

**CARE OF OLDER PERSONS IN RESIDENTIAL AGED
CARE FACILITIES AND IN THE COMMUNITY
DURING COVID-19 PANDEMIC**

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KEY RECOMMENDATIONS

- Aged care facilities **MUST** act to implement ALL COVID-19 recommendations, even before cases are identified in their facilities
- Strict implement of source control for anyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors) regardless of symptoms
- Change in usual routine and activities is necessary to implement social distancing
- Dedicated area of the facility to isolate residents recently discharged from hospital or for quarantine purposes
- Strict hygiene practice and regular disinfection
- Personal protective equipment (PPE) to be used by personnel handling patients in isolation

STRATEGIES

- **Keep COVID-19 away** from your facility
- **IDENTIFY** infections early
- **PREVENT SPREAD** of COVID-19

INTRODUCTION

Older persons, 65 years and older, are at higher risk for **severe** illness from Covid-19 infection. The negative impact is most obvious among the older persons as this group of population showed rapid clinical deterioration and contributed to the largest proportion of mortality which is likely to be explained by their multiple co-morbidities and frail condition.

Being in a congregate condition in residential aged care facilities, the spread of the disease is likely to occur rapidly and infect a significant number of the residents. Therefore, prevention of an outbreak of Covid-19 infection in an aged care facility is mandatory and it is recommended that operators of residential aged care facilities should follow this guideline closely.

Potential source of infection to residents:

1. Health Care Personnel (HCP)
2. Resident who was discharged from hospital / admission from home
3. Visitors

Other Risks Reductions in Residential Facility

1. Environment
2. Restriction of Activities

Special Consideration

Managing residents with dementia/delirium

RESIDENTS IN AGED CARE HOMES

DAILY SCREENING OF SYMPTOMS	<p>Resident screening should include daily assessments for symptoms of COVID-19:</p> <p>SIGNS OR SYMPTOMS may include:</p> <ul style="list-style-type: none"> • Fever (temperature of 38°C or greater), OR • Any new or worsening respiratory symptoms* (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat), OR • Any new onset atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise or headache
<i>Note: Symptoms in elderly residents may be subtle or atypical</i>	
GOOD HYGIENE PRACTICE	<p>Residents should be encouraged to perform adequate hand hygiene and assisted to do so if they are physically or cognitively unable</p> <p>Residents should perform hand hygiene:</p> <ul style="list-style-type: none"> • Upon entering or leaving their room • Prior to eating, oral care, or handling of oral medications • After using toileting facilities • Any other time when hands may be contaminated • Natural ventilation with fans and open windows is encouraged
RESTRICTION IN ACTIVITIES	<p>Physical distancing in the facility should be instituted to reduce the spread of COVID-19:</p> <ul style="list-style-type: none"> ➤ For group activities in small numbers, ensure physical distancing. If not feasible, cancel the group activities and events ➤ Stagger meals to ensure physical distance maintained between residents. If not feasible, serve residents individual meals in their rooms or packed meals ➤ Enforce a minimum of 1-meter distance between residents for whatever activities required ➤ Encourage residents and employees to avoid physical contact (e.g., shaking hands, hugging, or kissing)

SCREENING OF RESIDENTS

Implement contactless temperature screening
 Assess for respiratory symptoms*
 Travel and exposure history

* cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat

	SPECIAL CIRCUMSTANCES
DEMENTIA/ DELIRIUM	Residents who 'walk with purpose' such as residents with dementia and delirium may require specific measures to be taken
GOOD HYGIENE PRACTICE	<p>Hand hygiene may be difficult in these individuals:</p> <ul style="list-style-type: none"> • Consider placing signs in the bathroom and elsewhere to remind persons with dementia to wash their hands with soap for 20 seconds • Frequently demonstrate thorough hand-washing <p>Other easier alternatives may be instituted such as the use of hand sanitisers</p>
RESTRICTION IN ACTIVITIES	<p>A specific area for wandering may be provided if available. If not residents should be restricted to their respective rooms during this period</p> <p>Physical restraints should not be used</p>
BEHAVIOUR MANAGEMENT	To understand certain behaviors, the health care personnel should ascertain the underlying cause, in order to modify the behaviour where possible

SYMPTOMATIC RESIDENTS

If residents have signs, symptoms or potential exposure to COVID-19, they should immediately be placed under the proper droplet and contact precautions and be isolated.

