****UPDATED AS AT 27 JULY 2021******

Dear Colleagues,

As discussed in the dialogue organised by Malaysian Society of Nephrology on 25th May 2021- in view of the present surge in COVID-19 with the plan for outpatient management where necessary for stable COVID Category 1 and 2 patients who are deemed low risk (Kindly refer criteria in Annexe 28 revised version dated 28th April 2021 as attached), we are forwarding information regarding dialysis providers who are able to assist to temporarily provide HD support to COVID-positive HD patients as below.:

1) <u>DVA Wangsa Maju</u>

Address: No. 9B, 11B, 13B, Block B, Plaza Wangsa Maju, Jalan Maju Ria 1, Seksyen 10, Wangsa Maju, 53300 Kuala Lumpur
Contact no: 016-2267972 / 03-41420133

Terms and conditions:

a) DaVita could dialyze these patients in the same clinic (Wangsa Maju) but would request the patients still be screened by HKL first.

b) The private dialysis centre would deal directly with DaVita on payment.
   -Payment would be made in advance (before treatment is initiated)
   -Payment would be made by the dialysis facility (not the patients)

c) DaVita would charge the private dialysis providers as follows:
   -RM 350 per treatment, with no minimum commitment. (As context, our normal fee for a “transit patient” without COVID is RM 300).
   -RM 1,000 for 4 treatments, sold as a “package” for each individual patient. Any additional treatments (#5, 6, 7, etc.) would be RM 250 per treatment.
   -EPO (if required) would be an additional cost, billed at our standard price.
   -The patients/dialysis facility are responsible for transportation. We would, however, have our ambulance services available if necessary.

GUIDELINE ON MANAGEMENT OF CORONAVIRUS DISEASE 2019 (COVID-19) IN DIALYSIS CENTRES & NEPHROLOGY UNITS

Key Recommendations

- All haemodialysis (HD) centres and state health authorities should have a contingency plan for treating haemodialysis patients during the containment and mitigation phase of COVID-19 outbreak

- Designated admitting hospitals should plan for the isolation and treatment of HD patients admitted to the ward. In-patient and out-patient facilities for HD needs to be upgraded. Requests for additional resources including human resource and budget needs to be planned

- Patients and health care workers should be provided with instructions on hand hygiene, respiratory hygiene and cough etiquette

- HD centres should implement measures to identify a person who meets the clinical AND epidemiological criteria of COVID-19 (Refer Annex 1 Case definition of COVID-19)

- HD centres should have plans for the isolation and transfer plans for patients with confirmed, probable or suspected COVID-19 infection

- All confirmed COVID-19 dialysis patients should be admitted to designated public or private hospitals for close monitoring and continued haemodialysis support. Should the capacity of the designated public and private hospitals to admit COVID-19 positive dialysis patients exceeded, stable COVID-19 positive patients category 1 may need to be managed as outpatients at the usual dialysis centres/ other private centres (refer Annex 28 Section 4 Patient and Dialysis Centre Criteria); nevertheless, the clinician should re-assess the patient's risk on case-by-case basis.

- All patients who are Persons Under Surveillance (PUS) will be dialysed in their own HD centre (Refer Figure 1 Management Of PUS Dialysis Patients In Private/NGO HD Centres). HD centre will need to dialyse patients:-
  1. either in isolation rooms or in a separate area in the HD centres more than 1 metre apart from other patients. This should be at the last shift of the day with no re-use of dialysers OR
  2. Private/NGO HD Centres to make arrangements for temporary transfer of their patients to other private HD providers with the capacity to accept them

- All HD health care workers should be provided with full personal protective equipment (PPE) and trained on these procedures

- HD centres should plan and coordinate with state health authorities on the isolation and treatment for patients with confirmed, probable or suspected COVID-19 infection and person under surveillance (Refer Annex 12 Management of Closed Contacts of Confirmed Case)

Each HD centre is responsible for ensuring arrangements have been made if the centre is unable to provide treatment to their own patients

Workflow for Screening of COVID-19 in Haemodialysis Patients

SCREENING AT HD CENTRE

- Check for fever (with thermal scan)
- Ask for clinical and epidemiological criteria of COVID-19 (Refer Annex 1 Case Definition of COVID-19)
- Fill up COVID-19 Declaration Form

Person under Surveillance (PUS) for COVID-19

Suspected/Probable COVID-19

Dialysed in own HD centre

1. Patient to wait at designated separate waiting area
2. Patient to wear mask & advice on hand hygiene.
3. Newly identified PUS for COVID-19
   - To inform nephrologist in charge/ affiliated nephrologist and Person in Charge of HD centre.
   - To discuss with ID specialists
   - To notify local health authorities (PKD)
   - Refer to Screening Hospital/Centre for RT-PCR COVID-19.
4. For pre-identified PUS for COVID-19
   - Determine transport to HD centre
     - Own transport or dedicated vehicles
     - Do not use public transport
     - Consider admission if transport cannot be arranged
5. Continue home surveillance order
6. Disinfect waiting area after patient leaves.
7. Hemodialysis at own HD centre
   - Isolation room at own HD centre or
   - If isolation room is not available dialysed at separate area at least 1 metre apart from other stations and HD session should be at the last shift of the day
8. *Dedicated equipment should be used and disinfect after haemodialysis session.
9. PPE for HD centre HCW (refer Annex 8 Infection Prevention Control Guidelines)
10. Terminal cleaning of area after haemodialysis session

*If the equipment needs to be shared, it must be cleaned and disinfected thoroughly before use on other patients.

