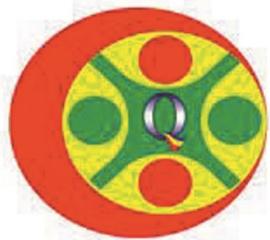




BULETIN

UNIT KESIHATAN PEKERJAAN DAN ALAM SEKITAR
(KPAS)



BAHAGIAN KESIHATAN AWAM, JABATAN KESIHATAN NEGERI JOHOR

EDISI 2/2018



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**RESILIENCE
COMMUNITY DISASTER
PREPAREDNESS**

**GENERATION
SAFE &
HEALTHY**

**CLIMATE CHANGE
OUR ACTIONOUR
FUTURE**

**BE DISASTER
AWARE, TAKE
ACTION TO**

**WORLD SAFETY
& HEALTH DAY
28TH APRIL**



BULETIN KESIHATAN PEKERJAAN DAN ALAM SEKITAR

KANDUNGAN

BIL	PERKARA	MUKA SURAT
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5	Water Quality Assurance Program Johor State Health Unit	12-14
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HOW THE ENVIRONMENT IMPACTS OUR HEALTH

People are exposed to risk factors in their homes, work places and communities through:



- AIR POLLUTION including indoors and outdoors
- INADEQUATE WATER, SANITATION and hygiene
- CHEMICALS and biological agents
- RADIATION ultraviolet and ionizing
- COMMUNITY NOISE
- OCCUPATIONAL RISKS
- CLIMATE CHANGE
- BUILT ENVIRONMENTS including housing and roads
- AGRICULTURAL PRACTICES including pesticide-use, waste-water reuse

World Health Organization
EnvironmentalHealth

Notification of Occupational Accident dan Dangerous Occurrence (WEHU A)

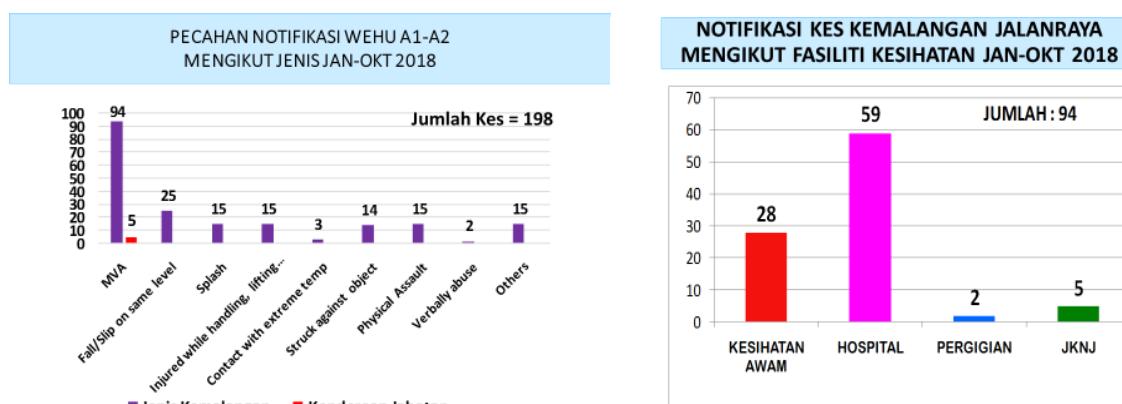
Matron Normah Binti Kassim
Dr Loganathan Salvaraji(MD, OHD)

BIL	NOTIFIKASI	2017	2018
1	Sharp Injury Surveillance (SIS)	250	172
2	Notification of Occupational Accident And Dangerous Occurrence - WEHU A1-A2 (JKKP6)	303	198
3	Notification of Occupational Poisoning/Disease - WEHU D1- D2 (JKKP7)	8	3
4	Notification of Occupational Noise Induced Hearing Loss -WEHU E1- E2 (JKKP7)	7	3
5	Notification of Occupational Lung Disease - WEHU L1- L2 (JKKP7)	17	11
6	Notification of Occupational Skin Disease - WEHU S1- S2 (JKKP7)	2	2
	JUMLAH	587	389

Gambarajah 1 Laporan Borang WEHU yang telah diterima daripada bulan Januari sehingga Oktober 2018

Kemalangan di tempat kerja perlu dilaporkan melalui borang Notification of Occupational Accidnet Dan Dangerous Occurrence WEHU A1-A2(JKKP 6). Ini termasuk kemalangan jalan raya dikalangan anggota pergi dan balik daripada rumah ke tempat kerja. Ini adalah tertakluk kepada Akta Keselamatan dan Kesihatan Pekerja 1994. Pada tahun 2018 iaitu daripada bulan Januari sehingga Oktober, 198 kes kemalangan di tempat kerja dilaporkan. Bilangan ini adalah kurang daripada tahun sebelumnya iaitu 303 kes.

