

## **MINISTRY OF LABOUR**

### **MINISTERIAL ORDER NO.(12) OF 2013 WITH RESPECT TO PROCEDURES REQUIRED TO REPORT OCCUPATIONAL INJURIES AND DISEASES**

The Minister of Labour,

Having reviewed the Social Insurance Law promulgated by Legislative Decree No.(24) of 1976, as amended,

And Law No.(25) of 2009 with respect to approving the Accession of the Kingdom of Bahrain to the Convention of the International Labour Organisation No.(155) of 1981 concerning Occupational Safety and Health and the Working Environment,

And the Labour Law for the Private Sector Promulgated by Law No.(36) of 2012,

And Decree No.(2) of 1994 with respect to the Accession of the State of Bahrain to the Arab Agreement No.(7) of 1977 and Arab Recommendation No.(7) of 1977 with respect to Occupational Safety and Health Committee and Recommendation No.(1) of 1977 with respect to Occupational Safety & Health,

And Order of the Minister of Health No.(5) of 1976 with respect to Occupational and Industrial Diseases and Causes thereof,

And Order of the Minister of Labour and Social Affairs No.6 (Insurance) dated 04.09.1976 with respect to the Implementing Procedures for the Insurance Section against Occupational Accidents,

And Order of the Minister of Health No.(3) of 1978 with respect to Organizing the Preventative Measures against Occupational Diseases and Health Measures Required for Protecting Workers during Work,

And Order of the Minister of Health No.(3) of 2001 with respect to Periodical Medical Examination for Workers susceptible to Infection by Occupational Diseases,

And Order of the Minister of Labour No.(1) of 2006 with respect to Procedures required to Report Occupational Injuries and Diseases,

And upon the submission of the Undersecretary of the Ministry of Labour,

**HEREBY ORDERS:**

**Article 1**

In the application of the provisions of this Order, the following terms and expressions shall have the meanings assigned against each unless the context otherwise requires:

**Ministry:** Ministry concerned with the labour affairs in the Private Sector.

**Establishment:** Any site or place in which work is undertaken whether such work is industrial, vocational, agricultural, services or such other activity.

**Branch:** Every separate location in which one of the establishment's activities is carried on by any worker or workers.

**Worker:** Any natural person who works for an employer and under his management and supervision.

**Work Accident:** Any accident that results from work or a reason related thereto and results in injury to a worker or more, or losses of properties.

**Work Injury:** An Infection by one of the occupational diseases indicated in Table No.(3) attached to the Social Insurance Law promulgated by Legislative Decree No.(24) of 1976 or an injury to a worker that takes place as a result of an accident during the course of carrying out the duties assigned or due thereto. Any accident takes place to a worker while going directly to work, returning therefrom, or upon leaving his work station heading to the place where he eats his food inside the establishment and provided that the going and returning shall always be without stopping, lagging or turning away from the normal route and also during his movements made upon the employer's instruction or travelling upon an assignment from him or any person acting on his behalf.

**A serious injury shall include:**

1. Any fracture with the exception of fingers or toes fractures.
2. A total loss of any organ, body part or function thereof.
3. A dislocation of the shoulder, hip, knee or displacement of one or more of the spinal cord's vertebrae.
4. A temporary or permanent loss of vision.

5. Any eye injury that requires medical treatment or follow up by a physician.
6. Injuries resulting from electrocution, shock, suffocation or heat exhaustion that will cause unconsciousness and requires hospitalization of the injured person for more than 24 hours.
7. Third degree burns.
8. Any injury that requires admitting the injured in the hospital for more than 24 hours.

**Occupational Diseases:** A disease of which a worker becomes infected as a result of carrying out the work as determined by the Table of Occupational Diseases No.(3) which is attached to the Social Insurance Law promulgated by Legislative Decree No.(24) of 1976.

## **Article 2**

The provisions of this Order shall be applicable to employers and their employees subject to the provisions of the Labour Law for the Private Sector No.(36) of 2012.

## **Article 3**

An employer in any establishment, branch or workplace thereof shall notify the Ministry of Labour of any injury that results in:

1. Death of a worker.
2. A serious injury.
3. Any injury that results in the worker's absence from work for a period of seven successive days without calculating the day in which the injury has taken place. If the day following the injury day is a holiday, it shall be included in the days during which the worker has been absent from work.
4. Vehicle accidents that take place in the establishment or workplace.

## **Article 4**

An employer shall report to the Ministry within 24 hours from the work injury time indicated in Clauses (1 and 2) of Article (3) of this Order and shall notify the work injury indicated in Clauses (3 & 4) of the previous Article within fifteen days from the occurrence date of an employment injury by sending a notification on Form No.(1) which is attached to this Order and receiving a confirmation from the Ministry proving receipt of such notification.

## **Article 5**

An employer shall notify the Ministry of any injury or occupational diseases that he is aware of within ten days from the date of notification by sending Form No.(2) which is attached to this Order and receiving a confirmation from the Ministry about receiving such notification.

