

**GUIDELINE ON HOME MONITORING
AND MANAGEMENT OF
CONFIRMED COVID-19 CASES IN PRIMARY CARE
BY PRIVATE MEDICAL PRACTITIONERS**

*(Earlier versions known as Guidelines on Home Monitoring and Clinical Protocol at Primary Care For
Category 1 And Category 2 (Mild) Confirmed COVID-19 Cases By Private Medical Practitioners)*

**FAMILY HEALTH DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA
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TABLE OF CONTENTS

Contents

1. INTRODUCTION.....	1
2. OBJECTIVES OF HOME MONITORING BY PRIVATE MEDICAL PRACTITIONERS (PMP)	1
3. ASSESSMENT AND HOME MONITORING BY APPOINTED PRIVATE MEDICAL PRACTITIONERS....	2
4. ASSESSMENT AND HOME MONITORING BY OTHER PRIVATE MEDICAL PRACTITIONERS.....	4
5. REGISTRATION OF PMP’s FOR PAYMENT	4
6. NOTIFICATION OF TEST RESULT.....	6
7. SUITABLE CAREGIVER	6
8. HOME CONDITION.....	6
9. ADHERENCE TO STANDARD OPERATING PROCEDURES.....	6
10. ROLE OF DISTRICT HEALTH OFFICE	6
11. CRITERIA FOR PMP TO ISSUE HOME SURVEILLANCE ORDER (HSO) AND PERFORM HOME MONITORING OF CATEGORY 1 AND CATEGORY 2 (MILD) CONFIRMED COVID-19 CASES	7
12. CLINICAL MANAGEMENT OF CATEGORY 1 AND CATEGORY 2 (MILD) CASES.....	12
13. CAT 2 Moderate, CAT 3, CAT 4 and CAT 5:	12
14. HOME MONITORING (ISOLATION) FOR COVID-19 OBSTETRIC CASES.....	12
15. COMPLETION OF HOME MONITORING	12
16. TRANSPORTATION	12
17. REFERRAL FOR ADMISSION	12
19. EQUIPMENT	13
20. RETURNS.....	13
21. PAYMENT MECHANISM.....	13
22. ADVERTISEMENT	14
23. REFERENCES.....	14
Appendix 1	15
TERMA RUJUKAN PELAKSANAAN PENGASINGAN ATAU PENGAWASAN KES COVID-19 KATEGORI 1 DAN KATEGORI 2a (RINGAN) DI RUMAH / TEMPAT KEDIAMAN OLEH PENGAMAL PERUBATAN SWASTA.....	15
Appendix 2	17
MINIMUM EQUIPMENT REQUIRED FOR PMP/ CAC GP FOR HOME MONITORING	17
Appendix 3	18
PELAPORAN RETEN PEMANTAUAN DI RUMAH OLEH PMP/CAC GP KEPADA PKD.....	18
Appendix 4	20
KAMUS RETEN HARIAN PMP	20
Appendix 5	21
FLOW CHART FOR PAYMENT OF OUTSOURCING HOME MONITORING OF CATEGORY 1 AND CATEGORY 2 (MILD) CONFIRMED COVID-19 CASES BY GPs	21

Appendix 6	22
BPKK/ HM 05/2021	22
Borang Tuntutan Home Monitoring oleh Pengamal Perubatan Swasta	22
Appendix 7	25
BPKK 08/2021	25
BORANG PENDAFTARAN PENGAMAL PERUBATAN SWASTA YANG MEMULAKAN KHIDMAT PEMANTAUAN DI RUMAH KES COVID-19 KATEGORI 1 &KATEGORI 2 (RINGAN).....	25

ACRONYMS

CAC	-	COVID-19 Assessment Centre
CPRC	-	Crisis Response and Preparedness Centre
DHO	-	District Health Office
FMS	-	Family Medicine Specialist
HAT	-	Health Assessment Tool
JKN	-	Jabatan Kesihatan Negeri
PKD	-	Pejabat Kesihatan Daerah
PKRC	-	Pusat Kuarantin dan Rawatan COVID-19 Berisiko Rendah
VCAC	-	Virtual COVID-19 Assessment Centre

1. INTRODUCTION

The COVID-19 pandemic has challenged the health care capacity of many countries including Malaysia. The steady increase in the number of COVID-19 cases daily has stretched the ability to admit them to hospitals or *Pusat Kuarantin dan Rawatan COVID-19 Berisiko Rendah* (PKRC). Eighty percent of COVID-19 cases are asymptomatic and can therefore be monitored at home.

COVID-19 Assessment Centres (CAC) can be established in primary care to assess and determine a care plan for COVID-19 cases to be monitored at home. This document will provide the mechanism of home monitoring for asymptomatic Category 1 (CAT 1) or mildly symptomatic Category 2 (CAT 2) COVID-19 cases in primary care. It will assist the state health departments in coping with high numbers of COVID-19 cases requiring admission to hospitals and PKRC.

This centre can be setup at health clinics (Klinik Kesihatan)/ Klinik Desa/ Klinik Komuniti/General Practitioner (GP) clinics or other suitable facilities identified by the district health office (DHO)/ state health department. CAC GP's refers to private medical practitioners operating in GP clinics, while CAC PMP's (Private Medical Practitioners) refers to both medical officers operating in private hospitals/ private medical centres as well as CAC GP's.

This updated guideline for PMPs is meant to be read together with Annex 2m.

2. OBJECTIVES OF HOME MONITORING BY PRIVATE MEDICAL PRACTITIONERS (PMP)

- i. To identify and assess cases who are suitable to be monitored at home;
- ii. To monitor and assess cases at home using standardised tools;
- iii. To identify and assess cases with disease progression; and
- iv. To identify cases and coordinate referral to PKRC or hospital.

3. ASSESSMENT AND HOME MONITORING BY APPOINTED PRIVATE MEDICAL PRACTITIONERS

- i. Appointed PMP's are those who have received "Arahan Pelantikan sebagai Pegawai Diberi Kuasa di bawah Seksyen 3, Akta 342" by the Minister of Health, applicable until 30 June 2022, or until a date to be made known later;
- ii. PMP will receive results of confirmed COVID-19 cases from the laboratory/ from the patients;
- iii. All patients who need to attend the CAC PMP physically should make an appointment;
- iv. Patient with Category 1 or Category 2A (Mild) if instructed through SMS or Robocall can attend CAC PMP if preferred by patient;
- v. Any patient who attends CAC PMP should be assessed first and not refused care.
- vi. List of CAC PMP is available at the COVID MOH website under <https://covid-19.moh.gov.my/fasiliti-kesihatan/fasiliti-swasta-untuk-hso-dan-gelang-pengawasan-serta-pemantauan-di-rumah>.
- vii. Confirmed COVID-19 cases are clinically assessed on their suitability for home monitoring or need for admission to PKRC/ hospitals (Refer Annex 2m);
- viii. PMPs (General Practitioners or Medical Officers in private hospitals) may perform virtual home monitoring for COVID-19 Category 1 and Category 2 (mild) cases although the patient is not registered under their care. However, this applies only during the COVID-19 pandemic, or until a date to be made known later.
 - PMPs are also advised to take all safety measures pertaining to medical ethics prior to offering virtual consultation to patients who are not seen physically face-to-face;
 - During the virtual consultation, if the PMP is unable to ascertain the symptoms stated by the patient, the patient needs to be seen physically so that the PMPs can perform a physical examination face-to-face.
- ix. Clinical assessment will depend on age, symptoms and comorbidities of patient. The cases are categorised clinically and managed according to the category (Refer Annex 2m);
- x. If referral is required for patients with ill condition, they should be immediately referred to the nearest emergency department. For patients who are more stable, need to liaise with the local referral centre for admission (Refer Annex 2m);

