



**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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GUIDELINE 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 PREMISE 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 con'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(JKKP6), A2 & A2 con't for accident or
*WEHU A1(JKKP6) 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(JKKP6) , A2
White Colour**

**WEHU A1(JKKP6) , A2
Blue Colour**

**WEHU A1(JKKP6) , A2
Pink Colour**

State OEH Section

1. Verify & analyse report.
2. Make copies of WEHU A1& A2 (JKKP6) forms received.
3. Enter data of cases.
4. Submit report monthly by 10 days of the following month.

**MOH
Occupational
Health Unit**

DOSH

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)

Keep by the head of affected facility

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

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:
 - (a) Conduct case investigation
 - (b) Commence TB treatment
 - (c) Conduct contact tracing among family and community contacts
 - (d) Institute control/remedial measures at community level
 - (e) Prepare a report and submit a copy to State OEH Section.
- State OEH Section will then:
 - (a) Verify & check all reports accordingly
 - (b) Return the form if not properly and completely filled
 - (c) Make copy of WEHU (JKKP7) form
 - (d) Notify DOSH for further actions
 - (e) Enter data of cases
 - (f) Compile report received from affected facilities; and
 - (g) Submit WEHU (JKKP7) form and investigation report to the Ministry of Health (OH).
- The affected facility is to:
 - (a) Interview the staff diagnosed with TB
 - (b) Identify the possible contacts among health staff based on the interview
 - (c) Conduct investigation among identified health staff
 - (d) Manage the staff accordingly, where ever applicable
 - (e) Institute control/remedial measures: and
 - (f) Prepare a report by completing format **OHU/HCW/TB/1x/04 Rev. 2005 (Appendix I)** 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/1x/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:

