

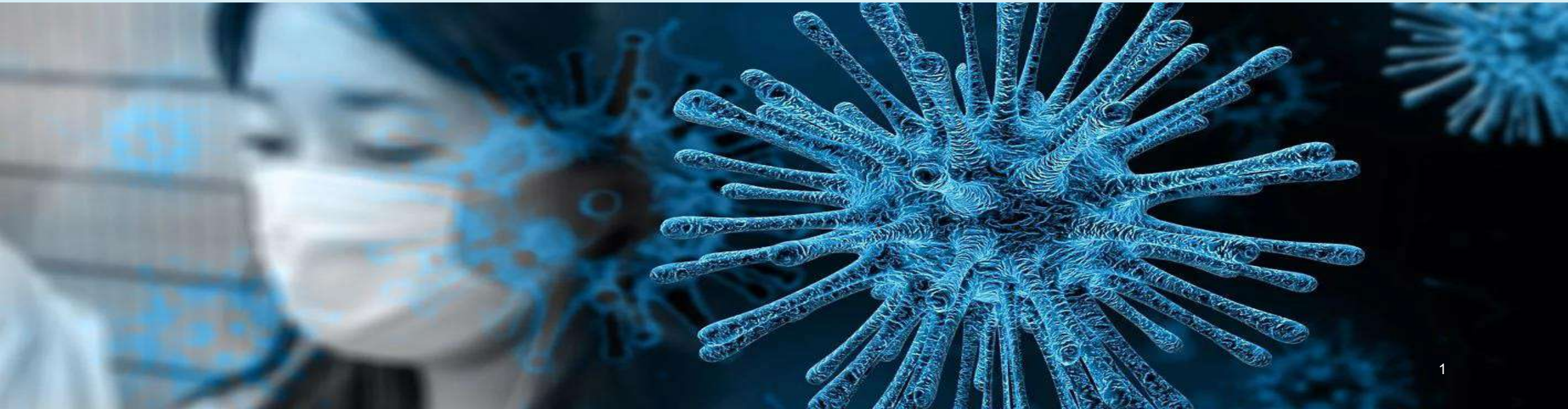


Department of Occupational Safety and Health Ministry of
Human Resources

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COVID-19 SAFETY SAFETY PROCESSING PROGRAM WORK



CONTENTS



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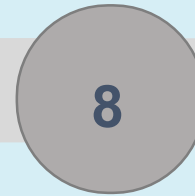


Procedures (Before, During, After)
and COVID-19 Related Emergency
Situations

Control Steps

References

Appendix

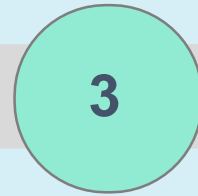
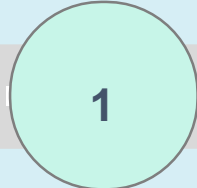


