



**PROSEDUR OPERASI STANDARD (SOP) PELAJAR FAKULTI PERUBATAN UKM
DI HOSPITAL CANSELOR TUANKU MUHRIZ (HCTM)**

1. Membuat saringan Covid-19

Sila rujuk perkara 11.3 (Pekeliling Ketua Pengarah Kesihatan Malaysia - Garis Panduan Pelaksanaan Latihamal bagi Pelajar Institut Pengajian Tinggi (IPT) di Fasiliti Kementerian Kesihatan semasa Wabak Covid-19 bertarikh 13 April 2020. (**Lampiran A**).

2. Mengamalkan langkah-langkah pencegahan

- i. Memakai pelitup muka
- ii. Elakan bersalaman dan bersentuhan dengan orang lain
- iii. Memasuh tangan dengan sabun atau '*hand sanitiser*'
- iv. Penjarakan sosial (*social distancing*)

2. Pintu Laluan Masuk

a. Blok Klinikal HCTM

- i. Lobi Utama
- ii. Lobi Pelawat

b. Blok Pendidikan Perubatan

- i. Lobi Blok Pendidikan

c. Blok Praktinikal

- i. Lobi Aras G, Blok Praktinikal

2. Daftar masuk

a. Blok Klinikal HCTM

- i. Capaian ke Manual Pengguna:
<https://mymedinfo.ppekkm.ukm.my/paslawatanppukm/>
- ii. Capaian ke Sistem HCTMPass boleh dibuat melalui pautan berikut:
<https://rb.gy/h6u1ke>
- iii. Atau melalui imbasan kod QR berikut



- iv. Pemeriksaan suhu badan

b. Blok Pendidikan Perubatan

- i. Imbasan QR code yang telah ditampal pada setiap pintu masuk pejabat/jabatan

c. Blok Pra Klinikal

- i. Imbasan QR code yang telah ditampal pada setiap pintu masuk pejabat/jabatan

3. Kawasan/ruang yang dibenarkan masuk

- i. Wad
- ii. Klinik
- iii. Dewan Bedah
- iv. Auditorium
- v. Bilik Resuscitation Pelajar
- vi. Bilik Seminar di Jabatan
- vii. Kaunter Pejabat Pentadbiran/Jabatan
- viii. Kantin
- ix. Perpustakaan

4. Kawasan/ruang yang DI LARANG masuk

- i. Wad yang menempatkan pesakit Covid-19
- ii. Wad yang merawat kes Severe Acute Respiratory Infection (SARI),
- iii. Kaunter saringan Covid-19
- iv. Mana-mana kawasan yang telah dilabelkan sebagai kawasan larangan

5. Surau

- i. Pendaftaran untuk solat jumaat mengikut giliran <https://forms.gle/HAt74Dd1YZ56f4d6>
- ii. Ruang solat akan dibuka setengah jam sebelum waktu solat dan ditutup setengah jam setelah selesai solat fardhu.jumaat.

6. Kapasiti ketika berada di wad/dewan bedah/ klinik

- | | | |
|-----------------|---|--|
| i. Wad | – | 5 orang pelajar pada setiap satu masa mengikut jadual penggiliran keberadaan di wad. |
| ii. Dewan bedah | – | 2 orang sahaja yang dibenarkan setiap bilik dewan bedah |
| iii. Klinik | – | 1 orang pelajar bersama 1 orang pensyarah untuk setiap bilik. |

7. Pemakaian PPE

Rujuk Pekeliling dari Unit Governan dan Pentadbiran Pejabat Pengarah HCTM - Garis panduan *Healthcare Infection Prevention and Control during Covid-19* bertarikh 22 Mei 2020. Sila rujuk 'Lampiran B'.

8. Aktiviti yang dibenarkan sepanjang berada di HCTM

Hanya **seorang** pelajar dibenarkan untuk:

- i. Mengambil sejarah pesakit pada satu-satu masa.
- ii. Melakukan pemeriksaan klinikal terhadap pesakit dalam satu-satu masa walaupun pembelajaran dalam kumpulan.
- iii. Melakukan prosedur yang ditetapkan pada satu-satu masa.

Pelajar perlu mematuhi segala arahan dan peraturan sedia ada yang telah ditetapkan oleh pihak KKM, HCTM, Jabatan dan Fakulti dari semasa ke semasa. Tindakan boleh diambil sekiranya Prosedur Operasi Standard (SOP) tidak dipatuhi.

11.3 Bagi hospital yang menerima pelajar IPT daripada Hospital *Fully* COVID atau Hospital COVID *Hybrid*:

11.3.1 Hospital lain selain Hospital *Fully* COVID atau Hospital COVID *Hybrid* perlu bersedia untuk menerima pelajar IPT daripada hospital yang diaktifkan sebagai Hospital *Fully* COVID atau Hospital COVID *Hybrid*.

11.3.2 Penempatan sementara adalah bertujuan agar pelajar IPT dapat meneruskan latihan tanpa menjejaskan kualiti dan dapat mengelak dari jangkitan COVID-19.