- v. Patients who do not fulfil the admission criteria are required to undergo home isolation. They need to be advised on the SOPs and Self-Care and discuss on the availability of caregiver for certain patients as well as home condition;(refer Annex 2m)
- xi. Patients with no digital HSO, Issue Home Surveillance Order (HSO) to CAT 1 and CAT 2 Mild cases or their close contacts [Annex 14, COVID-19 Management Guidelines in Malaysia No.5 / 2020,
- xii. The confirmed cases have to update their health status daily in MySejahtera or use the *Home Assessment Tool* (HAT) (Refer Annex 2m);
- xiii. Advise patient on self-care at home;
- xiv. Provide patient with PMP's contact number;
- xv. Monitor patient's condition through telephone call/ virtual clinic/ Virtual Health Advisory using Adult/ Paediatric COVID-19 Home Assessment Tool for Health Care Provider (refer annex 2m) on an individual basis and not via group chat;
- xvi. Advise the patient to update their health status twice daily using the Health Assessment Tool (HAT) in MySejahtera. Those who do not have access to MySejahtera can use the HAT form (refer Annex 2m)
- vi. Provide COVID-19 Patient Discharge Note (if required) (refer Annex 2m);
- xvii. For patients without a digital HSO, evaluate and discharge patients who have completed the home isolation period and issue the Release Order (RO), (refer Annex 17, COVID-19 Management Guidelines in Malaysia No.5);
- xviii. Submit home monitoring returns to DHO (Appendix 3) by obtaining soft copy link from DHO upon submitting 'Borang Pendaftaran BPKK 08/2021 to DHO).
 - In the event the PMP is practicing at more than one place of practice located in two or more different districts, the PMP should register with the respective DHOs' and submit returns to each DHO;
 - Section 20(6) Medical Act 1971 states the need for the PMP to state the main place of practice and all other places of practice in the Annual Practising Certificate within 30 days of a change. If the PMP is practicing at a new place not listed in the current Annual Practising Certificate (APC), the PMP should apply to the Malaysian Medical Council (MMC) for the additional place of practice to be listed in the APC.
- xix. For those without digital HSO and RO, PMPs may only provide the HSO, and RO, besides performing home monitoring. This includes cases aged under 18 years, whereby the name of the parent/guardian is also written on the document, besides the patients' name.

- xx. Appointed PMPs cannot offer compounds to cases.
- xxi. Privileges offered to appointed PMPs are only applicable until 30 June 2022, or until a date to be made known later.
- xxii. Please refer to Figure 1 for the work process flow by appointed PMPs.

4. ASSESSMENT AND HOME MONITORING BY OTHER PRIVATE MEDICAL PRACTITIONERS

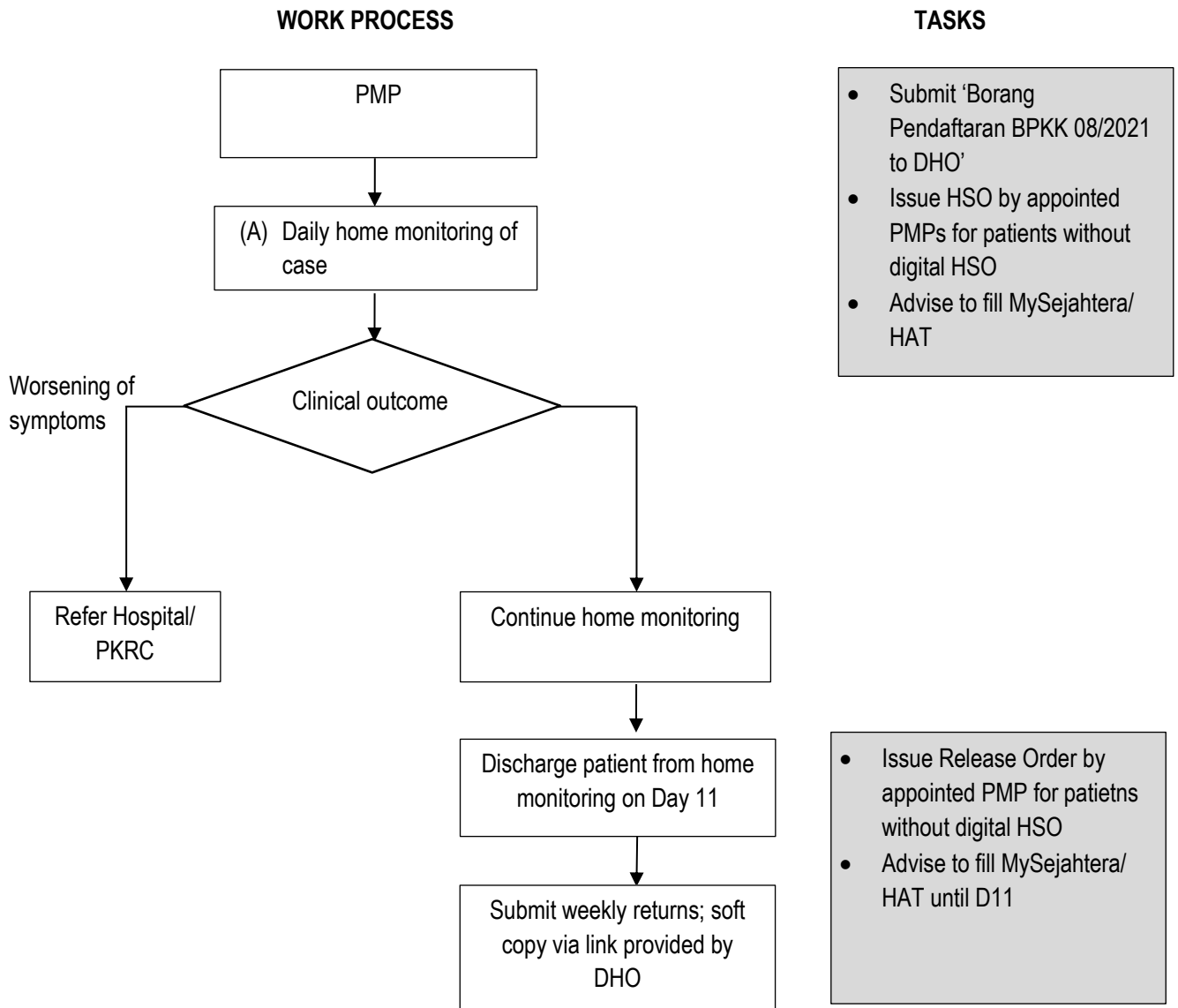
Other PMP's refer to those who have not applied for nor received "Arahan Pelantikan di bawah Seksyen 3, Akta 342" by the Minister of Health. They may still offer home monitoring services as in section 3 above, but may not issue HSO/ RO or claim from DHO for home monitoring services. They still need to register with the DHO prior to starting home monitoring, and need to submit returns to the DHO as specified above.

