THE NATIONAL OCCUPATIONAL SAFETY AND HEALTH PROFILE OF THE SULTANATE OF OMAN

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in collaboration with the

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<tbody>
<tr>
<td>CIS</td>
<td>International Occupational Safety and Health Information Center</td>
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<td>COSH</td>
<td>Committee on Occupational Safety and Health</td>
</tr>
<tr>
<td>DEOH</td>
<td>Department of Environmental and Occupational Health</td>
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<tr>
<td>DGLW</td>
<td>Directorate General of Labour Welfare</td>
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<tr>
<td>DGSS</td>
<td>Directorate General of Social Statistics</td>
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<tr>
<td>DOLI</td>
<td>Department of Labour Inspection</td>
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<tr>
<td>DOSH</td>
<td>Department of Occupational Safety and Health</td>
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<tr>
<td>DWCP</td>
<td>Decent Work Country Programme</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<tr>
<td>FSEC</td>
<td>Fire and Safety Engineering College</td>
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<tr>
<td>GCC</td>
<td>Gulf Cooperation Council</td>
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<td>GSO</td>
<td>Government of the Sultanate of Oman</td>
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<tr>
<td>HFA</td>
<td>Health For All</td>
</tr>
<tr>
<td>HSE</td>
<td>Health, Safety and the Environment</td>
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<tr>
<td>HSE - MS</td>
<td>Health, Safety and the Environment Management System</td>
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<tr>
<td>ICEM</td>
<td>International College of Engineering &amp; Management</td>
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<tr>
<td>ICSC's</td>
<td>International Chemical Safety Cards</td>
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<td>ILC</td>
<td>International Labour Conference</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IPCS</td>
<td>International Programme on Chemical Safety</td>
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<td>ISSA</td>
<td>International Social Security Association</td>
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<td>LMIS</td>
<td>Labour Market Information System</td>
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<td>LNG</td>
<td>Liquefied Nitrogen Gas</td>
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<td>LTI</td>
<td>Lost Time Injury</td>
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<tr>
<td>MOA</td>
<td>Ministry of Agriculture</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>Ministry of Health</td>
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<td>MOHE</td>
<td>Ministry of Higher Education</td>
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<td>MOM</td>
<td>Ministry of Manpower</td>
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<td>MON</td>
<td>Ministry of National Economy</td>
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<td>MOR</td>
<td>Ministry of Regional Municipalities and Water Resources</td>
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<td>MOTC</td>
<td>Ministry of Transport and Communications</td>
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<td>MOTI</td>
<td>Ministry of Trade and Industry</td>
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<td>MSDS</td>
<td>Material Safety Data Sheets</td>
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<td>OCCI</td>
<td>Oman Chamber of Commerce and Industry</td>
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<td>OI</td>
<td>Occupational Injury</td>
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<tr>
<td>OMANT</td>
<td>Oman Telecommunications Company</td>
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<td>OSH</td>
<td>Occupational Safety and Health</td>
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<td>OSHMS</td>
<td>Occupational Safety and Health Management System</td>
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<td>PASI</td>
<td>Public Authority for Social Insurance</td>
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<td>PDO</td>
<td>Petroleum Development Oman</td>
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<td>RIE</td>
<td>Rusayl Industrial Estate</td>
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<td>ROP</td>
<td>Royal Oman Police</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<td>RTA</td>
<td>Road Traffic Accidents</td>
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<td>SIPC</td>
<td>Sohar Insutrial Port Company</td>
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<tr>
<td>SME's</td>
<td>Small and Medium Enterprises</td>
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<tr>
<td>TRC</td>
<td>Total Reportable Cases</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNEP</td>
<td>United Nations Environment Programme</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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This Profile is prepared within the framework of the ILO Decent Work Country Programme (DWCP) for Oman (2009-2011). It was initiated by a mission to the Sultanate in August 2009, which conducted extensive research, field visits, and collected data from the Ministry of Manpower and other related governmental agencies, the most representative organizations of Employers and Workers, as well as selected industrial sectors and OSH stakeholders. Following a synopsis of the general country information covering regions, demography, nationalization (Omanization) of the labour force, literacy, health indicators and economic data for the purpose of setting the scene, the Profile goes into more depth regarding the guiding principles in preparing national profiles on OSH. It describes in particular the legislative framework, enforcement and implementation mechanisms and infrastructure, workforce distribution, basic health indicators, human and financial resources devoted to OSH, as well as OSH initiatives and the level of labour protection at enterprises. Guided by the ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and its accompanying Recommendation, 2006 (No. 197) and other ILO instruments, the Profile covers a situation analysis, identifies gaps in existing legal, institutional, and administrative and technical infrastructures relating to the sound management of OSH.

The Profile concludes with a list of priorities for action based on observations, discussions and suggestions by concerned stakeholders. In implementing such actions, a time-bound workplan is drawn in reference to the 8th 5-year Development Plan (2011-2016), with activities starting as early as June 2010.

Based on the political will that was demonstrated by MOM and other stakeholders, and given the presence of the rich raw ingredients needed for the implementation of a sound OSH policy including the innovative advanced training which is available in OSH at the tertiary and secondary education levels, the Profile suggests as a goal self-regulation in OSH in establishments of 50 workers or more by 2016.
1. **INTRODUCTION**

It is imperative to introduce this Profile by a review of the magnitude and impact of occupational accidents, disease and fatalities on the health of the workers, their families, the environment and the economy. This will highlight the intrinsic value of the National Profile for implementing, reviewing and updating a sound occupational safety and health management system.

According to ILO, 2.3 million people die from occupational accidents or work-related diseases on this planet every year.\(^1\) This translates into 6301 deaths/day or the equivalent of 262 deaths/hour. By ILO’s conservative estimates, the world suffers at present from 270 million occupational accidents and 160 million cases of occupational diseases. These figures contribute to pain and suffering, loss of function, diminished quality of life and premature death. Since human life is priceless, the cost of occupational safety and health accidents and diseases cannot be determined with certainty. However, studies on the burden of occupational injuries and diseases indicate that:

- 4% of the world’s Gross Domestic Product (GDP) is lost as the cost of those occupational injuries and diseases;
- Thousands of people are forced to give up work;
- Employers face costly early retirement and the loss of skilled labour.

The gravity of this statistic is further compounded by the fact that occupationally related deaths and injuries take a heavier toll in developing countries where a large segment of the workers population is engaged in more hazardous occupations such as the oil and gas industry, agriculture and fisheries, mining, construction, manufacturing and the informal sector which does not enjoy the full social protection coverage. The toll is even heavier on vulnerable groups such as women and children.

1.1 **Objectives of the study**

The National Profile on Occupational Safety and Health for the Sultanate of Oman has been commissioned with the objective of assessing the OSH situation in Oman in terms of available data and intervention at the national level. Within the framework of the ILO Decent Work Country Programme (DWCP) for Oman (2009-2011), this profile is part of the technical assistance provided to the country under ILO strategic objective 3 on Social Protection.

\(^1\) XVIII World Congress on Safety and Health at Work, June 2008, Seoul, Korea—Introductory report: Beyond deaths and injuries, the ILO’s role in promoting safe and health jobs, by Sameera Al-Tuwajri ….(et al); ILO, Geneva, 2008.
1.2 Methods used

Based on previous ILO experience and work in OSH in Oman which dates back to 2002, the consultant carried out an ILO mission to the country in August 2009 during which he conducted extensive research and collected data from the Ministry of Manpower (MOM) and other Ministries and governmental agencies, the most representative organizations of Employers and Workers, namely the Oman Chamber of Commerce and Industry (OCCI) and the General Federation of Oman Trade Unions (GFOTU), as well as selected industrial sectors and OSH stakeholders. In the process, a self-administered questionnaire was used to address questions on enforcement of OSH legislation, ratification of the ILO OSH Conventions and the difficulties encountered, inspection systems, workmen compensation, statistics on occupational accidents and diseases, national system of notification and recording, occupational health services, national OSH policy and advisory bodies, OSH management systems, national OSH indicators, information centres, OSH professionals, OSH programmes and promotional activities and the use of chemicals. The work was guided by the ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No.187) and its accompanying Recommendation, 2006 (No. 197); The Occupational Safety and Health Convention 1981 (No. 155) and the Occupational Health Services Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (No.155). Guidance was also sought from other ILO instruments including the Global Strategy on OSH adopted by the International Labour Conference (ILC) in 2003, and the guidelines on OSH Management Systems (2001).

1.3 Profile updates

Whilst the Profile serves as a basis for diagnosing the OSH state of the art at the national level, it sets the stage for a coordinated action needed to achieve a sound OSH management system. However as time goes on, OSH parameters change either due to intervention, or to emerging trends in the nature of occupational accidents and diseases, or to the introduction of new technologies which exhibit new hazards. For all of these reasons, the profile should be updated periodically at intervals that do not exceed five years in order to remain relevant. In addition to this obvious merit, the task of updating the profile will inspire and promote team work, resulting in a harmonized approach to OSH at the national level. As a mental exercise, this task is thought-provoking and will offer a valuable learning experience to all stakeholders.

1.4 Target setting

The conclusions and recommendations of this Profile will address an array of issues along with the action needed to achieve outputs leading to the fulfillment of the stated objective. For the action to be efficient and effective, its progress needs to be measured and evaluated according to a work plan. It is therefore suggested to regard the Profile activities as time-bound and structured
along the time frame of the 8th 5-year plan (2011-2016) of Oman. However, activities may be initiated in 2010 in preparation for a tripartite concerted action during the following five years. Under the circumstances, and recognizing the government political will and the existing capabilities of some of the stakeholders, the achievement of self-regulation of OSH by establishments which employ 50 or more workers by the year 2016 is set as a target.
2. GENERAL COUNTRY INFORMATION

The Sultanate of Oman is a monarchy which occupies the South-Eastern part of the Arabian Peninsula. It is bordered by the Republic of Yemen in the West South, the Kingdom of Saudia Arabia in the West, the United Arab Emirates in the North, the Arabian sea in the South, and by the Gulf of Oman in the East. With a total area of 309,500 km\(^2\) and a coastal line stretching to 3,165 kms, the Sultanate is the third largest country in the Arabic Peninsula. Its topography consists of plains, valleys and mountainous regions. The most important area is that which overlooks the Gulf of Oman and the Arabian sea and makes 3% of the total area. The mountain ranges, the most prominent of which is Al-Hajr, extend in the form of an arch from Ras Musandam in the North to Ras Al-Had and Al-Qara’ in the South Western part of the country and makes 15% of the total area. The remaining 82% of the country’s area consists mainly of sand and desert including part of Ar Rub Al-Khali.

2.1 Administrative regions

The Sultanate is divided into nine main administrative regions, namely:

- Muscat Governorate (consisting of six Wilayats: Muscat, Mutrah, Bawshar, As Seeb, Al Amrat and Qurayyat);
- Al Batinah Region (consisting of twelve Wilayats: Sohar, Ar Rustaq, Shinas, Liwa, Saham, AL Khaburah, As Suwayq, Nakhal, Wadi Al Maawil, Al Awabi, Al Musanaah and Barka);
- Musandam Governorate (consisting of four Wilayats: Khasab, Bukha, Daba and Madha);
- Ad Dhabirah Region (consisting of three Wilayats: Ibri, Yankul and Dank);
- Ad Dakhliyah Region (consisting of eight Wilayats: Nizwa, Samail, Bahla, Adain, Al Hamra, Manah, Izki and Bid);
- Ash Sharqiah Region (consisting of eleven Wilayats: Sur, Ibra, Bidiyah, Al Qabil, Al Mudaybi, Dama Wa Taiyyin, Al Kamil Wa Al Wafi, Jaalan Bani Bu Ali, Jaalan Bani Bu Hasan, Wadi Bani Khalid and Masirah);
- Al Wusta Region (consisting of four Wilayats: Hayma, Mahwat, Ad Duqm and Al Jazir);
- Dhofar Governorate (consisting of ten Wilayats: Salalah, Thumrayt, Taqah, Mirbat, Sadah, Rakhyut, Dalkut, Muqshin, Shalim Wa Juzor Al Hallaniyat and Al Mazuna);
- Al Buraymi Governorate (consisting of three Wilayats: Al Buraymi, Mahdah and Al Slnainah).
2.2 Demography

2.2.1 Population

According to the 2007 mid-year estimates provided by the Directorate General of Social Statistics (DGSS)\(^1\), the total population of the Sultanate is 2,743,000 of which the Omani populations is 1,923,000 (70.1%), while the expatriate population is 820,000 (29.9%). The percentage distribution of the population by Governorate and Region is as follows: Muscat (28.6%), Al-Batinah (26.8%), Ash-Sharqiah (13.0%), Ad-Dakhliyah (10.9%), Dhofar Governorate (9.5%), Ad-Dhahriah (5.2%), Buraymi Governorate (3.6%), Musandam Governorate (1.2%) and Al-Wusta (1.0%).

2.2.2 Age structure

According to the age distribution, half of the Omani population is under the age of 20, and 40% are between the age group 20-44. The Omani and total population (Omani & Expatriate) distribution by age group and gender appear in Table 1. The growth rate of the population is 3.1%\(^2\).

2.2.3 Economically active population

The number of the Omanis who worked in the private sector and were registered with the Public Authority for Social Insurance (PASI) in 2006 was 131,775 of whom 17.5% were females. Those who were registered with PASI during the same year regardless of whether they were employed or not, referred to as the “accumulative number” was 227,036 of whom 18% were females. The age of distribution by gender of the former private sector group is shown in Table 2 which indicates that the total population of 131,775 the number of workers under the age 21 yrs was 11,300 (8.6%) of whom (11.0%) were females. Table 3 shows that the number of Omanis who were employed by the Civil Service in 2007 was 99,896 of whom 40.0% were females. However, in the under 20 yrs age group, out of a total of 3,693 Omanis employed, 2,048 (55.5%) were females. Table 3 also shows that the number of expatriates employed by the Civil Service during the same year was 14,728 of whom 47.1% were female workers.

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Based on the above data, it follows that the total economically active Omani population in both the private sector (131,775) and the Civil Service (99,896) was 231,671 of whom 27.2% were female workers. These figures are underestimated given the fact that a number of workers, especially women workers engage in the informal sector such as handicrafts and traditional industries, agriculture and fisheries. It becomes evident therefore that a proportion of the workforce population is not privileged to receive the social protection cover which the safety and health inspection, accident insurance and workmen’s compensation normally cover.

The 131,775 workforce population referred to above were employed by 10,577 establishments which were registered with PASI in 2007, as shown in Table 4, which also shows that 21,413 (16.2%) workers were employed by 9,222 establishments with 10 workers or less; 110,362 (83.8%) workers were employed by 1,355 with 11 workers or more.

Per sector of economic activity, Table 5 shows that in 2007, Omanis constituted 75% of the total workforce of 7,689 in oil companies; 85% of the total workforce of 603 in gas companies; 92% of the total workforce of 6,571 in commercial banks; 57% of the total workforce of 1,325 in insurance; and 46% of the total workforce of 7,072 in hotels.

2.3 Expatriate population

Oman has since the 1970s witnessed a comprehensive development in the political and socio-economic fields through its five-year development plans. Given the limited number of qualified Omanis, the country continued to rely on the expatriate labour force which constituted almost half of the total labour force according to the second population census in 2003. Women account for 24.7% of the total Omani labour force in both the public and private sector. Out of a total expatriate labour population of 638,447 engaged in the private sector in 2007\(^1\), the majority were engaged in construction (34.6%) while the rest were engaged in wholesale, retail trade and car repairs (16.2%), manufacturing (10.8%), agriculture and fisheries (9.1%), and other economic activities as shown in Table 6, which indicates also the size of the female expatriate population where the majority are engaged in domestic services.

\(^1\) Statistical Year Book, Issue 36, Ministry of National Economy, Sultanate of Oman, 20
2.4 Nationalization (Omanization) of the labour force

Within the overall framework of securing job opportunities, growth of production and maintenance of a balance between the supply and demand in the labour, human resource development has featured high on the priority list of the Government challenges. In 1988, Omanization of the labour force was therefore a natural outcome and response to those challenges, prompting the Ministry of Manpower to train, develop and build the capacities of Omanis within the context of tripartism and other stakeholders. This policy is clearly reflected in the current Seventh 5-year Development Plan which is referred to later on in this chapter. It is important to note however that the Government, cognizant of the human right dimension and the provisions of international labour standards, has adopted a labour law that does not discriminate between Omanis and expatriates. Recruitment of foreign labour is governed by the Ministerial Decree No. 59/1993. The Decree 35/2003 was also issued in order to address the proficiency required from expatriates as well as the issues relating to the legal entry and work permits of the expatriate population. In 2007, the percentage of Omanization achieved in the private sector according to occupational groups was highest in clerical occupations (91.1%), and lowest (1.1%) in agriculture, live-stock breeding and hunting occupations. Overall, a total of 135,477 national manpower (those who work on salary basis) was registered against 799,754 expatriates, resulting in an Omanization percentage of 14.5, as indicated in Table 7.

2.5 Literacy levels

Among 99,896 Omani workers employed by the Civil Service in 2007, 4,914 were illiterate of whom 3,962 (80.6%) were men and 952 (19.4%) were women. Among 14,728 expatriate workers in this sector, 113 were illiterate of whom 112 (99.1%) were men, as shown in Table 8. Of a total 638,447 expatriate workers with valid labour cards (Table 9), 229,935 (36.0%) had pre-primary education, of whom 24,112 (10.5%) were women. However the Sultanate provides elaborate programmes for both adult education and literacy classes. In 1907/08 the number of participants in adult education centres, including home studies, was 33,672 of whom 10,712 (31.8%) were women. The total number of students who completed the three-year literacy programme by 2007/08 was 11,460 of whom 11,095 (96.8%) were women.

2.6 Health indicators and vital statistics

According to the Ministry of Health, the following health indicators and vital statistics were recorded for the year 2007\(^1\):

\(^1\) Health Facts 2008. Ministry of Health, Directorate General of Planning, Department of Health Information & Statistics
(a) Health indicators

- No. of hospitals = 59
- No. of beds = 5,367
- Population / bed ratio = 511
- No. of physicians = 4,908
- Population / physician ratio = 559
- No. of nurses = 10,394
- No. of dentists = 524
- Population / dentist ratio = 5,236
- No. of pharmacists = 951

(b) Vital statistics

- Crude Birth Rate/1000 population = 25.0
- Total Fertility Rate = 3.1
- Crude Death Rate/1000 population = 3.1
- Infant Mortality Rate / 100 live birth = 10.1
- Under 5 Mortality Rate / 1000 live births = 13.0
- Life expectancy at birth = 72.0
  - Males = 70.4
  - Females = 73.6
- Maternal Mortality Rate / 100,000 live births = 22.9

2.7 Economic data

Oman is a middle income country the economy of which depends on crude oil and refining, liquefied natural gas, agriculture, fisheries and a number of manufacturing industries including cement, steel, aluminium, chemicals, optic fibre and copper mining.

This diversification started in the early 1980’s and was meant to boast and sustain the national economy. Oman’s GDP was estimated at $40.52 billion in 2007\(^1\). Its composition by sector was 2.2% in agriculture, 38.3% in industry and 59.5 in services.

2.7.1 Development Plans

The Seventh 5-year Development Plan (2006-2010) was designed to encourage economic growth, create employment and broaden the investment scope and accelerate gradual privatization of state-owned enterprises. This is clearly in pursuit of the country’s vision 2020 which attaches importance to:

\(^2\) UNDP Human Development Report, 2008
➢ human resource development;
➢ development of technical education and training systems that are linked to employment needs;
➢ upgrading the skills of Omanis;
➢ harmonization of the social security legislation;
➢ broadening and developing social protection systems; and
➢ enhancing the employment of Omanis including youth and women;

2.7.2 **Resources devoted to health**

Statistics on the expenditure by various Ministries by sector, including defense and social security, indicate that in 2007 a total of 242.8 million Riyals were recorded under the health sector, a sum which constitutes 8.9% of the grand total. Social security and welfare amounted to 263.5 million Riyals, or 9.6% of the grand total. However, detailed expenditures which are devoted to occupational safety and health preventive and protective measures and the enforcement of legislation do not exist.
3. NATIONAL REGULATORY FRAMEWORK

Whilst the enforcement of OSH is mandated to MOM under the Labour Law issued by Royal Decree No.35/2003 and its accompanying Regulation, there are a number of other related instruments and tools which contribute to the implementation of OSH at the national level. There include decisions, guidelines and activities carried out by other related Ministries, Employer’s and Workers’ organizations and the private sector as discussed under the following headings.

