

**Annex 21 : MANAGEMENT OF HEALTHCARE WORKER (HCW)**

**DURING COVID-19 PANDEMIC**

**A) GENERAL CONSIDERATION**

The implementation of the Movement Control Order (MCO) in the attempt to battle COVID-19 by flattening the curve has resulted in a reduction of case. The role of the Healthcare Workers (HCW) does not vary much yet the daily activities must be carried out with the new norms during MCO and post MCO.

The new norms in general:

**1. Practice of Social Distancing (at least 1 meter apart)**

- i) By limiting the number of personnel at counters at one time
- ii) While taking history or only talking to a patient or family member
- iii) While at the nurse's station/ registration counters
- iv) While on break, purchasing food or having a meal at pantry
- v) While at waiting or common area
- vi) While at workstation or on-call room
- vii) While praying at designated room or prayer room
- viii) During discussions or meetings
- ix) While on home visits, contact tracing
- x) Use of social media platform for any meetings or trainings etc. where possible

## **2. Hand Hygiene: Practice the 5 Moments of Hand Hygiene**

- i) Before touching a patient,
- ii) Before clean/aseptic procedures,
- iii) After body fluid exposure/risk,
- iv) After touching a patient, and
- v) After touching patient surroundings.

## **3. Use of Personal Protective Equipment (PPE)**

- i) Use of PPE as per recommendations
- ii) Use of a 3-ply 3-ply surgical mask in all clinical areas even when managing or handling patients NOT diagnosed with COVID-19
- iii) Avoid unnecessary use of full PPE
- iv) Apply extended use of 3-ply surgical masks where possible
- v) Avoid unnecessary constant use of gloves
- vi) Ensure proper donning and doffing methods are followed
- vii) Emphasis on fit testing and seal check for respirator use e.g. N95, KN95 etc.

(Refer to Annex 8 for further elaboration on Infection Prevention and Control Practice)

## **4. Screening and Follow-up of Healthcare Workers**

- i) Daily temperature and symptoms screening on entering premise or before work
- ii) COVID-19 screening of HCW is for selected target groups and mass screening need not be done routinely. The need for screening of selected target groups will be based on risk assessment
- iii) Follow up of HCW on home surveillance

## **5. Risk Communication**

- i) Daily compulsory 10-minute risk communication session by supervisor (Health Toolbox) for HCW including updated information or policies, information on incidences and reminders of precautions and safety and health measures before commencing work
- ii) Regular technical update session for staff e.g. CME, CNE, online, notice board etc
- iii) Occupational Safety & Health (OSH) contact person to be available for consultation daily

## **6. Integrated Services Strategy**

- i) Identify Liaison Officer for Hospital and District Health Office (PKD) for daily communication of cases
- ii) Integrated contact tracing and investigations of HCW exposed or infected with COVID-19 by the OSH and PKD surveillance teams

## **7. Specific Needs of Healthcare Workers (OSH in coordination with supervisors)**

- i) OSH to identify pregnant HCW, HCW with pre-existing illnesses (e.g. chronic diseases), high risk HCW (e.g. immunocompromised)
- ii) Reschedule/ reorganize work tasks of the above groups accordingly to avoid exposure

## **B) SPECIFIC ACTIONS TO BE TAKEN**

### **1. HCW Providing Care To Patients With Suspected Or Confirmed COVID-19**

HCW with high risk/ immunocompromised conditions should not be allowed to manage and provide care for SARI/PUI/confirmed COVID-19 cases. OSH Unit or Safety and Health Committee of the healthcare facility is responsible for the monitoring of the HCW. A register or 'log' of all HCW involved in the care of these patients should be kept for the purpose of contact tracing. Daily symptoms monitoring of HCW should be carried out and tabulated (refer to Appendix 1) and should be sent to State KPAS as per instruction. State KPAS should send Appendix 1 to Occupational and Environmental Health Sector, Public Health Program and send a copy to Occupational Safety & Health Unit, Medical Program, MOH.