5. REGISTRATION OF PMP's FOR PAYMENT

This is only applicable to PMP's who are GPs who have received the 'Surat Arahan Pelantikan' and have registered themselves at the DHO with 'Borang Pendaftaran BPKK 08/2021'. PTJ (DHO) CREATES name of GP in the iGFMAS system through the 'DATA INDUK- MAKLUMAT PEMBEKAL' module.

Payment of GP's by DHO is subject to availability of government funding. DHO will advise GP's on this matter.

FIGURE 1: MANAGEMENT OF CONFIRMED COVID-19 CASE BY PMPs APPOINTED UNDER ACT 342 FOR HOME MONITORING



6. NOTIFICATION OF TEST RESULT

Patient can receive their test result through:

- i. MySejahtera;
- ii. Requestor (PMP/ Hospital/ Health Facility);
- iii. District Health Office; or
- iv. Self test

(Refer Annex 2m).

7. SUITABLE CAREGIVER

Refer Annex 2m.

8. HOME CONDITION

Refer Annex 2m.

9. ADHERENCE TO STANDARD OPERATING PROCEDURES

Refer Annex 2m.

10. ROLE OF DISTRICT HEALTH OFFICE

10.1 FOR APPOINTED CAC GPs

- i. DHO receives list of appointed GPs from the State Health Department.
- ii. DHO registers appointed GP by receiving 'Borang Pendaftaran BPKK 08/2021' from GP, and keeps a database of registered gazetted GPs.
- vi. For payment purposes, the PTJ (DHO) CREATES name of GP in the iGFMS system through the 'DATA INDUK- MAKLUMAT PEMBEKAL' module. DHO must ensure they have a ROLE in iGFMS to CREATE and UPDATE 'Penerima Bayaran Bukan Pembekal (PANS)' in the 'Data Induk – Maklumat Pembekal' module. In order to apply for the ROLE, DHO must update 'Borang Kew.290E-01-PIN.1/18' (Borang Permohonan Capaian Penggunaan dan Had Kuasa PTJ).

- vii. DHO verifies claims of GPs based on returns (Appendix 3).
- viii. DHO to ensure payment of claims is done.
- ix. DHO to provide soft copy link for returns and monitor returns.
- x. Privileges offered to appointed PMPs, including payment, are only applicable until 30 June 2022, or until a date to be made known later.
- xi. To receive and investigate any complaints regarding services provided by CAC GPs.

10.2 FOR NON-APPOINTED CAC GPs'

- i. DHO registers PMP by receiving 'Borang Pendaftaran BPKK 08/2021' from PMP and keeps a database of registered gazetted PMPs.
- ii. DHO to verify GP's MMC full registration and APC.
- iii. DHO to provide soft copy link for returns and monitor returns.
- iv. To receive and investigate any complaints regarding services provided by appointed PMPs.

10.3 FOR OTHER PMPs'

- i. PMP's (Medical officers in private hospitals/ medical centres, and private CACs (Standalone private facility outside a healthcare facility; refer Annex 2q)
- ii. DHO registers PMP by receiving 'Borang Pendaftaran BPKK 08/2021' from PMP and keeps a database of registered PMPs.
- iii. DHO to verify GP's MMC full registration and APC.
- iv. DHO to provide soft copy link for returns and monitor returns.
- v. To receive queries and assist PMPs where suitable.
- vi. To receive and investigate any complaints regarding services provided by PMPs.

11. CRITERIA FOR PMP TO ISSUE HOME SURVEILLANCE ORDER (HSO) AND PERFORM HOME MONITORING OF CATEGORY 1 AND CATEGORY 2 (MILD) CONFIRMED COVID-19 CASES

11.1 CRITERIA FOR PMP TO ISSUE HSO

- i. The PMP that issues the HSO has to be appointed as *Pegawai Diberi Kuasa (PDK)* per "ARAHAN PELANTIKAN DI BAWAH SEKSYEN 3 AKTA

PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT (AKTA 342) by the Health Minister”.

- ii. The application form for appointment as *Pegawai Diberi Kuasa (PDK)* may be completed online at https://docs.google.com/forms/d/e/1FAIpQLSdnoapWuQcKAfY-YS7TiO_TPR13V2DBc_irAeR773-N_YVdA/viewform, or by emailing homemonitoringHSOBPKK@gmail.com for further information. The online application form is opened from time to time depending on the need and requirement from MOH and is informed to all state health departments and GP associations. However, applications are screened, vetted and processed by the Legal Division, MOH in batches and not individually. Letter of appointment from the Minister of Health will be e-mailed to those successfully appointed.
- iii. Appointed PMP to adhere to the terms of reference in the “**ARAHAN PELANTIKAN DI BAWAH SEKSYEN 3 AKTA PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT (AKTA 342)**” (Refer Appendix 1). The Clinic/ Hospital where the PMP is practising must be registered under Act 586 Private Healthcare Facilities and Services Act 1998, and home monitoring services including issuing HSO/ RO performed within the clinic premises only. Appointments of patients may be arranged in such a way to allow easy sanitisation of premises, and prevent patients being in the same area as other general patients. PMP must adhere to the Guidelines on Home Monitoring and Clinical Protocol at Primary Care for Category 1 and Category 2 (Mild) Confirmed COVID-19 Cases by PMPs.
- iv. PMP to register at the nearest DHO by submitting 'Borang Pendaftaran BPKK 08/2021' (Appendix 7) to the DHO, either via email or in person.
- v. DHO verifies documents submitted by PMP and provides link for soft copy of returns.
- vi. Privileges offered to appointed PMPs are only applicable until 30 June 2022, or until a date to be made known later.
- vii. Please refer to Figure 2 for the work process for appointed PMPs to issue HSO.