3.1 Laws and regulations

3.1.1 Labour Law

The Labour Law was issued by Royal Decree No. 35/2003, and its provisions supersede those of the Labour Law which was previously issued by Royal Decree No. 34/73, which means that OSH has been legislated in Oman since 1973. According to Article (2), the provisions of the law shall not apply to:

- Members of the armed forces and public security organizations and employees of the State administrative apparatus and other Government units;
- Members of the employees family who are dependent on him;
- Domestic workers including maids, drivers, cooks and those with similar jobs;

The Law entitles the Minister of Manpower to issue such regulations and decisions as may be necessary. It consists of ten parts which address the following areas:

- **PART ONE**: Definitions and General Provisions;
- **PART TWO**: Employment of Citizens and Regulation of Foreigners’ Work
- **PART THREE**: Contract of Work;
- **PART FOUR**: Wages, Leaves and Working Hours;
- **PART FIVE**: Employment of Juveniles and Women;
- **PART SIX**: Industrial Safety;
- **PART SEVEN**: Employment of Workers in Mines and Quarries;
- **PART EIGHT**: Labour Disputes;
- **PART NINE**: Representative Committees;
- **PART TEN**: Penalties

OSH is therefore addressed in Parts Six and Seven of the Labour Law.
3.1.2 Regulation of Occupational Safety and Health for Establishments Governed by the Labour Law

Based on the stipulation of the Labour Law which entitles the Minister of Manpower to issue regulations, occupational safety and health has been regulated under the Ministerial Decision No. 286/2008, namely the Regulation of Occupational Safety and Health for Establishments Governed by the Labour Law. This Regulation is regarded as the framework legislation in OSH at the level of the Sultanate. It supersedes the Occupational Health and Industrial Safety Precautions issued by Ministerial Decision No.19/1982, which address general provisions regarding safety at work and the protection of the health of the workers in private-sector establishments. The Precautions consist of two chapters and fourteen Articles which cover:

- General provisions;
- Dangers of machinery;
- Working conditions (lighting, ventilation, drinking water, eating places, toilet facilities, sleeping quarters, fire);
- Health hazards;
- Safety supervisors for establishments employing 100 or more workers;
- Accidents;
- Construction work;
- Hoisting and hauling machines;
- Mines and quarries.

The new Regulation applies to all establishments which are subject to the Labour Law. Its provisions are covered by 4 Chapters and 43 Articles.

Chapter 1 of the Regulation covers definitions of the terminology used in the text under Article 1.

Under chapter 2 (Articles 2-17), Article 3 entitles the inspector to:

- enter work sites without prior notice during the working hours;
- check the properties of the materials used and to take samples for analysis;
- require medical and laboratory investigations for the purpose of assessing the effects of exposure;
- conduct the necessary investigations and look at records for the purpose of ensuring compliance with the Regulation;
instruct the employer to take measures needed in alleviating the dangers associated with work and raise awareness regarding protection against such dangers.

The Regulation also authorizes the inspector to issue warnings and order partial or total stoppage of the activities in cases of eminent dangers, with the backing of the Royal Oman Police if necessary. Whilst they are required to maintain business secrets, the inspectors explain the employer’s responsibilities to inform workers of the hazards associated with work, provide the needed personal protection, display safety instructions in prominent place at the workplace, and to keep the results of periodic monitoring and exposure to hazards in a special registry. Workers are also reminded of their duties to follow safety instructions and to refrain from any action to obstruct implementation of safety measures, for the purpose of protecting themselves and their fellow workers from injuries. Under this Chapter, the responsibilities of employers who employ 10 or more workers are defined in details, so as to cover the establishment’s OSH policy including the organization and management of OSH, specific hazards, emergency plans, training, monitoring, testing of protective devices and materials, medical examinations, investigation of accidents and arrangements for handling workers’ complaints. The employer’s OSH policy and programme are subject to the approval of the concerned Department or Section at MOM.

Establishments with 50 or more workers are required to employ a qualified OSH supervisor as defined under Article 1. Those establishments are also required to provide DOSH with periodic reporting of statistics on serious accidents, work injuries and diseases on semi-annual basis. Notification of accidents, injuries and diseases should be submitted in writing within 24 hours of their occurrence, and notified to PASI for workers covered by insurance.

Article 15 of the Regulation specifies the actions of the employer needed for providing a safe and healthy workplace in 24 paragraphs detailing work site/buildings specifications including size and design, transfer of materials, hydraulic and manual lifting, fire-proofing, space area and height, storage, drainage, safe passage and transport, welfare facilities, platforms, ladders, staircases, ergonomics, hazards of falling objects and guard station. Provisions are also cited for lighting, ventilation, heat and cold, drinking water, sleeping quarters, eating facilities, changing of clothes and rest rooms, under Article 16.

Chapter 3 of the Regulation covers work uniforms and PPE, first aid, medical check up, analysis and arrangement in cases of diagnosing occupational diseases. The protection of women workers is also covered.
Chapter 4 (Articles 29-43) addresses in details the following topics:

- Protection of the disabled;
- Fire hazards;
- Mechanical and electrical hazards;
- Hazards of lift tools, heavy duty machinery, and workers’ transport buses;
- Boilers, vapour and air reservoirs;
- Chemical hazards;
- Radiation, occupational cancer and asbestos;
- Special precautionary measures (construction, drilling, demolition and civil engineering);
- Agriculture and animal breeding (tools and machinery; manual field work; use of insecticides and fertilizers);
- Sea ports.

Annexed to the Regulation are five tables and schedules on:

- Lighting levels;
- Limits of exposure to low temperatures;
- Limits of exposure to noise;
- Required check up and analysis according to the type of exposure to some occupational diseases;
- Limits of exposure to radiation.

In conclusion, the Regulation gives prominence to the initiative regarding the promotion of health-friendly workplaces through the attention given to mental and physical health, provision of welfare facilities, and prohibition of smoking. Prominence is also given to the protection of women workers against hazards, and to the introduction of pre-placement and periodic examination with due reference to the type of exposure. The Regulation does not include provisions on hazardous child labour nor on work from heights.

In general terms, the Regulation of OSH takes into consideration the provisions of ILO Conventions. It is up-to-date as it was issued in 2008 after consultation with the ILO.

### 3.1.3 Other Laws and Regulations related to OSH

In addition to the Labour Law issued by Royal Decree No. 35/2003 and the Regulation of Occupational Safety and Health for Establishments Governed by the Labour Law issued under Ministerial Decision No. 286/2008 which were discussed under sections 3.1.1 and 3.1.2 respectively, there are other Laws and Regulations which relate to OSH. These are issued by the Ministries of Health, Environment, and other agencies as listed under Annex 2.
3.1.4 Ratification of ILO Conventions

Ever since its membership with ILO in 1994, Oman has ratified four out of the eight core Conventions, namely the:

- Forced Labour Convention, 1930 (No. 29);
- Abolition of Forced Labour Convention, 1957 (No.105);
- Minimum Age Convention, 1973 (No.138);
- Worst Forms of Child Labour Convention, 1999 (No.182).

However, despite the Sultanate’s remarkable advance in the legislative and enforcement mechanisms in OSH, the country has so far not ratified any of the ILO OSH Conventions, especially those which are regarded umbrella Conventions, namely the:

- Occupational Safety and Health Convention, 1981, (No. 155);
- Occupational Health Services Convention, 1985 (No. 161);

Whilst the Government has no immediate plans to ratify the above Conventions, MOM cites no obstacles which hinder such ratification.

3.2 OSH standards and management systems

Whilst the elements of OSH management are available at the national level, OSH management systems are still in their developmental form and are restricted to a few large enterprises. With the birth of the General Federation of Oman Trade Unions (GFOTU), tripartism has been resuscitated by the presence of trade unions at the enterprise level, where workers rights and duties occupy separate sections in OSH policies which specify arrangements including cooperation with management. Other systems cover OSH policies including organization, planning, evaluation and actions for improvements as shown under sections 6.2.1 and 6.2.2 of the Report.

In implementing OSH/MS, high OSH standards are set for the protection of workers, including contractors, other persons affected, and the environment. These include the application of internationally adopted instruments and practices in the fields of security and emergency policies in the form of Codes of Practice, Procedures, Safety Standards, Road Safety, Environmental Protection guidelines and manuals, as well as the application of safety audits to assess the effectiveness of the system, as demonstrated under the discussion on PDO, sections 6.2.1.2 and 6.2.1.3.
4. COMPETENT AUTHORITIES MANDATED WITH OSH

In addition to MOM which is mandated with the enforcement of the Labour Law and the Regulations on OSH, there are Ministries and Government agencies which are involved in the licensing of establishments, surveying working conditions, and collecting statistics on work injuries and fatalities. The following is a description of each of the Ministries and agencies and their collaborating mechanism.

4.1 Ministry of Manpower (MOM)

The Ministry of Manpower (MOM) is entrusted with the enforcement of the Labour Law covering the Regulation of Occupational Safety and Health for Establishments Governed by the Labour Law discussed above. Established by Royal Decree No. 108/2001 issued on 6 November 2001, MOM proposes and implements manpower general policies in line with the Sultanate economic and social policies. In specific, MOM’s mandate covers the following:

- Preparation of draft laws and systems which regulate the Labour market and vocational training and issuance of regulations and decisions for implementation with the aim of protecting the national Labour force and developing its capabilities;
- Building up an integrated Labour Market Information System (LMIS) and documenting the national Labour force register for the purpose of development and optimum use of human resources;
- Enforcing, following up and monitoring the implementation of the Labour Law and its regulations and providing labour care in coordination with other concerned national authorities;
- Studying the private sector’s needs for expatriate labour, drafting procurement regulations, and channelling the issuance of licenses;
- Developing vocational training curricula, awarding qualifications, promoting on-the-job training in response to market demands, and following up and orienting graduates for placement in job opportunities;
- Contributing to national efforts which aim at the provision of vocational guidance programmes and awareness raising concerning the values of work and encouraging personal initiatives among citizens;
- Implementing and following up programmes aimed at the employment of the national force including the assessment of its performance and the development of human resources;
- Representing the Sultanate in local, regional and international functions relating to the labour force and its development.
Details on the structure of MOM and its organization including the enforcement and inspection systems as well as the functions of the two concerned Departments appear under Section 5.

4.2 Ministry of Health (MOH)

The Ministry of Health is responsible for the health of all people in Oman. In assuming such responsibility, it pursues strategies and objectives which acknowledge the need of regionalizing health services and decentralization, the importance of planning, health education and training, health system research; and places emphasis on the importance of regional and international affairs. The Minister of Health is assisted by three Undersecretaries for Planning Affairs, Health Affairs, and Administrative & Financial Affairs, under each of which there is a number of Directorates-General and Directorates.

The MOH has adopted a National Health Policy Statement which consists of 12 main points that address the following issues:

- Reaffirmation of the definition of health and its importance socio-economic development and the quality of life;
- Strengthening of healthy services, setting the year 2000 and primary health care as targets for a health level which leads to economically productive life;
- Decentralization of the administration of health service;
- Formulation of plans of action including primary health care;
- Participation of the people in the delivery of health care;
- Intersectional relationship of health promotion and protection in agriculture, social welfare, education, housing, public health, engineering, water, sanitation, and environment and religious affairs;
- Importance of educating people on maintaining a healthy life-style;
- Implementation of eradication programmes of diseases such as leprosy, tuberculosis, poliomyelitis, neonatal tetanus and malaria;
- Upgrading of health institution at the district, regional and national levels;
- Strengthening health system management with the backing of the health information system by the nation-wide network;
- Pursuit of the development of Omani human resource development in the health field consistent with the National Policy on Omanization.

The Health Council reports directly to the Minister and is responsible for providing broad directions for health development in the Sultanate.

At the Ministry level, occupational health is the responsibility of the Department of Environmental and Occupational Health (DEOH), which was established in 2006 under the Directorate-General of Health Affair. DEOH role in OSH has been increasing steadily within the framework of coordination and cooperation with DOSH at the Ministry of Manpower. A sample of the DEOH activities includes, but not limited to, the following:
Participation in the development of the Regulation of Occupational Safety and Health for Establishments Governed by the Labour Law, issued by Ministerial Decision No. 286/2008;
Development of the National Strategy for Occupational Health in Oman;
Updating the national List of Occupational Diseases;
Drafting the Country Profile for Occupational Health in Oman;
Statistics on Occupational injuries in Oman for 2006-2008;
Health effects of lead among workers in batteries manufacturing;
Health effects of lead on children;
Health effects of the cement industry;
Development of guidelines for:
- Health Impact Assessment;
- Management of poisoning;

Establishment of the pilot National Electronic Injury Surveillance Programme;
Assessment of exposure of the police workers to formaldehyde in forensic laboratories;
Celebration of World Day for Safety and Health;
Incorporation of occupational health in school curricula.

DEOH is also responsible for the establishment and operation of the only Poison Control Center in Oman, and elaborated a proposal for the establishment of the Environmental and Occupational Health Center. The Department represents the MOH at the national Committee on Occupational Safety of Health.

In highlighting the components of the National Strategy on workers’ Health and Safety and its implementation over 2009-2012, a number of important features emerge in occupational health. These include a review of the occupational health problems, OSH System in the public and private sectors, capacity building, research and development and challenges to face. The implementation of the strategy is designed in the form of a workplan with priority setting, responsibilities and indicators.

It is also important to highlight the salient features of the innovative proposal regarding the adoption of the National Surveillance System which is developed by DEOH in collaboration with MOM, PASI and other concerned agencies. The system aims at streamlining and harmonizing statistics on occupational injuries, diseases and mortalities which are collected in Oman in a fragmentary fashion. Complete online reporting will cover:

- Hazard information and near misses;
- Occupational hygiene;
- Occupational health;
- Occupational illnesses and injuries;
- Hazard information;
- Claims;
- Audits and inspections;
- Workers information; and
- Drinking water quality;

A well-documented feature of the System is available at DEOH. More on DEOH’s related activities in statistics and training appear in Sections 8 and 10 of this report respectively. DEOH’s proposal to update occupational health services at the Sultanate level is also elaborated under Section 11.2.

4.3 Ministry of Environment (MOE)

The Ministry of Environment is mandated with environmental protection and conservation. In this regard it covers all aspects of industrial zoning, spillages, wastes and emissions. The work is carried out by the Department of Environmental Inspection and Control and is guided mainly by the Law on Conservation of the Environment and Prevention of Pollution issued by Royal Decree 114/2001. With a manpower of 75 inspectors involved in licensing, inspection and control activities, MOE interfaces with a number of other Ministries and Focal Points. It has one of the more advanced capabilities in the field of chemical analysis in the Sultanate. Such capabilities include well equipped chemical analysis laboratories with instrumentation including atomic absorption and gas chromatography in addition to a whole range of spectrophotometry which are techniques used in the detection of heavy toxic chemicals and organic vapour in environmental samples.

In addition to the above Law, MOE has other instruments in the form of Decrees, Decisions and guides in the areas of handling and use of chemicals, noise control at the work environment, registration of chemicals, management of hazardous waste, water recourses and sanitation and licensing.

Ever since it was split from the previous Ministry of Regional Municipalities and Environment and Water Resources, its name as a separate Ministry was not included in the Committee on OSH.

4.4 Ministry of Transport and Communications (MOTC)

MOTC plays a major role in the Sultanate’s national building and development. It establishes the basic transport and communication infrastructure in roads, seaports and airports. Given the wide scope of its activities, it is difficult to summarize MOTC’s occupational safety and health programs in a paper of this nature. However, the Ministry’s role in road safety qualifies it as an important partner in the national Committee on OSH as road traffic accidents have been marking high on the list of occupational accidents. Its OSH
programmes and national role and responsibilities are referred to in the discussion under Section 6.1.1 on Sohar Industrial Port Company (SIPC) as the Government agency responsible for the infrastructure at this large industrial zone.

4.5 **Ministry of Agriculture (MOA)**

As MOA is mandated with the task of ensuring Oman’s food-security and self-sufficiency, it has a major role to play in the safety and health of the most productive sector which is considered the largest Omani non-oil provider of employment opportunities. One of the main features of this sector is the engagement of more rural women than men in agricultural activities. The sector is also known for its potential to employ children.

In the field of OSH, the Ministry is responsible for the import of agrochemicals including pesticides, herbicides and other chemicals. This includes the regulation of chemicals according to their properties and the requirement for their labelling and the provision of chemical safety data sheets. In this context, the import must require information on chemicals which are prohibited for use in the country of origin and the reasons for such prohibition. Guidance is therefore provided by internationally adopted instruments such as the:

- ILO Convention concerning Safety in the Use of chemicals,1990 (No. 170);
- ILO Convention concerning Safety and Health in Agriculture, 2001 (No .184);
- ILO Code of Practice on Safety and Health in Agriculture;

Based on the above, the role and contribution of MOA in OSH is significant.

4.6 **Ministry of Regional Municipalities and Water Resources (MORMWR)**

The Ministry of Regional Municipalities and Water Resources plays a major role in improving the living standards and in promoting the welfare of the people nation-wide. In addition to its responsibilities in developing work methods and collecting statistics, maintaining sound and balanced constructional development, managing the water resources and preserving them, and overseeing the promulgation of regulations; the Ministry is also mandated with the protection of the public health and the provision of the necessary laboratory analytical work that is essential for a clean environment. In the process, national awareness regarding the vision for a safe and healthy environment is promoted.

Licensing of industrial establishments is one of the main tasks of the local Municipality which deals with ensuring compliance with health regulations and environmental impact and the factors that have a direct effect of the safety and health of the public. As a Government agency, the Ministry has the power to issue Decisions in order to enable it to carry out its activities. As an active member on COSH, the Ministry is aware of
the need to combine national efforts for the purpose of harmonizing the licensing and inspection effort of all concerned Government agencies.

4.7 Public Authority for Social Insurance (PASI)

PASI is a tripartite social insurance body which was established by Royal Decree 72/91 and has been in place since 1992. It falls under the Minister of Manpower in his capacity as Chairman of the Board, and enjoys financial and administrative autonomy. In its 14th Annual Report (2007), PASI highlights a number of salient features, including its membership in the International Social Security Association (ISSA), listing Oman as one of the countries representing the Asia and Pacific regions for the period 2008-2010.

In addition to its major role in the field of social insurance, which is elaborated in details under Section 9 of this Report on the workers’ compensation system, PASI foresees and anticipates a more active role in the implementation of the Regulation of Occupational Safety and Health for Establishment Governed by the Labour Law. It envisages, in specific, the following role:

- Participation in the mechanism which is entrusted in enforcing the Regulation;
- Provision of technical input needed for the training of field inspectors especially in aspects related to the investigation of work injuries and health matters;
- Development and design of questionnaires used by the inspection teams and incorporation of the analysis of the collected information;
- Provision of technical input in the training of OSH supervisors in establishments in the form of environmental measurements, first aid and control of hazards;
- Involvement in the specification of the needed medical examinations, including forms, special examinations needed to test for exposure to specific hazards, and the implementation of measures;
- Provision of detailed information regarding occupational injuries among the Omani workforce in the private sector and its analysis;
- Provision of detailed information on establishments with high accident rates and which do not provide adequate control measures for the purpose of prioritizing action in implementing the Regulation provisions;
- Active participation in raising the awareness among employers and workers for better compliance with the Regulation;
- Provision of technical engineering and medical advice for the control of hazards at the workplace;
- Support to the investigation of occupational injuries and diseases;
- Provision of the input needed for the harmonization of forms used in recording occupational injuries;
- Participation in the revision of the list of occupational diseases;
- Provision of detailed information regarding non-occupational disabilities among the insured population, and the analysis of such information for the purpose of conducting meaningful periodic examinations;
4.8 Royal Oman Police (ROP) Directorate General of Civil Defense

Civil Defense is one of seven Directorates which fall under the Royal Oman Police (ROP). It is one of the Governmental agencies which contribute to the implementation of OSH policies through its involvement in the approval of a number of establishments and sites such as construction, factories, industrial projects, transport of hazardous substances, storage and transportation of gas cylinders, car service and filling stations. The Directorate is also involved in the approval of fire equipment marketing, safety equipment and registration of consultants. It is a member of COSH.

