

OCCUPATIONAL DISEASES- THE MALAYSIAN SCENARIO

DR. MOHAMMED AZMAN BIN AZIZ MOHAMMED
MBBS (MALAYA), LFOMRCP (IRELAND)
CIME ABIME (USA), CMIA(NIOSH)

**General Manager,
Department
Medical & Rehabilitation
Social Security Organisation (SOCSO)
Malaysia**



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1. Introduction to Occupational Diseases in Malaysia
2. Legal aspects – Acts & Regulations
3. Statistics of Occupational Diseases
4. What has been done?
5. Obstacles in early detection, diagnosis notification
6. What we plan to do?
 - Role of doctor, employers & employee
7. Conclusion

QUESTIONS

1. How is the occupational diseases list system organised in your country?
2. Which occupational diseases are included in the list?
3. When was the list first established and last updated?
4. Who is responsible for amending lists?

How is the list system organised?

At the national level the list of occupational diseases is determined by:-

1. Department of Occupational Safety & Health, Ministry of Human Resource – (Notification)
2. Social Security Organisation-(Compensation)
3. Workmen Compensation-(Compensation)
4. Occupational Health Unit.Min. of Health-(Treatment, monitoring & coding according to International Classification Disease (ICD-10))

Which occupational diseases are included in the list?

This is determined by the Acts & Regulations that govern:-

- 1. Notification of occupational diseases**
 - Factories & Machinery Act 1967
 - Occupational Safety and Health Act 1994
- 2. Compensable occupational diseases**
Employees Social Security Act 1969-
Malaysian worker
- 3. Workmen's compensation Act 1952-** Foreign worker

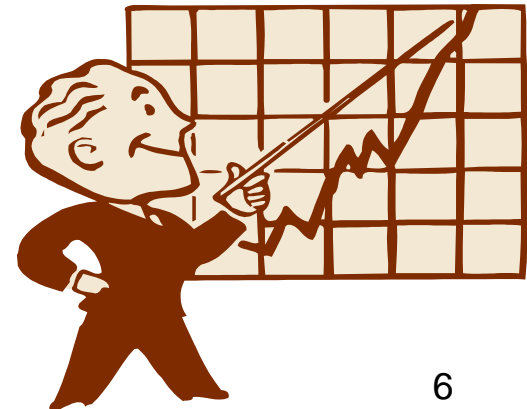
LAWS RELATED TO OCCUPATIONAL DISEASES & POISONING

1. FACTORIES & MACHINERY ACT 1967

Poisoning or disease arising out of or in connection with work and is of a class specified in Schedule 3.

[..\My Documents\OdhFMA3rdSch.doc](#) 15 DISEASES

- Lead regulations 1984
- Asbestos Process 1986
- Mineral Dust 1989
- Noise Exposure 1989



Abstract from

FACTORIES & MACHINERIES ACT 1967

THIRD SCHEDULE

(Section 32)

NOTIFIABLE INDUSTRIAL DISEASES

1. *Dust diseases of the lungs*

- (a) Silicosis – inhalation of (SiO_2) silica containing dust
- (b) Stannosis- inhalation of tin dusts or fumes
- (c) Siderosis or Sidero-silicosis inhalation of dust containing iron, silica & haematite



Occupational Disease

Defined in

OCCUPATIONAL SAFETY AND HEALTH ACT 1994

Poisoning or disease arising out of or in connection with work and is of a class specified in Schedule

Declaration of Occupational Diseases (OSHA).

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Abstract from

OCCUPATIONAL SAFETY HEALTH ACT 1994 DECLARATION OF OCCUPATIONAL DISEASES SCHEDULE LIST OF OCCUPATIONAL DISEASES

Description of occupational diseases

A. POISONING

1. Poisoning by:

- (a) Acrylamide monomer;
- (b) Alcohols, glycols, ketones or aldehydes
- (c) Antimony
- (d) Arsenic



COMPENSABLE OCCUPATIONAL DISEASES formulated in 1969

Employees Social Security Act 1969 Section 28

If an employee who is employed in any occupation described in the **5 th Schedule** contracts any **disease** or injury shown in the said Schedule to be related that occupation , or if an employee who has been employed in such occupation contracts such a disease or injury within **60 months** after ceasing to be employed, the contracting of the disease or injury shall, unless the contrary is proved , to be deemed to be an employment injury arising out of & in the course of employment..[\My Documents\OdESSASch5.doc](#)



Abstract from
EMPLOYEE'S SOCIAL SECURITY ACT 1969
FIFTH SCHEDULE
OCCUPATIONAL DISEASES
(Section 28)

Description of
occupational
diseases or injury

Poisoning by:

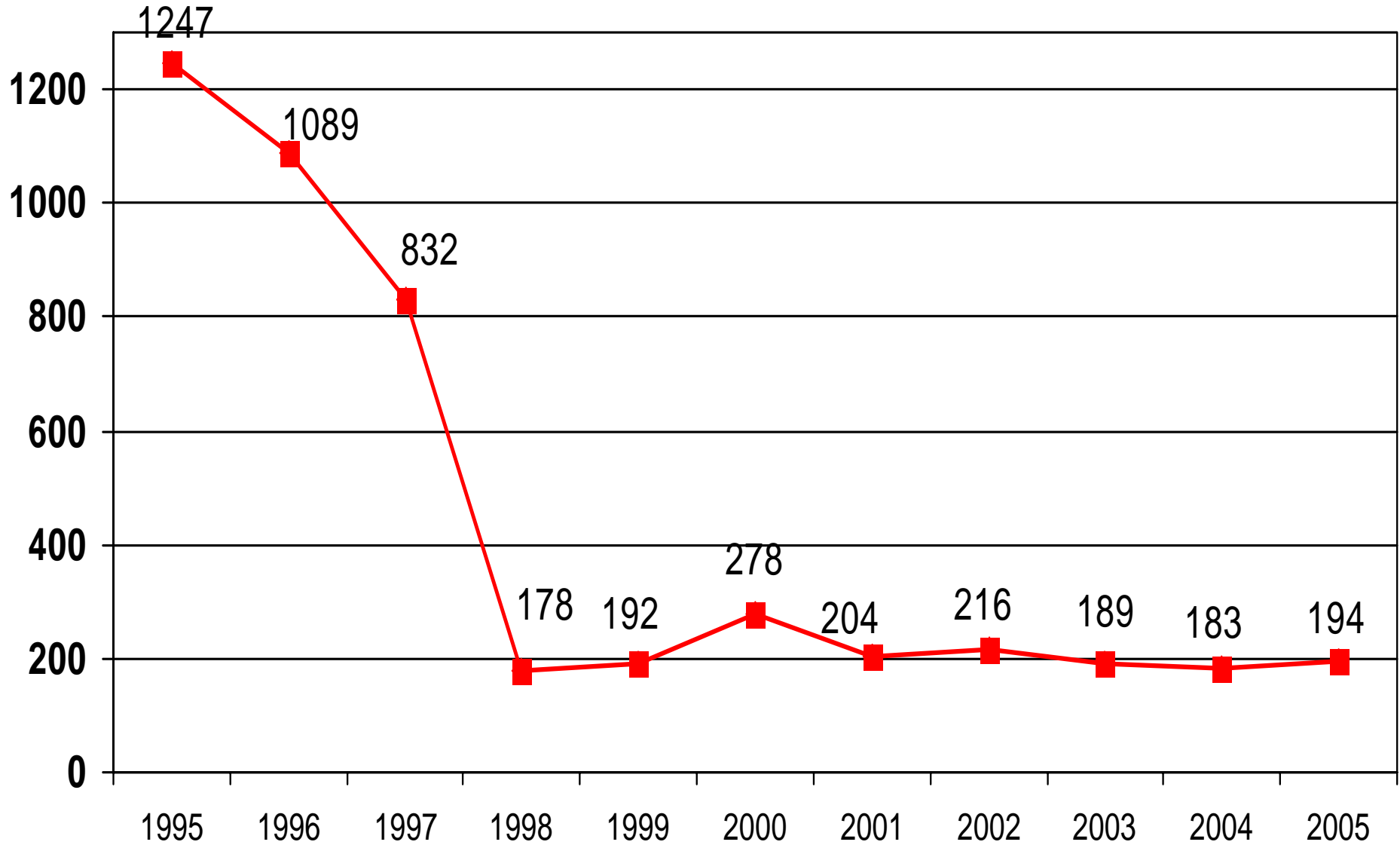
(a) Lead or compound
of lead

Nature of occupation

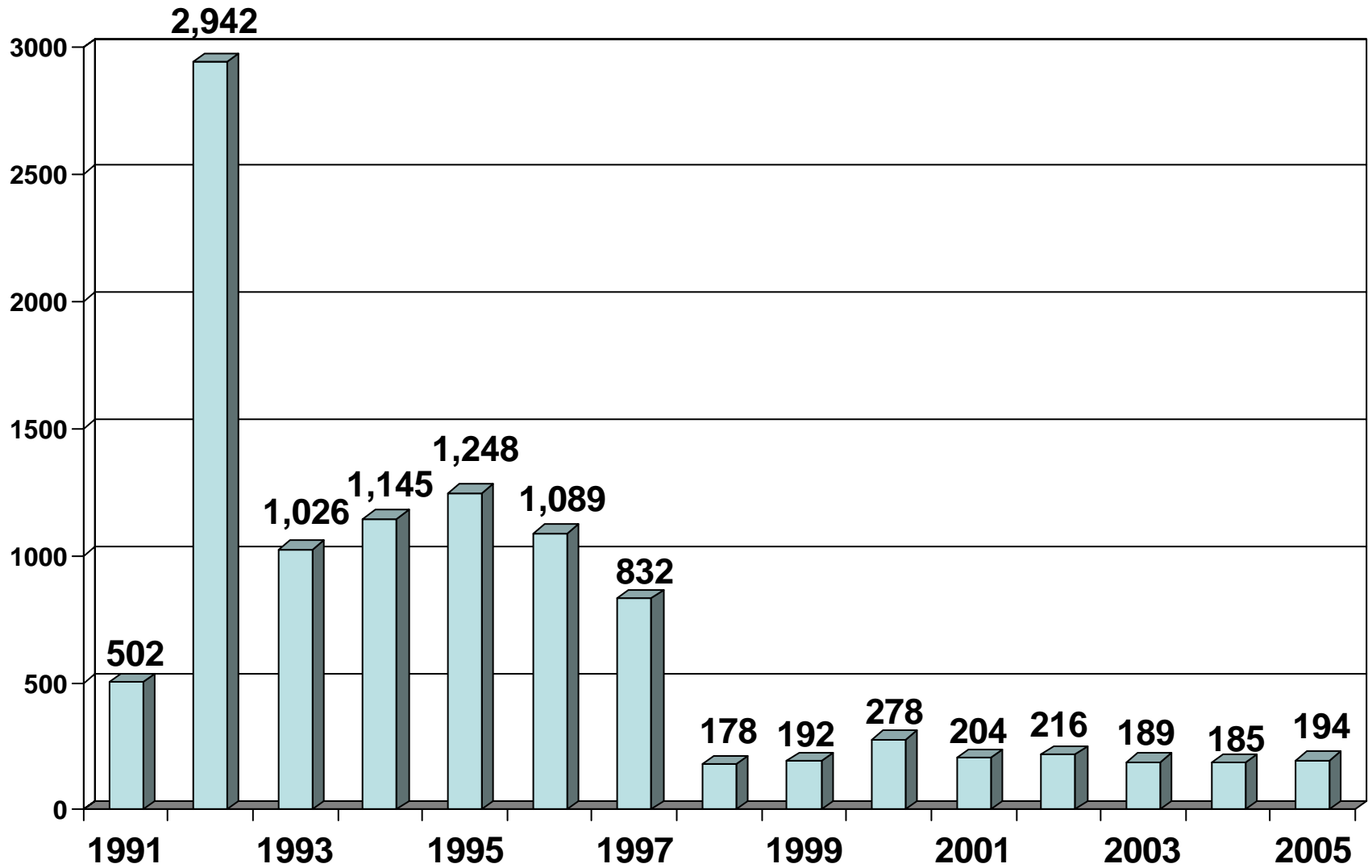
Any occupation involving –
the use or handling of, or
exposure to, the fumes, dust
or vapour of lead or a
compound of lead substance
containing