Dialysed in Admitting Hospital

1. All haemodialysis patient who are identified as suspected/probable case of COVID-19 will be admitted regardless of the severity (Refer Annex 2b : Flow Chart of Management of Suspected Case Admitted to Ward and Annex 2h : Flowchart for Management of Probable Case of COVID-19)
2. Patient to wait at designated separate waiting area
3. Patient to wear mask & advice on hand hygiene.
4. To inform nephrologist in charge/ affiliated nephrologist and Person in Charge of HD centre.
5. To discuss with ID specialists
6. To notify local health authorities (PKD)
7. Refer to Admitting Hospital for admission
8. Determine transport to Admitting Hospital (To discuss with PKD & Admitting Hospital)
9. Hemodialysis at Admitting Hospital. To ensure arrangements for hemodialysis has been made before transferring the patient to the Admitting Hospital.
10. Disinfect waiting area after patient leaves.

RT-PCR Result

Negative

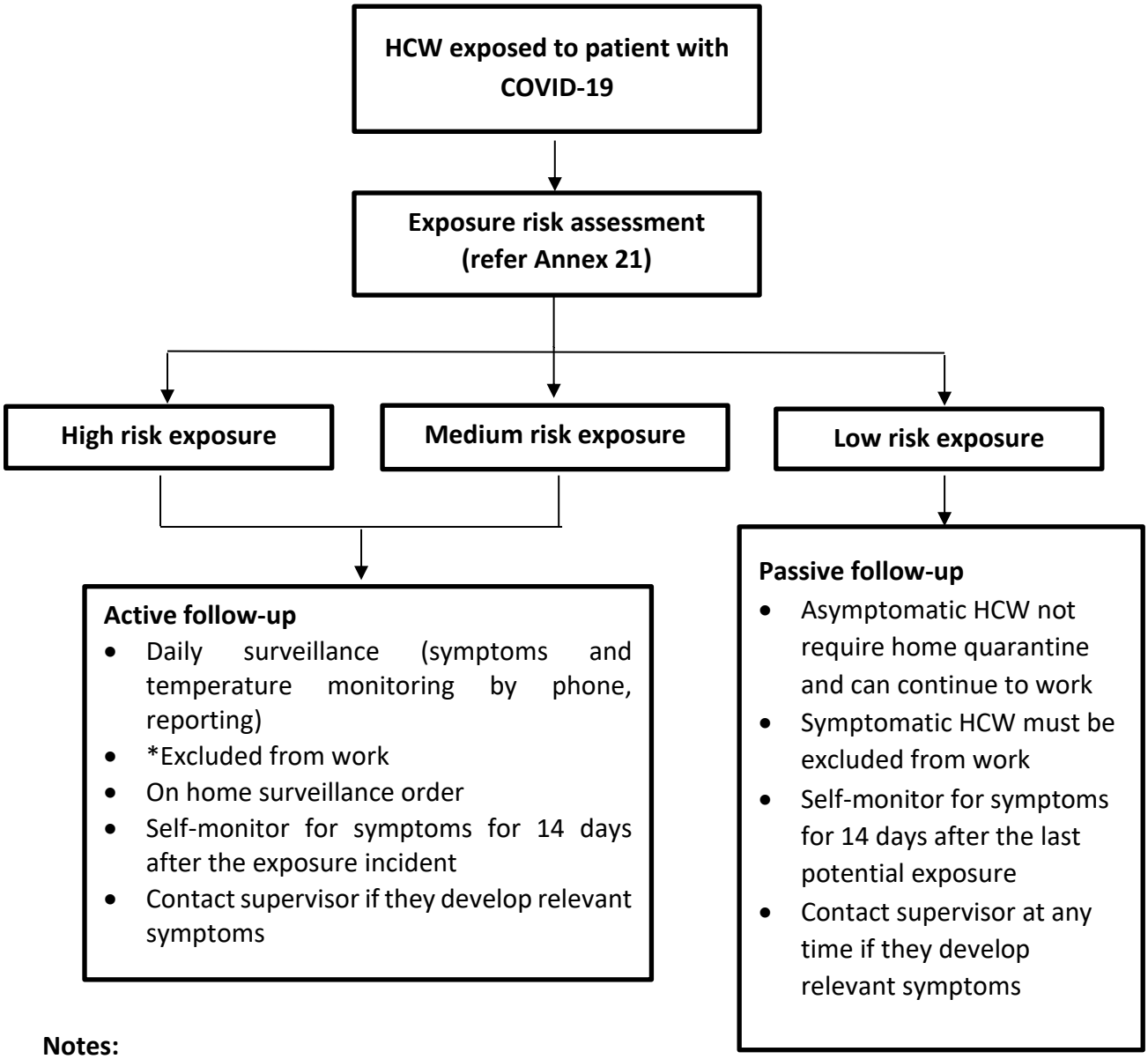
- Continue Home surveillance for 14 days
- Continue IPC measures until 14 days and symptoms resolved
- HD at own HD centre

Positive

- Admit to Admitting Hospital
- Hemodialysis at Admitting Hospital
- Management of confirmed COVID-19 (refer Annex 2 and 2e)

Ministry of H[illegible]alaysia
Updated on 28th April 2021

Workflow for Healthcare Workers Exposed to COVID-19



Notes:

- Summary of exposure category, recommended monitoring and management should refer to Annex 21 Management of Healthcare Worker (HCW) During COVID-19 Pandemic

- ***In the event of critical staffing shortages, HCW may be required to return to work as long as they are asymptomatic. HCW who return to work should adhere to Return to Work Practices and Work Restrictions recommendations (refer Annex 21 Management Of Healthcare Worker During COVID-19 Pandemic).**

INTRODUCTION

Haemodialysis is by far the commonest (90%) modality of dialysis for patients with end stage kidney failure. There are currently about 44,000 haemodialysis (HD) patients dialysing in 800 haemodialysis private and public centres. These centres may be standalone centres or located within hospitals. HD centres are available in almost all MOH hospitals. Most patients require HD 3 times weekly and require trained staff to deliver the treatment.