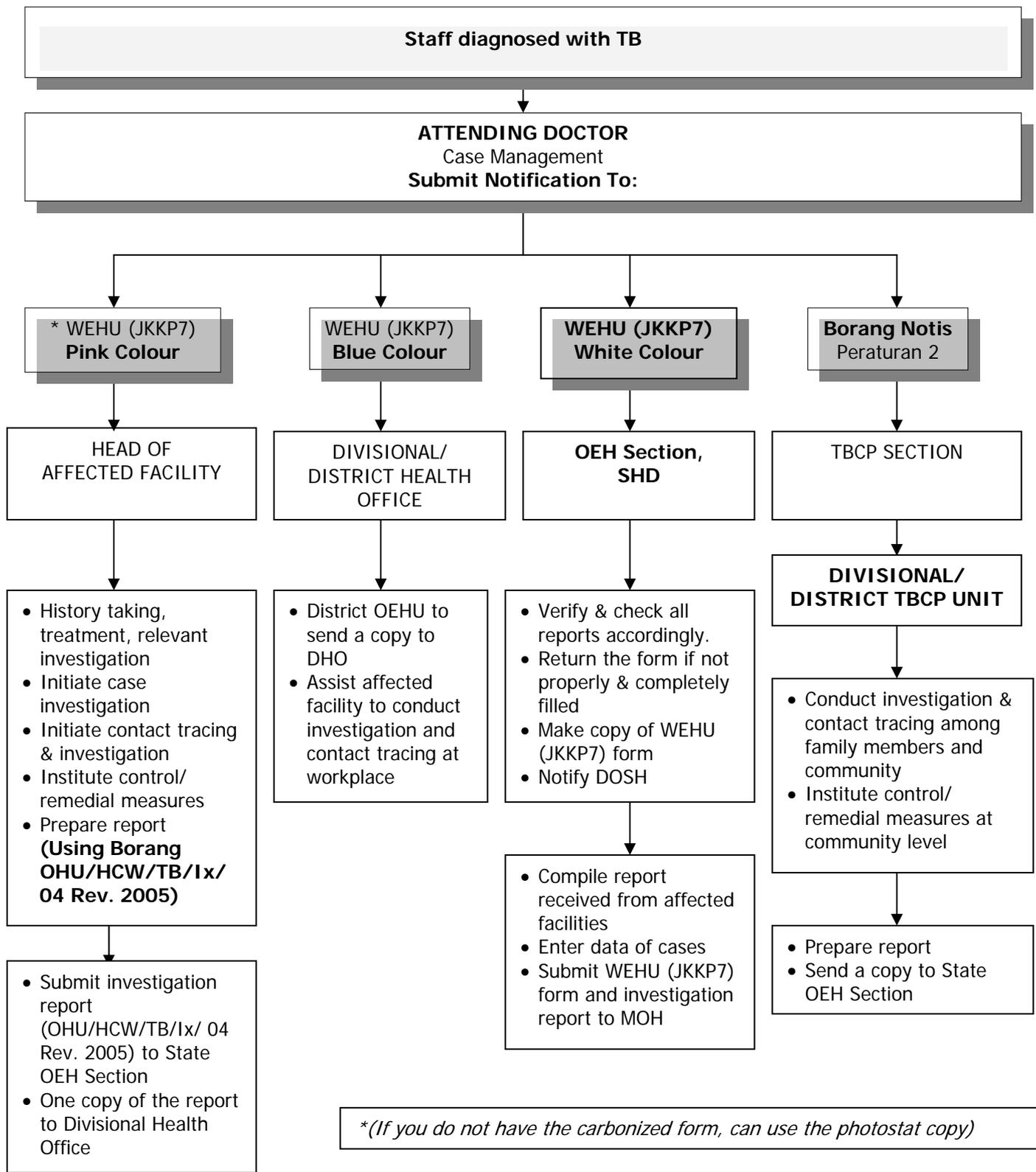
OHU/HCW/TB/1x/04 Rev.2005

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

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





**MAKLUMAT PENYIASATAN KES TIBI
DI KALANGAN ANGGOTA KESIHATAN & PELATIH
DI SEMUA KEMUDAHAN KESIHATAN
JABATAN KESIHATAN NEGERI SARAWAK**

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																												
1. Nama anggota:																												
2. No. Kad Pengenalan/Pasport:																												
3. Nama dan alamat tempat bertugas sekarang:																												
4. Kategori tempat bertugas:		<input type="checkbox"/> Perkhidmatan kaunter <input type="checkbox"/> Wad <input type="checkbox"/> Klinik Pakar/Jabatan Pesakit Luar di hospital <input type="checkbox"/> Unit Kemalangan & Kecemasan <input type="checkbox"/> Jabatan Pesakit Luar Klinik Kesihatan <input type="checkbox"/> Klinik Pergigian <input type="checkbox"/> Kaunter Farmasi <input type="checkbox"/> Makmal <input type="checkbox"/> Pasukan Bergerak (VHT, FDS, Kesihatan Sekolah & Skuad Pergigian) <input type="checkbox"/> Lain-lain, nyatakan: _____																										
5. Kawasan bertugas:		<input type="checkbox"/> Kawasan bandar <input type="checkbox"/> Kawasan luar bandar																										
6. Jawatan/Gred:		Jawatan: _____ Gred: _____																										
7. Alamat tempat tinggal:																												
8. Riwayat pekerjaan: <i>Mulakan dengan pekerjaan terkini hingga yang terawal</i>		<table border="1"> <thead> <tr> <th>Tahun bermula</th> <th>Tahun berakhir</th> <th>Tempat kerja</th> <th>Perihal tugas yang dijalankan</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Tahun bermula	Tahun berakhir	Tempat kerja	Perihal tugas yang dijalankan																				
Tahun bermula	Tahun berakhir	Tempat kerja	Perihal tugas yang dijalankan																									
9. Kewujudan faktor risiko: <i>Sama ada anggota ini mempunyai faktor risiko dari segi berikut:</i>		<input type="checkbox"/> Masalah perubatan (termasuk HIV/AIDS, Diabetes mellitus, kanser, dll) <input type="checkbox"/> Faktor sosial (seperti anggota kesihatan, ahli PPRT, malnutrisi, dll) <input type="checkbox"/> Faktor persekitaran (seperti tinggal di kawasan setinggan)																										

