GUIDELINES ON PRE-ADMISSION SCREENING OF CORONAVIRUS DISEASE 2019 (COVID-19)

1.0 Introduction

1.1 It is a challenge for us to balance between provision of safe and quality care to patients and ensuring safety of healthcare workers (HCW) during COVID-19 pandemic. Pre-admission screening is one of the strategies to reduce the risk of hospital acquired COVID-19 both to patients and HCW.

1.2 Nevertheless, appropriate PPE use, hand hygiene and standard precautions should be the major components in preventing the spread of COVID-19 in the hospital setting.

1.3 This guideline is to assist HCW in screening the targeted group of patients prior to their admission. All patients as per case definition of COVID-19 guideline, SARI and pre-operative patients should be screened in accordance to existing guidelines and not to be included as pre-admission screening.

1.4 Screening process is based on MOH recommendations for COVID-19 which is generic across all disciplines. Detail design must be decided by the individual Hospital COVID-19 Management Committee.

2.0 Objectives:

2.1 To mitigate the impact of COVID-19 in hospital facilities by;
   a. Reducing the risks of hospital acquired infection from unexpected exposures from either in-patients or HCWs.
   b. Reducing the risk of closure of units and/or interruption of essential services such as Emergency and Trauma Department (ETD), wards, Operation Theatre (OT), Intensive Care Unit (ICU) and others.
   c. Protecting health care workers and in-patients.

2.2 To control the COVID-19 transmission
   a. Enable rapid response for containment.
   b. Prevention of transmission within hospital facilities and early tracing for contact outside the hospital.
   c. Early detection and management of COVID-19 cases, especially in high prevalence of COVID-19 areas (e.g.: Red zone areas).

3.0 Target group.

3.1 Non-SARI patients require supplemental oxygen e.g., acute pulmonary oedema.

3.2 Patients from high-risk settings:
   a. Dialysis center
   b. Institutionalized care - detention camp/ police custody/ detainees/ prison/ old folk home, working at a healthcare facility.
3.3 Patients who are at risk to develop severe or complication of COVID-19 infection:

a. Patients who may require ventilator support or ICU care.

b. Special groups:
   i. Immunocompromised patients including;
      ▪ Solid or bone marrow transplant recipients,
      ▪ People with cancer undergoing active chemotherapy, cancers of the blood and bone marrow,
      ▪ HIV infected ART patients,
      ▪ Asplenia / Splenectomised
      ▪ Patients on prolonged corticosteroids or high dose steroids > 20mg or other immunosuppressive.
   ii. End Stage Renal Disease

4.0 Who should perform the screening?

Decision on who should perform the screening is to be made by the Hospital COVID-19 Management Committee of individual hospitals.

5.0 Where to perform the screening?

5.1 Patients referred from outside hospitals:

a. To be done at a referral center.
   i. All patients referred from both private and government health facilities should be screened at the referring center.
   ii. Screening should be done for patients referred from both Government Health Clinics and Private General Practitioner if a test is available and should be carried out at receiving hospitals if no tests are obtained at referring facilities.
   iii. In the case of emergency referral, the transfer must not be delayed. The patient’s result can be informed to the admitting hospital after the transfer.

b. For patients who have been previously tested for COVID-19 by the referring hospital, a repeat COVID-19 test should be done after 5 days or earlier in the following scenarios:
   i. When patient develop new onset of symptoms such as ILI or SARI
   ii. New evidence of epidemiological link (e.g., household contact COVID-19 positive)
   iii. Outbreak in the unit in the hospital (for patients who are admitted)
6.0 Screening process

6.1 There are three steps in the screening process (i.e., COVID-19 declaration form - by patient, COVID-19 screening from – by healthcare worker and COVID-19 screening test using RTK-Ag).

6.2 Questionnaires:

Healthcare worker managing cases should categorize patients into appropriate group as in Appendix 1 (COVID-19 Disease Pre-admission Screening Form). All target group patients should fill up COVID-19 Declaration Questionnaire as in Appendix 2 (either in English / in Bahasa Malaysia). Both forms should be attached together in patient's folder. Those who are categorized as suspected and probable cases of COVID-19 will be managed as in the COVID-19 guideline. The declaration form can be filled up at any entry point for admission e.g., ETD, admission lounge or Pre-admission COVID-19 Screening Area (PACSA). COVID-19 screening test will be done in PACSA.