Thus, during an epidemic of acute respiratory tract infections, planning is required to ensure that HD patients continue to receive their treatments. Most hospitals however have limited ability to dialyse acutely ill and admitted patients. Negative pressure isolation rooms equipped with haemodialysis are even more limited.

As more COVID-19 infections are detected, facilities will need to plan in the event HD patients are admitted to their facilities to prevent the facility from being overwhelmed. As such, preparedness and response coordination with local health authorities are necessary to ensure HD services are provided to these patients.

This guideline is intended for use by both public and private HD centres. Each HD centre is responsible for ensuring arrangements have been made if the centre is unable to provide treatment to their own patients.

1. PREPARATION OF HAEMODIALYSIS (HD) CENTRES

Stringent measures should be taken by all HD centres to prevent COVID-19 contamination of the centre as disruption to HD services can be severe due to limitations in human resource and facility to provide HD capable isolation and in-patient facilities and requirement of at least 1 metre separation between cases and other HD patients.

a. HD centres should control the flow of patients to the centre

b. Visitors are not allowed to enter HD centres except for emergency and critical cases whereby they must wear a face mask with at least 1 metre physical distancing and practice hygiene especially hand hygiene. (Refer to visitor policy in Annex 8 Infection Prevention Control Measures)

c. Screen all patients and visitors (if allowed) for fever at entrance to HD centre. Thermal scan is preferred.

d. Visual Signages

Signs should be posted at entrance to instruct patients to inform staff IF: -

- they have any of the following symptoms: -
  - **fever and cough** OR

- any **two of the following symptoms** – fever, cough, general weakness/ fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea OR
- **new onset of anosmia (loss of smell) in the absence of identified cause** OR
- **new onset of ageusia (loss of taste) in the absence of identified cause**

- Residing or working in an **area/locality with high risk of transmission of virus**: closed residential settings, institutional settings such as prisons, immigration detention depots (DTI); anytime within the 14 days prior to sign and symptom onset; or

- Residing or travel to an **area with community transmission** anytime within the 14 days prior to sign & symptom onset; or

- Working in **any health care setting**, including within health facilities or within the community; any time within the 14 days prior to sign & symptom onset.

- Have any contact with a probable or confirmed COVID-19 case or linked to a COVID-19 cluster within the past 14 days

e. Education of patients and health care workers (HCW):

- Patients and their carers should be provided with instructions about hand hygiene, respiratory hygiene, cough etiquette and disposal of contaminated items i.e. tissue, face mask.
- HCW should be trained in infection, prevention and control measures as well as appropriate PPE use.

f. Screening and triaging

Refer to Annex 28 section 2 below

g. HD centre should ensure adequate supply of PPEs, hand sanitizers etc.

h. Isolation rooms with negative pressure (or exhaust fan) with separate toilet facility should be made available if this is feasible.

i. Provide designated separate area for suspected of COVID-19 and person under surveillance

j. Place patient in designated waiting area if patient is identified as suspected cases of COVID-19 and person under surveillance. After patient leaves disinfect waiting area. (Refer to Annex 2c)

2. SCREENING AND TRIAGING

This is based on MOH recommendations of screening and triaging for COVID-19 which is generic across all disciplines (Refer Annex 2c)

a. How to screen and triage (refer Annex 1)

i. A screening and triaging counter should be set up for screen and triage patients.

ii. HCW should be assigned at the screening and triaging counter.

iii. The HCW who are assigned at screening and triaging counter should wear PPE according to guidelines

iv. Thermal scanning should be used to screen patients and visitors for fever

v. The HCW should ask questions as below to all patients and visitors (Please refer COVID-19 Declaration Form)

1. Do you have any of the following symptoms:-

a) **fever and cough** OR
b) any **two of the following symptoms** – fever, cough, general weakness/ fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea OR
c) **new onset of anosmia (loss of smell) in the absence of identified cause** OR
d) **new onset of ageusia (loss of taste) in the absence of identified cause**

2. Are you residing or working in an area/ locality with high risk of transmission of virus: closed residential settings, institutional settings such as prisons, immigration detention depots (DTI); anytime within the 14 days prior to sign and symptom onset;

3. Are you residing or travel to an **area with community transmission** anytime within the 14 days prior to sign & symptom onset;

4. Are you working in **any health care setting**, including within health facilities or within the community; any time within the 14 days prior of sign & symptom onset.

5. Do you have any contact with a probable or confirmed COVID-19 case or linked to a COVID-19 cluster within the past 14 days?

vi. Please refer case definition of suspected and probable case at Annex 1 *COVID-19 Management Guidelines in Malaysia No.5 / 2020 (Latest Update on **22 April 2021**)*

vii. Refer to step d) if anyone has the above symptoms

viii. The HD centre should maintain a list of visitors should contact tracing be necessary

b. Where to screen/ triage?

At all possible entry points

i. HD centres
ii. PD units
iii. Nephrology/Medical clinics
iv. Nephrology/Medical wards

c. Who to screen/ triage?

