

Guidelines 2019 Novel Coronavirus (2019 nCoV) Management In Malaysia No. 2/2020

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Case Definition of Novel Coronavirus (2019-nCoV)

1. PUI of 2019-nCoV

A person with fever **AND** clinical sign/symptoms suggestive of pneumonia **OR** respiratory infection with breathlessness **AND** had history of travel to or reside in Mainland China within the last 14 days; **OR** close contact¹ with a confirmed case of 2019-nCoV while that patient was ill.

2. Confirmed Case of 2019-nCoV:

A person with laboratory confirmation of infection with the 2019-nCoV

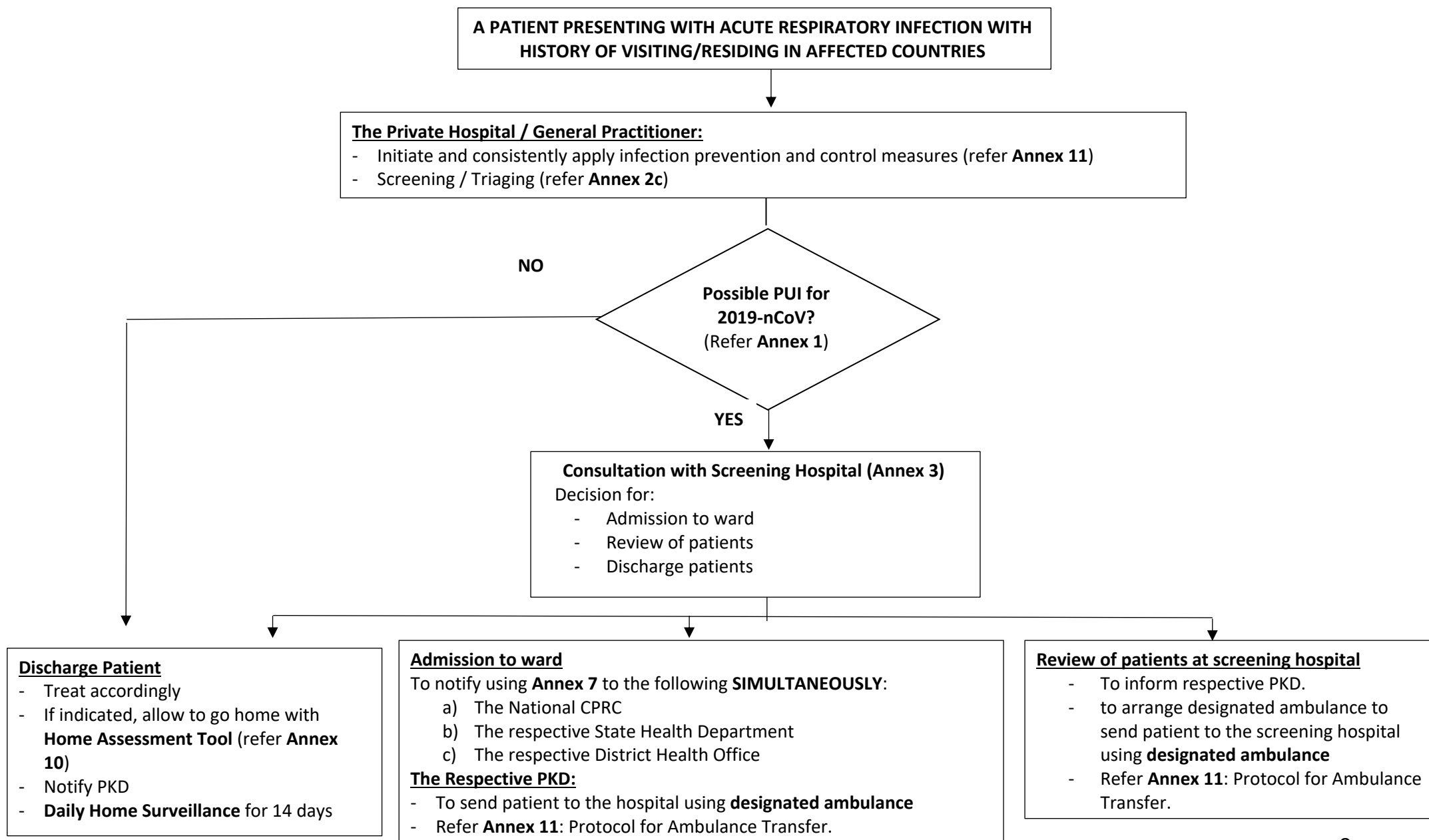
¹ close contact define as :

- Health care associated exposure, including providing direct care for 2019-nCoV patients, working with health care workers infected with 2019-nCoV, visiting patients or staying in the same close environment of a 2019-nCoV patient.
- Working together in close proximity or sharing the same classroom environment with a with 2019-nCoV patient
- Traveling together with 2019-nCoV patient in any kind of conveyance
- Living in the same household as a 2019-nCoV patient

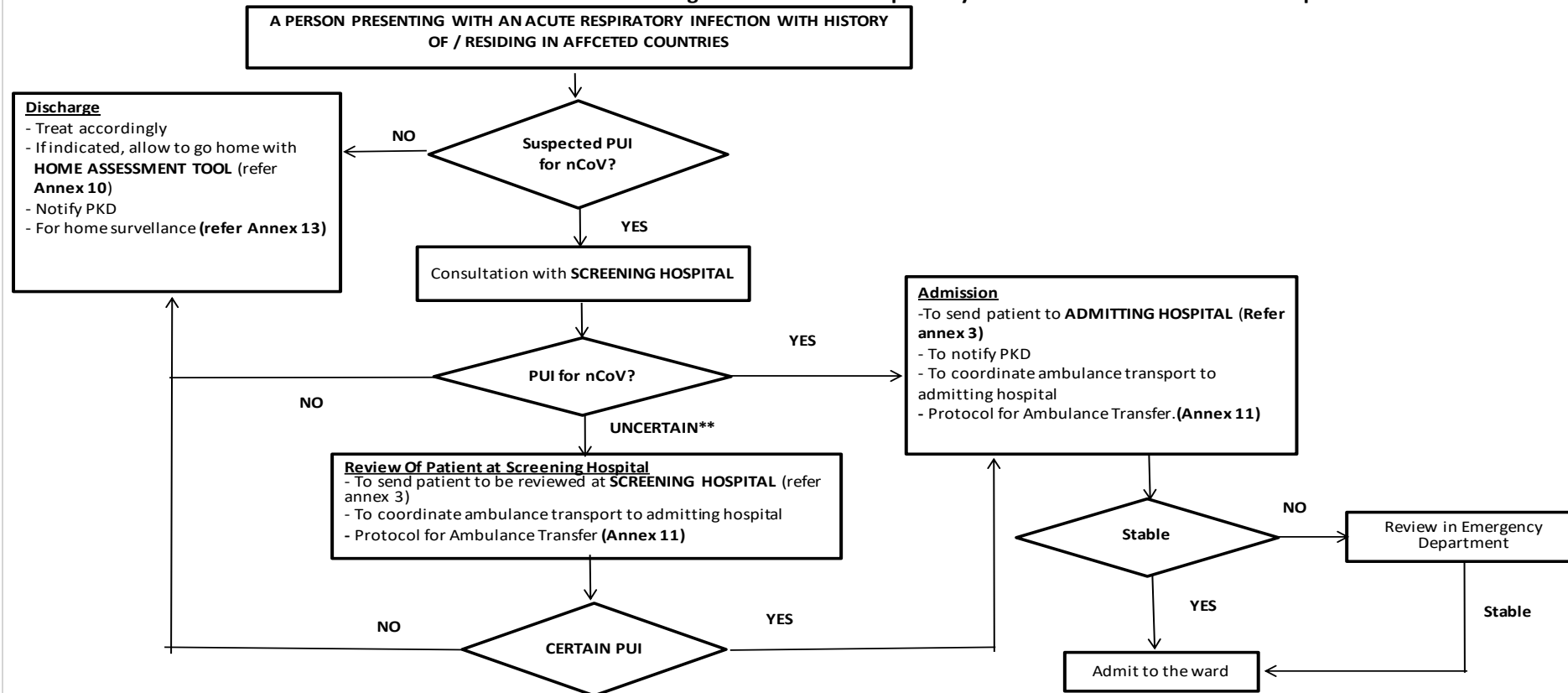
Note :

1. Please note that **transit** in an airport located in China Mainland is **not** considered as having travelled to Mainland China.

Private Hospital / General Practitioners (GP):
Flow Chart For Management of Acute Respiratory Infection When 2019-nCoV Suspected



Government Healthcare Facilities*: Flow Chart For Management Of Acute Respiratory Infection When 2019-nCoV Is Suspected



*** Government Healthcare Facilities**

- i) Government health clinic
- ii) Non-designated government hospitals
 - Non-designated MOH hospitals
 - Non-designated University hospitals
 - Military hospitals

**** Uncertain**

- Not fully evaluated yet

2019-nCoV: Screening And Triaging

- All patients who come to the respective health facilities should be screened for suspected 2019-nCoV at triage.
- A special area should be set up for PUI of 2019-nCoV, to which he / she can come directly and to be assessed there.
- The PUI should be managed by a dedicated team where possible.
- **WHEN SHOULD YOU SUSPECT 2019-nCoV?**

2019-nCoV is to be suspected when a patient presents to Triage Counter with the following:

A person with fever **AND** clinical sign/symptoms suggestive of pneumonia². OR severe respiratory infection with breathlessness **AND** had history of travel to or reside in Mainland China within the last 14 days; **OR** close contact¹ with a confirmed case of 2019-nCoV.

- Should a patient fulfill the description, to institute infection prevention and control measures as the following:
 - ✓ Place patients at least 1 meter away from other patients or health care workers. Clinics and Emergency Departments are to prepare an isolation area / room for patients.
 - ✓ Ensure strict hand hygiene for all clinic staffs and suspected patient.
 - ✓ Provide surgical mask to patients if not contraindicated.
 - ✓ Personal protective equipment as per recommendation should be worn at all times.
 - ✓ After the encounter, ensure proper disposal of all PPE that have been used
 - ✓ Decontamination of the isolation area and equipments used should be done.

NOTE:

It is not always possible to identify patients with 2019-nCoV early because some have mild or unusual symptoms. For this reason, it is important that health care workers apply standard precautions consistently with all patients – regardless of their diagnosis in all work practices all the time.

- A group of suspected PUI who come to any healthcare facilities in a specific vehicle (e.g. bus, van) should be contained in that vehicle until being evaluated by a dedicated team to minimize exposure to healthcare workers and other patients.

**Senarai *Designated Hospital* Bagi Mengendalikan Kes *Novel Coronavirus*
(2019-nCoV)**

A) Hospital KKM

NEGERI	BIL	SCREENING HOSPITALS (57)	BIL	ADMITTING HOSPITALS* FOR 'PUI nCoV' & 'CONFIRMED nCOV' (26)
PERLIS	1	Hospital Tuanku Fauziah, Kangar	1	Hospital Tuanku Fauziah, Kangar
KEDAH	2	Hospital Sultanah Bahiyah, Alor Setar	2	Hospital Sultanah Bahiyah, Alor Setar
	3	Hospital Sultan Abdul Halim, Sg. Petani		
	4	Hospital Kulim		
	5	Hospital Sultanah Maliha, Langkawi	3	Hospital Sultanah Maliha, Langkawi
PULAU PINANG	6	Hospital Pulau Pinang	4	Hospital Pulau Pinang
	7	Hospital Seberang Jaya		
	8	Hospital Bukit Mertajam		
	9	Hospital Kepala Batas		
PERAK	10	Hospital Raja Permaisuri Bainun, Ipoh	5	Hospital Raja Permaisuri Bainun, Ipoh
	11	Hospital Taiping		
	12	Hospital Teluk Intan		
	13	Hospital Seri Manjung		
	14	Hospital Slim River		
SELANGOR	15	Hospital Tengku Ampuan Rahimah Klang	6	Hospital Sungai Buloh
	16	Hospital Ampang		
	17	Hospital Selayang		
	18	Hospital Serdang		
	19	Hospital Sungai Buloh		

NEGERI	BIL	SCREENING HOSPITALS (57)	BIL	ADMITTING HOSPITALS* FOR 'PUI nCoV' & 'CONFIRMED nCOV' (26)
	20	Hospital Shah Alam		
	21	Hospital Kajang		
	22	Hospital Banting		
WP KL/ PUTRAJAYA	23	Hospital Kuala Lumpur	7	Hospital Kuala Lumpur
	24	Hospital Putrajaya		
NEGERI SEMBILAN	25	Hospital Tuanku Jaafar, Seremban	8	Hospital Tuanku Jaafar, Seremban
	26	Hospital Jempol		
	27	Hospital Tampin		
	28	Hospital Tuanku Ampuan Najihah, Kuala Pilah		
MELAKA	29	Hospital Melaka	9	Hospital Melaka
JOHOR	30	Hospital Sultan Ismail, Johor Bahru	10	Hospital Sultanah Aminah, Johor Bahru
	31	Hospital Sultanah Nora Ismail, BatuPahat		
	32	Hospital Pakar Sultanah Fatimah, Muar		
	33	Hospital Sultanah Aminah, Johor Bahru		
	34	Hospital Enche' Besar Hjh Kalsom, Kluang		
	35	Hospital Segamat		
PAHANG	36	Hospital Tengku Ampuan Afzan, Kuantan	11	Hospital Tengku Ampuan Afzan, Kuantan
	37	Hospital Sultan Hj Ahmad Shah, Temerloh		
	38	Hospital Kuala Lipis		
TERENGGANU	39	Hospital Sultanah Nur Zahirah, Kuala Terengganu	12	Hospital Sultanah Nur Zahirah, Kuala Terengganu
	40	Hospital Hulu Terengganu		
	41	Hospital Kemaman		

NEGERI	BIL	SCREENING HOSPITALS (57)	BIL	ADMITTING HOSPITALS* FOR 'PUI nCoV' & 'CONFIRMED nCOV' (26)
KELANTAN	42	Hospital Raja Perempuan Zainab II, Kota Bharu	13	Hospital Raja Perempuan Zainab II, Kota Bharu
	43	Hospital Tanah Merah		
	44	Hospital Sultan Ismail Petra, Kuala Krai	14	Hospital Sultan Ismail Petra, Kuala Krai
	45	Hospital Tumpat	15	Hospital Tumpat
SABAH	46	Hospital Queen Elizabeth I, Kota Kinabalu	16	Hospital Queen Elizabeth I, Kota Kinabalu
	47	Hospital Duchess Of Kent, Sandakan	17	Hospital Duchess Of Kent, Sandakan
	48	Hospital Tawau	18	Hospital Tawau
	49	Hospital Wanita dan Kanak-kanak, Likas	19	Hospital Wanita dan Kanak-kanak, Likas
	50	Hospital Lahad Datu	20	Hospital Lahad Datu
	51	Hospital Keningau	21	Hospital Keningau
SARAWAK	52	Hospital Umum Sarawak, Kuching	22	Hospital Umum Sarawak, Kuching
	53	Hospital Miri	23	Hospital Miri
	54	Hospital Bintulu	24	Hospital Bintulu
	55	Hospital Sibul	25	Hospital Sibul
	56	Hospital Sarikei		
WP LABUAN	57	Hospital Labuan	26	Hospital Labuan

B) Hospital Bukan KKM

NEGERI	BIL	SCREENING HOSPITALS	BIL	ADMITTING HOSPITALS* FOR 'PUI nCoV' & 'CONFIRMED nCOV'
WP KL/ PUTRAJAYA	1	Pusat Perubatan Universiti Malaya	1	Pusat Perubatan Universiti Malaya

* Admitting Hospitals are hospitals with:

1. Appropriate and adequate isolation facilities
2. Where a core team of health care workers have been trained in managing patients with nCoV.