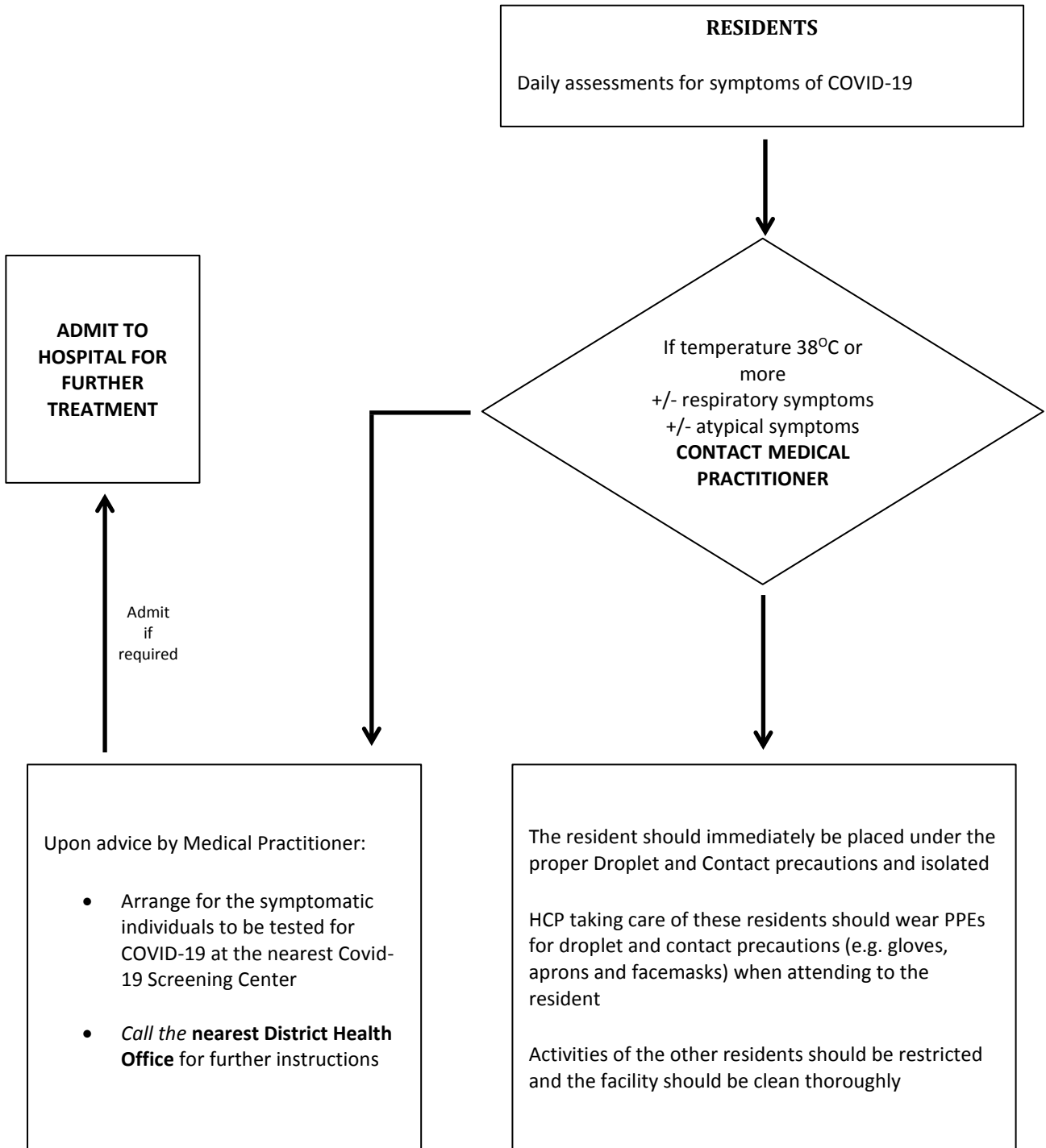
The symptomatic individuals should be tested for COVID-19 at the nearest Covid-19 Screening Center (see appendix for list) after consultation with the local medical practitioner.

Health care personnel taking care of these residents should wear PPEs for droplet and contact precautions (e.g. gloves, aprons and face masks) until they are sent to Covid-19 Screening Centers.

The activities of the other residents should be restricted and the facility should be cleaned thoroughly.

***Call the CRISIS PREPAREDNESS AND RESPONSE CENTRE (CPRC) at the nearest District Health Office (DHO) (annex 1). Adhere to instructions that would be given
* List enclosed***

WORKFLOW FOR RESIDENTS AT THE AGED CARE FACILITY



HEALTH CARE PERSONNEL (HCP)

