

AKHBAR : BERITA HARIAN
MUKA SURAT : 3
RUANGAN : NASIONAL

Laporan Ketua Audit Negara 2019 Siri 2

Hospital guna alat perubatan lama rugikan kerajaan

Kos tinggi selenggara peralatan lebih 20 tahun, guna teknologi 'usang'

Kuala Lumpur: Program penyenggaraan peralatan perubatan hospital berterusan tanpa menetapkan tempoh penggunaannya yang optimum oleh Kementerian Kesihatan (KKM) boleh merugikan kerajaan.

Menurut Laporan Ketua Audit Negara 2019 Siri 2, kos penyenggaraan sudah melebihi kos perolehan baharu, sedangkan peralatan perubatan masih menggunakan teknologi lama dan prestasinya semakin merosot.

Selain itu, maklumat daripada *Asset and Services Information System (ASIS)* tidak digunakan

secara optimum untuk membuat keputusan berhubung permohonan bajet, perancangan perolehan dan penetapan tempoh penyenggaraan.

Pengauditan dilakukan bagi 2016 hingga 31 Disember 2020 menemui 50,452 atau 19.6 peratus peralatan perubatan melebihi usia 20 tahun dengan kos RM641.59 juta dan 29,654 atau 11.5 peratus peralatan perubatan yang berstatus *beyond economic repair* masih digunakan di hospital.

"Sebanyak 1,373 peralatan perubatan dengan kos perolehan berjumlah RM38.67 juta dihentikan daripada program penyenggaraan *Biomedical Engineering Maintenance Services* walaupun belum mencapai usia jangkaan," demikian menurut laporan dikeluarkan semalam.

Laporan itu turut mendedahkan lapan hospital tidak menggunakan sistem ASIS. Lima daripadanya mempunyai sistem penyenggaraan lain, manakala baki tiga hospital tidak mempunyai sistem penyenggaraan.

Sehubungan itu, KKM disyo

menyediakan dasar menyeluruh dan komprehensif berkaitan pengurusan peralatan perubatan yang merangkumi dasar perolehan peralatan perubatan baharu, pelan penggantian, penyenggaraan dan pelupusan bagi memastikan pengurusan dapat dilaksanakan dengan cekap serta memberi nilai tambah kepada kerajaan.

"KKM juga perlu mengambil kira kualiti peralatan perubatan diperakukan oleh Jawatankuasa Penilaian Teknikal dan harga yang munasabah bagi memastikan memberi nilai faedah terbaik terhadap perolehan kerajaan.

"Peranan urus setia perolehan juga perlu ditambah baik dari aspek penyediaan kertas taklimat tender yang lebih komprehensif bagi membolehkan Lembaga Perolehan membuat keputusan tepat," menurut laporan itu.

Selain itu, KKM disyor memastikan semua sistem maklumat pengurusan dan penyenggaraan peralatan perubatan di hospital baharu berintegrasi dengan ASIS.

BERNAMA

AKHBAR : BERITA HARIAN

MUKA SURAT : 6

RUANGAN : NASIONAL

11,332
jangkitan
baharu,
2,358 kes
di Sarawak

Penularan COVID-19

KKM bantu MKN nilai semula SOP fasa endemik

Kemasukan ke premis guna buku rekod diteruskan untuk kawasan tiada capaian internet

Oleh Rohaniza Idris,
Mohd Iskandar Ibrahim
dan Ahmad Suhail Adnan
bhnews@bh.com.my

Kuala Lumpur: Kementerian Kesihatan (KKM) akan menasihatkan Majlis Keselamatan Negara (MKN) mengenai prosedur operasi standard (SOP) yang perlu dikaji semula bagi menepati suasana endemik.

Timbalan Menteri, Datuk Dr Noor Azmi Ghazali, berkata SOP sedia ada akan diperbaiki dan diperbaharui dari semasa ke semasa supaya sesuai dengan perubahan penularan COVID-19 daripada pandemik ke endemik.

"MKN dengan nasihat KKM akan menilai SOP untuk dikurangkan dan menepati suasana endemik," katanya menjawab soalannya tambahan Hannah Yeoh (PH-Segambut) pada sesi pertanyaan lisan di Dewan Rakyat, semalam.

Menjawab soalan tambahan Datuk Amiruddin Hamzah (PEJUANG-Kubang Pasu) mengenai

keperluan menggunakan buku rekod kemasukan ke premis, Dr Noor Azmi menjelaskan, penggunaan buku rekod itu masih diteruskan untuk kawasan yang tiada capaian internet.

Beliau berkata, rekod itu akan terus disemak penguat kuasa bagi pengesanan kontak rapat.

Terdahulu menjawab soalan Abdul Latif Abdul Rahman (PN-Kuala Krai) mengenai keberkesanan maklumat dalam buku catatan tanpa menggunakan imbas kod QR dalam mengesan kontak rapat dan keberkesanan alat penyukat suhu, beliau berkata, pendekatan itu bagi membantu aktiviti pengesanan kontak di kawasan tiada capaian internet.

Dr Noor Azmi berkata, tindakan pengunjung merekodkan maklumat betul dan jelas dalam buku catatan akan membantu pasukan yang menjalankan pengurusan kluster COVID-19 di lapangan mengesan kontak rapat.

Katanya, dua kaedah banyak membantu KKM dalam mengesan kes positif COVID-19 dan

kontak rapat, iaitu penilaian kesihatan sendiri oleh pengguna dan pengesanan kontak rapat melalui semakan data oleh Pejabat Kesihatan Daerah (PKD) dengan pangkalan data MySejahtera.

Sementara itu, beliau berkata, sejumlah 1,300 tempat disediakan tahun ini bagi tajaan HADIAH Latihan Persekutuan (HLP) untuk pegawai perubatan melanjutkan pengajian dalam program Sarjana Kepakaran.

Katanya, pegawai perubatan juga boleh mengikuti pengajian kepakaran melalui Program Latihan Kepakaran Paralel Pathway.

"Menerusi program itu, 189 pegawai perubatan berjaya menjadi pakar tahun lalu berbanding 98 orang pada 2011.

"KKM turut melantik semula secara kontrak Pegawai Perubahan Pakar warganegara yang bersara wajib untuk berkhidmat selain mendapatkan perkhidmatan kepakaran pihak swasta menerusi penyampaian perkhidmatan dan penyumberan luar," katanya.

Beliau menjawab soalan Datuk Dr A Xavier Jayakumar, mengenai langkah mengatasi kekurangan pakar perubatan di hospital kerajaan dan tindakan menyerap pakar perubatan sedang bekerja sebagai pekerja kontrak di hospital kerajaan.

Dr Noor Azmi berkata, sehingga 30 Jun lalu, seramai 6,012 orang pakar perubatan berkhidmat di KKM dan daripada jumlah itu, 5,993 adalah pakar perubatan lantikan tetap manakala 19 lagi kontrak.

Menjawab soalan tambahan Datuk Seri Saifuddin Nasution (PH-Kulim-Bandar Baharu) mengenai kemampuan KKM menambah doktor pakar kepada 28,000 menjelang 2030 seperti disasarkan, Dr Noor Azmi berkata, ia boleh dicapai berdasarkan langkah sedia ada.

Dalam usaha menambah bilangan pakar, katanya, pemantauan latihan kepakaran kepada pegawai perubatan dilakukan terhadap mereka yang mengambil ijazah dari luar negara.

"Program Latihan Kepakaran Paralel Pathway KKM dijenamakan dan antara langkah awal dilaksanakan adalah pegawai perlu berdaftar dengan Bahagian Perkembangan Perubatan apabila lulus peperiksaan Bahagian Satu bagi bidang berkaitan.

"Pendaftaran dibuat bertujuan membolehkan pemantauan latihan dan prestasi pelatih bagi program itu dapat dilaksanakan," katanya.

SOP sedia ada akan diperbaiki dan diperbaharui dari semasa ke semasa supaya sesuai dengan perubahan penularan COVID-19 daripada pandemik ke endemik

Dr Noor Azmi Ghazali,
Timbalan Menteri Kesihatan



84.4 peratus populasi dewasa lengkap divaksin

Kuala Lumpur: Seramai 19,784,628 atau 60.6 peratus populasi keseluruhan di negara ini menerima vaksinasi lengkap COVID-19, manakala 23,007,292 orang atau 70.5 peratus menerima sekurang-kurangnya satu dos.

Jawatankuasa Khas Jaminan Akses Bekalan Vaksin (JKJAV) berkata, sebanyak 84.4 peratus populasi dewasa menerima vaksinasi lengkap dan 93.8 peratus menerima sekurang-kurangnya satu dos.

Katanya, ia menjadikan jumlah kumulatif pemberian dos, termasuk dos tunggal dan dos leng-

kap di negara ini kepada 42,699,197.

Katanya, Lembah Klang mencatat peratusan tertinggi bagi populasi keseluruhan yang lengkap divaksin, iaitu 80.4 peratus atau seramai 6,771,183.

"Ia diikuti Negeri Sembilan dengan 69.7 peratus (786,829), Wilayah Persekutuan Labuan sebanyak 67.7 peratus (67,414) dan Perlis sebanyak 63.8 peratus (162,627).

"Tiga negeri mencatat peratusan populasi keseluruhan yang menerima dos lengkap paling rendah ialah Pahang iaitu 49.6 peratus (832,218), Kelantan pada

43.8 peratus (835,407) dan Sabah dengan 41.8 peratus (1,634,082)," katanya dalam kenyataan, semalam.

Kelmarin, sejumlah 323,335 dos vaksin diberi di seluruh negara dan daripada jumlah itu, sebanyak 172,388 adalah dos pertama daripada 150,947 adalah dua dos lengkap.

Majlis Pemulihan Negara (MPN) turut mencadangkan kebenaran merentas negeri pada pertengahan bulan depan, jika kadar pelalihan terhadap COVID-19 mencapai 90 peratus.

Sementara itu, JKJAV berkata, semua Pusat Pemberian Vaksin

(PPV) AstraZeneca di Lembah Klang akan ditutup pada 3 Oktober ini.

