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Executive Director's Note

Assalamualaikum W. B. T.

The country has undergone two years of battling with COVID-19 (2020 – 2021) causing serious lapse in the country's development. We all can be proud of the government which has addressed this pandemic successfully and focused its resources on rebuilding the national growth vitality towards recovery and regeneration. The Rancangan Malaysia ke-12 (RMK12) was tabled by the Hon. Prime Minister of Malaysia on the 27th September 2021 which determined the direction to be pursued by the country in its endeavours to achieve the desired developmental plan along with instilling the spirit of Malaysian Family and prosperity for all. At NIOSH, we are gathering momentum to continue implementing the initiatives under the five core activities to gain the lost ground due to the lockdown and accelerate business recovery. Addressing the current eco-system relating to health and safety in the country, the institute focuses on strategies to enhance the national safety and health systems to build the resilience of the workforce through imbibing knowledge skills needed to support the economic reconstruction. The pandemic has behaved as a blessing in disguise by opening new opportunities towards enhancing the role of NIOSH as a training Institute to provide advisory and consultancy services to manage safety and health at the workplace to ensure against the recurrence of the pandemic with similar intensity. The strategic direction and objectives developed under the plan entails an opportunity for NIOSH to actively support and pursue the government's mission, paving way for greater stakeholder values.



Haji Ayop Salleh
Executive Director
NIOSH

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Occupational Burnout in the COVID-19 Era: Recognizing Signals and the Intervention Program

Article written by:

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The worldwide as Coronavirus disease 2019 (COVID-19) that has been declared as a pandemic in March 2020 by the World Health Organization (WHO) had caused changes in how living our lives previously, causing various issues such as mental, financial, and social disturbances. The new coronavirus rapidly spread across Asian countries and subsequently all around the world within a month of its onset. Malaysia announced the first three cases of SARS-CoV-2 infection on 25 January 2020. On 17 March 2020, the number of confirmed cases in Malaysia had reached 673; this is also the date when the first two fatalities were reported. Subsequently, the country implemented a nationwide movement control order (MCO) to curb the outbreak on 18 March 2020. These MCO measures encompassed restrictions on movement, assembly, and international travel, and mandated the closure of business, industry, government, and educational institutions to curb the spread of SARS-CoV-2, the virus that causes COVID-19. Until today, this MCO has been slowly relaxed by phases with the adoption of new normal in our daily lives.

Several studies had reported the impact of this pandemic, such as anxiety, depression, stress, and burnout.

1) What is burnout?

The “burnout syndrome” has been defined as a combination of emotional exhaustion, Depersonalization, and reduced personal accomplishment caused by chronic occupational stress. The burnout concept was first described in the 1970s and was originally referred to as a reaction to interpersonal stressors on the job. This syndrome is described in the International Classification of Diseases (ICD) 11th edition “as a syndrome of

emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity”. Exhaustion occurs as a result of one's emotional demands. Depersonalization refers to a cynical, negative, or detached response to care recipients/patients. The reduced personal accomplishment refers to a belief that one can no longer work effectively with clients/patients/care recipients. Contrary to a popular understanding, burnout can be found also from outside human service professions. However, burnout still may be a greater problem in occupations where employees are more in interaction with other people (clients, customers, etc.) Rather than dealing with things and information.

2) Symptoms and signals of burnout

Burnout has been often mistaken for stress. Despite the symptoms may be quite similar, important distinctions should be made. Stress can intensify burnout but is not the main cause of burnout. Although employees experience stress because of long work schedules, shift work, or general workload, they may not experience burnout. In addition, stress symptoms may be more physical rather than emotional. The opposite holds true for burnout. The stress produced urgency and hyperactivity. Burnout, on the other hand, produced helplessness. Emotions associated with stress are over-reactive, those associated with burnout are blunter.

