



NIOSH

NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

NIOSH Malaysia Newsletter...bringing you OSH updates

12 DECEMBER 2007

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Ucapan Aluan

- Pengerusi NIOSH pada Seminar Pelancaran Kesedaran Keselamatan dan Kesihatan

Pekerjaan Peringkat Negeri Sabah
Auditorium Tun Raffae, Menara Tun Mustapha
6 Disember 2007, 10.15 pagi

Pihak NIOSH sentiasa prihatin dalam membantu dan membangunkan program keselamatan dan kesihatan untuk pekerja-pekerja terutama bagi pekerja-pekerja di sektor penyampaian perkhidmatan dan pembangunan industri. Namun pekerja disektor ini tidak terkecuali dari berhadapan dengan berbagai hazard dan risiko yang boleh menjadikan keselamatan dan kesihatan mereka semasa bekerja.

Untuk pengetahuan tuan-tuan dan puan-puan, NIOSH merupakan sebuah institut yang ditubuhkan oleh Kementerian Sumber Manusia. Kami menyediakan perkhidmatan latihan, perundingan, penyebaran maklumat dan penyelidikan dalam bidang keselamatan dan kesihatan pekerjaan dimana kami beroperasi di Bandar Baru Bangi dengan cawangan-cawangan kami seperti di Kota Kinabalu ini, Pulau Pinang, Johor Bahru, Kemaman, Bintulu dan Kuching.

Sejak diwujudkan pada tahun 1992 hingga sekarang, NIOSH mendokong dan menyokong hasrat Kerajaan ke arah menjadikan amalan "BEKERJA DENGAN SELAMAT DAN SIHAT" sebagai BUDAYA dalam kehidupan seluruh Rakyat Malaysia.

NIOSH telah melaksanakan tugas dan tanggungjawabnya ini menerusi berbagai-bagi cara seperti kempen kesedaran, program-program latihan, khidmat rundingan, aktiviti penyebaran maklumat serta kerja penyelidikan dalam bidang keselamatan dan kesihatan pekerjaan untuk mengurangkan kadar kemalangan di tempat kerja serta mewujudkan tempat kerja yang selamat dan sihat.

Berpandukan OSHA 1994, adalah menjadi tanggungjawab majikan menyediakan latihan kepada pekerja. Pelbagai bentuk latihan dirancang dan majikan akan bersama kerajaan mencari kaedah supaya perkara yang tidak diingini tidak berlaku berulangkali.

Ini bertepatan dengan penubuhan NIOSH cawangan Sabah ini untuk memberikan khidmat rundingan dan latihan di kalangan pekerja di Sabah dan Labuan ini. Gunakanlah perkhidmatan yang disediakan oleh NIOSH ini untuk mempertingkatkan lagi kemajuan dalam bidang keselamatan dan kesihatan pekerjaan di negara ini.

Suatu latihan yang sistematik dan program pembangunan di dalam bidang kesihatan dan keselamatan disamping sokongan yang diberikan oleh majikan adalah jalan penyelesaian yang terbaik untuk mengurangkan kemalangan serta meningkatkan keselamatan dan kesihatan pekerjaan (OSH) di tempat kerja.

Menyedari situasi ini, NIOSH sentiasa prihatin terhadap keselamatan dan kesihatan pekerja-pekerja di negara ini dan berusaha untuk meningkatkan tahap kesedaran terutamanya di kalangan majikan dan pekerja.

Oleh itu, saya sangat mengalui-alukan initiatif yang diambil oleh NIOSH cawangan Sabah untuk menganjurkan seminar kesedaran OSH untuk sesebuah negeri ini sebagai langkah proaktif disamping membantu memastikan seluruh pekerja di Malaysia mendapat peluang pendedahan dan kesedaran tentang hak mereka sebagai pekerja.

Oleh kerana pekerja adalah dijamin tentang haknya terhadap keselamatan dan persekitaran kerja yang sihat, adalah menjadi suatu keperluan untuk menyediakan mereka dengan maklumat, pendidikan dan latihan supaya pekerja mengetahui tentang cara yang terbaik untuk melindungi diri mereka.

Pada hemat saya, inisiatif ini adalah sangat baik dan tepat pada masanya bagi mendidik para majikan dan pekerja di negeri Sabah ini dalam kesedaran terhadap OSH yang akhirnya akan menjurus kepada pengurangan kes kemalangan semasa bekerja.