### **2. HCW With Confirmed COVID-19**

2.1 All HCWs with confirmed COVID-19 must be reported to 3 reporting systems:

- i. Communicable Diseases Notification using the Communicable Diseases Notification Form (Annex 7: Notification form)
- ii. Occupational Health Notification using WEHU L1/L2 (for lung involvement) form (*Refer Appendix 2*) or WEHU D1 (for other than lung involvement) (*Refer Appendix 3*)
- iii. Investigation Form of Healthcare Worker with COVID-19 Infection (*Refer Appendix 4*)

2.2 List of positive HCW should be kept in one register (Refer Appendix 5) and should be sent to State KPAS as per instruction. State KPAS should send Appendix 5 to Occupational and Environmental Health Sector, Public Health Program AND a copy to Occupational Safety & Health Unit, Medical Program, MOH.

2.3 Contact Tracing Purpose and Responsibility

- i) Once a HCW become positive, identification of close contact should be initiated immediately.
- ii) The purpose of contact tracing is to identify and monitor those who have been in close contact with a COVID-19 case to ensure early detection of disease.

- iii) This will lead to early identification and management of the case and, in most cases, better clinical outcomes and to prevent onward transmission to others.
- iv) Contact tracing is carried out in the following way:
  - a) Community-based contacts by Public Health team from PKD
  - b) HCW contacts by OSH Unit and Public Health team
  - c) Hospital in-patient contacts while receiving in-patient care by infection prevention and control personnel in collaboration with Public Health team

### 3. HCW With Potential Exposure To A Patient With COVID-19 In A Healthcare Facility

- i) All HCW with potential exposure to a patient with confirmed COVID-19 in the workplace should be monitored daily by OSH Unit. Monitoring form for HCW exposed to COVID-19 at healthcare facility level and State Health Department level should be completed (Refer Appendix 6)
- ii) HCW should be advised about their risk and symptoms of COVID-19 (i.e sudden onset of acute respiratory infection with at least one of: shortness of breath, cough or sore throat with or without fever).
- iii) Communication with HCW involved should be made on a daily basis by OSH Unit to ask about relevant symptoms for 14 days after the last exposure and recorded in Daily Monitoring Chart (Refer Appendix 6).

#### 3.1 Exposure risk assessment

When assigning risk, factors to consider include:

- i. whether the HCW involved had an **Unprotected Exposure**
  - An **Unprotected Exposure** is considered to occur if the HCW was not on recommended PPE\* for the activity or scenario during the exposure (e.g. not wearing a 3-ply surgical mask while examining patient in clinic or not wearing a face shield while doing a nasopharyngeal swab procedure etc.)

*\*Refer Annex 8: The Infection Prevention and Control (IPC) Measures in Managing PUI or Confirmed COVID-19*

- ii. whether the HCW was in **Close Contact** with the case (refer Box 1: **Close Contact Definition**)

**Box 1: Close Contact Definition**

- i. HCW (excluding laboratory workers) who exposed to positive patient:
- have any unprotected exposure of their eyes or mouth or mucus membranes, to the bodily fluids (mainly respiratory secretions e.g. coughing, but also includes blood, stools, vomit, and urine) of the case, **OR**
  - have a cumulative unprotected exposure during one work shift (i.e. any breach PPE other than) for more than 15 minutes face-to-face (< 1 meter distance) to a case **OR**
  - have any unprotected exposure (i.e. any breach in the appropriate PPE) while present in the same room when an AGP is undertaken on the case
- ii. Laboratory HCW who have not fully adhered to good laboratory practice for cumulative more than 15 minutes in one work shift, while testing samples positive patient