Burnout has also similar symptoms as specific mood disorders. However, some differences do exist. Depression, for instance, may extend over every life domain (e.g., work, family, leisure). Burnout, however, is specific to work context. Another somewhat

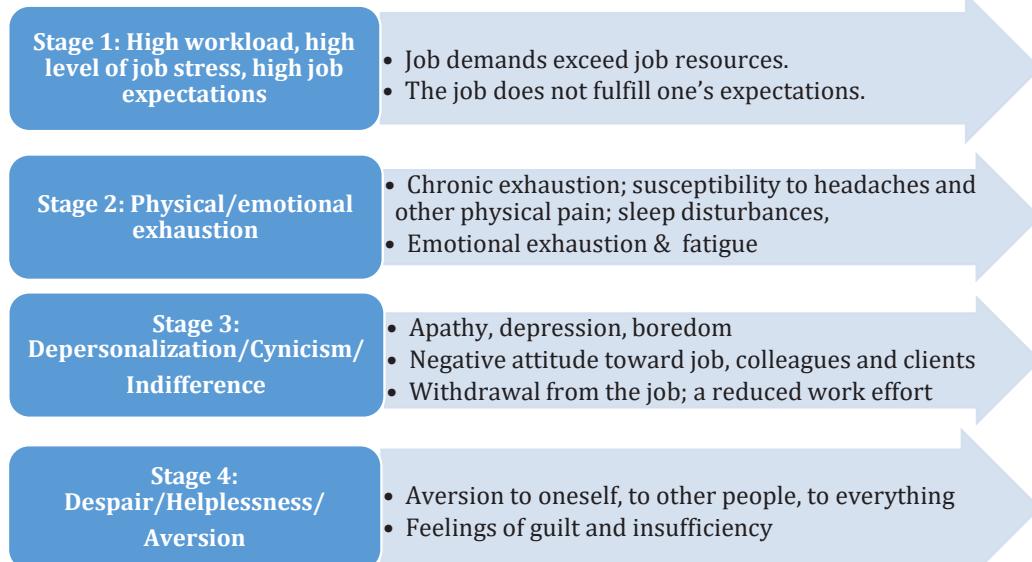


Fig. 1 Stages of burnout syndrome

Level	Cognitive Signs	Affective Signs	Behavioural Signs	Motivational Signs	Physical Signs
Individual	<ul style="list-style-type: none"> • Helplessness/loss of meaning and hope • Feelings of powerlessness/ • feelings of being "trapped" • Sense of failure • Poor self-esteem • Guilt • Suicidal ideas • Inability to concentrate/forgetfulness/difficulty with complex tasks 	<ul style="list-style-type: none"> • Depressed mood/changing moods • Tearfulness • Emotional exhaustion • Increased tension/anxiety 	<ul style="list-style-type: none"> • Hyperactivity/impulsivity • Increased consumption of caffeine, tobacco, alcohol, illicit drugs • Abandonment of recreational activities • Compulsive complaining/denial 	<ul style="list-style-type: none"> • Loss of zeal/loss of idealism • Resignation • Disappointment • Boredom 	<ul style="list-style-type: none"> • Headaches • Nausea • Dizziness • Muscle pain • Sleep disturbances • Ulcer/ gastric intestinal disorders • Chronic fatigue
Interpersonal	<ul style="list-style-type: none"> • Cynical and dehumanizing perceptions of clients/service recipients/patients • Negativism / pessimism with respect to clients / service recipients / patients • Labelling recipients in derogatory ways 	<ul style="list-style-type: none"> • Irritability • Being oversensitive • Lessened emotional empathy with clients/service recipients/patients • Increased anger 	<ul style="list-style-type: none"> • Violent outbursts • A propensity for violent and aggressive behavior • Aggressiveness toward clients/service recipients / patients • Interpersonal, marital, and family conflicts • Social isolation and withdrawal • Responding to clients/service recipients/patients in a mechanical manner 	<ul style="list-style-type: none"> • Loss of interest • Indifference with respect to clients / service recipients / patients 	
Organization	<ul style="list-style-type: none"> • Cynicism about work role • Distrust in management, peers, and supervisors 	<ul style="list-style-type: none"> • Job dissatisfaction 	<ul style="list-style-type: none"> • Reduced effectiveness / poor work performance / declined productivity • Turnover • Increased sick leave/absenteeism • Being over-dependent on supervisors • Increased accidents 	<ul style="list-style-type: none"> • Loss of work motivation • Resistance to go to work • Low morale 	

Fig 2: Signs of Burnout at Individual, Interpersonal and Organisational Levels

related, but different disorder, is post-traumatic stress disorder (PTSD). PTSD is "caused by the exposure to a traumatic event or extreme stressor that is responded to with fear, helplessness, or horror". Burnout, on the other hand, is caused mainly by interpersonal and emotional stressors in the workplace and is characterized by different reactions (e.g., exhaustion).

