

**GUIDELINES ON HOME MONITORING
AND
CLINICAL PROTOCOL AT PRIMARY CARE
FOR CATEGORY 1 AND CATEGORY 2 (MILD)
CONFIRMED COVID-19 CASES
BY GENERAL PRACTITIONERS**

(Earlier version known as Clinical Protocol at Primary Care for Category 1 and Category 2 COVID-19 Positive Cases)

**FAMILY HEALTH DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA**

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1. INTRODUCTION

The COVID-19 pandemic has challenged the health care capacity of many countries including Malaysia. The steady increase in the number of COVID-19 cases daily has stretched the ability to admit them to hospitals or *Pusat Kuarantin dan Rawatan COVID-19 Berisiko Rendah* (PKRC). Eighty percent of COVID-19 cases are asymptomatic and can therefore be monitored at home.

COVID-19 Assessment Centres (CAC) can be established in primary care to assess and determine a care plan for COVID-19 cases to be monitored at home. This document will provide the mechanism of home monitoring for asymptomatic Category 1 (CAT 1) or mildly symptomatic Category 2 (CAT 2) COVID-19 cases in primary care. It will assist the state health departments in coping with high numbers of COVID-19 cases requiring admission to hospitals and PKRC.

This centre can be setup at health clinics (Klinik Kesihatan)/ Klinik Desa/ Klinik Komuniti/ PKRC/ General Practitioner (GP) clinics or other suitable facilities identified by the district health office (DHO)/ state health department;

2. OBJECTIVES OF CAC GP

- i. To identify and assess cases who are suitable to be monitored at home;
- ii. To monitor and assess cases at home using standardised tools;
- iii. To identify and assess cases with disease progression; and
- iv. To identify cases and coordinate referral to PKRC or hospital.

3. ASSESSMENT AT CAC GP

- i. GP will receive confirmed COVID-19 cases from the Lab/DHO/CAC at government facilities or their own patients that are already under the care of the GP (registered patient);
- ii. Confirmed COVID-19 cases are assessed on suitability for home monitoring (Figure 1 & 2);
- iii. All cases identified for home monitoring are highly encouraged to have an initial face-to-face assessment with the GP (See criteria in number 5, 6 and 7);
- iv. Clinical assessment will depend on age, symptoms and comorbidities of patient (Appendix 1a/ 1b). The cases are categorised clinically (Appendix 2a/ 2b) and managed according to the category (Figure 3);

- v. If referral is required, the doctor must discuss the condition of the patient with the physician in charge of the receiving hospital for admission;
- vi. Issue Home Surveillance Order (HSO) and provide wristband to CAT 1 and CAT 2 Mild cases (Appendix 3), [Perintah Pemerhatian Dan Pengawasan Bagi Kes Jangkitan Penyakit Korona Virus 2019 (COVID-19) Di Bawah Seksyen 11(3) Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 (Akta 342)].
- vii. Submit copy of HSO to DHO daily (Appendix 3);
- viii. The confirmed cases have to update their health status daily in MySejahtera or use the *Home Assessment Tool* (HAT) (Appendix 3a/3b);
- ix. Advise patient on self-care at home (Appendix 4 & 5);
- x. Provide patient with GP's contact number;
- xi. Monitor patient's condition through telephone call/ virtual clinic/ Virtual Health Advisory using Adult/ Paediatric COVID-19 Home Assessment Tool for Health Care Provider (Appendix 6a/ 6b and Appendix 7);
- xii. Daily follow up of CAT 2 Mild cases and regular follow up for CAT 1 (Figure 4);
- xiii. Arrange home visit if necessary and agreeable by the patient as the cost should be bore by the patient;
- xiv. Evaluate and discharge patients who have completed the home isolation period and issue the Release Order (Appendix 8) [Pelepasan Dari Menjalani Perintah Pemerhatian Dan Pengawasan Di Kediaman Di Bawah Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 (Akta 342)];
- xv. Submit CAC GP returns to DHO (Appendix 12/ Appendix12a).

FIGURE 1: FLOW CHART TO TRIAGE CONFIRMED COVID-19 CASE (ADULT)

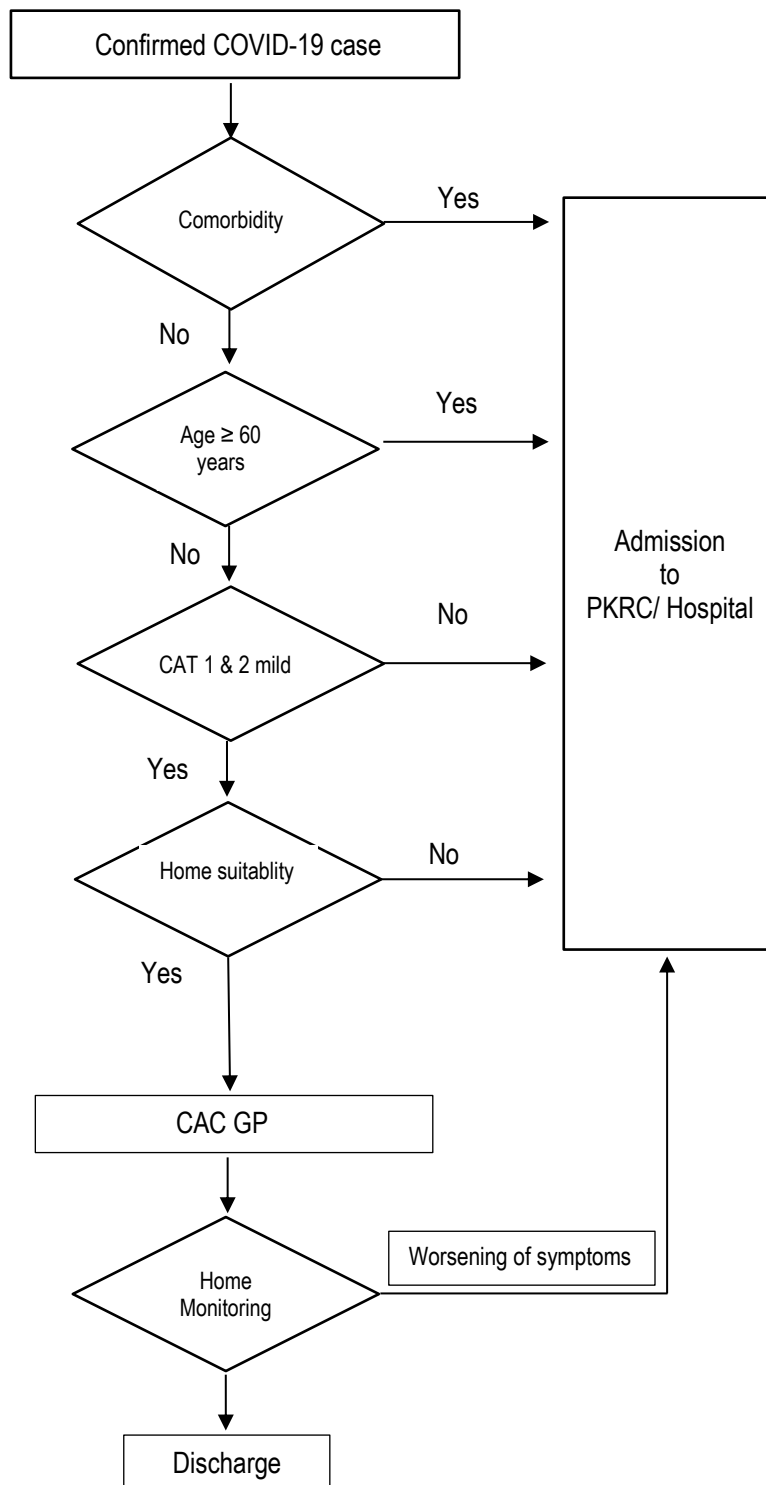


FIGURE 2: FLOW CHART TO TRIAGE CONFIRMED COVID-19 CASE (PAEDIATRIC)

