



**COVID-19 MANAGEMENT GUIDELINES (“CMG”)**

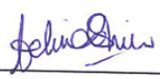

**AND**

**EMERGENCY RESPONSE PROTOCOL (“ERP”)**

## Version Management Approval

Date	Version No.	New/Amendment/ Update	Approved By
1 May 2020	1.0	New	Chief Executive Officer
28 May 2020	2.0	Insertion of Emergency Response Protocol ("ERP")	Chief Executive Officer
24 Dec 2020	3.0	Revisions at CMG and ERP	Chief Executive Officer
21 Jan 2021	4.0	Revision at ERP <ul style="list-style-type: none"> <li>• Insertion of Management of Confirmed COVID-19 at Workplace</li> <li>• Revision on Contact Exposure Notification</li> </ul>	Chief Executive Officer

## Document Sign-Off

<p>Reviewed by:</p> <p></p> <p>Belinda Lim</p> <p>Quality Service &amp; Excellence</p> <p>Date : 18/2/2021</p>	<p>Approved by:</p> <p></p> <p>Chen Kok Bong</p> <p>CEO</p> <p>Date : 18 Feb 2021</p>
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**SECTION 1:**  
**COVID-19 MANAGEMENT GUIDELINES (“CMG”)**

Administrative Details	
Name of Document	COVID-19 Management Guidelines
Policy holder name	OSHA (Occupational Safety and Health Administration)
Effective date	28 May 2020

## **I. Introduction**

### **COVID-19 Management Guidelines (“CMG”)**

COVID-19 Management Guidelines (“CMG”) provides guidance for dealing with the COVID-19 outbreak to minimise disruptions to the operation and ensure the business remains viable during the outbreak period. It is guided by the relevant advisories issued by Ministry of Health, Malaysia (“MOH”), international health and government bodies as well as research (including journal and news articles) published on the evolving development of COVID-19 globally.

Please note that the CMG should be read in conjunction with the latest relevant advisories issued by MOH and other government agencies. Due to the evolving situation of COVID-19 which may warrant revision or update to the guide from time to time, users are encouraged to access the latest version of the guide at **Pac Lease Infoserver – OSHA Section**.

#### **What is COVID-19?**

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). As the name indicates, SAR-CoV-2 belongs to the family of coronaviruses which cause illnesses ranging from common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) in 2002-2003 and Middle East Respiratory Syndrome (MERS) in 2012.

#### **What are the common symptoms?**

At first glance, symptoms for the new coronavirus, otherwise known as SARS-CoV-2, are similar to those we associate with the common cold or the flu. The new coronavirus generally affects the lower respiratory tract, most of those infected exhibits a dry cough and fever, sometimes a sore throat, shortness of breath, headaches and body aches. There is growing evidence that loss of sense of smell is a sign of COVID-19, even in the absence of any other symptoms. ***(refer Table 1: Suspected Case of COVID-19)***

## **II. Purpose**

1. The CMG is drafted in adherence to the government and social objective of containing or mitigating the risk of coronavirus transmission while ensuring availability of critical resources and business operation viability.
2. It provides the business response protocol to be undertaken and practised at workplace to prevent and slow the spread of COVID-19.

### **III. Response Protocol**

The response protocol focuses on the following areas:

- A. Workplace Management;
- B. Personal Hygiene Management; and
- C. Compliance.

#### **A. Workplace Management**

In order to prevent and slow the COVID-19 outbreak, the Company undertakes the following:

##### **1. Human Resource Management and Education on COVID-19**

- **Temperature Monitoring and Screening**
  - Staff are required report their health status with thermometer i.e. Negative status if <37.5°C; Positive status if >37.5°C (*refer Annex 1A: Temperature Measurement and Controls*)
  - Any temperature more than 37.5°C should not enter the office and should seek medical assistance immediately. (*refer Annex 1B: Screening Procedures for Visitors and Employees*)
  - Similarly, external parties such as customers, suppliers, etc should be denied access to office if temperature reading exceeds 37.5°C. (*refer Annex 1B: Screening Procedures for Visitors and Employees*)
- **Working from Home Arrangement**
  - Employees with temperature above 37.5°C should notify their Head of Department (“HOD”)/ Branch Manager (“BM”)/ Team Leads (“TL”)/Human Resource (“HR”) and to seek medical assistance.
  - The staff is required to work from home if no medical leave is given.
- **Education on COVID-19**
  - Educate employees to reduce COVID-19 through the practice of personal hygiene, physical distancing and clean and disinfect regularly touched areas in the office. (*refer Figure 1: Everyday Tips for COVID-19 Prevention & Figure 2: Avoid 3C, Adopt 3W*)
  - Display posters promoting respiratory hygiene and physical distancing.
  - Communicate to employees about COVID-19 development and relevant updates from the government and health authorities
  - Provide guidance from Occupational Safety and Health Administration (OSHA) officers, briefing at meetings and information on the intranet etc.

##### **2. Physical Distancing**

- Implement split operations (if required), in accordance with the MOH guidelines

- Increase physical space at common areas i.e. meeting rooms, pantry, reception area
- Avoid large work-related gatherings, i.e. staff meeting, business meeting and after-work business functions
- Staff are encouraged to have meetings online i.e. video conferencing and tele-conferencing
- Avoid physical contact such as shaking hands and avoid touching your face and rubbing your eyes
- Avoid going to crowded places or buy take-away meals during peak hours, i.e. staff are encouraged to go out and purchase food earlier with permission from the HOD/BM/TL

### **3. Environmental Cleanliness**

- Promote and support personal hygiene to customers and employees, i.e. provide hand sanitisers at multiple locations, guide on coughing and sneezing, discourage handshaking.
- Perform routine cleaning and disinfection at common areas (***refer Annex 3: How to Clean and Disinfect***)

### **B. Personal Hygiene Management**

- Staff must wear masks if they have respiratory symptoms such as cough or runny nose (***refer Figure3: How to Wear a Mask?***)
- Cover your mouth with a tissue paper when coughing or sneezing (or sneeze into elbow) and dispose the soiled tissue paper in the covered rubbish bin immediately
- Wash your hands for at least 30 seconds with soap provided (recommended to wash every hour) (***refer Figure4: Guide on Washing Hands***)
- If soap and water not available, rub with at least 60% alcohol-based hand sanitiser for 30 seconds until dry. (*Note: Hand sanitisers may not be effective when hands are visibly dirty or greasy, hence it is always best to wash with water and soap*)
- For the unwell person or after carrying out cleaning or disinfection of objects, please wash your visibility dirty hands with water and soap, dry them and follow by sanitising your hands (***refer Figure5: Proper Hand Hygiene and Infection Control***).
- Advise employees to take precautions prior to travelling to customers' offices, i.e. wear face masks, adopt physical distancing, carry hand sanitisers, etc.