Personal Protective
Equipment
& Exercise



Roles and Responsibilities

1. Employers
2. Coordinator
3. ERT
4. Supervisors
5. Employees



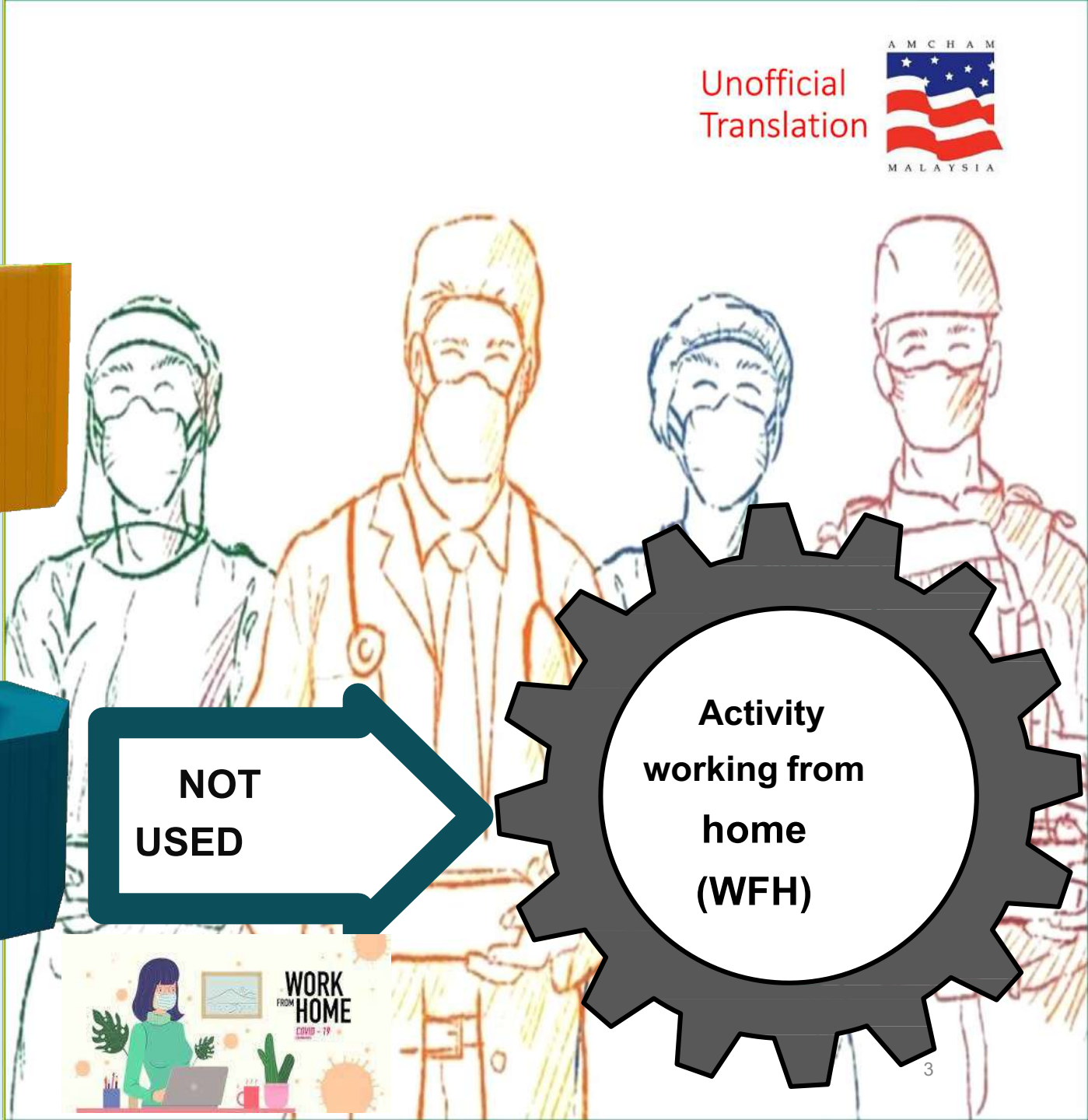
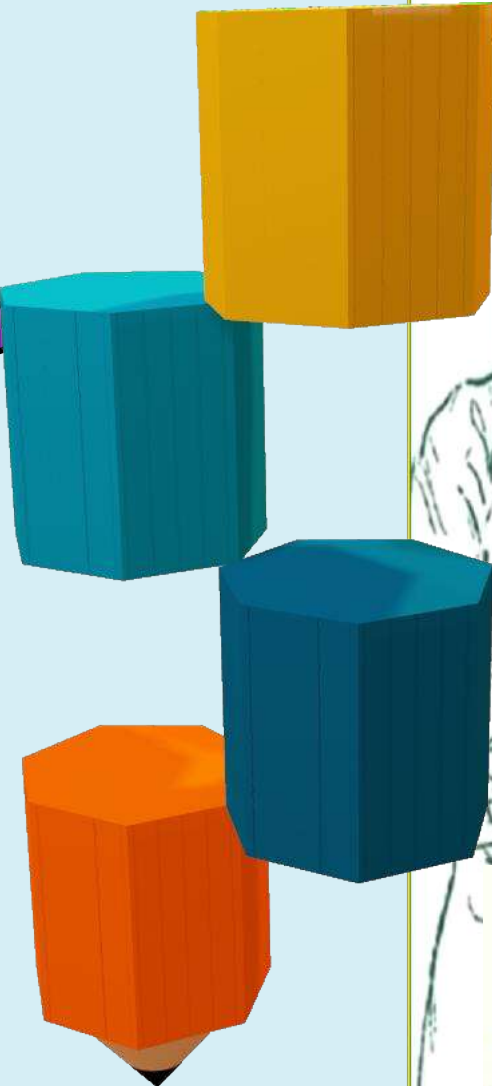
Application

