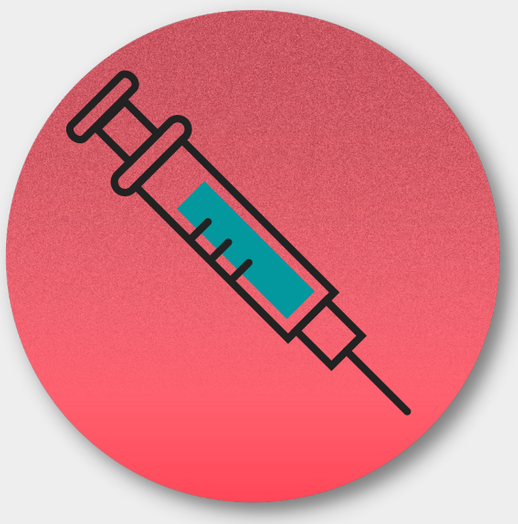
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

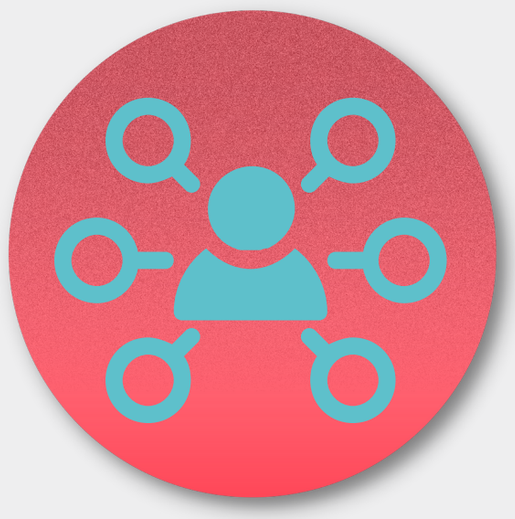
الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يونيورسيتي إسلام انتارابغسا ملايسيا
Garden of Knowledge and Virtue

IIUM Kuantan Operation Room

IIUM Kuantan Campus

COVID-19 Guidelines





لَّهُمَّ إِنِّي أَعُوذُ بِكَ مِنَ الْبَرَصِ وَالْجُنُونِ وَالْجُذَامِ وَمِنْ سَيِّئِ الأَسْقَامِ

"O Allah, I seek refuge in You from leprosy, insanity, elephantiasis, and the worst of diseases."

PREPARED BY : IIUM KUANTAN COVID-19 OPERATION ROOM

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Preface

PROF DR KAMARUZZAMAN YUNUS

CAMPUS DIRECTOR

In the name of Allah, the Most Compassionate, the Most Merciful

2020 has been an eventful year. The advent of the novel Coronavirus (COVID-19) pandemic and its attendant impact on our lives, lifestyles and livelihoods is a shared reality for every single individual on the continent. The pandemic has had far-reaching consequences on our already complicated realities. Some of our most challenging issues have been heightened by the impact of the pandemic and its mitigation measures such as lockdowns, school and business closures and travel bans. Mortality has increased, barriers to access to education and jobs are reinforced, and the strain on our health institutions are intensified. No aspect of life is left untouched. Unemployment and underemployment are rising, and our economies are at real risk. We are also seeing an increase in mental health issues and gender-based violence as a result of mandatory lockdowns.

The COVID-19 Pandemic is a quintessential adaptive and transformative challenge, one for which there is no preconfigured playbook that can guide appropriate responses. Education leaders must swiftly design responses – and with specific contexts in mind – as the pandemic runs its course. Protecting the health and well-being of students, faculty, staff and campus visitors remains the top priority, while being mindful of the importance of adaptability as conditions change.

PROF DR KAMARUZZAMAN YUNUS

Post-secondary institutions have already demonstrated remarkable resilience and adaptability by quickly shifting to remote and hybrid learning in order to remain open and available for students.

The guidelines for the IIUM Kuantan Campus Covid-19 Guideline are established as a result of the hard effort and devotion of the IIUM Kuantan Operation Room. This guidance provides key messages and considerations for engaging staff, public and community members, as well as students themselves, in providing clear and actionable guidance for safe operations through the prevention, early detection, and control of COVID-19, which promotes a safe and healthy environment on the Kuantan Campus.

We can all contribute personally and professionally by getting vaccinated (as we are able), following campus safety plans, performing our daily health check, staying home when sick, wearing masks as required, following handwashing and hygiene etiquette, and following public health guidance both on and off campus. It is up to each one of us to do our part, but it is our collective efforts that will make the difference. This is the time to be kind, to be calm, and to be safe.

Prof. Dr. Haji Kamaruzzaman Bin Haji Yunus
Campus Director
Office Campus Director
IIUM Kuantan Campus

PROF DR SAMSUL DRAMAN

DEPUTY CAMPUS DIRECTOR (ACADEMIC SUPPORT SERVICES)

Alhamdulilah, all praise and thanks to Allah, for we are still alive and given another day to self-reflect before we meet Him. Despite the complexity of the Covid 19 pandemic, we still managed to control our situation. Thank you to Bilik Gerakan for giving me the opportunity to give a few words about this book.

Congratulations to Bilik Gerakan for managing Covid 19 successfully. I'm sure that without Op-room, Kuantan campus, particularly the students, would be in great trouble or danger. Many meetings had been conducted, initially twice per week (every Tuesday and Thursday) which then become weekly (every Tuesday) since October 2020. It is no easy feat to handle KCDIOM requests and demands, especially on short notice or during emergency situations.

From the Academic Support Services perspective, Covid 19 had a significant impact on teaching and learning activities. The Kuantan campus is generally for clinical-based kulliyyahs such as Kulliyyah of Medicine, Dentistry, Allied Health Science, Nursing and Pharmacy. Many classes were cancelled and replaced with online teaching. Cohorts of returning students were postponed due to the emergence of new clusters.

There was mental pressure not only for students but even the lecturers. A recent survey by the counseling unit showed that approximately 20% of students were depressed. Immediate action was taken by the respective unit/department/Kulliyyah to retard the progression of depression.

Students also needed to be isolated if they came from red zone areas. They were isolated for 10 days and meals were provided by the University. Many thanks to Majlis Ugama Islam Pahang (MUIP) for sponsoring RM220,000 in helping our students during their isolation period. Otherwise, the university would have severe financial issues. This is not to forget Malaysian Relief Agency (MRA) who prepared the meals for our students.

Despite the challenges, Op-room showed patience and maturity in navigating all the various issues that arised. We hope that in years to come, Covid 19 will eventually be under control. The Covid 19 guidelines will become the reference for future generations, whether they have similar issues for the same or a different virus. This is an amal jariah that should be performed by as many as possible.

Prof. Dr. Samsul bin Draman
Deputy Campus Director (Academic Support Services)
Office Campus Director
IIUM Kuantan Campus

ASSOC PROF DR RAZMAN MOHD RUS

DEPUTY CAMPUS DIRECTOR (STUDENT DEVELOPMENT & SUPPORT SERVICES)

Bismillahirrahmanirrahim

Congratulations to Kuantan Campus Covid-19 Operation Room (OpRoom) for this great and
timely initiative.

As the former Head of the Kuantan Campus Covid-19 OpRoom, I know and understand the pressure faced daily by the members in ensuring the safety and health of the staff and students of Kuantan Campus. From the containment phase in the beginning to the mitigation phase, a lot of things have taken place.

Covid-19 has hit us very hard leaving students and universities struggling. The pandemic has forced us to be creative and innovative in our approach. The situation that we are in is so fluid and complex. Neither staff nor students have been through an experience like this before, making it difficult for us to understand what the future holds.

Prior to the pandemic, especially the low-income students relied heavily on campus resources like libraries, computer labs, and campus wi-fi, but lost these essential tools when campuses were closed. However, when MCO was lifted, immediate measures were taken to bring the students back to campus in a careful and control manner.

Student Development & Support Services are compelled to innovate and collaborate more effectively, especially with Covid-19 OpRoom to mitigate the impact of this crisis on education, society, culture, attitudes and practices.

It is my sincere hope that the cooperation between Student Development and Support Services & Covid-19 OpRoom could be enhanced and strengthened further in future.

Thank you. Wassalam.

Assoc. Prof. Dr. Dr. Razman Mohd Rus
Deputy Campus Director (Student Development and Support Services)
Office Campus Director
IIUM Kuantan Campus

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Chapter 1:

Introduction

Overview

IIUM COVID-19 Operation Room

IIUM Kuantan COVID-19 Operation Room (will be mention as OpRoom) has been established under purview of Kuantan Campus Director as agreed in Kuantan Campus Covid-19 Committee Meeting held on 27/09/20 chaired by Deputy Rector, Prof. Ahmad Hafiz Zulkifly.

OpRoom officially operated on 01 October 2020, stationed at Meeting Room 6, OCD with only 3 members. Assoc. Prof. Dr. Razman Mohd Rus was appointed as Director, assisted by 2 staff from OSHBE. With the abundance of activities and tasks, selected Safety Liaison Officer (SLO) from various K/C/D/I/O/M was appointed to assist at OpRoom.