- iii. whether an aerosol generating procedure (AGP)\*\* was performed  
*\*\*cardiopulmonary resuscitation, intubation, noninvasive ventilation, extubation, bronchoscopy, nebulizer therapy, sputum induction*
- iv. patient's **source control** (i.e. whether patient was on 3-ply surgical mask during the exposure which can efficiently reduce risk of droplet transmission)
- v. clinical symptoms of the patient (e.g., coughing likely increases exposure risk)
- vi. the place where exposure occurs (e.g., a confined closed room with air conditions example on call or meeting room which increases exposure risk)
- vii. whether the exposure occurred while the case was in **Infectious Period** (e.g., *an exposure during the **infectious period** is more likely to result in transmission*)
- **Infectious Period** is defined as from either 48 hours before symptom onset (for symptomatic case) or before the first positive test date (for asymptomatic case) until 14 days after symptom onset or first positive test date whichever applicable.

## 3.2 Management

### 3.2.1 Category risk

Depending on the exposure risk assessment, an exposed HCW shall be categorized as follows:

#### i. High-risk exposure

- **Unprotected exposure** where HCW's nose and mouth were exposed and **close contact** occurred with a COVID-19 patient during the **infectious period** with **no source control** (the patient was **NOT** on a 3-ply surgical mask), **OR**
- **Unprotected exposure** while present in the room when AGP was performed on a COVID-19 patient during the **infectious period**

#### ii. Medium-risk exposure

- **Unprotected exposure** where HCW's nose and mouth were exposed and **close contact** occurred with a COVID-19 patient during the **infectious period** with **good source control** (the patient was **wearing a 3-ply surgical mask**)

#### iii. Low-risk exposure

- **Brief interactions (< 15 minutes, more than 1 meter distance)** with a COVID-19 patient during the infectious period
- **Protected exposure** while in **close contact with** a COVID-19 patient during the **infectious period** with **good source control** (the patient was **wearing a 3-ply surgical mask**)
- The use of eye protection in addition to a 3-ply surgical mask or respirator would further lower the risk of exposure.

### 3.2.2 Recommended monitoring

- i. HCW with **medium and high risk** exposure will undergo **Active Follow-Up** by OSH Unit.
- ii. HCW with **low risk** exposure will undergo **Passive Follow-Up** where they self-monitor for symptoms.
- iii. Active and passive follow-up are defined as follows :

**Box 2: Active and passive follow-up definition****Active follow-up**

- Daily OSH surveillance (symptoms and temperature monitoring by phone, reporting)
- Excluded from work
- On home surveillance order
- On self-monitor for symptoms for 14 days after the exposure incident
- Inform to contact OSH if they develop relevant symptoms

**Passive follow-up**

- Asymptomatic HCW can continue to work
- Symptomatic HCW must be excluded from work
- Self-monitor for symptoms for 14 days after the last potential exposure
- Contact OSH at any time if they develop relevant symptoms

**3.2.3 Table 1** summarizes the category risk, recommended monitoring and outline of management for a HCW in a different scenario whereby potential exposure may occur at a healthcare facility.

**3.2.4 Psychosocial support and Counseling**

Psychological support and assistance are to be considered for HCW when needs arise. Mental health assessment and psychological first aid shall be conducted by the Mental Health and Psychosocial Support Team. All HCW should be given mental health preparedness prior to pre-deployment. Upon post-deployment, HCW should receive Mental Health Alert Card (Refer to Annex 33).