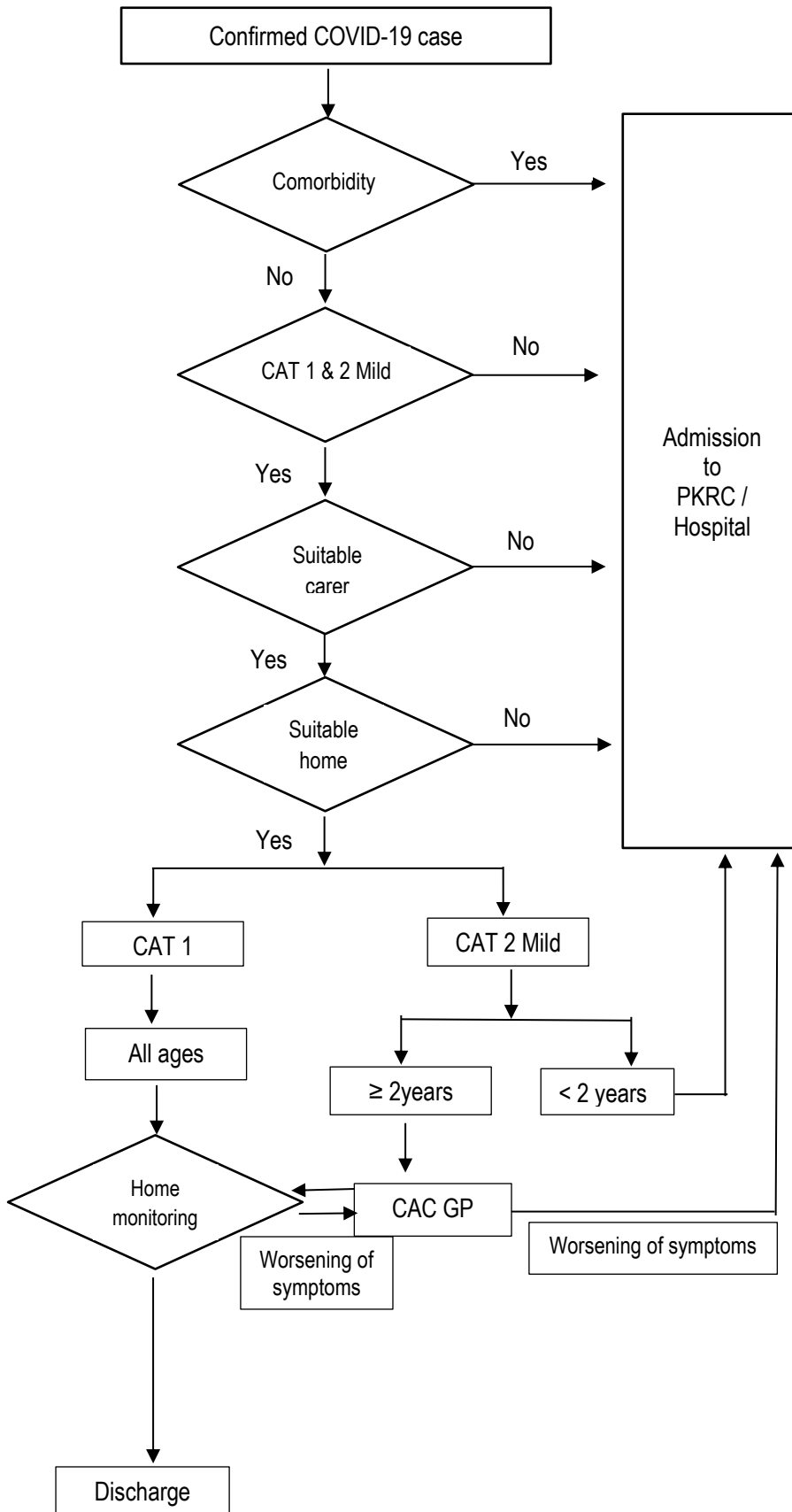


FIGURE 3a: FLOW CHART TO TRIAGE CONFIRMED COVID-19 CASE IN CAC GP

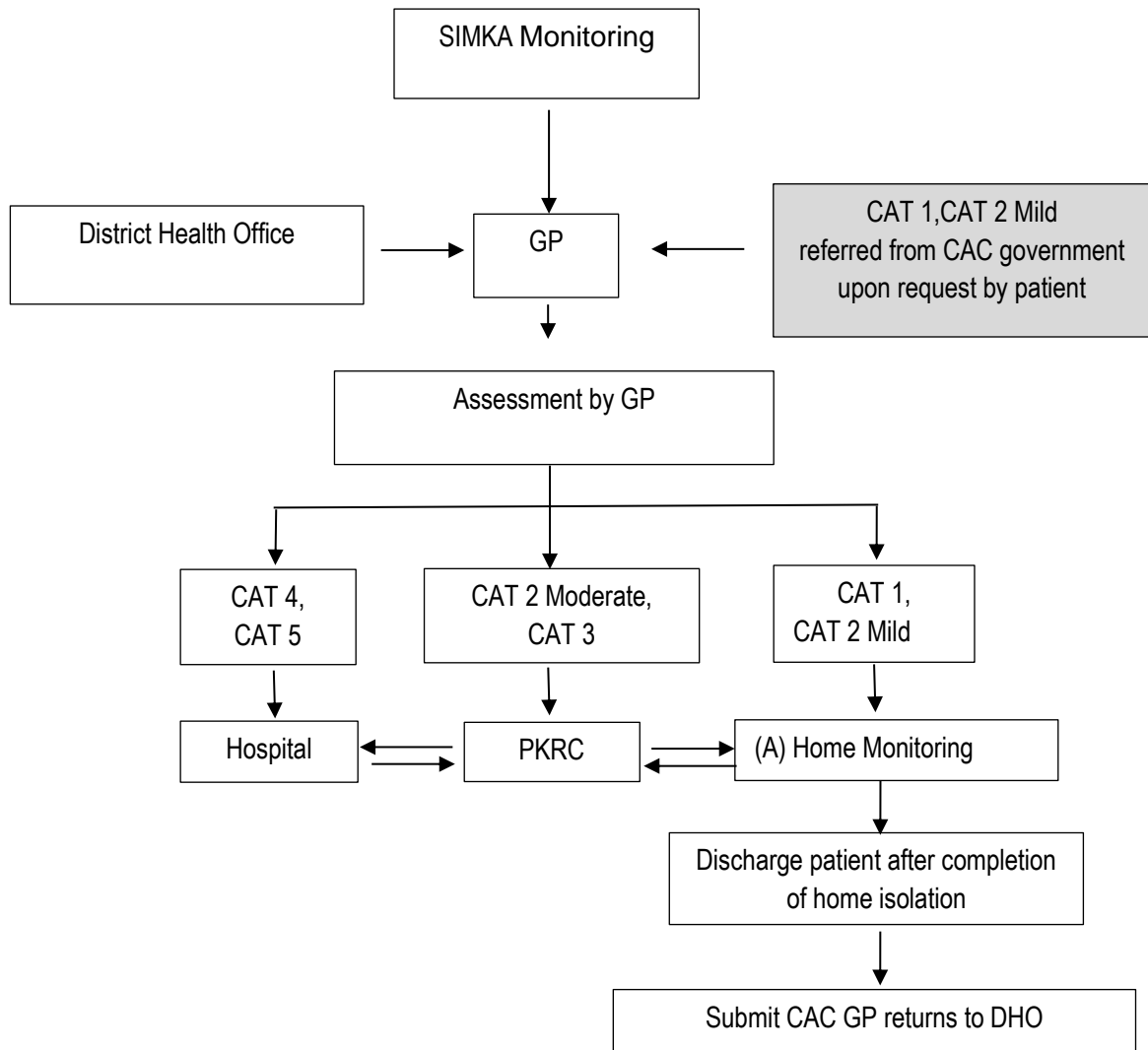
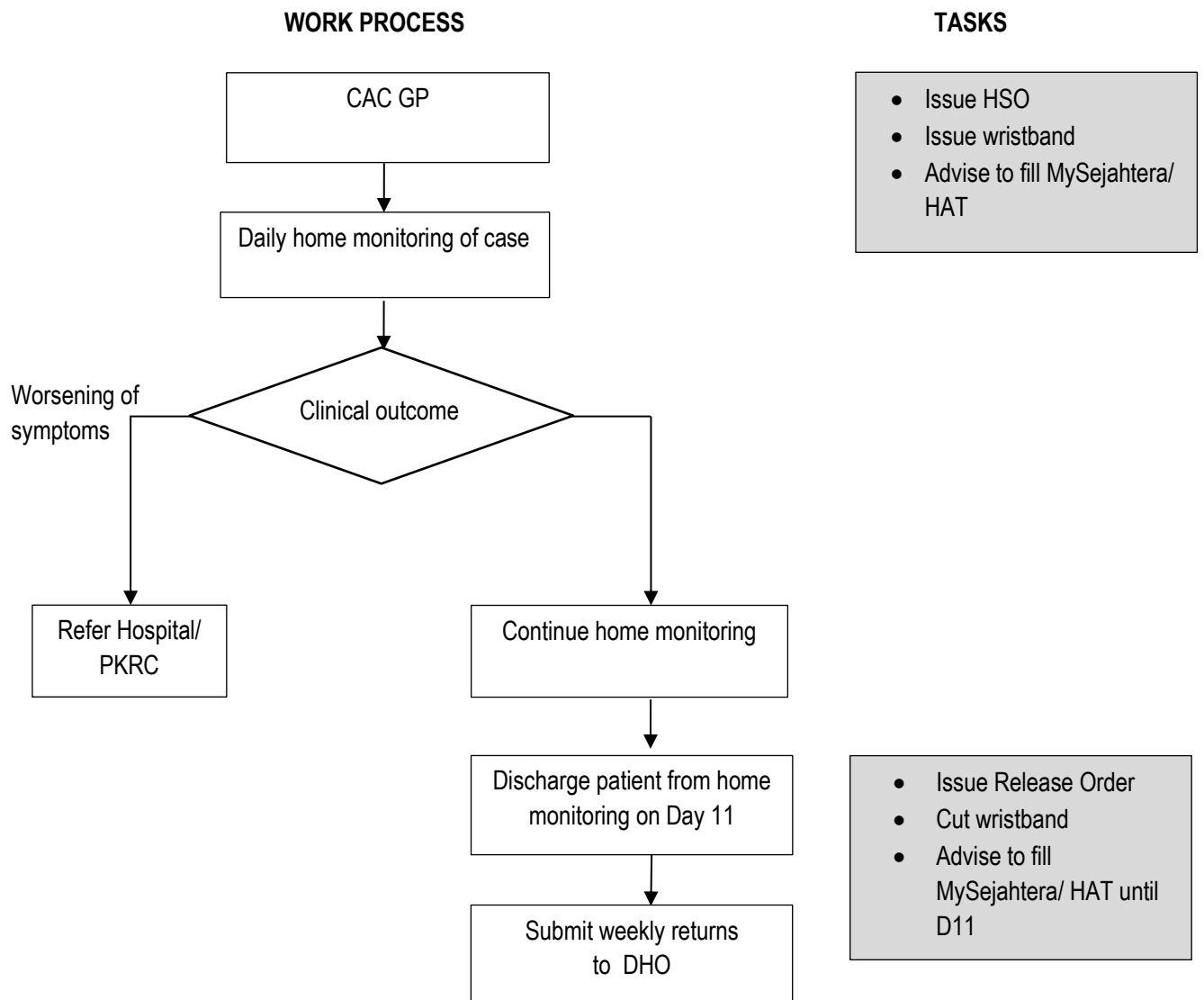


FIGURE 3b: MANAGEMENT OF CONFIRMED COVID-19 CASE IN GP CLINICS FOR HOME MONITORING



4. PATIENT SELECTION CRITERIA

COVID-19 patients who fulfil the following criteria are suitable to be monitored at home. Criteria depends on age, symptoms and comorbidities of patient.

- i. Adults:
 - a. Less than 60 years old with CAT 1 and CAT 2 Mild without or with stable/controlled comorbidities;
 - b. Above 60 years old irrespective of symptoms or comorbidity shall be admitted to PKRC or hospital (e.g. diabetes mellitus, cardiovascular disease, chronic pulmonary disease including asthma, chronic renal disease, hypertension, obesity-BMI \geq 30 kg/m²); and
 - c. Suitable obstetric patient.
- ii. Paediatrics:
 - a. COVID-19 CAT 1: All paediatric age group with no comorbidity and with suitable caregivers; and
 - b. COVID-19 CAT 2 Mild: Two years of age and above with no comorbidity and with suitable caregivers.
- iii. Suitable caregiver available for patient;
- iv. Suitable home condition; and
- iv. Able to adhere to Standard Operating Procedure (SOP).

5. SUITABLE CAREGIVER

Parents/ caregiver should be available for COVID-19 patients who will be monitored at home. They must observe strict hygiene practices to avoid becoming infected.

They should be able:

- i. To help patient follow instructions for self-care;
- ii. To ensure patient have meals, stay hydrated and get sufficient rest;
- iii. To clean and disinfect areas frequently used or touched by the patient e.g. door knobs, bathroom; and
- iv. To call CAC GP for consultation or 999 if patient's condition deteriorates.

Persons who SHOULD NOT be a caregiver for COVID-19 patients are:

- i. Adults over 60 years of age;
- ii. Pregnant woman;
- iii. Individual with comorbidities e.g. chronic kidney diseases, chronic respiratory disease, uncontrolled diabetes mellitus, serious heart disease;
- iv. Immunocompromised persons (including those who have had transplants of a organ); and

- v. Individual with other diseases considered as high risk by health personnel.

6. HOME CONDITION

COVID-19 patients fulfilling the selection criteria and with the following conditions can be monitored at home:

- i. Access to telephone and contactable all the time;
- ii. Able to adhere to home isolation (separate bedroom, well ventilated preferably with attached bathroom) (Appendix 4 & 5);
- iii. Other occupants in the house do not have immunosuppressed conditions;
- iv. Suitable caregiver available in the house;
- v. Personal transport available to bring patient from their home to the clinic/hospital (avoid using public transport); and
- vi. Visitors should not be allowed in the home.

7. ADHERENCE TO STANDARD OPERATING PROCEDURES

During home monitoring patient should be able:

- i. To stay home, maintain physical distance with other household members, limit movements in the house and avoid visitors;
- ii. To comply with basic preventive measures e.g. wear facemask, regular hand washing, and practice cough etiquettes;
- iii. To report health status daily through MySejahtera/ attend phone calls by health care provider; and
- iv. To separate eating utensils, tableware (fork, knife, plate etc.), towels for their personal use.

8. NOTIFICATION OF TEST RESULT

Patient can be notified of their test result through one of the following channels:

- i. MySejahtera;
- ii. Requestor (Private Practitioners, Hospitals and Health Facilities); and
- iii. District Health Office.

9. ROLE OF DISTRICT HEALTH OFFICE

- i. DHO receives list of GP's approved from the State Health Department
- ii. GP to register with DHO for issuance of HSO and home monitoring
- iii. DHO to verify GP's MMC full registration and APC
- iv. DHO to ensure GP has gazettelement letter for issuance of HSO (refer Table 1).

10. REGISTRATION OF GPs FOR ISSUANCE OF HOME SURVEILLANCE ORDER (HSO) AND HOME MONITORING OF CATEGORY 1 AND CATEGORY 2 (MILD) CONFIRMED COVID-19 CASES

- i. The GP that performs home monitoring has to be appointed as per “ARAHAN PELANTIKAN DI BAWAH SEKSYEN 6 DAN PENGECUALIAN DI BAWAH SEKSYEN 8 ORDINAN DARURAT (KUASA-KUASA PERLU) 2021”.
- ii. GP to adhere to the terms of reference in the “ARAHAN PELANTIKAN DI BAWAH SEKSYEN 6 DAN PENGECUALIAN DI BAWAH SEKSYEN 8 ORDINAN DARURAT (KUASA-KUASA PERLU) 2021” (Refer Appendix 5a).
- iii. The Clinic must be registered under Act 586 Private Healthcare Facilities and Services Act 1998.
- iv. GP must adhere to the Guidelines on Home Monitoring and Clinical Protocol at Primary Care for Category 1 and Category 2 (Mild) Confirmed COVID-19 Cases by General Practitioners.
- v. GP must undergo COVID-19 training on issuance of the Home Surveillance Order and Home Monitoring that will be provided by MOH and obtain certification for the home monitoring module.
- vi. GP to fill form Aku Janji (Appendix 5b) and to be submitted to DHO together with the home monitoring module certification. DHO verifies and submit GPs’ Aku Janji form to Disease Control Division, Ministry Of Health.
- vii. GP can only issue Borang Perintah Pengawasan dan Pemerhatian Di Rumah if GP has been gazetted under the Emergency Ordinance (Prevention and Control of Infectious Diseases) (Amendment) 2021, attended the briefing as well as training conducted by MOH (refer Figure 4 and Table 1).

Figure 4: FLOW CHART FOR REGISTRATION OF GENERAL PRACTITIONERS (GP) FOR ISSUANCE OF HOME SURVEILLANCE ORDER (HSO) AND HOME MONITORING OF CATEGORY 1 AND CATEGORY 2 (MILD) CONFIRMED COVID-19 CASES

