GUIDELINES OF INFECTION CONTROL AND CLINICAL MANAGEMENT OF SEVERE ACUTE RESPIRATORY INFECTIONS (SARI) / PNEUMONIA TRO COVID-19

1. CASE DEFINITION OF SARI

An acute respiratory infection with:

- I. History of fever or measured fever of $\geq 38C^{\circ}$;
- II. and cough;
- III. with onset within the last 10 days; and
- IV. requires hospitalization.

Consider COVID-19 as a possible aetiology of patients with SARI under certain conditions (history of travelling, mass gatherings, religious gatherings etc.)

2. INFECTION PREVENTION & CONTROL MEASURES AT POINT OF ENTRY

- **2.1.** Initiate Infection Prevention and Control (IPC) at the point of entry of the patient to hospital.
- **2.2.** Screening questions of possible COVID-19 should be done at first point of contact at the emergency department or outpatient department/clinics.
- 2.3. All patients presented with respiratory symptoms should be given a surgical mask if not contraindicated and directed to a dedicated waiting area. For children > 2-year-old, CDC recommended wearing face mask / cloth face covering.
- **2.4.** Keep at least 1m radius distance (preferably 2m) between patients. However, for patients with aerosol generating condition (e.g. on high flow mask and nebuliser) preferably to be placed in a single isolation room with attached bathroom.
- **2.5.** Standard precautions +/- droplets precaution (whenever applicable) should always be adhered by all healthcare workers (HCWs) and applied in all areas of the health care facilities.
- **2.6.** Standard precautions include hand hygiene and the use of personal protective equipment (PPE) during direct and indirect contact with patients' blood, body fluids, droplets secretions (including respiratory secretions) and non-intact skin.

3. INFECTION PREVENTION & CONTROL (IPC) MEASURES IN THE WARD

- **3.1.** Designated ward for SARI/Pneumonia cases:
 - a. Preferably single room with attached bathroom.
 - b. If not available, cohorting in cubicle or room with at least 1m radius distance (preferably 2m) between patients.
- **3.2.** All patients should be asked to wear surgical mask as long as possible.
- **3.3.** HCWs managing patients in SARI cubicles (with a distance of >1m) should use minimum PPE of surgical mask and frequent hand hygiene practice throughout their shift.
- **3.4.** HCWs coming into patient areas (with a distance of < 1m) should use PPE as below:
 - a. Surgical mask, long sleeved plastic apron, non-sterile gloves, and eye protection (face shield/goggles).
 Note: refer to Appendix 1 (pictorial) for recommended PPE to be used when attending/treating SARI patient.
 - b. Strict doffing procedure must be practiced.
- **3.5.** HCW performing sampling of Oropharyngeal/Nasopharyngeal swab should use PPE as below:
 - a. N95 mask, eye protection (face shield/goggles), isolation gown (fluidrepellent long-sleeved gown), non-sterile glove, head cover. *Note: refer to Appendix 1 (pictorial) for recommended PPE to be used when attending/treating SARI patient.*
 - b. Strict doffing procedure must be practiced.
- **3.6.** HCWs must comply with PPE usage and hand hygiene practices at all time.
- **3.7.** If performing aerosol generating procedures (AGP), HCWs must use appropriate PPE in accordance to airborne and droplets precautions (refer to Appendix 1 (pictorial) for recommended PPE to be used when attending/treating SARI patient).
- **3.8.** Frequently clean and disinfect surfaces of high touch areas in the ward such as bed railings, over bed table etc.
- **3.9.** All equipment and material used in the ward should be disinfected.

