GUIDELINE ON NOTIFICATION OF OCCUPATIONAL ACCIDENTS AMONG STAFF OR ACCIDENT/DANGEROUS OCCURRENCE OCCURRING WITHIN THE PREMISE OF SARAWAK STATE HEALTH DEPARTMENT AND OCCUPATIONAL DISEASES AND PESTICIDES & CHEMICAL POISONINGS AMONG SARAWAK STATE HEALTH DEPARTMENT PERSONNEL AND WORKERS OF OTHER ESTABLISHMENTS/INDUSTRIES

OCCUPATIONAL AND ENVIRONMENTAL HEALTH SECTION
OCCUPATIONAL HEALTH UNIT
STATE HEALTH OFFICE
SARAWAK STATE HEALTH DEPARTMENT
2005
Rev. 1/2008
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## Notification procedure:

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   - WEHU A1(J KKP 6) & A2: Occupational Accident
   - WEHU D1(J KKP 7) & D2: Occupational Diseases
   - WEHU L1(J KKP 7) & L2: Occupational Lung Diseases
   - WEHU S1(J KKP 7) & S2: Occupational Skin Diseases
   - WEHU E1(J KKP 7) & E2: Occupational Noise Induced Hearing Loss

3. **III**  
   THIRD SCHEDULE (Regulation 7 Occupational Poisoning and Occupational Diseases

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NOTIFICATION GUIDELINE, JKNs/KNAS 2005 (Rev.1/2008) 1
GUIDELINES ON NOTIFICATION OF OCCUPATIONAL ACCIDENTS/ OCCUPATIONAL DISEASES AND PESTICIDES & CHEMICAL POISONINGS AMONG SARAWAK STATE HEALTH DEPARTMENT AND NOTIFICATION OF OCCUPATIONAL DISEASES/ PESTICIDES & CHEMICAL POISONINGS FOR OTHER ESTABLISHMENTS/ INDUSTRIES

1. INTRODUCTION

The Occupational Safety and Health Act of 1994 (Act 514) requires an employer to notify to the nearest Department of Occupational Safety and Health (DOSH) office of any accident, dangerous occurrence, occupational poisoning and occupational disease that has occurred in the place of work. The Act also stipulates every registered medical practitioner or medical officer attending to, or called in to visit, a patient whom he believes to be suffering from an occupational disease or poisoning to report the matter to the Director General of DOSH. The Occupational Safety and Health (Notification of Accident, Dangerous Occurrence, Occupational Poisoning and Occupational Disease) Regulations 2004 [NADOPOD] provides further requirement and information on the notification method, procedure and process to be followed by the employer and the medical practitioner in pursuant to the requirements of section 32 of Act 514.

The main purpose of reporting the incidences stated under section 32 of Act 514 is for the authority (DOSH) to determine the underlying causes of the incidences in order for remedial actions to be taken to prevent similar occurrences in the future. At the same time, the data gathered would form important database for DOSH to carry out analysis and to come out with its strategic plan to administer and enforce the law. For this purpose, it is essential that data recorded by the employers are uniform to facilitate analysis and to assure the validity of the statistical results. Thus these guidelines provide official interpretations, answers, and explanations to questions employers would most frequently ask. It is not a regulation, but rather supplementary instructions for reporting and recordkeeping duties of employers.

2. ACTS AND REGULATIONS OF NOTIFICATION

2.1 OCCUPATIONAL SAFETY AND HEALTH ACT (ACT 514) 1994

PART VIII - NOTIFICATION OF ACCIDENTS, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASES, AND INQUIRY

Section 32. (1) An employer shall notify the nearest DOSH office of any accident, dangerous occurrence, occupational poisoning or occupational disease which has occurred or is likely to occur at the place of work.

(2) Every registered medical practitioner or medical officer attending to, or called in to visit, a patient whom he believes to be suffering from any of the diseases listed in the Third Schedule (Appendix I) of the Factories and Machinery Act 1967, or any disease named in any regulation or order made by the Minister under this Act, or occupational poisoning shall report the matter to the Director General of DOSH.
2.2 OCCUPATIONAL SAFETY AND HEALTH (NOTIFICATION OF ACCIDENT, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASE) REGULATIONS 2004

PART II - NOTIFICATION AND REPORTING OF ACCIDENT, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASE

5. (1) Whenever any accident arising out of or in connection with work which caused any person either—

(a) death; or

(b) serious bodily injury, as specified in First Schedule, which prevents the person from following his normal occupation for more than four calendar days,

or where a dangerous occurrence, as specified in Second Schedule, takes place in any place of work, the employer shall—

(aa) forthwith notify the nearest DOSH office by the quickest means available; and

(bb) within 7 days send a report thereof in an approved form.

(2) Whenever any accident arising out of or in connection with work which causes bodily injury to any person which prevents the person from following his normal occupation for more than four calendar days, the employer shall, within 7 days, send a report thereof in an approved form to the Department of Occupational Safety and Health Office.

(3) Where an employee, as a result of an accident arising out of or in connection with work, has suffered an injury or condition reportable under subregulation (1) which causes death within one year of the date of that accident, the employer shall inform the Director General of DOSH in writing of the death as soon as it comes to his knowledge, whether or not the accident has been reported under subregulation (1).

7 (1) Where a person at work suffers or likely to suffer from one of the occupational poisonings or occupational diseases specified in column 1 of Third Schedule and the work involves one of the activities specified in the corresponding entry in column 2 of that schedule, the employer shall, within 7 days, send a report thereof to the nearest DOSH office in an approved form.

(2) Every registered medical practitioner or medical officer attending to, or called in to visit, a patient whom he believes to be suffering from any of the occupational poisoning or occupational disease listed in Third Schedule, shall within 7 days report the matter to the Director General in an approved form and at the same time, notify the employer whom the patient states is his employer.

2.3 PESTICIDES ACT 1974

Part VI of the Pesticides Act 1974 which states that whenever a registered medical practitioner finds or has reason to believe that a person has died or suffered personal injury as a result of the handling, use, or presence of or contact with or exposure to a pesticide, the registered medical practitioner shall forthwith send or cause to be sent to the Ministry notice of the death or personal injury.
3. NOTIFICATION OF OCCUPATIONAL ACCIDENTS AND DANGEROUS OCCURRENCE, OCCURRING AMONG OR OCCURRING WITHIN THE PREMISES OF SARAWAK STATE HEALTH DEPARTMENT

3.1 Objectives of Notification System

1. To enable the department as an employer, to comply with Occupational Safety and Health Act 1994, PART VIII - NOTIFICATION OF ACCIDENTS, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASES, AND INQUIRY, Section 32 (1) which states that “An employer shall notify the nearest DOSH office of any accident, dangerous occurrence, occupational poisoning or occupational disease which has occurred or is likely to occur at the place of work”.

2. To have a system of monitoring or obtaining information on the occurrence of occupational injuries among Sarawak State Department personnel and dangerous occurrence occurring within the premise of the Department. This notification system will enable the Department to have a baseline information to implement, monitor and evaluate occupational safety and health programmes for the staff of Sarawak State Health Department.

3.2 Forms for Notification

WEHU A1 (JKKP6), A2 & A2(cont’d) - Reporting of Occupational Accidents
WEHU A1 (JKKP6) - Reporting of Dangerous Occurrence

3.3 When to Notify

The notifying centre where the accident occurred is to notify by completing the notification form WEHU A1 (JKKP6), WEHU A2 & WEHU A2 cont't (Three pages of forms) for any occupational accident involving Sarawak State Health Department staff/trainees or any accident that involves others while working or doing business with our premises. To complete only WEHU A1 (JKKP6) for dangerous occurrence.

NOTE: 1. For QAP of needlestick injuries and SHARPS Injury Surveillance please follow the protocol Ministry of Health”

3.4 Responsibility to Notify

The person responsible for administrative management of any health facilities will be responsible to ensure that any occupational accident occurring among their staff and any accidents happened within their premise be reported. This responsibility may be delegated to Matron, Ward Sister, Senior Medical Assistant or any officer deemed appropriate by the head of that health facilities.