**Agihan Makmal Yang Mengendalikan Sampel
Klinikal Mengikut Lokasi Fasilitas Yang Menghantar**

Bil.	Lokasi Fasilitas Yang Menghantar Sampel	Makmal Yang Mengendalikan Sampel
(A) FASILITI KESIHATAN KERAJAAN		
1.	Perlis	Hospital Sultanah Bahiyah, Alor Setar, Kedah
2.	Kedah	Hospital Sultanah Bahiyah, Alor Setar, Kedah
3.	Pulau Pinang	Hospital Pulau Pinang
4.	Perak	Hospital Raja Permaisuri Bainun, Ipoh, Perak
5.	Selangor	Hospital Sungai Buloh, Selangor
6.	WP Kuala Lumpur & Putrajaya	Hospital Kuala Lumpur
7.	Negeri Sembilan	Hospital Tuanku Jaafar, Seremban, N. Sembilan
8.	Melaka	Hospital Melaka
9.	Johor	Hospital Sultanah Aminah, Johor Bahru, Johor
10.	Pahang	Hospital Tengku Ampuan Afzan, Kuantan, Pahang
11.	Terengganu	Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu
12.	Kelantan	Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan
13.	Sarawak	Hospital Umum Kuching, Sarawak
14.	Sabah	Makmal Kesihatan Awam, Kota Kinabalu, Sabah
15.	WP Labuan	Makmal Kesihatan Awam, Kota Kinabalu, Sabah
(B) SAMPEL DI KALANGAN KES		
16.	Seluruh negara kecuali Sabah, WP Labuan	Unit Virologi, Institut Penyelidikan Perubatan (IMR), Kuala Lumpur
17.	Sabah, WP Labuan	Makmal Kesihatan Awam Kota Kinabalu
(C) SAMPEL DI KALANGAN KONTAK RAPAT DENGAN KES YANG DISAHKAN (TERMASUK ANGGOTA KESIHATAN), YANG DIKESAN MELALUI AKTIVITI ACD DILAPANGAN		
18.	Semenanjung Malaysia, Sarawak	Makmal Kes. Awam Kebangsaan (MKAK) Sg. Buloh, Selangor
19.	Sabah dan WP Labuan	Makmal Kesihatan Awam Kota Kinabalu, Sabah
(D) SAMPEL SERUM DI KALANGAN KES DAN KONTAK RAPAT DENGAN KES YANG DISAHKAN (TERMASUK ANGGOTA KESIHATAN), YANG DIKESAN MELALUI AKTIVITI ACD DI LAPANGAN		
20.	Seluruh negara	Unit Virologi, Institut Penyelidikan Perubatan (IMR), Kuala Lumpur

**SENARAI PEGAWAI UNTUK DIHUBUNGI UNTUK PENGHANTARAN
SAMPEL DI LUAR WAKTU PEJABAT, Hujung Minggu dan Cuti Umum**

UNIT VIROLOGI, IMR/MKAK/MKAKK

No.	Nama Pegawai IMR	Jawatan	No. Pejabat	No. H/P
1.	Dr. Ravindran Thayan	Ketua Unit Virologi	03-26162671	016-286 7647
2.	Dr. Rozainanee Mohd Zain	Pakar Patologi (Mikrobiologi Perubatan)	03-26162671	013-341 2468
3.	Pn Tengku Rogayah Tg Abd Rashid	Pegawai Penyelidik Kanan	03-33628942	0192283955
4.	Dr. Jeyanthi Suppiah	Pegawai Penyelidik Kanan	03-33628944	0165532067
5.	Dr. Kamal Haikal Mat Rabi	Pegawai Perubatan	03-26162671	019-3621747
6	Dr. Khayri Kamel	Pegawai Perubatan	03-26162671	011-15649265
No.	Nama Pegawai MKAK	Jawatan	No. Pejabat	No. H/P
1.	Pn Yu Kie A/P Chem	Pegawai Sains Mikrobiologi	03-61261304	013-2081724
2.	En Selvanesan A/L Sengol	Pegawai Sains Mikrobiologi	03-61261301	016-2657105
3.	Dr Donal Huda Nasril	Pakar Mikrobiologi	03-61261281	016-2217131
No.	Nama Pegawai MKAKK	Jawatan	No. Pejabat	No. H/P
1.	Pn Rashidah Mohammad	Pegawai Sains Mikrobiologi	088-251710 ext 19041	016-8091076
2.	En Joel Judson Jaimin	Pegawai Sains Mikrobiologi	088-251710 ext 19041	013-8682785

CLINICAL SPECIMENS TO BE COLLECTED FROM SYMPTOMATIC PATIENTS

Category	Test	Type of sample	Timing	Storage and transportation
Symptomatic patient	RT-PCR	Lower respiratory tract specimen <ul style="list-style-type: none"> - Sputum - Aspirate - Lavage Upper respiratory tract specimen <ul style="list-style-type: none"> - Nasopharyngeal and oropharyngeal swabs - Nasopharyngeal wash / nasopharyngeal aspirate 	Collect on presentation.	<p>If the specimen will reach the laboratory in less than 72 hours, store and transport at 4°C.</p> <p>If the specimen will reach the laboratory in more than 72 hours, store at -80°C and transport on dry ice.</p>
	Serology	Serum	Collect at Day 5-8 or upon discharge from hospital.	As above

Note: For other routine testing, should be carried out using standard precautions

LABORATORY TESTING FOR INPATIENT

Note: 2 sets of Respiratory samples to be taken

***LOWER RESPIRATORY TRACT SPECIMENS (LRTSs):**

Deep cough sputum, bronchoalveolar lavage, tracheal aspirate, pleural fluid, lung tissue

UPPER RESPIRATORY TRACT SPECIMENS (URTSs):

COMBINED nasopharyngeal and oropharyngeal swabs (NP and OP swabs), nasopharyngeal aspirate / wash^a

SERUM SPECIMENS^b

Bronchoalveolar lavage, tracheal aspirate, sputum, pleural fluid, nasopharyngeal aspirate / wash

Plain sterile container

Combined NP/OP swabs, lung tissue

Viral transport media (VTM)

Send the specimens in ice to the laboratory **as soon as possible**
Keep specimens at 4°C

DO NOT FREEZE

Transport specimens in ice
(**Triple Packaging**)

Send to

1. IMR^c – all hospitals except Sabah and WP Labuan for Real time RT-PCR for 2019-nCoV, Viral Isolation, Electron Microscopy and Sequencing, Serology

2. MKAKK^c -for Sabah and WP Labuan only for Real time RT-PCR for 2019-nCoV

Send to

Hospital lab/designated lab for influenza A & B RT PCR

NOTE:

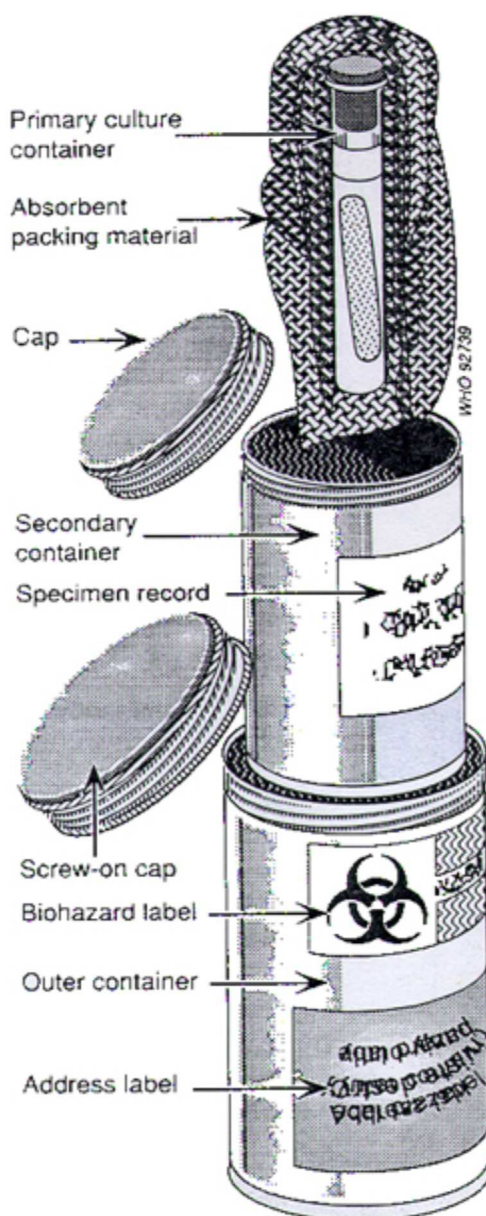
^aDo not use wooden shaft / cotton swab. Use dacron / rayon / polyester swabs.

^bSerum sample to be collected in serum separator tube and send to IMR.
Sample from contacts to be send to MKAK

^cConsult with the IMR and MKAKK Officers first before sending samples.
All clinical sample while awaiting to be send to IMR/MKAK/MKAKK

- If transportation of sample is within 72 hours, store at 2-8°C
- If transportation of sample is after 72 hours, store at -80°C

TRIPLE LAYER PACKAGING

**NOTE:**

This annex is a summary of specific MOH Malaysia guidance on transport of biological specimens which has already been published. For further information, kindly refer to this document:

- i. Standard Operating Procedure for Transport of Biological Specimens in Malaysia. Ministry of Health Malaysia, 2012.

HEALTH ALERT CARD**MINISTRY OF HEALTH MALAYSIA**

HEALTH ALERT CARD FOR TRAVELERS AND FLIGHT CREW RETURNING FROM CHINA

Keep this card for the next 14 days after returning to Malaysia. Monitor your body temperature and look out for fever ($\geq 38^{\circ}\text{C}$) and symptoms of cough with breathless. If these symptoms were to develop or worsen and you are not feeling well, please seek medical treatment at nearest healthcare facility **IMMEDIATELY**.

As such, kindly practice the following:

- i. Cover your mouth and nose using tissue whenever you cough or sneeze. Throw the tissue in the thrash after you use it. Wash your hands with soap and water or use hand sanitizer regularly;
- ii. Always follow cough etiquette
- iii. Use face mask whenever being in public or close contact with people;
- iv. Always maintain good personal hygiene and cleanliness

Attention to The Attending Doctor:

The person who is presenting this **ALERT CARD** to you had recently travelled or returned from China or other affected countries with active transmission (within the past 14 days). If the person presents with fever ($\geq 38^{\circ}\text{C}$), pneumonia or severe respiratory infection with breathless, please refer him/her **IMMEDIATELY** to the nearest hospital.



KEMENTERIAN KESIHATAN MALAYSIA

KAD AMARAN KESIHATAN BAGI PELAWAT DAN ANAK KAPAL YANG BARU PULANG DARI CHINA

Simpan kad ini selama 14 hari setelah kembali ke Malaysia. Pantau suhu badan anda dan awasi gejala seperti demam ($\geq 38^{\circ}\text{C}$), batuk dan susah bernafas. Sekiranya anda mengalami gejala atau bertambah teruk dan berasa tidak sihat, sila dapatkan rawatan perubatan di fasiliti kesihatan berdekatan dengan **SEGERA**.

Sekiranya anda mempunyai gejala tersebut:

- i. Tutup mulut dan hidung anda menggunakan tisu apabila anda batuk atau bersin. Sejurus selepas itu, buang tisu yang telah digunakan kedalam tong sampah. Cuci tangan dengan sabun dan air atau bahan pencuci tangan (*hand sanitizer*) selepas batuk atau bersin;
- ii. Amalkan adab batuk yang baik;
- iii. Pakai penutup mulut dan hidung (*mask*) apabila terpaksa berhubung / berurusan dengan orang lain;
- iv. Pastikan anda menjaga kebersihan diri sepanjang masa.

Kepada Pengamal Perubatan Yang Merawat Pesakit Ini

Individu yang membawa kad ini adalah merupakan penumpang atau anak kapal yang baru pulang dari China atau negara yang mengalami penularan aktif jangkitan (dalam tempoh 14 hari yang lepas). Jika anda mendapati beliau mengalami gejala seperti demam ($\geq 38^{\circ}\text{C}$), radang paru-paru, jangkitan respiratori serius dan susah bernafas, sila rujuk ke hospital yang berhampiran dengan **SEGERA**.