Functions of the OpRoom are as follows:

- To advise the Campus Director on issues pertaining to the preventive & control measures of Covid 19 during the registration of new intake & returning students.
- To gather, analyses, interpret and disseminate (once approved by Campus Director) information related to the process of new intake and returning students entering Kuantan Campus

COVID-19

Background

COVID-19 has brought substantial morbidity and mortality to the world, Malaysia and the state of Pahang. The recent surge in the number of brought-in-dead cases and overburdened healthcare has made the condition worse. The current spread of the variant of concern, the delta variant, has become a threat to the campus. Thus, the IKCOR has been continued in service since the previous tenure.

The main function of OpRoom is to become the coordination centre of matters related to COVID-19 in IIUM Kuantan community and to communicate with Kuantan District Health Office on regular basis. With the establishment of Kulliyyah Taskforce (KTF), the handling of issues pertaining to COVID-19 can become smoother through the process of empowerment. This guideline may change according to the dynamicity of COVID-19.

COVID-19

Case Definition (Annex 1, MOH Guideline)

Suspected Case

A) A person who meets the clinical AND epidemiological criteria:

Clinical Criteria:

• Acute onset of fever AND cough; OR

• Acute onset of ANY TWO OR MORE of the following signs and symptoms: Fever, cough, general weakness/fatigue1 , headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting1 , diarrhea, altered mental status.

AND

Epidemiological Criteria:

• 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 & 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 & symptom onset.

B) A patient with severe acute respiratory illness:

(SARI: acute respiratory infection with history of fever or measured fever of > 38oC; and cough; with onset within the last 10 days; and requires hospitalization).

COVID-19

Case Definition (Annex 1, MOH Guideline)

Probable Case

C) A person (alive or dead) with a positive RTK-Ag.

D) A suspected case with chest imaging showing findings suggestive of COVID-19 disease2 .

E) A patient who meets clinical criteria above AND is a contact of a probable or confirmed case or linked to a COVID-19 cluster.

F) A person with recent onset of anosmia (loss of smell) or argeusia (loss of taste) in the absence of any other identified cases.

G) Death, not otherwise explained, in an adult with respiratory distress preceding death AND was a contact of a probable or confirmed case or linked to a COVID19 cluster.

COVID-19

Case Definition (Annex 1, MOH Guideline)

Confirmed Case

H) A person with a positive RTK-Ag in pre-determined areas/locality with prevalence of COVID-19 > 10%* .

I) A person (alive or dead) with a positive molecular test (RT-PCR or rapid molecular)

Note:

1. Signs separated with slash (/) are to be counted as one sign.

2. Typical chest imaging findings suggestive of COVID-19 include the following:

• Chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
• Chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
• Lung ultrasound: thicken pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.

*As determined by State and National CPRC

COVID-19

Case Definition (Annex 1, MOH Guideline)

Person Under Surveillance (PUS) for COVID-19

Asymptomatic individual subjected to Home Surveillance Order (HSO)

Close Contact Definition

• Face-to-face contact with a confirmed case within 1 metre and for at least 15 minutes;
• Living in the same household as a COVID-19 patient;
• Working together in close proximity or sharing the same classroom environment with a COVID-19 patient;
• Travelling together with COVID-19 patient in any kind of conveyance;
• 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)

COVID-19

Cluster & Outbreak

Outbreak is an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.

Cluster refers to an aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known. (Source: CDC Atlanta)

In COVID-19, since it is a new disease and pandemic, thus there has been no baseline level to declare as outbreak. Thus, the term cluster is used if two (2) or more cases has been detected in a locality.

Guideline 01

ROLE OF OPERATION ROOM IN CRISIS MANAGEMENT

The terminology of disaster, emergency and crisis are generally used interchangeably. Although it gives the same connotation, each word has its own meaning. Disaster is defined as “a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts.” (United Nations Office for Disaster Risk Reduction, 2021). Generally, disaster can be divided into natural and made-made disaster (European Commission, 2021). The example of natural disaster are floods, pandemic, landslides while the example of man-made disaster are transportation accident, structural failures and war.

Emergency was described by World Health Organization (2020) as “a type of event or imminent threat that produces or has the potential to produce a range of consequences, and which requires coordinated action, usually urgent and often non-routine”. While crisis is “an unstable or crucial time or state of affairs in which a decisive change is impending, especially one where a highly undesirable outcome is distinctly possible.” (World Health Organization, 2015).

From these words, it can be explained that crisis can occur when disasters or emergencies are improperly handled and it is considered as negative consequences from an unfortunate event. Crisis becomes the primary concern as it can jeopardise the public safety. Hence, many organisations that at risk in experiencing emergencies and disaster are deliberately aware on the important of crisis preparedness. The risk can be identified by performing risk assessment and this could enable the organisation to ensure the health and safety of the occupants by taking appropriate measures, if in any circumstances the crisis could happen and how to manage it.

Crisis management is “the application of strategies designed to help an organisation deal with a sudden and significant negative event” (TechTarget, 2021). It also “a process designed to prevent or lessen the damage a crisis can inflict on an organization and its stakeholders” (Institute for Public Relations, 2007). As a whole, crisis management is a comprehensive process which involve any measures taken to reduce the impacts, from the beginning of crisis mitigation until the recovery phase during post-crisis. The aim of crisis management is to minimise the impact or damage that caused by any emergencies or disasters, from all aspects. The measures could be differed from one to another, depending on the type of business and the stage of crisis management.

Crisis management can be classified into three (3) phases; pre-crisis, crisis response and post-crisis (Institute for Public Relations, 2007; Jia et al, 2012; TechTarget, 2021) (refer to Figure 1). The pre-crisis phase involves risk assessment and focuses on mitigation plan that could minimise the risk and its effects. The best way to respond to the event will also been identified at this stage. The activities during this phase are including developing the crises management plan, but not limited to monitoring the crisis and identified the manager to lead on the crisis management.

Guideline 01

Crisis management plan consists of pre-assigning some of the tasks by the designated crisis team member, pre-collecting some of the information and serving as a reference source when the crisis hits. The crisis management plan is required to be tested at this stage as any limitations can be identified and improvement can be made. Generally, the exercise of the crisis planning shall be conducted at least twice a year.

The incidence of Covid-19 pandemic has enlightened the need to establish a crisis operation room to assist and facilitate in crisis management. Covid-19 pandemic is classified as a health disaster and it has significant implications for crisis management and policy responses of the organisation. During the stage of response, the crisis manager which have been identified earlier is required to find the team members to assist in managing the crisis. The team are commonly gathered people from a different expertise depending on the nature of the crisis and the needs. For example, in the case of Covid-19 pandemic, the team members are consisted a group of experts from various discipline, for instance public health, emergency response or safety and health. For crises involving information technology (IT), the team members would consist of those who expert in IT. The crisis management plan set up by the team will be enforced in this stage to facilitate the organisation in controlling the further damage that could happen due to the crisis. Apart of that, the team and related division shall be trained and familiarised with the plan.

The establishment of Covid-19 Operation Room, IIUM Kuantan on September 2020 to serve this role to assist in handling any matters following Covid-19 pandemic that occur within the compound, in particular to the staff and students. It is also helped to control the entry of Covid-19 case into the campus and to curb the spread of the disease, if any, that could bring harm to the campus community.

Guideline 01

The role of crisis operation room is mainly focusing on the monitoring and surveillance of cases involving Covid-19. However, due to long-term effects of the pandemic that happen, the role can be extended and expanded depends on the needs. Crisis Operation Room can help to mitigate the effects of crises. According to Organisation for Economic Co-operation and Development (2020), the effects can be viewed from the aspect of health, economic, social and fiscal.

During crisis stage, the team members are expected to perform their duties as planned based on the crisis management plan. The focus of crisis response shall include 1) be quick, 2) be accurate and 3) be consistent. The crisis operation room members should be able to quickly respond to the needs during crisis, provide accurate information and consistent in conveying messages as the community is looking for info about the crisis and what would be the planning offered. The information must be delivered quickly, accurate and useful to the people affected during the crisis. The team members should know the tasks and responsibilities they have to carry out during a crisis. The plans and teams have a less value if they are never been tested through exercises and whether they can perform up to the expectations. Apart from mitigation plan, as in the management of disaster phases, it also involves crisis preparedness, response and also recovery of the organisation from the event as to assist in strengthening resilient of the community and ensure sustainability of the organisation for its daily operation.

Apart of that, safety of the community shall be given a priority by the team members. When the safety becomes the concern, the community shall be informed what action should they take to protect themselves. For instance, during the Covid-19 pandemic, the community shall be advised on the crisis mitigation in monitoring the spread of the virus within the institution. The safety measures shall be enforced to be implemented, such as wearing mask at all times, observing physical distance of minimum of 1 metre, no mass gathering shall be allowed, advising the people to observe for any symptoms of contracting the virus and etc. Prevention of further harm to the community and protecting the reputation of the institution can minimise the expenses during the crisis, for example, the process of decontamination and providing laboratory test of Antigen Rapid Test Kit (RTK-Ag) or Real-time Reverse Transcription Polymerase Chain Reaction (PCR). A slow or inaccurate response from the crisis operation room members can increase the risk of illness, injuries or possibly death. When the crisis resulted in serious injuries or possible death, crisis management shall include counselling on stress and trauma that could be experienced by the community.

At the post-crisis stage, the organisation would be returning to a usual business. The crisis manager would frequently meet the team members to get their feedback and identify any rooms to enhance the existing crisis management plan. This action can help to improve mitigation, preparedness and response. The crisis shall be a learning experience for future improvement and the crisis management plan shall be revisited to improve the current state and update on the recovery process, any corrective measures to be taken and investigations that have been carried out in relation to the crisis.