Most researchers agree that burnout does not occur "overnight" but rather a result of a prolonged process that may last even for years. The basic aspects of the burnout process can be presumed in figure 1 (Stages of burnout syndrome).

3) Consequences of burnout

Organizations often have a belief that burnout is a problem only for the individual managers/supervisors frequently have the opinion that "if you're feeling burned out, then it is you who has a problem". However, the consequences can be noticed also in the whole work environment.

One of the most salient negative organizational consequences of burnout reduces job performance. Employees who are experiencing burnout are less productive and effective. They may, on the one hand, perform worse at the officially required work outcomes and behaviours. On the other hand, they may as well be less willing to help colleagues and maybe losing their concern for the organization. Burnout is also associated with lower job satisfaction, reduced organizational commitment, and a higher intention to leave the job. Interestingly, burnout may even be "contagious". Employees suffering from burnout may more likely start conflicts with colleagues and disrupt joint work tasks. Therefore, also colleagues are at higher risk for experiencing burnout. Maslach and Leiter (1997) also point out the fact that burnout leads in the first place to higher costs and

financial losses because of higher absenteeism rates and more frequent sick leaves. In addition, studies found that especially the emotional exhaustion dimension of burnout leads to negative organizational outcomes.

The emotional exhaustion dimension of burnout is, on the other hand, also strongly related to negative outcomes for the individual. Exhaustion is particularly associated with health problems, reduced well-being, and various forms of substance abuse. Burnout is also likely to deteriorate someone's mental health. Some of the negative effects are feelings of anxiety, depression, and loss of self-esteem. At the interpersonal level, a burned-out employee may, on the one hand, exhibit violent behaviour or on the other hand, adopt social isolation and withdrawal behaviour. Another thing is salient at an interpersonal level where the clients/service recipients/patients are being treated "as objects" not as human beings. At an organizational level, burnout is first and foremost characterized by reducing effectiveness, poor work performance, and minimal productivity.

4) Prevention/intervention program on burnout

There are several approaches and training programs regarding prevention, early recognition, and the management of burnout situations. Prevention is the concept referrers to the principal burnout characteristics: exhaustion, depersonalization, decreasing work efficiency and productivity. These characteristics are derived from the main stress factors identified in the workplace. Prevention is based on the factors that generate and promote health and mental health at the workplace. These programs can either be person-directed, organization-directed or combined (both person and organization directed). Person directed intervention programs are usually cognitive-behavioural

measures such as psychotherapy, counselling, adaptive skill training, communication skill training, social support, exercises for relaxation, whereas organization directed interventions are usually a change in the work procedures (for example, task restructuring, work evaluation, and supervision aimed at decreasing job demands, increasing job control or the level of participation on making decisions). Amongst the activities that can be organised within an organization are:

- Organizational, changing organizational practices
 - Training supervisors & managers
 - Change shift work systems & introduce vacations
 - Support or training to improve skills or job roles
 - Training for better coping – stress management intervention
 - Counselling & therapy
 - Exercise & relaxation

Conclusion

The effectiveness of burnout prevention at work depends on some management measures. Good preventive measures are implemented at the managerial level. Managers can observe early signs of burnout in employees and/or the existence of

specific stressors of burnout in a workplace environment. Therefore, they can prevent the development of burnout among the organization's employees. Many of the early intervention strategies generate also preventive/protective effects. Finally, since the manager can recognize the signs of advanced stages of burnout, intervention may depend on his knowledge and ability to involve the experts.