Pada ketika persaingan global dan arus perubahan zaman ini, adalah tidak memadai bagi syarikat-syarikat untuk menjadikan keselamatan itu suatu keutamaan sahaja. Keutamaan sering berubah tetapi budaya kekal sepanjang zaman. Oleh yang demikian, keselamatan harus dijadikan sebagai suatu budaya di tempat kerja.

ASTHMA

Asthma Backgrounder

Asthma currently affects 300 million people worldwide and prevalence has steadily increased during the last 20 years. Asthma deaths will increase by almost 20% in the next 10 years if urgent action is not taken – 255,000 unnecessary people died of asthma in 2005.¹ The Asia Pacific region has some of the highest death rates in the world, for example, in China, 36.7 of every 100,000 asthma patients will die.

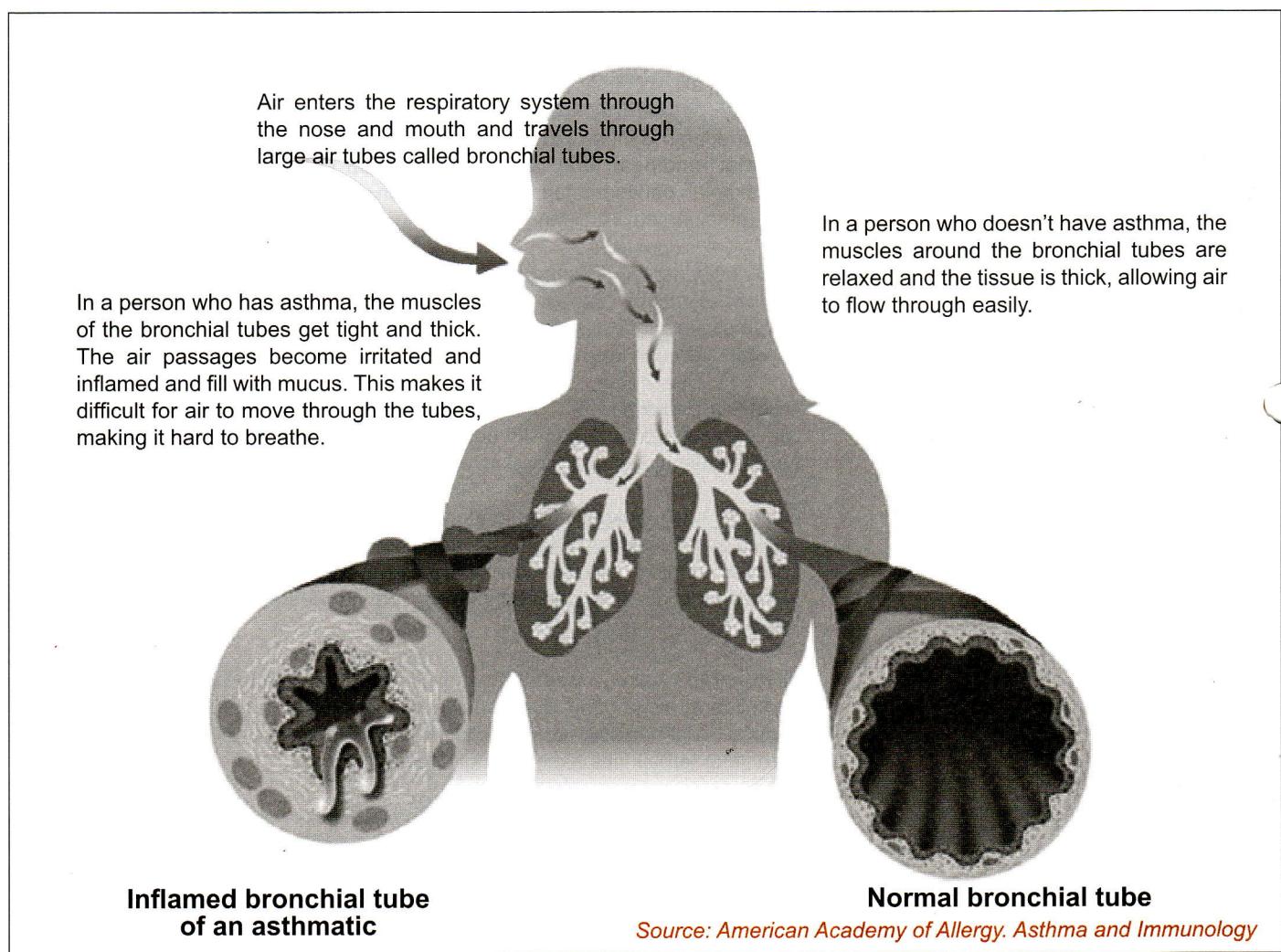
What is Asthma?

