

GUEST EDITORIAL

RECENT DEVELOPMENT IN OCCUPATIONAL HEALTH SERVICES IN MALAYSIA

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INTRODUCTION

Globalizations and incorporating new technologies, innovations in industrial processes have brought in greater occupational health and safety challenges. In Malaysia, the Factory and Machinery Act 1967 set the stage for addressing the preliminary issues that arose due to early industrialization in Malaysia in the 1970s. The enactment of the Occupational Safety and Health Act 1994 set requirements to be met through promotion of occupational health and safety based on self regulation, complying with industrial codes of practice in operations, implementing occupational health and safety management strategies and the ultimate inculcation of an occupational health and safety culture¹.

Department of Occupational Safety and Health

Several regulations, codes of practices and guidelines were introduced to strengthen all components of the occupational health and safety domain in the last decade. In pursuit of this, the Department of Occupational Safety and Health (DOSH), Ministry of Human Resource, initially focused on safety issues such as injuries occurred at workplaces justified by its emergencies, seemingly visible and high impact in nature especially to the media and regulatory bodies. Gradually, occupational diseases trailed behind due its long latent period (occurred following a long duration of exposure at the workplace) and seemingly low impact to the media and regulatory bodies have drawn more attention. The turning point came with the advent of the Use and Standards of Exposure to Chemicals Hazardous to health in 2000 followed by the Medical Surveillance guidelines which provided a basis for employers and occupational health professionals to expand the scope of occupational health services to workers^{2,3}. Other Guidelines produced by DOSH include Guidelines for the Registration of Assessor, Hygiene Technician and Occupational Health Doctor in 2000 and the Guidelines on Reproductive Health Policy

and Programmes at the Workplace in 2002 to enhance OH services and reproductive health at work^{4,5}.

Another milestone to the development of occupational health services in the country was the establishment of the Guidelines on Occupational Health Services (OHS) in 2005⁶. This guideline served to strengthen the provision of OHS by describing the mechanism on how to implement Occupational Health Services, functions of Occupational Health Services, qualifications and roles of various Occupational Health practitioners involved in delivering the services. This guideline further incorporated methods for assessing the performance of Occupational Health Services provider including indicators to ensure the excellence of Occupational Health programme and services quality provided. The Occupational Safety and Health (Notification of Accident, Dangerous Occurrence, Occupational Poisoning and Occupational Disease) Regulation 2004 with the related guideline complemented in 2005 has been enabling DOSH to identify the cause of the incidences and employing remedial measures, implement strategies and plans to administer and enforce the law based on the data base of such occurrences⁷.

Malaysia, in its endeavour to robustly push for full economic and industrial development has revisited the strategies set by DOSH and framed the 'Occupational Safety and Health Master Plan for Malaysia 2015 (OSH-MP15)' to ascertain a safe, healthy and productive pool of human capital towards a sustainably safe and healthy work culture in all work settings⁸. This master plan would evolve through three consecutive five year action plans beginning 2005. By the end of 2010, it would spread out OSH ownership to all Key Stakeholders and Social Partners based on a strong foundation of standard setting. Over the period 2010-2015, DOSH would focus on building, nurturing and sustaining the culture of self-regulation through enforcement.

This would pave the future towards an era of preventive culture strong on health promotion by the end of 2020, which ensures a work setting built on 'safe culture'.

To ensure optimal provision of occupational health services at several levels such as governmental agencies, universities, training institutions, occupational health care providers and the industry lack sufficient numbers of these professionals⁹. DOSH always has adequate numbers of such professionals to strengthen OHS. Since the last few years, DOSH has been endeavoring to increase the number of occupational health doctors and posts of doctors who are on secondment from MOH to facilitate the occupational health services provided in the country, which could be considered a quantum leap in its efforts to consolidate OHS throughout the country and an accomplishment to employ at least one OH professional in every state.

Ministry of Health

The Ministry of Health (MOH) is the another arm involving in the provision of occupational services to the working population cum community at large besides of its own staff that total to 100,000. As the guardian of health to the nation, the Occupational Health Unit (OH) under the Public Health in the Ministry of health has advanced with some initiatives to further encompass some activities in the delivery of occupational health services.