OCCUPATIONAL DISEASE

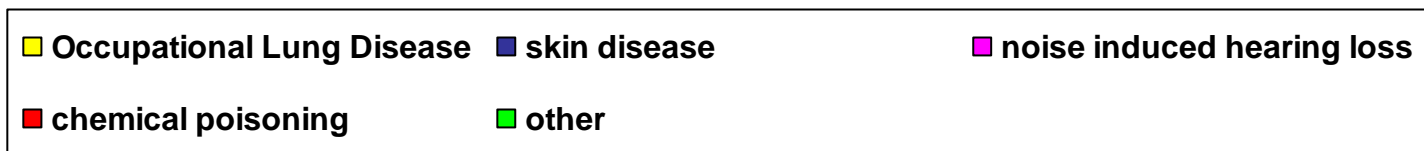
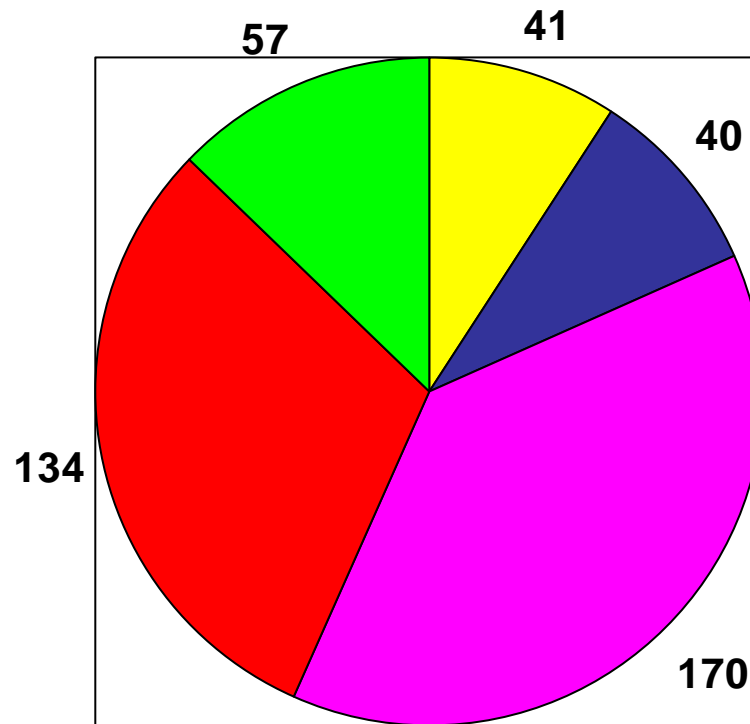


