

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

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

**FAMILY HEALTH DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA
24 MARCH 2021**

CONTENTS

1.	Introduction	1
2.	Objectives of CAC	1
3.	Establishment of CAC	1
4.	Assessment at CAC	1
5.	Patient Selection Criteria	5
6.	Suitable Caregiver	6
7.	Home Condition	6
8.	Adherence to Standard Operating Procedures	7
9.	Notification of Test Result	7
10.	Role of District Health Office	7
11.	Clinical Management of Category 1 and Category 2 (Mild)	10
12.	Home Monitoring for COVID-19 Obstetric Cases	11
13.	Completion of Home Monitoring	14
14.	Referral for Admission	14
15.	Infection Prevention and Control in CAC	14
16.	Equipment	14
17.	Returns	15
18.	References	15
	Annexes	
	Annex 1a Clerking Sheet for Confirmed COVID-19 Case (Adult)	
	Annex 1b Clerking Sheet for Confirmed COVID-19 Case (Paediatric)	
	Annex 2a Clinical staging for COVID-19 Adults	
	Annex 2b Clinical staging for COVID-19 Paediatrics	
	Annex 3 Home Surveillance Order	
	Annex 4 Management and Care of COVID-19 Patient Under Home Monitoring	
	Annex 5 How to Prepare the Patient's Room for Isolation	
	Annex 6a Adult COVID-19 Home Assessment Tool (A-COHAT) for Health Care Provider	
	Annex 6b Paediatric COVID-19 Home Assessment Tool (P-COHAT) for Health Care Provider	
	Annex 7 List of Questions to ask a Confirmed Case	
	Annex 8 Release Order	

- Annex 9 COVID-19 Patient Discharge Note
- Annex 10 Infection Prevention and Control in CAC
- Annex 11 Minimum Equipment Required for CAC
- Annex 12 CAC Returns

1. INTRODUCTION

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

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

2. OBJECTIVES OF CAC

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

3. ESTABLISHMENT OF CAC

- i. This centre can be setup at health clinics/ klinik desa/ klinik komuniti/ PKRC or other suitable facilities identified by the district health office (DHO)/ state health department;
- ii. If CAC is located at health clinics/ klinik desa/ klinik komuniti, then the other health services of the clinic may need to be diverted to nearest health facilities, depending on the burden of the CAC;
- iii. Operational hours shall be decided by the DHO (Office hours/ Flexi hours/ 24 hours); and
- iv. Dedicated home monitoring teams will be stationed at the CAC.

4. ASSESSMENT AT CAC

- i. Confirmed COVID-19 cases are assessed on suitability for home monitoring;
- ii. CAC will receive the line listing of confirmed COVID-19 cases either from the DHO or MySejahtera;
- iii. DHO will do the initial triage and instruct patient to go to the CAC (Figure 1 & 2);

- iv. Cases discharged from the PKRC or hospital (step-down care) can be assessed in the CAC by appointment or as a 'Walk- In' case;
- v. All cases identified for home monitoring are highly encouraged to have an initial face-to-face assessment with the doctor in the CAC;
- vi. Clinical assessment will depend on age, symptoms and comorbidities of patient (Annex 1a/ 1b). The cases are categorised clinically (Annex 2a/ 2b) and managed according to the category (Figure 3);
- vii. If referral is required, the doctor must discuss the condition of the patient with the physician in charge of the receiving hospital for admission;
- viii. Assess patient's home condition and availability of caregiver suitable for home monitoring (See criteria in Number 6, 7);
- ix. Issue Home Surveillance Order (HSO) and provide wristband to CAT 1 and CAT 2 Mild cases (Annex 3) [Perintah Pemerhatian Dan Pengawasan Bagi Kes Jangkitan Penyakit Korona Virus 2019 (COVID-19) Di Bawah Seksyen 11(3) Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 (Akta 342) - COVID-19 Management Guidelines in Malaysia No.5/ 2020, Annex 14c/ 14d updated 19.02.2021].
- x. Advice patient to download MySejahtera application so they can update their health status daily. Those who do not have access to MySejahtera can use the Lampiran 1/ Appendix 1 in Annex 14c/ 14d of HSO;
- xi. Advice patient on self-care at home (Annex 4 & 5);
- xii. Provide patient with contact number (On Call number/ CAC Hotline/ CAC number/ any other number suggested by district health office);
- xiii. Monitor patient's condition through telephone call/ virtual clinic/ Virtual Health Advisory using Adult/ Paediatric COVID-19 Home Assessment Tool for Health Care Provider (Annex 6a/ 6b and 7);
- xiv. Daily follow up of CAT 2 Mild cases and regular follow up for CAT 1 (Figure 4);
- xv. Arrange home visit if necessary (e.g. patient uncontactable);
- xvi. Evaluate and discharge patients who have completed the home isolation period and issue Release Order (Annex 8) [Pelepasan Dari Menjalani Perintah Pemerhatian Dan Pengawasan Di Kediaman Di Bawah Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 (Akta 342) - COVID-19 Management Guidelines in Malaysia No.5/ 2020, Annex 17a/ 17b updated 19.02.201];
- xvii. Provide COVID-19 Patient Discharge Note (Annex 9) (if required);

- xviii. Submit CAC returns to DHO and State CPRC (Crisis Response and Preparedness Centre) (Annex 12); and
- xix. Assistant Environmental Health Officers can carry out contact tracing if they are stationed at the CAC.

