Safety, Health and Environment
National Authority

WORKPLACE SAFETY AND HEALTH (WSH)
COMPLIANCE AND PERFORMANCE REPORT 2024

Safety, Health and Environment
National Authority

DISCLAIMER

This document is the property of the Safety Health and Environment National Authority (SHENA), Brunei Darussalam. It must not be copied or used for any other purpose other than which it is supplied, without the expressed written authority of the SHENA. Any misuse of the document is not supported by the SHENA and may be reported to the relevant authorities for further legal action if necessary.

Safety, Health and Environment
National Authority

CONTENTS

1. EXECUTIVE SUMMARY

The Workplace Safety and Health Compliance and Performance Report 2024 is the third publication of the series by the Safety, Health and Environment National Authority (**SHENA**) in an effort to share consolidated national data related to Workplace Safety and Health (**WSH**) compliance and performance in Brunei Darussalam to all relevant stakeholders. The report further supports SHENA's commitment to promoting transparency and fostering data-driven improvement, in national WSH performance, in line with international good practices and the principles of International Labour Organization (**ILO**) Conventions on occupational safety and health.

This report compiles and analyses data from SHENA's regulatory activities namely regulatory inspections and monitoring visits, statistics on workplace fatalities and injuries from SHENA's Initial Incident Notifications (**IIN**) process and recorded data from the shared Workplace Accident and Occupational Disease Database between SHENA and the Occupational Health Division, Ministry of Health (**OHD MOH**).

The table below summarises the key figures for each activity along with the main concerns and industry types:

	TOTAL NUMBER	MAIN CONCERNS	TOP INDUSTRIES
REGULATORY INSPECTION	**68**	▪ Emergency Response and Preparedness ▪ Incident Reporting ▪ Risk Management ▪ Hazardous Substance ▪ Occupational Health	▪ Manufacturing ▪ Construction ▪ Wholesale and Retail Trade ▪ Education ▪ Human Health and Social Activities
MONITORING VISIT	**101**	▪ Work-at-Height ▪ Emergency Response & Preparedness ▪ Risk Management ▪ WSH Officer/Co-Ordinator ▪ Electrical Safety	▪ Construction ▪ Wholesale and Retail Trade ▪ Accommodation and Food Service Activities

	TOTAL NUMBER	MAIN CONCERNS	TOP INDUSTRIES
INITIAL INCIDENT NOTIFICATION (IIN)	**278**	Types of injury: ▪ Superficial injuries and open wounds ▪ Fractures ▪ Others Part of body injured: ▪ Upper extremities ▪ Lower extremities ▪ Other parts of body Mode of injury: ▪ Fall ▪ Others ▪ Struck by object Agent of injury: ▪ Materials/ Objects ▪ Machinery/ Equipment ▪ Others	▪ Construction ▪ Professional, Technical, Administrative and Support Services ▪ Manufacturing
WORKPLACE ACCIDENT *(AS PER SHARED WORKPLACE ACCIDENT AND OCCUPATIONAL DISEASE DATABASE)*	**313**	Types of injury: ▪ Superficial injuries and open wounds ▪ Fractures ▪ Others Part of body injured: ▪ Upper extremities ▪ Lower extremities ▪ Other parts of body Mode of injury: ▪ Fall ▪ Struck by object ▪ Contact with sharp object Agent of injury: ▪ Materials/ Objects ▪ Building/ Structures ▪ Machinery/ Equipment	▪ Construction ▪ Manufacturing ▪ Wholesale And Retail Trade, Repair of Motor Vehicle and Motorcycles
WORK-RELATED FATALITIES	**5**	▪ Fall from Height ▪ Presumed Electrocution	▪ Construction ▪ Wholesale & Retail Trade ▪ Agriculture, Forestry and Fishery

	TOTAL NUMBER	MAIN CONCERNS	TOP INDUSTRIES
OCCUPATIONAL DISEASE *(AS PER SHARED WORKPLACE ACCIDENT AND OCCUPATIONAL DISEASE DATABASE)*	**8**	▪ Noise-Induced Hearing Loss ▪ Work-related Musculoskeletal Disorder ▪ Occupational Dermatitis	▪ Construction ▪ Electricity, Gas, Steam and Air-Conditioning Supply ▪ Professional, Technical, Administrative and Support Services

Table 1: Summary of key figures and concerns for the year 2024.

Note: "Others" refers to cases that could not be assigned to any specific predefined category due to non-standard or unclear.

The 2024 data indicate:

- A total of **five (5) work-related fatalities** were recorded, corresponding to **2.25 fatalities per 100,000 workers**. This represents a slight increase compared to 2023 and 2022, but **the rate remains below the projected trend line** toward the national goal of zero fatalities by 2035 (Refer to **Figure 22**).

- **278 IINs were reported to SHENA,** and **313 workplace accidents** were recorded via SHENA and OHD MOH Database, representing a **7%** and **9% decrease** respectively as compared to 2023. This may positively indicate less frequent workplace accidents, although further monitoring in the coming years is required to validate this improvement.

- The **84% increase in approved WSH Officers** and **51% increase in WSH Co-Ordinators** (for both new applications and renewals) are likely influenced by the ongoing socialisation and enforcement of **compound fines for non-appointment** of WSH Officers and WSH Co-Ordinators (Class IV–VI Authority for Building Control and Construction Industry (ABCi) contractors) starting 1 April 2024.

- Key gaps remain in **risk assessments**, **emergency response arrangements** and **incident reporting**, including limited awareness among Registered Medical Practitioners in reporting ODs under the WSH (Incident Reporting) Regulations, as well as gaps in the management of **occupational health** and **hazardous substances**.

- **Work-at-height activities** and the **construction sector** remain priority elements, with most serious injuries and fatalities involving **non-local male workers in elementary occupations**. For injuries, **superficial injuries to upper extremities** and **materials/objects** were the most common.

The findings collectively reinforce the need for robust efforts to enhance the safety and health arrangements and promote a preventive safety and health culture across all sectors, especially in construction and high-risk industry sectors.

2. PURPOSE

In monitoring industry compliance to the Workplace Safety and Health Act, Chapter 277 (**WSHA, Cap 277**), this document serves to provide trends in national WSH performance based on analysed data and statistical information from various sources. For the purposes of this report, the data and information are obtained from registries and records from SHENA's Enforcement Division (**EFD**), Investigation & Response Division (**IRD**), Compliance and International Division (**CID**), as well as shared database of SHENA and Occupational Health Division, Ministry of Health specifically on areas pertaining to:

i. Regulatory Inspections;
ii. Monitoring Visits;
iii. Registrations of WSH Officer and Co-Ordinator;
iv. Initial Incident Notification (IIN);
v. Work-Related Fatalities;
vi. Workplace Accidents; and
vii. Occupational Diseases.

Details of the background and methodology of data consolidation and analysis are documented in the Standard Operating Procedure – Monitoring and Analysis of Workplace Safety and Health Compliance and Performance (ref: SHENA/CID/SOP/3-210). A standard methodology was applied to consolidate data across SHENA divisions, in which data was gathered, validated and categorised prior to statistical analysis. This internal SOP ensures consistency and uniform handling of data within SHENA.

Brunei Darussalam ratified the ILO Promotional Framework for Occupational Safety and Health Convention (**C187**) on 11 June 2024. Accordingly, the regular publication of national WSH performance data aligns with the national's commitment to strengthen transparency and evidence-based decision making in WSH.

3. REGULATORY INSPECTIONS

Throughout the calendar year 2024, EFD conducted a total of sixty-seven (68) regulatory inspections to workplaces of various industry types in all districts, based on the Brunei Darussalam Standard Industrial Classification (BDSIC) 2011 definitions. The breakdown of industry types inspected is shown as **Figure 1**.

Mining and Quarrying industry primarily (though not entirely) fall under the purview of SHENA's Control of Major Accident Hazard (COMAH) facilities. Radiation-focused inspections were also conducted and combined with WSH elements. These radiation-focused inspections are mostly categorised under Professional, Technical, Administrative and Support Services, and two (2) under Human Health and Social Activities industries.

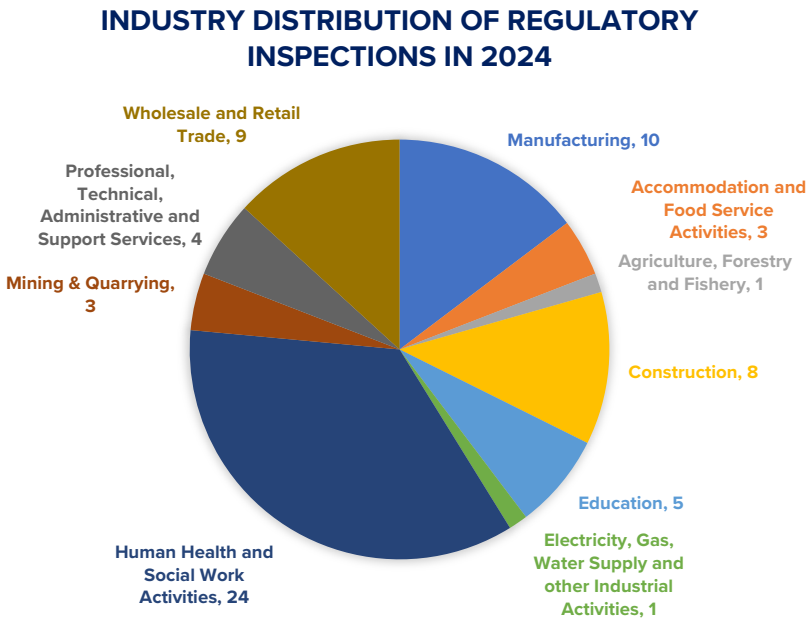


Figure 1: Breakdown of industry types where regulatory inspections were conducted in 2024.

In 2024, SHENA's regulatory inspections adopted a structured **"traffic light system"** to colour-code the assessment of the workplace compliance across the applicable and selected inspection elements. Inspection findings were categorised as follows:

- **Red** – Failure in the system and/or implementation.
- **Amber** – A system has been established, however gaps remain or implementation is limited.
- **Green** – A reasonable or well-established system and implementation is in place.

This colour-coded approach facilitates clear benchmarking of compliance levels across industries and inspection elements, highlighting areas where improvements are required based on priority.

It also enables the identification of prioritised industries and elements and supports the tracking of changes in organisational safety and health maturity over time.

Figure 2 presents the distribution of regulatory inspection findings by **industry classification**, while **Figure 3** shows the distribution of findings by **inspection elements**. Together, these figures provides a two-dimensional view of compliance performance, by industry sector and by element to support targeted enforcement and follow-up interventions.