ALL TYPES OCCUPATIONAL DISEASES

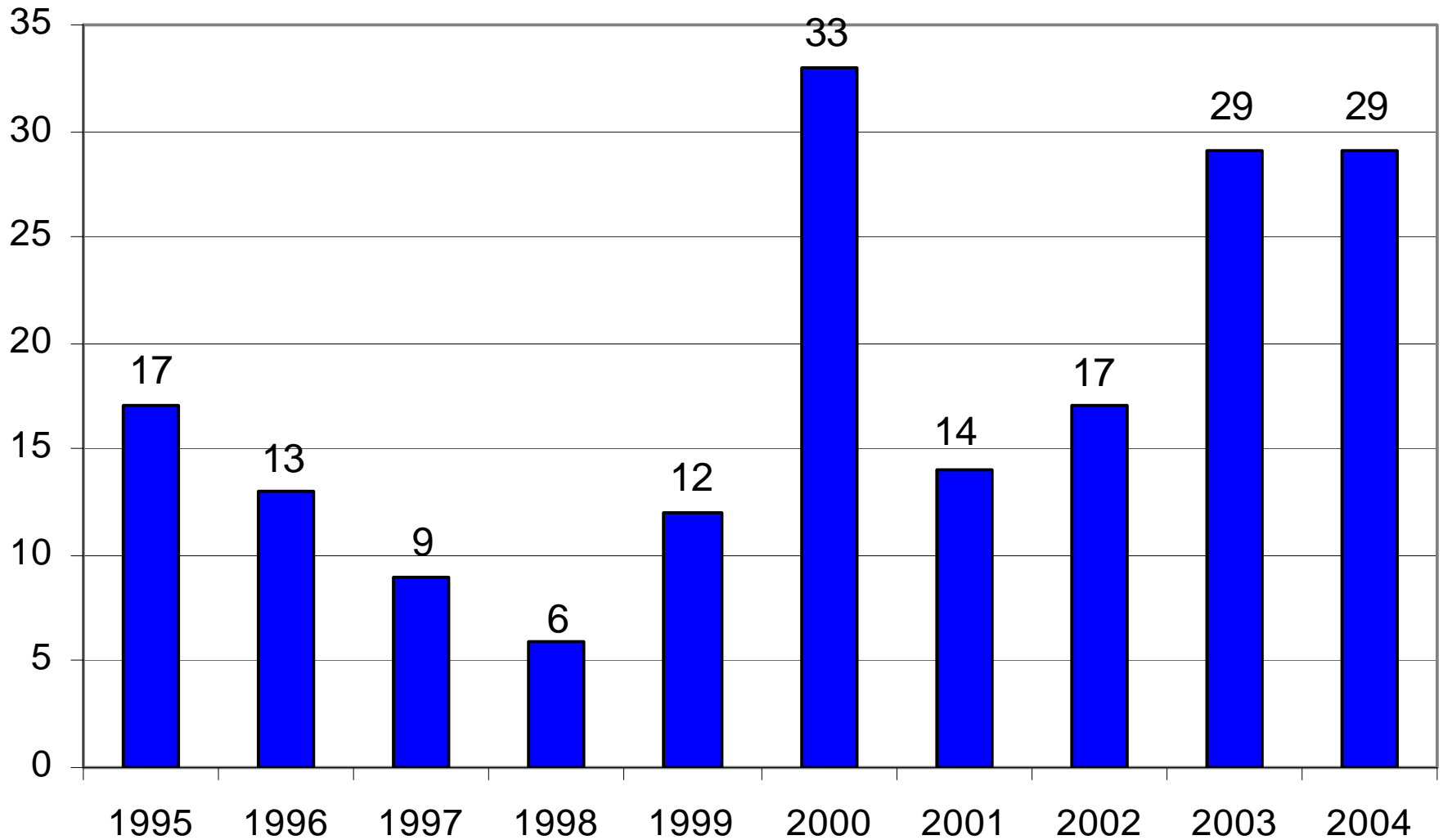


Occupational Diseases

Occupational Diseases from DOSH

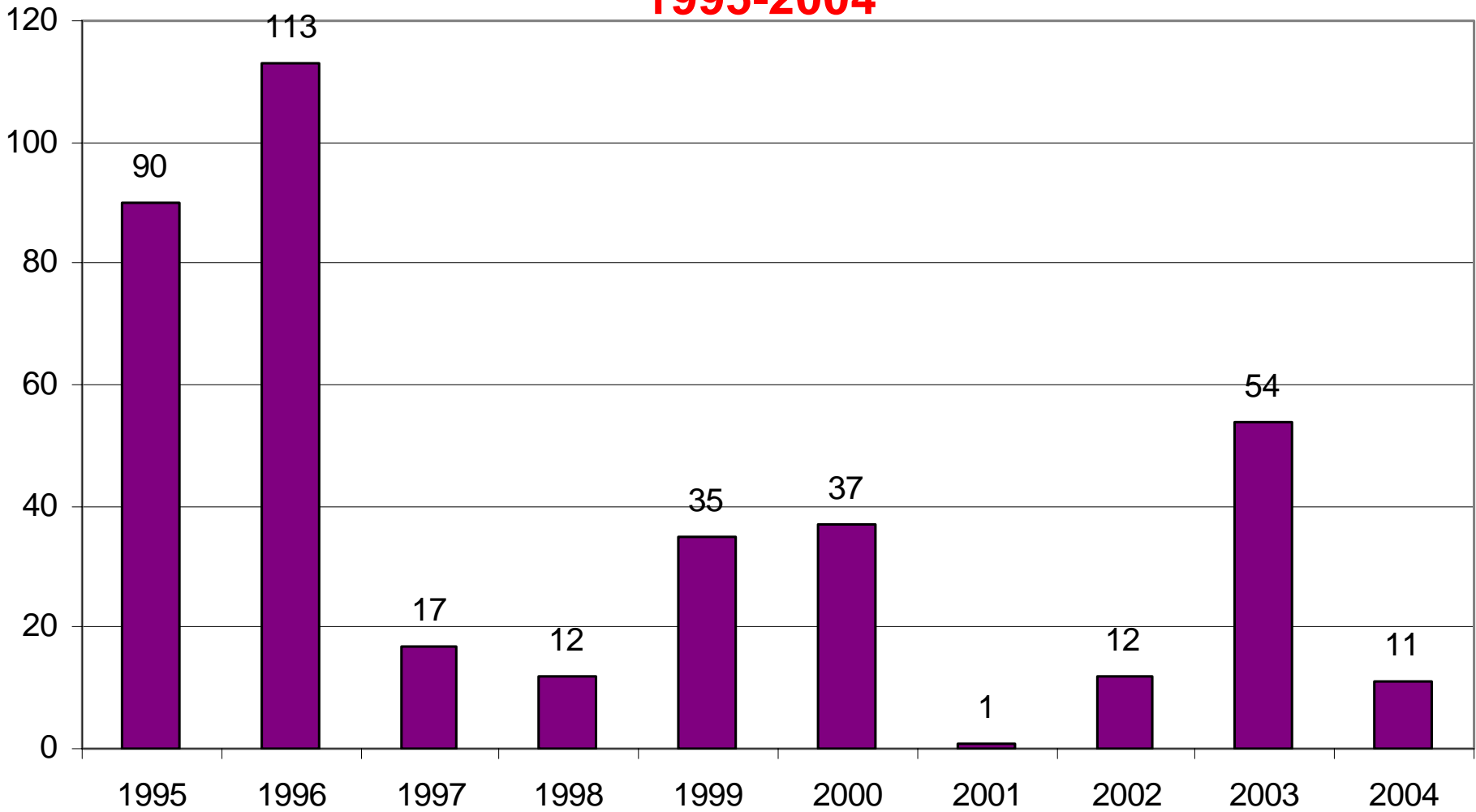


CASES OF OCCUPATIONAL LUNG DISEASE 1995-2004

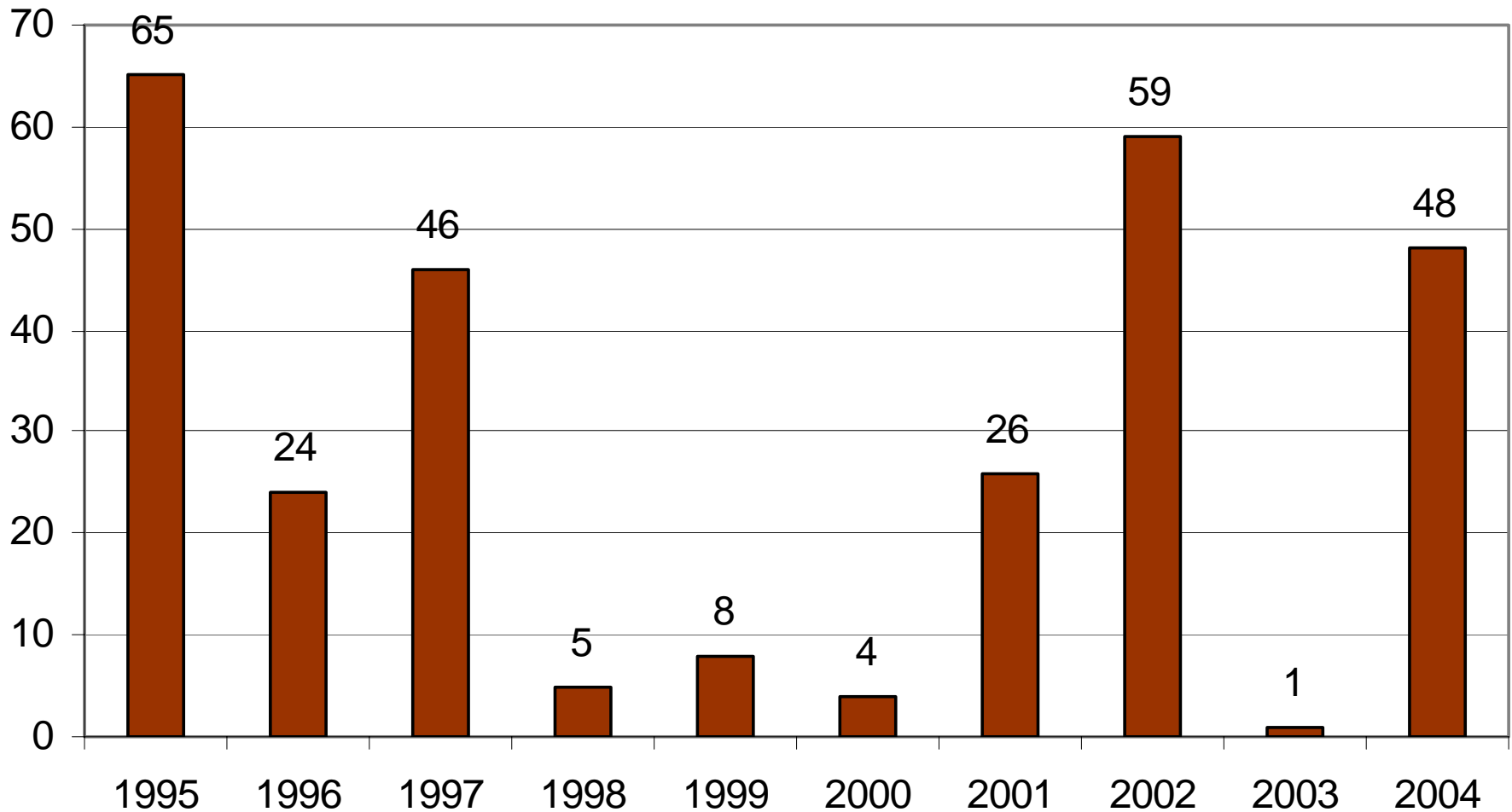


Occupational lung disease		'95	'96	'97	'98	'99	'00	'01	'02	'03	'04
1	Pneumoconiosis	6	3	0	1	2	4	5	1	7	7
2	Brochopulmonary disease due to Hard metal dust	0	0	1	1	2	3	2	1	2	2
3	Brochopulmonary Cotton,faix,hemp	1	4	3	2	1	3	2	1	1	1
