

GOVERNMENT NOTICE No. 94

REPUBLIC OF TRINIDAD AND TOBAGO

THE NATIONAL INSURANCE ACT, 1971

REGULATIONS

MADE BY THE BOARD OF MANAGEMENT UNDER SECTION 45(2) OF THE
NATIONAL INSURANCE ACT, 1971

THE NATIONAL INSURANCE (PRESCRIBED DISEASES)
REGULATIONS, 1977

1. These Regulations may be cited as the National Insurance (Prescribed Diseases) Regulations, 1977.

2. In these Regulations—

"the Act" means the National Insurance Act, 1971;
"benefit" means benefit payable under section 44(3) of the Act;
"medical referees" means medical referees appointed by the Board
under the National Insurance (Medical Expenses) Regulations,
1977.

Definitions
No. 35 of
1971

3. For the purposes of the Act, a disease or injury set out in the first column of the Schedule is a prescribed disease and a person insured under section 37(1) of the Act who is or was engaged in insurable employment of a type set out in the second column of the Schedule against that prescribed disease, is insured against that prescribed disease.

Prescribed
disease:
person
insured
against

4. Where a person insured against a prescribed disease, is suffering from a condition which has resulted from that prescribed disease, the provisions of the Act and these Regulations shall apply to him as if he were suffering from that prescribed disease.

Resulting
conditions
of pre-
scribed
disease

5. Subject to regulation 6 where an insured person develops a prescribed disease against which he is insured, it is presumed, unless the contrary is proved, that the disease was caused by the nature of his employment if he is engaged in insurable employment of a type set out in the second column of the Schedule against that disease or was so engaged at any time within one month immediately preceding the date on which, in accordance with these Regulations, he is treated as having developed the disease.

Presumption
as to cause
of pre-
scribed
disease

6. (1) Where an insured person, insured against pneumoconiosis develops that disease, it is presumed, unless the contrary is proved, that the disease was caused by the nature of his employment if he was engaged in insurable employment of a type set out in the second column of the Schedule against that disease for a period or periods amounting in the aggregate to not less than two years.

Presumption
as to cause
of pneu-
moconiosis

(2) For the purposes of paragraph (1), employment which would have been insurable employment had it taken place on or after the appointed day shall be taken into account in computing the period of not less than two years.

Date of
development

7. Where a person insured against a prescribed disease is found to be or to have been suffering from or to have died as the result of that disease, then for the purposes of a claim for benefit in respect of that person, the disease shall be treated as having developed on a date, (in these Regulations referred to as "the date of development") determined in accordance with regulations 8 and 9.

Determina-
tion of
date of
development

8. (1) The date of development of a prescribed disease determined in accordance with paragraph (2) and regulation 9 shall be treated as the date of development for the purpose of the first and any subsequent claim made in respect of that prescribed disease by or in respect of an insured person insured against that disease.

(2) Where the claim for the purposes of which the date of development is to be determined is—

- (a) a claim for injury benefit, the date of development shall be the first day on which the claimant was incapable of working as a result of the disease on or after the appointed day;
- (b) a claim for disablement benefit, the date of development shall be the day on which the claimant first suffered loss of faculty as a result of the disease on or after the appointed day;
- (c) a claim for death benefit, the date of development shall be the date of death.

Recrude-
scence

9. (1) Where a person after being awarded benefit in respect of a prescribed disease recovers wholly or partially from the attack of the disease, and thereafter suffers from another attack of the same disease or dies as a result of the disease then—

- (a) if the further attack commences or the death occurs during an injury benefit period or during a period taken into account by an assessment of disablement relating to such a previous award (either of which periods is hereinafter referred to as a "relevant period"), the disease shall be treated as recrudescence of the attack to which the relevant period relates, unless it is otherwise determined in the manner referred to in subparagraph (b);
- (b) if the further attack commences or the death occurs otherwise than during a relevant period, or if it is determined in the manner provided in regulations 10, 11 and 12 that the disease was in fact contracted afresh, it shall be treated as having been so contracted.

(2) For the purpose of paragraph (1), a further attack of a prescribed disease shall be deemed to have commenced on the date which would be treated as the date of development under regulation 8 if no previous claim had been made in respect of that disease.