## **Article 6**

Subject to coordination with the authorities concerned of health affairs in the Kingdom, every physician who suspects the infection of one of his patients with a disease resulted from or related to work shall immediately inform the Ministry unless such action was already taken. Such notification shall include the sick worker's name, address and the suspected disease his infected therewith, name and address of his workplace and the last employer.

## **Article 7**

A worker shall notify the Ministry of Labour in writing of any employment injury suffered by him and resulted in a serious injury or an occupational disease.

## **Article 8**

The Ministry shall conduct a technical investigation of occupational accidents, injuries and diseases.

## **Article 9**

An employer shall not alter the accident's consequences with the exception of the ones that have been removed or changed to rescue the injured worker or to prevent the continuation of any threat to other workers at the workplace. Such employer shall not remove such consequences except after the lapse of 24 hours from the date of informing the Ministry or completion of the site examination by the investigation authorities, whichever is later.

## **Article 10**

An employer shall lay down occupational injuries and diseases notification rules within his establishment and shall urge his workers to notify him of any occupational injuries that they may be subject to and to circulate the recommendations and guidelines about the means and precautions that ensure avoiding their recurrence in the future to workers in the establishment, branch or workplace.

### **Article 11**

In the event where an employer is notified of the death of a worker who has sustained an occupational injury which was previously reported in accordance with the provisions of Article (3) of this Order, he shall inform the Ministry in writing within a period not exceeding one year from the date of the injury and death.

### **Article 12**

An employer of every establishment, branch or workplace shall, within the first quarter of every year and according to Form No.(3) attached to this Order, supply the Ministry with statistics about employment injuries and occupational diseases suffered by his workers.

### **Article 13**

An employer shall maintain a special register in which copies of the occupational injuries and diseases forms that have been reported in accordance with the provisions of this Order shall be deposited provided that such forms shall be retained for a period of no less than five years.

### **Article 14**

Any violation of the provisions of this Order by an employer or whoever acts on his behalf shall be liable for the punishments provided for in Article (189) of the Labour Law for the Private Sector promulgated by Law No.(36) of 2012.

Any provision that contravenes the provisions of this Order shall be revoked.

### **Article 15**

Ministerial Order No.(1) of 2006 with respect to Procedures required to Report Occupational Injuries and Diseases shall be revoked, and any provision that contravenes the provisions of this Order shall be revoked.

### **Article 16**

The Undersecretary of the Ministry of Labour shall implement this Order which shall come into effect from the day following the date of its publication in the Official Gazette.

**Signed: Jameel bin Mohamed Ali Humaidan,  
Minister of Labour.**

Issued on: 20<sup>th</sup> Jumada Awwal, 1434 Hijra,  
Corresponding to: 1<sup>st</sup> April, 2013 AD.

**KINGDOM OF BAHRAIN  
MINISTRY OF LABOUR  
FORM NO. (1): NOTIFICATION OF A SERIOUS EMPLOYMENT INJURY**

**Establishment's details:**

Commercial

Name:.....

Commercial Register No:.....

Economic Activity.....

Tel No:..... Fax No.:.....

P.O. Box:.....

Address: Flat..... Building:.....

Road/ Avenue:.....Block:.....

**Information about the injured worker:** In case of more than one injured person, a form shall be filled in for each one.

Name:.....

CPR Card No.:.....

Sex:  Male  Female Nationality: .....

**Occupation according to CPR Card:..... Occupation at the time of accident:.....**

**Occupational Training: years of Experience: .....**

**Address:..... Tel No: .....**

**Accident's details:**

**Accident took place:**

at the Site  on the road while carrying out duties.  from & to work

Date of accident: ...../...../..... Time of Accident: .....

Place of Accident: .....

**Type of accident:**

Falling from above  Falling of materials or objects  
 Collusion with stationery or mobile objects  Crushing

- |   |  |
|---|--|
| <input type="checkbox"/> Collusion with a vehicle       | <input type="checkbox"/> Electrical shock      |
| <input type="checkbox"/> Stumbling, falling or Slipping | <input type="checkbox"/> Explosion             |
| <input type="checkbox"/> Drowning or suffocation        | <input type="checkbox"/> Exposure to chemicals |
| <input type="checkbox"/> Others (please specify)        |  |

**Information about the injury**

**Resulted from the injury:**

- |  |   |
|--|---|
| <input type="checkbox"/> Death   | <input type="checkbox"/> Serious injury |
| <input type="checkbox"/> Injury leading to absence from work for three days or more. |   |

**Type of Injury:**

- |  |   |                                  |                                      |
|--|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Fracture  | <input type="checkbox"/> Dislocation    | <input type="checkbox"/> Bruises | <input type="checkbox"/> Shock       |
| <input type="checkbox"/> Strain or Flexure                                   | <input type="checkbox"/> Amputation     | <input type="checkbox"/> Burns   | <input type="checkbox"/> Suffocation |
| <input type="checkbox"/> Wound   | <input type="checkbox"/> Multi-injuries |                                  |                                      |
| <input type="checkbox"/> Other Injuries (Please specify the type of injury). |   |                                  |                                      |