A prevention program can focus on:

- eliminating, reducing or counteracting stress factors of working environment
 - development of values in organizational culture
 - development of attitudes and rewarding relationships
 - development of effective social support
 - modelling, programming, and resource planning
 - consultation with employees
 - employee participation in decisions making concerning changes
 - Custom fitting and comfortable workplace (ergonomics intervention programme).



Hilang Upaya Pendengaran Menguasai Penyakit Pekerjaan

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Penyakit pekerjaan ialah apa-apa penyakit yang berlaku disebabkan oleh pendedahan kepada faktor risiko yang timbul daripada aktiviti kerja. Berdasarkan statistik yang dikeluarkan oleh JKKP, terdapat peningkatan ketara iaitu sebanyak 53% ke atas jumlah pelaporan penyakit dan keracunan pekerjaan daripada 5960 kes yang dilaporkan pada tahun 2015 kepada 9108 pada tahun 2020 (Rajah 1). Ini sekaligus menunjukkan indikator prestasi utama di bawah Pelan Induk Keselamatan dan Kesihatan Pekerjaan Negara terdahulu (OSHMP2020) yang mensasarkan 30% peningkatan kesedaran melaporkan penyakit dan keracunan penyakit telah dicapai. Keadaan ini selaras dengan peningkatan 124% bilangan Doktor Kesihatan Pekerjaan (OHD) berdaftar iaitu daripada 483 pada tahun 2011 kepada 1080 orang pada tahun 2020. Ini kerana, Doktor Kesihatan Pekerjaan memainkan peranan yang sangat penting dalam mengenal pasti kes-kes membabitkan penyakit dan keracunan yang dialami pekerja berpunca daripada aktiviti dan persekitaran di tempat kerja mereka. Di samping itu, peningkatan pelaporan ini juga berkemungkinan didorong oleh peningkatan kesedaran di kalangan majikan dan pengamal keselamatan dan kesihatan pekerjaan untuk melaporkan kes-kes penyakit dan keracunan di tempat kerja. Ini digiatkan lagi melalui hasil usaha secara bersinergi melibatkan semua pemegang taruh termasuk kerajaan, majikan, pengamal KKP, persatuan dan badan bukan

kerajaan yang berkaitan.

Di Malaysia, hilang upaya pendengaran masih mendominasi penyakit pekerjaan selama 5 tahun berturut-turut kebelakangan ini dengan mencatatkan jumlah kes yang dilaporkan sebanyak 7941, iaitu 87% daripada keseluruhan kes pada tahun 2020 seperti yang ditunjukkan dalam Jadual 1 .

Langkah yang proaktif telah diambil oleh pihak JKKP selaku agensi utama kerajaan Malaysia dengan menggubal Peraturan-peraturan Keselamatan dan Kesihatan Pekerjaan (Pendedahan Bising) 2019 dengan meminda had pendedahan bising, menetapkan standard yang baharu untuk mengawal pendedahan bising berlebihan kepada pekerja di tempat kerja dan memperluaskan lagi skop Peraturan semasa dengan melibatkan kesemua sektor di bawah Akta Keselamatan dan Kesihatan Pekerjaan 1994 (Akta 514). Peraturan ini telah diwartakan pada 1 Jun 2019. Peraturan-Peraturan ini adalah untuk menggantikan Peraturan-Peraturan Kilang dan Jentera (Pendedahan Bising) 1989 yang hanya memberi fokus kepada sektor pengilangan. Di samping itu, bagi memenuhi keperluan di bawah Peraturan-Peraturan tersebut, Tataamalan Industri (ICOP) bagi Pengurusan Pendedahan Bising Pekerjaan dan Pemuliharaan Pendengaran 2019 telah diterbitkan oleh pihak JKKP bertujuan untuk memberikan panduan praktikal kepada