4. INSTRUCTIONS FOR PATIENTS/ CAREGIVER

- **4.1.** To remain within the confines of the room / bed area and to call should they require any assistance. For paediatric patient < 15 years old, only one caregiver maybe allowed to accompany. This caregiver will be is instructed to follow IPC.
- **4.2.** Visitors strictly not allowed.
- **4.3.** Basic necessities (clothing, food etc.) will be provided.
- **4.4.** Prohibited from taking photos/disseminating news on admission to social media.
- **4.5.** Ensure surrounding areas clean and dispose tissues/wet towels in provided bins.
- **4.6.** To inform the staff if patient have any drug or food allergy.
- **4.7.** Always wear the face mask especially when the staffs come into the room and follow the cough etiquette.
- **4.8.** Keep yourself hydrated.
- **4.9.** Limit yourself to others to at least 1 meter

Please inform the HCWs immediately if you experiencing any of the following symptoms:

- i. Difficulty in breathing (gasping of breath or rapid breathing)/ noisy breathing.
- ii. Cyanosis/ turning blue
- iii. Coughing up blood.
- iv. Chest pain which do not abate/ resolve
- v. Persistent diarrhoea/ vomiting/ poor feeding
- vi. Lethargy
- vii. Sudden new onset of anosmia (loss of smell)
- viii. Sudden new onset of ageusia (loss of taste)

5. COVID-19 SCREENING TEST

- **5.1.** Inform laboratory prior to screening of COVID-19.
- **5.2.** Get the sample box from microbiology laboratory.

- **5.3.** Label the sample container and Viral transport medium (VTM) tube with the patient's name and details.
- **5.4.** Laboratory request form must be filled by Medical Officer and signed by specialist as SARI TRO COVID-19.
- 5.5. All laboratory request form should be labelled as "SARI TRO COVID-19"
- 5.6. Fill in the Syndromic Notification Form for SARI
- **5.7.** Triple packaging for Nasopharyngeal/ Oropharyngeal samples.

If the result is **POSITIVE**:

- a. Call the COVID TEAM to transfer to confirmed COVID-19 ward.
- b. Notification for "*Notifikasi Penyakit Berjangkit Perlu Dilaporkan*" must be done immediately (not needed if result is negative).

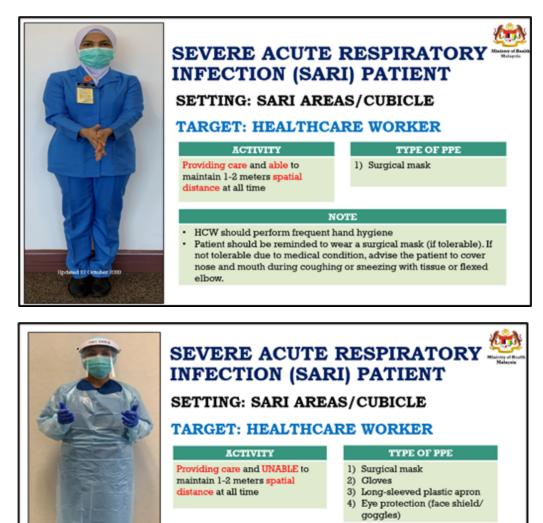
If result is **NEGATIVE**

a. If result is negative and patient improved with current empirical management, transfer out to respiratory ward or to other general wards where beds are available.

6. CLINICAL MANAGEMENT OF SARI/ PNEUMONIA TRO COVID-19

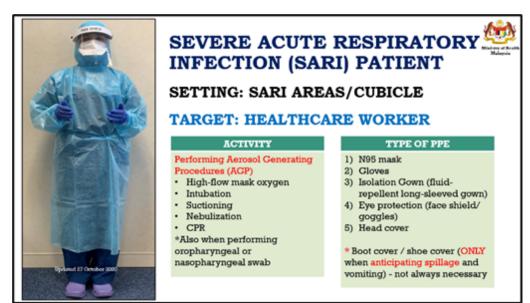
- 6.1. All patients with suspected pneumonia should be managed in Suspected/SARI wards with adequate PPE [Eye protection (face shield/goggles), surgical mask, isolation gown/ long sleeved plastic apron and gloves].
- 6.2. All cases must be fully investigated for the aetiology.
- 6.3. All SARI/Pneumonia cases should be screened for COVID-19 using RT-PCR.
- 6.4. Cases must be discussed with Infectious Disease Physician/Paediatrician/Intensivist/Anaesthetist when the need arise.

Appendix 1: Recommended PPE to be used when attending/treating SARI patient





Patient should be reminded to wear a surgical mask (if tolerable). If not tolerable due to medical condition, advise the patient to cover nose and mouth during coughing or sneezing with tissue or flexed elbow.



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