HEALTH CARE PERSONNEL (HCP)	ACTION
DAILY SCREENING OF SYMPTOMS	Implement: <ol style="list-style-type: none"> i. symptom screening (temperature and respiratory symptoms*) ii. temperature iii. travel and contact history
GOOD HYGIENE PRACTICE	Clean hygienic practices: <ul style="list-style-type: none"> • cleansing hands with soap and water for 20 seconds or with an alcohol-based hand rub • wash hands with soap and water when they are visibly soiled Apply WHO's 5 Moments for Hand Hygiene <ol style="list-style-type: none"> 1. beginning of the workday before touching the resident 2. before performing clean/aseptic procedures e.g. wound dressing 3. after body fluid exposure/risk e.g. wound dressing, suctioning, catheter change 4. after touching the resident 5. after touching the surroundings including toilet Wear face mask at all time Social distancing (1 meter apart) when in break rooms, closed rooms or common areas
<i>Note: New policies for source control should be provided to health care personnel regularly</i>	
HCP TAKEN ILL	HCP should NOT report to work if they have any of the symptoms and failed to comply with the declaration They must seek medical treatment as soon as possible and is advised to do Covid-19 screening or testing to confirm his/her status
HCP TESTED COVID - 19 POSITIVE	The activities of the other residents should be restricted and the facility should be cleaned thoroughly <i>Call the CRISIS PREPAREDNESS AND RESPONSE CENTRE (CPRC) or the nearest local District Health Office (DHO) and adhere to instructions that would be given. List enclosed</i> HCP should only be allowed back to work as per advice by the hospital

SCREENING OF HEALTH CARE PERSONNEL

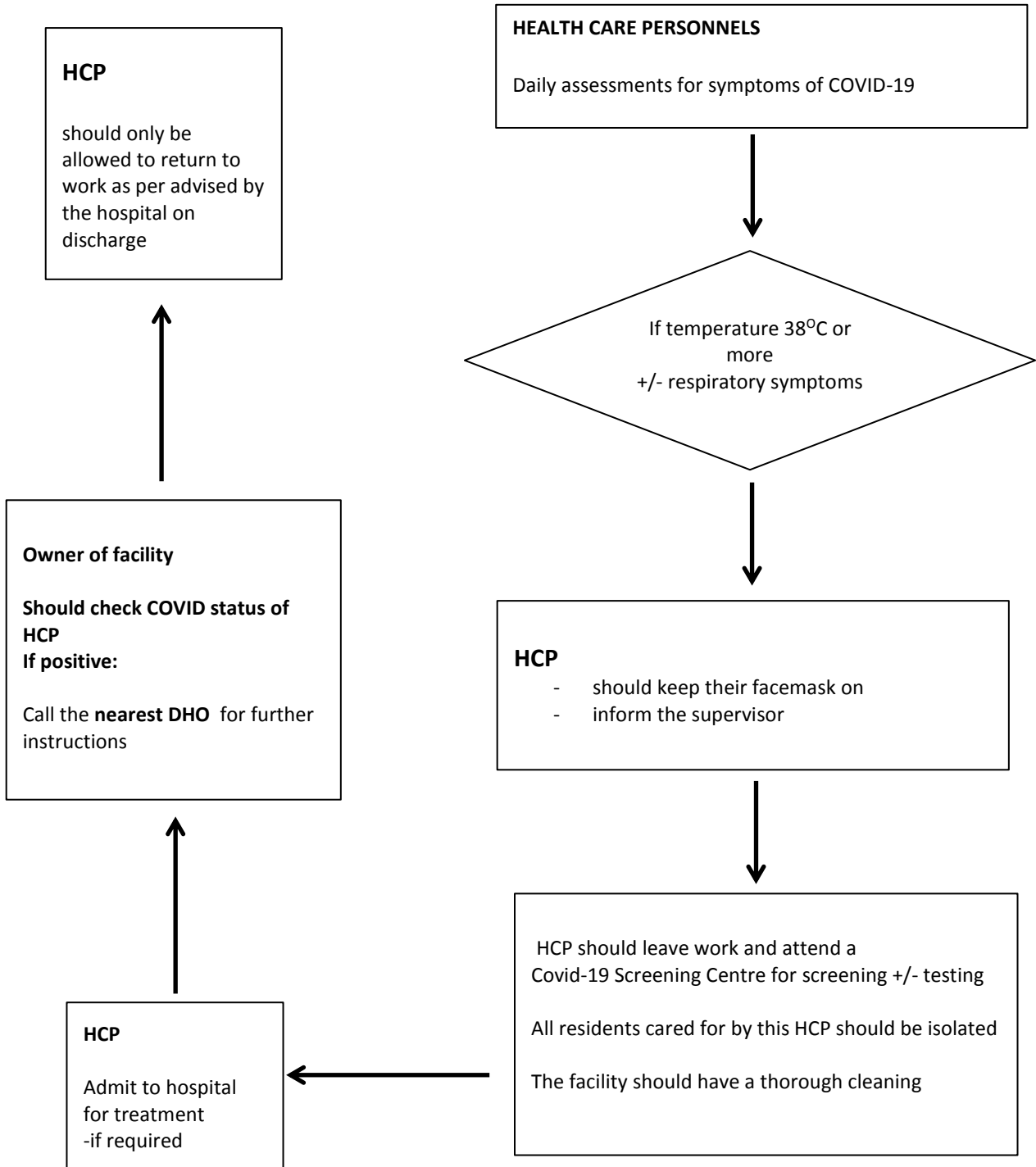
Implement contactless temperature screening
Assess for respiratory symptoms*
Travel and exposure history

* cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat



PERSONAL PROTECTIVE EQUIPMENT FOR HEALTH CARE PERSONNEL

WORKFLOW FOR HEALTH CARE PERSONNELS AT THE AGED CARE FACILITY



OTHER RISK REDUCTION IN AGED CARE FACILITY

ENVIRONMENT	ACTION
<p>CLEANING AND DISINFECTION</p>	<p>Hospital-grade cleaning and disinfecting agents are recommended for:</p> <ul style="list-style-type: none"> i. frequently touched surfaces (e.g., light switches, door handles, bed rails, bed tables, phones) ii. bathrooms cleaned at least twice daily and whenever soiled. <p>Clean visibly dirty surfaces with a detergent followed by hospital-grade disinfectant</p>
	<p><i>Note: Alternative to hospital-grade disinfectants is a diluted concentration of bleach to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach)</i></p>

VISITORS

RESTRICTED visitation is allowed during movement control order period as special consideration can be given to family members under these circumstances:

- I. RESIDENT IS **TERMINALLY ILL**
- II. RESIDENT HAS **SEVERE DEMENTIA WITH BEHAVIOURAL PROBLEM** REQUIRING FAMILY MEMBER'S PRESENCE TO ENABLE CARE

	VISITORS
RESTRICTION	<p>ESSENTIAL volunteers and visitors should be restricted to those deemed essential, such as care pertaining to basic personal needs (e.g. feeding) and if the resident is terminally ill</p> <p><i>Decision about visitation for compassionate care situations should be made on a case-by-case basis</i></p>
RESTRICTION OF VISITING HOURS	<ul style="list-style-type: none"> • Visiting hours should be BY APPOINTMENT ONLY and staggered • ONLY ONE PERSON per resident should be allowed to visit at any one time • Each visitor should be restricted to the visitation of THEIR OWN FAMILY members only
WHO CAN VISIT?	<p>Visitors SHOULD NOT be allowed to enter if they have:</p> <ul style="list-style-type: none"> • Travelled to any country in the last 14 days • Involved in any Covid-19 Cluster e.g. Perhimpunan Tabligh Sri Petaling, Gereja GNF Sarawak, etc. • Attended any mass gathering in the last 14 days • Potential contact with anyone who tested positive for COVID-19 in the last 14 days • Any sign of illness, especially if they have a fever, cough, sore throat and/ or shortness of breath are present

DOCUMENTATION	CLEAR RECORD OF THE DETAILS of the visitor is required (e.g. address and telephone number)
CONTACT TYPE	<p>ALL visitors must perform hand hygiene upon entry to the facility and wear a surgical mask</p> <p>Ideally, visitors should be encouraged to minimise DURATION OF VISIT, PHYSICAL CONTACT and maintain 1-METER distance from the resident</p> <p>RESTRICTED to relevant part of the nursing home</p>
<p><i>Note: If visitors/volunteers are required to perform activities with physical contact, they should be discouraged unless the activities are vitally important to the resident</i></p>	
ALTERNATIVE METHOD OF VISITATION	Alternative methods of visitation such as teleconference are recommended
COVID POSITIVE VISITOR/ VOLUNTEER	<p>In the event that a visitor or volunteer inform that they are tested positive, the residents and staff in contact with them should be isolated and the facility should be clean thoroughly.</p> <p><i>Note :</i> Call the CRISIS PREPAREDNESS AND RESPONSE CENTRE (CPRC) or the local District Health Office (DHO) and adhere to instructions that would be given. List enclosed</p>

SCREENING OF VISITORS

Implement contactless temperature screening
Assess for respiratory symptoms*
Travel and exposure history

*** cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat**

Note: ALL VOLUNTEERS should adhere to all the criteria as per for the visitor

DISCHARGE FROM HOSPITAL

DISCHARGE FROM HOSPITAL/ADMISSION FROM HOME OR ANOTHER FACILITY	
IN HOSPITAL	<p>Each patient from an aged care facility should have a nasopharyngeal swab (NPS) for Covid-19 screening prior to discharge, if deemed reasonable by the physician in charge. A negative result should be informed to the facility</p> <p>Resident with positive result will require further care in the hospital and the health authority will do contact tracing</p>
AT HOME/ ANOTHER FACILITY	NPS for Covid-19 screening should be done before admission to residential facility
	After discharge from hospital:
QUARANTINE INSTRUCTIONS (14 days from arrival to facility)	<ul style="list-style-type: none"> • Placement of residents being admitted from the community or returning to a facility should be facilitated • These residents should be given a mask during transfer and to be worn on a daily basis • Ideally placed under isolation with Droplet and Contact precautions for on arrival to the facility. They should be preferentially being admitted to a single room if available or semi-private with curtains drawn between beds or maintaining at least 2 meters between residents • Health care workers should don PPE for Droplet and Contact precautions (e.g. cap, gloves, plastic apron and face mask) if taking care of these residents
	<i>Note: The above quarantine instructions should be applied to new residents transferred in from hospital, other facilities or from the community</i>

MONITORING OF SYMPTOMS POST DISCHARGE

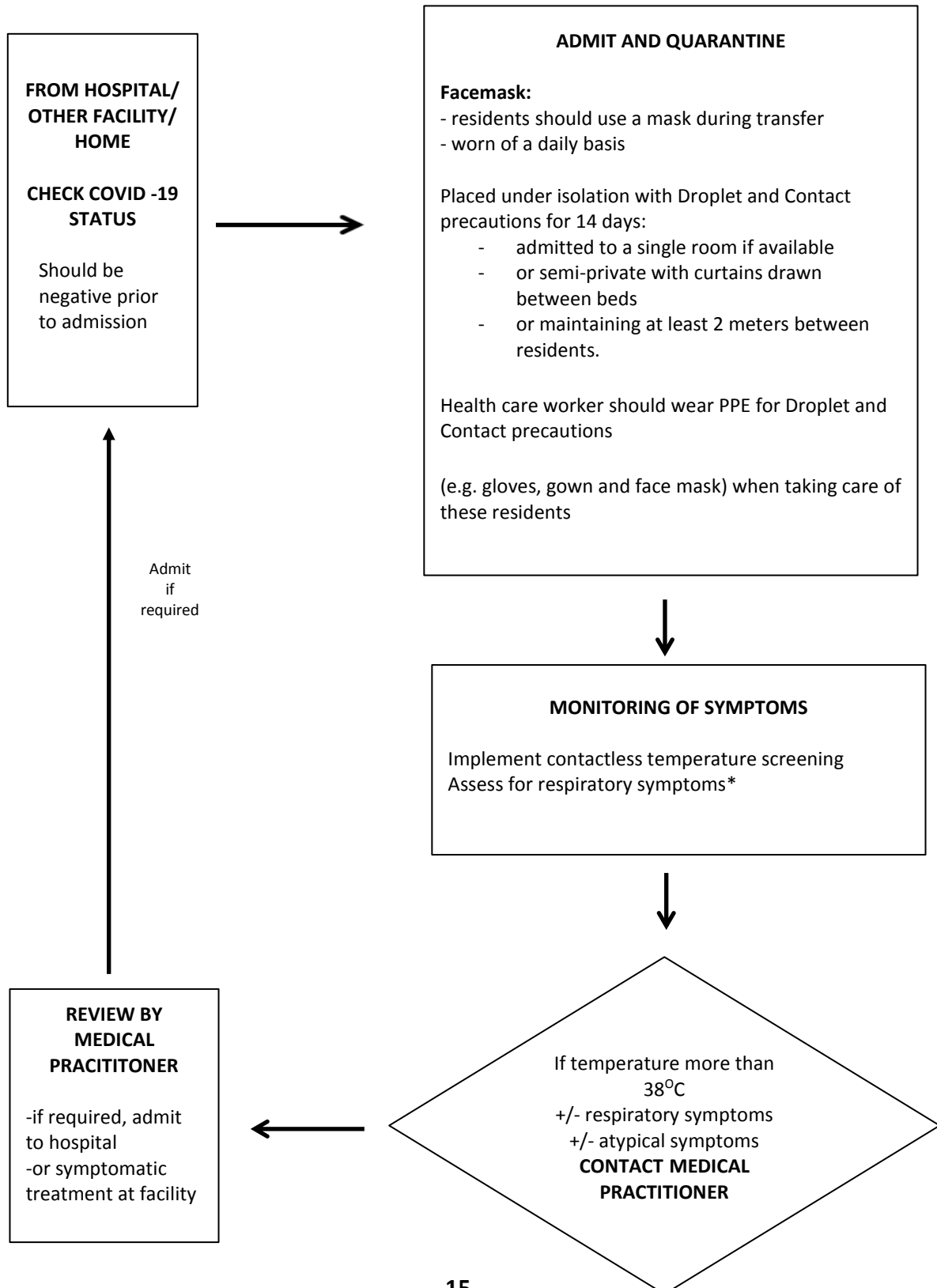
Implement contactless temperature screening
Assess for respiratory symptoms*

*** cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat**

Note: If the resident is symptomatic, an **IMMEDIATE CONSULTATION** with the regular practitioner should be arranged

VISITS TO THE HOSPITAL	
IN HOSPITAL	<p>Each resident from an aged care facility should wear a mask during their visit to the hospital and practice good hand hygiene especially when visiting the toilets</p> <p>Both staff and resident should avoid communication with other patients and maintain a safe distance at 1 meter from others</p> <p>Bring a snack and avoid visiting the hospital canteen</p>
RETURN FROM HOSPITAL	<p>After returning from the hospital, both the staff and resident should have a thorough wash down before doing any other activity at the facility</p>
TIPS	<p>AVOID:</p> <ul style="list-style-type: none"> - unnecessary visits to the hospital by getting a local practitioner to attend to the resident at the aged care facility - long waits, by organizing blood taking from a private facility to take blood at the aged care facility - frequent visits by contacting the hospital to send the medicine to the facility or use a drive through facility

WORKFLOW FOR RESIDENTS JUST DISCHARGED FROM HOSPITAL/NEW RESIDENTS AT THE AGED CARE FACILITY



GUIDELINE ON MANAGEMENT OF COVID-19 IN RESIDENTIAL AGED CARE FACILITIES

Summary of Recommendations

1. Keep Covid-19 away from the facility
2. Identify infections early
3. Prevent spread of Covid-19 within the facility

1. Regularly screen for fever and respiratory symptoms, contact and exposure
2. Perform adequate hand hygiene (and wear mask for staff and visitors)
3. Restrict movement within the facility and practice social distancing as much as possible

1. Staff who are unwell should stay away from work and seek medical consult
2. Staff should wear personal protective equipment (PPE) appropriate to situation
3. Non-essential staff (e.g. volunteers) should be restricted
4. Communal activities should be cancelled or staggered
5. Frequently-touched surfaces should be disinfected regularly

1. New residents are recommended to undergo Covid-19 testing before admission to the facility (from the community or hospital)
2. New residents are recommended to be isolated for 14 days with droplet and contact precautions
3. If a resident turns unwell, medical opinion should be obtained immediately

1. Visitor load to the facility should be limited and staggered
2. Visitation should be restricted to essential circumstances, and preferably done by appointment
3. Alternative methods of visitation (e.g. video conferencing) are advised

OLDER PERSONS IN THE COMMUNITY

CARE OF OLDER PERSONS IN THE COMMUNITY DURING COVID-19 PANDEMIC

Key Recommendations

- All older person must follow steps recommended by Ministry of Health (MOH) and expert advice to reduce risk of getting infection
- New routine must be practiced at all time to protect yourself
- Maintain a healthy lifestyle
- Stay socially active, social distancing is not social isolation
- Support and protect the older person in the community
- Support and protect older person with dementia or the cognitively impaired
- Enhance family and caregiver support for the older person

SUPPORTING THE OLDER PERSONS IN COMMUNITY

STEPS TO BE TAKEN	ACTION
FOLLOW EXPERT ADVICE AND MOH GUIDELINES	<p>Older persons need to familiarize with local guidelines and recommendations by the MOH</p> <p>Stay updated with latest news on Covid-19 infection in Malaysia and within the local community</p>
PROTECT YOURSELF	<p>Implement new routines in daily life:</p> <ol style="list-style-type: none"> I. Stay at home if possible II. Wash your hands with soap or use sanitisers often III. Practice cough etiquette IV. Abstain from physical contact like shaking hands or hugging V. Avoid crowds or close contact especially with sick people, stay at least 1 meter away (2- arms length) VI. If need to go out, wear a mask, avoid touching your face and wash your hands thoroughly with soap and water once you return home VII. Clean and disinfect frequently touch surfaces such as tables, chairs, doorknobs, light switches, handrails, countertops, remote controls, phones, toilets, faucets and sinks VIII. Avoid non-essential travel
MAINTAIN A HEALTHY LIFESTYLE	<p>Maintain good habits such as:</p> <ul style="list-style-type: none"> - healthy eating - drink adequately - get quality sleep - take medications on time - exercise <p>Lack of exercise due to being isolated at home may lead to deconditioning with subsequent muscles weaknesses and falls</p>