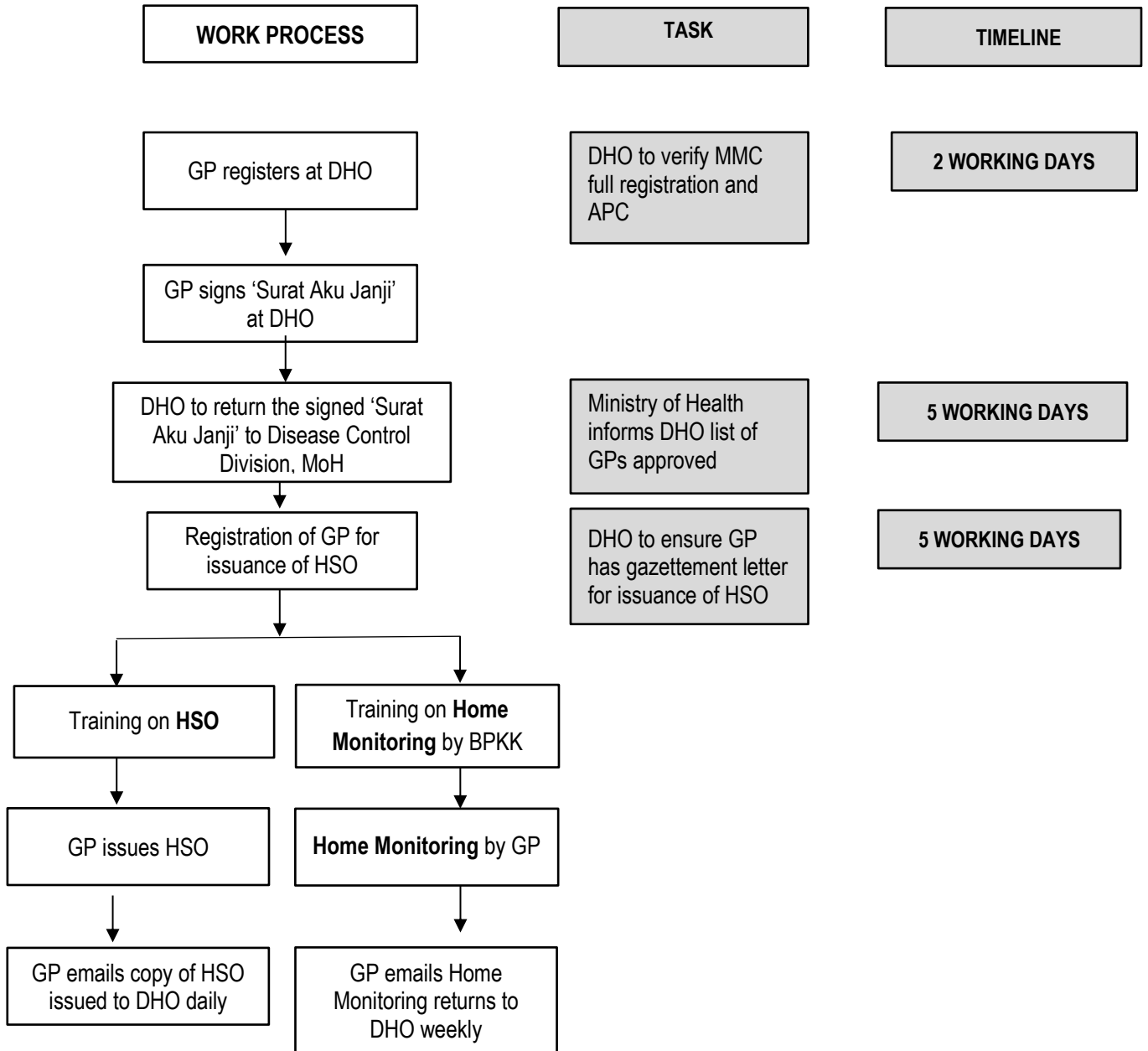


TABLE 1: ROLE OF DISTRICT HEALTH OFFICE AND CAC GP IN MANAGEMENT OF CONFIRMED COVID-19 CASE IN PRIMARY CARE

TEAM	ROLE
District Health Office	<p>Activities</p> <ul style="list-style-type: none"> i. Registration of GPs for home monitoring of patients ii. Provide GPs with HAT and ensure the Aku Janji is completed and signed iii. Verify positive cases after receiving line listing from MySejahtera/ SIMKA*/ GPs iv. Verify details, location, contact number, IC number of patient v. Age stratification vi. Identify co-morbidities vii. Enquire/ suitability of home environment viii. Decision for admission/ home monitoring ix. Instruct patient to attend CAC GP <p>* Sistem Informasi Makmal Kesihatan Awam (Public Health Laboratory Information System)</p>
GP	<p>Management of case</p> <ul style="list-style-type: none"> i. Clinical assessment of patient (1st encounter) ii. Check vital signs (BP, Temperature, pulse, RR, SpO2) iii. Assess patient using the clerking sheet (Appendix 1a/ 1b) iv. Decision for admission or home monitoring v. Provide Adult/ Paediatric COVID-19 Home Assessment Tool if patient has no access to MySejahtera vi. Arrange admission, if required vii. Issue medical certificate, if required viii. Provide wristband and issue Home Surveillance Order. ix. Submit copy of HSO to DHO daily and Home Monitoring returns weekly x. Call patient and assess using A-COHAT and P-COHAT questionnaire (Appendix 6a/ 6b) xi. Submit CAC GP returns to DHO

TEAM	ROLE
	<p>Discharge</p> <ul style="list-style-type: none">i. At Day 11 or at least 10 days have passed since symptom onset or from the date of lab result made known if patient has no symptomsii. Provide Release Orderiii. Remove Isolation Wrist Bandiv. Issue medical certificate (if required)v. Provide Discharge Note (if required) (Appendix 9)

11. CLINICAL MANAGEMENT OF CAT 1 AND CAT 2 (MILD) CASES

CAT 1:

- i. Patient can be monitored at home with advice on self-care;
- ii. Patient to self-monitor using MySejahtera daily by 9.00am or using standard questionnaire (Home Assessment Tool for Adult/ Paediatric cases); and
- iii. To consult CAC GP if patient develop symptoms. The CAC GP will assess whether patient is CAT 2 mild or CAT 2 moderate and managed accordingly.

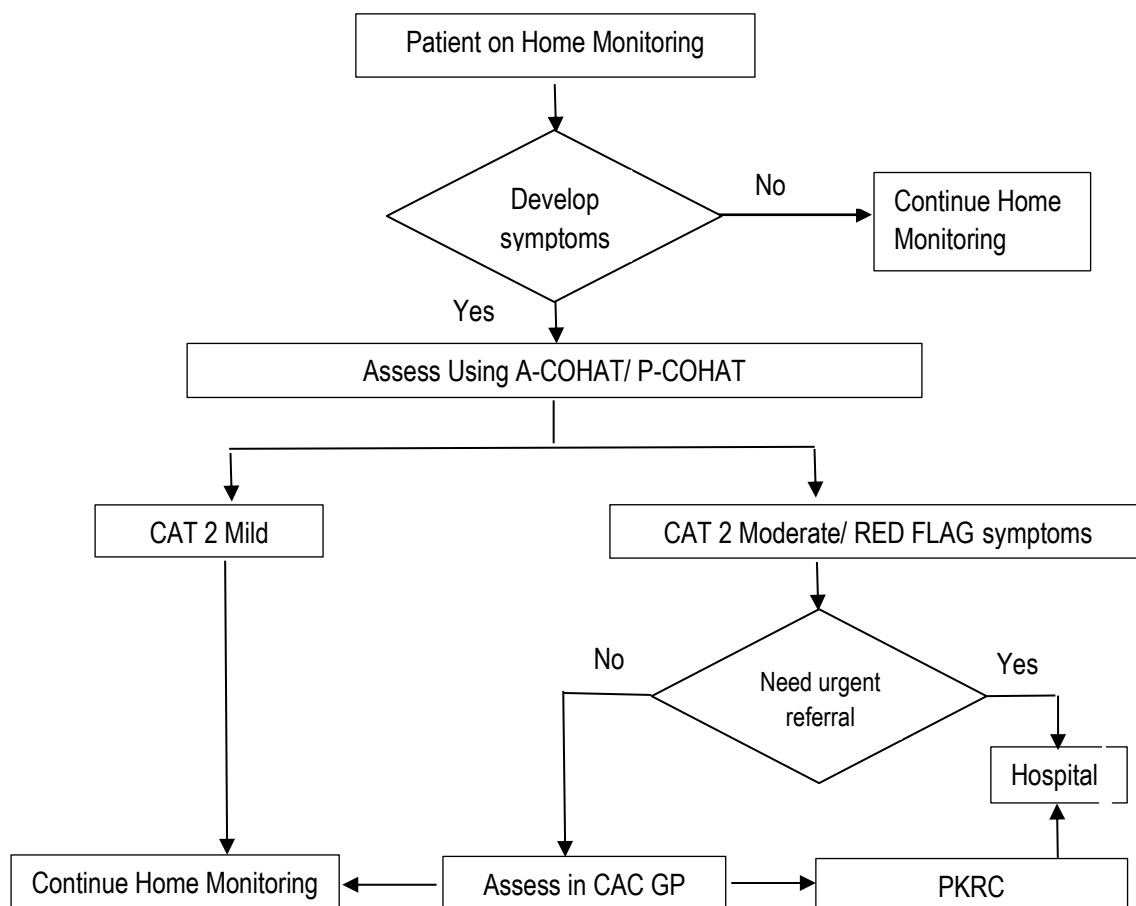
CAT 2 Mild:

- i. Patient can be monitored at home with the necessary advice;
- ii. CAC Home Monitoring Team will monitor daily through telephone/ Virtual Clinic/ Virtual Health Advisory; and
- iii. If the symptoms worsen/ RED FLAG symptoms i.e CAT 2 moderate, the patient will be referred to the PKRC or hospital for further management.

CAT 2 Moderate, CAT 3, CAT 4 and CAT 5:

- i. Patient in these categories to be admitted to the PKRC or hospital.

Figure 5: Flow chart for daily monitoring at CAC GP



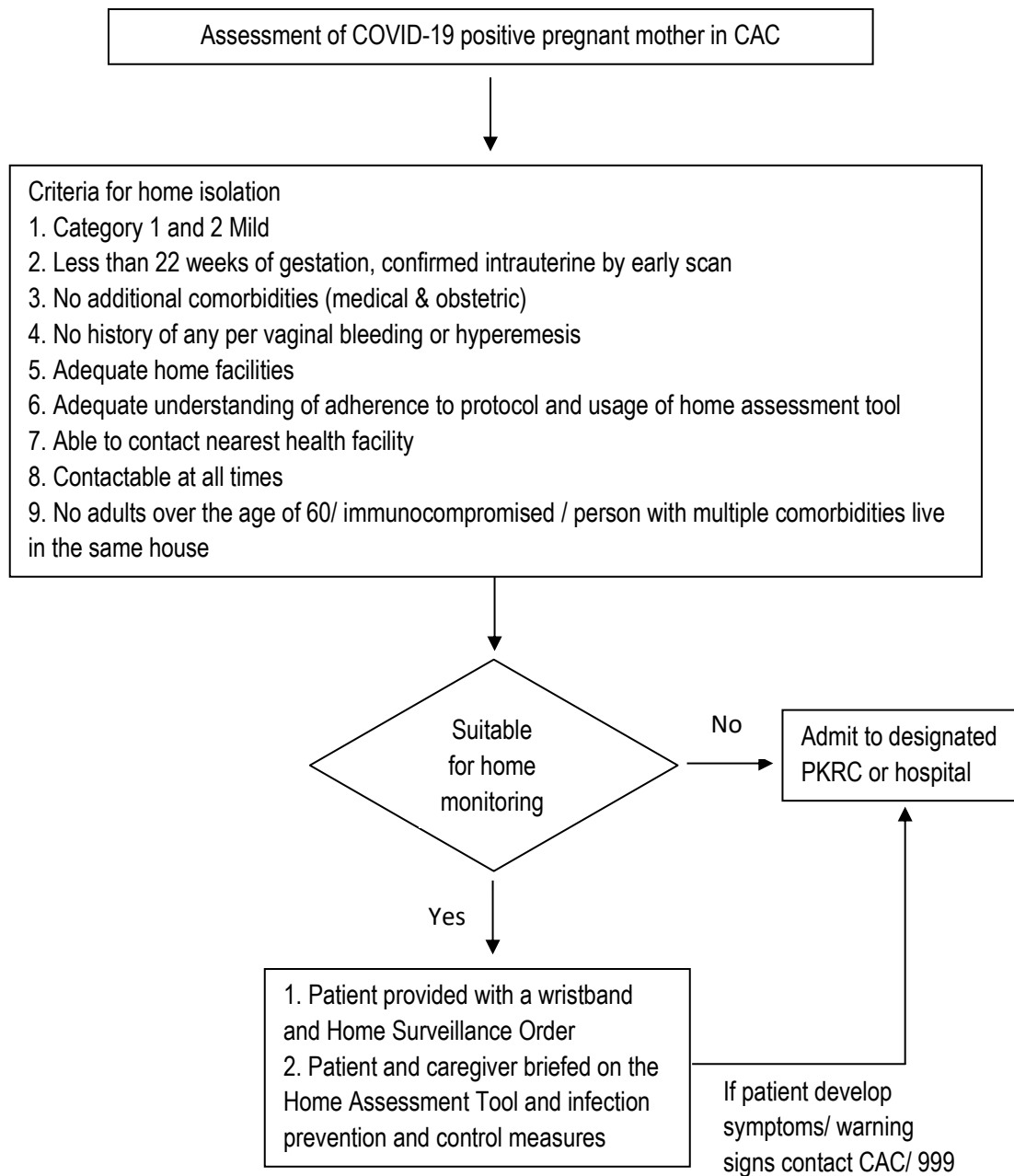
12. HOME MONITORING (ISOLATION) FOR COVID-19 OBSTETRIC CASES

- i. Pregnant mothers diagnosed with COVID-19 will be assessed by medical officers, if they are suitable for home monitoring. Criteria for home monitoring includes:
 - a. Category 1 or Category 2 Mild;
 - b. Confirmed intrauterine pregnancy by early scan;
 - c. Less than 22 weeks of gestation;
 - d. No additional comorbidities (medical & obstetric);
 - e. No history of any per vaginal bleeding or hyperemesis;
 - f. Adequate home facilities
 - Separate room with adequate ventilation;
 - Separate bathroom if possible;
 - g. Adequate understanding of adherence to protocol and usage of home assessment tool provided;
 - h. Patient should be able to contact the nearest health facilities and be contactable at all times;
 - i. No adults over the age of 60/ immunocompromised/ person with multiple comorbidities live in the same house;
- ii. Identified cases for home monitoring will be tagged by medical officers after assessment and briefed on the usage of the Home Assessment Tool for Adults. They will also be issued with the Home Surveillance Order and wristband.
- iii. Patient and caregiver will be educated on basic infection prevention and control measures such as:
 - a. Practice of good hand hygiene;
 - b. Practice of good cough etiquette; and
 - c. Caregivers should maintain at least a 1-meter distance with patient to attend to their needs and should use a mask and face shield when in the same room as the patient or when at a distance of less than 2 meters from the patient.
- iv. Patients are advised to use a separate bathroom. If this is not possible, then the bathroom should be cleaned with soap and water after each use;
- v. Patients are to eat separately and should avoid sharing utensils with other family members. Utensils should be washed separately with warm water and soap; Caregivers handling utensils should wear a mask, face shield during cleaning, and sanitize their hands after cleaning;
- vi. All contaminated items or rubbish should be separately disposed in a plastic bag by patient followed by a second bagging by caregiver. Caregivers handling

- these items should wear a mask, face shield, and sanitize their hands after cleaning;
- vii. Patients dirty laundry should be washed separately, ideally with warm water. Caregivers handling the laundry should wear a mask, face shield during cleaning, and sanitize their hands after cleaning;
 - viii. Patients and caregivers should be educated on identification of warning signs that will require them to contact the dedicated emergency facility for escalation of treatment. These warning signs include:
 - a. Shortness of breath;
 - b. Prolonged fever for more than 2 days;
 - c. Unable to tolerate orally;
 - d. Chest tightness;
 - e. Frequent vomiting and diarrhoea;
 - f. Reduced urine output;
 - g. Coughing out blood;
 - h. Exertional dyspnoea; and
 - i. Abdominal pain and per vaginal bleeding.
 - ix. The antenatal appointment of the patients should be deferred until the isolation period has ended; and
 - x. If there are any urgent obstetric issues that develop within this isolation period, the patient should be managed as per MOH guidelines* and retrieval should be arranged by the nearest health care facility to a COVID/ Hybrid Hospital.

