

Breaking the Cycle of Transmission

Trace, Track, Halt!



Dr. Geetha Kandavello

Every “T” is dotted and every “t” is crossed; no stone is left unturned and no effort spared.

This is the approach IJN has adopted in its work to contain and mitigate the spread of SARS-CoV-2 right from the get-go of the pandemic. Swinging into action right away, a COVID Task Force Team consisting of Infection Control Nurses, Doctors, representatives from Occupational Safety & Health (OSH), Clinical Research Department and other selective departments was formed on 18 February 2020, chaired by **Dr Geetha Kandavello**. The work began, encompassing three key initiatives of protecting, educating, and mitigating towards one primary goal objective of breaking the transmission cycle.

Dr Geetha shares:

It's challenging to say the priority on the list, as mitigating this situation required a multi-faceted approach, all of which were inter-connected and inter-dependent. So it was all-hands-on-deck because ultimately, everyone in the hospital had and still has their role to play.

It was inevitable that COVID-19 cases would come our way, whether through patients or staff - our goal was to prepare the management procedures and, most importantly, stop it from spreading, using the three-fold Primary, Secondary and Tertiary prevention approach.

Employing MKN and MOH guidelines as well as CDC and WHO recommendations, the Task Force looked into every aspect that contributes to the possible risk of transmission. We engaged all stakeholders, worked closely with the Public Health Department of Titiwangsa and Infectious Diseases (ID) physicians from Hospital Sg Buloh and HKL in the planning.



This is a summary of our approach:

Primary Prevention: First Things First

- New methods to educate IJN staff via teleconferencing and social media.
- COVID screening for staff using IJNSurveillance.
- COVID screening for patients via checklists, pre-admission evaluation, PCR swabs.
- In-house PCR lab tests for quicker results.
- Modification of airflow and air quality control in the wards to mitigate airborne transmission and improve air filtration and circulation.

Secondary Prevention: Overcoming Challenges

- Red-alert code and locking down of cubicles and wards when new in-patient positive cases arise. We halt movement from the wards and track and trace everyone who has come into contact with the patient.
- Mitigating bed limitations for Person Under Surveillance (PUS) in the wards by changing the ward settings and implementing new Standard of Practices (SOPs) for managing patients isolated into single rooms until the end of their quarantine period.
- Tracing all PUS who are discharged and active follow-through to ensure they get tested at a PKD and get their quarantine wristband.

Tertiary Prevention: Managing COVID-19 Patients

- Patients with COVID-19 infection are either managed in designated COVID-19 wards or referred to designated COVID-19 hospitals.
- Caregivers who become PUS and test positive are referred to the respective COVID-19 Assessment Center (CAC) for further management.

The secondary and tertiary procedures were especially crucial. Therefore, much work went into devising methods and processes for screening, tracing and tracking.

Where patients are concerned, we put in stringent protocols on segregating the three groups of PUS, COVID-19 positive and COVID-19 negative patients. We closely track the movements of everyone patient through the hospital through our internal IJN systems, especially when anyone turned up as COVID-19 positive. This proved to be very effective as we could quickly identify close contacts and isolate and quarantine as necessary.

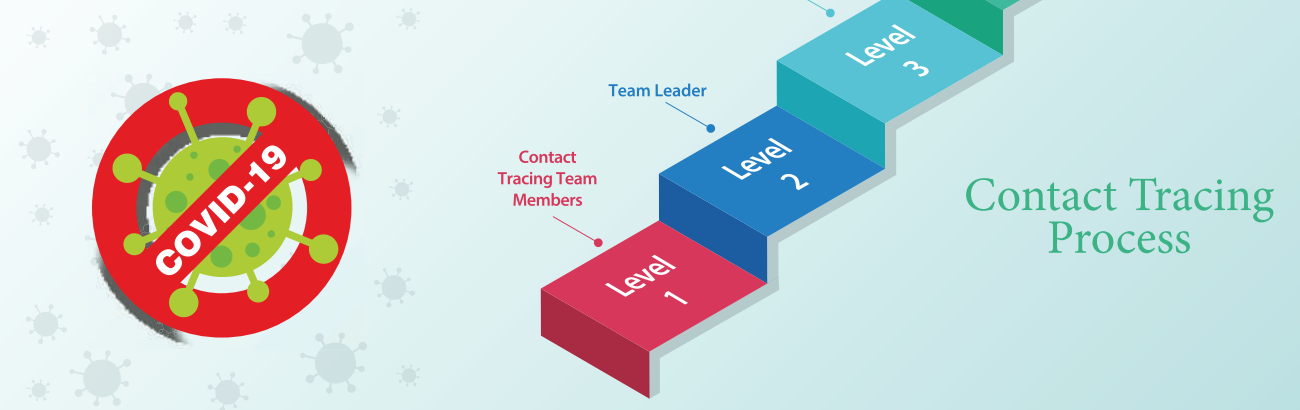
Then as it is now, you could say that our catchphrase is “Positive COVID-19 until proven otherwise”, especially concerning patients, the total opposite of pre-COVID times when we generally viewed everyone as “healthy” until they were diagnosed with some disease. This is because as a heart center, our procedures, especially emergency ones like CPR, intubation, noninvasive positive pressure ventilation and tracheostomy, to name a few are aerosol-generating procedures that put everyone around these patients at greater risk.

Hospital support services played a great role in constantly sanitizing and disinfecting all areas, especially where COVID-19 positive patients had been.

Meanwhile, our MIS team created our internal surveillance applications for staff, which has now been refined to encompass a wider sphere of information and tracking towards ensuring that staff who come in are COVID-19 free.

During the height of the MCOs, no visitors or caregivers were allowed so we could focus on the management of patient services and avoid unnecessary risks to the people in the hospital. With most of us in Malaysia now vaccinated, we are slowly opening our center for visitors and caregivers, albeit strict monitoring and specific surveillance applications have been developed to improve surveillance and efficiency.

We had to think of every situation and possibility and have clear directions, procedures and resolutions for as many issues as possible. The situation, especially at the early stages of the pandemic, was very fluid, hence, there were constant revisions and changes to our various SOPs and procedures.



With so many factors coming into play and so many steps required to mitigate the spread of this virus, you can see that it required pulling out all the stops and bringing everyone on board. The function of the Task Force was to deliberate on these issues, be the point of reference, and devise a plan which encompassed the workings of the entire hospital to ensure business continuity and to remain open to continue our work as the nation's sole cardiac center.

While the bulk of our work has laid the ground rules and procedures, we continue to be vigilant and cautious, constantly monitoring the external situation and the internal workings of all our departments to ensure that everything strictly adheres to the guidelines that we have set.

In a hospital setting, we are always alert and on standby 24/7 for anything that could disrupt the way we work every day. We pay special attention to the emergence of new variants and audit our SOPs regularly to guide early intervention and prevent any potential outbreaks.

It was and is still a novel situation that called for unknown actions. I am glad to say that IJN continues to put everything that it has and more into helping to break the cycle of transmission and mitigating this pandemic at our hospital level, and by extension, in the community.

As the COVID-19 pandemic now evolves into an endemic situation and most of our patients and staff are vaccinated, we have to continuously revise our SOPs and work processes to accommodate the changes, balancing safety of patients and the institution as well as living with this new disease.