11.2 CRITERIA FOR PMP TO PERFORM HOME MONITORING

- i. All PMP whether appointed as per “**ARAHAN PELANTIKAN DI BAWAH SEKSYEN 3 AKTA PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT (AKTA**

- 342)” as *Pegawai Diberi Kuasa* (PDK) or not, may perform home monitoring for patients.
- ii. All patients may be seen by the PMP, regardless of whether they are a prior registered patient of the PMP, or not. There is no need for a physical examination via face-to-face consultation before virtual home monitoring services are offered. This is a condition stipulated for use during the pandemic crisis only or until informed later.
 - iii. However, only appointed GPs may claim payment from the DHO.
 - iv. The Clinic/ Hospital where the PMP is practising must be registered under Act 586; Private Healthcare Facilities and Services Act 1998, and home monitoring performed within the clinic premises only. Appointments of patients may be arranged in such a way to allow easy sanitisation of premises, and prevent patients being in the same area as other general patients.
 - v. PMP must adhere to this document (Annex 2n).
 - vi. PMP to register at the nearest DHO by submitting ‘Borang Pendaftaran BPKK 08/2021’ (Appendi 7) to the DHO, either via email or in person.
 - vii. DHO verifies documents submitted by GP and provides link for soft copy of returns.
 - viii. Please refer to Figure 3 for the work process for PMPs to perform home monitoring.

Figure 2: FLOW CHART FOR REGISTRATION OF APPOINTED PMPs FOR HOME MONITORING OF CONFIRMED COVID-19 CASES WITH ISSUANCE OF HOME SURVEILLANCE ORDER (HSO)

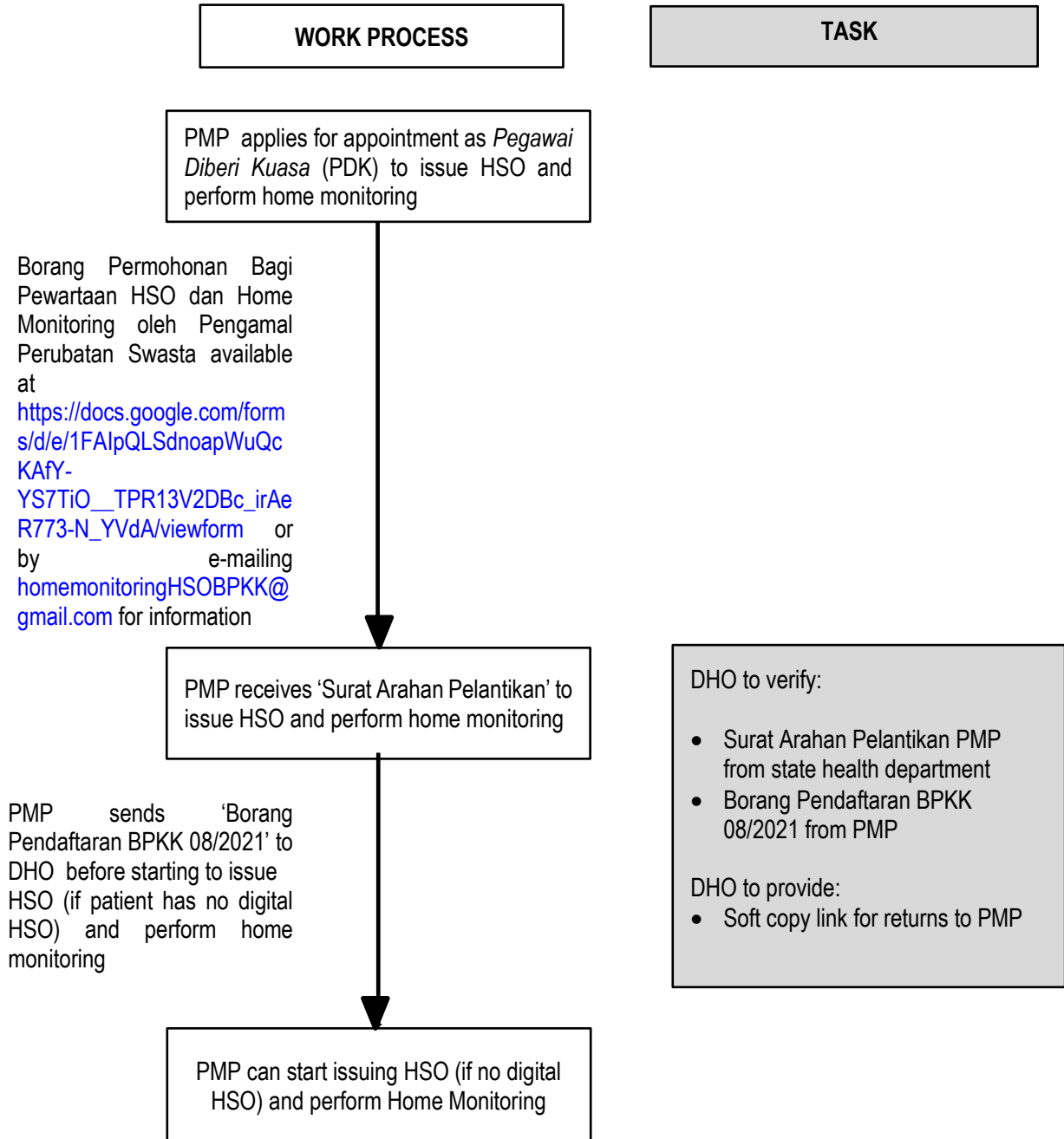
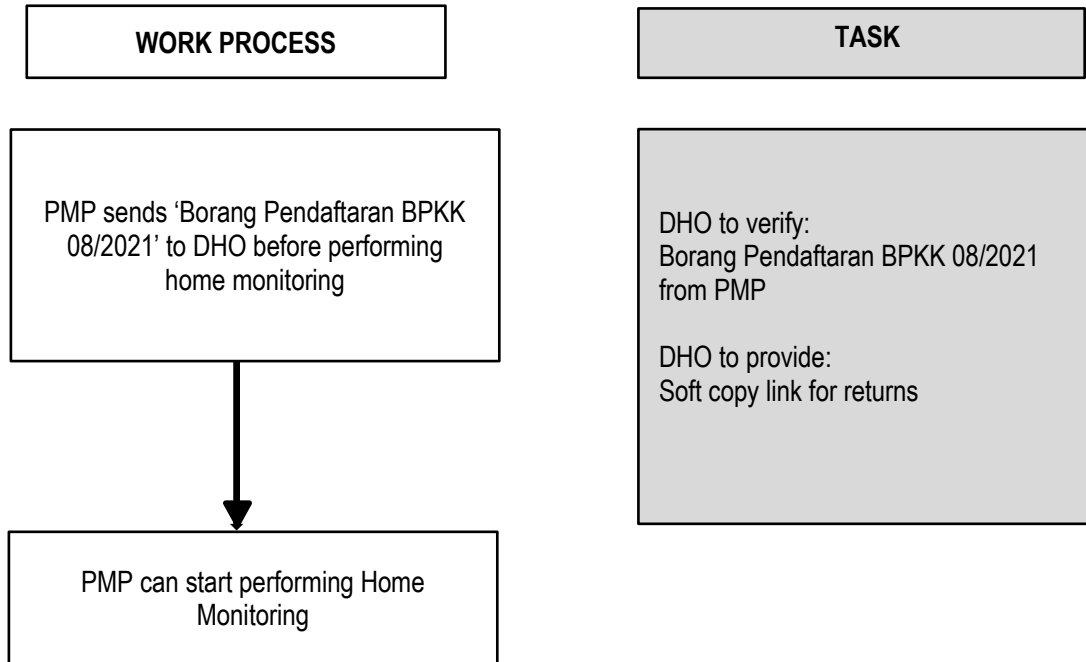