"Sehubungan itu, penerima vaksin berkenaan yang terlepas dos kedua dikehendaki ke PPV dos pertama secara 'walk-in' sebelum tarikh berkenaan untuk mendapatkan suntikan dos kedua," katanya.

PPV berkenaan adalah PPVAZ World Trade Centre (WTC) Kuala Lumpur, PPVAZ Universiti Malaysia Kuala Lumpur, PPVAZ Universiti Kebangsaan Malaysia (UKM) Bangi dan PPVAZ Ideal Convention Centre (IDCC) Shah Alam.

AKHBAR : HARIAN METRO
MUKA SURAT : 9
RUANGAN : COVID-19



MOHD Razali (kiri) menunjukkan kit ujian sendiri Covid-19 yang akan diagih kepada 64 sekolah di daerah Pekan. - Gambar NSTP/MOHD RAFI MAMAT

40 pegawai, anggota IPD Gua Musang dikuarantin

Gua Musang: Empat puluh pegawai dan anggota Ibu Pejabat Daerah (IPD) Polis Gua Musang dikuarantin dua minggu di kediaman serta kuarters masing-masing selepas mengalami simptom Covid-19.

Mereka mengalami simptom terbahit hasil kontak rapat dengan orang ramai ketika bertugas.

Ketua Polis Daerah Gua Musang Superintendan Sik Choon Foo berkata, kesemua pegawai dan anggota berkenaan sudah menerima suntikan vaksin Covid-19.

"Sebelum ini, ada pegawai dan anggota IPD ini yang positif Covid-19 namun sudah sembuh.

"Kali ini, jumlah yang dikuarantin adalah besar.

Kami akan penuhi keperluan harian mereka bersama keluarga seperti penyediaan makanan dan sebagainya," katanya di IPD berkenaan semalam.

Beliau ditemui pada penyerahan 40 pek makanan termasuk barangan dapur sumbangan Kelab Lion yang disampaikan wakilnya, Tan Teoh Teik Choon.

Sementara itu, Teik Choon berkata, pihaknya prihatin dengan nasib pegawai dan anggota yang dikuarantin itu.

"Kami berterima kasih di atas pengorbanan pegawai dan anggota polis ini.

"Kerana itu, kami menghulurkan bantuan bagi meringankan beban mereka," katanya.

Hotel Mei jadi PKRCS

Georgetown: Hotel di Lorong Abu Siti di sini, bakal beroperasi sebagai Pusat Kuarantin dan Rawatan Covid-19 Berisiko Rendah Swasta (PKRCS) bagi pesakit kategori satu dan dua negeri ini yang dalam kalangan golongan B40.

Ketua Menteri Pulau Pinang Chow Kon Yeow berkata, inisiatif menjadikan Hotel Mei sebagai pusat itu hasil kerjasama dengan Crisis Relief Services and Training Berhad (CREST), membatalkan peruntukan RM1.7 juta.

Katanya, ia akan beroperasi dalam tempoh tiga bulan dengan mengutamakan aspek keselamatan komuniti yang tinggi.

"Semua pesakit akan dibawa masuk menerusi pintu khas di belakang hotel, manakala bahagian hadapan premis yang bertentangan dengan jalan besar pula menjadi zon hijau yang dikawal rapi.

"Saya yakin semua pengoperasian akan dipantau

baik bagi kepentingan semua pihak, terutama komuniti serta penduduk setempat," katanya menerusi kenyataan media di sini, semalam.

Chow berkata, PKRCS itu penting dan menjadi keperluan buat golongan B40 yang perlu dikuarantin namun, kediaman mereka tidak bersesuaian.

Menurutnya, pemilihan Hotel Mei juga kerana premis itu memenuhi kriteria bagi pengoperasian PKRCS mengikut Garis Panduan Annex 32b Kementerian Kesihatan Malaysia (KKM).

"Ia menyediakan 70 bilik untuk pesakit kategori 1 dan 2 yang berusia antara dua tahun hingga 60 tahun.

"Dengan fasiliti tersedia, PKRCS hotel itu mampu menampung sehingga 147 pesakit pada satu-satu masa, yang ditentukan oleh Pegawai Kesihatan Daerah (PKD). Tiada polisi walk-in," katanya.

PPD Pekan terima 5,047 kit ujian sendiri

Pekan: Pejabat Pendidikan Daerah (PPD) Pekan menerima 5,047 kit ujian sendiri Covid-19 untuk diagih kepada 64 sekolah rendah dan menengah di daerah ini.

Kit ujian itu dibekalkan oleh Kementerian Pendidikan Malaysia (KPM) untuk digunakan pada sesi persekolahan bermula bulan depan.

Pegawainya, Mohd Razali Mustafar berkata, kit ujian sendiri Covid-19 yang diberikan kepada sekolah

hanya akan digunakan ketika diperlukan sahaja terutama apabila terdapat murid serta pelajar yang bergejala.

"Kit akan diserahkan kepada semua sekolah berkenaan dalam masa terdekat.

"Pihak sekolah turut akan diajar cara menggunakan kit itu," katanya semalam.

Menu-

rut Razali, ada 21,234 murid dan pelajar yang direkodkan di Pekan.

Razali berkata, keutamaan penggunaan kit membabitkan 12 sekolah berasrama harian dan Sekolah Berasrama Penuh (SBP) yang mana pelajarannya sepanjang masa berada dalam kawasan sekolah.

"Pada masa sama, pegawai PPD

Pekan akan diberi tanggungjawab untuk mematuhi prosedur operasi standard (SOP) di semua sekolah secara berterusan," katanya.

Sementara itu, Razali berkata, ketika ini, daripada 2,158 guru sekolah rendah dan menengah di daerah ini, hanya empat yang tidak berminat untuk menerima suntikan vaksin Covid-19.

"Usaha memujuk mereka sedang dilakukan," katanya.

Seramai 21,234 murid dan pelajar direkodkan di Pekan

Wujud ekosistem selamat di sekolah

Penjelasan berkaitan vaksin perlu terus diberi kepada remaja, pelajar bagi mengekang penularan wabak koronavirus

Bernama

Kuala Lumpur

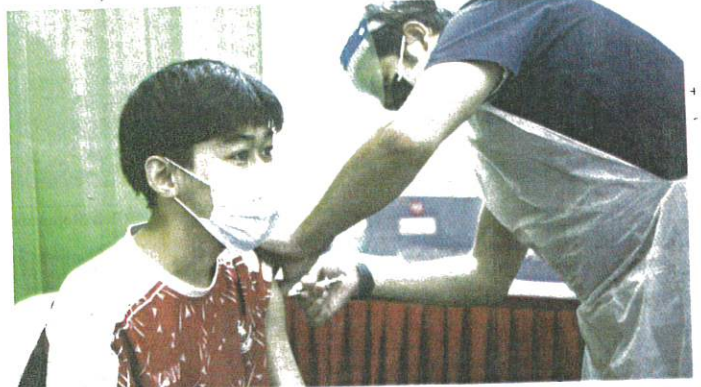
Penjelasan mengenai vaksin Covid-19 perlu diberikan kepada remaja atau pelajar secara berterusan supaya mereka lebih prihatin tentang pencegahan penyakit dalam mengekang penularan wabak berkenaan terhadap golongan itu.

Setiausaha Agung Kesatuan Perkhidmatan Perguruan Kebangsaan Semenanjung Malaysia (NUTP) Wang Heng Suan berkata, walaupun tiada undang-undang yang mewajibkan pelajar mengambil vaksin, kaunselor di Jabatan Pendidikan Negeri (JPN), Pejabat Pendidikan Daerah (PPD) dan sekolah perlu memainkan peranan memberi kesedaran dan kepentingan vaksinasi kepada pelajar.

"Suntikan vaksin amat penting untuk mengekang penularan jangkitan Covid-19 sekali gus memastikan sistem pembelajaran berfungsi dengan baik. Pemberian vaksin kepada remaja jalan terbaik bagi mengekang penularan jangkitan itu dalam kalangan remaja.

"Ibu bapa perlu memahami situasi pandemik ketika ini dan dapat memberikan kerjasama yang baik dengan mendaftarkan anak mereka untuk mendapatkan vaksin supaya ekosistem pendidikan Malaysia tidak terjejas," katanya kepada Bernama, baru-baru ini.

Wang berkata, pandemik Covid-19 adalah cabaran ke-



PELAJAR SMK Cheras Jaya, Muhammad Haziq Turutiradi, 17, menerima suntikan vaksin menerusi program Pick Remaja di Pusat Pemberian Vaksin (PPV) Pusat Konvensyen Bangi Avenue (BACC), Bangi. - Gambar NSTP/AIZUDDIN SAAD

pada golongan pendidik dan pelajar dalam meneruskan pengajaran dan pembelajaran (PdP) kerana wabak itu bukan sahaja membabitkan nyawa seorang pesakit, tetapi satu komuniti atau populasi.

Program Imunisasi Covid-19 Kebangsaan (Pick) Remaja yang bermula secara rasmi pada 20 September lalu menyasarkan pembabitkan 3.2 juta remaja berusia 12 hingga 17 tahun, dengan 60 peratus daripada mereka mendapat sekurang-kurangnya satu dos vaksin pada November ini, dan 80 peratus mendapat dos lengkap sebelum sekolah dibuka pada sesi 2022.

Program itu dimulakan

lebih awal di Sarawak pada 8 September dan Labuan pada 11 September selepas kadar vaksinasi di negeri dan wilayah berkenaan mencapai 80 peratus.

Manakala di Sabah pula dimulakan pada 16 September lalu kerana sebahagian besar remaja tinggal di kawasan pedalaman dan memerlukan lebih masa bagi aktiviti jangkau luar.