All completed forms must be sent as follow:

White copy: To be sent to State OEHU Section
Blue Copy: To be sent to the Divisional/District Health Office
Pink copy: To be kept by the affected health facility/notifying centre

(If you do not have the carbonized form, can use the photostate copy)

The Head of health facilities shall inform all the staff that they have to report all occupational accidents and dangerous occurrence to their supervisor.
3.5 Notification Procedure: FLOW CHART 1

NOTIFICATION OF OCCUPATIONAL ACCIDENT AND DANGEROUS OCCURRENCE AMONG SARAWAK STATE HEALTH DEPARTMENT PERSONNEL AND ANY ACCIDENTS OCCURRING WITHIN OUR PREMISES

Occupational Accident/Dangerous Occurrence
or any accidents happened within their premise

1. Attending person must notify Occupational Diseases and Occupational Pesticides & Chemical Poisonings for all cases BID, admitted to the wards, or seen at A&E and health centres

2. Supervisor of Unit/Section concerned of person injured

   To complete WEHU A1(J KKP6), A2 & A2 con’t for accident or
   *WEHU A1(J KKP6) only for dangerous Occurrence
   Ensure form is properly and completely filled

   (Note: the forms are carbonized and in three colours) *(If you do not have carbonized form, can use Photostat copy)*

   NOTE: For QAP of Needlestick injuries and Sharps Injury Surveillance, please follow the Protocol of KKM

Head of the Health Facility
Verify & check all reports accordingly and Submit to:
Before submission, ensure that WEHU forms has been properly and completely filled

WEHU A1(J KKP6) , A2
White Colour

State OEH Section
1. Verify & analyse report.
2. Make copies of WEHU A1 & A2 (J KKP6) forms received.
3. Enter data of cases.
4. Submit report monthly by 10 days of the following month.

MOH
Occupational Health Unit

WEHU A1(J KKP6) , A2
Blue Colour

Divisional/District OEHU
1. Verify & check all reports accordingly.
2. To assist Officer in-charge of injured person/premises in investigation..
3. Compile, analyse report.
4. Submit monthly report to State OEH Section. (To reach by the 10 days of following month)

DOSH

WEHU A1(J KKP6) , A2
Pink Colour

Keep by the head of affected facility

*(If you do not have the carbonized form, can use the photostat copy)*

NOTIFICATION GUIDELINE, JKNS/KPAS 2005 (Rev.1/2008) 5
4. NOTIFICATION AND MANAGEMENT OF TB CASES AMONGST SARAWAK STATE HEALTH DEPARTMENT PERSONNEL

4.1 CASE NOTIFICATION, INVESTIGATION, CONTACT TRACING & MANAGEMENT:

- All TB cases diagnosed among staff/trainees of Sarawak Health Department must be reported using Borang Notis (Peraturan 2), WEHU-L1 (JKKP 7) and WEHU-L2 (for pulmonary TB) or WEHU D1 (JKKP 7) & WEHU D2 (for all extra-pulmonary TB) formats. These formats are to be completed by the attending doctor who made the diagnosis of tuberculosis and submit them as follow:

1. State OEH Section - White copy of WEHU (JKKP7) form
2. District OEHU - Blue copy of WEHU (JKKP7) form
3. Head of affected facility - Pink copy of WEHU (JKKP7) form
4. TBCP Unit - Borang Notis (Peraturan 2)
   (If you do not have the carbonized form, can use the photostat copy)

- State TBCP unit to inform respective Divisional/District TBCP unit to:
  o (a) Conduct case investigation
  o (b) Commence TB treatment
  o (c) Conduct contact tracing among family and community contacts
  o (d) Institute control/remedial measures at community level
  o (e) Prepare a report and submit a copy to State OEH Section.

- State OEH Section will then:
  o (a) Verify & check all reports accordingly
  o (b) Return the form if not properly and completely filled
  o (c) Make copy of WEHU (JKKP7) form
  o (d) Notify DOSH for further actions
  o (e) Enter data of cases
  o (f) Compile report received from affected facilities; and
  o (g) Submit WEHU (JKKP7) form and investigation report to the Ministry of Health (OH).

- The affected facility is to:
  o (a) Interview the staff diagnosed with TB
  o (b) Identify the possible contacts among health staff based on the interview
  o (c) Conduct investigation among identified health staff
  o (d) Manage the staff accordingly, where ever applicable
  o (e) Institute control/remedial measures: and
  o (f) Prepare a report by completing format OHU/HCW/TB/1x/04 Rev. 2005 (Appendix 1) and submit to State OEH Section. Send one copy to respective Divisional Health Officer/District Medical Officer of Health.
NOTIFICATION PROCEDURE

Please refer to FLOW CHART No.2: FLOW CHART ON CASE/CONTACT MANAGEMENT OF TB CASES AMONG HEALTH STAFF/TRAINEES
[OHU/HCW/TB/FC/04 Rev.2005]

WHO TO INVESTIGATE

Cases of TB involving health staff/trainee, particularly those working in a hospital setting, must be investigated by the health facility where the affected staff/trainee works. The hospital director, ward matron/sister and/or senior medical assistant or anyone directed by the hospital director is/are to take detailed epidemiological history of the TB case using OHU/HCW/TB/Ix/04 Rev.2005 format. Prepare a report upon completion of investigation. Submit the report to State OEH Section and send one copy to respective Divisional Health Officer/District Medical officer of Health.

The investigating officer is to determine the source of infection, if possible.

CONFIDENTIALITY OF STAFF/TRAINEE WHO HAS CONTRACTED TB must be observed at all times.

DOING ACTIVE CASE/CONTACT DETECTION AND INVESTIGATION AMONG HEALTH STAFF WHO MIGHT HAVE BEEN EXPOSED:

(a) Case investigation and management, as well as contact tracing among family members is to be done by the respective TBCP Unit, just as in any other TB cases.

(b) The affected staff/trainee is to identify and recall which staff/trainees were working in close contact with him/her. Names and places of work of other staff where contact could have occurred are to be provided by the affected staff/trainee to the investigating officers.

(c) Investigate whether the affected staff/trainee may have been exposed to TB from patients in his/her place of work.

Investigating officers to call all the identified contacts for investigation and further management, where ever applicable.

The investigating officers are to prepare a report using format:

OHU/HCW/TB/Ix/04 Rev.2005

The investigating officers must always remember to maintain confidentiality of the staff who contracted TB as well as all contacts investigated at all times.

INVESTIGATIONS REQUIRED TO BE CONDUCTED ON CONTACTS:

- Symptoms review such as chronic cough, night sweat and loss of appetite
- Chest X-Ray
- Mantoux test
- Sputum AFB
- Other tests, if relevant
OHU/ HCW/ TB/ FC/ 04  Rev.2005

FLOW CHART No.2: NOTIFICATION AND CASE/ CONTACT MANAGEMENT OF TB CASES AMONG SARAWAK STATE HEALTH DEPARTMENT PERSONNEL

Staff diagnosed with TB

ATTENDING DOCTOR
Case Management
Submit Notification To:

- OEH Section, SHD
- TBCP Section

* WEHU (J KKP7) Pink Colour
- WEHU (J KKP7) Blue Colour
- WEHU (J KKP7) White Colour
- Borang Notis Peraturan 2

HEAD OF AFFECTED FACILITY

- History taking, treatment, relevant investigation
- Initiate case investigation
- Initiate contact tracing & investigation
- Institute control/remedial measures
- Prepare report *(Using Borang OHU/ HCW/ TB/ 1x/ 04 Rev. 05)*

DIVISIONAL/ DISTRICT HEALTH OFFICE

- District OEHU to send a copy to DHO
- Assist affected facility to conduct investigation and contact tracing at workplace

OEH Section, SHD

- Verify & check all reports accordingly.
- Return the form if not properly & completely filled
- Make copy of WEHU (J KKP7) form
- Notify DOSH

OEH Section, SHD

- Compile report received from affected facilities
- Enter data of cases
- Submit WEHU (J KKP7) form and investigation report to MOH

DIVISIONAL/ DISTRICT TBCP UNIT

- Conduct investigation & contact tracing among family members and community
- Institute control/remedial measures at community level

- Prepare report
- Send a copy to State OEH Section

*(If you do not have the carbonized form, can use the photostat copy)*
**ARAHAN:**

Penyiasatan kes Tibi hendaklah dijalankan oleh pegawai yang diarah oleh Ketua Jabatan masing-masing. Tandakan "√" atau isikan tempat kosong di ruangan berkaitan.