Scope

Abbreviation

1. USE

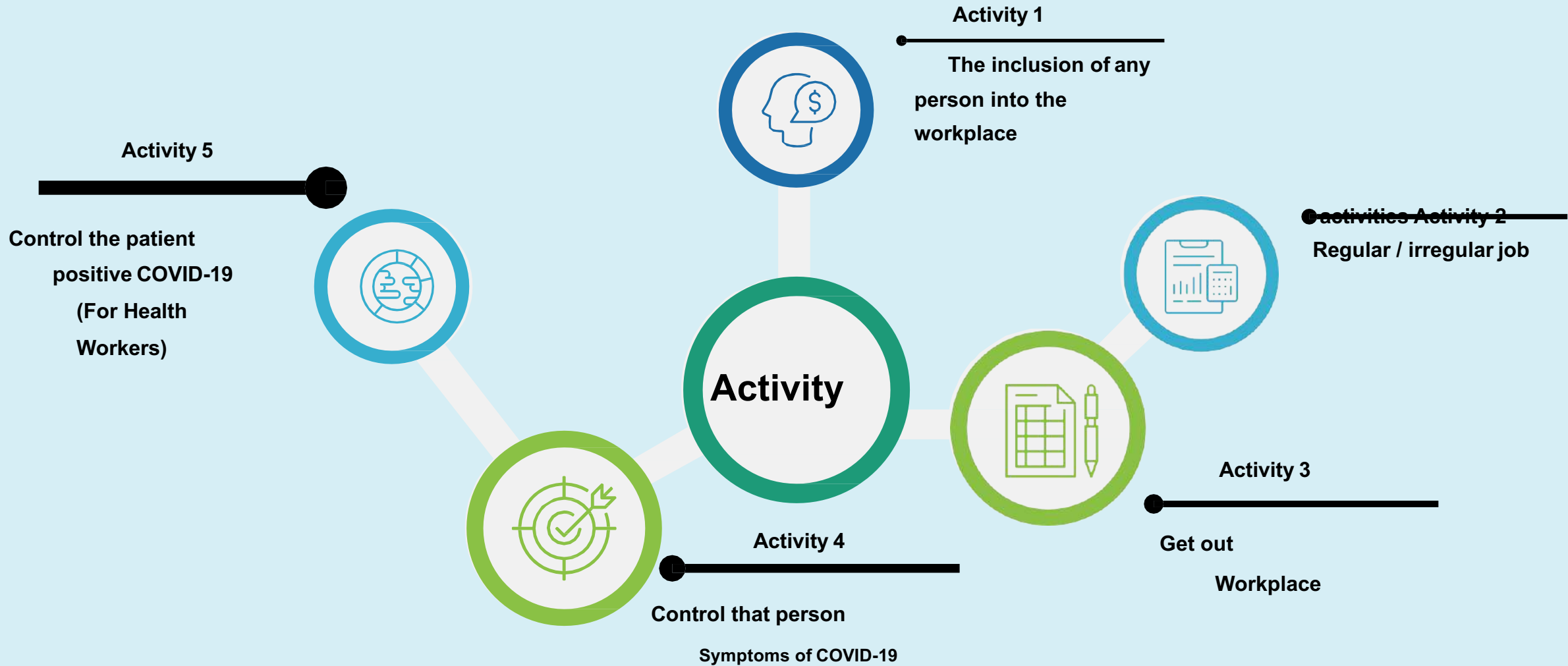
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2. SCOPE



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3. SHORT



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Acronyms	Things
COVID-19	Novel Coronavirus 2019
ERT	Emergency Response Team
ILO	International Labor Organization
MOH	Ministry of Health Malaysia
MITI	Ministry of International Trade and Industry
OSH-C	Occupational Safety and Health Coordinator
POP	Principles of Prevention
PPE	Personal Protective Equipment
PTO	Operating Authorization Permit
SHC	Safety and Health Committee
SHO	Safety and Health Officer
SSS	Site Security Supervisor
SWP	Safe Work Procedure
WFH	Work from home
WHO	World Health Organization



4.1 RESPONSIBILITY RESPONSIBILITY



Ensure needs legislation and procedure safe work related COVID-19 complies.

1

Ensure practicability workplace safe and without the risk of COVID-19 infection to the workers and the public deal.

2

Ensures that the practice of exit and entry methods is safe and safe without the risk of COVID-19 infection.

3

Ensuring the convenience and welfare of employees regarding COVID19 risk control and adequate resources is provided.

4

Keeping track of information, training and COVID-19 related surveillance is provided and distributed.

5

6

Wake up Program Identified COVID-19 Risk Control through assessment risk and make sure it works.

7

Create a record of every person who enters the workplace.

8

Appoint a trained person or nurse assistant to perform temperature measurements and employee health screenings.

9 8

Appoint (SHO / SSS / OSH-C / Secretary JKK) as Coordinator for reports compliance status of the COVID-19 Risk Control Program.

4.2 RESPONSIBILITY RESPONSIBILITY (SHO, SSS, OSH-C & JKK Secretary)



1. Help employer implement and monitor the implementation of the COVID-19 Risk Control Program.



2. Advise employers on steps to take to prevent risk infection COVID-19.



3. Perform any precautionary measures risk infection COVID-19 recommended by MOH, WHO and ILO.



4. Investigate and notify employers and the Emergency Response Team (ERT) if someone has COVID-19 symptoms at work.

5. Ensure that body temperature measuring equipment is calibrated and functioning properly, and such requirements *hand sanitizer* available and adequate at work.

6. Recording and analyzing COVID-19 Risk Control Program implementation data and reporting to relevant authorities.

4.3 EMPLOYMENT ACTION ACT (ERT)

1. Take immediate action on complaints if someone is in the area work detected have symptoms of COVID-19.



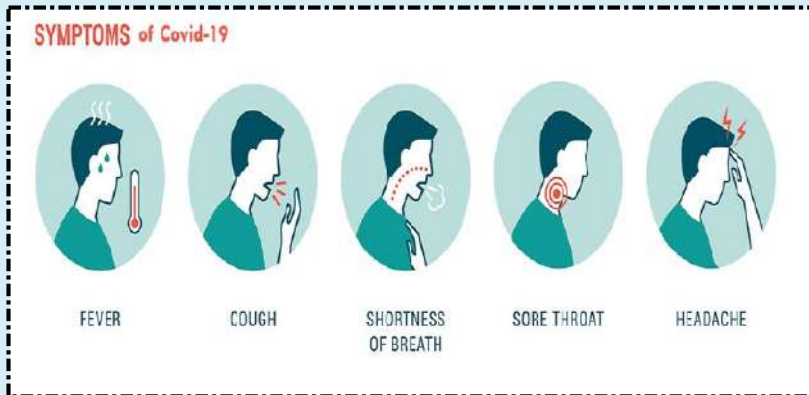
2. Contact your Coordinator or Medical Officer (if applicable) to inform the employer.