4	Occupational asthma	2	0	3	1	4	5	0	6	6	6
5	Extrinsic allergic alveolitis	1	2	1	1	2	6	0	2	2	2
6	Siderosis	0	0	0	0	0	1	0	0	0	0
7	Chr. Obstructive Pulmonary Disease	0	2	0	0	0	4	0	2	0	0
8	Lung diseases due to Aluminium	0	1	0	0	0	0	0	0	0	0
9	Upper airway disorder	1	1	0	0	1	4	0	0	4	4
10	Others	6	0	1	0	2	3	5	4	7	7
	TOTAL	17	13	9	6	14	33	14	17	29	29

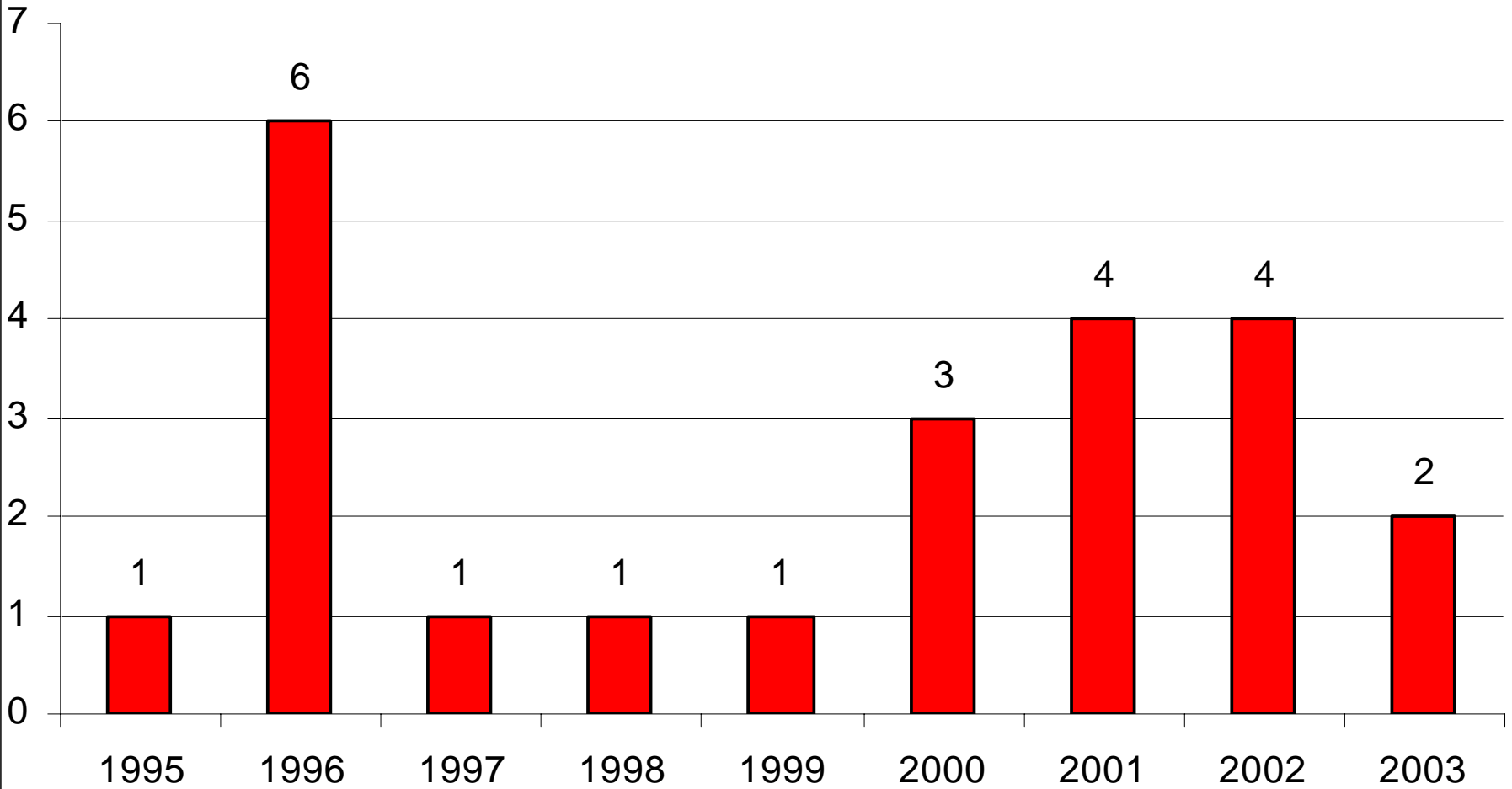
CHEMICALS CAUSING OCCUPATIONAL DISEASES 1995-2004