Figure 1: Crisis management phases, (Source: TechTarget, 2021)

In the context of rapid change and transformation process experience in the 21st century, in particular during the Covid-19 pandemic, organisation shall adopt an effective crisis management in order to assist and facilitate in facing the crisis. In addition, the crisis operation room could provide mitigation plan before the crisis becomes worst and be able to handle the effects of the crisis that focuses on the proactive measures to ensure the success. Not to be mentioned that the establishment of Crisis Operation Room is not merely meant for handling Covid-19 cases, but any crises that could happen in future, at the respective organisation.

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COORDINATION

IIUM COVID-19 Operation Room

Kamaruzzaman bin Yunus (Prof. Dr.)

CAMPUS DIRECTOR

Edre bin Mohammad Aidi (Dr.)

HEAD

Muhamad Ashraf bin Rostam (Dr.)

DEPUTY HEAD I

Mohd. Haikal bin Halil (Dr.)

DEPUTY HEAD II

RAPID ASSESSMENT TEAM

Mohamad Syazwan bin Adnan

RAPID RESPONSE TEAM

Mohd Faisal bin Ismail

SQC MANAGEMENT

Norzihan binti Abd Karim

Mohd Ariffin bin Ghazali

DOCUMENT CONTROLLER

Norrul Afzan binti Zainal Abidin

Head

- Directly responsible to the IIUM Kuantan campus director
- Liaison to PKD Kuantan
- Overall operation

Deputy Head I

- System management of OpRoom
- Liaison to student development and community engagement matters

Deputy Head II

- Testing and vaccination strategist
- Liaison to PPV SASMEC@IIUM

Rapid assessment team

- Rumor surveillance
- Compile all staff positive, CC1 and CC2 report from KTF
- Verify all staff positive, CC1 and CC2 report from KTF

Rapid response team

- Coordinate & verify swab list prepared by KTF
- Follow up on swab results
- Follow up on start date and end date of quarantine

SQC Management

- Compile all student positive, CC1 and CC2 report from KTF
- Verify all student positive, CC1 and CC2 report from KTF
- Manage SQC F1 & Maimunah matters
- Sanitization matters

Document controller

- Manage email & OpRoom dashboard
- SOP and guidelines

COORDINATION

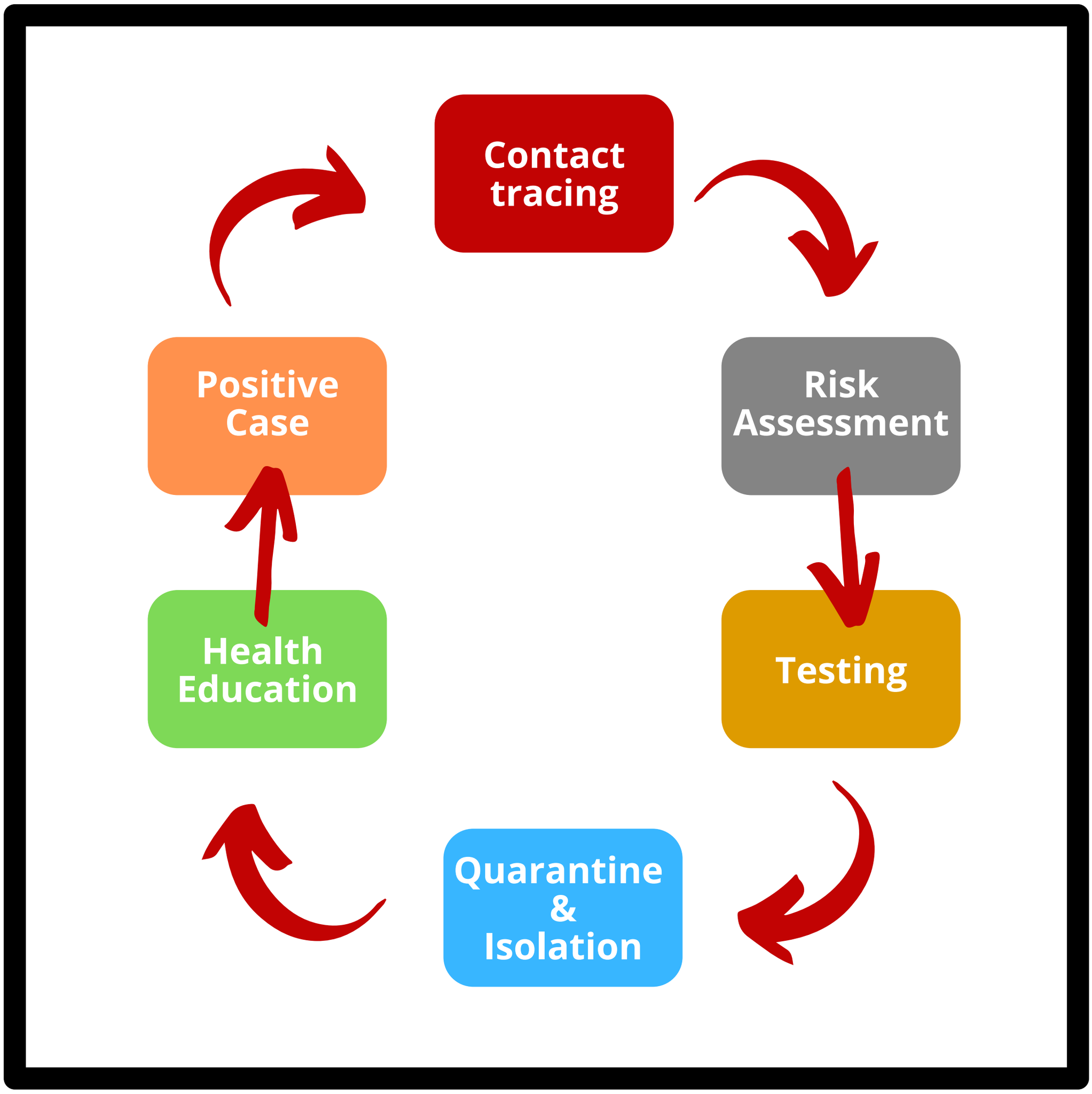
KULLIYYAH TASKFORCE & OTHER STAKEHOLDERS

Each kulliyyah (KOM, KOD, KON, KAHS, KOP, KOS) has their own task force to handle COVID-19 situation at first hand. They are trained in terms of contact tracing and reporting from time to time.

There are also other stakeholders in the IIUM Kuantan community such as Daya Bersih Sdn Bhd, OsEM, IKOP Sdn Bhd , IIUM Educare Sdn Bhd and IMSC which are idenfitied and trained as well for the COVID-19 management incampus.

Guideline 01

Coordination is the key to case and cluster management. The workflow is summarized as below:



MOVING FORWARD

EPIDEMIC & PANDEMIC INTELLIGENCE

The emergence of new, novel infectious diseases provide challenges to institution such as a university. The mode of transmission plays a big role in determining control measures. Detection of a single case proves vital in controlling the spread to other people, in this case, students and staffs.

Thus, this guideline serves as a quick reference for early warning, detection and treatment of airborne or respiratory infectious diseases which has epidemic and pandemic potential such as COVID-19.

Chapter 2:

Contact Tracing & Risk Assessment

Contact tracing together with accurate risk assessment is the key step in COVID-19 cluster prevention