4.9 National tripartite Committee on OSH (COSH)

The ILO mission which was fielded to Oman in February 2002 for the purpose of reviewing the development of OSH including needs assessment and future course of action, submitted among a number of other proposals, a recommendation to establish a higher national Committee on OSH. The aim of the recommendation was to set in motion a framework of an inter-ministerial cooperation, in collaboration with all social partners, in this field. Later in 2004, the Ministerial Decision No. 145/2004 was issued concerning the establishment the Committee on OSH and its composition. This was followed by another Ministerial Decision No. 368/2007 which in its Article (1) called for a new Committee on OSH headed by the Ministry of Manpower Labour Under Secretary and members representing the following:

Public Sector

- Ministry of Health;
- Ministry of Transport and Communication;
- Ministry of Regional Municipalities and Water Resources;
- Ministry of National Economy;
- Ministry of Manpower;
- Sultan Qaboos University;
- Royal Oman Police;
- Muscat Municipality;
- Dhofar Municipality;
- Public Authority for Social Insurance.

Private Sector

- Oman Chamber of Commerce and Industry;
- Joint Committee for Oil and Gas Sector;
- Joint Committee for Contracting Sector;
- Petroleum Development Oman;
- General Federation of Oman Trade Unions.

Article (2) of the Decision specified the tasks of the Committee to include:

- Preparation of the National Plan on OSH so as to include proposals regarding OSH policies in the private sector in line with the Labour Law and relevant Ministerial Decisions, as well as a proposal regarding the promotion of OSH awareness among employers and workers;
- Investigation of serious work accidents for the purpose of specifying control measures to be undertaken by employers and workers;
- Coordination between the Ministry of Manpower programmes and those of other Ministries, private sector and other concerned parties in the field of OSH;
- Dissemination of good OSH practices to all establishments for the purpose of promoting safety at the work place;
- Encouragement of research and studies in OSH;
- Encouragement of employers and workers in OSH and in the successful implementation of OSH programmes;
- Participation of national staff in OSH;
- Exchange of experience with associations, committees and other parties working in the field;
- Provision of advice with regard to the legislation on OSH;
- Organization of meetings for the purpose of discussing OSH matters;
- Cooperation with Arab and International Organizations concerned with OSH;
- Role as a consultative body in OSH;
- Action on other matters submitted by the Minister of Manpower.

The remaining Articles call upon the Committee to meet at least four times per year and authorizes it to seek assistance from non-members if and when deemed necessary. The Committee is also authorized to establish sub-committees and requested to submit a report on its activities and recommendations to the Minister of Manpower every six months.

4.10 Other concerned parties

In addition to the competent authorities which are mandated with OSH as discussed above, there are other concerned parties including Ministries, municipalities, educational institutions, committees and industrial establishments namely:

- Ministry of National Economy;
- Muscat Municipality;
- Dhofar Municipality;
- Sultan Qaboos University;
- Committee on Occupational Safety and Health; (see Section 6.1);
- Gulf Committee on Occupational Safety and Health;
- Petroleum Development Organization (see Section 6.2.1);
- Joint Committee for Oil and Gas Sector;
- Joint Committee for Contracting Sector;
- Oman Chamber of Commerce and Industry (see Section 12.1)
- General Federation of Oman Trade Unions (see Section 12.2).
5. INSPECTION AND ENFORCEMENT SYSTEMS

The responsibility for inspection and enforcement falls under the Directorate General of Labour Welfare (DGLW), which is one of three Directorates that report directly to the Labour Under Secretary. DGLW has departments which deal with: occupational safety and health, labour inspection, settlement of disputes, workers’ welfare, workers' organizations, and the joint inspection. Due to the economic growth and expansion of the private sector, the responsibilities of DGLW in enforcing the Labour Law have increased appreciably.

As an example of the magnitude of its work, the Directorate conducted the following activities in 2007:

- A total of 26,801 applications submitted to the Ministry for recruitment of expatriate workers by private firms were handled;
- A total of 313 private establishments were inspected for compliance with labour issues;
- A total of 7,656 establishments were inspected for OSH;
- A total of 193 visits were paid to private establishments to ensure the provision of welfare facilities to workers, benefitting 26,135 male and female workers.

During the period 2002 – 2007, the Directorate dealt with 45 strike cases involving 14,117 workers.

For the purposes of this report, the discussion will be limited to OSH and labour inspection.

5.1 Department of Occupational Safety and Health (DOSH)

The Department of OSH has a crucial role to play in protecting workers against occupational accidents, diseases and fatalities. This is done through the provision of a work environment that is free from hazardous substances and agents which may affect the workers’ health and the surrounding outside environment based on the new OSH Regulation issued by Ministerial Decision No. 286/2008. In specific, the Department has two Divisions, namely the Occupational Safety Division and the Occupational Health Division.

Whilst both Divisions carry out inspections for the purpose of ensuring compliance with OSH, and organize and conduct orientation and awareness campaigns for employers and workers, each one is responsible for handling specific tasks. The Occupational Health Division follows up on medical examinations records including the monitoring of periodic examinations, and the examination of the more vulnerable workers’ groups. The Occupational Safety Division on the other hand, keeps records on the establishments to be inspected, inspects workers’ living quarters, investigates serious accidents and proposes preventive measures, and handles records on occupational accidents and diseases while noting observations.

5.1.1 Staff
At present, the Director of DOSH is assisted by eight other staff members who carry out the inspection activities referred to under Section 5.1.3. In addition to inspection, the inspectors engage in other activities including participation in national and regional technical meetings, provision of input to the revision and update of OSH legislation, compilation of data used in statistics on monthly basis, training of private-sector workers on OSH, follow-up on inspections for the purpose of monitoring compliance by industrial establishments with the Regulation on OSH.

Whilst the academic qualifications of the inspectors did not involve formal training in occupational hygiene, safety engineering or occupational health and medicine, some had built on experience acquired in the field. It was not felt whether or not the staff had the level of competence that was needed to inspect large size industrial enterprise such as those in the gas and oil production and refining.

5.1.2 Equipment

The equipment available to DOSH was restricted to very few old air samplers and noise and thermal parameters measurements, in addition to direct measuring devices used in assessing exposure to chemicals. Nor was there any physical space to cater for the maintenance, calibration and storage of such equipment. Whilst the need for advanced analytical facilities at DOSH was not deemed necessary, the presence of a wet chemistry and physical laboratory space as well as maintenance and storage of equipment is a prerequisite for the operations and tasks expected from the Department.

5.1.3 OSH Inspection

Inspection in the field of OSH is carried out by the modest capabilities of equipment and number of personnel referred to above. According to Article 8 of the Labour Law, the OSH inspector is empowered to enter establishments and to have access to information and records for the purpose of determining compliance with the Labour Law and the ensuing regulations. In this regard, the Inspector is expected to carry out the inspection duties with professionalism and integrity while maintaining the professional secrecy of the information. According to MOM’s Annual Report of 2008, OSH inspections covered 1003 visits to various establishments in the Governorates of Muscat, Dhofar and Ash Sharqiah, resulting in 730 written notices for action.

OSH inspections may be grouped into four categories, namely:

5.1.3.1 Inspection visits
The inspection visits are carried out by the inspector for the purpose of ensuring compliance with the provisions of OSH Regulation. They include detection of the occupational hazards, their assessment and measurement and the identification of violations. Access to data and related information is also part of the inspection and guarantees confidentiality. In case of violations, the employer is alerted and provided with advice and recommended action. If violations persist, a written notice with a deadline is issued, followed by a written warning for compliance within a set time limit. Issue of penalties is resorted to when all the above fail, and result in legal action.

5.1.3.2 Awareness visits

The purpose of awareness visits, as the name indicates, is raising the level of awareness by the enterprise through the sensitizations of management and workers regarding occupational hazards and the safety measures and practice which are used for prevention.

5.1.3.3 Workers complaints

This type of visits covers the investigation of OSH complaints raised by workers with the view to arriving at appropriate solutions and prescription of corrective measures.

5.1.3.4 Recording of occupational injuries

This activity involves the receipt of notifications regarding occupational injuries which are required by the OSH Regulation to be reported within 48 hours following their occurrence. The injuries are investigated and preventive measures prescribed.

According to MOM records, there are 75,696 establishments which are covered by OSH inspection in Oman.

5.1.4 Difficulties faced

The difficulties meet by the inspectors in carrying out their duties, as enumerated by DOSH, have to do with:

- The reluctance of establishments to report occupational accidents and diseases;
- The limited resources which are available for field use such as measuring equipment;
- The absence of penalties against establishments which violate OSH;
- The limited number of inspectors who are needed to inspect the large number of establishments covered by the Regulation.
During the year 2007, DOSH inspected 1765 establishments of which 1149 (65%) were visited for the first time, and 616 (35%) were visits for follow-up purposes. The majority of the visits (63%) reported compliance with the OSH regulations, while 8.7% did not. The remaining were either given a deadline or summoned to provide evidence. The number of workers who were classified as beneficiaries of inspection reached a total of 7656 while those who benefited from awareness raising was 3146. Depending on the need, the same establishment may be visited 2-4 times. Parameters such as penalties, awareness campaigns and other activities are classified by number and month of the year in Table (10)\textsuperscript{3}.

5.2 Department of Labour Inspection (DOLI)

Monitoring of the establishments’ compliance with the Labour Law, regulations and executive decisions is one of the main functions of DOLI. The scope of labour inspection is defined in Article (4) of the Labour Law which stipulates that employers and workers and all kinds of establishments including their national and foreign branches, whether they are public or private, including the national and the foreign institutions of the private education; shall be subject to the provisions of this Law. This includes:

- Examination and processing of licenses needed for expatriate workers;
- Assessment of needs by establishments for expatriate workers;
- Regulating workers’ procurement offices;
- Regulating workers' contracts and approving assignments.

In 2008, labour inspection was further developed in cooperation with ILO according to international labour standards. In the same year, the Guide to Labor Inspection was prepared with clearly defined objectives and emphasis on the role of inspectors in maintaining sound industrial relations with employers and workers for the purpose of promoting safe and healthy work environments.

DOLI consists of three sections which deal with regular labour inspection, labour licenses inspection, and workers' procurement and clearance. For the purpose of this report, the discussion will focus on regular labour inspection.

5.2.1 Staff

Based on the heavy load of DOLI and the need for intensifying the inspection activities in support of the Omanization policy which has been called for by the third Seminar on the Nationalization of the Workforce, MOM has continuously increased the number of Labour Inspectors. To date, DOLI has close to 110 inspectors, most of whom are

\textsuperscript{3} Annual statistics reports, Ministry of Manpower, p. 121, 2007.
engaged in daily inspection activities which cover field visits, and other support activities. With some orientation in the field of recognition of occupational hazards, the labour inspectors will have an important role in providing input to the OSH inspectors within the framework of an integrated effort as explained under Section 17.3.

5.2.2. Labour inspection

Labour inspection is divided into four categories namely:

- **Comprehensive Inspection**: Conducted at least once every year, the purpose of this inspection is to ensure the establishments’ compliance with the Labour Law, Regulations and Ministerial Decisions.
- **Re-inspection**: Conducted within a reasonably short period of time after the Comprehensive Inspection which identifies non-compliance, this type of inspection aims at verifying the alleviation of violations.
- **Selective Inspection**: Upon receipt of a complaint sent by an individual regarding non-compliance of establishment, this type of inspection is carried out to investigate the validity of the complaint and to take corrective measures if deemed necessary.
- **Labour Inspection Campaigns**: In the case of general complaints or the occurrence of phenomena which may have an impact on the productivity and work progress, such campaigns are undertaken to investigate and clarify matters.

The labour licenses section is concerned with the legal provisions and rights of workers for working hours and wages, monitoring and implementation of legislations concerning services offered to workers, enforcement of the Labour Law and advising the employer on its implementation, ensuring labour security and stability, investigating reported phenomena, and monitoring market needs for labour.

The section on labour procurement and clearance deals with the processing of applications, employers' inquiries, and the preparation of reports on the establishments’ status and their needs for manpower.

Labour inspection is also carried out jointly with members of Royal Oman Police (ROP) for the purpose of executing action concerning irregularities of work and residence permits.

The overall activities of DOLI are carried out as specified by the Guide to Labour Inspection which is published in 12 Sections covering glossary of terminology; labour inspection scope, goals and requirements; employers’ duties; labour inspectors duties and authorities; types of inspection visits; annual and monthly inspection plan; procedures; and records and files. In its Annexes, the Guide lists the legal Articles under supervision by labour inspection, penalty Articles and the forms used in inspections, re-inspection, and warning and violation instances.
6. OSH AT INDUSTRIAL ZONES AND ENTERPRISE LEVEL

In addition to the role which the competent authorities assume in the field of OSH, and their collaborating mechanism discussed under Section 4, the industrial zones and enterprises elsewhere play a significant role in this field. The nature of their work is such that the application of sound health, safety and environment policies is accorded a high priority in the promotion of the work force health, which has positive returns in terms of production. With less budgetary constraints, industrial zones and enterprises can afford hiring more qualified technical OSH personnel than is currently available at the national level. Fortunately, industrial zones are established within well-defined and more stringent OSH policies which require the operating companies, or "tenants" to enforce OSH regulations which adhere to the Omani national OSH regulations as a minimum. In the case of multinational firms, those regulations are comparable to those of the country of origin, which adds an additional higher OSH level.

Based on this discussion it may be presumed that little technical input can be expected from the Government Ministries and agencies mandated with the enforcement of OSH, in the inspection of such establishments. Needless to mention that the Government inspectors, given their heavy load, are not in a position to invest the time needed for acquiring in-depth knowledge and expertise in the day-to-day operation of large establishments and industrial zones, which cuts down on their ability to recognize, assess and control complex and emerging new workplace hazards. Therefore it may be prudent to maintain that the better way out is an era of self-regulation which permits establishment to pursue their own OSH affairs, while the inspection system is monitoring compliance, collecting data and updating legislation.

6.1 Industrial Zones

The establishment of industrial zones, and their expansions, is a translation of the Government of the Sultanate of Oman (GSO) Development Plans to encourage economy, create employment, encourage investment, and to accelerate gradual privatization of state-own enterprises, as discussed under Section 2.7.1. This is what Oman Vision 2020, which attaches importance to human resource development, employment of Omanis, harmonization and extension of social protection, discussed in details in Section 2.7.1, calls for.

The Public Establishment for Industrial Estates (PEIE), established by Royal Decree in January 1993, has been responsible for developing and managing industrial areas in eight locations namely Rusayl, Raysut, Sohar, Nizwa, Buraimi, Sur, Al Mazunah Free Zone, and the Knowledge Oasis Muscat.

6.1.1 Sohar Industrial Port Company (SIPC)

Sohar Port, strategically situated in the proximity of UAE, Iran, Pakistan, and India; and the calm of the stable political climate; is attracting operating companies, “tenants” with worldwide reputation, at an exponential rate. Being close to the Sohar Industrial Estate, SIPC has already generated employment for a large portion of the local work force. The Government, represented by the Ministry of Transport and Communications was
responsible for the design and construction of the port infrastructure. SIPC is a 50/50 joint venture of Oman’s Government and the Port of Rotterdam in the Netherlands.

As a world-class in industrial port, SIPC attracts industry, develops its own rules and regulations, coordinates shipping in the harbour basin, advises the MOTC on infrastructure and maintenance, coordinates activities in the “common areas”, and promotes the development of the social infrastructure in the North Batinah region, including schools, housing and leisure activities.

For the purpose of this report, the discussion on SIPC will continue to address safety, health and environment concerns.

6.1.1.1 Health, Safety and Environment (HSE)

SIPC has its own rules and regulations concerning HSE, and assumes a coordinating responsibility in the SIP and a facilitating role between the varies Government authorities mandated with OSH, tenants and other SIP users. Within the framework of collaboration with tenants, and in conformity with Oman OSH Regulation, every tenant is required to establish an HSE Plan which covers:

a) HSE managements system, describing the organization, roles and responsibilities, documentation of activities, HSE promotion, reporting, education and workers training, standards and their control for contractors and sub-contractors, visitors, information and report to third parties and regulatory authorities, quality management, and audits;
b) Health, including health conditions, working environment, industrial safety, personal protective equipment, first aid, recording and investigation of work accidents, and training;
c) Safety, including risk analysis of installations and activities, identification of hazardous and high risk areas, road traffic, operational procedures and production processes, commissioning shut down and recommissioning, working at heights, cranes and special vehicles, working over water, working in and on installations, tasks, pipelines, confined spaces, job safety analysis, contingency plans, training and awareness, and incidence reporting and investigation;
d) Environment including environmental management plan, documentation and material safety data sheets (MSDS), marking, labeling and signposting, waste management, soil and ground water protection, air emissions, noise emissions, spills and releases, contingency plans, incidence reporting and investigation of spills and releases, training and awareness, dust and stench.

In implementing the above activities, SIPC issues more detailed guidelines for application by the tenants. Particularly noted are those relating to work in common areas, traffic and roads and incident reporting. Tenants are required to report to SIPC all incidences immediately; and to report serious injuries and fatalities to MOM and ROP. Spills and releases are reported MORMWR. The tenant is also required to submit a yearly
statistical overview of all incidents to SIPC, which will issue the Annual Report on HSE performance in the facility.

6.1.1.2 Order and Safety

Like other similar establishments, SIPC observes a strict code of order and safety. In addition to the HSE provisions discussed above, other areas are addressed such as fire safety, litter and pollution. Based on the security requirements of the ROP, SIPC expects the Tenants and all GSO concerned parties to work together.

6.1.1.3 Major hazards control

Of particular significance in the SIPC policy which requires Tenants “whose activities pose a risk of major credible accidents as referred to in the European Seveso Directive II, or the UK COMAH criteria shall make a quantitative risk assessment, namely a systemic identification of possible hazards”, and their impact and likelihood, and to submit their risk assessment to SIPC.

6.1.2 Rusayl Industrial Estate (RIE)

Established in 1983, Rusayl has grown to attract close to 150 Tenants that produce a wide spectrum of consumer and industrial products, electrical and building materials, fiber optic cables, foodstuff, textiles, garments, stationary, and paints. Whilst a written policy on rules and regulations concerning health, safety, and environment was not made available at the time of preparing this Report, a number of Tenants managed HSE issues and were actively maintaining accreditations with international OSH and environmental standards such as ISO. HSE policies were adopted for the purpose of:

- Providing safe and healthy work environments throughout the company’s operating areas;
- Protecting the environment through pollution control; and
- Maintaining continued update and audit on performance.

6.2 Action at the enterprise level

This section will present an overview of a representative sample of industrial establishments that have demonstrated a high calibre of OSH management, which could be cited as a model for self-regulation.

6.2.1 Petroleum Development Oman (PDO)

PDO is the first oil and gas exploration and production company in Oman. It is owned by the Government of Oman (60% interest), Royal Dutch Shell (34% interest), Total (4% interest) and Partex (2% interest). The Company produces more than 90% of the
Sultanate crude-oil, and 100% of its natural-gas supply. It adheres to a policy of sound Business Principles which are inherent to the management philosophy, personnel policies, safety codes, manpower development and other management systems.

6.2.1.1 Health Safety and the Environment (HSE)

From a safety and health perspective, the exploration, production, development, storage and transportation of hydrocarbons constitute one of the most potentially hazardous industrial activities. Cognisant of this fact, PDO has set high standards with the objective of protecting the health and safety of its labour force, including contractors and other persons affected by its activities, as well as the protection of the environment through pollution control and the efficient use of natural resources. This is done by the establishment and application of a stringent HSE Protection Policy which is well in compliance with the Omani Labour Law and its Regulation of Occupational Safety and Health for Establishments Governed by the Labour Law. The HSE Protection Policy is carried out by one of the more elaborate organizational structures, and reports directly to PDO’s Managing Director. PDO’s vision therefore is that of a centre of HSE excellence.

6.2.1.2 HSE Documents

In addition to 5 Royal Decrees and 21 Ministerial Decisions relating to OSH, the HSE Policy of PDO applies a number of guidelines. These include the companies policies on HSE and Security and Emergency Response Policy, three Codes of practice, nine Procedures, six Health documents, fifteen Safety standards and specifications, two Road Safety documents and fact sheets, eight Environment specifications, eight General guidelines and an unspecified number of manuals.

6.2.1.3 Corporate HSE audits

PDO carries out corporate HSE audits in order to assess and monitor the effectiveness of its HSE Management System (HSE – MS). The audits are conducted in the form of independent assurance that safety and health risks are adequately controlled and areas that need improvement are identified.

6.2.1.4 HSE training

PDO carries out continuous training activities in order to improve the skills of its staff and contractors in the field of safety behaviours. The Company also relies on outside approved training institutes and establishes training links with internationally recognized OSH institutes.

6.2.1.5 HSE statistics

PDO publishes statistics on its HSE performance periodically. According to its Website, the Company reported in 2009 two occupationally related fatalities, 31 Lost Time
Injuries (LTI), 169 Total Reportable Cases (TRC) and 8 days without LTI's. Statistics also include reporting on number of kilometers drivers per man-hour worked, Exposure Hours representing the total number of hours of overtime and training, vehicle Injury Accident Rate, Total Reportable Occupational Illness Frequency, and Composite Environmental Performance Indicator.