B. PERIHAL PENYAKIT TIBI ANGGOTA																			
10. Diagnosa:	<input type="checkbox"/> Tibi pulmonari <input type="checkbox"/> Tibi ekstra-pulmonari Sekiranya tibi ekstra-pulmonari, sebutkan sistem terlibat: <input type="checkbox"/> Noda limfa <input type="checkbox"/> Buah pinggang <input type="checkbox"/> Tulang <input type="checkbox"/> Lain-lain, nyatakan: _____																		
11. Cara diagnosa:	<input type="checkbox"/> Secara klinikal <input type="checkbox"/> Disahkan dengan ujian makmal																		
12. Tarikh simptom mula:		13. Tarikh diagnosa:																	
14. Keputusan makmal: <i>Sekiranya ujian makmal dijalankan, sila lengkapkan bahagian ini</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Jenis ujian</th> <th style="width: 25%;">Keputusan</th> <th style="width: 25%;">Jenis ujian</th> <th style="width: 25%;">Keputusan</th> </tr> </thead> <tbody> <tr> <td>Sputum untuk AFB:</td> <td></td> <td>ESR:</td> <td></td> </tr> <tr> <td>Ujian Mantoux:</td> <td></td> <td>Biopsi: _____</td> <td></td> </tr> <tr> <td>X-Ray dada:</td> <td></td> <td>Lain-lain X-Ray: Sistem: _____</td> <td></td> </tr> </tbody> </table>			Jenis ujian	Keputusan	Jenis ujian	Keputusan	Sputum untuk AFB:		ESR:		Ujian Mantoux:		Biopsi: _____		X-Ray dada:		Lain-lain X-Ray: Sistem: _____	
Jenis ujian	Keputusan	Jenis ujian	Keputusan																
Sputum untuk AFB:		ESR:																	
Ujian Mantoux:		Biopsi: _____																	
X-Ray dada:		Lain-lain X-Ray: Sistem: _____																	
C. PERIHAL JANGKITAN TIBI:																			
15. Persekitaran tempat kerja:	Jenis pengalihudaraan (ventilation): <input type="checkbox"/> Semulajadi <input type="checkbox"/> Mekanikal Jika cara mekanikal, nyatakan jenisnya: <input type="checkbox"/> Sistem penghawa dingin sentral <input type="checkbox"/> Unit penghawa dingin individual/tingkap <input type="checkbox"/> Kipas angin																		
16. Punca jangkitan:	16.1. Adakah anggota ini terdedah kepada mana-mana pesakit tibi: <input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> Tidak pasti 16.2. Sekiranya terdapat pendedahan, nyatakan tempoh pendedahan tersebut (dari tarikh diagnosa): <input type="checkbox"/> Kurang dari 6 bulan <input type="checkbox"/> Dari 6 bulan hingga 1 tahun <input type="checkbox"/> Lebih dari 1 tahun <input type="checkbox"/> Tidak berkenaan 16.3. Siapakah pesakit /Apakah sumber tibi tersebut: (a) <input type="checkbox"/> Ahli keluarga (b) <input type="checkbox"/> Spesimen makmal <input type="checkbox"/> Sahabat handai <input type="checkbox"/> Peralatan tercemar oleh pesakit tibi di tempat kerja <input type="checkbox"/> Pesakit <input type="checkbox"/> Rakan sekerja <input type="checkbox"/> Pelajar sekolah <input type="checkbox"/> Lain-lain, nyatakan _____ 16.4. Adakah anggota tinggal sebumbung dengan sumber seperti di 16.3(a)? <input type="checkbox"/> Ya <input type="checkbox"/> 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): <i>Nyatakan juga diagnosa sumber jangkitan tibi sama ada tibi pulmonari atau ekstra-pulmonari</i>				
17.2. Ringkasan riwayat pendedahan tibi di tempat kerja (jika anggota ini terdedah kepada sumber tibi di tempat kerja): <i>Nyatakan juga diagnosa sumber jangkitan tibi sama ada tibi pulmonari atau ekstra-pulmonari</i>				
E. PENGESANAN KONTAK DI TEMPAT KERJA (sekiranya punca jangkitan disyaki berlaku di tempat kerja):				
18. Bilangan kontak di tempat kerja yang dikenalpasti:				
19. Bilangan penyiasatan yang dijalankan ke atas kontak di tempat kerja (sila isikan ringkasan keputusan di sini dan isikan Borang Senarai Kontak Tempat Kerja [di muka surat 4] dengan lengkap)	Jenis ujian	Keputusan ujian		Sekiranya mana-mana keputusan positif, apa yang dilakukan ke atas kontak tersebut?
		Bil. keputusan negatif	Bil. keputusan positif	
	Sputum untuk AFB:			
	Ujian Mantoux:			
	X-Ray dada:			
F. SENARAI LENGKAP KONTAK DI TEMPAT KERJA				
20. Sila lengkapkan borang di muka surat 4				
G. LANGKAH KAWALAN & PENCEGAHAN YANG DIAMBIL UNTUK MENGAWAL JANGKITAN MASA AKAN DATANG:				
21. Sebutkan langkah-langkah pencegahan yang telah/akan diambil:	<input type="checkbox"/> Pengasingan <input type="checkbox"/> Kawalan kejuruteraan (<i>seperti bilik bertekanan negatif</i>) <input type="checkbox"/> Kawalan pentadbiran (<i>Standard Precaution, Safe Work Procedure</i>) <input type="checkbox"/> Pemberian dan penggunaan alat pelindung diri <input type="checkbox"/> Lain-lain, nyatakan _____			
H. TANGGAPAN (impression) PUNCA JANGKITAN:				
22. Sila tandakan salah satu jawapan berikut:				
<input type="checkbox"/> Pendedahan berlaku di kalangan keluarga/dalam komuniti <input type="checkbox"/> Kemungkinan jangkitan tidak berlaku di tempat kerja <input type="checkbox"/> Kemungkinan jangkitan berlaku di tempat kerja <input type="checkbox"/> Jangkitan disahkan berlaku di tempat kerja <input type="checkbox"/> Punca jangkitan tidak dapat dipastikan				
I. PENYIASAT DAN PELAPOR:				
23. Ketua penyiasat:	Nama:		Tandatangan:	
	Jawatan (Cop):		Tempat bertugas (Cop):	