3. Separate people yang Symptoms of COVID19 to specific sites are provided and is referred to next hospital for further examination.



4. Assist employers in carrying out disinfection work in areas identified with relevant agencies (if necessary)



4.4 RESPONSIBILITY RESPONSIBLE SUPERVISOR

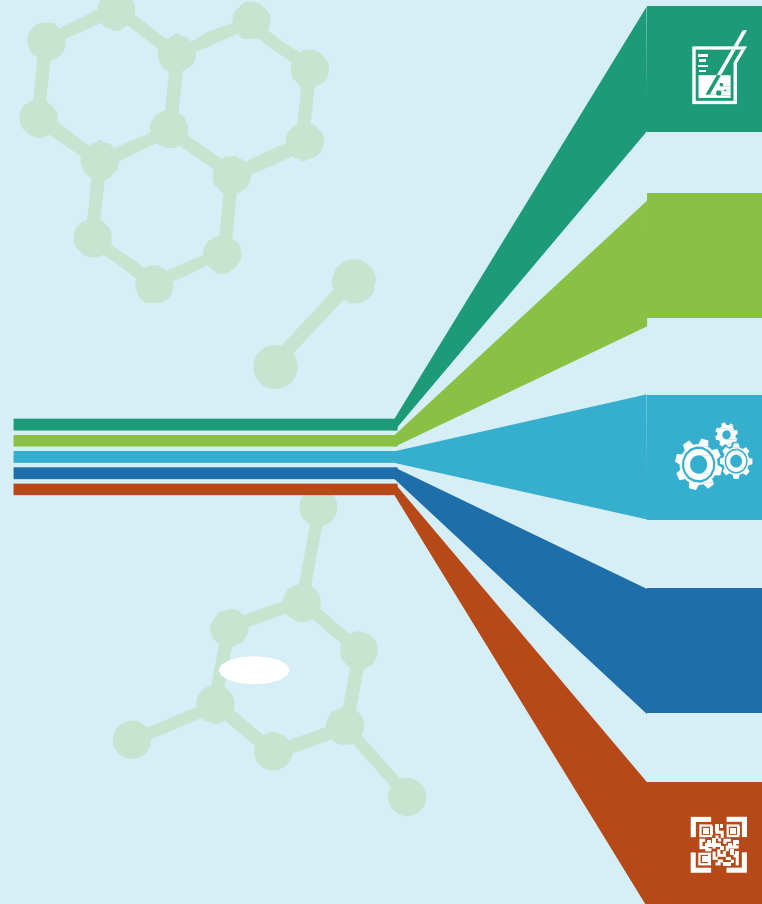


“Prevent Covid Infection-
19 At Work ”

Supervisor



Supervisor



1. Monitor and ensure that the guidelines and regulations in the COVID-19 Risk Control Program are complied with by supervised employees such as social incarceration and PPE use.
2. Monitoring of supervised employees continuously if anything shows symptoms of COVID-19 infection.
3. Notify employers and Co-ordinators immediately if any employee suddenly shows symptoms of COVID-19 infection.
4. Monitor step control and prevention and isolation for workers with COVID-19 symptoms.
5. Help Coordinator inside preparing documents and maintaining records regarding the attendance of employees and their health status.

4.5 EMPLOYMENT RESPONSIBILITY

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“Obey the Rules
To Avoid Infection
Covid-19”



1. Responsible for π security and personal health, co-workers, and others who may be affected during work including self-confession (*self declaration*) regarding health status.
2. Adhere to safe working procedures and apply PPEs while working.
3. Face protection (*faceshield*) is encouraged when doing work that involves the public.
4. Employees who administer health screening and control persons suspected of COVID19 are required to wear nose and mouth masks.
5. Employees with COVID-19 symptoms should immediately notify their employer, supervisor or coordinator for further action.
6. Comply with any rules and directives prescribed by employers regarding COVID-19 and any guidelines set by the MOH, WHO, ILO and other relevant agencies.

5.1 PROCEDURES BEFORE ENTERING THE WORK PLACE (BEFORE)

1. Everyone who enters the workplace is encouraged to wear a nose and mouth covering while a person with symptoms is required.

2. Follow social incarceration, practice shaking hands and regularly wash hands with water and soap or

hand sanitizer.

3. Report yourself to officer security, record attendance and fill **Health Screening Form.**

4. Do body temperature measurements (refer to **Body Temperature Screening Procedure**).



BORANG SARINGAN KESIHATAN

Yang Dihormati Tuan / Puan,
 Bagi mengelakkan penyebaran COVID-19 dikalangan komuniti kami dan orang lain, pihak kami perlu menjalankan soal selidik ringkas berkaitan dengan tahap kesihatan dan sejarah perjalanan terkini tuan/puan. Penglibatan pihak tuan/puan dalam mengisi soal selidik ini adalah penting bagi membolehkan pihak kami mengambil langkah pencegahan dan pengawalan sewajarnya bagi membendung penyebaran COVID-19 di ipremis kami ini.