NOTIFICATION FORM

JADUAL (Peraturan 2) Borang (Peraturan 2) AKTA PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT 1988 PERATURAN-PERATURAN PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT (BORANG NOTIS (PINDAAN) 2011)			Borang Notis: Rev/2010 No. Siri:
NOTIFIKASI PENYAKIT BERJANGKIT YANG PERLU DILAPORKAN <i>(Seksyen 10, Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988)</i>			
A. MAKLUMAT PESAKIT			
1. Nama Penuh (HURUF BESAR): Nama Pengiring (Ibu/Bapa/Penjaga): <i>(Jika belum mempunyai Kad Pengenalan diri)</i>			
2. No. Kad Pengenalan Diri / Dokumen Perjalanan <input type="checkbox"/> Sendiri <input type="checkbox"/> Pengiring <i>(Untuk Bukan Warganegara)</i> No. Daftar Hospital / Klinik Nama Wad: _____ Tarikh Masuk Wad: 			
3. Kewarganegaraan: Warganegara: <input type="checkbox"/> Ya Keturunan: Sukuketurunan: <i>(Bagi O/Asli, Pribumi Sabah/Sarawak)</i> <input type="checkbox"/> Tidak Negara Asal: Status Kedatangan: <input type="checkbox"/> Izin <input type="checkbox"/> Tanpa Izin <input type="checkbox"/> Penduduk Tetap		4. Jantina: <input type="checkbox"/> Lelaki <input type="checkbox"/> Perempuan 5. Tarikh Lahir: / / 6. Umur: Tahun Bulan Hari 7. Pekerjaan: _____ <i>(Jika tidak bekerja, nyatakan status diri)</i>	
8. No. Telefon: <input type="checkbox"/> Rumah <input type="checkbox"/> Tel. Bimbit <input type="checkbox"/> Pejabat - <i>(Untuk dihubungi)</i> 9. Alamat Kediaman 10. Alamat Tempat Kerja / Belajar: 			
B. DIAGNOSIS PENYAKIT			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> 1. Poliomyelitis <input type="checkbox"/> 2. Viral Hepatitis A <input type="checkbox"/> 3. Viral Hepatitis B <input type="checkbox"/> 4. Viral Hepatitis C <input type="checkbox"/> 5. Viral Hepatitis <i>(Others)</i> <input type="checkbox"/> 6. AIDS <input type="checkbox"/> 7. Chancroid <input type="checkbox"/> 8. Cholera <input type="checkbox"/> 9. Dengue Fever <input type="checkbox"/> 10. Dengue Haemorrhagic Fever <input type="checkbox"/> 11. Diphtheria <input type="checkbox"/> 12. Dysentery <input type="checkbox"/> 13. Ebola <input type="checkbox"/> 14. Food Poisoning <input type="checkbox"/> 15. Gonorrhoea </div> <div style="width: 33%;"> <input type="checkbox"/> 16. Hand, Food and Mouth Disease <input type="checkbox"/> 17. Human Immunodeficiency Virus Infection <input type="checkbox"/> 18. Leprosy (Multibacillary) <input type="checkbox"/> 19. Leprosy (Paucibacillary) <input type="checkbox"/> 20. Leptospirosis <input type="checkbox"/> 21. Malaria - Vivax <input type="checkbox"/> 22. Malaria - Falciparum <input type="checkbox"/> 23. Malaria - Malariae <input type="checkbox"/> 24. Malaria - Others <input type="checkbox"/> 25. Measles <input type="checkbox"/> 26. Plague <input type="checkbox"/> 27. Rabies <input type="checkbox"/> 28. Relapsing Fever <input type="checkbox"/> 29. Syphilis - Congenital <input type="checkbox"/> 30. Syphilis - Acquired </div> <div style="width: 33%;"> <input type="checkbox"/> 31. Tetanus Neonatorum <input type="checkbox"/> 32. Tetanus (Others) <input type="checkbox"/> 33. Typhus - Scrub <input type="checkbox"/> 34. Tuberculosis - PTB Smear Positive <input type="checkbox"/> 35. Tuberculosis - PTB Smear Negative <input type="checkbox"/> 36. Tuberculosis - Extra Pulmonary <input type="checkbox"/> 37. Typhoid - Salmonella typhi <input type="checkbox"/> 38. Typhoid - Paratyphoid <input type="checkbox"/> 39. Viral Encephalitis - Japanese <input type="checkbox"/> 40. Viral Encephalitis - Nipah <input type="checkbox"/> 41. Viral Encephalitis - (Others) <input type="checkbox"/> 42. Whooping Cough / Pertussis <input type="checkbox"/> 43. Yellow Fever <input type="checkbox"/> 44. Others: please specify: _____ </div> </div>			
Selain dari notifikasi bertulis, penyakit berikut perlu dinotifikasi melalui telefon dalam tempoh 24 jam iaitu:- Acute Poliomyelitis, Cholera, Dengue, Diphtheria, Ebola, Food Poisoning, Plague, Rabies dan Yellow Fever			
11. Cara Pengesanan Kes: <input type="checkbox"/> Kes <input type="checkbox"/> Kontak <input type="checkbox"/> FOMEMA * <input type="checkbox"/> Ujian Saringan _____		12. Status Pesakit: <input type="checkbox"/> Hidup <input type="checkbox"/> Mati - - 	
13. Tarikh Onset: - - 		14. Ujian Makmal: Nama Ujian: (i) _____ (ii) _____ (iii) _____ Tarikh Sampel Diambil: - - 	
15. Keputusan Ujian Makmal: <input type="checkbox"/> Positif (_____) <input type="checkbox"/> Negatif <input type="checkbox"/> Belum Siap		16. Status Diagnosis: <input type="checkbox"/> Sementara <i>(Provisional/Suspected)</i> <input type="checkbox"/> Disahkan <i>(Confirmed)</i> Tarikh Diagnosis: - - 	
17. Maklumat Klinikal Yang Relevan: 		18. Komen: 	
C. MAKLUMAT PEMBERITAHU			
19. Nama Pengamal Perubatan: 20. Nama Hospital / Klinik dan Alamat: 21. Tarikh Pemberitahuan: - - 			
..... Tandatangan Pengamal Perubatan			

NOTIFICATION OF COMMUNICABLE DISEASES TO BE REPORTED

(Section 10, Prevention And Control Of Communicable Diseases Act, 1988)

A. PATIENT INFORMATION

Full Name (CAPITAL LETTER):																									
Accompany by (Mother/Father/Guardian): (If under age/without Identity Card)																									
Identity Card Number / Travelling Document: (For Non Citizen)														<input type="checkbox"/> Self		<input type="checkbox"/> Accompany by									
Hospital/Clinic Reg. Number:						Ward:								Date of Admission:											
Citizenship:																									
Citizen																									
<input type="checkbox"/> Yes		Race/Ethnic:								5. Date of birth:															
		Sub Ethnic:								6. Age:						<input type="checkbox"/> Year		<input type="checkbox"/> Month		<input type="checkbox"/> Day					
<input type="checkbox"/> No		Country of origin:								7. Occupation:															
		Status of Entry:				<input type="checkbox"/> Legal <input type="checkbox"/> Illegal <input type="checkbox"/> Permanent Resident				(If unemployed, please state self reference)															
Telephone No.:		<input type="checkbox"/> Resident		<input type="checkbox"/> H.phone		<input type="checkbox"/> Office																			
(Contact purposes)																									
Current Address:														10. Address of Employer/School/College/University:											

3. DISEASE DIAGNOSIS

<input type="checkbox"/> 1. Poliomyelitis <input type="checkbox"/> 2. Viral Hepatitis A <input type="checkbox"/> 3. Viral Hepatitis B <input type="checkbox"/> 4. Viral Hepatitis C <input type="checkbox"/> 5. Viral Hepatitis (Others) <input type="checkbox"/> 6. AIDS <input type="checkbox"/> 7. Chancroid <input type="checkbox"/> 8. Cholera <input type="checkbox"/> 9. Dengue Fever <input type="checkbox"/> 10. Dengue Haemorrhagic Fever <input type="checkbox"/> 11. Diphtheria <input type="checkbox"/> 12. Dysentery <input type="checkbox"/> 13. Ebola <input type="checkbox"/> 14. Food Poisoning <input type="checkbox"/> 15. Gonorrhoea	<input type="checkbox"/> 16. Hand, Food and Mouth Disease <input type="checkbox"/> 17. Human Immunodeficiency Virus Infection <input type="checkbox"/> 18. Leprosy (Multibacillary) <input type="checkbox"/> 19. Leprosy (Paucibacillary) <input type="checkbox"/> 20. Leptospirosis <input type="checkbox"/> 21. Malaria - Vivax <input type="checkbox"/> 22. Malaria - Falciparum <input type="checkbox"/> 23. Malaria - Malariae <input type="checkbox"/> 24. Malaria - Others <input type="checkbox"/> 25. Measles <input type="checkbox"/> 26. Plague <input type="checkbox"/> 27. Rabies <input type="checkbox"/> 28. Relapsing Fever <input type="checkbox"/> 29. Syphilis - Congenital <input type="checkbox"/> 30. Syphilis - Acquired	<input type="checkbox"/> 31. Tetanus Neonatorum <input type="checkbox"/> 32. Tetanus (Others) <input type="checkbox"/> 33. Typhus - Scrub <input type="checkbox"/> 34. Tuberculosis - PTB Smear Positive <input type="checkbox"/> 35. Tuberculosis - PTB Smear Negative <input type="checkbox"/> 36. Tuberculosis - Extra Pulmonary <input type="checkbox"/> 37. Typhoid - Salmonella typhi <input type="checkbox"/> 38. Typhoid - Paratyphoid <input type="checkbox"/> 39. Viral Encephalitis - Japanese <input type="checkbox"/> 40. Viral Encephalitis - Nipah <input type="checkbox"/> 41. Viral Encephalitis - (Others) <input type="checkbox"/> 42. Whooping Cough / Pertussis <input type="checkbox"/> 43. Yellow Fever <input type="checkbox"/> 44. Others: please specify:
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Besides by written notification, the following diseases must be notified by telephone within 24 hours, such as:- Acute Poliomyelitis, Cholera, Dengue, Diphtheria, Ebola, Food Poisoning, Plague, Rabies and Yellow Fever.

1. Case detection classification: <input type="checkbox"/> Case <input type="checkbox"/> Contact <input type="checkbox"/> FOMEMA <input type="checkbox"/> Screening Test	12. Status of patient: <input type="checkbox"/> Live/alive <input type="checkbox"/> Died	13. Date of Onset: - - - - -
4. Laboratory investigation: Investigation: (i) _____ (ii) _____ (iii) _____ Date of specimen taken: - - - - -	15. Laboratory investigation result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending	16. Diagnosis Status: <input type="checkbox"/> Provisional/Suspected <input type="checkbox"/> Confirmed Date of Diagnosis - - - - -
17. Relevant Clinical Information:		18. Comment:

2. NOTIFIER

9. Name of Medical Practitioner:	
10. Name and address of Hospital/Clinic:	
11. Date of Notification:	- - - - -

Signature of
Medical Practitioner

THE INFECTION PREVENTION AND CONTROL (IPC) MEASURES
WHEN 2019 NOVEL CORONAVIRUS (2019- nCoV) INFECTION IS SUSPECTED

THE INFECTION AND PREVENTION CONTROL GUIDING PRINCIPLES

The principles of IPC for acute respiratory infection patient care include:

- a) Early and rapid recognition AND source control that includes promotion of respiratory hygiene
 - Early recognition and investigation, prompt implementation of IPC precautions, reporting and surveillance, and supportive treatment to make patients non-infectious by strictly adhering to Interim definitions of the epidemiological AND Clinical Criteria in the case definition
 - Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physicians' offices, outpatient clinics) instructing patient and the persons who accompany them to inform healthcare personnel of symptoms of a respiratory infection when they first register for care, and practice respiratory hygiene/cough etiquette
- b) Application of routine IPC precautions (Standard Precautions) for all patients;
- c) Additional precautions in selected patients (i.e. contact, droplet, airborne) based on the presumptive diagnosis;
- d) Establishment of an IPC infrastructure for the healthcare facility, to support IPC activities.
- e) Provision of adequate and regular supply of PPE and appropriate training of Staff using the PPE serves to further reduce the risks of transmission of respiratory pathogens to health-care workers and other people interacting with the patients in the health-care facility

STANDARD PRECAUTIONS

Standards Precautions are routine IPC precautions that should apply to **ALL** patients, in **ALL** healthcare settings. The precautions, described in detail within Chapter 3 of the 'Policies and Procedures on Infection Prevention and Control – Ministry of Health Malaysia; 2018' are:

- a) Hand hygiene before touching a patient; before any clean or aseptic procedure; after body fluid exposure risk; after touching a patient; and after touching a patient's surroundings, including contaminated items or surfaces

- b) Use of personal protective equipment (PPE) guided by risk assessment concerning anticipated contact with blood, body fluids, secretions and non-intact skin for routine patient care
- c) Respiratory hygiene in anyone with respiratory symptoms
- d) Environmental control (cleaning and disinfection) procedures according to standard procedures
- e) Waste management according to safe routine practices;
- f) Packing and transporting patient-care equipment, linen, laundry and waste from the isolation areas
- g) Prevention of needle-stick or sharps injuries;

WHEN DEALING WITH PATIENT UNDER INVESTIGATION (PUI) OF NOVEL CORONAVIRUS (nCoV) OR IN CASES OF CONFIRMED NOVEL CORONAVIRUS (nCoV).

Not much is known regarding the source and mode of transmission of 2019 NOVEL CORONAVIRUS (2019 nCoV) pneumonia. Based on the experience from Wuhan, Thailand and Hong Kong. CDC confirms the possibility of human to human transmission. However the current interim guidelines recommend Airborne, Droplet and Contact transmission based precautions for novel viruses in addition to Standard Precaution. This document will be updated as more information is made available.

1) Before Admission (APPLIES TO HOSPITAL EMERGENCY DEPARTMENTS, HEALTH CLINIC/ PRIVATE GP AREAS)

- Clinical triage - rapid case identification of patients at risk, encourage visual aid, train first line staff on proper travel history taking in patient presenting with fever and cough.
- Dedicated waiting areas for PUI to be well ventilated with spatial separation of at least 1m between patients in the waiting rooms
- Provide tissues/ surgical mask with a no-touch bins for disposal of tissues/biohazard bag
- Provide resources for performing hand hygiene (alcohol based hand rub made available)
- Adequate environmental ventilation and cleaning of high touch areas at waiting and triage areas from time to time and after patient leaves the facility.
- Rapid triage of patients with acute febrile respiratory diseases is recommended.

- Offer surgical (not N95 mask) if patient is able to tolerate (not tachypneic, not hypoxic)

This section is stated in item 3) Personal Protective Equipment (PPE) recommended

o Avoid touching the face, surfaces and objects with contaminated gloves.

