



KEMENTERIAN KESIHATAN MALAYSIA

ARAHAN KETUA PENGARAH KESIHATAN

BILANGAN 1 TAHUN 2018

**MENGIKUT PERUNTUKAN AKTA KEMUDAHAN DAN PERKHIDMATAN
JAGAAN KESIHATAN SWASTA 1998 [AKTA 586]**

**GARIS PANDUAN UNTUK MENUBUHKAN DAN/ATAU MENYEDIAKAN
KEMUDAHAN DAN PERKHIDMATAN FOTOTERAPI DI RUMAH OLEH
KEMUDAHAN DAN PERKHIDMATAN JAGAAN KESIHATAN SWASTA**

TUJUAN

1. Arahannya ini ditujukan untuk memberi panduan kepada mana-mana pihak, pertubuhan perbadanan atau entiti, termasuk mana-mana orang atau kemudahan dan perkhidmatan jagaan kesihatan swasta yang berhasrat untuk menyediakan kemudahan dan perkhidmatan fototerapi di rumah perlu mematuhi garis panduan yang dikeluarkan bersama-sama dengan Arahannya ini.
2. Arahannya ini juga ditujukan untuk memberi panduan kepada pemohon atau pemegang lesen hospital swasta, pusat jagaan ambulatori swasta dan pemegang perakuan klinik perubatan swasta (kepakaran pediatrik atau neonatologi) yang hendak menubuhkan dan/atau menyediakan kemudahan dan perkhidmatan fototerapi di rumah dan memastikan kemudahan dan perkhidmatan jagaan kesihatan swasta tersebut mengikut piawaian dan keperluan yang ditetapkan oleh Kementerian Kesihatan Malaysia (Kementerian) bagi menjamin keselamatan dan kualiti jagaan kesihatan pesakit.

LATAR BELAKANG

3. Akta 586 dan peraturan-peraturannya mula dikuatkuasakan pada 1 Mei 2006. Objektif implementasi dan penguatkuasaan Akta 586, antara lain adalah untuk memastikan keselamatan pesakit dan kualiti jagaan kesihatan terpelihara.
4. Peruntukan bagi mengawal dan mengawalselia kemudahan dan perkhidmatan jagaan kesihatan swasta termasuk mengenai keperluan pelesenan dan pendaftaran bagi semua kemudahan dan perkhidmatan jagaan kesihatan swasta di bawah Akta 586 adalah seperti mana yang digariskan di bawah –
 - 4.1. **Seksyen 3, Akta 586, tiada seorang pun** boleh menubuhkan atau menyenggarakan mana-mana kemudahan atau perkhidmatan jagaan kesihatan swasta **tanpa kelulusan** yang diberikan di bawah perenggan 12(a) atau mengendalikan atau menyediakan apa-apa kemudahan dan perkhidmatan **tanpa lesen** yang diberikan di bawah perenggan 19(a);
 - 4.2. **Subseksyen 4(1), Akta 586, tiada seorang pun** boleh menubuhkan, menyenggarakan, mengendalikan atau menyediakan suatu klinik perubatan swasta atau klinik pergigian swasta melainkan jika klinik itu didaftarkan di bawah Seksyen 27; dan
 - 4.3. **Seksyen 5, Akta 586**, seseorang yang melanggar Seksyen 3 dan 4 adalah melakukan suatu kesalahan dan apabila disabitkan boleh didenda atau dipenjara atau kedua-duanya sekali seperti yang dinyatakan di bawah peruntukan tersebut.
5. Garis panduan “*Guidelines To Establish And/Or Provide Home Phototherapy Facilities & Services In Relation To The Private Healthcare Facilities*” bertarikh 28 Julai 2016 ini diwujudkan bagi menjelaskan secara terperinci keperluan khusus bagi menjelaskan kemudahan dan perkhidmatan fototerapi di rumah oleh kemudahan dan perkhidmatan jagaan kesihatan swasta.
6. Garis panduan ini diadakan bagi memastikan keselamatan pesakit dan kualiti jagaan kesihatan terpelihara.