Kerjasama dan tuan/puan amat dihargai. Terima Kasih

Nama :	Nombor telefon :
No. Kad Pengenalan / No. Passport :	Warganegara :
Organisasi (jika berkenaan) :	
Lokasi meyyuarat/ arsitek/ bahagian :	Pihak Penganjur :
Bacaan Suhu Badan :	Dicatat oleh (Nama Pegawai) :

PENGISYTIHARAN KESIHATAN

1 Adakah anda mempunyai gejala berikut, sila bulatkan jawapan anda :
 Demam Batuk kering Sakit Tekak Selesema
 Sesak Nafas Lain-lain _____

2 Adakah anda pernah berhubung rapat dengan sebarang individu COVID-19 yang dinyatakan oleh KKM atau Pesakit dibawah Siasatan (PUI) atau pesakit COVID-19 positif dalam masa 14 hari lalu?
 Ya Tidak

3 Pindahkan anda ke Negara atau kawasan yang terjejas COVID-19 dalam masa 14 hari lalu?
 Ya Tidak
 Jika Ya, sila nyatakan negara atau kawasan tersebut : _____

Tandatangan : _____ Tarikh : _____

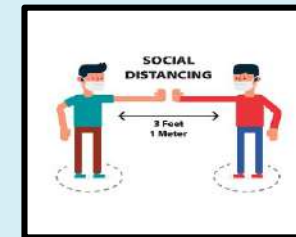
*Nota: Maklumat ini akan digunakan untuk mengesan kontak jika diperlukan.

5. Anyone who fails a health screening or *Person Under Investigation (PUI)* or have COVID-19 symptoms or consist of clusters listed by MOH or

reliable have

Exposure to people infected with COVID-19 is not allowed in the workplace.

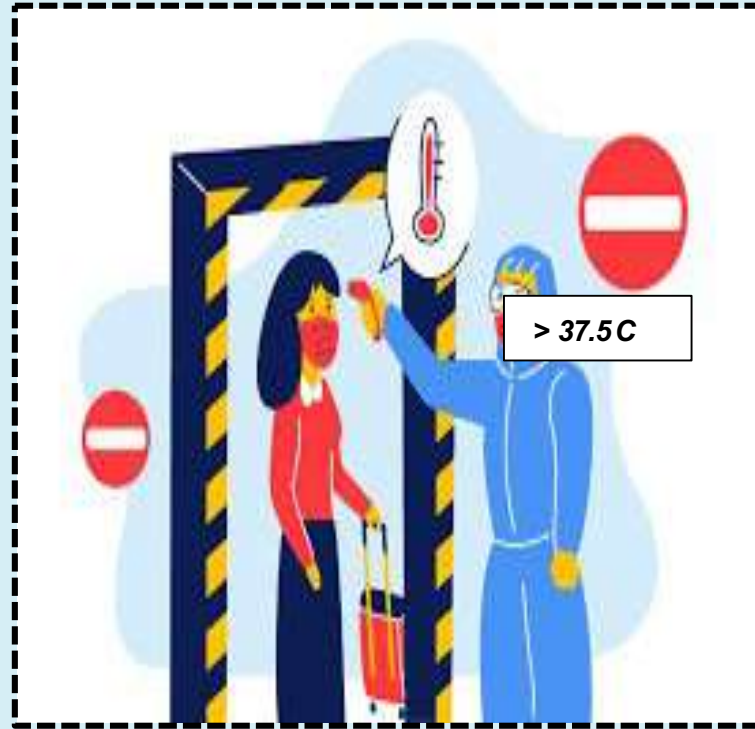
5. Attend security briefings on COVID19 control and prevention measures and regulations that need to be followed in the workplace.



5.2 BUSINESS SUPPLY PROCEDURES (BEFORE)

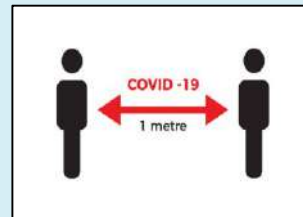
1. Each person should be screened by a trained person or nurse assistant yang equipped by PPE (nose and mouth covers, face masks and gloves).

2. Anyone with body temperature 37.5 °C or over No. is allowed to enter and must undergo temperature measurement the body again. Report to employer if body temperature measurement is still in progress 37.5 °C or more for further action.



3. Anyone who is screened for and has COVID-19 symptoms is not allowed in and should be reported to the employer.

4. Records of health screening should be kept within 3 months.



5.3 GENERAL RULES OF WORK (WORK)



1. Adhere to the work schedule provided by the employer to minimize the number of employees present.
2. Comply with safe work procedures and work instructions set at work.
3. Encourage wearing a nose and mouth covering on everytime as well use *hand sanitiser* yang provided at work.
4. General work environment such as lobby, elevator, meeting room, resource room, cafeteria, pantry, prayer room, lounge, toilet and others should undergo disinfection process according to method yang recommended by MOH.
5. Use a closed container for nose and mouth coverings, gloves and disposable tissue.



