

GUIDELINES OF INFECTION CONTROL AND CLINICAL MANAGEMENT OF SEVERE ACUTE RESPIRATORY INFECTIONS (SARI) / PNEUMONIA TRO COVID-19

1. CASE DEFINITION OF SARI

An acute respiratory infection with:

- I. History of fever or measured fever of $\geq 38\text{C}^{\circ}$;
- II. and cough;
- III. with onset within the last 10 days; and
- IV. requires hospitalization.

Consider COVID-19 as a possible aetiology of patients with SARI under certain conditions (history of travelling, mass gatherings, religious gatherings etc.)

2. INFECTION PREVENTION & CONTROL MEASURES AT POINT OF ENTRY

- 2.1.** Initiate Infection Prevention and Control (IPC) at the point of entry of the patient to hospital.
- 2.2.** Screening questions of possible COVID-19 should be done at first point of contact at the emergency department or outpatient department/clinics.
- 2.3.** All patients presented with respiratory symptoms should be given a surgical mask if not contraindicated and directed to a dedicated waiting area. For children > 2-year-old, CDC recommended wearing face mask / cloth face covering.
- 2.4.** Keep at least 1m radius distance (preferably 2m) between patients. However, for patients with aerosol generating condition (e.g. on high flow mask and nebuliser) preferably to be placed in a single isolation room with attached bathroom.
- 2.5.** Standard precautions +/- droplets precaution (whenever applicable) should always be adhered by all healthcare workers (HCWs) and applied in all areas of the health care facilities.

- 2.6. Standard precautions include hand hygiene and the use of personal protective equipment (PPE) during direct and indirect contact with patients' blood, body fluids, droplets secretions (including respiratory secretions) and non-intact skin.

3. INFECTION PREVENTION & CONTROL MEASURES IN THE WARD

- 3.1. Designated ward for SARI/Pneumonia cases:

- a. Preferably single room with attached bathroom.
- b. If not available, cohorting in cubicle or room with at least 1m radius distance (preferably 2m) between patients.

- 3.2. All patients should be asked to wear surgical mask as long as possible.

- 3.3. HCWs managing patients in SARI cubicles (with a distance of >1m) should use minimum PPE of surgical mask and frequent hand hygiene practice throughout their shift.

- 3.4. HCWs coming into patient areas (with a distance of < 1m) should use PPE as below:

- a. Surgical mask, long sleeved plastic apron, non-sterile gloves, and eye protection (face shield/goggles).
- b. Strict doffing procedure must be practiced.

- 3.5. HCW performing sampling of Oropharyngeal/Nasopharyngeal swab should use PPE as below:

- a. N95 mask, eye protection (face shield/goggles), long sleeved apron, non-sterile glove.
- b. Strict doffing procedure must be practiced.

- 3.6. HCWs must comply **with PPE usage and hand hygiene practices at all time.**

- 3.7. If performing aerosol generating procedures (AGP), HCWs must use appropriate PPE in accordance to airborne and droplets precautions.

- 3.8. Frequently clean and disinfect surfaces of high touch areas in the ward such as bed railings, over bed table etc.

- 3.9. All equipment and material used in the ward should be disinfected.

4. INSTRUCTIONS FOR PATIENTS/ CAREGIVER

- 4.1.** To remain within the confines of the room / bed area and to call should they require any assistance. For paediatric patient < 15 years old, only one caregiver maybe allowed to accompany. This caregiver will be is instructed to follow IPC.
- 4.2.** Visitors strictly not allowed.
- 4.3.** Basic necessities (clothing, food etc.) will be provided.
- 4.4.** Prohibited from taking photos/disseminating news on admission to social media.
- 4.5.** Ensure surrounding areas clean and dispose tissues/wet towels in provided bins.
- 4.6.** To inform the staff if patient have any drug or food allergy.
- 4.7.** Always wear the face mask especially when the staffs come into the room and follow the cough etiquette.
- 4.8.** Keep yourself hydrated.
- 4.9.** Limit yourself to others to at least 1 meter

Please inform the HCWs immediately if you experiencing any of the following symptoms:

- i. Difficulty in breathing (gasping of breath or rapid breathing)/ noisy breathing.
- ii. Cyanosis/ turning blue
- iii. Coughing up blood.
- iv. Chest pain which do not abate/ resolve
- v. Persistent diarrhoea/ vomiting/ poor feeding
- vi. Lethargy

5. COVID-19 SCREENING TEST

- 5.1.** Inform laboratory prior to screening of COVID-19.
- 5.2.** Get the sample box from microbiology laboratory.

5.3. Label the sample container and Viral transport medium (VTM) tube with the patient's name and details.

5.4. Laboratory request form must be filled by Medical Officer and signed by specialist as SARI TRO COVID-19.

5.5. All laboratory request form should be labelled as "**SARI TRO COVID-19**"

5.6. Fill in the Syndromic Notification Form for SARI

5.7. Triple packaging for Nasopharyngeal/ Oropharyngeal samples.

If the result is **POSITIVE**:

- a. Call the COVID TEAM to transfer to confirmed COVID-19 ward.
- b. Notification for "*Notifikasi Penyakit Berjangkit Perlu Dilaporkan*" must be done immediately (not needed if result is negative).

If result is **NEGATIVE**

- a. If result is negative and patient improved with current empirical management, transfer out to respiratory ward or to other general wards where beds are available.

6. CLINICAL MANAGEMENT OF SARI/ PNEUMONIA TRO COVID-19

6.1. All patients with suspected pneumonia should be managed in Suspected/SARI wards with adequate PPE [Eye protection (face shield/goggles), surgical mask, isolation gown/ long sleeved plastic apron and gloves].

6.2. All cases must be fully investigated for the aetiology.

6.3. All SARI/Pneumonia cases should be screened for COVID-19 using RT-PCR.

6.4. Cases must be discussed with Infectious Disease Physician/Paediatrician/Intensivist/Anaesthetist when the need arise.