SUMBER KUASA

7. Arahan ini disediakan selaras dengan peruntukan Akta 586 seperti berikut:
 - 7.1. **Seksyen 76, Akta 586** memberi kuasa kepada Ketua Pengarah untuk mengeluarkan arahan, perintah atau garis panduan berkaitan dengan kualiti dan piawaian Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta (KPJKS) sebagaimana yang difikirkannya perlu; dan
 - 7.2. **Seksyen 43, Akta 586** memberi kuasa kepada Ketua Pengarah untuk mengeluarkan notis tunjuk sebab mengenai niatnya kepada pemegang lesen KPJKS untuk menggantung, membatalkan atau enggan memperbaharui lesen KPJKS tersebut sekiranya apa-apa arahan, perintah atau garis panduan yang diberikan kepadanya oleh Menteri atau Ketua Pengarah tidak dipatuhi sepertimana yang diperuntukkan di bawah **perenggan 44(d), Akta 586**.

PEMAKAIAN

8. Arahan ini adalah terpakai kepada mana-mana pihak yang berminat untuk menyediakan kemudahan dan perkhidmatan fototerapi di rumah.
9. Garis panduan yang disediakan boleh digunapakai bagi mana-mana pihak yang hendak menubuhkan kemudahan dan perkhidmatan fototerapi di rumah di bawah perenggan 12(a) dan/atau menyediakan dan mendapatkan lesen di bawah perenggan 19(a), Akta 586 atau perakuan pendaftaran di bawah seksyen 27, Akta 586.
10. Bagi menjamin keselamatan pesakit dan kualiti jagaan kesihatan, Kementerian telah menetapkan kemudahan dan perkhidmatan fototerapi di rumah ini hanya boleh disediakan oleh hospital swasta, pusat jagaan ambulatori swasta dan klinik perubatan swasta (kepakaran pediatrik atau neonatologi).

PEMATUHAN

11. Setiap pemohon dan/atau semua pemegang lesen hospital swasta atau pusat jagaan ambulatori swasta serta pemohon dan/atau pemegang

perakuan pendaftaran klinik perubatan swasta (kepakaran pediatrik atau neonatologi) yang hendak menubuhkan dan/atau menyediakan kemudahan dan perkhidmatan fototerapi di rumah, perlu mematuhi garis panduan ini.

GARIS PANDUAN

12. Sebagai panduan untuk pemohon dan pegawai proses, garis panduan telah disediakan oleh Kementerian bertajuk "*Guidelines To Establish And/Or Provide Home Phototherapy Facilities & Services In Relation To The Private Healthcare Facilities*" dated 28 July 2016 (rujuk Lampiran).

TARIKH KUAT KUASA

13. Arahan ini berkuat kuasa serta merta mengikut tarikh Arahan.



DATUK DR. NOOR HISHAM BIN ABDULLAH
Ketua Pengarah Kesihatan, Malaysia

Tarikh: 5 NOVEMBER 2018

**PRIVATE HEALTHCARE FACILITIES AND SERVICES ACT 1998 [ACT 586]
&
PRIVATE HEALTHCARE FACILITIES AND SERVICES
(PRIVATE HOSPITALS AND OTHER PRIVATE HEALTHCARE FACILITIES)
REGULATIONS 2006**

**GUIDELINES TO ESTABLISH AND/OR
PROVIDE HOME PHOTOTHERAPY
FACILITIES & SERVICES IN RELATION TO
THE PRIVATE HEALTHCARE FACILITIES**

**PRIVATE MEDICAL PRACTICE CONTROL SECTION
MEDICAL PRACTICE DIVISION
MINISTRY OF HEALTH MALAYSIA**

28 JULY 2016

WORKING COMMITTEE

The Working Committee was established on 5 February 2016. After meeting on 13 April 2016, the Committee had formulated and agreed on the guidelines on 30 May 2016. The guidelines was ready on 28 July 2016

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INTRODUCTION

1. Private healthcare facilities and services (PHFS) in Malaysia is regulated and controlled in accordance to the requirements sets under the Private Healthcare Facilities and Services Act 1998 [Act 586]. The Act 586 is enforced on 1st May 2006.
2. All PHFS listed under Section 3 and 4, Act 586 are required to comply with Act 586 and its subsidiary legislations including the Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) Regulations, 2006 [P.U. (A) 138/2006] and the Private Healthcare Facilities and Services (Private Medical Clinics or Private Dental Clinics Regulations, 2006 [P.U. (A) 137/2006]
3. Any applicant intends or intended to establish or provide home phototherapy facilities and services is required to comply with this guideline and it shall be read together with Act 586 and P.U. (A) 138/2006 or P.U. (A) 137/2006, whichever relevant to ensure patient safety and quality of care.
4. Phototherapy is the mainstay of treatment for neonatal jaundice. Home based phototherapy for low risk infants has been practised in the United States as early as the 1980s and is now gaining popularity in Malaysia.
5. Those private healthcare facilities linked with the home phototherapy facilities and services shall be fully responsible to ensure the facilities and services are provided by qualified, trained, experienced and skilled healthcare professionals. The paediatrician in-charge is responsible to comply with the guidelines.