Supervisor



6. Practice shake hands. No.
7. Practicing social incarceration among employees at work (over 1 meter)
8. If you need to have a meeting, refer to **General Rules of Procedure of the Meeting**.
9. Observe meal time and rest stages.
10. Avoid unnecessary external work trips.
11. Use personal prayer items such as prayer, telecommunication cloths and not sharing with other users.
12. General vehicles for work should always be disinfected.

5.4 GENERAL REGULATIONS (ONCE)



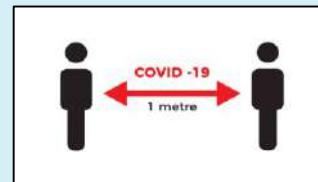
1. Postpone unimportant meetings.

2. Implement method communication alternatives (virtual meetings or online).

3. If meetings need to be held, ensure that all procedures and control measures are adhered to and that the meeting room ventilation is working properly.

4. Ensure all members of the meeting are informed of the rules and control measures to be followed during the meeting.

5. Each meeting member encouraged wear nose and mouth masks and wash hands with water and soap or *hand sanitizer* provided.



6. Ensure that the members of the meeting comply with social incarceration.

7. Information of external members attending the meeting should be kept in the event be found need to contact them. The record needs to be saved at least at least 3 months.

8. Employer should notify as soon as possible all the members meeting if any of the members present are suspected of having COVID-19 infection so they can take it preventive measures and contact the District Health Office (PKD) nearby.

5.5 COVID-19 RELIGIOUS SITUATION SITUATION



If someone yang be found shows symptoms of COVID-19 at work, the following actions should be taken: -

1. Supervisors or Supervisors with the help of ERT should isolate the symptom worker in a special setting. Gather information on the employee's situation and inform the employer.

2. The ERT involved in the management of symptomatic workers must comply with the prescribed procedures and be equipped with PPE (nose and mouth covering, medical dress, face protection and gloves).



3. Employees present symptoms relate should be sent to the hospital for further examination.

4. The employer must ensure that other workers in contact with or contact with the affected workers are identified and monitored and awaiting further instructions from the MOH.

5. Employers need to identify the affected areas for cleaning and disinfection immediately following method as recommended by MOH.

5.6 EMPLOYEES (WEEK)



1. Perform regular cleaning and disinfection process as per MOH recommendations

identified a workplace have risk infection.

2. Cleaning and disinfection should be done everytime before start operations for the workplace and 3 times a day for common areas and need to be recorded in the log book provided.

3. Container garbage closed yang separate need to be provided to remove mouth and nose cover, case hands and tissue used. The garbage can is likely to have closing automatic (surgery feet) as well provided with properly sealed plastic trash bags.



Surveys such as chairs, desks, phones, computer keyboards, mice should be cleaned and disinfected in order

4. The rest waste should be controlled in periodically according to the method recommended by MOH.

5. Everyone leaving the workplace is encouraged to clean and change clothes.

6. Employers should be kept up to date with the latest development information and notification of related COVID-19 by MOH <http://www.moh.gov.my>



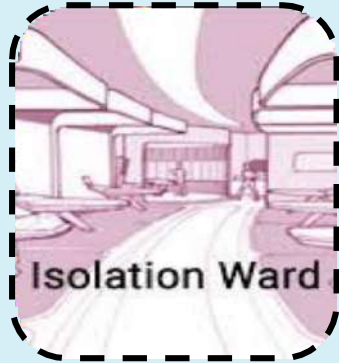
5. 7 Handling COVID-19 Positive Patients (For Health Workers)



Generally the activities involved are:



1. Patients are positively tested through laboratory tests.



2. Taken into isolation ward for treatment (*symptomatic treatment*).



3. If needed, antiviral drugs will be given.



4. Ongoing surveillance

patients being treated in isolation ward.



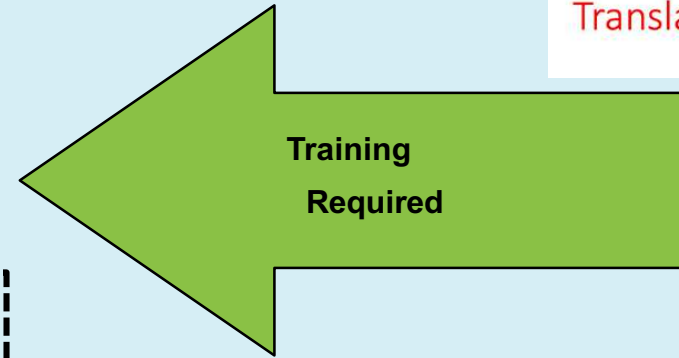
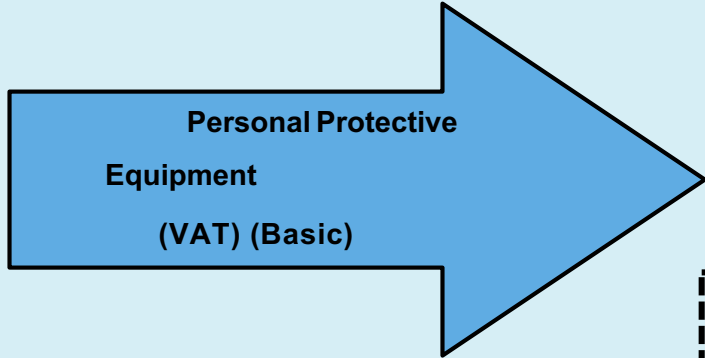
5. Discharge
If the repeat test is negative.