Sementara itu, Yang Dipertua Gabungan Majlis Guru Besar Malaysia Sukimin Juki pula berkata, pemberian vaksin Covid-19 kepada pelajar adalah cara terbaik ketika ini kerana sesi persekolahan akan dibuka tidak lama lagi sekali gus mampu mewujudkan ekosistem yang se-

lamat di sekolah. Beliau berkata, bagi mewujudkan persekitaran yang selamat di sekolah, bukan hanya warga sekolah seperti guru, pihak pengurusan dan petugas sokongan sahaja perlu divaksin, tetapi juga pelajar bagi mewujudkan gelembung yang lebih selamat sesama mereka.

"Pemberian vaksin adalah yang terbaik buat masa ini. Ya, mungkin tidak 100 peratus, tetapi dalam usaha mewujudkan ekosistem yang selamat, ia adalah antara langkah terbaik pada waktu ini," katanya.

Dalam pada itu, Naib Yang Dipertua Majlis Pengetua Sekolah Malaysia Mohd Ariffin Abdul Rahman berkata, walaupun warga sekolah dan pelajar menerima suntikan vaksin, tindakan terbaik adalah mematuhi segala SOP yang digariskan.

"Suntikan vaksin amat penting untuk mengekang penularan Covid-19"
Wang

AKHBAR : KOSMO
 MUKA SURAT : 4
 RUANGAN : NEGARA



CHOON FOO (tiga dari kanan) menerima sumbangan barangan makanan daripada Telk Choon di IPD Gua Musang semalam.

40 anggota polis positif Covid-19

GUA MUSANG – Seramai 40 anggota di Ibu Pejabat Polis Daerah (IPD) Gua Musang disahkan positif Covid-19 dipercayai berjangkit dengan orang awam sewaktu menjalankan tugas.

Ketua Polis Daerah Gua Musang, Superintendan Sik Choon Foo berkata, anggota-anggota polis itu kini menjalani kuarantin sejak seminggu lalu di kuarters IPD Gua Musang selepas mempunyai gejala jangkitan Covid-19.

Katanya, kesemua anggota yang terlibat dipercayai berjang-

kit daripada orang awam ketika melaksanakan tugas.

"Seramai 40 anggota bersama ahli keluarga terpaksa dikuarantin selepas mereka disahkan positif Covid-19 kategori satu dan dua selain ada antaranya menjangkiti kontak rapat pesakit.

"Jumlah jangkitan Covid-19 itu adalah yang terbesar di IPD Gua Musang berbanding sebelum ini yang melibatkan bilangan kecil sahaja," katanya.

Beliau berkata demikian selepas menerima bantuan ma-

kan daripada wakil Kelab Lion di IPD Gua Musang untuk diserahkan kepada 40 anggota polis yang sedang dikuarantin semalam.

Sumbangan 40 pek makanan itu disampaikan District Governor 308B1 Kelab Lion, Tan Teoh Teik Choon.

Mengulas lanjut, menurut Choon Foo, sebelum ini, lebih 200 anggota dan pegawai polis pelbagai pangkat di IPD Gua Musang sudah lengkap dua dos vaksin.

Kes aktif terus turun, 258 kematian dicatat

PUTRAJAYA – Pesakit sedang dirawat dan diasingkan terus mencatatkan penurunan dengan 177,560 kes setakat kelmarin.

Menurut laman web COVID-NOW yang dikemas kini pukul 11.59 malam kelmarin itu menunjukkan, daripada jumlah tersebut sebanyak 147,848 kes dikuarantin di rumah.

"Selain itu, 19,180 kes di Pusat Kuarantin dan Rawatan Covid-19 (PKRC), 9,554 kes di hospital, 402 kes di Unit Rawatan Rapi tanpa bantuan pernafasan dan 576 kes di ICU dengan bantuan pernafasan," katanya.

Selain itu, sebanyak 258 kes kematian dilaporkan dengan 87 kes kematian sebenar bagi tempoh tujuh hari, menjadikan jumlah kematian 25,695 kes.

Terdapat 75 kes meninggal dunia di luar hospital atau brought-in-dead (BID) dengan jumlah kes BID di seluruh negara sebanyak 5,097 kes.

Sementara itu, Ketua Pengerah Kesihatan, Tan Sri Dr. Noor Hisham Abdullah berkata, sebanyak 11,332 kes harian dilaporkan semalam, menjadi-

COVID-19

Angka terkini kes Covid-19 di Malaysia sehingga semalam

	Jumlah
Kes Baharu	11,332
Import	23
Tempatan	11,309
Pulih	14,160
Jumlah kes sembuh	2,020,099
Jumlah Kematian	25,695
Jumlah kes keseluruhan	2,220,526

kan jumlah kes positif sebanyak 2,220,526 kes.

"Sarawak merekodkan 2,358 kes, diikuti Johor (1,319), Selangor (1,231), Kelantan (1,088), Sabah (965), Pulau Pinang (895), Kedah (819), Perak (678), Pahang (677), Terengganu (629), Melaka (303) dan Kuala Lumpur (240).

"Negeri Sembilan pula (89), Putrajaya dan Perlis (masing-masing 19 kes) dan Labuan (tiga)," katanya.

AKHBAR : KOSMO

MUKA SURAT : 21

RUANGAN : K2



NOOR HISHAM

Sistem pengudaraan baik bendung penularan

ANTARA isu terbaharu pandemik Covid-19 adalah berhubung aspek pengudaraan terutamanya apabila varian baharu virus itu dikaitkan dengan jangkitan bawaan udara.

Justeru, sistem pengudaraan dan kualiti udara yang baik disifatkan penting dalam membendung penularan virus itu.

Ketua Pengarah Kesihatan, Tan Sri Dr. Noor Hisham Abdullah berkata, secara umumnya, terdapat tiga jenis pengudaraan di bangunan-bangunan termasuk premis perniagaan dan pejabat.

Ia merangkumi pengudaraan secara semula jadi, sistem penyaman udara tanpa pengudaraan mekanikal dan sistem penyaman udara dengan pengudaraan mekanikal.

"Bangunan yang mempunyai pengudaraan semula jadi mempunyai risiko yang rendah dalam penularan penyakit Covid-19 dan lain-lain penyakit bawaan udara.

"Bagaimanapun, perkara berikut perlu dilakukan jika ruang tersebut menggunakan sistem pengudaraan semula jadi iaitu buka lebih daripada satu tingkap atau pintu pada bahagian dinding sama, tingkatkan pengudaraan silang dengan buka tingkap atau pintu pada bahagian bertentangan atau guna kipas untuk membantu meningkatkan peredaran udara dalaman," katanya.

Sementara itu katanya, bagi premis dengan sistem penyaman udara tanpa pengudaraan mekanikal disarankan meningkatkan pengudaraan dalaman dengan buka tingkap dan pasang kipas, selain menetapkan suhu antara 23 hingga 26 darjah Celcius.

"Bagi premis bersistem penyaman udara dengan pengudaraan mekanikal pula perkara yang harus diambil perhatian adalah memastikan semua komponen *Mechanical Ventilation and Air Conditioning* (MVAC) diselenggara dan berfungsi mengikut reka bentuknya," katanya.

AKHBAR : SINAR HARIAN

MUKA SURAT : 13

RUANGAN : VAKSIN UNTUK RAKYAT

Sebanyak 247 kes atau 2.2 peratus merupakan kategori tiga hingga lima

Oleh TUAN BUQHAIKHAIRAH
TUAN MUHAMAD ADNAN

PUTRAJAYA

Kes baharu positif Covid-19 kembali meningkat kepada 11,332 kes setakat jam 12 tengah hari pada Selasa.

Ketua Pengarah Kesihatan, Tan Sri Dr Noor Hisham Abdullah berkata, daripada jumlah itu, terdapat 247 kes atau 2.2 peratus merupakan kategori tiga hingga lima.

Menurutnya, sebanyak 11,085

11,332 kes baharu, Sarawak kekal catat jumlah tertinggi

kes (97.8 peratus) lagi adalah terdiri daripada kategori satu dan dua.

“Sarawak kekal melaporkan kes tertinggi iaitu 2,358 kes diikuti Johor (1,319), Selangor (1,231) dan Kelantan (1,088).

“Lapan negeri yang masih merekodkan tiga digit jangkitan iaitu Sabah (965), Pulau Pinang (895),



DR NOOR HISHAM

Kedah (819), Perak (678), Pahang (677), Terengganu (629), Melaka (303) dan Kuala Lumpur (240),” katanya dalam satu kenyataan.

Dr Noor Hisham berkata, Negeri Sembilan pula merekodkan dua digit jangkitan iaitu sebanyak 89 kes, diikuti Putrajaya (19) Perlis (19) dan Labuan (tiga).

“Jumlah kumulatif kes positif adalah sebanyak 2,220,526,” katanya dalam satu kenyataan.

Beliau berkata, sebanyak 986 kes dirawat di unit rawatan rapi (ICU) dan 574 memerlukan bantuan pernafasan.

“Sejumlah 14,160 kes sembuh direkodkan menjadikan jumlah kumulatifnya, 2,020,099 kes,” katanya.

**MENDEPANI KRISIS
COVID-19:
APA TINDAKAN
KITA?**

Dr Noor Hisham berkata, Kementerian Kesihatan Malaysia mengenal pasti 15 kluster baharu membatik sembilan kluster komuniti dan enam kluster tempat kerja.

“Jumlah keseluruhan kluster adalah 5,447 kes dan 4,296 daripadanya telah diisytiharkan tamat, sementara 1,151 masih aktif,” katanya.

5,947 individu mohon kuarantin di rumah sejak seminggu lalu

KUALA LUMPUR - Sejumlah 5,947 individu kebanyakannya warganegara Malaysia telah mengemukakan permohonan melalui portal Home Quarantine Application (HQA) sejak dilancarkan 20 September lalu untuk menjalani kuarantin di tempat kediaman.

Ketua Pengarah Kesihatan, Tan Sri Dr Noor Hisham Abdullah berkata, sejak seminggu dilancarkan, portal HQA telah menerima sebanyak 4,883 permohonan

lengkap dan daripada jumlah tersebut sebanyak 1,741 permohonan telah diproses.