SENARAI LENGKAP PENYIASATAN KONTAK DI TEMPAT KERJA

Bil.	Nama Kontak	Umur	Jantina (L/P)	Unit/Seksyen bertugas	Tempoh bertugas di tempat tersebut (Tahun/bulan)	Alamat Tempat Tinggal Semasa	Keputusan ujian		
							X-ray	Sputum AFB	Ujian Mantoux
1	2	3	4	5	6	7	8	9	10
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9									
10.									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

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**
3. Part II - Regulation 7. Reporting of cases of occupational poisoning and occupational disease of Occupational Safety and Health (Notification of Accident, Dangerous Occurrence, Occupational Poisoning and Occupational Disease) Regulations 2004 [NADOPOD 2004].
4. To comply with Part VI of the Pesticides Act 1974.

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, Penumoconiosis)
- 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**

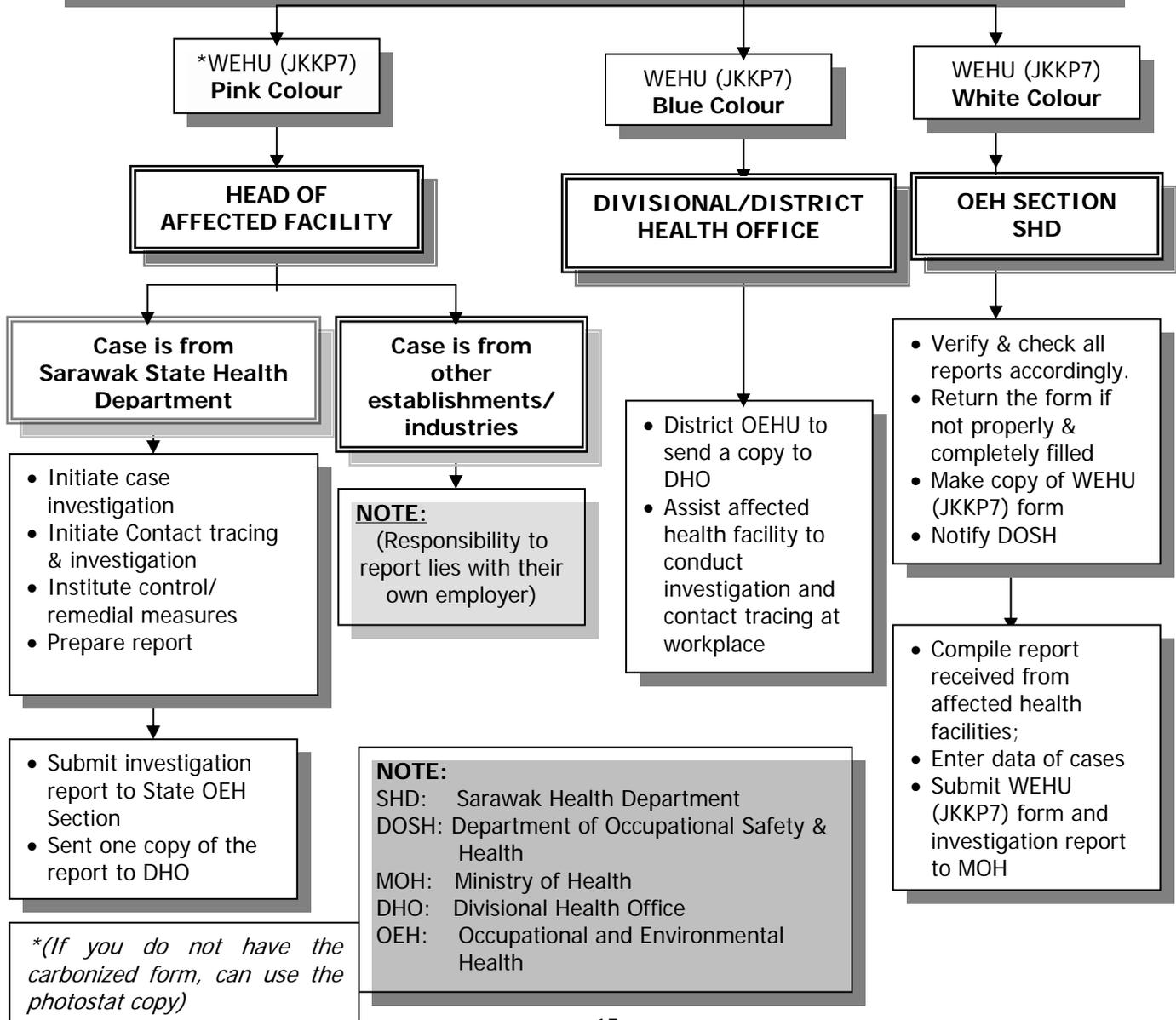
Attending person must notify Occupational Diseases and Occupational Pesticides & Chemical Poisonings for all cases BID, admitted to the wards, or seen at A&E and health centres