6.2.1.6  
**HSE awareness functions**

PDO organizes a number of awareness functions and activities such Safety Days, HSE Personality Award and Must–Win Safety Projects in areas such as road safety, worksite hazards, and process safety and contractor management.

6.2.2  
**Oman Telecommunications Company (Omantel)**

Omantel is the largest communications service provider in Oman. Owned by the Government, Omantel employs 2,300 people, close to 90% of whom are men. The company boasts a 91% Omanization rate.

The field of OSH ranks high in the list of priorities at Omantel. It is guided by standard operating procedures in the following areas:

6.2.2.1  
**Health, Safety and Environment**

The above guiding procedure covers all workers and is the responsibility of the company's Vice President, Human Resources, HSE Manager and the membership of the Business Unit Vice-President, General Manager, Senior Manager, Manager, Team Leader and Supervisor as well as the Safety Inspectors. Under this guiding procedure, workers are expected to comply with OSH rules and regulations, to report unsafe acts and conditions, and to report workplace injuries. Bound by the provisions of the Regulation of OSH (No. 286/2008), the company aims at improving its OSH and environmental management systems and to develop the necessary standards of best practice. This includes assessment and control of occupational hazards. Self-evaluation and safety audits are carried out to ensure compliance.

6.2.2.2.  
**Safety and Health Council and Committees**

The above guiding procedure covers the purpose and operational procedures for the company's Safety Council and the local Safety Committees. In addition to the Vice President and HSE Manager, the responsibility for the above procedure includes a selected group of key employees, in the case of the Safety Council, and a selected group of employees who meet regularly to discuss and review workplace injuries in the case of the Safety Committees.

a.  
**Safety Council**
The Safety Council is composed of the Vice-President Human resources, HSE Manager, Head of the Trade Union, three General Managers, four Operational Representatives, and designated chairs from local Safety Committees. The Council meets regularly to review OSH issues including safety records, training requirements and programmes.

b. Safety Committees

Safety Committees are established in facilities where 50 or more company workers are assembled on regular basis, and are close to ten in number. Membership of the Safety Committees includes trained safety inspectors, and at least two management representatives. The chair rotates between the management and union representatives on yearly basis. Preoccupied with the OSH problems at the workplace, Safety Committees report to the HSE Manager and to the Safety Council.

6.2.2.3 Emergency response and first aid

The above guiding procedures cover training and delivery of emergency responses and first aid at all Omantel facilities. The Responsibility for such guidance falls on the Vice-President, Human Resources, HSE Manager and Department Management. The objective of such arrangements is to minimize the consequences of acute illness and injury and to provide first – aid treatment for medical emergencies. Medical emergency response is organized according to a tiered system, which is a protocol of specific actions to be undertaken in cases of medical emergencies. The training, responsibilities and competences of the health care team are clearly spelled out.

The company organizes training within the overall policy of OSH, addressing all issues relating to the workers health and environmental safety, especially in areas where injuries are common such as road transport which contributes to the highest number of accidents and fatalities. Tower climbing, work in confined spaces, fire safety and pressure vessels are also areas which the company identifies as pressing OSH issues. This has lead the company to envisage the development of a safety handbook as a future activity.
7. TECHNICAL EXPERTISE AVAILABLE IN OSH

According to statistics by MOM, there are at present close to 4000 jobs in the field relating to OSH, 70% of which are held by expatriates. However, except for the company Petroleum Development Oman (PDO) which employs two Occupational Hygienists, neither the Government Ministries and agencies, nor the private sector has such speciality among their staff\(^1\). The survey conducted by MOM for the purpose of determining the labour market demands identified specialists, technicians and allied health personnel who were employed as Occupational Health & Safety Engineers, Quality Control Engineers, Occupational Safety and Health Technicians, Water Supply Technicians, Sewage Network Technicians, Sewage Treatment Plant Technicians, Health and Environment Engineering Instructor, Water & Sewage Technicians, and Occupational Health & Safety Executives. Table (11) classifies the above mentioned jobs by qualification and nationality including the percentage of Omanization. It shows that among the 3,989 posts currently available in the Omani market, only 1,202 (30%) are occupied by Omanis. As discussed under Section 10.1, such shortage necessitated the establishment of the new programme leading to a Diploma and Bachelor’s education in industrial hygiene. The justification has been endorsed by the national COSH in Oman as well as the GCC OSH Committee.

Based on the number of OSH specialists which are required by the provisions of the Regulation of OSH (No. 286/2008) at the enterprise level, there is a shortage of close to 6000 qualified Occupational Hygienists and Safety Officers nation-wide. As a result, it is estimated that if the Diploma and Degree programmes referred to above enroll 50 students per semester, the graduates will continue to be absorbed by the Omani labour market over the coming 20 years.

\(^1\) Proposed Program in Industrial Hygiene/HSE, Directorate General for Occupational Standards and Curriculum Development, Ministry of Manpower, pp 4, June 2009
8. RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS AND DISEASES

The collection, recording and notification of data concerning occupational accidents and diseases are extremely important in setting up strategies and programmes for their prevention. This will result in minimizing human suffering in the form of pain and pre-mature death, and will cut down on the economic cost which is associated with occupational accidents and diseases. It follows therefore that the analysis of data is not intended for the attribution of the responsibility and blame for accidents, but for the identification of causes of those accidents and diseases in order to develop preventive measures.

8.1 ILO Code of Practice on the Recording and Notification of Occupational Accidents and Diseases

It is pertinent to highlight at this stage the main contents of the ILO Code of Practice on the Recording and Notification of Occupational Accidents and Diseases which was adopted by an ILO tripartite Meeting of Experts in 2004. In view of the diversity of reporting in different countries, the Code calls for harmonization of statistics in order to allow comparisons which are needed to measure the success in compliance, enforcement and preventive action. It provides countries with the guidance needed to develop their systems, and the mechanisms for joint action by employers and workers, and activities to be carried out by governments, social security institutions and other bodies concerned with the development and implementation of preventive programmes. As an instrument, the Code is not legally binding, nor is it intended to replace national laws, regulations or accepted standards. It takes into consideration the needs of developing countries which decide to establish their systems on the recording and notification of occupational accidents, occupational diseases, commuting accidents and dangerous occurrences and incidents.

Following an extract from the report of the Meeting of Experts, the Code introduces its objectives, scope and definitions used. It covers policy and principles to be taken at the national and enterprise levels; legal, institutional and administrative arrangements for setting up systems, including the classification of information to be recorded and notified. Following a chapter on the responsibility of employers in reporting and recording, the Code goes into details on the arrangements for notification at the national and enterprise levels. It also covers the extension of recording and notification systems to the self-employed. The types of statistics and their classifications are followed by a chapter on the investigation of occupational accidents, occupational diseases, commuting accidents, dangerous occurrences and incidents.

according to the nature of the injury, Classification of industrial accidents according to the bodily location of the injury, Classification of industrial accidents according to type of accident, and Classification of industrial accidents according to agency.

As reported by DOSH, the provisions of the ILO Code of Practice are applied at the national level.

8.2 Existing mechanisms

In Oman there is no set mechanism on the collection of data on occupational diseases. However data on occupational accidents and diseases are collected by a number of Ministries, agencies and large industrial establishments. These include the Ministries of Manpower, Health, Environment, Transport, and Public Authority for Social Insurance, Directorate General for Civil Defense, and large oil and gas establishments such as Petroleum Development Oman. However, such statistics are collected in different formats with little or no coordination between the concerned Ministries and agencies. This results in a system which is not consistent and comprehensive, making comparability and analysis more difficult.

The following is a summary of the statistics on occupational accidents and diseases which are collected by each of the Ministries, agencies and establishments.

8.2.1 Directorate General for Labour Welfare (DGLW)/MOM

As mentioned under Section 5.1.3, recording of occupational injuries is one of the main activities of DOSH, under the Directorate General for Labour Welfare at MOM. Establishments are required to report injuries within 48 hours following their occurrence, after which the injuries are investigated and preventive measures prescribed.

While only two work injuries were reported, no occupational diseases were reported during 2007 (Table 10)\(^5\). This is an example of under-reporting given the figures which are published on occupational injuries and diseases elsewhere in the Sultanate. Statistics are analyzed however by the Statistics Department at MOM according to the number of Omani and expatriate workers by sex for each of the following parameters:

- Distribution of occupational diseases by economic sector;
- Distribution of occupational diseases by professional groups;
- Distribution of occupational diseases by level of skills;
- Distribution of work injuries by economic sector;
- Distribution of work injuries by professional groups;
- Distribution of work injuries level of skills;

\(^5\) Annual Statistics Report, Ministry of Manpower, P.121, 2007
Distribution of work injuries according to the bodily location of the injury;
Distribution of occupational fatalities by cause.

However, preliminary surveys on the investigation of work injuries are conducted jointly by DOSH and DEOH, as explained under Section 8.2.2

8.2.2 Public Authority for Social Insurance (PASI)

In the field of occupational safety and health (OSH), PASI has one of the valuable and reliable systems of recording and reporting occupational injuries and fatalities. The analysis conducted by PASI in 2007 of 1650 randomly selected occupational injuries reported over a period of 12 years (1997-2009) is shown in Tables 12-22, Annex 1.

The cases under study were those reported by private sector establishments insured by PASI, which involve the Omani workforce. Reporting is required within 24 hours after the incident.

It appears from the statistics (Table 12) that the majority of occupational injuries (OI) road traffic accidents (RTA) occur in the age group 25-34, followed by the age group which is below 24 yrs. It is also indicated that 94-95% of the OI’s and RTA’s occur among male workers. However, the interpretation must be guarded with caution since no absolute numbers where attached to the age groups or to gender. Such caution must be exercised in interpreting the rest of the data which appears in the Tables on PASI statistics.

Table (13) indicates that speed remains to be the leading cause for RTA’s, followed by unsafe and improperly marked deviations. Occupationally related fatalities are also highest among the age group below 24 yrs and the group between 25-34 yrs, Table (14). In terms of absenteeism, 39,407 days were lost due to 1,015 OI’s, or 38.8 days/OI, Table (15). The causes of 1,074 OI’s were mainly due to falling objects (25.3%), falls from heights (15.1%) and falls from the same level (11.6), as shown in Table (16). The parts of the body affected among the same number of OI’s were mostly right upper limbs (28.3%), left lower limbs (26.8%) followed by right lower limbs (11.4%) and left lower limbs (10.1%) as shown in Table (17). Fractures and wounds were also highest among the list of diagnosis of the effects, Table (17). Raw data also indicates that among 1,074 OI’s analyzed above, there were 6 fatalities, 135 disabilities, 840 recoveries and 93 remained under treatment. Among the 135 disabilities, 102 cases had disabilities of less than 30%, 27 had disabilities between 30-100%, and 6 were 100% disabled. Table (18) also shows that the majority of the OI’s occurred during the month of June (10.4%) which may be related to hot climate and to less stringent supervision of the workforce due to the commencement of annual leaves by management. Sector wise, more injuries were reported by manufacturing (32.0%), trade (16.8%), services (16.3%) and the oil sector (16.0%) as indicated in Table (19).
Disabilities among 249 OI’s were highest among the age group 25-34 yrs (44.6%), followed by the age group less than 24 yrs, Table (20), which presents a similar pattern as that shown in Table (12). The same age group pattern is also shown among 89 OI’s reported on women workers, Table (21), where 37.1% of the injuries were due to RTA. In this group the majority of the injuries were reported among women labourers (64.0%) as compared to women in clerical jobs (24.7%).

Among 162 reported cases of falls from heights, Table (22), the rate was also highest among the age group of 25-34 (38.3%), followed by the group of less than 24 yrs (24.7%). Among these cases, 3 fatalities (1.9%), 17 disabilities (10.5%), 130 recoveries (80.2%) and 12 under treatment (7.4%) were reported.

The frequency of the occurrence of the OI’s reported in the preceding statistics was highest during the first shift (07:30 – 15:30) than the second shift (15:30 – 23:30) and the third shift (23:30 – 07:30). This was obviously due to the fact that not all reporting establishments worked three shifts.

Unpublished data indicates that PASI received reports of 15 fatalities in 2006; 12 fatalities and 437 OI’s in 2007; and 15 fatalities and 523 OI’s in 2008.

8.2.3 Department of Environmental and Occupational Health (DEOH)/MOH

According to statistics collected jointly by DEOH and DOSH at the Ministries of Health and Manpower respectively, the incidence of work injuries was calculated to be 1.8/1000 workers for 2006 and 1.4/1000 workers for 2007. Whilst there is no system for the collection of data on occupational diseases, joint field inspections by DEOH and DOSH observed that noise-induced hearing loss, and respiratory and skin allergies were high. No reliable statistics are available on occupational cancers.

The results of the analysis of 1089 work injuries reported in 2006 are shown in Tables (23) to (30). They indicate that:

- As shown in Table (23), the frequencies of injuries are highest during the months August-October, which could be explained either by the elevated summer temperatures, ie: 40’s C, or due to the fact that the commencement of annual leave by senior staff just before and during these months results in less stringent supervision of the workforce.
- The majority of the injuries occur among males (97.7%) and the expatriate labour force (71.1%) as shown in Tables (24) and (25) respectively.
- The age group 25-34 yrs is more vulnerable (44.4%) than other groups, Table (26).
• Whilst more injuries were reported during the morning shift (56.0%) than the afternoon (41.5%) and the evening (2.5%) shifts is explained by the fact that the majority of establishments worked one shift only, Table (27).
• More injuries were caused by machines with moving parts (26.9%), followed by falling objects (17.9%) and the use of manual tools (15.6%), Table (28).
• Sector wise, more injuries were reported by manufacturing (49.1%), construction (28.5%), and mining (10.3%) than other sectors, Table (29).
• The injuries resulted in 3 deaths (0.3%), while 70.2% were treated, 16.3% referred, and 13.3% never followed, Table (30).

The analysis also shows that out of 1089 injuries, 447 (41.0%) were in the form of cuts, 24.7% which were classified as superficial wounds. More injuries involved hands and fingers (49.3%), followed by eye (8.1%), upper limbs (7.8%) and lower limbs (7.8%). The MOH data also shows that 1182 occupational injuries and 3 fatalities were reported in 2007, and 1384 occupational injuries and 6 fatalities were reported in 2008. As these figures are reported by MOH institutions, they are certainly believed to be underestimates considering that close to 3000 yearly injuries are reported in Omani Oil.
9. WORKERS’ COMPENSATION SYSTEM

In Oman there are two agencies and mechanisms for administering workers occupational accidents, injuries and fatalities. These are described below:

9.1 PASI

As a social insurance authority, PASI is regulated by the Social Insurance Law which is based on Royal Decree 72/92 and its amendments of 2006, and covers insurance against old age, disability and death; and insurance against occupational injuries and diseases for Omani workers who are employed by the private sector and are in the age group 15-59 years. The Law comes in ten parts and 77 Articles. Part 5 of the Law addresses occupational injuries and diseases under three chapters and 19 Articles. As stipulated by Article 32 of this Law, the workers’ health insurance covers:

- General and specialized medical and para-medical care;
- Treatment and hospitalization;
- Provision of needed medications and medical material;
- Surgeries, radiology and other medical exams;
- Provision of rehabilitation, prosthetics and other needed medical instruments;
- Transport of injured to and from the hospital.

The Law specifies the cases under which workmen’s compensation is not paid. These include injuries which the worker committed intentionally, injuries occurring under the influence of alcohol or drugs and those due to clear violation of safety instructions displayed at the workplace. Annexed to the Law is a list of occupational diseases, and tables on disabilities and their percentages including eye sight and hearing loss.

PASI has so far completed five actuarial reviews. In addition to its coverage of occupational injuries and diseases, PASI foresees the gradual extension of social insurance to cover a wider segment of the population over the next five years including the self-employed in the form of mandatory coverage to be implemented in 2011 and voluntary coverage for other groups to be implemented in 2012. It also has plans to cover non-Omani workers starting in 2014, with the possibility to cover short-term benefits such as unemployment insurance as well as health insurance. In its 14th Annual Report, PASI records the subscription of 10,577 establishments in 2007 with a total of 131,775 active workforce, representing an increase of 15% compared to a workforce of 114,311 insured in 2006. Also reported are a number of activities and initiatives including the Social Insurance Seminar and 35 workshops and numerous programmes in the fields of investment, social insurance, legal issues, media and public relations, English language, auditing, human resource development, information systems, statistics and computerization, science and technology.
9.2 Private insurance by employers

The Law Governing Compensation for Occupational Injuries and Illnesses issued by Royal Decree No. 40/1977 requires employers to insure themselves and their workers with appropriate insurance to cover the compensation for occupational injuries and illnesses, as specified by the provisions of this Law.

The above Law consists of seven Parts and 49 Articles, and is appended by two Tables on the “Degrees of Disability in the Case of Loss of a Limb or Member,” and “List of Occupational Illnesses”. Following a detailed section on definitions, the Law acknowledges the Sharia’h Court for matters of inheritance and estate, the Traffic Court for such cases, and the Labour Court for labour matters.

The Law covers all workers, including those on probation, but excludes from its provisions the following groups:

- Members of the Army and the Police;
- Public sector employees;
- Causal workers;
- External workers (work carried in a place not under the supervision of the employer);
- Members of the employer’s family living with him, and his dependents;
- Domestic servants;
- Workers of small businesses (self-employed with 10 workers or less, excluding family members);
- Agricultural workers;
- Workers benefitting from special agreements with benefits equal to or exceed those under this Law;
- Any other group which the Government decides to exempt after consultation with the Minister and the employer.

Part II of the Law covers the subjects of injury and notification. Injuries are those resulting from accidents happening in the course of work or due to it, unless the cause was intentional or one of the occupational illnesses listed in the Appendix. Injuries also cover accidents to and from work. The injured worker is required to notify the employer of the accident and its circumstances within thirty days of its occurrence. This Part goes into more details regarding the injury and its notification.

Part III covers medical treatment and principles of compensation, detailing the types of treatment and conditions for compensation. The subject of compensation for occupational accidents is elaborated in more details under Part IV, while compensation for
The role of MOH in assessing occupational disabilities is acknowledged.
10. EDUCATIONAL, TRAINING AND AWARENESS RAISING STRUCTURES

By nature of its strong political will, industrial and economic development plans, labour market system, improved educational system, updating of the vocational technical education centres and the importance attached to social protection; Oman may be classified as one of the more advanced countries in the world in providing OSH educational, training and awareness raising opportunities. It is also qualified to become a regional centre of excellence in the education and training of OSH. The prospects referred to are based on the following opportunities.

10.1 Bachelor's and Diploma programmes in Industrial Hygiene & HSE

In collaboration with MOM, the Ministry of Health initiated the 4-year Industrial Hygiene/HSE programme for implementation under the Colleges of Technology in Oman. The development of this programme was based on the Sultanate’ needs for specialists and technicians in the field of OSH, and designed to fall within the Colleges of Technology’ Qualification Framework. The programme has two levels, namely the Diploma and the Bachelor Degree. During year 1 and year 2 of the programme, the student covers a number of basic science courses, health sciences, safety and laboratory techniques and management, introduction to OSH with exposure to selected hazards, first aid epidemiology and statistics. The student is also given summer training. Qualified students have the option to proceed with the Degree programme in two streams: Industrial Hygiene and HSE specializations over years 3 & 4. In these two years, the student covers more in-depth courses of the evaluation and control of occupational hazards, physiology and anatomy, toxicology microbiological techniques, ergonomics, ventilation, sampling techniques, OSH and risk management, air quality and pollution control, advance epidemiology and remote sensing. Depending on the stream followed, special emphasis is given to hygiene and HSE issues. Summer training is also offered in both years, with the availability of a number of electives.

The course syllabus offers an extended outline of the course description, weight in credit hours, prerequisites, objectives and outcome. A detailed description of the OSH /HSE programme is available upon request. Based on the requirements set by the Occupational Health and Safety Regulation for Establishments Government by the Labour Law issued by Ministerial Decree No. 286/2008 concerning the number of Industrial Hygienists and Safety Officers needed by establishments, and given the Government policy on Omanization, all graduates from this programme are expected to be absorbed by the job market over the next 20 years.

The above programme is judged to be unique both at the regional and international level. It is therefore expected to attract students from the Gulf and other regions.

