in a way ordinary life doesn’t.

5. 2007-02958 – Work-related heart attack (natural causes vs work causes)

- Detailed analysis of whether a heart attack arose out of and in the course of employment. Very useful for explaining how WCAT weighs **underlying disease vs work factors**. [WCAT](#)

Key strategy moves:

- **Frame work as the trigger or significant accelerator**, even if heart disease is pre-existing.
- **Use expert evidence** to distinguish:
 - baseline cardiac risk vs.
 - **acute work factors** (heat, exertion, stress, overtime) that precipitated the event.

Portable strategy:

- In internal condition cases (heart, stroke, aneurysm), don’t argue “work created the disease.”
Argue: “work **triggered or materially worsened** an already-vulnerable system” – and back it with cardiology/IME evidence.

B. Pre-existing conditions, degenerative findings & cumulative trauma

Huge theme in modern WCB fights.

1. 2006-01779 – Cumulative effects & Board jurisdiction

- Confirms the Board **can** adjudicate entitlement based on **cumulative effects of prior injuries**, not just single incidents. Also says decision-makers can't just ignore relevant court cases even if not technically binding under s.99. [WCAT](#)

Key strategy moves:

- **Force the decision-maker to take jurisdiction over cumulative injuries.**
The worker side pushed the idea that:
 - The Board **must adjudicate entitlement** based on **combined effects** of multiple claims/injuries, not treat each episode in isolation.
- **Tightly map issues to the Review Division's jurisdiction**, so WCAT could say Review Division improperly refused to address certain entitlement questions.

Portable strategy:

- When Board/Review try to narrow the issue, argue:
“You can't slice this into tiny pieces – you have jurisdiction over the **overall disability picture**.”

2. 2004-02912 – No apportionment when causes operate together

- Medical Review Panel found non-work causes didn't independently produce a portion of disability; they acted together with the work injury. WCAT held the Board **couldn't apportion out a non-work share** under s.5(1) in that situation. Great for “they're blaming arthritis/degeneration” content. [WCAT](#)

Key strategy moves:

- **Attack apportionment at the “independent cause” level.**
Counsel showed that non-work and work factors **operated together**, and you **couldn't carve out** a clean slice of disability caused solely by non-work factors.
- **Anchor in s.5(1) and policy:**
Under s.5(1), if work and non-work factors interact to produce **one indivisible disability**, apportionment isn't allowed.

Portable strategy:

- When they try to apportion, force the medical witnesses to answer:
“Can you safely say X% of this disability would exist **without** the work injury?”
If the honest answer is “no,” argue that apportionment is **legally improper**.

3. **A2101129 – Repeated minor incidents = compensable injury**

- Aggravation of a pre-existing condition from **a series of incidents over time** can still be treated as a personal injury under s.134(1), even if you can’t point to one specific moment. [WCAT](#)

Key strategy moves:

- **Frame a series of micro-traumas as one “personal injury”** under s.134(1) (new Act language), even without one dramatic incident.
- Use **detailed chronology** + consistent symptom progression to show:
 - Each small event nudged the condition along, culminating in a **discernible injury date** when it finally became disabling.

Portable strategy:

- Teach workers to build **incident diaries**: repeated twinges, minor pulls, etc., that lead up to “the day it finally went.”
- Then frame it as: “This is cumulative injury from repeated tasks, not just ‘degeneration’.”

4. **2011-01618 – Reopening where a degenerative condition worsens**

- Explains how a claim that accepted a permanent aggravation of a **non-disabling degenerative condition** can later be reopened when the condition worsens.
[WCAT](#)

Key strategy moves:

- **Tie new imaging/clinical changes to the earlier accepted aggravation**, not to “new disease.”
 - Argue: the previously accepted **permanent aggravation** of lumbar degeneration has now **significantly worsened**, so s.96.2 reopening is triggered.
- **Use before/after comparison:**
 - Old imaging vs new imaging.
 - Old functional level vs current restrictions.

Portable strategy:

- For reopenings, centre the argument on “**significant change in the same condition you already accepted**”, not on a novel diagnosis.