<p>DOCTOR'S APPOINTMENT</p>	<p>Attend doctor's appointment as scheduled</p> <p>AVOID:</p> <ul style="list-style-type: none"> - unnecessary visits to the hospital by visiting a local practitioner for minor ailments - long waits at the hospital, by organizing blood taking at a private facility - frequent visits to the hospital by contacting the hospital to send the medication to your home or use a drive through facility
<p>FAMILY AND CAREGIVER</p>	<p>You must protect yourself and older persons from infection</p> <p>Be aware of the main symptoms of COVID-19 and watch out for any signs</p> <p>Ensure basic needs of older persons is adequate</p> <p>Stay healthy; wash hands often, avoid touching your face and disinfect surfaces frequently</p> <p>Avoid sick people and crowds when you are out of the house</p> <p>Give psychological support to the older persons</p>
<p>STAY SOCIALLY ACTIVE</p>	<p>Reach out to family and friends</p> <p>Engage in virtual meetings with friends and relatives</p> <p>Seek help if you are in stress</p> <p>Continue doing things that makes you cheerful</p>
<p>LOCAL COMMUNITY SUPPORT</p>	<p>Community groups i.e. Jawatan Kuasa Kampung (JKK) or the neighbourhood should pay more attention to older persons in the community</p> <p>Share the information that needs to be addressed with the key stakeholders, for example, health facilities or local authorities</p>

SUPPORTING OLDER PERSONS WITH DEMENTIA AND OTHER COGNITIVE IMPAIRMENTS

STEPS TO BE TAKEN	ACTIONS
PROTECTING THEM FROM INFECTION	<p>Persons with dementia may find it difficult to understand and remember guidance provided</p> <p>Caregivers should frequently remind and assist them to maintain good hygiene i.e. washing hands</p>
MAINTAIN A ROUTINE	<p>Try to maintain routine activities to avoid confusion and agitation</p> <p>Changes in routine may lead to alteration in behavior</p>
MANAGING CHALLENGING BEHAVIOUR	<p>To understand certain behaviors, the health care personnel should ascertain the underlying cause in order to modify the behaviour where possible</p> <p>Try to be as reassuring as possible</p>
PROMOTING COGNITIVE STIMULATION	<p>Caregiver should promote cognitive stimulation i.e. music or pet therapy, reminiscence therapy</p>

DOs AND DON'Ts FOR OLDER PERSONS DURING THE COVID-19 PANDEMIC

- **Protect yourself**

- *Stay at home* if possible
- *Avoid close contact* (social distancing: 1 meter apart)
- *Avoid crowds*



- **Maintain good hygiene**

- *Wash hands often* (minimum 20 seconds using soap and water or alcohol-based hand sanitiser with at least 60% alcohol concentration)
- *Disinfect* commonly-touched surfaces regularly



- **Avoid travel**

- *Avoid non-essential travel*



REFERENCES

COVID-19: Managing the COVID-19 pandemic in care homes for older persons, British Geriatrics Society, 30 March 2020

Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, Center of Disease Control and Prevention, 2020

Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19, WHO Interim Guidance 2020

Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Home. Govt. of Canada

M Gandhi, DS Yokoe, DV Havlir. Asymptomatic Transmission, the Achilles' Heel of Current Strategies to Control Covid-19, Editorial NEJM April 2020

Coronavirus: Information for people affected by dementia,
<https://www.alzheimers.org.uk/get-support/coronavirus-covid-19>

Centre for Disease Control and Prevention; Gov. Coronavirus

Meeting the Care Needs of Older Adults Isolated at Home During the COVID-19 Pandemic, JAMA Internal Medicine, April 16, 2020

Help Care International COVID-19: Guidance and advice for carer of older people at home

APPENDIX

HAND HYGIENE METHODS

http://www.moh.gov.my/moh/resources/user_35/6_Steps_Of_Handwash_Technique.jpeg

<https://www.youtube.com/watch?v=obclY1iYB9k&feature=youtu.be>

HOW TO WEAR A FACE MASK

https://www.youtube.com/watch?v=iX_k6xfpD_E&feature=youtu.be

LIST OF COVID SCREENING CENTRES

http://www.moh.gov.my/moh/resources/Penerbitan/Garis%20Panduan/COVID19/Annex_3_Screening_centre_24032020.pdf