### **C. Compliance**

OSHA shall oversee the COVID-19 management at workplace and ensure compliance with the regulatory requirement and the latest best practice, with detailed roles as follows:

- Keep the latest contacts for hospitals/clinics for COVID-19 screening or admission
- Monitor health conditions of the staff through temperature monitoring log submitted by staff (***refer Figure6: Temperature Monitoring Log***)

- Keep track of the declaration made by staff and visitors, on exposures to suspected/confirmed COVID-19 cases or visit to affected countries (***refer Annex 1B – Screening Procedures for Staff & Visitors***)
- Ensure cleaning and disinfection at workplace are done appropriately as per the guidelines (***refer Annex 2: Practise Cleaning and Disinfecting Environmental Surfaces***)
- Act as contact point for MOH and related regulatory bodies pertaining to contact tracing, implementation of new health guidelines, etc.
- Check the latest updated advisories pertaining to work and travelling during the COVID-19 outbreak and update the employees accordingly



#### **IV. Guidelines**

For effective management of COVID-19 at workplace, guidelines for staff adoption are presented as follows:

##### **Annex 1 – Temperature Monitoring and Screening**

###### **Annex 1A – Temperature Measurement and Controls**

###### **Annex 1B – Screening Procedures for Staff & Visitors**

##### **Annex 2 – Practise Cleaning and Disinfecting Environmental Surfaces**

##### **Annex 3 – Pantry Management**

##### **Annex 4 – Toilet Management**

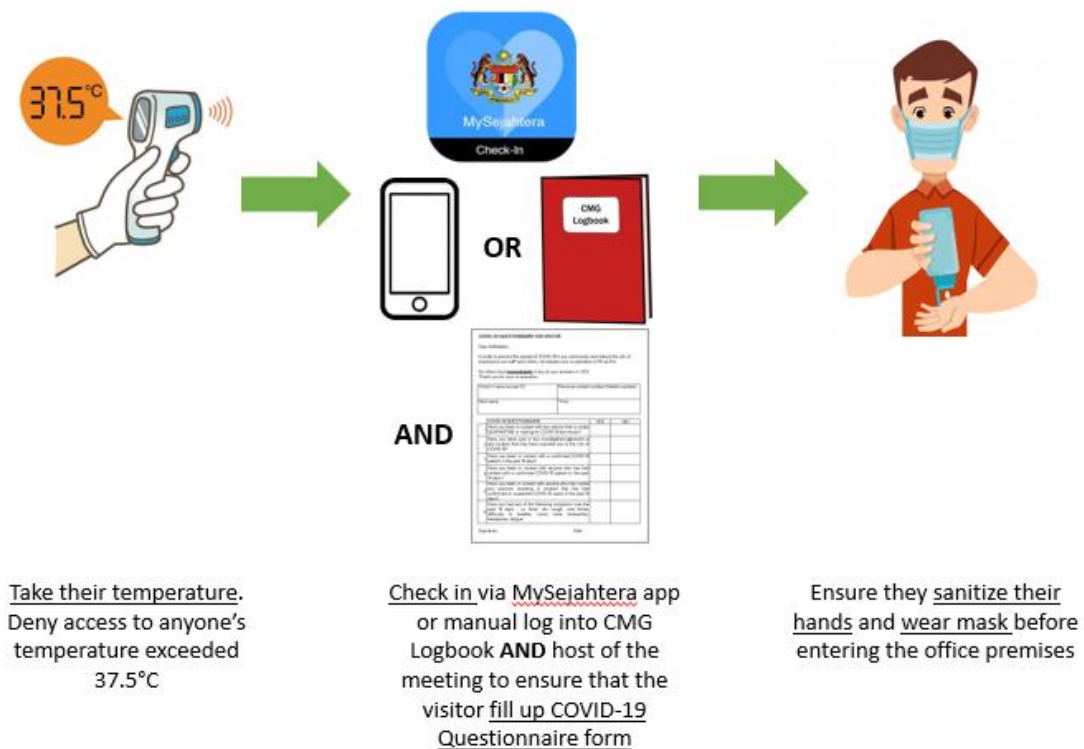
##### **Annex 5 – Visitors' Management (including staff not from own office)**

## Annex 1 – Temperature Measurement and Screening

### Annex 1A – Temperature Measurement and Controls

- Staff are required to measure temperature and report health status everyday
- Two (2) Representatives (Main and alternate) from each Department/Branch will key in the record from group chat into the Temperature Monitoring Log saved in H:Drive by 9.30am (**refer Figure6: Temperature Monitoring Log**)
- HOD/BM/TL is required to monitor the trend of absenteeism and sick leave of staff subsequently to report to the HR if there is any issue arises from the trend seen
- Any person with temperature more than 37.5°C should not enter the office and are advised to seek medical assistance immediately (**refer Table 1: Common Symptoms of COVID-19, Cold and Influenza**).

### Annex 1B – Screening Procedures for Staff & Visitors



## **Annex 2: Practise Cleaning and Disinfecting Environmental Surfaces**

Coronavirus disease 2019 (COVID-19) is known to be spread from person-to-person, most of which happens among close contacts which are defined as within 3 feet (1 metre) of distance. The virus (SARS-Cov-2) transmits via droplets with increasing evidence pointing towards airborne transmission and the virus may remain on surfaces such as steel, plastic, cardboard, etc (***refer Figure 5: How long does the virus survive in the environment***). Hence, cleaning of dirty surfaces followed by disinfection is important to prevent infection of COVID-19.

This guide provides recommendations on cleaning and disinfecting.

### **Daily Routine (Cleaning only)**

1. Wear disposable gloves and mask to clean and disinfect (deep clean), including handling trash)
2. Practise routine cleaning using SOAP and WATER on frequently touched surfaces as follows:
  - Doorknobs, light switches, countertops, handles, outside phone.
  - Pantry i.e. pantry table, pantry chair and countertop
  - Meeting rooms and reception area

### **Sanitisation (Deep clean)**

1. Use disinfectant spray of tablets containing at least 70% alcohol content.
2. Once the dirty surfaces have been cleaned with soap and water, disinfectant will be used to deep clean the high touch surfaces.
3. If disinfectant tablets are used, dissolve the tablets of disinfectant into the water as per instruction in the label.
4. The solution/liquid of disinfectant will then be filled into the disinfectant pump/gun for spray.
5. Spray the solutions towards the cleaned surface and leave the surface wet for 20 minutes before wiping the surfaces again with damp cloth.