CONTACT TRACING

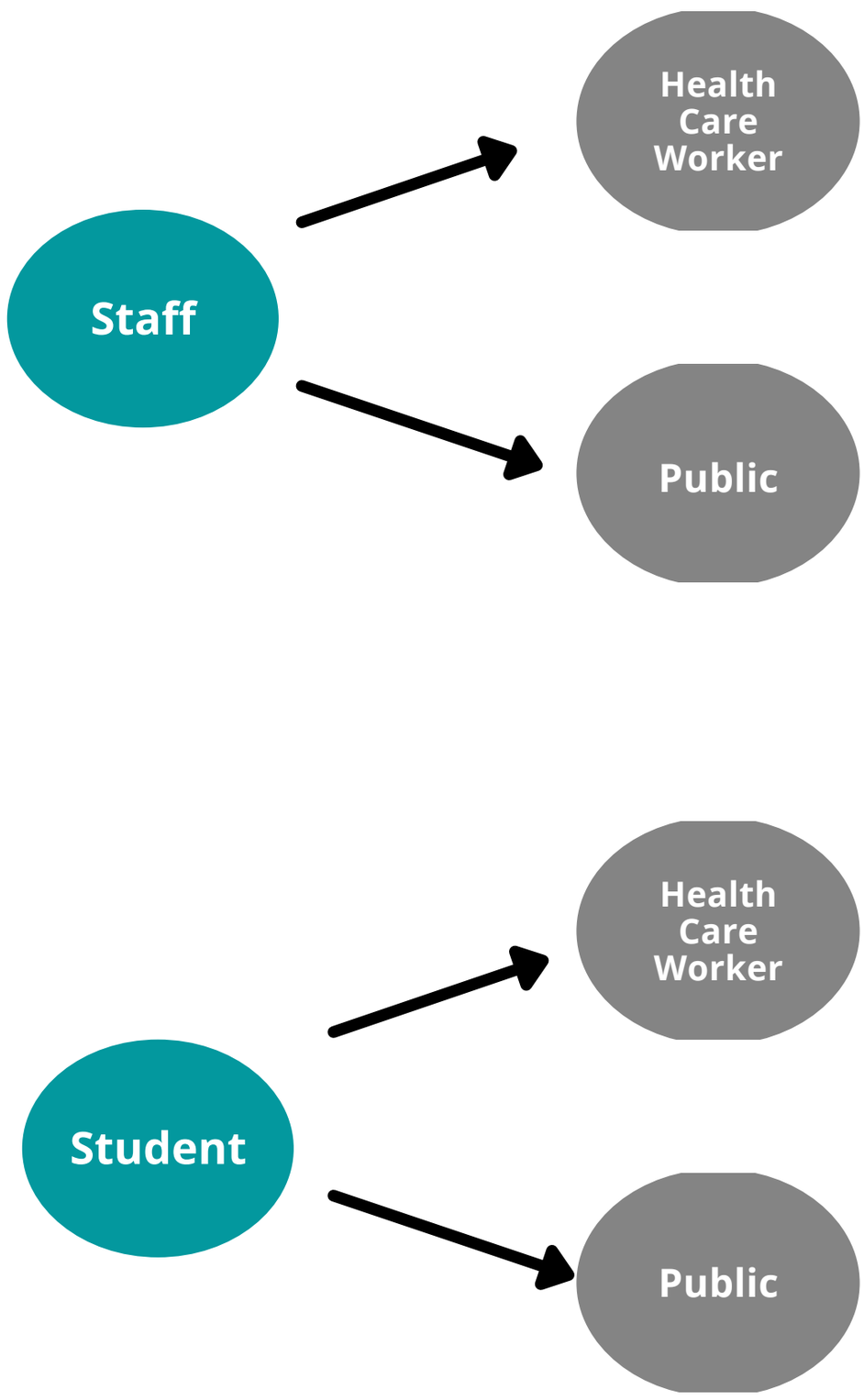
Definition & Reason for Doing

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission. When systematically applied, contact tracing will break the chain of transmission of COVID-19 and is an essential public health tool for controlling the virus.

Contact tracing helps protect you, your family, and your community by: Helping people diagnosed with COVID-19 get referrals for services and resources they may need to safely isolate. Notifying people who have come into close contact with someone diagnosed with COVID-19 about their exposure.

CONTACT TRACING

Types & Who to Trace



- KOM
- IMSC
- Eye Specialist Clinic
- Optometry Clinic

- All KCDIO

- Student Postgraduate (Service) Not All

Types

1. Public
2. Healthcare worker (Annex 21)

Who to trace (Subject to PKD advice)

1. CC1(Person under investigation)
2. Household CC2 (Person under surveillance)

RISK ASSESSMENT

Definition & Reason for Doing

Risk assessment for COVID-19 is a critical component of differentiating the true close contact and casual contact. The main difference is the need for mandatory quarantine procedure for moderate to high risk close contacts, or Home Surveillance Order (HSO) underPrevention and Control of Infectious Disease Act 1988 (Act 342).

RISK ASSESSMENT

Key Questions

The risk assessment tool is based on key questions on risk factors as well as mitigation factors. In accordance to the natural history of the disease, the **risk factors** of COVID-19 include :

i.Distance of less than 1 metre
ii.Duration of less than 15 seconds (taking into account the Delta Variant)
iii.Confined space
iv.Not wearing mask by case
v.Not wearing mask by the contact
vi.Symptomatic

While the **mitigation factor** is the vaccination for COVID-19 :

i.Fully vaccinated i.e. 2 weeks after the second dose (Pfizer, AZ, Sinovac)
ii.Partially vaccinated i.e. less than 2 weeks after second dose but after 2 weeks from the second dose
iii.Unvaccinated i.e. risk not mitigated at all

RISK ASSESSMENT

Risk Vs Mitigation Matrix (Adapted from WHO)

Risk Vs. Mitigation Matrix	Very Prepared to Mitigate COVID-19 Impacts (100)	Somewhat Prepared to Mitigate COVID-19 Impacts (75)	Somewhat Unprepared to Mitigate COVID-19 Impacts (50)	Very Unprepared to Mitigate COVID-19 Impacts (0-25)
0 - Negligible	Very low	Very low	Very low	Very low
1 - Very Low Risk	Very low	Very low	Low	Low
2 - Low Risk	Low	Low	Low	Moderate
3 - Moderate Risk (low-moderate)	Low	Moderate	Moderate	Moderate
4 - Moderate Risk (high-moderate)	Moderate	Moderate	High	Very High
5 - High Risk	High	High	Very High	Very High
6 - Very High Risk	Very High	Very High	Very High	Very High

RISK ASSESSMENT

Overall Risk and Management Plan

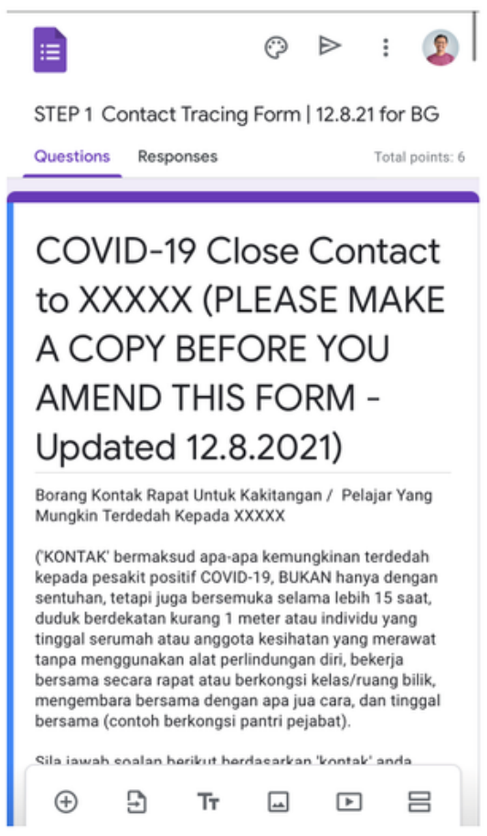
KEY FOR COLOUR DETERMINATION OF CC1 OVERALL RISK	
VERY LOW	This is casual contact, no quarantine
LOW	Self isolation until RTK Ag self test (saliva) is done and result negative. Observe strict SOP compliance
MODERATE	Quarantine 5 days (booster received) or 7 days (unvaccinated, partially or no booster received), swab (professional RTK Ag) only if symptomatic (new onset or worsening)
HIGH	Quarantine 5 days (booster received) or 7 days (unvaccinated, partially or no booster received), swab (professional RTK Ag) only if symptomatic (new onset or worsening)
VERY HIGH	Quarantine 5 days (booster received) or 7 days (unvaccinated, partially or no booster received), swab (professional RTK Ag) only if symptomatic (new onset or symptom worsening)

CONTACT TRACING & RISK ASSESSMENT E-FORM

Proceed step 1 & 2 once a positive case detected

Stage 1 : Open Contact Tracing Google Form** and Make a Copy

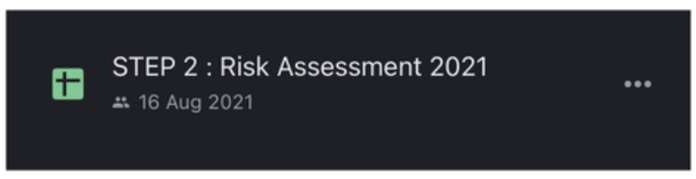
1. KTF to make a copy and amend based on the case
2. Disseminate to all potential CC1/CC2 (according to case)



***STEP 1 : Contact Tracing form | 12.8.2021*

Stage 2 : Conduct Risk Assessment

1. Open the STEP 2: Risk Assessment 2021 Google Sheet
2. Paste ALL required info from Stage 2 accordingly into the respective columns.
3. The entered data will automatically produce the Risk Status



	A	B	C	D	E	F	G	H	I	J	K
1	Instruction : 1. Paste the required information from respective google response sheet (STEP 1 : Contact Tracing Form) 2. Capture the Risk Status 3. Complete the Daily Swab Request Form						Auto Generated columns				
2	**Score (Risk Score)**	**Nama Penuh [Full Name]**	**Matric No / Staff No**	**No. Kad Pengenalan [NRIC]**	M1 : Adakah anda telah divaksinasi bagi COVID-19 dos PERTAMA dan bila ? (Have you received your COVID-19 vaccination FIRST dose and when ?) 0-Tidak (NO), 1-Ya, kurang dari 2 minggu lepas (Yes, less than 2 weeks ago) atau 2-Ya, lebih dari 2 minggu lepas (Yes, more than 2 weeks ago)	M2 : Adakah anda telah divaksinasi bagi COVID-19 dos KEDUA dan bila ? (Have you received your COVID-19 vaccination SECOND dose and when ?) 0-Tidak (NO), 1-Ya, kurang dari 2 minggu lepas (Yes, less than 2 weeks ago) atau 2-Ya, lebih dari 2 minggu lepas (Yes, more than 2 weeks ago)	First Dose	Second Dose	Total	Mitigation Score (%)	Risk Status
3							0	0	0	0	VERY LOW
4							0	0	0	0	VERY LOW
5							0	0	0	0	VERY LOW
6							0	0	0	0	VERY LOW
7							0	0	0	0	VERY LOW
8							0	0	0	0	VERY LOW
9							0	0	0	0	VERY LOW
10							0	0	0	0	VERY LOW
11							0	0	0	0	VERY LOW
12							0	0	0	0	VERY LOW
13							0	0	0	0	VERY LOW
14							0	0	0	0	VERY LOW

