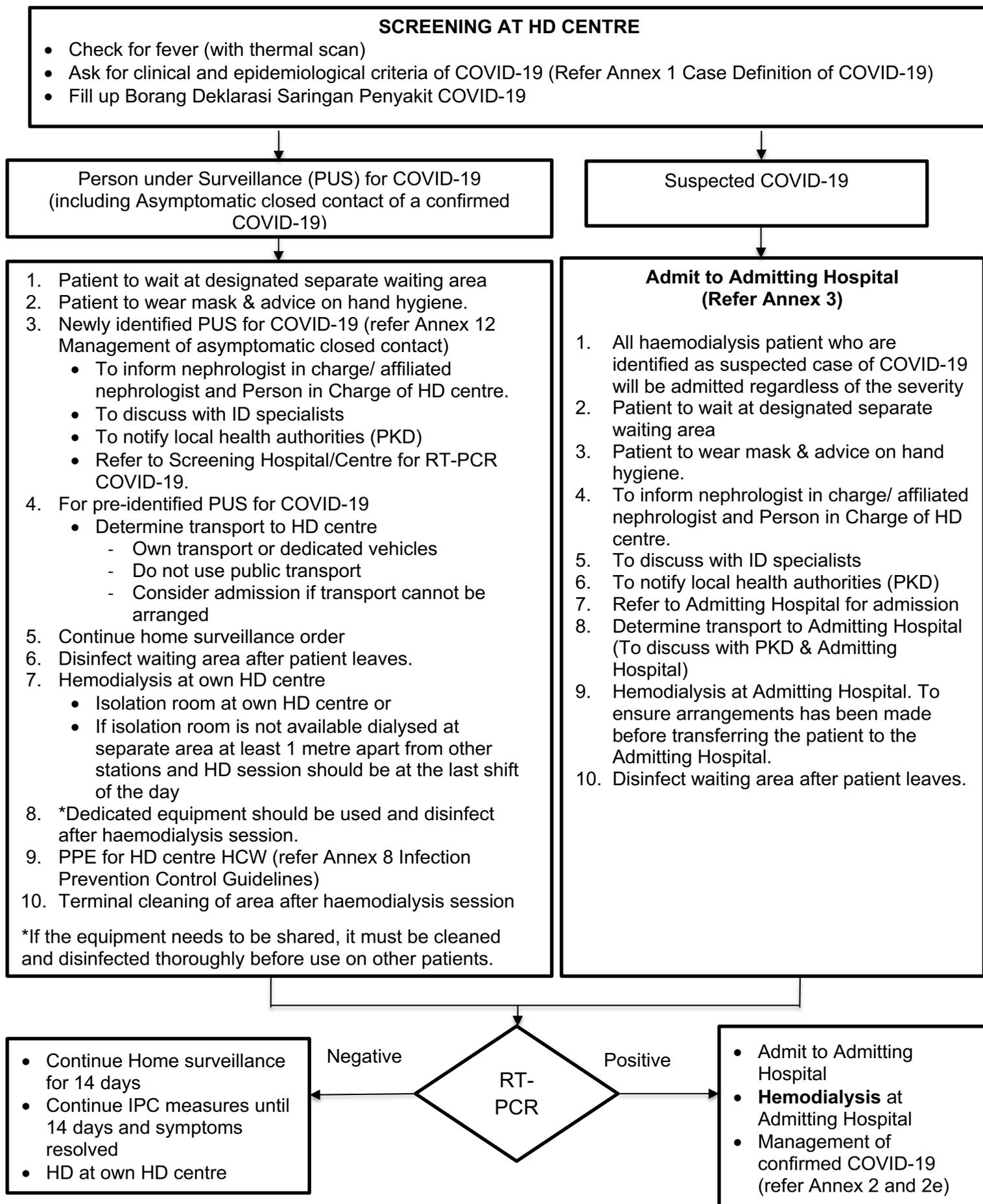


GUIDELINE ON MANAGEMENT OF CORONAVIRUS DISEASE 2019 (COVID-19) IN DIALYSIS CENTRES & NEPHROLOGY UNITS

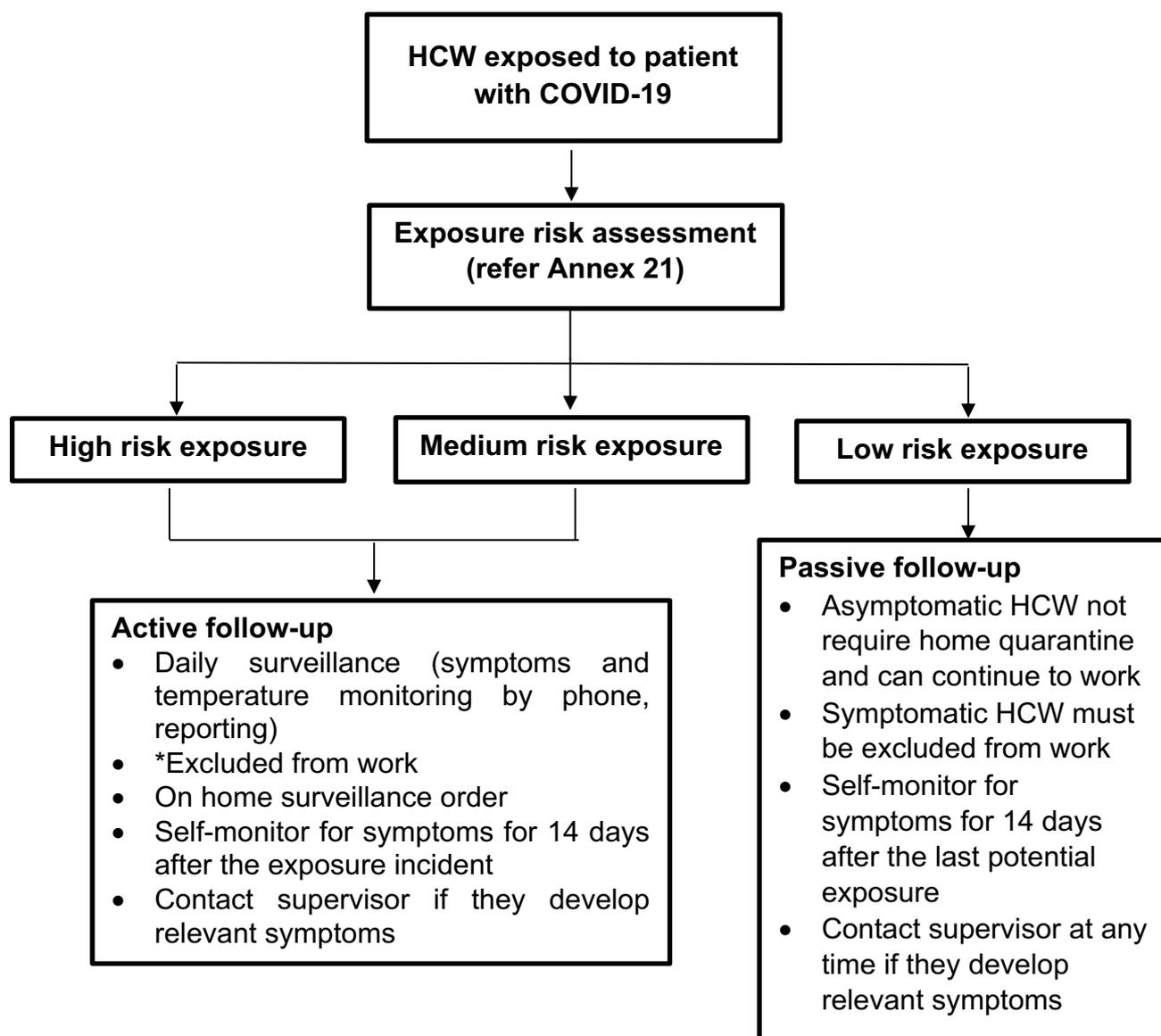
Key Recommendations

- 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 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
- If the in-patient capacity of hospitals to provide HD has been exceeded, HD centres may need to treat patients in their own centre 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
- 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 local 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



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
 - i. Signs should be posted at entrance to instruct patients to inform staff IF:-
 - a. they have any **two of following symptoms** – Fever, chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhoea, fatigue, acute onset nasal congestion or running nose OR any **one of the following symptoms** – cough, shortness of breath, difficulty in breathing, sudden new onset of anosmia (loss of smell), sudden new onset of ageusia (loss of taste).