(3) Where, under this regulation, a disease is treated as having been contracted afresh, the provisions of regulation 8 shall apply as though no previous claim had been made in respect of that disease and the date of development shall be determined accordingly.

(4) Where, under this regulation, a disease is treated as a recrudescence during a period taken into account by a previous assessment of disablement, any assessment of disablement in respect of the recrudescence shall be by way of review of such previous assessment.

10. (1) In this Regulation and in regulations 11 and 12 any question arising in connection with a claim for award of injury benefit or disablement benefit—

- (a) whether a person is suffering or has suffered from a prescribed disease, is referred to as a diagnosis question;
- (b) whether a prescribed disease has been contracted afresh, in any case where that question arises, is referred to as a recrudescence question.

Diagnosis and recrudescence questions to be referred to medical panel

(2) Subject to the provisions of regulation 11 where a diagnosis or recrudescence question arises in any case the Board shall forthwith refer that question for examination and report by a panel of medical referees.

(3) Where in the consideration of a diagnosis or recrudescence question the Board is of the opinion that there arises a disablement question, it shall refer the diagnosis or recrudescence question as well as the disablement question to a panel of medical referees.

(4) Where in the consideration of a diagnosis question the Board is of the opinion that there arises a recrudescence question, it shall refer the diagnosis question as well as the recrudescence question to a panel of medical referees.

11. (1) The Board may in its discretion determine a diagnosis or recrudescence question without referring it as provided in paragraph (2) of regulation 10 if it is satisfied that such reference can be dispensed with having regard to—

- (a) a medical report signed by a medical practitioner from whom the claimant or beneficiary is receiving or has received treatment for a condition due to a prescribed disease; or
- (b) the decision in any similar diagnosis or recrudescence question which was determined on the consideration of any previous claim or question arising in respect of the same disease suffered by the same person (including the date and terms of any medical report on which such previous decision was based and of any medical certificate submitted by the claimant or beneficiary).

Determination of diagnosis or recrudescence questions by Board

Reference to a panel of medical referees for a report shall not be dispensed with on the grounds specified in subparagraph (a) except where a diagnosis question is determined in favour of the claimant or beneficiary or where a recrudescence question arises in connection with a diagnosis question which has been so determined under this regulation.

(2) Where the Board is of the opinion that a claim or question submitted to it or any part thereof can be disposed of without determining any diagnosis or recrudescence question, it may make an award or determine that an award cannot be made or may determine the question submitted to it accordingly without referring such diagnosis or recrudescence question for a report or before so referring it.

(3) Where during a period taken into account by an assessment of disablement relating to an award of disablement benefit in respect of a prescribed disease the beneficiary either—

- (a) applies for a review of such assessment; or
- (b) makes a further claim for disablement benefit in respect of a fresh attack of the disease,

any recrudescence question arising on such application or further claim shall be referred to a panel of medical referees together with any disablement question which arises.

(4) The provisions of regulation 10(2) and this regulation shall apply to an appeals tribunal as they apply to the Board save that an appeals tribunal shall instead of itself referring a diagnosis or recrudescence question to a panel of medical referees in accordance with regulation 10, direct the Board to refer the question.

Procedure
on receipt
of report

12. (1) Upon the receipt of the report of a panel of medical referees on a diagnosis or recrudescence question, the Board shall as soon as possible consider the report and determine the question.

(2) Where the question referred was a diagnosis question, the Board may—

- (a) determine the question in favour of the claimant or beneficiary;
- (b) determine the question adversely to the claimant or beneficiary.

(3) Where the question referred was a recrudescence question, the Board—

- (a) if satisfied having regard to the report that the disease ought to be treated as having been contracted afresh, shall so treat it and shall determine the question accordingly;
- (b) if not so satisfied, shall treat the disease as a recrudescence of the previous attack or as not having developed on or after the declared day, as the case may require, and shall determine the question accordingly.