Pelaporan ‘kemalangan jalan raya’ adalah paling tertinggi iaitu 50 % diikuti oleh ‘jatuh di tempat kerja’ sebanyak 13%. Kejadian lain yang turut dilaporkan adalah ‘splash’, ‘kecederaan mengangkat barang’, ‘kecederaan mengendalikan objek’ dan ‘lain-lain’. Pelaporan ‘lain-lain’ termasuklah kejadian pecah masuk, thermometer pecah, tersepit kereta dsb. Di samping itu, anggota kesihatan juga terdedah kepada serangan fizikal oleh klien di fasiliti kesihatan iaitu 7.5% manakala ‘verbal abuse’ adalah sebanyak 2 kes. Kebanyakan kemalangan jalanraya adalah melibatkan anggota dari hospital iaitu 63% dan anggota yang terlibat adalah dikalangan Jururawat(JR) yang berulang alik daripada rumah ke tempat kerja mengikut shif yang ditetapkan. Anggota Kesihatan Awam yang terlibat dalam kemalangan jalan raya adalah dikalangan Jururawat Masyarakat(JM) dimana kebanyakan perkhidmatan kesihatan perlu diberikan di rumah pesakit.



Gambarajah 2 Pelaporan borang WEHU A Jan-Okt 2018 mengikut jenis

Gambarajah 2 Notifikasi kes kemalangan jalanraya mengikut fasiliti kesihatan Jan-Okt 2018

Cadangan langkah-langkah penambahbaikan di Pusat Tanggungjawab(PTJ) :-

1. Memberikan taklimat “Etika Memandu di Jalan Raya” kepada pemandu dan pegawai. Boleh jemput pegawai JPJ, JKJR atau Polis Trafik di daerah.
2. Penyelia perlu menyemak jadual shif yang dibuat supaya tidak berlaku *overstrain* pegawai
3. Memastikan kenderaan jabatan dalam keadaan baik dan diselengara mengikut jadual
4. Menasihatkan pegawai menyelenggaran kenderaan peribadi mengikut jadual
5. Menegur pegawai tidak menggunakan jalan yang tidak diiktiraf (jalan tikus) sebagai *shortcut*.
6. Menasihatkan pegawai *oncall* berehat dahulu sebelum bergerak ke rumah.
7. Memakai topi keledar dan tali pinggang semasa memandu
8. Tidak memandu dengan laju dan akur mengikut had yang ditetapkan
9. Bergerak awal untuk mengelakan lewat ke tempat kerja dan pemanduan terburu-buru



FITNESS TO WORK

Dr Loganathan Salvaraj (MD, OHD)

The primary purpose of health assessment fitness for work is to make sure that an individual is fit to perform the tasks involved effectively and without risk to their own or others' health and safety. It is not the intention to exclude a person from a job but to make any necessary reasonable modifications or adjustments to the job to allow the person to work efficiently and safely.



Why an assessment may be needed:

- the individual's health condition may limit or prevent them from performing the job effectively (e.g. musculoskeletal conditions that limit ability)
- the individual's condition may be made worse by the job
- the individual's condition may make certain jobs and work environments unsafe to them personally (e.g. liability to sudden unconsciousness in a hazardous situation, risk of damage to the remaining eye in an individual with monocular vision)
- the individual's condition may make it unsafe both for themselves and for others in some roles
- the individual's condition may pose a risk to the community (e.g. infection transmitted by a food handler)

When an assessment may be needed:

Assessment of medical fitness may be needed for those who are:

- being recruited for the first time (depending on work exposures)
- being considered for transfer to a new job (depending on work exposures)
- returning to work after significant or prolonged illness or injury
- undergoing periodic review relating to specific requirements (e.g. health surveillance)
- being reviewed for possible retirement on grounds of ill-health

QUIZ 1



A 24 years old man with 2 years history Type 1 Diabetes Mellitus applies for job as a ambulance driver? He's compliant to treatment and he monitors his blood sugar regularly. He's asymptomatic and he had not experienced any major hypoglycaemia requiring medical intervention. How would you proceed with the FFW assessment? Will you certify him fit?

Diabetes mellitus type 1, also known as type 1 diabetes, is a form of diabetes mellitus in which very little or no insulin is produced by the pancreas. Treatment with insulin is required for survival.

Many people can manage their diabetes without it affecting their work. However, it is important for employers to be aware of the risks for employees with diabetes. Some employees (especially those with type 2 diabetes) may struggle with undertaking shift work as changes to the timing of medication and diet can affect how stable their condition is. For example, if a diabetic person's blood sugar falls below a certain level, they can suffer from a hypoglycaemic episode, and can feel faint, weak, and even lose consciousness.

