The Orissa Workmen's Compensation (Occupational Diseases) Rules, 1964

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Rule

THE-ORISSA-WORKMEN-S-COMPENSATION-OCCUPATIONAL-DISEA of 1964

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The Orissa Workmen's Compensation (Occupational Diseases) Rules, 1964Published vide Notification No. 4740-VS 46/63 lab.-D/18-1964, Orissa Gazette, Part 3, Page 1093/3.1.1964No. 4740-VS 46/63 lab.-D/18-1964. - In exercise of the powers conferred by Clauses (p), (q) and (r) of Sub-section (2) of Section 32 of the Workmen's Compensation Act, 8 of 1923, the Government of Orissa are pleased to make the following rules, the same having been previously published as required by Sub-section (1), Section 34 of the said Act.

1. Short title and commencement.

(1) This Rule may be called the Orissa Workmen's Compensation (Occupational Diseases) Rules, 1964.

2. Application.

- These rules shall apply to all workmen employed in any employment mentioned in Part C of the Schedule III of the Act.

3. Definitions.

- In these rules unless the context otherwise requires-(a)"Act" means the Workmen's Compensation Act, 8 of 1923;(b)"asbestosis" means -(i)a pulmonary fibrosis which manifests itself radiologically as a ground glass appearance of the pulmonary field, of striations or raicular formations more, or less

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marked, particularly diffuse, at the bases or diffuse stippling or reticulation over extensive areas of both lung fields, whether or not accompanied by signs of pulmonary tuberculosis, and(ii)clinically, by the presence of asbestos bodies in the sputum, accompanied by trachee-bronclitis and emphysema;(c)"Bagassosis" means a disease which-(i)manifests itself as an acute allergic response due to sensitilation of the individual to bagasse dust, and(ii)radiologically, consists of increase in the vascular shadows and increase in haziness and reticulation all over the lungs and increase in the hilar densities and some mottling and acute phases patchy shadows resembling bronchopneumonia may be seen;(d)"Medical Board" means the Pneumoconiosis Medical Board constituted by the State Government under Rule 4 or any Medical Board recognised by the State Government for the purpose of these rules;(e)"Pneumoconiosis" means silicosis or coalminers pneumoconoisis or asbestosis or begassosis or any of those accompanied by pulmonary tuberculosis.

4. Constitution of Pneumoconiosis Medical Board.

(1)The State Government shall constitute a Pneumoconiosis Medical Board for the conduct of medical examinations, submission of medical reports and the grant of medical certificates in pursuance of these rules: Provided that with respect to workmen employed in mines, the State Government may recognise any Medical Board for the purpose of these rules. (2)The Board constituted or recognised under Sub-rule (1) shall consist of three qualified medical practitioners of whom one shall be a radiologist.

5. Medical conditions under which Pneumoconius may be considered to be an occupational disease.

(1) The diagnosis of pneumoconiosis shall be carried out with all the necessary technical guarantees. Proof of the degree of development of the pathological or anatomical changes in the respiratory and cardiac system shall be furnished by the radiographic record and other laboratory records, which shall be accompanied by the report of a full clinical examination, including a report of the industrial history of the person concerned the record of all occupations in which he has been employed, the nature of the harmful dusts to which he was exposed and the duration of such exposure.(2)For entitlement to compensation, silicosis and coalminer's pneumoconiosis shall fulfil the following radiological and clinical conditions-(a)the radiological examination of the workmen must reveal-(i)the appearance of generalised micronodular or nodular fibrosis covering a considerable part of both lung fields whether accompanied or not by signs of pulmonary tuberculosis, or not by signs of pulmonary tuberculosis, or not by signs of pulmonary tuberculosis, or (ii) in addition to a marked accentuation of the pattern of both lungs, the appearance of one or several pseudotumoral fibrotic formation whether accompanied or not by signs or pulmonary tuberculosis, or (iii) the appearance of both of these types of fibrotic lesions at once whether accompanied or not by signs of pulmonary tuberculosis; (b) serial radiological pictures taken over a period during periodical medical examination shall, as far as possible be considered in making definite diagonosis in case where doubt exists;(c)radiological interpretation shall be based on the standard interpretation classification laid down by the International Labour Organisation (Geneva Classification);(d)the clinical examination of the workman concerned must reveal a decrease or deterioration of the respiratory function or cardiac function or a deterioration of the state of general health, caused by

the pathological process specified above.

6. Evaluation of disablement.

(1)The evaluation of disablement shall be made by reference to the physical (anatomical, physiological and functional) and mental capacity for the exercise of the necessary functions of a normally occupied life which would be expected in a healthy person of the same age and sex. For such assessment, recognised cardio-respiratory function tests shall be used to assess the degree of cardio-respiratory function impatient.(2)It shall be determined whether the disablement is temporary or permanent and also the percentage loss of function as it pertains to the loss of working capacity for receiving compensation.(3)Assessment of disablement shall be proportionate to the loss of earning capacity, total disablement being taken to be 100 percent loss of earning capacity. Explanation. - For the purpose of this rule "permanent disablement" shall mean such disablement as it certified to be permanent by the Medical Board.

7. Certification of cases.