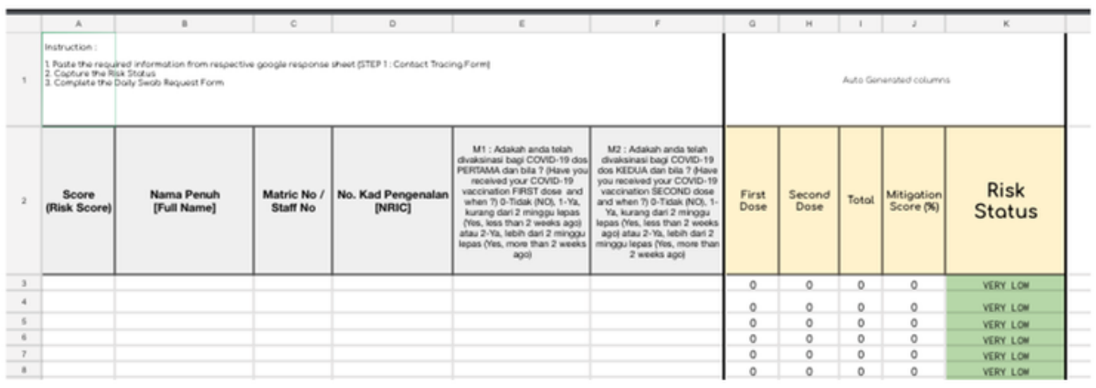
CONTACT TRACING & RISK ASSESSMENT E-FORM

Step 3 : Data check

Stage 3 : Double check the results and parameters

1. Check the Risk Status & refer to Reference Sheets on risk matrix assessment

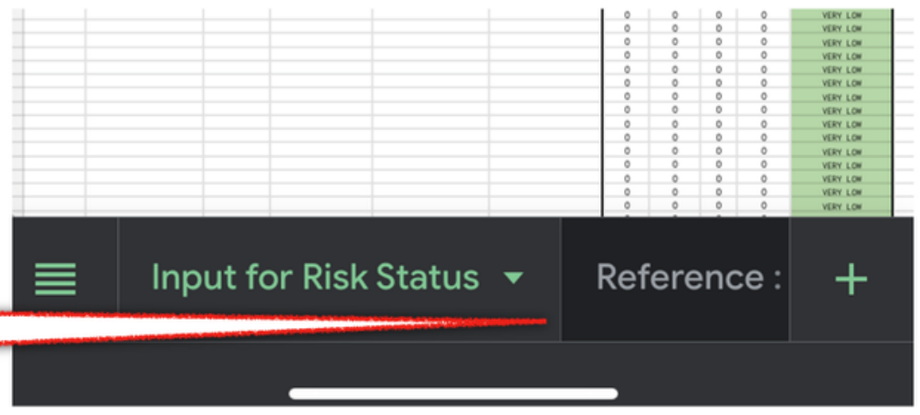
2. Make sure no technical errors and computed data is correct



	A	B	C	D	E	F	G	H	I	J	K
1	Instruction : 1. Paste the required information from respective google response sheet (STEP 1 : Contact Tracing Form) 2. Capture the Risk Status 3. Complete the Daily Swab Request Form						Auto Generated columns				
2	Score (Risk Score)	Nama Penuh [Full Name]	Matric No / Staff No	No. Kad Pengenalan [NRIC]	M1 : Adakah anda telah divaksinasi bagi COVID-19 dos PERTAMA dan bila ? (Have you received your COVID-19 vaccination FIRST dose and when ?) 0-Tidak (NO), 1-Ya, kurang dari 2 minggu lepas (Yes, less than 2 weeks ago) atau 2-Ya, lebih dari 2 minggu lepas (Yes, more than 2 weeks ago)	M2 : Adakah anda telah divaksinasi bagi COVID-19 dos KEDUA dan bila ? (Have you received your COVID-19 vaccination SECOND dose and when ?) 0-Tidak (NO), 1-Ya, kurang dari 2 minggu lepas (Yes, less than 2 weeks ago) atau 2-Ya, lebih dari 2 minggu lepas (Yes, more than 2 weeks ago)	First Dose	Second Dose	Total	Mitigation Score (%)	Risk Status
3							0	0	0	0	VERY LOW
4							0	0	0	0	VERY LOW
5							0	0	0	0	VERY LOW
6							0	0	0	0	VERY LOW
7							0	0	0	0	VERY LOW
8							0	0	0	0	VERY LOW

References Sheets on Risk Assessments

Further iinfo can be obtained from the Risk Assessment Training video



Chapter 3:

Quarantine & Isolation

Quarantine is for the exposed individual, whereas isolation is for the sick person

QUARANTINE & ISOLATION

Student Quarantine Centre (SQC) and Home Quarantine

The purpose of quarantine during the current outbreak is to reduce transmission by:

1. Isolation and quarantine of positive cases and contacts of COVID-19 patients from community
2. Monitoring contacts for development of sign and symptoms of COVID-19, and
3. Segregation of COVID-19 suspects, as early as possible from among other quarantined persons

There are two types of quarantine and isolation management used by IIUM Kuantan in managing Covid 19. In-campus students will undergo their quarantine and isolation at Students Quarantine Centre (will be mentioned as SQC) either at Mahallah Khalid Al-Walid or Mahallah Maimunah. Meanwhile, for the students who are staying off-campus and staff they will undergo home quarantine unless for those who need to stay in SQC such arrangement can be done through KTF or at quarantine center as per PKD's instruction.

Guideline 03

Initially the SQC was used only to isolate the close contact, high risk returning students to campus and students with ILI symptoms. However, since the management of the positive cases changed from time to time and the Home Surveillance Order (HSO) is allowed for positive cases category 1 and 2, SQC is also being used as the isolation centre for the stable positive cases that do not need any serious medical attention.

SQC F1 Mahallah Khalid Al-Walid (F1, Left)
& SQC Mahallah Maimunah (Right)

QUARANTINE & ISOLATION

Who needs it & for how long

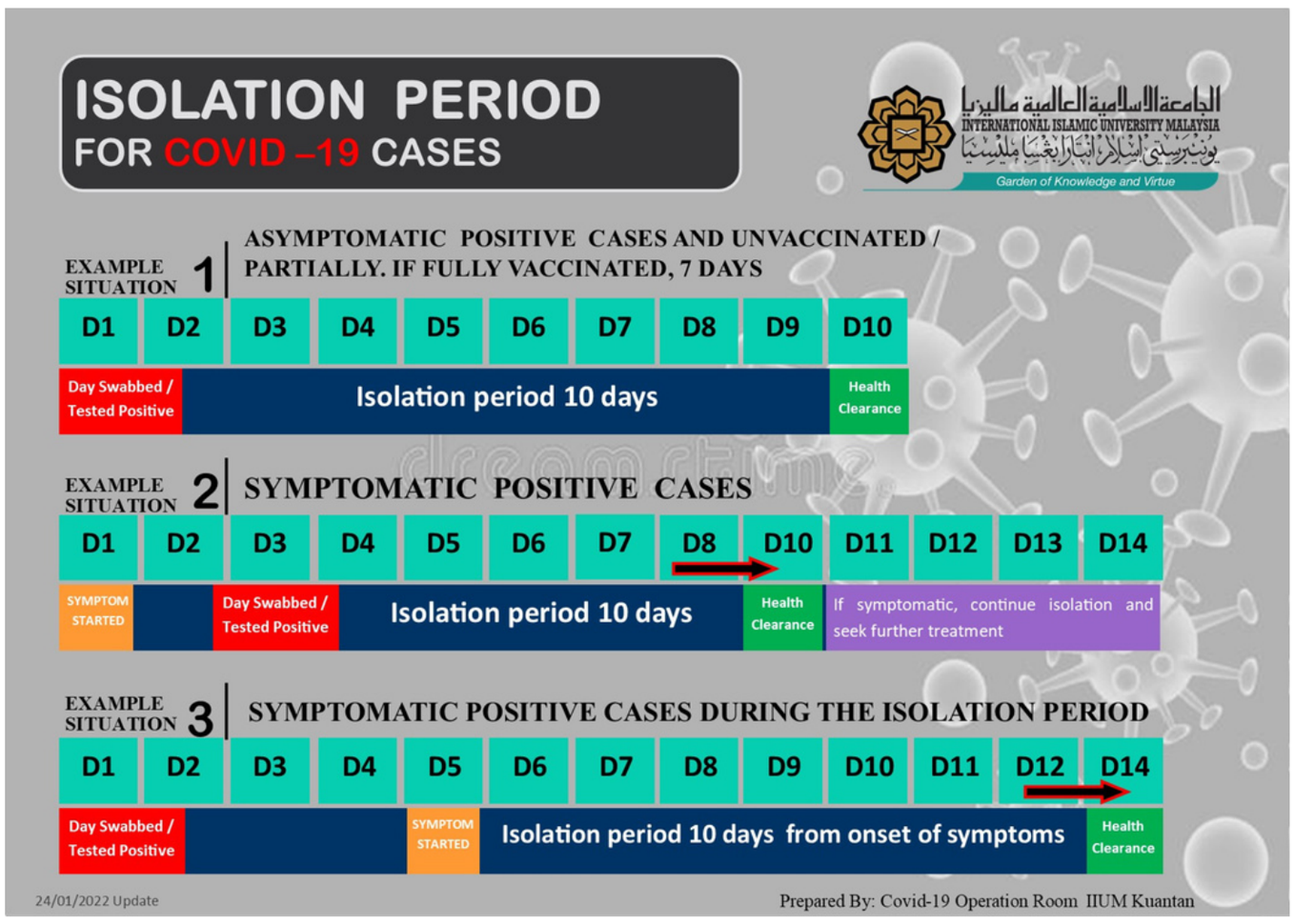
Who needs it

All students and staffs either in campus or out campus who are reported or identified as below:

i. Positive Case
ii. Close Contact (Moderate and High only based on Risk Assessments)
iii. Student or staff with ILI symptoms

