

**CHRISTMAS AND NEW YEAR
GREETINGS**



BIM's EVENT

MEMBER-INSTITUTIONS PRESIDENTS MEETING 28 NOVEMBER 2019

The Presidents of Member-Institutions Meeting was held on Thursday, 28 November 2019, 11.00 am at Istana Hotel, Kuala Lumpur. The meeting was attended by Presidents and Honorary Secretaries of Member-Institutions from 14 institutions including surveyors, doctors, veterinary surgeons, pharmacists, engineers, architects, landscape architects, town planners, building technologists, chemist, soil scientists, social scientists, logistics, and human resource management.

President Ar Abu Zarim Abu Bakar chaired the meeting and updated all members on information of the happenings of the last term and discussed on the BIM activities for the term 2019/2020. The purpose of the meeting is to discuss and collate points and proposal from Member-Institutions on the relevant issues to be submitted to Prime Minister during Town Hall Session in February / March 2020.

The meeting ended at 12.30 pm followed with luncheon gathering and networking among Presidents and Honorary Secretaries of Member-Institutions.

Member-Institutions Presidents
Meeting
28 November 2019



BIM's EVENT

PRESIDENTIAL ADVISORY COUNCIL MEETING 28 NOVEMBER 2019

The Presidential Advisory Council (PAC) Meeting was held on Thursday, 28 November 2019, 2.30 pm at Istana Hotel, Kuala Lumpur. The meeting was held after the luncheon with Presidents and Honorary Secretaries of Member-Institutions with attended by Past Presidents Datuk Hj Zakaria Hashim, Assoc. Prof. Dato' Dr.Vellayan Subramaniam, Dato' Sr John S.C. Loh, Prof. Dr. Mohd Khanif Yusop, Dato' LAr. Ismail Ngah and Mr John C.P. Chang as the Chairman of the meeting.

President Ar Abu Zarim Abu Bakar and other Exco members were attended the meeting to update all Past Presidents of BIM on information of the happenings of the last term and discussed on the BIM activities for the term 2019/2020. The role of the Presidential Advisory Council should be to advise the current President in moving forward BIM strategically.

The meeting ended at 4.30 pm with a discussion on background and the history on how BIM started and the happenings in the past and how to prepare for the future.



BIM's EVENT

BIM BOWLING GAME
1ST December 2019

BIM Bowling Game 2019

1ST DECEMBER 2019
BUKIT KIARA EQUESTRIAN & COUNTRY RESORT



ABOUT MEMBERS

HARI SAMBUTAN PROFESION TEKNIKAL NEGARA 2019



Kerajaan telah mengumumkan Hari Profesion Teknikal Negara disambut pada hari Sabtu minggu pertama Disember setiap tahun bagi menghargai jasa Profesion Teknikal atas sumbangan mereka terhadap kemajuan infrastruktur, pembangunan dan pemodenan negara.

Bidang teknikal termasuk Kejuruteraan, Sains, Teknologi, Seni bina dan Ukur.

Sambutan dan Pelancaran Hari Profesion Teknikal Negara ini akan diadakan pada 3 dan 4 Disember 2019 yang akan dirasmikan oleh YAB Perdana Menteri Malaysia, Tun Dr. Mahathir Mohamad di Pusat Konvensyen Telekom Malaysia.

Pelbagai aktiviti akan diadakan sepanjang 2 hari sambutan tersebut, antaranya:

1. Pameran Teknikal, Kerjaya dan Akademik
2. Pembentangan Teknikal, Akademik dan Selebriti. Antara Selebriti yang dijemput untuk memberi ceramah adalah:
 - a. Dato' Norman bin Abdul Halim
(Animasi KRU Studio)
 - b. Nurizzati Athirah binti Muhamad Yusoff
(Jurukimpal Dasar Laut Wanita Pertama Negara)

ABOUT MEMBERS

c. Datuk Ir. Hj. Wan Nazri bin Wan Aria
(Perekabentuk Menara Jam Mekah)

d. Dato' Dr. Sheikh Muszaphar Shukor Al Masrie bin Sheikh Mustapha
(Angkasawan Negara)

3. Pertandingan E-Sport

4. Pertandingan Science, Technology, Engineering & Mathematics (STEM) antara sekolah rendah, menengah dan institusi pengajian tinggi

Anda semua dijemput untuk hadir. Pendaftaran adalah PERCUMA.

Sila klik capaian ini <https://hptn2019.ticketleap.com/hptn2019/> untuk mendaftar.