Asthma is a chronic inflammatory disorder of the airways in which many cells and cellular elements play a role. Chronic inflammation is associated with airway hyper-responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly at night or in the early morning. These episodes are usually associated with widespread, but variable, airflow obstruction within the lung that is often reversible either spontaneously or with treatment.²

There are essentially three processes involved:

1. The lining of the airways becomes inflamed
2. The muscles of the airways tighten
3. Mucus production increases in the airways

An asthma attack is an acute phase that presents in mild, moderate and severe forms. Asthma attacks can be life threatening. An "exacerbation" is the worsening of asthma symptoms and requires medical care to stabilise and prevent the onset of an asthma attack.



Article

What causes Asthma?

Scientists do not yet fully understand the cause, though asthma can often be diagnosed in members from the same family and there are some clearly identified risk factors associated with the condition. Atopic or a strong allergic reaction common with other family members is the most identifiable risk factor. Exposure to allergens and chemical sensitizers is also a key risk factor since the inflamed airways of asthma sufferers are highly sensitive to a wide range of triggers. Some trigger factors cause immediate asthma symptoms, while others can lead to a gradual development of symptoms. Common asthma triggers include:

- Allergens - house dust mites, pets, pollens, mould, some foods
- Viral infections - flu
- Irritants - cigarette smoke, air pollution, paint fumes
- Temperature changes - cold air, sudden drops in temperature
- Occupational triggers - wood dusts, flour, industrial chemicals, glue
- Drugs - aspirins, beta-blocker and other nonsteroidal ant-inflammatory drugs
- Emotional stress - anxiety, stress, excitement
- Food and food additives(less usual) - preservatives, dyes and monosodium glutamate

Factors that may increase susceptibility to developing asthma:

- Air pollution - indoor and outdoor
- Respiratory infections
- Small size at birth
- Smoking - passive and active. Cigarette smoke contains more than 4,500 compounds and contaminants that can contribute to the development of asthma. Children are especially vulnerable to the effects of passive smoke
- Gender - Prior to the age of 14, the prevalence of asthma is nearly twice as great in boys as in girls.
- Obesity
- Diet

Asthma Symptoms

Asthma can vary in severity, so whilst some sufferers experience mild occasional symptoms, other sufferers can be too breathless to walk. It can affect all age groups and can occur for the first time in all age groups, and can also change over time. Asthma symptoms can appear and disappear rapidly, for example:

- Recurrent episodes of wheezing – high-pitched whistling sounds when breathing out
- A troublesome cough, particularly at night or when awakening
- Breathing problems during a particular season
- Coughing or wheezing after physical activity, including running or other exercise
- Coughing, wheezing, or developing chest tightness after exposure to airborne allergens or irritants
- Colds that “go to the chest” that takes more than 10 days to resolve

Article

Burden of Asthma

The World Health Organization has stated that the "economic costs associated with asthma are set to exceed tuberculosis and HIV/AIDS combined worldwide"³ and estimates that asthma accounts for 1 in 250 deaths worldwide.⁴ With its prevalence continuing to rise, asthma is becoming more and more of a significant global health problem. Extensive direct medical costs are associated with asthma, such as medications, medical consultations, emergency care, intensive care and hospital stays. Emergency treatment due to poor control of asthma is more expensive than planned treatment. In addition, asthma may also significantly affect a person's life:

- Time off school or work
- Working or studying at sub-optimal levels
- Disturbed sleep
- Inability to participate in sports or leisure activities
- Anxiety and disruption
- Diminished quality of life associated with change in personal fulfillment, role functioning and social interaction
- Negative impact on the family

The number of disability - adjusted life years (DALYs) lost due to asthma worldwide has been estimated at 15 million per year, 1% of all DALYs lost worldwide, reflecting the high prevalence and severity of the disease.⁵

When asthma is not under control, these direct and indirect costs are greatly - and unnecessarily - increased. Although there is no known cure, asthma is a disease that can be successfully managed. The costs of asthma depend on the individual patient's level of control and the extent to which exacerbations are avoided. Access to basic asthma medicines, lack of information and suboptimal medical care are major challenges to reducing the impact of the disease and reaching international asthma control goals.