SCHEDULE

<i>Description of Disease or Injury</i>	<i>Nature of Employment</i>
1. Poisoning by lead or a compound of lead	The use or handling of, or exposure to the fumes, dust or vapour of lead or a compound of lead, or a substance containing lead.
2. Poisoning by manganese or a compound of manganese	The use or handling of, or exposure to the fumes, dust or vapour of, manganese or a compound of manganese, or a substance containing manganese.
3. Poisoning by phosphorus or phosphine or poisoning due to the anti-cholinesterase action of organic phosphorus compound	The use or handling of, or exposure to the fumes, dust or vapour of, phosphorus or a compound of phosphorus, or a substance containing phosphorus.
4. Poisoning by arsenic or a compound of arsenic	The use or handling of, or exposure to the fumes, dust or vapour of, arsenic or a compound of arsenic, or a substance containing arsenic.
5. Poisoning by mercury or a compound of mercury	The use or handling of, or exposure to the fumes, dust or vapour of, mercury or a compound of mercury, or a substance containing mercury.

SCHEDULE—CONTINUED

<i>Description of Disease or Injury</i>	<i>Nature of Employment</i>
6. Poisoning by carbon bisulphide ...	The use or handling of, or exposure to fumes or vapour of, carbon bisulphide or a compound of carbon bisulphide, or a substance containing carbon bisulphide.
7. Poisoning by benzene or a homologue	The use or handling of, or exposure to the fumes of, or vapour containing, benzene or any of its homologues.
8. Poisoning by a nitro- or amino- or chloro-derivative of benzene or of a homologue of benzene or poisoning by nitrochlorbenzene	The use or handling of, or exposure to the fumes of, or vapour containing, a nitro- or amino- or chloro-derivative of benzene or a homologue of benzene or nitrochlorbenzene.
9. Poisoning by beryllium or a compound of beryllium	The use or handling of, or exposure to the fumes, dust or vapour of, beryllium, or a substance containing beryllium.
10. Poisoning by diethylene dioxide (dioxan)	The use or handling of, or exposure to the fumes of, or vapour containing, diethylene dioxide (dioxan).
11. Poisoning by dinitrophenol or a homologue or by substituted dinitrophenol or by the salts of such substances	The use or handling of, or exposure to the fumes of, or vapour containing, dinitrophenol or a homologue or substituted dinitrophenol or the salts of such substances.
12. Poisoning by tri-cresyl phosphate	The use or handling of, or exposure to the fumes of, or vapour containing, tri-cresyl phosphate.
13. Poisoning by tri-phenyl phosphate	The use or handling of, or exposure to the fumes of, or vapour containing, tri-phenyl phosphate.
14. Poisoning by methyl bromide ...	The use or handling of, or exposure to the fumes of, or vapour containing methyl bromide.
15. Poisoning by chlorinated naphthalene	The use or handling of, or exposure to the fumes of, or dust or vapour containing chlorinated naphthalene.
16. Poisoning by nitrous fumes ...	The use or handling of nitric acid or exposure to nitrous fumes.
17. Poisoning by gonioma kamassi (African hox wood)	The manipulation of gonioma kamassi or any process in or incidental to the manufacture of articles therefrom.
18. Poisoning by tetrachlorethane ...	The use or handling of, or exposure to the fumes of, or vapour containing tetrachlorethane.
19. Poisoning by cadmium ...	Exposure to cadmium fumes.
20. Poisoning by acrylamide monomer	The use or handling of, or exposure to acrylamide monomer.
21. Poisoning by chromates or chromic acid	Chromium plating, tanning of leather involving the use of chromates or chromic acid.

SCHEDULE—CONTINUED

<i>Description of Disease or Injury</i>	<i>Nature of Employment</i>
22. Anthrax	The handling of wool, hair bristles, hides or skins or other animal products or residues, or contact with animals infected with anthrax.
23. Primary neoplasm of the epithelial lining of the urinary bladder (papilloma of the bladder), or of the epithelial lining of the renal pelvis or of the epithelial lining of the ureter	<p>(a) Work in a building in which any of the following substances is produced for commercial purposes:</p> <ul style="list-style-type: none"> (i) alpha-naphthylamine or beta-naphthylamine; (ii) diphenyl substituted by at least one nitro or primary amino group or by at least one nitro and primary amino group; (iii) any of the substances mentioned in sub-paragraph (ii) above if further ring substituted by halogeno, methyl or methoxy groups, but not by any other groups; (iv) the salts of any of the substances mentioned in sub-paragraphs (i) to (ii) above. (v) Auramine or magenta; <p>(b) the use or handling of any of the substances mentioned in sub-paragraphs (i) to (iv) of paragraph (a), for work in a process in which any such substances is used or handled or is liberated;</p> <p>(c) the maintenance or cleaning of any plant or machinery used in any such process as is mentioned in paragraph (b), or the cleaning of clothing used in any such building as is mentioned in paragraph (a) if such clothing is cleaned within the works of which the building forms a part or in a laundry maintained and used solely in connection with such works.</p>
24. Tuberculosis	<p>Close and frequent contact with a source of tuberculosis infection by reason of employment:</p> <ul style="list-style-type: none"> (a) in the medical treatment or nursing of a person or persons suffering from tuberculosis, or in a service ancillary to such treatment or nursing; (b) in attendance upon a person or persons suffering from tuberculosis, where the need for such attendance arises by reason of physical or mental infirmity; (c) as a research worker engaged in research in connection with tuberculosis; (d) as a laboratory worker, pathologist or person taking part or assisting at post-mortem examinations of human remains where the occupation involves working with material which is a source of tuberculosis infection.
25. Glanders	Contact with equine animals or their carcasses

