



Occupational Injury Reporting Guideline

AMRH/ADMIN/GUD/001/Vers.01
Effective Date: April 2023
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Institution Name: Al Masarra Hospital					
Document Title: Occupational Injury Reporting Guideline					
Approval Process					
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Written by	Aida Ibrahim Al Balushi	Unit Nurse Area 1	Al Masarra Hospital	30/4	
Reviewed by	Quality Improvement Committee	Committee	Al Masarra Hospital	30/4/23	
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Acronyms

AMRH	Al Masarra Hospital
P&P	Policy & procedure
IRLS	Incident reporting and Learning System
SHO	Senior House Officer
EHOS	Environmental Health and Occupational Safety



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1. Introduction

Healthcare workers have long been with-standing wide range of occupational risks and hazards associated with infections, psychosocial hazards, violence and harassment, injuries, hazardous chemicals, and many more. These occupational risks can cause health impairments, injuries, and illnesses affecting the worker, the employer, the service, and the service users in general. Apart from the proper implementation of risk assessments, and prevention measures, strategic and appropriate management of an actual occupational injury is crucial to the overall safety of all workers.

2. Scope

This document is applicable to all healthcare workers in Al Masarra Hospital (AMRH), including medical, medical-allied, and non-medical employees.

3. Purpose

3.1. To establish a clear rules and regulations to be followed in the event of occupational related injury.

3.2 To systematically implement an occupational safety through guided management of occupational injury.

4. Definitions

4.1. **Occupational injury:** is bodily damage resulting at work place. It could be at the spine, hands, the head, lungs, eyes, skeleton, and skin. Occupational injuries can result when managing a psychiatric client; or from exposure to different occupational hazards such as temperature, noise, insect or animal bites, blood-borne pathogens, aerosols, hazardous chemicals, radiation, and occupational burnout.

4.2. **Occupational Injury Notification Form:** AMRH's official form to be filled in the occurrence of occupational injury citing details of the occupational injury and its cause.



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4.3. **Medico Legal Form:** A document or a form in which a hospital is required to prepare through an attending doctor after taking history and clinical examination in cases where could precede a future legal implication such as injuries due to accidents and assault.

4.3. **Incident Reporting and Learning System (IRLS):** is a computerized information database used as a mechanism for monitoring and improving quality of healthcare.

5. Guidelines

5.1 The injured employee or his representative shall notify her/his direct supervisor about the accident and details of the circumstances related to the occurrence of the injury within a period of not exceeding 24 hours from the time of the accident, as condition permits.

5.2 The injured employee or his representative must document the event in the IRLS within 48 hours from occurrence of the accident. The report must include: the name of the employee, detail of the event, injury type and location, the first aid provided to the injured staff, and the perpetrator's name if applicable; or any factors that have caused the injury. *(Refer to the Policy and Procedure of IRLS, MOH/DGQAC/P&P/002/Vers01)*

5.3 The physician on duty shall conduct the assessment to the injured staff, and the provision of primary care and documents all the assessments in Al Shifa 3+ system.

5.3.1. Shall fill both the Occupational Injury Form and the Medico Legal Form accordingly.

5.3.2. Shall refer the injured staff to a specialized health institution, if the condition requires.

5.4. The Occupational Injury Form shall be filed and forwarded by the employee's respective department heads to the Environmental Health and Occupational Safety Officer (EHOS) for further assistance. *(Refer to AMRH/EHOSD/P&P/001/Vers.01)*

5.5 The Hospital Event Manager should establish an investigation and/or investigation team accordingly if applicable on each event; review the cameras, relevant reports, photos, and evidences pertaining to the accident if necessary to the investigation.

5.6 The injured employee must be examined by a specialized doctor, within (7) seven days from the date of the accident; be given follow up instructions about the treatment, and be subjected for a medical examination from time to time whenever required.

5.7 In injuries which may imply compensation, the injured employee must initiate a request through writing a request letter with attached complete medical treatment report in Al Barwa following proper channels.



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5.8 If the injury resulted in a severe damage, the employee may complete 3-6 months treatment plan and provide a recent printed medical report (not handwritten) with the stamp and signature of the treating doctor; (preferably a consultant or senior specialist) so that the medical board/committees can evaluate the injury and estimate the degree of disability resulted from that injury.