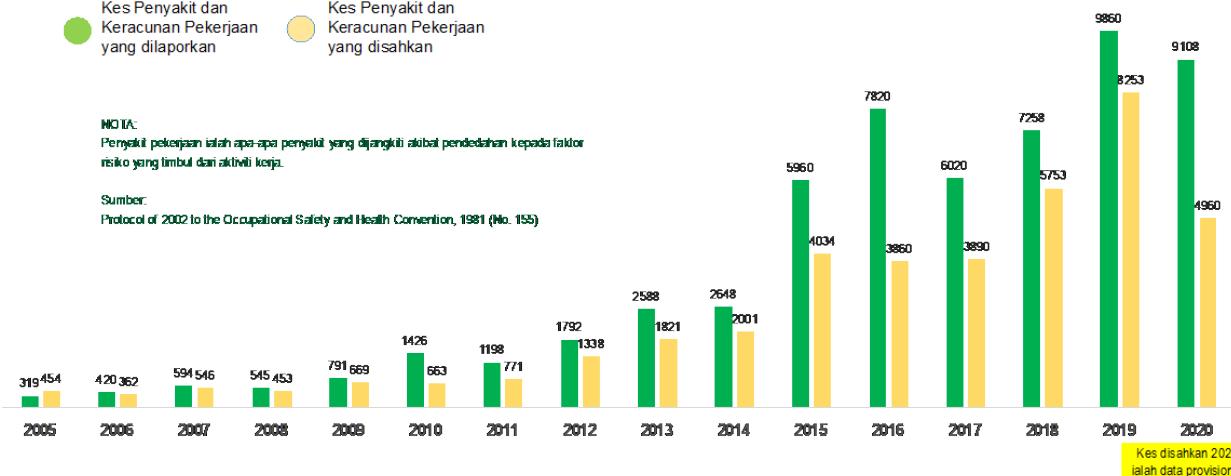
STATISTIK PENYAKIT DAN KERACUNAN PEKERJAAN 2005 – 2020



Kes Penyakit dan Keracunan Pekerjaan yang dilaporkan Kes Penyakit dan Keracunan Pekerjaan yang disahkan

Nota:
Penyakit pekerjaan ialah apa-apa penyakit yang dijangkiti akibat pendedahan kepada faktor risiko yang timbul dari aktiviti kerja.

Sumber:
Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (No. 155)



Rajah 1: Statistik penyakit dan keracunan pekerjaan 2005-2020 (Sumber: JKKP Malaysia)

majikan, pekerja dan pengamal keselamatan dan kesihatan pekerjaan (KKP) bagi mengenalpasti bising berlebihan, menjalankan penaksiran risiko dan melaksanakan langkah kawalan bagi mengurangkan pendedahan bising di tempat kerja.

Tahun 2020 juga menyaksikan peningkatan drastik kes penyakit pekerjaan disebabkan oleh Agen Biologi iaitu 583 pada tahun 2020 berbanding 47 kes pada tahun 2019. Ini mungkin disebabkan oleh pandemik COVID-19 yang mencetuskan kluster di tempat

kerja. Namun begitu, jumlah pelaporan penyakit dan keracunan pekerjaan yang memerlukan pengumpulan bukti berkaitan kesan atau impak negatif dalam badan (dikenali sebagai tempoh pendam) masih rendah berikutan bagi segelintir pesakit, tempoh pendam hanya mengambil masa 2-3 tahun, sementara bagi yang lain mungkin mengambil masa sehingga puluhan tahun. Faktor sebegini adalah di antara cabaran yang dihadapi dalam proses membuat diagnosis, merekod, menganalisis dan mengambil tindakan lanjut terhadap kes penyakit pekerjaan.

Bil	Penyakit dan Keracunan Pekerjaan Dilapor (mengikut Penyakit)	2016	2017	2018	2019	2020
i	Penyakit Paru-paru Pekerjaan	150	95	122	101	134
ii	Penyakit Kulit Pekerjaan	68	94	242	137	80
iii	Hilang Pendengaran disebabkan Kebisingan Pekerjaan	7,173	4,201	6,398	8,997	7,941
iv	Masalah Tulang-Otot Pekerjaan	260	150	257	408	237
v	Penyakit disebabkan Keracunan Pekerjaan	91	83	165	97	110
vi	Penyakit disebabkan Agen Fizikal	2	11	3	9	4
vii	Penyakit disebabkan Agen Biologi	46	27	30	47	583
viii	Kanser Pekerjaan	1	2	1	5	1
ix	Penyakit Psikososial Pekerjaan	1	4	0	11	3
x	Lain-lain Penyakit Pekerjaan	14	5	7	9	9
xi	Bukan Penyakit Pekerjaan	14	24	33	39	6
	Jumlah	7,820	6,020	7,258	9,860	9,108