2) Patient placement during admission in the hospital

In descending order of preference:

- i. Airborne Infection Isolation Room (AIIR)
- ii. Single room (nursed with door closed) and en-suite bath
- iii. Single room

Cohorting is not recommended at this moment. If need arises, should be done after consulting respective ID physician/Microbiologist

3) Personal Protective Equipment (PPE) recommended

In addition to Standard Precautions, all individuals (visitors and healthcare workers), when in close contact (within 1 metre) or upon entering the room or cubicle of patients, should always wear:

- Fit tested N95 mask or a higher level respirator.
 - Appropriate fit test must be performed
 - Avoid touching the mask
 - Change if soiled / or failed fit test
- Eye protection (goggles or a face shield). Do not use conventional eye glasses as eye protection, because they are not designed to protect against splashes to the eye mucosa.
- A clean, non-sterile, standard isolation gown (fluid-repellent long-sleeved gown). Optional to wear a plastic apron over the gown especially in case of excessive spillage is anticipated.
 - Gloves that cover over the cufflinks of the gown
 - Hand Hygiene
 - Dedicate the use of non-critical patient-care equipment to avoid sharing between clients/patients/residents
 - E.g. stethoscope, sphygmomanometer, thermometer or bedside commode
 - If unavoidable, then adequately clean and disinfect them before use on another client/patient/resident

4) Transporting patients

- Avoid the movement of patients unless medically necessary e.g. use designated portable X-ray equipment instead of bringing patient to radiology.

- If movement of patient is required, use pre planned routes that minimize exposure to other staff, patients and visitors. Notify the receiving area before sending the patient
- Clean and disinfect patient-contact surfaces (e.g. bed) after use
- HCWs transporting patients must wear appropriate PPE as mentioned above

5) PPE When Performing Aerosol-Generating Procedures (Standard And Airborne Precautions)

An aerosol-generating procedure (AGP) is defined as any medical procedure that can induce the production of aerosols of various sizes, including small ($< 5 \mu\text{m}$) particles. The aerosol-generating procedures include:

- Intubation with or without cardiopulmonary resuscitation- the strongest evidence for needing airborne precaution
- Manual ventilation
- Non-invasive ventilation (e.g., BiPAP, BPAP) – avoid if possible
- Tracheostomy insertion
- Bronchoscopy
- Sputum induction
- Nebulization
- Airborne precaution also recommended when taking oropharyngeal/nasopharyngeal swab

Placement of patients

In descending order of preference:

1. Negative pressure rooms/AIIR room
2. Adequately ventilated room with at least natural ventilation with at least 160 l/s/patient air flow

The AIIR room should meet the following ventilation standards:

- Minimum 12 air changes per hour (ACH)
- Inward directional airflow from adjacent spaces to the room with negative pressure differentials of > -2.5 Pascal.
- Supply of clean air flowing first to the area of the room where staff or visitors are likely to be present, and then flowing across the bed area to the exhaust.
- Exhaust air directed to outside or HEPA-filtered, if recirculated.
- Room monitored on initiation of use and at least daily when in use.
- Door kept closed at all times when not required for entry and exit.

Recommended PPE

- Powered Air Purifying Respirator (PAPR*) or at least a particulate respirator i.e. fit tested N95 mask (always check the seal)

- Eye protection (goggles or a face shield). Do not use conventional eyeglasses as eye protection, because they are not designed to protect against splashes to the eye mucosa.
- A clean, non-sterile, standard isolation gown (fluid-repellent long-sleeved gown) and gloves (some of these procedures require sterile gloves. Limit the number of persons present to the bare minimum
- Perform hand hygiene before and after contact with the patient and surroundings and after PPE removal

* if available and staff have been trained to use it

6. Specimen collection and transport

All specimens should be regarded as potentially infectious, and health-care workers who collect or transport clinical specimens should adhere rigorously to Standard Precautions, to minimize the possibility of exposure to pathogens.

- Deliver all specimens by hand whenever possible. Do not use pneumatic-tube systems to transport specimens
- State the name of the PUI suspect of potential concern clearly on the accompanying request form. Notify the laboratory as soon as possible that the specimen is being transported
- Ensure that health-care workers who collect specimens from patients with ARIs wear appropriate PPE
- Place specimens for transport in leak-proof specimen bags(please refer to section for instructions on specimen packaging)
- Ensure that personnel who transport specimens are trained in safe handling practices and spill decontamination procedures

7. Disinfection and Sterilization

Environmental cleaning and disinfection is intended to remove pathogens or significantly reduce their numbers on contaminated surfaces and items, thus breaking the chain of transmission. Although we do not know about the viability of the novel Coronavirus in the environment, most bacteria and viruses can be inactivated by the use of standard hospital disinfectants.

- No disinfection is required for surfaces and equipment that do not come into direct contact with patients. These surfaces or equipment should be thoroughly cleaned between patients.
- Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g., bed rails, over bed tables) and frequently-touched surfaces in the patient care environment (e.g., door knobs, surfaces in and surrounding toilets in patients' rooms) on a more frequent schedule compared to that for other surfaces (e.g., horizontal surfaces in waiting rooms). Commonly used hospital level disinfectants (such as sodium hypochlorite) should be used for cleaning

- As a bare minimum requirement, Cleaning is recommended at least once a day and more frequently if visibly soiled using standard hospital registered disinfectants, such as sodium hypochlorite 1: 1,000 ppm.
- If visible contamination or spills, it is recommended to use a higher dilution of EPA registered disinfection such as sodium hypochlorite at 1: 10,000ppm
- If equipment is reused, follow general protocols for disinfection and sterilization
- If not visibly soiled, wipe external surfaces of large portable equipment (e.g. X-ray machines and ultrasound machines) that has been used in the isolation room or area with an approved hospital disinfectant upon removal from the patient's room or area.
- Proper cleaning and disinfection of reusable respiratory equipment is essential in ARI patient care.
- Follow the manufacturer's recommendations for use or dilution, contact time and handling of disinfectants.

8. Terminal cleaning of an isolation room

In addition to routine cleaning, additional cleaning practices and/or the use of personal protective equipment for cleaning may be required in health care settings under special circumstances. A terminal cleaning is defined as "a procedure required to ensure that an area has been cleaned/decontaminated following discharge/transfer of a patient with an infection (i.e. MDROs or communicable disease) in order to ensure a safe environment for the next patient.

- Before entering the room, cleaning equipment should be assembled before applying PPE.
- PPE must be removed, placed in an appropriate receptacle and hands cleaned before moving to another room or task.
- PPE must not be worn or taken outside the patient room or bed space.
- Protocols for cleaning must include cleaning of portable carts or built-in holders for equipment.
- The room should be decontaminated from the highest to the lowest point and from the least contaminated to the most contaminated.
- Remove curtains and placed in red linen bag with alginate plastic after patient is discharged
- Use disinfectants such as sodium hypochlorite. The surface being decontaminated must be free from organic soil. A neutral detergent solution should be used to clean the environment prior to disinfection or a combined detergent /disinfectant may be used.

- In addition to the above measures, the following additional measures must be taken when performing terminal cleaning for Airborne Infection Isolation Rooms (AIIR)
 - After patient/resident transfer or discharge, the door must be kept closed and the Airborne Precautions sign must remain on the door until sufficient time has elapsed to allow removal of airborne microorganisms. Duration depends on ACH. With ACH of 12 or 15, the recommended duration is 23 to 35 minutes and 18 to 28 minutes with 99%-99.9% efficiency respectively.
 - It is preferable to wait for sufficient air changes to clear the air before cleaning the room;
 - If the room is urgently needed before the air has been sufficiently cleared ,an N95 respirator must be worn during cleaning
 - Remove N95 respirator only after leaving room and door has been closed.

9. Dishes and eating utensils

- Use disposable utensils as much as possible
- Wash reusable dishes and utensils in a dishwasher with recommended water temperature. During the SARS epidemic Dishes and eating utensils were not implicated as a source of transmission

10. Linen management

- Contaminated linen should be handled as little as possible to prevent gross microbial contamination of the air. Washing / Disinfecting linen should be handled according to hospital protocol

HEALTHCARE WORKER (HCW)

- Healthcare worker with high risk condition / immune-compromised should not be allowed managing and providing routine care for PUI cases with Acute Respiratory Infections (ARI)
- Vaccinate health-care workers caring for patients who are at higher risk of severe or complicated influenza disease, to reduce illness and mortality among these patients
- Healthcare worker who are managing and providing routine care for PUI cases with Acute Respiratory Infections need to be trained on proper use of PPE.
- Keep a register of health-care workers who have provided care for patients with ARIs of potential concern, for contact tracing

- In a Confirmed case, the health care worker should not “float” or be assigned to other patient-care areas if possible. The creation of a dedicated team consisting of nurses, medical officers and specialist and other supportive staff from other areas are recommended.
- The HCWs who are managing and providing routine care for PUI cases with Acute Respiratory Infections. should be monitored for symptoms daily. If HCWs become symptomatic he / she need to be isolated and managed accordingly.

Visitors

- Limit visits to patients with known or possible Wuhan Pneumonia to persons who are necessary for the patient’s emotional well-being and care.
- Visitors who have been in contact with the patient before and during hospitalization are a possible source/ contact of the infection. Therefore, schedule , documentation and controlled visits are strongly recommended to allow for appropriate screening for acute respiratory illness before entering the hospital and appropriate instruction on use of PPE and other precautions (e.g., hand hygiene, limiting surfaces touched) while in the patient’s room.

References

1. Policies and Procedures on Infection Prevention and Control – Ministry of Health Malaysia; 2018
2. Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care. World Health Organization 2014
3. Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2. CDC 2004
4. Disinfection Guidelines 2018 - Ministry of Health Malaysia, Malaysia
5. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, Interim Guidance. WHO Jan 2020

GUIDELINES FOR ENTRY POINT SCREENING OF TRAVELLERS FROM / EXITING CHINA (SCREENING FOR 2019 NOVEL CORONAVIRUS, 2019 - nCoV)

WHO advises against the application of any travel or trade restrictions on China based on the information currently available on the novel coronavirus 2019 (2019-nCoV) epidemic. The organisation also does not recommend any specific health measure for travellers, entry or exit point screening for travellers exiting or coming from China.

It is generally considered that entry screening offers little benefit, while requiring considerable resources. In case of symptoms suggestive to respiratory illness before, during or after travel, the travellers are encouraged to seek medical attention and share their travel history with health care provider.

As provided by the International Health Regulations (2005) (IHR), countries should ensure that:

- routine measures, trained staff, appropriate space and stockpile of adequate equipment in place at points of entry (PoE) for assessing and managing ill travellers detected before travel, on board conveyances (such as planes and ships) and on arrival at PoE;
- procedures and means are in place for communicating information on ill travellers between conveyances and PoE as well as between PoE and national health authorities;
- safe transportation of symptomatic travellers to hospitals or designated facilities for clinical assessment and treatment is organized;
- a functional public health emergency contingency plan at PoE in place to respond to public health events.

Important for International travellers: health precautionary measures

Human-to-human transmission is occurring but the extent is still not clear. The source is still unknown (most likely an animal reservoir). Therefore, it would be prudent to reduce the general risk of acute respiratory infections while travelling in or from China by:

- avoiding close contact with people suffering from acute respiratory infections;
- frequent hand-washing, especially after direct contact with ill people or their environment;
- avoiding close contact with live or dead animals (domestic or wild) or pen/farm;

- travellers with symptoms of acute respiratory infection should practice good cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).

Health facilities, travel agencies and conveyance operators at international PoE, Malaysia should provide to travellers with adequate information to reduce the general risk of acute respiratory infections.

If a traveller on board an aircraft / a ship has signs and symptoms indicative of acute respiratory infections, the model of Maritime Declaration Of Health (IHR) or the health part of the Aircraft General Declaration (IHR) should be used to register the health information on board and submit it to POE health authorities.

A passenger locator form (Appendix 1) should be used in the event of a sick or suspected traveller detected on board an aircraft. This form is useful for collecting information of suspected passengers. Travelers should be encouraged to self-report if they are ill. Cabin crew should follow the standard operational procedures recommended by International Air Transport Association (IATA) with regard to managing suspected communicable disease on board an aircraft.

A. Screening On-Board of Aircraft Passengers and Cabin Crews From China For Suspected 2019 - Novel Coronavirus (2019 - nCoV) Infection

1. MEASURES ON BOARD THE FLIGHT (for all flights from China)

1.1. Announcements

- i. The flight commander of the aircraft shall make in flight announcements. These announcements shall be made, during the flight and just before landing.
- ii. These announcements shall include the following messages:

(A) During flights

The needs for cabin crew to make an announcement of the requirement for passengers with symptoms to identify themselves to the crew, e.g. 'Any passenger with symptoms of 2019 - NOVEL CORONAVIRUS INFECTION i.e. fever, cough and/or breathlessness to identify themselves to the crew'.

(B) Upon Landing

Passengers should also be informed that they will be subjected to undergo thermal scanner upon arrival.

1.2. Visual Assessment

Crew members must be vigilance on passengers who have symptoms (e.g. cough, breathlessness) but they do not identify themselves.

1.3. Management of passengers with symptoms of 2019 - nCoV Infection

- i. The commander of the aircraft is to inform the authorities of the destination airport with regards to the number of passengers with 2019 - nCoV Infection symptoms as soon as possible.
- ii. The passengers identified are to be given appropriate protective masks (three-ply mask) and if possible, these passengers are to be shifted to an empty area of the aircraft. Otherwise vacate two rows in front and two rows at the back of the passenger with symptoms.
- iii. A separate toilet is to be identified for use of such passengers only.
- iv. The crew must wear protective masks and disposable gloves if they have to handle the suspected passengers or their utensils. These utensils are to be packed separately.
- v. The commander of the aircraft is to identify the contacts of the passengers. These contacts are passengers sitting in the same row or within two rows in front or behind the ill passenger, all flight attendants

- on board, anyone having contact with respiratory secretions of the ill passenger, anyone on the flight living in the same household as the ill passenger and if it is a flight attendant who is a suspect of 2019 - nCoV Infection case, all the passengers are considered as contacts.
- vi. Contacts should provide their contact number and address for the next 14 days to the health authorities.
 - vii. If the passenger with symptoms becomes classified as a PUI case of 2019 - nCoV Infection, the health authority where the case is being cared for should inform other health authorities in those areas in which the contacts reside that active surveillance of each contact (daily temperature check and interview by health care worker) should be undertaken until 14 days after the flight.
 - viii. Flight attendants have to fill up Passenger Locator Form (Appendix 1).
 - ix. All measures taken on board to be written and recorded in Report of Measures Taken Onboard Form (Appendix 2).
 - x. Both Appendix 1 and Appendix 2 are to be submitted to health officials upon arriving.