Even before the notification of accidents, diseases and poisoning, various preventive measurements were employed by DOSH, the Occupational Health Unit at the Department of Public Health, MOH introduced the surveillance system for occupational injuries and diseases along with the introduction of the WEHU (Workers and Environmental Health unit) forms for notifying occupational accidents and injuries, occupational diseases and poisoning, occupational lung diseases, occupational skin diseases and occupational noise induced disorders. These forms were later modified to comply the requirements applied by the forms produced under the NADOPOD regulation of the Occupational Safety and Health Act 1994.

As the employer's responsibility, Hepatitis B Immunizations Program for Healthcare Workers was launched as early as 1989 which was further enhanced in 2006. Health care professional were categorised into those who had never been immunized for hepatitis B and the others who had incomplete immunization or did not know their antibody status. The earlier groups are given the

full course of Hepatitis B immunization whereas the later are screened first for their antibody status, and immunization is given to those who do not meet the required level of immunity. Post immunization screening is done to ensure the immunity status of the healthcare workers. This program is aimed at strengthening the Hepatitis B immunization status of the healthcare workers.

Additional step taken to substantiate the employer's commitment to safeguard the well being of employees was the launching of Sharps Injury Surveillance Program - A program for the notification and management of staff who encounter sharps injuries at the workplace. The program is aimed at gathering data on the sharps injuries among healthcare workers and developing Sharps Injury Registry. The registry ensures that injured healthcare workers are provided immediate and effective care as well as the necessary occupational interventions undertaken. The program covers the followings: 1. Notification forms namely: OHU/SIS-1 Epidemiology data; 2. OHU/SIS-2a Risk assessment; 3. OHU/SIS-2b Post-exposure management; 4. OHU/SIS-3 Occupational intervention if the HCW infected. Sharps Injury Registry Data to be reported to the National Infection and Antibiotic Committee meeting and forwarded to the Director General of Health.

The most recent development is establishing a total of 24 OH clinics operational in Ministry of health facilities throughout the nation. Although above ambitious vision merely in the planning stage over last decade, it is a tangible reality now in most states like Kedah, Kelantan, Selangor, Perak, Perlis, Negeri Sembilan, Sarawak, Melaka and Wilayah Persekutuan (Federal Territory). OH Clinics are located in the existing health clinics as well as in two hospitals. Clinics provide health care services such as medical surveillance to MOH's laboratory, vector and radiology staff. Medical examination, x-ray, audiometry, spirometry and laboratory investigations are provided to workers. Clinics are scheduled to run once a week at this state. Initially OH services were provided incorporated to the Primary care services as advocated by WHO but this expansion reflects the further development and demand for such services.

Medical Personnel Safety and Health Unit under the Medical Development Division in the MOH have produced framework guidelines such as "Terms of Reference for Safety and Health Committee in MOH Hospitals", and the "Guidelines on Chemical

Management in Health Care Facilities MOH". Additionally,, risk assessment and workplace visit at hospitals are conducted by this unit and feedback report submitted to the hospital management. This unit collaborated with the OH unit to produce Guidance for Health Care Workers during outbreaks of H1N1, Severe Respiratory Distress Syndrome (SARS) and strengthen Sharps Injury Surveillance System monitored by OH Unit.

Several promotional activities on OSH: Talks, seminar, Continuous Professional Development sessions and training courses are conducted yearly. The highlight of this year would be the 1st Annual OSH Seminar for MOH Hospitals on the 27th Sept to be officiated by the Director General of Health and launching of the Chemical Management Guideline book to be used in future training.

As a further development, OSH units are proposed to be established in state hospitals under the 1 care system by 2020. This will be seen in every state hospital proceeded by hospitals with specialists. The OH clinics under the OSH units in these hospitals will be functioning as referral centers.