These are perfect for a page like “**They say it’s just degenerative / wear-and-tear**”.

C. Mental disorder, bullying/harassment & late applications

1. A1900037 – Mental disorder from series of stressors; refusal to accommodate

- Sets out the **subjective + objective test** for mental-disorder claims and says that when an employer refuses to accommodate a condition by denying it exists, that can be a **significant workplace stressor** not excluded by s.5.1(1)(c). [WCAT](#)

Key strategy moves:

- **Meet the two-part mental-disorder test head-on:**
 - Subjective: genuine psychological reaction.
 - Objective: a “**significant workplace stressor**” that would affect a reasonable person.
- **Reframe “refusal to accommodate” as a stressor**, not just an “employment decision.”
 - Argue that outright denial of the worker’s condition and refusal to accommodate is **abusive and harmful**, not a neutral management choice.

Portable strategy:

- When an employer stonewalls accommodation requests, build a narrative of **ongoing, targeted invalidation** and its psychological impact, and argue it falls *outside* the s.5.1(1)(c) exclusion.
- 2. 2015-01712 – Employment-related decisions not always excluded**
- Clarifies that the exclusion in s.5.1(1)(c) (decisions about discipline, work assignments, etc.) is **not absolute**; if the employer’s decision is too remote in the chain of causation, the worker may still be entitled. [WCAT](#)

Key strategy moves :

- **Attack the Board’s over-broad use of the “employment decision” exclusion.**

- Emphasize the **chain of causation**: that the most proximate (and damaging) stressors weren't simply "you got disciplined" but **how** and **in what context** it happened.
- Distinguish between:
 - Legitimate, neutrally applied decisions; and
 - Patterns of conduct that become a **significant stressor**.

Portable strategy:

- Don't let the Board toss everything into "just a management decision."
Always break down the **specific behaviours** and show why they cross the line into bullying/harassment or unreasonable treatment.
3. **2014-02791 – Bullying & harassment vs "just rudeness"**
- Explains that bullying/harassment is a type of interpersonal conflict that must have an element of **abusive or threatening behaviour**; mere rudeness or thoughtlessness is not enough. Good for teaching people the threshold. [WCAT](#)

Key strategy moves:

- **Define the threshold clearly.**
 - Rely on OHS and Board guidance that bullying/harassment involves **abusive, threatening, or demeaning conduct**, not just rudeness.
- **Sort facts into two buckets:**
 - "Real bullying/harassment events" vs "mere rudeness/insensitivity," and then show the worker's condition tracks the serious events.

Portable strategy:

- **Curate your evidence:** highlight repeated, targeted acts (threats, put-downs, undermining) and downplay "boss is kind of a jerk" noise.
4. **2014-01272 – Using OHS bullying & harassment guidelines**
- Uses WorkSafeBC's OHS Guideline on bullying/harassment to interpret what qualifies as a **significant workplace stressor**, applying both objective and subjective standards. [WCAT](#)

Key strategy moves:

- **Import external standards** (OHS bullying/harassment guidelines) into compensation analysis.
- Use those guidelines to:
 - Show that what the worker experienced **meets the formal definition** of bullying/harassment; and
 - Satisfy the “objective” component of the stressor test.

Portable strategy:

- Always cite the **WorkSafeBC bullying & harassment policy/guideline** and map your facts to its bullets.

5. 2014-01368 – Late application where the mental disorder itself delayed filing

- Analyzes a **late application** for compensation where the worker argues that the nature of the mental disorder made it impossible to file on time. Very helpful for “I missed the 1-year limit because I was unwell”. [WCAT](#)

Key strategy moves:

- **Turn the mental condition into “special circumstances”** justifying late filing.
 - Use psychiatric evidence that the worker’s symptoms (e.g., avoidance, impaired executive function, depression) made it realistically **impossible** to file in time.
- **Show continuity:**
 - Even though the form was late, there’s a **continuous story** of symptoms, treatment, and deterioration starting from the work events.