Every patient and visitor

d. What to do if the screening question(s) is/are positive?

i. Do not allow the person to enter the HD centre

ii. The person should be given a 3-ply surgical face mask immediately and instructed to use hand sanitizer.

iii. The person should wait in designated area away from other patients or visitors. Identify a route for their movement to the designated screening area for COVID-19 (if the HD centre is located in the COVID-19 Screening Hospital).

iv. All centres including private centres should contact responsible nephrologist, local health authorities (PKD) and ID team (if available) if the person is identified as a suspected COVID-19 and person under surveillance.

v. Contact the nearest designated Screening Centre or Admitting Hospital for advice.

vi. TO ENSURE arrangements has been made before transferring the patient to the Screening Centre or Admitting Hospital.

vii. Refer Annex 2b Flow Chart of Management of Suspected Case Admitted to ward

Note:

All units should have a policy on the procedure for patients or visitors with acute respiratory infection (ARI) but no history of travel or close contact with confirmed COVID-19 in the past 14 days. A doctor's advice should be sought. (Refer Annex 2d Figure 2: General method of COVID-19 screening for non-referral walk-in patients in ETD)

3. COVID-19 TESTING

a. Who and when to test?

- Testing criteria should follow the recommendations outlined in Annex 5a.

- Testing is not required for new patients prior to acceptance into dialysis units. Emphasis should be made on establishing screening and triaging counters and protocols, physical distancing and ensuring appropriate PPE use by health care worker.

- For nephrology procedures such as renal biopsy, dialysis catheter insertion or exchange , a rapid test for COVID-19 antigen is necessary; When performing Aerosol Generating Procedures (AGP) procedure, appropriate PPE including N95 masks and isolation gown should be donned by health care worker(refer to section 5(g))

b. How should testing be done?

Testing for the presence of viral infection should be made with RT-PCR and consistent with recommendations outlined in Annex 5a. Other methods have not been validated in HD patients. However in the event that an urgent diagnosis is required, either RTK-Ag or Gene-Xpert test can be used as an alternative.

4. ISOLATION OF SUSPECTED, PROBABLE AND CONFIRMED CASES

All hospitals & HD centres should have an isolation policy for patients with suspected/probable/confirmed COVID-19 cases

a. HD patients who require admission:

i. The nephrologist in charge/ affiliated nephrologist and Person In Charge (PIC) of HD centre should be informed.

ii. The nephrologist in charge/ affiliated nephrologist should contact the infectious disease specialist/physician at the Admitting Hospital if the patient requires admission.

iii. Before the patient is admitted to the Admitting Hospital, the nephrologist in charge at the Admitting Hospital also should be contacted to ensure there is adequate facilities for in-patient dialysis.

iv. Currently all HD patients who have been confirmed to have COVID-19 infection, probable and suspected COVID-19 should be admitted but this may change from time to time. (Refer to the Annex 2 for admission criteria of suspected, probable and confirmed cases)

v. Should the capacity of public and private hospitals to admit COVID-19 positive dialysis patients exceeded, stable COVID-19 positive patients category 1 may need to be managed as outpatients at the usual dialysis centres/ other private centres provided the following criteria are met; however, the clinician should re-assess the patient's risk on case-by-case basis: -

Patient criteria :

1. age < 60 years
2. nondiabetic CKD with no heart or lung disease, hypertension
3. not receiving any immunosuppressive therapy

HD Centre criteria:

1. able to ensure clear pathway for a separate patient entry and exit from unit
2. able to provide dedicated transport service for patient/ patient has own private transport
3. able to fulfil all the conditions stipulated in the Annex 2 Checklist for suitability of confirmed COVID-19 case to undergo home surveillance and Clinical Protocol at Primary Care for Category 1 and Category 2 COVID-19 Positive Cases

b. HD patients who are admitted:

i. should be dialysed in the wards in isolation rooms with negative pressure or if unavailable in isolation rooms without negative pressure
ii. If isolation rooms are not available patients should be cohorted and dialysed in the ward.
iii. Confirmed, probable and suspected cases should be dialysed in separate isolation rooms or wards and if this is not possible, in separate areas at least 1 metre apart in the ward.
iv. If confirmed, probable or suspected cases are dialysed in the HD centre, they should be dialysed in a separate isolation room or area. They should be dialysed at the last shift of the day and should continue wearing face mask throughout the time they are in the dialysis centre. Eating during the dialysis procedure should be discouraged.

c. HD patients who are asymptomatic close contacts and quarantined at home (Person Under Surveillance):

i. can be dialysed in their own HD centres
ii. should wear 3-ply surgical mask in the HD centre
iii. appropriate transport arrangements should be made

- arrangement after discussing with local health authorities (PKD) OR
- own transport OR
- dedicated transport service for patient by HD centre OR
- arrange for designated ambulance from MECC
- Public transport should not be used

iv. Isolation

- should be advised to arrive last, wait in their own vehicle until dialysis station is ready (if applicable) and hence can be directed immediately to dialysis chair.
- should not be placed in the same waiting area with other patients
- should be dialysed in isolation rooms with doors closed and equipped with exhaust fan (if available).
- If isolation rooms are not available, patients should be masked and dialysed in a separate area at least 1 metre away from the nearest patient stations in all directions. The area should be located at the end of the unit away from the flow of traffic and should be dialysed at the last shift of the day. Consider use of hepatitis C units if necessary
- a separate entrance pathway should be identified (if this is feasible)
- Dialysers should not be reprocessed
- Terminal cleaning should be performed at the end of every shift including medical and non-medical equipment and surfaces with recommended disinfectant.
- Health care workers should wear appropriate PPE

5. HAEMODIALYSIS HEALTH CARE WORKERS

a) HD HCW should receive regular training in infection prevention and control protocol including contact, droplets and airborne precautions.

b) HD HCW should receive training on appropriate use of PPE including donning and doffing procedures.

c) Confirmed, probable and suspected COVID-19 cases should be dialysed by dedicated HD HCW and they should not manage other patients in the same shift.

d) HD HCW should not cross shifts and in larger units, work within the same specific areas of the dialysis unit. Each patient must identify their respective dialysis chair so that they sit in the same place while receiving hemodialysis treatment to minimize infection and also facilitate contact tracing.