OBJECTIVES

6. To provide guidance for the applicant in relation to the establishment and provision of home phototherapy facilities and services in relation to the licensed or registered private healthcare facilities and services.
7. To ensure home phototherapy facilities and services provided by the private healthcare facilities are in accordance to the standard and requirements set up by the Ministry of Health to uphold patient safety and quality of care.
8. To facilitate the application process by officers in Private Medical Practice Control Section and Units (CKAPS & UKAPS) in accordance with Act 586 and its subsidiary legislations, including this guidelines.

REQUIREMENTS ON FACILITIES, SERVICES AND EQUIPMENT

9. Type of Private Healthcare Facilities and Services, may be considered to provide home phototherapy are limited to:
 - (a) Paediatric Specialist Clinic;
 - (b) Ambulatory Care Centre with Paediatrician as Person In-Charge; or
 - (c) Hospital with Resident Paediatrician or Neonatologist.

10. Home phototherapy unit:
 - (a) Only equipment designed specifically and approved for providing bilirubin reduction shall be used for home phototherapy;
 - (b) Shall provide emission of light in the blue light range of 400-500nm;
 - (c) The irradiance of the phototherapy unit shall be at least $20\mu\text{W}/\text{cm}^2/\text{nm}$; and
 - (d) Distance of light source shall not exceed 30-50cm from the infant.

REQUIREMENTS ON PERSONNEL

11. Home phototherapy facilities and services provided by a private healthcare facility shall be managed by qualified, trained, experienced and skilled healthcare professionals. Home phototherapy services **shall be prescribed and supervised by a paediatrician or Neonatologist** who shall adhere to the guidelines.

12. The paediatrician is responsible to arrange the home phototherapy facilities with the vendor or the phototherapy unit provider.

13. The private healthcare facility that provides home phototherapy facilities and services shall have registered nurse(s) to ensure infection control and cleanliness of the phototherapy unit.

14. Detailed criteria for each healthcare professional are as listed below:
 - (a) All healthcare professionals are registered with a valid practicing certificate under the law regulating their registration and in the absence of such law, hold such qualifications and possess such experience as recognised by Ministry of Health Malaysia;

 - (b) All medical practitioners are registered under Medical Act 1971 [Act 51] with valid practicing certificate and registered with National Specialist Register (NSR);

 - (c) Resident Paediatrician or Neonatologist

- (i) Has documented experience and training in management of neonatology unit;
 - (ii) In possession of duly recognised professional degree and postgraduate certificates; and
 - (iii) In possession of professional registration certificates (full registration with MMC, annual practicing certificate (APC) and NSR certificate.
- (d) Registered nurse
- (i) Has documented training and experience in management of neonatology unit or infection control unit; and
 - (ii) In possession of recognised related qualifications, registration and APC.

REQUIREMENTS ON STANDARD OPERATING PROCEDURE (SOP)

15. Every private healthcare facility providing home phototherapy shall have SOP which shall be made available and readily accessible to all personnel and inspector as stated below but not limited to:

15.1. SOP of patient's selection criteria:

- (a) Inclusion criteria:
 - (i) The infant is a healthy term infant born at ≥ 38 weeks gestation;
 - (ii) The infant is more than 48 hours of life and up to 10 days old;
 - (iii) The infant's weight is more than 2500g;
 - (iv) The infant is feeding well. If exclusively breastfeeding, less than 7% weight loss in the first 3 days of life;
 - (v) The infant has normal neurological behaviour;
 - (vi) Mother is Para 2 or higher; and
 - (vii) Parents are motivated and have the ability to monitor the infant at home.
- (b) Exclusion criteria:
 - (i) Haemolytic Anaemias – G6PD deficiency, ABO/RH incompatibility and other haemolytic anaemias;
 - (ii) Jaundice visible in the first 24 hours of life;
 - (iii) Rapid rise in serum bilirubin level ($> 6\text{mg/dL/day}$);
 - (iv) Total serum bilirubin (TSB) $> 18\text{ mg/dl}$ (307umol/l);
 - (v) Polycythaemia;
 - (vi) Cephalohaematoma or bruises;

- (vii) Sepsis;
- (viii) Neonatal encephalopathy;
- (ix) History of severe neonatal jaundice in sibling(s); or
- (x) Conjugated hyperbilirubinemia.