Portable strategy:

- For late mental health claims, don’t just say, “I was unwell.” Have a doctor explain **how the condition interfered with help-seeking / paperwork.**

6. A1701687 – Date of injury in mental-disorder claims

- Explains how to determine the “date of injury” for mental disorders (when the worker has a psychological reaction and connects it to work) and how to assess **special circumstances** for late filing. [WCAT](#)

Key strategy moves:

- **Precisely define the “date of injury”** as the point when:
 - The worker had a psychological reaction; and

- Connected it to work.
- Use that definition to:
 - **Reset the limitation clock**; and
 - Argue that, given the nature of the condition, any delay before that point was reasonable.

Portable strategy:

- You may have suffered for a long time, but the “injury date” is often when you **realize it’s work-related** – that can give breathing room on supposed “late filing.”

D. “What counts as a decision?” + timelines + Board changing its mind

This is where workers get ambushed by technicalities. These cases give them ammo and explanations.

1. 2007-00430 – Finding of fact vs reviewable decision

- Three-person panel discusses whether a Board officer’s statement is just a **finding of fact** (not appealable) or a **decision** (appealable). [WCAT](#)

Key strategy moves:

- **Force WCAT to declare letters/statements as actual “decisions.”**
 - Show that the communication **finally resolved an issue** (e.g., entitlement, rate, acceptance), not just “information.”
- Once it’s a “decision,” it becomes:
 - **Appealable**; and
 - Starts limitation periods that the Board may itself have mishandled.

Portable strategy:

- Whenever you get a vague letter, ask: “Did this *decide* something?”
If yes, treat it as a decision and appeal it.

2. 2007-00798 – Informational letter vs adjudicative decision

- Clarifies when a letter is just “FYI” and when it actually contains a **reviewable decision**, in the context of implementing a WCAT decision. [WCAT](#)

For strategies, refer to **WCAT-2007-00430**

3. **2009-00149 – Disclosure of file is NOT proper communication of a decision**
 - WCAT holds that simply disclosing a file is **not** an appropriate method of communicating a decision; important for timelines. [WCAT](#)
4. **2008-03461 & 2008-03567 – Oral vs written communication and when time limits start**
 - Explain how oral decisions and staggered communications affect **when the clock starts** on review/appeal deadlines. [WCAT](#)
5. **2004-06708 & 2004-03907 – If the Board doesn't tell you, the 75-day limit doesn't run**
 - Hold that if the Board **fails to communicate** a decision, it isn't a "decision" for s.96(4) purposes, so the Board can still reconsider it and the worker isn't locked out by the 75-day limit. [WCAT](#)
6. **2006-02121 & 2006-02669 – 75-day limit on Board reconsideration**
 - Say the Board **cannot reconsider** an original decision unless the reconsideration decision is communicated within **75 days**. Board doesn't get endless do-overs. [WCAT](#)
7. **2004-03983 – Second decision after 75 days is reviewable**
 - If the Board issues a second decision more than 75 days after the first to correct an error, that second decision **is reviewable**; and the case flagged that Board policy hadn't yet addressed this gap. [WCAT](#)
8. **2004-03709 – WCAT can cure some Review Division natural-justice breaches**
 - WCAT can take jurisdiction over an issue the Board investigated but never clearly decided, and may **cure a procedural unfairness** that happened at Review Division. [WCAT](#)

This cluster is ideal for a section like **"Deadlines, decisions and do-overs"** with explainers such as:

- "What if I only got a phone call?"
- "What if the Board quietly changed its mind?"
- "What if they never actually told me?"

E. Challenging Board medical advisors and internal practice

1. 2006-03608 – Limits on Board Medical Advisors & internal guidelines

- Key points:
 - A Board Medical Advisor's job is to give medical expertise – not interpret and apply policy.
 - The Board **can't rely on internal guidelines** if that means ignoring binding Board policy.
 - Discusses when work simulations are valid. [WCAT](#)

For your site, this is dynamite in a page like “They’re ignoring my specialist and just quoting their own doctor.”