*Refer to Annex 23: Guidelines on Management of COVID-19 in Obstetrics & Gynaecology updated 07.12.2020 (COVID-19 Management Guidelines in Malaysia No.5 / 2020) at <http://covid-19.moh.gov.my/>

FIGURE 6: FLOW CHART FOR MANAGEMENT OF COVID-19 OBSTETRIC PATIENT IN HOME MONITORING



13. COMPLETION OF HOME MONITORING

Patient can be discharged from Home Monitoring:

- i. If patient remains asymptomatic till Day 10 after the date of their first positive test; OR
At least 10 days have passed since onset of illness;
- ii. Able to ambulate without assistance and self-administer medications;
- iii. Attend CAC GP on Day 11 to be assessed, get a Release Order (COVID-19 Management Guidelines in Malaysia No.5/ 2020, Annex 17a/ 17b updated 19.02.2021) at <http://covid-19.moh.gov.my/garis-panduan/garis-panduan-kkm>, medical certificate (if required), Discharge note (if required) (Appendix 9) and remove their isolation wristband; and
- iv. Repeat swab is not required for confirmed case before discharge from home monitoring.

14. REFERRAL FOR ADMISSION

- i. Coordination at the local level between CAC GP, DHO, PKRC and hospital must be well established;
- ii. Patients who require admission can use their own transport. Use of public transport is not encouraged;
- iii. If the patient is using their own transport, the following infection and prevention measures must be practiced in the vehicle:
 - a. Only one caregiver (excluding driver) is allowed to accompany the patient;
 - b. All occupants in the vehicle must wear mask;
 - c. Patient should sit behind;
 - d. Open the windows of the vehicle;
 - e. Practice hand hygiene; and
 - f. Disinfect the car (car seat, door and handle) with appropriate disinfectant after use.
- iv. GP can directly refer to hospital or PKRC if need be. GP may also consult the Family Medicine Specialist (FMS) at the nearest CAC government/ primary health care clinic for any queries.

15. INFECTION PREVENTION AND CONTROL IN CAC GP

Standard and transmission-based precautions must be followed to prevent spread of infection in the CAC (Appendix 10).

16. EQUIPMENT

The list of equipment required in the CAC GP as in Appendix 11.

17. RETURNS

Data collected from CAC GP will be sent to the DHO, state health department, Family Health Development Division, MOH as well as State and National CPRC (Appendix 12/12a and Appendix 13).

18. REFERENCES

- i. COVID-19 Management Guidelines in Malaysia 05/2020 (updated 26.02.2021), Ministry of Health Malaysia.
- ii. Remote COVID-19 Assessment in Primary Care (RECAP), University Malaya Medical Centre.

CLERKING SHEET FOR CONFIRMED COVID-19 CASE (ADULT)

I. Personal details

1. Name:
2. Age:
3. Gender:
4. IC / Passport number:
5. Nationality:
6. Phone Number:
7. Address:

II. History

1. Date of symptoms onset:
2. Date of COVID-19 swab result:
3. Co-morbidity:

III. Clinical

SYMPTOMS

Sore throat	<u>WARNING SIGNS/ RED FLAGS</u> If any present, consult FMS/ physician for admission
Running nose	Persistent fever (2 days or more) or new onset of fever
Cough	Shortness of breath
Loss of taste	Chest pain
Loss of smell	Unable to tolerate orally
Diarrhoea < 2x/24hrs	Worsening of lethargy
Nausea or vomiting	Unable to ambulate without assistance
Myalgia	Worsening or persistent symptoms eg: cough, nausea, vomiting, diarrhoea
Others symptoms	Reduced level of consciousness
Please specify -----	Reduced urine output in last 24 hours

Physical examination

1. General appearance: looks well/ unwell/ lethargy
2. Hydrational status:
3. Vital signs
 - Temperature:
 - BP:
 - PR:
 - RR:
 - SPO2:
4. Height:
5. Weight:
6. BMI:

WARNING SIGNS

- Exertional dyspnoea
- Respiratory rate >25/ minute
- SpO2 room air <95%

CLERKING SHEET FOR CONFIRMED COVID-19 CASE (ADULT)

Mental Health Assessment

(if yes to any, refer to Mental Health Psychosocial Support Team)

1. Persistent sadness/ low mood: Yes/ No
2. Easily anxious: Yes/ No
3. Easily irritated/ angry: Yes/ No
4. Feeling hopeless/ having self-harm thoughts Yes/ No

IV. Home condition: Suitable/ Unsuitable

V. Caregiver: Suitable/ Unsuitable

VI. Clinical Staging: (Cat 1, Cat 2A, Cat 2B, Cat 3, Cat 4)

VII. Impression:

VIII. Management:

Signature & Name:

Date & Time:

CLERKING SHEET FOR CONFIRMED COVID-19 CASE (PAEDIATRIC)

I. Personal details

1. Name:
2. Age:
3. Gender:
4. IC / Passport number:
5. Nationality:
6. Phone Number:
7. Address:

II. History

1. Date of symptoms onset:
2. Date of COVID-19 swab result:
3. Any other illness:

III. Clinical

SYMPTOMS:

Sore throat	WARNING SIGNS: If any present, consult FMS/ paediatrician for admission
Running nose	URTI symptoms more than 7 days
Cough	Shortness of breath
Vomiting	Inactive on handling/ Lethargy
Diarrhoea	Poor feeding
Others. Please specify -----	Chest or abdominal pain
	Cold or clammy peripheries
	Signs of dehydration
	Change of mental status
	Seizures
	Persistent fever, new onset fever and temp. >38.5
	Worsening or persistent symptoms like nausea, vomiting and diarrhoea

Physical examination

1. General appearance: looks well/ unwell/ lethargy
2. Hydrational status:
3. Vital signs
 - Temperature:
 - BP:
 - PR:
 - RR:
 - SPO2:

CLERKING SHEET FOR CONFIRMED COVID-19 CASE (PAEDIATRIC)

**Mental Health Assessment - (if yes to any, refer to Mental Health Psychosocial Support Team)
For ages below 8**

1. Looks sad/ unhappy: Yes/ No
2. Easily irritated/ angry: Yes/ No

For ages 8-17

1. Feel nervous/ restless: Yes/ No
2. Feel sad/ worthless: Yes/ No

IV. Home condition: Suitable/ Unsuitable

V. Caregiver: Suitable/ Unsuitable

VI. Clinical Staging: (Cat 1, Cat 2A, Cat 2B, Cat 3, Cat 4)

VII. Impression:

VIII. Management:

Signature & Name:

Date & Time:

CLINICAL STAGING FOR COVID-19 ADULTS

STAGING	DESCRIPTION
Category 1	Asymptomatic
Category 2	Symptomatic, no pneumonia
Category 3	Symptomatic, with pneumonia
Category 4	Symptomatic, pneumonia requiring supplemental oxygen
Category 5	Critically ill with multi organ involvement

For the purpose of home monitoring - CATEGORY 2 will be further classified to mild and moderate CATEGORY 2

1. Mild
2. Moderate

	CATEGORY 2 MILD	CATEGORY 2 MODERATE Patient with DANGER SIGNS
1.	Sore throat or running nose with no fever/ Shortness of breath	Persistent fever (<u>2</u> days and more) or new onset fever
2.	Cough with no fever/ SOB	Exertional dyspnoea
3.	Loss of taste but tolerating orally	Chest pain
4.	Loss of smell	Unable to tolerate orally
5.	Diarrhoea two times or less within 24 hours with normal urine output	Worsening of lethargy e.g. noticeably more lethargic with usual activities or struggling to get out of bed
6.	Nausea and vomiting with normal urine output	Unable to ambulate without assistance
7.	Mild lethargy but still able to carry out daily activities	Worsening or persistent symptoms such as cough, nausea, vomiting or diarrhea
8.	Myalgia but still able to carry out daily activities	Reduced level of consciousness
9.		Reduced urine output in the last 24 hours

CLINICAL STAGING FOR COVID-19 PAEDIATRICS

CLINICAL STAGING	DESCRIPTION	
Category 1	Asymptomatic	Only RT-PCR is positive
Category 2	Symptomatic, no pneumonia	Upper respiratory tract (URT) symptoms (e.g. pharyngeal congestion, sore throat, cough or fever) for a period less than 7 days
Category 3	Symptomatic, with pneumonia	URTI symptoms with others like vomiting, diarrhea, abdominal pain, myalgia, loss of smell/ taste. Signs of increase work of breathing and increase respiratory rate, but no hypoxemia
Category 4	Symptomatic, pneumonia requiring supplemental oxygen	Tachypnoea* with hypoxemia (SpO2 94% on room air) <ul style="list-style-type: none"> • CNS effect: Lethargy, decreased level of consciousness, seizure • GI effects: Dehydration, difficulty feeding, raised liver enzymes • Myocardial effect: Raised Creatinine Kinase, Troponin
Category 5	Critically ill with multi organ involvement	Rapid disease progression with: <ul style="list-style-type: none"> • Respiratory failure requiring mechanical ventilation (acute respiratory distress syndrome - ARDS), • Persistent hypoxemia • Septic shock • Organ failure requiring invasive monitoring and mechanical ventilation (myocardial injury/ heart failure; liver injury/ coagulation dysfunction; kidney injury)

	CATEGORY 2 MILD	CATEGORY 2 MODERATE Patient with DANGER SIGNS
1.	Sore throat or running nose with no difficulty in breathing less than 7 days	Lethargy
2.	Cough with no difficulty in breathing less than 7 days	Poor feeding
3.	Diarrhoea and vomiting with no signs of dehydration	Chest or abdominal pain
4.	Still active on handling and feeding well despite above symptoms	Cold and clammy peripheries
5.		Signs of dehydration e.g. sunken eyes, dry tongue, absence of tears, reduced urine output
6.		Change in mental status or behaviour e.g. drowsy, irritability
7.		Seizures
8.		Persistent fever (>24 hrs), new onset fever and Temp > 38.5 C
9.		Worsening or persistent symptoms like cough, nausea, vomiting or diarrhoea

PERINTAH PEMERHATIAN DAN PENGAWASAN BAGI KES JANGKITAN PENYAKIT KORONA VIRUS 2019 (COVID-19) DI BAWAH SEKSYEN 11(3) AKTA PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT 1988 (AKTA 342)

Annex 14e
Edisi 9 Mac 2021



KEMENTERIAN KESIHATAN MALAYSIA

Fail Rujukan:

Pejabat Kesihatan Daerah / Pejabat Kesihatan Pintu Masuk

.....

No. Telefon:

Kepada:

Nama:

No. Kad Pengenalan/Pasport:

Alamat:

.....

No. Telefon:

Nama & No. Telefon waris:.....

Perintah Pemerhatian dan Pengawasan Bagi Kes Jangkitan Penyakit Korona Virus 2019 (COVID-19) Di Bawah Subseksyen 11(3) Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 [Akta 342]

1. Dalam menjalankan kuasa di bawah subseksyen 11(3) Akta Pencegahan dan Pengawalan Penyakit Berjangkit 1988 [Akta 342], saya(nama penuh pengamal perubatan)....., pengamal perubatan yang telah dilantik di bawah seksyen 6 Ordinan Darurat (Kuasa-Kuasa Perlu) 2021 [P.U. (A) 12/2021] dengan ini memerintahkan Tuan/Puan untuk menjalani pemerhatian dan pengawasan di kediaman seperti alamat di atas dengan syarat-syarat yang dinyatakan di perenggan 2, 3, 4 dan 5 perintah ini dan syarat lain yang dinyatakan dalam borang *Home Assessment Tool* (Lampiran I atau II) selama hari bermula pada (tarikh bergejala / tarikh sampel diambil bagi yang tiada gejala) sehingga (tarikh hari ke 10) atau suatu tempoh yang diarahkan oleh Pegawai Diberi Kuasa (“tempoh pemerhatian dan pengawasan”).

2. Tuan/Puan dikehendaki sentiasa memakai gelang tangan pengawasan yang dibekalkan sepanjang tempoh pemerhatian dan pengawasan serta memastikan gelang tangan pengawasan tersebut sentiasa berada dalam keadaan baik dan sempurna. Sekiranya gelang tangan pengawasan tersebut rosak, Tuan/Puan hendaklah dengan segera menghubungi klinik(nama klinik dan alamat) untuk mendapatkan

gelang tangan pengawasan gantian. Tuan/Puan hendaklah tidak menanggalkan, memotong atau merosakkan gelang tangan pengawasan tersebut. Gelang tangan pengawasan tersebut hanya boleh ditanggalkan oleh(nama pengamal perubatan) yang telah dilantik di bawah seksyen 6 P.U. (A) 12/2021saya selepas Tuan/Puan mendapat surat pelepasan perintah pemerhatian dan pengawasan atau dengan kebenaran bertulis Pegawai Diberi Kuasa.