Figure 3: FLOW CHART FOR REGISTRATION OF OTHER PMPs FOR HOME MONITORING OF CONFIRMED COVID-19 CASES



12. CLINICAL MANAGEMENT OF CATEGORY 1 AND CATEGORY 2 (MILD) CASES

Refer Annex 2m.

13. CAT 2 Moderate, CAT 3, CAT 4 and CAT 5:

Refer Annex 2m.

14. HOME MONITORING (ISOLATION) FOR COVID-19 OBSTETRIC CASES

Refer Annex 2m.

15. COMPLETION OF HOME MONITORING

Patient can be discharged from Home Monitoring after completion of isolation period according to latest guideline (refer Annex 2m).

16. TRANSPORTATION

Refer Annex 2m.

17. REFERRAL FOR ADMISSION

- i. Coordination at the local level between PMP, DHO, PKRC and hospital must be well established;
- ii. GP can directly refer to hospital or PKRC if need be (with referral letter where possible). GP may also consult the Family Medicine Specialist (FMS) at the nearest government CAC/ primary health care clinic for any queries. PMP at other facilities to refer to their own organisations' tertiary care specialist for any queries.

18. INFECTION PREVENTION AND CONTROL BY PMP

Refer Annex 2m.

19. EQUIPMENT

The list of equipment required in the PMP premises is as in Appendix 2.

20. RETURNS

The returns are to be submitted to the respective DHO:

Appendix 3: Laporan Reten Pemantauan di Rumah Oleh CAC GP (CAC GP Home Monitoring Returns)

- ii. This report should be sent on a weekly basis; before 9am every Sunday.
- iii. DHO will send this report to the respective state health department. State health departments will compile the report from respective Districts before sending to the Family Health Development Division, MOH.

DHO may provide a link to softcopy the returns (Appendix 3 and 4) to facilitate data collection from respective PMPs/ CAC GP in their districts.

21. PAYMENT MECHANISM

Only appointed GPs (received 'Surat Arahan Pelantikan' and registered themselves at the DHO) may claim RM 10 per patient per day up to a maximum of 10 days of home monitoring performed.

Effective 1 March 2022, for cases who are fully vaccinated, or have received their booster dose, the home monitoring period is for 7 days. For cases with incomplete or no vaccination, the home monitoring period is for 10 days. (refer to latest COVID-19 Management Guidelines in Malaysia No.5 / 2020, available at <https://covid-19.moh.gov.my/semasa-kkm/2022/02/prosedur-pengurusan-kes-positif-dan-kontak-rapat-kes-covid-19-mengikut-status-vaksinasi-covid-19>)

However, in the event the GP has monitored the patient for less than the stipulated number of days, claims should only be made for the actual number of days home monitoring was performed. The forms are to be filled and sent to the DHO for processing payment. Payment is via the DHO. Refer to the flowchart on payment (Appendix 5) and Borang BPKK/ HM 05/2021, Borang Tuntutan Home Monitoring oleh Pengamal Perubatan Swasta (Appendix 6).

If the GP claims payment from the DHO, the GP should not charge any consultation fees to the patient for the same. PMPs who are not GPs are not eligible to claim payment from the DHO. Payment is only for positive cases and not for close contacts or other individuals.

Privileges offered to appointed PMPs (including payment) are only applicable until 30 June 2022, or until a date to be made known later.

Payment is made through the following module:

Perkara	Penyeragaman Perihal Bayaran	Kod Akaun	Kod Dana	Modul		Catatan
				Jenis Dokumen	Jenis Arahan Pembayaran	
Bayaran Penyumberluaran Pemantauan Pesakit COVID-19 Di Rumah	Bayaran Penyumberluaran Pemantauan Pesakit COVID-19 MM/YYYY	B0229101	P99	K2	Invois Tanpa PT	Bayaran Pemantauan Pesakit COVID-19 Di Rumah oleh Pengamal Perubatan

22. ADVERTISEMENT

PMPs are not allowed to advertise home monitoring or HSO services provided, under the Peraturan Lembaga Iklan Ubat, LIU 1976 (including on social media). PMPs are allowed to list the services offered within the facility and display within the facility itself. Only MOH may advertise these services offered by PMPs, via the official MOH website or social media.

23. REFERENCES

- i. COVID-19 Management Guidelines in Malaysia 05/2020 (updated 24 March 2022), Ministry of Health Malaysia.
- ii. Guidelines on Home Monitoring and Clinical Protocol at Primary are for Category 1 and Category 2 (Mild) Confirmed COVID-19 Cases (Annex 2m), COVID-19 Management Guidelines in Malaysia No.5 / 2020, available at <https://covid-19.moh.gov.my/garis-panduan/garis-panduan-kkm>

Appendix 1

TERMA RUJUKAN PELAKSANAAN PENGASINGAN ATAU PENGAWASAN KES COVID-19 KATEGORI 1 DAN KATEGORI 2a (RINGAN) DI RUMAH / TEMPAT KEDIAMAN OLEH PENGAMAL PERUBATAN SWASTA

1.0 Objektif

- 1.1 Sebagai rujukan kepada pengamal perubatan swasta dalam melaksanakan pengasingan atau pengawasan kes COVID-19 di rumah / tempat kediaman (*Home Surveillance Order* - HSO).
- 1.2 Memastikan pengamal perubatan swasta faham dengan tugas dan peranan yang dimainkan oleh mereka dalam membantu Kementerian Kesihatan Malaysia membuat pengawasan dan pemerhatian (HSO) **kes COVID-19** dan **kontak** termasuk **pengembara** yang pulang dari luar negara.