15.2. SOP and policies on initiation of home phototherapy:

(a) TSB levels for initiation of home phototherapy are as stated in Table 1 below:

Table 1: TSB Levels for Initiation of Home Phototherapy

Age in hours	Recommendation to begin home phototherapy for low risk infant	Recommendation for IMMEDIATE admission of low risk infant for phototherapy in hospital
	Total Serum Bilirubin level in mg/dL (umol/l)	
48-59	12.0-15.0 (205-257)	>15.0 (257)
60-71	13.5-16.5 (230-282)	>16.0 (282)
72-83	15.0-18.0 (257-307)	>18.0 (307)
84 and more	16.0 – 18.0 (273-307)	>18.0 (307)

(b) Parental consent and education prior to initiation and during treatment of home phototherapy

(i) Role of paediatrician or Neonatologist shall include:

- A consent form that explains the risk (including the possibility that displaced eye patches may occlude the infant’s airway) and benefits of the procedure;
- Parental instructions on monitoring of infant receiving home phototherapy shall be provided in writing and counselled by the paediatrician in-charge. They shall be instructed to provide adequate feeding during phototherapy and to report problems promptly;
- Infants should be removed from phototherapy during feeding, diaper changes and when the parents are asleep or when the infant will be unobserved for more than 15 minutes;
- Infant should be adequately exposed during phototherapy;
- There should be minimal interruption to phototherapy;
- Monitoring of babies undergoing phototherapy shall include the following:

- (i) Temperature;
 - (ii) Number of wet and dirty diapers;
 - (iii) Amount and frequency of feeding; and
 - (iv) Amount of time phototherapy light were not being used as a method of monitoring compliance.;
- All information shall be recorded in a Parent Daily Record sheet (Appendix 1);
 - Breastfeeding should be continued and parents shall be taught how to assess adequacy of breastfeeding; and
 - Parents shall be advised that it is not necessary to change the infant's position whilst receiving phototherapy. The infant shall be nursed in supine position, as prone position is associated with an increased risk of sudden infant death syndrome.
- (ii) Role of phototherapy unit provider shall include:
 - Teaching the parents how to use the unit; and
 - Providing written instructions.
- 15.3. SOP and policies on maintenance of home phototherapy unit including ensuring irradiance of the phototherapy light is monitored periodically with a light meter that has been calibrated and recommended by the manufacturer of the phototherapy unit and maintained at an effective level of at least 20 μ W/cm²/nm, and the irradiance and the date it was measured shall be recorded in a notebook attached to the unit;
- 15.4. SOP and policies on infection control
Phototherapy unit provider and paediatrician or Neonatologist must ensure that the unit is sanitized in the appropriate manner in between patients to prevent cross-infection;
- 15.5. SOP and policies of management of any complication after the treatment of phototherapy;
- 15.6. SOP and policies for monitoring of the infant by the paediatrician shall include:
- (a) Before phototherapy is commenced, infant with transcutaneous bilirubinometer reading exceeding 12mg/dL (205 μ mol/L) shall have TSB done;
 - (b) Daily assessment of the infant by a paediatrician;
 - (c) TSB shall be measured at least 24 hourly;
 - (d) Transcutaneous bilirubinometer shall not be used in infants on phototherapy or within 24 hours of discontinuation of treatment; and
 - (e) Adequate documentation by the paediatrician.

- 15.7. SOP and policies for immediate referrals to hospital for phototherapy shall include:
- (a) Infant whose TSB level is above the recommended level for home phototherapy;
 - (b) Infant whose TSB level does not decline or continues to rise despite phototherapy as this may suggest haemolysis or inadequate intensity of the home phototherapy light; or
 - (c) Significant weight loss or poor urine output suggesting inadequate feeds which increase the risk of severe jaundice and its complications.
- 15.8. TSB level when phototherapy should be discontinued is at the discretion of the paediatrician managing the infant.
- 15.9. Persistent jaundice beyond 14 days of life should be investigated by the treating paediatrician or referred to hospital.