6.3 Screening test:

a. Testing procedures must be explained to patients.

b. Preparation and test procedure must follow COVID-19 screening guidelines using RTK-Ag test.

c. Enter patients’ details into SIMKA under pre-admission screening.

6.4 Important points to note:

a. Patients with RTK-Ag positive test results may require confirmatory tests under certain clinical scenarios or epidemiology linkage to COVID-19.

b. Negative results on admission do not preclude COVID-19 and should not be used as the sole basis for patient management decisions.

c. Patients who have COVID-19 RTK-Ag negative results but have compatible symptoms as listed in case definition, may require a confirmatory (RT-PCR) test.

7.0 Handling patients’ results

7.1 Test results should be made available as soon as possible, with laboratory turn-around-time (LTAT) for RTK-Ag preferably within 30-90 minutes and RT-PCR within 48 hours.

7.2 Result must be documented in the case note and informed to the medical officer in-charge of the patient.

7.3 Patient result and management: (refer Appendix 3)
a. Patients with RTK-Ag positive should be isolated in a cohort area and should undergo RT-PCR testing to confirm the COVID-19 status.

b. Patients with RTK-Ag negative can be directly admitted to non-COVID-19 wards. However, the physician in-charge may request a RT-PCR test based on case-to-case assessment when there is concern of false negative test.

7.4 Notify and register RTK-Ag positive cases and confirm COVID-19 cases to the nearest District Health Office (PKD) for prevention and control purposes.

8.0 Patient’s placement: Pre-admission COVID-19 Screening Area (PACSA)

8.1 PACSA is a designated cubicle, transit area or transit ward for COVID-19 screening of the target group patient’s pre-admission, while waiting for the swab test results.

8.2 Hospital COVID-19 Management Committee should identify a suitable area for PACSA and its selection should consider the following:

   a. Environmental factors and safety of HCWs must be considered (hazard risk). Area identified must have good ventilation and/or biosafety cabinets.
   b. Identify a suitable area (avoid pre-existing congested area).
   c. Identified area could be:
      i. A transit area or;
      ii. Cubicles in ward or;
      iii. Ward

8.3 Infections Prevention and Control (IPC) recommendations should apply to ALL target group patients and HCWs in PACSA².

   a. Patients should be put in recommended distances at least 1-meter apart².
   b. Where available, ventilated patients should be managed in a negative pressure room¹.
   c. Appropriate PPE must be used at all times²
   d. The use of non-critical patient-care equipment must follow IPC recommendations².

8.4 Family and carers.

   a. No family members and carers are allowed in PACSA unless patients require assistance.
   b. Dependent patients accompany / parents must be screened.

9.0 Transfer of patients post screening in PACSA

9.1 Strict infection, prevention and control measures to be adhered at all times and minimize any risk of exposure

9.2 Receiving ward must be notified of the testing result prior to transfer.

9.3 Pre-admission screening results must be shared / brought along to the receiving ward.
10.0 Conclusion:

Although pre-admission screening is in place, it does not substitute standard and transmission-based precaution; PPE use; hand hygiene and other infection preventive measures, which are the major components in decreasing the spread of COVID-19 in the hospital setting.
COVID-19 PRE-ADMISSION SCREENING FORM.

Name: 
IC / Passport no: 
MRN: 
Patient’s Contact Number: 
Family / Contact Person Number: 
Primary Department: 

Target group: 
(TICK √ WHERE APPROPRIATE) 
(To be filled by healthcare worker/screening officer)

<table>
<thead>
<tr>
<th>Target group</th>
<th>Tick (√)</th>
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<tbody>
<tr>
<td>1  Non-SARI patients requiring supplemental oxygen e.g., acute pulmonary oedema.</td>
<td></td>
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<tr>
<td>2  Patients from high-risk settings e.g.,</td>
<td></td>
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<tr>
<td>a. Dialysis center</td>
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<tr>
<td>b. Institutionalized care - detention camp/ police custody/ detainees/ prison/ old folk home, working at a healthcare facility.</td>
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<tr>
<td>3  Patients who are at risk to develop severe or complication of COVID-19 infection:</td>
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<tr>
<td>a. Patients who may require ventilator support or ICU care.</td>
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<td>b. Special groups:</td>
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<tr>
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<td>● Solid or bone marrow transplant recipients</td>
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<td>● People with cancer undergoing active chemotherapy, cancers of the blood and bone marrow</td>
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<td>● HIV infected on ART therapy</td>
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<td>● Asplenia / Splenectomised</td>
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<td>● Patients on prolonged corticosteroids or high dose steroids &gt; 20mg or other immunosuppressive.</td>
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<td>ii. End Stage Renal Disease</td>
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COVID-19 DECLARATION FORM (PATIENT/CARER)
(Individual facility may amend the form according to the need of local setting)

