

CARE OF OLDER PERSONS IN RESIDENTIAL AGED CARE FACILITIES AND IN THE COMMUNITY DURING COVID-19 PANDEMIC

Summary of Recommendations

KEY STRATEGIES	
	<ol style="list-style-type: none"> 1. Keep COVID-19 away from the facility 2. Identify infections early 3. Prevent spread of COVID-19 within the facility
COMMON STRATEGIES FOR STAFF, RESIDENTS AND VISITORS	
	<ol style="list-style-type: none"> 1. Regularly screen for symptoms suggestive of COVID-19, contact and exposure history 2. Perform adequate hand hygiene (and wear mask for staff and visitors) 3. Restrict movement within the facility and practice physical distancing as much as possible
SPECIFIC STRATEGIES	
STAFF / FACILITY	<ol style="list-style-type: none"> 1. Staff who are unwell should stay away from work and seek medical consult 2. Staff should wear personal protective equipment (PPE) appropriate to situation 3. Non-essential staff (e.g. volunteers) should be restricted 4. Communal activities should be cancelled or staggered 5. Frequently-touched surfaces should be disinfected regularly 6. Staff to fill in Declaration form (Appendix 3)
RESIDENTS	<ol style="list-style-type: none"> 1. New residents are recommended to undergo COVID-19 testing before admission to the facility (from the community or hospital) 2. New residents are recommended to be isolated for 14 days with droplet and contact precautions 3. If a resident turns unwell, medical opinion should be obtained immediately
VISITORS	<ol style="list-style-type: none"> 1. Visitor load to the facility should be limited and staggered 2. Visitation should be restricted to essential circumstances, and preferably done by appointment 3. Alternative methods of visitation (e.g. video conferencing) are advised 4. Visitors to fill in COVID-19 Declaration Form (Appendix 4)

1. INTRODUCTION

Older persons, 65 years and older, are at higher risk for severe illness from COVID-19 infection. The negative impact is most obvious among the older persons as this group of population showed rapid clinical deterioration and contributed to the largest proportion of mortality which is likely to be explained by their multiple co-morbidities and frail condition.

Being in a congregate condition in residential aged care facilities, the spread of the disease is likely to occur rapidly and infect a significant number of the residents. Therefore, prevention of an outbreak of COVID-19 infection in an aged care facility is mandatory and it is recommended that operators of residential aged care facilities should follow this guideline closely.

1.1. Potential source of infection to residents:

- a. Health Care Personnel (HCP)
- b. Resident who was discharged from hospital/admission from home
- c. Visitors

1.2 Other Risks Reductions in Residential Facility

- a. Environment
- b. Restriction of Activities

1.3 Special Considerations:

Managing resident with dementia/delirium

2. RESIDENTS IN AGED CARE HOMES

2.1 Management of Residents in Aged Care Homes

<p>DAILY SCREENING OF SYMPTOMS</p>	<p>Resident screening should include daily assessments for symptoms of COVID-19:</p> <p>SIGNS OR SYMPTOMS may include:</p> <p>Acute onset of</p> <ul style="list-style-type: none"> • Fever • Cough • General weakness/fatigue • Headache • Myalgia • Sore Throat • Coryza • Dyspnea • Anorexia/nausea/vomiting • Diarrhea • Altered mental status • Anosmia (loss of smell) • Ageusia (loss of taste)
<p><i>Note: Symptoms in elderly residents may be subtle or atypical</i></p>	
<p>GOOD HYGIENE PRACTICE</p>	<p>Residents should be encouraged to perform adequate hand hygiene and assisted to do so if they are physically or cognitively unable.</p> <p>Residents should perform hand hygiene:</p> <ul style="list-style-type: none"> • Upon entering or leaving their room • Prior to eating, oral care, or handling of oral medications • After using toileting facilities • Any other time when hands may be contaminated • <p>Hand Hygiene Supplies:</p> <p>Place FDA-approved alcohol-based hand sanitizer with 60-95% alcohol in every resident room and common areas (e.g., outside dining hall).</p> <ul style="list-style-type: none"> • Make sure that sinks are well-stocked with soap and paper towels for handwashing. <p>Natural ventilation with fans and open windows is encouraged</p>

RESTRICTION IN ACTIVITIES	<p>Physical distancing in the facility should be instituted to reduce the spread of COVID-19:</p> <ul style="list-style-type: none"> • For group activities in small numbers, ensure physical distancing. If not feasible, cancel the group activities and events. • Stagger meals to ensure physical distance maintained between residents. If not feasible, serve residents individual meals in their rooms or packed meals. • Enforce a minimum of 1 meter distance between residents for whatever activities required. • Encourage residents and employees to avoid physical contact (e.g., shaking hands, hugging, or kissing).
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SPECIAL CIRCUMSTANCES	
DEMENTIA/ DELIRIUM	Residents who 'walk with purpose' such as residents with dementia and delirium may require specific measures to be taken
GOOD HYGIENE PRACTICE	<p>Hand hygiene may be difficult in these individuals:</p> <ul style="list-style-type: none"> • Consider placing signs in the bathroom and elsewhere to remind persons with dementia to wash their hands with soap for 40 seconds. • Frequently demonstrate thorough hand-washing. <p>Other easier alternatives may be instituted such as the use of hand sanitizers.</p>
RESTRICTION IN ACTIVITIES	<p>A specific area for wandering may be provided if available. If not, residents should be restricted to their respective rooms during this period.</p> <p>Physical restraints should not be use.</p>
BEHAVIOUR MANAGEMENT	To understand certain behaviors, the health care personnel should ascertain the underlying cause, in order to modify the behavior where possible.