10.2 B.Sc (Hons) Health, Safety and Environmental Management

This programme is offered by the International College of Engineering and Management (ICEM) which is licensed by the Ministry of Higher Education (MOHE) in Oman. ICEM is also affiliated to the University of Central Lancashire (UCLan) in the United kingdom, which ensures
the highest level of quality assurance that is characteristic of British Universities. The 4-Year programme consists of 6 modules per year. At the end of year 1, the student is offered an Exit Award Certificate of Higher education in HSE Management by UCLan after having covered topics on HSE, personal safety, fire safety, environmental science, principles of science and mathematics, personal and professional development and an option in industrial placement. Year 2 offers as an Exit Award the Diploma of Higher Education in HSE Management by UCLan and goes more into depth in the courses covered by year 1, in addition to legal studies and safety technology. Year 3 covers HSE management, human factors in health and safety, safety in oil and gas fields, environmental conservation in the GCC and professional development projects. The student is offered an Exit Award of B.Sc. in HSE Management by UCLan.

Year 4 of the programme, is spent at UCLancashire following which the student is offered the Target Award of B.Sc. (Hons) HSE Management. The Courses given during this last year cover environmental impact assessment and environmental auditing disaster response and management, accidents and catastrophies, legal principles of sustainable development, hazards and risk management and a dissertation.

10.3 B. Sc. (Hons) Fire Safety

The ICEM also offers the B. Sc. (Hons) Fire safety (Engineering) and the B. Sc. (Hons) Fire safety (Management) in modules, giving the students an Exit Award in Certificate of Higher Education in Fire safety, Diploma of Higher Education in Fire Safety, and B. Sc. in Fire Safety (Engineering or Management) after the successful completion of Years 1, 2 and 3 respectively.

Year 4 at UCLan graduates the student with the Target Award B. Sc. (Hons) Fire Safety (Engineering) or (Management).

10.4 Training and awareness programmes

A number of short training and awareness raising programmes are carried out by various Ministries, agencies and institutions in the following manner:

10.4.1 Ministry of Manpower

As mentioned under Section 5.1.3, one of the major activities carried out by DOSH is awareness raising which is carried out by OSH inspectors on site. This constitutes part of the campaigns which are carried out for the purpose of alerting the employers regarding their responsibilities in maintaining a safe and healthy working environment, and the workers regarding their duties in applying safety instructions and procedures needed to preserve their right for safe working conditions.

In 2007, DOSH carried out a total of 58 awareness presentations and two symposia.

10.4.2 MOH
At the level of MOH, the following short training activities have been carried out by DEOH over the last two years:

- Two-week training for family physicians in Environmental and Occupational Health, as part of the requirement by Oman Medical Speciality Board;
- Regional Training of Trainers Workshop for National Injury Focal Points in Priority Countries using the TEACH –VIP curriculum;
- Annual National Workshop on the Management of Common Poisonings;
- Orientation Workshop on Environmental and Occupational Health;
- National Workshop on Environmental Health Assessment;
- National Workshop on Environmental Health Aspects of Occupational Health Personnel;
- Training course on OSH for Labour Inspectors and Muscat Municipality.

Research and awareness raising activities have also been implemented by DEOH as specified in Section 4.2. In addition to this, DEOH was instrumental in organizing the Muscat Declaration in Occupational Health (November 2006); and prepared the chapter on OSH for inclusion in the secondary schools teaching curricula. OSH was also the subject in the press and on TV programmes.

10.4.3 Fire & Safety Engineering College (FSEC)

The Fire and Safety Engineering College (FSEC), a division of ICEM, also offers a wide array of short courses covering airport fire training, fire and rescue, risk and safety management (risk management, environmental management, safety management, life support training) as well as special customer – specific courses in LNG firefighting techniques, petroleum tanker rollover, confined space rescue, high angle line rescue and “wadi” rescue. In addition, the College organizes seminars and workshops and carries out services in HSE health audits, industrial civil defense, and various fire safety audits. Courses are also conducted in collaboration with a number of other international institutions. Both the ICEM and the FSEC are accredited by leading international institutions in the USA and the UK. Among their novel activities is the safety course offered to 11th Grade students who are taken on factory visits to check for hazards. Also offered is a one-day "working safely" course.

10.4.4 PASI proposed training programmes in OSH

In addition to its major roll in insurance, workmen's compensation and the recording and notification of OSH injuries and fatalities, PASI proposes the inclusion of occupational medicine training within the curricula of the medical colleges in Oman. The proposal is justified on the basis of economic and industrial expansion, the growing rate of Omanization, the need for early detection of occupational diseases, the increasing awareness
in OSH and the preparation of Omani physicians for higher post graduate studies in occupational medicine.

In addition to the review of the current status of occupational medicine in Oman, PASI presents the mechanism for launching the programme and cites examples on the subjects which need to be covered in the training programme. These include topics such as:

- Recognition and identification of the various industrial pollutants and hazards (chemical, physical biological, and others);
- Identification of skills needed in the interpretation of environmental and biological measurements;
- Learning the skills needed in the detection of occupationally related diseases;
- Learning the skills needed in the detection and diagnosis of occupational diseases based on laboratory test (lung functions, audiometry, allergic testing);
- Use and interpretation of reports and statistics related to occupational injuries and diseases;
- Study of the health problems associated with psycho-social stress at work and their management.

The proposal also calls for the participation of Omani physicians in workshops, seminars and all activities relating to occupational medicine, cooperation with international organizations such as the WHO, ICO and ISSA. The publication of a guide/booklet on occupational medicine like any other MOH publications is also recommended, along with the publication of procedures concerning the detection, diagnosis and treatment of occupational diseases, similar to the publications on malaria eradication and poisoning control.

10.4.5 Others

The above includes al-Taif Institute and the initiative which are carried out by a number of establishments such as PDO, Omantel and those within the industrial zones.
11. OCCUPATIONAL HEALTH SERVICES (OHS)

Whilst the umbrella Regulation of Occupational Safety and Health for Establishments Governed by the Labour Law (Ministerial Decision No. 286/2008) requires establishments with 50 or more workers to “… assign a qualified supervisor to handle the OSH task…”, it does not address the “assignment” of a qualified occupational health specialist. The Regulation does however address the issue under Section 1 of Chapter 3, namely the following Articles:

- **Article (19):** requires the employer to conduct medical examination on workers assigned to work which may expose them to the risk of occupational diseases, for the purpose of assuring “… their physical, mental, and psychological capability to work”;
- **Article (20):** requires the employer to conduct periodical medical examination for workers exposed to the risk of developing occupational diseases, in accordance with the MOH list of occupational diseases;
- **Article (21):** refers to the table annexed to the Regulation, which lists the analysis required by a selected occupational diseases;
- **Article (22):** addresses the frequency of medical examinations, the need to grant affected workers leave and to remove them from the exposure if so required by the medical authorities. Provisions are also made to allow the return to work upon medical clearance, and to avail the required testing free of charge;
- **Article (23):** requires vaccination, in cases of exposure to bio-hazards, against contagious diseases;
- **Article (24):** requires end-of service medical examinations for workers who were at the risk of exposure to contagious diseases;
- **Article (25):** requires first aid kits at the workplace.

11.1 Existing OHS

In implementing the above provisions, MOM relies on the services provided by MOH, which is the Government agency mandated with the responsibility of occupational health. At present, OHS’s are provided by the Ministry’s medical centres which conduct general medical check up for expatriate workers who are seeking residency permits. The examinations are too general to comply with the Regulations requirements for pre-placement, periodical and exposure medical examinations.

11.2 Proposed OHS

Given the limited scope of the existing OHS system, DEOH submitted a proposal aimed at transforming the present OHS centres in such a manner as to enable them to perform proper pre-placement, periodical and exposure medical examinations taking into consideration the nature of the work and occupational exposure. The proposal supports the Regulation of OSH
provisions, and takes note of the medical, legal, ethical and human rights issues associated with the principles and philosophy of OHS. Its impact may be summarized in the following manner:

- The OHS’s constitute the primary prevention against occupational exposure;
- OHS’s generate revenues which are badly needed for its development;
- The development of OHS is crucial to the development of occupational medicine and to the upgrading of the capabilities of the associated medical cadre;
- The new capability is expected to rate the Sultanate high among the Gulf States in providing such developed services;
- OHS’s will contribute to assessing the workers fitness and his/her placement in the right job which is one important measure towards the control of exposure;
- The care provided to the health of workers, who constitute a large segment of the population, is regarded as one of the important elements in promoting sustainable development and primary care, which will result in higher and better economic growth.

11.3 OHS at the private sector

As discussed under Section 6.2, occupational safety and health has been accorded the priority needed to comply with the Regulation of OSH (No.286/2008) in large industrial establishments. Action however is concentrated on the protection of the workers against occupational hazards, training, awareness data collection and safety audits. Whilst these are important issues, there is more to be done in the provision of occupational health services as required by international standards such as the ILO Occupational Health Services Convention, 1985 (No.161). This will also be one of the main challenges facing the newly developed industrial zones such as the Port of Sohar. The difficulties encountered in organizing such services relate to the scarcity of available qualified occupational physicians and the lack of support facilities including testing facilities and laboratory services. The scarcity of the complementary support personnel needed in the field occupational hygiene and safety engineering add to the difficulties just mentioned.
12. ROLE OF THE EMPLOYERS’ AND WORKERS’ ORGANIZATIONS IN OSH

One of the priorities and outcomes of the development goal of the DWCP of Oman is the enhancement of social dialogue to effectively contribute to the development of social and economic policies. The improvement of the legal and institutional framework of tripartite and bipartite social dialogue mechanisms has been reaffirmed by the Government as reflected by MOM, other line Ministries, as well as the employers’ and workers’ organization. Tripartism is particularly noted in the field of OSH as judged by the representation under the national OSH Committee, discussed in Section 6.1.

12.1 Oman Chamber of Commerce and Industry (OCCI)

The Oman Chamber of Commerce and Industry (OCCI), established by Royal Decree in 1973, plays an important role in the country’s socio-economic development process. It has taken a number of initiatives in the development and diversification of the private sector and support to small and medium size enterprises (SME’s).

In the field of OSH, OCCI is an active member of the national member Committee on OSH, which results in stronger cooperation with MOM, MOH and other concerned bodies. The organization is particularly concerned about OSH conditions at SME’s where OSH standards are not observed the way they are at large enterprises. This concern has also been voiced with regard to sub-contracting activities. OCCI also feels that OSH standards should be applied taking into consideration the special nature and type of occupational hazards at the level of enterprise.

As a member of the COSH, OCCI plays a role in the review, formulation and updating of OSH policies. Whilst OCCI has a number of sub-committees under its Vocational and Services Committee, OSH has so far not enjoyed such a privilege, which OCCI plans to rectify in future. It is hoped that this will be followed by the adoption of an OSH policy. No awareness raising activities have been noted in this field.

OCCI is an active partner in implementing the ILO DWCP of Oman, and has the potential to play a role in awareness raising, human resource development and conducting studies related to OSH.

12.2 General Federation of Oman Trade Unions (GFOTU)

Following a gradual progression which started in Representative Committees, the General Federation of Oman Trade Unions (GFOTU), established by Royal Decree No. 74/2006, has the role of protecting the interests of the workers, defending their rights, improving their financial and social conditions, and representing them in all other related matters. GFOTU will hold its First Founding Congress at the end of 2009.
One of the main stated objectives of the GFOTU is awareness raising among workers in applying occupational safety and health rules and regulations at the enterprise level for the purpose of maintaining a safe and health work environment, and protecting themselves, the enterprises and the employers’ interests. Such commitment has been demonstrated by the GFOTU’s active representation and participation in the national tripartite OSH Committee, and the organization of its first workshop on OSH, in collaboration with ILO, in May 2009. GFOTU has established a special OSH entity which will report directly to one of its vice-presidents following the Congress elections.

Whilst the GFOTU believes that the oil and gas sector is advanced in the application of safety and health, it has concerns with regard to other sectors, and particular worry concerning OSH at SME’s.

Following the workshop on OSH which was held in May 2009, the GFOTU adopted the Plan of Action for future work which covered the following elements;

a. Key principles calling for the:
   − maintenance of hazard-free work environments;
   − consideration of the health of the workers and their families as a basic human right;
   − coverage of all workers without discrimination;
   − workers’ obligation to adhere to and apply OSH rules and instructions.

b. Target population covering:
   − each of the individual trade unions in Oman;
   − all the working population with emphasis on SME’s;
   − all establishments which are not covered by the Regulation of OSH.

c. Establishment of an OSH unit within GFOTU that reports directly to one of the Vice-Presidents; and provision of training to its staff including the enrolment in the industrial hygiene programme at the Higher College of Technology;

d. Promotion of tripartism through a system of defined rights, responsibilities and duties;

e. Active participation in the development of such documents like national profiles and guidelines on OSH;

f. Contribution to the national system concerning the recording and notification for occupational accidents and diseases;
g. Contribution to and participation in all national activities which aim at improving workers’ health and enhancing productivity through training, advocacy, awareness and achievement of a safety culture at the level of the Sultanate.

The above Plan of Action is expected to be the basis of GFOTU’s OSH policy in future. The General Federation also acknowledges public health issues such as the H1N1 virus at the workplace. It has also become an active partner in implementing the ILO DWCP in Oman.
13. **ONGOING NATIONAL OSH ACTIVITIES**

As indicated in the previous discussion on the national regulatory framework, competent authorities mandated with OSH, and the existing coordination and collaboration mechanisms; there is a large number of OSH activities in Oman. Examples on these are discussed in the following sections:

13.1 **Development of the list of Occupational Diseases**

Following extensive discussions coordinated by DEOH in collaboration with MOM, PASI and other competent authorities within the framework of COSH, a draft list of Occupational Diseases was prepared. The list is comprehensive in that it covers 76 diseases, with the type of occupational activities and contributing causes for each. The list is also categorized according to the chemical, physical and biological agents which are associated with the disease. Part of the list classifies the diseases into occupational lung diseases, dermatitis, eye diseases, psychological diseases and cancers. The list ends with an annex on the substances causing occupational cancers.

13.2 **Celebration of the World Day for Safety and Health at Work**

In Oman, the ILO World Day for Safety and Health at Work is celebrated on 28 April of each year. The celebration is not limited to MOM only, but has been held by MOH, and constitutes one of the main activities of COSH. It has also occupied space on the agenda of the GFOTU and of large establishments such as PDO and Omantel. Plans to extend the World Day to a World Week have been advanced.

13.3 **Organization of OSH campaigns**

Awareness raising in the field of OSH has been gaining momentum in Oman. OSH campaigns are regular features of the activities of several Ministries such as Manpower and Health as well as PASI and large establishments. Awareness raising is also high on the agenda of COSH. The Muscat Declaration of 17 November 2006 was a landmark which affirmed inter-sectoral cooperation in OSH, training, development of a strategy for pre-employment medical examinations and the formation of health Committees.
14. INTERNATIONAL COOPERATION

Cooperation with international organization is a declared policy in Oman. In the field of OSH, the national tripartite Committee on Occupational Safety and Health, referred to under section 6.1, calls for such cooperation under Article (2) of the Decisions which specifies the tasks of the Committee.

14.1 ILO

The ILO has developed a number of instruments since its establishments in 1917. It is estimated that close to 50% of ILO conventions relate directly and indirectly to OSH. Conventions are comparable to multilateral international treaties which are open to ratifications by Member States, and once ratified they become binding obligations. The ILO policy on OSH is contained in two Conventions and their accompanying Recommendations. The ILO Occupational Safety and Health convention (No.155) and Recommendation (No. 164), 1981, provide for the adoption of a national OSH policy and describe the actions needed at the national and at the enterprise levels to promote OSH and to improve the working environment. The ILO Occupational Health Services Convention (No. 161) and Recommendation (No. 171), 1985, provide for the establishment of OSH services which will contribute to the implementation of OSH and will perform its functions at the enterprise level.

At its 91st Session (2003), the ILC has also adopted the Global Strategy on OSH which aimed at the progressive improvement of safety and health in the world of work. In response to this strategy, the ILO Promotional Framework for Occupational Safety and Health Convention (No. 187) and its accompanying Recommendation (No.197) were adopted in 2006 to ensure the provision of a higher priority to OSH in national agendas and to promote a tripartite political commitment to the improvement of working conditions and environment. This instrument has a promotional rather than prescriptive scope which is based on the ILO Global Strategy with emphasis on the development of preventative safety and health culture and the application of a systems approach to the management of OSH at the national level. Further guidance by the ILO on OSH is provided in Codes of Practice which are used as reference in the process of formulating detailed regulations in the field, and important instruments in developing OSH programmes.

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Ever since Oman became a Member State of the ILO, it has ratified four out of the eight core Conventions, namely the:

- Forced Labour Convention, 1930 (No.29) – 30.10.1998
- Minimum Age Convention, 1973 (No.138) – 21.07.2005
- Worst Forms of Child Labour Convention, 1999 (No.182) – 11.06.2001

Past technical assistance concentrated on OSH, employment and labour market policies including LMIS and labour statistics, vocational education training policies and skills development, small and micro enterprises development, social security and labour standards.

In the field of OSH, the ILO carried out a mission in February 2002 for the purpose of providing technical advisory services and overall assessment of the OSH situation. A workshop on OSH was conducted with MOM including participants from other Ministries and Government agencies. It resulted in eight conclusions which called for the:

a. Establishment of a higher National Committee (or Commission) in OSH with representatives from the Ministries of Manpower, Health, Agriculture and Fisheries, Municipalities and Environment and Water Resources, Civil Defense and other concerned Governmental and Non-Governmental agencies;

b. Adoption of a national policy on OSH and action initiated towards the ratification of ILO Conventions 155, 161, 170 and 174;

c. Establishment of OSH Sections at each of the Labour Departments in other regions and the recruitment of qualified staff;

d. Adoption of the ILO Codes of Practice on Safety in the Use of Chemicals and the Prevention of Major Industrial Accidents by MOM;

e. Introduction of OSH in secondary, high school and vocational training curricula in order to promote a safety culture;

f. Development by the ILO of a technical cooperation project on OSH taking into consideration the need to upgrade OSH at the national level, including national staff and equipment;
g. Support of the national policy on OSH by the Omani Chamber of Commerce and Industry.

In this regard, it is gratifying to note that among the recommendations implemented were those listed under (a) and (e) above.

In the field of promoting fundamental principles and rights at work, and social dialogue, a number of activities have been carried out under the Labour Inspection project including training of inspectors in 2007, 2008 and 2009.

In response to the government’s request, the ILO formulated the Decent Work Country Programme (2009-2011) aiming at the developmental goal of contribution to economic growth with equity through decent work. Within the framework of this programme, OSH features as one of the activities. The DWCP Report lists ILO’s past and present cooperation with Oman in details under each of ILO’s four Strategic Objectives on the fundamental human rights, employment, social protection and social dialogue. This report on the National OSH Profile of the Sultanate of Oman has been commissioned by the ILO in August 2009 and based on consultations with MOM and a number of Governmental agencies, OCCI and GFOTU, as well as other establishments will cover the areas referred to under the introduction. Emphasis will be placed on the assessment of OSH in Oman with particular reference to a set of conclusions and recommendations.

14.2 WHO

On 23 May 2007, the 60th World Health Assembly of WHO endorsed the Global Plan of Action on Workers Health 2008-2017, urging Member States “to take measures to establish and strengthen core institutional capacities and human resource capabilities for dealing with the special health needs of working populations and to generate evidence on workers health and translate that evidence into policy and actions”. Resolution Objective 3, paragraph 18, urges the strengthening of the development of human resources for workers health by “further post-graduate training in relevant disciplines; incorporating workers’ health in the training of primary health care practitioners and other professionals needed for occupational health services; creating incentives for attracting and retaining human resources for workers’ health; and encouraging the establishment of networks of services and professional associations. Attention should be given not only to post graduate but also to basic training of health professionals in various fields such as promotion of workers’ health and the prevention and treatment of workers’ health problems.

1 WHO. Global Plan of Action on Workers’ Health, Geneva 2007
This should be a particular priority in health care”. Objective 3, paragraph 19 also urges that “WHO will provide guidance to Member States for the development of basic packages, information products, tools and working methods, and models of good practice for occupational health services. It will also stimulate international efforts for building the necessary human and institutional capacities”. The WHO Global Plan for Action on Workers’ Health 2008-2017, Objective 5, paragraph 28, also urges that “aspects of workers health should be taken into account in primary, secondary, and higher level education and vocational training”. Furthermore, OSH was featured as a key instrument in WHO Health for All by 2000 Global Strategy (HFA 2000)\(^6\).