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

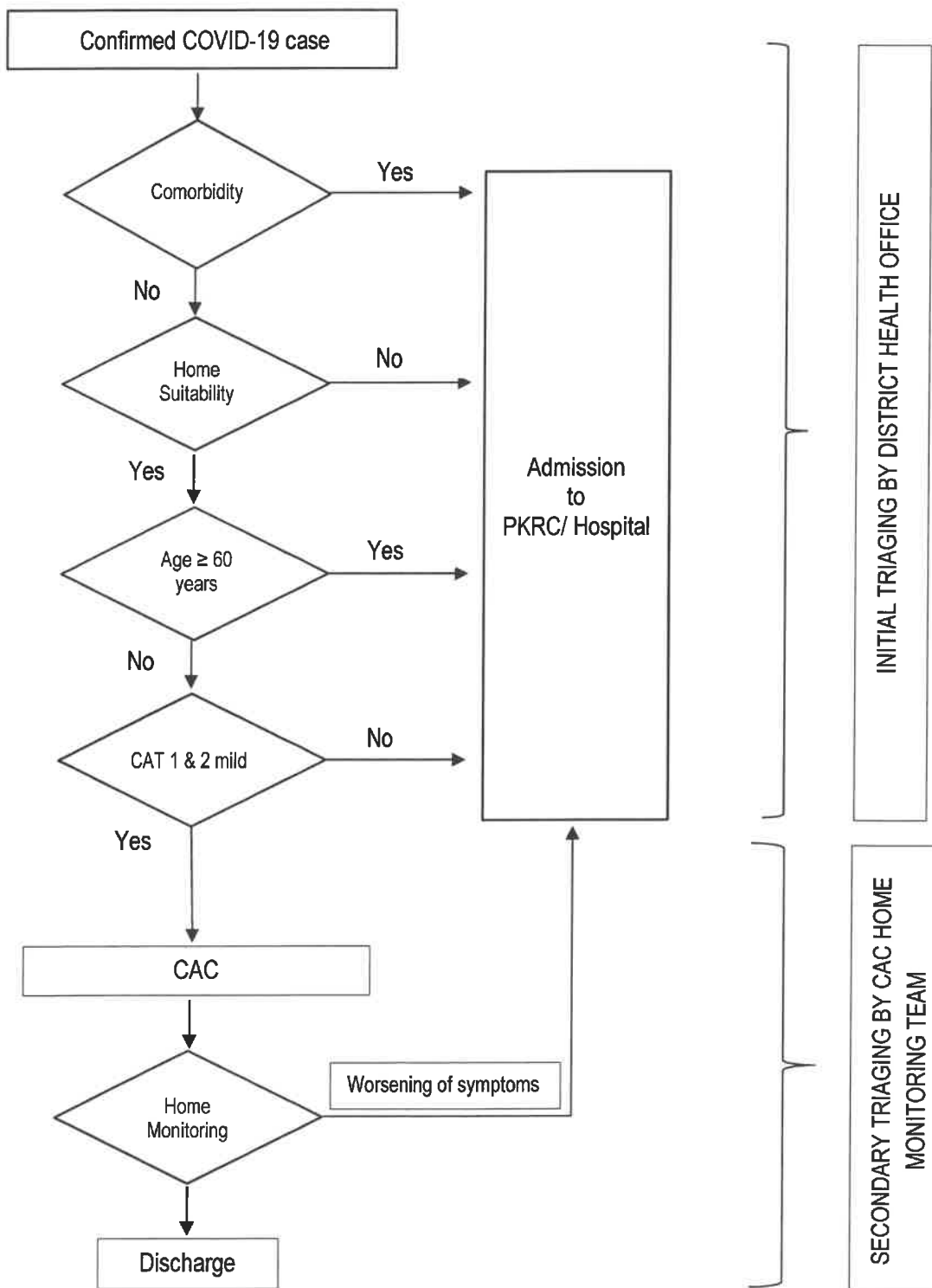


FIGURE 2: FLOW CHART TO TRIAGE CONFIRMED COVID-19 CASE (PAEDIATRIC)

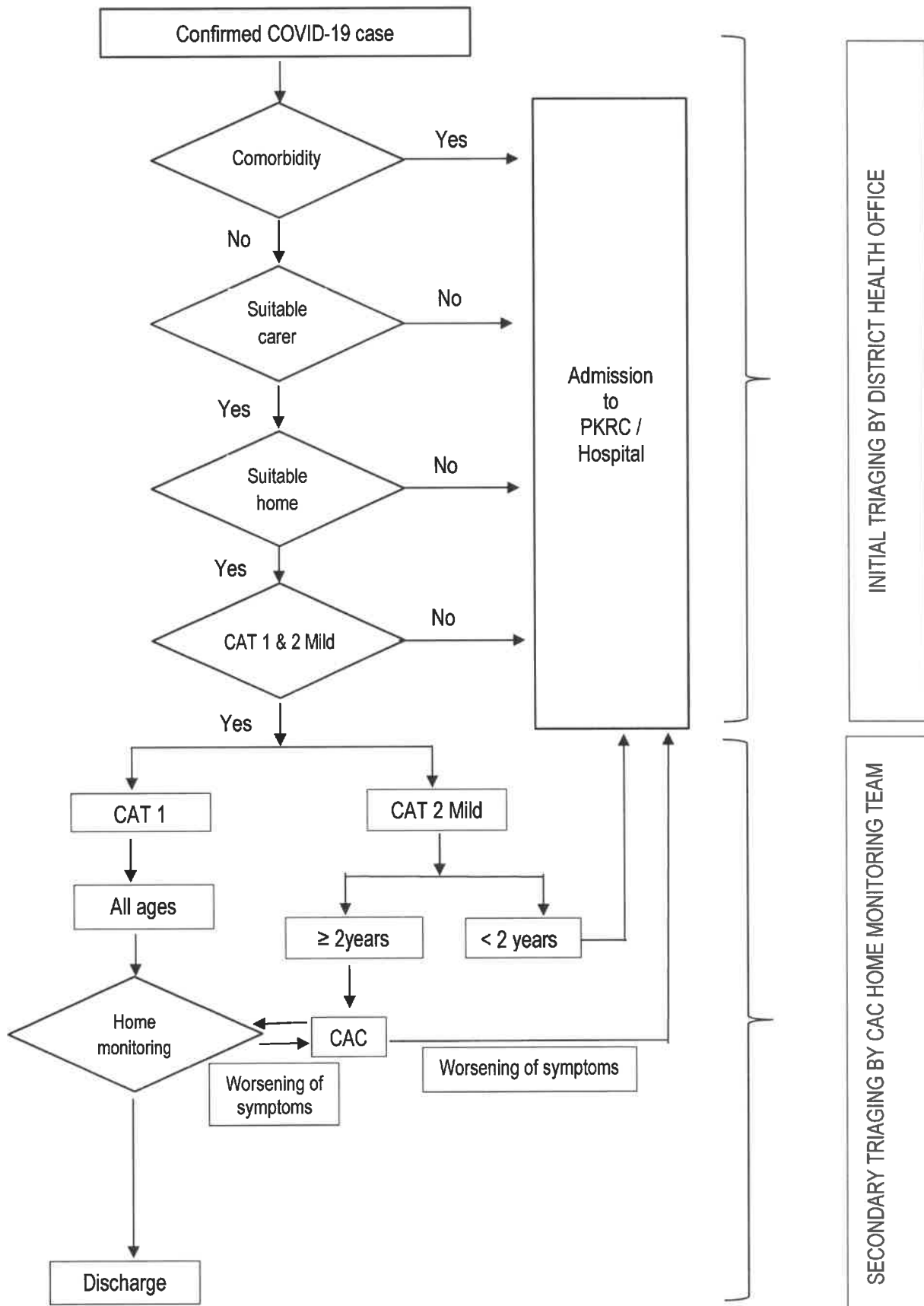
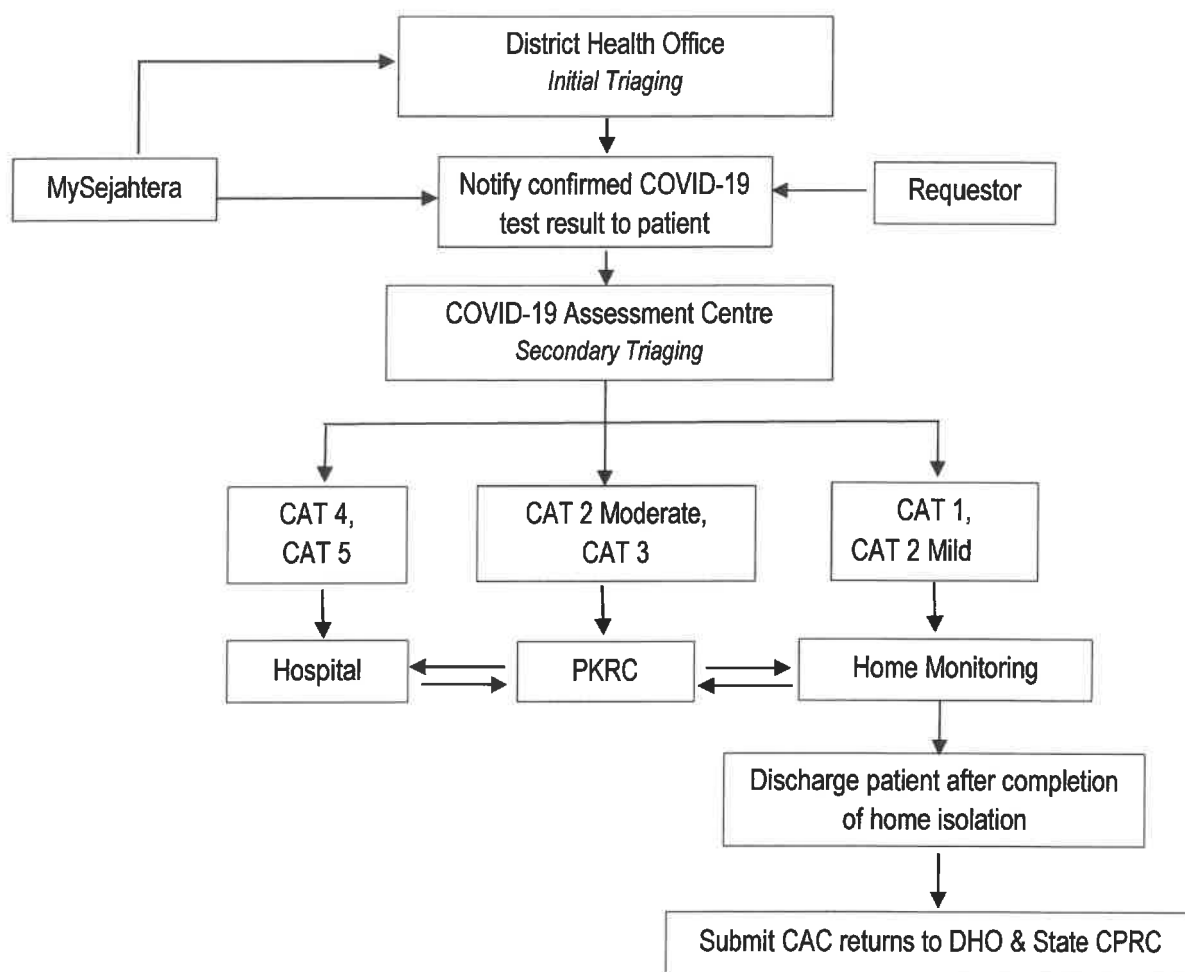