B. Suspected 2019 - nCoV Infection case on-board flight

- i. Public Health Team, consisting of a medical doctor, Nurse/Medical Assistant and Assistant Environmental Health Officer (AEHO) will be stationed at the arrival gates.
- ii. The Public Health Teams will go onboard to make announcement on health inspection to be carried out. The team must also request for the passenger locator form (Appendix 1), report of measures taken onboard (Appendix 2), general declaration of health and flight manifest. The flight attendants will inform the team on suspected passengers. The suspected passengers will be tagging with red tags. The passengers identified are to be given appropriate protective masks (N95) and if possible, these passengers are to be shifted to the rear of the aircraft. Otherwise vacate two rows in front and two rows at the back of the passenger with symptoms.
- iii. All passengers except cases suspected of 2019 - nCoV Infection will be allowed to disembark the aircraft to proceed for fever screening. Passengers and crew without symptoms will be provided a Health Alert Card (HAC - Annex 6). The details of passengers and crews will be recorded for follow up actions as required.
- iv. The suspected case which has been identified by the crew will be interviewed and history taking and physical examination will be conducted. Cases that do not fulfil the case definition of a suspected case of PUI for 2019 - nCoV Infection (Annex 1) will be provided with health advice and issued with a HAC.

- v. Cases suspected of PUI for 2019 - nCoV Infection will be referred to the nearest hospital for further management. Doctor in charge should call Infectious Disease Physician for opinion before referred to nearest hospital.
- vi. All international flights arriving Malaysian international PoE with PUI of 2019 - nCoV Infection are required to disinfect the aircraft.
- vii. All cases of PUI for 2019 - nCoV Infection are to be notified to the National and State CPRC and the nearest District Health Office.

C. Screening for Passengers and Cabin Crews from China at Arrival of Point of Entry (Flow Chart - Annex 6)

- i. For direct flights, health officials will be stationed at the arrival gate to perform health screening.
- ii. All other passengers need to go to temperature screening either by :
 - Thermal scanner at screening area,
 - Referred by Immigration Department, or
 - Passenger's self-declaration.
- iii. Passenger and crew who do not have fever will be given Health Alert Card and allowed to proceed to Immigration.
- iv. Passenger who having temperature $\geq 38^{\circ}\text{C}$ will be screened for 2019 - nCoV Infection through history taking and examination as detailed in Appendix 3.
- v. Officer in charge will contact nearest screening centre to consult whether the passenger / crew is fit of criteria PUI or not PUI.
- vi. If the passenger / crew fit the criteria of PUI, officer in charge need to refer to nearest admitting hospital, initiate Infection Prevention and Control, and notify PKD for staff surveillance and progress.
- vii. If the passenger / crew do not fit criteria of PUI, officer in charge will discharge the passenger with home assessment tool and home surveillance. Officer in charge has to fax Home Surveillance Letter (Annex 8) to the nearest / responsible District Health Office for monitoring of the passenger / crew. The passenger / crew will be monitored for approximately 14 days (incubation period) or up until recovered fully from symptoms.
- viii. If the passenger / crew status is uncertain, officer in charge will refer to nearest screening hospital for further management.

D. Screening of Passenger / Cruise Ships / Conventional Ships from Wuhan, China or with Suspected PUI of 2019 - nCoV Pneumonia

- i. Assistant Environmental Health Officer (AEHO) receives information from Ship Captain or Shipping Agent on ship from China.
- ii. If the ship is from China or there is a suspected case, ship will be given quarantine status and to be anchored at the wharf.
- iii. Medical Officer / AEHO will go on board and verify the health status of passengers or crew from China from the Captain / Medical Officer on board. The team must also request for report of measures taken onboard, maritime declaration of health and other relevant documents.
- iv. Temperature screening of passengers and crew who disembark is carried out by the Medical Team. Passengers and crew with PUI of 2019 - nCoV Infection will be referred to the nearest health facility for management and investigations.
- v. All passengers and crew free of symptoms who disembarks will be given Health Alert Card (Annex 6).
- vi. AEHO will carry out inspection on sanitation on the ship.
- vii. Free Pratique and Port Health Clearance will be issued to the Captain or Shipping Agent if the ship has good sanitary condition and as Ship Sanitation Control Certificate (SSCC) and Ship Sanitation Control Exemption Certificate (SSCEC) still valid.
- iv. Order of Ship Sanitation (OSS) will be issued to the Captain or Shipping Agent should there be unsatisfactory sanitary condition. Reinspection will be done by AEHO and Free Pratique and Port Health Clearance will be issued to the Captain or Shipping Agent if the Order of Ship Sanitation is complied.
- v. All cases of PUI 2019 - nCoV Infection are to be notified to the National and State CPRC and the nearest District Health Office.

E. Awareness to public, passengers, crew and health staff on 2019 - nCoV Infection

Increase awareness on 2019 - nCoV Infection prevention and control measures such as:

- i. Distribution of education materials such as pamphlets and posters to passengers, crew, airport workers.
- ii. Update information on social media – Website, Facebook (FB)

- iii. Distribution of Health Alert Card (HAC) to passengers and crews with history of visiting to China.
- iv. Providing talks and briefings about the disease, mode of transmission and prevention and control measures.
- v. To make health announcements and messages focused at public and tourist area, especially at international airports and seaports.
- vi. Continuous updating information and training including environmental cleaning and disinfection at PoE for all health staffs and ground handlers.

F. Collaboration with other Agencies/Ministries

- i. Ministry of Health (MoH) Malaysia collaborate with other relevant agencies such as The Immigration Department of Malaysia, Airport/Port/Ground crossing authorities and agencies, Airlines, Shipping companies, Ground handlers etc.
- ii. Dissemination of information regarding 2019 - nCoV Infection to personnel and clients going to / coming from the affected countries thus increasing their awareness and to prevent the spread of disease into Malaysia.
- iii. Immigration Department of Malaysia to assist in referring travellers from Wuhan at the international PoE to Health Personnel, Health screening area/Health Quarantine Centre for assessment.
- iv. All aircrafts / ships / vehicles are required to inform the health authorities at the points of entry if there are passengers from Wuhan showing signs and symptoms of 2019 - nCoV Infection.
- v. To obtain assistance and cooperation as and when needed from all agencies/stake holders in disease prevention and control activities.

Passenger Locator Form (as per WHO/ICAO)

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. ~Thank you for helping us to protect your health.

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION: 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd)

PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex
Male ☐ Female ☐

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile 10. Business 11. Home 12. Other 13. Email address

PERMANENT ADDRESS: 14. Number and street (Separate number and street with blank box) 15. Apartment number
16. City 17. State/Province
18. Country 19. ZIP/Postal code

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any) 21. Number and street (Separate number and street with blank box) 22. Apartment number
23. City 24. State/Province
25. Country 26. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

27. Last (Family) Name 28. First (Given) Name 29. City
30. Country 31. Email
32. Mobile phone 33. Other phone

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)				
(2)				
(3)				
(4)				

35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)			
(2)			

**REPORT OF
MEASURES TAKEN ON BOARD THE FLIGHT**

Name of Flight Commander:.....

Name of Airline:.....Flight Number:.....

Port of embarkation :.....Date of Arrival:.....

No. of passengers with symptoms of suspected 2019 novel coronavirus (2019 -
nCoV) Infection.....

Seat numbers of passengers with symptoms.....

Measures Taken Onboard :

.....
.....
.....
.....
.....
.....
.....
.....
.....

Name of authorized airline representative:.....

Signature.....

Date

CLERKING SHEET TEMPLATE AT MALAYSIA POINT OF ENTRY

Date: _____ Interviewer's Name : _____

A. Patient's Details

Patient's Name : _____

I/C / Passport No. : _____ Age : _____ Gender : M / F

Address in country of origin : _____

Address in Malaysia : _____

Contact number in Malaysia: _____

Nationality : Malaysian / Non – Malaysian _____

Next of Kin (Name & Contact) : _____

B. Travel History

No.	Country/State/Province Visited	Duration of Stay		Name of Airline, Flight No. and Seat Number:
		From (dd/mm/yr)	To (dd/mm/yr)	
1.				
2.				
3.				
Date of return to Malaysia:		Entry Point:		

C. Sign and Symptoms

i. Symptoms		ii. Vital Sign	
Date of Onset:		Temperature:	
Fever:		*Blood Pressure (mmHg)	
Cough:		*Pulse Rate (/ min):	
Breathlessness:		*Respiratory Rate (/min):	
		*SpO ₂ (if available)	
Other symptoms:		*Other vitals:	
iii. *Respiratory Findings			
iv. *Other relevant clinical history and examination			

* to be filled by paramedic or doctor

D. Epidemiological Risk Assessment

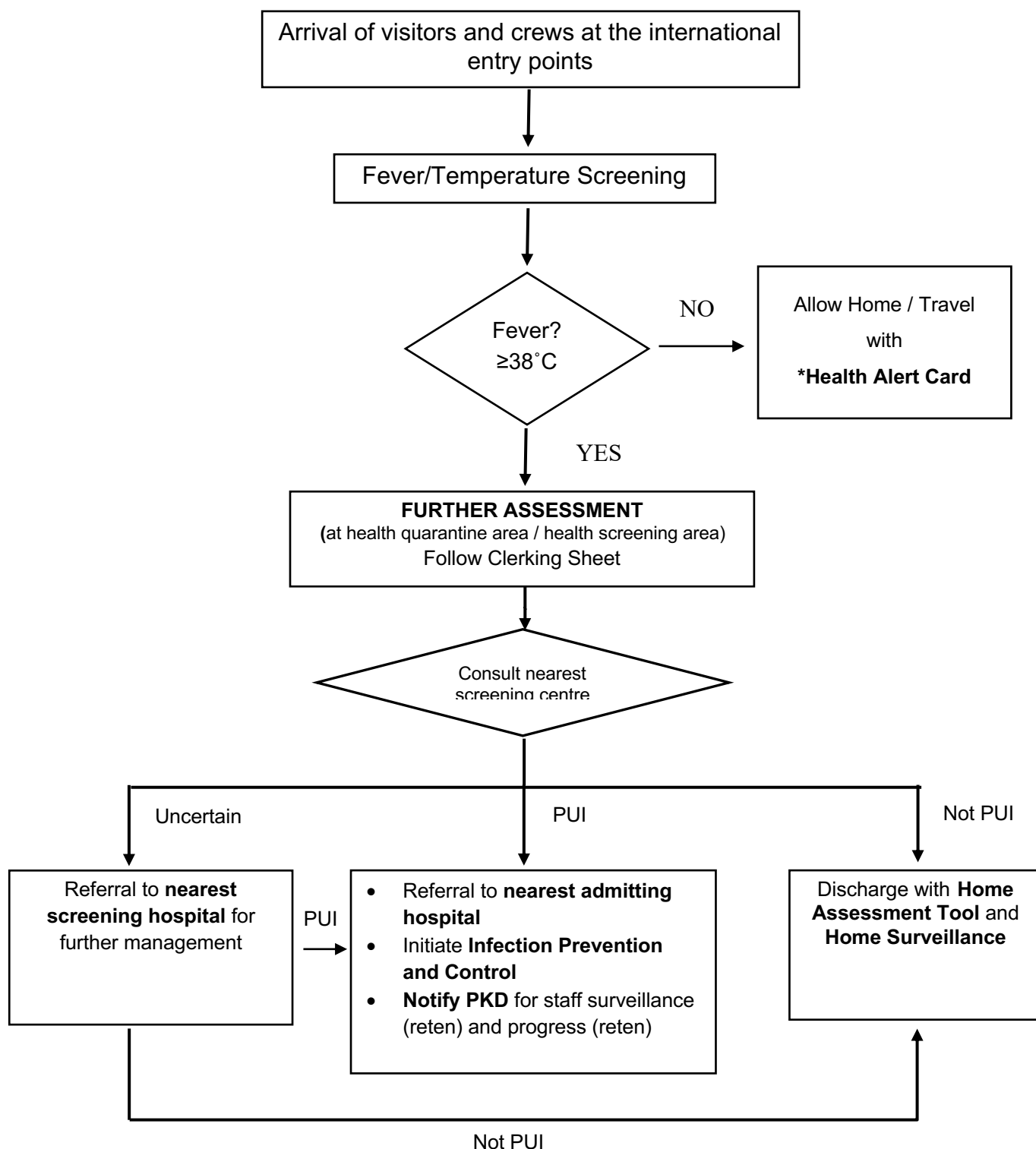
Within 14 days before onset of the illness, did you: *(Please tick the relevant answer)*

1. have close contact¹ with a confirmed or probable (hospitalized or under quarantine) suspected 2019 novel coronavirus (2019 - nCoV) Infection case in China?
2. Travel to either China or country with known transmission of recent 2019-nCoV Infection outbreak?
(name the country: _____)
3. have history of visiting wet markets / seafood markets in Wuhan, China
If Yes, please specify : _____
4. Any additional information :

¹Close contact is defined as:

- a) Health care associated exposure, including providing direct care for 2019-nCoV patients, working with health care workers infected with 2019 -nCoV, visiting patients or staying in the same close environment of a 2019-nCoV patient.
- b) Working together in close proximity or sharing the same classroom environment with a with 2019-nCoV patient
- c) Traveling together with 2019-nCoV patient in any kind of conveyance
- d) In the same household as a 2019-nCoV patient

FLOW CHART FOR SCREENING OF TRAVELLERS AND CREWS ARRIVING FROM CHINA AT INTERNATIONAL POINT OF ENTRY



For direct flight, temperature screening is usually done at arrival gate. Whereas for indirect flight, temperature screening will be at health screening area.

***HOME ASSESSMENT TOOL**

Practice these simple steps if you are unwell at home:

- Use the medical leave provided by your doctor wisely by staying at home and rest;
- Limit contact with others as much as possible to keep from infecting them;
- Cover your mouth and nose using tissue whenever you cough or sneeze. Throw the tissue in the trash after you use it;
- Always follow cough etiquette;
- Always maintain good personal hygiene and cleanliness. Wash your hands often with soap and water, especially after coughing or sneezing. If soap and water are not available, use hand sanitizer. Use face mask whenever being in public or close contact with people.