Table 1: Summary of Exposure Category, Recommended Monitoring and Management

Epidemiologic risk factors (HCW PPE)	Exposure category	Recommend ed Monitoring (Follow-up)	Management	
			Asymptomatic	Symptomatic
Close Contact with a COVID-19 PATIENT who was <u>NOT</u> WEARING A 3-PLY SURGICAL MASK (i.e., no source control)				
No PPE	High  (Unprotecte d exposure)	Active	<ul style="list-style-type: none"><li>Exclude from work for at least 14 days with home surveillance order and home assessment tool.</li><li>Combined NP and OP swab for RT PCR to be collected 72 hours after the potential exposure</li><li>A repeat test after 48 hours must be carried out if the first test is negative</li><li>If both initial tests are negative, a repeat NP and OP swab for RT-PCR test shall be performed at day 13 from date of exposure</li></ul>	<ul style="list-style-type: none"><li>Exclude from work for at least 14 days with home surveillance order and home assessment tool.</li><li>Combined NP and OP swab for RT-PCR to be collected immediately</li><li>A repeat test after 48 hours must be carried out if the first test is negative</li><li>If both initial tests are negative, a repeat NP and OP swab for RT-PCR test shall be performed at day 13 from symptom onset</li></ul>
Not wearing a 3-ply surgical mask				
Not wearing respirator (N95/PAPR) when performing AGP				
Wearing a 3-ply surgical mask without eye protection/face shield	Medium  (Unprotecte d exposure)	Active		

Wearing a 3-ply surgical mask with eye protection/face shield but without gown and/or gloves	Low  (Protected exposure)	Passive	No testing or work restriction required	<ul style="list-style-type: none"><li>● Combined NP and OP swab for RT-PCR to be collected immediately</li><li>● If symptoms are persistent or worsening by 48-72 hours, test should be repeated immediately</li><li>● Exclude from work with MC and home assessment tool until symptoms resolve and negative 2<sup>nd</sup> test</li></ul>
Epidemiologic risk factors  (HCW PPE)	Exposure category	Recommended Monitoring	Management	
			Asymptomatic	Symptomatic
Close contact with a confirmed COVID-19 PATIENT who was WEARING A 3-PLY SURGICAL MASK (i.e., good source control)				
No PPE	Medium  (Unprotected exposure)	Active	<ul style="list-style-type: none"><li>● Exclude from work for at least 14 days with home surveillance order and home assessment tool.</li><li>● Combined NP and OP swab for RT PCR to be collected 72 hours after the potential exposure</li><li>● A repeat test after 48 hours</li></ul>	<ul style="list-style-type: none"><li>● Exclude from work for at least 14 days with home surveillance order and home assessment tool.</li><li>● Combined NP and OP swab for RT-PCR to be collected immediately</li><li>● A repeat test after 48 hours must be carried out if the first</li></ul>
Not wearing a 3-ply surgical mask				

			<p>must be carried out if the first test is negative</p> <ul style="list-style-type: none"> <li>• If both initial tests are negative, a repeat NP and OP swab for RT-PCR test shall be performed at day 13 from date of exposure</li> </ul>	<p>test is negative</p> <ul style="list-style-type: none"> <li>• If both initial tests are negative, a repeat NP and OP swab for RT-PCR test shall be performed at day 13 from symptom onset</li> </ul>
Wearing a 3-ply surgical mask without eye protection/face shield	Low (Protected exposure)	Passive	<ul style="list-style-type: none"> <li>• No testing or work restriction required</li> </ul>	<ul style="list-style-type: none"> <li>• No testing or work restriction required</li> </ul>
Wearing a 3-ply surgical mask with eye protection/face shield but without gown and/or gloves				

#### 4. HCW With Relevant International Travel History

HCW, who intend to travel internationally or have returned from overseas, should declare to respective Head of Department promptly. All policies related to travelers during COVID-19 pandemic are applicable (*Refer Annex 2*).

#### 5. Asymptomatic HCW Who Is A Close Contact Of A Person Being Investigated As PUI For COVID-19

For asymptomatic HCW whom household member or acquaintance is being investigated as PUI for COVID-19, the HCW should inform supervisor immediately and be excluded from work until first RT-PCR result of the PUI is available. If the RT-PCR result of PUI is negative, the HCW can return to work immediately. If the RT-PCR result of the PUI is positive, refer section B.2 (HCW with potential exposure to a patient with confirmed COVID-19).

