



COMPREHENSIVE GUIDE TO WORKERS' COMPENSATION

A HANDBOOK FOR EMPLOYERS,
EMPLOYEES AND INSURERS

FEBRUARY 2024

Supported by:



Department of Labour
Ministry of Industry, Commerce & Employment
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Department of Labour
Ministry of Industry, Commerce and Employment

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Foreword

Workers' compensation is crucial for ensuring the welfare and well-being of employees. This handbook, 'Comprehensive Guide to Workers' Compensation', is an indispensable resource for employers, employees, and insurers alike. The dynamic nature of employment and the inherent risks associated with work in various industries underscores the need for a comprehensive understanding of workers' compensation. The Labour Protection Division (LPD) has prepared this guide to empower employers, educate employees, and provide insurers with invaluable insights into the intricacies of the workers' compensation system.

Employers are responsible for safeguarding their workforce for which they must possess a good knowledge of workers' compensation. This handbook serves employers as the tools to create a secure and supportive environment for their employees, and for fostering a workplace safety culture.

Employees often find themselves at risk of workplace accidents, resulting in injuries and illnesses. This guide provides them with the information for understanding their rights, responsibilities, and entitlements. Empowering employees with knowledge and information would inspire them to participate in ensuring their rights, well-being and safety.

Insurers play a critical role in the workers' compensation ecosystem, facilitating the financial aspects of injury or illness claims. This guide is important for insurers for getting a comprehensive overview of workers' compensation, information on the regulatory requirements and understanding of nuances of claim processing, which would contribute to a system that is fair, efficient, and supportive for all stakeholders.

I commend this Comprehensive Guide to Workers' Compensation to all those engaged in the noble pursuit of ensuring safe, fair, and dignified workplaces. It is our sincere hope that this guide becomes a cornerstone for employers, employees, and insurers seeking clarity and understanding in the realm of workers' compensation. Further, may it serve as a beacon of knowledge, fostering a culture where the well-being of the workforce is not just a priority but a shared responsibility.

Tashi Delek and Happy New Year, 2024!

Lham Dorji
Director

Message from Chief Representative, JICA Bhutan Office

The 'Comprehensive Guide to Workers' Compensation' marks an important aspect towards improving the Occupational Health and Safety in workplace across Bhutan. Worker's compensation stands as a crucial mechanism for ensuring the well-being and protection of workers in the face of occupational hazards.

It recognizes that individuals who sustain injuries or illnesses in the course of their employment deserve adequate support and care. Whether it's a physical injury from a workplace accident, or a chronic condition developed over time due to occupational exposure.

Moreover, the compensation also serves as a deterrent against negligence and unsafe working conditions. When employers are aware of the legal obligations to compensate employees for work-related injuries or illnesses, they have a keen interest in prioritizing safety measures and adhering to regulations as stipulated by the Labour and Employment Act of Bhutan 2007. This incentivizes proactive risk management strategies, hazard identification, and mitigation efforts, ultimately fostering a culture of prevention and accountability within workplaces.

Furthermore, worker's compensation ensures that injured workers can access the resources they need to recover, regain their independence, and return to meaningful employment whenever possible.

I would like to commend the hard work of all the stakeholder holders involved in development of this 'Comprehensive Guideline to Workers' Compensation'. This truly reaffirms the commitment of the Royal Government of Bhutan, to strive to create workplaces where every individual can work with dignity, security, and peace of mind.



Tomoyuki Yamada
Chief Representative

Acknowledgment

The Department of Labour is profoundly grateful for the invaluable support received from the JICA Bhutan Office in bringing this document to fruition. Their unwavering dedication and collaborative spirit were instrumental in expediting the document's completion. Without their partnership, achieving this milestone within the envisioned timeframe would have been considerably more challenging.

We are deeply indebted to Dr. Asish Mettal for his exceptional generosity in volunteering his expertise to refine this document. His commitment went above and beyond, as he selflessly dedicated a week in Bhutan to work on this document at our request. This speaks volumes about his dedication to the cause and his genuine desire to support our endeavours.

Heartfelt appreciation is also extended to Mr. Kishna Subba, Chief Program Officer, JICA office Bhutan, for his extensive and multifaceted contributions throughout the project. From meticulous planning and budgeting to ensuring its seamless execution, he has been a pillar of strength and a driving force behind the project's success.

We are eternally grateful to the dedicated drafting team, whose invaluable contributions have shaped this document into a truly exceptional piece of work. Their unwavering dedication, meticulous attention to detail, and tireless efforts have significantly elevated the quality of our work, exceeding all expectations. Equally deserving of our heartfelt thanks is the document validation team. Their keen eyes and insightful feedback have been invaluable in refining the document, adding immense value, and ensuring its accuracy and efficacy.

We are truly humbled by the unwavering support and collaborative spirit demonstrated by all parties involved. This collective effort has been truly enriching and has solidified our belief in the power of teamwork and collaborative spirit.



