

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

1.0 Introduction

- 1.1. Pre-admission screening is one of the strategies to reduce the risk of hospital acquired COVID-19 both to patients and health care worker (HCW).
- 1.2. Nevertheless, appropriate personal protective equipment (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.
- 1.4. Screening process is based on MOH recommendations for COVID-19 which is generic across all disciplines.

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 in-patients.
 - b. Protecting in-patients who are at higher risk to get severe infection.
- 2.2 To control COVID-19 transmission.
- 2.3 To identify COVID-19 patients who will benefit from early antiviral treatment.

3.0 Target group:

- 3.1 Severe acute respiratory infections (SARI) cases.
- 3.2 Non-SARI patients requiring supplemental oxygen e.g., acute pulmonary oedema.
- 3.3 Special groups who have high risk of progression or will benefit from early antivirals (if they have COVID-19 like symptoms)
 - a. Immunocompromised patients including;
 - Solid or bone marrow transplant recipients,
 - People with cancer undergoing active chemotherapy, cancers of the blood and bone marrow,

- Human immunodeficiency virus (HIV) infected antiretroviral therapy (ART) patients,
- Asplenia / splenectomised
- Patients on prolonged corticosteroids or high dose steroids > 20mg or other immunosuppressive.

b. End Stage Renal Failure (ESRF)

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 the 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 scenarios³:

- i. When patient develop new onset of symptoms such as Influenza like-illness (ILI) or SARI.
- ii. Outbreak in the unit in the hospital (for patients who are admitted).

6.0 Screening process

- 6.1** Screening test using RTK-Ag Self-test, RTK-Ag Professional or RT-PCR.
- 6.2** Testing procedures must be explained to patients.
- 6.3** Preparation and test procedure must follow COVID-19 screening guidelines.

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
 - a. Patients with positive result should be isolated in a cohort area and managed accordingly.
 - b. Patients with negative result can be directly admitted to non-COVID-19 wards.

8.0 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.