3. Tuan/Puan hendaklah dengan seberapa segera memuat turun aplikasi MySejahtera atau aplikasi lain yang ditetapkan oleh Kerajaan ke dalam telefon bimbit pintar atau apa-apa peranti lain sama ada yang didaftarkan atas nama Tuan/Puan atau di bawah kawalan Tuan/Puan dan hendaklah memastikan telefon bimbit atau peranti tersebut sentiasa berada bersama Tuan/Puan dan berada dalam mod aktif sepanjang masa sepanjang tempoh menjalani pemerhatian dan pengawasan. Tuan/Puan hendaklah memastikan segala maklumat yang dikemukakan oleh Tuan/Puan dalam aplikasi MySejahtera adalah tepat dan benar.

4. Sepanjang tempoh Tuan/Puan diletakkan di bawah perintah pemerhatian dan pengawasan, Tuan/Puan dikehendaki mematuhi perintah ini dan syarat-syarat yang terkandung di dalamnya dan memantau status kesihatan diri menggunakan borang *Home Assessment Tool* (Lampiran I) yang dilampirkan bersama perintah ini atau melalui aplikasi MySejahtera.

5. Sekiranya Tuan/Puan adalah penjaga yang sah kepada kanak-kanak di bawah umur lapan belas (18) tahun atau orang kelainan upaya (OKU), Tuan/Puan hendaklah mengemukakan maklumat kanak-kanak di bawah umur lapan belas (18) tahun atau orang kelainan upaya (OKU) tersebut dalam Lampiran III dan memastikan orang di bawah jagaan Tuan/Puan mematuhi Perintah ini dan syarat-syarat yang terkandung di dalamnya.

6. Kegagalan Tuan/Puan untuk mematuhi Perintah ini dan syarat-syarat yang terkandung di dalamnya adalah merupakan satu kesalahan di bawah subseksyen 11(5) Akta 342 dan sekiranya disabitkan dengan kesalahan boleh dikenakan hukuman di bawah seksyen 24 Akta 342.

Nama	:	
Jawatan	:	
Tarikh & Masa	:	
Pengesahan Penerimaan Salinan Perintah oleh Kes yang Diletakkan di bawah Pemerhatian dan Pengawasan		
Nama	:	
No.Kad Pengenalan/No. Pasport	:	
Tarikh & Masa	:	
Tandatangan	:	

s.k. Pejabat Kesihatan Daerah

Appendix 3

ANNEX 14f
Edition 9 March 2021



MINISTRY OF HEALTH MALAYSIA

File Ref.:

District Health Office / Entry Point Health Office

.....
.....
Telephone No:

To:

Name:
Identification Card / Passport No:
Address:
.....
Phone No.:.....
Name & Phone No. next of kin:.....

Order for Observation and Surveillance for Case of Corona Virus Disease (COVID-19) Infection Under Subsection 11(3) Prevention and Control of Infectious Disease Act 1988 [Act 342]

1. To carry out the order under subsection 11 (3) Prevention and Control of Infectious Diseases Act 1988 [Act 342], I(full name of the private medical practitioner), the Authorized Officer appointed under section 6 of Emergency (Essential Powers) Ordinance 2021 hereby order you to undergo observation and surveillance at such residence as per above address with conditions as stated in para 2,3,4 and 5 of this order and other conditions as stated in Home Assessment Tool form, for days, from (date of symptoms onset / date of sample taken for asymptomatic cases) till (date of 10th day) or for a period of time as directed by the Authorized Officer (“observation and surveillance period”).

2. You are required to wear a surveillance wristband during the observation and surveillance period and to ensure the said surveillance wristband always in a good condition. If the said surveillance wristband is damaged, you are required to inform the clinic (name, address and telephone number of the clinic) to get a replacement surveillance wristband. You should not remove, cut, or damaged the said surveillance wristband. The said surveillance wristband can only be removed by (name of private

medical practitioner) appointed under section 6 P.U.(A) 12/2021 after you have received a letter of discharge order of observation and surveillance or with written permission by the Authorized Officer.

3. You are required to download the *MySejahtera* application or any other application fixed by the Government into your smartphone or any other device either registered on your behalf or under your control and shall ensure the mobile phone or the device is always with you and in active mode at all times during the period of observation and surveillance. You shall ensure that all information submitted in *MySejahtera* application is accurate and correct.
4. While you are placed under the observation and surveillance order, you are required to comply with the order and the conditions stated herein and to monitor your health status using the Home Assessment Tool form (Appendix 1) attached together with this order or through the *MySejahtera* application.
5. If you are the legal guardian of a child under the age of eighteen (18) years old or a disabled person (OKU), you shall provide the information of the child under the age of eighteen (18) years old or disabled person in Appendix 2 and to ensure that the person under your care complies with this order and the conditions stated herein.
6. Your failure to comply with this order and the conditions stated herein constitute an offence under subsection 11(5) of Act 342 and if convicted may be punishable under section 24 of Act 342.

Name	
Designation :	
Date & Time :	
Confirmation on Receiving a Copy of the Order by the Case Placed Under Observation and Surveillance	
Name :	
Identification / Passport No. :	
Date & Time :	
Signature :	

c.c District Health Office

.....

'HOME ASSESSMENT TOOL' UNTUK PESAKIT COVID-19 DEWASA YANG MENJALANI KUARANTIN DI RUMAH

NOTA: Tandakan (√) sekiranya mempunyai gejala berikut

SIMPTOM	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	CATITAN
Sakit tekak atau selesema											
Batuk											
*Demam											
*Sukar bernafas (SOB)											
Hilang deria rasa											
Hilang deria bau											
Cirit-birit											
Loya dan/atau muntah											
Kelesuan (<i>Lethargy</i>)											
Sakit otot (<i>Myalgia</i>)											
Boleh melakukan aktiviti harian											
*Sakit dada											
*Tidak dapat toleransi/ mengambil makanan/minuman											
*Kelesuan yang bertambah teruk contohnya kesukaran bangun dari katil											
*Tidak boleh bangun tanpa bantuan											
*Gejala yang berterusan dan bertambah teruk seperti batuk, loya, muntah atau cirit birit											
*Tahap kesedaran berkurang (<i>Reduced level of consciousness</i>)											
*Kekerapan/kuantiti air kencing yang berkurang dalam tempoh 24 jam											

NOTA: i. Sekiranya gejala (*) dialami oleh kes, ia menunjukkan kes dalam kategori 2 dan perlu dirujuk kepada klinik/hospital/pusat penilaian COVID- 19 untuk penilaian lanjut.

ii. Sekiranya pemantauan sendiri status kesihatan telah dibuat melalui aplikasi MySejahtera, borang ini tidak perlu diisi

Appendix 3a

‘HOME ASSESSMENT TOOL’ FOR ADULT WITH POSITIVE COVID-19

NOTE: Please (√) if you experience any of the symptoms below

SYMPTOMS	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	NOTES
Sore throat or runny nose											
Cough											
*Fever											
* Shorten of breath (SOB)											
Loss of taste											
Loss of smell											
Diarrhea											
Nausea and/or vomiting											
Lethargy											
Myalgia											
Able to carry out daily activities											
*Chest pain											
*Unable to tolerate orally / food / drinks											
*Worsening of lethargy eg: struggling to get out of bed											
*Unable to ambulate without assistance											
*Worsening or persistent symptoms such as cough, nausea, vomiting or diarrhea											
*Reduced level of consciousness											
*Reduced urine output in the last 24 hours											

NOTE: i) * RED FLAGS - If present, patient is CAT 2 MODERATE and needs referral to clinic/hospital/COVID-19 assessment centre for further assessment
 ii) If self-monitoring of health status has been done through the MySejahtera application, this form does not need to be filled out.

'HOME ASSESSMENT TOOL' UNTUK PESAKIT COVID-19 KANAK-KANAK YANG MENJALANI KUARANTIN DI RUMAH
(Diisi oleh ibu bapa / penjaga kanak-kanak tersebut)

NOTA: Tandakan (√) sekiranya mempunyai gejala berikut

SIMPTOM	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	CATITAN
Demam											
Sakit tekak atau selesema											
Batuk											
Muntah atau cirit-birit											
Aktif apabila dipegang											
*Simptom melebihi 7 hari											
*Kelesuan											
*Tidak selera makan/minum											
*Mengadu sakit dada atau perut											
*Sejuk kaki dan tangan											
*Kurang urin dari biasa (dalam tempoh 24 jam)											
*Perubahan status mental											
*Sawan											

NOTA: Sekiranya gejala (*) dialami oleh kanak-kanak positif COVID-19, kes hendaklah dirujuk kepada hospital untuk penilaian lanjut.

‘HOME ASSESSMENT TOOL’ FOR PARENTS WITH A CHILD POSITIVE COVID-19

(To be filled by the parents / guardian of the child)

NOTE: Please (✓) if your child experience any of the symptoms below.

SYMPTOMS	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	NOTA
Fever											
Sore throat or runny nose											
Cough											
Vomiting or diarrhoea											
Active on handling											
*Symptoms more than 7 days											
*Lethargy											
*Poor feeding											
*Chest or abdominal pain											
*Cold or clammy peripheries											
*Signs of dehydration (less urinate (within 24 hours))											
*Change in mental status											
*Seizures											

NOTE: *RED FLAGS IN PAEDIATRIC: If present the child shall be referred hospital for further assessment

SENARAI KANAK-KANAK DI BAWAH UMUR 18 TAHUN / ORANG KELAINAN UPAYA (OKU) DI BAWAH JAGAAN

Saya, [nama],

No. Kad Pengenalan/No.Pasport.....

Beralamat di

dengan ini sesungguhnya mengesahkan bahawa orang-orang yang dinamakan di bawah merupakan kanak-kanak di bawah umur 18 tahun / orang kelainan upaya (OKU) di bawah jagaan saya.

NO.	NAMA	NO KAD. PENGENALAN / MYKid / PASPORT

Ditandatangani oleh:

Nama:

No. K/P:

Alamat :

No. Telefon bimbit:

Tarikh :.....

Appendix 3c

LIST OF CHILDREN UNDER 18 YEARS OLD / DISABLE PERSONS (OKU) UNDER CARE

I, [name]

*identity card no./ Pasport no.address in
.....

hereby confirm that the persons named below are children under the age of 18 years old / persons with disabilities and under my care.

NO.	NAME	IDENTITY CARD / MYKID / PASPORT NO.

Signature:

Name:

IC No:

Address:

Handphone No.:

Date:

APPENDIX 4

PENJAGAAN DAN PENGURUSAN PESAKIT COVID-19 YANG MENJALANI PEMANTAUAN DI RUMAH

NASIHAT AM

1. Sentiasa berada di rumah dan pastikan anda boleh dihubungi setiap masa.
2. Duduk di bilik yang berasingan dengan kemudahan bilik air. Jika terpaksa berkongsi bilik air, pastikan pengudaraan yang baik dengan membuka tingkap
3. Pastikan pengudaraan bilik dalam keadaan baik dengan membuka tingkap
4. Laporkan status kesihatan anda kepada anggota kesihatan apabila dihubungi atau melalui aplikasi MySejahtera setiap hari.
5. Jika gejala anda bertambah teruk, hubungi 999 atau terus ke hospital berdekatan dengan segera menggunakan kenderaan sendiri (jangan gunakan pengangkutan awam).
6. Elakkan interaksi secara bersemuka dengan ahli rumah yang lain. Sekiranya tidak dapat dielakkan, pastikan kedua-dua pihak memakai pelitup muka dan mengamalkan penjarakan sekurang-kurangnya 1 meter dan hadkan masa kepada kurang daripada 15 minit.
7. Tidak boleh menerima pelawat
8. Amalkan kebersihan diri
9. Kerap cuci tangan dengan air dan sabun atau hand sanitizer
10. Amalkan adab batuk yang betul. Tutup mulut dan hidung menggunakan tisu apabila batuk atau bersin.
11. Pastikan pengambilan makanan yang berkhasiat dan air yang mencukupi
12. Tidak berkongsi peralatan makanan dan penjagaan diri
13. Peralatan makanan mesti dibersihkan dan dikeringkan setiap kali penggunaan serta tidak boleh dikongsi bersama orang lain
14. Buang tisu & pelitup muka yang telah digunakan ke dalam bungkusan yang diikat sebelum di buang ke dalam tong sampah. Cuci tangan serta merta.

SARANAN KETIKA MENCUCI PAKAIAN DAN LINEN

1. Pakaian dan linen (cadar, tuala dll) kotor yang digunakan oleh pesakit harus diletakkan di dalam beg plastik atau ditutup sehingga ianya dibasuh.
2. Pakaian dan linen pesakit tidak boleh dicampurkan dengan pakaian ahli keluarga atau rakan serumah
3. Pakai pelitup muka dan sarung tangan pakai buang semasa mengendalikan pakaian dan linen kotor .
4. Pakai apron plastik jika mengendalikan pakaian atau linen yang tercemar dengan cecair badan seperti muntah atau air kencing.
5. Jangan goncang pakaian dan linen kotor kerana virus boleh merebak ke udara
6. Gunakan air dan sabun pencuci pakaian biasa untuk mencuci pakaian dan linen
7. Sebaik-baiknya cuci pakaian dan linen dengan air panas
8. Sekiranya menggunakan mesin basuh yang mempunyai kawalan suhu, set suhu pada 60–90 °C (140–194 °F).
Sekiranya menggunakan cucian tangan, rendam pakaian dan linen di dalam baldi yang mengandungi air panas sebelum di basuh.
9. Buka sarung tangan dan cuci tangan menggunakan sabun dan air selepas mencuci.

10. Keringkan pakaian dan linen di bawah sinar matahari atau menggunakan mesin pengering elektrik.
11. Cuci tangan semula selepas mengeringkan atau menyidai pakaian dan linen.