- b. with either history of attended an event or areas associated with known COVID-19 cluster or red zones¹, travelled to or resided in foreign country within the 14 days before the onset of illness or history of close contact in the past 14 days with a confirmed case of COVID-19.

¹ The list of red zone areas is based on the 14 days moving data by *mukim/zon/presint* updated daily in the CPRC telegram : <https://t.me/cprckkm>

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 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

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 4 questions to all patients and visitors

1. Do you have any **two of following symptoms** – Fever, chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhoea, fatigue, acute onset nasal congestion or running nose OR any **one of the following symptoms** – cough, shortness of breath, difficulty in breathing, sudden new onset of anosmia (loss of smell), sudden new onset of ageusia (loss of taste)
2. Have you attended an event OR areas associated with known COVID-19 cluster OR red zones?
3. Do you have any history of travelled to / resided in a foreign country within 14 days before the onset of illness?
4. Do you have any contact with a confirmed COVID-19 case within the past 14 days?

vi. Suspected case is defined as the presence of 1 & 2 or 3 or 4 criteria

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 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.

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, COVID-19 test is not necessary; however, the clinician should re-assess the patient's risk on case-by-case basis. 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.

3. 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. 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 suspected cases and Annex 3 for the list of Admitting Hospital)
- iv. 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.
- v. If the in-patient dialysis capacity has been exceeded, an alternative plan needs to be made before the transfer.

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 the ward capacity has been exceeded, mild COVID-19 / probable cases and suspected COVID-19 cases may be dialysed in their own HD centre after the necessary arrangements and coordination with nephrologists are made.
- v. 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 remained wearing face mask throughout the time they are in the dialysis centre.

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
 - arrange for designated ambulance from MECC
 - Public transport should not be used
- iv. Isolation
 - should be advised to arrive last, 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.

- 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 worker should wear appropriate PPE

4. HAEMODIALYSIS HEALTH CARE WORKER

- 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**

- 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

5. 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, confirmed or probable 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.

6. 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 cover
- 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 confirmed cases, PUIs and close contacts
- 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 (PKDs, 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.

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

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



BORANG DEKLARASI SARINGAN PENYAKIT COVID-19

(Pihak hospital boleh membuat modifikasi yang bersesuaian, mengikut keperluan setempat)

Nama : _____
 No Kad Pengenalan : _____
 No Telefon : _____

SILA JAWAB SEMUA SOALAN (TANDAKAN ✓ MANA YANG BERKENAAN)		YA	TIDAK
1	Adakah anda ada menghadiri majlis/aktiviti ATAU pergi ke kawasan yang berkaitan dengan kluster COVID-19 ATAU kawasan Zon Merah ¹ . Jika YA, nyatakan nama tempat yang dilawati : _____		
2	Adakah anda telah melawat/tinggal di luar negara dalam masa 14 hari sebelum mula bergejala. Jika YA, nyatakan negara dilawati : _____		
3	a. Adakah anda merupakan kontak rapat kepada individu yang disahkan positif COVID-19 dalam masa 14 hari sebelum mula bergejala. Jika YA, sila jawab soalan a hingga d:		
	b. Pendedahan berkaitan pekerjaan dalam perawatan pesakit tanpa memakai <i>PPE</i> yang sepatutnya. (termasuk memberikan penjagaan/perawatan terus kepada pesakit COVID-19, bekerja bersama anggota lain yang telah disahkan positif COVID-19, melawat pesakit atau berada dalam bilik/ruangan yang sama dengan pesakit COVID-19)		
	c. Bekerja bersama dengan jarak dekat atau berkongsi ruang kerja yang sama dengan individu yang disahkan positif COVID-19.		
	d. Mengembara bersama atau menaiki kenderaan yang sama dengan individu yang disahkan positif COVID-19.		
	e. Tinggal serumah dengan individu yang disahkan positif COVID-19.		