Duration

Quarantine period will be based on the latest guideline by Pejabat Kesihatan Daerah Kuantan. Current management used by IIUMK OpRoom for isolation periods are as per below but will change from time to time subject to instruction from PKD Kuantan. (Refer to next page)



Disclaimer:
The isolation period is subjected to the latest update/revision by MOH.

i. Positive Case: 10 days from confirmatory swab

ii. Close Contact (high and moderate): 7 days (complete vaccination) and 10 days(incomplete vaccination/unvaccinated)

iii. Students with ILI Symptoms: 7 days (complete vaccination) and 10 days (incomplete vaccination/unvaccinated) Need to do confirmatory swab, if positive treat as COVID-19, if negative to self isolate & give MC until symptom resolve)

OSeM on duty (left) at SQC and daily monitoring equipments for temperature and SPO2 (right)

Release Order

Upon completion of the quarantine period, KTF needs to inform all relevant parties such as OpRoom, SQC and FHC for the list of students and staff who will be released from quarantine at least one day prior to release date. A health clearance should be done by FHC Medical Officer. Only those who have completed the quarantine period or HSO as per MySejahtera and asymptomatic are allowed to be released either from SQC or home quarantine.

Swab Requirement & Quarantine Wristband

Symptomatic CC1 Swab at FHC. KTF Shall update list names at least a day before swab day at BG Swab list (steps in next page). Link :

(https://docs.google.com/spreadsheets/d/1ZtTm6q8qCMrhBylc7H1p2oCe0rpHJJzn/edit#gid=690811099).

FHC will put on a quarantine wristband on all CC1 after swab.

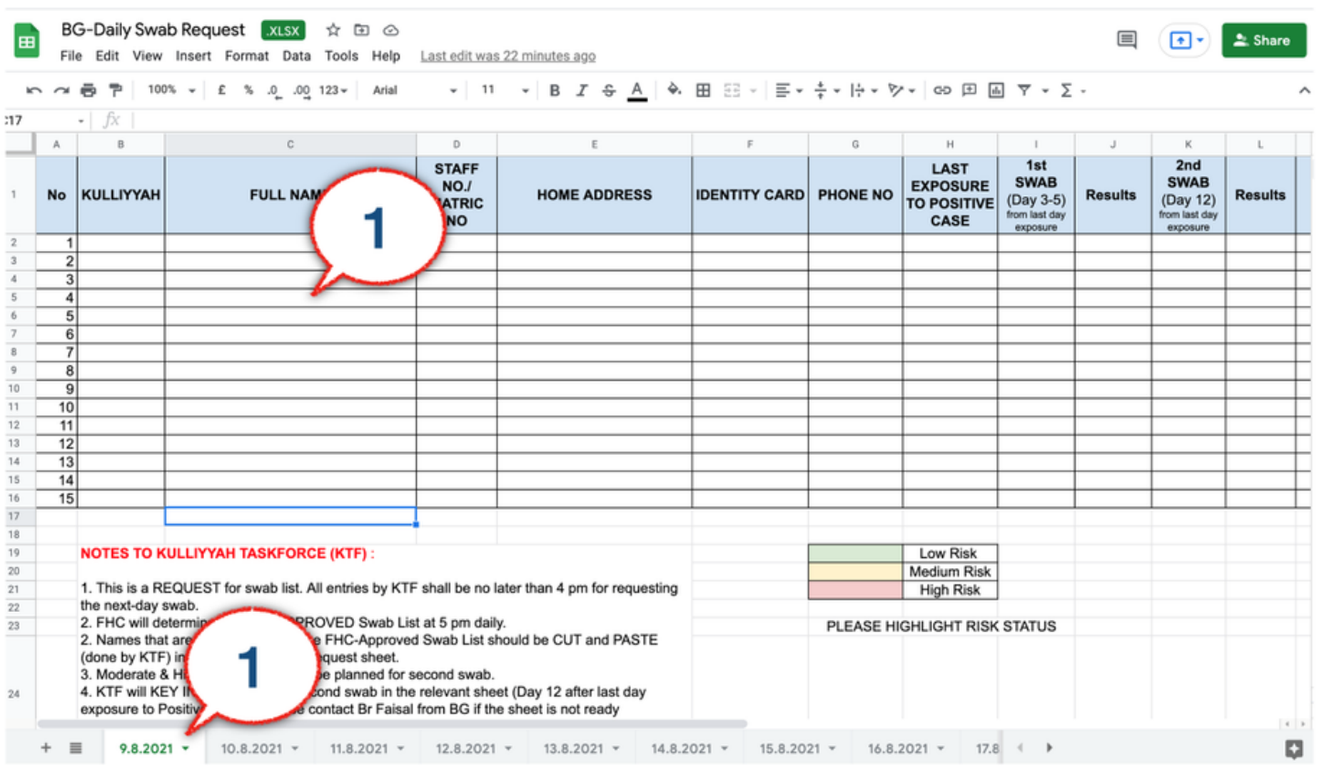
Asymptomatic CC1 will go straight to quarantine (Student-SQC/Staff-Home Quarantine) without swab. KTF shall update to BG, list name of asymptomatic CC1 at SQC for the purpose of distribution of the quarantine band. For Staff and out campus student home quarantine the management will be under PKD.

Details such as Name and IC/Matric Number must be written clearly on the quarantine band. Date of quarantine is not required as if the CC1 turned to be Covid 19 positive, the same quarantine band will be used. KTF responsible to notify their CC1 student the duration of quarantine and isolation.

Guideline 03

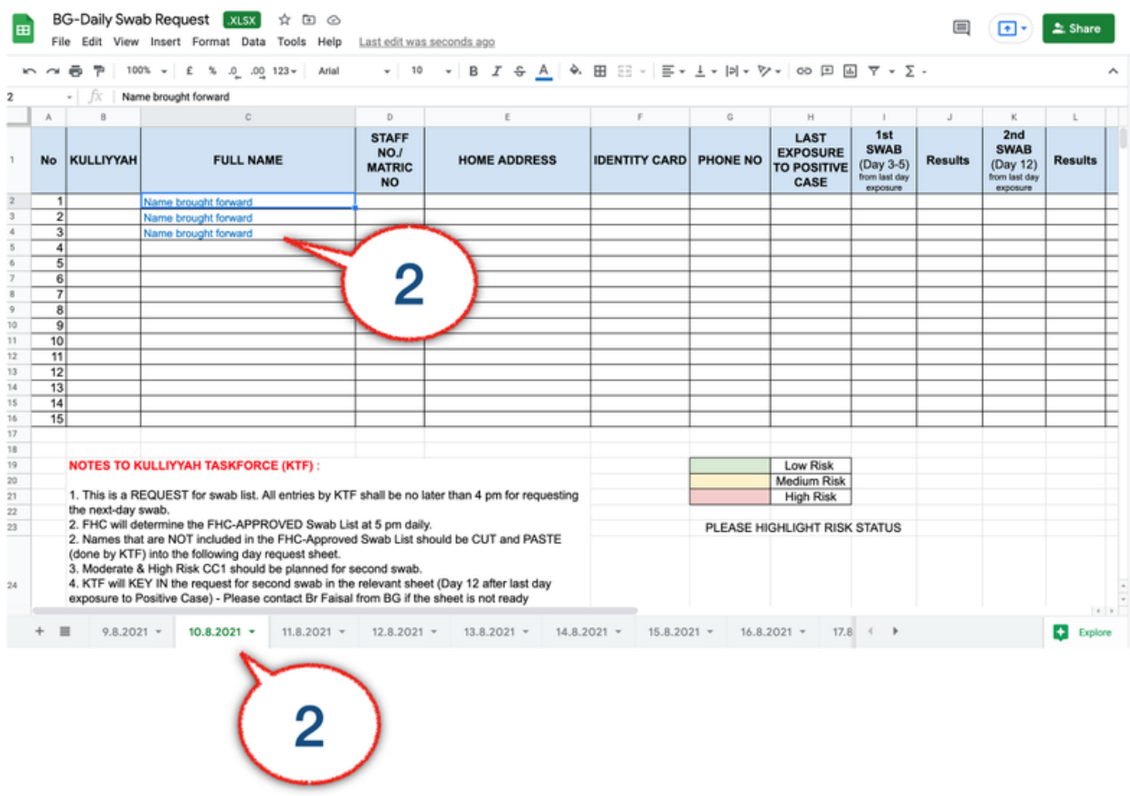
Stage 1 : Swab Request Entry

1. KTF to enter swab request for the next day
2. Important : state SYMPTOM (if any)
3. Deadline entry : 4 pm (unless approved by FHC)