6. Patients who fail to save must undergo a burial process.

For Safe Work Procedure (SWP), please refer to “COVID-19 Management Guidelines in Malaysia. 5/2020” by KKM via the web <http://www.moh.gov.my>

6. Personal Protective Equipment (PPE) & TRAINING



1. Cover the nose and mouth



2. Gloves



3. Face protection



4. PPE for COVID-19 patient operators, should refer to MOH guidelines



1. PPE Application Procedure



2. Personal hygiene such as hand washing etc.



3. Training for COVID-19 patient operators, should refer to the MOH guidelines

7. Take control



9. Instructions and Regulations

- Use of nose and mouth cover
- Use of face protection
- Use of closed shoes
- Warning sign
- Exercise

8. Collective Protection Measures

- Not practical

7. Develop a Prevention Policy

- Filtration
- Medical / Health Declaration

- Social Imprisonment
- Work From Home - WFH
- Higen and Personal Hygiene
- Business Hours
- Go and Back to Work only

- Pain Management
- No Handshake Practice
- Quarantine

1. Elimination / Avoidance

- Not practical

2. Assess the Risk

- Performs the Risk Assessment (Generic) COVID-19

3. Control the risks to the cause

- Work disinfection
- Social incarceration
- Workplace boundaries

4. Adapt work to individuals

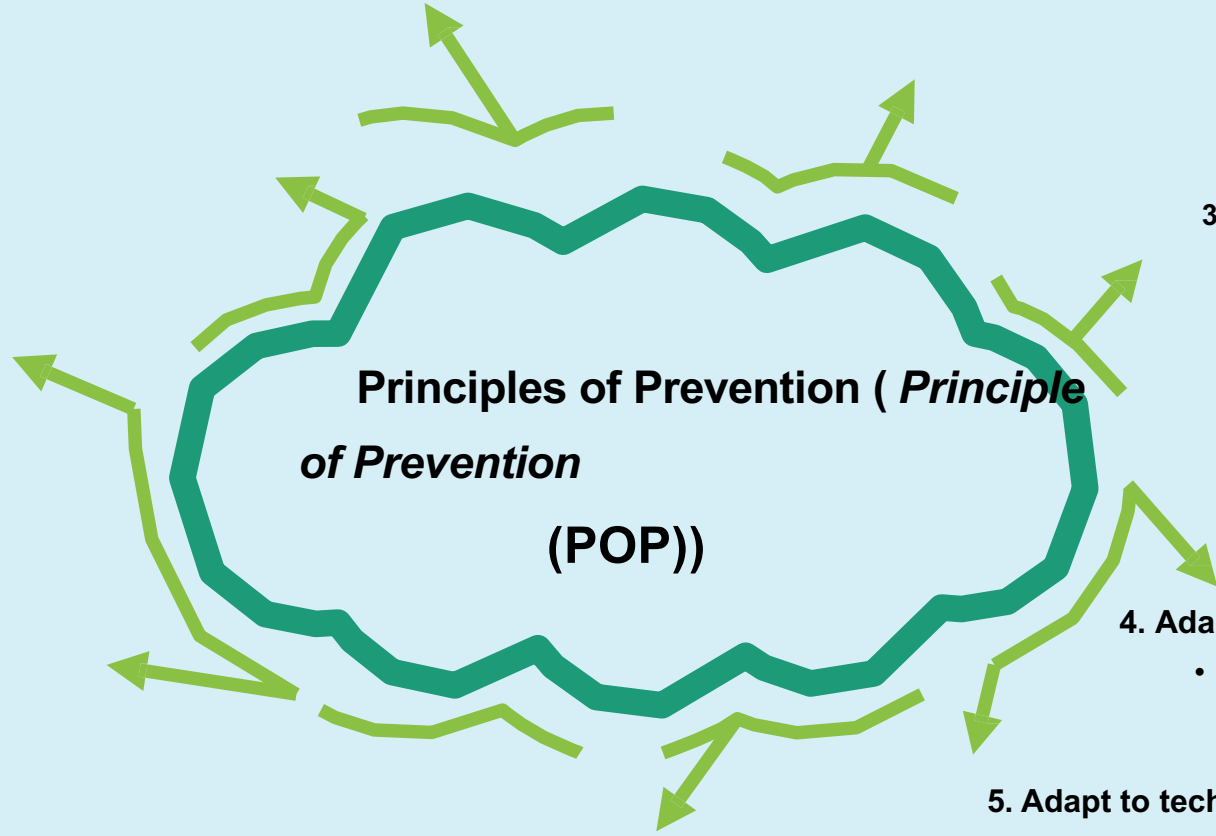
- Not practical

5. Adapt to technical progress

- Detection of body temperature
- High efficiency filter for air conditioning system (high cost)
- *Infrared Thermography* (high cost)