WHO’s technical assistance for Oman in the field of occupational health has been going on for a long time. More recently such assistance, coordinated with MOH, covered a review of the situation of occupational health, finalization of the national framework for implementing the Global Plan of Action on Workers’ Health referred to above, and the organization of the national workshop on the subject. It also included collaboration with MOM in the form of input to incorporate the issue of healthy workplaces into the Regulation of OSH for Establishments Governed by the Labour Law.

As a result of the national workshop on the development of a framework for Workers’ health based on the WHO Global Plan, recommendations were submitted regarding the improvement of early detection and recording of occupational diseases, strengthening the linkages between occupational health and primary health care, development of health workplace programmes, elimination of hazards from the workplace and development of national policy instruments for occupational health.

WHO assistance has also included the Development of Oman National Injury Surveillance-Prevention and Control Programme in cooperation with UNICEF, for implementation by MOH. More details on this Programme are elaborated under Section 4.2.

In the field of assessment of the public health burden of injury and development of injury surveillance referred to above, the WHO assistance also covered the study on Framework for National Policy on Road Safety and Injury Prevention in Oman, in collaboration with DEOH at MOH. In the wake of statistics indicating 1500 traffic injuries annually, the study aimed at outlining the burden and impact of injuries, goals and objectives of injury prevention and control policy, strategic approaches and a plan of action for the development of a policy on the subject.

14.3 UNICEF

Within the framework of cooperation with WHO referred to under Section 14.2, UNICEF had a major role in developing the Operational Guidelines for the National Injury Surveillance System in the Sultanate. This project focuses on the review of existing surveillance systems adopted by ROP, industry, community and private institutions. It also covered mechanisms for data collection, training programmes on analysis and management of the data along with its monitoring, reporting, dissemination, feedback and application.
15. OTHER RELEVANT INFORMATION

Within the framework of presenting this Profile, it is important to note that a number of national reports and related documents exist in Oman. These include, but not restricted to the following:


This Report is produced by MOM on annual basis. Following a summary of the main developments in the labour market during the period 2003-2007, the 2007 Annual Statistics Report contains valuable information on the:

- PART 1: Development of Omanization;
- PART 2: Employment
- PART 3: SANAD Programmes (for employment);
- PART 4: Vocational Training and Technical Education;
- PART 5: Expatriate Labour Force in the Private Sectors;
- PART 6: Labour Welfare

Part 6 on the Labour Welfare is introduced by a statistical resume on the activities which the Directorate General of Labour Welfare carried out in 2007, namely those which are listed under Section 5 of this Report, which also explains the four types of inspections carried out by DOSH and those by DOLI.

Similarly speaking, the Annual Report for 2008 highlights the issuance of the Ministerial Decree (No.286/2008) on OSH and notes that OSH inspections covered 1003 visits during the same year in the Governorates of Muscat, Dhofar and Ash Sharqiah. It also refers explicitly to the cooperation with ILO.

15.2 Assessment of Occupational Health in Oman: Country Profile

The above document was produced by DEOH at MOH within the framework of the recommendations of the first meeting held by the GCC Committee on OSH in 2006, in Arabic. The report lists the Government Ministries and agencies as well as the private sector stakeholders which play a role in OSH. Following a presentation of the manpower by administrative regions and sector, the report goes through data published by the Ministry of National Economy on occupational accidents and diseases, along with classification by causes of accidents. Legislative instruments in the form of Decrees and Decisions are listed, and reference is made to the use of international Codes of Practice and guidelines in the absence of national instruments. The report also cites the inspections made (178 in 2005 and 109 in 2006), and refers to the education and training opportunities available in Oman, as
well as research studies conducted by MOH and Petroleum Development Oman which cover noise-induced hearing loss, the effects of fasting on work accidents, prevalence of occupational hand injuries, health and environmental hazards of the cement industry and lead poisoning. Also covered is an overall assessment of OSH compliance by industry, workmen’s compensation and disability, national constraints, health indicators and training activities.

15.3 National OSH Strategy for Oman and its implementation (2009-2012)

The above Strategy was presented by DEOH/MOH in Arabic, with reference to the WHO Global Plan for Action on Workers’ Health (2008-2017) which urges that “aspects of workers health should be taken into account in primary, secondary, and higher level education and vocational training”. It reviews occupational problems, OSH system including human resource development, intersectoral cooperation, advocacy and awareness, research and studies as elements of the national action plan (2009-2012). Reference is also made to ILO Conventions. The objectives of the Strategy are set as:

- Development and implementation of OSH policies;
- Promotion of health at the workplace;
- Improvement in the delivery of occupational health services;
- Provision and notification of data relating to the practice of OSH;
- Incorporation of the policies on the health of the workers in other policies.

The Strategy ends with a workplan listing the activities, priority rating, implementing body, time frame and indicators. It was prepared in consultation with experts from WHO, MOH, MOM, PASI, MONE, PDO, National Company for LNG, Sohar Aluminium, Cement of Oman and the Bashaer Medical Center.

15.4 Draft Public Health Law

The above Draft Public Health Law was prepared (in Arabic) by the Joint Committee which was established by Ministerial Decision No. 82/2005, including representatives from MOH, MORMWR, MOTI, MOM, MOA, Muscat Municipality and ROP. The Draft Law contains 20 chapters which cover the following topics in the order they appear in the text:

- Food hygiene;
- Water sanitation;
- Disposal of non-hazardous solid wastes;
- Sewage disposal;
- Air pollution control;
- Housing and health;
- Noise pollution control;
OSH legislation and practice;
- Health quarantine;
- Cemeteries;
- Radiation protection;
- Accident prevention;
- Slaughter houses;
- Food vendors;
- Control of tobacco and its products;
- Use of pesticides;
- Disposal of hazardous waste;
- Assessment of the effects of establishments on health;
- Control of communicable diseases.

15.5 Operational Guidelines for National Injury Surveillance System in the Sultanate of Oman

The above document was prepared as a cooperative effort between WHO, UNICEF, and MOH. In its development, discussions were held with senior personnel from MOH, MOT, ROP, Sultan Qaboos University, Sohar Hospital, Air Force Hospital, Al-Multaka Health Centre and Ibn-Sina Psychiatric Care Hospital. The purpose of the document was to:

- Review existing surveillance systems within health related sectors of police, industry, community and private institutions;
- Develop a feasible and sustainable methodology including coordination mechanisms for data collection;
- Conduct a training programme for all health related sectors involved with data collection, analysis and management;
- Develop a framework for internal and external monitoring, reporting, dissemination, feedback and data applications.

The document highlights the following points:

- Injuries and poisoning are the second leading cause of death, and the third leading cause of sickness in Oman;
- Road traffic deaths are investigated by MOT, data on these crashes and deaths are collected by police, information on sickness and disabilities are collected by MOH;
- In 2007, 8531 road traffic accidents resulted in 800 deaths and 8000 injuries.

The report also highlights the burden and impact of injuries and a number of other public health/medical issues. Data appearing in the section on occupational injuries have already been referred to under Section 8.2.2 of this Report. This work was followed by the development of the “Framework for National Policy on Road Safety and Injury Prevention in Oman.”
16. SITUATION ANALYSIS AND NATIONAL STRATEGY

In conducting a situation analysis of the OSH in Oman, a number of principles, roles and responsibilities and national organizational factors should be considered, along with national constraints. These include the following:

16.1 Key principles

The key principles to be taken as a basis for future action are:

a. The workplace environment should be maintained as hazard-free as reasonably possible;
b. The health of the workers and their families is a basic human right;
c. Workers should not be discriminated against on any basis;
d. Government agencies have a crucial role of providing advice on sound OSH practices;
e. Employers have the responsibility of providing safe and health working conditions;
f. Workers have the right for safe and health work environment, and the obligation to follow and apply safety, rules and instructions;
g. Empowerment of women and the reinforcement of their right to work is essential;
h. Society has a major role to play in promoting a safe and healthy work environment.

16.2 Target population

Consideration should be taken of the roles and responsibilities of the following different target groups:

a. Concerned government agencies;
b. Oman Chamber of Commerce and Industry;
c. General Federation of Oman Trade Unions;
d. Government workers;
e. Private sector workers in both the formal and informal economy;
f. Workers in small enterprises (< 10 workers);
g. Agriculture and fisheries workers;
h. Oil and gas workers;
i. Women workers;
j. Expatriate workers;
k. Child workers;
l. Domestic helpers;
m. Other vulnerable groups.
16.3 Organizational factors

These factors cover the structure of MOM as the Ministry mandated with the enforcement of the Labour Law and its Regulation of OSH (No. 286/2008), including the need to strengthen the capabilities of the OSH staff. Also included under this discussion are issues relating to inter-Ministerial and intersectoral coordination, and the role of the rest of the social partners. In more specific terms, the elements of a national OSH strategy would cover the following topics:

a. Adoption of a sound national OSH policy;

b. Strengthening the capabilities of MOM;

c. Strengthening the enforcement of OSH legislation;

d. Role of tripartism;

e. Inter-Ministerial/inter-sectoral coordination;

f. Recording and notification of occupational accidents and diseased;

g. Extension of social protection;

h. Training, advocacy awareness and safety culture.

16.4 National constraints

The adoption and implementation of a national strategy must be cognizant of a number of constraints. First, OSH must be placed high on the national political agenda, which is the case in Oman that is committed to the implementation of the ILO Decent Work Country Programme. Secondly, the allocation of the necessary budget is a pre-requisite. Thirdly, the shortage of qualified OSH personnel and the needed logistic support remain to be remedied.
17. PRIORITIES FOR ACTION: RECOMMENDATIONS

Based upon the previous discussions and on the situation analysis and national strategy, a number of issues emerge as priorities for action. Whilst these issues are equally important and complementary in nature, an attempt is made to list them in some order of priorities as recommended action. In doing so, the recommendations are presented in a manner which will explain why action is needed, what elements are addressed, and how they are proposed to be implemented. The implementation will be time-bound and structured along the time frame of the 8th 5-year Development Plan (2011-2016). It will set as a target the achievement of self-regulation of OSH by the year 2016, as will be explained under section 17.16.

For the time-bound purpose referred to above, a time framework appears as Annex III indicating that action could start as early as possible but not later than the third quarter of the year 2010.

17.1 Adoption of National Policy on OSH

Recognizing the magnitude and gravity of occupationally related accidents, diseases and fatalities on the workers, their families, the environment and economic growth;

Acknowledging the need to support the Regulation of Occupational Safety and Health for Establishments Governed by the Labour Law (Ministerial Decision No. 286/2008);

Stressing the importance of keeping pace with the momentum achieved in the field of OSH at the level of the Sultanate so far;

Recalling the country’s strong commitment to promote decent work;

The adoption and declaration of a National Policy on OSH in Oman, through MOM as the Ministry mandated with the enforcement of the Labour Law, is highly recommended. The Policy could use as guidance the provisions stated in international instruments, namely the:

- ILO Occupational safety and Health Convention, 1981 (No.155);
- ILO Occupational Health Services Convention, 1985 (No.161);
- ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No.187);
- ILO Global Strategy on OSH, 2003;
- ILO Guidelines on OSH Management Systems, 2001;
- WHO Health for All by 2000 Global Strategy; and the
- Parallel to the adoption of National Policy on OSH, action should also be taken to adopt the National Strategy of OSH which COSH has developed in collaboration with, MOM and MOH, referred to under Section 15.3 as this can be the basis for future action.
17.2 Strengthening the OSH capabilities of MOM

The present OSH capability of MOM is not compatible with the country’s commitment to achieve the highest standards of OSH, protect the national and expatriate labour force from the hazards at the workplace, and to meet the challenges posed by industrial expansion and the introduction of new technologies with their associated hazards. It is recommended therefore to upgrade the capability of DOSH within the Ministry through:

- Increasing the number of its technical cadre from its present size of 9 to approximately double the size; with formal expertise in the areas of occupational hygiene, safety engineering and competencies in chemical safety, physical and biological hazards, as well as mechanical, electrical and ergonomic capabilities;

- Equiping DOSH with field devices for measuring chemicals including gases, vapours and dusts; noise; heat; ventilation; illumination and radiation;

- Allocation of adequate space for the accommodation of basic wet chemistry, and physical laboratory facilities as well as a well equipped library and a meeting room;

- Formalization of a mechanism which permits the use of the advanced laboratory facilities at the Ministry of Environment for the purpose of analyzing environmental and biological samples should the need so require;

- Adoption of a more systematic mechanism for the collection, analysis and dissemination of information on occupational accidents, diseases and fatalities in harmony with the unified standard system of recording and notification of occupational accidents and diseases, as discussed under section 17.6;

- Provision of a direct access or representation at the national tripartite Committee on OSH in order to keep up-to-date with OSH programmes, initiatives and exchange of views that take place in the form of inter-sectoral debates;

- Assumption of the responsibility of representing MOM at national, regional and international conferences and the presentation and delivery of the needed technical input in coordination with DEOH, PASI and other concerned bodies;

- Provision of fellowships, study tours, technical training and refresher courses to the present technical staff for the purpose of enhancing their skills;

17.3 Integration of MOM’s inspection system

Since OSH inspection and labour inspection both fall under the responsibility of the Directorate General of Labour Welfare (DGLW), and given their increasing role in the
enforcement of the Labour Law and the economic growth and expansion in the industrial sector, it is recommended to have the two functions integrated in a manner so as to allow complimentarity. This will enhance the effectiveness of inspection through co-ordination of efforts, and could be achieved by utilizing the skills of the Labour Inspectors in the identification and recognition of OSH problems for referral back to the OSH Inspectors. This can be enhanced by providing the Labour Inspectors orientation in OSH matters so as to enable them to detect and recognize the basic chemical, physical, biological, mechanical and ergonomic OSH problems.

17.4 Upgrading the status of COSH

Whilst the achievements of the national Committee on Occupational Safety and Health since its establishment in 2004 are commended, the increasing challenge in facing pressing OSH demands dictated by the economic industrial growth in the Sultanate requires strengthening of its role. This could be achieved by upgrading the status of the Committee to the level of an independent Commission, and by;

- Designation of sub-committees within the Commission to pursue the action needed in areas such as:
  - The harmonization of recording and notification of occupational accidents, diseases and fatalities; commuting accidents; and dangerous occurrences and incidents in accordance with internationally recognized instruments such as the ILO Code of Practice or Recording and Notification of Occupational Accidents and Diseases;
  - Licensing of industrial establishments;
  - Reviewing and update of the list of Occupational Diseases;
  - Assessment of occupational disabilities;
  - Adoption of occupational exposure limits;
  - Involvement in the review and development of OSH legislation including the application and ratification of international standards;
  - Promotion of occupational health services;
- Expansion of the Commission’s membership to include the Ministry of Environment.
- Increase in the frequency of the meetings.

17.5 Extension of social insurance coverage

In view of the Labour Law’s provisions which protect all workers, Omanis and expatriates, against the occupational hazards at the workplace, and based on the importance of recording and notification of occupational accidents and diseases in introducing control measures and on the success which PASI has so far demonstrated in this field, the extension of the social insurance coverage to the self-employed and to expatriate workers is strongly recommended. Realizing the complexity of this issue, ILO is called upon to assist PASI in
17.6 Adoption of a recording and notification of occupational accidents and diseases system

In view of the preventive value and lessons learnt from reported occupational accidents and diseases, the adoption of a unified consistent system of collecting reliable information on occupational accidents, occupational diseases, commuting accidents, dangerous occurrences and incidents is highly recommended as part of the National Policy on OSH referred to under section 17.1. In this regard, the formulation of such a policy could be guided by the ILO Code of Practice on the Recording and Notification of Occupational Accidents and Diseases discussed under Section 8.1.

17.7 Enhancement of the application of the Regulation on OSH (Ministerial Decision No. 286/2008)

Given the importance of the above Regulation in the enforcement of OSH nationwide, and based on the requirements prescribed by its provisions concerning their implementation as discussed under section 3.1.2, MOM is called upon to develop and organize an introductory training programme aimed at the enhancement of its application. Such training should cover all concerned Ministry staff and be conducted by technical and legal specialists. The Regulations should also be the subject of introductory sessions aimed at familiarizing establishments with the objectives and contents of the Regulations through the active involvement of MOM personnel in collaboration with OCCI and GFOTU within the framework of the tripartite national Committee on OSH.

17.8 Enhancement of OSH capacities of SME’s

Since SME’s do not enjoy the same privilege of OSH inspections which are accorded to larger enterprises, and based on the fact that SME’s encounter a number of known and unknown hazards, a more concerted action should be pursued in enhancing their OSH capabilities. This could include, in addition to national awareness raising campaigns, the designation by each SME of OSH Focal Point to undergo a short course/orientation on OSH at MOM. This activity could be conducted on regular basis in the form of a tailored programme for delivery to 15-20 Focal Points at a time.

17.9 Coverage of and participation by the industrial zones in Oman’s national strategy on OSH

Based on the traditional and new occupational hazards which emerge as a result of the complexity and magnitude of the industrial zones, it is recommended to recognize and distinguish those zones as a unique entity which warrants special concern in OSH matters. This could be done through wider and more active involvement of the zones in the
implementation of the national OSH strategy, participation in the activities of COSH and the delivery of data on occupational accidents and diseases within the overall framework of the national system of recording and notification of occupational accidents and diseases discussed under Section 17.6 above.

17.10 **Strengthening of occupational health services (OHS)**

Although the Regulations on OSH have special provisions regarding the delivery of OHS’s under articles 19-25, more work needs to be done in this context. It is therefore recommended to strengthen those services, in cooperation with MOH, through the introduction of the following:

- Clinical services at the workplace;
- Health promotion initiatives at the workplace;
- Provision of basic OHS’s, including evidence based on justification;
- Women health workers especially those in their reproductive age;
- Expansion of the array of medical testing of expatriate workers to cover proper pre-employment, periodic and end-of-service medical exams;
- Occupational health integration into primary health care system;
- Estimation of the burden of occupational accidents and diseases;
- Sustained revision and evaluation of the injury surveillance system;

In implementing the above, guidance may be sought from the ILO Conventions concerning Occupational Health Services, 1985 (No.161) and Occupational Safety and Health, 1981 (No.155); and WHO’s Global Plan of Action on Workers’ Health, 2008-2017, and Health for All by 2000 Global Strategy.

17.11 **Harmonization of the systems of licensing and inspecting industrial establishments**

In Oman, as is the case in many other countries, licensing and inspecting of industrial establishments goes through a laborious process involving a number of Ministries and Government agencies. This often results in redundancy and sometimes conflict in the decision making process. In order to avoid this difficulty and to ensure a comprehensive harmonious mechanism, licensing and inspection could be synchronized and carried out, as much as practicable, at the same time by an inter-ministerial / sectoral body which is best suited to evolve from the tripartite mechanism available at COSH, as expanded and upgraded.

17.12 **Prescription with the ILO International OSH Centre (CIS)**

In order to facilitate its worldwide exchange of information in OSH, the MOM should immediately subscribe with the ILO International Occupational Safety and Health Information Centre (CIS) as a “National CIS Centre”. Ever since its establishment in 1959, the CIS has published information in the form of bibliographic card sets and maintained a
bilingual (English and French), high-quality, data-base which appears on CD-ROM. In addition to its bi-monthly bulletin “Safety and Health at work – ILO / CIS bulletin”, CIS is responsible for the ILO “Encyclopedia of Occupational Health and Safety”. It also participates in the preparation and public of the International Chemical Safety Cards (ICSCs) of the International Programme on Chemical Safety (IPCS) and continues to be active in the activities on the coordinating group for Chemical Information Exchange of the Inter-Organization Programme for the Sound Management of Chemicals (IOMC), which is a joint collaborative effort with other UN agencies. In this regard, Oman is particularly suited to become a National CIS Centre in view of the political will of its stakeholders to promote OSH, and the wealth of information that is present in the field of statistics, education and training in OSH which will add a new source of information to CIS on a region that has so far lagged behind in this field. The “National CIS Centre” could be accommodated at MOM provided a physical space is allocated, along with computer and English / French capability. Otherwise, arrangements could be made for the DEOH to host the Centre within the present framework of collaboration that exists between MOM and MOH.

17.13 Identification and control of major hazard installations

Given the drastic immediate and delayed effects of major industrial accidents on the workers, the public and the environment; it is recommended that those installations which store, process or produce hazardous substances in such a form and in excess of an assigned threshold that they possess the potential to cause a major accident; be identified and their record kept at MOM for control and management purposes. In order to implement this recommendation, guidance may be sought from internationally adopted standards such as the ILO Prevention of Major Industrial Accidents Convention, 1993 (No.174) and its accompanying Recommendation, 1993 (No.181), published in the form of a Code of Practice.