Hari Sambutan Profesion Teknikal Negara 2019

Profesion Bidang Teknikal Teras Kemakmuran Bersama

By JKRM (OTHER EVENTS)

TM CONVENTION CENTRE
Jalan Pantai Baharu, Kuala Lumpur, WI 50672

TUESDAY, DECEMBER 3 2019
8:00 AM – 5:00 PM

WEDNESDAY, DECEMBER 4 2019
8:00 AM – 5:00 PM

SHARE EVENT



ABOUT MEMBERS

WORLD SOIL DAY, 5 December 2019



Date: 5th December 2019 (Thursday)

Time: 8.30 am - 5.00 am

Venue: Agriculture Hall, Faculty of Agriculture, Universiti Putra Malaysia, Serdang, Selangor

Stop soil erosion, Save our future

World Soil Day 2019 (**#WorldSoilDay**) and its campaign "**Stop soil erosion, Save our future**" is envisaged to **raise awareness on the importance of sustaining healthy ecosystems and human well-being** by addressing the increasing challenges in soil management and, **raise the profile of healthy soil** by encouraging governments, organizations, communities and individuals around the world to engage in proactively improving soil health.

Why we need World Soil Day?

-Recognizing importance of soils

-Our soils are in risk

-World Soil Day is a day dedicated to soils for promoting education about soil resources, awareness of soil degradation and campaigning to secure healthy soils at all levels continuously and practically

ABOUT MEMBERS

WORLD SOIL DAY, 5 December 2019



8.30 am	Registration
9.00 – 9.30am	Session 1 Impact of soil erosion on our daily life <i>Mr. Isharuddin Md Isa</i>
11.00 – 11.30 am	Session 2 Managing soil erosion <i>Assoc. Prof. Dr. Christopher Teh Boon Sung</i>
2.00 – 2.30 pm	Session 3 Monitoring soil erosion through satellite imagery <i>Assoc. Prof. Dr. Farrah Melissa Muharam</i>
4.00 – 4.30 pm	Session 4 Soil conservation in Malaysia <i>Dr. Syaharudin Zaibon</i>
5.00 pm	End



Exhibition at Agriculture Hall and Laboratory 2, Block B, Faculty of Agriculture Hall



NEWS

BUDGET 2020 MALAYSIA AND YOU

Ringgitplus.com, 11 October 2019

Here are the main highlights of what was announced in Budget 2020 and how it affects you, the people of Malaysia.



Budget Allocated
RM297.02 bil for 2020
(-5.57% from 2019)

+
RM2 bil
(contingency fund)

Education

- Largest allocation in the Budget of RM64.1 bil
- Focus on school maintenance and upgrading works, repairing dilapidated schools, and making schools disabled-friendly
- TVET programme to be made mainstream
- EPF to expand scope of education withdrawal
- Continued allocation for MARA and Yayasan Peneraju

Bantuan Sara Hidup (BSH)

- BSH expanded to cover individuals aged 40+ earning <RM2,000/month
- Disabled aged 18+ persons earning <RM2,000/month will be covered
- Recipients will receive RM300 and qualify for MySalam

Employment

- Wage and hiring incentives for unemployed graduates, women returning to the workforce, and Malaysians who replace foreign workers
- Additional incentive for trainees on apprenticeships
- RM30 mil for early childhood care facilities in government buildings
- Review the Employment Act 1955 to increase maternity leave, revise overtime, etc
- Proposal to increase the minimum wage in major cities to RM1,200
- EPF to extend coverage to contract workers
- SOCSO to enable contributions by other self-employed groups
- i-Suri to be expanded for husbands to contribute 2% of his EPF contribution to his wife
- RM20 mil allocation to extend i-Suri benefits

Income Tax

- Income tax relief for medical treatment of serious illnesses to include fertility treatment
- Tax deduction on donations increased from 7% to 10% and expanded
- Income tax relief for childcare increased from RM1,000 to RM2,000
- New band of income tax for those who earn more than RM2 mil per year, taxed at 30%

Health

- RM30.6 bil total allocation
- Construction of new hospitals and clinics and upgrading of existing hospitals
- Upgrading of medical equipment and ICT services
- RM60 mil to kick-start pneumococcal vaccination for children
- EPF to introduce fertility treatment as a new category of withdrawals
- Private Retirement Schemes to allow early withdrawals for healthcare and housing

NEWS



Social Enterprise

- RM575 mil socio-economic assistance to senior citizens below household poverty level
- RM25 mil for the Food Bank programme
- RM20 mil for learning centres and training for the disabled
- RM15 mil for drug addict rehabilitation
- RM4.5 mil to Anjung Singgah for homeless Malaysians