## **Annex 3 – Pantry Management**

1. Practise physical distancing whenever in the pantry.
2. Do not put the mouthpiece of your tumbler too near to the water dispenser outlet.
3. Employees are encouraged to take their meals at their desk.
4. Avoid sharing food, cutlery, utensils and other personal hygiene items.
5. Do not leave cups, plates or utensils in the sink after use, clean them immediately and place in their respective places.
6. Used or soiled mask and tissue to be wrapped in paper or plastic before throwing into covered dustbin.
7. Staff are advised to wipe clean the food containers or plastic wrappers with water and soap before putting into the fridge to avoid contamination.

#### **Annex 4 – Toilet Management**

1. Staff are not allowed to enter toilet when cleaning is in progress.
2. A clean and hygienic toilet reduce the level of contamination.
  - Make sure do not wet the toilet seat.
  - Flush with the lid closed.
  - Do not splash water on the floor and create hazard for someone else.
  - For men, leave a gap between yourself and the person in the next cubicle.
  - Wash hand with soap and water for at least 30 seconds.
  - Dry your hands after washing.
3. Do not hang around, if the toilets are occupied, please return to your workstation and wait.
4. Do not throw used tissues on the floor after sneezing or blowing, throw it into covered dustbin and wash hand.

#### **Annex 5 – Visitors' Management (including staff not from own office)**

1. Contactless delivery of parcel/document to minimise physical contact.
2. Parcel to be dropped off outside the main entrance door and courier personnel to contact the recipient for acceptance of parcel/document.
3. Encourage customers/suppliers to conduct tele or videoconferencing.
4. Visitors (including customers, suppliers and staff from other office) that require access into the office should be informed to make a call to the respective staff. They include but not limited to the internal auditors (from OCBC), external auditors and strategic / business partners.
5. Visitors' temperature screening to be conducted by staff hosting them. They are also required to scan the MySejahtera QR code at the front door. (***refer Annex 1B – Screen Procedures for Visitor***)
6. Visitors without masks are not allowed entry into the office and they should wear mask within our business premise
7. Staff are required to wear face masks when meeting with any customers or suppliers.
8. Hand sanitiser will be provided at the entrance for visitors' use.
9. The staff meeting the external parties should ensure that visitors use the hand sanitiser to clean their hands.