17.14 Development of a technical cooperation project

The development of a technical cooperation project aimed at strengthening the MOM’s technical/equipment capabilities, the training of national staff and the provision of international expertise is recommended. Assistance may be sought in developing the documents from the ILO within the framework of the implementation of the DWCP.

17.15 Promotion of nation-wide safety culture

Whilst activities aimed at awareness raising in OSH are acknowledged to have taken place in Oman by MOM, other competent authorities and private enterprises; such activities are recommended to be intensified and better coordinated between the competent authorities mentioned under section 4 and the Employers’ and Workers’ Organizations, and the private sector. MOM may wish to consider a proposal to give the name “Occupational Safety and Health” to one of the main roads, highways or public monuments in Muscat on the next celebration of the World Day for Safety and Health at work, on 28 April 2010. This will not
only reaffirm the national commitment to OSH, but will cement a national safety culture that is needed to achieve self-regulation at the enterprise level.

17.16 Declaration of Self-Regulation in OSH by 2016

Based on the Government’s commitment to OSH and the difficulty of providing full OSH inspection coverage to industrial establishments which are growing in number at an exponential rate, it is recommended to adopt a declaration of Self-Regulation in OSH by 2016, by all establishments which employ 50 workers or more, provided the priority actions described under section 17 above are implemented.

As a practical exercise, MOM may wish to refer to Annex III for the purpose of deciding on the specific activities which are needed to lead to the implementation of each of the priority actions/recommendations. This task would need the input of DOSH and DOLI at MOM, as well as all the other concerned Ministries and stakeholders. Once completed, the activities could appear in a more expanded workplan than that appearing in Annex III.
ANNEX I
(Tables 1 – 30)

Table 1
Total Population in the Sultanate by Age Group and Gender (Mid 2007 Estimate)

<table>
<thead>
<tr>
<th>Age Group Years</th>
<th>Omanis Male</th>
<th>Omanis Female</th>
<th>Total No.</th>
<th>Total %</th>
<th>Total Male</th>
<th>Total Female</th>
<th>Total No.</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>112,292</td>
<td>110,314</td>
<td>222,606</td>
<td>11.6</td>
<td>134,151</td>
<td>125,794</td>
<td>259,945</td>
<td>9.5</td>
</tr>
<tr>
<td>5-9</td>
<td>113,060</td>
<td>109,130</td>
<td>222,190</td>
<td>11.6</td>
<td>132,245</td>
<td>122,195</td>
<td>254,440</td>
<td>9.3</td>
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<tr>
<td>10-14</td>
<td>127,819</td>
<td>123,189</td>
<td>251,008</td>
<td>13.1</td>
<td>143,042</td>
<td>132,828</td>
<td>275,869</td>
<td>10.1</td>
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<tr>
<td>15-19</td>
<td>141,343</td>
<td>136,620</td>
<td>277,963</td>
<td>14.5</td>
<td>150,988</td>
<td>142,950</td>
<td>293,938</td>
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</tr>
<tr>
<td>20-24</td>
<td>129,618</td>
<td>125,139</td>
<td>254,757</td>
<td>13.2</td>
<td>166,750</td>
<td>142,495</td>
<td>309,246</td>
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<tr>
<td>25-29</td>
<td>103,233</td>
<td>103,709</td>
<td>206,942</td>
<td>10.8</td>
<td>204,681</td>
<td>130,286</td>
<td>334,966</td>
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<td>30-34</td>
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<td>69,300</td>
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<td>96,840</td>
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<td>35-39</td>
<td>45,050</td>
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<td>88,447</td>
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<td>153,147</td>
<td>65,313</td>
<td>218,460</td>
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<td>40-44</td>
<td>33,830</td>
<td>36,328</td>
<td>70,158</td>
<td>3.6</td>
<td>127,274</td>
<td>50,782</td>
<td>178,056</td>
<td>6.5</td>
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<tr>
<td>45-49</td>
<td>22,668</td>
<td>26,033</td>
<td>48,701</td>
<td>2.5</td>
<td>86,718</td>
<td>33,687</td>
<td>120,405</td>
<td>4.4</td>
</tr>
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<td>50-54</td>
<td>19,466</td>
<td>21,159</td>
<td>40,625</td>
<td>2.1</td>
<td>56,463</td>
<td>25,243</td>
<td>81,706</td>
<td>3.0</td>
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<td>55-59</td>
<td>15,748</td>
<td>14,733</td>
<td>30,481</td>
<td>1.6</td>
<td>29,510</td>
<td>16,734</td>
<td>46,244</td>
<td>1.7</td>
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<td>21,247</td>
<td>14,728</td>
<td>35,975</td>
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<td>65-69</td>
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<td>15,906</td>
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<td>10,563</td>
<td>7,754</td>
<td>18,316</td>
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<td>70-74</td>
<td>7,039</td>
<td>6,637</td>
<td>13,676</td>
<td>0.7</td>
<td>7,968</td>
<td>7,114</td>
<td>15,083</td>
<td>0.5</td>
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<tr>
<td>75-79</td>
<td>2,494</td>
<td>2,468</td>
<td>4,962</td>
<td>0.3</td>
<td>2,870</td>
<td>2,722</td>
<td>5,592</td>
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<td>&gt;80</td>
<td>3,196</td>
<td>3,686</td>
<td>6,882</td>
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<td>3,621</td>
<td>3,916</td>
<td>7,537</td>
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<td>Total</td>
<td>970,4899</td>
<td>952,208</td>
<td>1,922,697</td>
<td>100</td>
<td>1,622,119</td>
<td>1,121,380</td>
<td>2,743,499</td>
<td>100</td>
</tr>
<tr>
<td>%</td>
<td>50.5</td>
<td>49.5</td>
<td>100</td>
<td>-</td>
<td>59.1</td>
<td>40.9</td>
<td>100</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 2

Omani’s Working in the Private Sector Registered with Public Authority for Social Insurance by Gender and Age Group (2007)

<table>
<thead>
<tr>
<th>Age Group (Year)</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Under 21</td>
<td>11,300</td>
<td></td>
<td>1,243</td>
</tr>
<tr>
<td>21-25</td>
<td>41,610</td>
<td>34,808</td>
<td>6,802</td>
</tr>
<tr>
<td>26-30</td>
<td>34,336</td>
<td>27,649</td>
<td>6,687</td>
</tr>
<tr>
<td>31-35</td>
<td>16,786</td>
<td>12,951</td>
<td>3,835</td>
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<td>36-40</td>
<td>8,271</td>
<td>6,264</td>
<td>2,007</td>
</tr>
<tr>
<td>41-45</td>
<td>6,696</td>
<td>5,464</td>
<td>1,232</td>
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<td>46-50</td>
<td>5,710</td>
<td>4,963</td>
<td>747</td>
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<tr>
<td>51-55</td>
<td>3,829</td>
<td>3,438</td>
<td>391</td>
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<tr>
<td>56-60</td>
<td>2,341</td>
<td>2,212</td>
<td>129</td>
</tr>
<tr>
<td>&gt;60</td>
<td>896</td>
<td>864</td>
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</tr>
<tr>
<td>Total</td>
<td>131,775</td>
<td>108,670</td>
<td>23,105</td>
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</tbody>
</table>

Table 3

Civil Service Employees by Age Categories, Nationality and Gender (2007)

<table>
<thead>
<tr>
<th>Age Group Year</th>
<th>Omanis</th>
<th></th>
<th></th>
<th></th>
<th>Expatriates</th>
<th></th>
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<tr>
<td></td>
<td>Total</td>
<td>Man</td>
<td>Woman</td>
<td>Total</td>
<td>Man</td>
<td>Woman</td>
<td>Total</td>
<td>Man</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>&lt;20</td>
<td>3,693</td>
<td>1,645</td>
<td>2,048</td>
<td>2.1</td>
<td>14</td>
<td>14</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td>21,638</td>
<td>9,084</td>
<td>12,554</td>
<td>12.6</td>
<td>387</td>
<td>122</td>
<td>265</td>
<td>1.8</td>
</tr>
<tr>
<td>25-29</td>
<td>25,925</td>
<td>13,059</td>
<td>12,866</td>
<td>12.9</td>
<td>2,185</td>
<td>773</td>
<td>1,412</td>
<td>9.6</td>
</tr>
<tr>
<td>30-34</td>
<td>19,154</td>
<td>11,757</td>
<td>7,397</td>
<td>7.4</td>
<td>3,284</td>
<td>1,481</td>
<td>1,803</td>
<td>12.2</td>
</tr>
<tr>
<td>35-39</td>
<td>11,474</td>
<td>8,698</td>
<td>2,776</td>
<td>2.8</td>
<td>2,879</td>
<td>1,520</td>
<td>1,359</td>
<td>9.2</td>
</tr>
<tr>
<td>40-44</td>
<td>7,217</td>
<td>6,039</td>
<td>1,178</td>
<td>1.2</td>
<td>2,450</td>
<td>1,465</td>
<td>985</td>
<td>6.7</td>
</tr>
<tr>
<td>45-49</td>
<td>5,993</td>
<td>5,128</td>
<td>865</td>
<td>0.9</td>
<td>1,725</td>
<td>1,141</td>
<td>584</td>
<td>4.0</td>
</tr>
<tr>
<td>50-54</td>
<td>2,674</td>
<td>2,504</td>
<td>170</td>
<td>0.2</td>
<td>961</td>
<td>618</td>
<td>343</td>
<td>2.3</td>
</tr>
<tr>
<td>55-59</td>
<td>2,057</td>
<td>1,964</td>
<td>93</td>
<td>0.1</td>
<td>625</td>
<td>510</td>
<td>142</td>
<td>1.0</td>
</tr>
<tr>
<td>&gt;60</td>
<td>71</td>
<td>61</td>
<td>10</td>
<td>14.1</td>
<td>191</td>
<td>154</td>
<td>37</td>
<td>0.3</td>
</tr>
<tr>
<td>Total</td>
<td>99,896</td>
<td>59,938</td>
<td>39,957</td>
<td>40</td>
<td>14,728</td>
<td>7,784</td>
<td>6,944</td>
<td>47.1</td>
</tr>
</tbody>
</table>

Table 4
Establishments Registered at Public Authority for Social Inductance by Groups of Workers (2007)

<table>
<thead>
<tr>
<th>No Of Workers</th>
<th>Registered Established</th>
<th>Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>4,501</td>
<td>42.6</td>
</tr>
<tr>
<td>2-5</td>
<td>3,934</td>
<td>37.2</td>
</tr>
<tr>
<td>6-10</td>
<td>787</td>
<td>7.4</td>
</tr>
<tr>
<td>11-20</td>
<td>514</td>
<td>4.9</td>
</tr>
<tr>
<td>21-100</td>
<td>629</td>
<td>5.9</td>
</tr>
<tr>
<td>&gt;100</td>
<td>212</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>10,577</td>
<td>100</td>
</tr>
</tbody>
</table>


Table 5
Workers in Main Private Sector Establishments and Percentage of Omanis (2007)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total</th>
<th>Expatriate</th>
<th>Omanis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Oil Companies</td>
<td>7,689</td>
<td>1,953</td>
<td>5,736</td>
</tr>
<tr>
<td>Gas Companies</td>
<td>603</td>
<td>90</td>
<td>513</td>
</tr>
<tr>
<td>Commercial Banks</td>
<td>6,571</td>
<td>539</td>
<td>6,032</td>
</tr>
<tr>
<td>Insurance</td>
<td>1,325</td>
<td>565</td>
<td>760</td>
</tr>
<tr>
<td>Hotels</td>
<td>7,072</td>
<td>3,834</td>
<td>3,238</td>
</tr>
<tr>
<td>Total</td>
<td>23,260</td>
<td>6,981</td>
<td>16,279</td>
</tr>
</tbody>
</table>

Table 6
Distribution of Expatriate Western with Valid Labour Card in the Private Sector by Activities (2007)

<table>
<thead>
<tr>
<th>Economic Activity</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, Hunting, Forestry</td>
<td>58,029</td>
<td>57,670</td>
<td>359</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Fishing</td>
<td>2,821</td>
<td>2,745</td>
<td>76</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Mining and Quarrying</td>
<td>12,544</td>
<td>12,053</td>
<td>491</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>Manufacturing</td>
<td>68,753</td>
<td>67,970</td>
<td>783</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Electricity, Gas and Water Supply</td>
<td>2,094</td>
<td>2,078</td>
<td>16</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td>221,432</td>
<td>220,836</td>
<td>596</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>Wholesale, Retail Trade and Car</td>
<td>103,316</td>
<td>101,632</td>
<td>1,684</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>Hotels And Restaurants</td>
<td>38,143</td>
<td>36,845</td>
<td>1,298</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>Transport, Storage and Communications</td>
<td>8,276</td>
<td>7,628</td>
<td>648</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>Financial Intermediaries</td>
<td>1,883</td>
<td>1,686</td>
<td>197</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>Real Estate and Relating Services</td>
<td>11,274</td>
<td>10,645</td>
<td>629</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>4,876</td>
<td>2,565</td>
<td>2,311</td>
<td>47.4</td>
<td></td>
</tr>
<tr>
<td>Health and Social Work</td>
<td>12,176</td>
<td>10,166</td>
<td>2,010</td>
<td>16.5</td>
<td></td>
</tr>
<tr>
<td>Community and Personal Services</td>
<td>6,921</td>
<td>5,956</td>
<td>965</td>
<td>13.9</td>
<td></td>
</tr>
<tr>
<td>Domestic Services</td>
<td>63,609</td>
<td>22,581</td>
<td>41,028</td>
<td>64.5</td>
<td></td>
</tr>
<tr>
<td>Extra Territorial Organization</td>
<td>16,560</td>
<td>3,400</td>
<td>13,160</td>
<td>79.5</td>
<td></td>
</tr>
<tr>
<td>More Than One Activity</td>
<td>5,740</td>
<td>5,180</td>
<td>560</td>
<td>9.8</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>638,447</td>
<td>571,636</td>
<td>66,811</td>
<td>10.5</td>
<td></td>
</tr>
</tbody>
</table>

Table (7)
Percentage of Omanization Achieved in the Private Sector According to Occupational Groups for 2007

<table>
<thead>
<tr>
<th>Occupational Groups</th>
<th>National Manpower (Those Who Work On Salary Basis)</th>
<th>Expatriate Manpower</th>
<th>Total</th>
<th>Omanization Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Directors, Managers Working Investors</td>
<td>2969</td>
<td>25262</td>
<td>28231</td>
<td>10.5</td>
</tr>
<tr>
<td>Scientific, Technical And Human Matters Specialists</td>
<td>7784</td>
<td>57758</td>
<td>65542</td>
<td>11.9</td>
</tr>
<tr>
<td>Scientific, Technical And Human Subjects Technicians</td>
<td>8030</td>
<td>54989</td>
<td>63019</td>
<td>12.7</td>
</tr>
<tr>
<td>Clerical Occupations</td>
<td>25176</td>
<td>2463</td>
<td>27639</td>
<td>91.1</td>
</tr>
<tr>
<td>Sales Occupations</td>
<td>9208</td>
<td>38990</td>
<td>48198</td>
<td>19.1</td>
</tr>
<tr>
<td>Services Occupations</td>
<td>32232</td>
<td>168682</td>
<td>200914</td>
<td>16.0</td>
</tr>
<tr>
<td>Agriculture, Live Stock-Breeding And Hunting Occupations</td>
<td>1032</td>
<td>90978</td>
<td>92010</td>
<td>1.1</td>
</tr>
<tr>
<td>Industrial, Chemical and Food Industries Occupations</td>
<td>8630</td>
<td>45367</td>
<td>53997</td>
<td>16.0</td>
</tr>
<tr>
<td>Principal and Auxiliary Engineering Occupations</td>
<td>40416</td>
<td>315265</td>
<td>355681</td>
<td>11.4</td>
</tr>
<tr>
<td>Total</td>
<td>135477</td>
<td>799754</td>
<td>935231</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Source: Ministry of Manpower, Annual Report, 2008
Table 8
Civil Service Employees in Ministry and
Government Organization by Educational Level (2007)

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>Omanis</th>
<th></th>
<th></th>
<th>Expatriates</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
<td>Total</td>
<td>Men</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Illiterate</td>
<td>4,914</td>
<td>4.9</td>
<td>3,962</td>
<td>952 19.4</td>
<td>113</td>
<td>0.8</td>
</tr>
<tr>
<td>Read &amp; Write</td>
<td>7,726</td>
<td>7.7</td>
<td>7,323</td>
<td>403 5.2</td>
<td>141</td>
<td>1.0</td>
</tr>
<tr>
<td>Primary</td>
<td>5,103</td>
<td>5.1</td>
<td>4,880</td>
<td>223 4.4</td>
<td>49</td>
<td>0.3</td>
</tr>
<tr>
<td>Preparatory</td>
<td>4,658</td>
<td>4.7</td>
<td>4,386</td>
<td>272 5.8</td>
<td>18</td>
<td>0.1</td>
</tr>
<tr>
<td>Secondary</td>
<td>13,545</td>
<td>13.6</td>
<td>10,967</td>
<td>2,578 19.0</td>
<td>109</td>
<td>0.7</td>
</tr>
<tr>
<td>Diploma</td>
<td>21,402</td>
<td>21.4</td>
<td>9,063</td>
<td>12,339 57.7</td>
<td>4,176</td>
<td>2.4</td>
</tr>
<tr>
<td>University</td>
<td>38,189</td>
<td>38.2</td>
<td>17,329</td>
<td>20,860 54.6</td>
<td>7,358</td>
<td>50.0</td>
</tr>
<tr>
<td>Post-Graduate</td>
<td>2,526</td>
<td>2.5</td>
<td>733</td>
<td>1,793 71.0</td>
<td>1,015</td>
<td>6.9</td>
</tr>
<tr>
<td>Diploma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>1,642</td>
<td>1.6</td>
<td>1,128</td>
<td>514 31.3</td>
<td>1,374</td>
<td>9.3</td>
</tr>
<tr>
<td>Ph,D</td>
<td>191</td>
<td>0.2</td>
<td>168</td>
<td>23 12.0</td>
<td>375</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>99,896</td>
<td>100</td>
<td>59,939</td>
<td>39,957 40</td>
<td>14,728</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 9

Distribution of Expatriate Workers with Valid Labour Cards in the Private Sector by Educational Level (2007)

<table>
<thead>
<tr>
<th>Educational</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Pre- Primary</td>
<td>229,935</td>
<td>10.5</td>
<td>24,112</td>
<td>10.5</td>
</tr>
<tr>
<td>Primary</td>
<td>69,172</td>
<td>17.9</td>
<td>12,357</td>
<td>17.9</td>
</tr>
<tr>
<td>Preparatory</td>
<td>167,718</td>
<td>10.5</td>
<td>17,593</td>
<td>10.5</td>
</tr>
<tr>
<td>Secondary</td>
<td>75,870</td>
<td>5.4</td>
<td>4,101</td>
<td>5.4</td>
</tr>
<tr>
<td>Diploma</td>
<td>22,676</td>
<td>7.8</td>
<td>1,769</td>
<td>7.8</td>
</tr>
<tr>
<td>Higher Diploma</td>
<td>1</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>University</td>
<td>68,301</td>
<td>9.0</td>
<td>6,178</td>
<td>9.0</td>
</tr>
<tr>
<td>Post- Graduate</td>
<td>4,134</td>
<td>12.8</td>
<td>530</td>
<td>12.8</td>
</tr>
<tr>
<td>Not Stated</td>
<td>640</td>
<td>26.7</td>
<td>171</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>638,447</td>
<td>10.5</td>
<td>66,811</td>
<td>10.5</td>
</tr>
</tbody>
</table>


Table 10

(for formatting purposes Table 10 appears on page 96)
## Table 11
OSH and Allied Health Personnel Employed
In Oman by Qualification & Omanization

