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Safety, Health and Environment
National Authority

EMPOWERING OCCUPATIONAL DISEASES REPORTING (REPORTING FOR A HEALTHIER WORKPLACE)

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DEFINITIONS

1. OCCUPATIONAL HEALTH

- The protection, promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.

2. OCCUPATIONAL MEDICINE

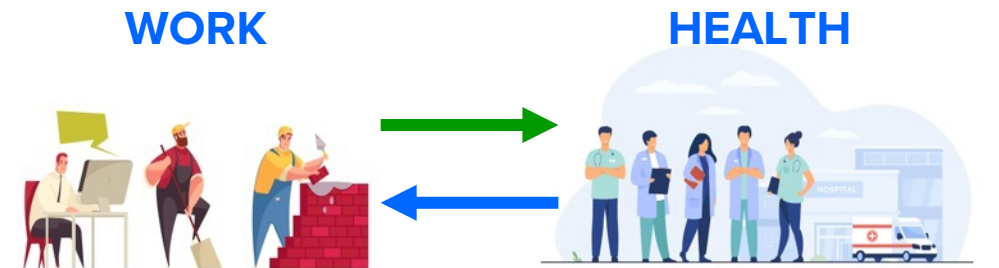
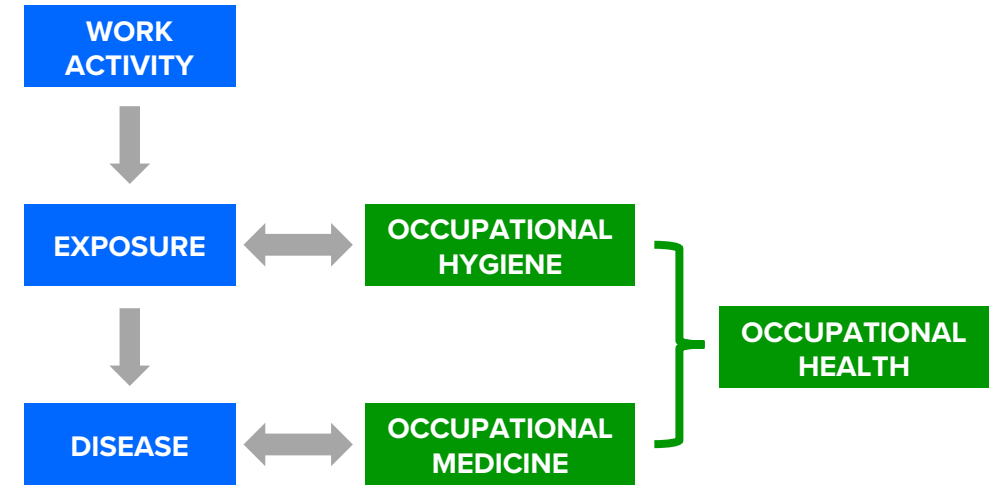
- A medical specialty focused on preventing, diagnosing, and managing work-related injuries and diseases.

3. OCCUPATIONAL HYGIENE

- The science of anticipating, recognizing, evaluating and controlling health hazards in the working environment.

4. OCCUPATIONAL DISEASE

- Means any disease specified in Schedule 3 of WSHA, Cap 277



Source: IOHA & Australian Institute of Occupational Hygienists (AIOH)

BACKGROUND

CURRENT REALITY

**“WORKPLACE INJURIES ARE REPORTED MORE EFFECTIVELY COMPARED TO
OCCUPATIONAL DISEASES (ODs).”**



Health clinics and medical practitioners serve as the primary gatekeepers for identifying, treating and diagnosing ODs.



Registered Medical Practitioners (RMP) and Employers must report confirmed OD diagnose to SHENA as mandated under Reg. 6 of **WSH (Incident Reporting) Regulations**.

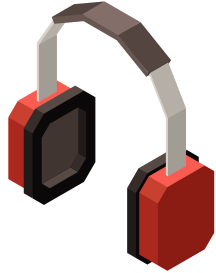
Reporting ODs is crucial for identifying systemic problems and ensuring regulatory compliances.