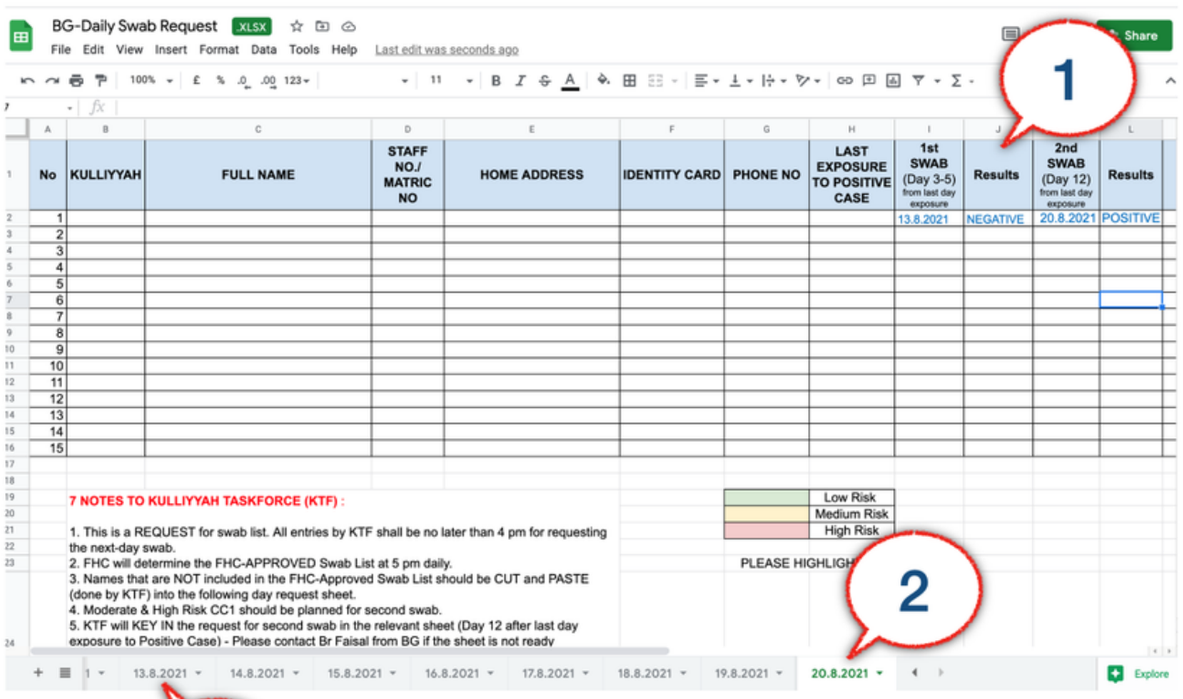
Stage 2 : FHC Approval & Approved List

1. FHC will provide FHC-Approved Swab List by 5 pm
2. Names not in FHC-Approved Swab List needs to be brought forward for request entry the following day (KTF to CUT and PASTE from the previous day).



Stage 3 : Swab Results Update

1. Once receive Results from FHC, KTF to update in RESULTS column.
2. KEY IN results in 1st Swab.



Chapter 4:

COVID-19 Transportation Matters

Support services plays an integral role in incampus management

COVID-19 Transport

Positive case

All positive cases shall be managed using ambulance. Drivers shall wear level 2 PPE during transportation, and ambulance decontaminated after transport as per guideline.

Ambulance[1] transport for positive schedule

ASPECT /TIME	8AM-5PM	5PM - 11PM [3]	11PM - 8AM/ EMERGENCY
PIC	FHC [2]	OCD	OCD	EDCC SASMEC
Role	Stable medical attention/ swab	Mahallah to SQC	Mahallah to SQC	Unstable medical attention (Cat 3 & above)

1 OCD using FHC ambulance

2 Weekdays only

3 Stable positive students will be temporarily floor beyond 11pm placed in fellow room/SIC

COVID-19 Transport

CC1

At least level 1 PPE shall be used during transportation. Level 2 PPE is highly recommended especially when handling symptomatic CC1.

ASPECT /TIME	8AM-5PM	5PM - 11PM	11PM - 8AM/ EMERGENCY
PIC	OCD/ OWN	OCD	EDCC SASMEC
Role	Stable medical attention/ swab	Mahallah to SQC	Emergency cases/ Unstable

OCD using transport from Transport Unit
OWN using student own transport or provide by KTF

Chapter 5:

Sanitization Procedure

Sanitization process is a simple yet effective tool for infectious disease prevention

Sanitization Procedure

Sanitisation of Common Touchpoint Surfaces

Kulliyyah Task Force (KTF) is to identify touchpoints in common work and welfare areas throughout the kulliyyah. This would include but not limited to areas such as: offices, cafeterias, changerooms, washrooms, and laundry rooms. Kulliyyah should be considering all possible touchpoints from the moment a person enters and exits the facility. Touchpoints can include but not limited to items such as:

- Door handles
- Sink handles
- Paper towel dispensers
- Counter tops
- Wheelchair access buttons
- Microwave and refrigerator handles
- Lift buttons
- Vending machines
- Printers/Photocopiers
- Coffee makers
- Others deemed appropriate

Sanitization Procedure

Clean before Sanitisation

Cleaning removes dirt and germs from surfaces or objects and helps to reduce the spread of infection more than sanitisation alone. Each kulliyyah is to establish a frequency of sanitisation for the items identified in the first paragraph. All identified touchpoint surfaces must be treated at minimum every 2-3 hours depending on the size of the area and staff available for sanitisation. Use a checklist to record compliance and to create a daily record of sanitisation.

Sanitization Procedure

Disinfecting Common Areas

Using selected sanitiser

■ Wear approved personal protective equipment (PPE (i.e. latex or nitrile gloves).

■Apply the selected sanitiser for the first time on a clean and dry microfiber cloth. Ensure the cloth is saturated with the mixture before treating the touchpoints. Reapply the mixture to the cloth as needed.

■Make sure the surface to be sanitised is visibly clean. Do not sanitise visibly soiled surfaces.

■Apply the selected sanitiser on the surface to leave a visible film.

■Allow the surface to air dry. This will ensure the contact time needed (one minute) for the mixture to be effective.

■ Reapply the selected mixture to keep the cloth damp between surfaces.

■ Clothes must be changed daily or when clothes become visibly soiled.

Sanitization Procedure

Disinfecting Common Areas

Using bleach solution

■ If household or commercial sanitisation cleaning products are scarce, hard surfaces can be sanitised using a mixture of 5 mL (one teaspoon) of bleach (5% sodium hypochlorite) and 250 mL of water; or 20 mL (4 teaspoons) bleach and 1000 mL of water (4 cups).

■Always add bleach to water, not water to bleach.

■Bleach solutions should be prepared daily; beyond 24 hours they lose their disinfectant properties.

■Bleach should not be mixed with any other solutions. Mixing bleach with vinegar, glass cleaners, ammonia, alcohol, and other chemicals can produce toxic gasses or products.

■Never use bleach or diluted bleach on yourself or others.

■Bleach is corrosive. To prevent damage test surfaces before using a bleach solution. test the solution on a variety of surfaces before fully implementing. Continue to monitor as surfaces are treated.

■Follow steps in the previous section, use the bleach solution instead of the selected disinfectant to dampen the cloth.

■Apply the mixture on the surface to leave a visible film.

■Allow the surface to air dry. This will ensure the contact time needed (max 2 minutes) for the mixture to be effective.

■ Wipe the surface down with a dry cloth to remove the remaining bleach residue on the surface.

■ Reapply the bleach solution to keep the cloth damp between surfaces.

■Clothes must be changed daily or when the clothes become visibly soiled.

Sanitization Procedure

Disinfecting after a Positive COVID-19 Case

In the event of a known COVID-19:

- Priority given to areas **within 24 hours before swab test positive** and enclosed, prolonged area used without mask in accordance to advise from PKD.
- Close off all areas the person used or was in. Consider common areas (e.g., washrooms), and any shared items (e.g. touch screens).
- Increase air circulation in those areas by using the ventilation system or by opening doors and windows.
- Use routine procedures for cleaning and sanitisation.
- Additional cleaning and sanitisation are not necessary if seven or more days have passed since the person who is ill or tests positive for COVID-19 was in the facility.
- Continue with routine cleaning and sanitisation.

Chapter 6:

Strategies in Combating COVID-19

There are three campus strategies of prevention according to epidemiogical principles

Strategies for prevention

Primordial prevention : Surveillance

Screening for risks of COVID-19 are conducted on day to day basis. All individuals (staff, students, patients, and visitors) who enter the IIUM Kuantan campus are required to undergo temperature screening at all entry points of KCDIO.

Strategies for prevention

Primordial prevention : Surveillance

LinkTree & Gateway Surveillance System

The restriction of movement requires effective utilization of online resources and communication methods. The linktree app https://linktr.ee/IIUMK_BG is used as the portal for the COVID-19 Operation room to keep all the resources required for the purpose of requests for COVID-19 testing, tools for close contact tracing, COVID-19 case reporting, and SOP documents. This portal is given access to all the Kulliyyah Taskforce for their daily operations.