2.2 Screening of Residents

- a. Daily assessment
- b. Implement contactless temperature screening
- c. Assess for COVID-19 symptoms*

* See Appendix 1

2.3 Symptomatic Residents

2.3.1 Implement Source Control Measures

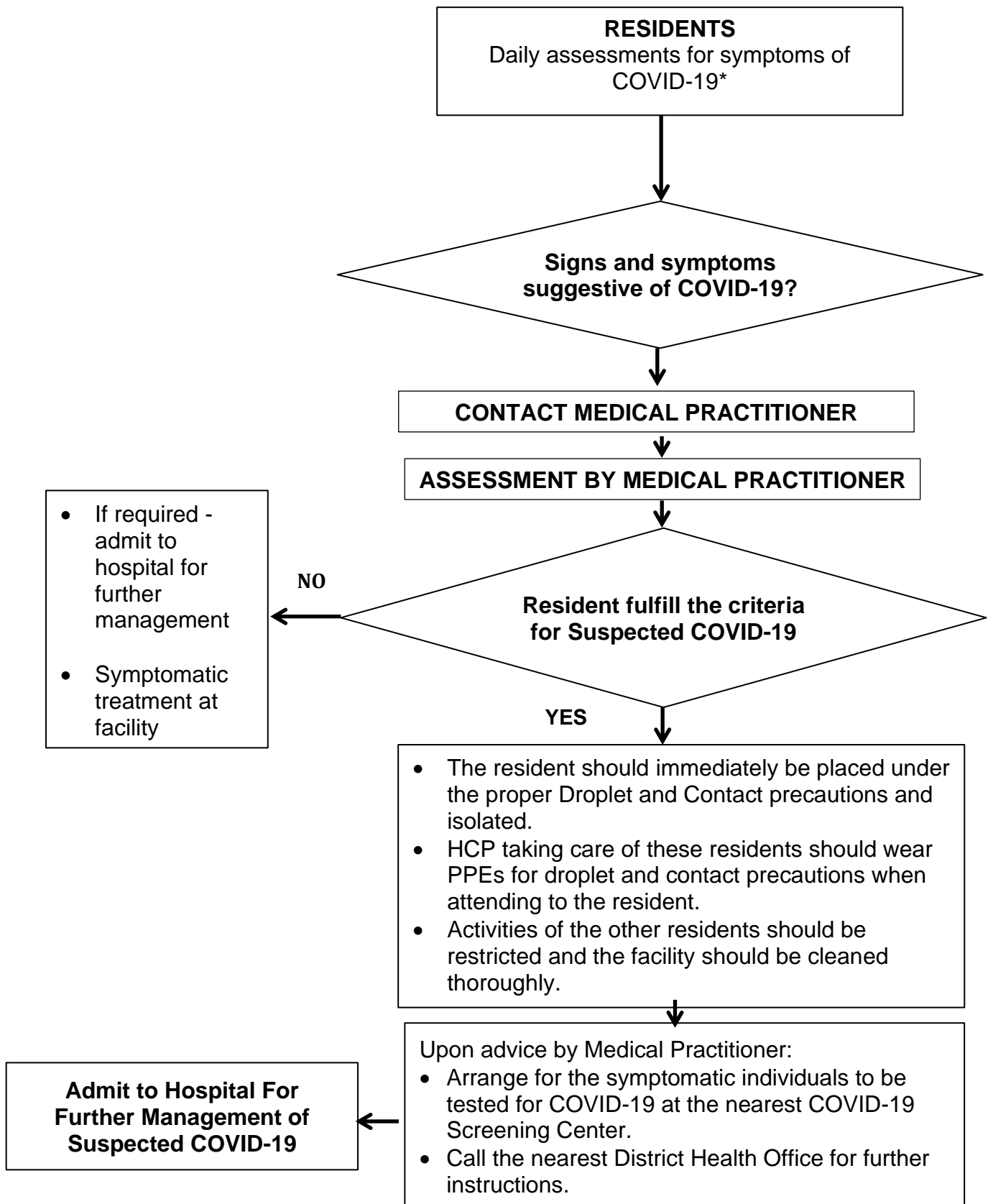
- a. If residents have signs, symptoms or potential exposure to COVID-19, they should immediately be placed under the proper droplet and contact precautions for source control and be isolated.
- b. Source control refers to use of well-fitting surgical masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

Note: Surgical mask should not be placed on anyone who cannot wear a mask safely, such as someone who has a disability or an underlying medical condition that precludes wearing a mask, such as those having trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

- c. The symptomatic individuals should be tested for COVID-19 at the nearest COVID-19 Screening Center (*Annex 2, Senarai Pusat Saringan dan Hospital yang Mengendalikan Kes COVID-19, Guidelines COVID-19 Management, Ministry of Health Malaysia*) after consultation with the local medical practitioner.
- d. The symptomatic residents should also be isolated if possible, from the other residents until the COVID-19 results are obtained from the screening centre.
- e. Health care personnel taking care of these residents should wear PPEs for droplet and contact precautions [e.g. gloves, aprons surgical mask and eye protection (face shield/goggle)] whilst caring for the symptomatic residents until results are obtained from COVID-19 Screening Centers, for further action.
- f. The activities of the other residents should be restricted and the facility should be cleaned thoroughly as per protocol.

2.3.2 Call the CRISIS PREPAREDNESS AND RESPONSE CENTRE (CPRC) at the nearest District Health Office (DHO) (Appendix 2). Adhere to instructions that would be given.

WORKFLOW FOR THE MANAGEMENT OF RESIDENTS AT THE AGED CARE FACILITY



3. HEALTHCARE PERSONNEL (HCP)

3.1 Management of Healthcare Personnel in Aged Care Homes

HEALTH CARE PERSONNEL (HCP)	ACTION
DAILY SCREENING OF SYMPTOMS	Implement: <ol style="list-style-type: none"> i. Implement contactless temperature screening ii. Assess for COVID-19 symptoms* (see Appendix 1)
<i>Note: HCP should fill in the Declaration Form (refer Appendix 3)</i>	
GOOD HYGIENE PRACTICE	Clean hygienic practices: <ul style="list-style-type: none"> • cleansing hands with soap and water for 40 seconds or with an alcohol-based hand rub for 20 seconds • wash hands with soap and water when they are visibly soiled Apply WHO's 5 Moments for Hand Hygiene <ol style="list-style-type: none"> 1. beginning of the workday before touching the resident 2. before performing clean/aseptic procedures e.g. wound dressing 3. after body fluid exposure/risk e.g. wound dressing, suctioning, catheter change 4. after touching the resident 5. after touching the surroundings including toilet Wear surgical mask at all time Physical distancing (1 meter apart) when in break rooms, closed rooms or common areas
<i>Note: New policies for source control should be provided to health care personnel regularly</i>	
HCP TAKEN ILL	HCP should NOT report to work if they have any of the symptoms and failed to comply with the declaration. They must seek medical treatment as soon as possible and is advised to do COVID-19 screening or testing to confirm his/her status.