FIGURE 3: FLOW CHART TO TRIAGE CONFIRMED COVID-19 CASE IN PRIMARY CARE



5. PATIENT SELECTION CRITERIA

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

i. Adults:

- a. Less than 60 years old with CAT 1 and CAT 2 Mild without or with stable/controlled comorbidities; and
[60 years old and above, irrespective of symptoms or comorbidities shall be admitted to PKRC or hospital (e.g. diabetes mellitus, cardiovascular disease, chronic pulmonary disease including asthma, chronic renal disease, hypertension, obesity-BMI \geq 30 kg/m²)]
- b. Suitable obstetric patient.

ii. Paediatrics:

- a. COVID-19 CAT 1: All paediatric age group with no comorbidity and with suitable caregivers; and

- b. COVID-19 CAT 2 Mild: Two years of age and above with no comorbidity and with suitable caregivers.
- iii. Suitable caregiver available for patient;
- iv. Suitable home condition; and
- iv. Able to adhere to Standard Operating Procedure (SOP).

6. SUITABLE CAREGIVER

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

They should be able:

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

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

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

7. HOME CONDITION

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

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

8. ADHERENCE TO STANDARD OPERATING PROCEDURES

During home monitoring patient should be able:

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

9. NOTIFICATION OF TEST RESULT

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

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

10. ROLE OF DISTRICT HEALTH OFFICE

- i. To forward the line listing of confirmed COVID-19 cases to the respective CAC;
- ii. To investigate case and trace close contacts; and
- iii. Refer Table 1 for activities of DHO and CAC.

TABLE 1: ACTIVITIES OF DISTRICT HEALTH OFFICE AND CAC HOME MONITORING TEAM TO TRIAGE CONFIRMED COVID-19 CASE IN PRIMARY CARE

TEAM	SUB GROUP	PERSONNEL	ACTIVITIES
District Health Office	Public Health	<ul style="list-style-type: none"> i. Public Health Specialist ii. Medical Officer iii. Assistant Environmental Health Officer 	<p>Initial Triaging</p> <ul style="list-style-type: none"> i. Receive line listing from MySejahtera/ SIMKA* / private practitioners ii. Verify details, location, contact number, IC number of patient iii. Age stratification iv. Identify comorbidities v. Enquire/ suitability of home environment vi. Decision for admission/ home monitoring vii. Instruct patient to attend CAC viii. Provide patient with a contact number (CAC/ On Call as decided by local setting) ix. Advise patient on self-care at home <p>* Sistem Informasi Makmal Kesihatan Awam (Public Health Laboratory Information System)</p>
CAC Home Monitoring Team	Clinical Care	<ul style="list-style-type: none"> i. Family Medicine Specialist ii. Medical Officer iii. Assistant Medical Officer iv. Nurse v. Infection Control personnel vi. Supporting Staff vii. Driver 	<p>Secondary triaging (At CAC)</p> <ul style="list-style-type: none"> i. Clinical assessment of patient (1st encounter) <ul style="list-style-type: none"> - Check vital signs (BP, Temperature, pulse, RR, SpO2) ii. Assess patient using the clerking sheet (Annex 1a/ 1b) iii. Decision for admission or home monitoring iv. Arrange admission, if required v. Issue Home Surveillance Order and provide wristband vi. Issue medical certificate, if required <p>Refer to Number 4, page 1 for more details</p>

TEAM	SUB GROUP	PERSONNEL	ACTIVITIES
			<p>Discharge</p> <ul style="list-style-type: none"> i. At Day 11 or at least 10 days have passed since symptoms onset) ii. Provide Release Order iii. Remove wristband iv. Issue medical certificate (if required) v. Provide COVID-19 Patient Discharge Note (if required)
Case Managers		<ul style="list-style-type: none"> i. Medical Officer ii. Assistant Medical Officer iii. Staff nurse iv. Technical (Administrative assistant/ IT Officer) v. Research Officer 	<ul style="list-style-type: none"> i. Monitor MySejahtera data daily ii. Call patient and assess using A-COHAT and P-COHAT questionnaire (Annex 6a/ 6b) iii. Manage Hotline iv. Arrange admission, if required v. Submit CAC returns to DHO & State CPRC

NOTE: There maybe overlapping of activities by DHO and CAC Home Monitoring Team

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

CAT 1:

- i. Patient to be monitored at home with advice on self-care;
- ii. Patient self-monitor using MySejahtera daily by 9.00am or Lampiran 1/ Appendix 1 in Annex 14c/ 14d of HSO; and
- iii. To consult CAC if patient develop symptoms. The health care provider at CAC will assess whether patient is CAT 2 mild or CAT 2 moderate and managed accordingly.

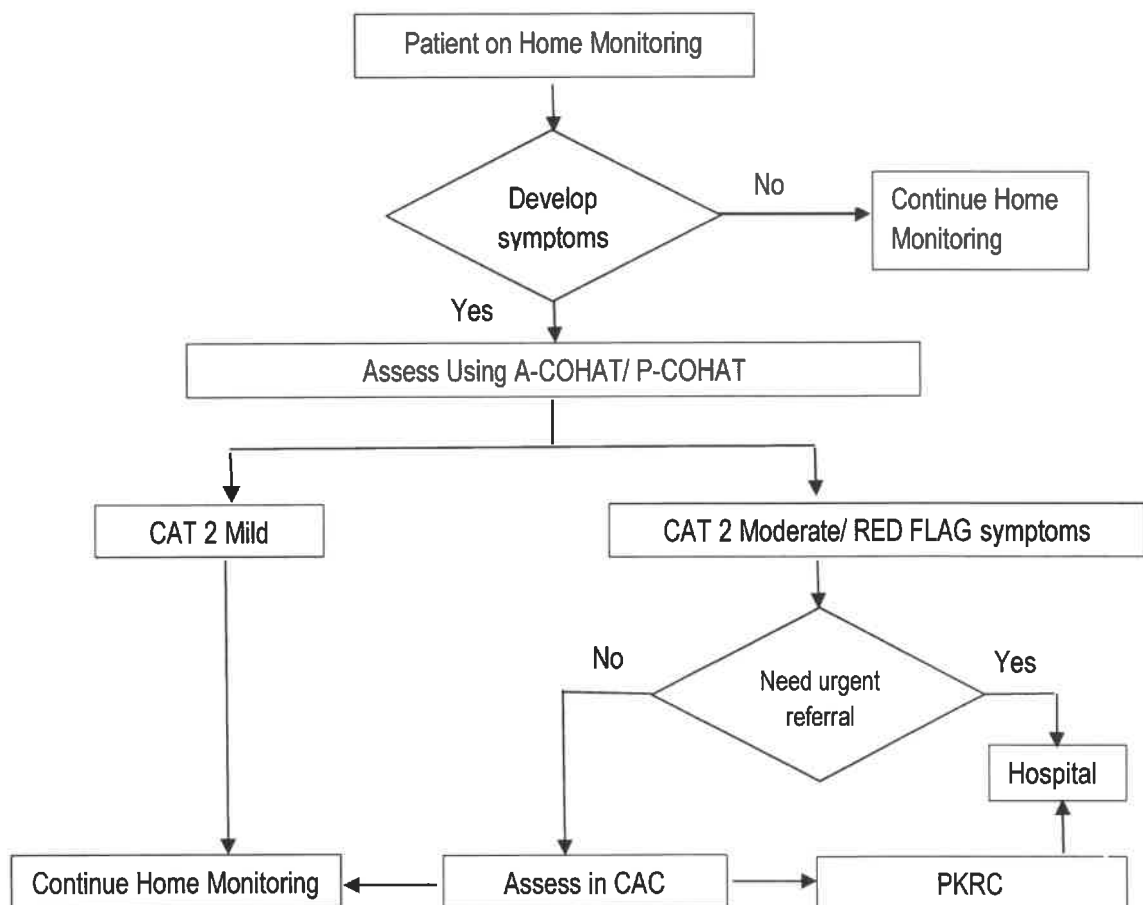
CAT 2 Mild:

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

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

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

Figure 4: Flow chart for daily monitoring at CAC



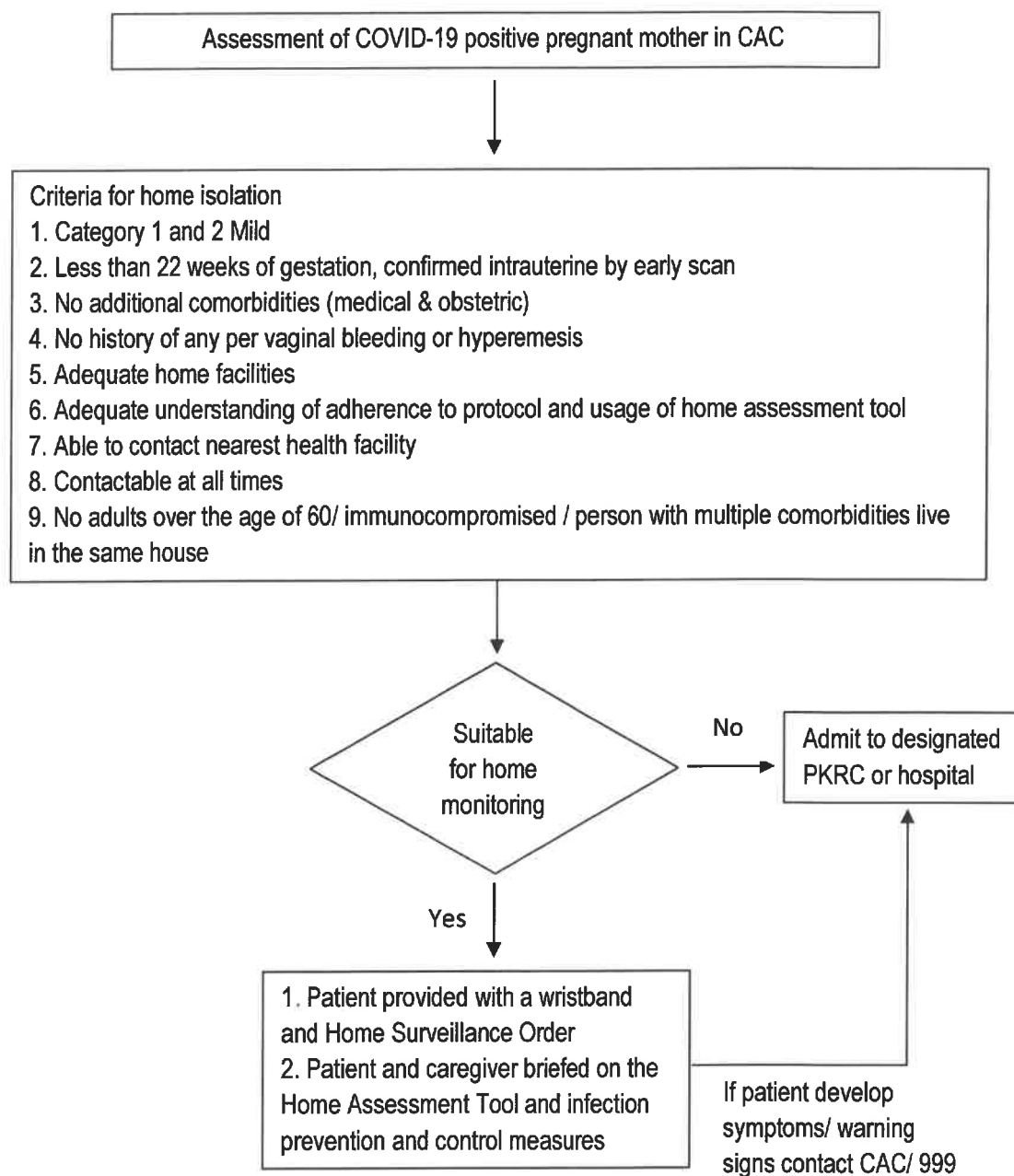
12. HOME MONITORING (ISOLATION) FOR COVID-19 OBSTETRIC CASES

- i. Pregnant mothers diagnosed with COVID-19 will be assessed by medical officers, if they are suitable for home monitoring. Criteria for home monitoring includes:
 - a. Category 1 or Category 2 Mild;
 - b. Confirmed intrauterine pregnancy by early scan;
 - c. Less than 22 weeks of gestation;
 - d. No additional comorbidities (medical & obstetric);
 - e. No history of any per vaginal bleeding or hyperemesis;
 - f. Adequate home facilities
 - Separate room with adequate ventilation;
 - Separate bathroom if possible;
 - g. Adequate understanding of adherence to protocol and usage of home assessment tool provided;
 - h. Patient should be able to contact the nearest health facilities and be contactable at all times;
 - i. No adults over the age of 60/ immunocompromised/ person with multiple comorbidities live in the same house;
- ii. Identified cases for home monitoring will be tagged by medical officers after assessment, issued with the Home Surveillance Order and wristband. The patient will be briefed on Lampiran 1/ Appendix 1 in Annex 14c/ 14d of HSO.
- iii. Patient and caregiver will be educated on basic infection prevention and control measures such as:
 - a. Practice of good hand hygiene;
 - b. Practice of good cough etiquette; and
 - c. Caregivers should maintain at least a 1-meter distance with patient to attend to their needs and should use a mask and face shield when in the same room as the patient or when at a distance of less than 2 meters from the patient.
- iv. Patients are advised to use a separate bathroom. If this is not possible, then the bathroom should be cleaned with soap and water after each use;
- v. Patients are to eat separately and should avoid sharing utensils with other family members. Utensils should be washed separately with warm water and soap; Caregivers handling utensils should wear a mask, face shield during cleaning, and sanitize their hands after cleaning;
- vi. All contaminated items or rubbish should be separately disposed in a plastic bag by patient followed by a second bagging by caregiver. Caregivers handling

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

*Refer to Annex 23: Guidelines on Management of COVID-19 in Obstetrics & Gynaecology updated 07.12.2020 (COVID-19 Management Guidelines in Malaysia No.5 / 2020)

FIGURE 5: FLOW CHART FOR MANAGEMENT OF COVID-19 OBSTETRIC PATIENT IN HOME MONITORING



13. COMPLETION OF HOME MONITORING

Patient can be discharged from Home Monitoring:

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

14. REFERRAL FOR ADMISSION

- i. Coordination at the local level between CAC, DHO, PKRC and hospital must be well established;
- ii. Patients who requires admission can use their own transport. Use of public transport is not encouraged;
- iii. If the patient is using their own transport, the following infection and prevention measures must be practiced in the vehicle:
 - a. Only one caregiver (excluding driver) is allowed to accompany the patient;
 - b. All occupants in the vehicle must wear mask;
 - c. Patient should sit behind;
 - d. Open the windows of the vehicle;
 - e. Practice hand hygiene; and
 - f. Disinfect the car (car seat, door and handle) with appropriate disinfectant after use.