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Abbreviations

LEA 2007	Labour and Employment Act of Bhutan 2007
PPD	Partial Permanent Disability
ROHSW 2022	Regulation on Occupational Health, Safety, and Welfare 2022
TPD	Total Permanent Disability
DNMW	Daily National Minimum Wage Rate

Definition

For the purpose of this guideline unless the context indicates otherwise, the words, phrases and acronyms are defined as follows:

Accident means any unintended or unforeseen event or mishap arising from work activity that results in death or injury to an employee.

Death means the end of life, the permanent cessation of all bodily functions.

Dependent means a member of the family of an employee who was wholly or partly dependent on the employee's earnings at the time of the employee's death, and includes a legal spouse, child, or parent.

Disability means the inability to perform a range of tasks to a reasonable standard considered normal for a particular job or work activity due to some physical, mental, or sensory impairment. The degrees of disability are assessed in relation to a job or work activity rather than the extent of physical, mental, or sensory impairment.

Employee means a person employed under a contract of employment.

Employer means a person who employs one or more other persons under a contract of employment.

Immediately means within 12 hours of any accidents or dangerous occurrence that occurs at a workplace.

Injury means any physical, mental, or emotional deprivation or damage to a person resulting from an accident or exposure to risk over a period of time for example, with hearing loss.

Insurer means an Insurance Company in Bhutan with which an employee is insured and to which the monthly or annual premium is paid.

Micro Trade License means a business entity with an annual turnover of less than Nu. 1 million and employing less than 4 employees, and classified under the Micro scale category.

Occupational disease means any illness or sickness or ailment contracted as a result of exposure to risk factors arising from work activity.

Partial Permanent Disablement means a condition in which an employee is still able to work in the same or different occupation for which the employee is situated by training, education or experience at a reduced capacity prior to the workplace or work-related injuries and occupational diseases.

Total Permanent Disablement means a condition in which an employee is no longer able to work due to workplace or work-related injuries and occupational diseases.

1.1 Introduction

Workers' compensation stands as a pivotal safeguard for employees who sustain injuries or illnesses directly attributable to their employment or work-related activities. This program encompasses medical expenses, lost wages, and rehabilitation services, providing a crucial safety net for workers and their families. The onus of financing workers' compensation falls upon employers, either through insurance coverage or direct payment mechanisms.

The significance of workers' compensation lies in its multifaceted benefits, primarily in shielding workers from the financial repercussions of workplace injuries and illnesses. This protective measure ensures that workers can access necessary medical care and maintain financial stability during periods of work-related disability. Moreover, workers' compensation incentivizes employers to prioritize workplace safety, fostering a culture of risk mitigation and hazard prevention. By proactively addressing workplace hazards, employers can minimize the incidence of work-related injuries and illnesses, thereby reducing their workers' compensation costs.

Furthermore, workers' compensation establishes a no-fault system for resolving disputes, streamlining the process of seeking compensation and circumventing costly and time-consuming litigation. This streamlined approach expedites access to benefits, ensuring that injured workers receive timely support and can focus on their recovery.

In essence, workers' compensation serves as an indispensable mechanism, safeguarding the well-being of workers, promoting workplace safety, and facilitating fair dispute resolution. Its

comprehensive coverage and no-fault system empower workers to navigate the complexities of work-related injuries and illnesses, ensuring that they receive the necessary support and compensation during challenging times.

1.2 Scope

This guideline is for the employers and employees who fall under the preview of the Labour and Employment Act of Bhutan 2007, and its regulation.

1.3 Purpose

To Provide clear and concise information on the different types of workers' compensation benefits, insurance, and the method used to calculate lump-sum benefits in workers' compensation cases.

1.4 Legislative Framework

(1) *Overview of Workers Compensation*

- (a) According to the Labour and Employment Act of Bhutan 2007, an employee has the right to seek compensation for injuries or medical conditions resulting from work-related accidents.
- (b) Employers hold responsibility for compensating their employees, even if the employee has left their employment.
- (c) The insurer must guarantee that workers receive compensation corresponding to the insured amount provided by their employer.

(2) *Applicable Laws and Regulations*

- (a) Section 96 of the Labour and Employment Act of

Bhutan 2007 mandates that employers must provide compensation to employees for death, total permanent disability, and temporary partial disablement resulting from workplace and occupational injuries.

- (b) Section 468 to 501 of the ROHSW 2022 provides details on the types of workers' compensation, methodology of compensation payment, insurance, and claims.

(3) Reporting Obligations

- (a) Section 154 of the LEA, 2007 mandates that employers must notify the Chief Labour Administrator about any workplace accidents or injury.
- (b) Sections 459 to 466 of the ROHSW 2022 require employers to report accidents or incidents resulting in death, injuries, lost workdays, occupational diseases of any employee, non-employee accidents, and dangerous occurrences, to the Chief Labour Administrator and also maintain records of these incidents.