OCCUPATIONAL HEALTH (OH) HAZARDS



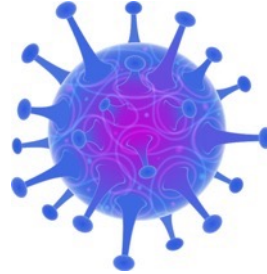
CHEMICALS

- CO gases
- Benzene liquid & vapours
- Silica dust
- Asbestos fibres
- Organic fumes (e.g. pesticides)



PHYSICAL

- Noise
- Vibration
- Heat & Cold
- Ionising Radiation



BIOLOGICAL

- Legionella bacteria
- Hepatitis B & C virus
- E. coli bacteria
- Aspergillus virus



ERGONOMIC

- Excessive force
- Awkward posture
- Repetitive Movement
- Prolonged duration
- Poor workplace design



PSYCHOSOCIAL

- Work pressure
- Stress
- Depression
- Fatigue
- Poor support

Source: Occupational Hygiene Training Organisation (OHTA) UK

EXAMPLE OF CONTRAVENTIONS ON OH REQUIREMENTS: DUST



Photo and Video: Dust exposure

No risk assessment to manage dust exposure.

Contravention to WSH (Risk Management) Reg.

Dry-sweeping (using broom and blower) for cleaning up introducing **dust airborne**.

Contravention to WSH (General Provision) Reg. 39 Toxic, dust, fumes or other contaminants.

No air monitoring to ensure exposure not **exceed Permissible Exposure Level (PEL)**.

Contravention to WSH (General Provision) Reg. 40 Permissible exposure levels of toxic substances

Inadequate use of **PPE**.

Contravention to WSHA Section 12 & 15 Duties of employers & Duties of person at work.

EXAMPLE OF CONTRAVENTIONS ON OH REQUIREMENTS: POOR CHEMICAL MANAGEMENT



- Transfer of hazardous chemicals into decanted unlabeled container.
- No proper warning labels on container.
- No Safety Data Sheets readily available.
- Improper storage conditions
- Poor handling and use of chemicals

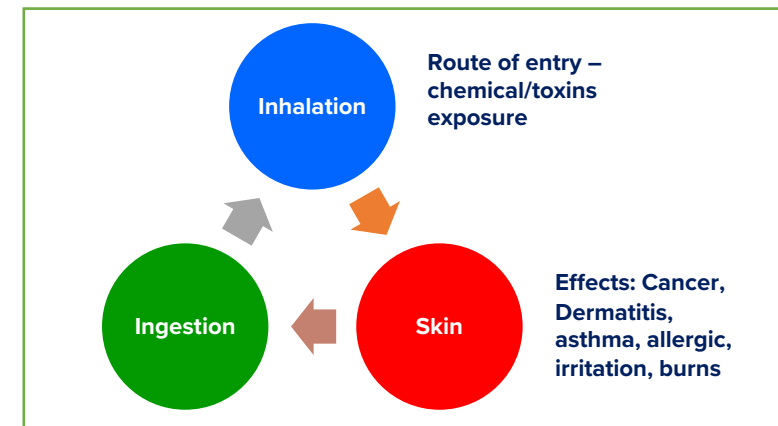
Contraventions of WSH (General Provisions) Regulations: Reg 41-43
Hazardous substances, Warning labels, Safety data sheet.



PROPER HOUSEKEEPING, STORAGE & WARNING LABELS



EMERGENCY WASH STATION AVAILABLE

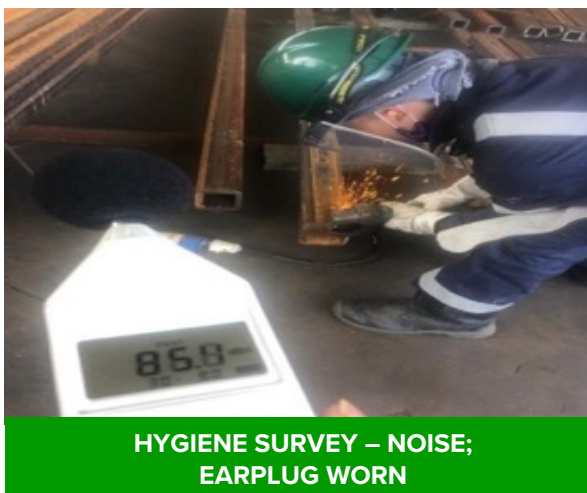


EXAMPLE OF CONTRAVENTIONS ON OH REQUIREMENTS OH RISK ASSESSMENT, NOISE

4.4. Abrasive Grinding

| | | | | | | |
|---|--|----|----|----|----|--------|
| <ul style="list-style-type: none"> Spark of hot metal Presence of flammable gas in the area | <ul style="list-style-type: none"> Asset damage Fire Injury Noise Heavy metal dust Waste metal | 3B | 3B | 1B | 3B | Medium |
|---|--|----|----|----|----|--------|