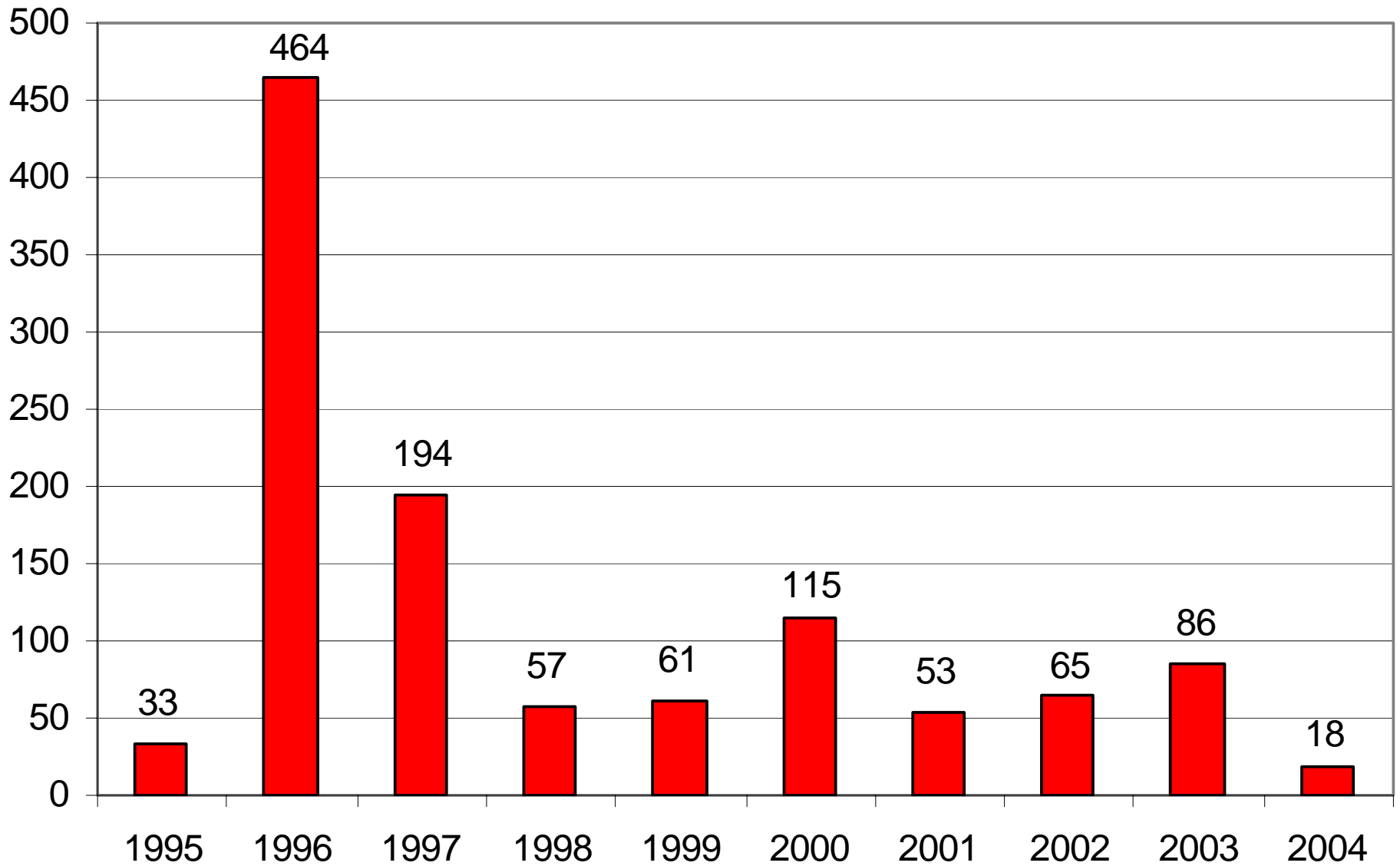
NOISE INDUCED HEARING LOSS CASES 1995-2004