(4) Legal Sanction

- (a) The employer who fails to compensate will be liable for a penalty as per Section 98 of the Act (Section 502 of ROHSW 2022).
- (b) The employer and an insurer who contravenes the provisions under Chapter 17 of the ROHSW 2022 will be liable to pay a fine minimum of 90 times the DNMW to maximum of 360 times the DNMW (Section 503 of ROHSW 2022)

2.1 Insurance Cover

The ROHSW 2022 states the following conditions for insurance coverage;

- (1) The employer is responsible for the insurance of its all employees with authorized financial institutions under the different workers' compensation (WC) insurance policies (Section 489 of ROHSW 2022)
- (2) Exempts the employers holding Micro Trade licenses from being covered under the WC insurance policy (Section 490 of ROHSW 2022)
- (3) The premium insured shall be paid by the employer and not by the employee (Section 491 of the ROHSW 2022).
- (4) The insurance shall not be liable to pay the compensation if the employer fails to pay the premium on time or otherwise stated in the policy (Section 492 of ROHSW 2022).

2.2 Compensation Claim Process

Step 1

- The employer notifies the Department of Labour regarding workplace injury, disease, or death (Section 493 of the ROHSW 2022)

Step 2A

- If the victim is insured, the employee or his/her dependent lodges an insurance claim with an insurer.



Figure 1 - Eligible for compensation

- The insurer confirms the claim with the Department of Labour (DoL) and conducts an assessment within 10 calendar days after receiving the compensation claim application (Section 496 of the ROHSW 2022)

Step 2B

- If the victim is not insured, the employer requires to pay the compensation. (Section 499 of the ROHSW 2022)

Step 3

- The insure/ employer is required to pay compensation within 15 calendar days of receiving the compensation claim application (Section 497 of the ROHSW 2022)
- Compensation can be made in cash or transferred to the specified bank account to employee or his/her dependent (Section 498 of the ROHSW 2022).

Step 4

- The information regarding the compensation payment must be send to the Department of Labour.

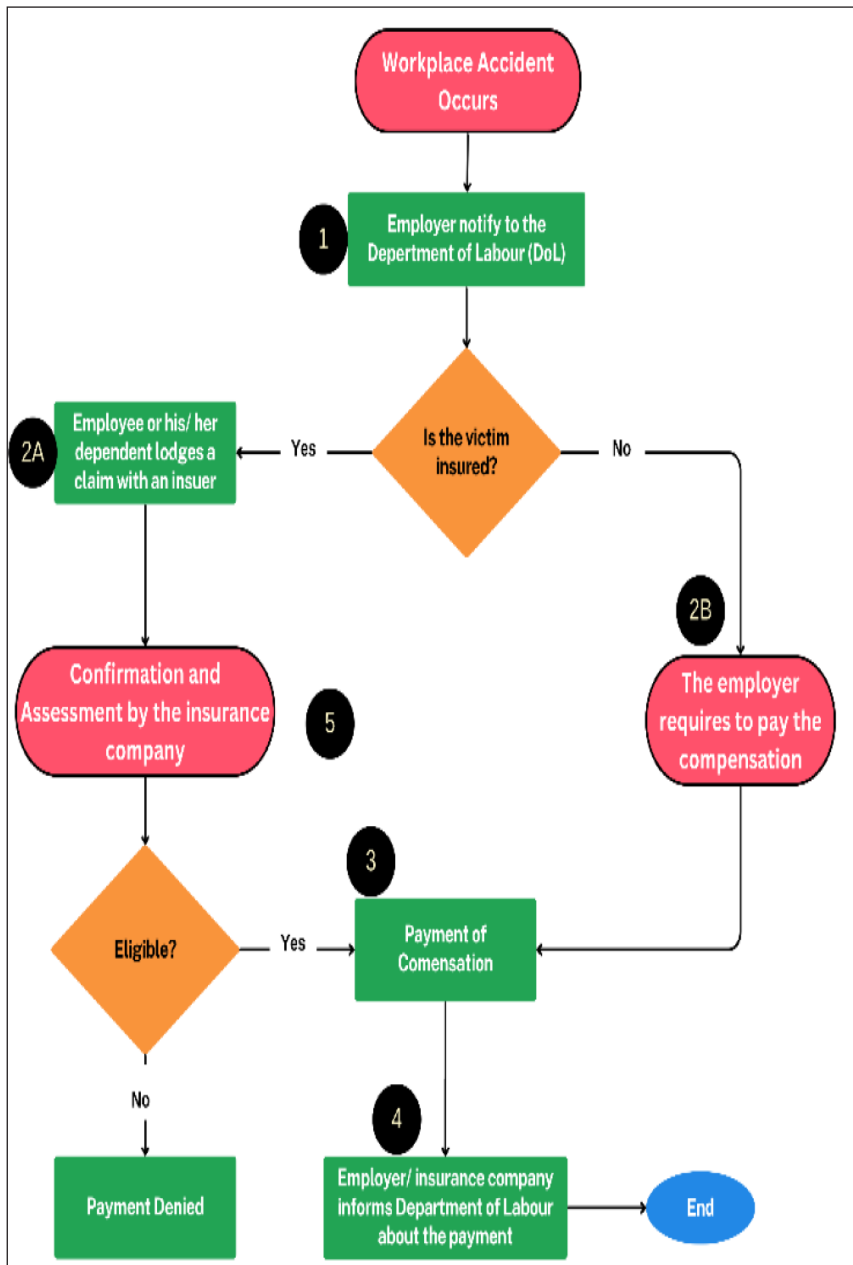


Figure 2: Compensation claim process

Key Notes:

- Throughout the process, communication and intimation to the DoL are crucial.
- Employers and Insurers need to strictly adhere to the timelines for confirmation, assessment, and compensation payment.
- Any direct payments by the employer must comply with the ROHSW 2022.