e) Maintain list of HCW for recording and monitor their health status in each HD centre under OSH

f) HD HCW roster at the centre may need to be adjusted to ensure adequate HCW during peak periods

g) Procedure for exposed HCW

i. HCW who is a *close contact of confirmed cases (those exposed to confirmed cases and classified as medium and high risk exposure category) should be quarantined and excluded from work (refer to Annex 21)

ii. HCW who are classified as low risk exposure category and asymptomatic does not require quarantine and testing. Staff can continue working.

iii. In the event of critical staffing shortages, HCW in medium risk exposure category may be required to return to work as long as they are asymptomatic.

iv. Staff who return to work should adhere to **Return to Work Practices and Work Restrictions Recommendations (refer Annex 21 Management Of Healthcare Worker During COVID-19 Pandemic).**

- They should adhere to hand hygiene, respiratory hygiene, and cough etiquette
- They need to self-monitor their temperature and respiratory symptoms daily
- They are required to wear 3-ply surgical mask, apron and gloves until 14 days from last exposure.
- If they develop new onset of symptoms (even mild) or worsening of symptoms and consistent with COVID-19, they must immediately stop patient care activities and notify their supervisor prior to leaving work

Close Contact Definition

- Health care associated exposure without appropriate PPE (including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient)
- Working together in close proximity or sharing the same classroom environment with a COVID-19 patient
- Travelling together with COVID-19 patient in any kind of conveyance
- Living in the same household as a COVID-19 patient.

6. INFECTION CONTROL POLICY & TRAINING

a. Universal precautions should be practised and should follow hospital wide policy

b. All HD centres should have an isolation policy for patients with suspected, probable or confirmed COVID-19 infection and person under surveillance

c. HD HCW should wear appropriate PPE in the HD centre as routine practice to minimize infection :
   - 3 ply surgical mask
   - Eye protection i.e. face shield/ goggle
   - Gloves
   - Apron

d. Haemodialysis patients should wear face mask during haemodialysis treatment

e. HD HCW should not cross shifts and in larger units, work within the same specific areas of the dialysis unit. Each patient must identify their respective dialysis chair so that they sit in the same place while receiving hemodialysis treatment to minimize infection and also facilitate contact tracing.

f. In caring for patients with suspected, probable or confirmed COVID-19 infection and person under surveillance, HD HCW should wear appropriate PPE as per recommendations (Refer Annex 8 Infection Prevention Control Measures):

   i. Isolation Gown (fluid-repellent long-sleeved gown)
   ii. gloves
   iii. N95 face mask (for confirmed, probable and suspected cases) or 3-ply surgical face mask for asymptomatic contacts
   iv. face shield covering the front and sides of the face
   v. Head cover
   vi. Shoe cover (ONLY when anticipating spillage and vomiting)

g. If performing Aerosol Generating Procedures (AGP) for patients with confirmed, probable or suspected COVID-19 infection and person under surveillance, HD staff should don appropriate PPE as per recommendation (Refer Annex 8 Infection Prevention Control Measures):

   - N95 mask
   - Isolation Gown (fluid-repellent long-sleeved gown) with plastic apron
   - Gloves
   - Eye Protection (face shield/goggles)
   - Head cover
   - Shoe cover

h. Dedicated blood pressure cuffs and equipment should be used. If the equipment needs to be shared, it must be cleaned and disinfected thoroughly before use on other patients with recommended disinfectant.

i. Terminal cleaning should be done between each shift of patients including medical and non-medical equipment and surfaces with recommended disinfectant.

j. Dialysers of confirmed, probable, suspected cases and person under surveillance should not be reused to avoid contamination.

k. The policy should be reviewed from time to time.

l. Training should be given regularly and whenever there is update in the policy.

7. PREPAREDNESS AND COORDINATION WITH LOCAL HEALTH AUTHORITIES

a. Each hospital and HD centre should ensure there is adequate supply of PPE, hand sanitisers and disinfectants:

i. Isolation Gown (fluid-repellent long-sleeved gown)
ii. Gloves
iii. 3-ply surgical face masks and N95 face masks
iv. face shields covering the front and sides of the face
v. hand sanitizers
vi. medical scrub
vii. Head cover
viii. shoe covers

b. The designated hospital should prepare their facilities to treat patients with suspected cases, probable or confirmed COVID-19 infection:

i. Establish and/or increase the availability of isolation rooms preferably with negative pressure
ii. Equip isolation rooms with haemodialysis capabilities e.g. piping, modification of tap heads, dedicated haemodialysis machine, portable RO or RO systems for ICUs or high dependency areas (HDA), CRRT machines, dedicated automated vital signs and cardiac monitors and blood pressure cuffs etc
iii. Identify areas of isolation for dialysis of suspected cases, probable or confirmed COVID-19 infection.

c. All HD centres should prepare their facility to treat person under surveillance including asymptomatic close contacts (and/or confirmed cases, probable cases, suspected cases if this becomes necessary):

i. isolation rooms (with negative pressure if available)
ii. separate area at least 1 metre away from the nearest patient stations in all directions. The area should be located at the end of the unit away from the flow of traffic.
iii. separate entrance pathway should be identified (if this is feasible)
iv. consider converting hepatitis C rooms into isolation rooms

d. Each state should identify HD facilities prepared to treat confirmed cases, probable cases, suspected cases and person under surveillance. Plans should be made to scale up the availability of HD centres should the infection become more widespread. This may include identifying HD facilities dedicated to treat COVID-19 cases.

e. HD centres should work with the local health authorities (State Health Department (JKN), District Health Office (PKD), CPRC, infectious disease specialists etc) to identify, screen and isolate confirmed cases, probable cases, suspected cases and closed contact of patients with COVID-19

f. HD centres should plan and coordinate with local health authorities and state nephrologists on how to provide HD treatment to these patients.