(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:



List of Forms for Notification of

- Occupational Diseases, Infection and Poisoning
- Occupational-Related Diseases and
- Pesticides & Chemical Poisoning
 - WEHU D1 (JKKP7) & D2
 - WEHU L1 (JKKP 7) & L2
 - WEHU S1 (JKKP 7) & S2
 - WEHU E1 (JKKP 7) & E2

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

Date of Notification

Part I : Particulars of reporting unit
Name of facility <input type="text"/>
Unit / Department / Ward <input type="text"/>

Part II : Particulars of patient
Date seen/treated/admitted <input type="text"/>
Medical certificate (MC) given <input type="checkbox"/> No <input type="checkbox"/> Yes
Duration of MC <input type="text"/> days

Part III : Classification of accident (Tick <input type="checkbox"/> more than one if relevant)
--

1. Nature of injury

- | | |
|--|---|
| <input type="checkbox"/> Abrasions | <input type="checkbox"/> Effect of radiation |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Asphyxia | <input type="checkbox"/> Drown |
| <input type="checkbox"/> Burns (heat) | <input type="checkbox"/> Laceration |
| <input type="checkbox"/> Burns (chemical) | <input type="checkbox"/> Sharp injuries |
| <input type="checkbox"/> Bruises and contusions | <input type="checkbox"/> Sprain & strain |
| <input type="checkbox"/> Concussions | <input type="checkbox"/> Internal injuries |
| <input type="checkbox"/> Cuts | <input type="checkbox"/> Splash of blood/body fluid |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Splash of chemicals |
| <input type="checkbox"/> Effect of electric currents | <input type="checkbox"/> Other (please specify) _____ |

2. Part of Body Injured For R/L : Please circle

- | Head and Neck | Upper Limbs | Torso | Lower Limbs |
|-----------------------------------|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> Scalp | <input type="checkbox"/> Upper arms R/L | <input type="checkbox"/> Back | <input type="checkbox"/> Hip R/L |
| <input type="checkbox"/> Skull | <input type="checkbox"/> Elbow R/L | <input type="checkbox"/> Chest | <input type="checkbox"/> Thigh R/L |
| <input type="checkbox"/> Eyes R/L | <input type="checkbox"/> Forearm R/L | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Leg R/L |
| <input type="checkbox"/> Ears R/L | <input type="checkbox"/> Wrist R/L | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Knee R/L |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Hand R/L | <input type="checkbox"/> Groin | <input type="checkbox"/> Ankle R/L |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Palm R/L | | <input type="checkbox"/> Feet R/L |
| <input type="checkbox"/> Teeth | <input type="checkbox"/> Fingers R/L | | <input type="checkbox"/> Toes R/L |
| <input type="checkbox"/> Face | <input type="checkbox"/> Other specify: _____ | | |
| <input type="checkbox"/> Neck | | | |