PENGURUSAN SISA PESAKIT COVID-19

1. Pastikan pesakit dibekalkan dengan beg plastik sisa yang bersesuaian dan tebal.
2. Sisa yang terhasil seperti tisu kotor, sisa dan bekas makanan, pelitup muka, sarung tangan atau cecair badan pesakit (contohnya muntah) hendaklah dimasukkan ke dalam beg plastik yang disediakan.
3. Letakkan sisa buangan di luar bilik dan pastikan dibuang dengan segera.
4. Individu yang mengendalikan sisa buangan perlu memakai pelitup muka dan sarung tangan.
5. Masukkan beg plastik pertama ke dalam beg plastik kedua dan ikat rapi sebelum dibuang dan seterusnya dilupuskan oleh perkhidmatan pembuangan sampah. Jika tiada perkhidmatan pembuangan sampah, sisa tersebut mungkin boleh ditanam.
6. Selepas selesai menguruskan sisa tersebut, tanggal sarung tangan dan cuci tangan dengan air dan sabun.

TATACARA PEMBERSIHAN DAN DISINFEKSI DI RUMAH

1. Bilik air yang digunakan pesakit COVID-19 mesti dibersihkan dan dinyahkuman sekurang-kurangnya sekali sehari. Jika terpaksa berkongsi bilik air dengan ahli rumah yang lain, bersihkan permukaan yang disentuh seperti tombol pintu, kepala paip air dan peralatan lain setiap kali selepas digunakan.
2. Proses pembersihan dimulakan dengan serbuk pencuci biasa, dibilas dan diikuti dengan larutan disinfeksi yang mengandungi 0.1% sodium hipoklorit
3. Penyediaan bahan disinfeksi (0.1% sodium hipoklorit) untuk pembersihan permukaan adalah seperti berikut:
 - a. 5 sudu makan larutan sodium hipoklorit 5% dicampur bersama 3.8 liter air ATAU
 - b. 4 sudu teh larutan sodium hipoklorit 5% dicampur bersama 0.95 liter air ATAU
 - c. 1 bahagian larutan sodium hipoklorit 5% dicampur dengan 49 bahagian air
4. Setiap bancuhan hanya digunakan sekali sahaja.
5. Pastikan tiada bahan lain ditambah ke dalam bancuhan untuk mengelakkan tindak balas yang tidak diingini.
6. Cuci tangan sebelum dan selepas melakukan disinfeksi
7. Sekiranya penjaga perlu menjalankan pembersihan, alat perlindungan diri (PPE) minima yang mesti dipakai ketika proses pembersihan ialah pelindung muka (face shield), pelitup muka, apron plastik, sarung tangan pakai buang dan kasut but. Cuci tangan selepas PPE ditanggalkan.

Reference

1. Caring for Someone Sick at Home, Advice for caregivers in non-healthcare settings, CDC, Updated Dec. 31, 2020
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>
2. Home care for cases with suspected or confirmed COVID-19 and management of their contacts, WHO Interim guidance, 13 August 2020
[https://www.who.int/publications/i/item/home-care-for-cases-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications/i/item/home-care-for-cases-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

How to Prepare the Patient's Room for Isolation

Prepare a room for the exclusive use of the patient.

If there is no room available for exclusive use, place a bed or mattress for the exclusive use of the patient as far as possible from the rest of the family, at a minimum distance of 3–6 feet.



The patient's room should have its own bathroom.

If this is not possible, the patient may use a common bathroom, but it should be disinfected with a 0.1% chlorine solution after each use.




Set aside eating utensils and tableware (fork, knife, plate, etc.) for the exclusive use of the patient.

These items may be washed with dishwasher soap.




Do not shake out clothing.



Keep the room and the home well ventilated (open windows).

Change and wash bedding daily (bedding should be for the exclusive use of the patient).



Disinfect frequently touched surfaces with a 0.1% chlorine solution or alcohol.

Disinfect doorknobs, light switches, bed, table, remote control, bathroom, and any other item used by the patient at least once daily.



If the patient is allowed to have company, the caregiver should follow recommended biosafety measures (mask and hand hygiene).

Limit to two the number of caregivers. The caregiver should be a family member who is healthy, young, and free from chronic illness.

The caregiver should use a mask when in the same room as the patient, or when at a distance of less than two meters (six feet) from the patient.



Source: Health Policy Plus. 2020. COVID-19 Home Based Quality Care: A Practical Guide for Healthcare Workers

**TERMA RUJUKAN PELAKSANAAN PEMERHATIAN ATAU PENGAWASAN
KES COVID-19 KATEGORI 1 DAN KATEGORI 2 DI RUMAH OLEH
PENGAMAL PERUBATAN SWASTA**

1.0 Objektif

- 1.1 Sebagai rujukan kepada pengamal perubatan swasta dalam melaksanakan pemerhatian atau pengawasan kontak kes COVID-19 di rumah.
- 1.2 Memastikan pengamal perubatan swasta faham dengan tugas dan peranan yang dimainkan oleh mereka dalam membantu Kementerian Kesihatan Malaysia membuat pemerhatian atau pengawasan kontak.

2.1 Terma Rujukan Peranan Pengamal Perubatan Swasta (PPS)

- 2.1 Bertanggungjawab terhadap pelaksanaan Home Surveillance Order (HSO) termasuk:
 - 2.1.1 mengeluarkan surat Perintah Pengawasan Dan Pemerhatian (HSO) Bagi Kes Jangkitan Penyakit Koronavirus 2019 (COVID-19) Di Bawah Subseksyen 11(3) Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 [Akta 342] (Apendik 1);
 - 2.1.2 memakaikan gelang tangan pengawasan (wristband) kepada pesakit COVID-19 di bawah seliaan dan jagaan mereka;
 - 2.1.3 mengeluarkan surat Pelepasan Dari Menjalani Perintah Pengawasan Dan Pemerhatian di Tempat Kediaman Di Bawah Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 [Akta 342] setelah tamat tempoh HSO (Apendik 2); dan
 - 2.1.4 memotong gelang tangan pengawasan apabila tamat tempoh pengawasan dan pemerhatian yang telah ditetapkan.
- 2.2 Mengenalpasti pesakit yang sesuai untuk menjalani pemerhatian atau pengawasan kontak di rumah.

- 2.3 Mengenalpasti pesakit yang tidak sesuai untuk menjalani pemerhatian atau pengawasan kontak di rumah untuk dirujuk ke Pusat Kuarantin dan Rawatan Risiko Rendah COVID-19 (PKRC) / Hospital.
- 2.4 Mengemukakan senarai pesakit yang baharu dan yang sedang menjalani pemerhatian atau pengawasan kontak di rumah kepada Pejabat Kesihatan Daerah (PKD) setiap hari sebelum jam 12.00 tengahari:
 - (a) nama pesakit;
 - (b) no. kad pengenalan;
 - (c) no. telefon pesakit;
 - (d) status pesakit (kes baharu atau sedia ada);
 - (e) status kesihatan pesakit (bergejala atau tidak); dan
 - (f) tindakan ke atas pesakit (rujuk ke hospital/CAC, pelepasan dari HSO).
- 2.5 Memantau dan menilai keadaan pesakit yang menjalani perintah pengawasan dan pemerhatian di rumah (HSO) menggunakan borang / instrumen yang ditetapkan. Tindaksusul kes dilakukan setiap hari secara telekonsultasi (telefon/ video) bagi sepanjang tempoh HSO (Lampiran 2).
- 2.6 PPS boleh menghubungi Pakar Perubatan Keluarga (Family Medicine Specialist - FMS) yang bertugas sekiranya memerlukan konsultasi susulan mengenai pengurusan kes.
- 2.7 Mengenalpasti pesakit yang mengalami kemerosotan status kesihatan semasa pemerhatian atau pengawasan kontak di rumah (berdasarkan Home Assessment Tool di dalam Lampiran I dan II) dan memerlukan rujukan ke PKRC atau hospital.
- 2.8 Membuat rujukan ke PKRC atau hospital secara terus bagi pesakit COVID-19 di bawah jagaan PPS.
- 2.9 Menyediakan dokumen-dokumen yang diperlukan oleh pesakit COVID-19 (cth: sijil cuti sakit, nota discaj, laporan perubatan, surat Perintah Pengawasan dan Pemerhatian di rumah, surat Pelepasan HSO, dsb).
- 2.10 Menyediakan gelang tangan pengawasan (*wristband*) tanpa mengira warna

SURAT AKU JANJI

Saya,
(No. Kad Pengenalan:) yang beralamat di
.....
dan No. MMC yang beramal di(nama klinik
dan alamat tempat beramal) dengan sesungguhnya dan sebenarnya mengaku
bahawa:

- (i) saya adalah seorang pengamal perubatan berdaftar yang mempunyai sijil amalan tahunan yang sah dengan no. pendaftaran MMC dan beramal atas nama
.....;
- (ii) saya tidak mempunyai apa-apa rekod jenayah dan tidak pernah disabitkan dengan apa-apa kesalahan jenayah;
- (iii) saya tidak pernah dikenakan tindakan disiplin atau dalam siasatan pihak Cawangan Kawalan Amalan Perubatan Swasta (CKAPS);
- (iv) saya telah menjalani latihan pengurusan pesakit COVID-19 kategori 1 (bergejala) dan kategori 2 (bergejala ringan) di rumah;
- (v) saya tidak akan mendedahkan maklumat pesakit kepada pihak ketiga;
- (vi) saya akan sentiasa menjaga kerahsiaan maklumat pesakit;
- (vii) saya akan sentiasa mematuhi apa-apa arahan yang diberikan kepada saya oleh Pegawai Diberi Kuasa; dan

(viii) saya akan memberikan perkhidmatan kesihatan dengan baik kepada pesakit saya dan mematuhi kod etika yang telah dikeluarkan oleh Majlis Perubatan Malaysia (MPM).

2. Saya mengakui bahawa kesemua akuan di atas adalah benar dan tepat pada sepanjang masa.

Pengamal Perubatan : (Tandatangan)

Nama :

No. Kad Pengenalan :

Di hadapan saksi : (Tandatangan)

Nama :

No. Kad Pengenalan :

Jawatan :

(Kumpulan Pengurusan dan Profesional)

*Di hadapan : (Tandatangan)

Nama :

No. Kad Pengenalan :

Jawatan :

Nota: * Pegawai Tertinggi di Kementerian Kesihatan Malaysia

Di hadapan saksi : (Tandatangan)

Nama :

No. Kad Pengenalan :

Jawatan :

(Kumpulan Pengurusan dan Profesional)

ADULT COVID-19 HOME ASSESSMENT TOOL (A-COHAT) FOR HEALTH CARE PROVIDER

Health care provider to ask patient if they have the following:

	SYMPTOMS	DAY	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
		DATE										
1	Sore throat or running nose											
2	Cough											
3	Loss of taste											
4	Loss of smell											
5	Diarrhoea <2x/24 hours											
6	Nausea and vomiting											
7	Lethargy											
8	Myalgia											
9	Able to carry out daily activities											
10*	Persistent fever (2 days and more) or new onset of fever											
11*	Shortness of breath											
12*	Chest pain											
13*	Unable to tolerate orally											
14*	Worsening of lethargy eg: more lethargic with usual activities or struggling to get out of bed											

	SYMPTOMS	DAY	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
		DATE										
15*	Unable to ambulate without assistance											
16*	Worsening or persistent symptoms such as cough, nausea, vomiting or diarrhoea											
17*	Reduced level of consciousness											
18*	Reduced urine output in the last 24 hours											

NOTE:

Symptoms 1-9: If present patient is CAT 2 (MILD) and may be referred to CAC for further assessment if needed

Symptoms 10-18*: WARNING SIGNS - If present patient is CAT 2 (MODERATE) and needs referral to hospital for further assessment

PAEDIATRIC COVID-19 HOME ASSESSMENT TOOL (P-COHAT) FOR HEALTH CARE PROVIDER

Health care provider to ask the parents/ caregiver or the child whether the child have the following:

	SYMPTOMS	DAY	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
		DATE										
1	Sore throat or running nose											
2	Cough											
3	Vomiting or diarrhoea											
4*	URTI symptoms more than 7 days											
5*	Fast breathing/ Increase breathing effort											
6*	Inactive on handling/ Lethargy											
7*	Poor feeding											
8*	Chest or abdominal pain											
9*	Cold or clammy peripheries											
10*	Signs of dehydration											
11*	Change in mental status											
12*	Seizures											
13*	Persistent fever, new onset fever and temperature >38.5											
14*	Worsening or persistent symptoms like nausea, vomiting and diarrhoea											

NOTE:

Symptoms 1-3: If present patient is CAT 2 (MILD) and may be referred to CAC for further assessment if needed

Symptoms 4-15*: WARNING SIGNS - If present patient is CAT 2 (MODERATE) and needs referral to hospital for further assessment

APPENDIX 7

LIST OF QUESTIONS TO ASK A CONFIRMED CASE

Domain	Purpose	Example of questions: <u>Adult</u>	Example of questions: <u>Children < 13 years old</u>
Introduction	Introduce yourself, your name and purpose of the call	“Hi, my name is Adina, I am a medical officer from UMMC. I am calling to do your COVID-19 phone assessment”	“Hi, my name is Adina, I am a medical officer from UMMC. I am calling to do your COVID-19 phone assessment”
Opening question	Ice breaker and establish rapport	“How are you today?” “How are you feeling?”	“How is your child today?” “How is your child feeling?”
Establish baseline	To establish: 1. Establish patient name and age 2. day of illness 3. Presence of comorbidities	“What is your name?” “How old are you?” “When did you get your COVID test?” “Do you have any other illness?” “Are you on any regular medication for any illness?” If patient says no, to ask: “Do you have any of the following? High blood pressure, diabetes, asthma, COPD, kidney/liver/heart problems, epilepsy, smoker?” For women of child bearing age: “Are you pregnant?” “Do you feel unwell or have any symptoms?” “When did you first feel unwell?”	“What is your child’s name?” “How old is your child?” “When did your child get his/her COVID test?” “Does your child have any other illness?” “Is your child on any regular medication for any illness?” “Is your child unwell or do they have any symptoms?” “When did your child first feel unwell?”