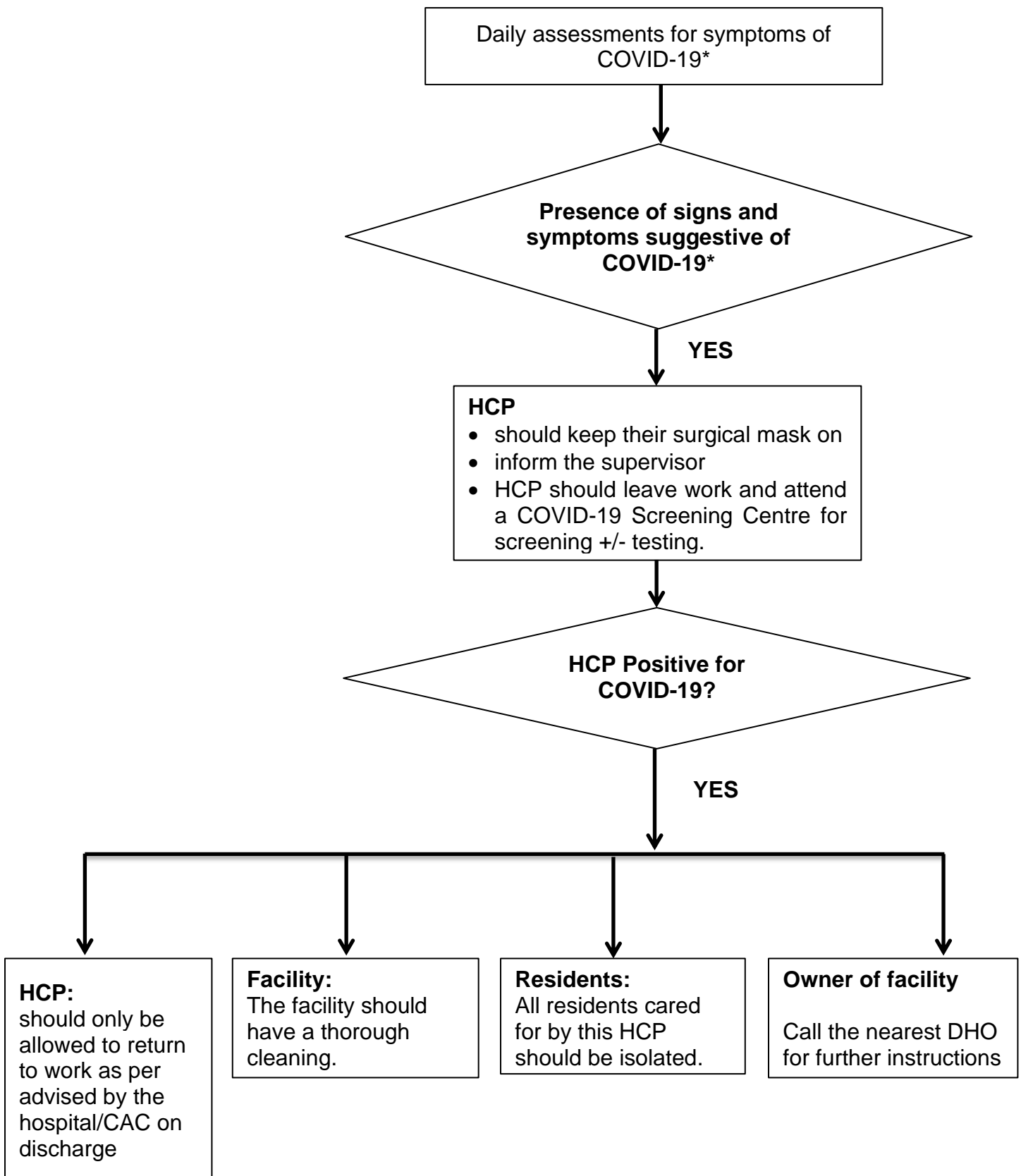
	If HCP is residing at the facility, the HCP should be isolated from other HCPs and residents, whilst awaiting for the COVID-19 results for further action.
HCP TESTED COVID - 19 POSITIVE	<p>The activities of the other residents should be restricted and the facility should be cleaned thoroughly.</p> <p><i>Call the CRISIS PREPAREDNESS AND RESPONSE CENTRE (CPRC) or the nearest local District Health Office (DHO) and adhere to instructions that would be given (Appendix 2).</i></p> <p>HCP should only be allowed back to work as per advice by the hospital.</p>

3.2 Screening of Healthcare Personnel (HCP)

- a. Daily assessment
- b. Implement contactless temperature screening
- c. Assess for COVID-19 symptoms*

* See Appendix 1

**WORKFLOW FOR THE MANAGEMENT OF HEALTHCARE PERSONNEL
AT THE AGED CARE FACILITY**



4. OTHER RISK REDUCTION IN AGED CARE FACILITY

4.1 Management of Environmental Hygiene in Aged Care Homes

ENVIRONMENT	ACTION
<p>CLEANING AND DISINFECTION</p>	<p>Hospital-grade cleaning and disinfecting agents are recommended for:</p> <ul style="list-style-type: none"> i. frequently touched surfaces (e.g., light switches, door handles, bed rails, bed tables, phones). ii. bathrooms cleaned at least twice daily and whenever soiled. <p>Clean visibly dirty surfaces with a detergent followed by hospital-grade disinfectant.</p>
<p>Note: Alternative to hospital-grade disinfectants is a diluted concentration of bleach to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).</p>	

4.2 Notification of COVID -19 Outbreaks

If a resident or HCP is tested positive for COVID 19, please notify stakeholders (HCP, residents and next of kin if appropriate) about the COVID -19 outbreak in the facility and maintain ongoing communication with residents, families and HCP with updates on the situation and facility actions.