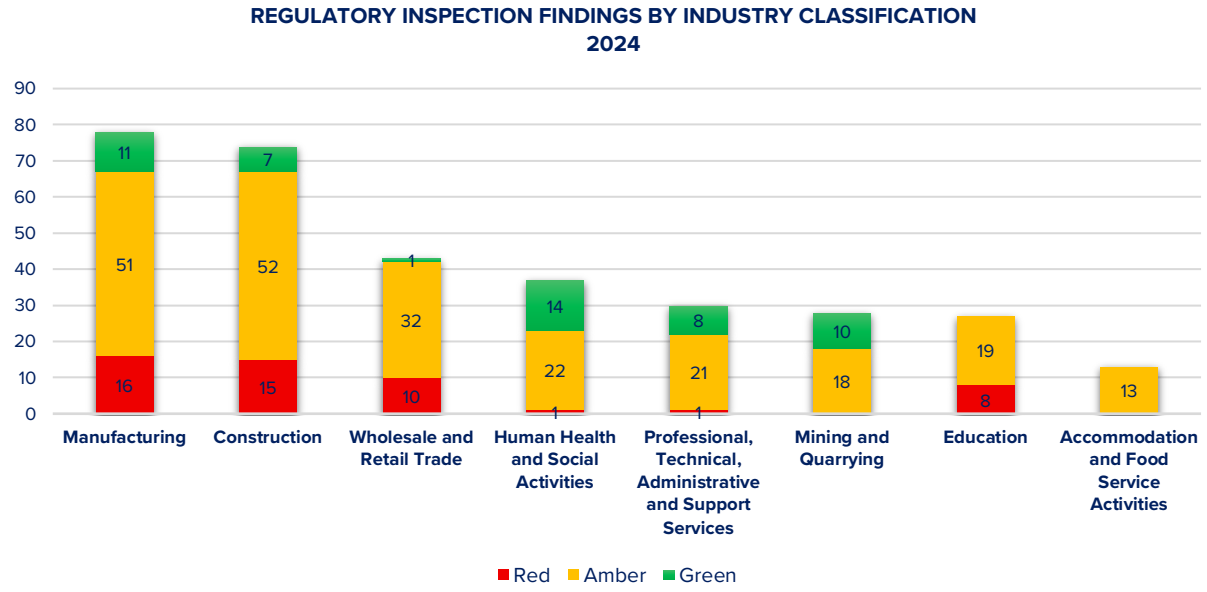


Figure 2: Regulatory inspection findings by Industry Classification for 2024.

The top three (3) industries with compliance gaps were in the Manufacturing, Construction and Wholesale and Retail Trade industries, which align with the top industries where incidents have occurred. This is further discussed in Section 6.

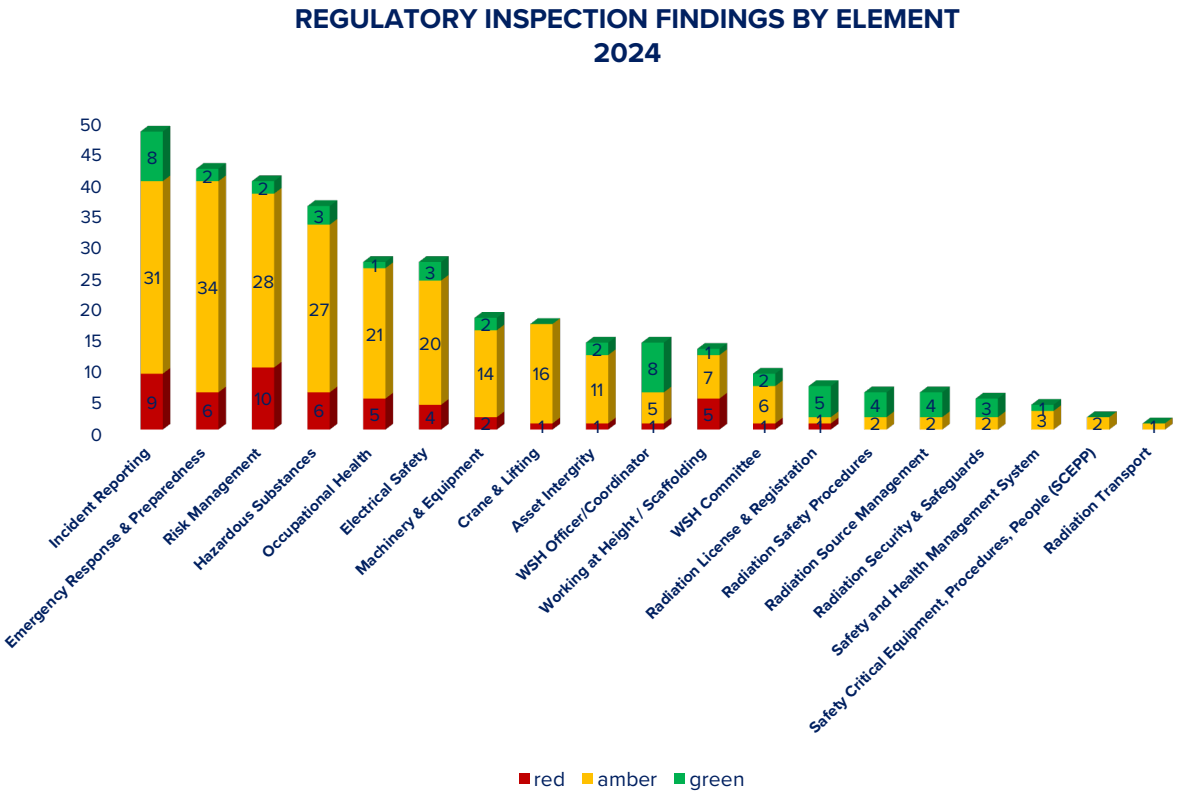


Figure 3: Regulatory inspection findings by elements for 2024.

The top **five (5) inspection findings** by elements are shown in **Figure 3** and are identified as follows:

1. Emergency Response and Preparedness (14%)
2. Incident Reporting (13%)
3. Risk Management (13%)
4. Hazardous Substances (12%)
5. Occupational Health (9%)

Incident reporting is also one of the top finding elements observed in 2024 (with Amber and Red findings), mostly resulted from the Inspection Campaign on Occupational Diseases (ODs) Reporting for private health clinics conducted between August 2024 and January 2025 which highlighted concerns in this area. The campaign aimed to raise awareness among Registered Medical Practitioners regarding their duty to report ODs as stipulated under the WSH (Incident Reporting) Regulations. The campaign findings focused on their awareness of the legal requirements for registered medical practitioners to report ODs to SHENA, including reporting via IIN mechanism. It also covered their awareness of referral pathways for suspected OD cases to OHD MOH, current diagnostic and reporting practices, documentation and record-keeping, as well as training related to ODs reporting.

In addition to the OD campaign findings from private health clinics, incident reporting was also observed as one of the top finding elements in other industries. Some employers and occupiers were still not fully aware of their duty to report work-related fatalities, dangerous occurrences, work-related injuries that meet reporting criteria, and ODs as required under the WSH (Incident Reporting) Regulations. This shows that challenges in incident reporting are not limited to OD reporting within the healthcare sector but are present across multiple industries. Although there has been an increase in IINs, further improvement is required to ensure all reportable incidents are consistently captured through internal workplace incident reporting procedures and in accordance with the WSH (Incident Reporting) Regulations.

Two (2) key elements with recurring non-compliance findings since 2022 and 2023 were emergency response and preparedness, and risk management. The assessment of emergency preparedness and response encompassed workplace emergency response procedures, ensuring drills were conducted and recorded, testing the provision and maintenance of firefighting equipment, and verifying the accessibility of emergency exits in accordance with Regulations 37 and 38 of the WSH (General Provisions) Regulations. It also included compliance with first-aid requirements, such as the appointment of designated first-aiders, availability of first-aid boxes and where required, the provision of a first-aid room and first-aid for exposure to toxic or corrosive substances as stipulated under the WSH (First-Aid) Regulations.

Meanwhile, for Risk Management, the inspections assessed the adequacy of processes, procedures, and on-site evidence to manage risks. This includes the conduct, record-keeping, review, and provision of information on risk assessments, as well as the implementation of preventive and mitigative controls in accordance with the hierarchy of control mandated under the WSH (Risk Management) Regulations.

It is important to note that not all inspection elements may be applicable to every workplace, as their relevance depends on the nature of the industry, the type of activities conducted on site, and applicability with relevant regulations. Examples include the requirement for a Safety and Health Management System, appointment of WSH Officer and WSH Co-Ordinator, establishment of a WSH Committee, and provisions for work-at-height and cranes and lifting management.

In 2024, the compliance rate for the appointment of Workplace Safety and Health (WSH) Officers and Co-Ordinators among applicable workplaces reached **57%**, marking a significant improvement compared to **38% in 2023** and just **3% in 2022**. This upward trend reflects growing industry responsiveness to regulatory requirements and the impact of enhanced enforcement measures. A further analysis of the performance of registration of WSH Officer/ Co-Ordinator will be elaborated in **Section 5**.

The inspection elements of cranes and lifting, as well as work-at-height, which are two (2) of the National HSE Themes for Brunei Darussalam, still recorded unsatisfactory levels of compliance. Cranes and lifting operations recorded **100% non-compliance**, mainly due to the lack of examinations by SHENA's Authorised Examiners and the use of damaged or uncertified slings,

shackles, hooks, or other lifting accessories, an increase from 82% non-compliance in 2023. Work-at-height recorded **92% non-compliance**, similar to 2023, with issues such as working on scaffolding or roofs without adequate fall prevention or protection, missing guardrails and toe boards, use of makeshift wooden ladders, failure to wear safety harnesses or improper anchorage, and poor housekeeping on elevated areas leading to tripping hazards.

Note: National HSE Themes refer to SHENA's priority focus areas addressing the most common and high-risk workplace safety and health issues in the country.

Other notable elements with high non-compliance rates included:

- Occupational Health (96%)
- Risk Management (95%)
- Emergency Response & Preparedness (95%)
- Hazardous substances (92%)
- Electrical Safety (89%)
- Machinery & Equipment (89%)

Non-compliances in occupational health and hazardous substances pose risk of exposing workers to health hazards that can potentially lead to onset of ODs, which are believed to be under-reported in the country. Occupational health findings included a lack of consideration of health hazards and control measures in the risk assessments, such as managing exposures to noise, toxic dust, fumes or other contaminants, as well as insufficient atmospheric toxic exposure monitoring by competent persons, as required under Regulations 39 and 40 of WSH (General Provisions) Regulations. While hazardous substance findings revealed inadequate safe storage, handling, labelling and lack of hazard information from warning labels and safety data sheets (SDS), in accordance with Regulations 41-43 of WSH (General Provisions) Regulations.