Employers should undertake a risk assessment, with input from the employee, to ensure they are prepared for such situations. The assessment should include consideration of the following:

- How stable the individual's condition is and the type of treatment they are receiving
- Whether the person will have access to regular meal breaks, and the opportunity to test their blood glucose level at work.
- The level and regularity of activity undertaken in the course of the person's duties as this affects the level of glucose in the blood.
- Activity undertaken by the employee that might place them at risk if they were to become dizzy or lose consciousness due to very low blood sugar, called hypoglycaemia or 'hypos'.
- Whether or not, in light of the above, lone working, night working or other high risk activities, such as driving can be safely undertaken.

QUIZ 2

A Nurse working in the ward was diagnosed to have carpal tunnel syndrome, which may be work-related. You have advised her on a good ergonomics practise. Her condition is relatively well controlled with oral pain-killers and physiotherapy. Is she fit to continue with her usual work?



In a typical shift, nurses perform dozens of small actions that could put them at risk for carpal tunnel syndrome: pushing the plunger of syringes, pressing blood pressure bulbs, tapping into keyboards. Nurses are among the workers with the highest levels of overexertion injuries, and occupational health researchers are seeking interventions that could reduce that risk.

Carpal tunnel syndrome involves the compression of the median nerve and leads to pain, numbness or weakness of the wrist and hand. Women are three times more likely than men to have the condition.

Initial treatment generally involves resting the affected hand and wrist for at least 2 weeks, avoiding activities that may worsen symptoms, and immobilizing the wrist in a splint to avoid further damage from twisting or bending. Nonsteroidal anti-inflammatory drugs, such as aspirin, ibuprofen, and other nonprescription pain relievers, may ease pain. Cool (ice) packs and prednisone (taken by mouth) or lidocaine (injected directly into the wrist) can relieve swelling and pressure on the median nerve and provide immediate, temporary relief.

Recurrence of carpal tunnel syndrome following treatment is rare. The majority of patients recover completely. To prevent workplace-related carpal tunnel syndrome, workers can do on-the-job conditioning, perform stretching exercises, take frequent rest breaks, wear splints to keep wrists straight, and use correct posture and wrist position. Wearing fingerless gloves can help keep hands warm and flexible.

QUIZ 3



A hand surgeon was recently diagnosed with Parkinson's disease. Is he fit to continue his normal work?

Parkinson's disease (PD) is a long-term degenerative disorder of the central nervous system that mainly affects the motor system. The symptoms generally come on

slowly over time. Early in the disease, the most obvious are shaking, rigidity, slowness of movement, and difficulty with walking. Thinking and behavioral problems may also occur. Dementia becomes common in the advanced stages of the disease. Depression and anxiety are also common, occurring in more than a third of people with PD. Other symptoms include sensory, sleep, and emotional problems

Parkinson's disease disability must be severe enough to significantly limit one's ability to perform basic work activities needed to do most jobs. For example:

- Walking, standing, sitting, lifting, pushing, pulling, reaching, carrying or handling
- Seeing, hearing and speaking
- Understanding/carrying out and remembering simple instructions
- Responding appropriately to supervision, co-workers and usual work situations
- Dealing with changes in a routine work setting

Parkinson's is listed under the category of impairments known as neurological. If the following criteria are met, an individual is found to be disabled under the Social Security as meeting a medical listing: Significant rigidity, bradykinesia, or tremor in two extremities, which, singly or in combination, result in disturbance of gross and dexterous movements, or gait and station.