5. VISITORS

5.1 Management of Visitors in Aged Care Homes

RESTRICTED visitation is allowed during movement control order period as special consideration can be given to family members under these circumstances:

- a. Resident is **terminally ill**
- b. Resident has **severe dementia with behavioural problem** requiring family member's presence to enable care

VISITORS	
RESTRICTION	<p>ESSENTIAL volunteers and visitors should be restricted to those deemed essential, such as care pertaining to basic personal needs (e.g. feeding) and if the resident is terminally ill.</p> <p><i>Decision about visitation for compassionate care situations should be made on a case-by-case basis.</i></p>
RESTRICTION OF VISITING HOURS	<ul style="list-style-type: none"> • Visiting hours should be BY APPOINTMENT ONLY and staggered. • ONLY ONE PERSON per resident should be allowed to visit at any one time. • Each visitor should be restricted to the visitation of THEIR OWN FAMILY members only.
WHO CAN VISIT?	<p>Visitors SHOULD NOT be allowed to enter if they have:</p> <ul style="list-style-type: none"> • Symptoms suggestive of COVID-19* • Exposure history: <ul style="list-style-type: none"> ○ 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 (DTI) or ○ Residing or travel to an area with community transmission or ○ Contact of a probable or confirmed case or linked to a COVID-19 cluster. <p>*See Appendix 1</p>
<p>Note: Visitor should fill in the COVID-19 Declaration Form (refer to Appendix 4)</p>	
DOCUMENTATION	<p>CLEAR RECORD OF THE DETAILS of the visitor is required (e.g. address and telephone number).</p>
CONTACT TYPE	<p>ALL visitors must perform hand hygiene upon entry to the facility and wear a surgical mask.</p> <p>Ideally, visitors should be encouraged to minimize DURATION OF VISIT, PHYSICAL CONTACT and maintain 1 METER distance from the resident.</p> <p>RESTRICTED to relevant part of the nursing home.</p>

Note: If visitors/volunteers are required to perform activities with physical contact, they should be discouraged unless the activities are vitally important to the resident	
ALTERNATIVE METHOD OF VISITATION	Alternative methods of visitation such as teleconference are recommended.
COVID POSITIVE VISITOR/ VOLUNTEER	In the event that a visitor or volunteer inform that they are tested positive, the residents and staff in contact with them should be isolated and the facility should be clean thoroughly. Note: Call the CRISIS PREPAREDNESS AND RESPONSE CENTRE (CPRC) or the local District Health Office (DHO) and adhere to instructions that would be given.

5.2 Screening of Visitors

1. Implement contactless temperature screening COVID-19 symptoms*
2. Exposure history:
 - 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 (DTI); anytime within the 14 days prior to sign and symptom onset; or
 - Residing or travel to an area with community transmission anytime within the 14 days prior to sign and symptom onset; or
 - Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior of sign and symptom onset.
 - Contact of a probable or confirmed case or linked to a COVID-19 cluster.

* See Appendix 1

Note: ALL VOLUNTEERS should adhere to all the criteria as per for the visitor

6. DISCHARGE FROM HOSPITAL

6.1 Discharge from Hospital/Admission from Home or Another Facility

DISCHARGE FROM HOSPITAL/ADMISSION FROM HOME OR ANOTHER FACILITY	
IN HOSPITAL	<p>Each patient from an aged care facility should have a *COVID-19 screening test prior to discharge, if deemed reasonable by the physician in charge. A negative result should be informed to the facility.</p> <p>Resident with positive result will require further care in the hospital and the health authority will do contact tracing.</p> <p>* Residents who are admitted for Confirmed COVID-19 do not require COVID-19 test prior to discharge from hospital.</p>
AT HOME/ ANOTHER FACILITY	COVID-19 screening should be done before admission to residential facility.
	After discharge from hospital:
QUARANTINE INSTRUCTIONS (14 days from arrival to facility)	<ul style="list-style-type: none"> • Placement of residents being admitted from the community or returning to a facility should be facilitated. • These residents should be given a surgical mask during transfer and to be worn on a daily basis. • Ideally placed under isolation with Droplet and Contact precautions for on arrival to the facility. They should be preferentially being admitted to a single room if available or semi-private with curtains drawn between beds or maintaining at least 2 meters between residents. • Health care workers should don PPE for Droplet and Contact precautions [e.g. gloves, aprons, surgical mask, eye protection (face shield/goggle)] if taking care of these residents.
	<i>Note: The above quarantine instructions should be applied to new residents transferred in from hospital, other facilities or from the community</i>

6.2 Monitoring of Symptoms Post Discharge

- a. Daily assessment
- b. Implement contactless temperature screening
- c. Assess for COVID-19 symptoms*