#### 6. HCW With Acute Respiratory Infection Without Any Identifiable Exposure

Any HCW with a new onset of acute respiratory infection or other symptoms compatible with COVID-19 without any identifiable exposure to a suspected or confirmed COVID-19 patients should be evaluated and offered for testing.

#### 7. HCW With History Of Recovered COVID-19 Infection And Re-tested Positive

HCWs with a history of COVID-19 infection whose illness has recovered and was discharged from hospital as per discharge criteria in Annex 2 then been retested (as part of an enhanced testing program in a healthcare facility or for other indication) and results show 'COVID-19 detected' is **NOT** considered infectious. These HCWs can continue to work if they are asymptomatic. Based on current evidence, recovered COVID-19 patients who are later tested positive do not represent reinfection, hence they are not infectious.

#### 8. Crisis Strategies to Mitigate Staffing Shortages

An exception to the recommended approaches may be made for HCW who may be required to return to work for **essential service** needs and in the event of critical staffing shortages. **This should only be decided by the relevant health authorities after discussion with OSH at national level.** In such scenarios:

- i HCW should be evaluated to determine health fitness to work:-

- ii HCW who returns to work should adhere to section 9 (**Return to Work Practices and Work Restrictions recommendations**).
- iii For HCW involved with management of immune-compromised hosts such as cancer patients or patients on chemotherapy, the job description should be discussed with relevant consultant and hospital director.

## **9. Return to Work Practices and Work Restrictions**

HCW shall be allowed to return to work, however the following guideline should be adhered:

- i HCW must strictly wear a 3-ply surgical mask at all time while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- ii HCW should adhere to hand hygiene, respiratory hygiene, and cough etiquette
- iii HCW shall be restricted from participating in the care of immunocompromised patients until 14 days after the last exposure or from illness onset
- iv Strict daily monitoring of temperature and respiratory symptoms by OSH Unit
- v If HCW 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 or OSH Unit prior to leaving work

## Appendix 1

## Pemantauan Harian Anggota Kesihatan KKM yang Terlibat dengan Pengurusan Kes PUI dan COVID-19

Tarikh : \_\_\_\_\_  
Negeri : \_\_\_\_\_

Bil	Nama Fasilitas	Bil. Anggota Kesihatan																		Isu dan Tindakan yang telah diambil (sekiranya ada)	Catatan		
		Total dalam Pemantauan		Terlibat dengan Pengurusan kes PUI 'pending' atau PUI negatif		Terlibat dalam Pengurusan kes yang disahkan		Mempunyai Symptom		Berada di Bawah Pengawasan						Dimasukkan ke Hospital		Menjalani Ujian Pengesanan	Dengan Keputusan Ujian Pengesanan				
										Rumah		Pusat Kuarantin		Hotel									
		Semasa	Kumulatif	Semasa	Kumulatif	Semasa	Kumulatif	Semasa	Kumulatif	Semasa	Kumulatif	Semasa	Kumulatif	Semasa	Kumulatif	Semasa	Kumulatif			Pending	Negatif	Positif	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1		0	0															0					
2		0	0															0					
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TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Pemantauan Harian Anggota Kesihatan KKM yang Terlibat dengan Kes Positif COVID-19 Selain dari Wad COVID-19 (Rakan Sekerja, Pesakit SARI, Pesakit Tak diketahui Status, Pesakit yang disaring, dari Komuniti dan lain-lain)