6. Responsibilities

6.1 The injured staff shall

6.1.1. Shall be aware of this guideline and adhere accordingly

6.1.2. Notify immediately or within 24 hours the immediate In Charge

6.1.3. Write the incident in the IRLS in Al Shifa system within 48 hrs from the time of the incident

6.1.4. Seek treatment from specialized doctor accordingly within 7days from the date of the incident;

6.1.5. Send through Al Barwa the full medical treatment plans and report; the request for compensation if applicable

6.2 Physicians shall

6.2.1. Conduct an assessment to the injures staff and write their notes in Al Shifa 3+ system

6.2.2. Fill the Medico Legal Form & Occupational Injury Form

6.2.3. Refer the injured staff to a specialized health care provider if required.

6.3. Psychiatrist or On- call Doctors, shall be involved in case that patient is the perpetrator, to review and/or to advise a necessary intervention or treatment for the patient that can mitigate the recurrence of the incident.

6.4 Quality and Patient Safety Department, Event Management shall

6.4.1. Review the event according to P&P of Incident Reporting & Learning System (IRLS).



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6.4.2. Monitor the compliance on Occupational Injury Reporting Guideline.

6.5 All Department Heads shall employ measures to properly implement the Occupational Injury Reporting.

6.6. Environmental Health and Occupational Safety Officer (EHOS) shall follow up the injured staff and maintain Occupational Injury Form to Directorate General of Health Services on a monthly basis as per policy.

7. Document History and Version Control Table

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Aida Ibrahim Al Balushi	March 2026
02			
Written by		Reviewed by	Approved by
Aida Ibrahim Al Balushi		Quality Improvement Committee Tahra Al Balushi Thuraya Al Farsi Maria Claudia Fajardo-Bala	Dr. Bader Al Habsi



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8. Related Documents

- 8.1 Appendix 1. Occupational Injury Notification Form
- 8.2. Appendix 2. Flow Chart on Reporting Occupational Injury
- 8.3. Appendix 3. Medico Legal Form Sample
- 8.4. Appendix 4. Audit Tool
- 8.5 Appendix 5. Document Request Form
- 8.6. Appendix 6. Document Validation Checklist

9. References

Title of book/Journal/articles/Website	Author	Year of publication	Page
مرسوم سلطاني رقم ٤٠ / ٧٧ بإصدار قانون تعويض إصابات العمل والأمراض المهنية			
مرسوم سلطاني رقم 66 / ٧٧ بإصدار قانون تعويض إصابات العمل والأمراض المهنية			
P&P of Incident Reporting & Learning System	MoH	-	-
Occupational health and safety risks in the healthcare sector — Guide to prevention and good practice Luxembourg: Publications Office of the European Union 2011 — 275 pp. — 21 × 29.7 cm ISBN 978-92-79-19454-2 doi:10.2767/27263		2011	21-29




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10. Appendices

Appendix 1. Occupational Injury Notification Form

 <p>سلطنة عُمان وزارة الصحة SULTANATE OF OMAN MINISTRY OF HEALTH Directorate General of Health Affairs Department of Environmental and Occupational Health Hospital</p>	HOSPITAL No. :
	Name :
Age : Sex : Nationality	Clinic/Ward : Consultant : Unit :

OCCUPATIONAL INJURY NOTIFICATION FORM

Governorate :	Health institution:	
PARTICULARS OF INJURED WORKERS		
Full Name :	Sex: <input type="checkbox"/> 1-Male <input type="checkbox"/> 2-Female	Nationality: <input type="checkbox"/> 1-Omani <input type="checkbox"/> 2-Expatriate (specify)
Age :		
Phone number :		
ID Card Number :		
Medical or Psychological problem: 1-No. 2-Yes, specify	Previous injury at work: 1-No. 2-Yes, specify	
JOB DETAILS		
Economic Activity: <input type="checkbox"/> 1-Construction <input type="checkbox"/> 2-Oil and gas <input type="checkbox"/> 3-Mining and Quarrying <input type="checkbox"/> 4-Agriculture <input type="checkbox"/> 5-Fishing <input type="checkbox"/> 6-Hunting and forestry <input type="checkbox"/> 7-Manufacturing <input type="checkbox"/> 8-Repair of motor vehicle and motor cycles <input type="checkbox"/> 9-Electricity supply <input type="checkbox"/> 10-Water supply <input type="checkbox"/> 11-Sewer and waste management <input type="checkbox"/> 12-Wholesale and retail trade households <input type="checkbox"/> 13-Real estate, rental and commercial business activities <input type="checkbox"/> 14-Human Health services <input type="checkbox"/> 15-Education <input type="checkbox"/> 16-Police, defense and social security <input type="checkbox"/> 17-Food services activities <input type="checkbox"/> 18-Transport and storage <input type="checkbox"/> 19-Information and communication <input type="checkbox"/> 20-Financial and insurance activities <input type="checkbox"/> 21-Professional, Scientific and technical activities <input type="checkbox"/> 22-Administrative and support service activities <input type="checkbox"/> 23-Social work activities <input type="checkbox"/> 24-Arts, entertainments and recreation <input type="checkbox"/> 25-Extra territorial organization <input type="checkbox"/> 26-Other activities, specify		
Occupation or job Title:		
Type of working shift <input type="checkbox"/> Fixed <input type="checkbox"/> Rotating		
INJURY DETAILS		
Date :	Time:	
Cause of injury: <input type="checkbox"/> 1-Fall from height <input type="checkbox"/> 2-Fall on the same level (strike) <input type="checkbox"/> 3-Falling object <input type="checkbox"/> 4-Manual tools <input type="checkbox"/> 5-Injury by working machine <input type="checkbox"/> 6-Radiation <input type="checkbox"/> 7-Electricity <input type="checkbox"/> 8-Compression <input type="checkbox"/> 9-Exposure to heat or cold <input type="checkbox"/> 10-Explosion <input type="checkbox"/> 11-Chemicals <input type="checkbox"/> 12-Fire <input type="checkbox"/> 13-Vehicle accident <input type="checkbox"/> 14-Gases, Dust, Fumes <input type="checkbox"/> 15-Exposure to mechanical vibration <input type="checkbox"/> 16-Needle prick <input type="checkbox"/> 17-Others, specify		

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Nature of injury:		
<input type="checkbox"/> 1-Fractures	<input type="checkbox"/> 12-Penetrating injury	
<input type="checkbox"/> 2-Dislocations	<input type="checkbox"/> 13-Foreign body	
<input type="checkbox"/> 3-Joint or muscular injury	<input type="checkbox"/> 14-Chemical burn	
<input type="checkbox"/> 4-Intracranial injury	<input type="checkbox"/> 15-Electrical burn	
<input type="checkbox"/> 5-Spinal injury	<input type="checkbox"/> 16-Direct thermal burn	
<input type="checkbox"/> 6-Injuries to nerves and arteries	<input type="checkbox"/> 17-loss of vision (temporary or permanent)	
<input type="checkbox"/> 7-Internal injuries of chest, abdomen and pelvis.	<input type="checkbox"/> 18-Poisoning and exposure to toxic substance	
<input type="checkbox"/> 8-Traumatic amputations	<input type="checkbox"/> 19-Effects of weather	
<input type="checkbox"/> 9-Superficial injuries(abrasions/contusion)	<input type="checkbox"/> 20-Drowning or near drowning	
<input type="checkbox"/> 10-Deep open wound not involving traumatic amputations	<input type="checkbox"/> 21-Electrical shock	
<input type="checkbox"/> 11-Crushing injury (excluding those with fracture)	<input type="checkbox"/> 22-Violence or assault	
	<input type="checkbox"/> 23-Others, specify.....	
Bodily Location of Injury:		
<input type="checkbox"/> 1-Right eye	<input type="checkbox"/> 13-Back	<input type="checkbox"/> 25-Left hip
<input type="checkbox"/> 2-Left eye	<input type="checkbox"/> 14-Right shoulders	<input type="checkbox"/> 26-Right thigh
<input type="checkbox"/> 3-Right ear	<input type="checkbox"/> 15-Left shoulders	<input type="checkbox"/> 27-Left thigh
<input type="checkbox"/> 4-Left ear	<input type="checkbox"/> 16-Right arm	<input type="checkbox"/> 28-Right knee
<input type="checkbox"/> 5-Nose	<input type="checkbox"/> 17-Left arm	<input type="checkbox"/> 29-Left knee
<input type="checkbox"/> 6-Face	<input type="checkbox"/> 18-Right elbow	<input type="checkbox"/> 30-Right leg
<input type="checkbox"/> 7-Mouth and teeth	<input type="checkbox"/> 19-Left elbow	<input type="checkbox"/> 31-Left leg
<input type="checkbox"/> 8-Scalp	<input type="checkbox"/> 20-Right forearm	<input type="checkbox"/> 32-Right foots and toes
<input type="checkbox"/> 9-Head (other than eye, ear, nose and face)	<input type="checkbox"/> 21-Left forearm	<input type="checkbox"/> 33-Left Foot and toes
<input type="checkbox"/> 10-Neck	<input type="checkbox"/> 22-Right hand and fingers	<input type="checkbox"/> 34-Internal organs
<input type="checkbox"/> 11-Chest	<input type="checkbox"/> 23-Left hand and fingers	<input type="checkbox"/> 35-Genitalia
<input type="checkbox"/> 12-Abdomen (other than internal organs)	<input type="checkbox"/> 24-Right hip	<input type="checkbox"/> 36-Multiple locations
MANAGEMENT DETAILS		
At work place:		
<input type="checkbox"/> 1-First aid		
<input type="checkbox"/> 2-No treatment given		
At Health institution:		
<input type="checkbox"/> 1-Treated and discharged home		
<input type="checkbox"/> 2-Admitted		
<input type="checkbox"/> 3-Referred to secondary care hospital		
<input type="checkbox"/> 4-Referred to tertiary care hospital		
Outcome of injury:		
<input type="checkbox"/> 1-Nonfatal		
<input type="checkbox"/> 2-Fatal		
Work time lose (sick leave days):		
<input type="checkbox"/> 1-Yes		
<input type="checkbox"/> 2-No.		
Number of sick leave days		
REPORTER DETAILS		
Name and signature :	Date :	
Stamp :	Time :	

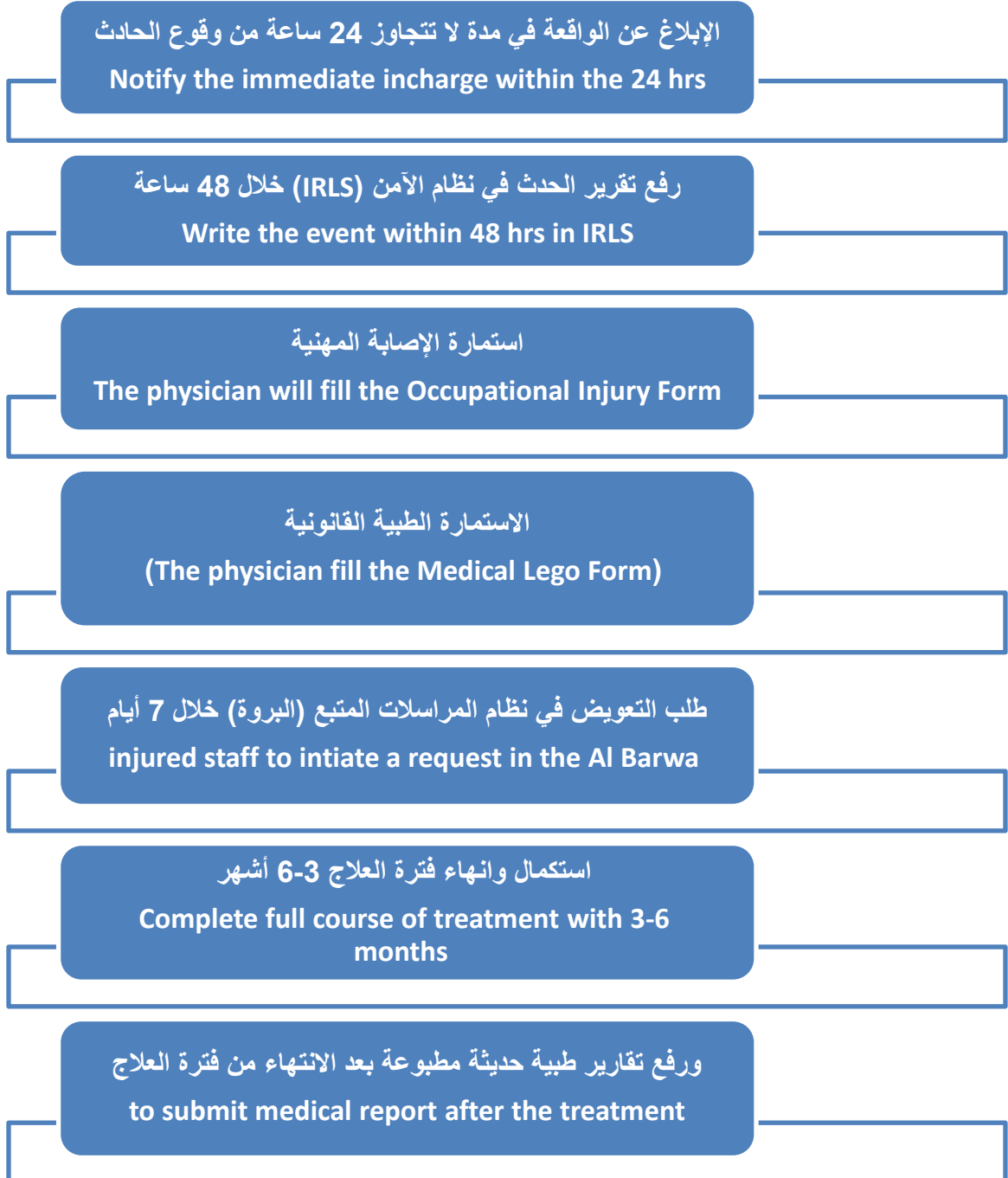
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Appendix 2. Flow Chart on Reporting an Occupational Injury






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Appendix 3. Medico Legal Form Sample

Ministry Of Health Sultanate Of Oman Al Masarra Hospital		 MEDICO LEGAL FORM		سلطنة عمان وزارة الصحة مستشفى المسرة	
Patient ID:	[REDACTED]	Sex:	Male	Age:	30 Year(s)
Nationality:	[REDACTED]	Wilayat:	[REDACTED]	Unit/Doctor:	[REDACTED]
Patient Condition Tye :	Normal	Brought By :		Arrival Date Time	00-00-0000-00-00
Type of Accident/Injury		Mode of Arrival	Private vehicle	Police Inform?	No
Accident Date Time	00/00/0000 00:00	Place of Accident	NONE	Location Details	
Blood Drawn Date		By		Police Informed on	
External Cause :					
Describe nature of accident and injuries with diagnosis and cause of injury scratches over the back and both arms					
Condition On NONE					
Disposed Type : [REDACTED]					
Disposed Date Time : [REDACTED]					
Disposed Physician : [REDACTED]					
Report Collected By - Name					
Signature		No.	Rank:	Unit:	

Note:					
Copies in quadruplicate to : Police, A & E Department, Medical Records Department, Finance Department.					



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Appendix 4. Audit Tool

Department				Date			
S.N	Audit process	Standard / Criteria	Yes	Partial	No	N/A	Comment
1	Document Review & Interview	Is the event being notified by the assigned staff to immediate supervisor as soon as possible within 24 hours?					
2	Document Review	Is the event being recorded appropriately in the IRLS within 48 hours?					
3	Document Review	Are the Occupational Injury Form and the Medico Legal Form being filled accordingly by the physician after the event?					
4.	Document Review & Interview	Are the injured employee being examined by a specialized doctor, within (7) seven days from the date of the accident; given follow up instructions about the treatment, and subjected for a medical examination from time to time when required.					
5.	Document review	Is the Environmental Health and Occupational Safety Officer (EHOS) follow up the injured staff and maintain Occupational Injury Form to Directorate General of Health Services on a monthly basis as per policy.					



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Appendix 5. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Aida Ibrahim Al Balushi	Date of Request	25/09/2022
Institute	Al Masarra Hospital	Mobile	92289217
Department	ADMINISTRATION	Email	aida.ibrahim@moh.gov.om
The Purpose of Request			
<input checked="" type="checkbox"/> Develop New Document	<input type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Occupational Injury Reporting Guideline		
Document Code	AMRH/ADMIN/GUD/001/Vers.01		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation: <i>to proceed with the document</i>			
Name	Kunooz Balushi	Date	April 2023
Signature		Stamp	

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Appendix 6.Document Validation Checklist

Document Validation Checklist					
Document Title: Occupational Injury Reporting Guideline		Document Code: AMRH/ADMIN/GUD/001/Vers.01			
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner			✓	
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart	✓			
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations For implementation More revision To be cancelled					
Reviewed by: ...Kunooz Balushi.....		Reviewed by : Maria Claudia Fajardo-Bala			

Kunooz Balushi