### A. PERIHAL ANGGOTA YANG MENGHIDAP TIBI

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<th>No.</th>
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<tbody>
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<td>1.</td>
<td>Nama anggota:</td>
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<td>2.</td>
<td>No. Kad Pengenalan/Paspot:</td>
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<td>3.</td>
<td>Nama dan alamat tempat bertugas sekarang:</td>
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<td>4.</td>
<td>Kategori tempat bertugas:</td>
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<td>Perkhidmatan kaunter</td>
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<td>Klinik Pakar/ Jabatan Pesakit Luar di hospital</td>
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<td>Unit Kemalangan &amp; Kecemasan</td>
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<td></td>
<td>Jabatan Pesakit Luar Klinik Kesihatan</td>
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<td>Klinik Pergigian</td>
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<td>Kaunter Farmasi</td>
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<td>Makmal</td>
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<td>Pasukan Bergerak (VHT, FDS, Kesihatan Sekolah &amp; Skuad Pergigian)</td>
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<td>Lain-lain, nyatakan:</td>
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<td>5.</td>
<td>Kawasan bertugas:</td>
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<td>Kawasan bandar</td>
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<td>Kawasan luar bandar</td>
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<td>Jawatan/Gred:</td>
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<td>Jawatan: ___________________ Gred: _______</td>
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<td>7.</td>
<td>Alamat tempat tinggal:</td>
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<td>Riwayat pekerjaan:</td>
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<td>Mulakan dengan pekerjaan terkini hingga yang terawal</td>
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<td>9.</td>
<td>Kewujudan faktor risiko:</td>
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<td>Sama ada anggota ini mempunyai faktor risiko dari segi berikut:</td>
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<td>Masalah perubatan (termasuk HIV/AIDS, Diabetes mellitus, kanser, dll)</td>
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<td>Faktor sosial (seperti anggota kesihatan, ahli PPRT, malnutrisi, dll)</td>
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<td>Faktor persekitaran (seperti tinggal di kawasan setinggan)</td>
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</table>
B. PERIHAL PENYAKIT TIBI ANGGOTA

10. Diagnosa:

[ ] Tibi pulmonari
[ ] Tibi ekstra-pulmonari

Sekiranya tibi ekstra-pulmonari, sebutkan sistem terlibat:

[ ] Noda limfa [ ] Buah pinggang [ ] Tulang
[ ] Lain-lain, nyatakan: ____________________________

11. Cara diagnosa:

[ ] Secara klinikal
[ ] Disahkan dengan ujian makmal

12. Tarikh simptom mula:

13. Tarikh diagnosa:

14. Keputusan makmal:

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<thead>
<tr>
<th>Jenis ujian makmal dijalankan, sila lengkapkan bahagian ini</th>
<th>Keputusan</th>
<th>Jenis ujian</th>
<th>Keputusan</th>
</tr>
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<tbody>
<tr>
<td>Sputum untuk AFB:</td>
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<td>ESR:</td>
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<td>Ujian Mantoux:</td>
<td>Biopsi:</td>
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<td>X-Ray dada:</td>
<td>Lain-lain X-Ray:</td>
<td>Sistem:</td>
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C. PERIHAL JANGKITAN TIBI:

15. Persekitaran tempat kerja:

Jenis pengalihudaraan (ventilation):

[ ] Semulajadi
[ ] Mekanikal

Jika cara mekanikal, nyatakan jenisnya:

[ ] Sistem penghawa dingin sentral
[ ] Unit penghawa dingin individual/tingkap
[ ] Kipas angin

16. Punca jangkitan:

16.1. Adakah anggota ini terdedah kepada mana-mana pesakit tibi:

[ ] Ya [ ] Tidak [ ] Tidak pasti

16.2. Sekiranya terdapat pendedahan, nyatakan tempoh pendedahan tersebut (dari tarikh diagnosa):

[ ] Kurang dari 6 bulan
[ ] Dari 6 bulan hingga 1 tahun
[ ] Lebih dari 1 tahun
[ ] Tidak berkenaan

16.3. Siapakah pesakit /Apakah sumber tibi tersebut:

(a) [ ] Ahli keluarga
    [ ] Sahabat handai
    [ ] Pesakit
    [ ] Rakan sekerja
    [ ] Pelajar sekolah
    [ ] Lain-lain, nyatakan ____________________________

(b) [ ] Spesimen makmal
    [ ] Peralatan tercemar oleh pesakit tibi di tempat kerja

16.4. Adakah anggota tinggal sebumbung dengan sumber seperti di 16.3(a)?

[ ] Ya [ ] Tidak
D. RINGKASAN PERIHAL JANGKITAN:

17.1. Ringkasan riwayat pendedahan tibi dalam keluarga/komuniti (jika anggota ini terdedah kepada sumber tibi di kalangan keluarga/dalam komuniti):
Nyatakan juga diagnosa sumber jangkitan tibi sama ada tibi pulmonari atau ekstra-pulmonari

17.2. Ringkasan riwayat pendedahan tibi di tempat kerja (jika anggota ini terdedah kepada sumber tibi di tempat kerja):
Nyatakan juga diagnosa sumber jangkitan tibi sama ada tibi pulmonari atau ekstra-pulmonari

E. PENGESANAN KONTAK DI TEMPAT KERJA (sekiranya punca jangkitan disyaki berlaku di tempat kerja):

18. Bilangan kontak di tempat kerja yang dikenalpasti:

<table>
<thead>
<tr>
<th>Jenis ujian</th>
<th>Keputusan ujian</th>
<th>Sekiranya mana-mana keputusan positif, apa yang dilakukan ke atas kontak tersebut?</th>
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<tr>
<td>Sputum untuk AFB:</td>
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<td>Ujian Mantoux:</td>
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<td>X-Ray dada:</td>
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F. SENARAI LENGKAP KONTAK DI TEMPAT KERJA

20. Sila lengkapkan borang di muka surat 4

G. LANGKAH KAWALAN & PENCEGAHAN YANG DIAMBIK UNTUK MENGAWAL JANGKITAN MASA AKAN DATANG:

21. Sebutkan langkah-langkah pencegahan yang telah/akan diambil:
[ ] Pengasingan
[ ] Kawalan kejuruteraan (seperti bilik bertekanan negatif)
[ ] Kawalan pentadbiran (Standard Precaution, Safe Work Procedure)
[ ] Pemberian dan penggunaan alat pelindung diri
[ ] Lain-lain, nyatakan __________________________________________

H. TANGGAPAN (Impression) PUNCA JANGKITAN:

22. Sila tandakan salah satu jawapan berikut:
[ ] Pendedahan berlaku di kalangan keluarga/dalam komuniti
[ ] Kemungkinan jangkitan tidak berlaku di tempat kerja
[ ] Kemungkinan jangkitan berlaku di tempat kerja
[ ] Jangkitan disahkan berlaku di tempat kerja
[ ] Punca jangkitan tidak dapat dipastikan

I. PENYIASAT DAN PELAPOR:

23. Ketua penyiasat:

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</tbody>
</table>

Tarikh siasatan dimulakan: __________________   Tarikh siasatan berakhir: _________________
5. NOTIFICATION OF OCCUPATIONAL DISEASES AND POISONING INVOLVING STAFF OF SARAWAK STATE HEALTH DEPARTMENT AND ALL OTHER ESTABLISHMENTS/INDUSTRIES

Objectives of notification system

To comply with

1. Part VII Section 32 (2) of the Occupational Safety and Health Act 1994 which states that every registered practitioner or medical officer attending to, or called in to visit a patient whom he believes to be suffering from any diseases listed in the Third Schedule of the Factories and Machinery Act 1967 or any diseases named in any regulation or order made by the Minister (Ministry of Human Resources) under this Act, or occupational poisoning shall report the matter to the Director General of DOSH.