Jadual 1: Bilangan penyakit dan keracunan pekerjaan dilaporkan mengikut jenis penyakit



Pelan Pemulihan Bisnes Pasca Perintah Kawalan Pergerakan (PKP)

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Ketika organisasi masih mengharungi krisis COVID-19 yang berterusan, terdapat beberapa isu utama yang harus difikirkan oleh pihak pengurusan, serta langkah yang boleh diambil untuk menghadapi tindak balas terhadap ‘kejutan’ bisnes yang teruk dihadapi sekarang. Pada masa yang sama juga pihak pengurusan perlu membentuk semula bisnes mereka dan merancang untuk pemulihan.

Merujuk kepada Harsha (EY Asia-Pacific), telah menggariskan lima keutamaan yang perlu dipertimbangkan oleh pihak pengurusan atau pemimpin bisnes. Lima keutamaan ini adalah berdasarkan perspektif dan pengalaman dari negara China dan negara lain di Asia yang merupakan negara terawal menerima jangkitan COVID-19.

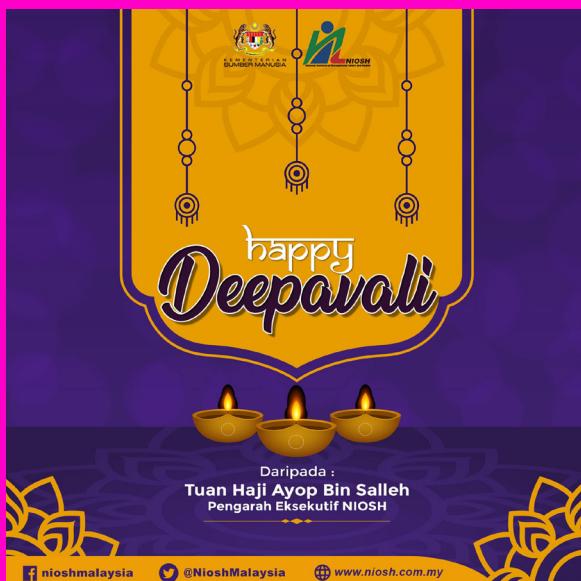
Berikut merupakan lima perkara yang dicadangkan:

1. Utamakan keselamatan orang ramai dan penglibatan berterusan dengan menyediakan ruang anjal bekerja seperti polisi bekerja dari rumah. Selain itu membangunkan prosedur norma baharu COVID-19 bagi mengawal jangkitan di tempat kerja.

2. Bentuk semula strategi untuk kesinambungan bisnes untuk jangka pendek dan panjang.
3. Berkomunikasi dengan pihak pemegang taruh dan berkepentingan yang berkaitan.
4. Memaksimumkan penggunaan dasar sokongan kerajaan seperti sokongan dana, sumber dan infrastruktur.
5. Bina daya tahan sebagai persediaan menghadapi norma baharu.

Oleh itu rancang untuk pemulihan dari sekarang jangan bertangguh. Ini kerana krisis COVID-19 ini belum nyata berakhir. Walau bagaimanapun krisis yang berlaku ini terdapat banyak pengajaran yang boleh dipelajari. Dikala ujian berlaku terdapat peluang yang muncul.

Cumanya organisasi perlu tangkas membentuk semula strategi bisnes dan operasi untuk berkembang maju pada masa hadapan!



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Industri pengajian/penyelidikan dan pengamal KKP kerjasama dengan NIOSH dalam mendapatkan maklumat, rujukan dan bantuan ke arah pematuhan perundangan berkaitan KKP

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RANCANG HARTA, ELAK SENGKETA

1

Punca Harta Pusaka Sukar Diwarisi

- Permuafakatan/ tiada masa.
- Prosedur tuntutan harta.
- Pertelingkahan antara waris/ penjamin.
- Bebanan kos.