2.0 Terma Rujukan Peranan Pengamal Perubatan Swasta (PPS)

- 2.1 Bertanggungjawab terhadap pelaksanaan berkaitan ***Home Surveillance Order (HSO)*** termasuk:
 - 2.1.1 mengeluarkan surat Perintah Pengasingan Atau Pengawasan Orang Yang Dijangkiti Penyakit Koronavirus 2019 (COVID-19) atau Orang Yang Disyaki Dijangkiti Penyakit Koronavirus 2019 (COVID-19) di bawah Peraturan 12A.(1) Peraturan-Peraturan Pencegahan dan Pengawalan Penyakit Berjangkit (Langkah-Langkah di dalam Kawasan Tempatan Jangkitan) (Pelan Pemulihan Negara) 2021 [P.U. (A) 293/2021] ATAU surat Perintah Pengawasan dan Pemerhatian kontak rapat dan pengembara; sekiranya diperlukan oleh pesakit memandangkan semua pesakit, kontak rapat dan pengembara akan mendapat HSO digital;
 - 2.1.2 mengeluarkan surat Pelepasan Dari Menjalani Perintah Pengasingan atau Pengawasan ATAU Pengawasan Dan Pemerhatian di Tempat Kediaman Di Bawah Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988 [*Akta 342*] setelah tamat tempoh HSO sekiranya diperlukan oleh pesakit, kontak rapat atau pengembara memandangkan semua pesakit, kontak rapat dan pengembara akan mendapat HSO digital;
- 2.2 Mengenalpasti pesakit positif COVID-19 yang sesuai untuk menjalani pengasingan atau pengawasan kes COVID-19 di rumah / tempat kediaman selepas dilakukan penilaian risiko.

- 2.3 Mengenalpasti pesakit positif COVID-19 yang tidak sesuai untuk menjalani pengasingan atau pengawasan di rumah / tempat kediaman untuk dirujuk ke Pusat Kuarantin dan Rawatan Risiko Rendah COVID-19 (PKRC) atau hospital berdasarkan pemantauan gejala dan penilaian risiko.
- 2.4 Menasihati pesakit agar menjalankan pemantauan status kesihatan sendiri setiap hari menggunakan borang *health assessment tool* (HAT) dalam aplikasi MySejahtera.
- 2.5 PPS boleh menghubungi Pakar Perubatan Keluarga (*Family Medicine Specialist* - FMS) yang bertugas sekiranya memerlukan konsultasi susulan mengenai pengurusan kes.
- 2.6 Mengenalpasti pesakit yang mengalami kemerosotan status kesihatan semasa HSO dan memerlukan rujukan ke PKRC atau hospital secara terus bagi pesakit COVID-19 di bawah jagaan PPS, atau rujukan melalui *Unified Command Centre* yang diuruskan oleh pihak Jabatan Kesihatan Negeri.
- 2.7 Menyediakan dokumen-dokumen yang diperlukan oleh pesakit COVID-19 (cth: sijil cuti sakit, nota discaj, laporan perubatan, dsb).

NOTA:

Surat perintah pengasingan atau pengawasan kes COVID-19, dan surat perintah pemerhatian dan pengawasan ke atas kontak dan pengembara serta surat pelepasannya boleh didapati di laman sesawang Garis Panduan COVID-19 di pautan covid-19.moh.gov.my.

Appendix 2

MINIMUM EQUIPMENT REQUIRED FOR PMP/ CAC GP FOR HOME MONITORING

1. Internet line
2. Telephone – Fixed / Mobile
3. Laptop/ Computer
4. Digital Standing Thermometer
5. BP Set
6. Pulse Oxymeter
7. Glucometer
8. Resuscitation trolley / emergency kit
9. Clinical waste bin
10. Sharp bin
11. Domestic bin
12. Complete set of PPE (Face shield, Head cover, N95 mask, Gloves, Long sleeved fluid resistant isolation gown, boot cover, apron)
13. Spillage Kit
14. Cleaning tools (mops with colour tagging and double buckets)
15. Decontamination Machine (optional)

Appendix 3

PELAPORAN RETEN PEMANTAUAN DI RUMAH OLEH PMP/CAC GP KEPADA PKD

PKD :

Nama klinik :

Tarikh :

Tarikh	BILANGAN KES SEDANG MENJALANI PEMANTAUAN DI RUMAH						LOKASI KES AKTIF SEDANG MENJALANI PEMANTAUAN DI RUMAH						
	1. KES BARU						2. LOKASI KES AKTIF MENJALANI PEMANTAUAN DI RUMAH						
	< 2 tahun	2-17 tahun	18-39 tahun	40-59 tahun	≥60 tahun	JUMLAH	Rumah Persendirian	Disediakan Majikan	Institusi Pendidikan	Institusi Kebajikan	Hotel	Lain-Lain	JUMLAH
JUMLAH MINGGUAN													

Tarikh	KES PEMANTAUAN DI RUMAH YANG DIRUJUK KE PKRC/HOSPITAL						KES DISCAJ DARI PMP					
	3. KES RUJUKAN HARIAN						4. KES DISCAJ HARIAN					
	< 2 tahun	2-17 tahun	18-39 tahun	40-59 tahun	≥60 tahun	JUMLAH	< 2 tahun	2-17 tahun	18-39 tahun	40-59 tahun	≥60 tahun	JUMLAH
JUMLAH MINGGUAN												