Tarikh : \_\_\_\_\_  
Negeri : \_\_\_\_\_

Bil	Nama Fasilitas	Bilangan Anggota Kesihatan																				Isu dan Tindakan yang telah diambil (sekiranya ada)	Catatan						
		Kontak kepada kes SARI yang Positif COVID-19		Kontak kepada kes IU yang Positif COVID-19		Kontak kepada kes yang tidak diketahui Status dan kemudiannya Positif COVID-19		Kontak sesama rakan/kontak rapat/ kontak di Lapangan yang kemudiannya Positif COVID-19		Kontak kepada ahli keluarga yang Positif COVID-19		Kontak kepada Rakan Sejenis yang Positif COVID-19		Kontak kepada lain-lain punca dari Komuniti		Berada di Bawah Pengawasan				Dimasukkan ke Hospital				Menjalani Ujian Pengesanan	Mempunyai Keputusan Ujian Pengesanan				
		Semua	Kumulatif	Semua	Kumulatif	Semua	Kumulatif	Semua	Kumulatif	Semua	Kumulatif	Semua	Kumulatif	Semua	Kumulatif	Semua	Kumulatif	Semua	Kumulatif	Semua	Kumulatif				Semua	Kumulatif	Pending	Negatif	Positif
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TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

\* Softcopy is available online at;  
<https://drive.google.com/file/d/1x98bg6oXl7Jk6Z4ErjiZHLr8M8AoPsid/view?usp=sharing>

NOTIFICATION OF OCCUPATIONAL LUNG DISEASE		WEHU - L1 (JKKP 7)
Send to: Pengarah Kesihatan Negeri Jabatan Kesihatan Negeri _____		
<b>Part A - Notifier</b> (Regulation 7(2) Registered Medical Practitioner)	<b>Part B - Affected person</b>	
Name _____	Name _____	
Designation _____	Date of Birth ____ / ____ / ____ <small>DD MM YY</small>	
Address of clinic / hospital _____	New IC/ Passport no. _____	
Contact no. _____	Nationality _____	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Ethnic Group _____	
	Occupation _____	
	Name and address of organization _____	
	District _____	
	State _____	
	Location of incident _____	
<b>Part C - Occupational Lung Disease</b>		
Date of diagnosis ____ / ____ / ____ <small>DD MM YY</small>		
Diagnosis/ Provisional diagnosis _____		
<b>Part D</b>		
a) What kind of work did the patient do which may be associated with the disease? (Describe the work activities)		
b) What was the hazard or agent been exposed to the patient?		
c) How long had the patient been exposed to the hazard or agent?		
d) How long had the patient been experiencing the symptoms?		
Signature of Notifier _____	Name and address of attending doctor (Official Stamp) _____	
Date _____	_____	

COPY FOR MINISTRY		WEHU - D1 (JKKP 7)	
<b>NOTIFICATION OF OCCUPATIONAL POISONING/DISEASE</b>			
Send to: Pengarah Kesihatan Negeri Jabatan Kesihatan Negeri _____			
<b>Part A - Notifier</b> (Regulation 7(2) Registered Medical Practitioner)		<b>Part B - Affected person</b>	
Name _____ Designation _____ Address of clinic / hospital _____ Contact no. _____		Name _____ Date of Birth _____ New IC / Passport no. _____ DD / MM / YY Nationality _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnic Group _____ Occupation _____ Name and address of organization _____ District _____ State _____ Location of incident _____	
<b>Part C - Occupational Poisoning / Disease</b>			
Date of diagnosis _____ DD / MM / YY Diagnosis / Provisional diagnosis _____			
<b>Part D</b>			
a) What kind of work did the patient do which may be associated with the disease? (Describe the work activities)			
b) What was the hazard or agent been exposed to the patient?			
c) How long had the patient been exposed to the hazard or agent?			
d) How long had the patient been experiencing the symptoms?			
Signature of Notifier _____ Date _____		Name and address of attending doctor (Official Stamp) _____	