## V. Table and Figures

Table 1: Suspected Case of COVID-19

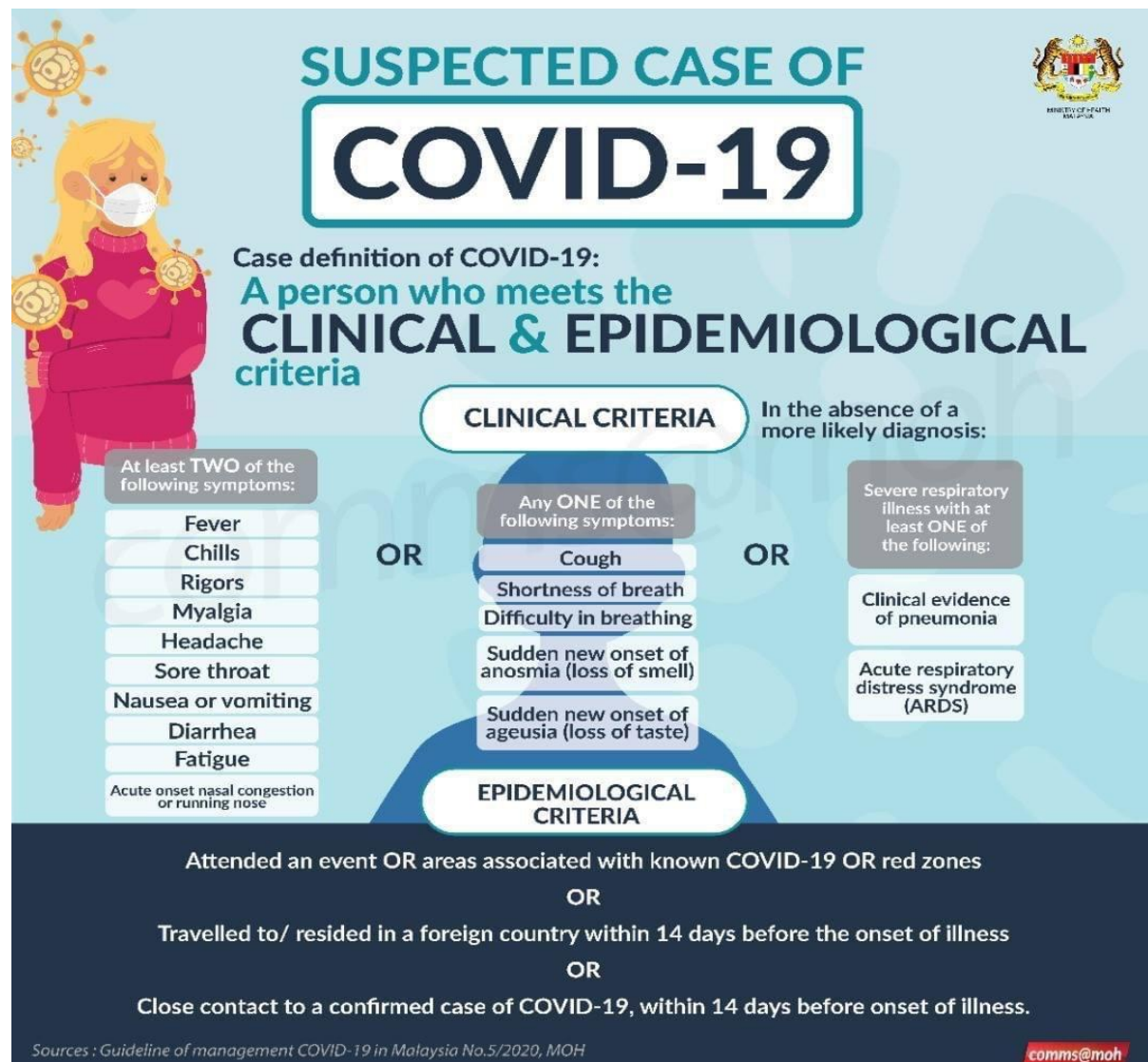


Figure 1: Everyday Tips for COVID-19 Prevention



Figure 2: Avoid 3C, Adopt 3W





Figure 3: How to Wear a Mask



Figure 4: Guide on Washing Hands



**Figure 5: Proper Hand Hygiene and Infection Control****Figure 6: Temperature Monitoring Log**

Temperature Monitoring Log												
Dept/Branch:	MIS											
Month	May-20											
	1	2	3	4	5	6	7	8	9	10	11	12
Full Name (as per IC)	Temperature (Celsius°C)											
1 Angel Ramadass	38	38	37.5									
2 Tan Ming Khoon	35.8	37.6	39									
3 Yeoh Lai Peng	36.8	36.8	37									
4 Khor Meng Ooi	35.5	35.7	38									
5												
6												
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**Figure 7 : COVID-19 Questionnaire for Visitor****COVID-19 QUESTIONNAIRE FOR VISITOR**

Dear Sir/Madam,

In order to prevent the spread of COVID-19 in our community and reduce the risk of exposure to our staff and visitors, we request your co-operation to fill up this

Do inform host **immediately** if any of your answers is YES.  
Thank you for your co-operation.

Visitor's name (as per IC):	Personal contact number (Mobile number):
Host name:	Time:

COVID-19 QUESTIONNAIRE		YES	NO
1	Have you been in contact with any person that is under QUARANTINE or waiting for COVID-19 test results?		
2	Have you taken part in any event/gathering/presentation at any location that may have exposed you to the risk of COVID-19?		
3	Have you been in contact with a confirmed COVID-19 patient in the past 14 days?		
4	Have you been in contact with anyone who has had contact with a confirmed COVID-19 patient in the past 14 days?		
5	Have you been in contact with anyone who has visited any premise, building or location that has had confirmed or suspected COVID-19 cases in the past 14 days?		
6	Have you had any of the following symptoms over the past 14 days, i.e. fever, dry cough, sore throat, difficulty to breathe, runny nose, bodyaches, headaches, fatigue.		

Signature:

Date:

Figure 7: How to Download MySejahtera Check-in for Staff and Visitors

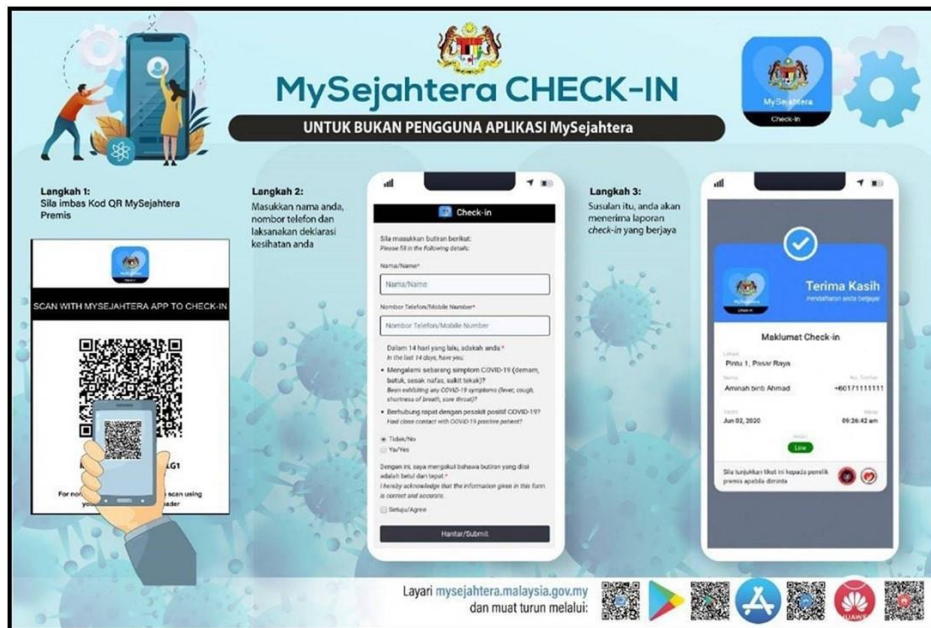
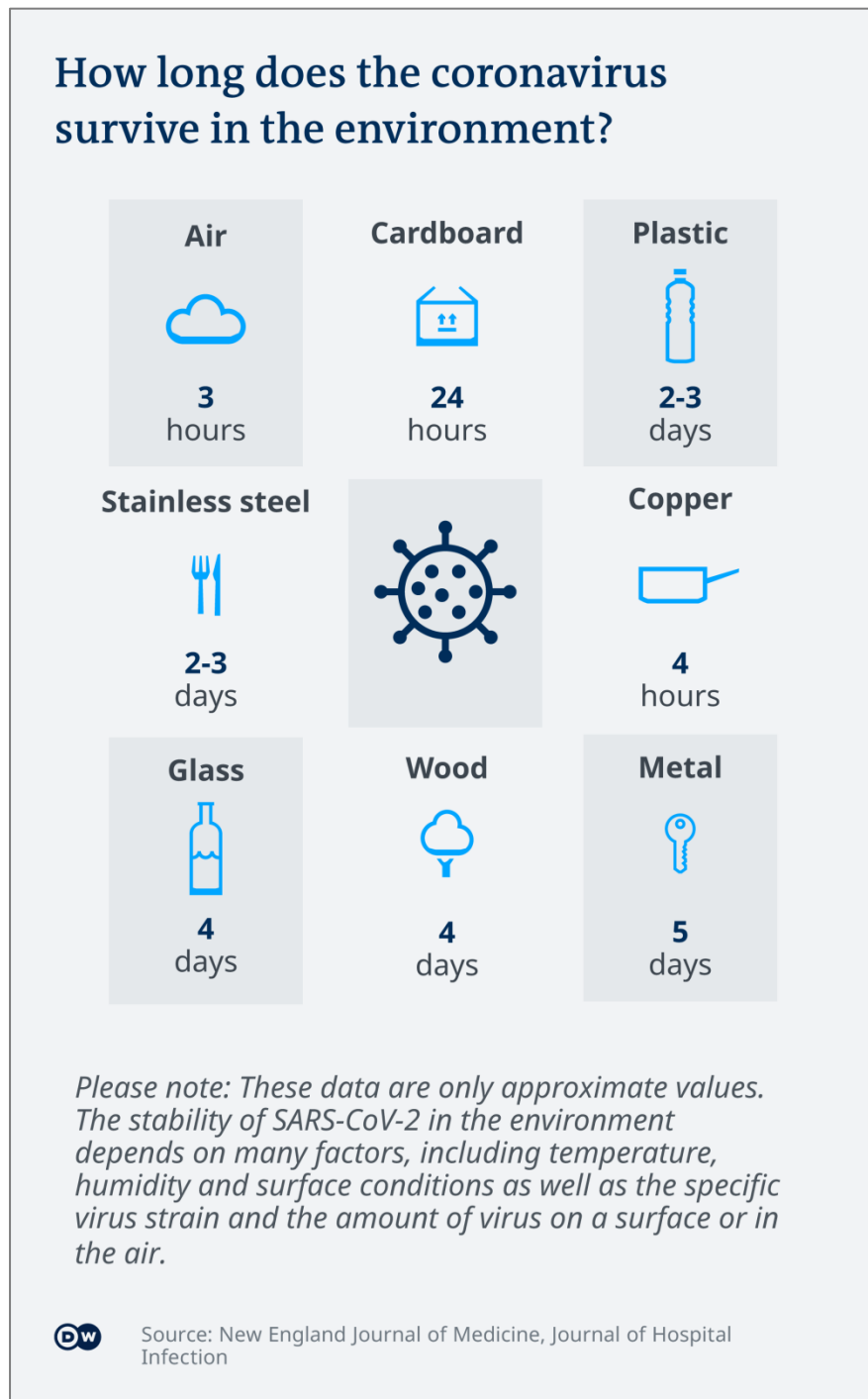