Fraudulent Claims

- Employees making fraudulent claims for injury or disease may face serious consequences (section 501 of RHSW, 2022):
- They can be charged with gross misconduct as provided in the LEAoB, 2007.
- This may lead to possible summary dismissal.
- Imprisonment for a period of 1-3 years may be imposed.

3.1. Types of Workers' Compensation Benefits

Classification	Types
1. Emergency and Medical care	<ol style="list-style-type: none"> 1. Emergency care: It covers all expenses related to emergency care including ambulance and related expenses, 2. Medical care and surgery: All the medical and nursing care, surgery, hospital fees, medication, X-rays, diagnostic testing, and all other forms of treatment.
2. Medical leave	<ol style="list-style-type: none"> 1. Full earnings for a maximum of 90 days. 2. 75% of earnings for incapacity lasting beyond 90 days, up to a maximum of one year.
3. Disability	<ol style="list-style-type: none"> 1. Total Permanent disablement 2. Partial Permanent disablement
4. Rehabilitation and support service	<ol style="list-style-type: none"> 1. Medical Rehabilitation: It encompasses a range of medical and therapeutic services designed to aid injured workers in recovering from work-related injuries or illnesses and returning to employment. This includes physical therapy, occupational therapy, speech therapy, mental health counseling, vocational rehabilitation, and other related services as recommended by a medical practitioner. Key benefits include faster recovery, reduced long-term disability costs, and improved quality of life for injured workers. 2. Vocation Rehabilitation: Is aimed at aiding injured workers unable to return to their previous jobs due to workplace injuries or illnesses. The process involves job placement assistance, education, and retraining. This comprehensive approach seeks to help workers to new employment or occupation placement, regain financial independence, and improve their overall quality of life. 3. Cost of Support services: Any cost incurred for rehabilitation, cost of assistive devices including crutches, prosthesis, wheelchair, or any other medical devices recommended by the medical professional to improve the mobility or ability of the disabled employee

Classification	Types
5. Rehabilitation and support service	4. Workplace rearrangement: It involves physical adjustments to the work environment to accommodate an injured worker's needs for a safe return to work. This includes modifying workstations, tasks, providing assistive devices, and implementing flexible work arrangements. It requires collaboration among the injured worker, employer, medical professional, and vocational specialist, tailored to the worker's needs and safety regulations.
6. Death	<ol style="list-style-type: none"> 1. Death due to accident or injury 2. Death due to occupational diseases

3.2 Calculation of Lump-sum Benefits in Workers' Compensation

Benefits	When to pay	Payable to	The formula for computing compensation
Total Permanent Disablement and Partial Permanent disablement	Injury or illness has permanent effects on an employee's ability to work	Injured employee	Amount payable = [Monthly National Minimum Wage Rate MNMW] x [Age multiplying factor] x [% permanent incapacity]
Death	Injury caused the death of the employee	Dependants of deceased employee	Amount payable = [Monthly National Minimum Wage Rate MNMW] x [Age multiplying factor]

3.3 Exception to Employer's Liability to Compensation

The employer is not liable for the compensation payment if an employee is involved in the following conditions.



Figure 3: Exception to Employer's Liability to Compensation

4.1 Disability

This case study specifically pertains to the lump sum benefit of workers' compensation outlined in point 3 of Table 6.1. The other benefit types specified in Table 6.1 are the responsibility of the employer or insurer for payment.

The formula for computing compensation TPD and PPD = [Monthly National Minimum Wage Rate MNMW] x [Age multiplying factor] x [% permanent incapacity]

Disability	Case	Compensation eligible
Total Permanent Disablement (Accident)	<p>Case: Mr. Dorji, age 24, a construction worker, experienced a severe workplace accident when a heavy object fell on him, causing extensive spinal cord damage and permanent paralysis from the waist down. He is unable to perform any physical labor due to the severity of the injury.</p> <p>Assessment: Medical experts concluded that Dorji's condition renders him incapable of engaging in any gainful employment due to the permanent and total loss of use of his lower body. His disability prevents him from performing not only his previous job but any form of work.</p>	<p>Amount payable:</p> <p>Nu: 3750 x 170 x 100%</p> <p>= Nu: [637,500] x 1</p> <p>= Nu: 637,500/-</p>
Total Permanent Disablement (Occupational Diseases)	<p>Case: Wangmo, Age 40, worked for years in a chemical manufacturing plant where she was regularly exposed to toxic substances. Over time, she developed severe respiratory symptom and was diagnosed with an irreversible lung damage directly attributed to her workplace exposure.</p> <p>Assessment: Despite medical treatment and efforts to mitigate the condition, Wangmo's health continued to deteriorate, and was not responding to medical treatment. Medical experts confirmed the direct link between her workplace exposure and the development of irreversible lung conduction and is not fit for any employment.</p>	<p>Amount payable:</p> <p>Nu: 3750 x 144 x 100%</p> <p>= Nu: 540,000 x 1</p> <p>= Nu: 540,000/-</p>