Appendix 4

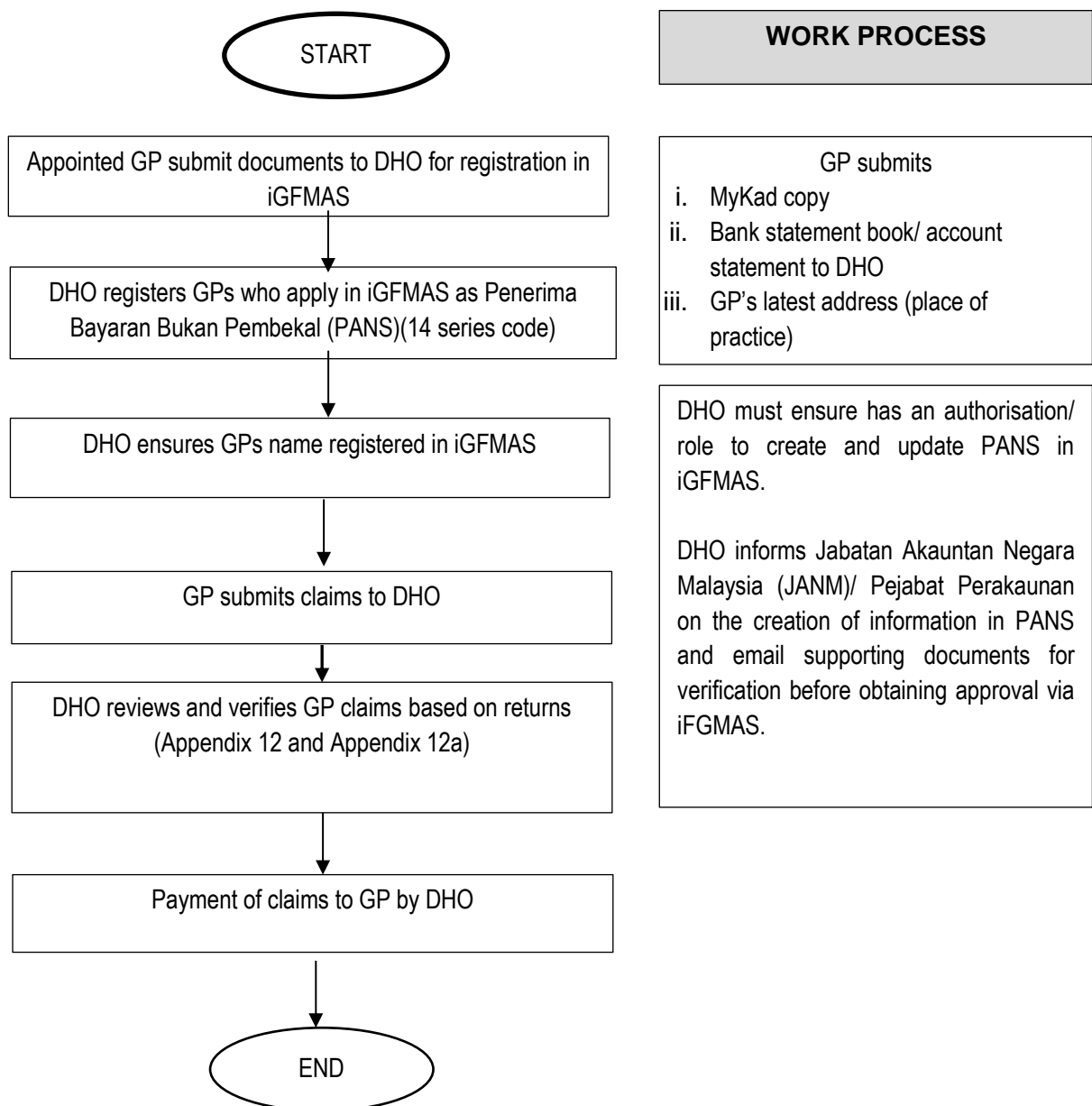
KAMUS RETEN HARIAN PMP

- 1. BILANGAN KES SEDANG MENJALANI PEMANTAUAN DI RUMAH**
Bilangan kes yang menjalani pemantauan di rumah selepas penilaian oleh PMP
Deskripsi:
Indikator 1: Kes Baru
Bilangan kes COVID-19 Baru yang hadir ke PMP pada hari pelaporan dan didapati sesuai untuk menjalani pemantauan di rumah.
- 2. LOKASI KES AKTIF SEDANG MENJALANI PEMANTAUAN DI RUMAH**
Lokasi di mana kes aktif dalam pemantauan di rumah berada.
Deskripsi:
Indikator 2: Lokasi Kes Aktif Menjalani Pemantauan Di Rumah
Lokasi di mana kes aktif dalam pemantauan di rumah berada.
Tidak termasuk kes telah discaj dan/ atau dirujuk untuk *step-up care* pada hari pelaporan.
- 3. KES PEMANTAUAN DI RUMAH YANG DIRUJUK KE PKRC/HOSPITAL**
Kes Sedang Menjalani Pemantauan di Rumah Yang Dirujuk ke PKRC / Hospital (*step up care*). Melibatkan: Kes mengalami kemerosotan gejala dari ringan ke sederhana dan/atau mempunyai tanda amaran (*warning signs*).
Deskripsi:
Indikator 3: Kes Rujukan Harian
Kes sedang menjalani pemantauan di rumah yang dirujuk ke PKRC/hospital (*step up care*) pada hari pelaporan.
- 4. KES DISCAJ DARI PMP**
Deskripsi:
Indikator 4: Kes Discaj Harian
Kes Yang Telah Tamat Tempoh Pengasingan Selama 10 Hari (atau mengikut arahan pentadbiran negeri) dan telah diberi pelepasan (Release Order) pada Hari Pelaporan.

Appendix 5

FLOW CHART FOR PAYMENT OF OUTSOURCING HOME MONITORING OF CATEGORY 1 AND CATEGORY 2 (MILD) CONFIRMED COVID-19 CASES BY GPs

1. As payment involves repeated payments to the recipient, appointed GPs must register as recipient of payment in the iFGMAS.
2. Payment of claims to GPs is by the respective PTJ (DHO).



Appendix 6
BPKK/ HM 05/2021

Borang Tuntutan Home Monitoring oleh Pengamal Perubatan Swasta
(Bulan / Tahun :)

**Tempoh penghantaran borang tuntutan adalah secara bulanan dan perlu dihantar ke PKD sebelum atau pada 10 hb bulan berikutnya.*

Nama klinik swasta	
Negeri	

Bahagian A: Maklumat Pengamal Perubatan Swasta yang diwartakan

Nama	
No. MPM	
No. Kad Pengenalan	
No. Akaun Bank	
Nama & Cawangan Bank	
Nombor telefon	
Alamat e-mel	

Bahagian B: Butiran Pembayaran

Jumlah yang dituntut adalah RM 10 sehari bagi pemantauan seorang pesakit COVID-19 (tempoh maksima mengikut arahan pentadbiran negeri)

Bilangan pesakit (seperti di Lampiran 1) orang
Jumlah tuntutan	RM

Bahagian C: Perakuan Pegawai

Dengan ini saya mengakui bahawa butiran di atas adalah benar. Saya juga bersetuju membayar balik sekiranya terdapat amaun yang terlebih dibayar.

.....
(Tandatangan Pengamal Perubatan Swasta)
Tarikh:

Bahagian D: Pengesahan oleh Pejabat Kesihatan Daerah

Saya dengan ini mengesahkan bahawa Pengamal Perubatan Swasta layak dibayar tuntutan bagi pemantauan di rumah bagi pesakit COVID-19 berjumlah RM

.....
Tandatangan Pegawai Kesihatan Daerah
Nama Penuh:
Jawatan:
Tarikh:

**Semakan perlu dilakukan di PKD bagi memastikan tuntutan Pengamal Perubatan Swasta berdasarkan nama pesakit yang dapat disahkan oleh PKD, sebelum tuntutan bayaran diluluskan, dan perlu dipastikan tidak berlaku tuntutan berulang.*

Lampiran 1

Senarai pesakit di bawah *home monitoring*

Bil.	Nama kes	Nombor Kad Pengenalan/ Paspot	Nombor Pendaftaran kes	Nombor telefon bimbit kes/ waris	Status vaksinasi (lengkap atau telah terima booster/ tidak lengkap)	Tarikh HSO	Tarikh discaj	Bil. hari pemantauan	Jumlah (RM 10/ pesakit/ hari)
JUMLAH BESAR (RM)									

Senarai semak Borang Tuntutan *Home Monitoring* oleh Pengamal Perubatan Swasta

Bil.	Perkara	Semakan (Ya/Tidak)
1.	Borang tuntutan <i>Home Monitoring</i> oleh Pengamal Perubatan Swasta (BPKK/ HM 05/2021)	
2.	Lampiran 1: Senarai pesakit di bawah home monitoring	
3.	Salinan Kad Pengenalan	
4.	Salinan buku akaun bank/ penyata bank	