15. INFECTION PREVENTION AND CONTROL IN CAC

Standard precautions must be followed to prevent spread of infection in the CAC (Annex 10).

16. EQUIPMENT

The list of equipment required in the CAC as in Annex 11.

17. RETURNS

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

18. REFERENCES

- i. COVID-19 Management Guidelines in Malaysia 05/2020 (updated 26.02.2021), Ministry of Health Malaysia.
- ii. Remote COVID-19 Assessment in Primary Care (RECAP), University Malaya Medical Centre.
- iii. COVID-19 Secondary Assessment Clerking Sheet JKN Perak For CAC Home Monitoring Team Use

This guideline was jointly prepared by:

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

The following teams conducted training for this guideline:

- i. Family Health Development Division, MOH
- ii. Disease Control Division, MOH
- iii. Family Medicine Specialists, MOH
- iv. Infectious Diseases Physicians, MOH
- v. Paediatric Infectious Diseases Specialists, MOH
- vi. Paediatricians, MOH
- vii. Physicians, MOH
- viii. Family Medicine Specialists, University Malaya Medical Centre
- ix. Infectious Diseases Physicians, University Malaya Medical Centre
- x. Paediatricians, University Malaya Medical Centre
- xi. Emergency Physicians, University Malaya Medical Centre

CLERKING SHEET FOR CONFIRMED COVID-19 CASE (ADULT)

I. Personal details

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

II. History

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

III. Clinical

SYMPTOMS

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

Physical examination

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

WARNING SIGNS

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

Mental Health Assessment

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

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

IV. Home condition: Suitable/ Unsuitable

V. Caregiver: Suitable/ Unsuitable

VI. Clinical Staging: (Cat 1, Cat 2 Mild, Cat 2 Moderate, Cat 3, Cat 4)

VII. Impression:

VIII. Management:

Signature & Name:

Date & Time:

CLERKING SHEET FOR CONFIRMED COVID-19 CASE (PAEDIATRIC)

I. Personal details

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

II. History

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

III. Clinical

SYMPTOMS:

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

Physical examination

1. General appearance: looks well/ unwell/ lethargy
2. Hydrational status:
3. Vital signs
 - Temperature:
 - BP:
 - PR:
 - RR:
 - SpO2:
4. Lungs:

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

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

For ages 8-17

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

IV. Home condition: Suitable/ Unsuitable

V. Caregiver: Suitable/ Unsuitable

VI. Clinical Staging: (Cat 1, Cat 2 Mild, Cat 2 Moderate, Cat 3, Cat 4)

VII. Impression:

VIII. Management:

Signature & Name:

Date & Time:

CLINICAL STAGING FOR COVID-19 ADULTS

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

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

CATEGORY 2

1. Mild
2. Moderate

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

CLINICAL STAGING FOR COVID-19 PAEDIATRICS

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

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

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

[Annex 14c (Pindaan 19.02.2021): Garis Panduan Pengurusan COVID-19 di Malaysia No. 5/2020)

**ORDER FOR OBSERVATION AND SURVEILLANCE FOR CASE OF CORONA VIRUS
DISEASE (COVID-19) INFECTION UNDER SECTION 11 (3) PREVENTION AND CONTROL
OF INFECTIOUS DISEASE ACT 1988 (ACT 342)**

[Annex 14d (Edited 19.02.2021): COVID-19 Management Guidelines in Malaysia No. 5/2020)



**KEMENTERIAN KESIHATAN
MALAYSIA**

Fail Rujukan:

Pejabat Kesihatan Daerah / Pejabat Kesihatan Pintu Masuk

.....

No. Telefon:

Kepada:

Nama:

No. Kad Pengenalan/Pasport:

Alamat:

.....

No. Telefon:

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

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

1. Dalam menjalankan kuasa di bawah seksyen 11(3) Akta Pencegahan dan Pengawalan Penyakit Berjangkit 1988 [Akta 342], saya, Pegawai Diberi Kuasa yang dilantik menurut seksyen 3 Akta 342 memerintahkan Tuan/Puan untuk menjalani pemerhatian dan pengawasan di kediaman seperti alamat di atas dengan syarat-syarat yang dinyatakan di perenggan 2, 3, 4 dan 5 perintah ini dan syarat lain yang dinyatakan dalam borang *Home Assessment Tool* selama hari bermula pada (*tarikh bergejala / tarikh sampel diambil bagi yang tiada gejala*) sehingga (*tarikh hari ke 10*) atau suatu tempoh yang diarahkan oleh Pegawai Diberi Kuasa ("tempoh pemerhatian dan pengawasan").
2. Tuan/Puan dikehendaki sentiasa memakai gelang tangan pengawasan yang dibekalkan oleh Pegawai Diberi Kuasa sepanjang tempoh pemerhatian dan pengawasan serta memastikan gelang tangan pengawasan tersebut sentiasa berada dalam keadaan baik dan sempurna. Sekiranya gelang tangan pengawasan tersebut rosak, Tuan/Puan hendaklah dengan segera melaporkan kepada Pejabat Kesihatan Daerah (PKD) paling hampir dan mendapatkan gelang tangan pengawasan gantian. Tuan/Puan hendaklah tidak menanggalkan, memotong atau merosakkan gelang tangan pengawasan tersebut. Gelang tangan pengawasan tersebut hanya boleh ditanggalkan oleh Pegawai Diberi Kuasa selepas Tuan/Puan mendapat surat pelepasan perintah pemerhatian dan pengawasan atau dengan kebenaran bertulis Pegawai Diberi Kuasa.
3. Tuan/Puan hendaklah dengan seberapa segera memuat turun aplikasi MySejahtera atau aplikasi lain yang ditetapkan oleh Kerajaan ke dalam telefon bimbit pintar atau apa-apa peranti lain sama ada yang didaftarkan atas nama Tuan/Puan atau di bawah kawalan Tuan/Puan dan hendaklah memastikan telefon bimbit atau peranti tersebut sentiasa berada bersama Tuan/Puan dan berada dalam mod aktif sepanjang masa sepanjang tempoh menjalani pemerhatian dan pengawasan. Tuan/Puan hendaklah memastikan segala maklumat yang dikemukakan oleh Tuan/Puan dalam aplikasi MySejahtera adalah tepat dan benar.
4. Sepanjang tempoh Tuan/Puan diletakkan di bawah perintah pemerhatian dan pengawasan, Tuan/Puan dikehendaki mematuhi perintah ini dan syarat-syarat yang terkandung di dalamnya dan

memantau status kesihatan diri menggunakan borang *Home Assessment Tool* (Lampiran 1) yang dilampirkan bersama perintah ini atau melalui aplikasi MySejahtera.

5. Sekiranya Tuan/Puan adalah penjaga yang sah kepada kanak-kanak di bawah umur lapan belas (18) tahun atau orang kelainan upaya (OKU), Tuan/Puan hendaklah mengemukakan maklumat kanak-kanak di bawah umur lapan belas (18) tahun atau orang kelainan upaya (OKU) tersebut dalam Lampiran 2 dan memastikan orang di bawah jagaan Tuan/Puan mematuhi Perintah ini dan syarat-syarat yang terkandung di dalamnya.

6. Sekiranya Tuan/Puan tidak dihubungi oleh Pejabat Kesihatan Daerah pada hari terakhir menjalani pemerhatian dan pengawasan, Tuan/Puan dikehendaki menghubungi Pegawai Diberi Kuasa bagi mendapatkan pelepasan dari Perintah ini dan membolehkan gelang tangan pengawasan ditanggalkan.

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

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

s.k. Pejabat Kesihatan Daerah

.....