“Sebanyak 1,612 telah diberi kelulusan untuk menjalani kuarantin di rumah atau tempat kediaman,” katanya dalam kenyataan pada Selasa.

Memperinci lanjut, Dr Noor Hisham berkata, daripada jumlah permohonan tersebut, 3,921 melibatkan permohonan warganegara Malaysia diikuti oleh 1,910 individu bukan warganegara dan pemastautin tetap Malaysia iaitu

sebanyak 116 orang.

Kementerian Kesihatan sebelum ini melancarkan portal sebagai salah satu persiapan menghadapi pertambahan kemasukan pengembara dari luar negara atas pelbagai tujuan.

Portal khas ini diwujudkan bagi memudahkan urusan permohonan kuarantin di rumah atau tempat kediaman kepada pengembara dari luar negara yang tiba di Malaysia melalui pelbagai pintu masuk antarabangsa. - *Bernama*

Individu terlepas dos kedua AstraZeneca disaran ke PPVAZ sebelum 4 Oktober

SHAH ALAM - Individu yang terlepas suntikan kedua dos vaksin Covid-19 jenis AstraZeneca disaran supaya hadir ke Pusat Pemberian Vaksin AstraZeneca (PPVAZ) asal mereka secara terus sebelum 4 Oktober ini.

Jawatankuasa Khas Jaminan Akses Bekalan Vaksin Covid-19 (JKJAV) menerusi satu hantaran di Facebook memaklumkan individu berkenaan boleh datang terus ke mana-mana empat lokasi PPVAZ sebelum tarikh tersebut.

Menurut hantaran tersebut, lokasi PPVAZ tersebut ialah PPVAZ

Pusat Dagangan Dunia (WTC), Kuala Lumpur; PPVAZ Universiti Malaya (UM), Kuala Lumpur; PPVAZ Universiti Kebangsaan Malaysia (UKM), Bangi dan PPVAZ Pusat Konvensyen Ideal (IDCC), Shah Alam.

“Kepada penerima vaksin AstraZeneca di Lembah Klang yang telah terlepas suntikan dos kedua, sila terus ke PPV asal anda sebelum 4 Oktober 2021.

“Semua PPVAZ di Lembah Klang akan ditutup selepas 3 Oktober,” kata hantaran tersebut pada Selasa.

AKHBAR : SINAR HARIAN

MUKA SURAT : 24

RUANGAN : SINAR NEGERI

40 tahfiz tak hantar nama pelajar untuk vaksin

Kerajaan Perak gesa pengetua sekolah tahfiz hantar segera nama pelajar kepada JAIPK

Oleh SAIFULLAH AHMAD

IPOH

Sebanyak 50 sekolah tahfiz daripada 90 yang berdaftar dengan Jabatan Agama Islam Perak (JAIPK) sudah menghantar nama pelajar untuk program vaksinasi di negeri itu.

Exco Kesihatan, Alam Sekitar dan Teknologi Hijau Perak, Mohd Akmal Kamarudin berkata, kerajaan negeri meminta kerjasama semua pengetua sekolah tahfiz untuk segera mengemukakan nama pelajar untuk divaksin kepada JAIPK.

Menurutnya, perkara itu penting bagi menyelaraskan Program Imunisasi Covid-19 Kebangsaan (PICK) Remaja untuk pelajar sekolah berumur 12 hingga 17 tahun yang sedang dilaksanakan ketika ini.

"Ada yang tak berdaftar pun dan kita dah bermesyuarat dengan pihak JAIPK macam mana nak selesaikan sekolah tidak berdaftar ini supaya pelajar-pelajar



Mohd Akmal (berdiri, kiri) bertanyakan sesuatu kepada pelajar untuk program vaksinasi ketika mengadakan lawatan di PPV Sekolah Izzuddin Shah pada Selasa.

VAKSINASI REMAJA

diberi layanan sama rata dengan sekolah agama berdaftar.

"Kita minta kerjasama pengetua dan sekolah lain termasuk yang tidak berdaftar supaya menghubungi pihak JAIPK untuk menyelaraskan program vaksinasi," katanya kepada pemberita selepas mengadakan lawatan di Pusat Pemberian Vaksin (PPV) Sekolah Izzuddin Shah di sini pada Selasa.

Mohd Akmal berkata, sebanyak 39 sekolah tahfiz tidak berdaftar dengan JAIPK juga belum menyerahkan nama pelajar mereka untuk divaksin.

Menurutnya, dianggarkan jumlah keseluruhan pelajar tahfiz berdaftar dan tidak berdaftar yang akan menerima suntikan vaksin di negeri itu seramai 10,000 orang.

"Kesemua sekolah yang sudah menghantar nama pelajar akan diberi maklumat berkaitan janji temu vaksin mereka mengikut lokasi tempat tinggal," katanya.

Mengenai perkembangan PICK Remaja di Perak, Mohd Akmal berkata, sehingga 26 September seramai 64,681 remaja yang telah divaksin iaitu 27 peratus daripada populasi di negeri itu.

Kedah benar jemaah lengkap vaksin solat fardu di masjid

ALOR SETAR - Kerajaan Kedah membenarkan jemaah yang sudah lengkap vaksinasi untuk menunaikan solat fardu di masjid berkuat kuasa pada Rabu dengan syarat kehadiran separuh ruang solat masjid.



MOHD YUSRI

Pengarah Jabatan hal Ehwal Agama Islam Negeri Kedah (JHEAIK), Mohd Yusri Md Daud berkata, keputusan ini dibuat setelah mengambil kira kadar vaksinasi penduduk di Kedah melebihi 60 peratus, kes harian Covid-19 yang sudah menurun paras 1,000 serta kadar penggunaan katil pesakit Covid-19 di hospital yang menurun kepada 60 peratus.

"Bagi solat Jumaat, kita turut membenarkan kehadiran jemaah separuh ruang solat masjid iaitu tidak kurang daripada 50 jemaah termasuk pegawai dan jawatan kuasa masjid," katanya dalam satu kenyataan pada Selasa.

Mohd Yusri berkata, program keagamaan seperti kuliah selepas Maghrib hingga Isyak, kuliah Subuh, bacaan Yasin malam Jumaat dan tazkirah sebelum solat Jumaat dibenarkan tidak melebihi satu jam.

"Penyampai kuliah hendaklah sudah lengkap divaksin dengan kapasiti jemaah mengikut ketetapan had solat fardu dan Jumaat.

"Penyampai kuliah dari luar lokaliti yang perlu rentas daerah dan negeri tidak dibenarkan, semua aktiviti solat dan kuliah mestilah dengan jarak fizikal satu meter dan mengikut prosedur operasi standard (SOP) yang ditetapkan," katanya.

AKHBAR : UTUSAN MALAYSIA

MUKA SURAT : 14

RUANGAN : RENCANA

NOOR MOHAMAD SHAKIL HAMEED



TATKALA kita berasa lega apabila akhirnya program vaksinasi untuk kumpulan remaja berusia 12 hingga 17 tahun khususnya pelajar sekolah bermula, timbul persoalan cukup serius, iaitu bagaimana nasib anak-anak yang mungkin tidak mendapat kebenaran ibu bapa untuk menerima suntikan vaksin Covid-19?

Walaupun pelaksanaan Program Imunisasi Covid-19 Kebangsaan (PICK) Remaja masih di peringkat awal dan belum ada statistik mengenai perkara ini, memandangkan ada golongan dewasa yang enggan divaksin maka sudah pasti anak-anak mereka juga bakal mengikuti jejak sama. Justeru, semua mata kini tertumpu kepada kelompok ibu bapa yang enggan divaksin untuk diri sendiri dan ahli keluarga.

Hakikatnya, ini antara isu besar yang sedang bermain di pemikiran masyarakat kerana tindakan ibu bapa yang tidak membenarkan anak mengambil vaksin boleh meletakkan semua pihak dalam risiko besar. Natiujahnya, baik anak tersebut mahupun orang di sekelilingnya boleh terkena jangkitan wabak.

Misalnya, kita sedia maklum sekolah bakal dibuka secara berperingkat tidak lama lagi. Timbul persoalan, bagaimana dengan keselamatan anak yang tidak dibenarkan divaksin oleh ibu bapa dengan anak yang telah divaksin? Ironinya, mereka akan berada di sekolah untuk suatu tempoh panjang serta menjalani sesi pembelajaran dan aktiviti lain secara bersemuka. Situasi ini sekali gus mula mencetuskan kebimbangan dalam kalangan ibu bapa.

Sudah tentu ibu bapa yang anak mereka lengkap divaksin bimbang jika mengetahui ada dalam kalangan rakan-rakan sekelas anak mereka tidak mendapat vaksin atau lebih tepat lagi tidak mendapat kebenaran ibu bapa untuk menerima vaksin. Akibatnya



TINDAKAN segelintir ibu bapa yang tidak membenarkan anak mereka mengambil vaksin boleh meletakkan semua pihak dalam risiko yang besar. - UTUSAN/AFIQ RAZALI

Jangan anak pun antivaksin

“Sudah tentu mereka malu dan takut untuk berhadapan dengan rakan-rakan yang sudah mendapat vaksin.”

ada kemungkinan ibu bapa tidak akan membenarkan anak mereka hadir ke sekolah kerana lebih mengutamakan keselamatan apatah lagi Kementerian juga memberi pilihan kepada ibu bapa untuk tidak menghantar anak ke sekolah. Bukankah senario ini akan menjejaskan pelajaran dan masa depan anak-anak?

Malah keengganan ibu bapa memberi kebenaran juga akan meletakkan anak mereka dalam keadaan cukup berisiko sepanjang masa di semua tempat. Harus diingat, anak ini tidak akan terkurung di rumah semata-mata sebaliknya pergi ke merata tempat untuk pelbagai urusan di mana mereka dengan

mudahnya terdedah kepada risiko jangkitan. Sekali lagi kita meletakkan semua pihak dalam keadaan risiko tinggi.