2. Section 32. Notification of industrial diseases of Factories and Machinery Act 1967


5.2 List of Forms for Notification of Occupational Diseases, Pesticides & Chemical Poisoning (diseases as listed in THIRD SCHEDULE of NADOPOD 2004) (Appendix II)

1. WEHU D1 (JKKP7) & D2
   - Reporting of Occupational Diseases / Occupational-Related Diseases
   - Reporting of Occupational Pesticides and Chemical Poisoning
   - Reporting of Extra-Pulmonary TB cases among Healthcare workers

2. WEHU L1 (JKKP 7) & L2
   - Reporting of Occupational Lung Diseases (Including Occupational Pulmonary Tuberculosis, Occupational Asthma, Silicosis, Pneumoconiosis)
   - Reporting of Pulmonary TB cases among Healthcare workers
3. WEHU S1 (JKKP 7) & S2
   • Reporting of Occupational Skin Diseases

4. WEHU E1 (JKKP 7) & E2
   • Reporting of Occupational Noise Induced Hearing Loss

5.3 When to Notify

To complete the Notification forms for any patient diagnosed/suspected as having occupational/industrial disease (including poisoning) as listed in THIRD SCHEDULE of NADOPOD 2004) (Appendix II).

WEHU D1 (JKKP7) & D2 must be also completed if the patient is a case of poisoning due to pesticides and other chemicals.

All completed WEHU (JKKP7) forms must be sent as follows:

- **OEH Section, State Health Office**: White colour
- **Divisional/District Health Office**: Blue colour
- **Head of affected facility**: Pink colour
- **TBCP Unit**: Borang Notis, Peraturan 2 (TB Cases)

*(If you do not have the carbonized form, use the photostat copy)*

5.4 Responsibility to Notify

Attending Medical Officer, Medical Assistant, Sister or any other Medical Practitioner who attend to a patient whom he believes to be suffering from any of the occupational disease or occupational poisoning shall notify the case and at the same time, notify the employer whom the patient states is his employer.

5.3 Notification Procedure

Refer to Flow Chart No.3 of Notification of Occupational Diseases and Poisonings for
(1) Staff of Sarawak State Health Department, and
(2) All workers form other establishments/industries
FLOW CHART No.3: NOTIFICATION OF OCCUPATIONAL DISEASES AND POISONING
(1) STAFF OF SARAWAK STATE HEALTH DEPARTMENT
(2) ALL WORKERS FROM OTHER ESTABLISHMENTS/INDUSTRIES

Attending person must notify Occupational Diseases and Occupational Pesticides & Chemical Poisonings for all cases BID, admitted to the wards, or seen at A&E and health centres
(Officer-in-charge of Ward, A&E, OPD and other health centres shall check the daily record of attendances and ensure that all cases related to occupation are notified)

To complete the relevant WEHU (JKKP 7) form:
- WEHU D1 (JKKP7) & D2
- WEHU L1 (JKKP7) & L2
- WEHU S1 (JKKP7) & S2
- WEHU E1 (JKKP7) & E2

And submit as follow:

*WEHU (JKKP7) Pink Colour

HEAD OF AFFECTED FACILITY

Case is from Sarawak State Health Department
- Initiate case investigation
- Initiate Contact tracing & investigation
- Institute control/remedial measures
- Prepare report

Case is from other establishments/industries

NOTE:
(Responsibility to report lies with their own employer)

Submit investigation report to State OEH Section
Sent one copy of the report to DHO

WEHU (JKKP7) Blue Colour

DIVISIONAL/DISTRICT HEALTH OFFICE

District OEHU to send a copy to DHO
Assist affected health facility to conduct investigation and contact tracing at workplace

WEHU (JKKP7) White Colour

OEH SECTION SHD

- Verify & check all reports accordingly.
- Return the form if not properly & completely filled
- Make copy of WEHU (JKKP7) form
- Notify DOSH

Compile report received from affected health facilities;
- Enter data of cases
- Submit WEHU (JKKP7) form and investigation report to MOH

*(If you do not have the carbonized form, can use the photostat copy)

NOTE:
SHD: Sarawak Health Department
DOSH: Department of Occupational Safety & Health
MOH: Ministry of Health
DHO: Divisional Health Office
OEH: Occupational and Environmental Health

15
List of Forms for Notification of
- Occupational Diseases, Infection and Poisoning
- Occupational-Related Diseases and
- Pesticides & Chemical Poisoning

- WEHU D1 (J KKP7) & D2
- WEHU L1 (J KKP7) & L2
- WEHU S1 (J KKP7) & S2
- WEHU E1 (J KKP7) & E2

*(If you do not have the carbonized form, can use photostat copy)*
Location of accident/Incident: WEHU - A1 (JKKP 6)

Date of accident/incident: ____________________________
Time of accident/incident occur: ____________________________

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri

Part A - Detail of Notifier
Name: ____________________________
Designation: ____________________________
Name and address of organization: ____________________________
Contact no. ____________________________

Part B - Affected person (If more than one person please list the name in Part C)
Name: ____________________________
Date of birth: __________/________/________
New IC/Passport no.: ____________________________
Nationality: ____________________________
Gender: Female
Occupation: ____________________________
Ethnic group: ____________________________
Name and address of organization: ____________________________

Part C - Description of accident or dangerous occurrence

a) What were the activities involved prior to the accident?

b) What actually happened during the accident (agent involved and effect to the person involved)?

c) Why did the accident happen?

d) What were the actions taken following the accident?

Signature of Notifier: ____________________________
Date: ____________________________
### Part I: Particulars of reporting unit

<table>
<thead>
<tr>
<th>Name of facility</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Unit / Department / Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Part II: Particulars of patient

<table>
<thead>
<tr>
<th>Date seen/treated/admitted</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical certificate (MC) given</th>
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</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration of MC</th>
</tr>
</thead>
<tbody>
<tr>
<td>days</td>
</tr>
</tbody>
</table>

### Part III: Classification of accident

1. **Nature of injury**

- [ ] Abrasions
- [ ] Amputation
- [ ] Asphyxia
- [ ] Burns (heat)
- [ ] Burns (chemical)
- [ ] Bruises and contusions
- [ ] Concussions
- [ ] Cuts
- [ ] Dislocation
- [ ] Effect of electric currents
- [ ] Effect of radiation
- [ ] Fracture
- [ ] Drown
- [ ] Laceration
- [ ] Sharp injuries
- [ ] Sprain & strain
- [ ] Internal injuries
- [ ] Splash of blood/body fluid
- [ ] Splash of chemicals
- [ ] Other (please specify) _______

2. **Part of Body Injured**

   **Head and Neck**
   
<table>
<thead>
<tr>
<th>Scalp</th>
<th>Skull</th>
<th>Eyes R/L</th>
<th>Ears R/L</th>
<th>Nose</th>
<th>Mouth</th>
<th>Teeth</th>
<th>Face</th>
<th>Neck</th>
</tr>
</thead>
</table>

   **Upper Limbs**
   
<table>
<thead>
<tr>
<th>Upper arms R/L</th>
<th>Elbow R/L</th>
<th>Forearm R/L</th>
<th>Wrist R/L</th>
<th>Hand R/L</th>
<th>Palm R/L</th>
<th>Fingers R/L</th>
<th>Other specify:</th>
</tr>
</thead>
</table>