F. Reopenings & “new diagnoses”

1. 2004-06682 – New imaging clarifies same condition → reopening allowed

- CT scan gave a new label, but WCAT held the **underlying condition was the same**, so the worker was entitled to reopening under s.96(2). [WCAT](#)

Key strategy moves (inferred):

- **Label new tests as clarifying, not transforming.**
 - Argue: the CT/MRI didn't create a new condition, it just **gave better detail** of the same compensable problem.
- Tie the significant change to the **originally accepted condition**, so it fits within s.96(2) reopening.

2. 2004-06831 – Truly new diagnosis = new matter, not reopening

- Explains that a **new diagnosis is a new matter**, not a reopening, if the condition was never previously adjudicated. [WCAT](#)

Key strategy moves:

- **For workers (when helpful):**
 - Argue that worsening is a **reopening of a previously decided matter**, not a “new claim,” when that keeps the claim in a more favourable legal regime.

- **For “new matter” (still sometimes beneficial):**
 - If the earlier decision never addressed a body part/diagnosis at all, argue it’s a **new matter**, so the Board must adjudicate fresh.

Portable strategy:

- Use the decision tree –
“Did the Board already decide this specific condition or entitlement? If yes → reopening.
If no → new matter.”

3. **2004-04921 & 2004-04632 – What is a “matter previously decided”?**

- Clarify that reopening only applies to **matters previously decided**, and that brand-new treatment requests or un-adjudicated conditions are new matters. [WCAT](#)

Key strategy moves: (Refer to **2004-06831**)

G. Parking lots, travelling workers & “off-route” situations

1. **2005-01035 – Parking lot injury returning from lunch is compensable**

- Worker hit by a car in employer’s parking lot returning from lunch; WCAT applied s.5(4) presumption and found the injury **arose out of and in the course of employment**. [WCAT](#)

Key strategy moves:

- **Connect the parking lot to the “employer’s premises” & control.**
 - Emphasize employer ownership/control of the lot, and that the worker was in the process of **returning to work**.
 - **Use s.5(4) presumption** once “course of employment” is established.
2. **2007-02634 – Factors for parking-lot injuries (with summary of other cases)**
- Sets out factors WCAT considers in deciding if a **parking-lot injury is work-related**, and summarizes multiple earlier decisions. [WCAT](#)

Key strategy moves:

- **Systematize the factors** WCAT should consider:

- Who owns/controls the lot?
- Is commuting an integral part of the job?
- Was the worker on paid time / performing duties?
- Use those factors to build a concrete multi-point argument that the injury is within the **course of employment**.

Portable strategy:

- (TURN THIS INTO A CHECKLIST)
- 3. **A1601379 – Helping an injured stranger still in course of employment**
 - Registered nurse, on her way back from dropping off a co-worker, stops to help a stabbed person and is exposed to blood; WCAT found her actions **did not amount to a substantial deviation** and remained in the course of employment. [WCAT](#)

Key strategy moves:

- **Frame the action as part of the worker’s professional role**, not a frolic.
 - Argue that stopping to provide emergency care is a **foreseeable extension** of a nurse’s duties.
- Argue there was **no substantial deviation from the route**: she was already in transit back.
- 4. **2006-02659 – Community health workers as travelling workers**
 - Confirms that workers like community health workers are treated as **travelling workers** if travelling is an essential part of their service, whether or not they’re paid for travel.

Key strategy moves:

- **Characterize the worker as a “travelling worker.”**
 - Show that movement between client locations is **central to the job**, regardless of whether travel time is paid.
- Use that status to argue injuries en route are **presumptively work-related**, absent substantial personal deviation.

Portable strategy:

- Whenever someone works out of multiple sites or client homes, push the “travelling worker” label hard.

These WCAT decisions are real-world examples showing how workers succeed on key issues like what counts as a work injury, how pre-existing or degenerative conditions are treated, mental health and bullying claims, deadlines, reopenings, and challenging Board medical advisors. On this site, each topic page is anchored with short case snapshots—what happened, what WCAT decided, and why it matters for you—so you can see how the rules are actually applied. Reading through them also helps you learn strategy: what arguments worked, what evidence carried weight, and where workers have successfully pushed back against unfair or incorrect decisions.