SALAH LANGKAH

Jelas di sini, kuncinya sekarang ada pada ibu bapa kerana anak berusia 12 hingga 17 tahun ini masih di bawah tanggungjawab mereka sepenuhnya. Jadi, ibu bapa perlu bijak menilai segala risiko serta membuat keputusan bijak demi memberikan perlindungan keselamatan maksimum kepada ahli keluarga khususnya anak-anak. Ringkasnya, ibu bapa tidak boleh salah langkah sehingga menggadaikan keselamatan dan masa depan anak-anak.

Dalam konteks ini, di harap ibu bapa yang enggan anak mereka divaksin akan sedar dan dapat teliti betul-betul data dan statistik dibentangkan oleh Kementerian Kesihatan setakat ini. Secara umumnya dilaporkan kadar kematian bayi, kanak-kanak dan remaja akibat Covid-19 pada tahun ini meningkat seiring pertambahan kes jangkitan. Sebanyak 41 kematian

direkodkan sejak Januari hingga 30 Ogos lalu, berbanding enam kematian pada 2020 dengan 322,694 menjadi pesakit cilik Covid-19 sejak pandemik bermula. Lebih membimbangkan apabila data juga menunjukkan kategori usia 13 hingga 17 tahun menyaksikan peningkatan ketara tahun ini dengan 89,087 kes dan 16 kematian berbanding 4,142 kes serta dua kematian pada 2020.

Apakah data ini belum cukup menggerunkan kita? Jadi, janganlah kerana keegoan dan kedegilan kita sanggup menggadaikan keselamatan dan masa depan anak sendiri. Dalam hal ini, memang betul kita tidak boleh memaksa apatah lagi tidak ada undang-undang mewajibkan pengambilan vaksin, namun itu bukan alasan untuk ibu bapa lari daripada tanggungjawab khususnya apabila tindakan kita turut membabitkan keselamatan orang lain.

Malah tindakan kita menghalang anak mengambil vaksin juga boleh memberi tekanan hebat serta menjejaskan emosi anak-

anak. Hal ini kerana sudah tentu mereka malu dan takut untuk berhadapan dengan rakan-rakan yang sudah mendapat vaksin. Kita khuatir akhirnya anak ini akan murung, terjejas secara mental dan fizikal serta tidak mahu keluar rumah atau memilih untuk terus terperuk di rumah.

Jadi, jelas sekali jika ibu bapa tidak membuat keputusan bijak, ia bukan sahaja bakal merugikan masa depan anak-anak tetapi turut boleh mencetuskan pelbagai polemik dan kegusaran dalam kalangan anggota masyarakat lain.

Justeru, ibu bapa perlu berfikir masak-masak sebelum membuat keputusan dan jangan sesekali membuat keputusan yang merugikan masa depan anak-anak serta meletakkan semua pihak dalam risiko tinggi. Tuntasnya, kini pilihan di tangan ibu bapa sendiri dan buatlah pilihan bijak, betul dan rasional dengan mengambil kira kepentingan semua pihak terlibat.

PENULIS ialah pentadbir universiti dan penganalisis isu semasa.

AKHBAR : UTUSAN MALAYSIA

MUKA SURAT : 15

RUANGAN : RENCANA

Industri pembinaan belum sedia?

GOH KAI CHEN



SEPERTI MANA umum maklum, kerajaan melaksanakan sebanyak tiga kali Perintah Kawalan Pergerakan (PKP) secara berfasa dalam jangka masa dua tahun. Kini, kita sedang beralih ke fasa endemik seperti yang dinyatakan oleh Menteri Kesihatan, Khairy Jamaluddin pada penghujung Oktober ini.

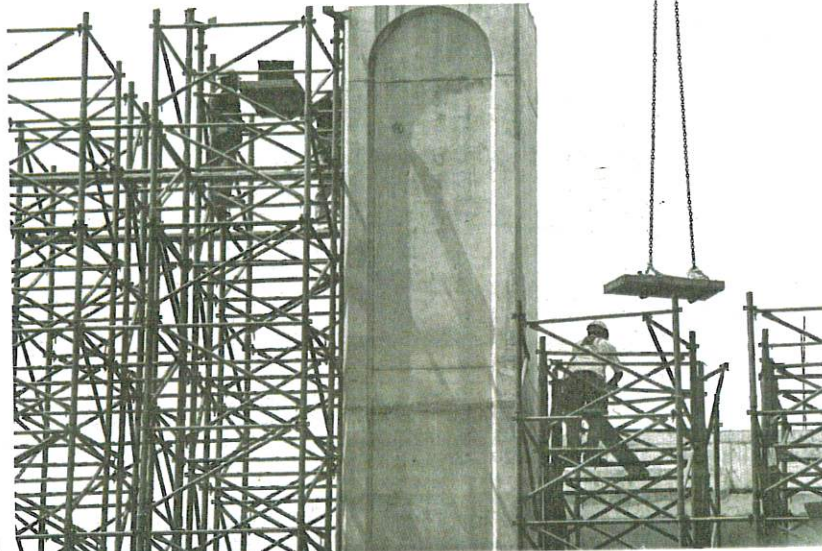
Hal ini akan dilaksanakan selepas 80 peratus penduduk negara menerima dos lengkap vaksin. Namun begitu, apa yang menjadi persoalan, keadaan ekonomi negara masih belum pulih sepenuhnya terutama sektor pembinaan.

Ini kerana penekanan melaksanakan prosedur operasi standard (SOP) yang diwujudkan telah memberi cabaran besar kepada kebanyakan pemain industri di seluruh negara termasuk kontraktor. Antara cabaran utama adalah kewajipan setiap pekerja menjalani kit ujian pantas (RTK) antigen dengan kaedah sendiri atau di fasiliti kesihatan setiap dua minggu.

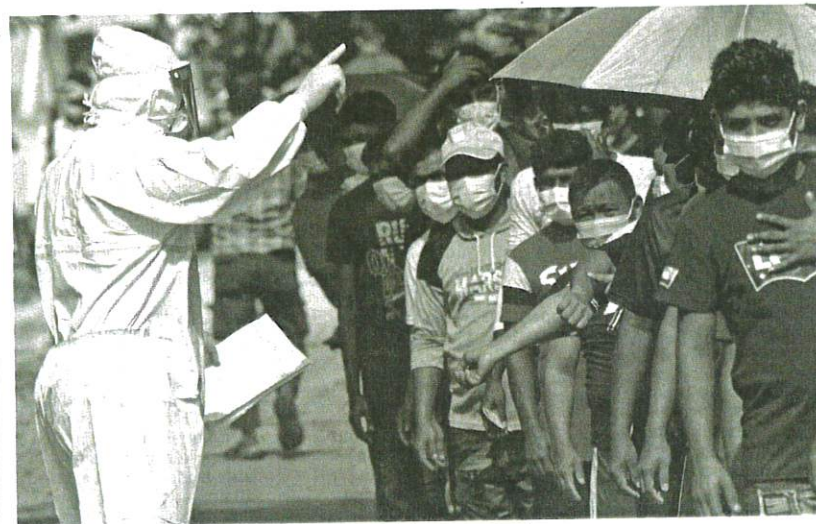
Menurut Menteri Kanan Perdagangan Antarabangsa dan Industri (MITI), Datuk Seri Mohamed Azmin Ali, keputusan tersebut merupakan langkah proaktif bagi menangani penularan Covid-19 dalam kalangan pekerja di tapak pembinaan. Kontraktor perlu menanggung kos RTK-antigen untuk kesemua pekerja mereka yang ramai jumlahnya di sesebuah projek pembinaan.

Pihak kontraktor agak terbeban dengan kos RTK-antigen yang tinggi. Tambahan pula kos ini tidak dinyatakan dalam mana-mana klausa kontrak dan insurans. Akibatnya, kontraktor perlu menanggung kos yang dianggap sebagai luar jangka ini disebabkan pandemik Covid-19.

Untuk isu seperti ini, kerajaan harus memperhalusi



KERAJAAN disaran mengambil beberapa langkah dalam melaksanakan pengurusan projek pembinaan agar lebih praktikal dan selamat. - UTUSAN/FAUZI BAHARUDIN



KOS kit ujian pantas yang perlu ditanggung oleh kontraktor bagi semua pekerja asing di tapak projek pembinaan dilihat membebankan. - UTUSAN/RASUL AZLI SAMAD

dan menilai semula SOP bagi fasa endemik ini dengan melihat pendekatan yang boleh diambil. Sebelum ini, beberapa negara telah melonggarkan secara keseluruhan SOP. Namun, tindakan tersebut

menyebabkan peningkatan jumlah jangkitan dan kewujudan varian baharu sehingga kerajaan terpaksa mengetatkan kembali dan memperbaharui SOP.

Bagi tujuan ini, saya syorkan beberapa langkah

dalam melaksanakan pengurusan projek pembinaan agar ia lebih praktikal dan selamat. Apa yang perlu dilaksanakan dalam memastikan industri pembinaan berjalan lancar sebelum fasa endemik

bermula yang dijangkakan pada penghujung Oktober nanti merangkumi aspek-aspek berikut:

- Polisi kerajaan yang lebih menekankan keselamatan pekerja industri pembinaan terutama semasa pandemik. Ini adalah disebabkan sehingga kini tidak ada sebarang polisi yang menjaga kebajikan dan keselamatan pekerja industri pembinaan diwujudkan walaupun negara dilanda penularan Covid-19 hampir dua tahun.

- Agensi-agensi kerajaan seperti Jabatan Kerja Raya dan Lembaga Pembangunan Industri Pembinaan (CIDB) boleh bekerjasama dengan syarikat-syarikat insurans dan takaful untuk mewujudkan polisi bagi membantu menampung kos ujian RTK antigen, tindak balas rantai polimerase transkripsi balikan (RT-PCR) dan rawatan pekerja sekiranya dijangkiti Covid-19.

- Memperhalusi dan mempermudah SOP untuk industri pembinaan agar ia dapat difahami dan dipatuhi oleh pekerja-pekerja di tapak pembinaan terutama pekerja asing.