3. Mechanism of accident

- | | |
|--|---|
| <input type="checkbox"/> Struck against object | <input type="checkbox"/> Exposure to/or contact with harmful substances/radiation |
| <input type="checkbox"/> Struck by sliding, falling, flying or other moving object | <input type="checkbox"/> Exposure to/or contact with electric currents |
| <input type="checkbox"/> motor vehicle accident | <input type="checkbox"/> Exposure to explosion |
| <input type="checkbox"/> Caught in/or between object | <input type="checkbox"/> Drowning |
| <input type="checkbox"/> Fall or slip on same level | <input type="checkbox"/> Crush by moving/sliding object |
| <input type="checkbox"/> Fall from height | <input type="checkbox"/> Needle stick/Needle prick |
| <input type="checkbox"/> Injured while handling, lifting or carrying | <input type="checkbox"/> Physical assault |
| <input type="checkbox"/> Contact with extreme temperature | |
| <input type="checkbox"/> Others (please specify): _____ | |

WEHU - A2 (cont'd)

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) _____

NOTIFICATION OF OCCUPATIONAL POISONING/DISEASE

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

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

Name

Designation

Address of clinic/hospital

Contact no. _____

Part B - Affected person

Name

Date of birth _____ / _____ / _____
DD MM YY

New IC/Passport no.

Nationality _____ Gender Male Female

Ethnic group _____ Occupation _____

Name and address of organization

District _____ State _____

Location of incident _____

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?

Signature of Notifier _____

Date _____

Name and address of attending doctor (Official Stamp)

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)
- | | |
|--|---|
| <input type="checkbox"/> Paraquat | <input type="checkbox"/> 2 - 4 - Dichlorophenoxyacetic Acid (2-4-D) |
| <input type="checkbox"/> Glyphosate | <input type="checkbox"/> Pyrethroid |
| <input type="checkbox"/> Organophosphate | <input type="checkbox"/> Warfarin |
| <input type="checkbox"/> Carbamate | <input type="checkbox"/> Superwarfarin |
| <input type="checkbox"/> Thiocarbamate | <input type="checkbox"/> Zinc phosphide |
| <input type="checkbox"/> Organochlorine | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Nitrophenol | <input type="checkbox"/> Others (please specify): _____ |
7. If chemical is the poisoning agent(s), please state type if known
 (Tick more than one if mixture is used)
- | | |
|---|---|
| <input type="checkbox"/> Therapeutic drugs (pharmaceutical) | <input type="checkbox"/> Other industrial chemical |
| <input type="checkbox"/> Metals | <input type="checkbox"/> Household products (e.g. clorox) |
| <input type="checkbox"/> Gases | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Agrochemical (excluding pesticide) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Solvents | |
| <input type="checkbox"/> Others (please specify): _____ | |
8. Likely route(s) of poisoning:
 (Tick more than one if mixed)
- | | |
|---|--|
| <input type="checkbox"/> Oral | <input type="checkbox"/> Occupational |
| <input type="checkbox"/> Dermal | <input type="checkbox"/> Suicidal/Parasuicidal |
| <input type="checkbox"/> Inhalation | <input type="checkbox"/> Homicidal |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Accidental |
| <input type="checkbox"/> Others (please specify): _____ | |
9. Circumstances of poisoning
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
- | | |
|--|--|
| <input type="checkbox"/> Outpatient treatment | <input type="checkbox"/> Died after _____ days treated in the ward |
| <input type="checkbox"/> Admitted to ward for _____ days | <input type="checkbox"/> Discharge at own risk (DAMA) |
| <input type="checkbox"/> Dead on arrival at hospital | |

NOTIFICATION OF OCCUPATIONAL LUNG DISEASE

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

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

Name

Designation

Address of clinic/hospital

Contact no. _____

Part B - Affected person

Name

Date of birth _____ / _____ / _____
DD MM YY

New IC/Passport no.