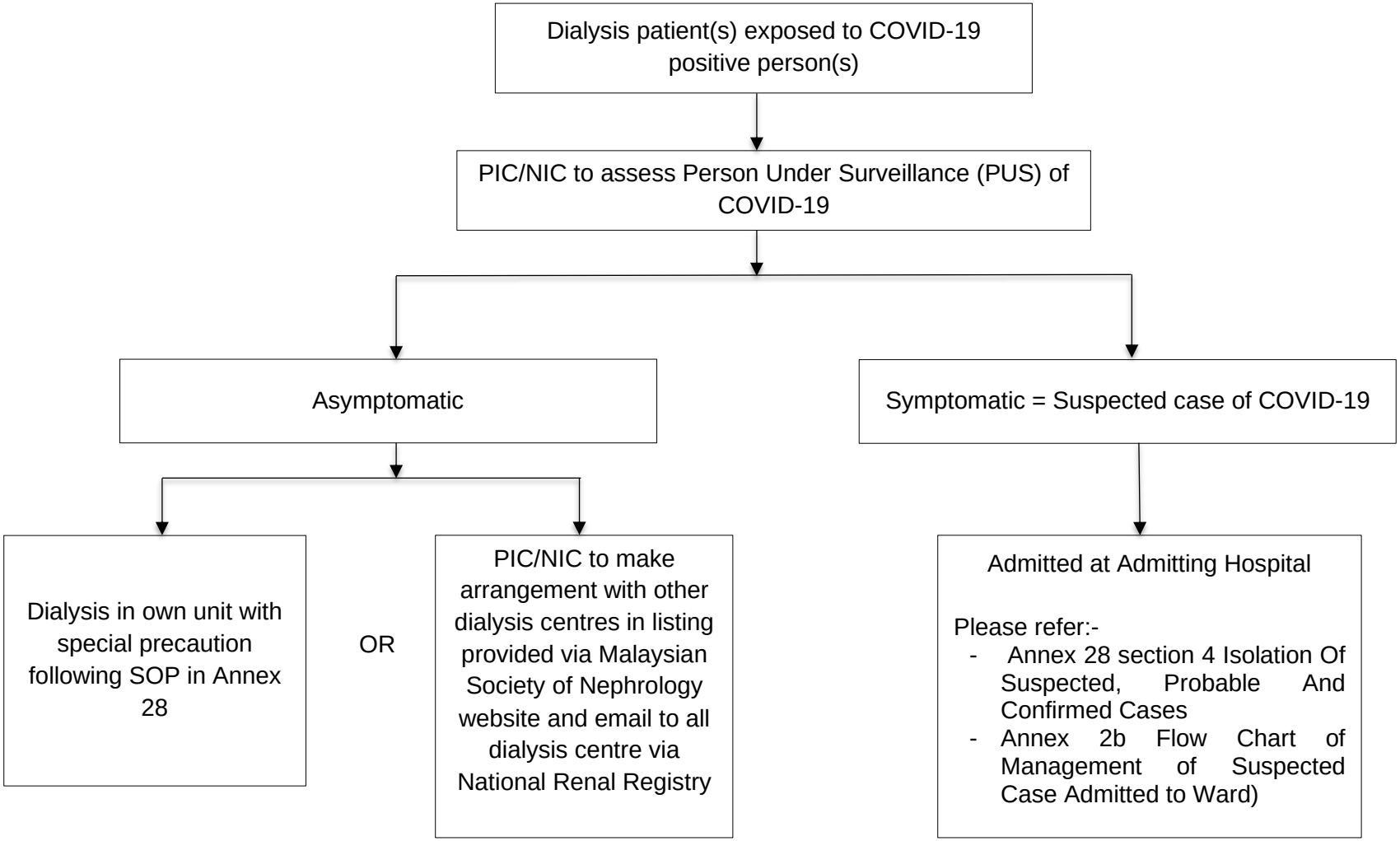
6. POST DISCHARGE PLAN FOR DIALYSIS PATIENT WHO ARE CONFIRMED COVID-19 CASE

a) Refer Annex 2 Criteria For Discharge From Infectious Disease Ward For Confirmed Covid-19 Case

b) Once dialysis patients who are confirmed COVID-19 case discharged home, they should resume dialysis at their usual dialysis centres. (*It is up to the discretion of the individual unit as to whether these post-COVID patients should remain in the last HD shift with similar precautions as for a PUS patient for a further 2 week period or not.)

c) Refer Annex 2 Role of PCR testing after discharge from COVID care

FIGURE 1 MANAGEMENT OF PERSON UNDER SURVEILLANCE (PUS) DIALYSIS PATIENTS IN PRIVATE/NGO CENTRES



PIC: Person In Charge
NIC: Nephrologist In Charge

Ministry of Health Malaysia
Updated on 28th April 2021

CHECK LIST FOR PREPARATION OF HAEMODIALYSIS CENTRES FOR COVID-19 INFECTION

PREPAREDNESS	
☐	1. Adequate supply of hand sanitiser
☐	2. Adequate supply of PPE
☐	(a) Isolation Gown (fluid-repellent long-sleeved gown) & Plastic Apron
☐	(b) Gloves
☐	(c) 3-ply surgical face masks and N95 masks
☐	(d) Face shields covering front and sides of the face
☐	(e) Medical scrub
	(f) Foot cover
☐	3. Dedicated haemodialysis machine
☐	4. Dedicated vital sign monitors
☐	5. Dedicated blood pressure cuffs
☐	6. Prepare separate waiting area for confirmed cases, probable cases, suspected cases and person under surveillance (including asymptomatic closed contact)
☐	7. Identify isolation rooms or isolation area at least 1 metre away from other patients
☐	8. Identify separate entrance pathway (if possible)
☐	9. Identify HCW to dialyse COVID-19 patients
☐	10. Train HCW on donning and doffing of PPE
☐	11. Train HCW on infectious control measures
☐	12. Educate patients and their carers
SCREENING AND TRIAGING OF PATIENTS & VISITORS	
☐	1. Signages
☐	2. Screening counter at entrance
☐	3. Thermal scanner
☐	4. Limit visitors
MAINTAIN LIST OF CONTACTS	
☐	1. Phone number of designated screening and admitting hospitals
☐	2. Phone number of the infectious disease specialist or physician (if available)

