ANNEX 2a

Annex 2a : Management Of Suspected Case As Outpatients

1. Patients who come to any health facilities should be screened for suspected COVID-19 at triage.
   a. Refer Annex 1 for case definition
   b. A special area should be set up for COVID-19, to which he / she can come directly to be assessed. It is also recommended that the dedicated team be assigned where possible.
   (Refer to the flowchart below)

2. IF PATIENT MEETS THE CRITERIA OF SUSPECTED COVID-19 CASE:
   Consult Physician-on-call / Physician in-charge of screening centre for decision on whether:
   - The definition of suspected case is fulfilled and further review of patients at screening centre is needed
   - The definition of suspected case is fulfilled and admission to admitting hospital is required (Annex 2)
   - Suspected case has been ruled out

3. For suspected case who do not require admission, the case shall be referred to the nearest screening hospital / centre using either:
   - own transport OR
   - designated ambulance from MECC.

4. For suspected case who requires admission, the case shall be transferred to admitting hospital using designated ambulance as above.

5. Management of suspected case at screening hospital / centre
   a. Suspected case from General Practioner clinic / private hospital shall be reassessed by screening hospital / centre on the need for admission
   b. Screening hospital / centre to inform the admitting hospital if admission is needed
   c. Suspected case shall be sent to the admitting hospital using designated ambulance.
   d. Those suspected case who do not fulfill admission criteria will be assessed for suitability of home surveillance (refer checklist in Annex 2)
e. If home surveillance is deemed suitable (refer the following flow chart)
   o Sample shall be taken at screening hospital / centre
   o They shall be sent home and put under Home Surveillance Order for 14 days (Annex 15a)
   o Samples of suspected case should be sent to identified Hospital Laboratory (Annex 4a)
   o Explain to patient regarding home surveillance, COVID-19 infection and risk of transmission to family and community
   o Provide Home Assessment Tool (Annex 10a or 10b)
   o Notify suspected case of COVID-19 to PKD.

f. If home surveillance is deemed unsuitable, to consider admitting patient to a quarantine station (Annex 32)

All patients fulfilling suspected case of COVID-19 criteria require notification to the nearest PKD using notification form as soon as possible (Annex 7).

INFECTION PREVENTION AND CONTROL (IPC) – refer to Annex 8

1. All health care workers involved in managing the suspected case shall adhere to the Infection prevention and Control Guideline at all time.

2. Personal Protective Equipment (PPE) shall be used per recommendation in the Infection Prevention and Control Guideline in Annex 8
Flow Chart of Management of Suspected Case Not Admitted

A person fulfil criteria for Suspected Case (refer Annex 1)

Not Fulfill

Criteria for Admission (Annex 2)

Fulfill

Screening centre
- Take 1st sample and sent to designated lab (Annex 4a)
- Explain regarding COVID-19 infection and risk of transmission to family and community
- Ask patient to download and registered into MySejahtera app – Annex 42
- Give patient Home Assessment Tool (Annex 10) together hand-out / pamphlet about COVID-19 infection
- Notify suspected case to PKD and fill patient information into e-COVID

Pejabat Kesihatan Daerah (PKD)
**Assisted by UKA Hospital where available**
- Visit case at home
- Serve Home Surveillance Order
- Conduct 14 days surveillance (i.e. from the date of last exposure to case using Annex 15)
- Refer case back to screening hospital if case has worsening of symptoms
- Update information at e-COVID

If symptom progress / new symptom developed

negative

Trace result

Continue home surveillance to complete 14 days

- Discharge home surveillance at Day 14
- Serve release order (Annex 17a)

positive

If symptom progress / new symptom developed

Refer for admission in Admitting hospital (Annex 2b)