SCHEDULE—CONTINUED

<i>Description of Disease or Injury</i>	<i>Nature of Employment</i>
26. (a) Infection by <i>Leptospire icterohaemorrhagiae</i> (b) Infection by <i>Leptospire canicola</i>	Work in places which are, or are liable to be infected by rats. Work at dog kennels or the care or handling of dogs.
27. Ankylostomiasis	Work in or about a mine.
28. Inflammation, ulceration or malignant disease of the skin or subcutaneous tissues or of the bones, or blood dyscrasia, or cataract, due to electro-magnetic radiations (other than radiant heat), or to ionising particles	Exposure to electro-magnetic radiations other than radiant heat, or to ionising particles.
29. Heat cataract	Frequent or prolonged exposure to rays from molten or red-hot material.
30. Decompression sickness	Subjection to compressed or rarefied air.
31. Cramp of the hand or forearm due to repetitive movements	Prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arm.
32. Subcutaneous callulitis of the hand (Beat hand)	Manual labour causing severe or prolonged friction of pressure on the hand.
33. Bursitis or subcutaneous cellulitis arising at or about the knee due to severe or prolonged external friction or pressure at or about the knee (Beat knee)	Manual labour causing severe or prolonged external friction or pressure at or about the elbow.
34. Bursitis or subcutaneous cellulitis arising at or about the elbow due to severe prolonged external friction or pressure at or about the elbow (Beat elbow)	Manual labour causing severe or prolonged external friction or pressure at or about the elbow.
35. Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheathe	Manual labour, or frequent or repeated movements of the hand or wrist.
36. Miner's nystagmus	Work in or about the mine.
37. Inflammation or ulceration of the mucous membrane of the upper respiratory passages or mouth produced by dust, liquid or vapour	Exposure to dust, liquid, or vapour.
38. Non-infective dermatitis of external origin (including chrome ulceration of the skin but excluding dermatitis due to ionising particles or electro-magnetic radiations other than radiant heat)	Exposure to dust, liquid, or vapour or any other external agent capable of irritating the skin (including friction or heat by excluding ionising particles or electro-magnetic radiations other than radiant heat).