Asia Pacific Update

Figures from a recent study conducted in Asia Pacific showed that:⁶

- Asia Pacific has a higher rate of absence from work due to asthma than either the United States or Europe
- Asia Pacific reports the highest impact on daily activities (social activities, career choice, housekeeping, lifestyle, normal physical activity, sleeping and sports) as a result of poor asthma control, followed by the US and the Europe
- More than 50% of the children in China and Malaysia had to miss school and 47% of adults in the Philippines missed work in the past year.
- Nearly half of all asthma patients in Asia Pacific have been hospitalised, had an Emergency Department visit, or had another type of urgent care visit for their asthma within a year
- Asia Pacific had almost twice the number of people hospitalised (15%) as a result of asthma than both Europe and the US
- A third of asthma patients in China and 27% in the Philippines made an Emergency Department visit for asthma in the given year

These statistics indicate that asthma management in Asia Pacific falls well below the recommended level of care outlined by international expert opinion, including the Global Initiative for Asthma (GINA), which specifies minimal or no symptoms, no emergency hospital visits and normal levels of activity within its asthma management guidelines, leading to total symptom control for normal care of patients.

For more information, please visit the following websites:

Global Initiative for Asthma (GINA): www.ginasthma.com World Health Organization (WHO): www.who.int

- 1 "The World Health Report 1998" (Geneva), WHO, 1998
- 2 "Global Strategy for Asthma Management and Prevention", Global Initiative for Asthma (GINA), 2006
- 3 "The World Health Report 1998" (Geneva), WHO, 1998
- 4 WHO 2001
- 5 "Global Burden of Asthma", Masoli M et al. Global Initiative for Asthma (GINA), 2004
- 6 "Asthma Insights and Reality in Asia Pacific" (AIRIAP), 2001

KILANG PAPAN RM3 JUTA HANGUS TERBAKAR

Kosmo, 3/12/07

Klang – Sebuah kilang papan yang dianggarkan bernilai RM3 juta hangus dalam 1 kebakaran di Batu 5 __, Jalan Kapar, di sini awal pagi semalam.

Kejadian pukul 2 pagi itu dipercayai berpunca daripada litar pintas daripada sistem pendawaian kilang papan tersebut.

Menurut Pegawai Operasi Jabatan Bomba dan Penyelamat negeri, Aswadi Ismail, pihaknya menerima panggilan kecemasan daripada orang awam pada pukul 2.45 pagi.

Seramai 32 anggota bomba melibatkan lima jentera dari Balai Bomba Klang Utara, Klang Selatan, Pelabuhan Klang dan Shah Alam ‘dikejarkan ke tempat kejadian,’ katanya ketika dihubungi di sini semalam.

Aswadi memberitahu, bomba berjaya mengawal kebakaran daripada merebak keseluruhan kilang selama hampir dua jam setelah tiba di tempat kejadian pada pukul 3.10 pagi.

“Bagaimanapun, punca dan nilai kerugian sebenar kebakaran kilang ini masih disiasat,” jelasnya.

Tiada sebarang kemalangan jiwa atau kecederaan berlaku dalam kejadian itu.

PSIKOSOSIAL FAKTOR KEMATIAN

Berita Harian, 31/12/07

KUALA LUMPUR: Faktor psikososial menyebabkan sindrom keceluaran mental yang boleh menyumbang kepada gejala bunuh diri dijangka menjadi faktor kedua tertinggi menyumbang kepada kematian di negara ini selepas penyakit kardiovaskular.

Bercakap ketika dihubungi semalam, Presiden Persatuan Psikiatri Malaysia, Prof Dr Mohd Hussain Habil berkata, pengaruh psikososial yang dijangka semakin ketara dalam tempoh antara 10 hingga 15 tahun akan datang, wujud kerana pembangunan yang menyebabkan hubungan kekeluargaan dan masyarakat semakin longgar.

Katanya, sistem kekeluargaan kini lebih kepada bentuk nukleus yang hanya terdiri daripada ibu bapa dan anak-anak saja tanpa sokongan daripada ahli keluarga lain seperti datuk atau ibu serta bapa saudara individu.

Sistem pendidikan yang menfokuskan kepada kecemerlangan juga memberi tekanan kepada kanak-kanak dan remaja. Sejak kebelakangan ini, kita lihat tekanan membabitkan remaja meningkat dan ada yang bertindak membunuh diri,” katanya.

“KILLER” TOLL PLAZA TO GO IN 6 MONTHS

New Straits Times, 12/12/07

Ipoh: It will be the end of the road in June for the nation’s deadliest toll plaza which claimed more lives yesterday.

The Jelapang toll plaza will be demolished and moved 800m away, Works Minister Datuk Seri S. Samy Vellu said.