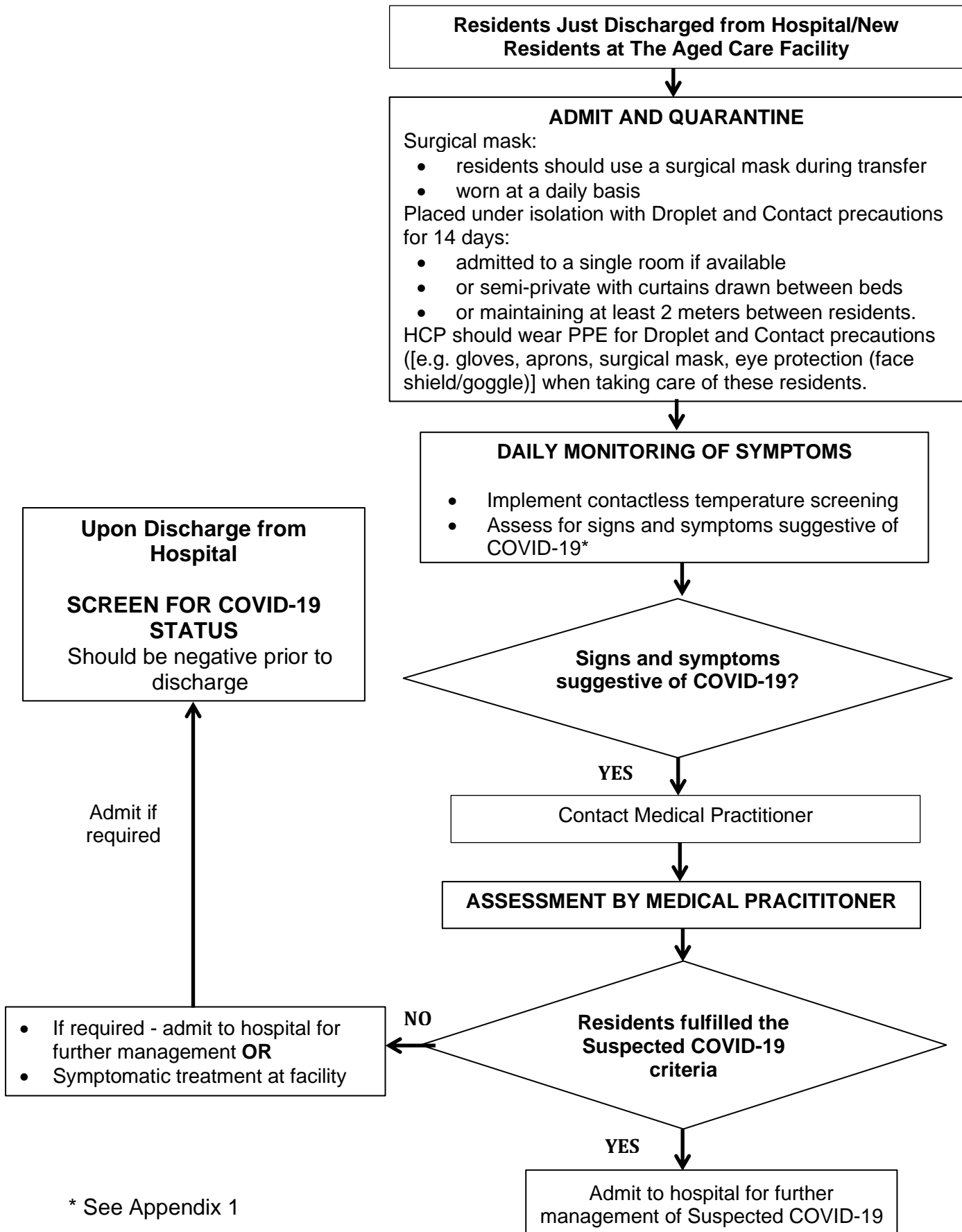
* See Appendix 1

*Note: If the resident is symptomatic, an **IMMEDIATE CONSULTATION** with the regular practitioner should be arranged.*

7. VISITS TO THE HOSPITAL

VISITS TO THE HOSPITAL	
IN HOSPITAL	<p>Each resident from an aged care facility should wear a surgical mask (if tolerable) during their visit to the hospital and practice good hand hygiene especially when visiting the toilets.</p> <p>Both staff and resident should avoid communication with other patients and maintain a safe distance at 1 meter from others.</p> <p>Bring a snack and avoid visiting the hospital canteen.</p>
RETURN FROM HOSPITAL	<p>After returning from the hospital, both the staff and resident should have a thorough wash down before doing any other activity at the facility.</p>
TIPS	<p>AVOID:</p> <ul style="list-style-type: none"> • unnecessary visits to the hospital by getting a local practitioner to attend to the resident at the aged care facility. • long waits, by organizing blood taking from a private facility to take blood at the aged care facility. • frequent visits by contacting the hospital to send the medicine to the facility or use a drive through facility.

WORKFLOW FOR RESIDENTS JUST DISCHARGED FROM HOSPITAL/NEW RESIDENTS AT THE AGED CARE FACILITY



8. CARE OF OLDER PERSONS IN THE COMMUNITY DURING COVID-19 PANDEMIC

8.1 Key Recommendations

- All older person must follow steps recommended by Ministry of Health (MOH) and expert advice to reduce risk of getting infection
- New routine must be practiced at all time to protect yourself
- Maintain a healthy lifestyle
- Stay socially active, physical distancing is not social isolation
- Support and protect the older person in the community
- Support and protect older person with dementia or the cognitively impaired
- Enhance family and caregiver support for the older person

8.2. Supporting The Older Persons in Community

STEPS TO BE TAKEN	ACTION
FOLLOW EXPERT ADVICE AND MOH GUIDELINE	<p>Older persons need to familiarize with local guidelines and recommendations by the MOH.</p> <p>Stay updated with latest news on COVID-19 infection in Malaysia and within the local community.</p>
PROTECT YOURSELF	<p>Implement new routines in daily life:</p> <ol style="list-style-type: none"> 1. Stay at home if possible 2. Wash your hands with soap or use sanitisers often 3. Practice cough etiquette 4. Abstain from physical contact like shaking hands or hugging 5. Avoid crowds or close contact especially with sick people, stay at least 1 meter away (2- arm's length) 6. If need to go out, wear a surgical mask, avoid touching your face and wash your hands thoroughly with soap and water once you return home 7. Clean and disinfect frequently touch surfaces such as tables, chairs, doorknobs, light switches, handrails, countertops, remote controls, phones, toilets, faucets and sinks 8. Avoid non-essential travel

<p>MAINTAIN A HEALTHY LIFESTYLE</p>	<p>Maintain good habits such as:</p> <ul style="list-style-type: none"> • healthy eating • drink adequately • get quality sleep • take medications on time • exercise <p>Lack of exercise due to being isolated at home may lead to deconditioning with subsequent muscles weaknesses and falls.</p>
<p>DOCTOR'S APPOINTMENT</p>	<p>Attend doctor's appointment as scheduled</p> <p>AVOID:</p> <ul style="list-style-type: none"> • unnecessary visits to the hospital by visiting a local practitioner for minor ailments • long waits at the hospital, by organizing blood taking at a private facility • frequent visits to the hospital by contacting the hospital to send the medication to your home or use a drive through facility
<p>FAMILY AND CAREGIVER</p>	<p>You must protect yourself and the older persons from infection.</p> <p>Be aware of the main symptoms of COVID-19 and watch out for any signs and symptoms.</p> <p>Ensure basic needs of older persons are adequate.</p> <p>Stay healthy; wash hands often, avoid touching your face and disinfect surfaces frequently.</p> <p>Avoid sick people and crowds when you are out of the house.</p> <p>Give psychological support to the older persons.</p>
<p>STAY SOCIALLY ACTIVE</p>	<ul style="list-style-type: none"> • Reach out to family and friends • Engage in virtual meetings with friends and relatives • Seek help if you are in stress • Continue doing things that makes you cheerful

LOCAL COMMUNITY SUPPORT	<p>Community groups i.e. Jawatan Kuasa Kampung (JKK) or the neighbourhood should pay more attention to older persons in the community.</p> <p>Share the information that needs to be addressed with the key stakeholders, for example, health facilities or local authorities.</p>
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9. SUPPORTING OLDER PERSONS WITH DEMENTIA AND OTHER COGNITIVE IMPAIRMENTS

STEPS TO BE TAKEN	ACTIONS
PROTECTING THEM FROM INFECTION	<p>Persons with dementia may find it difficult to understand and remember guidance provided.</p> <p>Caregivers should frequently remind and assist them to maintain good hygiene i.e. washing hands.</p>
MAINTAIN A ROUTINE	<p>Try to maintain routine activities to avoid confusion and agitation.</p> <p>Changes in routine may lead to alteration in behavior.</p>
MANAGING CHALLENGING BEHAVIOUR	<p>To understand certain behaviors, the health care personnel should ascertain the underlying cause in order to modify the behaviour where possible.</p> <p>Try to be as reassuring as possible.</p>
PROMOTING COGNITIVE STIMULATION	<p>Caregiver should promote cognitive stimulation i.e. music or pet therapy, reminiscent therapy.</p>