LIST OF GUIDELINES

<http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-guidelines>

ANNEX 1

LIST OF COVID-19 OPERATIONAL ROOM AND CONTACT NUMBERS OF DISTRICT HEALTH OFFICES FOR ALL DISTRICTS IN MALAYSIA

NO	STATE	OPERATIONAL ROOM	TELEPHONE NO.	EMAIL
1	Perlis	CPRC Perlis	04-9760712	cprcjkkn.pls@moh.gov.my
		PKD Kangar	04-9766317	cprcjkkn.pls@moh.gov.my
2	Kedah	CPRC Kedah	04-7741174	cprc_jknkedah@moh.gov.my
		PKD Kuala Muda	04-422 3149	wongwaitaik@moh.gov.my mastura_halim@moh.gov.my nur_hayati@moh.gov.my
		PKD Kubang Pasu	04-917 1355	mohdhasrul@moh.gov.my amadiyah@gov.my.my
		PKD Kota Setar	04-734 8434	laiwahsing@moh.gov.my juliana.zakaria@moh.gov.my safiqilham@moh.gov.my
		PKD Kulim	04-494 9000	mdbakri@moh.gov.my muhammadridwan@moh.gov.my
		PKD Yan	011-65728755	ridzuandarus@moh.gov.my ardi@moh.gov.my
		PKD Pendang	04-759 1893	mshahidan@moh.gov.my roshafizi@moh.gov.my syarafuddin@moh.gov.my
		PKD Langkawi	04-961 1154	mohdizham@moh.gov.my sitinurasma@moh.gov.my ruslanrahman@moh.gov.my
		PKD Bandar Baharu	04-407 8592	yati.yusof@moh.gov.my ooiyongshen@moh.gov.my
		PKD Sik	04-469 0614	mzahid@moh.gov.my jamalulhayat@moh.gov.my sitirahmah.cm@moh.gov.my
		PKD Padang Terap	04-786 0243	zahidi@moh.gov.my akmal.hamzah@moh.gov.my ameerqusyairi@moh.gov.my
		PKD Baling	04-470 6164	ibrahim.ahassan@moh.gov.myno rsharifah@moh.gov.mynorimah@moh.gov.my

3	Perak	CPRC Perak	05-2433962	cprcprk@moh.gov.my
		PKD Batang Padang	05-4018450	cdctapah@gmail.com
		PKD Hilir Perak	05-6221011	prk.cpcrhillir@moh.gov.my
		PKD Hulu Perak	05-7914553	cdchuluperak@gmail.com
		PKD Kampar	05-4667011	prk.cprckampar@moh.gov.my
		PKD Kinta	05-5276355	cdckinta@gmail.com
		PKD Kerian	05-7162355 (25)	cdckerian@gmail.com
		PKD Kuala Kangsar	05-7774355	cprckk@moh.gov.my
		PKD LM Selama	05-8412057	unitcdclms@yahoo.com
		PKD Manjung	05-6913355	cdcmjg@yahoo.com
		PKD Perak Tengah	05-3713834	prk.cprcpt@moh.gov.my
		PKD Muallim	05-4520759	cdcmuallim@gmail.com
4	P.Pinang	CPRC Pulau Pinang	04-2629902	epid_penang@moh.gov.my
		PKD Timur Laut	04-2818900	cdccktl@gmail.com
		PKD Barat Daya	04-8661194	cdcckdbd@gmail.com
		PKD Seb. Perai Utara	04-5751833	ukpbspu@gmail.com
		PKD Seb. Perai Tengah	04-5397884	sptcdc@gmail.com
		PKD Seb. Perai Selatan	04-5943351	cdcsp2016@gmail.com
		PMA (Airport)	04-6461928	cdc.pkpia@gmail.com
		PMA (SeaPort)	04-2611264	pkpmapp.cdc@gmail.com
5	Selangor	CPRC Selangor	03-51237366 03-51237367	cprc_sel@moh.gov.my
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		PKD Gombak	03-6120 7601 03-6137 3001 (VT)	unitcdc_pkdgombak@yahoo.com
		PKD Kuala Langat	03-3187 2355 03-3187 2972	cdcpkdki@gmail.com
		PKD Kuala Selangor	03-3289 3454 03-3289 2500(VT)	cdcksel@gmail.com
		PKD Sepang	03-8706 6001 03-8706 6158	cdcsepang@gmail.com
		PKD Hulu Selangor	03-6064 4105	cdchuluselangor@gmail.com
		PKD Sabak Bernam	03-3224 235503- 3224 3010	unitcdcsb@yahoo.com
		PKD KLIA	03-8776 8399	surveilanklia@gmail.com / cdcpkklia@gmail.com
		PKD Pelabuhan Klang	03-3168 6364 03-3165 4006	shippingpkpk@moh.gov.my
6	WPKL & Putrajaya	CPRC WPKL & Putrajaya	03-26983757 03-22687301	cprckl@moh.gov.my
		Pejabat Kesihatan Lembah Pantai	03-22687452	pklp@moh.gov.my
		Pejabat Kesihatan Kepong	03-62570352	cprcpkk.kl@moh.gov.my
		Pejabat Kesihatan Putrajaya	03-88850400	cprc_pkpj@moh.gov.my
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		Pejabat Kesihatan Titiwangsa	03-26980282	cdc.pktitiwangsa@moh.gov.my
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