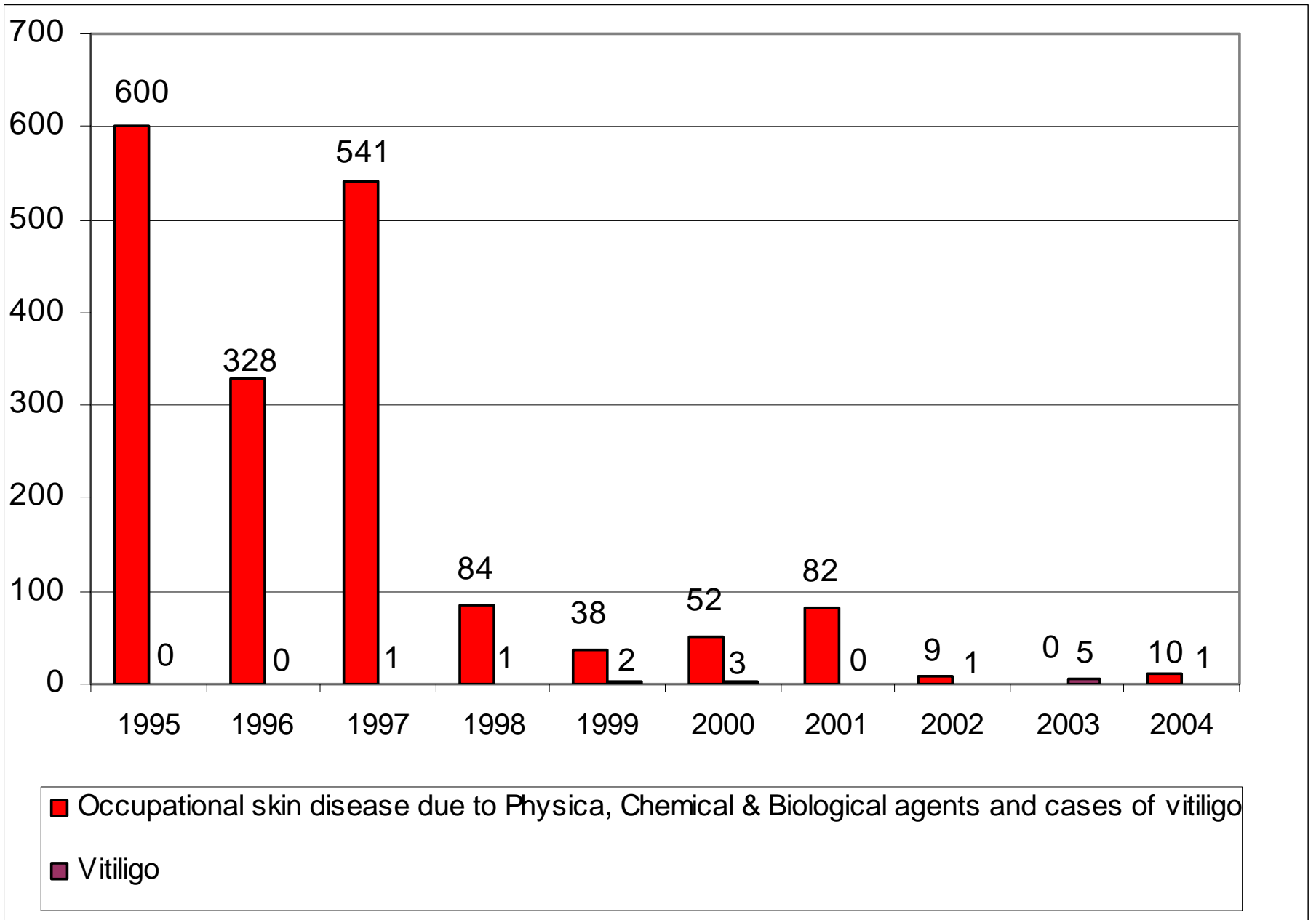


OCCUPATIONAL DISEASES DUE TO BIOLOGICAL AGENTS 1995-2003

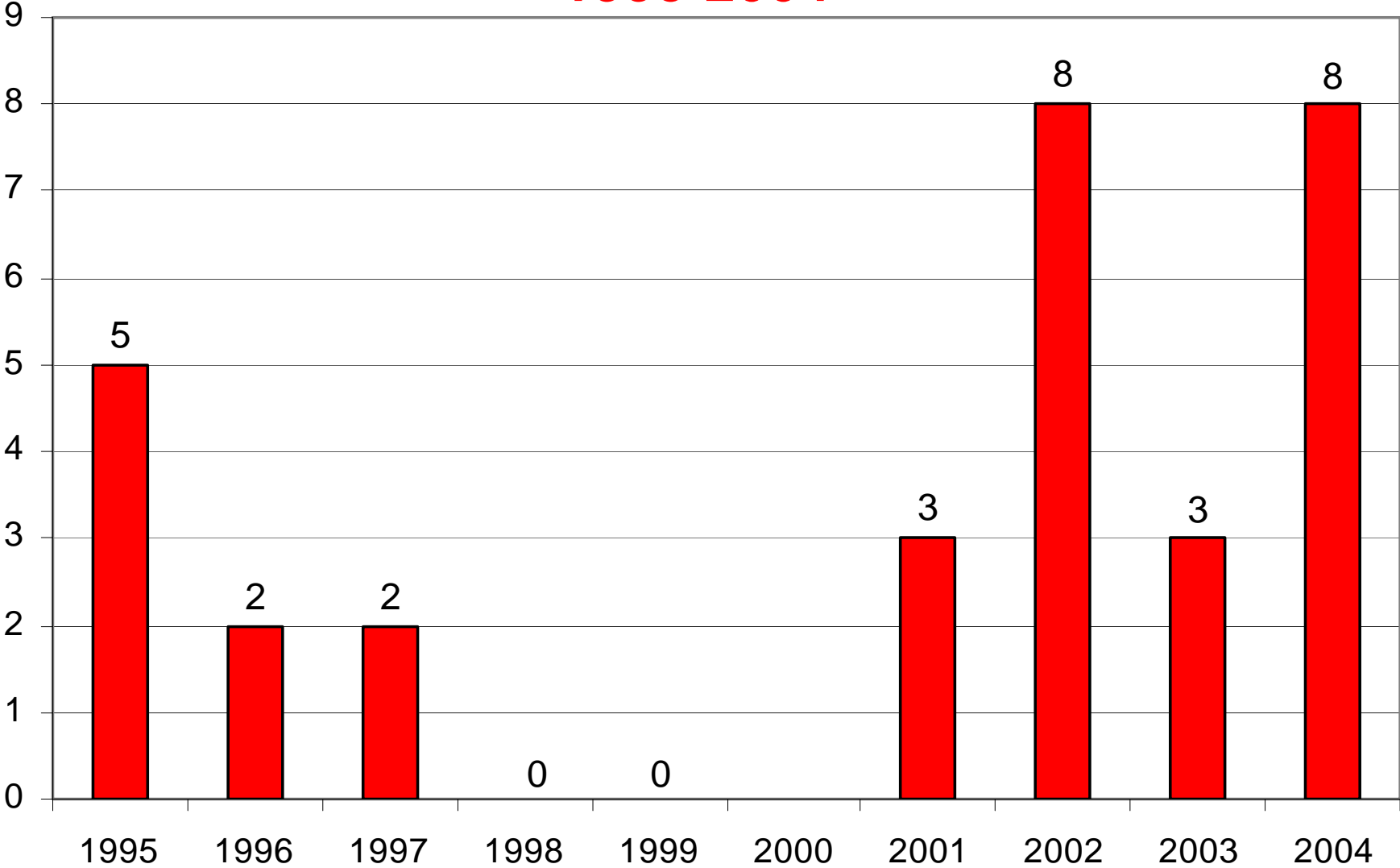


OCCUPATIONAL CANCER 1995-2004





MUSCULO-SKELETAL DISORDERS 1995-2004



Reasons for poor reporting

- No anticipation of diseases in various sectors
- No surveillance of exposures to hazards
- Unrecognised & undiagnosed by doctor
- Unrecognised by the worker as they are not aware of the hazards has long effect / outcome

What we have done?

1. In collaboration with other agencies produced Guidelines on occupational diseases:-
 - Criteria for the diagnosis of Occupational Lung Disease
 - Criteria for the diagnosis of the Occupational Skin Disease
 - Criteria for the diagnosis of occupational Noise Included Hearing Loss
 - Criteria for the diagnosis of Occupational Pesticide Poisoning and early treatment
2. Compulsory Training of 4,000 SOCSO panel doctors in occupational health in collaboration with National Institute of Occupational Safety & Health (NIOSH)



**CRITERIA
FOR THE DIAGNOSIS OF
OCCUPATIONAL LUNG DISEASES**



**WORKERS AND ENVIRONMENTAL HEALTH UNIT
DISEASES CONTROL DIVISION
MINISTRY OF HEALTH MALAYSIA**



What we have done?

3. Train doctors of the Medical and Appellate Medical Board in occupational diseases using the Guidelines on Impairment and Disability Assessment of Traumatic Injuries, Occupational Diseases 2006
4. Support Continuous Medical Educationa of doctors to identify and notify occupational diseases in collaboration with Society of Occupational & Environment Medicine and other no government organisations

What we have done?