2

Kesan Tidak Menguruskan Harta

- Waris memakan harta secara batil/ haram.
- Hutang si mati tidak dijelaskan.
- Wasiat terbiar.
- Bilangan waris semakin ramai.
- Waris bergaduh.
- Harta pusaka terbiar.
- Urus niaga tanah tidak dapat dijalankan.

3

Apa Yang Perlu Saya Lakukan?

- Lantik wasi/ pentadbir.
- Persediaan proses tuntutan.
- Rancang pembahagian aset.

Dan janganlah kamu makan (atau mengambil) harta (orang-orang lain) di antara kamu dengan jalan yang salah, dan jangan pula kamu menghulurkan harta kamu (memberi rasuah) kepada hakim-hakim kerana hendak memakan (atau mengambil) sebahagian dari harta manusia dengan (berbuat) dosa, padahal kamu mengetahui (salahnya).

(Al-Baqarah 2:188)

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telewasiyyah@wasiyyahshoppe.com.my

UNIT INTEGRITI DAN GOVERNANS (IGU) & BAHAGIAN SUMBER MANUSIA (HRD)

Aktiviti



7 November 2021

Sambutan Hari Keluarga Malaysia 2021 di Taman Botani Perdana. Anjuran Lembaga Penduduk dan Pembangunan Keluarga Negara (KPPKN)



21 November 2021.

Wawancara MyDIGITAL oleh Kementerian Komunikasi dan Multimedia Malaysia (KKMM) bersama En. Khairunnizam bin Mustapa dan En. Baderin bin Osman.



15 November 2021

Program Hari Keselamatan dan Kesihatan di Malaysian Agricultural Research and Development Institute (MARDI).



11 November 2021

Lawatan TNB GenCo ke NIOSH Bangi

Aktiviti

Sumbangan Pelitup Muka Dan Saliva Test Kit

Information Dissemination Division (IDD)
NIOSH
idd@niosh.com.my

Sempena majlis perasmian Pejabat NIOSH Wilayah Sarawak Cawangan Kapit, badan korporat turut sama menyumbang beberapa barang untuk masyarakat di Kapit, Sarawak.

Pihak NIOSH ingin mengucapkan terima kasih kepada syarikat Honsin Apparel Sdn Bhd di atas sumbangan sebanyak 2500 pelitup muka model Proxmask90v; dan syarikat Medical Innovation Ventures Sdn Bhd (Mediven) yang menyumbang sebanyak 500 unit kit uji kendiri model ProDetect COVID-19.

Pelitup muka dan kit uji kendiri COVID-19 ini telah disumbangkan kepada masyarakat di sekitar Pekan Kapit dan penduduk rumah panjang di Rumah Panjang Wong Ensong dan Rumah Panjang Jimbun di daerah Baleh, Kapit. Sumbangan ini sedikit sebanyak akan meringankan beban rakyat yang terkesan akibat COVID-19 terutamanya penduduk yang tinggal di kawasan pedalaman.

NIOSH amat berbesar hati dan berterima kasih kepada pihak Honsin Apparel Sdn Bhd dan Medical Innovation Sdn Bhd di atas keprihatinan dan tanggungjawab korporat mereka. NIOSH juga menggalakkan manama syarikat korporat-korporat lain untuk bersama-sama membantu #KeluargaMalaysia yang terkesan mendepani cabaran pemuliharan negara.



covid-19 antigen rapid test
oral fluid self-testing

1
test kit

Aktiviti

Aktiviti-Aktiviti Sepanjang Bulan Oktober 2021



PEMERKASAAN AMALAN KESELAMATAN DAN KESIHATAN PEKERJAAN DI TEMPAT KERJA

01 NOVEMBER 2021 | 8.30AM - 5.30PM

Certificate of Participation
 CEP Points (JKKP IS 127/438/5 kit 1-18)

Fee : RM 150

Platform : [REGISTER NOW](#)

01/11

BASIC SAFE HANDLING OF FORKLIFT TRUCK

9-10 November 2021

This course is valid for : Workers who have minimum of 3 months in forklift operation