**A. EPIDEMIOLOGICAL LINK**

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<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>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: __________________________</td>
<td></td>
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<tr>
<td>2</td>
<td>Residing or travel to an area with community transmission anytime within the 14 days prior to sign &amp; symptom onset. If yes, please specify the area: __________________________</td>
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<tr>
<td>3</td>
<td>Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior to sign &amp; symptom onset. If yes, please specify the health care setting: __________________________</td>
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<tr>
<td>4</td>
<td>Linked to a COVID-19 cluster within the past 14 days prior to sign and symptom onset.</td>
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<td>5</td>
<td>Close contact to a confirmed case of COVID-19, within 14 days before onset of illness. If yes, please answer questions a to c:</td>
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<tr>
<td></td>
<td>a. Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient</td>
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<td></td>
<td>b. Traveling together with COVID-19 patient in any kind of conveyance</td>
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<td></td>
<td>c. Living in the same household as a COVID-19 patient</td>
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**B. SYMPTOMS**

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<tr>
<td>2</td>
<td>Cough</td>
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<td>3</td>
<td>General weakness /Fatigue</td>
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</tr>
<tr>
<td>6</td>
<td>Sore throat</td>
<td>13</td>
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<tr>
<td>7</td>
<td>Coryza</td>
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</table>

STOP COVID-19!
YOUR HONESTY CAN SAVE MANY LIVES INCLUDING HEALTH CARE WORKERS.
MAKE SURE YOU REGISTER IN MySejahtera

Ministry of Health Malaysia
28 May 2021
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

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<tr>
<td>1</td>
<td>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:</td>
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<td>2</td>
<td>Adakah anda menetap / melawat ke kawasan dengan penularan komuniti dalam tempoh masa 14 hari sebelum gejala bermula. Jika YA, nyatakan nama tempat yang dilawati:</td>
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<tr>
<td>3</td>
<td>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:</td>
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<tr>
<td>4</td>
<td>Adakah anda mempunyai kaitan dengan mana-mana kluster COVID-19 dalam tempoh masa 14 hari sebelum gejala bermula?</td>
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<tr>
<td>5</td>
<td>Adakah anda merupakan kontak rapat kepada individu yang disahkan positif COVID-19 dalam masa 14 hari. Jika YA, sila jawab soalan a hingga c:</td>
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<td>c. Tinggal serumah dengan individu yang disahkan positif COVID-19.</td>
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B. GEJALA

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Tandatangan Anggota Kesihatan: Tandatangan Anggota Kesihatan Yg Menyaring:
Nama: ___________________________________________ Nama: ________________________________
No. Kad Pengenalan: _____________________________ No. Kad Pengenalan: _________________________
Tarikh: _________________________________________ Tarikh: _________________________________

HENTIKAN COVID-19!
KEJUJURAN ANDA BOLEH MENYELAMATKAN RAMAI NYAWA TERMASUK ANGGOTA KESIHATAN.
PASTIKAN ANDA MENDAFTAR DI DALAM MySejahtera

Ministry of Health Malaysia
28 May 2021
FLOWCHART OF PRE-ADMISSION COVID-19 SCREENING

Target group patient

COVID-19 screening declaration questionnaire

PACSA

RTK-Ag Test (screening)

Result

Positive

RT-PCR Test (diagnostic)

Results

Positive

Transfer to COVID-19 ward

Negative

Transfer to Non-COVID-19 ward

*Note: Physician in-charge may request a RT-PCR test based on case-to-case assessment when there is concern of false negative test.
References:

1. COVID-19 Management Guidelines in Malaysia
2. Policies and Procedures on Infection Prevention and Control – Ministry of Health Malaysia; 2019
3. *Surat Pekeliling Ketua Pengarah Kesihatan Malaysia Bil. 3/2021 Strategi Bagi Melandaikan Keluk Pandemik COVID-19*