- Kerajaan harus melabur secara konsisten dalam pembangunan infrastruktur seperti sekolah, jalan raya, jambatan dan infrastruktur digital kerana ia adalah pemacu utama dalam meningkatkan ekonomi negara dan secara langsung memberi impak kepada industri pembinaan.

Tuntasnya, pandemik Covid-19 telah menggugat kemajuan negara terutamanya menjejaskan pembangunan ekonomi termasuk industri pembinaan yang memberikan impak cukup besar. Justeru, kerajaan perlu memandang serius hal ini dengan mengembalikan pertumbuhan ekonomi sambil membangunkan masyarakat yang inklusif dan seimbang berteraskan konsep Keluarga Malaysia.

PROFESOR Madya Dr. Goh Kai Chen ialah Penyelidik Utama di Pusat Kelestarian Infrastruktur & Pengurusan Alam Sekitar, Universiti Tun Hussein Onn Malaysia.

AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 5

RUANGAN : NATION / NEWS

COVID FATALITIES

258 deaths recorded on Monday

KUALA LUMPUR: Malaysia's number of fatalities from Covid-19 has risen to 25,695 after another 258 deaths were recorded on Monday.

From these latest figures, 75 of the deaths were brought-in-dead (B.I.D.) cases bringing the tally to 5,097, according to the data shared by the Health Ministry on CovidNow at 11.59pm on Monday. The seven-day average of actual deaths stood at 87.

In the Klang Valley, there were 81 deaths reported, with 56 in Selangor and 25 in Kuala Lumpur. Putrajaya had no reported deaths.

In Johor, there were 53 deaths reported, followed by Kedah with 46, Penang (21), Sarawak (19) and Sabah (12).

Kelantan, Pahang, and Perak each reported five deaths, Terengganu and Melaka each reported four deaths, Perlis had two, and Negri Sembilan had one. There were no deaths reported in Labuan.

Penang logged the highest number of deaths in the past two weeks, with 14.4 deaths per 100,000 people followed by 10.9 in Johor and 6.5 in Sabah.

At the national level, there were 5.5 deaths per 100,000 people over the same period.

On active Covid-19 cases nationwide, currently, there were 177,560 cases. Of the total, 83.3 per cent (or 147,848) of the pa-



A health worker closing the body storage container for Covid-19 victims at Kuala Lumpur Hospital. In the Klang Valley, there were 81 deaths reported on Monday, with 56 in Selangor and 25 in Kuala Lumpur. PIC BY EFFENDY RASHID

tients were quarantined at home; 10.8 per cent (or 19,180) were placed at Integrated Quarantine and Treatment Centres, and 5.4 per cent (or 9,554) were hospitalised.

A total of 576 patients warded at the Intensive Care Units (ICU) had to be intubated, whereas 402 did not need respiratory support.

CovidNow also stated that three states recorded high ICU utilisation, namely Penang at 91.7 per cent, Putrajaya (90 per cent), and Perlis (89.5).

The Klang Valley ICU utilisation rate stood at 68.1 per cent.

As for ventilator utilisation, Penang and Kedah topped the list

with 74.4 per cent and 70.6 per cent, respectively. The Klang Valley ventilator utilisation rate stood at 34.6 per cent.

On vaccinations, 84.4 per cent of the adult population nationwide had been fully vaccinated, with 93.9 per cent receiving at least one dose, while 1,440,902 people were unvaccinated.

The adult population, amounting to 23,409,600 people, was expected to be fully inoculated against Covid-19 on Oct 27.

To date, 33 per cent of adolescents aged between 12 and 17 had received at least one dose, while one per cent had been fully vaccinated against the virus.

The highest number of adolescents who had been immunised were in Labuan at 76.5 per cent, while the Klang Valley was at 19.1 per cent.

In 35 days on Nov 2, 80 per cent of adolescents, or 2,518,000 of them, were expected to be fully vaccinated.

Data also showed that up to Monday, 66.5 per cent of Pfizer vaccines had been administered this month, followed by 24.2 per cent of Sinovac and 8.5 per cent of AstraZeneca.

The administering of Cansino vaccine stood at one per cent.

Malaysia reported 10,959 new cases on Monday.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 6
RUANGAN : NEWS / STORY OF THE DAY

Medical equipment over 20 years old still in use in govt hospitals

KUALA LUMPUR: Medical equipment identified as Beyond Economic Repair (BER) or more than 20 years old are still being used in Health Ministry hospitals.

This, said the 2019 Series 2 Auditor-General's Report, far exceeded the average lifespan for most medical devices, which usually range between seven and 10 years.

The 2019 Series 2 Auditor-General's Report revealed that 50,452 (19.6 per cent) had been categorised as BER and was valued at RM641.59 million.

Up to Dec 31 last year, there were 301,938 medical equipment registered in the Asset and Services Information System with a turnover value of RM7.410 billion.

Of the total, 258,218 (85.5 per cent) was currently being used in

151 hospitals while 43,720 tools (14.5 per cent) have been discontinued due to damage, had become obsolete, were in the midst of getting new replacements or being approved for disposal.

However, the report also noted that 1,373 medical equipment procured at a cost of RM38.67 million had been terminated from the Biomedical Engineering Maintenance Services programme despite not having reached the expected life cycle.

A total of 105,214 (40.7 per cent) of such medical equipment was used for less than 10 years; 102,552 (39.7 per cent) between 11 and 20 years; 43,039 (16.7 per cent) tools between 21 and 30 years while 7,413 (2.9 per cent) of equipment have been in use for more than 30 years. Of the BER

equipment, 29,654 (11.5 per cent) out of 258,218 were still in use.

A total of 10,187 or 3.9 per cent of medical equipment were currently pending BER categorisation. This brings the total number of equipment with BER status and in the process of BER that are still functioning and in use to 39,841 (15.4 per cent).

The audit found that 24,098 medical devices with BER status and not maintained were in use in 144 hospitals.

"The medical equipment with BER status is still used because the Health Ministry has not made procurements to replace them."

Among the medical devices with BER status that are still in use are Computed Tomography Scanning Systems, Magnetic Resonance Imaging Full-Body Scan-

ning Systems, Acute Care Physiologic Monitoring Systems and Ultrasonic General-Purpose Scanning Systems.

The report also noted that the Health Ministry had not set a policy on the period of use and replacement of medical equipment.

"The real lifespan of the medical equipment is important to determine the optimal period of use and preparation of a equipment replacement plan.

"Based on standards issued by the American Society of Healthcare (ASHE), the shelf life of medical devices is 10 years.

"Manufacturers also recommend the estimated lifespan for each medical device. On average the prescribed lifespan of medical equipment is between seven and 10 years," it said.

Meanwhile, the Health Ministry, in its March 24 reply on the audit, said existing regulations issued by the Finance Ministry, namely the Treasury Circular on Procedures for the Management of Government Movable Assets, were applied in managing its assets.

The ministry said it adopted the ASHE international standard as a guide for setting an effective useful age for medical equipment in medical facilities.

"As for the 24,098 medical equipment with BER status that are still functional or partially functional, they were unable to be used. This was due to either a lack of regular maintenance checks following the equipments transfer to other hospitals, or a lack of support from the manufacturers." **By Teh Athira Yusof**

AKHBAR : THE STAR

MUKA SURAT : 7

RUANGAN : NATION

Police will remain strict

No let-up on SOP compliance despite relaxation of rules

By FARIK ZOLKEPLI
and LIEW JIA XIAN
newsdesk@thestar.com.my

KUALA LUMPUR: With more freedom comes more checks.

Bukit Aman will step up its Covid-19 standard operating procedure compliance checks as the country moves towards the endemic phase.

"Inspections by the compliance task force will be stepped up to ensure everyone abides by the SOP," said Bukit Aman Internal Security and Public Order Department director Comm Datuk Hazani Ghazali.

"The top three SOP violations are not wearing face masks, lack of physical distancing, and not registering details on the MySejahtera app before entering premises.

"Other offences such as activities at entertainment outlets are not that common," he said.

Comm Hazani hopes the public will comply with the SOP already in place or any new one to be issued by the National Security Council.

"Our ultimate goal is to break the chain of infections," he added.

Home Minister Datuk Seri Hamzah Zainuddin had revealed that under Ops Patuh, about 1.8 million inspections were conducted nationwide from June 25 to Sept 23.

Some 7,410 compounds were

issued and 4,440 premises ordered closed.

Selangor police chief Comm Datuk Arjunaidi Mohamed said the state police's compliance teams will also continue with their inspections.

"We have about 700 teams conducting checks around the state daily," he said.

On the expected relaxation of the SOP, Comm Arjunaidi said the police would act in line with the government's decision.

"We have to wait and see what will be introduced - however, compliance checks will still be conducted," he said.

Kuala Lumpur police chief Comm Datuk Azmi Abu Kassim said city police will increase the number of compliance inspections if the need arises.

"We are now monitoring the level of compliance among the public.

"We are aware that the government is expected to introduce some relaxation to the SOP, but we discovered that some people are already relaxed (when it comes to complying with the SOP)," he said.

Comm Azmi said city police has 76 compliance operation teams making their rounds daily.

"We will gauge the level of compliance of the people in Kuala

Lumpur. If need be, we will also increase the number of compliance teams," he added.

In George Town, Penang police chief Comm Datuk Mohd Shuhaily Mohd Zain said they will continue to closely monitor all tourist locations and hotspots.

"During the early stages of the pandemic, we advised the public to be more sensitive to the latest SOP.

"Now we will not hesitate to take stern action against any offender to contain the spread of the virus," he said yesterday.

Comm Shuhaily added that the main top five offences committed by the public included not wearing a face mask in public areas, gathering in groups, interstate travel without permission, not checking in with the MySejahtera app at business premises, and having too many people in a vehicle.

Seberang Prai City Council (MBSP) mayor Datuk Rozali Mohamad said the council will still be strict with regard to full compliance with the SOP in each sector as the country moves into the endemic phase.

"MBSP issued a total of 103 compounds for SOP breaches as at Sept 27 after the local council was given the authority to issue compounds from April 14.