**Injured Part:**

- |  |                                     |                                     |   |   |                                   |
|--|-------------------------------------|-------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> Head              | <input type="checkbox"/> Face       | <input type="checkbox"/> Right eye  | <input type="checkbox"/> Left eye           | <input type="checkbox"/> Both Eyes          | <input type="checkbox"/> Left ear |
| <input type="checkbox"/> Right Ear         | <input type="checkbox"/> Both ears  | <input type="checkbox"/> Neck       | <input type="checkbox"/> Right arm          | <input type="checkbox"/> Left arm           | <input type="checkbox"/> Chest    |
| <input type="checkbox"/> Back              | <input type="checkbox"/> Right hand | <input type="checkbox"/> Left hand  | <input type="checkbox"/> Both hands         | <input type="checkbox"/> Right hand fingers |                                   |
| <input type="checkbox"/> Left hand fingers | <input type="checkbox"/> abdomen    | <input type="checkbox"/> Pelvis     | <input type="checkbox"/> Upper part of body | <input type="checkbox"/> Right Leg          |                                   |
| <input type="checkbox"/> Left leg          | <input type="checkbox"/> Both legs  | <input type="checkbox"/> Right foot | <input type="checkbox"/> Left foot          | <input type="checkbox"/> Lower body         | <input type="checkbox"/> Others   |

**Description of how the accident happened:** Please indicate as many details as possible like: what the injured was doing at the time of the accident, name & type of machine used, if any, name of any chemical substance used during the time of accident, if any.

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**Details of the person submitting the notification:**

**Name of the person giving information:** .....

**Title:**.....

**CPR Card No.:**.....

**Contact No.:**.....

**Signature:** .....

**Date:**.... / ..... / .....

**Establishment's Seal**

This form shall be mailed to Ministry of Labour – Occupational Safety Section,  
P.O. Box: 32333 / or be faxed to 17689567



**KINGDOM OF BAHRAIN  
MINISTRY OF LABOUR  
FORM NO. (2): NOTIFICATION OF AN OCCUPATIONAL DISEASE**

**Establishment's Details:**

Commercial Name:.....  
Commercial Register No:.....  
Economic Activity.....  
Tel.No:..... Fax No:.....P.O. Box:.....  
Address: Flat..... Building:.....  
Road/ Avenue:.....Block:.....

**Details of injured worker:**

**Name:**.....  
**CPR Card No.:**.....  
**Sex:**  Male  Female **Nationality:** .....  
**Address:** ..... **Tel No.** .....  
**Current Occupation:**..... **Service Duration:** .....  
**Previous Occupation:**..... **Employment:**.....  
**Service Duration:** .....

**Information about the occupational disease:** Attach copy of a medical report for the case.

**Name & number of occupational disease according to Occupational Diseases Schedule** .....

**Decease discovered on:** .....

**Injured person's condition**

- |  |   |
|--|---|
| <input type="checkbox"/> Dead                    | <input type="checkbox"/> Admitted to hospital |
| <input type="checkbox"/> Stopped working         | <input type="checkbox"/> Still Working        |
| <input type="checkbox"/> Others (please specify) |   |

**Physician's details:**

**Name of Physician:** .....

**Employer:** ..... **Contact No:** .....

**Description of work or duties performed by the worker that led to the infection:  
Indicate the materials used, if any.**

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**Details of the person submitting the notification:**

**Name of the person submitting the notification:** .....

**Title:**.....

**CPR Card No.:**.....**Contact No.:**.....

**Signature:** .....

**Date:**.... / ..... / .....

**Establishment's Seal**

*This form shall be mailed to Ministry of Labour – Occupational Safety Section, P.O.  
Box: 32333 / or be faxed to 17689567*

**KINGDOM OF BAHRAIN  
MINISTRY OF LABOUR**

**FORM NO.(3): WORK INJURIES AND OCCUPATIONAL DISEASES STATISTICS WITHIN YEAR .....**

**Establishment's name and Tel. No: \_\_\_\_\_ Name of the Manager in Charge: \_\_\_\_\_**

**Type of economic activity: \_\_\_\_\_ Address: \_\_\_\_\_**

**Number of Workers: Male:    Female:    Juvenile:    Total:            \* Total of actual working hours for all workers:**

No.	Injured worker's name	Type	Age	Current occupation	Work Accidents			Time of Accident		Days absent from work	Treatment expires on	Result			
					Place	Injured organ	Cause of injury	Date	Hour			Under treatment	Recovered with no disability	Recovered with disability degree	Death

1. Lacking prevention appliances:
2. Treatment proposals:

**Occupational Safety Superintendent or Supervisor**

**Signature of Manager in charge**

1. A Total number of actual working hours for all workers mean the total of working days for all establishment workers during a statistical period which is the total number of the years the days of holidays taken by a worker during the statistical period, the result shall be multiplied by the number of overtime hours of all workers, if any.
2. To observe when completing the Work Injuries Table to begin with the registration of the normal injuries followed by the serious injuries that took place during previous periods and still receiving treatment during the statistical period, provided each type shall be allocated a separate serial number.
3. This Form shall be made in one original and two copies, the original copy shall be forwarded to the Occupational Safety Section during the first quarter of every year while the establishment shall retain the second copy.