Domain	Purpose	Example of questions: <u>Adult</u>	Example of questions: <u>Children < 13 years old</u>
Symptoms (Red)	<p>Difficulty breathing</p> <p>Possibilities that will likely need admission:</p> <ul style="list-style-type: none"> - COVID pneumonia or other COVID related lung complications - Unrelated underlying lung pathology (eg asthma; COAD) - heart failure; fluid overload <p>Likely will not need admission:</p> <ul style="list-style-type: none"> - Anxiety - blocked nose 	<p>“How is your breathing today?”</p> <p>“Do you have any difficulty in breathing?”</p> <p>“Can you explain to me in what way are you feeling breathless?”</p> <p>“Is it worse today than yesterday?”</p> <p>“Are you breathless at rest or on exertion?”</p> <p>“Are you so ill that you’ve stopped doing all of your usual daily activities?”</p> <p>“Are there any added sounds when you breathe (eg wheezing)?”</p> <p>“Can you speak in full sentences?”</p> <p>“Is the breathing any different if you breathe through your mouth?”</p> <p>“Can you lie down to rest on one pillow?”</p> <p>To rule out URTI:</p> <p>“do you feel a sensation of blockage from either the nose or throat?”</p> <p>“do you notice your voice has changed?”</p> <p>“is there fluid coming out of your nose?”</p>	<p>“Does your child have any difficulty in breathing?”</p> <p>“Can your child speak in full sentences?”</p> <p>“Are there any added sounds/noisy breathing when your child breathes (eg wheezing)?”</p> <p>“Is your child breathless at rest or when feeding or playing?”</p> <p>“Is it worse today than yesterday?”</p>
	<p>Face or lips turning blue (Cyanosis)</p>	<p>“When you look at yourself in the mirror, do you notice a different colour to your face or lips? What colour?”</p>	<p>“Does your child’s face or lips look blue?”</p>
	<p>Chest Pain</p>	<p>“Do you have any chest pain?”</p>	<p>“Does your child have any chest pain/ tightness?”</p>

Domain	Purpose	Example of questions: <u>Adult</u>	Example of questions: <u>Children < 13 years old</u>
		<p>“Do you feel any chest discomfort?”</p> <p>SOCRATES S - Where is the chest pain? O - When did it start? C- Can you describe the pain to me? R- Does the pain radiate to any other part of the body? A - Anything that alleviate the pain? T - Temporal (Does the pain follow any pattern?) E - Anything that exacerbates the pain, such as taking a deep breath? S - Severity “How severe is the chest pain on a scale of 10, if 0 is no pain at all and 10 is the worst pain you could ever imagine”</p> <p>Additional questions: “When does the pain come?”</p> <p>“While coughing?”</p> <p>“While exerting?”</p> <p>“After exertion?”</p> <p>“What happens after you rest?”</p>	
	<p>Drowsy/ Lethargy/ Change in mental status/ Seizures</p>	<p>“Do you find it difficult to stay awake?”</p> <p>“Can you tell me what day it is?”</p> <p>“Can you tell me what year it is?”</p> <p>“Are you able to move</p>	<p>Is your child:</p> <ul style="list-style-type: none"> - quieter than normal? - less active than usual? - sleeps most of the time? - irritable?

Domain	Purpose	Example of questions: <u>Adult</u>	Example of questions: <u>Children < 13 years old</u>
		around the house without assistance?" - establish patient's Previous baseline before illness and if it's different "Did you have a fit?"	"Does your child have fits or abnormal movements?"
	Coughing up blood	"Do you cough up any blood?" Ensure true haemoptysis by excluding nose and gum bleeding	
	Worsening cough	"Do you have a cough?" "Is your cough worsening?"	"Does your child's cough disturb sleep or feeding?"
	Skin mottling, cold peripheries, sweaty palms These are suggestive of shock	*not applicable*	"Does your child look pale?" "Are your child's palms cold and sweaty to touch?"
	Fever Adult: Persistent fever >38°C for 3 days or new onset fever Paeds: Persistent fever >2 days, any spike of temperature > 38.5 C or new onset of fever	"Do you have fever?" "When did the fever start?" "What is your temperature reading?" "Do you need to take any medications for fever?"	"Does your child have fever?" "When did the fever start?" "What is the highest temperature reading for the child?" "Did you give any fever medications to your child?" "Does your child have a fever of more than 38°C more than 3 days in a row?"

Domain	Purpose	Example of questions: <u>Adult</u>	Example of questions: <u>Children < 13 years old</u>
	Reduced feeding and urine output	<p>“Are you eating or drinking less than usual?”</p> <p>“Are you passing less urine than usual?”</p>	<p>“Is your child eating or drinking less than usual?”</p> <p>“Is your child passing less urine than usual?”</p> <p>“Does your child have a dry tongue or sunken eyes?”</p>
	Worsening diarrhoea or vomiting > 3 times/day	<p>“When did the diarrhoea start?”</p> <p>“How frequent is the diarrhoea over the last day?”</p> <p>“When did the vomiting start?”</p> <p>“How frequent is the vomiting over the last day?”</p>	<p>“When did the diarrhoea start?”</p> <p>“How frequent is the diarrhoea over the last day?”</p> <p>“When did the vomiting start?”</p> <p>“How frequent is the vomiting over the last day?”</p> <p>“Does your child have tummy pain?”</p> <p>(in non-verbal children) “Is your child cranky / irritable?”</p>
Symptoms (YELLOW)	Cough	<p>“Do you have a cough?”</p> <p>“Is your cough worsening?”</p>	<p>“Does your child have a cough?”</p> <p>“Is the cough worsening?”</p> <p>*if worsening, see RED symptoms*</p>
	Diarrhoea or vomiting: > 2 times in a day	<p>“Do you have diarrhoea?”</p> <p>“How frequent is the diarrhoea over the last day?”</p>	<p>“Does your child have diarrhoea?”</p> <p>“How frequent is the diarrhoea over the last day?”</p>

Domain	Purpose	Example of questions: <u>Adult</u>	Example of questions: <u>Children < 13 years old</u>
		<p>“Do you have vomiting?”</p> <p>“How frequent is the vomiting over the last day?”</p> <p>“Is there any blood in your vomitus/stool?”</p>	<p>“Does your child have any vomiting?”</p> <p>“How frequent is the vomiting over the last day?”</p> <p>“Is there any blood in your child’s vomitus/ stool?”</p>
	Dizziness	<p>“Do you feel dizzy?”</p> <p>“Do you feel more dizzy when you’re standing up from a lying or sitting position?”</p> <p>“Do you feel faint?”</p>	*not applicable*
Symptoms (Green)	<ul style="list-style-type: none"> • Sore throat • Loss of taste • Loss of smell • Headache • Runny nose • Myalgia 	<p>“Do you have:</p> <ul style="list-style-type: none"> • sore throat • reduced sense of taste or smell • headache • runny nose • muscle aches 	<p>“Does your child have</p> <ul style="list-style-type: none"> • sore throat • reduced sense of taste or smell • headache • runny nose • muscle aches

APPENDIX 8

**PELEPASAN DARI MENJALANI PERINTAH PEMERHATIAN DAN PENGAWASAN DI
KEDIAMAN DI BAWAH AKTA PENCEGAHAN DAN PENGAWALAN PENYAKIT
BERJANGKIT 1988 (AKTA 342)**

ANNEX 17a

Edisi 9 March 2021



**KEMENTERIAN KESIHATAN
MALAYSIA**

Fail Rujukan:

Kepada:

Nama:

No. Kad Pengenalan / Pasport:

Alamat:

.....

.....

**Pelepasan Dari Menjalani Perintah Pemerhatian dan Pengawasan di Kediaman Di Bawah Akta Pencegahan
Dan Pengawalan Penyakit Berjangkit 1988 [Akta 342]**

Dengan hormatnya perkara di atas adalah dirujuk.

2. Tuan/Puan telah diarahkan untuk menjalani pemerhatian dan pengawasan di kediaman di bawah*:

	Subseksyen 15(1) bagi kontak
	Subseksyen 11(3) bagi kes

Akta Pencegahan dan Pengawalan Penyakit Berjangkit 1988 [Akta 342] bermula dari hingga

3. Susulan hasil pemeriksaan kesihatan yang dijalankan oleh pihak saya, saya mendapati status kesihatan Tuan/Puan adalah memuaskan. Oleh itu saya dengan ini, melepaskan Tuan/Puan daripada menjalani pemerhatian dan pengawasan di bawah Akta 342, bermula dari tarikh seperti tersebut di bawah.

4. Kerjasama yang telah Tuan/Puan berikan sepanjang tempoh menjalani pemerhatian dan pengawasan adalah amat dihargai.

Sekian, terima kasih.

Nama	:	
Jawatan	:	
Tempat Bertugas & No. Telefon	:	
Tarikh & Masa	:	

Nota: * tandakan (√) pada yang berkenaan



MINISTRY OF HEALTH MALAYSIA

File Ref.:

To:

Name:

Identification Card / Passport No:

Address:

.....

.....

Release from Undergoing Observation and Surveillance Order at Residence Under the Prevention and Control of Infectious Disease Act 1988 [Act 342]

With respect the above is referred to.

2. You have been ordered to undergo observation and surveillance at your residence under*;

	Subsection 15(1) for contacts
	Subsection 11(3) for COVID-19 cases

of the Prevention and Control Of Infectious Disease Act 1988 [Act 342] starting from until

3. Following the result of the health examination carried out by me, I found that your health status is satisfactory. Therefore I discharge you from observation and surveillance order under Act 342, starting from the date as mentioned below.

4. The cooperation that you have given during the period of observation and surveillance is greatly appreciated.

Thank you.

Name	:	
Designation	:	
Place of work & Telephone No..	:	
Date & Time	:	

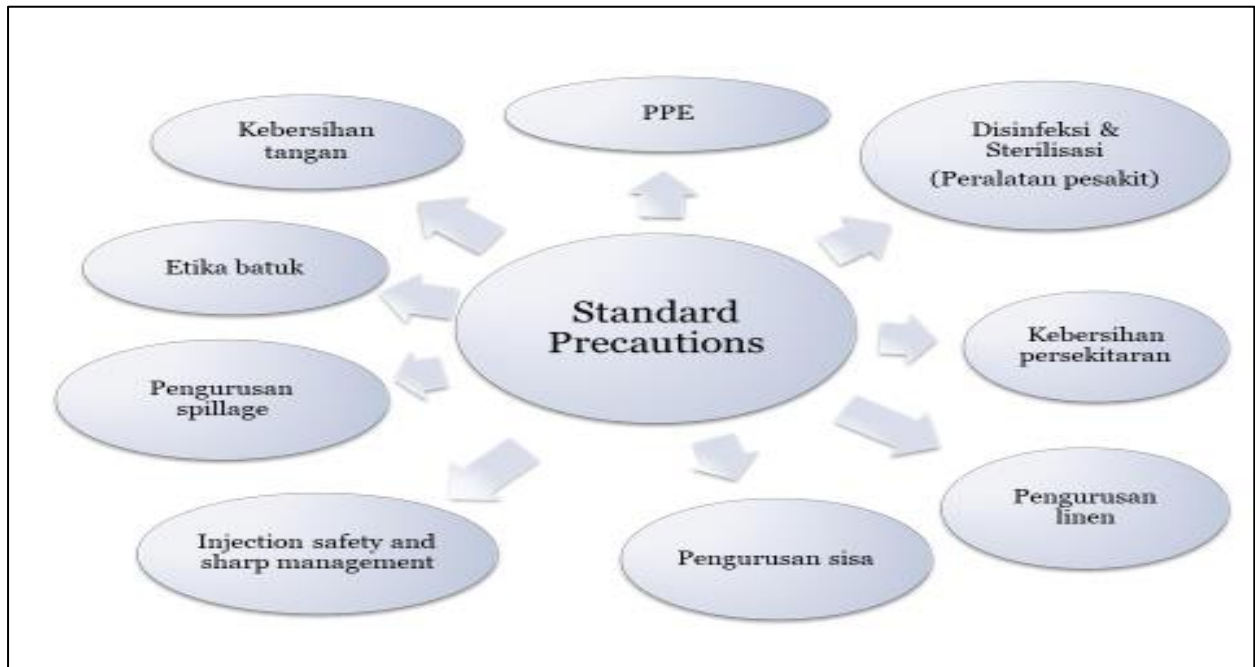
Note: tick (✓) the appropriate



KEMENTERIAN KESIHATAN MALAYSIA
COVID-19 PATIENT DISCHARGE NOTE / NOTA DISCAJ PESAKIT COVID-19
CAC _____

1. NAME/ NAMA:	2. AGE/ UMUR:
3. IC NO. / PASSPORT/ NO. KP:	4. GENDER/ JANTINA:
5. DATE OF 1ST CONSULTATION/ 1ST VISIT TO CAC/ TARIKH PERTAMA CONSULTASI/ LAWATAN KE CAC:	6. DATE OF DISCHARGE / TARIKH DISCAJ:
7. FINAL DIAGNOSIS/ DIAGNOSA AKHIR Highest Category (Clinical Staging): (Tick v) <input type="checkbox"/> CAT 1 <input type="checkbox"/> CAT 2 Mild <input type="checkbox"/> CAT 2 Moderate <input type="checkbox"/> CAT 3 <input type="checkbox"/> CAT 4 <input type="checkbox"/> CAT 5 Comorbid: _____ Complication: _____ Date of positive swab taken: _____ Date of 1 st symptoms, if any: _____	
8. NOTE FOR FOLLOW UP, IF ANY / CATATAN UNTUK RAWATAN SUSULAN, JIKA PERLU 8.1 Follow up / Rawatan susulan a. Hospital /Health Clinic/ Panel Clinic Hospital / Klinik Kesihatan/ Klinik Panel: _____ b. TCA PRN/ Rawatan susulan bila perlu: _____ 8.2 Discharge Medication List (if any)/ Senarai Ubat Discaj (jika ada): *Note/ Nota The risk of spreading the infection to other people is considered minimal or nil once patients have completed the isolation period as advised by the doctor/ Risiko jangkitan kepada orang lain dianggap minima atau tiada setelah pesakit menamatkan tempoh isolasi seperti yang dinasihatkan oleh doktor.	
9. MEDICAL CERTIFICATE (MC) NO. (if provided) / NO. SIJIL CUTI SAKIT (jika dikeluarkan): _____ *Note/ Nota Patients are eligible to return to work after receiving Release Order or after MC period has ended/ Pesakit layak untuk kembali bekerja setelah menerima 'Release Order' atau setelah tamat tempoh Sijil Cuti Sakit.	
10. DETAILS OF ATTENDING DOCTOR/ BUTIRAN PEGAWAI PERUBATAN YANG MERAWAT Signature/ Tandatangan: _____ Name of doctor/ Nama pegawai perubatan: _____ Official Stamp/ Cop Rasmi: Date/ Tarikh: _____	
*Note/ Nota a. Please bring this "Discharge Note" during follow up/ Sila bawa bersama 'Nota Discaj' ini semasa rawatan susulan. b. This "Discharge Note" is not to be used in Court / "Nota Discaj" ini bukan untuk kegunaan mahkamah.	