Figure 8: How long does the coronavirus survive in the environment?



## **SECTION 2:**

### **EMERGENCY RESPONSE PROTOCOL (“ERP”)**

Administrative Details	
Name of Document	Emergency Response Protocol
Policy holder name	Emergency Response Team
Effective date	28 May 2020

## **Emergency Response Protocol (“ERP”)**

### **Purpose**

The ERP is drafted to provide guidance to staff to prepare for and respond to suspected/ confirmed case of COVID-19.

The key responsibilities of Emergency Response Team (“ERT”) are as follows:

- To take immediate actions if any of the staff is informed to have COVID-19 symptoms or confirmed Covid-19 case;
- To assist on the co-ordination of the disinfection exercise together with other relevant agencies (if need be).
- Emergency Response Team (ERT) member comprised of:

<b>Name</b>	<b>Department</b>	<b>Contact Number</b>
Belinda Lim	Quality Service & Excellence	+603 2035 1198
Lee Wai San	HR & Administration	+603 2035 1109
Goh Yi Shan	OSHA Chairperson	+603 2035 1126
Tan Bee Chin	Finance	+603 2035 1166
Tan Mei Ling	Planning & Special Projects	+603 2035 1012
Tanny Yap	Strategic Alliance	+603 2035 1063

### **Case definition of COVID-19**

1. **Close contact** is defined as:

- 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 COVID-19 patient)
- Working together in close proximity or sharing the same environment with a COVID-19 patient
- Traveling together with COVID-19 patient in any kind of conveyance
- Living in the same household as a COVID-19 patient
- Face-to-face interaction of more than 15 minutes (continuous or repeated interactions on cumulative basis) in an enclosed space at a distance of less than 1 meter
- Those contacted by MOH for COVID-19 screening
- Working together in close proximity or sharing the same environment with a COVID-19 patient (i.e. within 1 metre radius from the COVID-19 positive worker for a period of more than **2 hours**)

1. **Suspected Case** is defined as a person who meets the clinical AND epidemiological criteria as contained in Table 1 – Suspected Case of COVID-19.

2. **Probable Case** is defined as a person with RTK Ag positive awaiting for RT-PCR confirmation OR A suspect case with chest imaging showing findings suggestive of COVID-19 disease.

Note : Radiological imaging procedure is not indicated in all suspected COVID-19 unless there is clinical suspicion of pneumonia.

3. **Confirmed Case of COVID-19**

A person with laboratory confirmation of infection with COVID-19, irrespective of clinical signs or symptoms.

4. **People Under Surveillance (PUS) for COVID-19**

Asymptomatic individual subjected to Home Surveillance Order (HSO). HSO (i.e., the Observation and Surveillance Order) to be imposed on the close contact of confirmed COVID-19 including restriction of his/her daily movement.

### **Notification on Contact-Exposure**

1. Employees should notify their HOD/BM/TL and ERT if they have been exposed to “Close Contact”, even if they do not exhibit COVID-19 symptoms.

For staff that who have had an exposure but with no symptom:

- Staff should be responsible to self-monitor and report the health status to HOD/BM/TL, twice daily (before 9am & before 3pm)
  - The staff should wear a disposable 3-ply face ask at all time (fabric-made mask is allowed should the disposable 3-ply face mask not made available) for a period of 10 days since the last exposure
  - The employee should maintain a 1-metre distance from other people while performing duty at the workplace and the staff are advised not to perform field visit for the next 10 days (if applicable)
2. Employee is required to notify his/her HOD/BM/TL and ERT as soon as he/she is confirmed to be positive. ERT to kick off contact tracking and other tasks as stated in the ERP matrix attached.

**Emergency Response Protocol Matrix**

Category	Relation to each category	What you need to do	Changes on category upon COVID-19 testing
<b>A</b> Tier 1	Patient diagnosed as confirmed COVID-19 case	To be admitted to hospital for treatment	To be treated in the hospital.
<b>B</b> Tier 2	Individual with close contact to individual from Category A	COVID-19 screening test will be conducted. Home Surveillance as advised by MOH.	Category B: +ve Admitted to hospital
<b>C</b> Tier 3	Individual with close contact to individual from Category B	Advisable for Home Surveillance until B's testing result is out.	Category B: -ve Home surveillance
<b>D</b> Tier 4	Individual with close contact to individual from Category C	You can work but need to get update on the status of Category C.	Category B: +ve Category changed to B Category B: -ve Can continue working
<b>Normal/ Low Risk</b>	No connection with Category A,B,C or D	No restrictions, you can work (Subject to the Movement Control Orders updates)	Category B: +ve Category changed to C Category B: -ve Can continue working
Notes:			
i. Staff is required to report the temperature status to HOD / BM / TL twice daily, before 9:00 am and before 3:00 pm. Applicable for Tier 2 and Tier 3.			
ii. Staff is required to adopt "3Ws" and avoid "3Cs" at all times as an added precautionary measure.			
iii. Home surveillance will last for 10 days.			