Mini training and empowerment using Google Classroom platform is also done as part of epidemic and pandemic preparedness

Strategies for prevention

Primary prevention : Health promotion advocacy

Strategies for prevention

Primary prevention : Specific protection

Vaccination

Vaccination program under the campus Kuantan has been successful, catering for mostly staffs, students as well as public. It was first started under SASMEC@IIUM and continued under PPV SASMEC@IIUM under OCD. Currently the vaccination program is continued for the booster dose under SASMEC@IIUM.

Strategies for prevention

Secondary prevention : Early detection & prompt treatment

FTTIS

Find, test, trace, isolate and support (FTTIS) are one of the containment strategies for COVID-19. During the first few COVID-19 waves, this is utilized frequently. Finding potential involves rigorous contact tracing even up to second and third generation. Testing involves rapid saliva test when indicated, then professional nasopharyngeal swab for confirmation especially for symptomatic cases . Isolation of positive cases up to 10 days is based on the period of communicability. Support includes welfare, transportation and counselling services.

Strategies for prevention

Secondary prevention : Early detection & prompt treatment

TRIIS

Since the lift of interstate travel and the reopening of social activities and the economic sector, the Ministry of Health Malaysia had continuously promoted the concept of TRIIS (Test, Report, Isolate, Inform & Seek) as a mechanism of self-assessment to break the COVID-19 chain of transmission. This concept is implemented in IIUM Kuantan Campus and the information is spread via online educational material (Figure XX). TRIIS highlights the practice that if a staff or student experiences any symptoms such as fever, cough, runny nose, etc.,they are highly advised to undergo a self-test. Results need to be immediately reported in the MySejahtera App. If they are positive, they are required to immediately isolate themselves with discipline. During the isolation period, they need to adhere to the Home Surveillance Order. Next, the positive patient is required to inform their respective Kulliyyah Taskforce or Superior. They are also required to inform their close contacts so that they may undergo self-isolation. Patients who are under quarantine need to seek treatment at the Family Health Centre if they experience worsening symptoms.

Strategies for prevention

Secondary prevention : Early detection & prompt treatment

Lockdown

Lockdown in institutional setting such as university is mainly based on the hostel, or mahallah block involved. Our experience in handling such situation proved vital in containment of the cases and exposed, particularly during the period where vaccines are still not readily available. The lockdown period is adjusted based on the need, either until contact tracing is complete or in cases where mass testing is needed.

Mass testing

Mass testing follows lockdown mahallahs, where most if not all students are tested. This strategy is utilized when the contact tracing burden overwhelms the workforce, or when the cases occur at many places, or blocks, during almost the same time. This strategy involves strong justification in terms of budget, manpower and lab capacity.

Strategies for prevention

Secondary prevention : Early detection & prompt treatment

Surveillance swab

Surveillance swab is done when the students or staff is not a CC1 to anyone but are part of an active cluster or is symptomatic. This strategy is able to detect potential threats towards cluster development. Initially the role of this is under the family health clinic. However, after availability of cheap, RTK antigen saliva method, the testing becomes a norm especially when a person is symptomatic. The limitation of saliva method is its high false negative rate in which adequate viral antigen is not captured due to poor method. Thus, a professional swab RTK Ag or PCR are still confirmatory tests.

Chapter 7:

SOP & Enforcement

Compliance to SOP will determine the future of the pandemic

SOP & Enforcement

Random Check

Random check on SOP compliance is done by the team lead by the Deputy Head II with the collaboration of OSHBE and OsEM. The criteria that is being checked are:

i. MySejahtera QR code at entry
ii. Student/staff/visitor namelist with vaccination status
iii. Mask usage
iv. Sanitization procedure
v. Ventilation check in accordance to JKKP guideline
vi. Other criteria deemed necessary

If there is a breach in SOP, a thorough investigation will be done and report prepared by OSeM. Warning letter will be issued, and the case shall be referred to Office of Legal Advisor as deemed necessary.

The latest SOP on COVID-19 can be found under the OCD website:

https://www.iium.edu.my/office/ocd/standard-operating-procedure-sop

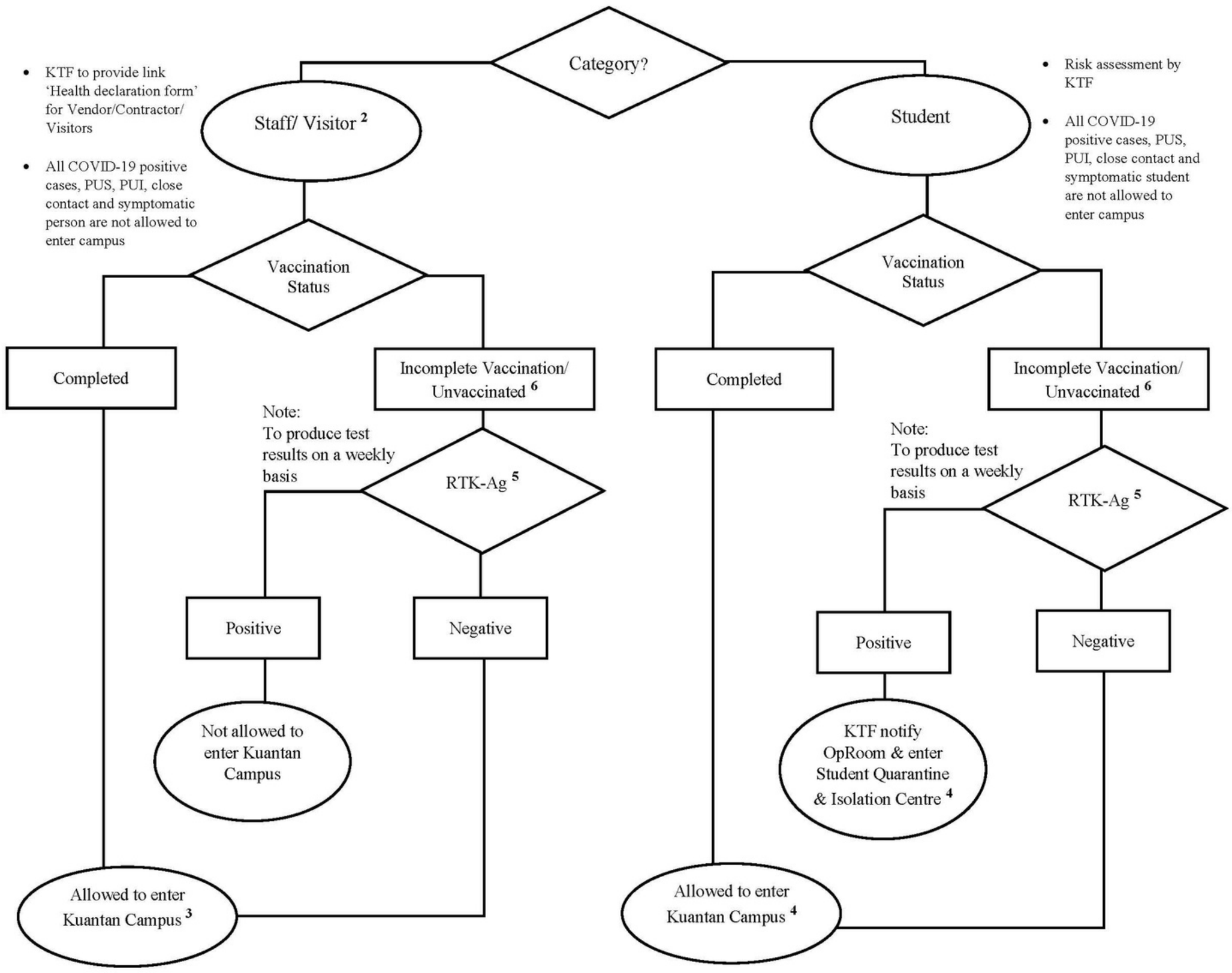
SOP & Enforcement

Standard Operating Procedure (SOP) IIUM Kuantan Campus Reopening & Operation During National Recovery Plan

Document	Document No.	Rev. Date	Rev. No.
Standard Operating Procedure	IIUM-KTN-C19OPR-SOP-15	20/09/2021	00
Document Title			Page No.
Standard Operating Procedure (SOP) of IIUM Kuantan Campus Reopening & Operation during National Recovery Plan			1 of 1

STANDARD OPERATING PROCEDURE (SOP) OF IIUM KUANTAN CAMPUS REOPENING & OPERATION DURING NATIONAL RECOVERY PLAN [1]

Effective Date: 1st October 2021



Note:

1 *This document must be read together with IIUM Official Guideline for Campus Reopening 01/2021, MKN and KPT guidelines.*
2 *Visitor defined as contractor, vendor, supplier, and other non-IIUM community.*
3 *Visitor must obtain OCD authorization prior to enter campus.*
4 *Student Quarantine* & Isolation Centre *procedure & testing for ILI symptoms/ close contact/ positive case as per Pahang State Health Department Guideline and Family Health Clinic management.*
5 *Test kit approved by Medical Device Authority and used within 72 hours.*
6 *Certified by medical/family medicine specialist.*

COVID-19 Guidelines

ktn_cmo@iium.edu.my

IIUM KUANTAN COVID-19 OPERATION ROOM

e ISBN 978-967-26828-0-6

9 7 8 9 6 7 2 6 8 2 8 0 6

IIUM Kuantan Campus
COVID-19 Guidelines

الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يونيورسيتي إسلام انتارابغسا ملسيا
Garden of Knowledge and Virtue