

## **On approval of the 'List of major, moderate and minor injuries'**

In order to ensure the implementation of Para 2, sub-item 1.1.3 of Decree No 937 of President of the Republic of Azerbaijan 'on application of Law 649-IVQD on making amendments to the Law of the Republic of Azerbaijan on Compulsory Insurances dated 14 May 2013' dated 4 July 2013 the Cabinet of Ministers **decides** to:

approve the 'List of major, moderate and minor injuries' (annexed).

**Arthur Rasizadeh**  
**Prime Minister of the Republic of Azerbaijan**

Baku city, 1 August 2014  
№ 269

## LIST

### of major, moderate and minor injuries

#### 1. Major injuries

1.1. Life-threatening injuries can be caused by bodily injury, disease or pathological condition.

1.2. Life-threatening injuries are as the following:

1.2.1. wounds penetrating the cranial cavity (regardless of whether the brain tissue is damaged or not);

1.2.2. complete fractures of the cranial vault and base of the skull;

1.2.3. major brain contusions with or without pressure (compression) on the brain, moderate brain contusions accompanied by symptoms of brainstem damage;

1.2.4. life-threatening intracranial epidural, subdural, or subarachnoid hemorrhages;

1.2.5. injuries to the spinal canal (whether or not the spinal cord is injured);

1.2.6. fractures of cervical vertebrae, fractures of their bodies or both arches, or unilateral fractures of the first or second cervical vertebral arch (regardless of spinal cord dysfunction);

1.2.7. dislocations of the cervical vertebrae;

1.2.8. closed injuries of the cervical spinal cord;

1.2.9. fractures or dislocations of one or more thoracic or lumbar vertebrae resulting in spinal cord dysfunction or clinically proven major shock;

1.2.10. closed injuries of thoracic, lumbar and coxal segments of the spinal cord accompanied by major spinal shock or acute pelvic dysfunction;

1.2.11. penetrating wounds of the pharynx, larynx, trachea, and esophagus;

1.2.12. closed fractures of larynx, tracheal cartilages, and sublingual bone with mucosal laceration, accompanied by major shock and respiratory failure or other life-threatening manifestations;

1.2.13. injuries of the chest that penetrate into pleural and pericardial cavities, the inter-mural space (regardless of whether internal organs are damaged or not);

**Note.** If there are no signs of hem pneumothorax, the subcutaneous emphysema is limited, and the wound channel has not penetrated into the pleural cavity, subcutaneous

emphysema found in chest injuries should not be considered as a sign of penetrating injury.

1.2.14. wounds of the abdomen penetrating into the peritoneal cavity, including open wounds of the peritoneal organs (kidneys, adrenal glands, pancreas, etc.), wounds of the upper and middle parts of the bladder, rectum, penetrating into the cavity of those organs (whether the internal organs are damaged or not);

1.2.15. closed lesions of the chest, abdomen, pelvic organs, as well as peritoneal organs, accompanied by one or more of the diseases and pathological conditions specified in item 1.3 of this List;

1.2.16. open fractures of long bones: humerus, femur and tibia;

**Note.** The degree of severity of open fractures of the shaft, elbow and fibula, closed fractures of the humerus, femur and tibia, as well as open and closed injuries of large joints (armpit, elbow, shaft-wrist, hip-pelvis, knee or ankle) should be determined based on the signs of them causing the conditions specified in Item 1.3 or permanent loss of occupational capacity.

1.2.17. pelvic fractures with severe shock or multiple sedation, or with rupture of the cavernous part of the urethra;

1.2.18. injuries causing severe shock or multiple perfusion with collapse, clinically significant fat or gas embolism, traumatic toxicosis with signs of acute renal failure;

1.2.19. damage to large blood vessels: damage to the aorta, carotid (common, external and internal), subclavian, axillary, forearm, hip, thigh, subknee arteries and accompanying veins;

**Note.** injuries to other peripheral vessels (head, face, neck, arm, hand, calf, paw) should be evaluated depending on whether they cause a specific threat to life (multiple perfusion, confirmed severe shock).