This will overcome the problem of accidents caused by heavy vehicles that encounter brake failure while traveling downhill to the toll plaza.

The new Ipoh North toll plaza with two interchanges will cost RM40 million.

Samy Vellu, however, reminded drivers of heavy vehicles to continue to exercise caution once of the new Ipoh North toll plaza was opened to the public.

“We remind them to reduce speed but they always forget,” he said after visiting the toll plaza here.

OSH in the news

IBU ENGGAN PASANG JERIJI

Berita Harian, 31/12/07

KUALA LUMPUR: Ibu kanak-kanak perempuan berusia enam tahun yang maut selepas jatuh dari tingkat 10 apartment Menara Manjalara, Kepong, dekat sini tidak memasang jeriji besi di rumah mereka kerana keluarga itu hanya tinggal menyewa.

Nenek mangsa yang enggan dikenali berkata, beliau pernah menyuruh anak perempuannya memasang jeriji besi demi keselamatan, tetapi faktor status penyewa menjadi penghalang perkara itu dilakukan.

"Saya pernah menyuarakan kepada ibunya supaya memasang jeriji besi, tetapi anak saya memaklumkan mereka hanya menyewa rumah itu."

"Kami sangat terkejut menerima berita malang ini... tiada siapa mahu kejadian sperti ini berlaku," katanya ketika ditemui di Bilik Mayat Hospital Kuala Lumpur (HKL) di sini, semalam.

Akhbar semalam melaporkan, Alicesia Viviana ditinggalkan bersama rakan serumah ibunya Jumaat lalu dan kemudian bersendirian apabila wanita itu turut keluar tidak lama kemudian.

Mangsa dikatakan terjatuh dari tingkap bilik utama pangaspuri itu kira-kira jam 5:15 petang dan meninggal dunia sebaik ambulans tiba.



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Editorial

WE APPRECIATE YOUR CONTRIBUTION
Articles, views, Suggestions, Comments and feedback may be sent to :

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NO	COURSES	NO OF DAYS	COURSE FEE (RM)	COURSE CODE	HRDF SCHEME	2008		
						JAN	FEB	MAR
Certificate / Competency Programmes								
CEP 40	Occupational Health Nurse (OHN)	13	6,100.00	OHN	SBL			
	OHN Module 1	6						10 - 15
	OHN Module 2	5						
	OHN Refresher	2						
Trainer's Programmes								
01	Safety and Health Induction For Construction Workers	4	2,000.00	SICW	SBL			
02	Trainer's Competency Programme (Modular)	10	4,050.00	TTT	SBL			
CEP	Module 1 : Basic Train the Trainer	4	1,200.00	TTT1	SBL			
CEP	Module 2: Advanced Train the Trainer	4	2,100.00	TTT2	SBL			14 - 17
CEP	Module 3: NIOSH Advanced Training Analysis & Quality Training Management	2	1,080.00	TTT3	SBL			18 - 21
03	Trainer's Competency Programme (Part Time - Saturday & Sunday)	10	4,050.00	TTT	SBL			22 - 23
CEP	Module 1 : Basic Train the Trainer	4	1,200.00	TTT1	SBL			
CEP	Module 2: Advanced Train the Trainer	4	2,100.00	TTT2	SBL			
CEP	Module 3: NIOSH Advanced Training Analysis & Quality Training Management	2	1,080.00	TTT3	SBL			
NIOSH Safety Passport								
04	NIOSH - Petronas Safety Passport	1	250.00	NPSP	N/A	Every Tuesday, Wednesday & Thursday (Available for Sunday upon client's request)		
05	Contractor Safety Passport System For Workers (Fee per Trade)	1	75.00	CSPS	N/A			
06	NIOSH-Shell Safety Passport	1	250.00	NSSP	N/A			
07	NIOSH-TNB Safety Passport	1	250.00	NTSP	N/A			
08	NIOSH-TM Safety Passport	1	150.00	NTMSP	N/A			
09	NIOSH-OSFAM Safety Passport	1	150.00	NOSP	N/A			
Higher Education Programmes								
10	Executive Diploma in Occupational Safety and Health (A Joint Programme with Open University Malaysia)	1 - 1.5 yrs	7,600.00	EDOSH	N/A			
11	Master in Occupational Safety and Health (A Joint Programme with Universiti Utara Malaysia)	1 - 1.5 yrs	13,782.00	MOSH	N/A	Please contact Higher Education and Training Division for details.		



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