PeKA B40 Scheme

- Expanded to cover those aged 40 and above instead of 50-60 years old



Transportation

- RM450 mil for electric public buses in selected cities
- RM146 mil for subsidising bus operators for last-mile connectivity
- Negotiations for toll concessions to be undertaken with end goal of abolishing toll collection



Fuel Subsidy

- Eligible BSH motorists will receive the petrol subsidy as announced in 2019
- Eligible non-BSH motorists will receive a special Kad95 for fuel subsidy



Housing

- Threshold on high rise property prices in urban areas for foreign ownership reduced to RM600,000
- Youth Housing Scheme by BSN to be extended to 31 December 2021
- RPGT base year for asset acquisition revised from asset acquired before 1 January 2000 to asset acquired before 1 January 2013
- RM100 mil for the refurbishment of low and medium cost strata housing
- RM15 mil to the Safe City Initiative



MySalam Takaful Scheme

- Extended to cover 45 critical illnesses instead of 36
- Covers those up to 65 years old instead of 55
- Extended to cover those earning up to RM100,000 annual income



Sports and e-Sports

- Allocation for sports programmes, international sporting events, and football programmes
- RM10 mil to promote women in sports
- RM20 mil allocation for e-Sports



Digital and Connectivity

- National Fiberisation & Connectivity Plan (NFCP) to improve connectivity in remote areas
- Introduction of 5G Ecosystem Development Grant worth RM50 mil
- One-off RM30 digital stimulus for e-wallets



Rural Areas

- Total allocation for rural development projects at RM10.9 bil
- Basic infrastructure for areas to be expanded, including water, electricity, and roads
- Sabah and Sarawak to receive largest portion of Development Expenditures



Civil Servants

- Cost of Living Allowance (COLA) to be increased by RM50 per month for support groups
- Civil servants with at least 15 years of service to be allowed early redemption of accumulated leaves
- Free personal accident insurance for two years to new Government housing loan borrowers
- Ex-gratia death benefit of up to RM150,000 to dependents of civil servants who have died in service
- RELA to enjoy a higher allowance of RM2 per hour
- RM330 mil to repair and maintain public service quarters
- RM500 special payment for civil servants Grade 56 and below
- RM250 special payment for government retirees, extended to non-pensionable veterans

NEWS (PAM)

VERY LUCKY TO BE PRACTISING IN MALAYSIA

The Edge Malaysia, 15 October 2019

It would be hard to miss the statuesque Lillian Tay Wai Fun, the 2019/2020 president of Pertubuhan Akitek Malaysia (PAM), at any function or meeting. She is only the second woman to take the helm of the institute since its inception in 1920. PAM was then known as the Institute of Architects Malaya. In 1948, the name was changed to the Federation of Malaya Society of Architects, which was allied to the Royal Institute of British Architects.

It took on its current name on Jan 20, 1967, when it was registered with the Registrar of Societies.

According to Tay, the institute now has about 4,000 members, about 1,900 of whom are practising architects while the rest are architecture graduates and students.

Tay, who is also a director of Veritas Architects Sdn Bhd, has close to three decades of architectural experience and obtained her BSc in Engineering and Master of Architecture from Princeton University. She has worked in Italy, Germany and the US, where she worked for Kohn Pedersen Fox Associates in New York, before returning to Malaysia in 1991.

“
I will definitely be making sure that people are more aware of the talent that we have here.”
– Tay



Since her return, she has been a strong advocate of sustainable urban design and planning in Kuala Lumpur. Some of her more recent projects are the W Hotel, Star Residences and mass rapid transit stations of Muzium Negara, Pasar Seni, Merdeka and Bukit Bintang. Her other noteworthy projects include the Putrajaya Western Transport Terminal, Digi.Com Bhd's headquarters, 1 Sentral tower and Menara Binjai. She is currently working on the Oxley Towers in the KL City Centre (KLCC).

NEWS (PAM)

Tay's smaller-scale projects include the conservation of Sinkeh Hotel in Penang as well as the Saloma Link, a footbridge that will link KLCC to Kampung Baru.

She sits down with City & Country at the PAM Centre in Jalan Tandok, Bangsar, to share her plans for the institute and the impact she hopes to make in the architectural industry.

Elevating awareness of local talent

Tay believes that architects in the country are undervalued and she wants this to change. She says the development of the nation and various projects in the country have given local architects a wide range of experience, from designing and meeting clients to being on site and seeing a project to completion.

"We are very lucky to be practising in Malaysia. Because of our extensive building experience, we are actually highly regarded.