11.3.3 Pihak hospital perlu **melaksanakan saringan kesihatan kepada pelajar IPT** yang melaporkan diri dan mengambil tindakan sewajarnya:

11.3.3.1 pelajar IPT yang sihat dan tidak disyaki menghidap COVID-19 boleh meneruskan latihan klinikal.

11.3.3.2 pelajar IPT yang mempunyai simptom dan disyaki menghidap COVID-19, pihak hospital perlu membuat saringan dan pemeriksaan serta diarahkan untuk menjalani kuarantin di kediaman masing-masing (*self quarantine*).

11.3.3.3 pelajar IPT yang terdedah dengan kes positif COVID-19 (*contact of confirmed case*) dalam tempoh 14 hari, maka mereka perlu menjalani saringan dan pemeriksaan serta kuarantin sehingga keputusan pemeriksaan adalah negatif mengikut protokol rawatan.

**UPDATED GUIDELINES:
HEALTHCARE INFECTION PREVENTION AND CONTROL DURING COVID-19
HOSPITAL CANSOLOR TUANKU MUHRIZ**

This guideline is updated in light of Hospital Canselor Tuanku Muhriz (HCTM) re-opening the clinical services in stages. Data from the Ministry of Health Malaysia showed that up to 80% of COVID-19 cases in Malaysia are asymptomatic. Therefore, any patient in HCTM is a potential source of COVID-19.

The following guideline has been adopted by HCTM for management of all patient to:

- prevent healthcare-associated spread of COVID-19;
- support the safe management of patients in healthcare settings;
- preserve supply of the personal protective equipment (PPE) and resources needed to protect healthcare providers (HCP)

Guidance is updated as needed to reflect what is known about the transmission of the virus that causes COVID-19. Based on the available evidence, the SARS-CoV-2 virus is transmitted between people through close contact and droplets, not by airborne transmission. The person most at risk of infection are those who are in close contact with or who care for a COVID-19 patient.

COMPLIANCE TO 5 MOMENTS OF HAND HYGIENE AND STANDARD PRECAUTIONS IS COMPULSORY IN ALL SITUATION.

For the purposes of this guidance, HCPs are defined as “all persons, paid and unpaid, working in healthcare settings engaged in patient care activities, including: patient assessment for triage, entering examination rooms or patient rooms to provide care or clean and disinfect the environment, obtaining clinical specimens, handling soiled medical supplies or equipment, and coming in contact with potentially contaminated environmental surfaces.” (Centers for Disease Control and Prevention, 2020)

PPE requirements for HCPs in outpatient clinics and hospitals

The virus that causes COVID-19 can spread in healthcare settings. PPE policies should, first and foremost, protect those in the healthcare setting from exposure, while also prioritizing the PPE resources needed to confront an epidemic.

PPE strategies should be supplemented by source control, including the rapid identification of patients with fever or respiratory symptoms, placement of a regular facemask on symptomatic patients, and isolation in a private room with the door closed. The minimum PPE necessary to care for patients with fever or respiratory symptoms is a regular facemask and eye protection (goggles or face shield). The following caveats and additions apply:

Table 1: Rational use of Personal Protective Equipment (PPE)

| SETTING | TARGET PERSONNEL OR PATIENTS | ACTIVITY | TYPE OF PPE OR PROCEDURE | SOURCE CONTROL |
|------------------------------|------------------------------|--|--|--|
| HEALTHCARE FACILITIES | | | | |
| INPATIENT FACILITIES | | | | |
| Patient room | Healthcare workers | Providing direct care to SARI/COVID-19 patients | Surgical mask Isolation Gown Gloves Goggles/face shield | Patient wear surgical mask when HCP enter room (if tolerated by patient) |
| | | Aerosol-generating procedures performed on SARI/COVID-19 patients | Respirator 1 /N95 mask Isolation Gown Gloves Goggles/face shield Apron | NONE |
| | | Taking respiratory samples | N95 mask Isolation Gown Gloves Goggles/face shield | NONE |
| | | Providing care to patients. Minimal direct contact. (Non-SARI/COVID-19) | Surgical mask Apron Goggles/face shield | Patient wear surgical mask when HCP enter room |
| | | Direct contact with patients. e.g. moving patients from bed to wheelchair, propping patient up, giving patient bath. (Non-SARI/COVID-19) | Surgical mask Isolation Gown Goggles/face shield | Patient wear surgical mask when HCP enter room |

| | | | | |
|--|--------------------|--|---|--|
| | Cleaners | Cleaning room of SARI/COVID-19 patients | Surgical mask Isolation Gown Heavy duty gloves Goggles/face shield Boots or closed work shoes | Patient wear surgical mask when cleaner enter room (if tolerated by patient) |
| | | Cleaning room of patients (Non-SARI/COVID-19) | Surgical mask Gloves | |
| | Visitor | Entering the room (Non-SARI/COVID-19) | Surgical mask | Patient wear surgical mask |
| Other areas of patient transit (e.g. ward, lifts, corridors) | All staff | Any activity that does not involve direct contact with patients. | Surgical mask | Not applicable |
| Triage | Healthcare workers | Preliminary screening involving not direct contact with patients. | Maintain spatial distance of at least 1 meter Surgical mask Goggles/face shield | Patient wear surgical mask |
| Laboratory | Lab technician | Manipulation of respiratory samples | Surgical mask Isolation Gown Gloves Goggles/face shield | Not applicable |
| Administrative areas | All staff | Any activity that does not involve contact patients. | Surgical mask | Not applicable |
| OUTPATIENT FACILITIES | | | | |
| Consultation room | Healthcare workers | History taking Physical examination | Surgical mask Apron Goggles/face shield | Patient wear surgical mask |
| | | Any activity that involves direct contact with patient or body fluids e.g. physiotherapist that need to move patient | Surgical mask Isolation Gown Goggles/face shield | Patient wear surgical mask |