"Most of the compounds were for failure to check in via the MySejahtera app at premises, not using a face mask at public areas, and not observing physical distancing.

"We have also issued compounds to owners of premises who failed to provide the MySejahtera QR code or a registration book for customers," he added.

Consumers Association of Penang education officer NV Subbarow said that as the country moves towards the next phase, the authorities should take stricter action against those who flout the SOP.

"We have been fighting Covid-19 for almost two years already and people are familiar with the SOP. There are no excuses anymore that they are unaware or unsure of the SOP.

"Offenders should be slapped with compounds on the spot. If they do it again, we must impose a heavier penalty.

"People have had ample time and we have educated them again and again. It is time to take a serious approach as a warning to the offenders as well as to others.

"When a person does not adhere to the SOP, they are actually also putting other people's lives at risk," he added.

Flights to Sarawak to be increased beginning October

KUCHING: Sarawak will gradually increase the number of flights to the state from 22 flights a week to 87 starting Oct 1.

"These flights are from Kuala Lumpur, Kota Kinabalu, Penang, Johor Baru, Kota Baru, Labuan and Singapore to various destinations in Sarawak - Kuching, Sibul, Bintulu, Miri and Limbang," said state Transport Minister Datuk Lee Kim Shin in a statement yesterday.

Lee's ministry earlier held a meeting with the airlines, aviation authorities and the federal Transport Ministry to look into the details and smooth implementation of the new flight schedule.

"With the gradual increase of flight frequency to Sarawak, we are expecting an increase in passengers and movement of people into the state starting Oct 1," he said.

Lee said the state disaster management committee decided to increase the flight frequency after taking into consideration the new standard operating procedure exempting fully vaccinated travellers - within Malaysia - from being quarantined upon arrival in Sarawak.

The committee also considered other factors, including the gradual opening of Sarawak's tourism sector, the reopening of schools and universities in October, the current high flight fares and public demand for travel.

The decision comes as eight districts in Sarawak's southern zone will join the rest of the state under Phase Three of the National Recovery Plan on Oct 1, with more economic sectors, including tourism, allowed to resume operations.

Lee reminded passengers to strictly comply with the SOP, including entry procedures, to curb the spread of Covid-19.

According to the guidelines, individuals must apply for entry to the state via the EnterSarawak app or website, fill in the e-health declaration form and submit proof of their vaccination status.

They must also provide a negative result from a PCR test taken three days before departure.

First dose

Students waiting for their MySejahtera vaccination information to be updated after being inoculated at SMK Pengkalan Berangan in Marang, Terengganu. About 1,470 students from four schools received their first dose of the Pfizer-BioNTech vaccine. — Bernama



Home quarantine portal to be further improved

By RASHVINJEET S. BEDI
rashvin@thestar.com.my

PETALING JAYA: Home quarantine was approved for one third of travellers into Malaysia who had applied via the new Home Quarantine Application portal.

Health director-general Tan Sri Dr Noor Hisham Abdullah said it had approved 1,612 of the 4,883 complete applications it received on the portal.

So far 1,741 applications have been processed via the portal that went live on Sept 21.

Of the 5,947 individuals who submitted applications, 3,921 were

Malaysians, followed by 1,910 non-citizens and 116 permanent residents.

Dr Noor Hisham said the online application system was still in the trial stage and applications via the portal would be fully implemented from October.

"We target more applications to be processed in less than three days after this. The system will be improved from time to time, and we would like to thank everyone for their cooperation and suggestions," he said yesterday.

He advised those who had been given the go-ahead for home quarantine to adhere to the standard

operating procedure and to be at home to reduce the risk of Covid-19 being spread to their family and community.

"This is very important to prevent the spread of new variants, especially Variants of Concern or Variants of Interest, into the country.

"Let us all work together to make the process of reopening safely a success," he said.

Travellers have to submit their application between seven and 10 days before their date of arrival in Malaysia.

Malaysia recorded 11,332 new Covid-19 cases on Tuesday, with the

country's cumulative total now at 2,220,526. Four states reported four-digit case increases: Sarawak with 2,358 new infections, Johor (1,319), Selangor (1,231) and Kelantan (1,088).

Of the new cases reported, 247 or 2.2% of them were in Categories 3-5, while 97.8% were in Categories 1 and 2 (asymptomatic and mild symptoms).

There were 986 patients in intensive care, with 574 of them requiring ventilation support.

There were also 15 new clusters identified, with nine of them linked to the community and six linked to workplaces.

"We target more applications to be processed in less than three days after this."

Tan Sri Dr Noor Hisham Abdullah

AKHBAR : THE STAR

MUKA SURAT : 11

RUANGAN : NATION

Push to have prisoners vaccinated

Programme also includes staff and babies

KUALA LUMPUR: Deputy Home Minister Datuk Seri Dr Ismail Mohamed told the Dewan Rakyat that more than 51,123 individuals comprising prison inmates and Prisons Department staff, including babies, have contracted Covid-19 since last year.

"This includes the nine babies who were born in prison," he said to a supplementary question by RSN Rayer (PH-Jelutong) on whether the authorities will vaccinate prison inmates.

Rayer said many ongoing court trials had been postponed due to positive Covid-19 cases detected, adding that prisoners, as well as others there, should receive vaccines.

Ismail, in response, said the Home Ministry ensured that prisoners were vaccinated.

"The Home Ministry has ensured all its staff and inmates in prisons will receive the vaccine shots," he added.

"This includes the nine babies who were born in prison."

Datuk Seri Dr Ismail Mohamed

Ismail told the House according to latest statistics by the Prisons Department, there was evidence of overcrowding in prisons across the country, where the total number of inmates stood at 69,507 individuals as of Aug 25, indicating that prisons were overcrowded by 13.5%.

The Prisons Department had taken several steps to reduce overcrowding, among them including relocating inmates to other less

crowded prisons.

He added that 13 camps under the National Service Training Programme have been converted into satellite prisons to reduce congestion and Covid-19 infections.

New prisoners are presently quarantined at satellite prisons before being sent to the prisons to begin their sentences.

The department has set up transit centres at prisons to place low-risk convicts and detainees in order to reduce overcrowding, he added.

Meanwhile, Ismail also said two-thirds of convicts are qualified to carry out their respective sentences outside prison under its community rehabilitation programme.

Earlier this year, Prisons Department director-general Datuk Seri Zulkifli Omar had said that the government is targeting two-thirds of its low-risk prisoners to serve part of their sentences outside jail by 2030.



Shot in the arm: Penor Prisons Director Fayrouz Ahmad Zawawi watching as a prisoner receives his Covid-19 vaccine dose in Kuantan. — Bernama

AKHBAR : THE STAR

MUKA SURAT : 14

RUANGAN : VIEWS

Protect vulnerable children

MY son Nikhil, 13, has cerebral palsy and uses a wheelchair. He is one of a set of triplets with two sisters. We have faced many challenges in trying to give him a life that is as regular as his sisters', and we work hard to fill the gaps that society and the system have inflicted on him.

These range from schools rejecting him because "they are not equipped for him" or "do not know what to do in case of a fire" to complete lack of wheelchair accessibility and accommodation wherever we go.

In this disability journey, we've had the honour and privilege to support a few advocacy groups. We know our efforts may not reflect in our own child's lifetime, but we at least give hope to parents at the beginning of their disabled child's journey.

Nikhil has taken part actively in events organised by GAPS (Alliance of Children with Cerebral Palsy),

the Inclusive Outdoor Classroom, and Unicef. We have told our story many times, and Nikhil has done videos and interviews to help these organisations help us by creating awareness.

We are a family of introverts, really. But we have cast our inhibitions aside and stepped out to give hope. If more people had done this 30 years ago, our child's life might be different today.

I am writing in because yet another challenge has been thrown at us – my disabled child's right to be protected in a pandemic.

As the world embraces the endemic stage of Covid-19 armed and protected with vaccines, my son remains unvaccinated.

Since Nikhil does not go to a traditional school, he's got lost in a system so disorganised it's embarrassing. The national vaccination programme has been running for eight months now. We have followed all the relevant ministries'

announcements and instructions as released in the media.

None indicated that a 13-year-old with a physical disability, who is privately tutored under an NGO programme, cannot and will not be given priority. This is despite how much harder it is for him to access the services that he requires safely while not being vaccinated and the increased risk of a poor outcome if he does contract Covid-19.

We only discovered this harsh reality when we went to the walk-in centres for teenagers who do not attend school or are being home-schooled.

Contrary to announcements by the Health and Education ministries, my son did not qualify for a walk-in vaccination, and no attempt was made to give him an appointment via MySejahtera despite us declaring his disability in the app. Apparently, we have to secure an appointment at a government hospital, which would also be

near impossible as, for years now, we have been seeking private care.

To make matters worse, after he came home feeling angry and disappointed, we received the vaccination appointments for his sisters.

So, despite his parents being fully vaccinated, and his sisters, too (in five weeks), our family will still not be safe. How can we go back to the office or school knowing we could bring the disease to the one member of our family who would be the most difficult to care for if he falls ill, and most likely to succumb to it?

So, to the ministers in charge, please get your act together. Make it standard that any disabled person eligible for vaccination should be able to get it at any designated walk-in centre. Let's really care for the most vulnerable members of Keluarga Malaysia.

MANJULA ARYADURAY
Kuala Lumpur

Shorten quarantine period for the fully vaccinated

CURRENTLY, fully vaccinated Malaysians returning from overseas are required to undergo 14 days' quarantine either in a designated hotel or at home.

Malaysia boasts one of the fastest vaccination rates in the world and it is expected that 90% of adults here will be fully vaccinated soon.

With these positive develop-

ments, it's time to slash the quarantine period for fully vaccinated Malaysians returning from abroad. Reducing the duration of quarantine may make it easier for people like me to travel more often for work purposes.

The two-week quarantine period drastically affects expatriates like me who need to travel abroad for

work regularly.

We are therefore appealing to the Health Ministry to consider reducing the quarantine period to one week if a negative test result is first obtained.

A shorter quarantine period could help the devastated economy while posing little additional risk to public health.

Medical reports are showing that even if infected, fully vaccinated individuals tend to have a lower viral load, are less infectious to other people and probably have a shorter infective period, too.

MUTHUKRISHNAN MURUGIAH
Seremban (but currently in Indonesia)

CRUCIAL STEP IN TOBACCO HARM REDUCTION

By Dr ARIFIN FII

IN Malaysia, it is estimated that more than 27,200 Malaysians' deaths annually are related to smoking.(1)

Media reports have also reported that the government is expected to spend some RM7.4bil to treat major illnesses caused by smoking – such as lung cancer and coronary heart problems – by 2025.(2)

Although there have been many intervention programmes initiated by the government, not many smokers have successfully quit the habit.

In 2019, it was reported that over a seven-year period, a total of 73,836 smokers participated in smoking cessation programmes in Malaysia, but only 23% quit smoking within six months, representing only 16,930 individuals.(3)

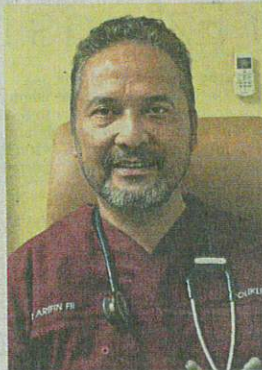
If you tally the numbers, that is 16,930 individuals who quit versus 190,400 deaths in seven years.

While it is the addiction to nicotine that keeps people smoking, it is the combustion producing smoke – which releases thousands of harmful constituents into the body at dangerous levels – that leads to death.(4)

It is also important to remember that it is not only nicotine dependence that makes quitting traditional cigarettes difficult.

For some, smoking offers stress relief and others, psycho-social pleasure. This often makes the physical act of smoking just as difficult to quit as the nicotine that smoking provides.

As healthcare practitioners, we



Dr Arifin Fii is a medical practitioner currently focusing on addiction therapy, with experience in conducting harm reduction programmes. With close to 30 years of practice, Dr Arifin has a multi-disciplinary background which includes general medicine, paediatrics and surgery.

know that smoking is the leading cause of preventable death globally.

Therefore, it is vital that we continually evaluate our strategies for decreasing tobacco-related morbidity and mortality.

One such strategy is the adoption of the tobacco harm reduction (THR) strategy to encourage smokers to switch to less harmful products with the end goal of

quitting altogether.

I believe the THR approach presents a public health opportunity to improve the lives of people who use traditional cigarettes and cannot or do not want to stop.

The first step to reap the benefits of the THR approach is the acknowledgement of harm-reduced products such as vape products and their role in helping smokers to quit smoking by switching over.

Multiple studies around the world have already concluded that vape products are far less harmful compared to cigarettes and has the efficacy in helping smokers to quit. (5) This is a fact that cannot be ignored.(6)

The next step is to introduce appropriate and sensible regulations that are differentiated from tobacco products to enable smokers to have access to harm-reduced products to aid their journey to quit smoking.

A critical point that must be considered in developing the regulations is the risk proportionality.

This means that tough measures are applied to the riskiest products such as traditional cigarettes, and a more permissive approach should be taken with vape and other harm-reduced products.

The aim of this is to encourage users to switch from high-risk to low-risk products, and eventually quit completely.

In New Zealand for example, where vape regulations have been introduced, focus is put on ensuring regulations reduce harm, are risk-proportionate, and workable

for the people they affect.(7)

At the same time, regulations that ensure protection for children and young people are effectively implemented and enforced.

Further creating an environment that allows for use of harm-reduced products in the name of THR is preferable to an environment where black markets, adulterated products and criminalisation flourish.

Ultimately, my view is that harm reduced products are not without risk although they are only a fraction of the risk posed by tobacco use.

Hence, it must be subject to sensible policy and regulatory measures that maintain the safety of these products without compromising availability and affordability – with the goal of displacing cigarettes altogether.

This can only be done through a multifaceted approach that addresses regulation on product standards that incentivises people to move away from more harmful products.

1. National Health & Morbidity Survey 2019
2. News Article: Govt to bear RM7.4 billion in treatment cost for smoking-related illnesses
3. News Article: Treating smoking-related illnesses costs more than tax collected
4. Report: Vaping and the Gateway Myth
5. Report: Use of e-cigarettes among adults in Great Britain, 2021
6. Report: Vaping in England: evidence update February 2021

AKHBAR : THE SUN ON WEDNESDAY

MUKA SURAT : 4

RUANGAN : NEWS WITHOUT BORDERS

Poser over high charges at private medical facilities

► Treatment equally expensive at public hospitals but government fully or heavily subsidises bills of patients

■ BY SHIVANI SUPRAMANI
newsdesk@thesundaily.com

PETALING JAYA: Medical treatment is expensive, whether it is at a public hospital or a private facility.

The only difference is that a patient has to pay at a private hospital while the government foots the bill at public hospitals, according to the Association of Private Hospitals Malaysia (APHM).

In defence of private hospitals being singled out for allegedly overcharging, APHM president Datuk Dr Kuljit Singh said most medical equipment and medication have to be imported and payments are made at the prevailing exchange rate.

"Medicare is a huge expense for the government. Billions of ringgit are spent on

equipment and manpower at public hospitals," Kuljit told *theSun*.

He was commenting on a claim by Wangsa Maju MP Datin Paduka Tan Yee Kew that a Covid-19 patient had been slapped with a RM400,000 bill after being warded at a private hospital.

Bayan Baru MP Sim Tze Tzin later proposed that the government uses Section 26 of the Prevention and Control of Infectious Diseases Act to order private health facilities to help in the Covid-19 war to ease pressure on government hospitals.

In response to Tan's claim, Health Minister Khairy Jamaluddin said the government looks at each case on its own merit to determine if it could reimburse a patient who has been forced to seek treatment for Covid-19 at a private hospital.

Kuljit said the treatment for Covid-19, particularly when a long-term admission at intensive care unit is necessary, is costly at private as well as public hospitals.

"At private hospitals, bills are itemised and patients would know the cost of each item and treatment," he said.

"It is equally expensive at a public hospital. The only difference is that the cost is fully or heavily subsidised by the government."

He said the cost of manpower for the healthcare system and training for its personnel, as well as infrastructure and maintenance, run into billions of ringgit.

"However, a patient who chooses a government hospital is not made aware of such costs 'because there is no price tag attached'.

"They only pay a nominal sum for the treatment, while patients at private hospitals are aware of the full cost."

He agreed with Khairy's statement that the government should examine each application for reimbursement on a case-by-case basis.

On a proposal for private hospitals to help in the Covid-19 war, Kuljit said private health facilities are already taking in non-Covid-19 patients decanted from public hospitals.

He said up to September, more than 3,000 non-Covid-19 patients in the Greater Klang Valley have been transferred from public to private hospitals and charges are based on a budget provided by the Finance Ministry.

"Therefore, there is no reason to invoke Section 26 of the Prevention and Control of Infectious Diseases Act."

Federation of Malaysian Consumers Associations secretary-general Datuk Dr Paul Selvaraj said fees charged by private hospitals should be regulated.

He said in times of crises, such as the pandemic, there should be a mechanism to require private hospitals to assist by taking in patients from government facilities.

Consumers Association of Penang president Mohideen Abdul Kader said the government should consider auditing the charges of private hospitals.

"Medical care should not be a commodity to make money," he said.



ALL GOOD ... Orang Asli Punan Langam Meripin (left) and Budi Chentek give the thumbs up while holding their vaccination cards at Sekolah Kebangsaan Punan, Mersing in Johor. — **BERNAMAPIX**

AKHBAR : THE SUN ON WEDNESDAY

MUKA SURAT : 9

RUANGAN : SPEAK UP - LETTERS

LETTERS letters@thesundaily.com

Be reasonable with rules for unvaccinated

HEALTH Minister Khairy Jamaluddin has stated that Covid-19 will remain endemic among Malaysians, and it has to be regarded as an epidemic. The World Health Organisation too has said that the Covid-19 virus and its variants will be here for a long time, and that people will have to adjust living with the disease, while practising safety measures, in addition to vaccination.

As such, the government needs to be reasonable when imposing conditions concerning the unvaccinated, who account for about 10% of the population. Vaccination is not compulsory in the country, and despite that, about 84% of the population have been vaccinated. Some of the strict conditions imposed on those unvaccinated are unreasonable and infringes on their right of choice. It is alright to bar dine-in customers if they are unvaccinated. They have a choice to opt for takeaways.

The rule on tourism or interstate travel – that only those vaccinated will be allowed to travel – can also be regarded as fair. However, strict rules should not be imposed on entry to sundry shops, shopping malls, markets, banks, houses of worship, wedding receptions, recreation parks, and various essential services and places.

The government can restrict the numbers as it did with wake services and funerals, as well as to make it compulsory to use MySejahtera for entries and exits.

However, excluding parents or close relatives of a bride and groom from houses of worship, marriage registration centres or wedding receptions is unfair. The government needs to have flexible guidelines, for example, one should be able to get a letter of approval from the Health Ministry in such instances.

The government is right in giving more privileges to those who are vaccinated so as to encourage vaccination as a means to control the pandemic but some temporary flexibilities can be given to those unvaccinated.

Some are refusing vaccination for medical (case of having comorbidities) or religious reasons; some are worried about the side-effects in the long term; some are waiting for the crowds to ease a bit; and some feel they can ride out this pandemic by strict adherence to Covid-19 protocols or SOP.

Another issue that I would like to highlight is the exorbitant charge for vaccinations at private clinics. Recently, a friend of mine had to pay RM200 to get vaccinated at a private clinic. This means that he will have to fork out RM400 for both shots.

It was stated earlier that private hospitals and clinics taking part in the government's vaccination programme will be doing it for free, as part of their community service.

One does not mind a small fee for services rendered but to exploit people, especially when incomes are low, and many workers have been laid off, is unconscionable.

There should not be any ambiguity or uncertainty in this aspect.

V. Thomas