## **Emergency Response Protocol (addendum 01/2021)**

### **Management of Positive COVID-19 at Workplace**

#### **What do we do when someone at the workplace tests positive for COVID-19?**

##### **Step 1: Provide instructions to COVID-19-positive worker**

- The worker must observe self-quarantine for 10 days from the date the person is tested COVID-19 positive.
- Information to be provided to the COVID-19 positive worker as per the guideline issued by MOH.

##### **Step 2a: Identify all close contacts to the COVID-19-positive worker (Tier 2)**

- A close contact is defined as someone who was within 1 meter from the person who tested positive (Tier 1) for **at least 15 minutes** at any time beginning 10 days before the infected person had symptoms or tested positive and those within 1 metre radius from the COVID-19 positive worker for a period of more than **2 hours**.
- Close contacts include people who had 15 minutes of continuous contact with the infected person, as well as people who had repeated short-duration interactions with the infected person.
- In addition, being considered a close contact does not depend on whether the contact or the infected person was wearing a face mask covering during their interaction.
- All close contacts are recommended by ERT to be tested with **RT-PCR** on Day 5 or later from last exposure if asymptomatic (and immediately if symptomatic).
- COVID-19 testing locations can be found on our Info Server
- Asymptomatic close contacts may discontinue quarantine after Day 10 from last exposure. If the test is negative, close contacts may resume working in the office, subject to evaluation on a case-to-case basis.

##### **Step 2b: Identify all close contacts to Tier 2 (Tier 3)**

- A close contact is defined as someone who was within 1 meter from Tier 2 for at least 15 minutes at any time beginning 10 days from the date of last contact with Tier 2 and those (without contact) but within 1 metre radius from the Tier 2 for a period of more than **2 hours**.
- Close contacts include people who had 15 minutes of continuous contact with the infected person, as well as people who had repeated short-duration interactions with the infected person.
- In addition, being considered a close contact does not depend on whether the contact or the infected person was wearing a face mask covering during their interaction.



**Step 2c: Complete the Contract Tracing Form**

- Emergency Response Team (ERT) will fill out the Contract Tracing Form by gathering the following information for all people who have been identified as close contacts.
- The affected staff or their respective Branch Manager / Team Leader will inform **verbally** their vendors/suppliers, visitors, or others who had close contact with the employee at the worksite. Only for confirmed cases of the Company.

**Step 3: Communicate with the Relevant Stakeholders**

- Notification on temporary closure of office will be displayed at the main entrance prior to the effective date.
- ERT will communicate Case to be Observed to HODs in the BCP Chat Room.
- HOD will then cascade the information to their team members, if necessary and applicable, and ensure staff do the necessary WFH arrangement.
- Test results, positive or negative, should be shared with the employer.

**Step 4: Report Case(s) to the Ministry of Health**

- ERT will notify the Crisis Preparedness and Response Centre (CPRC) (Tel: 03-8881-0200)

**Step 5: Disinfection After a Confirmed COVID-19 Case at the Workplace**

- Close off the entire 2 floors at level 12 and 13 (for Head Quarters) and entire office (for branches) for disinfection as per the guidelines issued by MOH – Annex 36 Tatacara Pembersihan dan Disinfeksi di Tempat Awam
- Resume to work 24 hours after disinfection
- For Branches, the Branch Managers will carry out similar procedure to do the necessary.

**Step 6: Preventing Workplace COVID-19 Transmission**

- As per the existing CMG & ERP Guidelines.

## Quarantine/Isolation Scenarios

### Scenario 1A: Tier 2 **staying together in the same household** with Tier 1. Quarantine period 14 days from the last contact with Tier 1 (Case detected earlier)

D0	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14
Last Contact					1st RT-PCR Test							2nd RT-PCR Test		End

#### TIER 2



Staff will be WFH during the quarantine period and will resume working in the office once the 2nd swab test is confirmed negative

#### Notes:

- 10 days quarantine period is consistent with the guidelines issued by Ministry of Health, Malaysia.

Source: Ministry of Health, Malaysia  
<https://twitter.com/MyHEALTHKMM/status/1338674000705118213?s=20>

- Evidence suggests that testing tends to be less accurate within 3 days of exposure, and the best time to get tested is 5 to 7 days after the person is exposed. Tests are even more accurate when patients are exhibiting symptoms.

Source: Nortonhealthcare.com  
<https://nortonhealthcare.com/news/how-long-after-exposure-to-test-positive-for-covid/>

- Study also shows that once the infected person underwent the Swab test on the 8<sup>th</sup> and 12<sup>th</sup> day since his/her last exposure, and if he/she is tested negative, the transmission risk is brought down to 2.4% and 1.2% respectively.

Source: Centers for Disease Control and Prevention  
<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

### Scenario 1B: Tier 2 **staying together in the same household** with Tier 1. Quarantine period 14 days from the last contact with Tier 1 (Case detected later)

D0	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14
Last Contact							1st RT-PCR Test							End

#### TIER 2



Staff will be WFH until the end of the 14-day quarantine period.

\*\* Any test done on day 7 onwards deemed as final, no further test required.

Note: Testing date may differ plus or minus 1 day if the test date falls into public holiday/weekend

### Scenario 1C: Tier 2 **not staying together in the same household** with Tier 1. Quarantine period 10 days from the last contact with Tier 1 (Case detected earlier)

D0	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
Last contact					1st RT-PCR Test				2nd RT-PCR Test	End

#### TIER 2



Staff will be WFH during the quarantine period and will resume working in the office once the 2nd swab test is confirmed negative

#### Notes:

- 10 days quarantine period is consistent with the guidelines issued by Ministry of Health, Malaysia.

Source: Ministry of Health, Malaysia  
<https://twitter.com/MyHEALTHKMM/status/1338674000705118213?s=20>

- Evidence suggests that testing tends to be less accurate within 3 days of exposure, and the best time to get tested is 5 to 7 days after the person is exposed. Tests are even more accurate when patients are exhibiting symptoms.

Source: Nortonhealthcare.com  
<https://nortonhealthcare.com/news/how-long-after-exposure-to-test-positive-for-covid/>

- Study also shows that once the infected person underwent the Swab test on the 8<sup>th</sup> and 12<sup>th</sup> day since his/her last exposure, and if he/she is tested negative, the transmission risk is brought down to 2.4% and 1.2% respectively.