DOs AND DON'Ts FOR OLDER PERSONS DURING THE COVID-19 PANDEMIC

- **Protect yourself**

- *Stay at home* if possible
- *Avoid close contact* (social distancing: 1 meter apart)
- *Avoid crowds*



- **Maintain good hygiene**

- *Wash hands often* (minimum 20 seconds using soap and water or alcohol-based hand sanitiser with at least 60% alcohol concentration)
- *Disinfect* commonly-touched surfaces regularly



- **Avoid travel**

- *Avoid non-essential travel*



REFERENCES

1. COVID-19: Managing the COVID-19 pandemic in care homes for older persons, British Geriatrics Society, 30 March 2020
2. Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, Center of Disease Control and Prevention, 2020
3. Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19, WHO Interim Guidance 2020
4. Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Home. Govt. of Canada
5. M Gandhi, DS Yokoe, DV Havlir. Asymptomatic Transmission, the Achilles' Heel of Current Strategies to Control Covid-19, Editorial NEJM April 2020
6. Coronavirus: Information for people affected by dementia, <https://www.alzheimers.org.uk/get-support/coronavirus-covid-19>
7. Centre for Disease Control and Prevention; Gov. Coronavirus
8. Meeting the Care Needs of Older Adults Isolated at Home During the COVID-19 Pandemic, JAMA Internal Medicine, April 16, 2020
9. Help Care International COVID-19: Guidance and advice for carer of older people at home Annex 3: Senarai Pusat Saringan, Hospital yang Mengendalikan Kes COVID-19 dan senarai Bilik Operasi COVID-19 di Pejabat Kesihatan Daerah. Guidelines COVID-19 Management, Ministry of Health Malaysia

10. HAND HYGIENE METHODS

http://www.moh.gov.my/moh/resources/user_35/6_Steps_Of_Handwash_Technique.jpeg
<https://www.youtube.com/watch?v=obclY1iYB9k&feature=youtu.be>

11. HOW TO WEAR A FACE MASK

https://www.youtube.com/watch?v=iX_k6xfpD_E&feature=youtu.be

12. LIST OF COVID SCREENING CENTRES

http://www.moh.gov.my/moh/resources/Penerbitan/Garis%20Panduan/COVID19/Annex_3_Screening_centre_24032020.pdf

13. LIST OF GUIDELINES

<http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-guide/>

APPENDIX 1

COVID-19 symptoms*

Acute onset of:

fever
cough
general weakness/fatigue
headache
myalgia
sore throat
coryza
dyspnea
anorexia/nausea/vomiting
diarrhea
altered mental status
anosmia (loss of smell)
ageusia (loss of taste)

APPENDIX 2

LIST OF COVID-19 OPERATIONAL ROOM AND CONTACT NUMBERS OF DISTRICT HEALTH OFFICES FOR ALL DISTRICTS IN MALAYSIA

NO	STATE	OPERATIONAL ROOM	TELEPHONE NO.	EMAIL
1.	Perlis	CPRC Perlis	04-9760712	cprcjkn.pls@moh.gov.my
		PKD Kangar	04-9766317	cprcjkn.pls@moh.gov.my
2.	Kedah	CPRC Kedah	04-7741174	cprc_jknkedah@moh.gov.my
		PKD Kuala Muda	04-4223149	wongwaitaik@moh.gov.my mastura_halim@moh.gov.my nur_hayati@moh.gov.my
		PKD Kubang Pasu	04-9171355	mohdhasrul@moh.gov.my amadiah@gov.my.my
		PKD Kota Setar	04-7348434	laiwahsing@moh.gov.my juliana.zakaria@moh.gov.my safiqilham@moh.gov.my
		PKD Kulim	04-4949000	mdbakri@moh.gov.my muhammadridwan@moh.gov.my
		PKD Yan	011-65728755	ridzuandarus@moh.gov.my ardi@moh.gov.my
		PKD Pendang	04-7591893	mshahidan@moh.gov.my roshafizi@moh.gov.my syarafuddin@moh.gov.my
		PKD Langkawi	04-9611154	mohdizham@moh.gov.my sitinurasma@moh.gov.my ruslanrahman@moh.gov.my
		PKD Bandar Baharu	04-4078592	yati.yusof@moh.gov.my ooyongshen@moh.gov.my
		PKD Sik	04-4690614	mzahid@moh.gov.my jamalulhayat@moh.gov.my sitirahmah.cm@moh.gov.my
		PKD Padang Terap	04-7860243	zahidi@moh.gov.my akmal.hamzah@moh.gov.my ameerqusyairi@moh.gov.my
		PKD Baling	04-4706164	ibrahim.ahassan@moh.gov.my norsharifah@moh.gov.my norimah@moh.gov.my
		3.	Perak	CPRC Perak
PKD Batang Padang	05-4018450			cdctapah@gmail.com
PKD Hilir Perak	05-6221011			prk.cpcrhilir@moh.gov.my
PKD Hulu Perak	05-7914553			cdchuluperak@gmail.com
PKD Kampar	05-4667011			prk.cprckampar@moh.gov.my
PKD Kinta	05-5276355			cdckinta@gmail.com
PKD Kerian	05-7162355 (25)			cdckerian@gmail.com