   **Torso**
   
<table>
<thead>
<tr>
<th>Back</th>
<th>Hip R/L</th>
<th>Chest</th>
<th>Thigh R/L</th>
<th>Abdomen</th>
<th>Leg R/L</th>
<th>Pelvis</th>
<th>Knee R/L</th>
<th>Groin</th>
<th>Ankle R/L</th>
<th>Feet R/L</th>
<th>Toes R/L</th>
</tr>
</thead>
</table>

   **Lower Limbs**
   
<table>
<thead>
<tr>
<th>R/L</th>
</tr>
</thead>
</table>

3. **Mechanism of accident**

- [ ] Struck against object
- [ ] Struck by sliding, falling, flying or other moving object
- [ ] Motor vehicle accident
- [ ] Caught in/or between object
- [ ] Fall or slip on same level
- [ ] Fall from height
- [ ] Injured while handling, lifting or carrying
- [ ] Contact with extreme temperature
- [ ] Others (please specify): __________

- [ ] Exposure to/or contact with harmful substances/radiation
- [ ] Exposure to/or contact with electric currents
- [ ] Exposure to explosion
- [ ] Drowning
- [ ] Crush by moving/sliding object
- [ ] Needle stick/Needle prick
- [ ] Physical assault
4. Agent involved in accident

- [ ] Machine/Electrical equipment
- [ ] Lifting equipment
- [ ] Transport equipment/Vehicle
- [ ] Needles
- [ ] Medical/Surgical/Dental instruments (other than needles)
- [ ] Lab instruments
- [ ] Pressure Vessels
- [ ] Blood/Body fluids
- [ ] Chemicals/Gases
- [ ] Floors/Levels
- [ ] Ladders
- [ ] Stairs/steps
- [ ] Others (please specify)

5. Existing control measure at workplace

- [ ] Engineering Control
- [ ] Standard Operating Procedure (SOP)
- [ ] Training/Education/Work Schedule/Rotation
- [ ] Personal Protective Equipment (PPE)
- [ ] Other (please specify)
**Part A - Detail of Notifier**

(Regulation 7(2) Registered Medical Practitioner)

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Designation</td>
</tr>
<tr>
<td>Address of clinic/hospital</td>
</tr>
<tr>
<td>Contact no.</td>
</tr>
</tbody>
</table>

**Part B - Affected person**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
</tr>
<tr>
<td>New IC/Passport no.</td>
</tr>
<tr>
<td>Nationality</td>
</tr>
<tr>
<td>Gender (Male</td>
</tr>
<tr>
<td>Ethnic group</td>
</tr>
<tr>
<td>Occupation</td>
</tr>
<tr>
<td>Name and address of organization</td>
</tr>
<tr>
<td>District</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Location of incident</td>
</tr>
</tbody>
</table>

**Part C - Occupational Poisoning/Disease**

| Date of diagnosis DD MM YY             |
| Diagnosis/Provisional diagnosis        |

**Part D**

a) What kind of work did the patient do which may be associated with the disease? (Describe the work activities)

b) What was the hazard or agent been exposed to the patient?

c) How long had the patient been exposed to the hazard or agent?

d) How long had the patient been experiencing the symptoms?
1. Date of occurrence
   DD MM YY

2. Time

3. Place of occurrence
   - Home
   - Workplace
   - Others

4. Name(s) of poisoning agent(s)
   - Trade name
   - Active ingredient

5. Type of poisoning
   - Pesticide; Proceed to Question 6
   - Chemical; Proceed to Question 7

6. If pesticide is the poisoning agent(s), please state type if known
   (Tick more than one if mixture is used)
   - Paraquat
   - Glyphosate
   - Organophosphate
   - Carbamate
   - Thio carbamate
   - Organochlorine
   - Nitrophenol
   - 2-4-Dichlorophenoxyacetic Acid (2-4-D)
   - Pyrethroid
   - Warfarin
   - Superwarfarin
   - Zinc phosphide
   - Unknown
   - Others (please specify): __________

7. If chemical is the poisoning agent(s), please state type if known
   (Tick more than one if mixture is used)
   - Therapeutic drugs (pharmaceutical)
   - Metals
   - Gases
   - Agrochemical (excluding pesticide)
   - Solvents
   - Other industrial chemical
   - Household products (e.g. clorox)
   - Kerosene
   - Unknown
   - Others (please specify): __________

8. Likely route(s) of poisoning: (Tick more than one if mixed)
   - Oral
   - Dermal
   - Inhalation
   - Mixed
   - Others (please specify):

9. Circumstances of poisoning
   - Occupational
   - Suicide/Parasuicidal
   - Homicidal
   - Accidental

10. Was first aid given at the site of poisoning?
    - Yes
    - No

11. Is poisoning confirmed by laboratory investigation?
    - Yes
    - No
    - Others (please specify):

12. Outcome of poisoning
    - Outpatient treatment
    - Admitted to ward for _____ days
    - Died after _____ days treated in the ward
    - Discharge at own risk (DAMA)
    - Dead on arrival at hospital


21
NOTIFICATION OF OCCUPATIONAL LUNG DISEASE

<table>
<thead>
<tr>
<th>Part A - Detail of Notifier</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Designation</td>
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<tr>
<td>Address of clinic/hospital</td>
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<tr>
<td>Contact no.</td>
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<table>
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<tr>
<th>Part B - Affected person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Date of birth</td>
</tr>
<tr>
<td>Nationality</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Ethnic group</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Name and address of organization</td>
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<tr>
<td>District</td>
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<tr>
<td>State</td>
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<tr>
<td>Location of incident</td>
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<table>
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<tr>
<th>Part C - Occupational Lung Disease</th>
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<tbody>
<tr>
<td>Date of diagnosis</td>
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<tr>
<td>Diagnosis/Provisional diagnosis</td>
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<table>
<thead>
<tr>
<th>Part D</th>
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<tbody>
<tr>
<td>a) What kind of work did the patient do which may be associated with</td>
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<td>the disease? (Describe the work activities)</td>
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<tr>
<td>b) What was the hazard or agent been exposed to the patient?</td>
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<tr>
<td>c) How long had the patient been exposed to the hazard or agent?</td>
</tr>
<tr>
<td>d) How long had the patient been experiencing the symptoms?</td>
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<table>
<thead>
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<th>Signature of Notifier</th>
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<tbody>
<tr>
<td>Date</td>
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</table>

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri __________________________
1. Duration of symptoms __________________________ (by years, months or days)

2. Type of occupational lung disease

- [ ] Occupational asthma
- [ ] Inhalation incident
- [ ] Hypersensitivity pneumonitis
- [ ] Bronchitis/Emphysema
- [ ] Infectious diseases (e.g. TB)
- [ ] Pneumoconiosis (incl. asbestosis, silicosis)
- [ ] Other occupational lung disease (please specify):

Suspected causal agent: __________________________

3. Source of case

- [ ] Chest clinic
- [ ] Occupational Health Clinic
- [ ] Health Clinic (Klinik Kesihatan)
- [ ] Other Specialist Clinic (please specify):
- [ ] Others (please specify):

4. Is patient a smoker?

- [ ] Current
- [ ] Ex-smoker
- [ ] Never smoked

5. Is patient atopic?

- [ ] Yes
- [ ] No
- [ ] Unsure

6. Relevant job(s)

<table>
<thead>
<tr>
<th>Type of work/industry</th>
<th>Job title</th>
<th>Duration of employment (by years, months or days)</th>
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7. Outcome on DD - MM - YY

- [ ] Still expose to the agent at the workplace but using personal protective equipment
- [ ] Still expose to the agent at the workplace but not using personal protective equipment
- [ ] Same place of work but no longer expose to agent
- [ ] Changed job/alternative employment
- [ ] Away from work due to illness
- [ ] Early retirement
- [ ] Unemployed

8. Existing control

- [ ] Engineering Control
- [ ] Standard Operating Procedure (SOP)
- [ ] Training/Education/Work Schedule/Rotation
- [ ] Personal Protective Equipment (PPE)
- [ ] Other (please specify)
**NOTIFICATION OF OCCUPATIONAL SKIN DISEASE**

### Part A - Detail of Notifier
(Regulation 7(2) Registered Medical Practitioner)

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Address of clinic/hospital</th>
<th>Contact no.</th>
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</table>

### Part B - Affected person

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
<th>New IC/Passport no.</th>
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<table>
<thead>
<tr>
<th>Nationality</th>
<th>Gender</th>
<th>Ethnic group</th>
<th>Occupation</th>
<th>Name and address of organization</th>
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<tbody>
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<table>
<thead>
<tr>
<th>District</th>
<th>State</th>
<th>Location of incident</th>
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</table>

### Part C - Occupational Skin Disease

<table>
<thead>
<tr>
<th>Date of diagnosis</th>
<th>Diagnosis/Provisional diagnosis</th>
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</table>

### Part D

a) What kind of work did the patient do which may be associated with the disease?  
(Describe the work activities)

b) What was the hazard or agent been exposed to the patient?

c) How long had the patient been exposed to the hazard or agent?

d) How long had the patient been experiencing the symptoms?