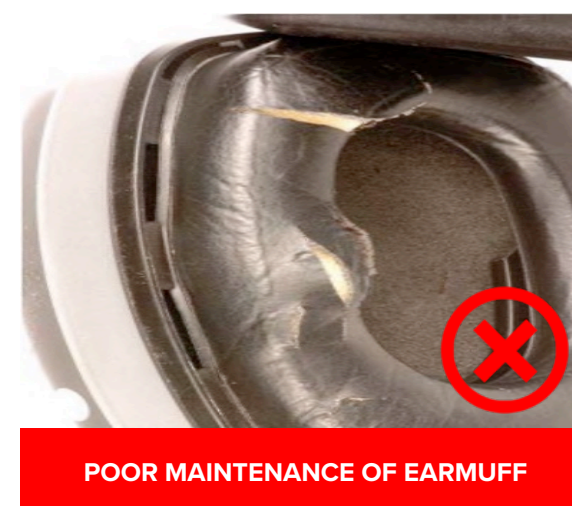
RISK ASSESSMENT – OH ASPECTS



WORKSHOP DAILY TBT

| ACTIVITY | HAZARDS | CONTROLS |
|--|---|---|
| 1. Hotwork - Oxy-Propane cutting - Welding - Grinding | - Health risks from exposure to fine eye & metal dust - Exposure to noise - Exposure to heat and flash burns - Fire due to unsafe equipment and work practices - Injuries from unsafe work practices - Electrical shocks - Slip & trip from improper practices & housekeeping | - Other person safety: practices with high impact & noise - Wear appropriate PPE: safety glasses, earplugs, heat resistant gloves, safety boots, gloves, helmet, etc. - Proper housekeeping: clean work area - Visual inspection of tools & equipment before use |
| 2. Manual Lifting & Handling | - Heavy objects - Sharp edges - Back pain, cramp & other muscle pain - Property damage - Heat stress | - Follow proper lifting technique - Use appropriate equipment: manual lifting aids, etc. - Carry equipment properly - Take breaks - Stay hydrated |
| 3. Pipe & structural assembling & alignment | - Body injuries from collapsing pipe & structures - Exposure to metal dusts & noise - Property damage - Back pain, cramp & other muscle pain | - Follow proper work practices - Use appropriate PPE: safety glasses, earplugs, etc. - Stay hydrated - Take breaks - Proper handling technique |

OH INFO NOTICE





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GLOBAL & NATIONAL OD STATISTICS

THE HIDDEN EPIDEMIC 2.93 MILLION WORK-RELATED FATALITIES



Source: WHO & ILO, 2023 studies

UNDER-REPORTING OF OCCUPATIONAL DISEASES?



| | |
|----------|----------|
| 2017: 04 | 2021: 22 |
| 2018: 09 | 2022: 07 |
| 2019: 35 | 2023: 11 |
| 2020: 29 | 2024: 04 |

Source: MOH Brunei Darussalam

2024 ODs incidence rate:

1.80

per 100,000 workers



| | |
|-----------|------------|
| 2017: 799 | 2021: 659 |
| 2018: 563 | 2022: 1052 |
| 2019: 517 | 2023: 1299 |
| 2020: 528 | 2024: 899 |

Source: MOM Singapore

2024 ODs incidence rate:

24.4

per 100,000 workers



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EMPOWERING OCCUPATIONAL DISEASE REPORTING: CREATING FOR A HEALTHIER WORKPLACE

PERIOD

- Inspection Campaign commenced from **the period of September 2024 – March 2025**

AIM

- Raise **awareness** among RMP on their legal duty to **report ODs to SHENA** within **10 days**



OBJECTIVES

- To **verify** if private health clinics have a process for ODs Incident Reporting
- To **identify gaps and challenges** hindering effective ODs reporting
- To determine **the way forward** for these challenges.