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|------------------------|--------------------|---|---|----------------------------|
| | Cleaners | Following routine cleaning schedule | Surgical mask Gloves | Not applicable |
| Waiting room | Patient | Any | Patient wear surgical mask (if tolerated by patient) Immediately move the patient to an isolation room or separate area away from others if have respiratory symptoms. | Not applicable |
| Administrative areas | All staff | Administrative task | Surgical mask | None |
| Triage | Healthcare workers | Preliminary screening not involving direct contact with patients | Maintain spatial distance of at least 1 meter Surgical mask Goggles/face shield | Patient wear surgical mask |
| POINTS OF ENTRY | | | | |
| Administrative areas | All staff | Any | Surgical mask | Not applicable |
| Screening area | Staff | First screening (temperature measurement) not involving direct contact | Maintain spatial distance of at least 1 meter Surgical mask Goggles/face shield | Patient wear surgical mask |
| | Staff | Second screening (i.e. interviewing patients with fever for clinical symptoms of COVID-19 disease and travel history) | Surgical mask Apron Gloves Goggles/face shield | Patient wear surgical mask |
| | Cleaners | Following routine cleaning schedule | Surgical mask Gloves | Not applicable |

| | | | | |
|-------------------------------|--------------------|--|---|--|
| Ambulance or transfer vehicle | Healthcare workers | Transporting COVID-19 patient | N95 mask Isolation Gown Gloves Goggles/face shield | Patient wear surgical mask (if tolerated by patient) |
| | Driver | Transporting COVID-19 patient | Maintain spatial distance of at least 1 meter Surgical mask Isolation Gown Gloves Goggles/face shield | |
| | | Cleaning and disinfection after and between transport patients with COVID-19 | Surgical mask Gown Heavy duty gloves Boots or closed work shoes | Not applicable |

¹ Refers to respiratory protection at least as protective as a fit-tested, NIOSH-certified disposable N95 filtering face piece respirator, including NIOSH-approved Powered Air-Purifying Respirators (PAPRs)

Managing PPE supply issues

To ensure the availability of face shields, it is recommended that each HCP that is involved in patient care is provided with their personal face shield. This face shield can be re-use and it is every staff responsibility to disinfect their personal face shield after use. Disinfection can be done using 70% alcohol wipes.

Use of isolation rooms

PUIs and confirmed COVID-19 cases should be placed in airborne infection isolation room (AIIR), if available. Irrespective of patient room placement, if the patient is a PUI or a confirmed case, standard, contact, and airborne precautions with eye protection should be used.

Visitor Policy Recommendations

Facility visitor policies may need to become more restrictive should COVID-19 spread in the community become sustained or widespread. Current recommendations are that facilities should limit to a maximum of two visitors per patient, restricting access for sick individuals and those under 12 years of age.

Work exclusion and monitoring determinations

Once a COVID-19 case has been confirmed, work exclusions and home monitoring plans should be implemented immediately. In general, staff with the following risk factors should be excluded from work and monitored for fever or respiratory symptoms.

The following table provides considerations for sample activities to aid in decision making regarding exclusion and monitoring plans. Examples are generally limited to those that involve patient care, as a key pre-emptive step is limiting the entry into rooms of patients with fever or respiratory symptoms to essential care providers only. Other factors may alter risk determination, including but not limited to patient symptoms, ability to comply with source control, and duration of exposure.

Table 2: Work exclusion and monitoring plan

| ACTIVITY | PPE USED BY HCP | WORK RESTRICTION | MONITORING |
|---|---|--|-------------------|
| Patient care with no aerosol generating procedure | No PPE | Exclude from work for 7 days after last exposure | Active monitoring |
| Patient care with aerosol generating procedure | Incomplete PPE | Exclude from work for 7 days after last exposure | Active monitoring |
| Patient care with no aerosol generating procedure | Used respiratory protection but no contact precaution | None | Self-monitoring |

HCP self-monitoring: HCP perform self-monitoring for fever or respiratory symptoms (cough, sore throat, or shortness of breath) for 14 days from last exposure under the supervision of a healthcare facility's occupational health or infection control program.

Active monitoring: Ongoing communication to assess for the presence of fever or respiratory symptoms (cough, sore throat, or shortness of breath) conducted by healthcare facility's occupational health or infection control program and sample taken for COVID-19 test.

Infection Control Unit

Hospital Canselor Tuanku Muhriz

19 May 2020

REFERENCE:

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients-H.pdf>
2. https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
3. https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf