Jointly present a webinar on

Transitioning into COVID-19 Endemic Phase for the Food Industry

Mitigation of COVID-19 in the Food Industry during the Endemic Era

by

Dato' Dr Neoh Soon Bin

Soon Soon Group

1st December 2021

Agenda

1. What is endemic phase? How can we live with the virus?
2. Can Malaysia prevent our 4th big wave?
   Comparing Malaysia with other countries with high vaccination rates eg UK, Israel and Singapore.
3. Living with the virus requires setting up the right SOP and Air Treatment to prevent spread
4. To live with the virus, we need to use contact tracing and RTK Antigen test to control the spread of COVID-19
5. Special requirements for the food industry

We will make the presentation slides available for downloading **AFTER THE WEBINAR** at
http://www.soonsoongroup.com/index.php/our-response-to-covid-19

So **Relax and Concentrate**
on the presentation and
ask as many questions as possible.

Comparing
Epidemic, Pandemic and Endemic Phase

EPIDEMIC DISEASE
is when there is a sudden increase in cases spreading through a large population like a country (an outbreak is similar, but usually covers a smaller geographic area).

PANDEMIC DISEASE
is when there is a sudden increase in cases spreading through several countries, continents, or the whole world.

WHO declared COVID-19 a pandemic disease on 11 March 2021

ENDEMIC DISEASE
is constantly present in a certain population or region, with relatively low spread (or there may be periods when it doesn't affect people at all, if it is only present in the environment).

World Economic Forum: 23 Sept 2021

What does it mean “Moving into Endemic Phase”

- Malaysia is still in the pandemic phase of the Covid-19 outbreak, but is transitioning into the endemic stage.

- Health Minister YB Khairy Jamaluddin explained that the endemic phase meant the Covid-19 virus still exists but is in a well-controlled situation.

- "It would mean that while the virus is still present in the community, cases will be low, admission of patients into intensive care units are low and the number of fatalities will be reduced.

Moving into Endemic from WHO perspective

- **Endemic** has a meaning about a **low level circulation** of virus but it **does not mean it is not dangerous.**
- We will continue to see outbreak among susceptible population.

Dr Maria Van Kerkhove (9 Oct/ 7 Nov 2021)
(Infectious Disease Epidemiologist; COVID-19 Technical Lead @WHO, WHO Health Emergencies Programme)

- Our **worst enemy** now is **COMPLACENCY**. We need to recommit ourselves to recognizing that there's still a dangerous virus around and take our best action to continue to drive COVID-19 transmission down.
- We need to reach out to the unvaccinated.

Dr Mike Ryan (23 November 2021)
(Executive Director, WHO Health Emergencies Programme)

When can Malaysia move to Endemic Phase?

Covid-19: Seven criteria to be met before transition to endemic phase, says Hisham

Source: https://www.thestar.com.my/news/nation/2021/11/16/covid-19-seven-criteria-to-be-met-before-transition-to-endemic-phase-says-hisham

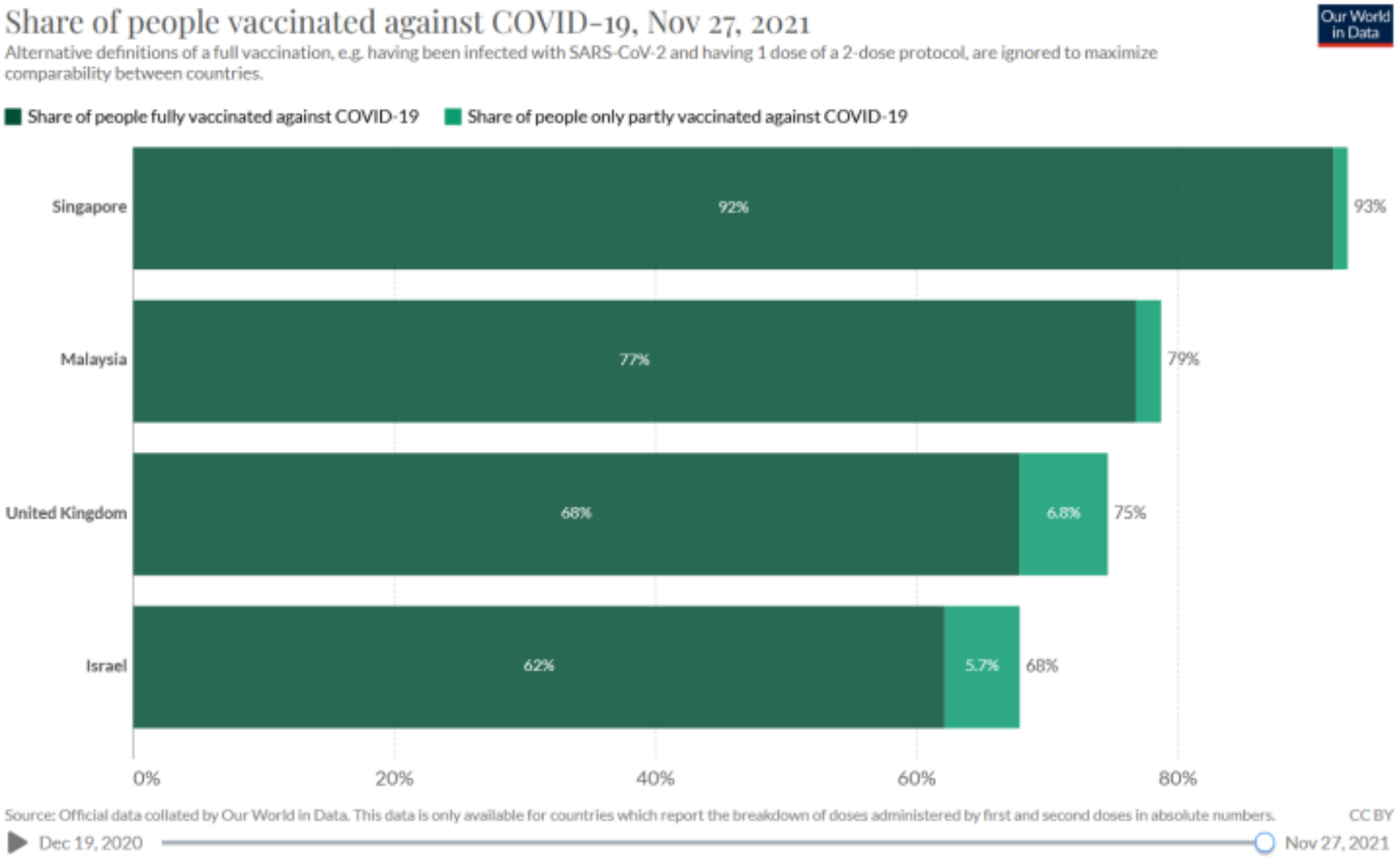
7 components that need to be met:

1. 1 set of SOP with 9 guidelines
2. A Heightened Alert System (HAS)
3. A National testing strategy
4. TRIIS (Test, Report, Isolate, Inform, Seek) Approach
5. An automated FTTIS (Find, Test, Trace, Isolate, Support) system
6. Gradual reopening of national borders
7. Community empowerment ambassadors

Can Malaysia prevent our 4th big wave?

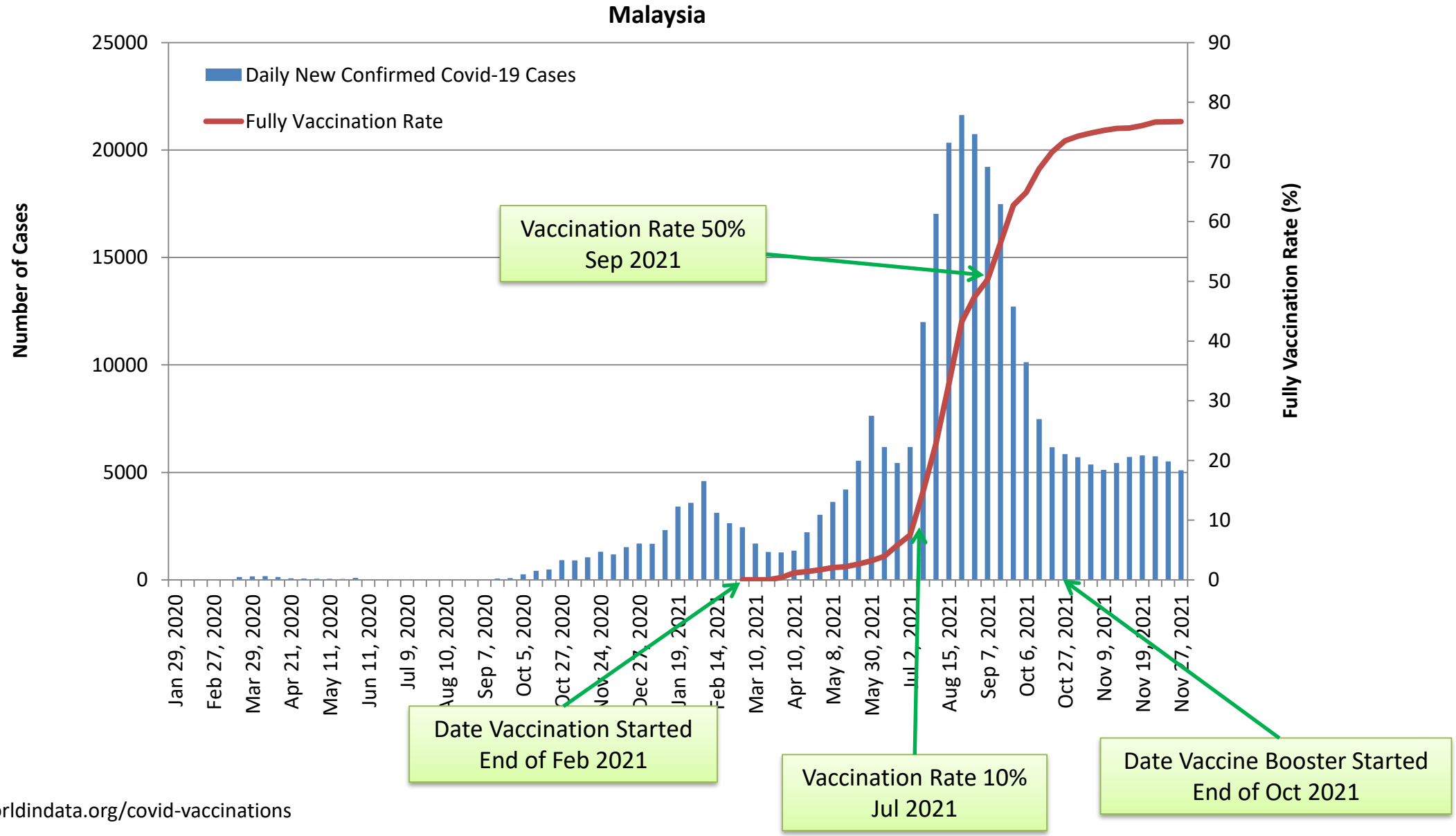
Comparing Malaysia with other countries with high vaccination rates eg UK, Israel and Singapore.

Comparing the percentage of Vaccination in Malaysia with Singapore, UK and Israel



Source: https://ourworldindata.org/covid-vaccinations

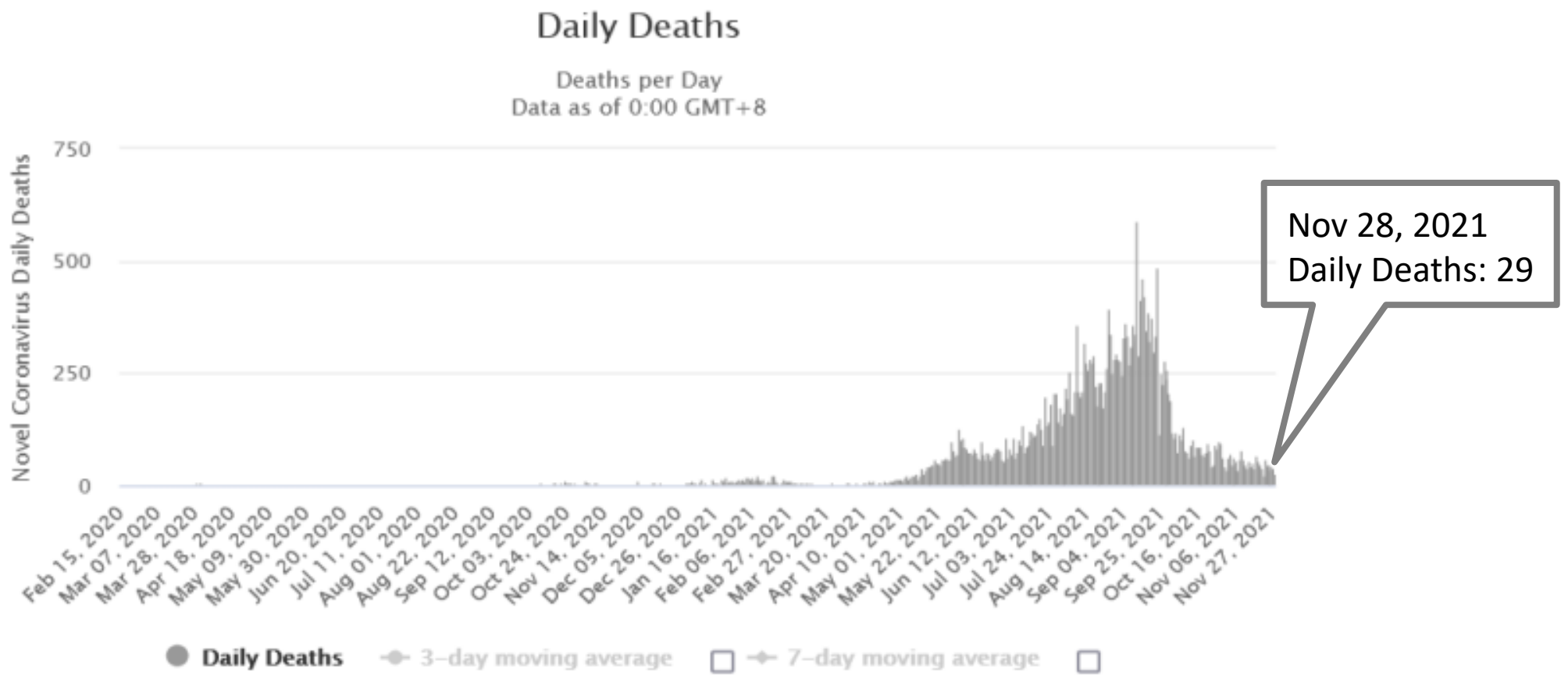
Situation in Malaysia



Source: https://ourworldindata.org/covid-vaccinations

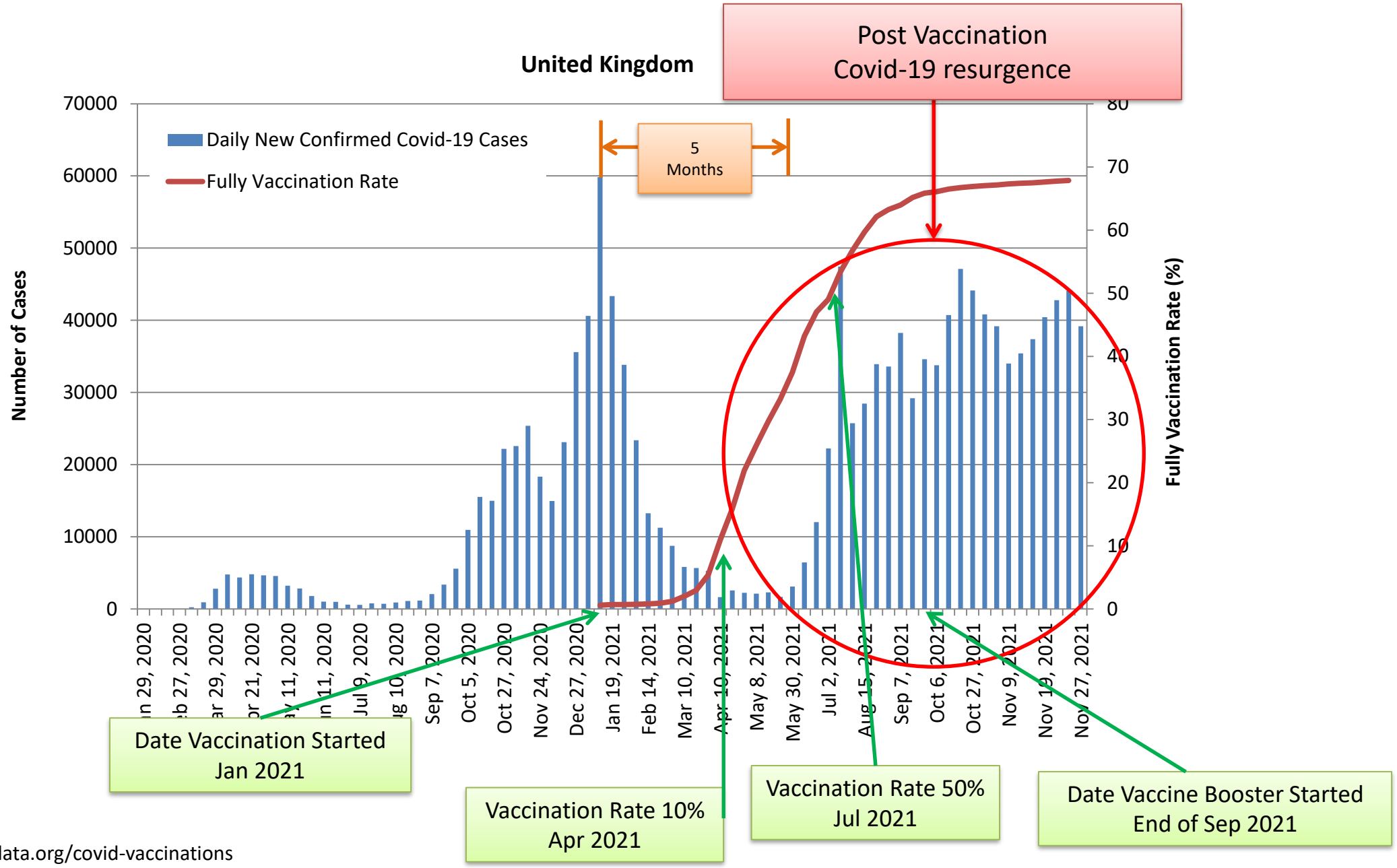
Situation in Malaysia

Daily New Deaths in Malaysia



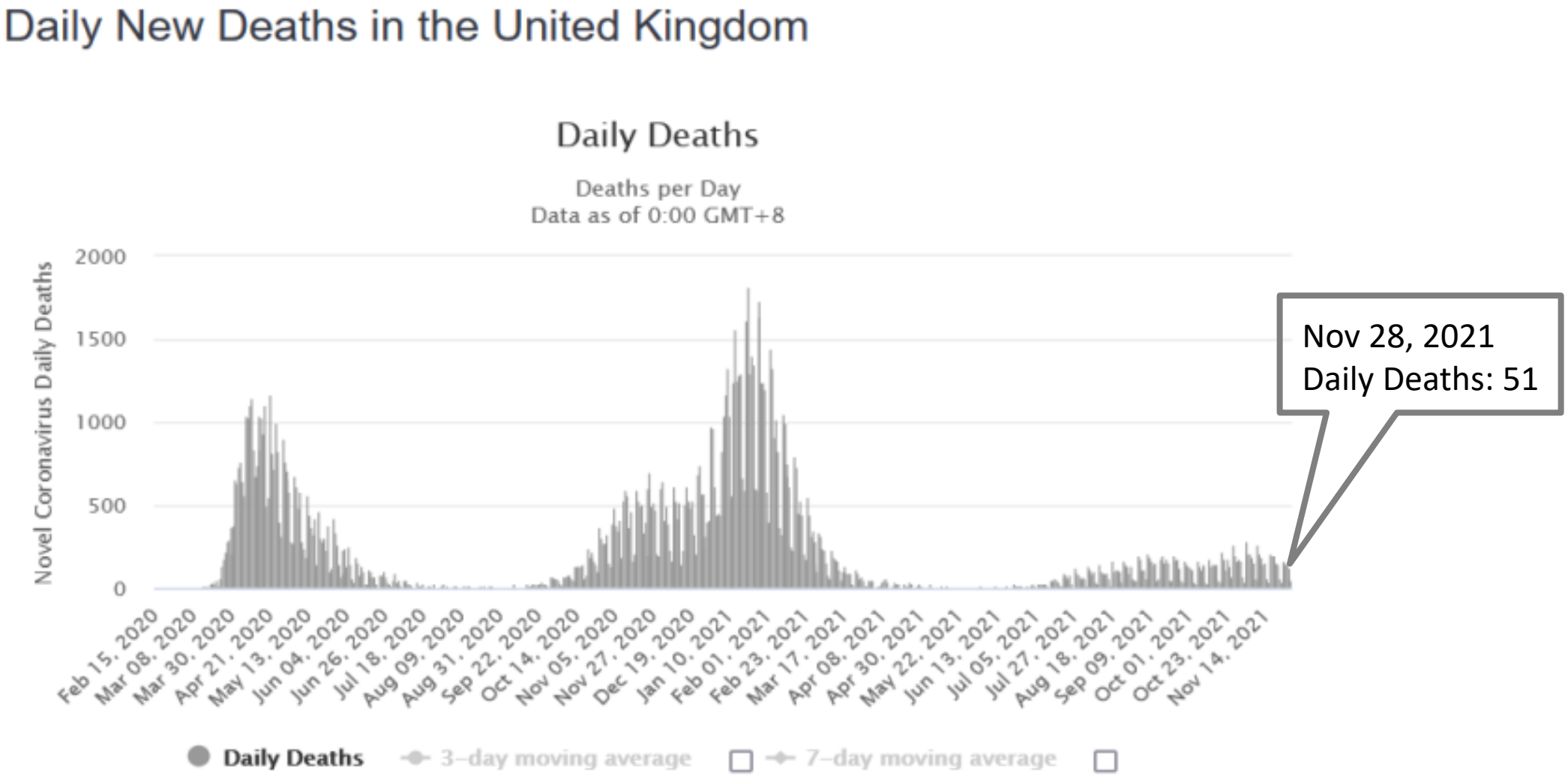
Source: Worldometer's Covid-19 data
https://www.worldometers.info/coronavirus/country/Malaysia/

Situation in UK



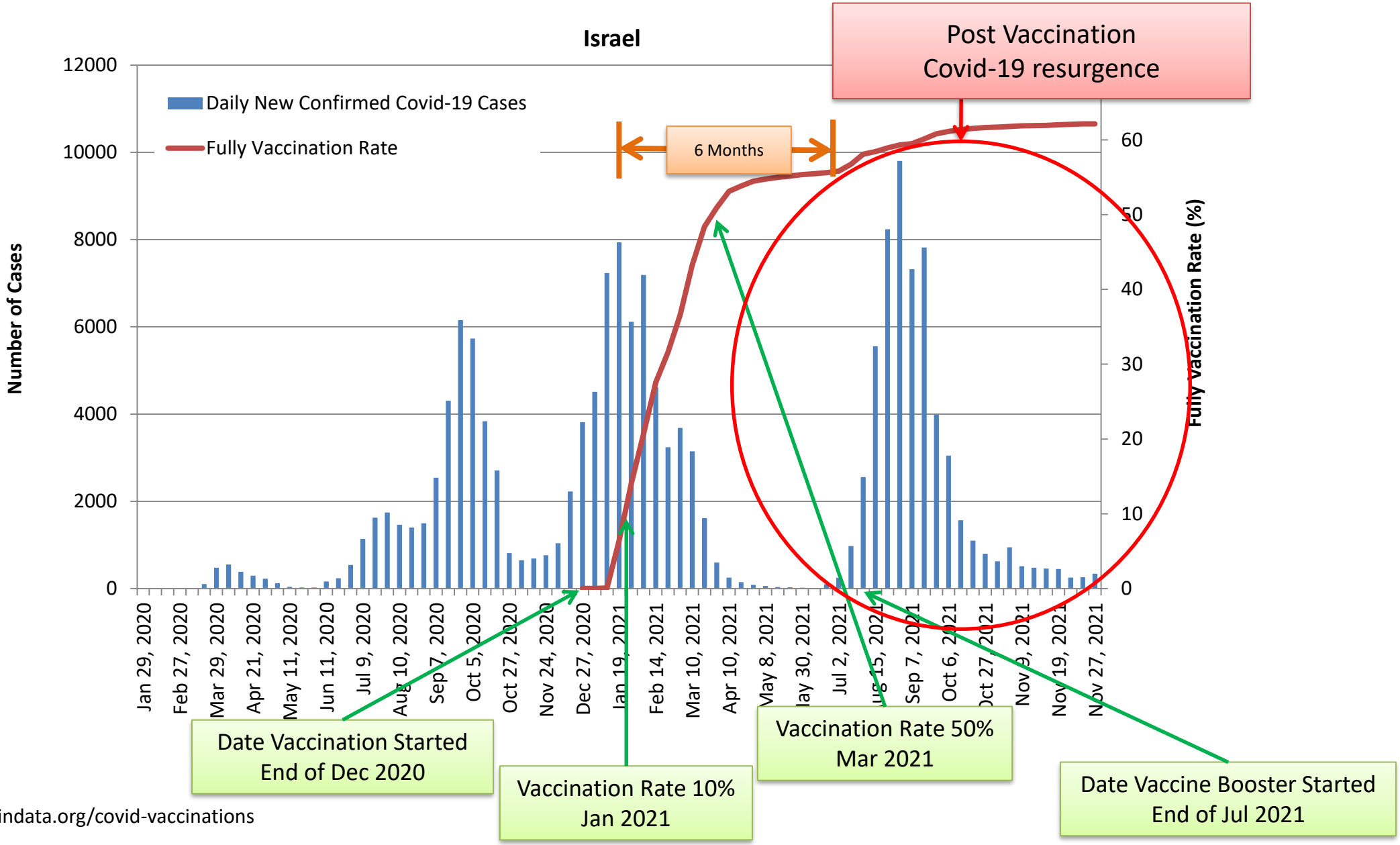
Source: https://ourworldindata.org/covid-vaccinations

Situation in UK



Source: Worldometer's Covid-19 data
https://www.worldometers.info/coronavirus/country/UK/

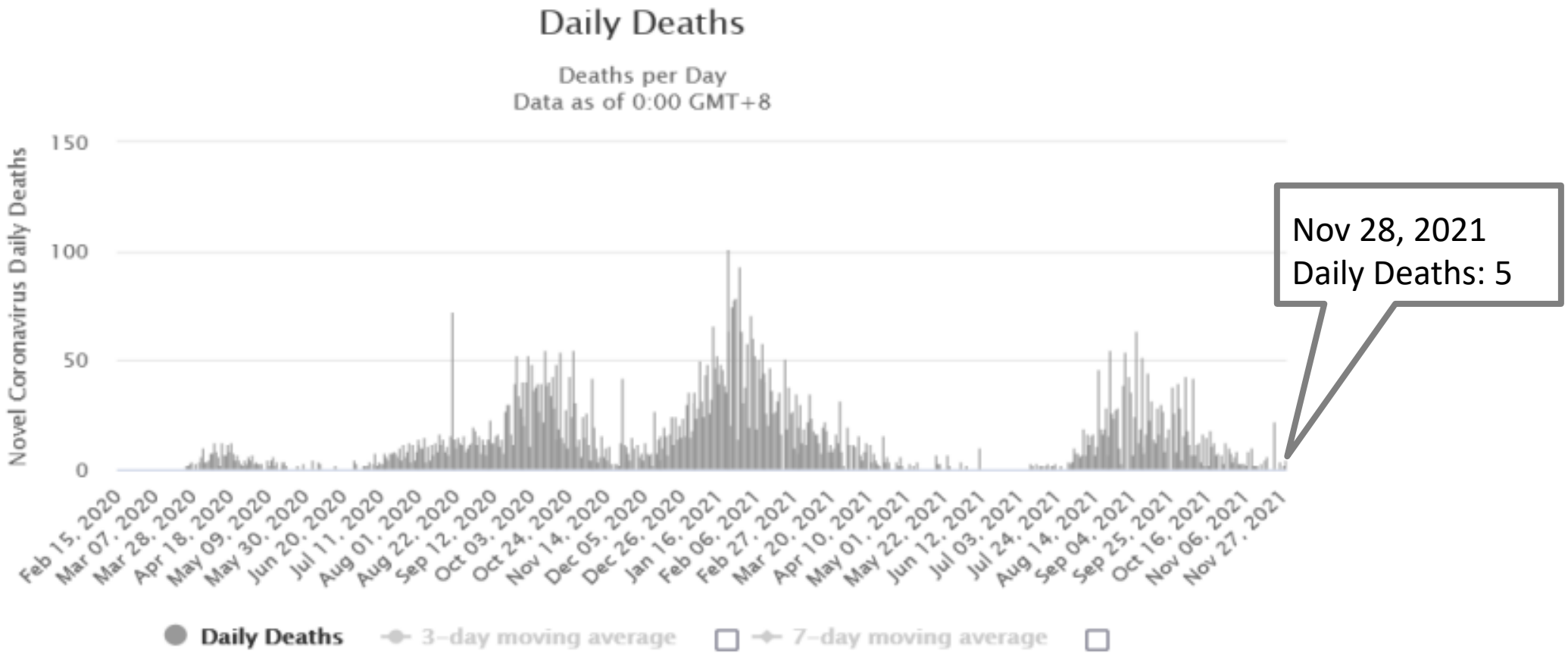
Situation in Israel



Source: https://ourworldindata.org/covid-vaccinations

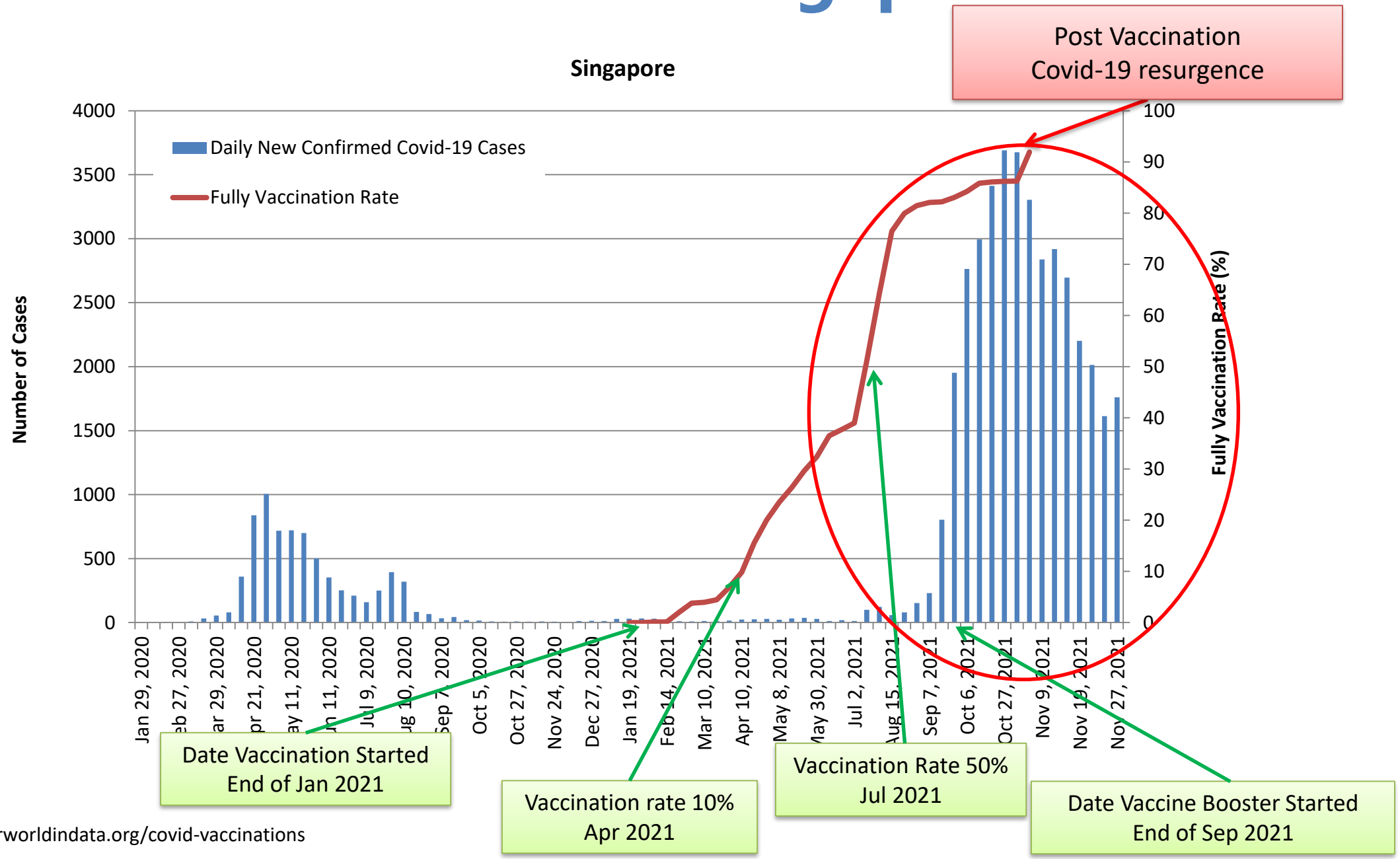
Situation in Israel

Daily New Deaths in Israel



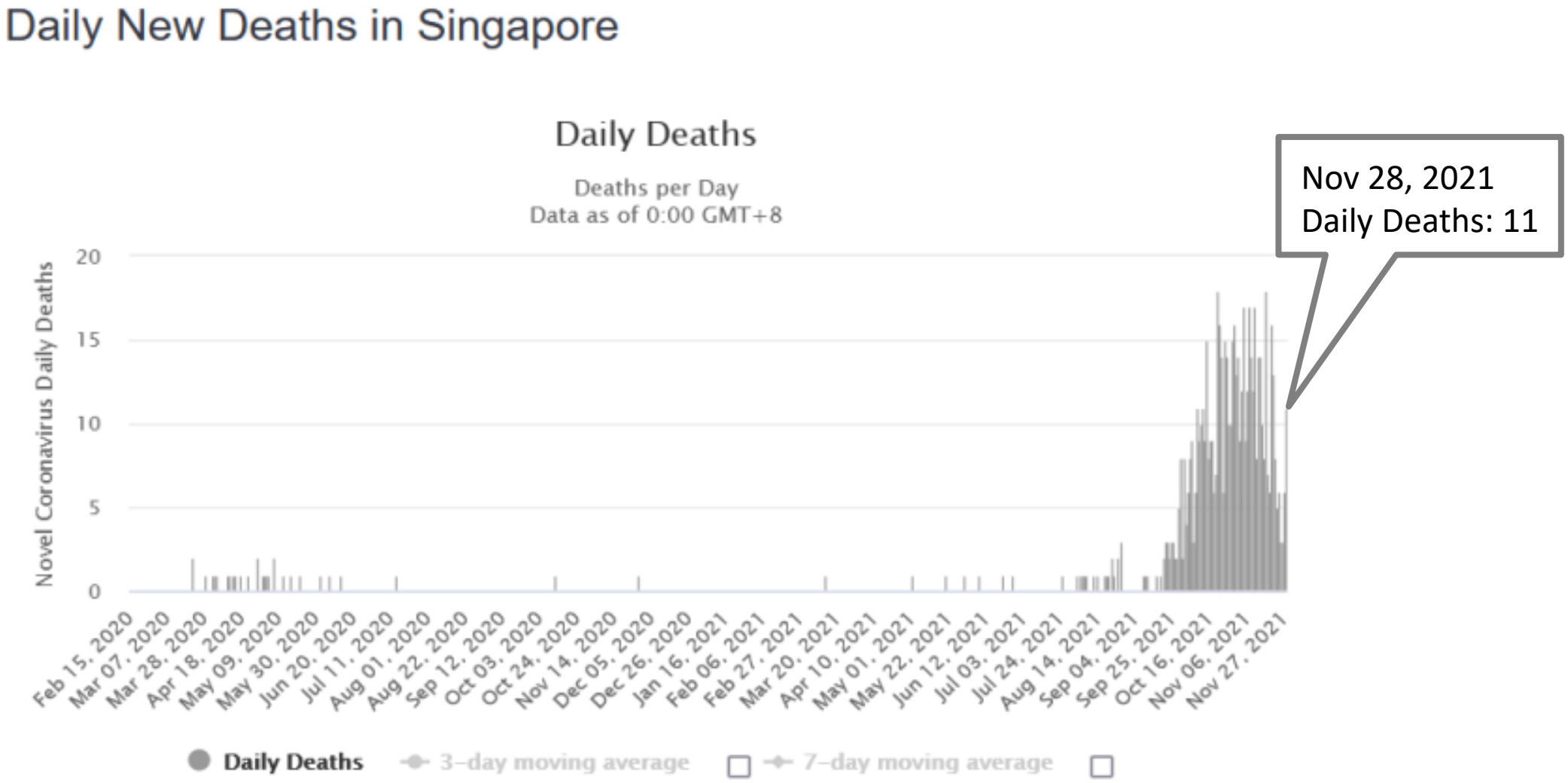
Source: Worldometer's Covid-19 data
https://www.worldometers.info/coronavirus/country/Israel/

Situation in Singapore



Source: https://ourworldindata.org/covid-vaccinations

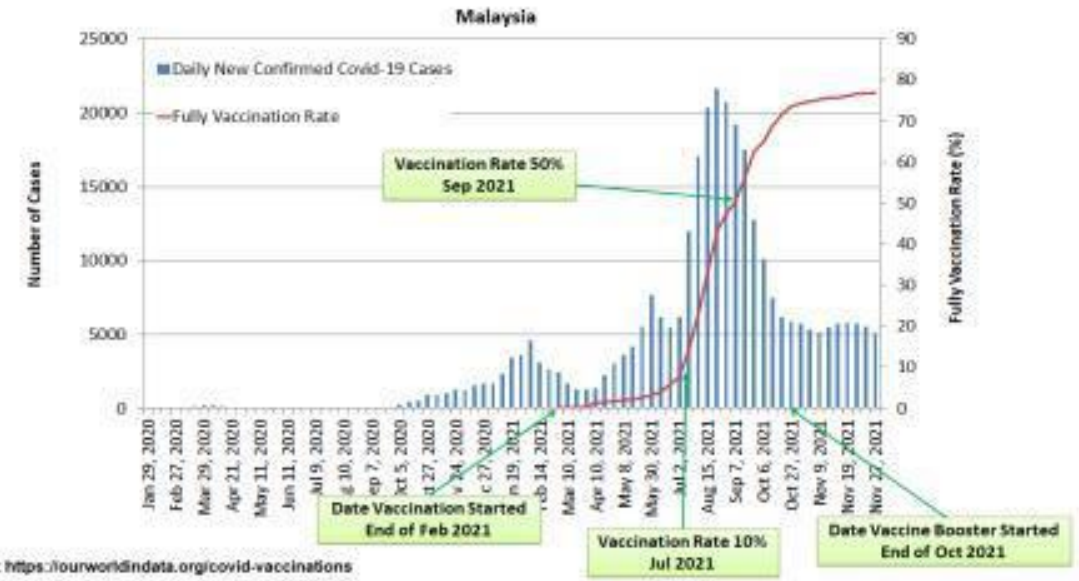
Situation in Singapore



Source: Worldometer's Covid-19 data
https://www.worldometers.info/coronavirus/country/Singapore/

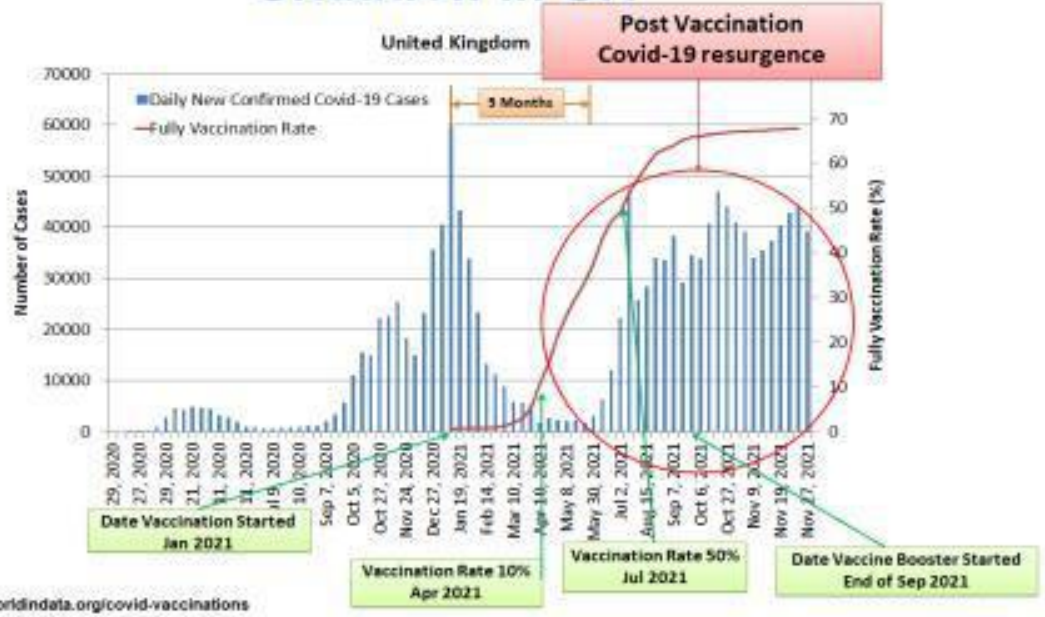
Comparing the Daily New Cases and Fully Vaccination Rate in Malaysia against UK, Israel and Singapore

Situation in Malaysia



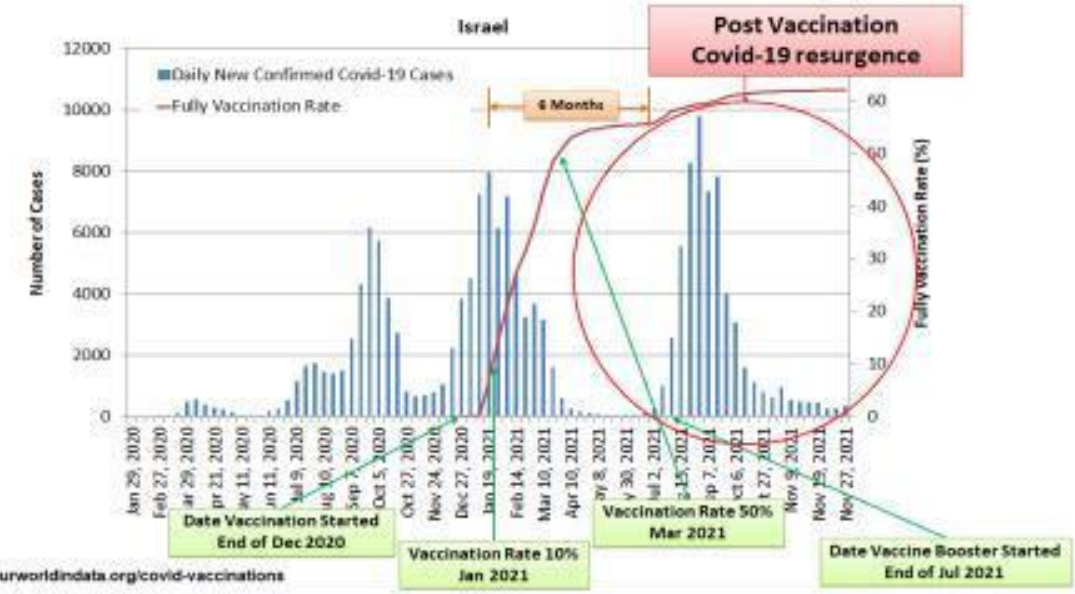
Source: https://ourworldindata.org/covid-vaccinations

Situation in UK



Source: https://ourworldindata.org/covid-vaccinations

Situation in Israel



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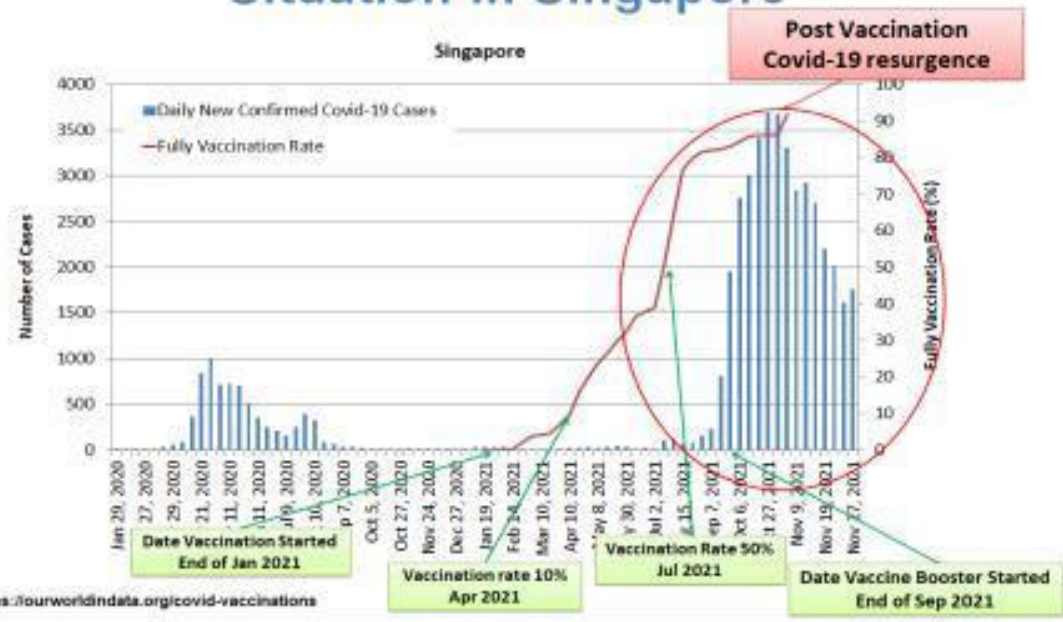
Situation in Singapore



Source: https://ourworldindata.org/covid-vaccinations

When is the next Big Wave Post Vaccination for Malaysia?

Country	Date Vaccination started	Date Vaccine Booster started	Peak of Prevaccinate Wave	Start of post vaccinate wave	Date Vaccination started to Start of post vaccinate wave	Peak of Prevaccinate Wave – Start of post vaccinate wave
Israel	End of Dec 2020	End of July 2021	Jan 2021	July 2021	~ 6 months	~ 6 months
UK	Jan 2021	End of Sept 2021	Jan 2021	June 2021	~ 5 months	~ 5 months
Singapore	End of Jan 2021	End of Sept 2021	None	Sept 2021	~ 7 months	-
Malaysia	End of Feb 2021	End of Oct 2021	Aug 2021 (Current Malaysia)	**Malaysia next wave Jan/ Feb 2022?**	**5 – 6 months (Jan/ Feb 2022)**	**~6 months? (Jan/ Feb 2022)**

Other highly vaccinated countries have another peak after 5-6 months later despite high vaccination rate!

What is causing the post vaccination wave?

So how protective is
our current vaccination program?

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Waning Immune Humoral Response to BNT162b2 Covid-19 Vaccine over 6 Months

Einav G. Levin, M.D., Yaniv Lustig, Ph.D., Carmit Cohen, Ph.D., Ronen Fluss, M.Sc., Victoria Indenbaum, Ph.D., Sharon Amit, M.D., Ram Doolman, Ph.D., Keren Asraf, Ph.D., Ella Mendelson, Ph.D., Arnona Ziv, M.Sc., Carmit Rubin, M.Sc., Laurence Freedman, Ph.D., Yitshak Kreiss, M.D., and Gili Regev-Yochay, M.D.

ABSTRACT

BACKGROUND

Despite high vaccine coverage and effectiveness, the incidence of symptom… infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been increasing in Israel. Whether the increasing incidence of infection is due to waning immunity after the receipt of two doses of the BNT162b2 vaccine is unclear.

METHODS

We conducted a 6-month longitudinal prospective study involving vaccinated health care workers who were tested monthly for the presence of anti-spike IgG and neutralizing antibodies. Linear mixed models were used to assess the dynamics of antibody levels and to determine predictors of antibody levels at 6 months.

6 months after receipt of the second dose vaccine, the level of antibodies and humoral immunity response were substantially decreased.

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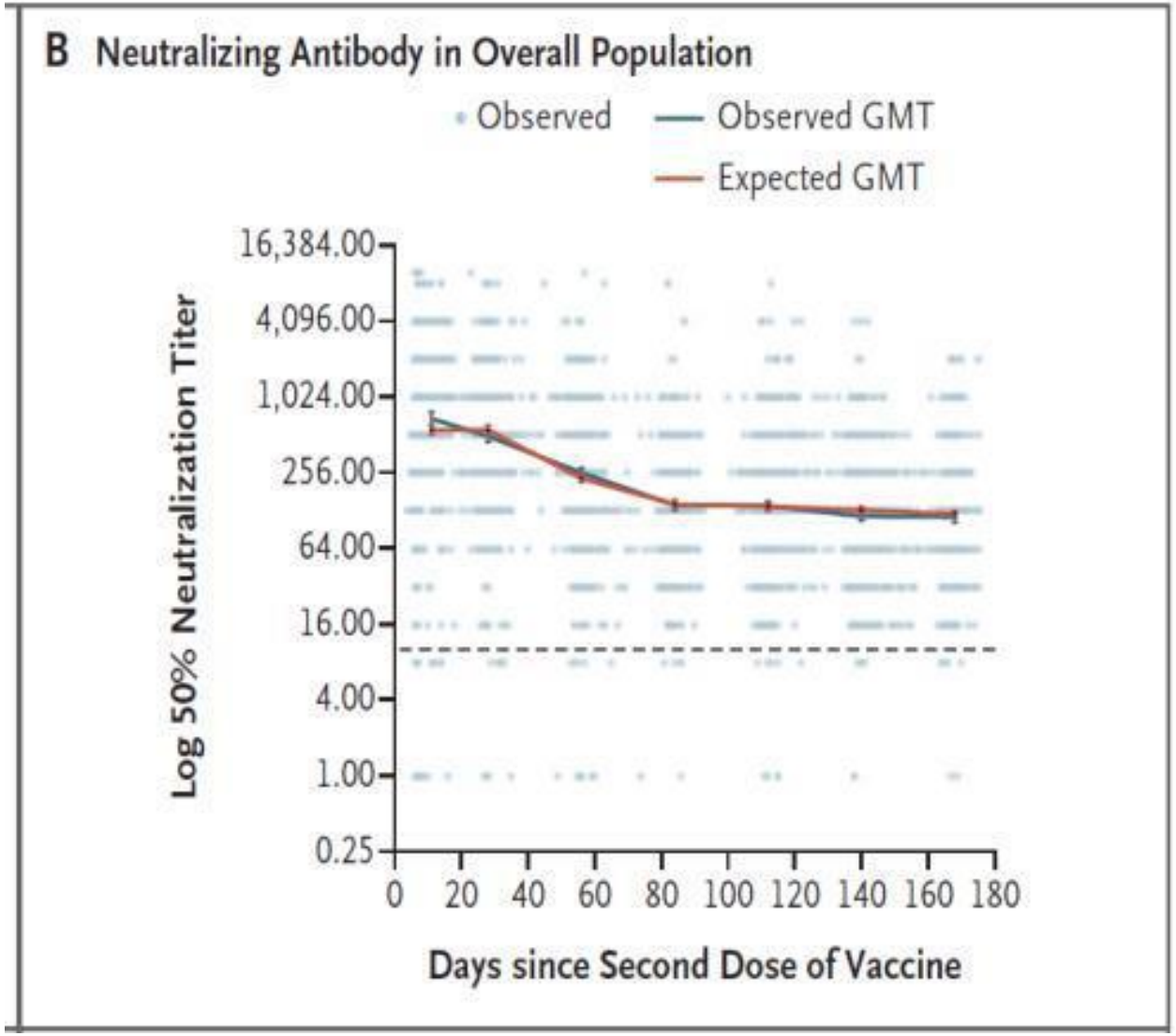
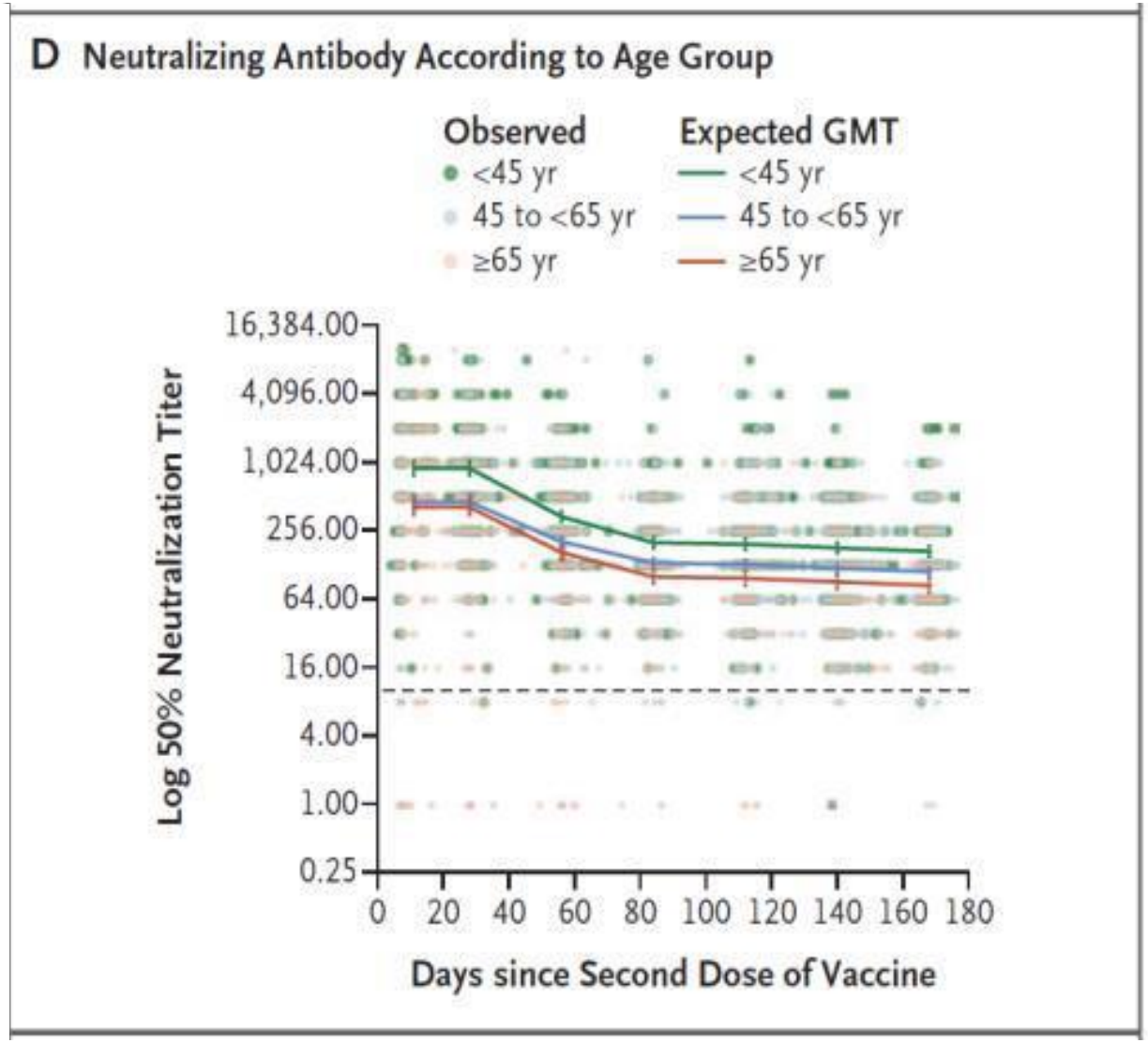
1. https://www.nejm.org/doi/pdf/10.1056/NEJMoa2114583?articleTools=true

Antibodies drop drammatically 3 months after vaccination (Pfizer)





Israeli research: 3rd vaccine dose produces 10 times more antibodies than 2nd

Amid talk of 4th dose, serological study at Sheba hospital stokes optimism that booster shot may offer longer-lasting protection than previously thought

By TOI STAFF

15 September 2021, 9:19 am

An Israeli woman receives a COVID-19 vaccine at a Clalit health care maintenance organization vaccination center in Jerusalem, September 9, 2021. (Olivier Fitoussi/Flash90)

A serological study conducted at an Israeli hospital has found that antibody levels in the body after the administration of a third COVID-19 vaccine dose were ten times higher than those detected after the second dose.

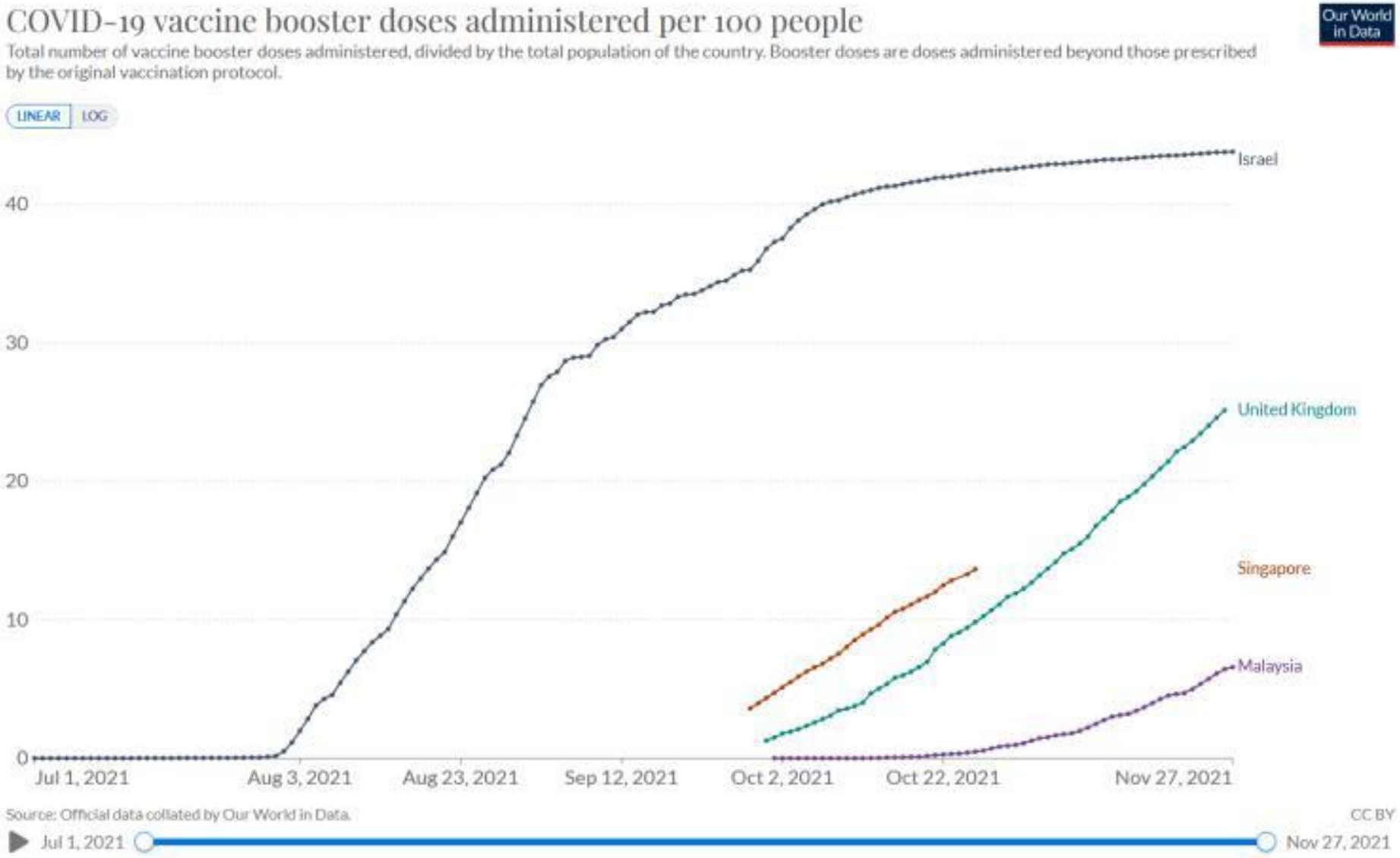
The preliminary results, seen am ng vaccinated staff at Sheba Medical Center in Rama Gan, outside T iv, stoked opt mism as to the amount of time the boo t reta tectio Kan public broadcaster reported Tuesd

The OVID-19 vacc after the

At least 12 days after the booster dose, the rate of confirmed infection was lower in the booster group than in the non-booster group by a factor of 11.3 and the rate of severe illness was lower by a factor of 19.5.

1. https://www.timesofisrael.com/israeli-research-3rd-vaccine-dose-produces-10-times-more-antibodies-than-2nd/
2. https://www.nejm.org/doi/full/10.1056/NEJMoa2114255

Vaccination Booster Situation in Israel, Singapore, UK and Malaysia



Singapore

Vaccination Data (as of 27 Nov 2021)

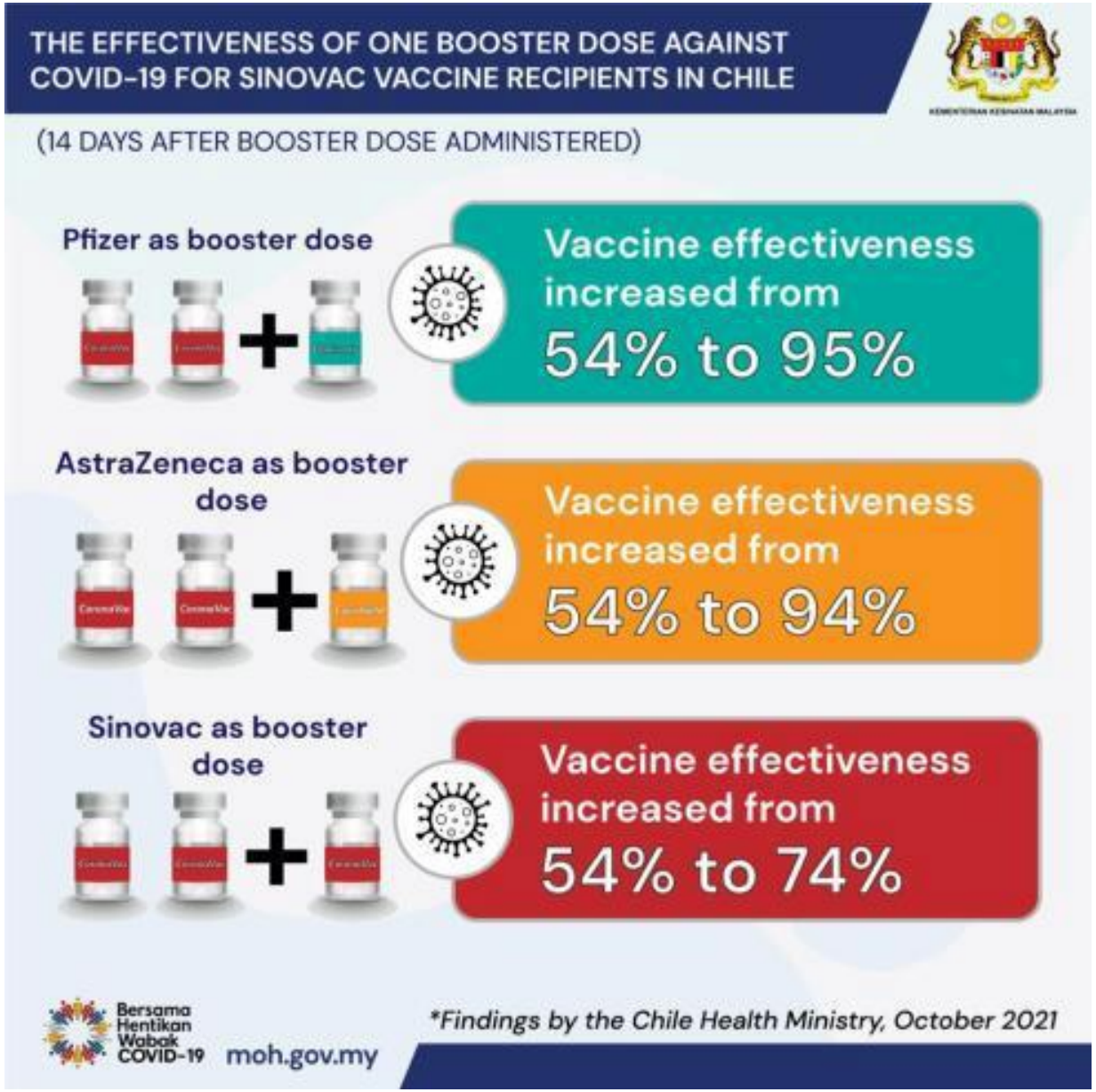
Received booster shots
25% of total population

Source: 1. https://ourworldindata.org/covid-vaccinations
2. https://www.moh.gov.sg/covid-19/vaccination

The only current method available to prevent a post vaccination wave is by booster vaccination

Please get yours as soon as you are entitled!

Can We Mix-and-Match Vaccine Booster Dose?



Chilean study showed **higher efficacy** when Sinovac vaccinated recipients were given a different vaccine as a booster dose

Source:

1) MOH
2) https://cdn.who.int/media/docs/default-source/blue-print/chile_rafael-araos_who-vr-call_25oct2021.pdf?sfvrsn=7a7ca72a_7

Are we going to have another lockdown soon?

Hospitalization and ICU usage cases maybe a better indicator of COVID-19 status than number of cases!

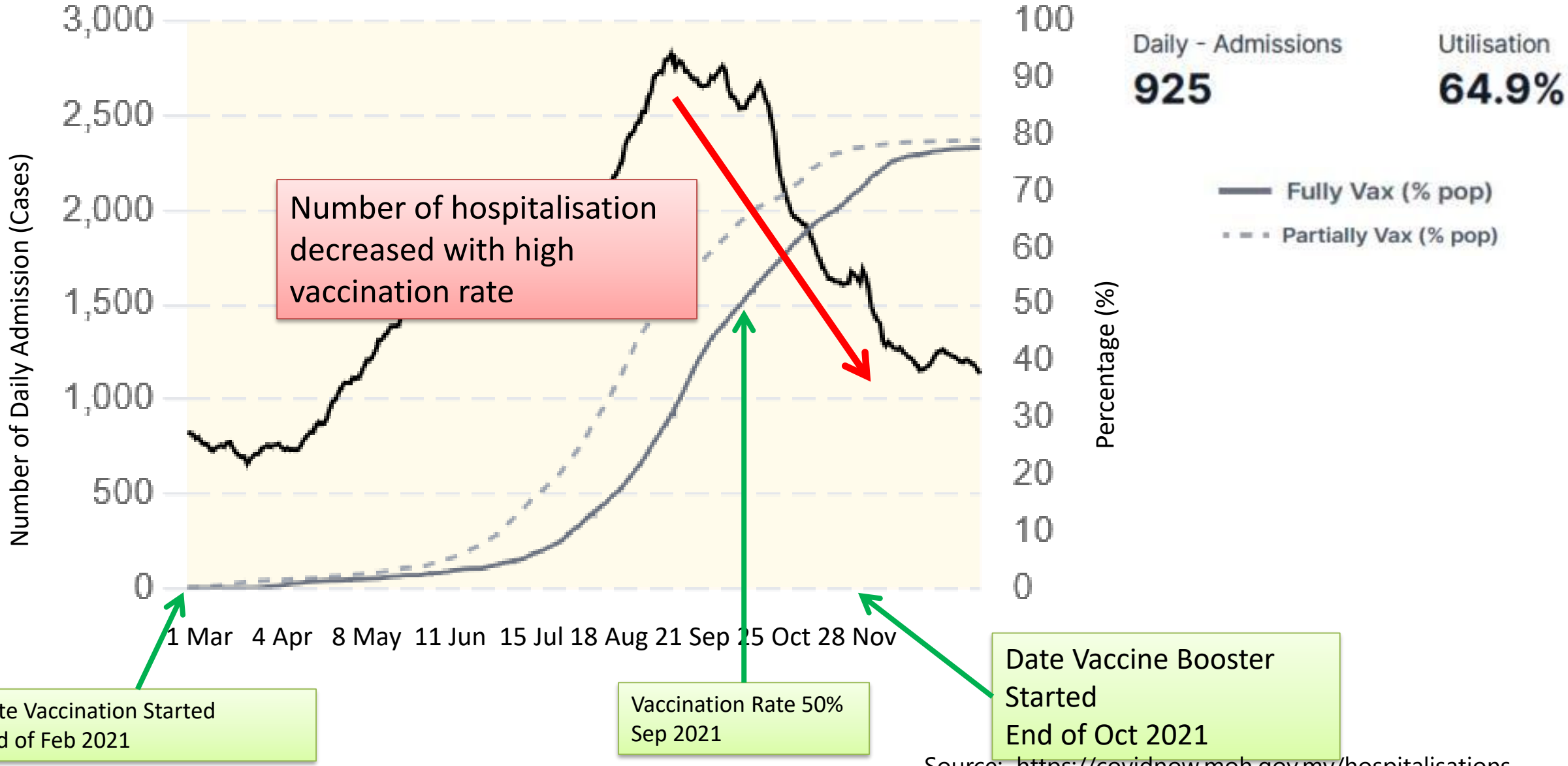
The greatest nightmare a Health Minister has is, of course, hospital capacity, especially critical care capacity, ICU (intensive care unit) capacity. Once it breaches a certain point, then red flags are raised and we need to have a heightened alert system and we need to step down on certain social activities

YB Khairy Jamaluddin

Health Minister

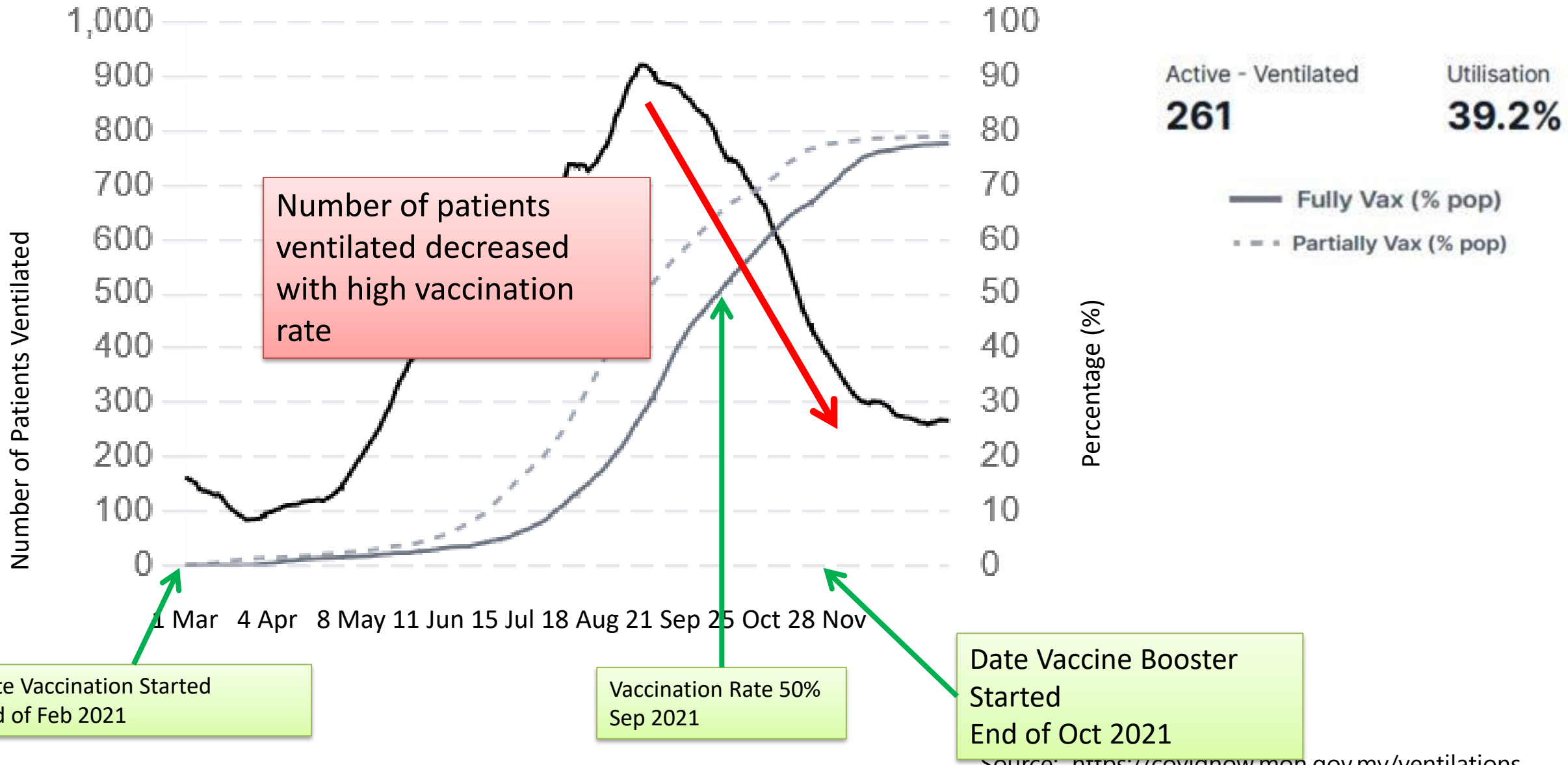
22 November 2021

COVID-19 Hospital Admissions vs Percentage of Population Vaccinated



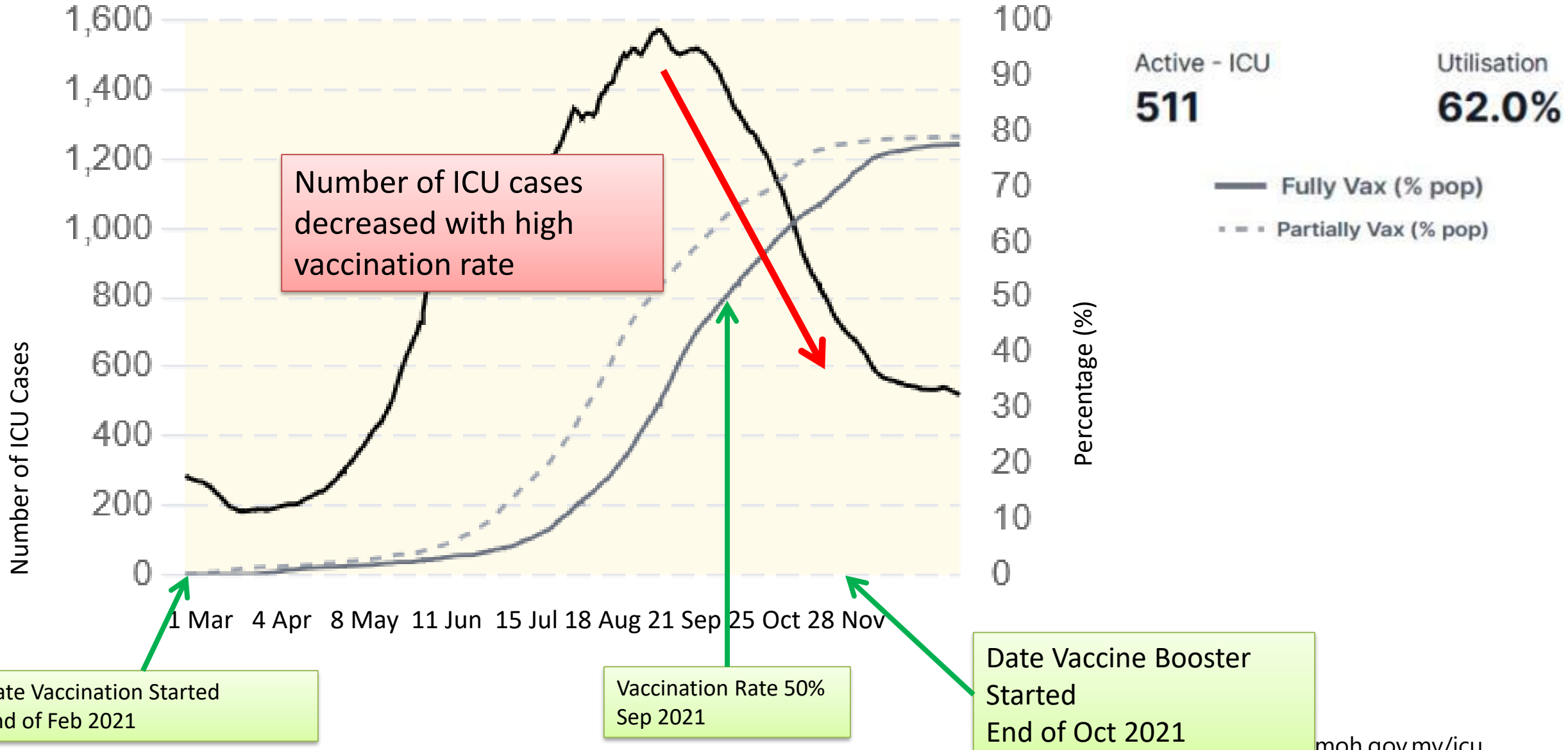
Source: https://covidnow.moh.gov.my/hospitalisations

COVID-19 Patients Ventilated **vs** Percentage of Population Vaccinated



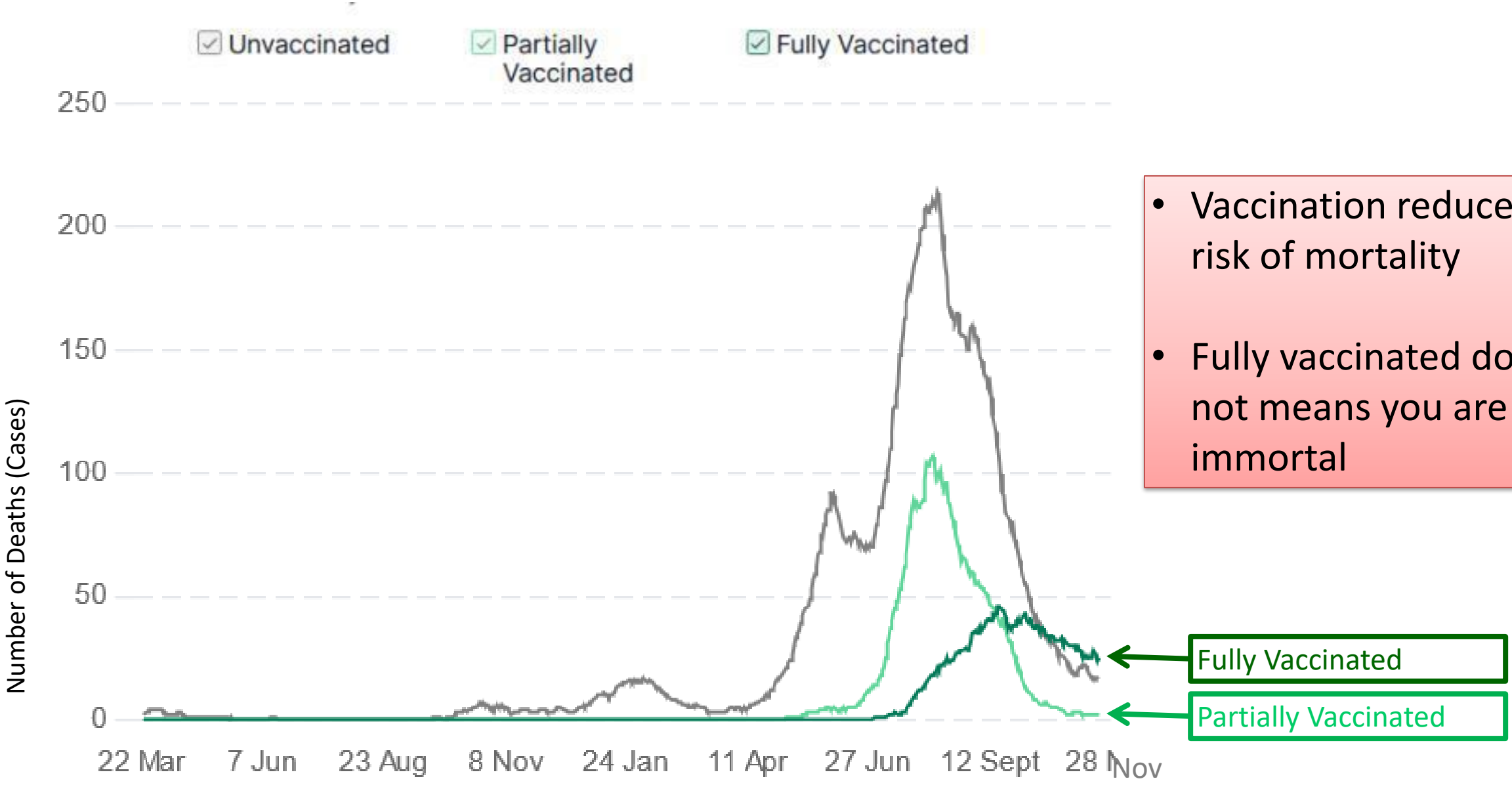
Source: https://covidnow.moh.gov.my/ventilations

COVID-19 ICU Cases



moh.gov.my/icu

Deaths by Vaccination Status



- Vaccination reduces the risk of mortality
- Fully vaccinated does not means you are immortal

Source: https://covidnow.moh.gov.my/deaths

Deaths due to COVID-19 in Malaysia (1 Oct – 28 Nov 2021)

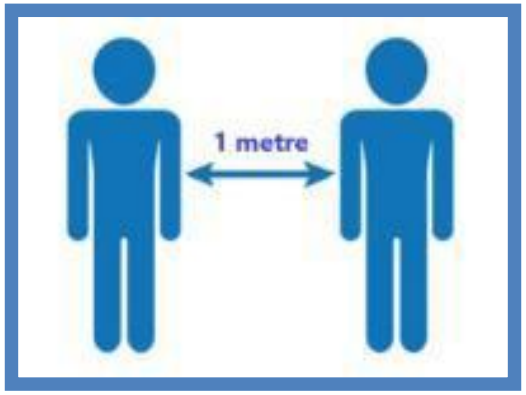
Date	Total No. of Deaths	No. of Deaths	No. of Brought in Dead (BID)
01/10/2021 - 31/10/2021	2579	2012	567
01/11/2021	63	45	18
02/11/2021	70	55	15
03/11/2021	46	38	8
04/11/2021	64	48	16
05/11/2021	47	43	4
06/11/2021	54	42	12
07/11/2021	35	30	5
08/11/2021	58	50	8
09/11/2021	78	59	19
10/11/2021	59	49	10
11/11/2021	49	35	14
12/11/2021	41	33	8
13/11/2021	55	44	11
14/11/2021	45	33	12
15/11/2021	53	42	11

Date	Total No. of Deaths	No. of Deaths	No. of Brought in Dead (BID)
16/11/2021	40	33	7
17/11/2021	68	56	12
18/11/2021	55	46	9
19/11/2021	45	38	7
20/11/2021	38	33	5
21/11/2021	24	18	6
22/11/2021	63	50	13
23/11/2021	47	37	10
24/11/2021	37	28	9
25/11/2021	48	38	10
26/11/2021	45	35	10
27/11/2021	40	32	8
28/11/2021	29	23	6
Total	**3975 (100%)**	**3125 (78.6%)**	**850 (21.4%)**

Source: MOH

Living with the virus requires
setting up the right SOP and Air Treatment
to prevent spread

SOP



Meeting in enclosed area

Virtual meeting

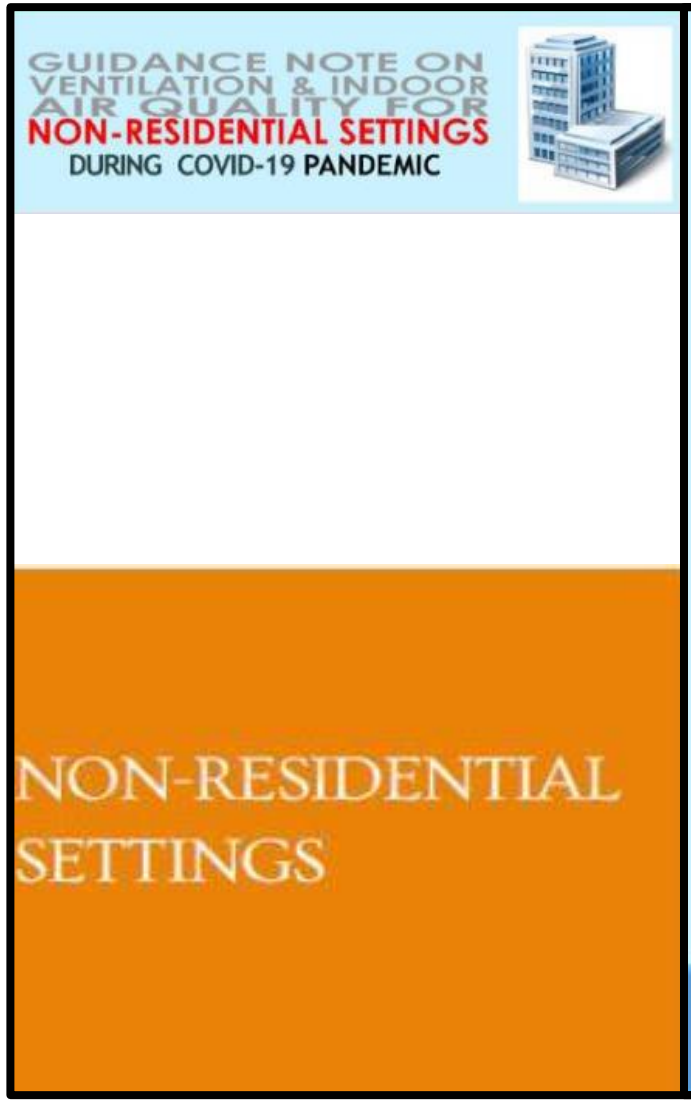
COVID-19 is an airborne virus!
Sufficient Airchange or Ventilation is Important.

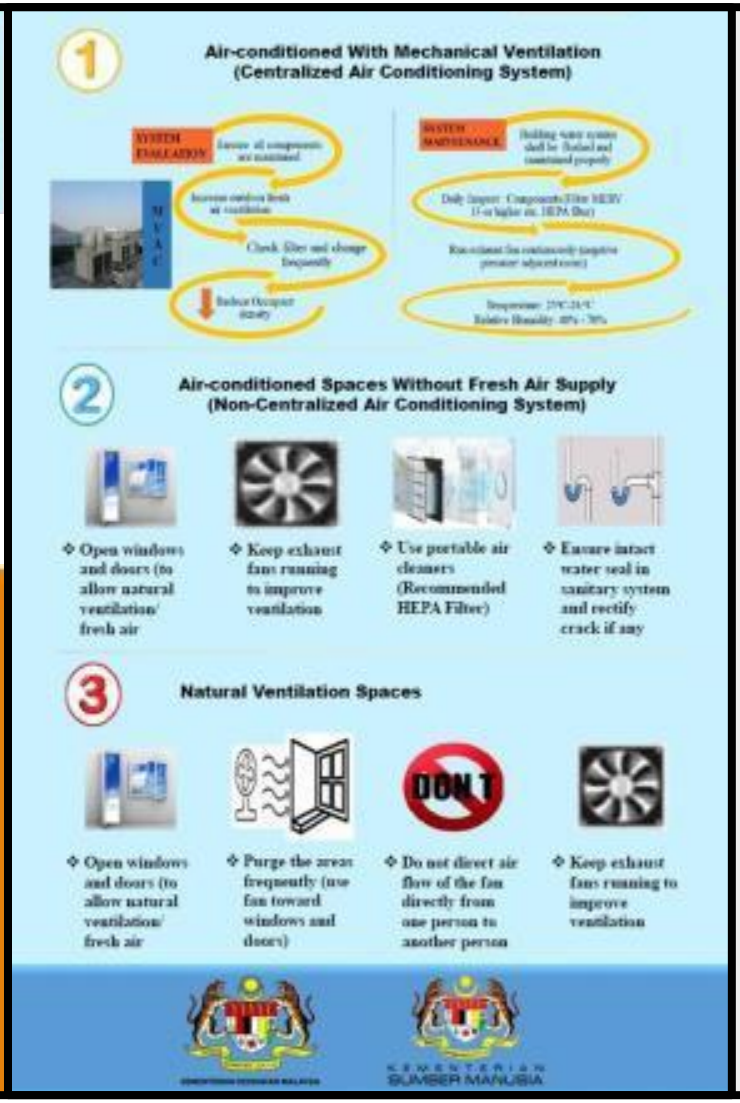
DOSH Guidance on improving Ventilation and Indoor Air Quality during COVID-19 Pandemic (11 August 2021)

TYPES OF SETTINGS

1. NON RESIDENTIAL
2. RESIDENTIAL
3. PUBLIC SPACES
4. HEALTHCARE FACILITIES

DOSH Guidance on improving Ventilation and Indoor Air Quality during COVID-19 Pandemic (11 August 2021)





- **Carrying out a Risk Assessment:** It is of importance that a risk assessment be carried out to facilitate the implementation of relevant countermeasures and to assess the minimum ventilation rate per person.
- **Non-residential setting can be divided into three (3) types of ventilation as follows:**
  - Air-Conditioned Spaces with Mechanical Ventilation (Centralized Air Conditioning System)
  - Air-Conditioned Spaces without Mechanical Ventilation (NonCentralized Air Conditioning System)
  - Natural Ventilated Spaces

https://www.moh.gov.my/moh/resources/Penerbitan/Garis%20Panduan/Pengudaraan%20dan%20Kualiti%20Udara/BI-Non-Residential_Setting-15.7_.2021_.pdf

Why we need to improve Ventilation in Workplace

- Covid-19 is airborne virus
- Sufficient air change is very important
- To achieve a 90% risk reduction, you will require 4.5X fresh air change per hour*
- To achieve a 99% risk reduction, you will require 10x fresh air change per hour*
- Conventional centralized air-conditional design

  - fresh air change per hour between 1 – 3 times

  - fresh and recycle air change per hour between 8 – 12 times
- Split air con facilities are essentially 100% recycling so need to have fresh air change by extra ventilation fans

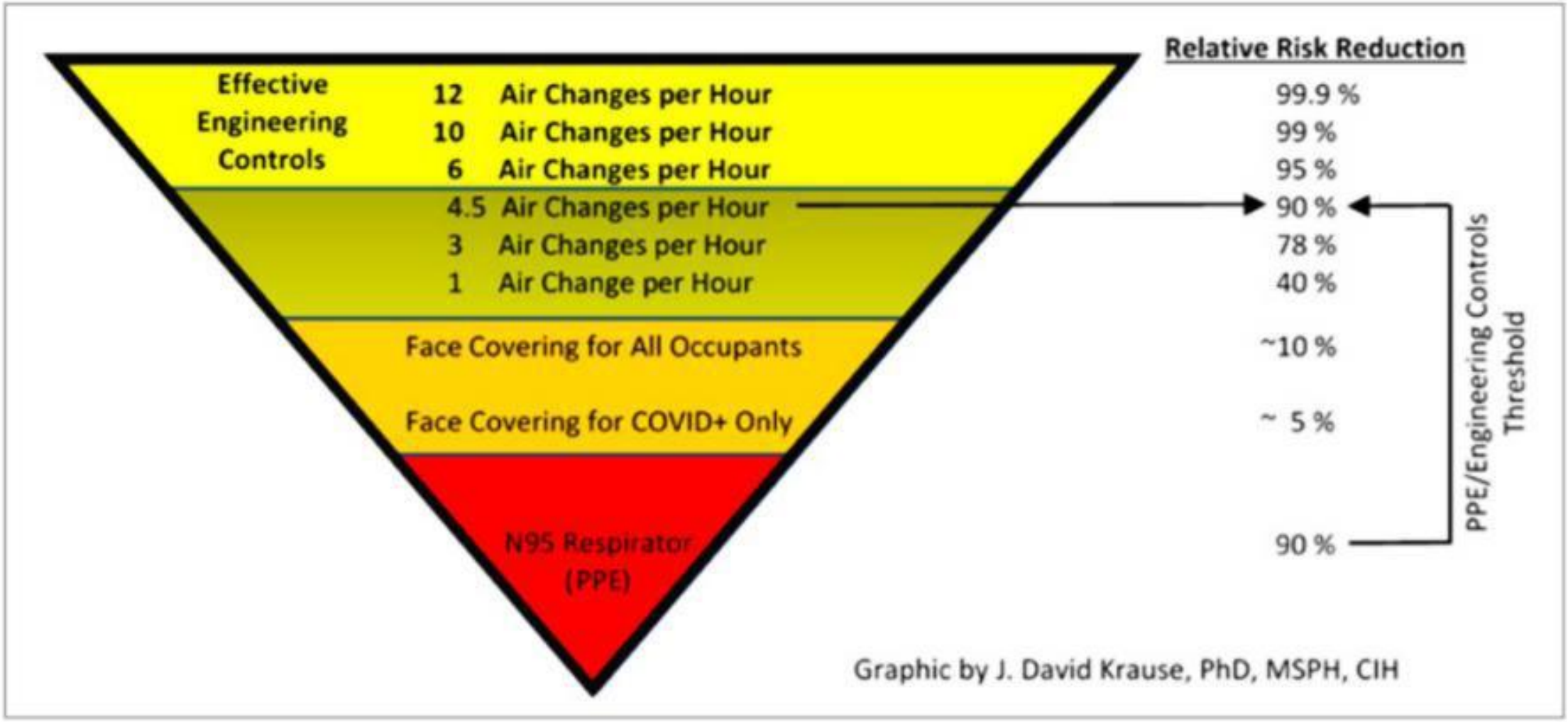
Source: American Industrial Hygiene Association (AIHA) Guidance Document on Reducing the Risk of COVID-19 using Engineering Control, Version 4, 4 September, 2020.

Overview of our Air Treatment Protocol

1. Total fresh air change 2-3X/hr min → 4X/ hr min
2. Carbon Dioxide (CO_2) concentration 800ppm max
3. Plasmacluster ions 2000-3000 ions/cm^3 → 3000 ions/cm^3 min
4. UVC treatment at returned air duct (applicable for centralized air conditioner system)
5. Portable HEPA filters with plasmaclu
   ionizers in small rooms

From our own experience, these conditions are able to totally prevent the spread of COVID-19 in our workplace

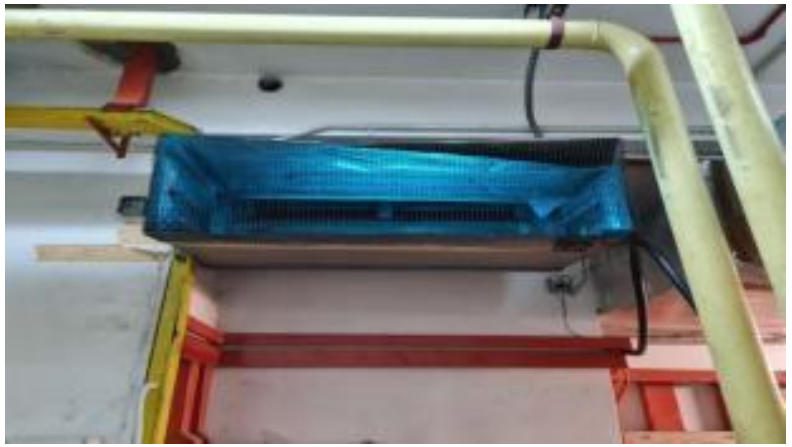
Relative Risk Reduction for Different Air Change per Hour (ACH)

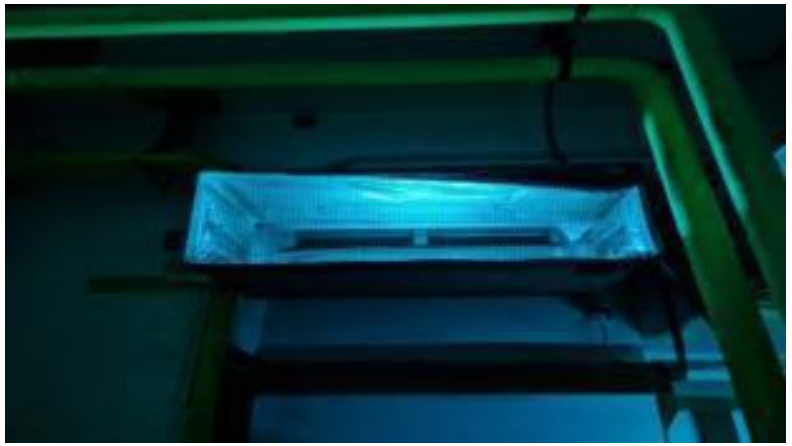


Source: American Industrial Hygiene Association (AIHA) Guidance Document on Reducing the Risk of COVID-19 using Engineering Control, Version 4, 4 September, 2020.

Example of Centralized Air-Conditioner at Soon Soon

Warning light outside room indicating UVC Light is ON inside AHU Room





UVC at Return Air Duct

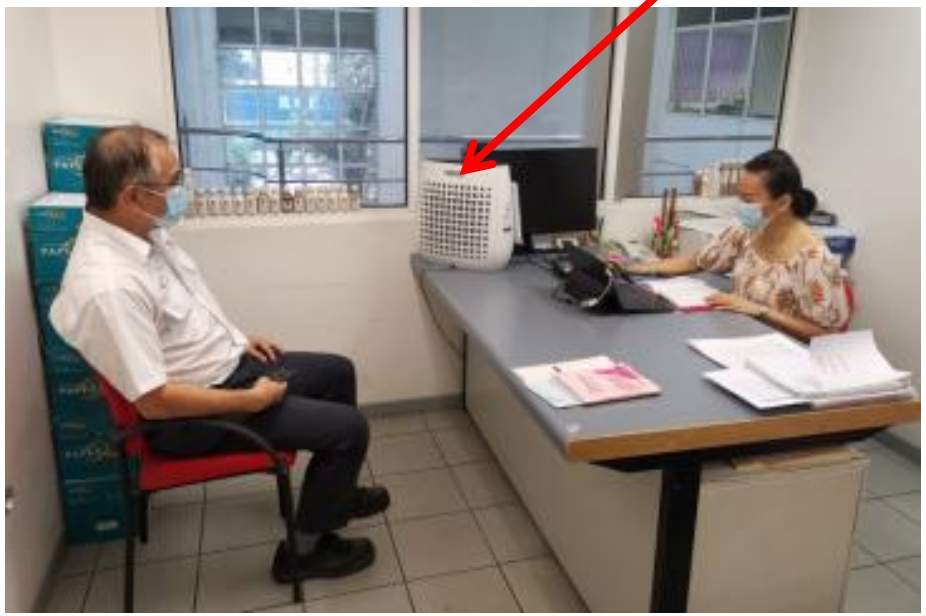
UVC Light

UVC at AHU Inlet

Example of Centralized Air-Conditioner at Soon Soon

Centralized air condition
plasmacluster ionizer installed location

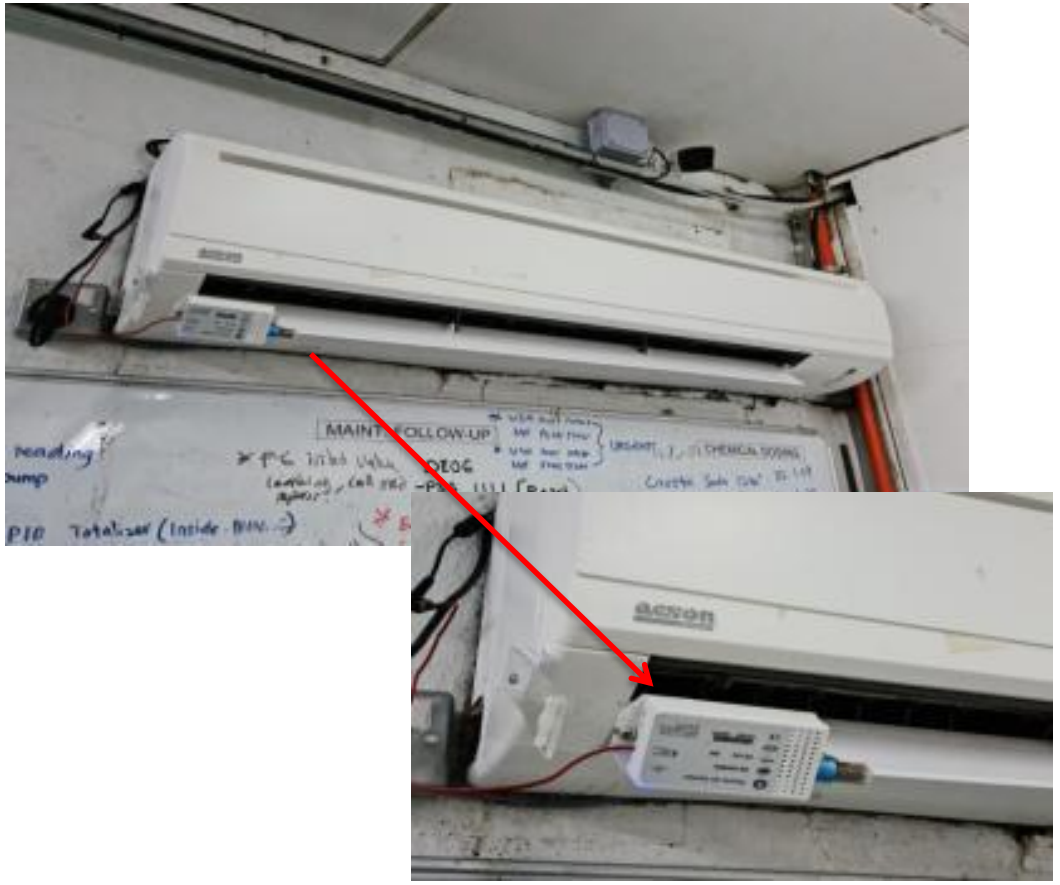
Plasmacluster
Ionizer



Portable plasmacluster ionizer/ HEPA filter
for small office room

Example of Split type Air Conditoner at Soon Soon

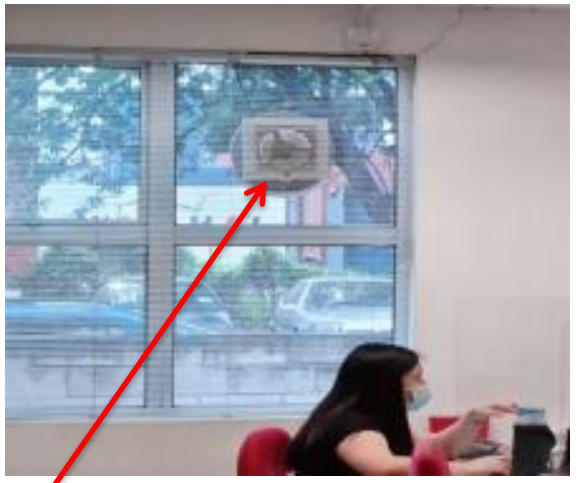
Plasmacluster Ionizer

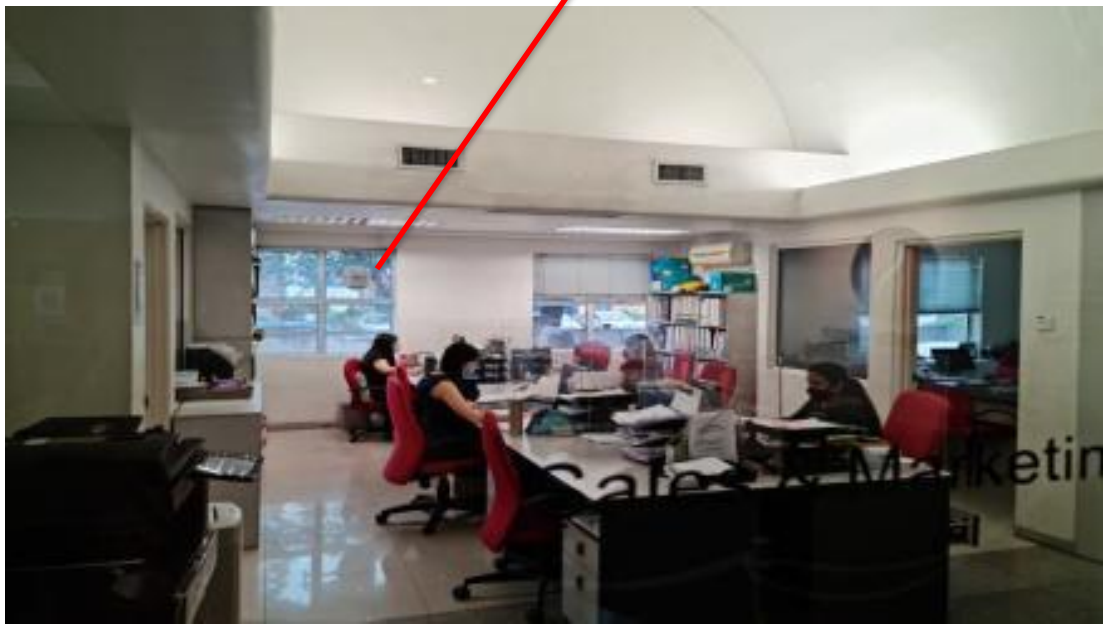


Example of Ventilation Fan Installation at Soon Soon

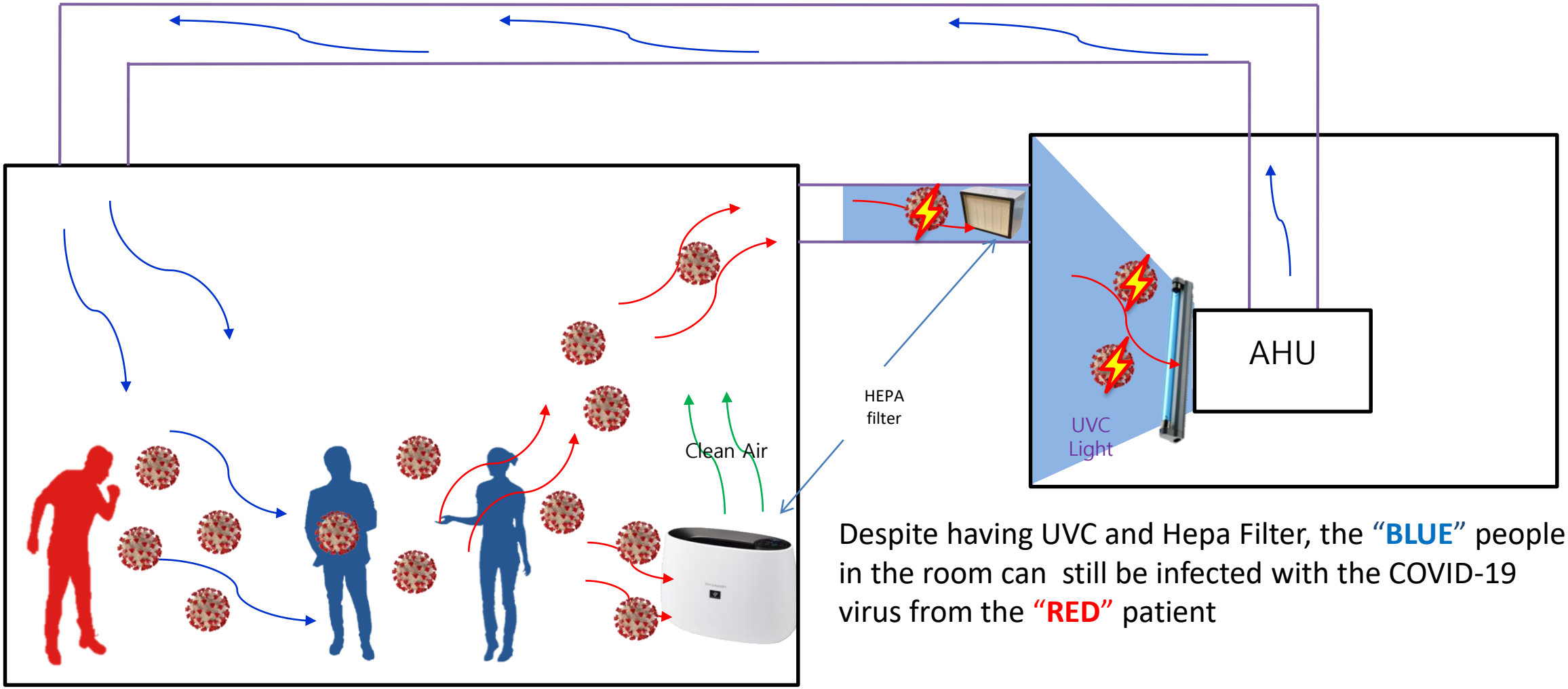
Ceiling mounted ventilation fan

Window mounted ventilation fan





Office/ workplace environment if installed with UVC and HEPA Filter

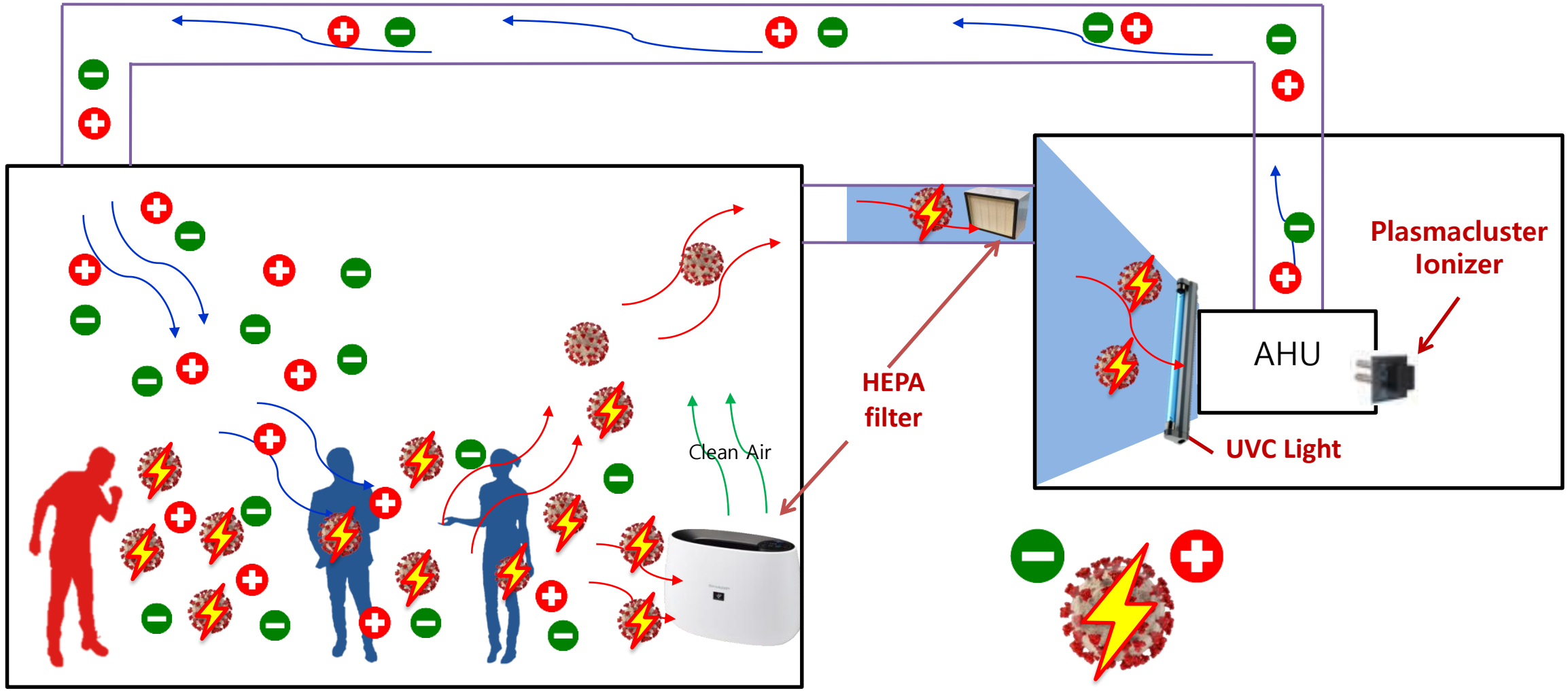


Despite having UVC and Hepa Filter, the “**BLUE**” people in the room can still be infected with the COVID-19 virus from the “**RED**” patient

Why using plasmacluster Ionizer is more effective?

- Because plasmacluster ionizers can deactivate the virus in-situ in the room.
- Any virus emitting from the COVID patient in the room will be deactivated quickly
- By having plasma ions in the cold air blowing into a room, ensures a constant stream of plasma ions providing a protective environment against COVID-19 virus.

Safer in-room environment with UVC, HEPA Filter & Plasmacluster Ionizer



Plasmacluster Ions can deactivate >99% virus

When PAI & NAI contact virus, it will inactivated it

Comparison of UVC Light, HEPA Filter & Plasmacluster Ionizer

	UVC LIGHT	HEPA FILTER	PLASMACLUSTER IONIZER
Usage	Cannot be used with human presence	Can be used at any locations	Can be used at any locations
Methodology and usage	Inactivate the virus through direct exposure Usually used in returned air duct of central air-con	Virus trapped while passing through filter Can be used as a stand alone/ in the return air duct of centralize air-con	Inactivate the virus directly with negative and positive ions Can be used in outlet of the cold air outlet of centralize air-con/split con
Effectiveness	Proven can inactivate virus up to 99.7%	Proven can trap virus 99.9%	Proven can kill virus 99.0%
Usage concern	Virus cannot be inactivated in the room; only in returned air-duct	Virus is only inactivated when sucked through the filter at certain locations or in the air duct	Effective to inactivate the virus in-situ maintaining a protective coverage
Installation	Easy to install	Difficult to install at current AHU	Easy to install
Cost	Minor cost	High cost	Moderate cost

Conclusion on air treatment in workplace

1. In order to have the maximum protection of your staff using centralized air-con in office and workplace, you need to have plasmacluster ionizers in your cold air stream and UVC and/or HEPA filters in the return air duct.
2. In the case you are using split air-con, you must put plasmacluster ionizers in your cold air outlet and use the ventilation fan to increase the fresh air change in the workplace and possibly use stand alone HEPA filters.
3. You can also use in small rooms, portable HEPA filters with plasmacluster ionizers but you must take care of its location i.e.must be at the table top level and not drawing potential streams of virus across the other occupants

To live with the virus, we need to use contact tracing and RTK Antigen test to control the spread of COVID-19

Definition of close contacts

MOH defines Close Contacts as the people who are in contact with COVID-19 positive cases in the following situations:

- 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

* Working together in close proximity or sharing the same classroom/ office environment with a COVID-19 patient; like an air- conditioned room for more than 2 hours.

Annex 12, 13 August 2021

Soon Soon Close Contact Tracing Process Flow

When spouse/ family member is found to be COVID-19 positive

When worker has COVID-19 symptoms

Staff being notified as close contact by family/friend/MOH or being tested positive

Staff immediately inform HOD

HOD retrieve close contact log form for the past 14 days

HOD interview close contact workers & fill in the close contact tracing and risk assessment form (Identification and tracing of close contacts Cat 2, Cat 3 and Cat 4)

INDIVIDUAL CLOSE CONTACT DAILY LOG
(Log harian kontak rapat individu)

COMPANY	SSGM
STAFF NAME	LAYIT
ID NUMBER	1234
DEPARTMENT	PRODUCTION
DATE	28 SEPTEMBER 21

Location / Meeting point (Lokasi Tempat penjumpaan)	Contact person name (Nama orang yang dihimpul berhubung)	Department / Company (Bahagian /Syarikat)
PROD – CONTROL ROOM	RAMAIYAMY	PRODUCTION
PROD – CONTROL ROOM	TAN LP	PRODUCTION
PACKING AREA	MYINT TARH	PACKING

Staff Signature: Layit
Date: 28/9/21

NOTE

1. Record each individual that you meet working closely for a day
(Catit nama setiap individu yang berurusan/bekerja rapat dengan anda dalam sehari)
2. Please maintain 1 meter social distancing practices at all time
(Sila pastikan anda mengamalkan jarak sosial 1 meter pada setiap masa)
3. Wear face mask, wash your hand often, and practise good hygiene
(Pakai topeng muka, basuh tangan dengan kerap dan amal amalan kebersihan yang baik)
4. Keep this record for future contact tracing when required
(Simpan rekod ini untuk tujuan mengesan kontak apabila perlu)

Once anyone in the company becomes Category 1 or 2, we need to retrieve the 14 days records of the individuals. After that, a risk assessment will be conducted.

Note:
You can download Individual Close contact Tracing & Risk Assessment form from website
http://www.soonsoongroup.com/index.php/our-response-to-covid-19

Ref : MOH Covid Portal - Infografik KKM Jan 2021

Soon Soon Close Contact Tracing and Risk Assessment Protocol

Category 1 (positive)		Category 2 (close contact with 1)			Category 3 (close contact with 2)			Category 4 (close contact with 3)		
Name	Work Area/ Dept	Name	Work Area/ Dept	Rationale of Inclusion	Name	Work Area/ Dept	Rationale of Inclusion	Name	Work Area/ Dept	Rationale of Inclusion
HOME QUARANTINE IF NO/ OR MILD SYMPTOMS	FOLLOW THE QUARANTINE INSTRUCTION BY MOH	**Complete Vaccination:** HOME SURVEILLANCE FOR 7 DAYS. DO RT-PCR/RTK ANTIGEN ON THE 5TH DAY*. **Incomplete vaccination/ Not vaccinated:** HOME SURVEILLANCE FOR 10 DAYS. DO RT- PCR/RTK ANTIGEN ON THE 8TH DAY*	Cat 2 +ve	MOVE TO CATEGORY 1	CAN WORK MUST BE LIMITED IN MOVEMENT WITH STRICT CLOSE CONTACT SOPs UNTIL CATEGORY 2 RESULT IS KNOWN	Cat 2 +ve	MOVE TO CATEGORY 2	CONTINUE TO WORK	Cat 2 +ve	MOVE TO CATEGORY 3
QUARANTINE IN HOSPITAL OR QUARANTINE CENTRE IF INSTRUCTED BY MOH			Cat 2 -ve	CONTINUE HOME SURVEILLANCE TO COMPLETE 10 DAYS QUARANTINE		Cat 2 -ve	CONTINUE TO WORK		Cat 2 -ve	CONTINUE TO WORK

Soon Soon Management of Close Contact

Person of Category 1

When confirmed positive by Lab Testing/ Self testing, notify Status via MySJ apps immediately. Inform HOD.

To notify case and close contacts to DHO / PKD

Immediately self isolate & perform Home Assessment Tool (HAT) in MySJ.

Digital Home Surveillance Order will be received via MySJ.

Quarantine for 10 days . Follow SS protocol. Update daily health condition (HAT) in MySJ and to section HOD

Any symptoms developed during quarantine

No → Resume work after completed 10 days quarantine (retesting not required)

Yes

Contact or Go to nearest CAC

Continue home quarantine?

No → Admission to PKRC / Hospital (arrangement by CAC)

Yes

Virtual assessment conducted by the CAC

Restart 10 days quarantine. If severe symptoms seek medical attention immediately or call 999

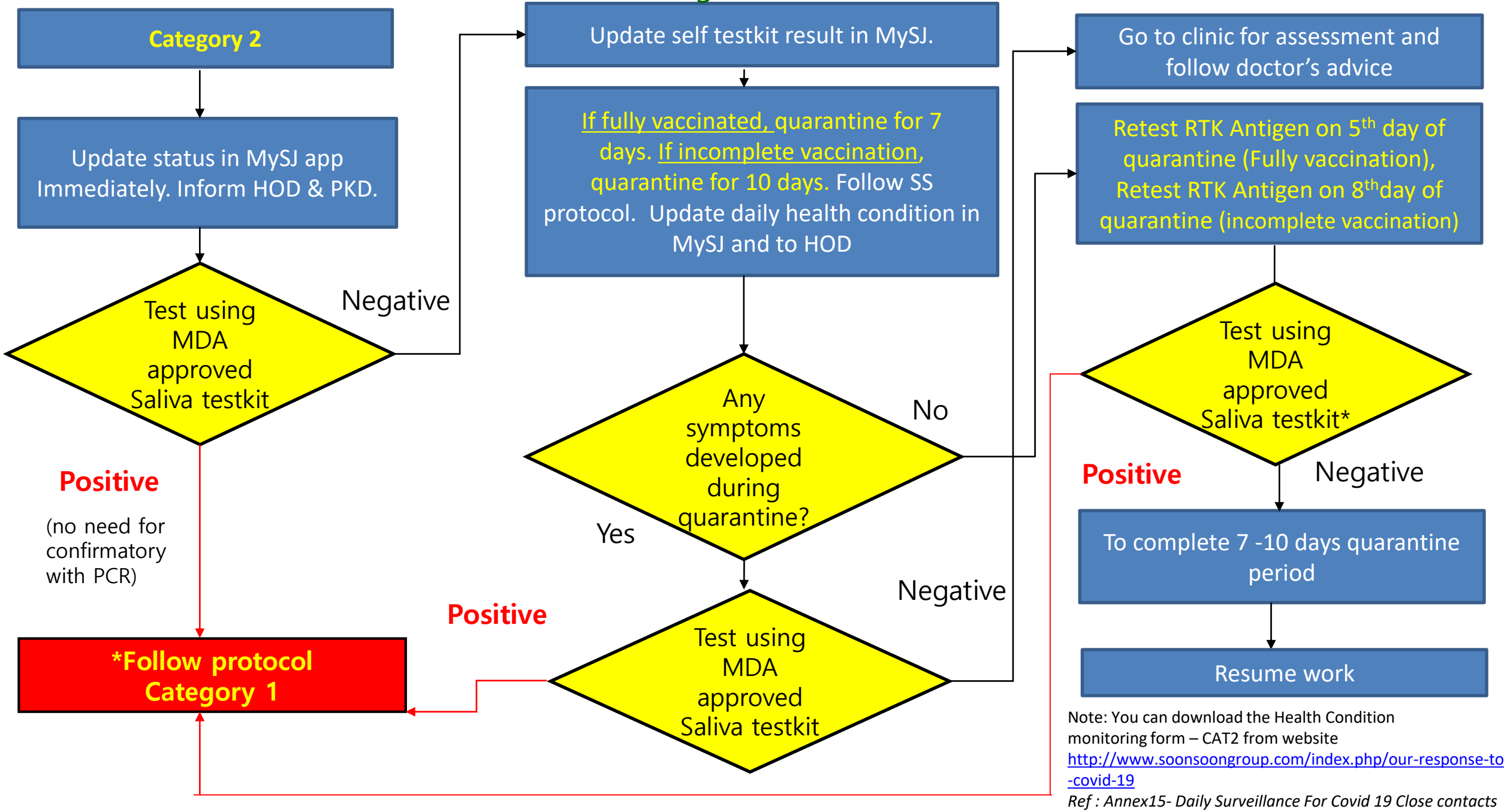
Resume work after completed 10 days quarantine after symptoms onset (retesting not required)

Important note : Testing should not be carried out for positives who are within 3 months of recovery unless symptomatic

Note1:
CAC: COVID-19 Assessment Centre

Note2:
You can download the Health Condition monitoring form- CAT 1 from website
http://www.soonsoongroup.com/index.php/our-response-to-covid-19
Ref : Annex 14c - Home Assessment Tool for Covid 19 patient

Soon Soon Management of Close Contact



Note: You can download the Health Condition monitoring form – CAT2 from website http://www.soonsoongroup.com/index.php/our-response-to-covid-19

Ref : Annex15- Daily Surveillance For Covid 19 Close contacts

Strategy on Minimizing Close Contact

- All close contact of positive cases have to be quarantined for 7 days.
- Therefore minimizing the number of close contacts to your potential positive cases are important eg follow MOH principles of Follow 3W, Avoid 3C etc
- Methods that can be employed to minimise close contacts are

  - ensure no contact during shift change

  - no dine-in at the canteen

  - partition your rooms and desk but ensure that there is adequate air change

  - hold virtual meetings
- In the event, there are any positive cases, the number of people required to be quarantined cases can be minimized.

Protocols for Foreign Workers Dormitory

- Measures to limit inter-mixing amongst foreign workers are implemented at workers' dormitory/hostel to avoid spread of COVID-19.
- All hostels are equipped with one log book to record the worker's movement in and out of the hostel except to work. They must record in the book before going out to buy groceries, buy food, meeting someone etc.
- All visitors are strictly prohibited during this pandemic including other hostel workers from same company to visit any dormitories/hostels. If there is any urgent need to visit, then it must be recorded in log book provided in the hostel.
- We provide small HEPA filter with plasmaclusters for their common bedrooms (So far, this seemed to be working well)

Annex 25a CDC, MOH (updated 15 November 2021)

National Testing Strategy

- Developed to determine the testing needs of the nation in living with the SARS- COV-2 virus which includes the working population.
- Testing plays a role in the early identification of cases and close contacts accordingly in order to manage the cases as well as to carry out preventive and control measures in accordance to Act 342, Prevention And Control of Infectious Diseases Act 1988.
- Based on Section 15, OSHA 1994, the employer is responsible for the safety, health and welfare of the employees and therefore needs to conduct an assessment of the risk status of the workplace in order to determine the testing needs.
- The risk status is specific for each workplace and is dependent on various indicators

Annex 25a CDC, MOH (updated 15 November 2021)

INDICATORS FOR ASSESSING RISK AT THE WORKPLACE

Scoring System

- ✓ Yes
- x No
- - Not relevant

RISK FACTORS + **CONTROL MEASURES**

1. Vaccination status
2. Accommodation of workers
3. Occurrence of clusters
4. Prolonged clusters
5. Shared workers or shared transport
6. Physical distancing

1. COVID-19 Preparedness & Response Plan
2. Ventilation System
3. Safety & Health Officers/Committee
4. New Norms practiced in workplace

Score = $\frac{\checkmark}{(\checkmark + x)} \times 100 = \ldots\ldots\ \%$

FINAL SCORE

- **Low Risk (≥60%)**
- **High Risk (< 60%)**

Indicators of Risk		
	Risk Factors	**✓ / X /NR**
1.	Is the vaccination status of employers and employees ≥ 90%?	
2.	* Accommodation provided by employer adheres to the requirements of Act 446	
3.	Absence of cluster in the workplace as declared by PKD	
4.	Cluster in the workplace was controlled within 28 days	
5.	No shared workers and/or shared transport	
6.	Ability to maintain physical distancing of 1 meter in work area/ workstation etc.	

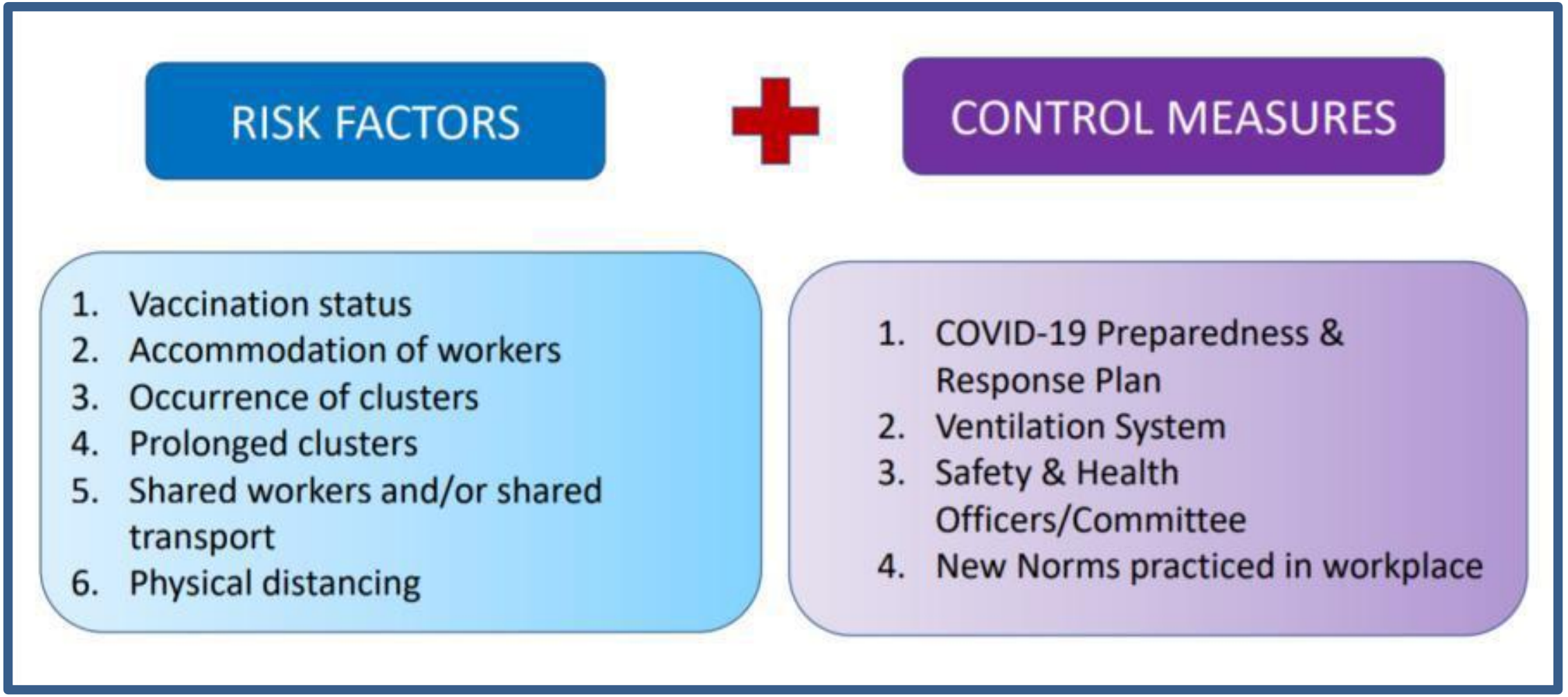
Indicators of Risk		
	Existing Control Measures	**✓ / X /NR**
1.	COVID-19 preparedness and response plan available	
2.	Ventilation system maintained as per manufacturer's schedule	
3.	• Presence of Safety and Health Officer in workplaces >100 employees or • Safety and Health Committee in workplaces with >40 employees	
4.	New norms are practiced at the workplace- Public Health & Social Measures (e. g. mask usage, hand hygiene, temperature screening on entry, staggered break times, staggered shift)	

* Requirement under Occupational Safety and Health Act 1994 (Act 514)

* Accommodation provided according to the requirements of Act 446 (Amendment) 2019 on Workers' Minimum Standards of Housing and Amenities Act 1990

Annex 25a : Guide To Conduct A Risk Assessment (RA) To Determine The Risk Status Of Workplaces For COVID-19 Testing (this is part of National Testing Strategy) - 15/11/2021

Indicators for Assessing Risk at the Workplace



Annex 25a CDC, MOH (updated 15 November 2021)

Checklist of Indicators for Assessing Risk at the Workplace

Indicators of Risk		
	Risk Factors	**✓ / X/NR**
1.	Is the vaccination status of employers and employees ≥ 90%?	
2.	* Accommodation provided by employer adheres to the requirements of Act 446	
3.	Absence of cluster in the workplace as declared by PKD	
4.	Cluster in the workplace was controlled within 28 days	
5.	No shared workers and/or shared transport	
6.	Ability to maintain physical distancing of 1 meter in work area/ workstation etc.	

* Accommodation provided according to the requirements of Act 446 (Amendment) 2019 on Workers' Minimum Standards of Housing and Amenities Act 1990

Annex 25a CDC, MOH (updated 15 November 2021)

Checklist of Indicators for Assessing Risk at the Workplace

Indicators of Risk		
	Existing Control Measures	**✓ / X /NR**
1.	COVID-19 preparedness and response plan available	
2.	Ventilation system maintained as per manufacturer's schedule	
3.	• Presence of Safety and Health Officer in workplaces >100 employees or • Safety and Health Committee in workplaces with >40 employees	
4.	New norms are practiced at the workplace- Public Health & Social Measures (e. g. mask usage, hand hygiene, temperature screening on entry, staggered break times, staggered shift)	

* Requirement under Occupational Safety and Health Act 1994 (Act 514)

Annex 25a CDC, MOH (updated 15 November 2021)

Checklist of Indicators for Assessing Risk at the Workplace

Scoring System

✓	Yes
x	No
-	Not relevant

Score = $\frac{\checkmark}{(\checkmark + x)} \times 100 = \ldots .. \%$

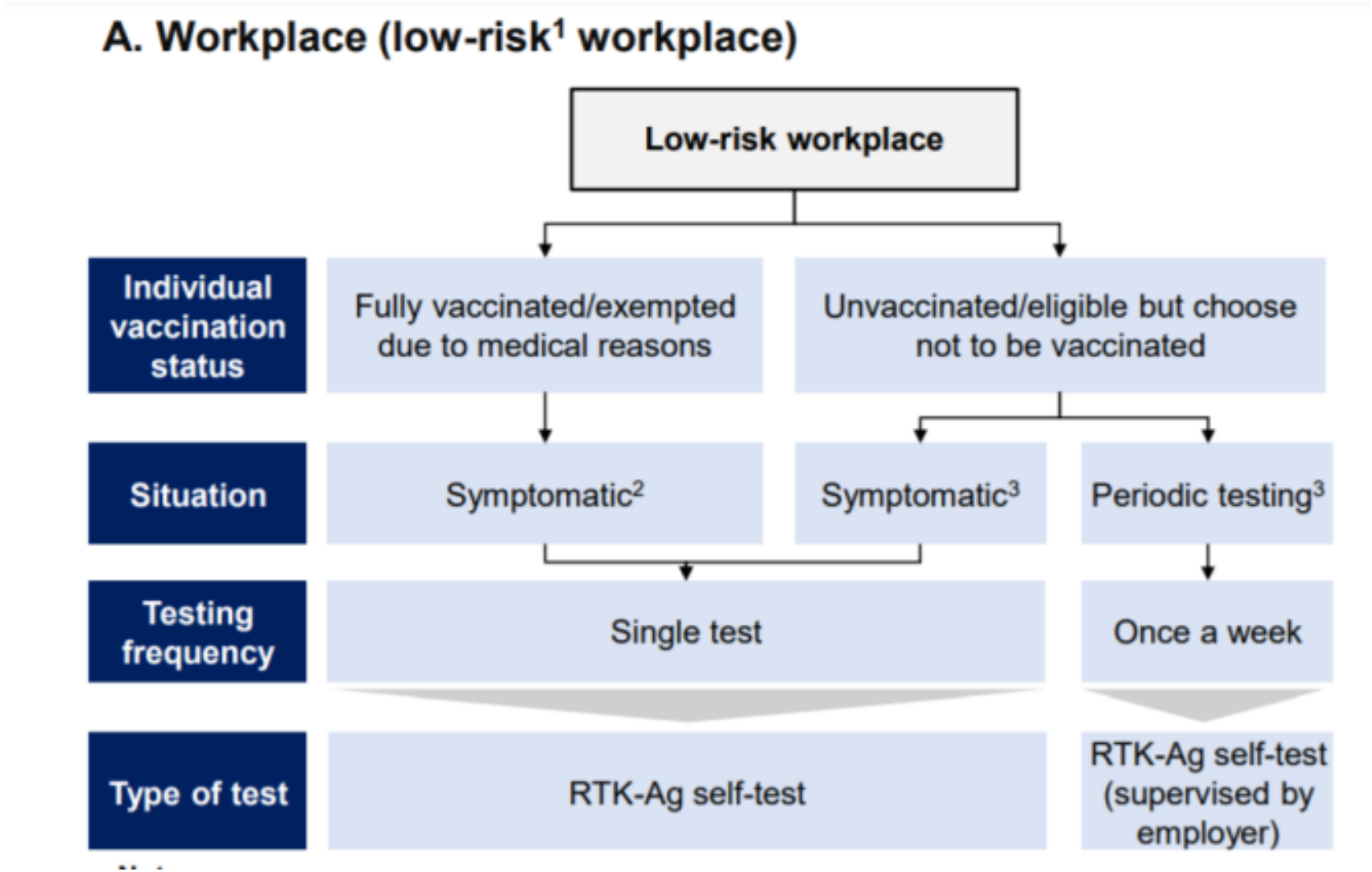
FINAL SCORE

Low Risk (≥60%)