Appendix 7
BPKK 08/2021

**BORANG PENDAFTARAN PENGAMAL PERUBATAN SWASTA YANG MEMULAKAN
KHIDMAT PEMANTAUAN DI RUMAH KES COVID-19 KATEGORI 1 & KATEGORI 2 (RINGAN)**

Nama dan alamat klinik swasta	
Negeri	

Bahagian A: Maklumat Pengamal Perubatan Swasta

Nama	
No. pendaftaran penuh MPM	
No. APC terkini	
No. Kad Pengenalan	
Nombor telefon	
Alamat e-mel	

Bahagian B: Perakuan Pegawai

Saya dengan ini bersetuju untuk melaksanakan Khidmat Pemantauan Di Rumah Bagi Kes COVID-19 Kategori 1 Dan Kategori 2 (Ringan) mengikut garis panduan dan arahan semasa oleh Kementerian Kesihatan Malaysia.

.....
(Tandatangan Pengamal Perubatan Swasta)

Nama :
Tarikh :
Cop rasmi klinik :

** Borang ini perlu dihantar ke Pejabat Kesihatan Daerah (PKD) berhampiran, iaitu berdasarkan lokasi klinik swasta.*

***Sekiranya tidak pasti maklumat penghantaran ke PKD, boleh hantar ke pegawai primer Jabatan Kesihatan Negeri (JKN) seperti di lampiran di belakang muka surat ini*

BIL	NEGERI	NAMA	NO. TEL	EMEL	ALAMAT
1.	PERLIS	DR. IZWANA HAMZAH	04-977 3333/ 9772234	drizwana@moh.gov.my	JABATAN KESIHATAN NEGERI PERLIS JALAN RAJA SYED ALWI, 01000 KANGAR, PERLIS
2.	KEDAH	DR. LIYANATUL NAJWA ZAKARIA	04-774 1000	liyanatul@moh.gov.my	JABATAN KESIHATAN NEGERI KEDAH SIMPANG KUALA, JALAN KUALA KEDAH, 05400, ALOR SETAR, KEDAH
3.	PULAU PINANG	DR. FARZAANA ADAM	04-217 5100	dr.farzaana@moh.gov.my	JABATAN KESIHATAN PULAU PINANG TINGKAT 37, KOMTAR 10590, PULAU PINANG
4.	PERAK	DR. NORSIHIMAH BINTI WAHID	05-245 6000/ 2456177	norsihimah@moh.gov.my	JABATAN KESIHATAN NEGERI PERAK JALAN KOO CHONG KONG, 30000 IPOH, PERAK
5.	SELANGOR	DR. SUHAIDA MOHD SIDEK	03-5123 7333	drsuhaida@moh.gov.my	JABATAN KESIHATAN NEGERI SELANGOR TINGKAT M, 9, 10, 11,14, 17 & 18 NO. 1 WISMA SUNWAY, JALAN TENGGU AMPUAN ZABEDAH C 91C, SEKSYEN 9, 40100, SHAH ALAM, SELANGOR
6.	WPKL & PUTRAJAYA	DR. HALIZA ABD MANAF	03-2268 7333/ 22687278	drhalizamanaf@moh.gov.my	JABATAN KESIHATAN WILAYAH PERSEKUTUAN KUALA LUMPUR DAN PUTRAJAYA BLOK A, TINGKAT 1 JALAN CENDERASARI, 50590, KUALA LUMPUR
7.	NEGERI SEMBILAN	DR. NOOR AZIMAH HASSAN	06-766 4800/ 7684905	dmazimah@moh.gov.my	JABATAN KESIHATAN NEGERI SEMBILAN JALAN RASAH, 73000 SEREMBAN, NEGERI SEMBILAN
8.	MELAKA	DR. HAZLINDA DATUK HAMZAH	06-235 6999/	hazlinda.hamzah@moh.gov.my	JABATAN KESIHATAN NEGERI MELAKA ARAS 3, 4 & 5, WISMA PERSEKUTUAN JALAN BUSINESS CITY, BANDAR MITC 75450 AYER KEROH, MELAKA

BIL	NEGERI	NAMA	NO. TEL	EMEL	ALAMAT
9.	JOHOR	DR. SUHAILA ABD SHUKOR	07-2382289	drsuhaila.s@moh.gov.my	JABATAN KESIHATAN NEGERI JOHOR JALAN PERSIARAN PERMAI 80200 JOHOR BAHRU, JOHOR
10.	TERENGGANU	DR. NORAFIDAH ABDUL RASHID	09-6222866/ 6222749	dr.norafidah@moh.gov.my	JABATAN KESIHATAN NEGERI TERENGGANU TINGKAT 5, WISMA PERSEKUTUAN JALAN SULTAN ISMAIL 20920, KUALA TERENGGANU, TERENGGANU
11.	KELANTAN	DR. ANEES ABD HAMID	09-741 3300	dranees@moh.gov.my	JABATAN KESIHATAN NEGERI KELANTAN WISMA PERSEKUTUAN, TINGKAT 5, JALAN BAYAM, KOTA BHARU 15590, KELANTAN
12.	PAHANG	DR. MOHD HAFEEZ BIN INTIYAZ HUSEIN	09-570 7999/ 5707959	drmohdhafeez@moh.gov.my	JABATAN KESIHATAN NEGERI PAHANG JALAN IM4, BANDAR INDERA MAHKOTA 25582 KUANTAN, PAHANG
13.	SABAH	DR. EASWARY A/P HARI RAMULU	088-512 555/ samb. 558	easwary@moh.gov.my	JABATAN KESIHATAN NEGERI SABAH TINGKAT 1, RUMAH PERSEKUTUAN JALAN MAT SALLEH 88590, KOTA KINABALU, SABAH
14.	SARAWAK	DR. RADZIAH MOHAMAD	082-473 200/ 473253	radziah_m@moh.gov.my	JABATAN KESIHATAN NEGERI SARAWAK JALAN DIPLOMATIK OFF JALAN BAKO PETRA JAYA. 93050, KUCHING, SARAWAK
15.	LABUAN	DR. VIVIANE VINCY LODIN	087-596 000/ 596028	viviane@moh.gov.my	JABATAN KESIHATAN WILAYAH PERSEKUTUAN LABUAN P.O. BOX 81736, JABATAN KESIHATAN WP LABUAN 87027, WP LABUAN

This guideline was jointly prepared by:

- i. Family Health Development Division, MOH
- ii. Disease Control Division, MOH
- iii. Medical Practice Division, MOH
- iv. Finance Division, MOH
- v. Accounts Division, MOH
- vi. Inspectorate and Legal Sector, Public Health Development Division, MOH
- vii. Public Health Development Division, MOH