Disability	Case	Compensation eligible
<p>Partial Permanent disablement</p>	<p>Case: Dema, Age 50, a chef in a restaurant, suffered a workplace accident when hot oil spilled on her right forearm, causing severe burns and nerve damage. Despite extensive medical treatment and rehabilitation, she experienced limited recovery in her arm's functionality.</p> <p>Assessment: Medical evaluations revealed that Dema has sustained a partial permanent disability due to the loss of function in her right forearm between the wrist and elbow. Although she can still perform her job as a chef, the reduced mobility and nerve damage significantly limit her ability to handle certain tasks, impacting her earning capacity.</p>	<p>Amount payable: =Nu:3750 x 122 x 70% = Nu 457,500 x 0.7 = Nu: 320,250/-</p>

4.2 Fatal

This case study specifically relates to the lump sum benefit of workers' compensation specified under point 5 outlined in Table 6.1. The other benefit types specified in Table 6.1 are the responsibility of the employer or insurer for payment.

The formula for computing fatal Compensation = [Monthly National Minimum Wage Rate MNMW] x [Age multiplying factor]

Death	Case	Compensation eligible
Occupational Disease	<p>Sangay Wangmo, Age 55, worked for years in a chemical manufacturing plant where she was regularly exposed to toxic substances. Over time, she developed severe respiratory symptoms and was diagnosed with an irreversible lung damage directly attributed to her workplace exposure.</p> <p>Despite medical treatment and efforts to mitigate the condition, Sangay's health continued to deteriorate rapidly. Her lung disease progressed to an advanced stage, severely impacting her ability to breathe and perform daily tasks.</p> <p>Tragically, Sangay's health declined to the point where she passed away due to occupational lung cancer. Medical experts confirmed the direct link between her workplace exposure and the development of the fatal condition.</p>	<p>Amount payable = Nu:3750 x 86 = Nu:322,500/-</p>
Fatal Accident	<p>Kelden, age 23, an experienced construction worker, was assigned to a project involving the construction of a high-rise building. During a routine day on the construction site, a scaffolding collapse occurred, leading to a severe accident.</p> <p>The scaffolding collapse resulted from a combination of factors, including inadequate safety inspections and substandard construction materials. Tragically, Kelden was directly beneath the collapsing scaffolding and sustained fatal injuries.</p>	<p>Amount payable = Nu:3750 x 130 = Nu:487,500/-</p>

Annexure

Annexure 1: Injuries deemed to result in Total Permanent and Partial Permanent Disablement

Sl. No.	Injury	Percentage of loss of earning Capacity
Total Permanent Disablement		
1	Loss of 2 limbs	100
2	Loss of both hands or of all fingers and both thumbs	100
3	Loss of both feet	100
4	Total loss of sight, including the loss of sight to such extent as to render the claimant unable to perform any work for which eyesight is essential	100
5	Total paralysis	100
6	Injuries resulting in being permanently bedridden	100
7	Any other injury causing permanent total incapacity	100
Partial Permanent Disablement		
8	Loss of arm at shoulder	75
9	Loss of arm between elbow and shoulder	75
10	Loss of arm at elbow	75
11	Loss of arm between wrist and elbow	70
12	Loss of hand at wrist	70
13	Loss of 4 fingers and thumb of one hand	70
14	Loss of 4 fingers	60
15	Loss of thumb:	
	(a) both phalanges	30
	(b) one phalanx	20
16	Loss of index finger:	
	(a) 3 phalanges	14
	(b) 2 phalanges	11
	(c) one phalanx	9

Sl. No.	Injury	Percentage of loss of earning Capacity
17	Loss of middle finger:	
	(a) 3 phalanges	12
	(b) 2 phalanges	9
	(c) one phalanx	7
18	Loss of ring finger:	
	(a) 3 phalanges	7
	(b) 2 phalanges	6
	(c) one phalanx	5
19	Loss of little finger:	
	(a) 3 phalanges	7
	(b) 2 phalanges	6
	(c) one phalanx	5
20	Loss of metacarpals:	
	(a) first or second (additional)	8
	(b) third, fourth or fifth (additional)	3
21	Loss of leg:	
	(a) at or above knee	75
	(b) below knee	65
22	Loss of foot	55
23	Loss of toes:	
	(a) all of one foot	20
	(b) great, both phalanges	14
	(c) great, one phalanx	3
	(d) other than great, if more than one toe lost, each	3
24	Loss of sight of one eye	50
25	Loss of hearing, one ear	30
26	Total loss of hearing	60

Impairment Assessment guidelines used for calculating pulmonary disability of affected workers.