<table>
<thead>
<tr>
<th>Signature of Notifier</th>
<th>Name and address of attending doctor (Official Stamp)</th>
</tr>
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<tbody>
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<table>
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<th>Date</th>
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**Send to:**
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri

**Date**
DD MM YY

**Diagnosis/Provisional diagnosis**

**Ethnic group**

**Gender**
 Male  Female

**Location of incident**

---

**Part D**

**Name**

**Date**

---

**Diagnosis**

**New IC/Passport no.**

**Nationality**

**Gender**

---

**Part B - Affected person**

---

**Part A - Detail of Notifier**

---

**Part C - Occupational Skin Disease**

---

**WEHU - S1 (JKKP 7)**

---

**Send to:**
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri
1. Duration of symptoms ___________________________ (by years, months or days)

2. Type of occupational skin disease
   a) Occupational Dermatitis: □ Unknown □ Allergic □ Irritant □ Irritant & Allergic
   b) Occupational Skin Cancer
      □ Premalignant Papilloma or Keratosis
      □ Carcinoma - In - situ
      □ Basal Cell Carcinoma
      □ Squamos Cell Carcinoma
      □ Others (please specify): ___________________________
      Suspected causal agent: ___________________________

3. Source of case
   □ Skin clinic
   □ Occupational Health Clinic
   □ Health Clinic (Klinik Kesihatan)
   □ Other Specialist Clinic (please specify): ___________________________
   □ Others (please specify): ___________________________

4. Relevant past or family story: □ Yes □ No
   If yes, please specify: ___________________________

5. Is patient atopic? □ Yes □ No □ Unsure

6. Relevant job(s)

<table>
<thead>
<tr>
<th>Type of work/industry</th>
<th>Job title</th>
<th>Duration of employment (by years, months or days)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

7. Outcome on DD MM YY
   □ Still expose to the agent at the workplace but using personal protective equipment
   □ Still expose to the agent at the workplace but not using personal protective equipment
   □ Same place of work but no longer expose to agent
   □ Changed job/alternative employment
   □ Away from work due to illness
   □ Early retirement
   □ Unemployed

8. Existing control
   □ Engineering Control
   □ Standard Operating Procedure (SOP)
   □ Training/Education/Work Schedule/Rotation
   □ Personal Protective Equipment (PPE)
   □ Other (please specify): ___________________________________________
NOTIFICATION OF OCCUPATIONAL NOISE INDUCED HEARING LOSS

Part A - Detail of Notifier
(Regulation 7(2) Registered Medical Practitioner)

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation</td>
</tr>
<tr>
<td>Address of clinic/hospital</td>
</tr>
<tr>
<td>Contact no.</td>
</tr>
</tbody>
</table>

Part B - Affected person

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
</table>
| Date of birth | /
| New IC/Passport no. | / |
| Nationality   | |
| Gender        | Male | Female |
| Ethnic group  | |
| Occupation    | |
| Name and address of organization | |
| District      | |
| State         | |
| Location of incident | |

Part C - Occupational Noise Induced Hearing Loss (NIHL) Disease

| Date of diagnosis | /
| Diagnosis/Provisional diagnosis | |

Part D

a) What kind of work did the patient do which may be associated with the disease? (Describe the work activities)

b) What was the hazard or agent been exposed to the patient?

c) How long had the patient been exposed to the hazard or agent?

d) How long had the patient been experiencing the symptoms?

Signature of Notifier

Name and address of attending doctor (Official Stamp)
1. Date of examination [DD] - [MM] - [YY]

2. Source of cases
   - [] ENT clinic
   - [] Occupational Health Clinic
   - [] Health Clinic *(Klinik Kesihatan)*
   - [] Other Specialist Clinic (please specify):
   - [] Others (please specify):

3. Symptoms of Noise induced Hearing Loss (NIHL)
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Side (ear)</th>
<th>Duration of symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing loss</td>
<td>R/L</td>
<td>Days/weeks/months/years</td>
</tr>
<tr>
<td>Tinnitus</td>
<td>R/L</td>
<td>Days/weeks/months/years</td>
</tr>
<tr>
<td>Dizziness/ Vertigo</td>
<td></td>
<td>Days/weeks/months/years</td>
</tr>
<tr>
<td>Others (please specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Type of NIHL
   - [] Acoustic trauma
   - [] Chronic effect
   - Type: __________________ Date: __________________

5. Relevant job(s)

<table>
<thead>
<tr>
<th>Type of work/industry</th>
<th>Job title</th>
<th>Noise exposure level (if available)</th>
<th>Duration of employment (by years, months or days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Otological findings:
   - Right ear
     - [] Normal findings
     - [] Abnormal findings (specify)
   - Left ear
     - [] Normal findings
     - [] Abnormal findings (specify)

7. Pure Tone Audiometry

Audiogram performed by: __________________ (Job Title)
Audiogram evaluated by: __________________ (Job Title)
8. Diagnosis of occupational NIHL
   [ ] Suspected   [ ] Confirmed

9. Recommendation
   [ ] Referral to Audiologist for rehabilitation
   [ ] Referral to Audiologist for confirmatory PTA
   [ ] Referral to ENT clinic for confirmatory PTA
   [ ] Others (please specify): ________________________________

10. Usage of hearing protection device
   [ ] Constant usage during exposure   [ ] Not using at all although provided
       [ ] Partial usage                [ ] Not provided

11. Existing control
   [ ] Engineering Control
   [ ] Standard Operating Procedure (SOP)
   [ ] Hearing Conservation Programme
   [ ] Personal Protective Equipment (PPE)
   [ ] Other (please specify): ________________________________
### Appendix III

**OCCUPATIONAL SAFETY AND HEALTH (NOTIFICATION OF ACCIDENT, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASE) REGULATIONS 2004**

**THIRD SCHEDULE** [Regulation 7] OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASE

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of occupational poisoning or disease</td>
<td>Nature of activity/occupation</td>
</tr>
</tbody>
</table>

#### POISONING

1. Poisoning by:

- **(a) Acrylamide monomer**
  - Any activity.

- **(b) Alcohols, glycols, ketones or aldehyde**
  - The use or handling of, or exposure to, the fumes or vapour of alcohols, glycols, ketones or aldehydes.

- **(c) Antimony**
  - The use or handling of, or exposure to, the fumes, dust or vapour of antimony or a compound of antimony or a substance containing antimony.

- **(d) Arsenic**
  - The use or handling of, or exposure to, the fumes, dust or vapour of arsenic or a compound of arsenic or a substance containing arsenic or exposure to any solution containing arsenic or a compound of arsenic.

- **(e) Benzene or a homologue**
  - The use or handling of, or exposure to, the fumes, dust or vapour containing benzene or any of its homologues and their amino and nitro derivatives.