<table>
<thead>
<tr>
<th>Jobs In Omani Market</th>
<th>Qualification</th>
<th>Omani</th>
<th>Expatriate</th>
<th>Total</th>
<th>% Omani</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation Health And Safety Engineer</td>
<td>Bachelor</td>
<td>46</td>
<td>603</td>
<td>649</td>
<td>7</td>
</tr>
<tr>
<td>Quality Control Engineer</td>
<td>Bachelor</td>
<td>44</td>
<td>1001</td>
<td>1045</td>
<td>4</td>
</tr>
<tr>
<td>OSH Technician</td>
<td>Diploma</td>
<td>965</td>
<td>437</td>
<td>1402</td>
<td>69</td>
</tr>
<tr>
<td>Occupational Health Technicians</td>
<td>Diploma</td>
<td>28</td>
<td>11</td>
<td>39</td>
<td>72</td>
</tr>
<tr>
<td>Water Supply Technicians</td>
<td>Diploma</td>
<td>24</td>
<td>430</td>
<td>454</td>
<td>5</td>
</tr>
<tr>
<td>Sewage Network Technicians</td>
<td>Diploma</td>
<td>4</td>
<td>83</td>
<td>87</td>
<td>5</td>
</tr>
<tr>
<td>Sewage Purifying Plant Technician</td>
<td>Diploma</td>
<td>34</td>
<td>144</td>
<td>178</td>
<td>19</td>
</tr>
<tr>
<td>Health and Environment Engineering Teacher</td>
<td>Diploma</td>
<td>0</td>
<td>59</td>
<td>59</td>
<td>0</td>
</tr>
<tr>
<td>Water and Sewage Technicians</td>
<td>Diploma</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Occ. Health and Safety Execution</td>
<td>Certificate</td>
<td>57</td>
<td>9</td>
<td>66</td>
<td>86</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1202</td>
<td>2787</td>
<td>3989</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: Directorate General for Employment, Ministry of Manpower.
Table 12

1650 Randomly Selected Occupational Injuries by Age, Group, and Sex (1997-2009)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No.</th>
<th>%</th>
<th>Age Group</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;24</td>
<td>363</td>
<td>33.8</td>
<td>&lt;24</td>
<td>185</td>
<td>31</td>
</tr>
<tr>
<td>25-34</td>
<td>466</td>
<td>43.4</td>
<td>25-34</td>
<td>230</td>
<td>399</td>
</tr>
<tr>
<td>25-44</td>
<td>124</td>
<td>11.5</td>
<td>35-44</td>
<td>74</td>
<td>12.8</td>
</tr>
<tr>
<td>45-54</td>
<td>86</td>
<td>8.0</td>
<td>45-54</td>
<td>55</td>
<td>9.5</td>
</tr>
<tr>
<td>&gt;55</td>
<td>35</td>
<td>3.3</td>
<td>&gt;55</td>
<td>32</td>
<td>5.6</td>
</tr>
</tbody>
</table>

1018 (94.8%) Male
56 (5.2%) Female

Source: PASI

Table 13

Cause of 576 Randomly Selected Road Traffic Accidents (1997-2009)

<table>
<thead>
<tr>
<th>Cause</th>
<th>No. of Accidents</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speed</td>
<td>202</td>
<td>35.1</td>
</tr>
<tr>
<td>Head- On Collision</td>
<td>85</td>
<td>14.8</td>
</tr>
<tr>
<td>Deviation</td>
<td>157</td>
<td>27.3</td>
</tr>
<tr>
<td>Crossing</td>
<td>39</td>
<td>6.8</td>
</tr>
<tr>
<td>Faulty Tyre</td>
<td>44</td>
<td>7.6</td>
</tr>
<tr>
<td>Other</td>
<td>49</td>
<td>8.5</td>
</tr>
<tr>
<td>Total</td>
<td>576</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: PASI
## Table 14

Randomly Selected Occupationally Related Fatalities by Age Group and Sex (1997-2009)

<table>
<thead>
<tr>
<th>Age Group Yrs</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;24</td>
<td>56</td>
<td>34.8</td>
</tr>
<tr>
<td>25-34</td>
<td>51</td>
<td>31.7</td>
</tr>
<tr>
<td>35-44</td>
<td>23</td>
<td>14.3</td>
</tr>
<tr>
<td>45-54</td>
<td>17</td>
<td>10.6</td>
</tr>
<tr>
<td>&gt;55</td>
<td>14</td>
<td>8.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>161</td>
<td>100</td>
</tr>
</tbody>
</table>

158 Male (98.1%)
3 Female (1.9%)

Source: PASI

## Table 15

Absenteeism Among Randomly Selected 1015 Occupationally Related Injuries (1997 – 2009)

<table>
<thead>
<tr>
<th>Time Off</th>
<th>No Of Injuries</th>
<th>% Of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-7 Days</td>
<td>212</td>
<td>20.9</td>
</tr>
<tr>
<td>8-30 Days</td>
<td>379</td>
<td>37.3</td>
</tr>
<tr>
<td>31-60 Days</td>
<td>256</td>
<td>25.2</td>
</tr>
<tr>
<td>61-90 Days</td>
<td>80</td>
<td>7.9</td>
</tr>
<tr>
<td>91-120 Days</td>
<td>42</td>
<td>4.1</td>
</tr>
<tr>
<td>121-150 Days</td>
<td>25</td>
<td>2.5</td>
</tr>
<tr>
<td>151-180 Days</td>
<td>9</td>
<td>0.9</td>
</tr>
<tr>
<td>181-365 Days</td>
<td>7</td>
<td>0.7</td>
</tr>
<tr>
<td>1-2 Years</td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td>&gt; 2 Years</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1015</td>
<td>100</td>
</tr>
</tbody>
</table>

Total Of Days Off = 39407
Average Per Injury = 38.8 Days

Source: PASI
## Table 16


<table>
<thead>
<tr>
<th>Cause</th>
<th>No of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall From Height</td>
<td>162</td>
<td>151</td>
</tr>
<tr>
<td>Fall From Same Level</td>
<td>125</td>
<td>11.6</td>
</tr>
<tr>
<td>Falling Object</td>
<td>272</td>
<td>25.3</td>
</tr>
<tr>
<td>Body Part Trapped</td>
<td>111</td>
<td>10.3</td>
</tr>
<tr>
<td>Manual Tools</td>
<td>73</td>
<td>6.8</td>
</tr>
<tr>
<td>Work With Machine / Moving Part</td>
<td>157</td>
<td>14.6</td>
</tr>
<tr>
<td>Physical</td>
<td>33</td>
<td>3.1</td>
</tr>
<tr>
<td>Chemical</td>
<td>25</td>
<td>2.3</td>
</tr>
<tr>
<td>Foreign Body</td>
<td>30</td>
<td>2.8</td>
</tr>
<tr>
<td>Hit By Fixed Object</td>
<td>37</td>
<td>3.4</td>
</tr>
<tr>
<td>Overexrision</td>
<td>27</td>
<td>2.5</td>
</tr>
<tr>
<td>Other Causes</td>
<td>22</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>1074</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: PASI
### Body Part Affected and Diagnosis of Randomly Selected 1074 Occupationally Related Injuries (1997 – 2009)

<table>
<thead>
<tr>
<th>Body Part Affected</th>
<th>No.</th>
<th>% of Total</th>
<th>Diagnosis</th>
<th>No.</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Upper Limb</td>
<td>288</td>
<td>26.8</td>
<td>Fracture</td>
<td>365</td>
<td>34.0</td>
</tr>
<tr>
<td>Left Lower Limb</td>
<td>109</td>
<td>10.1</td>
<td>Wounds</td>
<td>375</td>
<td>34.9</td>
</tr>
<tr>
<td>Right Upper Limb</td>
<td>304</td>
<td>28.3</td>
<td>Amputation</td>
<td>61</td>
<td>5.7</td>
</tr>
<tr>
<td>Right Lower Limb</td>
<td>122</td>
<td>11.4</td>
<td>Ligament/Muscles</td>
<td>82</td>
<td>7.6</td>
</tr>
<tr>
<td>Head, Neck</td>
<td>84</td>
<td>7.8</td>
<td>Multiple</td>
<td>44</td>
<td>4.1</td>
</tr>
<tr>
<td>Abdomen, Chest, Perils</td>
<td>27</td>
<td>2.5</td>
<td>Fatality</td>
<td>6</td>
<td>0.6</td>
</tr>
<tr>
<td>Fatality</td>
<td>6</td>
<td>0.6</td>
<td>Burn</td>
<td>51</td>
<td>4.7</td>
</tr>
<tr>
<td>Back</td>
<td>54</td>
<td>5.0</td>
<td>Joint</td>
<td>35</td>
<td>3.3</td>
</tr>
<tr>
<td>Multiple</td>
<td>78</td>
<td>7.3</td>
<td>Other</td>
<td>5</td>
<td>0.5</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.2</td>
<td>Other</td>
<td>50</td>
<td>4.7</td>
</tr>
<tr>
<td>Total</td>
<td>1074</td>
<td>100</td>
<td>Total</td>
<td>1074</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: PASI

### Table 18

Occurrence of Randomly Selected 1074 Occupationally Related Injuries by Month (1997-2009)

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>89</td>
<td>8.3</td>
</tr>
<tr>
<td>February</td>
<td>108</td>
<td>10.1</td>
</tr>
<tr>
<td>March</td>
<td>104</td>
<td>9.7</td>
</tr>
<tr>
<td>April</td>
<td>90</td>
<td>8.4</td>
</tr>
<tr>
<td>May</td>
<td>100</td>
<td>9.3</td>
</tr>
<tr>
<td>June</td>
<td>112</td>
<td>10.4</td>
</tr>
<tr>
<td>July</td>
<td>88</td>
<td>8.2</td>
</tr>
<tr>
<td>August</td>
<td>81</td>
<td>7.5</td>
</tr>
<tr>
<td>September</td>
<td>89</td>
<td>8.3</td>
</tr>
<tr>
<td>October</td>
<td>64</td>
<td>6.0</td>
</tr>
<tr>
<td>November</td>
<td>63</td>
<td>5.9</td>
</tr>
<tr>
<td>December</td>
<td>86</td>
<td>8.0</td>
</tr>
<tr>
<td>Total</td>
<td>1074</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: PASI
Table 19
Occurrence of Randomly Selected 1074 Occupationally Related Injuries by Sector (1997-2009)

<table>
<thead>
<tr>
<th>Sector</th>
<th>No. of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services</td>
<td>175</td>
<td>16.3</td>
</tr>
<tr>
<td>Contracting</td>
<td>142</td>
<td>13.2</td>
</tr>
<tr>
<td>Oil</td>
<td>172</td>
<td>16.0</td>
</tr>
<tr>
<td>Trade</td>
<td>180</td>
<td>16.8</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>344</td>
<td>32.0</td>
</tr>
<tr>
<td>Hotel</td>
<td>27</td>
<td>2.5</td>
</tr>
<tr>
<td>Banking</td>
<td>4</td>
<td>0.4</td>
</tr>
<tr>
<td>Agriculture</td>
<td>10</td>
<td>0.9</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>1.9</td>
</tr>
<tr>
<td>Total</td>
<td>1074</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: PASI

Table 20
Distribution of Randomly Selected 249 Occupationally Related Disabilities by Age Group (1997-2009)

<table>
<thead>
<tr>
<th>Age Group Yrs</th>
<th>No. of Disabilities</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;24</td>
<td>68</td>
<td>273</td>
</tr>
<tr>
<td>25-34</td>
<td>111</td>
<td>44.6</td>
</tr>
<tr>
<td>35-44</td>
<td>32</td>
<td>12.9</td>
</tr>
<tr>
<td>45-54</td>
<td>23</td>
<td>9.2</td>
</tr>
<tr>
<td>&gt;55</td>
<td>15</td>
<td>6.0</td>
</tr>
<tr>
<td>Total</td>
<td>249</td>
<td>100</td>
</tr>
</tbody>
</table>

242 (97.2%)Male
7(2.8%)Female

Source: PASI
<table>
<thead>
<tr>
<th>Age Group Yrs</th>
<th>No. of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;24</td>
<td>21</td>
<td>23.6</td>
</tr>
<tr>
<td>25-34</td>
<td>44</td>
<td>49.4</td>
</tr>
<tr>
<td>35-44</td>
<td>17</td>
<td>19.1</td>
</tr>
<tr>
<td>45-54</td>
<td>7</td>
<td>7.9</td>
</tr>
<tr>
<td>&gt;55</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>89</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: PASI
Table 22
Fall From Height Among Randomly Selected 162 Occupationally Related Injuries by Age Group (1997-2009)

<table>
<thead>
<tr>
<th>Age Group Yrs</th>
<th>No. of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;24</td>
<td>40</td>
<td>24.7</td>
</tr>
<tr>
<td>25-34</td>
<td>62</td>
<td>38.3</td>
</tr>
<tr>
<td>35-44</td>
<td>30</td>
<td>18.5</td>
</tr>
<tr>
<td>45-54</td>
<td>21</td>
<td>13.0</td>
</tr>
<tr>
<td>&gt;55</td>
<td>9</td>
<td>5.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>162</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: PASI

Table 23
Occurrence of 1089 Occupationally Related Injuries (2006) by Month

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>16</td>
<td>1.5</td>
</tr>
<tr>
<td>February</td>
<td>36</td>
<td>3.3</td>
</tr>
<tr>
<td>March</td>
<td>62</td>
<td>5.7</td>
</tr>
<tr>
<td>April</td>
<td>35</td>
<td>3.2</td>
</tr>
<tr>
<td>May</td>
<td>68</td>
<td>6.2</td>
</tr>
<tr>
<td>June</td>
<td>63</td>
<td>5.8</td>
</tr>
<tr>
<td>July</td>
<td>58</td>
<td>5.3</td>
</tr>
<tr>
<td>August</td>
<td>173</td>
<td>15.9</td>
</tr>
<tr>
<td>September</td>
<td>156</td>
<td>14.3</td>
</tr>
<tr>
<td>October</td>
<td>153</td>
<td>14.0</td>
</tr>
<tr>
<td>November</td>
<td>134</td>
<td>12.3</td>
</tr>
<tr>
<td>December</td>
<td>135</td>
<td>12.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1089</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: DEOH/MOH
Table 24
Distribution of 1084 Occupationally Related Injuries (2006) by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>No. of Injuries</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1064</td>
<td>97.7</td>
</tr>
<tr>
<td>Female</td>
<td>25</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>1089</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: DEOH/MOH

Table 25
Distribution of 1084 Occupationally Related Injuries (2006) by Nationality

<table>
<thead>
<tr>
<th>Nationality</th>
<th>No. of Injuries</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omanis</td>
<td>315</td>
<td>28.9</td>
</tr>
<tr>
<td>Expatriate</td>
<td>774</td>
<td>71.1</td>
</tr>
<tr>
<td>Total</td>
<td>1089</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: DEOH/MOH
### Table 26

**Distribution of 1084 Occupationally Related Injuries (2006) by Age Group**

<table>
<thead>
<tr>
<th>Age Group Yr</th>
<th>No. of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>217</td>
<td>19.9</td>
</tr>
<tr>
<td>25-34</td>
<td>484</td>
<td>44.4</td>
</tr>
<tr>
<td>35-44</td>
<td>250</td>
<td>23.0</td>
</tr>
<tr>
<td>45-54</td>
<td>118</td>
<td>10.8</td>
</tr>
<tr>
<td>55-64</td>
<td>20</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1089</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: DEOH/MOH

### Table 27

**Distribution of 1084 Occupationally Related Injuries (2006) by Work Shift**

<table>
<thead>
<tr>
<th>Age Group Yr</th>
<th>No Of Injuries</th>
<th>% Of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30-15:30</td>
<td>610</td>
<td>56.0</td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:30-23:30</td>
<td>452</td>
<td>41.5</td>
</tr>
<tr>
<td>Evening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23:30-7:30</td>
<td>27</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1089</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: DEOH/MOH

### Table 28

**Causes of 1089 Occupationally Related Injuries (2006)**
<table>
<thead>
<tr>
<th>Cause</th>
<th>No. of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall From Height</td>
<td>140</td>
<td>12.9</td>
</tr>
<tr>
<td>Falling Object</td>
<td>195</td>
<td>17.9</td>
</tr>
<tr>
<td>Manual Tools</td>
<td>170</td>
<td>15.6</td>
</tr>
<tr>
<td>Machine With Moving Parts</td>
<td>293</td>
<td>26.9</td>
</tr>
<tr>
<td>Moving Object</td>
<td>54</td>
<td>5.0</td>
</tr>
<tr>
<td>Trapped Between Objects</td>
<td>44</td>
<td>4.0</td>
</tr>
<tr>
<td>Fire</td>
<td>22</td>
<td>2.0</td>
</tr>
<tr>
<td>Exposure To Extreme Temperature</td>
<td>11</td>
<td>1.0</td>
</tr>
<tr>
<td>Chemicals</td>
<td>38</td>
<td>3.5</td>
</tr>
<tr>
<td>Moving Carts</td>
<td>28</td>
<td>2.6</td>
</tr>
<tr>
<td>Gases, Dust, Fumes</td>
<td>6</td>
<td>0.6</td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
<td>8.1</td>
</tr>
<tr>
<td>Total</td>
<td>1089</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: DEOH/MOH

Table 29

Distribution of 1084 Occupationally Related Injuries
(2006) by Work Shift

<table>
<thead>
<tr>
<th>Sector</th>
<th>No. of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturing</td>
<td>535</td>
<td>49.1</td>
</tr>
<tr>
<td>Construction</td>
<td>310</td>
<td>28.5</td>
</tr>
<tr>
<td>Mining</td>
<td>112</td>
<td>10.3</td>
</tr>
<tr>
<td>Agriculture/ Fisheries</td>
<td>35</td>
<td>3.2</td>
</tr>
<tr>
<td>Electricity, Water, Gas</td>
<td>13</td>
<td>1.2</td>
</tr>
<tr>
<td>Defense</td>
<td>12</td>
<td>1.1</td>
</tr>
<tr>
<td>Communications</td>
<td>10</td>
<td>0.9</td>
</tr>
<tr>
<td>Unclassified</td>
<td>62</td>
<td>5.7</td>
</tr>
<tr>
<td>Total</td>
<td>1089</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: DEOH/MOH

Table 30
Results of 1089 Occupationally Related Injuries (2006)

<table>
<thead>
<tr>
<th>Results</th>
<th>No. of Injuries</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated</td>
<td>764</td>
<td>702</td>
</tr>
<tr>
<td>Referred</td>
<td>177</td>
<td>16.3</td>
</tr>
<tr>
<td>Not Followed</td>
<td>145</td>
<td>13.3</td>
</tr>
<tr>
<td>Death</td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td>Total</td>
<td>1089</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: DEOH/MOH
ANNEX II

Laws and Regulations related to OSH

Ministry of Manpower

- Labour Law issued by Royal Decree No. 35/2003;
- Regulation of Occupational Safety and Health for Establishments Governed by the Labour Law, issued by Ministerial Decision No. 286/2008;
- Ministerial Decision No. 145/2004 concerning the establishment of the Committee on Occupational Safety and Health;
- Ministerial Decision No. 368/2007 concerning the composition of the Committee on Occupational Safety and Health;
- Occupational Health and Industrial Safety Precautions issued by Ministerial Decision No.19/1982;
- Law Governing Compensation for Occupational Injuries and Illnesses issued by Royal Decree 40/77.

Ministry of Health

- Ministerial Decision No. 9/97 concerning the Establishment of the Medical Committee on Occupational and Non-occupational Disabilities.

Ministry of Regional Municipalities and Environment

- Regulation for the Management of Hazardous Waste issued by Ministerial Decision No. 18/93;
- Regulation for Noise Pollution Control in the Environment issued by Ministerial Decision No. 79/94;
- Regulation for Noise Pollution Control in Working Environment issued by Ministerial Decision No. 80/94;
- Law of Handling and Use of Chemicals issued by Royal Decree No. 46/95;
- Regulation for Registration of Chemical Substances and the Relevant Permits issued by Ministerial Decision No. 248/97;
- Regulation of Health Requirements of Industrial Establishments issued by Ministerial Decree No. 69/2000;
- Law on Conservation of the Environment and Prevention of Pollution issued by Royal Decree No. 114/2001;
➢ Law on Protection of Sources of Potable Water from Pollution issued by Royal Decree No. 115/2001;
➢ Regulation for Organizing the Issuance of Environmental Approvals and Final Environmental Permit issued by Ministerial Decision No. 187/2001;
➢ Regulation for the Packing, Packaging, and Labeling of Hazardous Chemicals issued by Ministerial Decision No. 317/2001;
➢ Regulation of Control and Management of Radiactive Materials issued by Ministerial Decision No. 249/97 and amended by Ministerial Decision No, 381/2003;
➢ Regulation by Air Pollution Control from Stationary sources issued by Ministerial Decision No. 118/2004;
➢ Regulation of Collection and Use of Scrap Metals issued by Ministerial Decree No. 163/2009.

Public Authority for Social Insurance

➢ Social Insurance Law issued by Royal Decree No. 72/91 and its amendments.
Table 10

Occupational Safety And Health Inspection and Activities during 2007

Source: Annual Statistical Report, MOM, P. 121, 2007

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### ANNEX III

**Implementation of Priorities for Action: Time-framework**

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