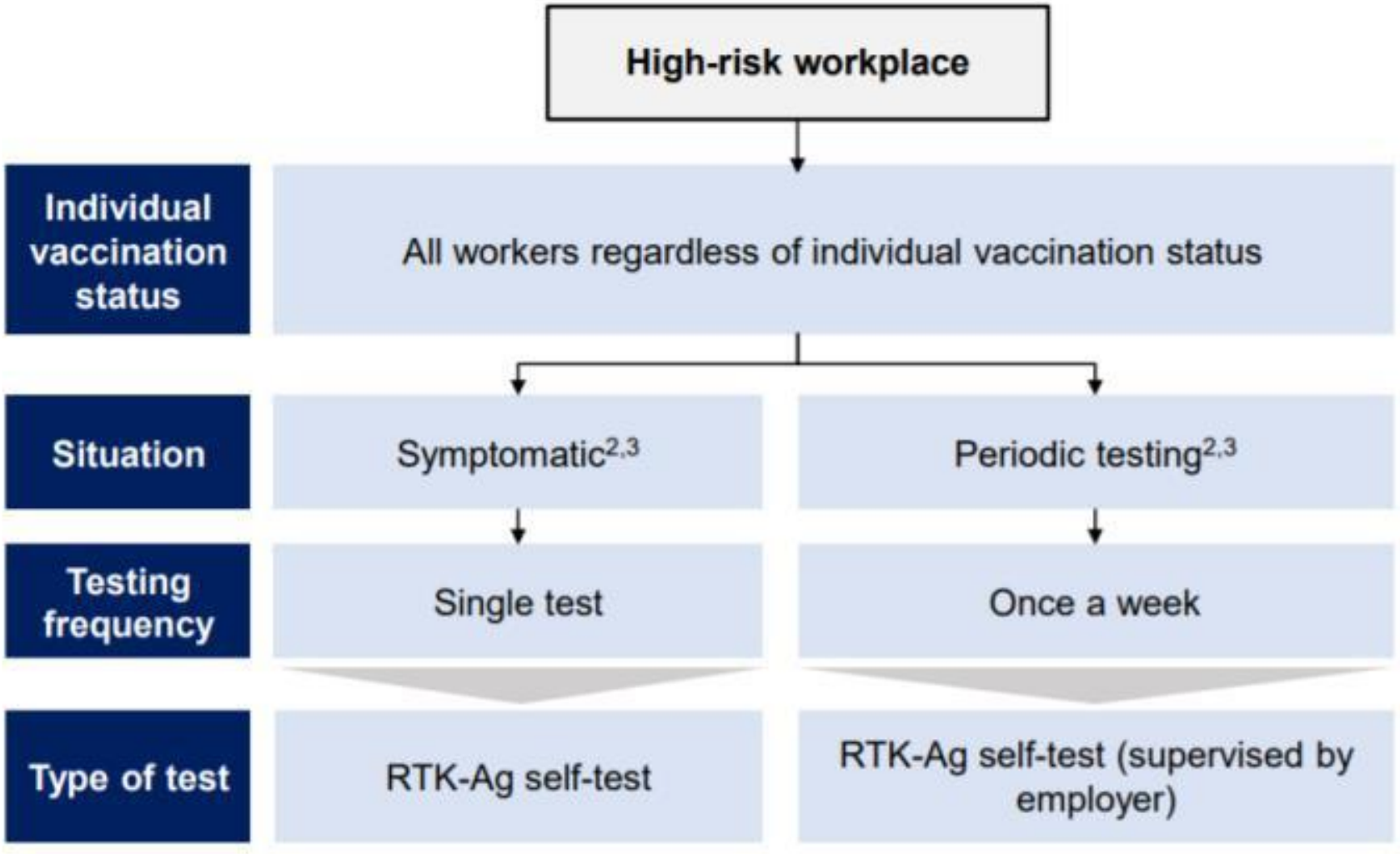
High Risk (< 60%)

Annex 25a CDC, MOH (updated 15 November 2021)

COVID-19 testing requirements for specific activities
Workplace (Low risk workplace)



COVID-19 testing requirements for specific activities
Workplace (High risk workplace)



When you should get tested for COVID-19

1 If symptomatic

Fever/chills | Fatigue | Breathing difficulty | Body/muscle ache | Headache

Runny nose | Cough/sore throat | Vomiting/ diarrhoea | Loss of sense of taste or smell

2 If considered as a close contact

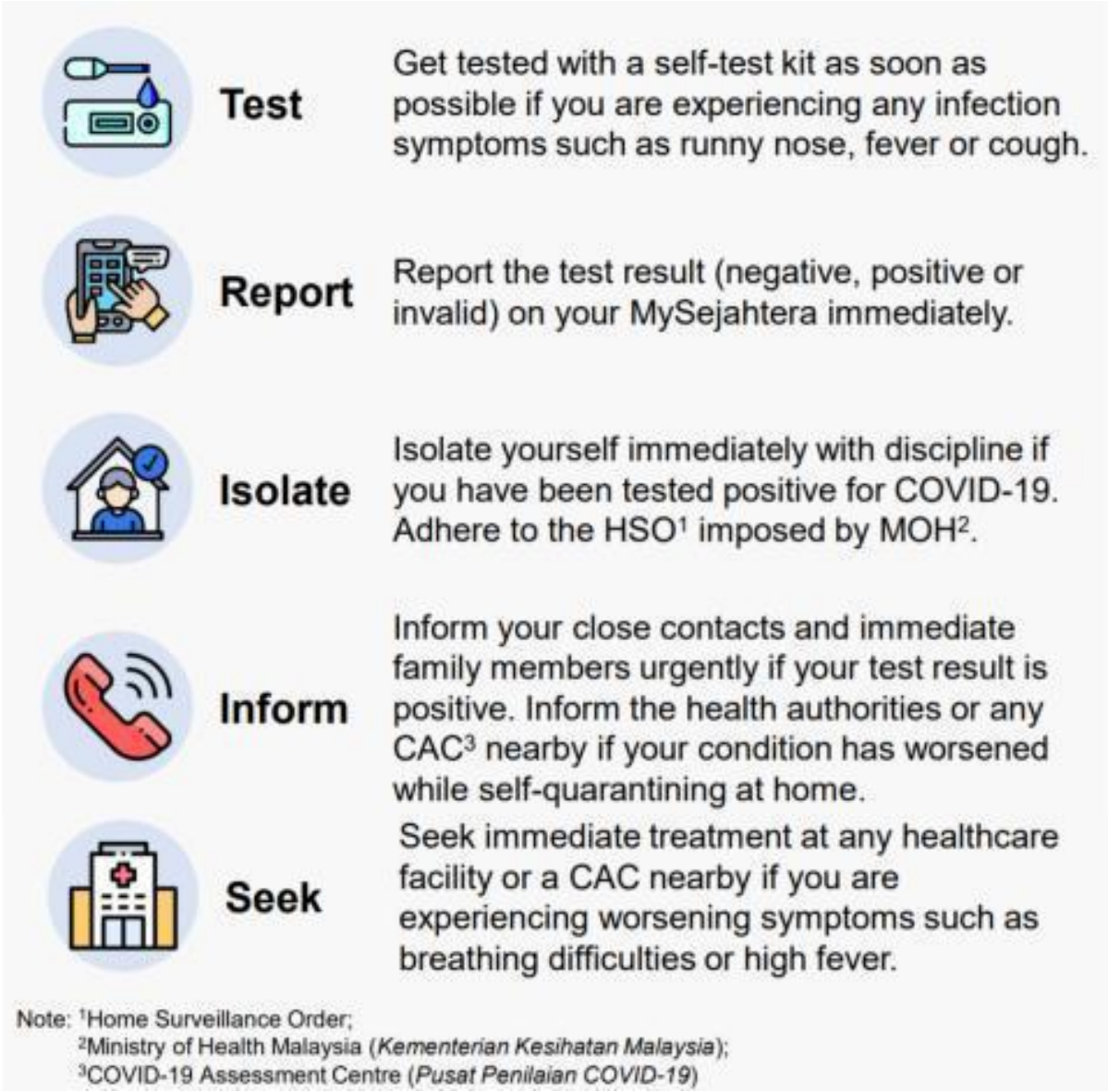
Close contacts are required to self-quarantine according to the quarantine period set by MOH. This includes those who tested negative. You are considered as a close contact if you **have interacted with a positive case within 1 meter and were in any of the following situations**:

More than 15 minutes | Interacting without a face mask | Physical contact

General COVID-19 Testing Requirements

	RTK-Ag Antigen Rapid Test Kit	RT-PCR Polymerase Chain Reaction Test
Description	COVID-19 screening test that can be self-administered or conducted by professionals[1]	COVID-19 screening test that is conducted by professionals[1]
Testing methods	Nasal swab and/or saliva	Nasal and throat swab
Accuracy	90% – 95%	99.9%
Turnaround time	15 – 20 minutes	24 – 72 hours
Purchased at	Pharmacies, private medical centres and sales premises licensed by KPDNHEP[2]	Government/private clinics, hospitals or laboratories

COVID-19 testing as a new normal: TRIIS



Soon Soon Risk Assessment for Asymptomatic Persons Testing Frequencies

FREQUENCY OF TESTING	EVERY WEEK	EVERY 2 WEEKS	EVERY MONTH
RISK ASSESSMENT CRITERIA	1. Casual contacts > 70 people/ day. eg: Security Guard	1. All foreign workers	OTHER WORKERS
	2. Casual contacts of > 30 people/week eg: Sales personnel who do external visits to customer's place	2. Casual contact > 6-30 people/ week. eg: Service Department	-
	3. Close contacts > 10 people/ day. eg: A worker who has big family staying together in the same house	3. Close contacts >15 people per week in the workplace. eg: Staff in the packing area	-

Special Requirements for the Food Industry

Requirements of Food Industry
Follow Annex 25 Covid-19 management guidelines for Workplaces

PREVENTION & CONTROL MEASURES	ACTION BY EMPLOYERS	ACTION BY EMPLOYESS
UPDATES ON PREVENTION & POLICIES	1. Constantly be updated on latest info of Covid-19, prevention and management policies from authorities	-
STEPS TO ENSURE MAXIMUM PROTECTION OF STAFF TO ENABLE CONTINUATION OF BUSINESS	1. Encourage & facilitate employee to get vaccination under PIKAS	1. Get vaccinated (including pregnant and co-morbidities)
	2. Communicate regularly to workers on preventive measures - Physical distancing (1m away from others) - Personal hygiene - Hand hygiene - Use mask in areas where required - Regular updates on Covid-19 - Education & promo material	2.ScanMy Sejahtera QR code when entering work premise 3. Always maintain good personal hygiene (hand wash soap, water, hand sanitizer) 4. Practice cough and sneezing etiquette
	3. Identify vulnerable employees (eg: well controlled chronic disease) and ensure adequate control measures	5. Practice physical distancing 6. Wear mask
	4. Instruct supervisor to monitor symptom among employees & compliance to preventive measures	7. Avoid close contact with fellow employees
	5. Encourage employee to monitor for symptoms	8. Alert supervisor if identified suspected case/PUS or confirmed case
	6. Register premise with MySejahtera and generate print QR code to be displayed at premise (Annex 42)	9.See medical treatment asap when symptoms developed
	7. Conduct mental health assessment to reduce stress & monitor sick leave & absenteeism among employees	

Updated 12 Sept 2021

Requirements of Food Industry
Follow Annex 25 Covid-19 management guidelines for Workplaces

PREVENTION & CONTROL MEASURES	ACTION AT WORK PLACE
STEPS TO ENSURE MAXIMUM PROTECTION OF STAFF TO ENABLE CONTINUATION OF BUSINESS	1.Screening of all employees at entry - Temperature screening (<37.5C) - Symptoms screening (cough, sore throat, complete & sudden loss of taste and smell, difficulty breathing) - History of close contact to a positive or suspected covid 19 (when necessary)
	2. Enforce Hand sanitization
	3. Regular cleaning and disinfection (focus on high touch areas)
	4. Policy of no physical contact eg handshaking
	5. Provide hand washing stations & hand sanitizers
	6. Proper toilet facilities and maintenance
	7. Provision of lidded rubbish bin & regular refuse disposal
	8. Enforce strict SOP at common areas – rest area, pantry, canteen, prayer room
	9. Limit occupancy at common areas according to room size
	10. Virtual meetings/ meetings outside in open air
	11. Indoor meetings with precautions (hand sanitizer, proper ventilation refer to DOSH Guide Note on Ventilation and Indoor Air Quality, limit participants and distancing,keep details of health status and contacts)
	12. Enforce all SOPs at work place

Updated 12 Sept 2021

Requirements of Food Industry

Follow Annex 25 Covid-19 management guidelines for Workplaces

PREVENTION & CONTROL MEASURES	ACTIONS BY MANAGEMENT AT WORK PLACE
ACTIONS TO BE TAKEN WHEN THERE ARE POSITIVE CASES AT WORKPLACE	1. Notify positive case by treating Dr to nearest DHO using notification system. If detect by self- testing kits, update results in my Sejahtera. When required, to provide list of positive cases to DHO
	2. Isolate positive employees at home. Employee should update status and daily health assessment in my Sejahtera & adhere to Home Surveillance Order (HSO)
	3. Identify close contacts & give full cooperation to DHO during investigation
	4. Monitor Positive case daily for symptoms and provide a pulse oximeter to assess oxygen saturation level in blood
	5. If case worsen, employer must ensure access to healthcare services are available
	6. Provide support for necessary essentials for employees under HSO
	7. Disinfection should be carried out as per Annex 36
	8. Workplace where DHO issue notice of closure, period will be determined by DHO based on reason for closure eg : disinfection, contact tracing and risk assessment findings.
	9. If close for disinfection, has to be closed for the duration of disinfection only and subsequently workplace may function as normal but with available employees who are not close contact. Inform DHO for assessment and re-opening once disinfection completed
	10. Close contacts who have completed HSO to get official release order before returning to work.
	11. Positive case who have been discharged from hospital, PKRC or home isolation may return to work with strict adherence to SOP
	12. Not advisable for positive cases within 3 months recovery to undergo testing, as they may still be positive. However if symptomatic they should be tested and assessed accordingly

Requirements of Food Industry
Follow Annex 25 Covid-19 management guidelines for Workplaces

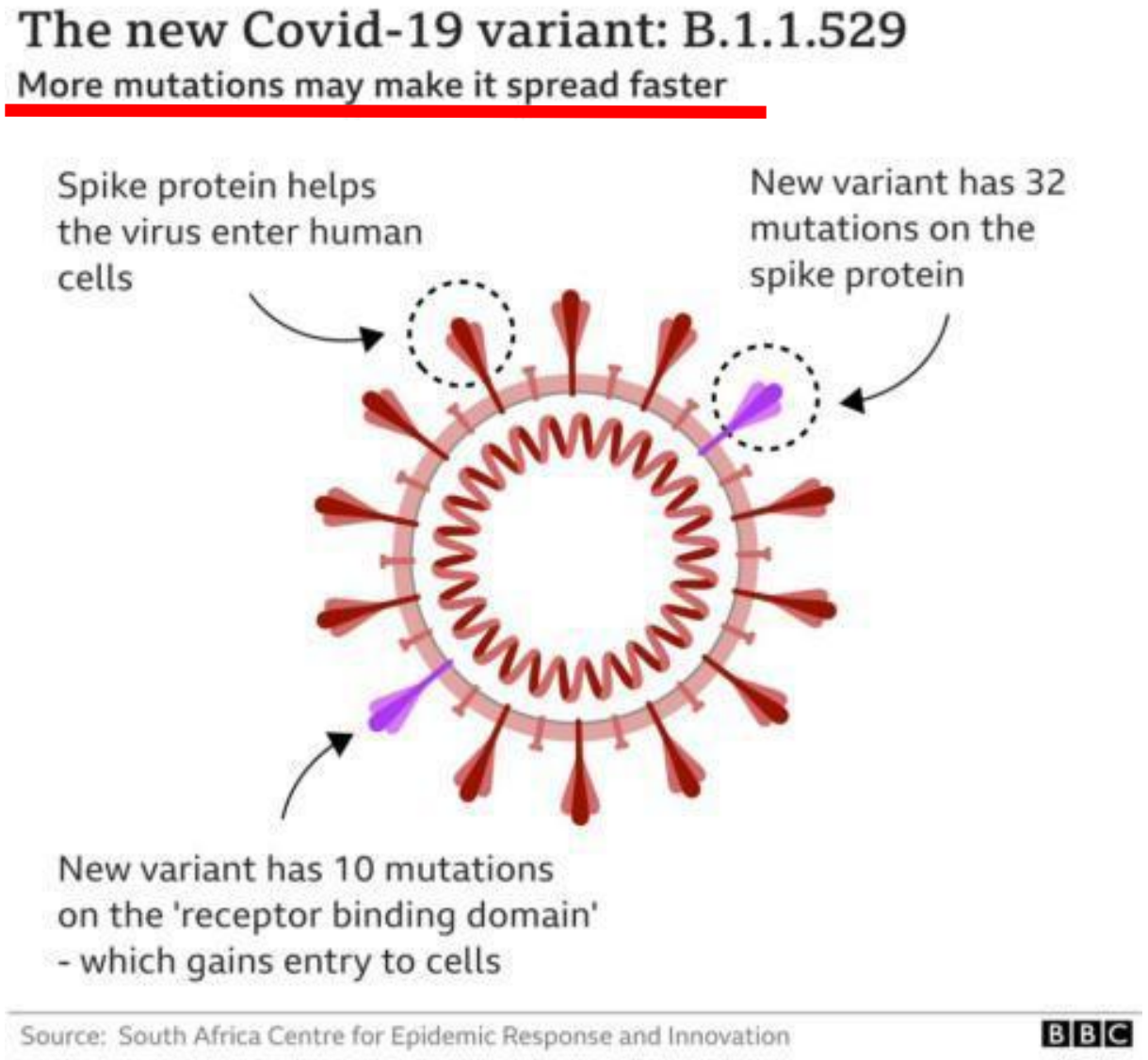
PREVENTION & CONTROL MEASURES	ACTIONS BY MANAGEMENT AT WORK PLACE
ACTIONS TO BE TAKEN WHEN THERE ARE CLOSE CONTACTS TO A POSITIVE CASE AT WORKPLACE	1. Isolate close contact employees at home and maintain SOP (wear mask, distancing, hand hygiene and personal hygiene.
	2. Assist in identification of close contacts and ensure all adhere to HSO
	3. In dormitory setting, ensure all close contacts are isolated in a separate room, avoid contact with others OR One dormitory can be used to house close contact if they are large number of them.
	4. Ask close contacts to update their status and daily symptom monitoring using HAT in my Sejahtera
	5. Monitor health of employees under HSO
	6. Provide support necessary essentials for employees under HSO
	7. Responsible for testing of close contacts according to DHO recommendation
	8. For close contacts quarantined together where one or more become positive, the remaining close contacts quarantine period will be extended depending upon risk assessment by DHO.

Updated 12 Sept 2021

CONCLUSION

- The most important thing we can do to help us be safe during this period is to get vaccinated, take timely boosters and continue to adhere to COVID-safe practices.
- By doing this we protect ourselves and those around us, and together we move towards an endemic phase of the virus.
- If we don’t work together, things could turn for the worse very quickly and prolong the pandemic especially if more infectious and virulent variants were to appear.

The New Covid-19 Variant - Omicron



- The Omicron variant was first discovered in South Africa and reported to WHO on 24 November 2021.
- WHO has classified it as Variant of Concern (VOC)
- The new strain has since been identified in Botswana, Belgium, UK, Hong Kong, Israel and many other countries.
- This variant has a large number of mutations, some of which are concerning.
- Preliminary evidence suggests an increased risk of reinfection with this variant, as compared to other VOCs.

Source:
1) https://www.bbc.com/news/uk-59445388
2) https://www.who.int/news/item/26-11-2021-classification-of-omicron-(b.1.1.529)-sars-cov-2-variant-of-concern

The New Covid-19 Variant - Omicron

New Omicron variant could be 500% more infectious than Delta - 'Impossible to contain'

THE new Omicron variant of Covid has sparked alarm and swift travel restrictions across the globe, as one scientist warned initial findings show the new variant is "500 percent more infectious" than the Delta variant.

By OLI SMITH
09:01, Sat, Nov 27, 2021 | UPDATED: 09:01, Sat, Nov 27, 2021

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The Omicron variant of Covid could be '500 percent more infectious than Delta' (Image: DW)

- Initial findings showed Omicron is 500% more infectious than the Delta variant. "We saw 100 times more cases yesterday than just 25 days before.“ said Mr. Ulrich Elling, a research leader in Vienna.
- Transmissibility and severity of this new variant are not yet clear and more studies are needed to understand them.
- Israel, Japan, UK, US, Australia, Canada and European Union have imposed travel bans from the African countries.

Source: https://www.express.co.uk/news/world/1527814/Omicron-variant-Delta-coronavirus-WHO-covid-strain-mutant-UK-South-Africa-latest-vn

THANK YOU

http://www.soonsoongroup.com/index.php/our-response-to-covid-19

Email: covid19taskforce@soonsoongroup.com