	Class I Upto 25% Impairment	Class II 26% - 50%	Class III 51% - 75%	Class IV 76% - 100%
Dyspnoea	When it occurs, is consistent with the circumstances of activity	Does not occur at rest and seldom occurs during the performance of the usual activities of daily living. The patient can keep pace with persons of same age and body built on the level without breathlessness but not on hills or stair	Does not occur at rest but does occur during the usual activities of daily living. However, the patient can walk a mile at his own pace without dyspnoea although he cannot keep pace on the level with others of the same age and body build	Occurs during such activities as climbing one flight of stairs or walking 100 yards on the level, on less exertion, or even at rest
FEV₁	> 80% of predicted AND	60- 79% of predicted OR	51 - 59% of predicted OR	< 50% of predicted OR
FVC	> 80% predicted AND	60 - 79% of predicted OR	51 - 59% of predicted OR	< 50% of predicted OR
(FEV₁/ FVC) x 100	> 75% of predicted	60 - 74% of predicted	41 - 59% of predicted	<40% of predicted

Annexure 2: Age and Appropriate Factor (for injuries deemed to result in Permanent and Partial incapacity)

Age	Age multiplying factor
14	181
15	180
16	179
17	178
18	177
19	176
20	175
21	174
22	173
23	172
24	170
25	169
26	168
27	167
28	165
29	164
30	167
31	162
32	160
33	159
34	157
35	155
36	153
37	151
38	149
39	146
40	144

Age	Age multiplying factor
41	142
42	140
43	136
44	134
45	132
46	130
47	128
48	126
49	124
50	122
51	126
52	120
53	118
54	116
55	114
56	111
57	108
58	105
59	102
60	99
61	96
62	92
63	87
64	82
65	77
66 and above	72

Annexure 3: Age and Appropriate Factor (For Death Compensation)

Age	Age multiplying factor
18 and below	134
19	133
20	132
21	132
22	131
23	130
24	129
25	128
26	127
27	127
28	125
29	124
30	123
31	122
32	121
33	120
34	118
35	117
36	115
37	114
38	112

Age	Age multiplying factor
39	110
40	108
41	107
42	106
43	105
44	104
45	103
46	102
47	101
48	100
49	98
50	96
51	94
52	92
53	90
54	88
55	86
56	84
57	82
58	80
59 and above	78

Annexure 4: List of Reportable Occupational Diseases

1. Occupational diseases caused by exposure to agents arising from work activities

1.1. Diseases caused by chemical agents

- 1.1.1 Diseases caused by beryllium or its compounds
- 1.1.2 Diseases caused by cadmium or its compounds
- 1.1.3 Diseases caused by phosphorus or its compounds
- 1.1.4 Diseases caused by chromium or its compounds
- 1.1.5 Diseases caused by manganese or its compounds
- 1.1.6 Diseases caused by arsenic or its compounds
- 1.1.7 Diseases caused by mercury or its compounds
- 1.1.8 Diseases caused by lead or its compounds
- 1.1.9 Diseases caused by fluorine or its compounds
- 1.1.10 Diseases caused by carbon disulfide
- 1.1.11 Diseases caused by halogen derivatives of aliphatic or aromatic hydrocarbons
- 1.1.12 Diseases caused by benzene or its homologues
- 1.1.13 Diseases caused by nitro- and amino-derivatives of benzene or its homologues
- 1.1.14 Diseases caused by nitroglycerine or other nitric acid esters
- 1.1.15 Diseases caused by alcohols, glycols or ketones
- 1.1.16 Diseases caused by asphyxiants like carbon monoxide, hydrogen sulfide, hydrogen cyanide or its derivatives
- 1.1.17 Diseases caused by acrylonitrile
- 1.1.18 Diseases caused by oxides of nitrogen
- 1.1.19 Diseases caused by vanadium or its compounds

- 1.1.20 Diseases caused by antimony or its compounds
- 1.1.21 Diseases caused by hexane
- 1.1.22 Diseases caused by mineral acids
- 1.1.23 Diseases caused by pharmaceutical agents
- 1.1.24 Diseases caused by nickel or its compounds
- 1.1.25 Diseases caused by thallium or its compounds
- 1.1.26 Diseases caused by osmium or its compounds
- 1.1.27 Diseases caused by selenium or its compounds
- 1.1.28 Diseases caused by copper or its compounds
- 1.1.29 Diseases caused by platinum or its compounds
- 1.1.30 Diseases caused by tin or its compounds
- 1.1.31 Diseases caused by zinc or its compounds
- 1.1.32 Diseases caused by phosgene
- 1.1.33 Diseases caused by corneal irritants like benzoquinone
- 1.1.34 Diseases caused by ammonia
- 1.1.35 Diseases caused by isocyanates
- 1.1.36 Diseases caused by pesticides
- 1.1.37 Diseases caused by sulphur oxide
- 1.1.38 Diseases caused by organic solvents
- 1.1.39 Diseases caused by latex or latex-containing products
- 1.1.40 Diseases caused by chlorine
- 1.1.41 Diseases caused by other chemical agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these chemical agents arising from work activities and the disease(s) contracted by the employee

1.2. Diseases caused by physical agents

- 1.1.1 Hearing impairment caused by noise
- 1.1.2 Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)
- 1.1.3 Diseases caused by compressed or decompressed air
- 1.1.4 Diseases caused by ionizing radiations
- 1.1.5 Diseases caused by optical (ultraviolet, visible light, infrared) radiations including laser
- 1.1.6 Diseases caused by exposure to extreme temperatures
- 1.1.7 Diseases caused by other physical agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these physical agents arising from work activities and the disease(s) contracted by the employee.