Social Security Organisation

Workers compensation benefits have been well serviced by the Social Security Organization (SOCSO) since its existence through its 2 major benefits being employment injury insurance scheme and the invalidity pension scheme.¹⁰ To improve and ease the approach in compensation claims, SOCSO published a guideline for occupational health professionals (OHPs) to diagnose occupational diseases. This was further consolidated by the preparation of a disability assessment guideline by SOCSO based on the American Medical Assessment Guidelines. This was to facilitate certified independent medical assessors or medical specialist to assess the disability in a professional and objective manner.

In 2009, SOCSO announced that all its panel doctors must undergo at least basic training in occupational health by January 2011. The aim was to enable all SOCSO panel doctors to accurately diagnose and report such cases. This would emphasis SOCSO's role in preventing workplace diseases and injuries and improving the quality of workers' well being. Four Occupational Health related organisations namely the Society of Occupational and Environmental Medicine, Academy of Occupational and Environmental Medicine, National Institute of

Safety and Health and the Malaysian Society of Occupational Health Physicians have been appointed to conduct this training in 2010 to facilitate Panel doctors to fulfill this requirement from SOCSO.

Of late SOCSO realized that the compensations were not only draining their coffers approximating more than RM1.3 million per year due to the tremendous increase in compensation claims besides leaving the injured worker return home and manage their own disabilities . This left a negative impact on the injured worker's ability to perform their usual physical, psychological and social functions.¹¹ This led SOCSO to strategize a new paradigm in enhancing benefits through a dynamic 'Return to Work" (RTW) programme in 2007. This RTW is a multidisciplinary rehabilitation programme, based on the theme 'Stay at work' with the programme being handled by trained case managers. This programme aims to enable disabled workers to maintain a decent work, provide a continuous and sustainable social system and the 'inclusion' and not 'isolation' of workers in the working environment. The RTW programme has enabled SOCSO to be envisaged as not just compensating for the loss of income but to provide a 'total replacement of income' through rehabilitation and return to work strategy. This creates a win- win situation for SOCSO to remain sustainable and affordable while providing benefits to workers with disabilities, hence adding value to human capital. A state-of-the-art rehabilitation centre in Melaka is expected to be completed in 2013¹².

The National Institute of Occupational Safety and health

The National Institute of Occupational Safety and Health (NIOSH) Malaysia, is a government-owned company established in 1992, entrusted to contribute towards efforts in upgrading occupational safety and health (OSH) practices in Malaysia through developing curriculum and training programmes, conducting applied research and development, providing advisory and consultancy services, and disseminating OSH information to industries in Malaysia¹³. As occupational safety and health (OSH) standards are relatively new in the country, NIOSH Malaysia, through its core businesses have benefited the workforce in terms of OSH services rendered through Occupational Health Consultancy, Mobile Occupational Health Services, Occupational Medicine Center and Occupational safety and health laboratory.

The government has tabled amendments to the employment act on 8th July 2010, advocating punitive actions for employers failing to act on sexual harassment complaints made by employees. This amendment is another step towards a healthy and safe work environment.

Other Organisations

The Universities can be considered to be indirectly imparting occupational health services to the nation by training doctors through their 4 year Masters of Public health Programme specializing in Occupational Health. These specialists are competent in diagnosing occupational diseases like noise induced hearing loss, occupational skin diseases, occupational respiratory diseases and conduct disability assessment and provide a wide range of services from prevention, diagnosis and treatment, rehabilitation, disability assessment and compensation issues. The University Malaya Medical Centre is the first and only teaching institution in the country to provide occupational medicine services.

Several NGOs, associations, societies and academia related to this domain, conduct continuous professional development training to strengthen the human capacity in handling and rendering OHS. The Society of Occupational and Environmental Medicine has contributed constructively to the recent amendments and revisions on the occupational doctors' fee schedule. The Academy of Occupational and Environmental Medicine has introduced the Medical Reviewer Officer course which enhances the capabilities of occupational health doctors and occupational physicians to provide such occupational health services at the workplaces.

CONCLUSION

The efforts undertaken by the occupational health related organizations above, promise a dynamic and comprehensive occupational health practice in pursuit of a vibrant competitive economic environment for Malaysia.

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