Individual with fever and cough and/or sore throat are advised to seek medical care should they develop any of the signs and symptoms listed as below:

- Breathing difficulties – shortness of breath, rapid breathing or purple/blue discolouration of the lips
- Coughing out blood or blood streaked sputum
- Persistent chest pains
- Fever persisting beyond 3 days or recurring after 3 days

If you have any of the above symptoms, **immediately:**

Seek medical advice at: _____

or

Call this number: _____

- Using own personal transport, or
- If ambulance service is needed, to call 999 for assistance.

****Important: Please keep this with you and present it to any facility should you return. Keep it for 14 days from the day it was issued.***

Attention to The Attending Doctor:

The person who is presenting this **ALERT CARD** to you had recently travelled or returned from Wuhan, China or other affected countries with active transmission (within the past 14 days). If the person presents with fever ($\geq 38^{\circ}\text{C}$), pneumonia or severe respiratory infection with breathlessness, please refer him/her **IMMEDIATELY** to the nearest hospital.

***TATACARA PENILAIAN KESIHATAN KENDIRI**

Amalkan langkah–langkah mudah berikut apabila anda tidak sihat di rumah:

- Bagi yang bekerja / bersekolah, gunakan cuti sakit yang diberikan oleh doktor untuk berehat di rumah;
- Hadkan pergaulan dengan mereka yang sihat di sekeliling anda;
- Tutup mulut dan hidung anda menggunakan tisu apabila anda batuk dan bersin. Sejurus selepas itu, buang tisu yang telah digunakan ke dalam tong sampah;
- Amalkan adab batuk yang baik;
- Sentiasa mengamalkan tahap kebersihan diri yang tinggi seperti kerap mencuci tangan dengan menggunakan air dan sabun atau bahan pencuci tangan (*hand sanitizer*), terutamanya selepas batuk atau bersin. Pakai penutup mulut dan hidung (*face mask*) apabila berurusan dengan orang lain.

Individu dengan gejala demam dan batuk dan / atau sakit tekak adalah dinasihatkan untuk mendapatkan rawatan perubatan sekiranya pada bila-bila masa mereka mengalami mana-mana tanda dan gejala seperti berikut:

- Kesukaran bernafas – tercungap-cungap, pernafasan menjadi laju atau warna bibir bertukar menjadi kebiruan
- Batuk berdarah
- Sakit dada yang berterusan
- Demam yang berpanjangan sehingga melebihi 3 hari atau demam yang berulang semula selepas 3 hari

Jika anda mempunyai mana-mana gejala di atas, **segera**:

Dapatkan rawatan di: _____

atau

Buat panggilan ke nombor: _____

- Pergi dapatkan rawatan dengan menggunakan kenderaan persendirian; atau
- Jika perkhidmatan ambulan diperlukan, sila dial 999 untuk bantuan.

***Perhatian:** Sila simpan kad ini bersama anda dan serahkan kepada mana-mana fasiliti kesihatan yang anda kunjungi. Kad ini perlu disimpan selama 14 hari dari tarikh ia diberikan kepada anda.

Kepada Pengamal Perubatan Yang Merawat Pesakit Ini

Individu yang membawa kad ini adalah merupakan penumpang atau anak kapal yang baru pulang dari Wuhan, China atau negara yang mengalami penularan aktif jangkitan (dalam tempoh 14 hari yang lepas). Jika anda mendapati beliau mengalami gejala seperti demam ($\geq 38^{\circ}\text{C}$), radang paru-paru atau jangkitan respiratori serius dengan susah bernafas, sila rujuk ke hospital yang berhampiran dengan **SEGERA**.

PROTOCOL FOR AMBULANCE TRANSFER FOR PATIENT UNDER INVESTIGATION (PUI) OF nCoV

PREPARATION OF THE AMBULANCE

- It is advisable to remove all non-essential equipment related to care of the intended patient.
- Ambulance must be equipped with spillage kits, disinfectant wipes, sharps bin and clinical waste ready to be used by responders.
- Use of disposable bed sheet is encouraged.

NUMBER OF PATIENTS IN AN AMBULANCE

- It is advisable to only transport one patient in an ambulance.
- Medical direction from Emergency Physician can be obtained to allow transport of more than one patient with similar provisional diagnosis.
- There can be no mix of patient under investigation (PUI) with confirmed nCoV case.

PREPARATION OF STAFF

- All staffs accompanying patient in the ambulance must wear the recommended PPE:
 - Gloves.
 - N95 mask with goggles.
 - Disposable apron or gown.

CARE OF THE PATIENT DURING TRANSPORT

1. Respiratory Hygiene

- In absence of respiratory distress, patients can be provided with surgical mask.
- Oxygen supplement using nasal prong can be safely used under a surgical mask.
- Placement surgical mask on other oxygen supplement delivery device require Medical Direction from Emergency Physician.

2. Placement of patient

- Patient should be propped up in sitting position in stretcher unless clinically contraindicated.

3. Intervention in Pre-Hospital

- Do not perform any procedures on the patient unless absolutely necessary.
- Medical Direction must be obtained for transportation of patient requiring more than nasal prong oxygen.

4. Communication with Medical Emergency Call Centre (MECC) and Receiving Facility (if relevant)

- MECC must be informed regarding estimated time of arrival, patients' clinical condition or any updates in clinical status or transportation.
- It is the responsibility of MECC to inform and update receiving facility regarding estimated time of arrival and patients' clinical condition.

DECONTAMINATION

- If spillage occurs in the ambulance
 - Use chlorine granules in the spillage kit to absorb the spill.
 - After 2 minutes or when the granules crystallize, cover the spillage with the absorbent material e.g. tissue or blue sheet.
 - Do not remove the spill while the patient or staff is in the ambulance. The decontamination of the spillage is to be done at the designated hospital.
- Decontamination of the ambulance
 - The ambulance is to be decontaminated at the designated ambulance decontamination area at receiving hospitals.
 - Decontamination agent to be used as per recommendation.
- Decontamination of staff
 - Staff from other health facility that accompany patient should undergo decontamination in the designated receiving hospital ED before returning to their respected base.

DISINFECTION OF REUSABLE UTENSILS & DISPOSAL OF WASTE

- All reusable patient care utensils should be put into the appropriate biohazard receptacles and labelled for cleaning and disinfecting later.
- All waste disposals from the affected patient should follow guidelines of Clinical Waste Management.

Management Of Close Contacts of Confirmed Case

Cases are Detected Through The Following Activities:

- (a) Contact tracing by the Rapid Assessment Team (RAT) and the Rapid Response Team (RRT) on the field; **OR**
- (b) Monitoring of personnel who were in close physical contact to the case or who were handling the relevant specimens; **OR**
- (c) Health screening at the point of entry (POE)

- Home surveillance (i.e. the Observation & Surveillance Order) to be imposed on the close contact of confirmed 2019-nCoV including restriction on his / her daily movement
- To ensure that the order is followed, complete two (2) sets of the Order Form (refer **Annex 14a / 14b**). Get the form to be signed by the contact. One copy to be kept by the contact and one copy to be kept as a record in the Operations Room of District Health Office.
- To conduct 14 days surveillance (i.e. from the date of last exposure to the confirmed case / specimen) using **Annex 15**.
- To explain on 2019-nCoV and its risk to patient, family and community
- Provide hand-out / pamphlet about 2019-nCoV infection along with the Home Assessment Tool (**Annex 10**)
- To input relevant findings collected into the database (refer **Annex 16**).
- To send clinical specimens (as indicated in **Annex 5a**) to the NPHL Sg. Buloh / PHL Sabah and IMR; respectively (refer **Annex 13d**).
- To consult ID Physician / Specialist On-Call of the identified hospital (**Annex 3**) for referral of the respective contact, if the following were to occur:
 - a) the contact become symptomatic; **or**
 - b) the detection of asymptomatic RT-PCR positive contact.
- For asymptomatic RT-PCR negative contact:
 - a) Continue home surveillance
 - b) Samples collection (i.e. NP & OP swabs) to be repeated 14 days after the collection of the first samples
 - c) If repeat samples remain negative for 2019-nCoV, he / she is release from the home surveillance order and will be given the release order form (**Annex 17a / 17b**) by the authorized officer.

SYMPTOMATIC/ ASYMPTOMATIC RT-PCR POSITIVE CONTACT

- Consult screening hospital (refer **Annex 3**) for referral of the respective case.
- Refer **Annex 2b** for 'Management of Acute Respiratory Infections When 2019-nCoV Is Suspected'.
- For the asymptomatic RT-PCR contact, to send for **second confirmatory test** to IMR – once he / she is admitted

* DEFINITION OF CLOSE CONTACT:

- Health care associated exposure, including providing direct care for 2019-nCoV patients, working with health care workers infected with 2019-nCoV, visiting patients or staying in the same close environment of a 2019-nCoV patient.
- Working together in close proximity or sharing the same classroom environment with a with 2019-nCoV patient
- Traveling together with 2019-nCoV patient in any kind of conveyance
- Living in the same household as a 2019-nCoV patient

MANAGEMENT PERSON UNDER SURVEILLANCE

Management Of ARI With History Visiting Or Residing In Affected Countries But Not Admitted to Ward

Cases are Detected Through The Following Activities:

- (a) Contact tracing by the Rapid Assessment Team (RAT) and the Rapid Response Team (RRT) on the field; **OR**
- (b) Monitoring of personnel who were in close physical contact to the case or who were handling the relevant specimens; **OR**
- (c) Health screening at the point of entry (POE)
- (d) Passive Case Detection/screen at screening hospital **BUT NOT ADMITTED**

- Home surveillance (i.e. the Observation & Surveillance Order) to be imposed on the close contact of confirmed 2019-nCoV including restriction on his / her daily movement
- To ensure that the order is followed, complete two (2) sets of the Order Form (refer **Annex 17a/ 17b**). Get the form to be signed by the contact. One copy to be kept by the contact and one copy to be kept as a record in the Operations Room of District Health Office.
- To conduct 14 days surveillance (i.e. from the date of last exposure to the confirmed case / specimen) using **Annex 18**.
- To explain on 2019-nCoV and its risk to patient, family and community
- Provide *person under surveillance with hand-out / pamphlet about 2019-nCoV infection along with the Home Assessment Tool (refer **Annex 10**)
- To input relevant findings collected into the database (refer **Annex 19**).
- To consult Screening Hospital of the identified hospital (**Annex 3**) for referral if the symptom worsen;
- Discharge patient : after 14 days from the last exposure. He / she is release from the home surveillance order and will be given the release order form (**Annex 17a / 17b**) by the authorized officer.

SYMPTOM WORSEN

- Consult screening hospital (refer **Annex 3**) for referral of the respective case.
- Refer **Annex 2b** for 'Management of Acute Respiratory Infections When 2019-nCoV Is Suspected'.

* DEFINITION OF PERSON UNDER SURVEILLANCE:

- *Person who come back from China Mainland/affected country develop Acute Respiratory Infection but not fit case definition of PUI yet*



MINISTRY OF HEALTH MALAYSIA

Our Ref.:

District Health Office

.....

Telephone No:

To:

Name:

Identification Card / Passport No:

Address:

.....

Order For Supervision And Observation At Home For Contact Of 2019-Novel Coronavirus (2019-nCoV) Infection Under Section 15(1) Prevention And Control Of Infectious Disease Act 1988 (Act 342)

You had been identified as contact to a confirmed case of 2019-nCoV infection and there's possibility that you may have been exposed 2019-nCoV infection. Under Section 15(1) Prevention and Control of Infectious Diseases Act 1988 (Act 342), an authorized officer may order you to be isolated at home based on epidemiological needs of the said infection.

2. To carry out the order under section 15(1) Act 342, I, the authorized officer hereby place you under the order for supervision and observation at home as per address above with conditions as set out in '**Appendix A**'.

3. During the specified duration that you're placed under supervision and observation, you are required to comply with the order prescribed. Under Section 24 of the same Act, failure to comply with this order, if convicted; in respect of a first offence, to imprisonment for a term not exceeding two years or to fine or both; in respect of a second or subsequent offence, to imprisonment not exceeding five years or to fine or both; in respect of a continuing offence, to a further fine not exceeding two hundred ringgit for every day during which such offence continues.

The Authorized Officer	
Name :	
Designation :	
Date & Time :	
Confirmation On Receiving A Copy Of The Order By The Individual Placed Under Supervision	
Name :	
IC / Passport No. :	
Date & Time :	
Signature :	

Supervision And Observation Order At Home For Contact Of 2019-Novel Coronavirus (2019-nCoV) Infection Under Section 15(1) Prevention And Control Of Infectious Disease Act 1988 (Act 342)

Actions To Be Adhered To During The Supervision And Observation Period

A. Stay In Home As Per Address Above

- i. Mandatory to stay at the home as per address above starting from till at all time.
- ii. At all time, maintain isolation from other family members, for example, living in a separate room. If need arise to interact with other family members, wear a mask.
- iii. Make arrangement with family members / friends for procurement of daily needs.
- iv. If you have to leave the home for emergency reasons, kindly contact and seek advice from the District Health Officer concerned at this number:
- v. If assistance required for procurement of daily needs, please contact:
- vi. As possible, avoid interactions with family members / friends. If family members / friends visited you, it is your responsibility to register their name, contact number and date of their visit.
- vii. The spouse, children, siblings and any other dwellers in the same house who are NOT subjected under similar order are FREE to continue with their daily routine.
- viii. You will be released from undergoing the supervision and observation order after 14 days from the last date of exposure to the confirmed case.

B. Observation Of Infection Symptoms

- i. Monitor body temperature daily for duration of FOURTEEN DAYS (14) beginning from this date:
- ii. Face mask must be worn at all time if you have a fever or cough prior to arrival of medical assistance.
- iii. If you are experiencing any of the following symptoms, **IMMEDIATELY** inform the District Health Officer concerned at this telephone number:..... for further management:
 - a. Breathing difficulties – shortness of breath, rapid breathing or purple/blue discolouration of the lips
 - b. Coughing out blood or blood streaked sputum
 - c. Persistent chest pains
 - d. Fever persisting beyond 3 days or recurring after 3 days
 - e. Continuous fever for more than 3 days or recurring fever after 3 days;

C. Maintain Personal Hygiene

- i. Maintain good personal hygiene such as frequent hand washing with soap and water or hand sanitizer, especially after coughing or sneezing.
- ii. Practice good cough etiquette. Cover your mouth and nose with a tissue when coughing or sneezing. Immediately after that, dispose of the soil tissue into a close dustbin.
- iii. Maintain good ventilation in the house.
- iv. Clean surfaces and objects that may be contaminated with phlegm, cough / sneezing fluids or similar fluid from the nose or mouth using disinfectant solutions such as Clorox. The recommended mix is 1 part of clorox to 50 parts of water.