"I will definitely be making sure that people are more aware of the talent that we have here. We need to place our confidence in the people that the country has built up over the last 20 to 30 years of intense development," remarks Tay.

In fact, due to the large number of development activities, the country is considered one of the top places for international architects to look for jobs.

In fact, due to the large number of development activities, the country is

considered one of the top places for international architects to look for jobs.

"Malaysia is one of the top five or top 10 destinations for architects around the world. The UK has this list of the best places for British architects to look for work and in the latest list, Malaysia was ranked in the top 10," says Tay.

"I want to build more confidence in our profession, so that we can contribute more to the economy and be more productive. We are considered not so productive because our salaries are low but we actually do a lot of value creation.

"I want to make sure that people appreciate this, so that they would be willing to accept our regulated fees. We can demand but it's not something we can enforce. We must have buy-in by proving that we're good and that we are competent and capable. That is my mission."

NEWS (PAM)

While the issue of remuneration may seem a moot one, Tay believes that equitable pay is only fair, especially due to the heavy responsibility that architects have to bear.

“One of the things that I will have to deal with, as every president has had to, is ensure that we are more equitably remunerated. Even though we have a scale of fees, it is quite difficult to ensure that there is compliance,” she says. “It (our remuneration) is not meant to be very high and make architects rich, but to ensure that we are able to resource projects properly with good-quality people because any mistake would compromise the safety of users.

“That is always something to bear in mind. Design is wonderful and inspiring but if you make a mistake, it can lead to loss of life. Architects take care of the investments of clients and everyone who buys into a project, which could be a lifetime investment for many.”

Tay sees the need for small architectural practices to evolve into larger ones over time, so that they can compete for and win major projects.

“The reality is that we are 75% sole proprietors and small firms,” she points out. “Very few firms are large enough to handle larger projects, and projects are very big in Malaysia. So we need to build larger companies and that is one of the things I will continue to advocate to my colleagues — that there is a lot of benefit to be gained from a collaborative type of framework.”



NEWS (PAM)

New committees

Apart from setting out specific goals for herself, Tay recognises that data is needed to facilitate discussions on policy and other matters that impact the architectural fraternity.

“I have formed new committees to show that our work really has a larger impact. I started the Community and Social Responsibility committee to zoom in on communities because we feel that all architects create spaces for people to live, work and form communities in,” she says.

Tay has noticed that in Malaysia, there tends to be a disconnect in the physical planning, resulting in spaces that are “islanded” by roads and green spaces that are “fenced”, which means they cannot be enjoyed by the public.

“We’ve been encircling buildings with greenery thinking that it is a good thing when we should be creating integrated, usable green spaces and useful green areas that provide shade to walkways. This is one of the things that I will be advocating,” Tay emphasises. Besides that, the committee will look at how design can be made more inclusive for all members of society.

She has also set up the Research and Futures committee, which will strive to understand the evolution of the architectural profession and the growth of the construction industry.

“This committee will rely on CIDB (Construction Industry Development Board) data to understand the evolving trends and growth patterns of our profession. For instance, one of the patterns that we have noticed is that projects are becoming larger but there has not been an increase in the number of big firms being created, thus we have a loss of work, resulting in a net outflow of fees,” says Tay.

“Did you know that in 2016, there was a total net outflow of RM7 billion in fees for the architectural and engineering sectors? I think last year, it was RM2 billion plus. When we look at these numbers, it makes us realise how architects can contribute more and bring money back to the Malaysian economy.”

To build public awareness of sustainable buildings, the Sustainability, Climate Change and New Urban Agenda committee has been set up. Meanwhile, the Gender Equity Special committee will ensure that female architects do not face pay disparity, which is happening today. Also, the committee will look at how to make the work environment more conducive, for instance, for returning mothers.

NEWS (PAM)

“The ultimate goal is to ensure that we grow and attract young people to the profession,” says Tay. “You might not earn as much as entrepreneurs but there are intangible benefits that give you a lot of job satisfaction. I hope that I can help grow the profession, make it more attractive for the young and motivate them to stay the course,” she reiterates.



Future plans

Tay plans to engage with the government, which she has found to be open to discussions with stakeholders. For instance, during the recently completed Kuala Lumpur Architecture Festival (KLAF), Housing and Local Government Minister Zuraida Kamaruddin spent time speaking with exhibitors and wanted to know more about the festival.

“I have been a practitioner for 28 years — I know the industry very well. And I understand the problems and the disconnect. Hopefully, through the institute, I will be able to close these gaps, so that we can become more effective,” says Tay.

She shares that several meetings have been set up with various ministers to discuss how the institute and its members can contribute to the nation while at the same time promote the profession.

Tay relates how a conversation with Deputy Defence Minister Liew Chin Tong led to him talking about ways to improve some of the public buildings, including military housing.

PAM is also working with local authorities and in the pipeline are two competitions to improve the local market areas in two small towns in Johor. The focus will be on creating a safe and inclusive space for everyone, including the elderly and the young.

While there are many challenges faced by architects, an impending one that cannot be avoided is technology.

NEWS (PAM)

“[Technology] will certainly take over some of the manual work and that is a challenge for us — to ensure that the profession doesn’t die. Although the scope of our work may change, whereby we may spend less time on production because some things can be done by AI (artificial intelligence) and all these enabled technologies, but the thinking work will always remain,” remarks Tay.

“That’s why we must ensure that we have confidence in this field. You cannot just give something to a robot to design. It can do the production work but when it comes to the design work, there are a lot of intuitive things that I think should come from a non-AI source. Every architect brings an understanding of the local culture and context, human relationships and sensitivities to the design.”

As the interview draws to a close, we ask her what advice she would give students or anyone who is interested in the field of architecture.

“I would encourage everyone — male and female — to study architecture. Even though the course is long, it covers many disciplines. And it really gives you a very broad understanding of all artistic, scientific and mathematical things.

“We have to do maths and physics because of the building structure, then thermodynamics and statistics. And we also need to study history to understand the communities and societies. Even if you decide not to become an architect, the knowledge you gain will equip you for many other types of enterprises.”

It may not be easy to become an architect but those brave enough to take this path would have the opportunity to build a better future for themselves and for the nation. Tay and her fellow architects would certainly put their best foot forward to bring Malaysia to a new architectural level.

NEWS (MMA)

DOCTORS' GROUPS HAIL NEW EXAM FOR WOULD-BE SPECIALISTS

FMT News, 17 October 2019

PETALING JAYA: Medical associations in Malaysia approve of the new entrance examination that doctors pursuing specialist education in public universities are now required to take.

Malaysian Medical Association (MMA) president Dr N Ganabaskaran told FMT a standardised and centralised examination run by a neutral authority would be a step towards ensuring quality.

He noted that current postgraduate programmes run by public universities were not standardised, with different sets of criteria used for admission into different programmes and specialists boards independently administering the examinations.

“Some specialties, such as general surgery, require an interview and passing an entrance exam, while others, like orthopaedics and ophthalmology, run basic science exams as entry exams,” he said.



Doctors seeking specialist education are now required to take the Medical Specialist Entrance Exam (MedEx).

Early this month, the Medical Deans Council of Malaysia (MDCM) announced that doctors seeking specialist education were now required to take the Medical Specialist Entrance Exam (MedEx), which will be conducted by MDCM and the Malaysian Education Council.

Ganabaskaran said he believed the standardisation would ensure fairness and transparency.

He said his only concern was that the fee charged for taking the examination – RM800 – was too high.

MMA had asked the governing councils to consider reducing it to RM500, he added.

NEWS (MMA)

Dr Milton Lum, a member of the Malaysian Medical Council, said he believed MedEx could help determine the aptitude and professionalism required of the aspirants and this would in turn ensure the quality of specialist care.

He noted that doctors currently pursuing specialist education at public universities were selected by the health ministry, which he said was an unsatisfactory process. This had been shown in the high attrition rate in such programmes, he added.

“MDMC is implementing this exam so that progress can be controlled,” he said.

“I see it as an attempt to regularise what has seemed to be a haphazard process of choosing specialties.”

He said MedEx should be robust, transparent and designed to change with the times.

The president of the Muslim Doctors Association, Dr Ahmad Shukri Ismail, said MedEx could help determine the quality of specialist care by reducing what he described as the “overwhelming number” of doctors seeking specialist training.

He said more than 5,000 doctors were graduating annually and Malaysia did not have enough hospitals to accommodate them.

“With thorough selection and vetting done through MedEx, it will be easier to fit the numbers,” he said. “And it’ll make sure they are knowledgeable and competent.”

The first MedEx will held this Nov 16 at five centres: Malaysian Examinations Council, Universiti Kebangsaan Malaysia Medical Centre, Universiti Sains Malaysia Hospital, University Malaysia Sabah and Universiti Malaysia Sarawak.