ANNEX 28

Version 4/2021

COVID-19 DECLARATION FORM (PATIENT/CARER)

(Individual facility may amend the form according to the need of local setting)

ANSWER ALL QUESTIONS (TICK √ WHERE APPROPRIATE)

	A. EPIDEMIOLOGICAL LINK	**Yes**	**No**
1	Residing or working in an area/locality with high risk of transmission of virus: closed residential settings, institutional settings such as prisons, immigration detention depots ; anytime within the 14 days prior to sign and symptom onset If yes, please specify the area:_____		
2	Residing or travel to an area with community transmission anytime within the 14 days prior to sign and symptom onset If yes, please specify the area: _____		
3	Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior to sign and symptom onset. If yes, please specify the health care setting: _____		
4	Linked to a COVID-19 cluster within the past 14 days prior to sign and symptom onset.		
5	Close contact to a confirmed case of COVID-19, within 14 days before onset of illness. If yes, please answer questions **a** to **c**:		
	a. Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient		
	b. Traveling together with COVID-19 patient in any kind of conveyance		
	c. Living in the same household as a COVID-19 patient		

B. SYMPTOMS							
		Yes	**No**			**No**	**Yes**
1	Fever			8	Dyspnea		
2	Cough			9	Anorexia / Nausea / Vomiting		
3	General weakness /Fatigue			10	Diarrhea		
4	Headache			11	Altered mental status		
5	Myalgia			12	Sudeen loss of smell (Anosmia)		
6	Sore throat			13	Sudden loss of taste (Argeusia)		
7	Coryza				**TEMPERATURE**	**_____^{0}C**	

Signature of Patient/Carer:

Name: _____

IC Number: _____

Date: _____

Signature of Screening Officer:

Name: _____

IC Number: _____

Date: _____

STOP COVID-19!

YOUR HONESTY CAN SAVE MANY LIVES INCLUDING HEALTH CARE WORKERS.
MAKE SURE YOU REGISTER IN MySejahtera

BORANG DEKLARASI SARINGAN PENYAKIT COVID-19 (PESAKIT/PENJAGA)

(Fasiliti kesihatan boleh membuat modifikasi yang bersesuaian, mengikut keperluan setempat)

SILA JAWAB SEMUA SOALAN (TANDAKAN MANA YANG BERKENAAN)

	A. HUBUNGAN EPIDEMIOLOGI	**Ya**	**Tidak**
1	Adakah anda menetap / bekerja di kawasan dengan risiko tinggi penularan penyakit COVID-19: Kediaman tertutup, institusi seperti penjara, depot tahanan imigresen; dalam tempoh masa 14 hari sebelum gejala bermula. Jika YA, nyatakan nama kawasan tersebut:_____		
2	Adakah anda menetap / melawat ke kawasan dengan penularan komuniti dalam tempoh masa 14 hari sebelum gejala bermula. Jika YA, nyatakan nama tempat yang dilawati: _____		
3	Adakah anda bekerja di mana-mana fasiliti penjagaan kesihatan, termasuk fasiliti kesihatan atau di dalam komuniti; dalam tempoh masa 14 hari sebelum gejala bermula. Jika YA, nyatakan nama fasiliti kesihatan tersebut: _____		
4	Adakah anda mempunyai kaitan dengan mana-mana kluster COVID-19 dalam tempoh masa 14 hari sebelum gejala bermula?.		
5	Adakah anda merupakan **kontak rapat** kepada individu yang disahkan positif COVID-19 dalam masa 14 hari Jika YA, sila jawab soalan **a** hingga **c**:		
	a. Bekerja bersama dalam jarak dekat atau berkongsi persekitaran bilik/ ruang yang sama dengan pesakit COVID-19.		
	b. Menaiki kenderaan yang sama dengan individu yang disahkan positif COVID-19.		
	c. Tinggal serumah dengan individu yang disahkan positif COVID-19.		

	B. GEJALA	**Ya**	**Tidak**
1	Demam (*fever*)		
2	Batuk (*cough*)		
3	Kelesuan (*general weakness*) /Keletihan (*fatigue*)		
4	Sakit kepala (*headache*)		
5	Sakit badan (*myalgia*)		
6	Sakit tekak *(sore throat)*		
7	*Coryza*		
8	Sesak nafas (*dyspnea*)		
9	Anorexia / Loya (*nausea)* / Muntah-muntah (*vomiting*)		
10	Cirit-birit (*diarrhea*)		
11	Perubahan status mental (*altered mental status*)		
12	Hilang deria bau secara tiba-tiba (sudden *loss of smell/anosmia*)		
13	Hilang deria rasa secara tiba-tiba (sudden *loss of taste/ argeusia*)		

SUHU: ____^{0}C

Tandatangan Anggota Kesihatan:

Nama: _____

No. Kad Pengenalan: _____

Tandatangan Anggota Kesihatan Yg Menyaring:

Nama: _____

No. Kad Pengenalan: _____

KEJUJURAN ANDA BOLEH MENYELAMATKAN RAMAI NYAWA TERMASUK ANGGOTA KESIHATAN.
PASTIKAN ANDA MENDAFTAR DI DALAM MySejahtera

Tarikh: _____ Tarikh: _____

Version 4/2021

COVID-19 DECLARATION FORM (HEALTHCARE WORKER)

(Individual facility may amend the form according to the need of local setting)

ANSWER ALL QUESTIONS (TICK √ WHERE APPROPRIATE)

A. EPIDEMIOLOGICAL LINK		**Yes**	**No**
1	Residing or working in an area/locality with high risk of transmission of virus: closed residential settings, institutional settings such as prisons, immigration detention depots ; anytime within the 14 days prior to sign and symptom onset If yes, please specify the area:_____		
2	Residing or travel to an area with community transmission anytime within the 14 days prior to sign and symptom onset If yes, please specify the area: _____		
3	Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior to sign and symptom onset. If yes, please specify the health care setting: _____		
4	Linked to a COVID-19 cluster within the past 14 days prior to sign and symptom onset.		
5	Close contact to a confirmed case of COVID-19, within 14 days before onset of illness. If yes, please answer questions **a** to **d**:		
	a. Health care associated exposure without appropriate PPE (including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19).		
	b. Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient		
	c. Traveling together with COVID-19 patient in any kind of conveyance		
	d. Living in the same household as a COVID-19 patient		

B. SYMPTOMS							
		Yes	**No**			**Yes**	**No**
1	Fever			8	Dyspnea		
2	Cough			9	Anorexia / Nausea / Vomiting		
3	General weakness /Fatigue			10	Diarrhea		
4	Headache			11	Altered mental status		
5	Myalgia			12	Sudden loss of smell (Anosmia)		
6	Sore throat			13	Sudden loss of taste (Argeusia)		
7	Coryza				**TEMPERATURE**	_____ ^{0}C	

Signature of Healthcare Worker:

Name: _____

IC Number: _____

Date: _____

Signature of Screening Officer:

Name: _____

IC Number: _____

Date: _____

STOP COVID-19

YOUR HONESTY CAN SAVE MANY LIVES INCLUDING HEALTH CARE WORKERS.

MAKE SURE YOU REGISTER IN MySejahtera

ANNEX 28

Versi 4/2021

BORANG DEKLARASI SARINGAN PENYAKIT COVID-19 (ANGGOTA KESIHATAN)

(Fasiliti kesihatan boleh membuat modifikasi yang bersesuaian, mengikut keperluan setempat)

SILA JAWAB SEMUA SOALAN (TANDAKAN MANA YANG BERKENAAN)

A. HUBUNGAN EPIDEMIOLOGI		**Ya**	**Tidak**
1	Adakah anda menetap / bekerja di kawasan dengan risiko tinggi penularan penyakit COVID-19: Kediaman tertutup, institusi seperti penjara, depot tahanan imigresen; dalam tempoh masa 14 hari sebelum gejala bermula. Jika YA, nyatakan nama kawasan tersebut:_____		
2	Adakah anda menetap / melawat ke kawasan dengan penularan komuniti dalam tempoh masa 14 hari sebelum gejala bermula. Jika YA, nyatakan nama tempat yang dilawati: _____		
3	Adakah anda bekerja di mana-mana fasiliti penjagaan kesihatan, termasuk fasiliti kesihatan atau di dalam komuniti; dalam tempoh masa 14 hari sebelum gejala bermula. Jika YA, nyatakan nama fasiliti kesihatan tersebut: _____		
4	Adakah anda mempunyai kaitan dengan mana-mana kluster COVID-19 dalam tempoh masa 14 hari sebelum gejala bermula?.		
5	Adakah anda merupakan **kontak rapat** kepada individu yang disahkan positif COVID-19 dalam masa 14 hari Jika YA, sila jawab soalan **a** hingga **d**:		
	a. Pendedahan berkaitan penjagaan kesihatan tanpa PPE yang sesuai (termasuk menyediakan rawatan langsung untuk pesakit COVID-19 dan bekerja dengan anggota kesihatan yang dijangkiti COVID-19)		
	b. Bekerja bersama dalam jarak dekat atau berkongsi persekitaran bilik/ ruang yang sama dengan pesakit COVID-19.		
	c. Menaiki kenderaan yang sama dengan individu yang disahkan positif COVID-19.		
	d. Tinggal serumah dengan individu yang disahkan positif COVID-19.		

B. GEJALA							
		Ya	**Tidak**			**Ya**	**Tidak**
1	Demam (*fever*)			8	Sesak nafas (*dyspnea*)		
2	Batuk (*cough*)			9	Anorexia / Loya (*nausea)* / Muntah-muntah (*vomiting*)		
3	Kelesuan (*general weakness*) /Keletihan (*fatigue*)			10	Cirit-birit (*diarrhea*)		
4	Sakit kepala (*headache*)			11	Perubahan status mental (*altered mental status*)		
5	Sakit badan (*myalgia*)			12	Hilang deria bau secara tiba-tiba (sudden *loss of smell/anosmia*)		
6	Sakit tekak *(sore throat)*			13	Hilang deria rasa secara tiba-tiba (sudden *loss of taste/ argeusia*)		
7	*Coryza*				**SUHU**	**:_____ ^{0}C**	

Tandatangan Anggota Kesihatan:

Nama: _____

No. Kad Pengenalan: _____

Tarikh: _____

Tandatangan Anggota Kesihatan Yg Menyaring:

Nama: _____

No. Kad Pengenalan: _____

Tarikh: _____

HENTIKAN COVID-19!

KEJUJURAN ANDA BOLEH MENYELAMATKAN KAMI NYAWA TERMASUK ANGGOTA KESIHATAN.

PASTIKAN ANDA MENDAFTAR DI DALAM MySejahtera

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