1. Name:
2. IC Number:
3. Contact Number: Home: Mobile:
4. COVID-19 ID (case number):
5. Age:
6. Gender:
7. Race:
8. Designation:
9. Department:
10. Institution/hospital:
11. Risk Factors: YES/NO (if yes please specify):  
Hypertension/ Diabetes/ Pregnancy/ Obesity/ Smoker/ Vaper/ Heart Disease/COPD/  
Asthma/ Malignancy/ HIV/ CKD/ Chronic Liver Disease/ Bed bound/ Others
12. Reason for COVID-19 screening (tick where appropriate)
  - a. Close contact with positive COVID-19 (patient/other staff/family/friends)
  - b. Screening at work
  - c. Travelled from foreign countries
  - d. Acute respiratory infection without identifiable exposure
  - e. Self-initiative
13. Date of exposure (if known):
14. If symptomatic, date of onset of symptoms:
15. Specify the symptoms at presentation:  
Fever/ SOB/ Exertional SOB/ Cough/ Sore throat/ Myalgia or body ache/ Fatigue/  
Chest pain or tightness/ Anosmia/ Nausea and vomiting/ Diarrhoea/ Others

## 16. COVID-19 Test:

No.	Date (sampling date)	Day from Exposure	Type of Test (RT-PCR/RTK-Ag)	Result
1.				
2.				
3.				

17. Date of diagnosis (sampling date of first positive result):

18. Duration (in days) of exposure/ symptoms before date of diagnosis:

19. Source of infection, (select the appropriate answer)

a. Healthcare associated (most likely from patients)

i. Work/activity during exposure:

ii. PPE used during exposure:

Head cover/ Nursing cap/ 3-ply surgical mask/ N95/ Eye protection/  
Isolation gown/ Apron/ Gloves/ Boot cover/ shoe cover

iii. Is PPE used appropriate for the work or activity conducted: YES/NO

iv. Level of exposure risk: High/ Medium/ Low/ No identifiable risk

b. Staff to staff transmission (close contact)

i. Possible reason/activity for transmission of COVID-19 (please specify):  
pantry/ prayer room/ on-call room/ rest room/othersii. Was PPE (3-ply surgical mask) used by both HCWs during interaction:  
YES/NO

iii. Level of exposure risk: High/ Medium/ Low

c. Community acquired: family members/housemates/social interaction

20. Is the source of infection related to any cluster: YES/NO

21. If yes, which cluster:

22. Actions taken immediately after screening, while waiting for the result (tick where appropriate)

- a. Exclude from work and home quarantined - duration in days (start and end dates)
- b. Exclude from work and quarantined at quarantine centre - duration in days (start and end dates)
- c. Allowed return to work with “return to work practices and work restriction” (date):

23. Actions taken following positive COVID-19 result:

24. Treatment received:

25. Risk reduction strategies at workplace:

**Signature:**

**Stamp of OSH Officer:**

**Date :**

Negeri: \_\_\_\_\_

[illegible]

**Negeri:** \_\_\_\_\_

[illegible]

\* Softcopy is available online at;  
<https://drive.google.com/file/d/1P4FgZVVLi8S7VM72EIlPMVUpA9-DbLk8/view?usp=sharing>

## Carta Pemantauan Harian Kakitangan

Nama Kakitangan : \_\_\_\_\_ No KP : \_\_\_\_\_

Hari	Tarikh	Suhu badan		Simptom , tanda (√) jika ada
		AM (°C)	PM (°C)	
1				Demam ( ), Batuk ( ), Sakit tekak ( ), Sukar bernafas ( ) Lain-lain : _____
2				Demam ( ), Batuk ( ), Sakit tekak ( ), Sukar bernafas ( ) Lain-lain : _____
3				Demam ( ), Batuk ( ), Sakit tekak ( ), Sukar bernafas ( ) Lain-lain : _____
4				Demam ( ), Batuk ( ), Sakit tekak ( ), Sukar bernafas ( ) Lain-lain : _____
5				Demam ( ), Batuk ( ), Sakit tekak ( ), Sukar bernafas ( ) Lain-lain : _____
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14				Demam ( ), Batuk ( ), Sakit tekak ( ), Sukar bernafas ( ) Lain-lain : _____

Tempat Kerja (Hospital/KK/PKD dll) : \_\_\_\_\_ Wad/Unit  
: \_\_\_\_\_

(a copy to be given to HCW exposed)

**References:**

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