Source: Centers for Disease Control and Prevention  
<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

### Scenario 1D: Tier 2 **not staying together in the same household** with Tier 1. Quarantine period 10 days from the last contact with Tier 1 (Case detected later)

D0	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
Last contact							1st RT-PCR Test			End

#### TIER 2



Staff will be WFH until the end of the 10-day quarantine period.

\*\* Any test done on day 7 onwards deemed as final, no further test required.

Note: Testing date may differ plus or minus 1 day if the test date falls into public holiday/weekend

**Scenario 3: Tier 3****Quarantine period until the results of RT-PCR from Tier 2 detected as negative**

Start Day			End Day
Tier 1 has been detected positive COVID-19			Tier 2 has been tested negative COVID-19

**TIER 3**

Staff will be WFH until the Tier 2 has been confirmed negative COVID-19.

**Scenario 4: Tier 1** (applicable for mild symptoms or asymptomatic cases)**Isolation period of 14 days after being confirmed positive COVID-19 on Day 0**

D0	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14
Tier 1 confirmed positive COVID-19														End

**TIER 1**Staff will be WFH until the end of the 14-day isolation period. Subject to MOH or symptoms developing**Notes:**

- **10 days quarantine** period is consistent with the guidelines issued by Ministry of Health, Malaysia.

Source: Ministry of Health, Malaysia

<https://twitter.com/MyHEALTHKKM/status/1338674000705118213?s=20>

- Evidence suggests that testing tends to be less accurate within 3 days of exposure, and **the best time to get tested is 5 to 7 days after the person is exposed**. Tests are even more accurate when patients are exhibiting symptoms.

Source: Nortonhealthcare.com

<https://nortonhealthcare.com/news/how-long-after-exposure-to-test-positive-for-covid/>

- Study also shows that once the infected person underwent the Swab test on the 8<sup>th</sup> and 12<sup>th</sup> day since his/her last exposure, and if he/she is tested negative, the transmission risk is brought down to 2.4% and 1.2% respectively.

Source: Centers for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

## **Frequently Asked Questions (FAQs) on COVID-19 Management Guidelines and Emergency Response Protocol (ERP)**

### **1. How do I know whether I am suspected of COVID-19?**

A: Acute respiratory infection (sudden onset of respiratory infection with at least one of: shortness of breath, cough, loss of taste/smell or sore throat) with or without fever **AND**

Have visit to affected areas/ countries in the past 10 days **OR** close contact of confirmed COVID-19 case in the past 10 days **OR** attend event associated with confirmed COVID-19 outbreak.

### **2. If I have just mild symptoms like flu and sore throat, do I need to worry of contracting COVID-19?**

A: Stay calm, rest and hydrate yourself. Consult doctor and take prescribed medication by doctor. If not recover, re-visit nearby clinic for doctor's advice.

**3. Some claim that the loss of smell or taste is a strong symptom of COVID-19, is this true?**

A: Yes, sudden loss of smell or taste might be an early sign that you are infected with coronavirus. Consult doctor for further advice.

**4. What if I get “declined” by the GP for consultation?**

A: GP have a SOP, if a patient with flu and fever, they will be outright reject them from the clinic and refer patient to go to the nearest COVID-19 screening hospital for checking and consultation.

**5. What do I need to do after consulting the GP?**

A: Observe the advice given by GP and stay at home to monitor health conditions. Continue to practise good hygiene, physical distancing and monitor your health condition.

**6. What will be my leave entitlement upon admission?**

A: Under PLB staff benefit policy, staff is entitled for 60 days hospitalisation leave (including medical leave).

**7. Do I need to consult GP first before going for COVID-19 screening? Can I go for COVID-19 screening directly?**

A: If you do not have any symptoms, you do not need to be tested. It is advisable to consult GP prior to COVID-19 screening else you may go for COVID-19 screening at own expense, conducted at private hospitals or doctor-on-call to home. COVID-19 screening centres in Malaysia as following:

States	Phone numbers
Pulau Pinang	<a href="tel:04-262 9902">04-262 9902</a>
Perak	<a href="tel:05-243 3962">05-243 3962</a>
Sarawak	<a href="tel:082-443248">082-443248</a>
Kedah	<a href="tel:04-774 1174">04-774 1174</a>
Negeri Sembilan	<a href="tel:06-766 4940">06-766 4940</a>
WP Labuan	<a href="tel:087-596160">087-596160</a>
Kelantan	<a href="tel:09-747 2089">09-747 2089</a>
Johor	<a href="tel:07-238 2217">07-238 2217</a>
Perlis	<a href="tel:04-976 0712">04-976 0712</a>
	<a href="tel:019-2780 408">019-2780 408</a>
Selangor	<a href="tel:03-5123 7366">03-5123 7366</a>
	<a href="tel:03-5123 7367">03-5123 7367</a>

States	Phone numbers
Terengganu	<a href="tel:09-622 9775">09-622 9775</a>
	<a href="tel:09-635 3752">09-635 3752</a>
WP K.Lumpur & Putrajaya	<a href="tel:03-2698 3757">03-2698 3757</a>
	<a href="tel:03-2268 7301">03-2268 7301</a>
Pahang	<a href="tel:09-570 7910">09-570 7910</a>
	<a href="tel:09-570 7914">09-570 7914</a>
	<a href="tel:09-570 7909">09-570 7909</a>
Sabah	<a href="tel:088-219455">088-219455</a>
	<a href="tel:088-512531">088-512531</a>
	<a href="tel:088-512533">088-512533</a>

**8. How about the payment arrangement for COVID-19 test?**

A: For COVID-19 test, payment is on reimbursement basis. For admission cases, staff can use their PIB hospital admission card.

**9. Do I need to pay first and get the reimbursement later?**

A: Staff is advisable to go government hospital for COVID-19 test or hospitalization. Staff will need to pay the bill 1<sup>st</sup> if they opt to go private hospital.

**10. I have a question on the PIB hospital admission card, is applicable to use it for COVID-19 testing?**

You are strongly encouraged to bring along your Pacific Insurance Berhad (PIB) admission card at all times.

PIB hospital admission card can only be used if you admitted to hospital. For COVID-19 test at private hospital is on reimbursement basis. If you display any symptoms or identified as Person Under Investigation (PUI) public hospitals will actually provide you with free COVID-19 testing.