PENCEGAHAN DAN KAWALAN INFEKSI DI CAC GP



1. KEBERSIHAN TANGAN

Kebersihan tangan yang efektif adalah amalan yang paling berkesan dalam mengurangkan penyebaran mikroorganisma. CAC GP perlu dilengkapi dengan kemudahan sinki beserta *elbow tap*, *hand sanitizer*, sabun / cecair antiseptik dan tisu tangan

Anggota yang bertugas perlu mengamalkan;

- a. *5 moments hand hygiene*
 - Sebelum menyentuh pesakit
 - Sebelum melakukan prosedur aseptic
 - Selepas risiko pendedahan cecair badan
 - Selepas menyentuh pesakit
 - Selepas menyentuh persekitaran pesakit
- b. 6 langkah cucian tangan yang efektif (40-60 saat menggunakan sabun dan air, 20-30 saat menggunakan hand sanitizer)

2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE merupakan peralatan yang dipakai untuk melindungi anggota kesihatan daripada terdedah kepada risiko jangkitan. CAC GP perlu memastikan

- a. Bekalan PPE hendaklah sentiasa berterusan
- b. Anggota menerima latihan tatacara penggunaan PPE yang betul.

- c. Dua ruang/ bilik khas untuk *donning* dan *doffing*
- d. Poster *donning* dan *doffing* dipamerkan
- e. Seorang *infection control nurse/ infection control personnel* untuk pantau pelaksanaan kawalan infeksi di CAC dan terutama semasa *DOFFING*.

3. DISINFEKSI & STERILISASI (PERALATAN PESAKIT)

Proses disinfeksi dan sterilisasi (dekontaminasi) dilakukan pada semua peralatan perubatan guna semula bagi memastikan ianya bebas dari pencemaran mikroorganisma dan spora serta mengelakkan jangkitan silang. Walau bagaimanapun, CAC GP digalakkan mengguna peralatan pakai buang secara maksima mengikut kesesuaian. Sekiranya tidak menggunakan peralatan pakai buang, kaedah dekontaminasi perlulah mengikut kategori peralatan (low level disinfection/ intermediate level disinfection/ high level disinfection/ sterilisasi). Disinfeksi peralatan seperti BP set, stetoskop, pulse oxymeter perlu dilakukan setiap kali selepas prosedur.

4. PEMBERSIHAN PERSEKITARAN

Penyelenggaraan kebersihan dilakukan secara berjadual dan berkala. Peralatan dan bahan yang diperlukan dalam pembersihan persekitaran seperti;

- a. Disinfectant (wipe tissue/tablet/cecair)
- b. Mop mengikut tagging
- c. *Decontamination machine* (sekiranya ada)

Bekalan dan peralatan mestilah sentiasa mencukupi. Disinfeksi persekitaran boleh dilakukan secara lap, mop atau semburan terutama permukaan yang kerap disentuh. Ventilasi atau pengudaraan di CAC GP hendaklah dipastikan dalam yang baik.

5. PENGURUSAN LINEN

Sekiranya linen perlu digunakan di CAC GP, digalakkan mengguna linen jenis pakai buang seperti sarung bantal, pelapik *couch*, *disposable bed pad (blue sheet)* bagi mengurangkan risiko jangkitan. Pengurusan linen guna semula perlu mengikut Garis Panduan Pencegahan Dan Kawalan Infeksi Di Fasiliti Primer Edisi 2019

6. PENGURUSAN SISA

Sisa domestik, klinikal dan peralatan tajam yang berpotensi menyebabkan infeksi memerlukan sistem pengurusan yang selamat. Bagi menguruskan jenis-jenis sisa, CAC GP perlu menyediakan;

- a. Tong sisa domestik
- b. Tong sisa klinikal – tong sisa klinikal besar dan *wheel bin*
- c. *Sharp bin*

Anggota dan kenderaan khusus perlu disediakan untuk pengurusan sisa klinikal di CAC GP.

7. PENGURUSAN PERALATAN TAJAM DAN KESELAMATAN SUNTIKAN

Peralatan tajam adalah jarum suntikan atau jarum suntikan dengan syringe, lancet, blade, ampul/vial yang telah pecah, intravena kanula. Keselamatan suntikan termasuk pengambilan darah, penggunaan lancet atau peralatan intravena perlu diamankan supaya tidak membahayakan pesakit, tidak mendedahkan anggota kesihatan kepada risiko tusukan jarum, mengelakkan pendedahan sisa klinikal yang boleh membahayakan orang awam. Penggunaan *safety device* digalakkan bagi pengambilan darah dan suntikan di CAC GP.

8. PENGURUSAN TUMPAHAN (*SPILLAGE*)

Pengurusan tumpahan dikhususkan untuk tumpahan sisa klinikal seperti darah, muntah, nanah dan lain-lain cecair badan bagi mengelakkan penyebaran infeksi. Peralatan asas yang perlu dalam pengurusan tumpahan adalah *spillage kit*. *Spillage kit* diletakkan di bilik rawatan atau tempat bersesuaian yang mudah diperolehi. Tatacara pengurusan tumpahan perlu mengikut Garis Panduan Pencegahan Dan Kawalan Infeksi Di Fasiliti Primer Edisi 2019.

9. ETIKA BATUK

Etika batuk perlu diamankan bagi mencegah penyebaran organisma yang boleh menyebabkan transmisi penyakit. CAC GP perlu menyediakan poster etika batuk dan bersin dan dipamerkan sebagai bahan pendidikan kepada pesakit. Pelitup mulut dan hidung serta hand sanitizer disediakan untuk kegunaan pesakit.

APPENDIX 11

MINIMUM EQUIPMENT REQUIRED FOR CAC GP

1. Internet line
2. Telephone – Fixed / Mobile
3. Laptop/ Computer
4. Digital Standing Thermometer
5. BP Set
6. Pulse Oxymeter
7. Glucometer
8. Resuscitation trolley / emergency kit
9. Clinical waste bin
10. Sharp bin
11. Domestic bin
12. Complete set of PPE (Face shield, Head cover, N95, Gloves, Long sleeved fluid resistant isolation gown, boot cover, apron)
13. Spillage Kit
14. Cleaning tools (mops with colour tagging and double buckets)
15. Decontamination Machine (optional)

Appendix 12

**PELAPORAN HARIAN SENARAI KES COVID-19 YANG DILAKUKAN PEMANTAUAN DI RUMAH DAN DIKENAKAN PERINTAH
PEMERHATIAN DAN PENGAWASAN DI RUMAH OLEH CAC GP KEPADA PKD**

Senarai Kes COVID-19 yang Dilakukan Pemantauan Di Rumah dan Dikenakan Perintah Pemerhatian dan Pengawasan Di Rumah

PKD :
Nama klinik :
Tarikh :

Bil.	NAMA	No. K/P	No. Tel Bimbit	Tarikh mula HSO	Tarikh Tamat HSO	Status Kes -Discaj sihat/ Rujuk hospital/ mati

.....
(Tandatangan & Nama Doktor)

Tarikh:

PELAPORAN RETEN MINGGUAN CAC GP KEPADA PKD

PKD :
 Nama klinik :
 Tarikh :

KEDATANGAN PESAKIT KE CAC GP						
Tarikh	1a. BILANGAN KEDATANGAN BARU KE CAC	1b. BILANGAN KEDATANGAN ULANGAN KE CAC GP			Jumlah Kedatangan Ulangan	1c. JUMLAH KEDATANGAN HARIAN KE CAC GP (Baru + Ulangan)
		Home Monitoring Reassessment	Discharge	Lain-lain		
Jumlah						

BILANGAN KES SEDANG MENJALANI PEMANTAUAN DI RUMAH						LOKASI KES AKTIF SEDANG MENJALANI PEMANTAUAN DI RUMAH						
2. KES BARU						3. LOKASI KES AKTIF MENJALANI PEMANTAUAN DI RUMAH						
< 2 tahun	2-17 tahun	18-39 tahun	40-59 tahun	≥60 tahun	JUMLAH	Rumah Persendirian	Disediakan Majikan	Institusi Pendidikan	Institusi Kebajikan	Hotel	Lain-Lain	JUMLAH

KES PEMANTAUAN DI RUMAH YANG DIRUJUK KE PKRC/HOSPITAL						KES DISCAJ DARI CAC GP					
4. KES RUJUKAN HARIAN						5. KES DISCAJ HARIAN					
< 2 tahun	2-17 tahun	18-39 tahun	40-59 tahun	≥60 tahun	JUMLAH	< 2 tahun	2-17 tahun	18-39 tahun	40-59 tahun	≥60 tahun	JUMLAH

KAMUS RETEN HARIAN CAC GP

1. KEDATANGAN PESAKIT KE CAC GP

Meliputi semua kedatangan ke CAC GP:

1. Pesakit yang dirujuk dari Bilik Gerakan PKD/ SIMKA/ CAC Kerajaan/ MySejahtera

Deskripsi:

Indikator 1a: Bilangan Kedatangan Baru Ke CAC GP

Semua kedatangan baru ke CAC GP, termasuk:

1. Kes positif yang pertama kali datang ke CAC GP tanpa mengambil kira bilangan hari pesakit tersebut didiagnosa bagi penilaian klinikal.

Indikator 1b: Bilangan Kedatangan Ulangan ke CAC GP

Semua kedatangan ulangan ke CAC berdasarkan kategori (*home monitoring reassessment/ discaj / lain-lain*) pada hari pelaporan.

Indikator 1c: Jumlah Kedatangan Harian ke CAC GP

Jumlah kedatangan harian (bilangan kedatangan baru + bilangan kedatangan ulangan).

2. BILANGAN KES SEDANG MENJALANI PEMANTAUAN DI RUMAH

Bilangan kes yang menjalani pemantauan di rumah selepas penilaian oleh CAC

Deskripsi:

Indikator 2: Kes Baru

Bilangan kes COVID-19 Baru yang hadir ke CAC GP pada hari pelaporan dan didapati sesuai untuk menjalani pemantauan di rumah.

3. LOKASI KES AKTIF SEDANG MENJALANI PEMANTAUAN DI RUMAH

Lokasi di mana kes aktif dalam pemantauan di rumah berada.

Deskripsi:

Indikator 3: Lokasi Kes Aktif Menjalani Pemantauan Di Rumah

Lokasi di mana kes aktif dalam pemantauan di rumah berada.

Tidak termasuk kes telah discaj dan/ atau dirujuk untuk *step-up care* pada hari pelaporan.

4. KES PEMANTAUAN DI RUMAH YANG DIRUJUK KE PKRC/HOSPITAL

Kes Sedang Menjalani Pemantauan di Rumah Yang Dirujuk ke PKRC / Hospital (*step up care*). Melibatkan: Kes mengalami kemerosotan gejala dari ringan ke sederhana dan/atau mempunyai tanda amaran (*warning signs*).

Deskripsi:

Indikator 4: Kes Rujukan Harian

Kes sedang menjalani pemantauan di rumah yang dirujuk ke PKRC/hospital (*step up care*) pada hari pelaporan.

5. KES DISCAJ DARI CAC GP

Deskripsi:

Indikator 5: Kes Discaj Harian

Kes Yang Telah Tamat Tempoh Pengasingan Selama 10 Hari dan telah diberi pelepasan (Release Order) pada Hari Pelaporan.

This guideline was jointly prepared by:

- i. Family Health Development Division, MOH
- ii. Disease Control Division, MOH
- iii. Hospital Development Division, MOH
- iv. Family Medicine Specialists, MOH
- v. Infectious Diseases Physicians, MOH
- vi. Paediatric Infectious Diseases Specialists, MOH
- vii. Emergency Physicians, MOH
- viii. Obstetricians & Gynaecologists, MOH
- ix. Public Health Development Division, MOH

The following teams conducted training for this guideline:

- i. Family Health Development Division, MOH
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- iii. Family Medicine Specialists, MOH
- iv. Infectious Diseases Physicians, MOH
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