Non-compliances in electrical safety and machinery/equipment were also identified. These included poor management of basic electrical safety, such as overloaded sockets, exposed wiring and lack of proper insulation mats, indicating that electrical installations and equipment were not consistently maintained in good condition, or used in a way that protects workers from electric shock in the workplace. In addition, gaps were found in machinery and equipment safety under the WSH (General Provisions) Regulations, 2014, including inadequate machine guarding and the absence of effective Lock-Out Tag-Out (LOTO) procedures. These electrical and machinery-related non-compliances are particularly concerning, as they contribute to several workplace accidents reported via IINs, including certain fatality cases. Further discussion on these findings in Sections 6, 7 and 8 of this report.

4. MONITORING VISITS

Throughout 2024, EFD conducted monitoring visits to a total of one hundred (101) workplaces in all districts with most of them being construction sites (81%). The monitoring visits according to industry type, based on the Brunei Darussalam Standard Industrial Classification (BDSIC) 2011 definitions, is shown as **Figure 4**.

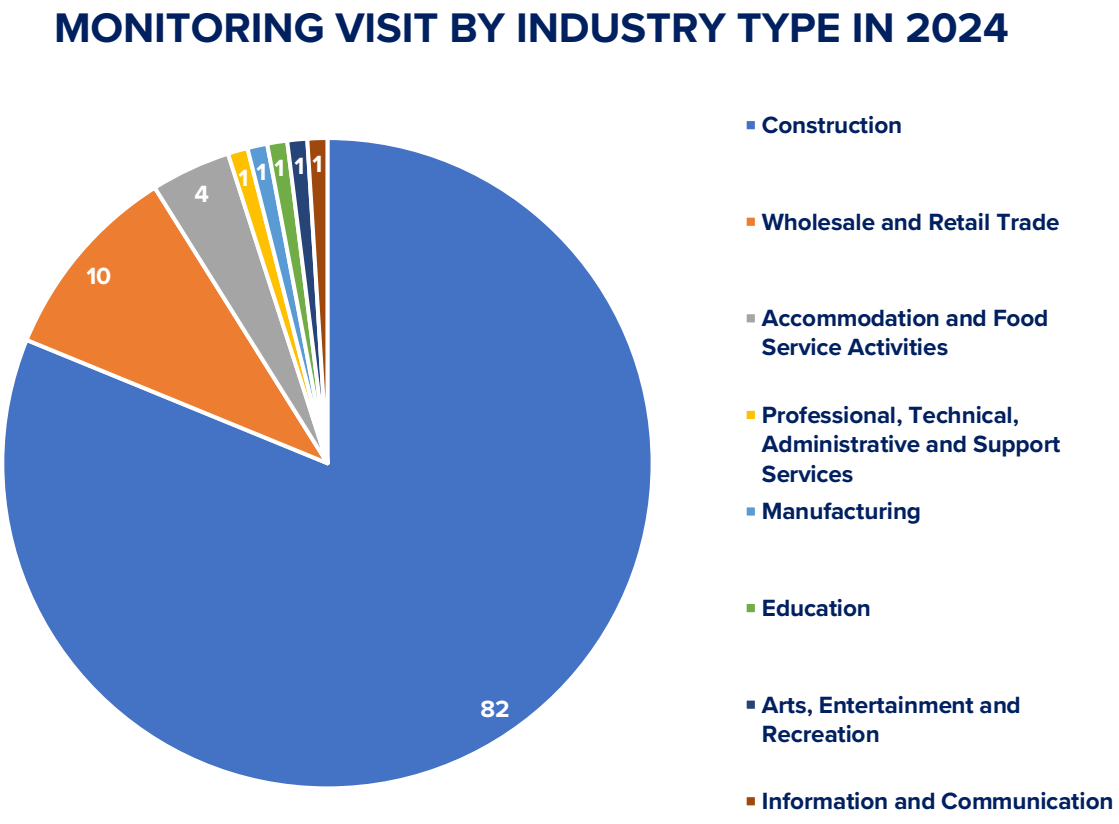


Figure 4: Monitoring visit by industry type in 2024.

The monitoring visit findings as per element is shown as **Figure 5,** with the top findings on non-compliances identified as follows:

1. Work-at-Height (26%)
2. Emergency Response & Preparedness (23%)
3. Risk Management (15%)
4. Appointment of WSH Officer/Co-Ordinator (10%)
5. Electrical Safety (8%)

Figure 5: Monitoring visit findings by element in 2024.

The findings related to Emergency Response & Preparedness, Risk Management and Electrical Safety aligned with the regulatory inspection findings presented in **Section 3**. Furthermore, from the monitoring visits conducted at construction sites, 89% had gaps in work-at-height arrangements, while 33% were non-compliant with the requirement to appoint a WSH Officer and WSH Co-Ordinator, mostly among Class I–III construction contractors registered under ABCi. As explained in **Section 5 below**, the number of applicants to be registered as WSH Officers and WSH Co-Ordinators is anticipated to continue increasing, with the second phase of the compound fine implementation for Class I–III construction contractors registered under ABCi, came into force since 1 October 2025.

5. WSH OFFICER AND WSH CO-ORDINATOR

The year-by-year comparison shown in **Figure 6** illustrates significant improvement in both application and approval numbers for both WSH Officers and Co-Ordinators since 2022. Within the year 2024, a total of one hundred and sixty-nine (169) WSH Officers were approved (both new applications (107) and renewals (62)) representing an 84% increase from the previous year's total of ninety-two (92). The number of approved WSH Co-Ordinators also rose by 51%, reaching a total number of eighty-six (86). Most WSH Officer applications are mainly from the Mining and Quarrying sector, while the majority of WSH Coordinator applications were mainly from the Construction sector.

The steady increase of WSH Officers and Co-Ordinators is partly attributed to SHENA's proactive regulatory efforts, including the socialisation and enforcement of the compound fines for failure to appoint WSH Officers and Co-Ordinators (for Class IV–VI ABCi contractors) along with enforcement actions since its official implementation starting 1 April 2024.

In 2024, a total of 180 applications for WSH Co-Ordinators were received, of which 86 were approved (both new applications (79) and renewals (7)), reflecting an approval rate of 48%. This indicates that while industry engagement has increased, a significant proportion of applicants did not yet meet the minimum qualification criteria and/or experience requirements mandated for the role.

It is anticipated for the numbers of applicants to be registered as WSH Officers and WSH Co-Ordinators will continue to increase with the second phase of the compound fine implementation for Class I-III construction contractors registered under ABCi, which came into force since 1 October 2025.

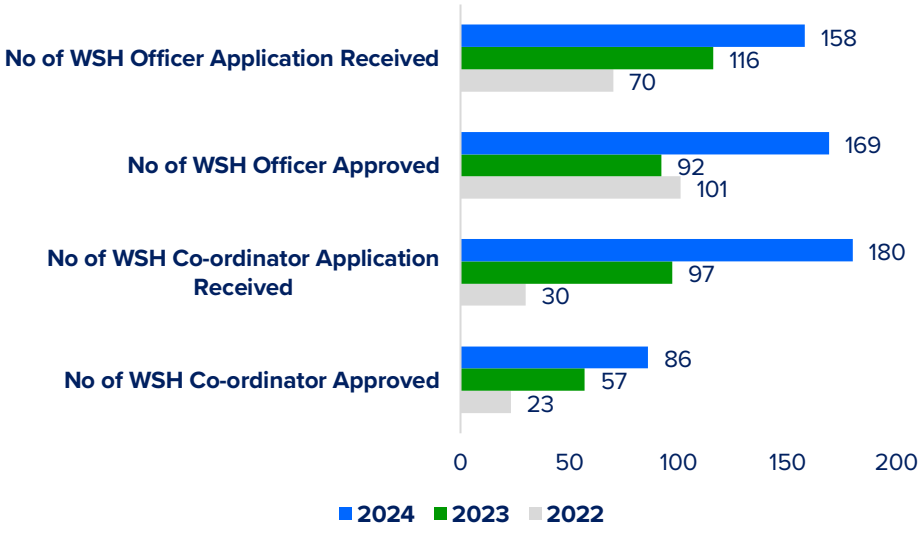


Figure 6. Year-by-year comparison of the number of applications received and approvals for WSH Officers and WSH Co-Ordinators for 2022-2024 for both new applications and renewals.

Note: The number of approved WSH Officer applications in 2024 includes those carried forward from the previous year. The carry-forward mechanism for WSH applications is a standard practice for year-end submissions, as approvals are based on complete and verified documentation.

In addition to expanding new registrations since 25 April 2024, SHENA has also strengthened its renewal process for WSH Officers following the issuance of *Note to Industry: WSH Officers Registration Renewal Reminder (Ref: 2024/NTI/05).* This enhancement aims to uphold professional competency and integrity within the WSH Officer profession. The renewal process now includes the mandatory completion of Continuing Professional Development (CPD) activities

and the introduction of an assessment on the Workplace Safety and Health Act, Cap 277 as part of the renewal requirement, ensuring that all practising WSH Officers remain knowledgeable and aligned with current legislative and regulatory expectations.

6. INITIAL INCIDENT NOTIFICATION (IIN)

A total of two hundred and seventy-eight (278) IINs has been submitted to SHENA in 2024, representing a 7% decrease compared from previous year. These IINs have been categorised in **Figure 7**, which also presents a year-by-year comparison of the types of incidents reported to SHENA since 2022 to 2024.