Course fee : RM 901.00

To register, please scan

NIOSH Pejabat Wilayah Selatan (Johor Bahru), No. 10, Jalan Persiaran Teknologi, Taman Teknologi Johor, 81400 Senai, Johor

08/11

WEBINAR
ELECTRICAL SAFETY AND RISK MANAGEMENT

Date: 08 Nov 2021 (Monday)
Time: 08.30am - 05.30pm
Platform: Click Meeting

CERTIFICATE OF PARTICIPATION
 5 CEP POINTS (JKKP/2021/14/00300)

Fee
RM150.00
INCL 6% SST

SPEAKER :

EN JASNI BIN ROSE
OSH PROFESSIONAL/TRAINER

JOIN NOW

FOR MORE INFO:
019-231 6608 (secretariat seminar)
dl.tsdd@niosh.com.my

REGISTER NOW AT WWW.NIOSH.COM.MY → E-DAFTAR → SEMINAR NIOSH

09/11

WEBINAR A GUIDE TO SCAFFOLD

ONLINE REGISTRATION <https://edafar.niosh.net.my>

DATE : 15 NOV 2021(SNIN)
TIME : 08.30AM-05.30PM

Fee : RM 150

Certificate of Participation
 CEP Points (JKKP/2021/14/00096)

TS. MUAZAN BIN MOHAMAD
COMPETENT PERSON (SCAFFOLDING)

MOHAMAD NAZIMIN BIN NAZIRUDDIN
COMPETENT PERSON (SCAFFOLDING)

PLATFORM :

11/11

HASILAH PROFESIONAL TEKNIKAL REKA RAYA 2021

DIS WEBINAR

SAFETY COMPETENCY ON HEAVY MACHINERY

A COMPARISON STUDY BETWEEN THE IMPORTANCE AND PRACTICES FROM SITE SUPERVISOR PERCEPTIONS

15 NOV MONDAY 08.30AM-4.00PM

MOHD. ATIF BIN SHOLEHIDDIN APPLIED RESEARCH

04-07-2021 www.hptr2021.my

15/11

BUAL BICARA KKP
Bersama JKKP dan NIOSH

Occupational Health Doctor (OHD) & Challengers & Opportunities

MODERATOR: Pn. Ruzita Shariff
PANEL: Dr. Ahmad Fitri bin Albari

LIVE 11.00am - 12.00pm
www.facebook.com/nioshmala

11/11

WEBINAR
BACK INJURY PREVENTION

11 Nov 2021 (Thursday)
08.30am - 05.30pm
Click Meeting

Fee
RM150.00
INCL 6% SST

CERTIFICATE OF PARTICIPATION
 5 CEP POINTS (JKKP IS 127/438/5 kit 1 - 130)

WHO SHOULD ATTEND

- SAFETY PERSONNEL/MANAGER
- SUPERVISOR
- OSH PRACTITIONERS
- SAFETY AND HEALTH COMMITTEE MEMBERS

FOR MORE INFO:
019-231 6608 (secretariat seminar)
seminar@niosh.com.my

SPEAKERS:

AHMAD SYAZRIN MUHAMMAD
NIOSH

ASSOC. PROF. DR. ANUAR BIN SUU
OSH TRAINER/LECTURER

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15/11



30/11



30/11

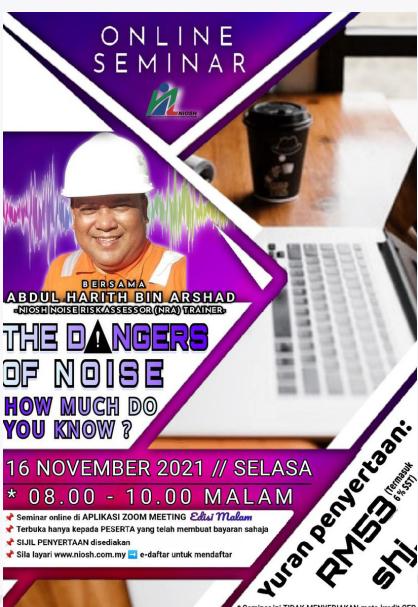
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25/11



22/11



18/11



17/11



16/11