OUTCOME

- Essential to **address the under-reporting concerns** on OD and to **develop an evidence-based, nationwide preventive strategy**



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PUBLICATIONS



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NOTE TO INDUSTRY (NTI)

| | | | | |
|---|---------------------------------------|--|----------------------|-------------------------------------|
| TOPIC INSPECTION CAMPAIGN ON OCCUPATIONAL DISEASES (ODs) REPORTING FOR PRIVATE HEALTH CLINICS | | | | Reference Number: 2024/NTI/07 |
| Approved by: Acting Director of Compliance & International Division | Endorsed by: Acting Interim CEO | Issue date: 20 th August 2024 | Expiry date: None | Revision No: 1.0 |

Purpose: This Note to Industry (NTI) serves as an announcement to inform private health clinics and their medical practitioners, registered under the Medical Practitioners and Dentists Act (Chapter 112) in Brunei Darussalam, on the Inspection Campaign on Occupational Diseases (ODs) Reporting for Private Health Clinics.

The Safety, Health and Environment National Authority (SHENA) hereby announces that commencing from the period of August 2024 to January 2025 an inspection campaign will be launched with the theme **"Empowering Occupational Diseases Reporting (Reporting for a Healthier Workplace)"**.

This campaign is part of SHENA's effort to raise awareness among registered medical practitioners practising in Brunei Darussalam on their legal duty to report any cases of occupational diseases (ODs) to SHENA not later than 10 days after receipt of the written diagnosis as required under Regulation 6(2) of the Workplace Safety and Health (Incident Reporting) Regulations, 2014 [NB: this is also referred to in the previous NTI (2023/NTI/11) issued on 17th October 2023].

The other key objectives of this inspection campaign are:

- To improve awareness and understanding of relevant legal requirements.
- To identify gaps and challenges hindering effective ODs reporting.
- To determine the way forward for these challenges.

2024/NTI/07

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EMPOWERING OCCUPATIONAL DISEASES (ODs) REPORTING

REPORTING FOR A HEALTHIER WORKPLACE

This poster contains references to the Note-to-Industry (NTI) (Ref: 2024/NTI/07) and Leaflet to promote compliance with the WSH (Incident Reporting) Regulations, 2014.

WSH (INCIDENT REPORTING) REGULATIONS, 2014

According to Regulations 6 of the WSH (Incident Reporting) Regulations, 2014:

| WHO SHALL REPORT | WHAT AND WHEN TO REPORT |
|---------------------------------------|---|
| Employer | <ul style="list-style-type: none"> Where an employee suffers an Occupational Disease at a workplace, and the employer of that employee receives a statement prepared by the RMP diagnosing the occupational disease. Submission of an official report to SHENA not later than 10 days after receipt of the written diagnosis. |
| Registered Medical Practitioner (RMP) | <ul style="list-style-type: none"> Where any employee has been diagnosed with an occupational disease by the RMP. Submission of an official report to SHENA not later than 10 days after the diagnosis. |

Note: The employer and the registered medical practitioner shall report to SHENA separately for the same employee.

"Registered medical practitioner" means a person registered under the Medical Practitioners and Dentists Act (Chapter 112)

HOW TO REPORT ODs?



REPORT AN INCIDENT
SCAN THIS QR CODE FOR MORE INFO

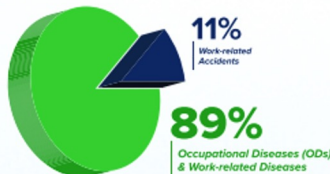
IF NOT REPORTED?

Registered medical practitioner and employer are contravening the WSH (Incident Reporting) Regulations, 2014:

- For a first offence: to a fine not exceeding \$5,000; and
- For further subsequent offences: a fine not exceeding \$10,000 or imprisonment for a long term not exceeding 6 months or both.

Any person knowingly makes any false notification or report to the Authority about the occurrence at any workplace of any accident, dangerous occurrence or occupational disease is guilty of an offence and liable on conviction to a fine not exceeding \$5,000, imprisonment for a term not exceeding 6 months or both.

THE HIDDEN EPIDEMIC 2.93 MILLION WORK-RELATED FATALITIES



Source: International Labour Organisation (ILO) 2023's Report

In Brunei Darussalam, 108 cases of occupational and work-related diseases were reported from 2017 to 2022. While the incidence rate of the reported cases is significantly lower than global figures i.e. 3.32 per 100,000 workers, under-reporting remains a significant concern.

OCCUPATIONAL AND WORK-RELATED DISEASES



REFERRAL TO OCCUPATIONAL HEALTH CLINIC, MINISTRY OF HEALTH

If registered medical practitioner (RMP) is unable to confirm the diagnosis of the OD, the RMP may submit a referral letter on any suspected OD to:

Occupational Health Clinic
Ministry of Health
Level 1, Health Screening Centre
Jalan Datin Aishah
Bereas 882313
OR
Email: occuphea@moh.gov.bn

POSTER

**ANNOUNCEMENT UP
INSPECTION CAMPAIGN ON
OCCUPATIONAL DISEASES (ODs)
REPORTING IN PRIVATE HEALTH CLINICS**

This leaflet aims to serve as a further reference to promote compliance with the WSH (Incident Reporting) Regulations, 2014.

One of the powers of SHENA, warranted authorities to regulate hospitals, medical clinics, or mortuaries to provide information, including medical records of persons are either injured in a workplace accident or suspected of suffering an occupational disease contracted from their workplace and are currently receiving treatment at the hospital or medical clinic.

According to the International Labour Organisation (ILO) (2023) Report, a joint study by the World Health Organization (WHO) and the ILO found the statistics below:

11% Work-related Accidents
89% Occupational Diseases (ODs) & Work-related Diseases

OCCUPATIONAL DISEASES

In Brunei Darussalam, 108 cases of occupational and work-related diseases were reported from 2017 to 2022, including occupational dermatitis, work-related musculoskeletal disorders and noise-induced hearing loss. While the 2022 incidence rate of occupational and work-related diseases in Brunei Darussalam is significantly lower than global figures i.e. 3.32 per 100,000 workers, under-reporting remains a significant concern.

OCCUPATIONAL AND WORK-RELATED DISEASES

2017 2018 2019 2020 2021 2022

REPORTING OF OCCUPATIONAL DISEASES

Regulations 6 of the WSH (Incident Reporting) Regulations, 2014 state the duty to report ODs are as follows:

| WHO SHALL REPORT | WHAT AND WHEN TO REPORT |
|---------------------------------------|---|
| Employer | <ul style="list-style-type: none"> Where an employee suffers an Occupational Disease at a workplace, and the employer of that employee receives a statement prepared by the RMP diagnosing the occupational disease. Submission of an official report to SHENA not later than 10 days after receipt of the written diagnosis. |
| Registered Medical Practitioner (RMP) | <ul style="list-style-type: none"> Where any employee has been diagnosed with an occupational disease by the RMP. Submission of an official report to SHENA not later than 10 days after the diagnosis. |

Note: The employer and the registered medical practitioner shall report to SHENA separately for the same employee.

OFFENCES

In accordance with Regulation 9 of WSH (Incident Reporting) Regulations, 2014, an employer who contravenes regulation 6(1) and a registered medical practitioner who contravenes regulation 6(2) are guilty of an offence and liable on conviction -

- For a first offence: to a fine not exceeding \$5,000; and
- For further subsequent offences: a fine not exceeding \$10,000 or imprisonment for a long term not exceeding 6 months or both.

Any person knowingly makes any false notification or report to the Authority about the occurrence at any workplace of any accident, dangerous occurrence or occupational disease is guilty of an offence and liable on conviction to a fine not exceeding \$5,000, imprisonment for a term not exceeding 6 months or both.

WHY REPORT ODs?

| | | |
|---|--|---|
| 1. Compliance with WSH (Incident Reporting) Regulations, 2014. | 2. Workers can access benefits (workers' compensation and insurance). | 3. Identification of workplace health hazards, leading to preventive actions. |
| 4. Improved cultural ODs risk reduction and emphasis on worker health and well-being. | 5. Ethical obligation of medical practitioners to protect patients' health and well-being. | 6. Prevention of public health and wellbeing by reducing health hazards, leading to preventive actions. |

Note: The employer and the registered medical practitioner shall report to SHENA separately for the same employee.

LEAFLET



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INSPECTION FINDINGS

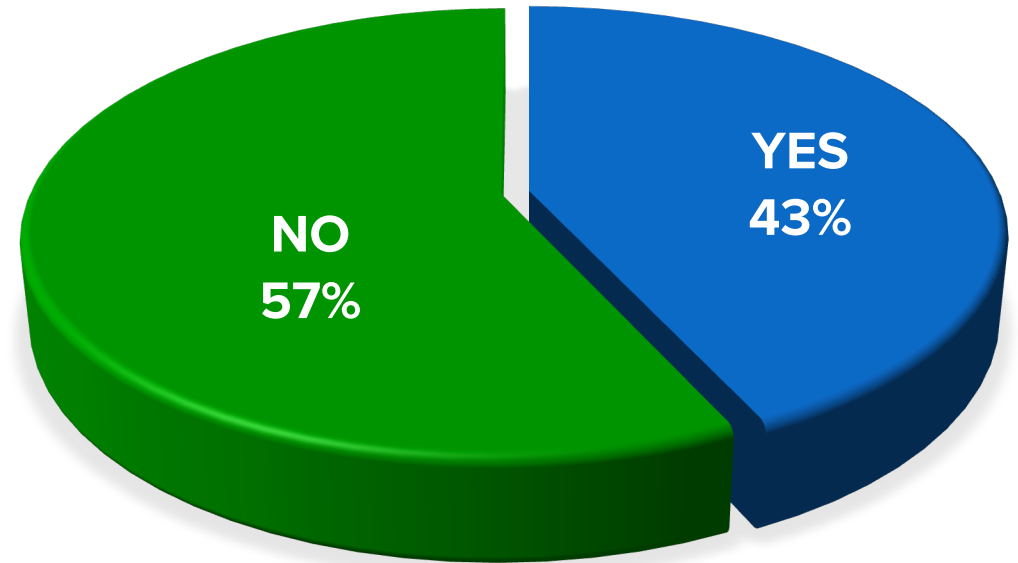
CLINICS WITH OH-BACKGROUND DOCTOR

38%

Inspection focus on
improving OD reporting in
private clinics

48

Total no. of Registered
Medical Practitioners
engaged





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INSPECTION FINDINGS

85%

Reported encounter OD cases only **“sometime” & “rarely”**

74%

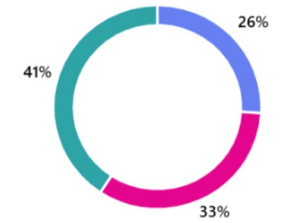
Unfamiliar or somewhat familiar with OD reporting requirements under WSH (Incident Reporting) Regs

88%

Reported **understand the OD reporting requirements after inspection** carried out by SHENA’s OHU enforcement

How familiar were you with the ODs reporting requirements under the WSH (Incident Reporting) Regulations prior to SHENA’s inspection?

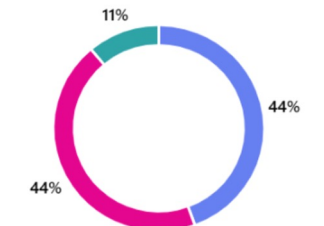
| | |
|-------------------|----|
| Very familiar | 7 |
| Somewhat familiar | 9 |
| Not familiar | 11 |



How familiar are you with current ODs reporting requirements under the WSH (Incident Reporting) Regulations after SHENA’s inspection?

| | |
|-------------------|----|
| Very Familiar | 12 |
| Somewhat Familiar | 12 |
| Not Familiar | 3 |

12%





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INSPECTION FINDINGS



Potential OD cases related to skin, noise, and musculoskeletal issues have been identified; however, the RMP focuses on treatment rather than investigating root cause.



If the RMP does not include questions for identifying OD-related cases, it is hard to determine if these issues originated from the workplace.



Should a potential OD case exceed the clinic's capacity for confirmation, it will be referred to the OHD MOH.



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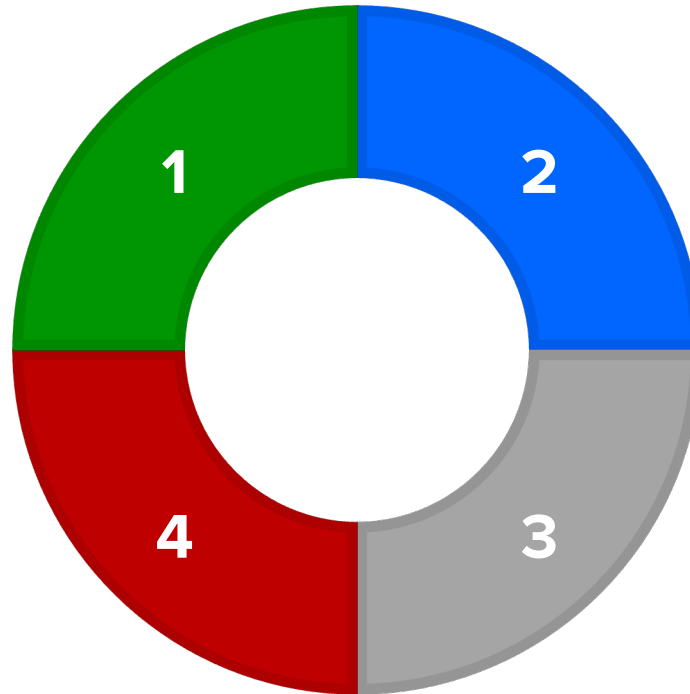
INSPECTION FINDINGS: CHALLENGES

MULTIFACTORIAL ISSUES

1. Lack continuity care & baseline data
2. Workers seek treatment only
3. Patient confidentiality conflicting with OD reporting requirement
4. Contract binding to discourage reporting to SHENA

LINE OF REPORTING PROCESS

1. Gaining access to specialist input from both parties requires additional time and follow-up



TRAINING AND COMPETENCY GAPS

1. Difficulty in diagnosing OD
2. Lack of clear guidelines/ diagnostic criteria
3. Limited interest or focus in OH among RMPs

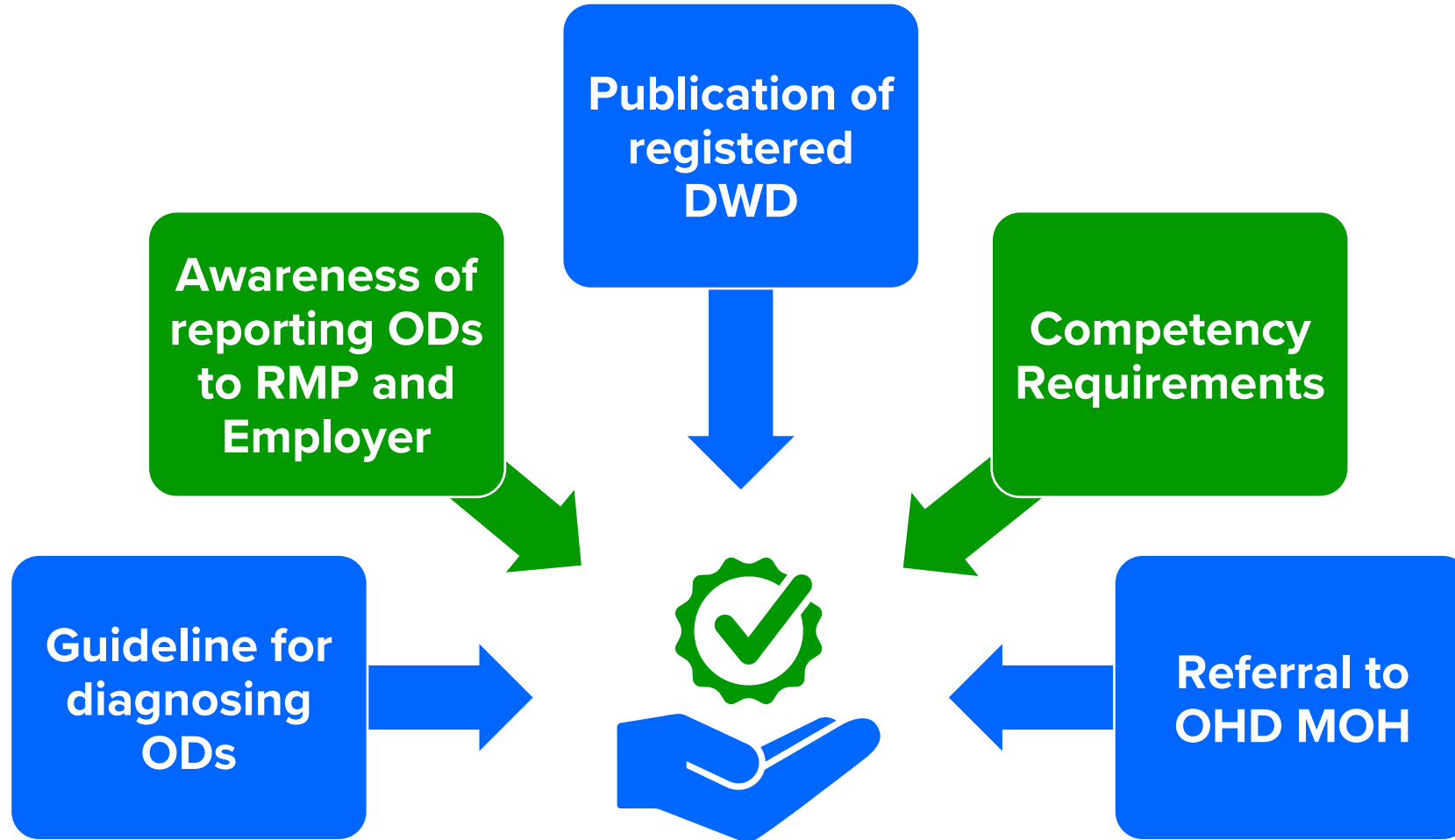
REPERCUSSIONS

1. Employees fear potential job loss
2. Private clinics are concerned about losing business from employers