		PKD Kuala Kangsar	05-7774355	cprckk@moh.gov.my
		PKD LM Selama	05-8412057	unitcdclms@yahoo.com
		PKD Manjung	05-6913355	cdcmjg@yahoo.com
		PKD Perak Tengah	05-3713834	prk.cprcpt@moh.gov.my
		PKD Muallim	05-4520759	cdcmuallim@gmail.com
4.	P.Pinang	CPRC Pulau Pinang	04-2629902	epid_penang@moh.gov.my
		PKD Timur Laut	04-2818900	cdcpktl@gmail.com
		PKD Barat Daya	04-8661194	cdcpkdbd@gmail.com
		PKD Seb. Perai Utara	04-5751833	ukpbspu@gmail.com
		PKD Seb. Perai Tengah	04-5397884	sptcdc@gmail.com
		PKD Seb. Perai Selatan	04-5943351	cdcsp2016@gmail.com
		PMA (Airport)	04-6461928	cdc.pkpia@gmail.com
		PMA (SeaPort)	04-2611264	pkpmapp.cdc@gmail.com
5.	Selangor	CPRC Selangor	03-51237366 03-51237367	cprc_sel@moh.gov.my
		PKD Petaling	03-7803 0106 (CDC)	cdcpetaling@gmail.com
		PKD Hulu Langat	03-87367770 (CDC) 0387367903 (VT)	cdc_kajang@yahoo.com
		PKD Klang	03-33221154 03-33239436 (CDC)	cdcklang@gmail.com
		PKD Gombak	03-61207601 03-61373001 (VT)	unitcdc_pkdgombak@yahoo.com
		PKD Kuala Langat	03-31872355 03-31872972	cdcpkkl@gmail.com
		PKD Kuala Selangor	03-32893454 03-32892500 (VT)	cdcksel@gmail.com
		PKD Sepang	03-87066001 03-87066158	cdcsepang@gmail.com
		PKD Hulu Selangor	03-60644105	cdchuluselangor@gmail.com
		PKD Sabak Bernam	03-3224 2355 03-3224 3010	unitcdcsb@yahoo.com
		PKD KLIA	03-8776 8399	surveilanklia@gmail.com / cdcpklia@gmail.com
		PKD Pelabuhan Klang	03-3168 6364 03-3165 4006	shippingpkpk@moh.gov.my

6.	WPKL & Putrajaya	CPRC WPKL & Putrajaya	03-26983757 03-22687301	cprckl@moh.gov.my
		Pejabat Kesihatan Lembah Pantai	03-22687452	pklp@moh.gov.my
		Pejabat Kesihatan Kepong	03-62570352	cprcpkk.kl@moh.gov.my
		Pejabat Kesihatan Putrajaya	03-88850400	cprc_pkpj@moh.gov.my
		Pejabat Kesihatan Cheras	03-91320020	cprc_pkckl@moh.gov.my
		Pejabat Kesihatan Titiwangsa	03-26980282	cdc.pktitiwangsa@moh.gov.my
7.	Negeri Sembilan	CPRC Negeri Sembilan	06-7641326	cprcjkns@moh.gov.my
		PKD Seremban	06 7634809	cprc_pkdsbnn9@moh.gov.my
		PKD Port Dickson	06-6463668	cprc_pkdpd@moh.gov.my
		PKD Jempol	06-4584226	cprc_pkdjempol@moh.gov.my
		PKD Tampin	06-4411643 06-4417290	cprcpkdtampin@gmail.com
		PKD Kuala Pilah	06 4811172	cprcpkdkp@moh.gov.my
		PKD Rembau	09-6814078	cprcrembau@gmail.com
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8.	Melaka	CPRC Melaka	06-2345999 06-2883019	cprcmelaka@moh.gov.my
		PKD Melaka Tengah	06-2840806	bgerakanpkdmt@gmail.com
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		Hospital Melaka	06-2892999	hmbilikgerakan@gmail.com
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		PKD Johor Bahru	07-2277225	pkdjb_cdc@yahoo.com
		PKD Muar	06-9530917	cdcmuar@gmail.com
		PKD Batu Pahat	07-4321406	cdcpkbp@yahoo.com
		PKD Kulai	07-6622303	cprckulai@gmail.com
		PKD Pontian	07-6868830 07-6879333	cdcpontian@gmail.com
		PKD Segamat	07-9313357	cdc_sgt@yahoo.com
		PKD Tangkak	019-3385982	cdcpkledang@yahoo.com

			(Dr. Rosila) 06-9788714	
		PKD Mersing	07-7995900 07-7991835	cdcmersing@gmail.com
		PKD Kota Tinggi	07-8826141	cdcpkdktcovid@gmail.com
		PKD Kluang	07-7765022	cdc_pkkluang@yahoo.com.my
10.	Pahang	CPRC Pahang	011-40803247 09-5707985	cprc_pahang@moh.gov.my
		PKD Kuantan	09-5659213	kuantancdc@gmail.com
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		PKD Pekan	09-4223653	cdcpekan@gmail.com
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		PKD Jerantut	09-2661905	cdc_pkdjerantut@yahoo.com
		PKD Maran	09-4771267	cdcmaran@gmail.com
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		CPRC Terengganu	09-6229775 09-6353752	bgerakan.trg@moh.gov.my
		PKD Kemaman	09-8595146	cdckemaman@gmail.com
		PKD Dungun	09-8453162	bgerakan.pkddgn@moh.gov.my
		PKD Marang	09-6185582	bgerakan.pkdmrg@moh.gov.my
		PKD Kuala Terengganu	09-6300051	bgerakan_pkdkt@moh.gov.my
		PKD Kuala Nerus	09-6699305	bgerakan.knerus@moh.gov
		PKD Hulu Terengganu	09-6814078	zalina_s@moh.gov.my
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COVID-19 DECLARATION FORM (HEALTHCARE WORKER)

(Individual facility may amend the form according to the need of local setting)

ANSWER ALL QUESTIONS (TICK WHERE APPROPRIATE)

A. EPIDEMIOLOGICAL LINK		Yes	No
1	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: _____		
2	Residing or travel to an area with community transmission anytime within the 14 days prior to sign and symptom onset If yes, please specify the area: _____		
3	Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior to sign and symptom onset. If yes, please specify the health care setting: _____		
4	Linked to a COVID-19 cluster within the past 14 days prior to sign and symptom onset.		
5	Close contact to a confirmed case of COVID-19, within 14 days before onset of illness. If yes, please answer questions a to d:		
	a. Health care associated exposure without appropriate PPE (including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient).		
	b. Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient		
	c. Traveling together with COVID-19 patient in any kind of conveyance		
	d. Living in the same household as a COVID-19 patient		

B. SYMPTOMS							
		Yes	No			Yes	No
1	Fever			8	Dyspnea		
2	Cough			9	Anorexia / Nausea / Vomiting		
3	General weakness /Fatigue			10	Diarrhea		
4	Headache			11	Altered mental status		
5	Myalgia			12	Sudden loss of smell (Anosmia)		
6	Sore throat			13	Sudden loss of taste (Argeusia)		
7	Coryza				TEMPERATURE	_____°C	

Signature of Healthcare Worker:

Signature of Screening Officer:

Name: _____

Name: _____

IC Number: _____

IC Number: _____

Date: _____

Date: _____

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BORANG DEKLARASI SARINGAN PENYAKIT COVID-19 (ANGGOTA KESIHATAN)
(Fasiliti kesihatan boleh membuat modifikasi yang bersesuaian, mengikut keperluan setempat)

SILA JAWAB SEMUA SOALAN (TANDAKAN MANA YANG BERKENAAN)

A. HUBUNGAN EPIDEMIOLOGI		Ya	Tidak
1	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: _____		
2	Adakah anda menetap / melawat ke kawasan dengan penularan komuniti dalam tempoh masa 14 hari sebelum gejala bermula. Jika YA, nyatakan nama tempat yang dilawati: _____		
3	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: _____		
4	Adakah anda mempunyai kaitan dengan mana-mana kluster COVID-19 dalam tempoh masa 14 hari sebelum gejala bermula?.		
5	Adakah anda merupakan kontak rapat kepada individu yang disahkan positif COVID-19 dalam masa 14 hari Jika YA, sila jawab soalan a hingga d :		
	e. Pendedahan berkaitan penjagaan kesihatan tanpa PPE yang sesuai (termasuk menyediakan rawatan langsung untuk pesakit COVID-19 dan bekerja dengan anggota kesihatan yang dijangkiti COVID-19)		
	f. Bekerja bersama dalam jarak dekat atau berkongsi persekitaran bilik/ ruang yang sama dengan pesakit COVID-19.		
	g. Menaiki kenderaan yang sama dengan individu yang disahkan positif COVID-19.		
	h. Tinggal serumah dengan individu yang disahkan positif COVID-19.		

B. GEJALA							
		Ya	Tidak			Ya	Tidak
1	Demam (<i>fever</i>)			8	Sesak nafas (<i>dyspnea</i>)		
2	Batuk (<i>cough</i>)			9	Anorexia / Loya (<i>nausea</i>) / Muntah-muntah (<i>vomiting</i>)		
3	Kelesuan (<i>general weakness</i>) /Keletihan (<i>fatigue</i>)			10	Cirit-birit (<i>diarrhea</i>)		
4	Sakit kepala (<i>headache</i>)			11	Perubahan status mental (<i>altered mental status</i>)		
5	Sakit badan (<i>myalgia</i>)			12	Hilang deria bau secara tiba-tiba (<i>sudden loss of smell/anosmia</i>)		
6	Sakit tekak (<i>sore throat</i>)			13	Hilang deria rasa secara tiba-tiba (<i>sudden loss of taste/ argeusia</i>)		
7	<i>Coryza</i>			SUHU		: _____ °C	

Tandatangan Anggota Kesihatan:

Nama: _____

No. Kad Pengenalan: _____

Tarikh: _____

Tandatangan Anggota Kesihatan Yg Menyaring:

Nama: _____

No. Kad Pengenalan: _____

Tarikh: _____

HENTIKAN COVID-19!

**KEJUJURAN ANDA BOLEH MENYELAMATKAN RAMAI NYAWA TERMASUK ANGGOTA KESIHATAN.
PASTIKAN ANDA MENDAFTAR DI DALAM MySejahtera**

**COVID-19 DECLARATION FORM (PATIENT/CARER)***(Individual facility may amend the form according to the need of local setting)***ANSWER ALL QUESTIONS (TICK WHERE APPROPRIATE)**

A. EPIDEMIOLOGICAL LINK		Yes	No
1	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: _____		
2	Residing or travel to an area with community transmission anytime within the 14 days prior to sign and symptom onset If yes, please specify the area: _____		
3	Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior to sign and symptom onset. If yes, please specify the health care setting: _____		
4	Linked to a COVID-19 cluster within the past 14 days prior to sign and symptom onset.		
5	Close contact to a confirmed case of COVID-19, within 14 days before onset of illness. If yes, please answer questions a to c:		
	a. Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient		
	b. Traveling together with COVID-19 patient in any kind of conveyance		
	c. Living in the same household as a COVID-19 patient		

B. SYMPTOMS							
		Yes	No			No	Yes
1	Fever			8	Dyspnea		
2	Cough			9	Anorexia / Nausea / Vomiting		
3	General weakness /Fatigue			10	Diarrhea		
4	Headache			11	Altered mental status		
5	Myalgia			12	Sudden loss of smell (Anosmia)		
6	Sore throat			13	Sudden loss of taste (Argeusia)		
7	Coryza				TEMPERATURE	_____°C	

Signature of Patient/Carer:

Signature of Screening Officer:

Name: _____

Name: _____

IC Number: _____

IC Number: _____

Date: _____

Date: _____

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**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		Ya	Tidak
1	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: _____		
2	Adakah anda menetap / melawat ke kawasan dengan penularan komuniti dalam tempoh masa 14 hari sebelum gejala bermula. Jika YA, nyatakan nama tempat yang dilawati: _____		
3	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: _____		
4	Adakah anda mempunyai kaitan dengan mana-mana kluster COVID-19 dalam tempoh masa 14 hari sebelum gejala bermula?		
5	Adakah anda merupakan kontak rapat kepada individu yang disahkan positif COVID-19 dalam masa 14 hari Jika YA, sila jawab soalan a hingga c :		
	a. Bekerja bersama dalam jarak dekat atau berkongsi persekitaran bilik/ ruang yang sama dengan pesakit COVID-19.		
	b. Menaiki kenderaan yang sama dengan individu yang disahkan positif COVID-19.		
	c. Tinggal serumah dengan individu yang disahkan positif COVID-19.		

B. GEJALA		Ya	Tidak
1	Demam (<i>fever</i>)		
2	Batuk (<i>cough</i>)		
3	Kelesuan (<i>general weakness</i>) /Keletihan (<i>fatigue</i>)		
4	Sakit kepala (<i>headache</i>)		
5	Sakit badan (<i>myalgia</i>)		
6	Sakit tekak (<i>sore throat</i>)		
7	<i>Coryza</i>		
8	Sesak nafas (<i>dyspnea</i>)		
9	Anorexia / Loya (<i>nausea</i>) / Muntah-muntah (<i>vomiting</i>)		
10	Cirit-birit (<i>diarrhea</i>)		
11	Perubahan status mental (<i>altered mental status</i>)		
12	Hilang deria bau secara tiba-tiba (<i>sudden loss of smell/anosmia</i>)		
13	Hilang deria rasa secara tiba-tiba (<i>sudden loss of taste/ argeusia</i>)		

SUHU: ____°C

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**

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