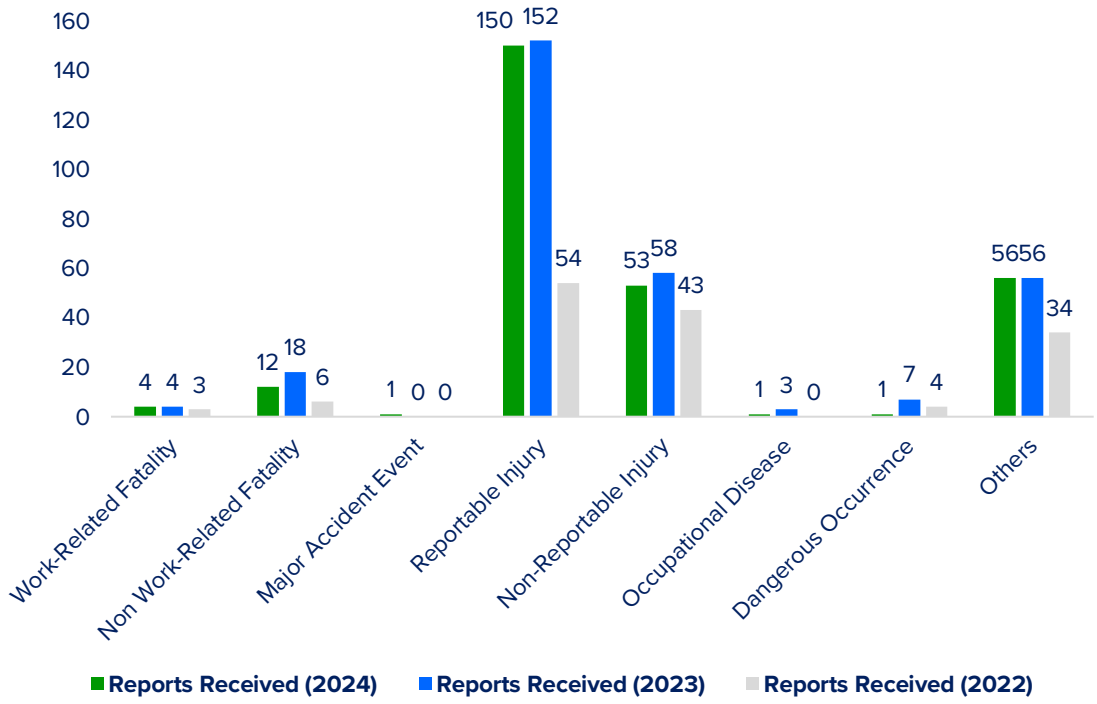


Figure 7. Year-by-year comparison of incident types reported to SHENA between 2022-2024.

The breakdown of the incident reports by industry, based on the Brunei Darussalam Standard Industrial Classification (BDSIC) 2011 definitions, is shown as **Figure 8** with the most prevalent reported incidents observed in Construction industry (122), Professional, Technical, Administrative and Support Services (33) and Manufacturing (26).

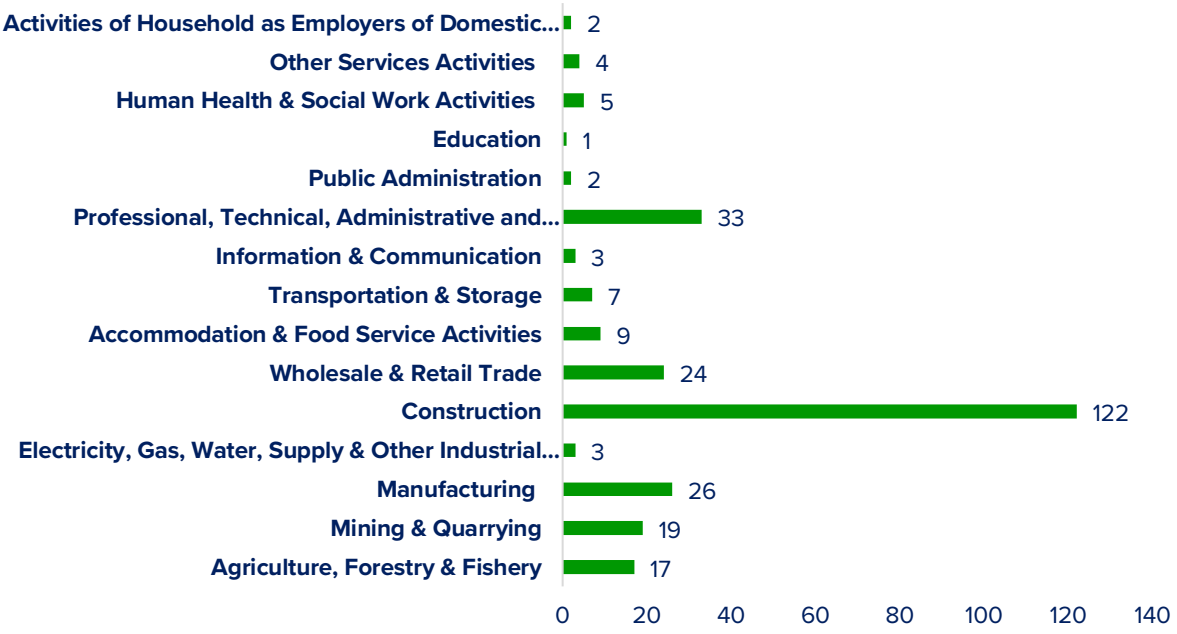


Figure 8. Breakdown of types of industries reporting incidents via IIN in 2024.

The types of injuries received are shown as **Figure 9** with Superficial Injuries and Open Wounds being the most common followed by fractures. In **Figure 10**, the most common part of the body injured are the upper extremities such as arms and fingers, while the most common mode of injury is from falls as depicted in **Figure 11**. The agent of injury involved in the incident is shown in **Figure 12** with Materials and Objects being the most prevalent. In terms of the demographic of people involved in the incidents reported in 2024 as per **Figure 13**, 95% of the injured persons are male and the predominant nationality is Bangladeshi (25%, 93), followed by Indonesian (27%, 73) and Bruneian (17%, 46).

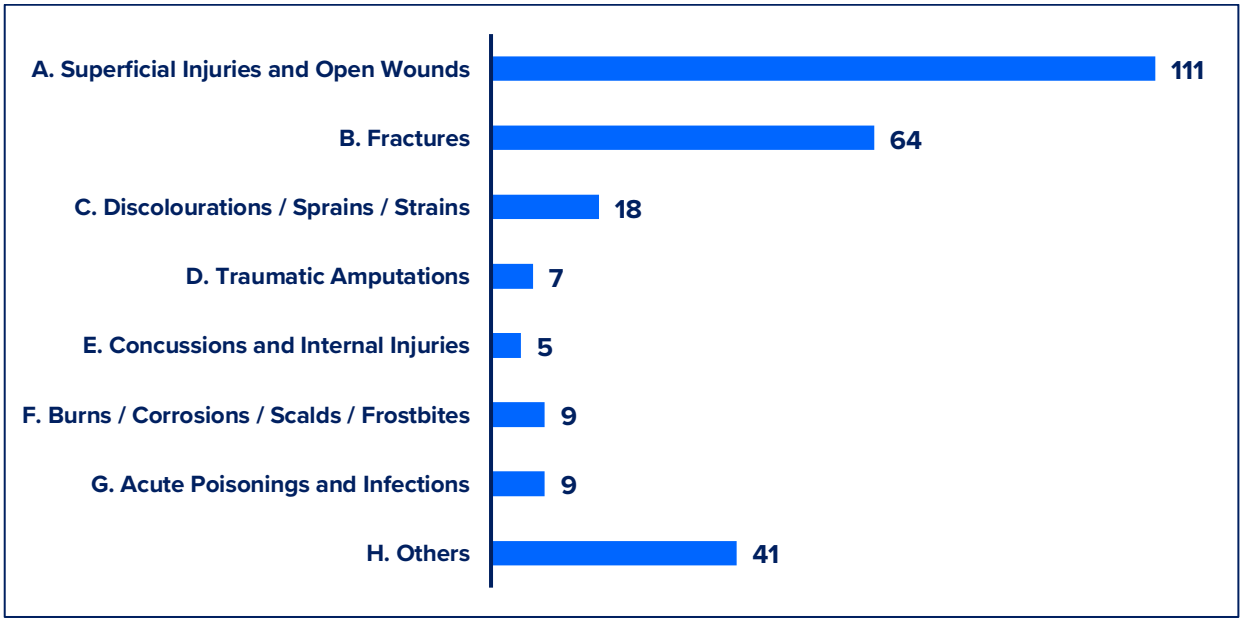


Figure 9. Breakdown of types of injuries reported via IIN in 2024.

Note: "Others" refers to cases that could not be assigned to any specific predefined category due to non-standard or unclear descriptions. (applies to Figures 9–12).

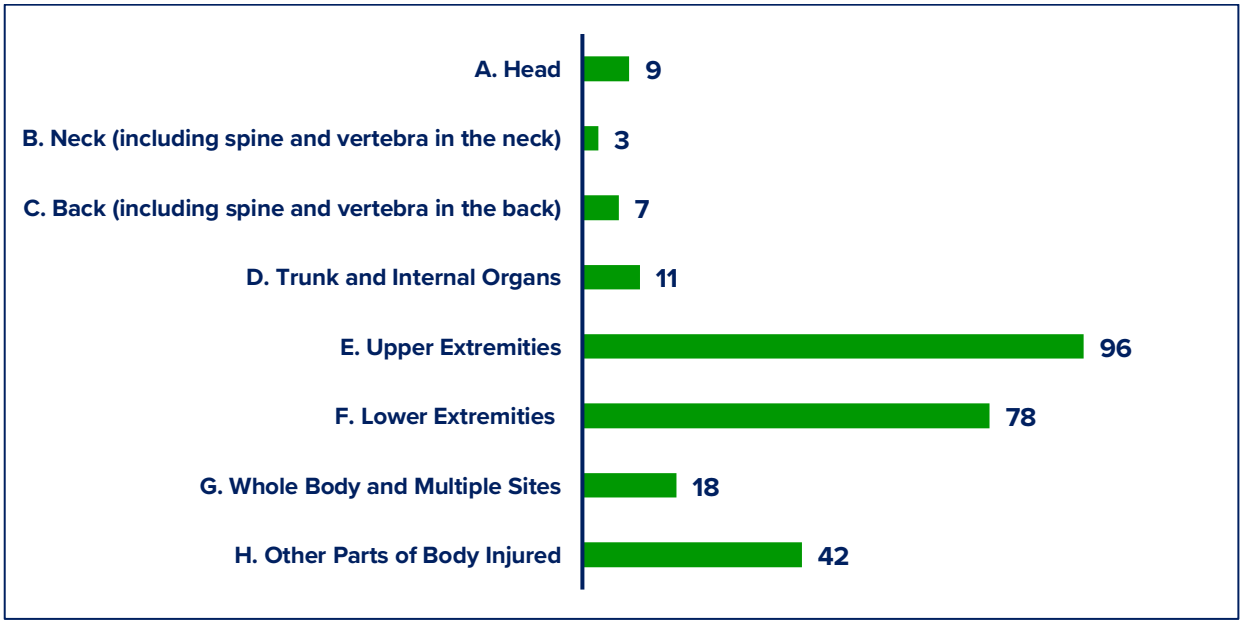


Figure 10. Breakdown of part of body injured among the IINs reported in 2024.