HOW TO APPLY (OBTAIN APPROVAL FROM MOH)

16. A new private hospital (applicant) may apply to establish and/or to provide the home phototherapy facilities and services through procedures stated as follows:
- 16.1. Application of no objection on location (**zoning approval**) of a private hospital (submitted with home phototherapy facilities and services).
 - Please refer to “Prosedur Permohonan Kelulusan Zoning (Lokasi) bagi Penubuhan Hospital Swasta”.
 - 16.2. Application of approval to establish or maintain (**Form 1**) of a private hospital (with home phototherapy facilities and services).
 - Please refer to “Prosedur Permohonan-Permohonan berkaitan Perakuan Kelulusan dan Lesen bagi Hospital Swasta dan Senarai Semak Borang 1 Hospital Swasta”; and
 - 16.3. Application for a licence to operate or provide (**Form 3**) of a private hospital (with home phototherapy facilities and services).
 - Please refer to “Prosedur Permohonan-Permohonan berkaitan Perakuan Kelulusan dan Lesen bagi Hospital Swasta dan Senarai Semak Borang 3 Hospital Swasta”.

17. An existing licensed private hospital (applicant) may apply to establish and/or to provide home phototherapy facilities and services through procedures stated as follows:

17.1. Application for extension or alteration (**Form 5**) to a licensed private hospital.

- Please refer to “Prosedur Permohonan-Permohonan berkaitan Perakuan Kelulusan dan Lesen bagi Hospital Swasta dan Senarai Semak Borang 5 Hospital Swasta”; and

17.2. Application to amend the particulars of Licence (**in writing**) of a private hospital. Applicant have to submit information and documents as stated below:

- (a) Written application to the Director General of Health to add on the home phototherapy facilities and services;
- (b) Authorisation letter to the applicant to apply for and signed by the board of directors ($\geq 51\%$);
- (c) Certified true copy of national identity card of the applicant;
- (d) Details and support documents for every professional and para-professional providing the home phototherapy services:
 - (i) Details of every professionals (registered medical practitioner) (*name, IC number, date of birth, gender, race, nationality, residential address, principal place of practice, telephone number, professional qualifications, registration number, APC number, work experience and work status either full time, visiting, locum or honorarium*);
 - (ii) Details of every nursing staff and other health care professionals according to category and ratio (*name, IC number, date of birth, gender, race, nationality, professional qualifications, registration number and annual practicing certificate number with a regulatory board (if related), work experience and work status either full time, part time or volunteer*);
 - (iii) Details of every para professional staffs according to category and ratio (if related) (*name, IC number, date of birth, gender, race, nationality, related qualification, registration number and annual practicing certificate number with a regulatory board (if related), work experience and work status either full time, part time or volunteer*);

- (iv) Certified true copies of professional degree and postgraduate certificates; and
 - (v) Certified true copies of professional registrations certificates (full registration with MMC, APC and NSR certificate).;
- (e) Processing Fee of RM300 in the form of money order or bank draft made payable to 'Ketua Setiausaha Kementerian Kesihatan Malaysia'; and
- (f) Original licence of the private hospital.

18. A new private ambulatory care centre (applicant) may apply to establish and/or to provide the home phototherapy facilities and services through procedures stated as follows:

18.1. Application of approval to establish or maintain (**Form 1**) of a private ambulatory care centre (with home phototherapy facilities and services).

- Please refer to "Prosedur Permohonan-Permohonan berkaitan Perakuan Kelulusan dan Lesen bagi Pusat Jagaan Ambulatori Swasta dan Senarai Semak Borang 1 Pusat Jagaan Ambulatori Swasta"; and

18.2. Application for a licence to operate or provide (**Form 3**) of a private ambulatory care centre (with home phototherapy facilities and services).

- Please refer to "Prosedur Permohonan-Permohonan berkaitan Perakuan Kelulusan dan Lesen bagi Pusat Jagaan Ambulatori Swasta dan Senarai Semak Borang 3 Pusat Jagaan Ambulatori Swasta".