NEWS (MPS)

REPORT: MEDICINE PRICE CONTROLS FOR PRIVATE HEALTHCARE COULD AFFECT MEDICAL TOURISM INDUSTRY

Malay Mail, 4 November 2019

KUALA LUMPUR, Nov 4 — The country's health tourism industry could be hit if the government introduces the medicine price control mechanism for private healthcare, *The Malaysian Reserve* reported today.

Pharmaceutical Association of Malaysia (PhAMA) president Chin Keat Chyuan warned the industry could face setbacks as any price control mechanism would force drug companies to reconsider launching innovative medicines.



Chin claimed that Malaysia is the only country where the government intends to regulate medicine prices in the private sector.

Chin said the absence of the latest solution would limit options for patients.

“Medical health tourism is expected to reach RM1.8 billion by year-end, registering 25 per cent growth.

“The growth is largely because patients from neighbouring countries seek treatment here, due to the relatively affordable and good private healthcare.

“Our drugs are accessible. We have innovative medicines at affordable prices and I think the figure is a testament to that,” Chin told the business daily.

He added that any intervention to cap prices would impact patients' experience, minimise treatment options, impede access to innovative medicines and reduce Malaysia's attractiveness as a health tourism destination.

NEWS (MPS)

Chin claimed that Malaysia is the only country where the government intends to regulate medicine prices in the private sector, stressing that the prices are only 14 per cent of the total “out-of-pocket” healthcare costs.

“By controlling this 14 per cent from the total out-of-pocket expenses, would that significantly reduce healthcare costs? What is the cost is being shifted to in-patient and outpatient costs?” he said.

Chin, who heads the 48-member-association comprising multinational and local companies said the Health Ministry is only zooming in at single-source drugs, large multinational companies and research and development-based firms.

He added that any action, which would be deemed as discriminatory would impact investors.

“It could pull foreign investors away,” he said.

Previously, Health Minister Datuk Seri Dzulkefly Ahmad announced that the ministry intends to use external reference pricing (ERP) to benchmark drug prices in Malaysia against seven to eight selected countries by choosing the average three lowest reference prices to determine the ceiling price sold to dispensing channels in Malaysia.

The ministry also plans to impose a ceiling price at supply, namely wholesale through ERP and retail levels.

The PhAMA has since proposed a price transparency mechanism instead, where industry players will share their wholesale prices and the government can compare the retail prices among players.

“By doing this, it will be easier for the government to determine which area has been marked up along the value chain.

“What we want from the government is to not rush their decision,” said Chin.

FEATURE

MEDICAL EMERGENCY RESPONSE AT A CHEMICAL PLANT

Berita MMA, Vol.49, October 2019, Page 16-17

A chemical plant requires a proper emergency response training, planning and preparedness to face any incident. Shortage of time, urgent decision making, and limited resources and trained medical personnel are among the common challenges in an emergency response involving a chemical plant.

However, fatalities, injuries, equipment and building damages are preventable with competent resources, planning and coordination. In fact, an adequate emergency response helps a company to resume its production at the shortest time frame.

To cope up with this challenging task, it is advisable that every company should have a policy on an emergency response plan which clearly states the responsibility of each stakeholder during emergencies. This would help to clearly indicate the magnitude of response required according to the severity of the medical emergency.

Effective and mutual response planning are critical components in emergencies that would require the involvement of medical teams from nearby industries and government medical facilities. It is also essential to identify various mechanisms of managing the medical emergency response, need for preparedness and capacity building especially when it involves internal and external medical resources.

There are several components in a rescue chain which involves trained emergency response staff (e.g. first aiders, paramedics and doctors) until the arrival of the victims at the hospital. In case of an emergency, company staffs would inform the control room and the emergency response team would provide the necessary medical support. The first aiders with medical equipment like Automated External Defibrillator (AED), will arrive at the scene to provide first aid assistance to the victim. The paramedic team will join the first aiders to continue providing the required medical support. The victim will then be taken to the emergency room for initial treatment by the attending occupational physician or doctor in charge before further referral is given to the nearby hospital, if it's needed.

In some companies, there are mandatory requirements to have at least 10% of staff from every work shift and at least 5% of office workers trained as first aiders. The Department of Occupational Safety and Health (DOSH), Ministry of Human Resource, Malaysia mandates that for

every work place, there should be a minimum of one (1) first aider for every 20 workers. Besides that, compulsory trainings and evaluations must be held at regular intervals for the medical emergency response personnel to ensure the quality of the medical support.

It is equally important to create appropriate infrastructure especially for medical facilities and its technical equipment in the chemical plant. Among the deciding factors are the availability of nearby health care support, number of employees and site-specific workplace hazards. For instance, the emergency showers and eye wash facilities are located at the specific sites in the chemical plant.