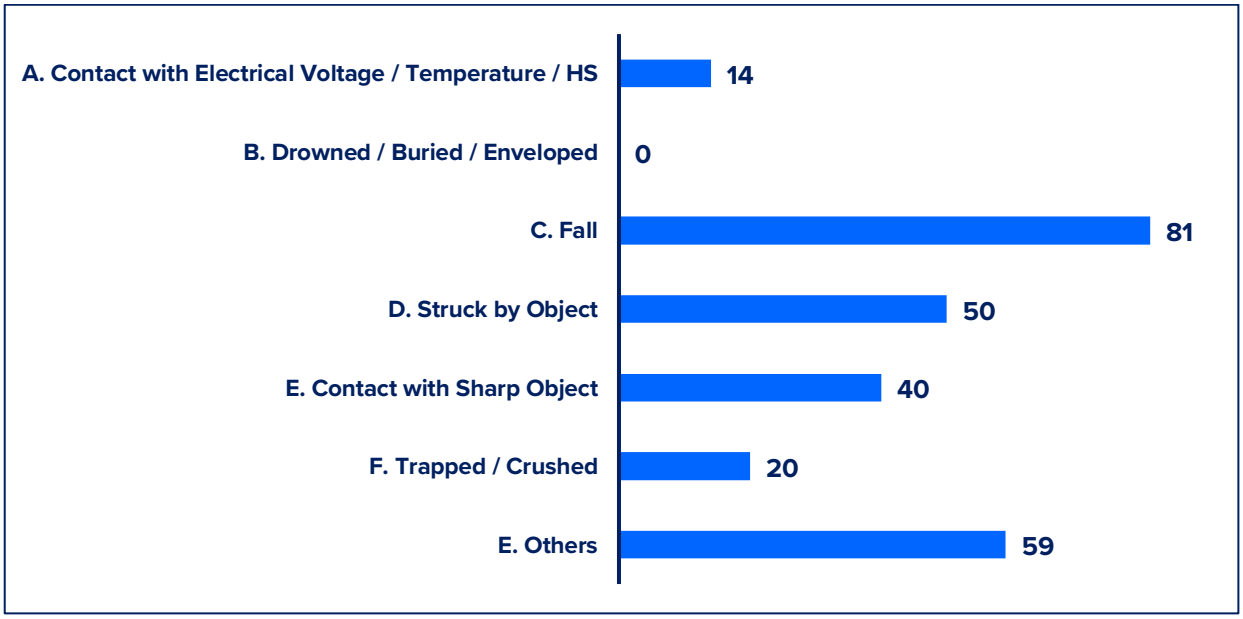


Figure 11. Breakdown of mode of injury among the IINs reported in 2024.

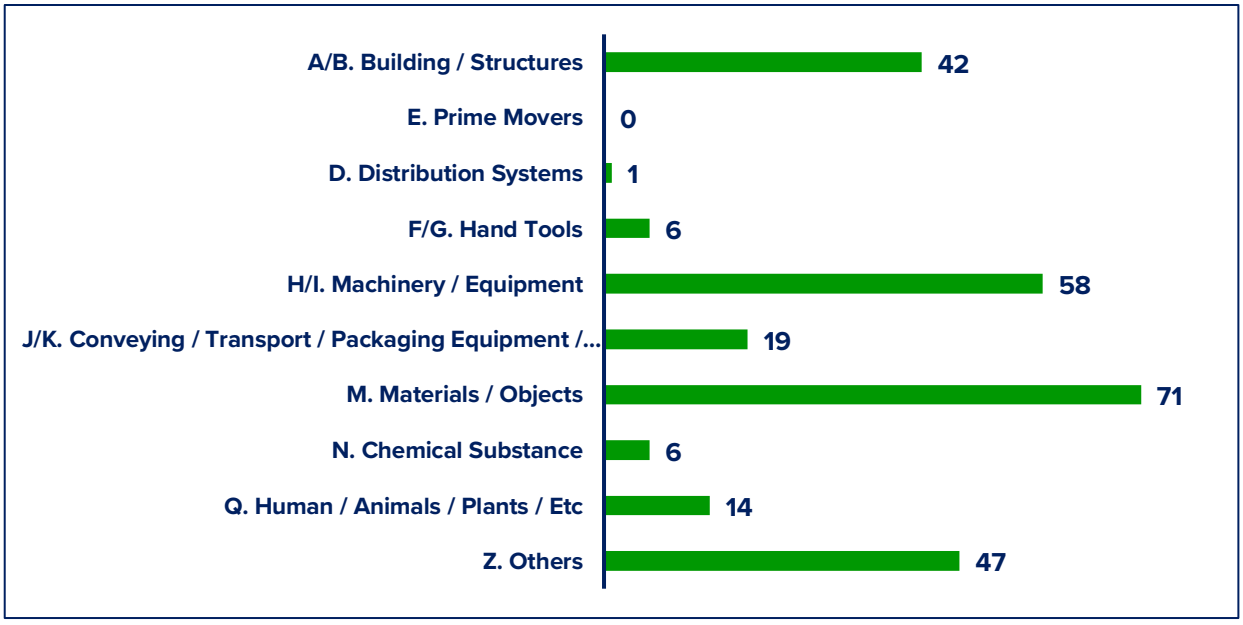


Figure 12. Breakdown of agent of injury reported via IIN in 2024.

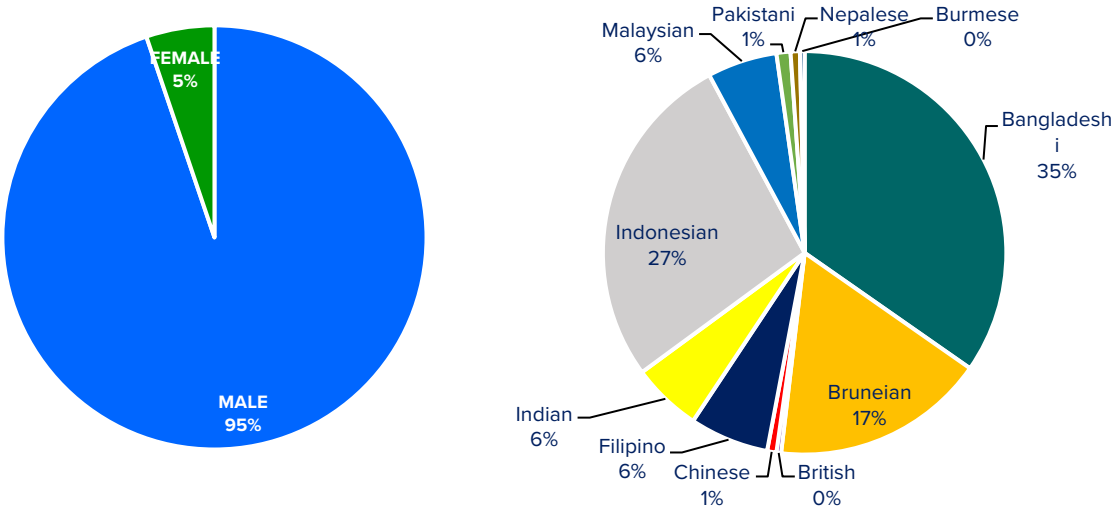


Figure 13. Gender and nationalities of injured persons reported via IIN in 2024.

7. WORKPLACE ACCIDENTS

Workplace accidents are a cumulative figure comprising workplace fatalities, reportable injuries (resulting in more than three (3) days medical leave issued or hospitalisation exceeding twenty-four (24) hours) and non-reportable injuries (less than three (3) days medical leave issued or hospitalisation less than twenty-four (24) hours) recorded through SHENA's IIN mechanism, along with workplace cases recorded under the MOH BruHIMS database.

In 2024, a total of three hundred and thirteen (313) workplace accidents was recorded via the shared database between SHENA and Occupational Health Division (OHD), Ministry of Health, representing a 9% decrease from previous year (345 accidents). Out of these, two hundred and thirty-two (232) of the accidents were reported through IINs (74%), while eighty-one (81) were reports coming from government hospitals and clinics (26%). The breakdown of accidents by industry type, based on the Brunei Darussalam Standard Industrial Classification (BDSIC) 2011 definitions, is shown in **Figure 14.** Since the shared database between SHENA and OHD, MOH was introduced in 2023, data standardisation and coverage have improved.

The top three (3) industries affected were Construction (155, 50%), Manufacturing (27, 9%) as well as Wholesale and Retail Trade, Repair of Motor Vehicle and Motorcycles (26, 8%). This distribution shows a slight deviation from the top three (3) industries under IINs reported in Section 6, although the construction industry remains the most prevalent and sector of concern.