5. Social Security Organisation gives grants for promotion of Occupational Safety and Health activities & publications
 6. Drafted the amendments to the list of compensable occupational diseases under the Employees, Social Security Act 1967 according to the International Classification of Diseases ICD-10
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New format of occupational disease according to ICD 10

Agent	Disease	Occupation/Industry
Chemical agents Metals & its compounds		Any occupation involving the use or handling (manufacture, transport, storage, disposal) or exposure (> PEL) to, the metal & its toxic fumes, dust vapour or the material
Aluminum	Respiratory irritant, chronic bronchitis, pulmonary fibrosis, pneumoconiosis, dermatitis	Used as phosphor binders. Includes cans, containers and wrappings manufacture; welding jobs, ceramic making (aluminum oxide); antiperspirant production; aluminum reduction plants; and in industries making pigments, paints and catalysts

OCCUPATIONAL DISEASES

PROBLEMS & SOLUTIONS



Occupational Diseases reported do not cover :-

1. Foreign workers - legal
2. Illegal foreign workers -1.2 million
3. Informal sector -Self employed, work from home, family business
4. Contract workers, seasonal workers, part-time esp. agriculture



Occupational Diseases reported do not cover:-

continue

5. Public / Government sector
6. Those earning RM > 3,000
7. Illegal workplaces
8. Those diseases with long latent period and no comprehensive follow-up



REFUSAL TO NOTIFY DISEASES

Employers

- Fear visits by agencies, closure of operations / stop work order / seal equipment
- Foreign workers will be deported – loss of workforce & money spent to bring them

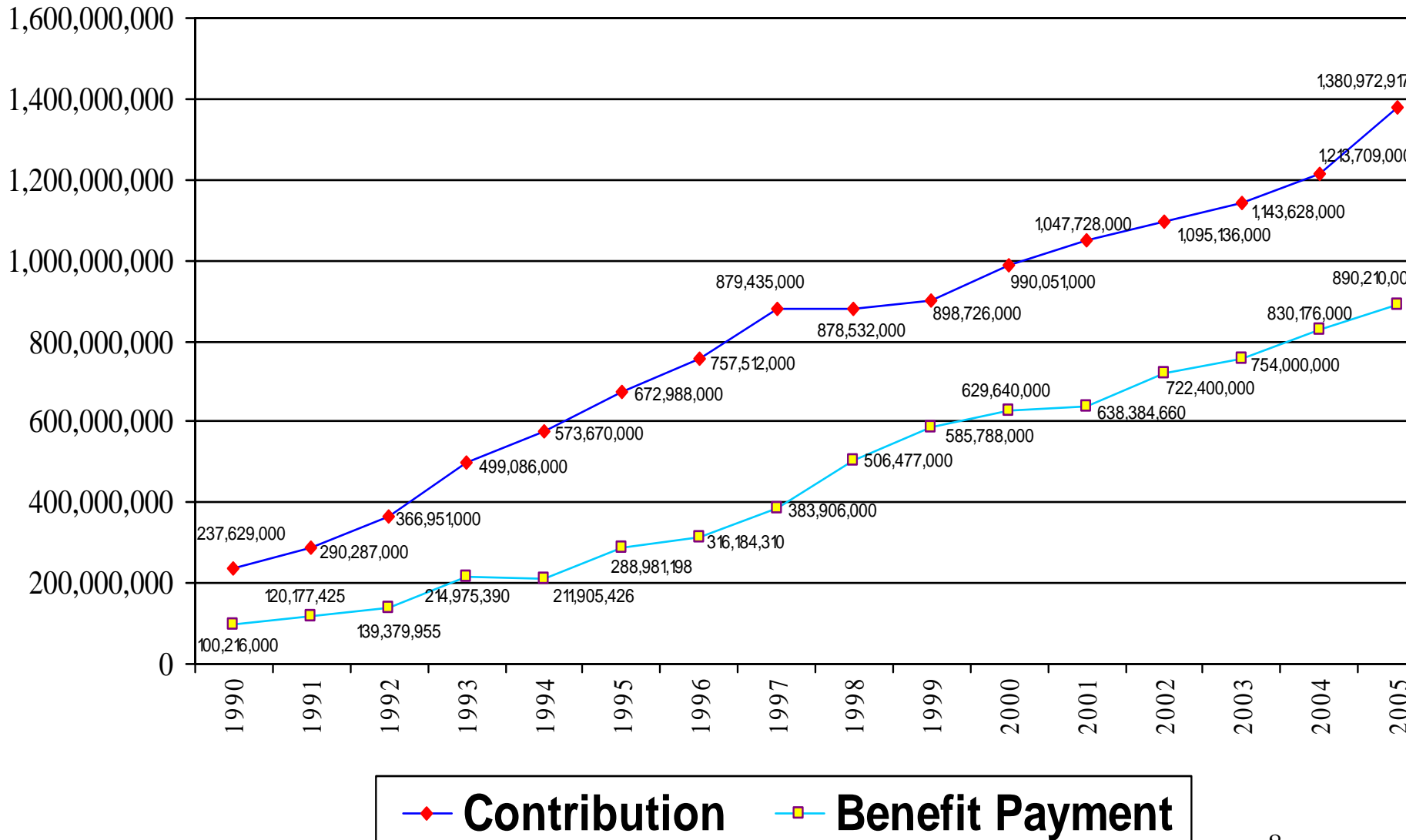
Employees

- Fear dismissal / discrimination by employer

REASONS FOR POOR REPORTING BY SOCSO DOCTORS

1. Fear termination of contract if doctors report poisoning / disease to Government agencies
2. Frequent movement of workers
3. Reluctance of employers to comply or adhere to certain health examination criteria
4. Limited payment for total comprehensive tests discourage doctors from carrying out the necessary tests for diagnosis of occupational diseases

TOTAL OF CONTRIBUTION & BENEFIT PAYMENT



SOCSCO'S O.S.H. FUTURE STRATEGIES

- No occupational disease /injury is our major aim.
 - Minimal occupational diseases & injuries is secondary aim.
1. SOCSCO is making amendments in the 5th Schedule of compensable occupational diseases according to International Classification of Diseases (ICD10). Please see the
 2. SOCSCO has produced the Guidelines for the Diagnosis of Occupational Diseases 2006
 3. Investigate & Study Occupational Injury & Diseases to establish Data Base for sharing especially for prevention of occupational diseases.

CONCLUSION

More comprehensive notification of occupational diseases is needed so that:-

1. Surveillance & identification of risk factors to enable holistic preventive actions can be implemented
2. Compensation can be given to those who really deserve it

Dr. Mohammed Azman Bin Aziz Mohammed

General Manager

Medical & Rehabilitation Department
Social Security Organization, Malaysia

drazman@perkeso.gov.my