Nationality _____ Gender Male Female

Ethnic group _____ Occupation _____

Name and address of organization

District _____ State _____

Location of incident _____

Part C - Occupational Lung 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?

Signature of Notifier _____

Date _____

Name and address of attending doctor (Official Stamp)

1. Duration of symptoms (by years, months or days)

2. Type of occupational lung disease

- | | |
|--|---|
| <input type="checkbox"/> Occupational asthma | <input type="checkbox"/> Lung cancer |
| <input type="checkbox"/> Inhalation incident | <input type="checkbox"/> Mesothelioma |
| <input type="checkbox"/> Hypersensitivity pneumonitis | <input type="checkbox"/> Non - malignant pleural disease |
| <input type="checkbox"/> Bronchitis/Emphysema | <input type="checkbox"/> Byssinosis |
| <input type="checkbox"/> Infectious diseases (e.g. TB) | <input type="checkbox"/> Building related respiratory illness |
| <input type="checkbox"/> Pneumoconiosis (incl. asbestosis, silicosis) | <input type="checkbox"/> Fibrotic lung disease |
| <input type="checkbox"/> 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)

Type of work/industry	Job title	Duration of employment (by years, months or days)

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

Send to:
 Pengarah Kesihatan Negeri
 Jabatan Kesihatan Negeri _____

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

Name

Designation

Address of clinic/hospital

Contact no. _____

Part B - Affected person

Name

Date of birth _____ New IC/Passport no. _____
 DD / MM / YY

Nationality _____ Gender Male Female

Ethnic group _____ Occupation _____

Name and address of organization

District _____ State _____

Location of incident _____

Part C - Occupational Skin 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?

Signature of Notifier _____

Date _____

Name and address of attending doctor (Official Stamp)

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)

Type of work/industry	Job title	Duration of employment (by years, months or days)

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

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

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

Name

Designation

Address of clinic/hospital

Contact no. _____

Part B - Affected person

Name

Date of birth _____ / _____ / _____
DD MM YY

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 _____ / _____ / _____
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?

Signature of Notifier _____

Date _____

Name and address of attending doctor (Official Stamp)

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): _____

**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

<i>Column 1</i>	<i>Column 2</i>
Description of occupational poisoning or disease	Nature of activity/occupation
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— <ul style="list-style-type: none"> (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.

(k) Chromium	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.
(l) Diethylene dioxide (dioxane)	The use or handling of, or exposure to, the fumes of, or vapour containing diethylene dioxide.
(m) Ethylene oxide	Any activity.
(n) Fluorine	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.
(o) Hydrogen cyanide or hydrogen sulphide gas	The use or handling of, or exposure to, the fumes or vapour of hydrogen cyanide or hydrogen sulphide.
(p) Lead or compound of lead	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.
(q) Manganese or its compounds	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.
(r) Mercury or one of its compound	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.
(s) Methyl bromide	Any activity.
(t) Nitrochlorobenzene, or nitro, amino or chloro-derivative of benzene or of a homologue of benzene	Any activity
(u) Nickel	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.
(v) Nitrous fumes	The use or handling of nitric acid or exposure to nitrous fumes.
(w) Organochlorine, organophosphate, carbamate, nitrophenol, pentachlorophenol, dimethyldithiocarbamate or compounds of chlorophenoxy and dipyridyl	The use or handling of organochlorine, organophosphate, carbamate, nitrophenol, pentachlorophenol, dimethyldithiocarbamate, or compounds of chlorophenoxy and dipyridyl for the destruction of pests or vermin
(x) Phosphorus	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.
(y) Rengas wood	The manipulation of rengas wood or any process in or incidental to the manufacture of articles therefrom.

(z) 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
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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— <ul style="list-style-type: none"> (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— <ul style="list-style-type: none"> (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— <ul style="list-style-type: none"> (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