It is also mandatory for first aid kits to be placed at specific locations in the plant and they must be maintained regularly. A printed version of the material safety data sheets (MSDS) are also kept at the plant at all time. There are some chemical plants which are equipped with an in-house clinic and ambulance services. In addition to that, emergency antidotes for specific chemical exposure must also be made available in the in-house clinic. Chemical Emergency Guidelines which clearly states the type of emergency treatment and hospital treatment are to be kept in the in-house clinic.

The cases are treated as per the guidelines and the patients who will be referred to the hospital. A copy of the guidelines will be despatched along with the patient. All medical staffs are trained to identify and implement the accurate guideline documents during an emergency incident. The site clinic also maintains the medical records during the emergency medical treatment for reference purposes. The in-house clinic operates under the supervision of a certified site occupational physician and paramedics.

Regular drill and testing of an emergency response plan must be practiced. Technical and organisational emergency response plan are important elements in delivering adequate emergency response. The emergency plan usually describes different form of alerts, escape routes, gathering places and relevant emergency phone numbers.

The possible risk to people, environment, and assets must be taken into consideration before formulating such plans. In a chemical plant, the occurrence of medical emergency is low. Medical knowledge and skills suffer from infrequent use. Hence, trainings and drills should be

FEATURE

carried out more frequently. Besides that, drill exercises across different department and entities especially the medical emergency services team and fire department team should take place at regular intervals.

The protection of the rescue services, victims and surrounding is a fundamental aim. This would be an essential component in medical emergency response. Everything learned from drills and real case scenarios must be implemented to provide a good response. The



Photos captured during a medical drill

It is always a good practice to invite the external parties which include representatives from the local hospital and fire department, universities and DOSH to join as observers during drill practices. The advantage of such drills is that we would be able to improve the quality of response and identify gaps which may not have been apparent previously. At the same time, the drills also foster good communication with external stakeholders, thus enabling the transfer and treatment of patients to be effective during any actual incidents.

The records of such drills must be maintained from time to time for future improvements. A blameless post-mortem is critical for understanding failures by trying to understand how a mistake was made, instead of who made the mistake. The related department is tasked to close the gaps identified in the drills and would be followed up by the organising committee accordingly. In some organisations, such drills are mandatory requirement during their routine audits.

communication with media, victim's family and authority must take place promptly from the time of incident.

The Management Team, Department of Human Resources, Corporate Communication, Safety and Health team shall convene and work together as one team during site incidents or emergencies. Medical emergency response plans must include the information of which employees are responsible or on duty and displayed at visible locations in the work place. Among the key information that should be clearly stated in the document include names and phone numbers of onsite key medical staffs, contact details of emergency services, and contact details of related key personnel in the organisation.

Proper emergency response risk identification, training and planning, adequate resources, coupled with coordinated communication among internal and external stakeholders alongside with commitment from every staff will ensure an effective and efficient emergency response in a chemical plant site.

FEATURE

COMMON MISCONCEPTIONS OF REFERRAL

Berita MMA, Vol.49, October 2019, Page 26



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Referral to the correct speciality is absolutely important to ensure high quality care to the patient involved. Often, there is confusion on which speciality the referral is supposed to go to. For example, should we refer a patient with suspected upper gastrointestinal bleeding to the medical gastro team or the upper gastrointestinal surgical team? How about a case of a child with hypertension? Should we refer to the paediatrician or adult hypertension clinic?

Referrals are meant to enhance quality of care for patients, once they are referred to a specific speciality, it is good to see the patient again to address any issues in primary care such as prevention and evaluation of other co morbid. Therefore, this article will

try to address common tricky clinical scenarios which require referrals, and where the referral should be made or not made too.

Scenario 1

An adult with chronic gout attack needing prophylactic anti-gout medication (allopurinol or probenecid) – Any general practitioner should be able to start these medications. It is important to taper it slowly to the target due to the risk of severe allergy especially in the case of allopurinol. It is also possible to refer such cases to a rheumatologist.

Commonly referred to: Orthopaedic team as they are more apt at the surgical management of chronic gout complications such as tophi.

Scenario 2

An adult with acute haematemesis or melaena (i.e. upper gastrointestinal bleeding) – If the episode is acute, it is natural to refer to the emergency department of the hospital urgently. The emergency department will then decide who to refer to. In theory, referral should be made to the medical gastro team who will start the necessary treatment as well as manage possible complication such as shock as well as arranging for urgent upper endoscopy

Commonly referred to: Surgical team for management of lower gastrointestinal bleeding; they can also plan for surgery to attend to bleeding tumours or removal of polyps later.