1.2.20. III-IV degree thermal burns and frostbite covering more than 15% of the body surface, III-IV degree thermal burns and frostbite covering more than 20% of the body surface, II-degree thermal burns and frostbite covering more than 30% of the body surface, as well as burns and frostbite with less coverage area, but causing severe shock, thermal burns of the respiratory tract accompanied by signs of vocal fold edema and narrowing;

1.2.21. burns caused by solid acids, corrosive alkalis and other chemical compounds, various combustible substances, which have a general toxic effect that is life-threatening in addition to the local effect;

1.2.22. compression of neck limbs and other types of mechanical asphyxiation with a complex of life-threatening symptoms (disruption of cerebral blood circulation, loss of consciousness, amnesia, etc.), clearly visible and confirmed by objective signs.

1.3. For the purposes of this List, life-threatening disease or pathological conditions are as follows:

1.3.1. severe (grades III-IV) shock of various etiologies;

1.3.2. coma of various etiologies;

- 1.3.3. mass (much) hemorrhage;
- 1.3.4. acute heart or vascular failure;
- 1.3.5. acute kidney or liver failure;
- 1.3.6. severe acute respiratory failure;
- 1.3.7. purulent-septic condition;
- 1.3.8. infarction of internal organs, gangrene of limbs, embolism of cerebral vessels (air and fat), blood circulation disorders resulting in thromboembolism;
- 1.3.9. coexistence of life-threatening situations.

1.4. Injuries that are not life-threatening but are considered serious due to their consequences are the following:

1.4.1. loss of vision, i.e. complete permanent (sustainable) blindness in both eyes or loss of vision to the point of being unable to count fingers at a distance of 2 meters or less (visual acuity 0.04 or less);

1.4.2. complete loss of vision in one eye;

**Notes:**

1. The injury that led to the removal of the blind eye should be assessed for the duration of the impairment of health.

2. Visual acuity is determined according to the percentage table adopted by the Ministry of Health of the Republic of Azerbaijan on the loss of vision in eyes that are already weakened (below 1.0).

1.4.3. irreversible condition such as loss of hearing, i.e. complete deafness or the victim's inability to hear spoken speech within 3-5 cm from both ears;

1.4.4. loss of any part of the body or its function:

1.4.4.1. aphasia, i.e. not being able to convey one's thoughts to others in understandable, clear voices;

1.4.4.2. loss of an arm or a leg - their separation from the body or amputations not below the level of the elbow or knee joints or loss of function (paralysis or other condition that completely impairs their activity);

**Note.** Other cases should be considered a partial loss of extremities and should be evaluated according to the sign of permanent (sustainable) loss of general working capacity.

1.4.4.3. fertility - loss of ability to have sex, inseminate, fertilize and give **birth**.

1.5. causing mental disorder or mental illness.

1.6. permanent (sustainable) loss of not less than a third of working capacity.

1.7. full loss of occupational capacity.

1.8. Disruption of pregnancy, regardless of duration, directly causally related to the injury.

1.9. causing narcomania and toxicomania.

1.10. irreparable facial injuries.

**Notes:**

1. Pathological changes on the face, as well as in the ear canal, which do not recover over time and require surgical intervention (plastic and reconstructive operations) for their elimination (scars, partial and complete amputations of the nose and ear, deformation, facial expressions and chewing disorders, acute noticeable asymmetry etc.).

2. Injuries that heal significantly over time, as well as by non-surgical means, are not considered irreversible injuries of the face and are attributable to one of other degrees of injury types.

## **2. Moderate injuries**

2.1. The following cases that cause long-term impairment of health are classified as minor injuries:

2.1.1. injuries resulting in impairment of health for 21 days or longer;

2.1.2. Injuries resulting in sustainable loss of less than one third of total working capacity (10% to 33%).

## **3. Minor injuries**

3.1. The following is considered minor injuries:

3.1.1. injuries that cause health impairment for a short period (less than 21 days);

3.1.2 non-displaced fracture of a rib, excluding the 11th and 12th ribs;

3.1.3. non-deformed fracture of the nasal bone that does not require surgical intervention;

3.1.4. simple (non-displaced, fragment-free) fractures of phalanges of fingers and toes (except the 1st fingers, 1st, 2nd and 3rd toes);

3.1.5. surgically sewn up wounds or wounds that need surgical suturing;

3.1.6. concussion;

3.1.7. other injuries that impair health for a short time;

3.1.8. injuries that cause a slightly (up to 10%) permanent loss of working capacity.