'HOME ASSESSMENT TOOL' UNTUK PESAKIT COVID-19 DEWASA

NOTA: Tandakan (✓) sekiranya mempunyai gejala berikut

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

NOTA: i. ***TANDA AMARAN** - Sekiranya ada gejala, pesakit adalah dalam KATEGORI 2 SEDERHANA dan perlu dirujuk kepada klinik/hospital/pusat penilaian COVID- 19 untuk penilaian lanjut.

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

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

NOTA: Tandakan (✓) sekiranya anak di bawah jagaan anda mempunyai gejala berikut

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

NOTA: *TANDA AMARAN DI PEDIATRIK: Sekiranya ada gejala kanak-kanak hendaklah dirujuk ke hospital untuk penilaian lanjut.

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

Saya, [nama],
 No. Kad Pengenalan/No.Pasport.....
 beralamat di
 dengan ini sesungguhnya mengesahkan bahawa orang-orang yang dinamakan di bawah merupakan kanak-kanak di bawah umur 18 tahun / orang kelainan upaya (OKU) di bawah jagaan saya.

NO.	NAMA	NO KAD. PENGENALAN / MYKID / PASPORT

Ditandatangani oleh:

Nama:

No. K/P:

Alamat :

No. Telefon bimbit:

Tarikh :



**MINISTRY OF HEALTH
MALAYSIA**

File Ref.:

District Health Office / Entry Point Health Office
.....
.....

Telephone No:

To:

Name:

Identification Card / Passport No:

Address:

.....

Phone No.:

Name & Phone No. next of kin:

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

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

2. You are required to wear a surveillance wristband, given by the Authorized Officer during the observation and surveillance period and to ensure the said surveillance wristband always in a good condition. If the said surveillance wristband is damaged, you are required to inform the nearest District Health Office (DHO) and to get a replacement surveillance wristband. You should not remove, cut, or damaged the said surveillance wristband. The said surveillance wristband can only be removed by the Authorized Officer after you have received a letter of discharged order of observation and surveillance or with written permission by the Authorized Officer.

3. You are required to download the *MySejahtera* application or any other application fixed by the Government into your smartphone or any other device either registered on your behalf or under your control and shall ensure the mobile phone or the device is always with you and in active mode at all times during the period of observation and surveillance. You shall ensure that all information submitted in *MySejahtera* application is accurate and correct.

4. While you are placed under the observation and surveillance order, you are required to comply with the order and the conditions stated herein and to monitor your health status using the Home Assessment Tool form (Appendix 1) attached together with this order or through the *MySejahtera* application.

5. If you are the legal guardian of a child under the age of eighteen (18) years old or a disabled person (OKU), you shall provide the information of the child under the age of eighteen (18) years old or disabled person in Appendix 2 and to ensure that the person under your care complies with this order and the conditions stated herein.

6. If you are not contacted by the District Health Office on the last day of the observation and surveillance period, you are required to contact the Authorized Officer to obtain relief from this Order and, to enable the surveillance wristband to be removed. .

7. Your failure to comply with this order and the conditions stated herein constitute an offence under section 11(5) of Act 342 and if convicted may be punishable under section 24 of Act 342.

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

c.c District Health Office

.....

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

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

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

NOTE: i) * RED FLAGS - If present, patient is CAT 2 MODERATE and needs referral to clinic/hospital/COVID-19 assessment centre for further assessment

ii) If self-monitoring of health status has been done through the MySejahtera application, this form does not need to be filled out.

'HOME ASSESSMENT TOOL' FOR PARENTS WITH A CHILD POSITIVE COVID-19
(To be filled by the parents / guardian of the child)

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

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

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

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

NASIHAT AM

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

SARANAN KETIKA MENCUCI PAKAIAN DAN LINEN

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

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

PENGURUSAN SISA PESAKIT COVID-19

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

TATACARA PEMBERSIHAN DAN DISINFEKSI DI RUMAH

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

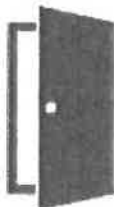
Reference

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

How to Prepare the Patient's Room for Isolation

Prepare a room for the exclusive use of the patient.

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



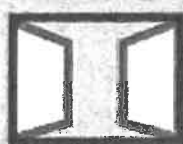
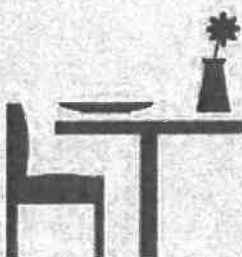
The patient's room should have its own bathroom.

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



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

These items may be washed with dishwasher soap.



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

Do not shake out clothing.



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

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

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



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

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

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



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

ANNEX 6a

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

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

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

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

NOTE:

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

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

ANNEX 6b

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

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

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

NOTE:

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

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

LIST OF QUESTIONS TO ASK A CONFIRMED CASE

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

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

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

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

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

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

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

[Annex 17a (Pindaan 19.02.2021): Garis Panduan Pengurusan COVID-19 di Malaysia No. 5/2020]

**RELEASE FROM UNDERGOING OBSERVATION AND SURVEILLANCE ORDER AT
RESIDENCE UNDER THE PREVENTION AND CONTROL OF INFECTIOUS DISEASE ACT
1988 (ACT 342)**

[Annex 17b (Edited 19.02.2021): COVID-19 Management Guidelines in Malaysia No. 5/2021]



KEMENTERIAN KESIHATAN MALAYSIA

Fail Rujukan:

Kepada:

Nama:

No. Kad Pengenalan / Pasport:

Alamat:

.....

.....

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

Dengan hormatnya perkara di atas adalah dirujuk.

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

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

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

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

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

Sekian, terima kasih.

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

Nota: * tandakan (✓) pada yang berkenaan



MINISTRY OF HEALTH MALAYSIA

File Ref.:

To:

Name:

Identification Card / Passport No:

Address:

.....

.....

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

With respect the above is referred to.

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

<input type="checkbox"/>	Section 15(1) for contacts
<input type="checkbox"/>	Section 11(3) for COVID-19 cases

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

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

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

Thank you.

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

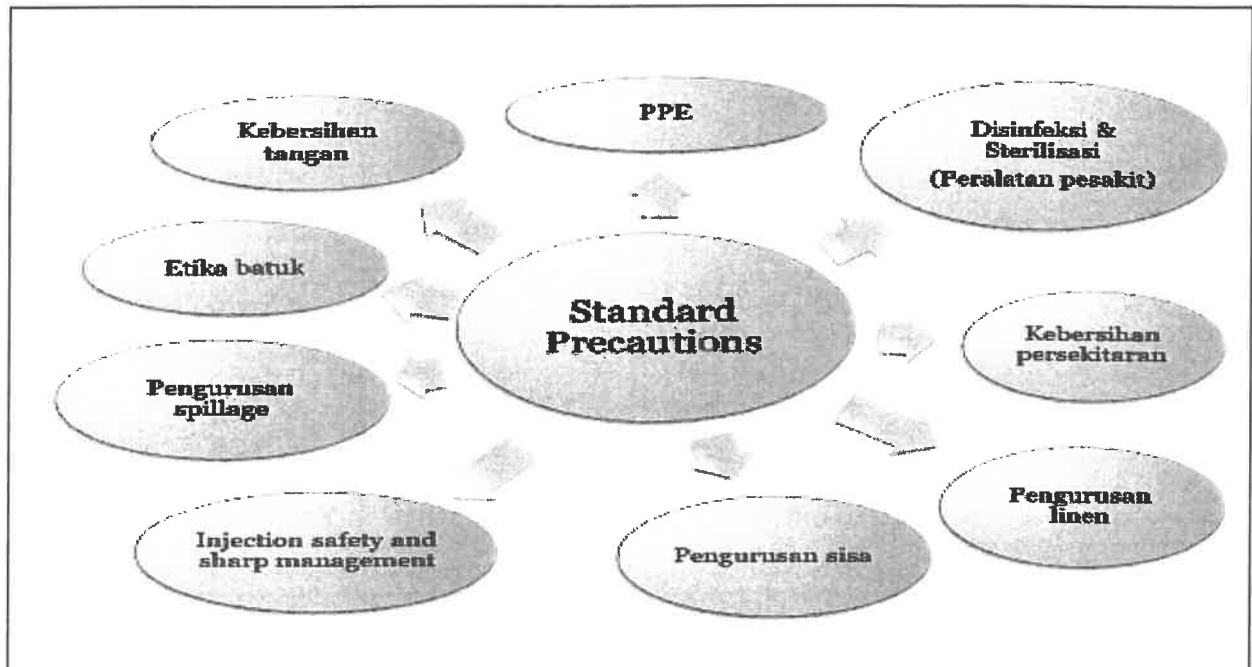
Note: tick (✓) the appropriate



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

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

PENCEGAHAN DAN KAWALAN INFEKSI DI COVID19 ASSESSMENT CENTRE (CAC)