Scenario 3

A child with newly diagnosed hypertension – Paediatricians should be experienced enough to manage paediatric patients with hypertension. As suggested by the clinical practice

guidelines, referral should be made urgently in a newly diagnosed child with hypertension to the paediatrician.

Commonly referred to: Emergency department, which will decide whether to route the case to the on-call paediatrician medical officer or specialist. May be appropriate in emergency cases of hypertensive urgenc. Other cases should be referred to paediatricians.

Scenario 4

A child with umbilical or inguinal hernia (not strangulated) – The paediatric surgery team (if available) should attend to this, otherwise the general surgery team should also be able to handle this.

Commonly referred to: Emergency team, however, this will invariably result in unnecessary extra work for this already very stretched service.

Scenario 5

An adult with knee osteoarthritis – Rheumatology team should handle the medical management for this scenario.

Commonly referred: Orthopaedic team even for non-surgical management. Ideally, referral to the orthopaedic team (which is also busy with multiple trauma cases and malignancy involving both upper and lower limbs and spine) is appropriate only if the patient needs surgical intervention e.g. arthroplasty or total knee replacement.

This list above is not exhaustive. To avoid referral to the wrong department, possibly a call can be made to the intended referral team to make sure they are the suitable speciality to refer. This is also true for patients that are referred for urgent cases in order to ensure the safety and wellbeing of these patients.

FEATURE

MUSCLE MASS LINKED TO HEART DISEASE RISK

The Star, 24 November 2019

Maintaining muscle tissue volume may help to ward off heart attack/stroke – at least in men.

The amount of lean muscle a healthy person has in middle age is linked to their future risk of heart disease, suggests research in the *Journal of Epidemiology & Community Health*.

Maintaining muscle tissue volume may be an effective means of promoting cardiovascular health and warding off heart attacks and strokes later on, at least in men, conclude the researchers.

Muscular tissue volume starts to progressively ebb away from the mid 30s onwards at a rate of around 3% every decade. It has an active role in various metabolic processes, and its decline is associated with, among other things, disability and a heightened risk of death.

Previous research indicates that muscle mass is associated with heart attack/stroke risk, but these studies have focused on



Maintaining muscle tissue volume may promote cardiovascular health and ward off heart attacks and strokes in future.

the health outcomes of people with existing heart disease.

The researchers wanted to find out if muscle mass in middle age might also predict the subsequent risk of poor cardiovascular health in people without heart disease.

So they monitored the number of new cases of cardiovascular disease arising over a period of 10 years in 2,020 participants, 1,019 of whom were aged 45+ in 2001-2002.

None of these older men and women had heart disease at the start of the study, according to the lifestyle information they provided, including how closely they followed a Mediterranean diet, and how much physical activity they did.

FEATURE

Levels of circulating blood fats and indicators of inflammation were measured, as were blood pressure and weight, all of which are potential risk factors for heart disease.

Skeletal muscle mass was calculated using previously published data and adjusted for weight and height (body mass index).

During the 10 year monitoring period, 272 (just under 27%) fatal and non-fatal cases of cardiovascular disease, including stroke and minor stroke, arose among the 1,019 middle aged participants.

Men were around four times as likely to develop cardiovascular disease as women, after accounting for potentially influential factors. And muscle mass volume was associated with cardiovascular disease risk.

The fewest cases occurred in the third of people with the highest muscle volume compared with those in the lowest range at the start of the monitoring period.

Those with the highest muscle tissue volume were 81% less likely to have a heart attack or stroke, for example.

The prevalence of high blood pressure, diabetes and obesity – all risk factors for

cardiovascular disease – were all lower among those with the highest muscle volume.

And those in this group tended to be younger, male and smokers. And they were also more physically active, had higher levels of income and education, and ate a Mediterranean-style diet.

But when further, more detailed analysis was carried out, muscle volume remained significantly associated with lower cardiovascular disease risk, irrespective of diet, household income, and educational attainment, as well as known risk factors, such as diabetes among those aged 45 and older, but only among men.

The gender disparity may be partly explained by higher muscle volume in men to start with and hormonal differences between the sexes in the ageing process, suggest the researchers.

This is an observational study, and as such, can't establish cause. Nevertheless, the results "point to the importance of (skeletal muscle mass) preservation in relation to (cardiovascular disease) risk," they write.

And they suggest that periodic physical activity, including resistance training, and a diet rich in protein, may help preserve lean muscle mass as people age. — The BMJ

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