SCHEDULE—CONTINUED

<i>Description of Disease or Injury</i>	<i>Nature of Employment</i>
39. Pulmonary disease due to the inhalation of the dust of mouldy hay or other mouldy vegetable produce and characterised by symptoms and signs attributable to a reaction in the peripheral part of the broncho-pulmonary system, and giving rise to a defect in gas exchange (Farmer's lung)	Exposure to the dust of mouldy hay or other mouldy vegetable produce by reason of employment: <ol style="list-style-type: none"> (a) in agriculture, horticulture or forestry; or (b) loading or unloading or handling in storage such hay or other vegetable produce; or (c) handling bagasse.
40. Primary malignant neoplasm of the mesothelium (diffuse mesothelioma) of the pleura or of the peritoneum	<ol style="list-style-type: none"> (a) The working or handling of asbestos or any admixture of asbestos; (b) the manufacture or repair of asbestos textiles or other articles containing or composed of asbestos; (c) the cleaning of any machinery or plant used in any of the foregoing operations and of any chambers, fixtures and appliances for the collection of asbestos dust; (d) substantial exposure to the dust arising from any of the foregoing operations.
41. Adeno-carcinoma of the nasal cavity or associated air sinuses	Attendance for work in or about a building where wooden furniture is manufactured.
42. Infection by brucella abortus ...	Contact with bovine animals infected by brucella abortus their carcasses or parts thereof or their untreated products, or with laboratory specimens or vaccines of or containing brucella abortus, by reason of employment:— <ol style="list-style-type: none"> (a) as a farm worker; (b) as a veterinary worker; (c) as a slaughterhouse worker; (d) as a laboratory worker; or (e) in any other work relating to the care, treatment, examination or handling of such animals, carcasses or parts thereof or products.
43. Pathological manifestations due to— <ol style="list-style-type: none"> (a) Radium or other radio-active substances (b) X-rays ... (c) Ulceration of the corneal surface of the eye (d) Localised new growth of the skin, papilomatous or Keratotic 	Any process involving exposure to the action of radium, radio-active substances or X-rays. <p style="text-align: center;">do.</p> Any process involving the use or handling of, or exposure to, tar, pitch, bitumen, mineral oil (including kerosene), soot or any compound, product or residue of any of these substances.
44. Berylliosis	Any occupation involving the making of fluorescent lamps.
45. Asbestosis	Any occupation involving the processing, use or handling of, or exposure to asbestos or to a compound of asbestos or any substance containing asbestos.

SCHEDULE—CONTINUED

<i>Description of Disease or Injury</i>	<i>Nature of Employment</i>
46. Bauxite Pulmonary Fibrosis (Shaver's disease)	The making of synthetic abrasives and any occupation involving the liberation of fumes caused by the fusion of the ore known as bauxite with silica or any of its compounds.
47. Mica Pneumoconiosis	Any occupation involving the processing, use or handling of silica aluminium compounds.
48. Talc Pneumoconiosis	Any occupation or process involving the use of finely powdered hydrous silicate.
49. Silicosis	All occupations involving exposure to risk concerned.
50. Toxic anaemia	do.
51. Toxic jaundice due to poisonous substances	do.
52. Lead Tetra-ethyl poisoning	do.
53. Chrome or its toxic compound	do.
54. Disease caused by ionising radiations	do.
55. Primary epitheliomatous cancer of the skin caused by tar, pitch, bitumen, mineral oil, or the compounds, products or the residues of those substances	do.
56. Baggassosis	Any occupation involving the processing, use or handling of or exposure to bagasse or a compound of bagasse or a substance containing bagasse.
57. Pneumoconiosis	<p>Any occupation involving—</p> <p>(a) the mining, quarrying or working of silica rock or the working of dried quartzose sand or any dry deposit or dry residue of silica or any dry admixture containing such materials (including any occupation in which any of the aforesaid operations are carried out incidentally to the mining or quarrying of other minerals or to the manufacture of articles containing crushed or ground silica rock);</p> <p>(b) the handling of any of the materials specified in the foregoing sub-paragraph in or incidental to any of the operations mentioned therein, or substantial exposure to the dust arising from such operations.</p>
58. Byssinosis	Processes in which large quantities of cotton dust are present.

SCHEDULE—CONTINUED

<i>Description of Disease or Injury</i>	<i>Nature of Employment</i>
59. Disease caused by the toxic halogen derivatives of hydrocarbon of the Aliphatic series.	Petroleum production from crude oil. Work which involves exposure to any of the derivatives of hydrocarbon used in the production of paints, protective coatings, plastics, synthetic rubber, resins, pesticides, synthetic detergent and petrochemicals.
60a. Dystrophy of the cornea (including ulceration of the corneal surface) of the eye	Workers employed in foundry work, in the field of engineering, building construction, and in the chemical industry.
60b. Localised new growth of the skin, papillomatous or kerototic	Work which involves exposure to skin injury due to actinic radiation, ionising radiation, contact with coal tar, shale oil, impure paraffin.
60c. Squamous-celled carcinoma of the skin	Work which involves exposure of the skin to organic chemicals (particularly in the petroleum and other related industries, for example, tar, pitch, asphalt) and radiation.

Made this 27th day of May, 1977.

L. WILLIAMS
Chairman, Board of Management

Laid in the Senate this 31st day of May, 1977.

R. L. GRIFFITH
Clerk of the Senate

Laid in the House of Representatives this 3rd day of June, 1977.

J. E. CARTER
Clerk of the House