9. Acne	Work involving exposure to mineral oil, tar, pitch or arsenic.
10. (a) Ulceration of the corneal surface of the eye	Any occupation involving the use or handling or exposure to, tar, pitch, padi husk, bitumen, mineral oil (including paraffin), soot, organic dust or any residue of any of these substances.
(b) Localised new growth of the skin, papillomatous or keratotic	
(c) Epitheliomatous cancer or ulceration of the skin due, in any case, to tar, pitch, padihusk, bitumen, mineral oil (including paraffin), soot or any compound, product, or residue of any of these substances	
11. Folliculitis	Work involving exposure to mineral oil, tar, pitch or arsenic.
12. Skin cancer	Work involving exposure to mineral oil, tar, pitch or arsenic.
13. Chrome ulceration	Any occupation involving the use or handling of chromic acid, chromate or bichromate of ammonium, potassium, zinc or sodium, or any preparation or solution containing any of these substances.
14. 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 substances or other forms of radiant energy	Any occupation involving exposure to X-rays, ionizing particles, radium, or other radioactive or subcutaneous tissues of the substances or other forms of radiant energy.
15. Subcutaneous cellulitis or acute bursitis arising at or about the knee causing severe or prolonged friction or pressure on the knee (Beat knee)	Any occupation involving manual labour causing severe or prolonged friction or pressure at or about the knee.
16. Subcutaneous cellulitis of the hand (Beat hand)	Any occupation involving manual labour causing severe or prolonged friction or pressure on the hand.
17. Subcutaneous cellulitis or acute bursitis arising at or about elbow (Beat elbow) on the elbow.	Any occupation involving manual labour the causing severe or prolonged friction or pressure on the elbow.

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)	<p>Any occupation involving</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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

	<p>sanitary earthenware electrical earthenware tiles), and any occupation involving substantial exposure to the dust arising therefrom;</p> <p>(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;</p> <p>(i) the use, or preparation for use, of a grindstone or substantial exposure to the dust arising therefrom;</p> <p>(j) boiler scaling or substantial exposure to the dust arising therefrom;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(n) exposure to the inhalation of dust containing iron and silica or haematite;</p> <p>(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> <p>(p) the use or handling of, or exposure to, the fumes, dust or vapour of aluminium or a substance containing aluminium.</p>
25. Extrinsic alveolitis (farmer's lung)	<p>Exposure to moulds, including fungal spores or heterologous proteins during working—</p> <p>(a) agriculture, horticulture, forestry, cultivation of edible fungi or malt-working;</p> <p>(b) loading or unloading or handling in storage mouldy vegetable matter or edible fungi;</p> <p>(c) caring for or handling birds;</p> <p>(d) handling bagasse; or</p> <p>(e) the use or handling of, or exposure to, padi husk or dust or a substance containing padi husk.</p>
26. Byssinosis	<p>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.</p>

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—
(a) 4-aminobiphenyl	the use or handling of, or exposure to, the fumes, dust or vapour of 4-aminobiphenyl or a substance containing 4-aminobiphenyl;
(b) Arsenic	the use or handling of, or exposure to, the fumes dust or vapour of arsenic or a substance containing arsenic;
(c) Benzene	the use or handling of, or exposure to, the fumes, dust or vapour of benzene or a substance containing benzene;
(d) Benzidine	the use or handling of, or exposure to, the fumes, dust or vapour of benzidine or a substance containing benzidine;
(e) Bis-chloro methyl ether	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;
(f) Chromium	the use or handling of, or exposure to, the fumes, dust or vapour of chromium or a substance containing chromium;
(g) Haematite	the use or handling of, or exposure to, the fumes, dust or vapour of haematite or a substance containing haematite;
(h) Mustard gas	the use or handling of, or exposure to, mustard gas or a substance containing mustard gas;
(i) â-naphthylamine	the use or handling of, or exposure to, the fumes, dust or vapour of â-naphthylamine or a substance containing â-naphthylamine;
(j) Nickel	the use or handling of, or exposure to, the fumes, dust or vapour of nickel or a substance containing nickel;
(k) Soots, tars and oils	the use or handling of, or exposure to, soots, tars and oils;
(l) Vinyl chloride	the use or handling of, or exposure to, the fumes, dust or vapour of vinyl chloride or a substance containing vinyl chloride;
(m) Particulate polycyclic aromatic hydrocarbon	the use or handling of, or exposure to, the fumes, dust or vapour of polycyclic aromatic hydrocarbon or a substance containing polycyclic aromatic hydrocarbon;
(n) Acrylonitrile	the use or handling of, or exposure to, the fumes, dust or vapour of acrylonitrile or a substance containing acrylonitrile;
(o) 1,2-dibromoethane (ethylene dibromide)	the use or handling of, or exposure to, the fumes, dust or vapour of ethylene dibromide or a substance containing ethylene dibromide;

(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.