3. Cost concerns for diagnosis and reporting
4. Awareness in legal protection



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INSPECTION FINDINGS: RECOMMENDATIONS





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TRIPARTITE APPROACH

Government / Industrial
Hygienist / Designated
Workplace Doctor

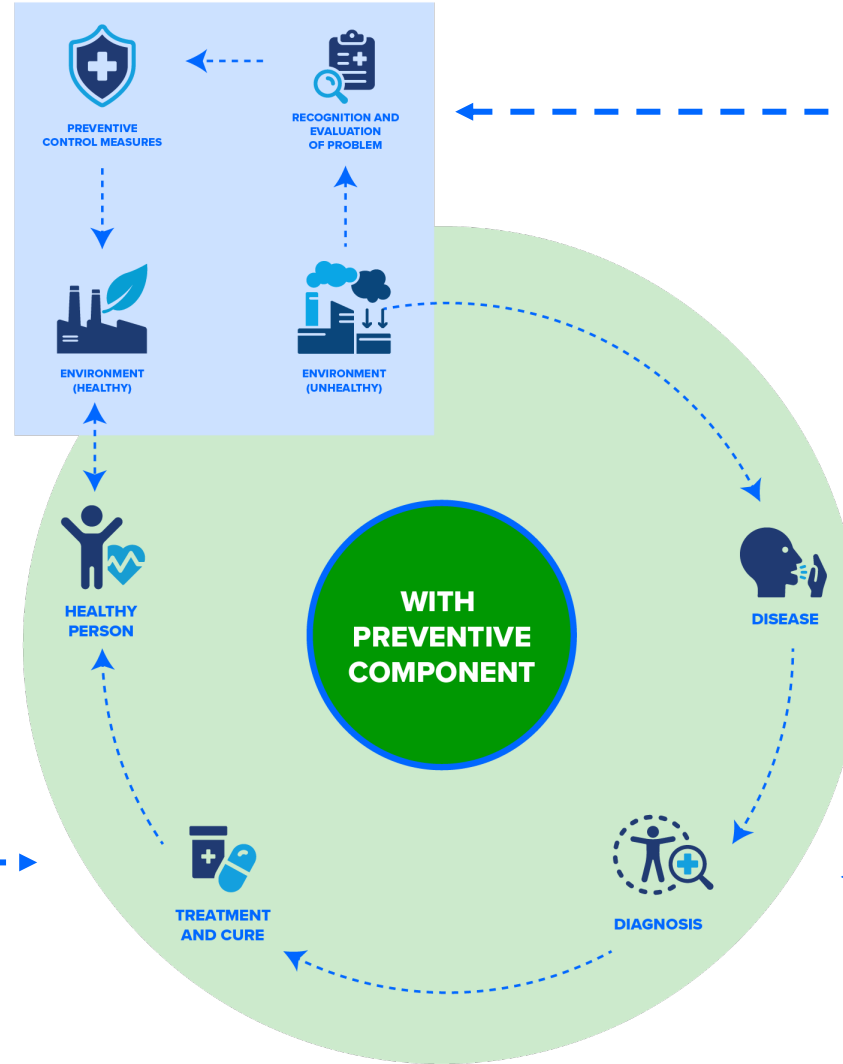
Government / Industrial
Hygienist / Designated
Workplace Doctor

Worker

Worker

Designated
Workplace Doctor

Designated
Workplace Doctor





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Join the Q&A
at Slido.com
#WDSHW25





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THANK
YOU