



NOTIS PERKAPALAN MALAYSIA
MALAYSIAN SHIPPING NOTICE

NPM 1/2003

JABATAN LAUT SEMENANJUNG MALAYSIA

MARINE DEPARTMENT PENINSULAR MALAYSIA

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Notis kepada pemilik kapal, agen perkapalan, Nakhoda, pegawai-pegawai kapal, krew kapal serta penumpang di atas kapal.

Notice to ship owners, ship agents, Master, ship's officers, ship's crew and passengers on board ships.

**NASIHAT BERHUBUNG / ADVISORY ON
SEVERE ACUTE RESPIRATORY SYNDROME'S (SARS)**

Kementerian Kesihatan Malaysia telah mengeluarkan Nota Nasihat kepada semua yang terlibat di dalam aktiviti perkapalan, seperti yang dilampirkan bersama Notis ini. Setiap pihak yang terbabit hendaklah membaca dengan teliti dan memahami sepenuhnya tindakan-tindakan yang harus diambil berhubung SARS.

The Ministry of Health Malaysia has issued an Advisory Note to all involved in shipping activities, as attached in this Notice. Everyone involved should read the advisory note carefully and understand fully the necessary actions to be taken in respect of SARS.

Sila maklum bahawa Kad Pengisytiharan Kesihatan boleh didapati dari mana-mana Pejabat Pelabuhan Jabatan Laut. Setiap anggota krew kapal dan penumpang di atas kapal dikehendaki mengisi Kad Pengisytiharan Kesihatan sebelum turun di mana-mana pelabuhan di Malaysia.

Please be informed that the Health Declaration Card may be obtained from any Marine Department's Port Office. Every member of the ship's crew and passengers on board ships are to fill in the Health Declaration Card before disembarking at any port in Malaysia.

Untuk mendapatkan maklumat lanjut berhubung SARS, sila hubungi Hotline Bilik Operasi SARS Kementerian Kesihatan di 03-26946394 atau lawat laman web Kementerian di <http://webjka.dph.gov.my/sars>.

For further information on SARS, please call the Ministry of Health SARS Operation Room Hotline at 03-26946394 or visit their website at <http://webjka.dph.gov.my/sars>.

Ketua Pengarah Laut/Director General of Marine
Tarikh/Date: 25 April 2003/ 25 April 2003



MINISTRY OF HEALTH MALAYSIA

Advisory to Shipping Lines on Severe Acute Respiratory Syndrome (SARS)

Introduction

As of 19.4.03 WHO has received notification of SARS cases from 27 countries. It has been noted that the spread of the cases from the affected areas/countries to the other parts of the world involved air, sea and road travel. Thus passengers and crew are also at risk to the spread of the disease. Currently the affected areas/countries are China, Hong Kong Special Administrative Region of China, Taiwan, Singapore, Vietnam, Canada, United States of America and United Kingdom. As of 19.4.03 a total of 3,547 cases and 182 deaths have been reported. This list of affected areas/countries will be updated as and when informed by WHO.

The Government of Malaysia is taking all necessary measures to contain the spread of SARS. In this respect the Ministry of Health Malaysia seeks the cooperation of all shipping lines having travel links with the affected countries in carrying out the following :

Pre-departure Measures

- To provide health alert card to all passengers/crew
- The shipping lines must ensure all departing passengers and crew boarding the ship have undergone pre-departure screening as following:
 - o Visual /observation to look for those who look sick

- Ask for symptoms of SARS: fever, cough, difficulty of breathing and history of traveling to the affected countries within 10 days prior the onset of the symptoms.
- If passengers/crew shows any symptoms of SARS, the patient is to be referred to port/national health authority. (Refer to the flow chart of patient management–Annex A)
- To fill up health declaration card (HDC) before reaching the next port of call

Measures on board

- Captain of the ship to make regular announcements on board for passengers/crew regarding the symptoms of SARS so that they can identify themselves to the doctor/ships officer on board
- Crew members are also to be on the lookout for passengers who may have the symptoms of SARS
- The passengers/crews are encouraged to monitor their own body temperature
- Passengers who display any symptoms of SARS, will be managed by the doctor/ships officer on board according to the attached flow chart.(Annex A)
- The affected passengers and crew are to be given appropriate protective masks (N 95) and they are to be isolated in the ship in a different cabin/room from the rest to prevent spread of the disease.
- A separate toilet is to be identified for the use of such affected passengers/crew.
- The crews are to wear protective masks and disposable gloves if they have to handle any of the passengers/crew/utensils used by them. The utensils used by these passengers/crew are to be packed separately.
- All the waste disposal from the affected passengers/crews should be treated appropriately as recommended by WHO.