- **(f) Beryllium or one of its compounds**
  - The use or handling of, or exposure to, the fumes, dust or vapour of beryllium or a compound of beryllium or a substance containing beryllium.

- **(g) Cadmium**
  - The use or handling of, or exposure to, the fumes, dust or vapour of cadmium or a compound of cadmium or a substance containing cadmium.

- **(h) Carbon disulphide**
  - The use or handling of, or exposure to, the fumes, dust or vapour of carbon disulphide or a compound of carbon disulphide or a substance containing carbon disulphide.

- **(i) Carbon monoxide gas**
  - The use or handling of, or exposure to, carbon monoxide gas, and any process involving the use of—
    - (a) dynamite and gunpowder for blasting in subterranean galleries;
    - (b) illuminating gas;
    - (c) power or producer gas;
    - (d) blast furnaces, furnaces and stoves for the burning of charcoal coke and other fuel;
    - (e) gas engines.

- **(j) Carbon dioxide gas**
  - Blasting, the manufacture of mineral waters, fermentation in breweries and the formation of lime in lime kilns.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(k)</strong> Chromium</td>
<td>The use or handling of, or exposure to, the fumes, dust or vapour of chromium or a compound of chromium or a substance containing chromium.</td>
</tr>
<tr>
<td><strong>(l)</strong> Diethylene dioxide (dioxane)</td>
<td>The use or handling of, or exposure to, the fumes of, or vapour containing diethylene dioxide.</td>
</tr>
<tr>
<td><strong>(m)</strong> Ethylene oxide</td>
<td>Any activity.</td>
</tr>
<tr>
<td><strong>(n)</strong> Fluorine</td>
<td>The use or handling of, or exposure to, the fumes, dust or vapour of fluorine or a compound of fluorine or a substance containing fluorine.</td>
</tr>
<tr>
<td><strong>(o)</strong> Hydrogen cyanide or hydrogen sulphide gas</td>
<td>The use or handling of, or exposure to, the fumes or vapour of hydrogen cyanide or hydrogen sulphide.</td>
</tr>
<tr>
<td><strong>(p)</strong> Lead or compound of lead</td>
<td>The use or handling of, or exposure to, the fumes, dust or vapour of lead or a compound of lead or a substance containing lead.</td>
</tr>
<tr>
<td><strong>(q)</strong> Manganese or its compounds</td>
<td>The use or handling of, or exposure to, the fumes, dust or vapour of manganese or a compound of manganese or a substance containing manganese.</td>
</tr>
<tr>
<td><strong>(r)</strong> Mercury or one of its compounds</td>
<td>The use or handling of, or exposure to, the fumes, dust or vapour of mercury or a compound of mercury or a substance containing mercury.</td>
</tr>
<tr>
<td><strong>(s)</strong> Methyl bromide</td>
<td>Any activity.</td>
</tr>
<tr>
<td><strong>(t)</strong> Nitrochlorobenzene, or nitro, amino or chloro-derivative of benzene or of a homologue of benzene</td>
<td>Any activity.</td>
</tr>
<tr>
<td><strong>(u)</strong> Nickel</td>
<td>The use or handling of, or exposure to, the fumes, dust or vapour of nickel or a compound of nickel or a substance containing nickel.</td>
</tr>
<tr>
<td><strong>(v)</strong> Nitrous fumes</td>
<td>The use or handling of nitric acid or exposure to nitrous fumes.</td>
</tr>
<tr>
<td><strong>(w)</strong> Organochlorine, organophosphate, carbamate, nitrophenol, pentachlorophenol, dimethylthiocarbamate or compounds of chlorophenoxy and dipyridyl</td>
<td>The use or handling of organochlorine, organophosphate, carbamate, nitrophenol pentachlorophenol, dimethylthiocarbamate, or compounds of chlorophenoxy and dipyridyl for the destruction of pests or vermin.</td>
</tr>
<tr>
<td><strong>(x)</strong> Phosphorus</td>
<td>The use or handling of, or exposure to, the fumes, dust or vapour of phosphorus or a compound of phosphorus or a substance containing phosphorus.</td>
</tr>
<tr>
<td><strong>(y)</strong> Rengas wood</td>
<td>The manipulation of rengas wood or any process in or incidental to the manufacture of articles therefrom.</td>
</tr>
</tbody>
</table>
The halogen derivatives of aliphatic or aromatic hydrocarbons

The production, liberation or use of hydrocarbons of the aliphatic series or aromatic series and their halogen derivatives

INFECTIONS

2. Anthrax

Any occupation involving the handling of wool, hair, bristle, hides or skins or other animal products or residues, or contact with animals infected with anthrax.

3. Glanders

Any occupation involving contact with equine animals or their carcasses.

4. Leptospirosis

Any occupation involving work in rat or other rodent infested places and any occupation involving the care or handling of dogs, cattle, swine and horses or any other infected animals.

5. Tuberculosis or leprosy

Any occupation involving close or frequent contact with a source or sources of tuberculosis or leprosy infection by reason of employment—

(a) in the medical treatment or nursing of a person or persons suffering from tuberculosis or leprosy or in a service ancillary to such treatment or nursing;

(b) in attendance upon a person or persons suffering from tuberculosis or leprosy where the need for such attendance arises by reason of physical or mental infirmity;

(c) as a research worker engaged in research in connection with tuberculosis or leprosy; or

(d) as a laboratory worker, pathologist or post-mortem worker, where the occupation involves working with material which is a source of tuberculosis or leprosy infection or in any occupation ancillary to such employment.

6. Viral hepatitis

Any occupation involving—

(a) close and frequent contact with human blood or human blood products; or

(b) close and frequent contact with a source of viral hepatitis infection by reason of employment in the medical treatment or nursing of a person or persons suffering from viral hepatitis, or in a service ancillary to such treatment or nursing.

7. Any illness caused by a pathogen

Work involving a pathogen which presents a hazard to human health.

8. Acquired Immunodeficiency Syndrome (AIDS)

Any occupation involving—

(a) close and frequent contact with human blood or human blood products; or
(b) close and frequent contact with a source of AIDS infection by reason of employment in the medical treatment or nursing of a person suffering from AIDS, or persons infected with a Human Immunodeficiency Virus (HIV), or in a service ancillary to such treatment or nursing.

### SKIN DISEASES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Acne</td>
</tr>
<tr>
<td>10. (a)</td>
<td>Ulceration of the corneal surface of the eye</td>
</tr>
<tr>
<td>(b)</td>
<td>Localised new growth of the skin, papillomatous orkeratotic</td>
</tr>
<tr>
<td>(c)</td>
<td>Epitheliomatous cancer or ulceration of the skin due, in any case, to tar, pitch, padi husk, bitumen, mineral oil (including paraffin), soot or any compound, product, or residue of any of these substances</td>
</tr>
<tr>
<td>11.</td>
<td>Folliculitis</td>
</tr>
<tr>
<td>12.</td>
<td>Skin cancer</td>
</tr>
<tr>
<td>13.</td>
<td>Chrome ulceration</td>
</tr>
<tr>
<td>14.</td>
<td>Inflammation, ulceration or malignant diseases of the skin or subcutaneous tissues of the bones or leukaemia, or anaemia of the aplastic type, due to X-rays, ionizing particles, radium or other radioactive or subcutaneous tissues or other forms of radiant energy</td>
</tr>
<tr>
<td>15.</td>
<td>Subcutaneous cellulitis or acute bursitis arising at or about the causing severe or prolonged friction or pressure knee (Beat knee)</td>
</tr>
<tr>
<td>16.</td>
<td>Subcutaneous cellulitis of the hand (Beat hand)</td>
</tr>
<tr>
<td>17.</td>
<td>Subcutaneous cellulitis or acute bursitis arising at or about elbow (Beat elbow) on the elbow.</td>
</tr>
</tbody>
</table>
18. Occupational dermatitis

Any occupation involving the handling of mineral oils, acids, alkalis, dusts or any other external agents capable of irritating the skin.