KLINIK KESIHATAN PEKERJAAN

PEJABAT KESIHATAN DAERAH MUAR

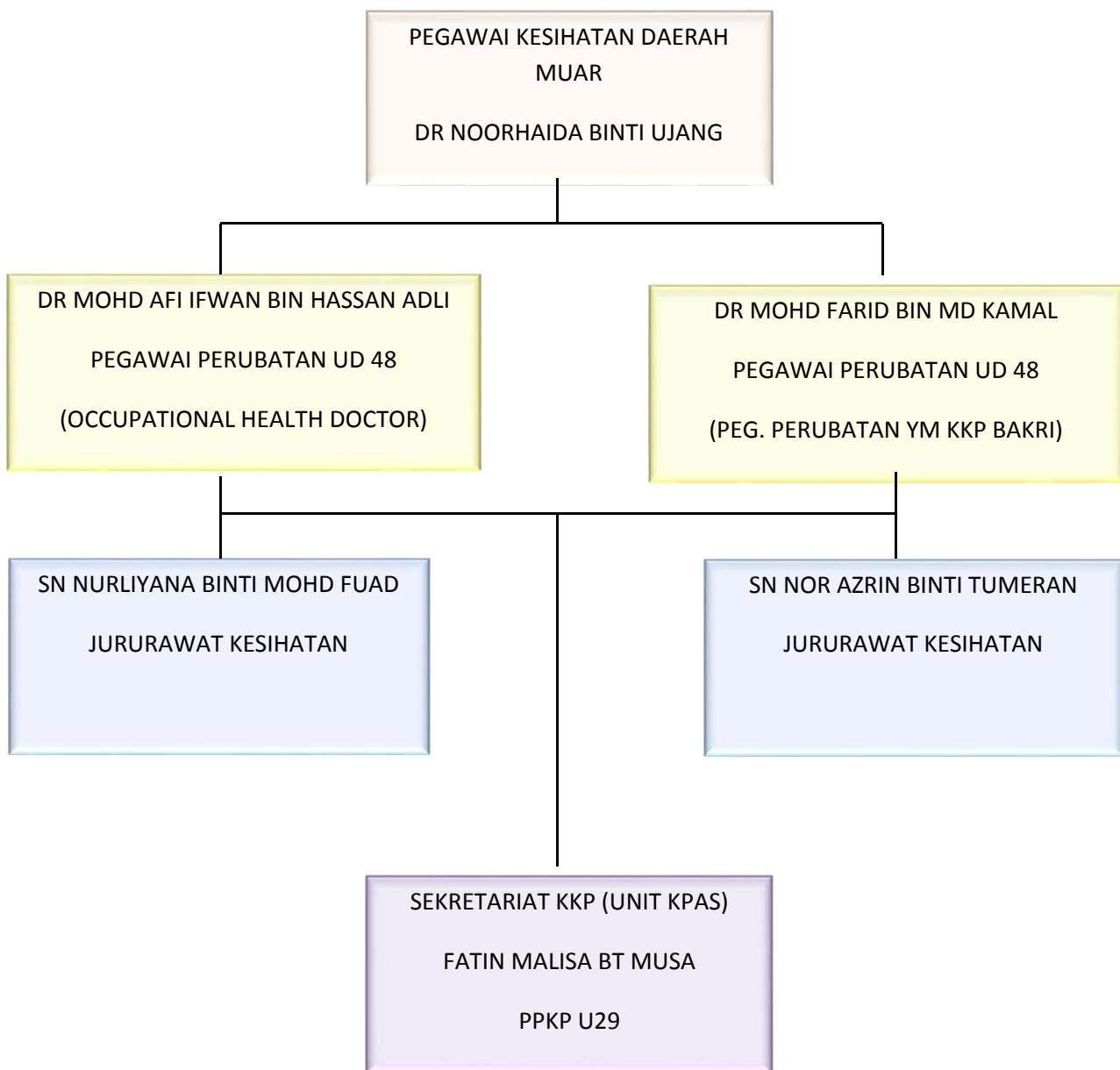
Dr Mohd Farid Bin Md Kamal, Pegawai Perubatan UD 48, Klinik Kesihatan Pekerjaan Bakri, Muar

Klinik Kesihatan Pekerjaan Bakri, Pejabat Kesihatan Daerah Muar (KKP Bakri) telah ditubuhkan pada tahun 2016 dan memulakan operasi perkhidmatannya pada bulan Februari tahun yang sama. Ia terletak di Klinik Kesihatan Bakri, Jln Batu Nampak, Muar. KKP Bakri pada dasarnya beroperasi pada setiap hari Khamis dan menggunakan sistem temujanji ('appointment basis'). Anggota klinik terdiri daripada seorang Doktor Kesihatan Pekerjaan (Occupational Health Doctor), seorang Pegawai Perubatan, dan dua orang Jururawat Terlatih.



Gambar 1. Klinik Kesihatan Pekerjaan KK Bakri, Muar

CARTA ORGANISASI KLINIK KESIHATAN BAKRI, MUAR

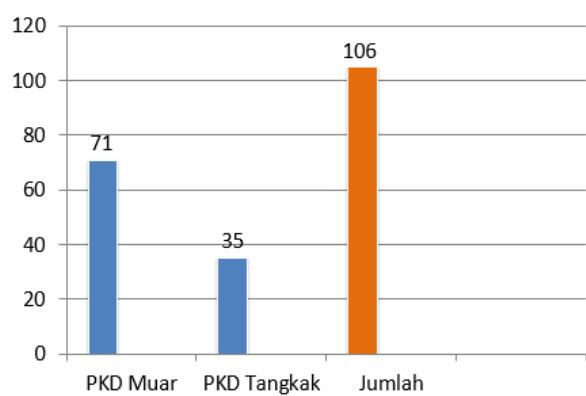


Gambar 2. Carta Organisasi Klinik Kesihatan Pekerjaan KK Bakri, Muar

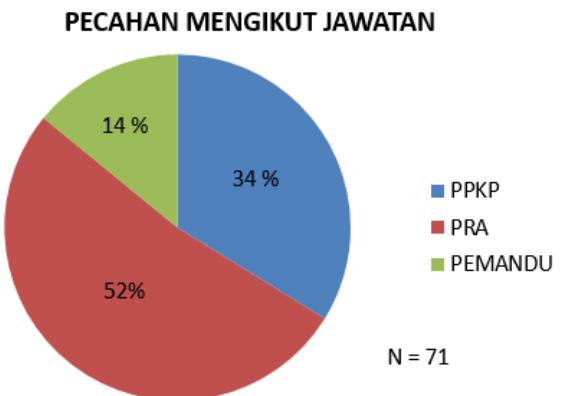
JENIS PENYAKIT PEKERJAAN 2014-2018

JENIS PENYAKIT / KEMALANGAN	2014	2015	2016	2017	2018
Terluka / Tercucuk Benda Tajam	1	0	0	0	0
Tercucuk Jarum	0	1	2	1	1
Terjatuh	4	0	0	0	0
Kemalangan Jalan Raya	1	2	4	2	4
Penyakit TB	0	1	2	1	0
Terkena Bahan Disenfeksi	0	0	0	0	0
Kehilangan Pendengaran	0	0	0	1	4
Kecederaan	0	0	0	1	0
Keracunan	0	0	0	0	1
Keganasan/ kekerasan Anggota	0	0	0	0	1
JUMLAH	6	4	8	6	11

KEDATANGAN KKP BAKRI 2018



MEDICAL SURVEILLANCE KKP BAKRI



Antara fasiliti yang terdapat di KKP Bakri adalah seperti ‘Spirometry’, ‘Audiometry’, perkhidmatan X-ray (menggunakan fasiliti Klinik Kesihatan Bakri), dan pengukur tekanan darah atau ‘sphygmomanometer’ selain dari fasiliti-fasiliti asas yang lain.

KKP Bakri menawarkan perkhidmatannya kepada anggota kesihatan Pejabat Kesihatan Daerah Muar, Pejabat Kesihatan Daerah Tangkak dan juga anggota Majlis Perbandaran Muar dari Unit Kesihatan dan Vektor. Antara perkhidmatan yang ditawarkan di KKP Bakri termasuklah:

1. Pengurusan kes penyakit berkaitan pekerjaan.
2. Pengawasan perubatan (Medical Surveillance)
3. Pemeriksaan kesihatan pekerja berisiko.
4. Penilaian risiko di tempat kerja.
5. Promosi kesihatan pekerjaan.



Gambar 3 Audiometry KK Bakri



Gambar 4 Spirometry

KKP Bakri juga terlibat secara langsung atau tidak langsung program – program yang dilaksanakan di peringkat daerah Muar untuk mempromosikan dan menggalakkan kesedaran tentang kesihatan di kalangan pekerja di bawah Pejabat Kesihatan Daerah Muar. Program – program ini adalah seperti:

1. Program KOSPEN Plus.
2. Saringan Penyakit Tidak Berjangkit secara tahunan
3. Saringan Tuberculosis anggota
4. Program Immunisasi Hepatitis B anggota.

Sebagai antara Klinik Kesihatan Pekerjaan yang terawal di negeri Johor, KKP Bakri akan terus berusaha menjalankan perkhidmatannya dengan baik demi memastikan kesihatan dan keselamatan rakyat Malaysia yang bekerja amnya dan anggota-anggota kesihatan khususnya adalah dalam keadaan yang baik.

SARINGAN PENDENGARAN 2018

SASARAN	BIL DISARING	KEPUTUSAN		
			KANAN	KIRI
55	55	NORMAL	40	40
		ABNORMAL	19 (4 NIHL, 15 PENDING)	19 (4 NIHL, 15 PENDING)

15 anggota dirujuk ke ENT, HPSF
 (Sebanyak 11 Result audiometri staff yang dirujuk sedang diteliti oleh OHD, 3 tidak hadir dan 1 masalah telinga)
 4 siasatan kes NIHL telah dimajukan ke JKNJ

Saringan Cholinestrase 2018

BIL	KATEGORI ANGGOTA	SASARAN	BIL DISARING	KEPUTUSAN (Normal)
1	Saringan cholinestrase (Pre-exposure) <20%	26	26	26
2	Saringan cholinestrase (post-exposure) <20%	30	29	28

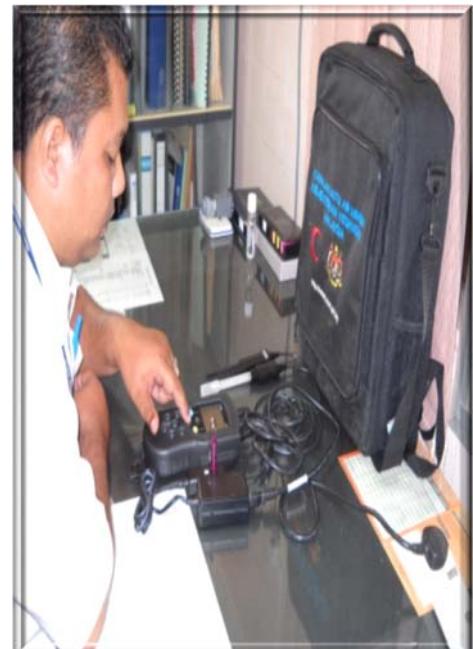
Saringan masih lagi dijalankan secara berjadual bermula 12.1.2018
 Fogging Ops Bantuan JB sahaja – 12 Anggota
 Fogging di Unit Vektor + Ops Bantuan JB – 44 Anggota
 Anggota >20% bagi post-exposure telah direhatkan dari fogging, darah yang telah diulang mendapat result menurun iaitu 16.9% berbanding sebelum ini 20.3%

WATER QUALITY ASSURANCE PROGRAMME

*En. Shazwan bin Jaamat
Pegawai Sains (Kimia Hayat) C41*

Water is essential to our life. All living organisms use water for biological functions to ensure life sustainability. For human, the body itself contains about 70 percent of water. In average, every person in the world use water at about 250 m^3 per year. There are lots of water sources from this world that can be used such as from the fresh water lakes, river, ground water and from the dam. Even though there are various sources of water that can be used, the water itself must be very clean and safe to be consumed by public.

In Malaysia, the efforts to ensure that the water is safe to be consumed has became the responsibility for Ministry of Health. The water sources in Malaysia is mainly came from surface water such as rivers and dam. This water sources however has to be treated first by the water operator to ensure that the water is deemed safe to be consumed by the public. The engineering division in Ministry of Health has developed a programme called Drinking Water Quality Assurance Programme in 1983. Through this programme, the drinking water quality standards has been produced and it became a guideline for the water operator to ensure that the treated water follow the standards. Since the introduction of this programme, the waterborne disease incidents has decreased steadily. Currently, there are more than 26.8 million peoples in Malaysia had adequate access to this treated water supplied by the water operator.



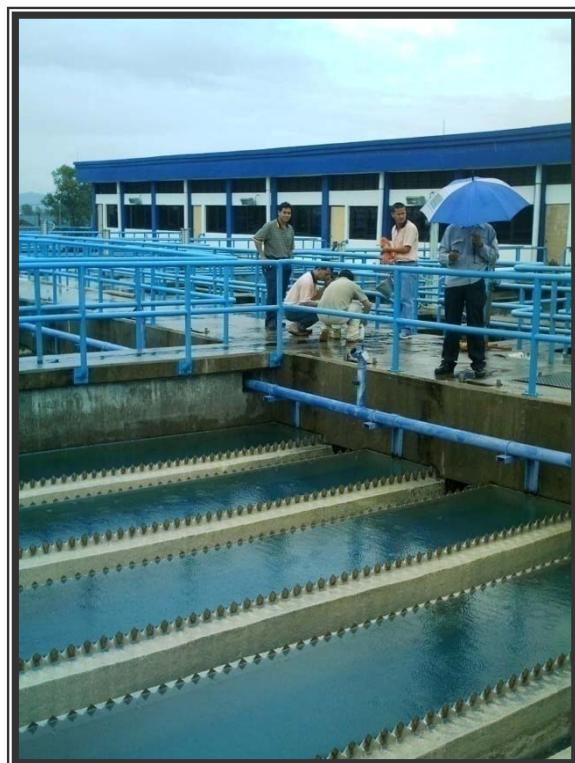
Apart from producing the drinking water quality standards, there are also other elements involved in this programme. There are five elements such as monitoring, correction action, data processing, sanitary survey and institution inspection. The monitoring element is a process where the water sample is taken from the sampling station in the water supply system. This is being done by the health inspector at the site. The water sample is analysed at the site and also will be sent to the laboratory for further analysis. There are about 50 parameters that will be analysed and the results will be compared with the drinking water quality standards. If there are nonconformance in the water quality, the correction action must be done by the water operator and this is also the second element in this Drinking Water Quality Assurance Programme.



The third element is the sanitary survey which is conducted by the cooperation of multiple stakeholders that are responsible in water preservation in the catchment area. The purpose of the sanitary survey is to assess the risk faced by the water operator during the treatment process. From the sanitary survey, the sources of pollution that will disrupt water quality can also be identified. The findings from this sanitary survey can be used to improve water quality in the catchment area and it also can give the informations for the other agencies to tackle the pollution problem that became the serious issue for the environment. The fourth element is the data processing. The data came from the reading and the results from the sampling activities at the site. This data is primarily used for the correction action which has been described previously as the second element in this programme. Besides that, the data that is taken from the sampling activities can also be used for other purposes such as standards improvement and can also be used as upgrading the existing programme. These vast data is kept in a system called water quality surveillance. In this system, all data is saved and can be extracted and analysed whenever necessary. The last element, the institution inspection is the process where the inspection in terms of the handling and management of certain institution that is directly or indirectly engaged in the water quality. This includes the inspection and verification of the

engineering elements and maintenance especially from the design of water treatment plant. There is also the enhancement of cooperation between the other stakeholders to improve the programme.

As conclusions, this drinking water quality programme is developed to ensure that the water is safe for consumption by public. These can be achieved by the strong framework in the programme and also from the important elements which has been explained before.



SOALAN SERING DITANYA: PLASTIK & KESIHATAN MANUSIA

DR HAIDAR RIZAL BIN TOHA

APA ITU PLASTIK?

Plastik adalah sejenis bahan sintetik polimer(hasil gabungan molekul-molekul monomer bahan organik kompleks) yang menyerupai resin semulajadi yang dihasilkan tumbuhan. Bahan asas plastik adalah dihasilkan dari proses pemecahan minyak mentah yang dipanggil *cracking* menjadi bahan asas seperti *styrene*, *vinyl chloride* dan *ethylene glycol*. Unsur asas dalam bahan plastik adalah hidrogen dan oksigen namun, berganting pada tambahan unsur lain, pelbagai jenis bahan plastik boleh dihasilkan seperti nylon mengandungi nitrogen, teflon mengandung fluorine dan vinyl chloride mengandungi klorida.

Selain monomer, bahan plastik juga mengandungi bahan tambahan yang boleh mengubah ciri-ciri bahan tersebut untuk disesuaikan dengan fungsi seperti struktur busa, ketahanan terhadap api dan pengurangan kesan geseran. Selain itu, bahan *plasticizer* seperti phtalate boleh ditambah untuk menjadikan plastik lebik flesibel dan mudah ditempa.

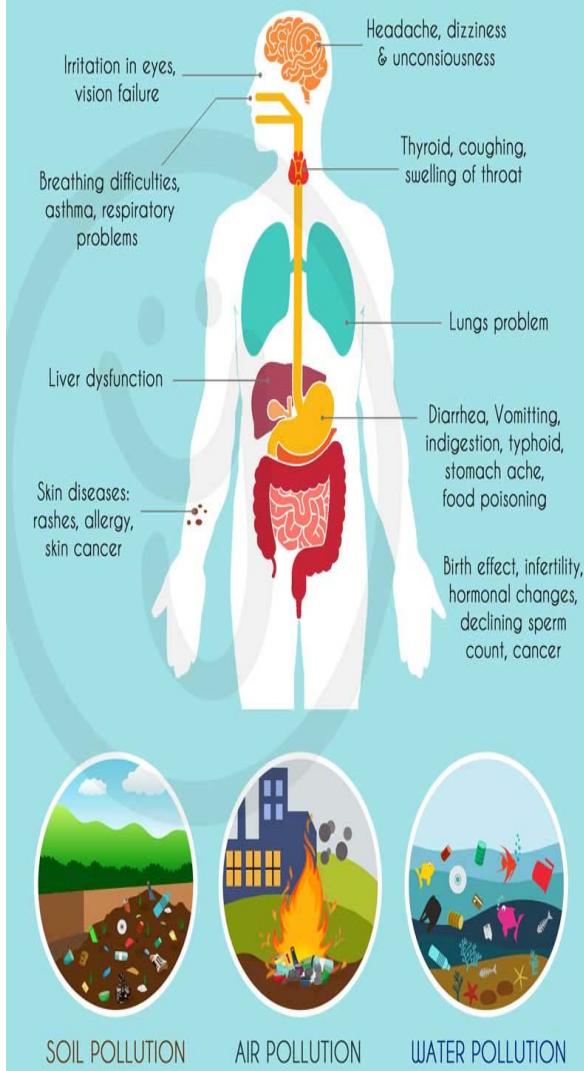


BAGAIMANA PLASTIK BOLEH MEMBAHAYAKAN KESIHATAN?

Bahan plastik boleh membahayakan kesihatan semasa proses pembuatannya, penggunaan dan pelupusannya.

Semasa proses pembuatan, wasap bahan plastik yang mengandungi formaldehid, styrene, phenol dan butane boleh memberi kesan kesihatan kepada pekerja. Kesemua bahan di dalam wasap ini telah dinyatakan di dalam Jadual 1 *Peraturan-peraturan Keselamatan dan Kesihatan Pekerjaan (Penggunaan dan Standard Pendedahan Bahan Kimia Berbahaya kepada Kesihatan) 2000 (Peraturan USECHH)* mempunyai had pendedahan yang dibenarkan terhadap pekerja.

PLASTIC Impact on Human Health



Kepada para pengguna dan orang awam pula, bahan plastik boleh membahayakan kesihatan melalui 3 cara iaitu:

1) Kesan toksik secara langsung: Antara kesan toksik secara langsung yang boleh berlaku adalah disebabkan oleh migrasi bahan toksik dari bekas makanan ke dalam makanan. Contohnya *acetaldehyde* boleh bermigrasi dari botol PET kedalam air yang di dalam botol tersebut. Antara kesan kesihatan dari pendedahan bahan di dalam plastik adalah:

-polystyrene boleh menyebabkan kerengsaan mata, hidung dan tekak. Pada dos yang amat tinggi juga boleh menyebabkan pening dan hilang kesedaran.