D. Prohibited Matters

- i. Removal of face mask when visited by relatives or friends.
- ii. Leaving the home as per address above for grocery shopping, strolling to the playground or visiting public places.

WARNING

Checks will be conducted from time to time to ensure that the above mentioned commands are complied with and failure to comply with these commands may subject you to be imposed with court action.



KEMENTERIAN KESIHATAN MALAYSIA

Fail Rujukan:

Pejabat Kesihatan Daerah

.....

No. Telefon:

Kepada:

Nama:

No. Kad Pengenalan:

Alamat:

.....

Perintah Pengawasan Dan Pemerhatian Di Rumah Kediaman Bagi Kontak Jangkitan 2019-Novel Coronavirus (2019-nCoV) Di Bawah Seksyen 15(1) Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 (Akta 342)

Tuan/Puan telah dikenalpasti sebagai kontak terdekat kepada seorang yang telah disahkan menghidapi jangkitan 2019-nCoV dan berkemungkinan Tuan/Puan telah terdedah kepada jangkitan itu. Seksyen 15(1) Akta Pencegahan dan Pengawalan Penyakit Berjangkit 1988, memperuntukkan kuasa kepada mana-mana pegawai yang diberikuasa untuk memerintahkan Tuan/Puan diasingkan di rumah bergantung kepada keperluan epidemiologi penyakit tersebut.

2. Bagi menjalankan kuasa di bawah Seksyen 15(1) Akta 342, saya, pegawai diberikuasa untuk meletakkan Tuan/Puan di bawah pengawasan dan pemerhatian di rumah seperti alamat di atas dengan syarat-syarat seperti dinyatakan di '**Lampiran A**'.

3. Sepanjang tempoh Tuan/Puan diletakkan di bawah pengawasan dan pemerhatian, Tuan/Puan adalah dikehendaki mematuhi segala perintah yang ditetapkan. Di bawah Seksyen 24 Akta yang sama, kegagalan mematuhi perintah ini, jika disabitkan kesalahan boleh dihukum bagi kesalahan pertama, dipenjarakan selama tempoh tidak melebihi 2 tahun atau didenda atau kedua-dua sekali, berkenaan dengan kesalahan kedua atau kesalahan berikutnya boleh dipenjarakan tidak melebihi 5 tahun atau denda atau kedua-duanya; berkenaan dengan kesalahan berterusan, didenda selanjutnya tidak melebihi dua ratus bagi tiap-tiap hari kesalahan ini berterusan.

Pegawai Yang Diberikuasa	
Nama	:
Jawatan	:
Tarikh & Masa	:
Pengesahan Menerima Sesalinan Perintah Oleh Kontak Yang Diletakkan Di Bawah Pengawasan	
Nama	:
No. Kad Pengenalan	:
Tarikh & Masa	:
Tandatangan	:

Perintah Pengawasan Dan Pemerhatian Di Rumah Kediaman Bagi Kontak Jangkitan 2019-Novel Coronavirus (2019-nCoV) Di Bawah Seksyen 15(1) Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 (Akta 342)

Tindakan Yang Perlu Dilakukan Semasa Dalam Tempoh Pemerhatian Dan Pengawasan

A. Tinggal Di Rumah Kediaman Beralamat Di Atas

- i. Hendaklah tinggal di rumah kediaman seperti di alamat yang dinyatakan sepanjang masa bermula dari hingga
- ii. Anda dikehendaki mengasingkan diri daripada ahli keluarga yang lain, umpamanya berada di bilik yang berasingan. Sekiranya perlu berinteraksi dengan ahli keluarga, anda dikehendaki untuk memakai penutup mulut dan hidung (*mask*).
- iii. Aturkan dengan waris / saudara mara / rakan untuk membeli keperluan harian.
- iv. Jika anda terpaksa pergi ke suatu tempat kerana tidak dapat ditangguhkan, sila hubungi dan dapatkan nasihat daripada Pegawai Kesihatan Daerah di nombor telefon:
- v. Jika anda memerlukan bantuan mengenai keperluan harian, sila hubungi nombor telefon:
- vi. Elakkan daripada berhubung secara dekat dengan ahli-ahli keluarga / rakan-rakan. Sekiranya saudara mara, sahabat handai menziarahi anda – adalah menjadi tanggungjawab anda untuk mencatatkan nama, nombor telefon dan tarikh kunjungan mereka.
- vii. Pasangan, anak-anak, adik beradik atau mana-mana individu lain yang tinggal serumah tetapi TIDAK dikenakan perintah pengawasan dan pemerhatian di rumah adalah BEBAS untuk melakukan aktiviti seharian mereka.
- viii. Anda hanya akan diberi pelepasan daripada menjalani perintah pengawasan dan pemerhatian di rumah selepas 14 hari dari tarikh akhir anda terdedah kepada kes yang disahkan 2019-nCoV.

B. Periksa Gejala Jangkitan

- i. Periksa suhu badan setiap hari dan keadaan ini perlu dipantau selama EMPAT BELAS (14) hari bermula dari tarikh
- ii. Penutup mulut dan hidung (*mask*) hendaklah dipakai sepanjang masa jika anda demam atau batuk sebelum bantuan perubatan tiba.
- iii. Jika anda mengalami mana-mana gejala dan tanda seperti berikut, **SEGERA** hubungi Pegawai Kesihatan Daerah di nombor telefon: untuk tindakan selanjutnya:
 - a. Kesukaran bernafas –tercungap-cungap, pernafasan menjadi laju atau warna bibir bertukar menjadi kebiruan
 - b. Batuk berdarah
 - c. Sakit dada yang berterusan

- d. Demam yang berpanjangan sehingga melebihi 3 hari atau demam yang berulang semula selepas 3 hari

C. Amalkan Kebersihan Diri

- i. Sentiasa amalkan tahap kebersihan diri yang tinggi seperti kerap mencuci tangan dengan menggunakan air dan sabun atau bahan pencuci tangan (*hand sanitizer*), terutamanya selepas batuk atau bersin.
- ii. Amalkan adab batuk yang baik. Tutup mulut dan hidung anda menggunakan tisu apabila anda batuk dan bersin. Sejurus selepas itu, buang tisu yang telah digunakan ke dalam tong sampah bertutup.
- iii. Dapatkan pengudaraan yang baik di dalam rumah.
- iv. Bersihkan permukaan dan objek yang mungkin dicemari dengan kahak, cecair batuk/bersin atau bendalir serupa yang keluar dari hidung atau mulut dengan menggunakan bahan cucian seperti *chlorox*. Bancuhan yang disyorkan ialah 1 bahagian *chlorox* kepada 50 bahagian air.

D. Perkara-Perkara Yang Dilarang

- i. Menanggalkan penutup mulut dan hidung (*mask*) apabila dikunjungi oleh waris atau tetamu.
- ii. Meninggalkan rumah kediaman beralamat di atas bagi tujuan membeli belah, bersiar-siar ke padang permainan atau ke tempat awam.

PERINGATAN

Pemeriksaan mengejut akan dilakukan bagi memastikan perintah-perintah di atas dipatuhi dan kegagalan mematuhi perintah-perintah di atas boleh menyebabkan tindakan mahkamah dikenakan ke atas Tuan/Puan.

**Borang Pemantauan Harian Bagi Kontak Rapat Kepada Kes Yang Berpotensi Dijangkiti
2019-Novel Coronavirus (2019-nCoV)**

Nama :	
No. Kad Pengenalan :	
No. Telefon :	Bimbit: Rumah:
Hubungan Kepada Kes :	
Alamat Rumah :	
Tarikh Pendedahan Kepada Kes* :	
Jenis Kontak Kepada Kes Yang Berpotensi Dijangkiti 2019-nCoV :	

* Senaraikan KESEMUANYA, gunakan mukasurat yang seterusnya – jika perlu

JADUAL PEMANTAUAN HARIAN

ARAHAN:

Bagi sebarang gejala yang dilaporkan oleh kontak, sila tandakan (✓) pada ruangan yang berkenaan,

Hari 1	Hari 2	Hari 3	Hari 4	Hari 5	Hari 6	Hari 7
Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....
Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()

Hari 8	Hari 9	Hari 10	Hari 11	Hari 12	Hari 13	Hari 14
Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....
Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()	Gejala : Demam () Batuk () Sakit dada () Sesak Nafas ()

NOTA:

Bilangan hari pemantauan perlu ditambah mengikut kesesuaian, terutama sekali jika individu terlibat mempunyai pendedahan yang berulang-ulang kepada kes terbabit.

NAMA KES *CONFIRMED* 2019-nCoV:SENARAI KONTAK RAPAT KEPADA KES *CONFIRMED* 2019-nCoV

Bil.	Nama	* Kategori Kontak	Tarikh Pendedahan	No. Kad Pengenalan	Jantina (L/P)	Umur	Alamat	No. Telefon	#Status Pemantauan Kontak Rapat/Person Under Surveillance (NOTA: Bilangan lajur untuk disediakan hendaklah mengikut bilangan hari pemantauan bagi KESEMUA kontak)														Cata tan
									Tarikh (Hari 1)	Tarikh (Hari 2)	Tarikh (Hari 3)	Tarikh (Hari 4)	Tarikh (Hari 5)	Tarikh (Hari 6)	Tarikh (Hari 7)	Tarikh (Hari 8)	Tarikh (Hari 9)	Tarikh (Hari 10)	Tarikh (Hari 11)	Tarikh (Hari 12)	Tarikh (Hari 13)	Tarikh (Hari 14)	

PETUNJUK:

S	Kontak berada dalam keadaan sihat.
R	Kontak mempunyai gejala jangkitan DAN dimasukkan ke hospital berdekatan bagi menerima rawatan lanjut.
P	Kontak tidak mempunyai sebarang gejala TETAPI dikesan positif melalui ujian RT-PCR yang dijalankan DAN dimasukkan ke hospital berdekatan bagi menerima rawatan lanjut.
T	Tempoh pemantauan kontak telah tamat.



KEMENTERIAN KESIHATAN MALAYSIA

Fail Rujukan:

Kepada:

Nama:

No. Kad Pengenalan:

Alamat:

.....

.....

Pelepasan Dari Menjalani Perintah Pengawasan Dan Pemerhatian Di Rumah Kediaman Bagi Kontak Jangkitan 2019 Novel Coronavirus (2019-nCoV) Di Bawah Seksyen 15(1) Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 (Akta 342)

Dengan segala hormatnya perkara di atas adalah dirujuk.

2. Terdahulu, Tuan/Puan telah dikenalpasti sebagai kontak terdekat kepada seorang yang telah disahkan menghidapi jangkitan 2019-nCoV dan Tuan/Puan telah dikenakan Perintah Pengawasan Dan Pemerhatian di rumah kediaman sebagaimana yang tertakluk di bawah Seksyen 15(1) Akta Pencegahan dan Pengawalan Penyakit Berjangkit 1988 (Akta 342) bermula dari hingga

3. Hasil pemeriksaan yang dijalankan oleh pihak kami mendapati status kesihatan Tuan/Puan adalah memuaskan. Oleh itu, Tuan/Puan adalah diberikan pelepasan dari menjalani pemerhatian dan pengawasan di bawah Akta 342, bermula dari tarikh seperti tersebut di bawah. Perhatian dan kerjasama yang telah Tuan/Puan berikan berhubung perkara ini adalah amat dihargai.

Sekian, terima kasih.

Pegawai Yang Diberikuasa	
Nama	:
Jawatan	:
Tempat Bertugas & No. Telefon	:
Tarikh & Masa	:



MINISTRY OF HEALTH MALAYSIA

Our Ref.:

To:

Name:
 Identification Card / Passport No:
 Address:

Release From Undergoing Supervision And Observation Order At Home For Contact Of 2019 Novel Coronavirus (2019-nCoV) Infection Under Section 15(1) Prevention And Control Of Infectious Disease Act 1988 (Act 342)

With regards to the above mentioned.

2. Earlier, you had been identified as one of the close contacts to a confirmed case of 2019-nCoV infection and you had been ordered for Supervision and Observation at home under Section 15(1) Prevention And Control Of Infectious Disease Act 1988 (Act 342); starting from till

3. Following the assessment carried out by our Ministry, your health status was found to be satisfactory. Therefore, you are given clearance from undergoing supervision and observation under Act 342, starting from the date mentioned below. The attention and cooperation given by you with regards to this matter is greatly appreciated and thanked.

Yours sincerely,

The Authorized Officer	
Name	:
Designation	:
Working address & Telephone No	:
Date & Time	:

Borang Pemantauan Harian Bagi *Person Under Surveillance* Yang Bergejala

Nama	:
No. Kad Pengenalan/Passport	:
No. Telefon	Bimbit: Rumah:
Alamat Rumah	:
Tarikh Tiba di Malaysia	:
No. Penerbangan	::
Tarikh mula bergejala ARI	:

* Senaraikan KESEMUANYA, gunakan mukasurat yang seterusnya – jika perlu

JADUAL PEMANTAUAN HARIAN

ARAHAN:

Bagi sebarang gejala yang dilaporkan oleh kontak, sila tandakan (✓) pada ruangan yang berkenaan,

Hari 1	Hari 2	Hari 3	Hari 4	Hari 5	Hari 6	Hari 7
Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....
Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)

Hari 8	Hari 9	Hari 10	Hari 11	Hari 12	Hari 13	Hari 14
Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....	Tarikh:/...../.....
Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)	Gejala : Sesak Nafas (.) Sakit Dada (.) Batuk berdarah (.) Demam berpanjangan (.)

NOTA:

Bilangan hari pemantauan perlu ditambah mengikut kesesuaian, terutama sekali jika individu terlibat mempunyai pendedahan yang berulang-ulang kepada kes terbabit.