19. An existing licensed private ambulatory care centre (applicant) may apply to establish and/or to provide home phototherapy facilities and services through procedures stated as follows:

19.1. Application for extension or alteration (**Form 5**) to a licensed private ambulatory care centre.

- Please refer to "Prosedur Permohonan-Permohonan berkaitan Perakuan Kelulusan dan Lesen bagi Pusat Jagaan Ambulatori Swasta dan Senarai Semak Borang 5 Pusat Jagaan Ambulatori Swasta"; and

- 19.2. Application to amend the particulars of Licence (**in writing**) of a private ambulatory care centre. Applicant have to submit information and documents as stated below:
- (a) Written application to the Director General of Health to add on the home phototherapy facilities and services;
 - (b) Authorisation letter to the applicant to apply for and signed by the board of directors ($\geq 51\%$);
 - (c) Certified true copy of national identity card of the applicant;
 - (d) Details and support documents for every professional and para-professional providing the home phototherapy services:
 - (i) Details of every professionals (registered medical practitioner) (*name, IC number, date of birth, gender, race, nationality, residential address, principal place of practice, telephone number, professional qualifications, registration number, APC number, work experience and work status either full time, visiting, locum or honorarium*);
 - (ii) Details of every nursing staff and other health care professionals according to category and ratio (*name, IC number, date of birth, gender, race, nationality, professional qualifications, registration number and annual practicing certificate number with a regulatory board (if related), work experience and work status either full time, part time or volunteer*);
 - (iii) Details of every para professional staffs according to category and ratio (if related) (*name, IC number, date of birth, gender, race, nationality, related qualification, registration number and annual practicing certificate number with a regulatory board (if related), work experience and work status either full time, part time or volunteer*);
 - (iv) Certified true copies of professional degree and postgraduate certificates; and
 - (v) Certified true copies of professional registrations certificates (full registration with MMC, APC and NSR certificate).;
 - (e) Processing Fee of RM300 in the form of money order or bank draft made payable to 'Ketua Setiausaha Kementerian Kesihatan Malaysia'; and

- (f) Original licence of the private ambulatory care centre.
20. A new private medical clinic (specialty: Paediatric or Neonatology) (applicant) may apply to establish and/or to provide the home phototherapy facilities and services through procedures as stated as under the “Prosedur Permohonan-Permohonan berkaitan Pendaftaran Klinik Perubatan Swasta dan Senarai Semak Borang A Klinik Perubatan Swasta”; and write in the intention to provide home phototherapy facilities and services under “*perkhidmatan kepakaran*”.
21. An existing registered private medical clinic (specialty: Paediatric or Neonatology) (applicant) may apply to establish and/or to provide the home phototherapy facilities and services by applying to amend the particulars of the certificate of registration (**in writing**) of a private medical clinic. Applicant have to submit information and documents as stated below:
- (a) Written application to the Director General of Health to add on the home phototherapy facilities and services;
 - (b) Details and support documents for every professional and para-professional providing the home phototherapy services:
 - (i) Details of every professionals (registered medical practitioner) (*name, IC number, date of birth, gender, race, nationality, residential address, principal place of practice, telephone number, professional qualifications, registration number, APC number, work experience and work status either full time, visiting, locum or honorarium*);
 - (ii) Details of every nursing staff and other health care professionals according to category and ratio (*name, IC number, date of birth, gender, race, nationality, professional qualifications, registration number and annual practicing certificate number with a regulatory board (if related), work experience and work status either full time, part time or volunteer*);
 - (iii) Details of every para professional staffs according to category and ratio (if related) (*name, IC number, date of birth, gender, race, nationality, related qualification, registration number and annual practicing certificate number with a regulatory board (if related), work experience and work status either full time, part time or volunteer*);
 - (iv) Certified true copies of professional degree and postgraduate certificates; and

- (v) Certified true copies of professional registrations certificates (full registration with MMC, APC and NSR certificate).;
- (c) Processing Fee of RM150 in the form of money order or bank draft made payable to 'Ketua Setiausaha Kementerian Kesihatan Malaysia'; and
- (d) Original certificate of registration of the private medical clinic.

REFERENCES

1. Private Healthcare Facilities And Services Act 1998 [Act 586]
2. Private Healthcare Facilities And Services (Private Hospitals And Other Private Healthcare Facilities) Regulations 2006 [P.U. (A) 138/2006]
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APPENDIX 1: EXAMPLE OF PARENT DAILY RECORD SHEET

PARENT DAILY RECORD SHEET

Baby's name:

Date of birth:

Birth weight:

****If baby develop any symptoms below, seek medical consultation:**

- **Fever (Temperature > 37.5 Celcius)**
- **Refuse to feed**
- **Inactive**
- **Breathless**
- **Not passing urine minimum of 6 times per day**
- **Not passing stool**

Date	Time	Feeding (amount & duration)	Urine	Stool	Temperature (4hourly during phototherapy)	Phototherapy duration