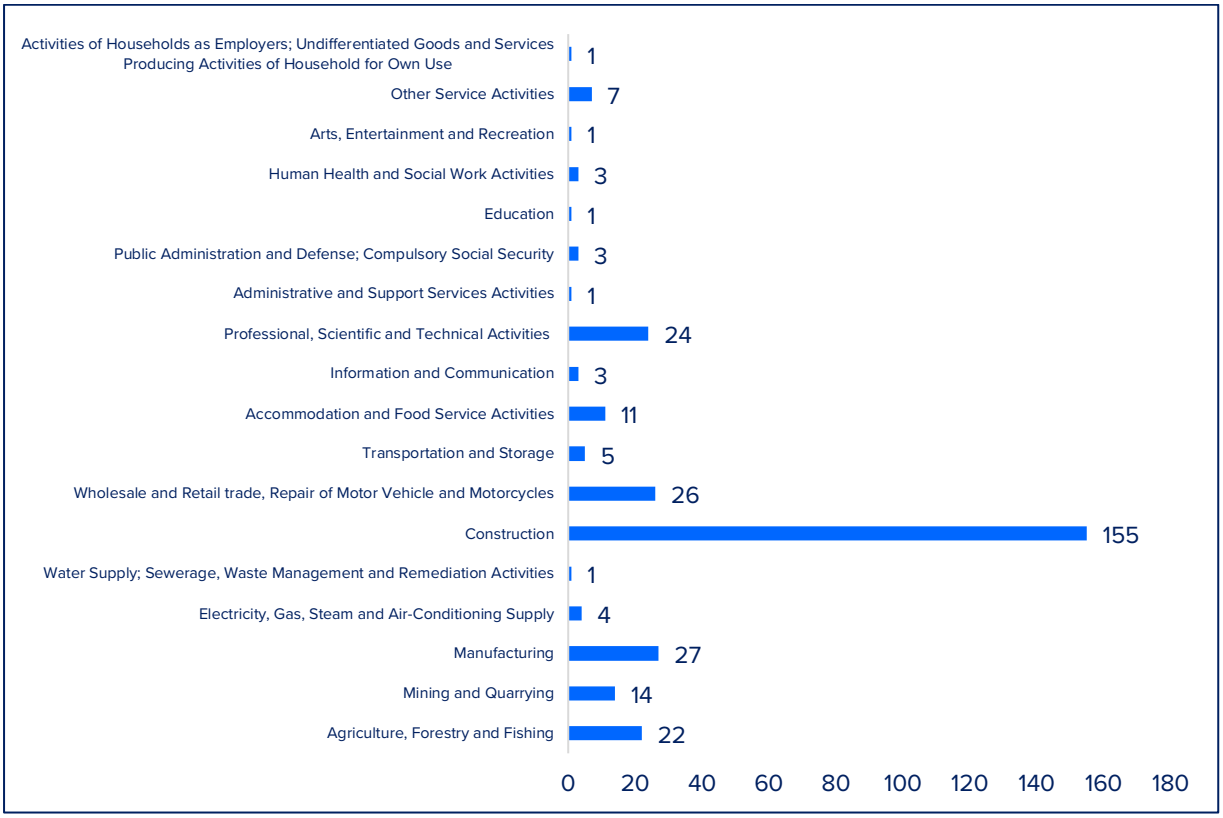


Figure 14. Breakdown of industry types against workplace accident recorded in the shared Workplace Accident and Occupational Disease Database 2024.

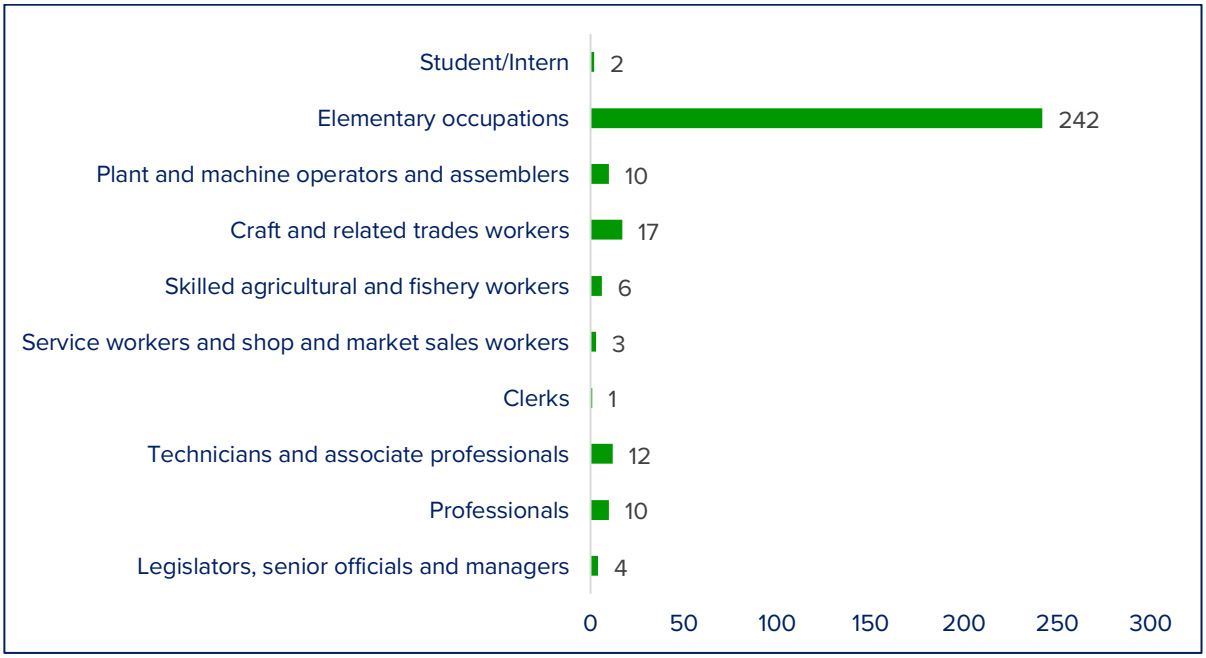


Figure 15. Classification of Occupation of Injured Persons in the shared Workplace Accident and Occupational Disease Database 2024.

Further analysis shows that 77% of the injured persons in 2024 were in elementary positions such as general labourers (**Figure 15**). As shown in **Figure 16**, most of the accidents were superficial injuries and open wounds (146, 47%) such as minor cuts and lacerations and the main part of the body injured was upper extremities (129, 41%) such as fingers and hands. These findings are aligned with those of previous year 2023.

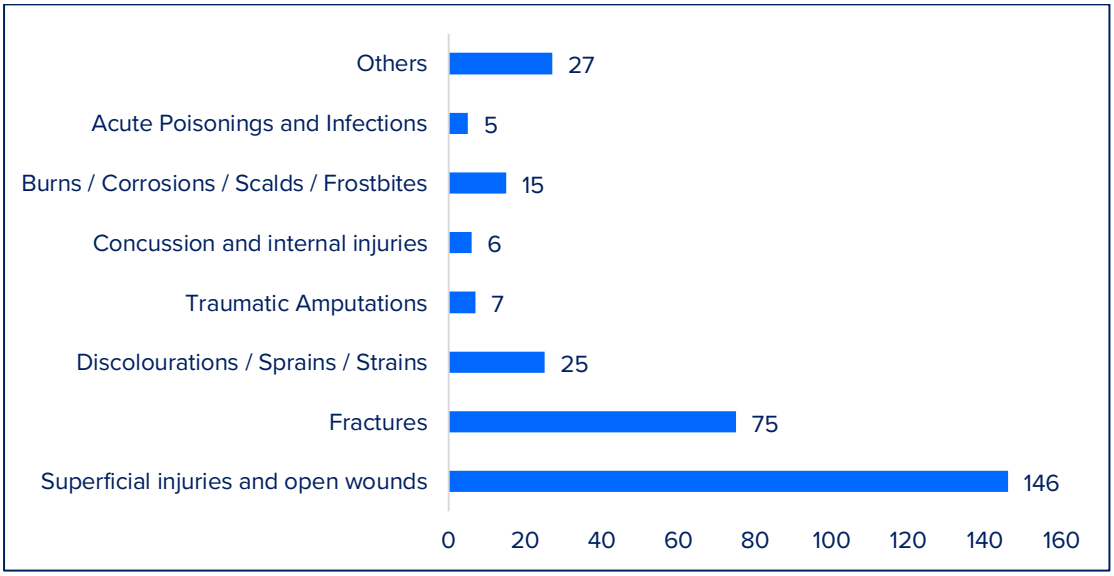


Figure 16. Type of Injury recorded in the shared Workplace Accident and Occupational Disease Database 2024.

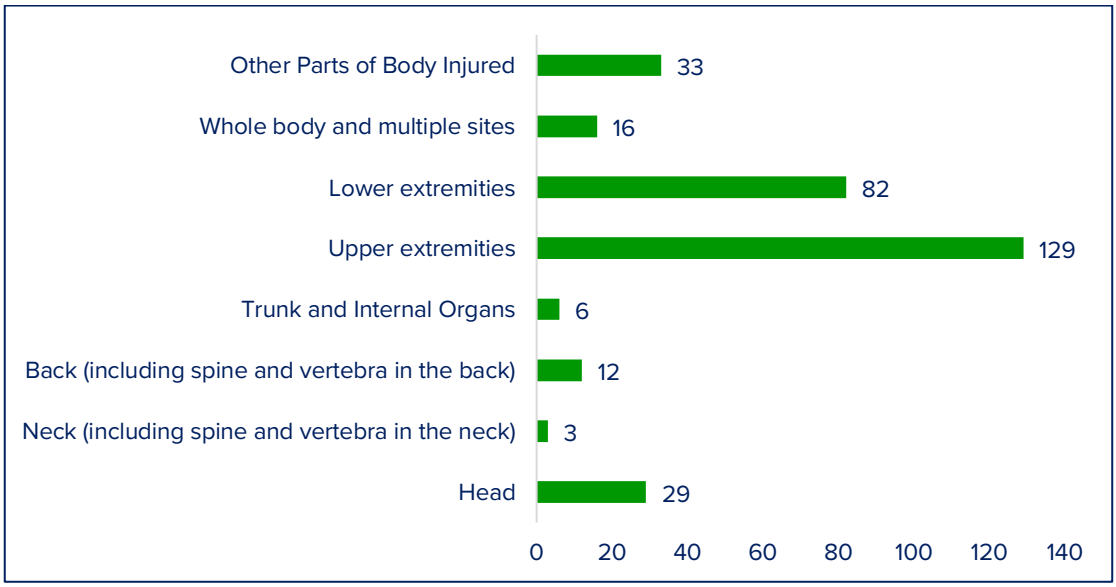


Figure 17. Part of body injured recorded in the shared Workplace Accident and Occupational Disease Database 2024.

The top modes of injury were falls (97, 31%), closely followed by struck by object (70, 22%) and contact with sharp object (57, 18%) as shown in **Figure 18**. **Figure 19** demonstrates the top agents of injury to be materials and objects (77, 25%), building and structures (75, 24%) and machinery and equipment (67, 21%).

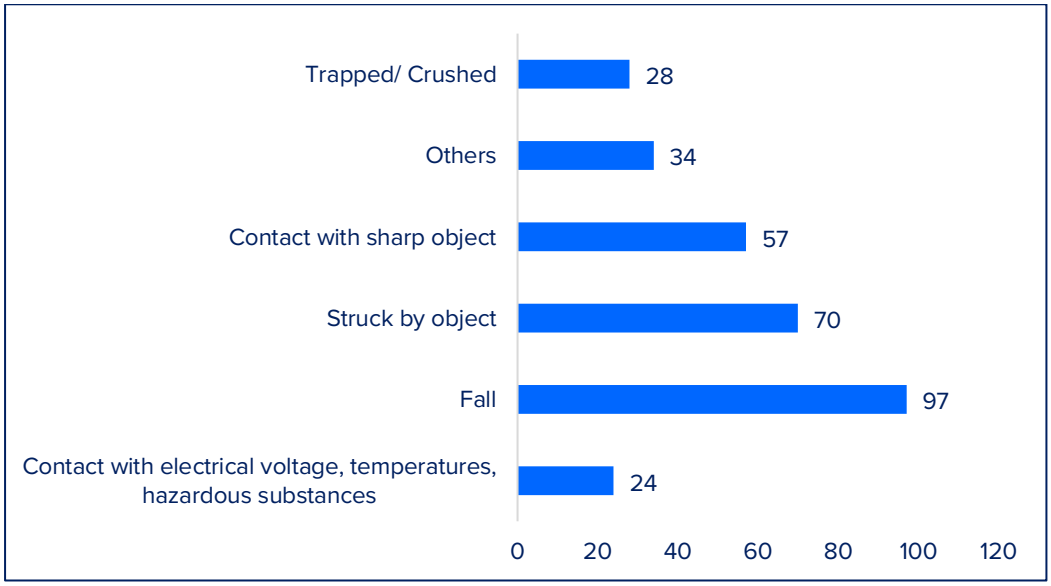


Figure 18. Mode of injury recorded in the shared Workplace Accident and Occupational Disease Database 2024.