If the test result is positive for COVID-19, the Malaysian authorities will instruct you to be hospitalised at one of Malaysia's designated COVID-19 admitting hospitals and no fees will be imposed. If tested negative and admission to hospital for other check-up, this will fall under PIB medical card benefits.

**11. Can I still work from the office while I wait for my screening results? May I opt to work from home?**

A: You cannot come back to the office; you should work from home. Update your HOD/TL/BM once the results are obtained.

**12. What if my family member also becomes unwell?**

A: Staff to get advice from family doctor for next course of action.

**13. What do I need to do if my screening result is positive? And what if it is negative?**

A: If result is positive, please prepare yourself to be admitted to hospital for treatment of COVID-19. Inform HOD/TL/BM of the results immediately. Thereafter, ERT will liaise with MOH for contact tracing and subsequent actions required. If result is negative, staff may go back to work after 10 days from the testing date. Staff are advisable to wear mask when reporting back to office for at least 10 days as an added precautionary measure.

**14. If my screening result is positive, will my colleagues within my department/Branch be required to go for screening then?**

A: All staff from the entire floor is required to go for COVID-19 screening. Further advice from MOH will be given from time to time.

**15. If my screening result is negative, do I still need to abide to the CMG like physical distancing?**

A: Physical distancing is a new norm to be practised at all time, regardless of your health status as a large number of COVID-19 cases go undetected among healthy people with no COVID-19 symptoms displayed.

**16. If any of my “close contacts” is confirmed COVID-19, what do I need to do?**

A: Please refer to Emergency Response Protocol matrix under Tier 2 and Tier 4

**17. If someone in my neighbourhood is confirmed COVID-19, and you have interacted with that neighbour, what do I need to do?**

A: Please refer to Emergency Response Protocol matrix under Tier 2.

**18. In what situations do I need to be quarantined?**

A: [1] When you have been exposed to confirmed COVID-19 case in the past 10 days or [2]When you have just come back from affected countries/ areas in the past 10 days or [3]When you have been unwell and put under the Person Under Investigation (PUI) by MOH.

**19. Is there any panel clinic/ hospital which I can visit for COVID-19 screening?**

A: Please refer to listing of COVID-19 screening centres in Malaysia

**20. Will disinfection be confined to my department only or the entire floor or entire company (both level 12 and level 13 at Menara Haw Par)?**

A: The requirement for disinfection, i.e. deep cleaning, will be advised by MOH. The affected floor with the disinfect.

**21. Once I am discharged from the hospital, how soon can I get back to work?**

A: Please follow advice from doctor. Staff is advisable to wear mask when reporting back to office for at least 10 days as an added precautionary measure.

**22. If I feel great anxiety / worry due to uncertainties, what do I need to do?**

A: [1] Please reach out to Emergency Response Team for further information on Emergency Response Protocol/ COVID-19 advice, [2] Do not overthink and stress yourself, [3] Keep healthy lifestyle, i.e. exercise and eat on time, [4] Try to do breathing exercise or meditation to shift the focus away from COVID-19, [5] Connect with your close friends or colleagues regularly, do not keep things to yourself.

**23. If I'm expecting/pregnant/health issues, who should I inform the company and can I work from home?**

A: Please inform your HOD/TL/BM/HR about your current health condition. Work from home arrangement could be made on a case-to-case basis with substantiated reasons, upon getting management's approval. Factors such as severity of your health conditions, criticality of your functions, IT infrastructure availability etc will be taken into consideration.

**24. What do you need to do if one of the tenants in our building is confirmed COVID-19 case?**

A: The affected floor will be closed, unless advised otherwise by the MOH.

**25. What if one of the premise guards is confirmed Covid-19?**

A. We will need to be self-quarantined for 10 days, work from home while maintaining good personal hygiene.

**26. Who is subject to Home Surveillance Order (HSO)?**

A. Individual with no symptom but has close contact with a positive case.

a. Has a separate bedroom with en-suite bathroom (preferable); if not, common bathroom with frequent disinfection  
b. Has access to food and other necessities  
c. Has access to face mask, glove and disinfectant at home  
d. Able to seek medical care if necessary and return with own private transport  
e. Able to adhere to instruction to follow home surveillance order  
f. Able to stay away (at least 2 meter apart) from the high-risk household members (e.g. individual > 60 years old, young children <2 years, pregnant women, people who are immunocompromised or who have chronic lung, kidney, heart disease)

## References

- 1 **Guidelines COVID-19 Management Annex 1 and Annex 2 Updated on 5 October 2020**  
Ministry of Health, Malaysia  
<http://covid-19.moh.gov.my/garis-panduan/garis-panduan-kkm>
- 2 **Prosedur Operasi Standard Am dan Garis Panduan Am Kebenaran Beroperasi serta Pergerakan Pekerja Bagi Syarikat-Syarikat Dalam Tempoh Perintah Kawalan Pergerakan, Kementerian Perdagangan Antarabangsa dan Industri**  
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- 3 **SG Guide on BCP for COVID-19**  
[https://www.enterprisesg.gov.sg/-/media/esg/files/media-centre/media-releases/2020/jan-2020/guide-on-business-continuity-planning-for-2019-ncov\\_2nd-edition\\_final\\_08022020.pdf?la=en](https://www.enterprisesg.gov.sg/-/media/esg/files/media-centre/media-releases/2020/jan-2020/guide-on-business-continuity-planning-for-2019-ncov_2nd-edition_final_08022020.pdf?la=en)
- 4 **US Center for Disease Control and Prevention**  
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- 5 **World Health Organisation**  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>  
<https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>
- 6 **Deutsche Welle (DW- German Broadcaster)**  
<https://www.dw.com/en/top-stories/coronavirus/s-32798>
- 7 **List of Hospital screening on COVID-19**  
[https://www.moh.gov.my/moh/resources/Penerbitan/Garis%20Panduan/Pengurusan%20KEsihatan%20&%20kawalan%20pykit/2019-ncov/13%20FEB/Annex%203%20Senarai%20Hospital\\_v3.pdf](https://www.moh.gov.my/moh/resources/Penerbitan/Garis%20Panduan/Pengurusan%20KEsihatan%20&%20kawalan%20pykit/2019-ncov/13%20FEB/Annex%203%20Senarai%20Hospital_v3.pdf)
- 8 **Crisis Preparedness and Response Centre (CPRC) Kebangsaan Hotline**  
<https://www.moh.gov.my/index.php/pages/view/2264>