-polyester pula boleh menyebabkan rengsa kepada mata dan salur pernafasan serta ruam pada kulit.

2) Kesan gangguan endokrin: melibatkan gangguan pada hormon manusia. Kesan gangguan hormon ini boleh menyebabkan supresi atau penghambatan sistem imun manusia. Ia juga boleh menyebabkan kecacatan kelahiran bayi dan perencatan pada perkembangan kanak-kanak. Antara bahan yang boleh menyebabkan gangguan endokrin ini phtalate. Ia telah dikaitkan dengan kejadian diabetes dan resisselain itutan pada insulin, obesiti dan dalam tahap gangguan endokrin yang lebih tinggi, kanser payudara.

3) Kesan karsinogen: terdapat bahan-bahan tertentu di dalam plastik yang boleh memberi kesan karsinogenik kepada manusia. *Vinyl chloride* boleh menyebabkan kanser pada hati manusia manakala *formaldehyde* boleh menyebabkan leukemia dan kanser pada rongga hidung. Selalunya pendedahan yang diperlukan kepada bahan-bahan toksik dari plastik ini adalah dalam jangka waktu yang lama untuk menyebabkan kanser.

SAYA ADA PERNAH MENDENGAR BERKENAAN *MICROPLASTIC*. APAKAH DIA *MICROPLASTIC*?

Microplastic adalah sejenis bahan pencemaran di alam sekitar. Ia terhasil dari uraian bahan-bahan plastik yang dibuang di alam sekitar. Selain itu, terdapat juga bahan *microplastic* yang dihasilkan sendiri oleh industri seperti manik-manik mikro (*microbeads*) yang digunakan sebagai pengupas kulit dalam produk penjagaan kecantikan. Manik mikro ini akan masuk ke aliran air limbah kemudiannya dialirkan ke dalam sungai-sungai yang akan akhirnya mengalir ke laut.

Selari dengan namanya, *microplastic* bersaiz dalam julat 0.1 hingga $1000 \mu\text{m}^3$. Ia mempunyai permukaan yang boleh menyerap logam-logam berat yang boleh memberi kesan pada kesihatan seperti plumbum, kadmium dan nikel. Ia boleh diserap oleh manusia melalui pencemaran pada garam meja yang digunakan dalam masakan dan juga pencemaran pada makanan laut bivalva seperti kerang, kupang dan tiram.



SAYA SERING MEMBAKAR SAMPAH DARI RUMAH. ADAKAH KESAN DARI SAMPAH PLASTIK YANG SAYA BAKAR KEPADA KESIHATAN SAYA?

Kesan pelepasan asap dari pembakaran domestik boleh meningkatkan kebarangkalian kejadian asma yang teruk dan emphysema. Pembakaran bahan polystyrene boleh membebaskan gas styrene yang boleh diserap ke dalam tubuh melalui paru-paru dan kulit. Selain itu, ia juga boleh meninggikan risiko penyakit jantung.

Lebih teruk lagi, pembakaran bahan-bahan plastik yang mengandungi klorin organik seperti PVC pula boleh membebaskan dioksin. Dioksin adalah antara bahan yang amat toksik kepada manusia. Ia boleh menyebabkan gangguan endokrin dan adalah karsinogenik. Bahan dioksin boleh berkumpul di dalam tisu lemak manusia dan boleh disebarluaskan kepada bayi dalam kandungan melalui urin. Ada kajian yang menemukan dioksin di dalam susu ibu yang boleh disebarluaskan kepada anak-anak yang sedang menyusu. Dioksin yang dibebaskan dan terapung ke udara di alam sekitar boleh mendapati tumbuhan-tumbuhan yang menjadi makanan dan seterusnya diserap ke dalam badan.

APA YANG SAYA BOLEH BUAT UNTUK MENGURANGKAN KESAN BAHAN BERBAHAYA DARI PLASTIK INI KEPADA KESIHATAN?

Kurangkan sampah: guna bekas makanan yang boleh diguna semula sekiranya membeli makanan untuk dibawa pulang bagi mengelakkan penggunaan polystyrene. Kurangkan pembungkusan dari bahan plastik

Guna semula: Bahan-bahan plastik yang tahan lama boleh diguna semula sebagai kraftangan dan sebagainya

Pengasingan sampah: Asingkan bahan-bahan plastik dari sampah kita untuk mengelakkan pembakaran bahan plastik

Elakkan bahan berbahaya: Kurangkan penggunaan barang plastik jika boleh. Jangan beli produk-produk yang mempunyai pembungkusan dari PVC

Kitar semula: Barang-barang plastik terpakai boleh dikitar semula dengan menghantarnya ke fasiliti-fasiliti kitar semula. Barang ini akan diasingkan mengikut jenis bahan dan akan di proses semula menjadi bahan mentah untuk industri plastik

Jangan bakar bahan plastik: Ini boleh mengurangkan pelepasan bahan berbahaya seperti dioksin ke alam sekitar



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