19. Skin disease caused by Rengas wood

The manipulation of Rengas wood or any process in or incidental to the manufacture of articles therefrom.

**LUNG DISEASES**

20. Lung cancer or mesothelioma caused by asbestos or handling of materials containing asbestos.

Any occupation involving the mining, processing or handling of materials containing asbestos.

21. Broncho pulmonary disease

Any occupation involving the substantial exposure to the inhalation of hard-metal dust, cotton dust, flax or hemp or sisal or tea leaves or padi husk dust.

22. Pulmonary irritation

Any occupation involving the inhalation of sulphur oxides, chlorine, phosgene, ammonia, bromine, ozone, or nitrogen dioxide.

23. Occupational asthma caused by sensitising agents or irritants

Any occupation involving the exposure to the inhalation of mineral dusts such as cement, copper, zinc, animal dusts, such as bone or hair, or dusts of plant origin such as cotton, wood, flax, jute, padi husks, cork, spices, hemp, sisal, tobacco, tea, flour, or gases or vapours of toluene diisocyanate or formaldehyde or any other agent that can cause asthma.

24. Pneumoconiosis (silicosis, asbestosis, anthracosilicosis, stannosis, siderosis or siderosilicosis)

Any occupation involving

(a) the mining, quarrying or working of silica siderosilicosis) rock or the working of dried quartzose sand or any dry deposit or dry residue of silica or any dry admixture containing such materials;

(b) the handling of any of the materials specified in subparagraph (a) in or incidental to any of the operations mentioned therein or substantial exposure to the dust arising from such operations;

(c) the breaking, crushing, or grinding of flint or the working or handling of broken, crushed or ground flint or materials containing such flint or substantial exposure to the dust arising from such operations;

(d) sand blasting by means of compressed air with the use of quartzose sand or crushed silica rock or flint or substantial exposure to the dust arising from such sand blasting;

(e) the grinding of mineral graphite, or substantial exposure to the dust arising from such grinding;

(f) work in a foundry or the performance of, or substantial exposure to the dust arising from, any of the following operations:

   (i) the freeing of steel castings from adherent siliceous substance;

   (ii) the freeing of metal castings from adherent siliceous substance;

(g) the manufacture of china or earthenware (including
sanitary earthenware electrical earthenware tiles), and any occupation involving substantial exposure to the dust arising therefrom;

(h) the dressing of granite or any igneous rock by masons or the crushing of such materials or substantial exposure to the dust arising from such operations;

(i) the use, or preparation for use, of a grindstone or substantial exposure to the dust arising therefrom;

(j) boiler scaling or substantial exposure to the dust arising therefrom;

(k) the working or handling of asbestos or any admixture of asbestos, or the manufacture or repair of asbestos textiles or other articles containing asbestos, or substantial exposure to the dust arising from any of the foregoing operations;

(l) work in any mine (underground or aboveground) in which one of the objects of the mining operations is the getting of any minerals, or the working, or handling of any mineral extracted therefrom, or any operation incidental thereto;

(m) the manufacture of carbon electrodes for use in the electrolytic extraction of aluminium oxide, and any occupation involving substantial exposure to the dust arising therefrom;

(n) exposure to the inhalation of dust containing iron and silica or haematite;

(o) exposure to the inhalation of tin dust or fumes; the use or handling of, or exposure to, dust of talc or a substance containing talc;

(p) the use or handling of, or exposure to, the fumes, dust or vapour of aluminium or a substance containing aluminium.

25. **Extrinsic alveolitis (farmer’s lung)**

Exposure to moulds, including fungal spores or heterologous proteins during working—

(a) agriculture, horticulture, forestry, cultivation of edible fungi or malt-working;

(b) loading or unloading or handling in storage mouldy vegetable matter or edible fungi;

(c) caring for or handling birds;

(d) handling bagasse; or

(e) the use or handling of, or exposure to, padi husk or dust or a substance containing padi husk.

26. **Byssinosis**

Work in any room where any process up to and including the weaving process is performed in a factory in which the spinning or manipulation of raw or waste cotton or of flax, or the weaving of cotton or flax, is carried on.
27. Cancer of a bronchus or lung  Work in a factory where nickel is produced by decomposition of a gaseous nickel compound which necessitates working in or about a building or buildings where that process or any other industrial process ancillary or incidental thereto is carried on.

28. Fibrotic diseases  Any occupation involving lung, the use or handling of, or exposure to, the fumes, dust or vapour of coal or a substance containing coal.

**OTHER CONDITIONS**

29. Cancer caused by—  Any occupation involving—

<table>
<thead>
<tr>
<th>(a) 4-aminobiphenyl</th>
<th>the use or handling of, or exposure to, the fumes, dust or vapour of 4-aminobiphenyl or a substance containing 4-aminobiphenyl;</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Arsenic</td>
<td>the use or handling of, or exposure to, the fumes dust or vapour of arsenic or a substance containing arsenic;</td>
</tr>
<tr>
<td>(c) Benzene</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of benzene or a substance containing benzene;</td>
</tr>
<tr>
<td>(d) Benzidine</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of benzidine or a substance containing benzidine;</td>
</tr>
<tr>
<td>(e) Bis-chloro methyl ether</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of bis-chloro methyl ether or a substance containing bis-chloro methyl ether;</td>
</tr>
<tr>
<td>(f) Chromium</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of chromium or a substance containing chromium;</td>
</tr>
<tr>
<td>(g) Haematite</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of haematite or a substance containing haematite;</td>
</tr>
<tr>
<td>(h) Mustard gas</td>
<td>the use or handling of, or exposure to, mustard gas or a substance containing mustard gas;</td>
</tr>
<tr>
<td>(i) â-naphthylamine</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of â-naphthylamine or a substance containing â-naphthylamine;</td>
</tr>
<tr>
<td>(j) Nickel</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of nickel or a substance containing nickel;</td>
</tr>
<tr>
<td>(k) Soots, tars and oils</td>
<td>the use or handling of, or exposure to, soots, tars and oils;</td>
</tr>
<tr>
<td>(l) Vinyl chloride</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of vinyl chloride or a substance containing vinyl chloride;</td>
</tr>
<tr>
<td>(m) Particulate polycyclic aromatic hydrocarbon</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of polycyclic aromatic hydrocarbon or a substance containing polycyclic aromatic hydrocarbon;</td>
</tr>
<tr>
<td>(n) Acrylonitrile</td>
<td>the use or handling of, or exposure to, acrylonitrile or a substance containing acrylonitrile;</td>
</tr>
<tr>
<td>(o) 1,2-dibromoethane (ethylene dibromide)</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of ethylene dibromide or a substance containing ethylene dibromide;</td>
</tr>
</tbody>
</table>
(p) Wood dust | the use or handling of, or exposure to, wood dust arising from the manufacture of wood products;
(q) Benz-o-pyrene | the use or handling of, or exposure to, the fumes, dust or vapour of benz-o-pyrene or a substance containing benz-o-pyrene;
(r) Formaldehyde | the use or handling of, or exposure to, the gas of formaldehyde.

30. Heat radiation cataract | Any occupation involving frequent or prolonged exposure to the glare of, or rays from, molten glass or molten or red-hot metal or frequent or prolonged exposure to radiation.

31. Heat cramp or heat stroke | Any occupation involving excessive exposure to heat.

32. Inflammation of the synovial lining of the wrist joint and tendon sheaths | Any occupation involving manual labour or frequent or repeated movement of the hand or wrist.

33. Cramp of the hand or forearm due to repetitive movements | Any occupation involving prolonged periods of hand writing, typing or other repetitive movements of the fingers, hand or arm.

34. Compressed air illness or its sequelae | Any occupation or process carried on in compressed air or under water.

35. Hearing impairment caused by noise | Any occupation involving excessive exposure to industrial noise of high sound pressure level in excess of 85 decibels over 8-hour period.

36. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or nerves) | Any occupation involving subjection to vibration.