GEJALA	YA	TIDAK	GEJALA	YA	TIDAK
<i>Fever</i>			<i>Myalgia</i>		
<i>Cough</i>			<i>Headache</i>		
<i>Shortness of breath</i>			<i>Sore throat</i>		
<i>Difficulty in breathing</i>			<i>Nausea or vomiting</i>		
<i>Chills</i>			<i>Diarrhea</i>		
<i>Rigors</i>			<i>Fatigue</i>		
<i>Sudden new onset of anosmia (loss of smell)</i>					
<i>Sudden new onset of ageusia (loss of taste)</i>					
<i>Acute onset of nasal congestion or running nose</i>					

Suhu badan °C

HENTIKAN COVID-19!

**KEJUJURAN ANDA
BOLEH
MENYELAMATKAN
RAMAI NYAWA
TERMASUK ANGGOTA
KESIHATAN.**

**BANTULAH KAMI
UNTUK MEMBANTU
ANDA.**

**PASTIKAN ANDA
MENDAFTAR DI
DALAM MySejahtera**

Tandatangan Anggota Kesihatan Disaring
 Nama: _____
 No. Kad Pengenalan: _____
 Tarikh: _____

Tandatangan Anggota Kesihatan Penyaring
 Nama: _____
 No. Kad Pengenalan: _____
 Tarikh: _____

¹ Senarai kawasan Zon Merah adalah berdasarkan *14 days moving data* mengikut mukim/zon/present yang terkini yang boleh diperolehi di <http://covid-19.moh.gov.my/>



BORANG DEKLARASI SARINGAN PENYAKIT COVID-19

(Pihak hospital boleh membuat modifikasi yang bersesuaian, mengikut keperluan setempat)

Nama : _____
 No Kad Pengenalan : _____
 No Telefon : _____

SILA JAWAB SEMUA SOALAN (TANDAKAN ✓ MANA YANG BERKENAAN)		YA	TIDAK
1	Adakah anda ada menghadiri majlis/aktiviti ATAU pergi ke kawasan yang berkaitan dengan kluster COVID-19 ATAU kawasan Zon Merah ¹ . Jika YA, nyatakan nama tempat yang dilawati : _____		
2	Adakah anda telah melawat/tinggal di luar negara dalam masa 14 hari sebelum mula bergejala. Jika YA, nyatakan negara dilawati : _____		
3	Adakah anda merupakan kontak rapat kepada individu yang disahkan positif COVID-19 dalam masa 14 hari sebelum mula bergejala. Jika YA, sila jawab soalan a hingga d:		
	a. Tinggal serumah dengan individu yang disahkan positif COVID-19.		
	b. Berada bersama di dalam bilik yang TERTUTUP yang menggunakan penghawa dingin lebih dari 2 jam		
	c. Bekerja bersama dengan jarak dekat atau berkongsi ruang kerja yang sama dengan individu yang disahkan positif COVID-19.		
	d. Mengembara bersama atau menaiki kenderaan yang sama dengan individu yang disahkan positif COVID-19.		

GEJALA	YA	TIDAK	GEJALA	YA	TIDAK
<i>Fever</i>			<i>Myalgia</i>		
<i>Cough</i>			<i>Headache</i>		
<i>Shortness of breath</i>			<i>Sore throat</i>		
<i>Difficulty in breathing</i>			<i>Nausea or vomiting</i>		
<i>Chills</i>			<i>Diarrhea</i>		
<i>Rigors</i>			<i>Fatigue</i>		
<i>Sudden new onset of anosmia (loss of smell)</i>					
<i>Sudden new onset of ageusia (loss of taste)</i>					
<i>Acute onset of nasal congestion or running nose</i>					

Suhu badan °C

HENTIKAN COVID-19!
**KEJUJURAN ANDA BOLEH
 MENYELAMATKAN RAMAI
 NYAWA TERMASUK
 ANGGOTA KESIHATAN.**
**BANTULAH KAMI UNTUK
 MEMBANTU ANDA.**

**PASTIKAN ANDA
 MENDAFTAR DI
 DALAM MySejahtera**

Tandatangan Pesakit
 Nama: _____
 No. Kad Pengenalan: _____
 Tarikh: _____

Tandatangan Anggota Kesihatan Penyaring
 Nama: _____
 No. Kad Pengenalan: _____
 Tarikh: _____

¹ Senarai kawasan Zon Merah adalah berdasarkan 14 days moving data mengikut mukim/zon/present yang terkini yang boleh diperolehi di <http://covid-19.moh.gov.my/>

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