- The captain of the ship or doctor on board should take detailed history to identify the list of contacts and to quarantine them for the minimum of 10 days (in a separate room from the patient).
- The captain of the ship shall inform the next port of call with regards to the number of passengers/crew with SARS symptoms.
- Passengers/crew should also be informed by the captain that upon arrival at the next port of call that they will be subjected to health screening.

Measures Upon Arrival at the port of call

Vessels from SARS infected countries are to fly the “Q” flag until cleared by the port health officer .In the event that there is no available berth ,such vessel may proceed to the quarantine anchorage for clearance.

All passengers/crew are to remain on board the vessel until allowed to disembark by the port health officer .The port health officer will decide whether or not passengers /crew are to be granted shore-leave.

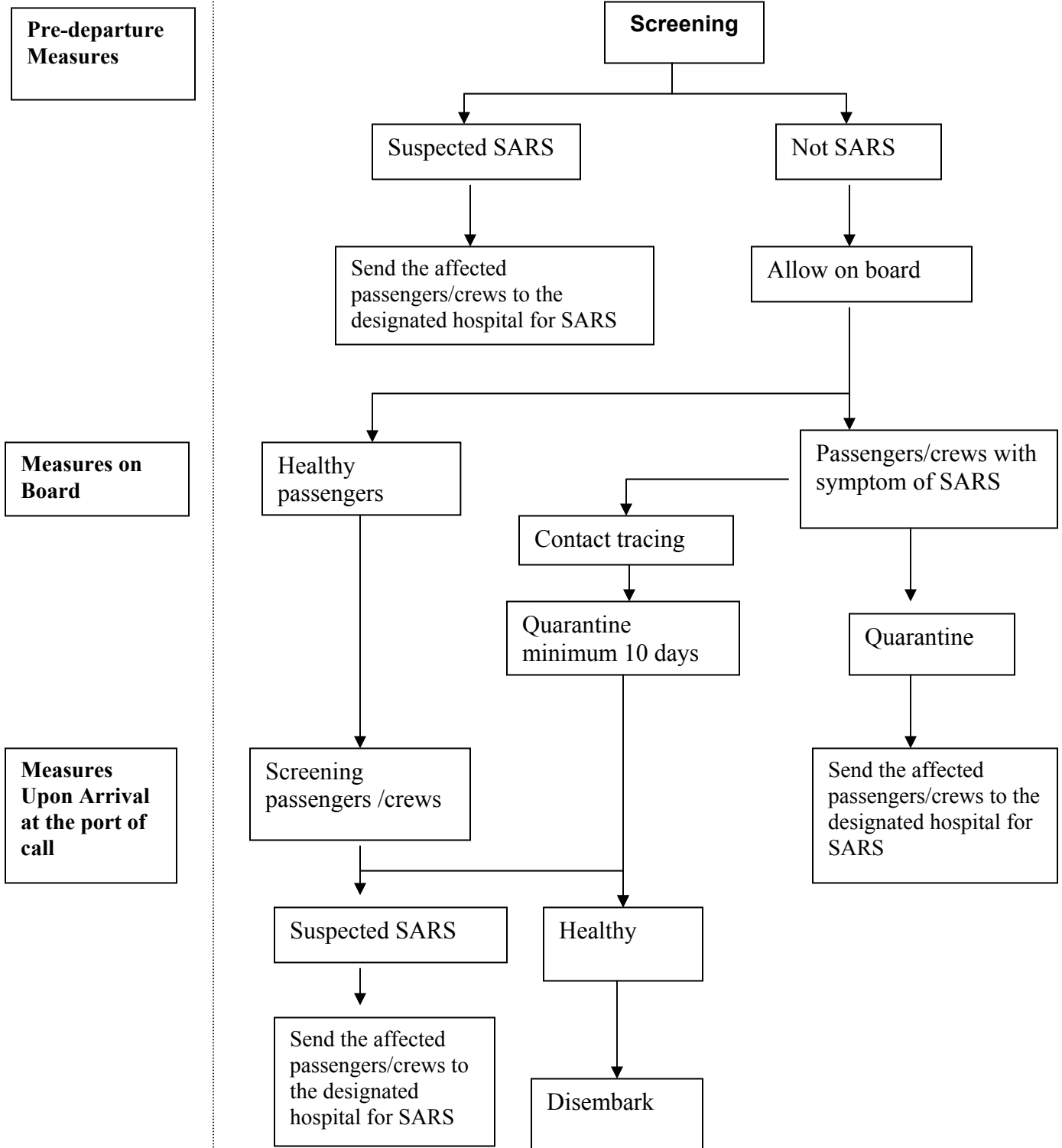
- On arrival, the shipping lines personnel with the cooperation of the health authorities are to send the affected passengers/crews without delay to the nearest hospital.
- Those contacts under quarantine are not allowed to disembark
- All passengers/crews disembarking will be subjected to the health screening
 - o To submit their health declaration card
 - o Visual /observation screening
 - o Ask for symptoms of SARS

Disinfection of the ship

- The personnel who are involved in the disinfection of the ship are to wear disposable waterproof gloves, apron and facemask.
- Compressed air should not be used for cleaning as this may re-aerosolize infectious material.
- All materials used including personal protective equipment are to be disposed off appropriately as recommended by WHO.
- Hygienic practices like washing of hands with water and soap or alcohol based hand sanitizers after removal of the gloves should be made mandatory.
- The disinfection should be carried out at the following areas using appropriate material:
 - i) Rooms/cabins/deck used for quarantine and isolation
 - ii) Any other places used by passengers/crews with symptoms of SARS.

Disease Control Division
Ministry of Health Malaysia
Date 20.4.2003

Flow Chart for Passengers / Crew on Cruise / Ship



KEMENTERIAN KESIHATAN MALAYSIA
POLICY AND PROCEDURE OF INFECTION AND ANTIBIOTIC CONTROL

POLICY ON DISPOSAL OF WASTE

Introduction:

These instruction on the segregation and disposal of waste form part of KKM's Infection Control Policy. The disposal of clinical waste has been outsourced to Support Services and there must be a close working relationship between the hospital staff and the company.

The responsibility for the implementation of this policy lies with the hospital's Pengarah advised by the Infection Control Doctor and any other officers able to offer specialist advice.

Hospital managers and heads of departments are required to formulate local procedures and to provide adequate training to ensure that the disposal of waste for the areas for which they have responsibility meets the requirements of this policy.

If necessary, posters should be displayed in every department showing categories of waste and the colour coding for plastic bags.

Procedures in waste disposal

1. All staff must confirm strictly with the color-coded system (see below) which makes possible the clear identification of clinical waste.
2. Each bag, in any category, must be labeled at the neck with the ward or department of origin, and the date.
3. Do not overfill the bags, and ensure that complete sealing takes place.

Segregation of waste

1. The key to the safe disposal of waste is the requirement for all staff to conform to the following system.
2. This system enables clear identification of clinical waste and its appropriate disposal.
 - Clinical waste Yellow plastic bags.
 - Sharps, syringes, needles, etc. Sharps containers
 - General domestic waste Black plastic bags
 - Radioactive waste Advice to be sought from the Department of Radiology.

3. All waste bags must be labeled with the department's name and the date that the bag was left for collection.

Clinical waste (YELLOW PLASTIC BAGS)

1. Waste from the following categories should be placed in the yellow plastic bag provided, fastened securely when three-quarters full and removed to the incinerator daily:
 - Soiled surgical dressings, swabs, etc. from treatment areas and operating theatres
 - All disposable waste, but not linen, from barrier nursed and dialysed patients
 - Human tissues, e.g. limbs, placenta, etc; these should be double bagged in yellow plastic bags, and removed without delayTissues from laboratories, and all related swabs and dressings.
2. Foul infected linen, if it is to be written off, should be placed in a yellow bag.
3. Glass bottles emptied of body fluids should be recycled via CSSD or according to department policy.

Disposables.

1. The contents of vomit bowls, incontinence pads, stoma bags, and sputum pots should be flushed into the sluice or WC, and containers then placed in a yellow plastic bag for incineration.
2. Intravenous and nasogastric infusion bags and giving sets should be placed in yellow plastic bags for incineration after first removing cannulae and metal components.
3. The latter must be placed in a sharps disposal bin.

Laboratory waste

1. Clinical waste from laboratories, including cultures and clinical specimens, must be placed in autoclave bags and autoclaved.
2. The autoclaved bag and contents are then placed in the yellow bags for collection and incineration.
3. If an autoclave is not available within the laboratory suite, the laboratory manager must ensure adequate arrangements have been made for autoclaving elsewhere and subsequent disposal of the waste.

Post-mortem room waste.

1. All human tissue must be placed in yellow plastic bags for incineration.

Pharmaceutical waste

1. Containers of unused or partly used tablets, liquids, injections, excluding intravenous fluid containers should be returned to the pharmacy for disposal.

Spillage of clinical waste

1. Departments which generate clinical waste must have in place procedures for dealing with spillages and include these procedures in staff training.
2. Any spillage of clinical waste must be dealt with immediately. The area affected should be marked off with biohazard or similar warning tape and advice on how best to deal with it sought from Support Services.

Storage of clinical waste.

1. Yellow bags awaiting collection must be separated from non-clinical waste bags and collected daily.
2. They must be stored away from the main corridors and public areas, or in a 'skip' trolley with a fitted lid.
3. All yellow bags collected from the wards and clinics must be stored in suitable secure area while awaiting transportation to the incinerator site.

Transport of clinical waste.

1. Support Services is responsible for the proper transport of all clinical waste in KKM from the wards, clinics, theatres and other departments till the time of incineration.
2. Human tissues should be given special consideration and it's proper incineration be supervised by a responsible person.
3. Adequate training must be given by Support Services to their staff involved in the transport of clinical waste, and protective clothing must be available if a spillage occurs.
4. Staff involved in the transportation of clinical waste who is not employed by the hospital must also be made aware of the procedure for dealing with spillages or accidents.
5. Vehicles and equipment used for transport must have smooth, impermeable surfaces which are easy to clean.

6. Responsibility for the cleaning of any vehicles or equipment used for transportation lies with Support Services.
7. Where waste is transported between sites for incineration, drivers should carry a card displaying a bio-hazard label together with clear instructions for the procedure in the event of an accident or spillage.

Sharps (SHARPS DISPOSAL BINS)

1. All sharps must be disposed of in the sharps bins provided in all wards and clinics.
2. Place all sharps into a sharps disposal bin.
3. Sharps include all of the following:
 - Syringes
 - Needles
 - Glass ampoules
 - Stitch cutters
 - Blades
 - Disposal razors
 - Contaminated broken glass
 - Small broken glass
 - Small cannulae
 -
4. Do not overfill the sharps disposal bins.
5. Disposing of sharps into any container apart from the sharps disposal bin is a very irresponsible act which can result in serious injury to other persons. *Such an action can be considered as negligence in carrying out one's duties and disciplinary proceedings against the offender can be taken.*
6. The sharps disposal bin should be changed when $\frac{3}{4}$ full; sealed and placed in a yellow bag for incineration.
7. Label the container or bag with the department's name and the date it was left for collection.

General (domestic-type) waste (BLACK PLASTIC BAG)

1. These are categories of waste that can be safely disposed off by the Majlis Perbandaran Waste Disposal system.
2. In KKM collection of such waste is carried out by the company responsible for general cleaning and maintenance.

3. Such waste will include:
 - paper
 - used paper hand towels
 - general kitchen refuse
 - unbroken glass bottles and jars unless containing body fluids
 - aerosol cans
 - batteries (aerosols and batteries must not be sent for incineration as there is an explosion hazard)
 - large items of uncontaminated broken glass must be well wrapped and padded (Note: small amounts of broken glass must be disposed of in a sharps bin).

Radioactive waste

Advice to be sought from the Department of Radiology and suitable arrangements made for the safe disposal of such waste in accordance to legal requirements.

Food waste

1. The removal and disposal of food waste from wards shall be the responsibility of the company that provides catering services.
2. Food waste must be placed in a specially designated bin and kept covered with a properly fitting lid.
3. Food waste will be collected daily from wards and disposed of appropriately by the catering service.