1. KEBERSIHAN TANGAN

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

Anggota yang bertugas perlu mengamalkan;

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

2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

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

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

3. DISINFEKSI & STERILISASI (PERALATAN PESAKIT)

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

4. PEMBERSIHAN PERSEKITARAN

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

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

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

5. PENGURUSAN LINEN

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

6. PENGURUSAN SISA

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

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

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

7. PENGURUSAN PERALATAN TAJAM DAN KESELAMATAN SUNTIKAN

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

8. PENGURUSAN TUMPAHAN (*SPILLAGE*)

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

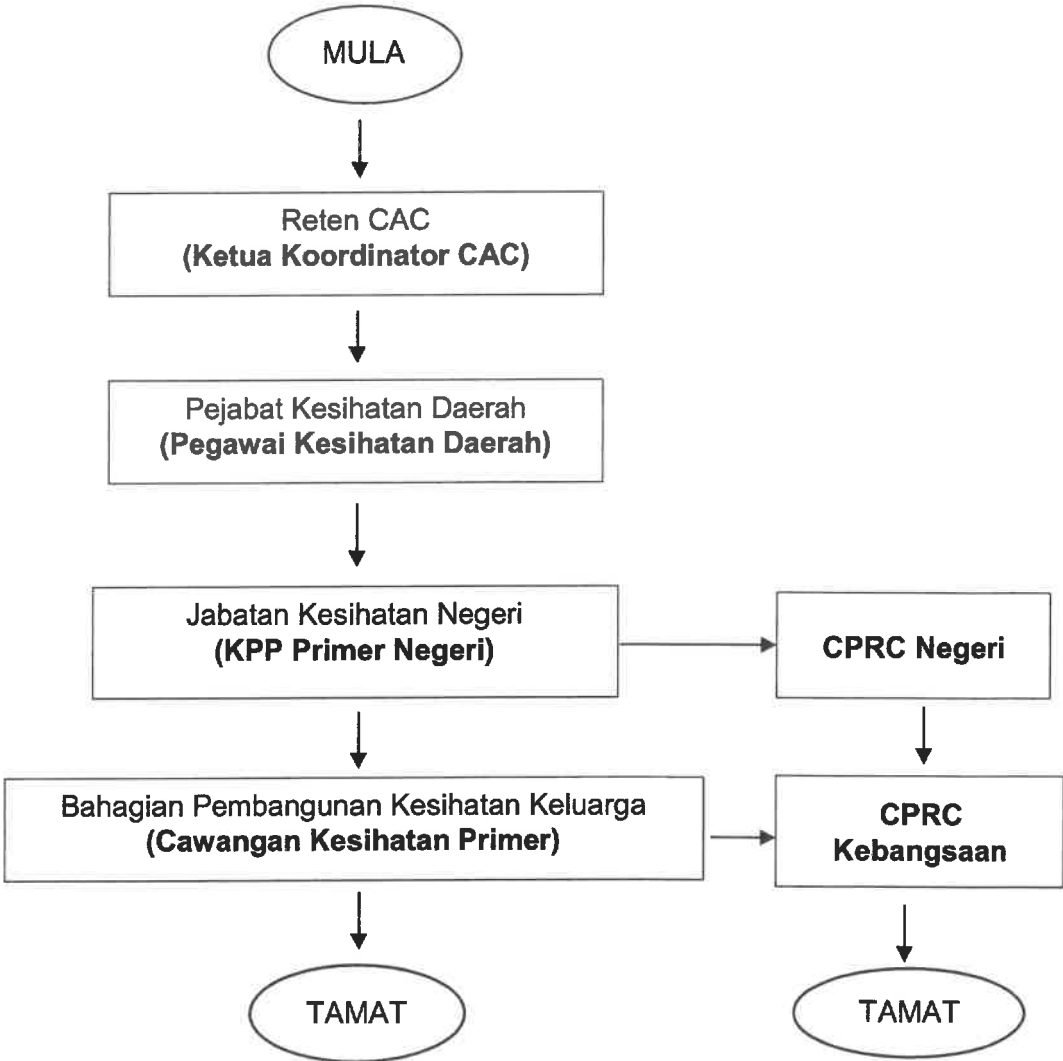
9. ETIKA BATUK

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

MINIMUM EQUIPMENT REQUIRED FOR CAC

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

I. CARTA ALIR PELAPORAN RETEN CAC



I. PELAPORAN RETEN CAC

KEDATANGAN PESAKIT KE CAC									
1a. BILANGAN KEDATANGAN BARU KE CAC			1b. BILANGAN KEDATANGAN ULANGAN KE CAC			JUMLAH KEDATANGAN HARIAN KE CAC			
Senarai Dari PKD	Rujukan dari Hospital	Rujukan dari PKRC	Menerima Notifikasi MySejahtera	Lain-lain (termasuk walk-in)	Jumlah Kedatangan Baru		Home Monitoring Reassessment	Discharge	Lain-lain

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

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

KES DISCAJ DARI CAC						BELUM DINILAI OLEH CAC					
6a. KES DISCAJ HARIAN			6b. JUMLAH DISCAJ KUMULATIF			7. PERATUS BELUM DINILAI OLEH CAC					
< 2 tahun	18 - 39 tahun	40 - 59 tahun	≥60 tahun	< 2 tahun	2 - 17 tahun	18 - 39 tahun	40 - 59 tahun	≥60 tahun	Jumlah Kes Yang Dirujuk Oleh PKD	Jumlah Kes Dirujuk PKD Belum Dinilai	% Belum Dinilai

KAMUS RETEN HARIAN CAC

1. KEDATANGAN PESAKIT KE CAC

Meliputi semua kedatangan ke CAC:

1. Pesakit Yang dirujuk dari Bilik Gerakan PKD
2. Pesakit Yang dirujuk dari Hospital (*step down care*)
3. Pesakit Yang dirujuk dari PKRC (*step down care*)
4. Pesakit yang hadir secara walk in selepas menerima notifikasi MySejahtera
5. Pesakit yang hadir secara walk in (tanpa sebarang rujukan)

Deskripsi:

Indikator 1a: Bilangan Kedatangan Baru Ke CAC

Semua kedatangan baru ke CAC berdasarkan kategori rujukan/*walk-in*, pada hari pelaporan. Termasuk:

1. Kes positif yang pertama kali datang ke CAC tanpa mengambil kira bilangan hari pesakit tersebut didiagnosa bagi penilaian klinikal dan/atau *release order*.
2. Kes yang pertama kali datang ke CAC, walaupun telah tamat tempoh pengasingan (isolasi) 10 hari bagi tujuan *release order*.

Indikator 1b: Bilangan Kedatangan Ulangan ke CAC

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

Indikator 1c: Jumlah Kedatangan Harian ke CAC

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

2. BILANGAN KES SEDANG MENJALANI PEMANTAUAN DI RUMAH

Bilangan kes yang menjalani pemantauan di rumah selepas penilaian oleh CAC

Deskripsi:

Indikator 2a: Kes Baru

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

Indikator 2b: Jumlah Kes Aktif Semasa

Jumlah semua kes COVID-19 aktif yang sedang menjalani pemantauan di rumah pada hari pelaporan. Tidak termasuk kes telah discaj dan / atau dirujuk untuk *step up care* pada hari pelaporan.

