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

1. Introduction

1.1. On 5 May 2023, WHO Director-General concurred with the advice offered by the WHO Emergency Committee that COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern (PHEIC).

1.2. In view of this, the recommendation on the pre-admission screening has been refined and updated based on the COVID-19 situation in the country and latest evidence.

1.3. Pre-admission screening is one of the strategies to reduce the risk of hospital acquired COVID-19 to patients, visitors and healthcare workers (HCW).

1.4. 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.

1.5. This guideline is to assist HCWs in screening the targeted group of patients prior to their admission.

2. Target group:

2.1 Severe acute respiratory infections (SARI) cases.

2.2 Non-SARI patients requiring supplemental oxygen e.g., acute pulmonary oedema.

2.3 Special groups who have high risk of progression or will benefit from early antivirals (asymptomatic screening is NOT RECOMMENDED)

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 not on effective antiretroviraltherapy (ART);
   - Asplenia / splenectomised; and

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b. End Stage Renal Failure (ESRF)

3. Who should perform the screening?

Decision on who should perform the screening is to be made by the individual hospitals.

4. Where to perform the screening?

4.1 Patients referred from other hospitals:

a. To be done at the referral centre

i. All patients referred from both private and government health facilities should be screened at the referring centre.

ii. Screening should be done for patients referred from both Government Health Clinics and Private General Practitioners 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 negative 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 develops 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 with new onset of symptoms).

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5. Screening process

5.1 Screening test using RTK-Ag Professional or RT- PCR.
5.2 Testing procedures must be explained to patients.
5.3 Preparation and test procedure must follow COVID-19 screening guidelines.

6. Handling patients’ results

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

6.2 Patient result and management

   a. Patients with a positive result should be isolated in a cohort area and managed accordingly.

   b. Patients with a negative result can be directly admitted to non-COVID-19 wards.

7. References:

   1. COVID-19 Management Guidelines in Malaysia