1.3. Biological agents and infectious or parasitic diseases

- 1.1.1 Brucellosis
- 1.1.2 Hepatitis viruses
- 1.1.3 Human immunodeficiency virus (HIV)
- 1.1.4 Tetanus
- 1.1.5 Tuberculosis
- 1.1.6 Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
- 1.1.7 Anthrax
- 1.1.8 Leptospirosis

1.1.9 Diseases caused by other biological agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these biological agents arising from work activities and the disease(s) contracted by the employee

2. Occupational diseases by target organ systems

2.1. Respiratory diseases

1.1.1 Pneumoconioses caused by fibrogenic mineral dust (silicosis, anthraco-silicosis, asbestosis)

1.1.2 Silicotuberculosis

1.1.3 Pneumoconioses caused by non-fibrogenic mineral dust

1.1.4 Siderosis

1.1.5 Bronchopulmonary diseases caused by hard-metal dust

1.1.6 Bronchopulmonary diseases caused by dust of cotton (byssinosis), flax, hemp, sisal or sugar cane (bagassosis)

2.1.7. Asthma caused by recognized sensitizing agents or irritants inherent to the work process

2.1.8. Extrinsic allergic alveolitis caused by the inhalation of organic dusts or microbially contaminated aerosols, arising from work activities

2.1.9. Chronic obstructive pulmonary diseases caused by inhalation of coal dust, dust from stone quarries, wood dust, dust from cereals and agricultural work, dust in animal stables, dust from textiles, and paper dust, arising from work activities

2.1.10. Diseases of the lung caused by aluminium

2.1.11. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process

- 2.1.12. Other respiratory diseases not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the disease(s) contracted by the employee

2.2. Skin diseases

- 2.2.1. Allergic contact dermatoses and contact urticaria caused by other recognized allergy- provoking agents arising from work activities not included in other items
- 2.2.2. Irritant contact dermatoses caused by other recognized irritant agents arising from work activities not included in other items
- 2.2.3. Vitiligo caused by other recognized agents arising from work activities not included in other items
- 2.2.4. Other skin diseases caused by physical, chemical or biological agents at work not included under other items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the skin disease(s) contracted by the employee

2.3. Musculoskeletal disorders

- 2.3.1 Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.2 Chronic tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.3 Olecranon bursitis due to prolonged pressure of the elbow region
- 2.3.4 Prepatellar bursitis due to prolonged stay in kneeling position

- 2.3.5. Epicondylitis due to repetitive forceful work
- 2.3.6. Meniscus lesions following extended periods of work in a kneeling or squatting position
- 2.3.7. Carpal tunnel syndrome due to extended periods of repetitive forceful work, work involving vibration, extreme postures of the wrist, or a combination of the three
- 2.3.8. Other musculoskeletal disorders not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the musculoskeletal disorder(s) contracted by the employee

2.4. Mental and behavioural disorders

- 2.4.1. Post-traumatic stress disorder
- 2.4.2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the employee

3. Occupational cancer

3.1. Cancer caused by the following agents

- 3.1.1. Asbestos
- 3.1.2. Benzidine and its salts
- 3.1.3. Bis-chloromethyl ether (BCME)
- 3.1.4. Chromium VI compounds
- 3.1.5. Coal tars, coal tar pitches or soots
- 3.1.6. Beta-naphthylamine
- 3.1.7. Vinyl chloride

- 3.1.8. Benzene
- 3.1.9. Toxic nitro-and amino-derivatives of benzene or its homologues
- 3.1.10. Ionizing radiations
- 3.1.11. Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
- 3.1.12. Coke oven emissions
- 3.1.13. Nickel compounds
- 3.1.14. Wood dust
- 3.1.15. Arsenic and its compounds
- 3.1.16. Beryllium and its compounds
- 3.1.17. Cadmium and its compounds
- 3.1.18. Erionite
- 3.1.19. Ethylene oxide
- 3.1.20. Hepatitis B virus (HBV) and hepatitis C virus (HCV)
- 3.1.21. Cancers caused by other agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these agents arising from work activities and the cancer(s) contracted by the employee.

4. Other diseases

- 4.1. Miners' nystagmus
- 4.2. Other specific diseases caused by occupations or processes not mentioned in this list where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure arising from work activities and the disease(s) contracted by the employee.