6. Replacement

- Not practical



8. REFERENCES



1. COVID-19 Management Guidelines in Malaysia No.5 / 2020, Annex 1-35, Ministry of Health Malaysia
<http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-guidelines>
2. Guidance on Preparing Workplaces for COVID-19 (2020), OSHA 3990-3 <https://www.osha.gov/Publications/OSHA3990.pdf>
3. COVID-19 Workplace Protection and Improvement Guide, NSAI (National Standards Authority of Ireland)
https://www.nsai.ie/images/uploads/general/Covid-19_Workplace_Protection_and_Improvement_Guide.pdf
4. Operating Authorization Letter and Employee Movement for Companies Under the Movement Control Order, Ministry of International Trade and Industry (MITI).
5. ILO COVID-19 and the world of work <https://www.ilo.org/global/topics/coronavirus/lang--en/index.htm>

9. APPENDIX - HEALTH CARE FORM

Health-Screening Form

Dear Sir / Madam,

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to any person, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Name:	Personal contact number (Mobile number/Home):
NRIC / Passport no*:	Nationality:
Organization (If applicable):	
Meeting venue / level / department to visit:	Name of host:
Temperature reading:	Recorded by staff (name):

NO	SELF-DECLARATION
1	No symptom If you have the following symptom(s), please circle your answer Fever Cough Sore throat Shortness of breath Others _____
2	Have you been in contact with any Covid-19 cluster declared by MOH or Person Under Investigation (PUI) or a confirmed Covid-19 patient in the past 14 days? Yes No
3	Have you been to affected COVID-19 countries or area(s) in the past 14 days? Yes No If yes, please indicate the affected country(s) or area(s): _____

Signature: _____ Date: _____

*Note: Information captured is used for contact tracing if required

Make sure you
Make a
Declaration
Health



BORANG SARINGAN KESIHATAN

Yang Dihormati Tuan / Puan,

Bagi mengelakkan penyebaran COVID-19 dikalangan komuniti kami dan juga orang lain, pihak kami perlu menjalankan soal selidik ringkas berkaitan dengan tahap kesihatan dan sejarah perjalanan terkini tuan/puan. Penglibatan pihak tuan/puan dalam mengisi soal selidik ini adalah penting bagi membolehkan pihak kami mengambil langkah pencegahan dan pengawalan sewajarnya bagi membendung penyebaran COVID-19 di dalam premi ini.

Kerjasama dari tuan/puan amat dihargai. Terima Kasih

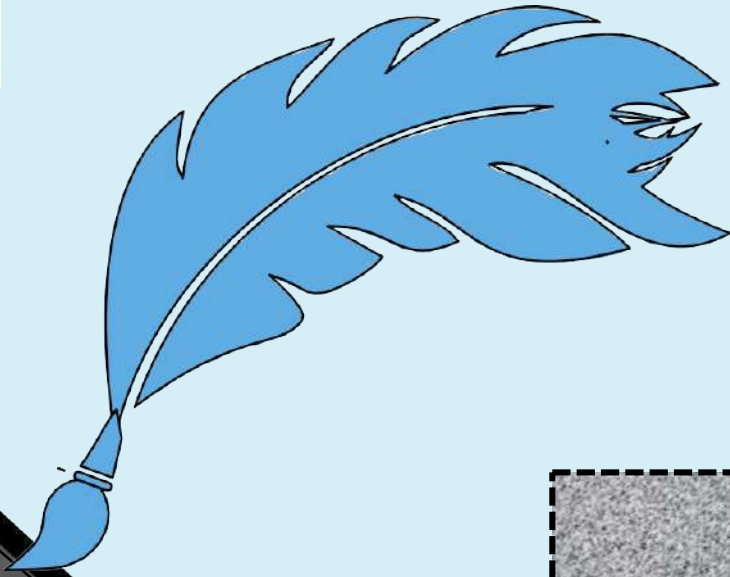
Nama :	Nombor telefon :
No. Kad Pengenalan / No. Passport* :	Warganegara :
Organisasi (Jika berkenaan) :	
Lokasi mesyuarat/ aras/ bahagian :	Pihak Penganjur :
Bacaan Suhu Badan :	Dicatat oleh (Nama Pegawai) :

PENGISYTIHARAN KESIHATAN	
1	Adakah anda mempunyai gejala berikut, sila bulatkan jawapan anda : Demam Batuk Sakit Tekak Sesak Nafas Lain-lain _____
2	Adakah anda pernah berhubung rapat dengan sebarang kluster COVID-19 yang dinyatakan oleh KKM atau Pesakit dibawah Siasatan (PUI) atau pesakit COVID-19 positif dalam masa 14 hari lalu? Ya Tidak
3	Pernakah anda ke Negara atau kawasan yang terjejas COVID-19 dalam masa 14 hari lalu? Ya Tidak Jika Ya, sila nyatakan negara atau kawasan tersebut : _____

Tandatangan: _____ Tarikh : _____

*Nota : Maklumat ini akan digunakan untuk mengesan kontak jika diperlukan.

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WE SALUTE YOU!



Thank you



Department of Occupational Health and Safety
the Ministry of Human Resources