



HSE NEWS

WORKING FOR YOU TO KEEP YOU SAFE

Latest HSE Statistics YTD

	2014	2015
Workplace fatalities	0	0
Non-work related fatalities	0	0
Non-accidental deaths (NADs)	0	0
Lost Time Injuries (LTIs)	0	0
All injuries (excluding first aid cases)	0	0
Motor Vehicle Incidents (MVIs)	0	0
Roll over - MVIs	0	0
Serious MVIs	0	0
Lost Time Injury Frequency (LTIF)	0	0

Life Saving Rules Violations

YTD

Journey management	0
Speeding/GSM	0
Seatbelts	0
Overriding safety device	0
Working at heights	0
Permit	0
Confined space	0
Lock out tag out	0
Drugs and alcohol	0
Gas testing	0
Smoking	0
Suspended Load	0

Vehicle Class A/B Defect

YTD

Class A	0
Class B	0

HSE TIP

Although the amount of vitamin D adults get from their diet is often less than what's recommended, exposure to sunlight can make up for the difference

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Important News

Vitamin D is a fat-soluble vitamin that is naturally present in very few foods, added to others, and available as a dietary supplement. It is also produced endogenously when ultraviolet rays from sunlight strike the skin and trigger vitamin D synthesis. A vitamin D deficiency can occur when usual intake is lower than recommended levels over time, exposure to sunlight is limited, the kidneys cannot convert Vit D to its active form, or absorption of vitamin D from the digestive tract is inadequate. Rickets and osteomalacia are the classical vitamin D deficiency diseases.

In children, vitamin D deficiency causes rickets, a disease characterized by a failure of bone tissue to properly mineralize, resulting in soft bones and skeletal deformities. In adults, vitamin D deficiency can lead to osteomalacia, resulting in weak bones. Symptoms of bone pain and muscle weakness can indicate inadequate vitamin D levels, but such symptoms can be subtle and go undetected in the initial stages. Recent study done in Sultan Qaboos University resulted that about 87.5 % of Omani population are Vit D deficient, and women as compared with men have markedly lower Vit D Level.

What You Need to Know

Vitamin D deficiency:

Clinical symptoms with laboratory blood test of Vitamin D are the main ways of diagnosis

- Insufficient (50-100 nmol/L)
- Mild (25-50 nmol/L)
- Moderate (12.5-25.0 nmol/L)
- Severe (< 12.5 nmol/L)

Risk of inadequacy:

- Breastfed infants
- Older adults
- limited sun exposure
- Inflammatory bowel disease
- Dark skin
- Obese , BMI: >30

Signs and symptoms:

Rickets, osteomalacia, osteoporosis, muscle aches and weakness, muscle twitching (Fasciculations), light-headedness



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HSE Advice Note

The Dietary Guidelines advises a healthy diet as one that:

- Emphasizes a variety of fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products. Milk is fortified with vitamin D, as are many ready-to-eat cereals and some brands of yogurt and orange juice. Cheese naturally contains small amounts of vitamin D.
- Includes lean meats, poultry, fish, beans, eggs, and nuts.
- Fatty fish such as salmon, tuna, and mackerel are very good sources of vitamin D. Small amounts of vitamin D are also found in beef liver and egg yolks.

- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars.
- Vitamin D is added to some margarines.
- Stays within your daily calorie needs

The recommended screening of Vitamin D level of only those individuals who are at high risk for vitamin D deficiency. The daily maintenance dose of vitamin D varies by age, but most children and adults generally require 600-2000 IU of vitamin D daily.

For vitamin D-deficient children and adults, higher doses of vitamin D given either daily or weekly are recommended. After correction of their vitamin D status with oral vitamin D, patients should have a repeat test of their Vitamin D level to confirm that they are in the normal range. If the 2D concentration remains persistently low despite several attempts at correction with oral vitamin D, a trial of UVB light therapy (ie, by tanning lamps) may be considered to improve vitamin D status.