Annexure 5: Occupational Diseases

Sl. No.	Description of occupational disease or injury	Nature of occupation
1	Anthrax	Any occupation involving exposure to animals infected with the anthrax spores or bacteria, tissues or products of infected animals, or any material or substance containing the anthrax spores or bacteria.
2	Asbestosis	Any occupation involving exposure to asbestos fibre.
3	Barotrauma	Any occupation involving exposure to compressed air.
4	Byssinosis	Any occupation involving exposure to raw cotton fibre.
5	Cataracts due to infra-red, ultraviolet or X-ray radiation	Any occupation involving frequent or prolonged exposure to infra-red, ultraviolet or X-ray radiation.
6	Compressed Air illness or its sequelae, including dysbaric osteonecrosis	Any occupation involving exposure to compressed air.
7	Diseases caused by ionizing radiation	Any occupation involving 12 months exposure to ionizing particles from radioisotopes or irradiation apparatus
8	Diseases caused by excessive heat	Any occupation involving exposure to excessive heat.
9	Glanders	Any occupation involving exposure to animals infected with the Burkholderia mallei bacterium, tissues of infected animals, or any material or substance containing the Burkholderia mallei bacterium.
10	Leptospirosis or its sequelae	Any occupation involving exposure to animals infected or environment contaminated with the Leptospira bacteria, or any material or substance containing the Leptospira bacteria.

Sl. No.	Description of occupational disease or injury	Nature of occupation
11	Liver Angiosarcoma	Any occupation involving exposure to vinyl chloride monomer or arsenic.
12	Mesothelioma	Any occupation involving exposure to asbestos fibre.
13	Musculoskeletal disorders of the upper limb	Any occupation involving exposure to occupational risk factors involving repetitive motion, forceful exertion, awkward postures or vibration, affecting the upper limbs.
14	Noise-Induced Deafness	Any occupation involving prolonged exposure to excessive noise.
15	Occupational Asthma	Any occupation involving exposure to any chemical or other agent which is known to irritate or sensitise the respiratory system.
16	Occupational skin cancers	Any occupation involving exposure to polycyclic hydrocarbons, tar, pitch, bitumen, mineral oil (including paraffin), soot or arsenicals, or any compound, product, or residue of any of these substances, or to ultraviolet radiation

Sl. No.	Description of occupational disease or injury	Nature of occupation
17	Occupational skin diseases	Any occupation involving exposure to any skin irritant or sensitizer or any other agent which is known to damage skin.
	Poisoning by:	Any occupation involving exposure to —
	(a) Arsenic	arsenic or any of its compounds, or any mixture or solution containing arsenic or any of its compounds;
	(b) Benzene or a homologue of benzene	benzene or any of its homologues, or any mixture or solution containing benzene or any of its homologues;
	(c) Cadmium	cadmium or any of its compounds, or any mixture or solution containing cadmium or any of its compounds;
	(d) Carbamates	carbamate, or any mixture or solution containing any carbamate;
	(e) Carbon disulphide	carbon disulphide or any of its compounds, or any mixture or solution containing carbon disulphide or any of its compounds;
18	(f) Carbon dioxide gas	excessive levels of carbon dioxide;
	(g) Carbon monoxide gas	excessive levels of carbon monoxide;
	(h) Cyanide	cyanide, or any mixture or solution containing any cyanide;
	(i) Halogen derivatives of hydrocarbon compounds	any halogen derivative of hydrocarbon compounds or any mixture or solution containing any halogen derivative of hydrocarbon compounds;
	(j) Hydrogen sulphide	hydrogen sulphide;
	(k) Lead	lead, or any of its compounds, or any mixture or solution containing lead or any of its compounds;
	(l) Manganese	manganese or any of its compounds, or any mixture or solution containing manganese or any of its compounds;

Sl. No.	Description of occupational disease or injury	Nature of occupation
18	<p>(m) Mercury</p> <p>(n) Oxides of nitrogen</p> <p>(o) Organophosphates</p> <p>(p) Phosphorus</p>	<p>mercury or any of its compounds, or any mixture or solution containing mercury or any of its compounds;</p> <p>excessive levels of oxides of nitrogen;</p> <p>organophosphates;</p> <p>phosphorus or any of its compounds, or any mixture or solution containing phosphorus.</p>
19	Silicosis	Any occupation involving exposure to silica dust.
20	Toxic hepatitis	Any process involving exposure to tetrachloroethane, nitro-derivatives or amino-derivatives of benzene or vinyl chloride monomer.
21	Tuberculosis	<p>Any occupation involving —</p> <p>(a) close and frequent contact with a source of tuberculosis infection, e.g. in the medical treatment or nursing of a person or persons suffering from tuberculosis, or in a service ancillary to such treatment or nursing; or</p> <p>(b) exposure to any material which is a source of tuberculosis infection, e.g., in a laboratory.</p>
22	Ulceration of the corneal surface of the eye	Any occupation involving exposure to tar, pitch, bitumen, mineral oil (including paraffin), soot or any compound, product, or residue of any of these substances.

References and further reading

1. Labour and Employment Act of Bhutan, 2007
2. Regulation on Occupational Health, Safety and Welfare, 2022
3. Regulation on Occupational Health and Safety in construction Industry, 2022
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