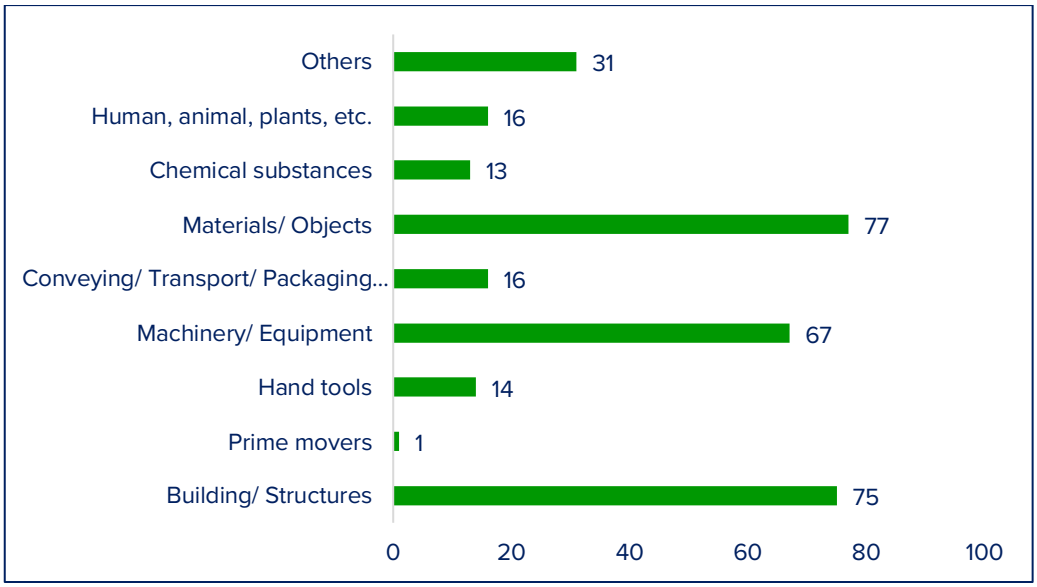


Figure 19. Agent of injury recorded in the shared Workplace Accident and Occupational Disease Database 2024.

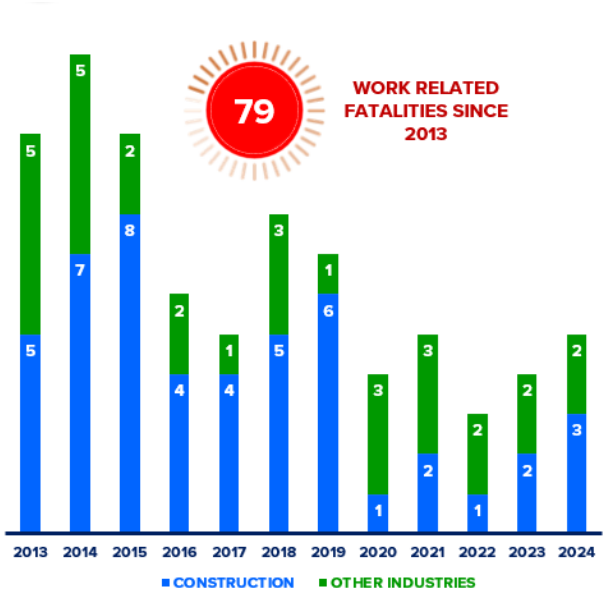
8. WORK-RELATED FATALITIES

Throughout 2024, a total of five (5) workplace fatalities were reported, with brief summaries provided in **Table 2**.

INDUSTRY TYPE	SUMMARY DETAILS	FATALITY TYPE
WHOLESALE & RETAIL TRADE	A delivery worker fell from the first floor when the lift chain of a cargo lift broke off while unloading goods at a supermarket in Brunei-Muara District.	**Fall from Height**
CONSTRUCTION	While cleaning a ceiling fan in the kitchen, a construction worker used a homemade wooden ladder and accidentally fell through an open kitchen window.	**Fall from Height**
CONSTRUCTION	A construction worker performing roof cleaning work fell approximately 19 feet to the ground after the rope of his harness broke.	**Fall from Height**
CONSTRUCTION	During roof installation works conducted without safety controls, a construction worker fell from a height of about 6 metres.	**Fall from Height**
AGRICULTURE, FORESTRY AND FISHERY	During the installation of new water pumps, a worker was submerged neck-deep and was presumably electrocuted. A nearby witness felt a minor shock, and another colleague fainted. A post-mortem report indicated the cause of death as "Presumed Electrocution," with no other factors noted.	**Presumed Electrocution**

Table 2. Summary description of fatalities recorded in 2024.

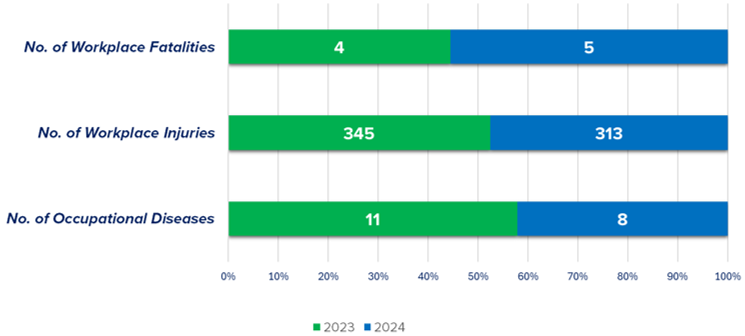
The overview of work-related fatalities from the years 2013 to 2024 with fatality rates, are shown as **Figure 20** and **Figure 21** respectively. These data indicate that the Construction sector continues to be the dominant contributor to workplace fatalities in Brunei over the past decade. A total of 79 work-related fatalities were reported between 2013 and 2024, of which **61% occurred in the Construction industry**, with the majority involving **unskilled and non-local workers**. This trend suggests that communication gaps, including language and literacy limitations, may contribute to increased risk. Misunderstandings of safety protocols or technical instructions could lead to incidents, injuries or fatalities at the workplace as well as lack of trainings.



YEAR	CAUSE OF FATALITY
2024	Fall from height: 1) While unloading goods from failed cargo lift 2) Fell from a ladder through open window & to ground floor 3) Fell from roof approximately 19 feet to the ground during roof cleaning activity 4) Fell from height of 19.5 feet during roof installation activity Presumed electrocution incident
2023	Fall from height, tree felling, hit by vehicle
2022	Crushed by vehicle, tree felling, electrocution / fall from height
2021	Fall from height, hit by falling object, hit by vehicle
2020	Grass cutting, hit by object, left failure, electrocution
2019	Fall from height, struck by object, crushed by object, electrocution
2018	Fall from height, struck by objects, boat collision, electrocution
2017	Fall from height, struck by falling objects, drowning, fire
2016	Fall from height, hit / crushed by machine, electrocution, drowning
2015	Fall from height, hit by objects, landslide
2014	Fall from height, inhalation of smoke, fire
2013	Fall from height, hit/crushed by machine or objects, electrocution

Figure 20. Work-related fatalities recorded from 2013 – 2024.

For 2024, Brunei Darussalam recorded a workplace fatality rate of 2.25 fatalities per 100,000 workers (national employment data of 222,300 workers based on Labour Force Survey Report 2024). This represents a slight increase compared to 2023 (4 fatalities, 1.85 fatalities per 100, 000 workers) and 2022 (3 fatalities, 1.43 fatalities per 100, 000 workers). Nevertheless, the rate remains below the threshold for the respective yearly target in line with the national goal of zero workplace fatalities by 2035 (Refer to **Figure 22**).



	2023	2024
No. of Workplace Fatalities	4	5
Rate of Workplace Fatalities	1.9	↑ 2.3
No. of Workplace Injuries	345	313
Rate of Workplace Injuries	159.7	↓ 140.8
No. of Occupational Diseases	11	8
Rate of Occupational Diseases	5.1	↓ 3.6

Figure 21. The comparison between 2023 and 2024 in term of Rate of Workplace Fatalities, Workplace Injuries & Occupational Injuries

In comparison, Singapore recorded a workplace fatality rate of 1.2 fatalities per 100, 000 workers in 2024. Singapore is often referenced regionally due to its relatively low work-related fatality rates. The fatalities in Brunei Darussalam in 2024 occurred from different industries, however four (4) of the five (5) fatality cases were due to fall from height, which further justifies "Work-at-Height" as one of the national HSE themes under SHENA.

Note: National HSE Themes refer to SHENA's priority focus areas that address the most common and high-risk workplace safety and health issues in the country.