SENARAI 'PERSON UNDER SURVEILLANCE'

#Status Pemantauan Kontak Rapat/Person Under Surveillance (NOTA: Bilangan lajur untuk disediakan hendaklah mengikut bilangan hari pemantauan bagi KESEMUA kontak)														Catatan
	Tarikh (Hari 14)													
	Tarikh (Hari 13)													
	Tarikh (Hari 12)													
	Tarikh (Hari 11)													
	Tarikh (Hari 10)													
	Tarikh (Hari 9)													
	Tarikh (Hari 8)													
	Tarikh (Hari 7)													
	Tarikh (Hari 6)													
	Tarikh (Hari 5)													
	Tarikh (Hari 4)													
	Tarikh (Hari 3)													
	Tarikh (Hari 2)													
	Tarikh (Hari 1)													
No. Telefon														
Alamat														
Umur														
Jantina (L/P)														
No. Kad Pengenalan														
Tarikh Pendedahan														
* Kategori Kontak														
Nama														
Bil.														

PETUNJUK:

S	Individu berada dalam keadaan sihat.
R	Individu mempunyai gejala jangkitan <u>DAN</u> dimasukkan ke hospital berdekatan bagi menerima rawatan lanjut.
T	Tempoh pemantauan kontak telah tamat.

NATIONAL INSTITUTE OF FORENSIC MEDICINE MALAYSIA

**INTERIM GUIDELINES FOR HANDLING DEAD BODIES OF
SUSPECTED/PROBABLE/CONFIRMED 2019 Novel
Coronavirus (2019-nCoV) DEATH**

- A. INTERIM GUIDELINES FOR TRANSPORT OF BODY WITH
SUSPECTED/PROBABLE/CONFIRMED 2019 NOVEL CORONAVIRUS (2019-
nCoV) INFECTION FROM EMERGENCY DEPARTMENT OR WARD TO
MORTUARY.**

- B. INTERIM GUIDELINES FOR MANAGEMENT OF BROUGHT IN DEAD CASES DUE
TO SUSPECTED OR PROBABLE 2019-nCoV INFECTION.**

- C. INTERIM GUIDELINES FOR POST MORTEM EXAMINATION OF CASES DUE TO
SUSPECTED/PROBABLE 2019-nCoV INFECTION.**

- D. INTERIM GUIDELINES FOR THE DISPOSAL OF DECEASED IN CASES DUE TO
SUSPECTED/PROBABLE/CONFIRMED 2019-nCoV INFECTION.**

A. INTERIM GUIDELINES FOR TRANSPORT OF BODY WITH SUSPECTED/PROBABLE/CONFIRMED 2019 NOVEL CORONAVIRUS (2019-nCoV) INFECTION FROM EMERGENCY DEPARTMENT OR WARD TO MORTUARY

1. Bodies of suspected/probable/confirmed 2019-nCoV infection shall be sent from the Emergency Department or ward to the mortuary as soon as practicable.
2. Staff must wear the appropriate personal protective equipment and clothing (N95 or N100 masks, long sleeve fluid repellent disposable gown and gloves) while handling / preparing the body.
3. Relatives are **STRICTLY FORBIDDEN** to touch or kiss the body. The number of relatives allowed to view the body for identification must be minimized to 1 person. They must wear mask N95/N100, gloves and protective aprons. They should only be allowed to stand at a minimum of 1 meter from the body.
4. Relatives are **STRICTLY FORBIDDEN** to handle the body at any circumstances.
5. Body shall be prepared in the ward by the ward staff before conveying to the mortuary.
6. Body preparation;
 - 6.1 First layer : Wrap body with white cotton linen.
 - 6.2 Second layer : Place body in body bag.
 - 6.3 Third layer : Place body in body bag, then wipe with 0.5% sodium hypochlorite/disinfectant.
7. Body transfer from the ward / ED shall be carried out by 2 attendants (one each from the ED/ward and mortuary). Both attendants must wear appropriate personal protective equipment (N95/N100, gloves and protective apron).
8. On arrival at the mortuary, the body must be immediately placed in a designated refrigerated body storage compartment.
9. Sampling for all suspected or probable nCoV cases shall be taken in Emergency Department or ward by respective team.

10. No autopsy to be performed for all confirmed nCoV dead bodies.

B. INTERIM GUIDELINES FOR MANAGEMENT OF BROUGHT IN DEAD (BID) CASES DUE TO SUSPECTED OR PROBABLE 2019-nCoV INFECTION.

1. Bodies of suspected or probable 2019-nCoV infection which are brought in dead shall be sent to the mortuary at the respective hospital.

2. The bodies must be placed in 2 layers body bag. The outermost body bag must be wipe with 0.5% sodium hypochlorite/disinfectant.

3. The receiving medical staff shall:

3.1 Wear appropriate PPE.

3.2. Obtain a police order (Polis 61) for post mortem examination.

3.3. Communicate/discuss the case with the forensic pathologist at the referral forensic center to decide how to perform the post mortem.

3.4. Notify the case to the following SIMULTANEOUSLY:

3.3.1. The National Crisis Preparedness and Response Centre.

3.3.2. The respective State Health Department (JKN).

3.3.3. The respective District Health Office (PKD).

4. Post-mortem examination of fatal suspected or probable infection with 2019-nCoV shall be conducted at the **RESPECTIVE HOSPITAL**.

C. INTERIM GUIDELINES FOR POSTMORTEM EXAMINATION OF CASES DUE TO SUSPECTED/PROBABLE 2019-nCoV INFECTION

1. Postmortem examination, if indicated, of suspected or probable infection with 2019-nCoV shall be performed at the respective hospital.
2. For cases died in emergency department or ward (death in department, DID), the attending clinician shall obtain a written consent from next of kin for the clinical autopsy.
3. For BID case with post mortem order from police (Polis 61), post mortem examination shall be done by forensic pathologist.
4. Staff must wear personal protective equipment for highly infectious post-mortem while handling the body.
5. The post-mortem examination requires strict adherence to protocols and precautions on the use of recommended personal protective equipment (primary barriers) and autopsy room BSL 2 (secondary barriers).
6. Three or four trained personnel shall conduct the postmortem examination. These personnel should comprise of a trained Forensic Pathologist/Histopathologist, a Medical Officer, a Forensic Medical Assistant and a Forensic Attendant. The specific task and functions of each team member shall be clearly defined as to who will be the prosecutor, who will be assisting during the post-mortem examination procedures and who will collect the specimens.
7. Respiratory tract specimen for 2019-nCoV PCR test and blood specimen for serology will be taken as early as possible and to be send to Pathology Department (refer Annex 5a and 5b).
8. During post-mortem examination, the following procedures must be strictly adhered:
 - 8.1. Only one person should dissect at any particular time.
 - 8.2. Prevention of percutaneous injury: Including never recapping, bending or cutting of needles and ensuring appropriate sharps container is available.

- 8.3. Absolute cleanliness must be followed. Spilling on the floor and soiling the aprons etc. should be avoided. In the event of spillage on the floor, wash immediately and clean with 1 in 10 sodium hypochlorite / disinfectant.
- 8.4. Adherence to strict and safe autopsy techniques is essential.
9. Specimens should be collected as per annex 5b.
10. Specimens collected should be managed as per annex 5c.
11. While stitching the body, make sure the staff uses a needle holder. After stitching, the body should be cleaned with water and followed by 0.5 % sodium hypochlorite or any suitable / recommended disinfectant.
12. The body shall be wrapped in 2 layered body preparation as follows:
- 12.1 First layer : Wrap body with a white sheet.
 - 12.2 Second layer : Place in body bag
 - 12.3 Third layer : Place in body bag, then wipe bag with 0.5% sodium hypochlorite/disinfectant
13. The body will be placed in the refrigerated body compartment before disposal.
14. The entire autopsy suite must be cleaned and mopped. All infected waste materials such as contaminated clothing of the body, linen and disposable items must be put in 2 layers yellow plastic bags. Instruments are washed thoroughly and immersed in 0.5% sodium hypochlorite/disinfectant. Autopsy table, workstation, floor and walls are to be cleaned thoroughly and then disinfected with the same 0.5% sodium hypochlorite solution.
15. The autopsy personnel must spray over their body with disinfectant before removing the Personal Protective Equipment (PPE). All disposable garments including the hood, coverall, gloves and aprons must be placed in the double layered yellow plastic bag for incineration. The respirator, blower and hose must be thoroughly sprayed and wiped with a disinfectant after removal, then left to dry in the storage or changing room.

D. INTERIM GUIDELINES FOR THE DISPOSAL OF DECEASED IN CASES DUE TO SUSPECTED/PROBABLE 2019-nCoV INFECTION

1. It is recommended that bodies of suspected or probable 2019-nCoV infection (after post-mortem examination) shall be disposed off (burial or cremation) as soon as practicable.
2. Religious body preparation must be conducted under supervision of the Environmental health Officer.
3. Embalming must be avoided.
4. The release of the body to the relatives must be carried out with strict precautionary measures under the supervision of the Environmental Health Officer.
5. Relatives are prohibited from opening the sealed coffin and the Environmental Health Officer must ensure this precaution is strictly adhered.
6. All suspected or probable infection with 2019-nCoV bodies are recommended to be taken for burial or cremation directly from the mortuary, preferably within the same day of the post-mortem examination.

The Personal Protective Equipment (PPE) is the Protective Garments and the Respiratory Protection.

PROTECTIVE GARMENTS INCLUDE:-

- Disposable scrub suit or equivalent.
- Disposable waterproof Coverall / jump-suit with full feet cover.
- Knee length boots.
- Disposable shoe covers.
- Impervious full length sleeve disposable plastic apron.
- Cut-resistant gloves.
- Double gloves (with the outer layer is elbow length gloves)

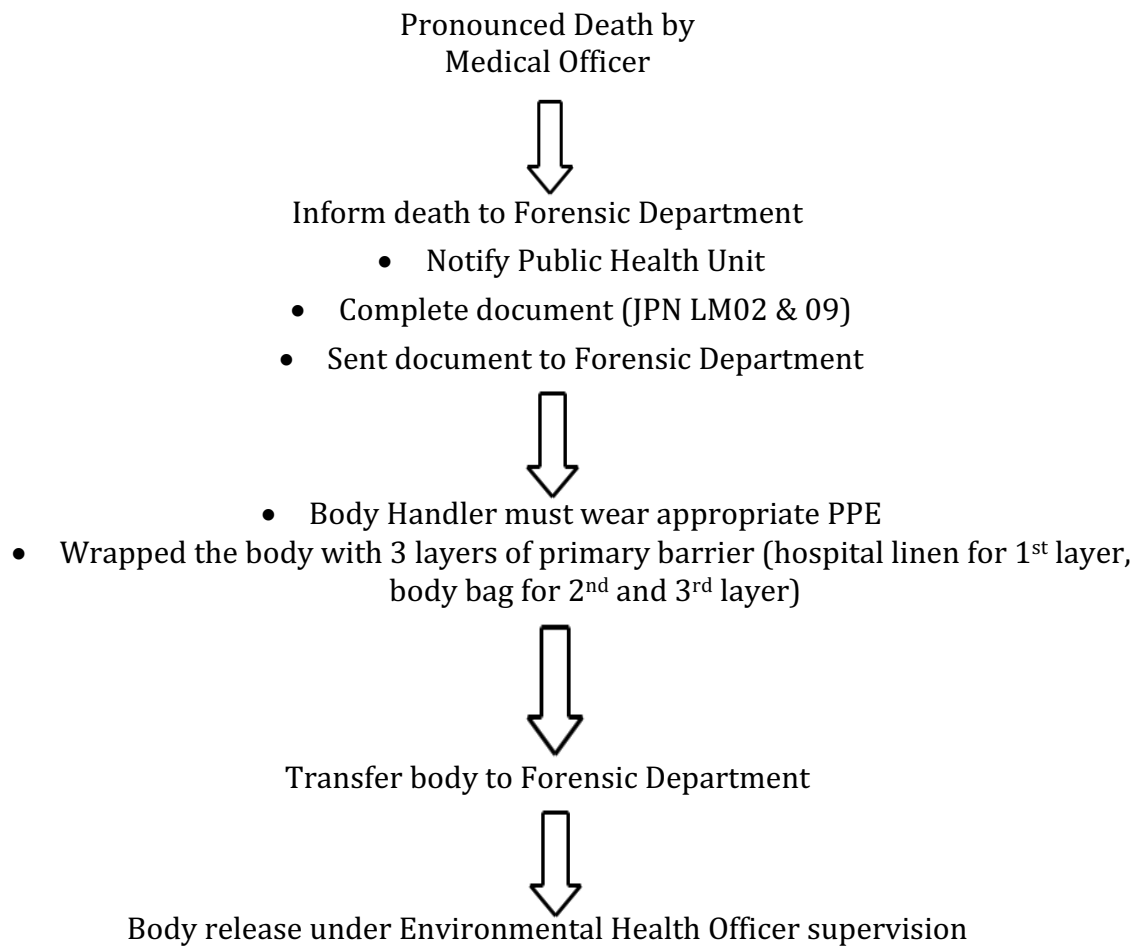
RESPIRATORY PROTECTION INCLUDE:-

Full faced *Powered Air Purifying Respirators* (PAPR) with HEPA filter (A loose fitting type is recommended). This respirator consists of a hood or helmet, breathing tube, battery-operated blower, and HEPA filters. It meets the CDC guidelines.

Forensic Medicine Referral Center

1. Hospital Kuala Lumpur
2. Hospital Sultanah Bahiyah, Alor Setar, Kedah
3. Hospital Pulau Pinang
4. Hospital Raja Permaisuri Bainun, Ipoh, Perak
5. Hospital Sungai Buloh, Selangor
6. Hospital Serdang, Selangor
7. Hospital Tengku Ampuan Rahimah, Klang, Selangor
8. Hospital Seremban
9. Hospital Melaka
10. Hospital Sultan Ismail, Johor Bahru, Johor
11. Hospital Sultanah Aminah, Johor Bahru, Johor
12. Hospital Tengku Ampuan Afzan, Kuantan, Pahang
13. Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu
14. Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan
15. Hospital Queen Elizabeth, Kota Kinabalu, Sabah
16. Hospital Umum Sarawak, Kuching, Sarawak
17. Hospital Miri, Sarawak

Flow Chart on Dead Body Management of confirmed 2019 nCoV from Ward/ETD



Flow Chart on Dead Body Management of Suspected nCoV (BID) to Forensic