3. LOKASI KES AKTIF SEDANG MENJALANI PEMANTAUAN DI RUMAH

Lokasi di mana kes aktif dalam pemantauan di rumah berada.

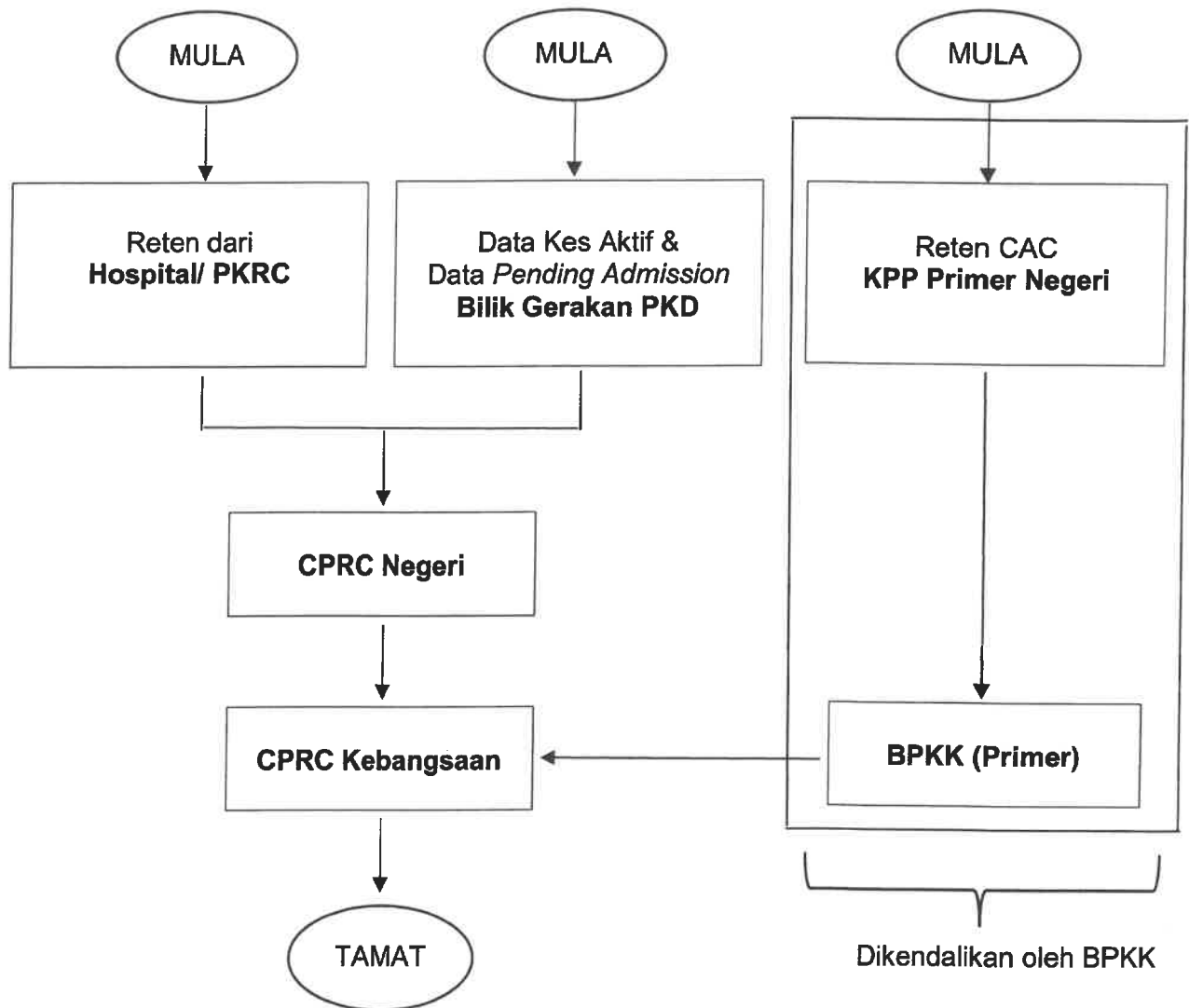
Deskripsi:

Indikator 3: Lokasi Kes Aktif Menjalani Pemantauan Di Rumah

Lokasi di mana kes aktif dalam pemantauan di rumah berada.

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

II. CARTA ALIR PELAPORAN RETEN CPRC



II. PELAPORAN RETEN CPRC

	1	2	3	4	5	6	7	8
TARIKH	Bilangan Kes Aktif [Yang Telah Dibuat Verifikasi PKD]	Bilangan Kes Dimasukkan Ke Hospital	Bilangan Kes Dimasukkan Ke PKRC	Bilangan Kes Dimasukkan Ke Penjara/ Pusat Tahanan/ Lokap	Bilangan Kes Dimasukkan Ke Fasiliti Swasta	Jumlah	Menunggu Kemasukan Ke Wad	Bilangan Kes Yang Dirujuk Ke Cac Oleh Bilik Gerakan

9	10	11	12	13	14	15	16	17	18
BILANGAN KES YANG DIRUJUK HADIR KE CAC	KES PEMANTAUAN DI RUMAH [HOME MONITORING]								
	Rumah Persendirian	Disediakan Majikan	Institusi Pendidikan	Institusi Kebajikan	Hotel	Lain-Lain	JUMLAH	BILANGAN KES BELUM DIAMBIL TINDAKAN CAC	DALAM TINDAKAN PKD
								(RETEN CAC No 7)	(1-(6+7+16)-17)

KAMUS PELAPORAN DATA CPRC

- 1. BILANGAN KES AKTIF**
 - a. Meliputi kes Aktif yang telah di buat verifikasi oleh PKD.
 - b. Tidak termasuk kes yang telah discaj

- 2. BILANGAN KES DIMASUKKAN KE HOSPITAL**
 - a. Kes Aktif yang berada di dalam Hospital Kerajaan

- 3. BILANGAN KES DIMASUKKAN DALAM PKRC**
 - a. Kes Aktif yang berada di dalam PKRC

- 4. BILANGAN KES DIMASUKKAN KE PENJARA / PUSAT TAHANAN / LOKAP**
 - a. Kes Aktif yang berada di Penjara / Pusat Tahanan / Lokap

- 5. BILANGAN KES DIMASUKKAN KE FASILITI SWASTA**
 - a. Kes Aktif yang dimasukkan ke Hospital swasta

- 6. MENUNGGU KEMASUKAN KE WAD**
 - a. Kes Aktif yang masih menunggu kemasukan ke Wad [Pending Admission] pada Hari Pelaporan

- 7. BILANGAN KES YANG DIRUJUK KE CAC OLEH BILIK GERAKAN**
 - a. Kes Aktif yang dirujuk untuk penilaian di CAC sehari sebelum Hari Pelaporan.

- 8. BILANGAN KES YANG DIRUJUK HADIR KE CAC**
 - a. Bilangan Kes Aktif Dirujuk ke CAC yang hadir ke CAC

- 9. KES PEMANTAUAN DI RUMAH**
 - a. Bilangan Semua Kes Aktif Dalam Pemantauan di Rumah mengikut lokasi.
 - b. Meliputi:
 - i. Kes Aktif yang di bawah tanggungjawab CAC; dan
 - ii. Kes Aktif di bawah tanggungjawab Mobile CAC / Pasukan Bergerak Daerah / dsb

- 10. BILANGAN KES BELUM DIAMBIL TINDAKAN CAC**
 - a. Bilangan Kes Aktif yang dirujuk untuk penilaian di CAC, tetapi tidak hadir (*DEFAULTER* CAC)

- 11. DALAM TINDAKAN PKD (*PENDING*)**
 - a. Bilangan kes yang tidak termasuk dalam mana-mana kategori yang dinyatakan dalam jadual pelaporan ini.

NOTES