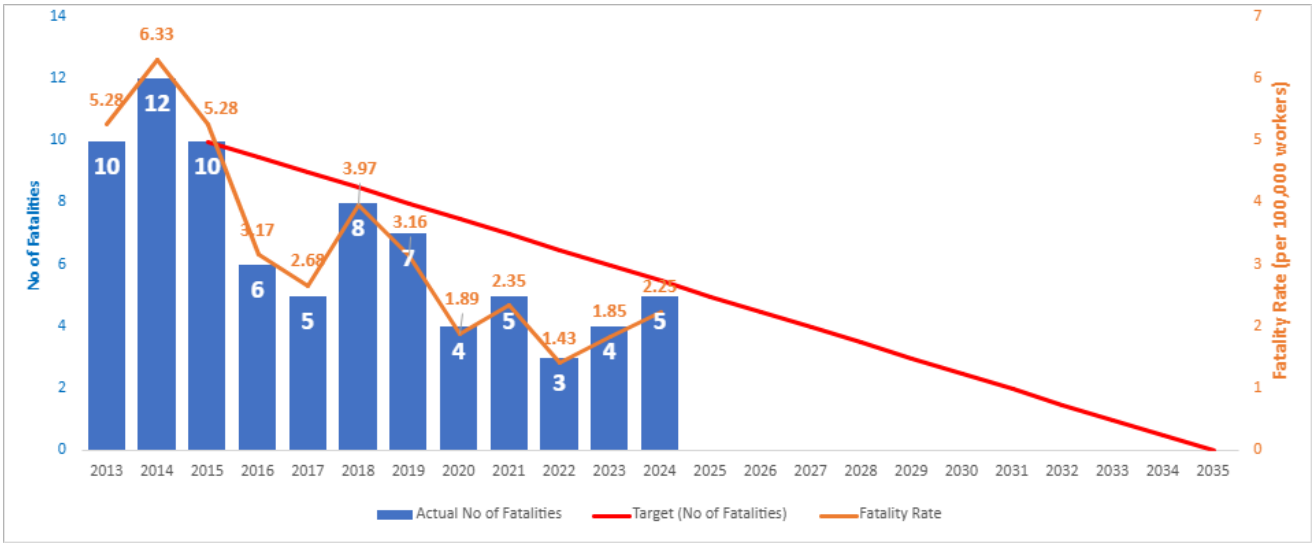
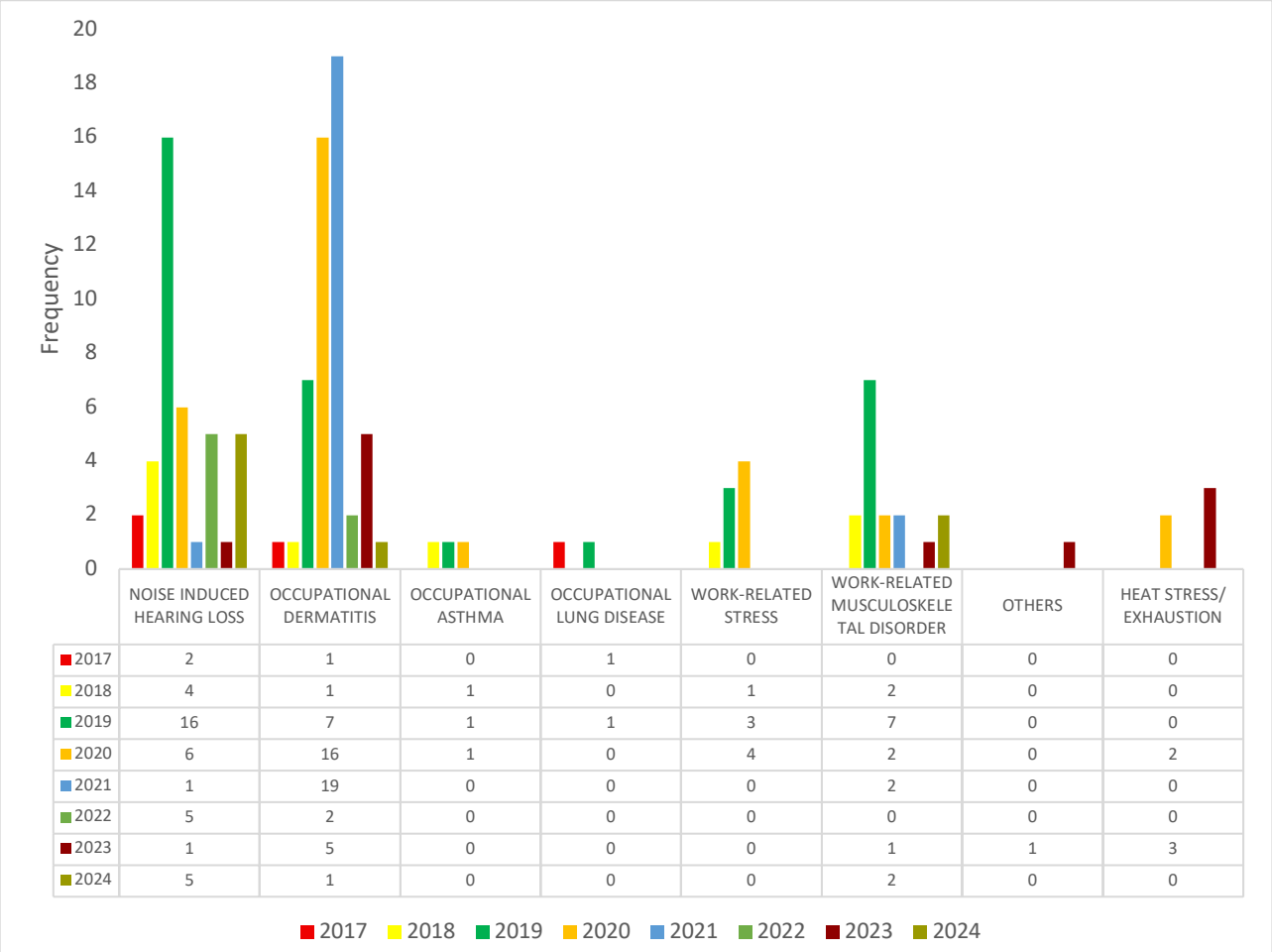


Figure 22. Workplace Fatality Rates against Target of Zero Fatality Recorded by 2035.

9. OCCUPATIONAL DISEASES

A total of eight (8) Occupational Disease (OD) cases were recorded in 2024 under the shared Workplace Accident and Occupational Disease Database between SHENA and OHD MOH. Noise Induced Hearing Loss (NIHL) was the most common diagnosis (5 cases; 63%), followed by Work-Related Musculoskeletal Disorder (2 cases; 25%) and Occupational Dermatitis (1 case; 13%), as shown in **Figure 23** below.



	NOISE INDUCED HEARING LOSS	OCCUPATIONAL DERMATITIS	OCCUPATIONAL ASTHMA	OCCUPATIONAL LUNG DISEASE	WORK-RELATED STRESS	WORK-RELATED MUSCULOSKELETAL DISORDER	OTHERS	HEAT STRESS/ EXHAUSTION
2017	2	1	0	1	0	0	0	0
2018	4	1	1	0	1	2	0	0
2019	16	7	1	1	3	7	0	0
2020	6	16	1	0	4	2	0	2
2021	1	19	0	0	0	2	0	0
2022	5	2	0	0	0	0	0	0
2023	1	5	0	0	0	1	1	3
2024	5	1	0	0	0	2	0	0

Figure 23. Trend of Occupational and Work-Related Diseases recorded under the shared Workplace Accident and Occupational Disease Database between 2017 - 2024.

Most of the affected workers in 2024 were from the Construction sector (4 cases; 50%), followed by Electricity, Gas, Steam and Air-Conditioning Supply (2 cases; 25%) and Professional, Technical, Administrative and Support Services (2 cases; 25%), as shown in **Table 3.**

INDUSTRY SECTOR	NOISE INDUCED HEARING LOSS	OCCUPATIONAL DERMATITIS	WORK-RELATED MUSCULOSKELETAL DISORDER	TOTAL (2024)
Construction	**3**	**1**	**0**	**4**
Electricity, Gas, Steam & Air-Conditioning Supply	**2**	**0**	**0**	**2**
Professional, Technical, Administrative and Support Services	**0**	**0**	**2**	**2**
TOTAL	**5**	**1**	**2**	**8**

Table 3: Breakdown of Occupational Diseases Reported by Industry and Diagnosis Type (2024).

These findings indicate that noise exposure in the construction remains a key risk factor, while musculoskeletal load and repetitive work remain relevant concerns in higher-skilled technical sectors. This aligns with global trends where NIHL continues to be one of the most commonly reported ODs.

10. CONCLUSION

Risk Management and Emergency Response and Preparedness continue to be among the main concerning elements from SHENA's regulatory inspections and monitoring visits, consistent with previous years. Gaps in Incident Reporting also became more noticeable through SHENA's OD Inspection Campaign for Private Health Clinics, and increased monitoring on occupational health provisions. This campaign aimed to strengthen awareness among Registered Medical Practitioners and address ongoing OD under-reporting; in 2024 only eight (8) ODs were reported (mostly NIHL in the construction sector), although under-reporting remains likely.

Non-compliances to cranes/lifting operations and work-at-height were still evident during monitoring visit, aligning with accident data and IINs where falls from height remain one of the top causes of serious injuries, including four (4) work-related fatalities IIN 2024. The construction sector continues to be the main industry of concern, with most workplace accidents involving male foreign workers in elementary occupations and these continue to be the most vulnerable group for work-related harm at the national level. Superficial injuries to upper extremities and materials/objects as agents of injury remained most common.

Following the socialisation of compound fines for non-appointment of WSH Officers and WSH Co-Ordinators, 2024 saw an 84% increase in approved WSH Officers and a 51% increase in approved

WSH Co-Ordinators for both new applications and renewals of current WSH Officer/ Co-Ordinators. However, only 47% of WSH Co-Ordinator applications were approved, indicating continued challenges in appointing competent staff within the construction sector. Numbers are expected to rise further with the second phase of compound fine implementation for appointment of WSH Co-Ordinators commencing 1 October 2025 for Class I–III ABCi construction contractors.

278 IINs were reported to SHENA, and 313 workplace accidents were recorded in the SHENA and OHD MOH databases. This represents a 7% and 9% decrease respectively compared to 2023. This may indicate a reduction in workplace accidents, although continued monitoring in the coming years is needed to confirm this trend.

Priority focus areas for 2025 will include strengthening the implementation of risk assessments through the Code of Practice on WSH Risk Management via active industry engagement; improving industry reporting culture through focused awareness for employers and Registered Medical Practitioners, particularly on OD reporting requirements under the WSH (Incident Reporting) Regulations. In this recognition of this challenge, SHENA has recently introduced the administrative registration of Designated Workplace Doctors (DWDs), in collaboration with the OHD, MOH to build a pool of registered medical practitioners trained in occupational health. Other priorities will focus on supporting the construction sector through guidance materials and targeted enforcement on non-compliances related to work-at-height and crane and lifting operations, strengthening competency development and appointment requirements for WSH Officers and WSH Co-Ordinators to improve capability at high-risk workplaces, and monitoring trends across multiple reporting cycles to determine whether the reductions in IINs and workplace accidents observed in 2024 are sustained and translate into long-term improvement.

These focus areas are intended to align with the ongoing National OSH Master Plan, following Brunei Darussalam's ratification of ILO **C187**, and to support preparations to close remaining gaps prior to the ratification of ILO Convention 155 (Occupational Safety and Health Convention).

+673 238 2000
www.shena.gov.bn
@shena.gov.bn
t.me/SHENAbn