



PUSAT PERUBATAN  
**UNIVERSITI  
MALAYA**

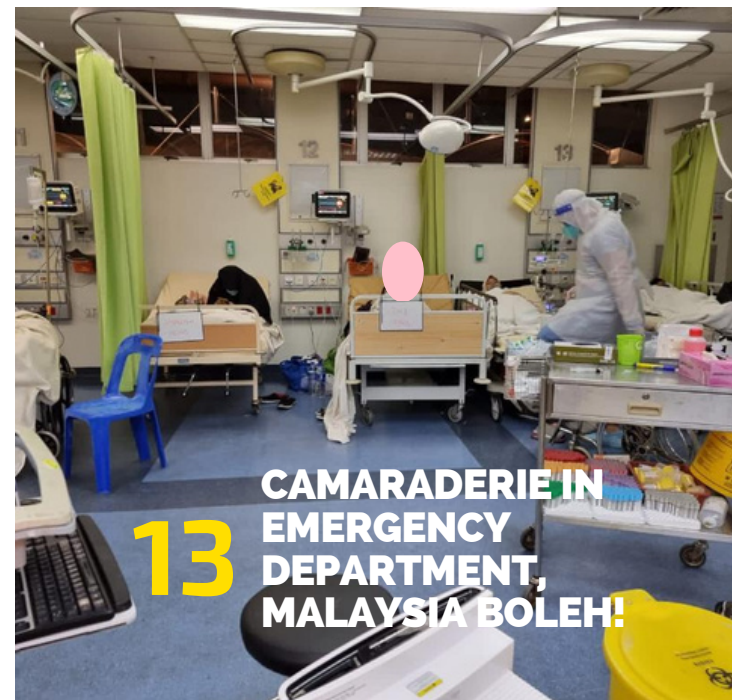
# SUARA PPUM

MAC 2023

EDISI KHAS  
**COVID-19**



# ISI KANDUNGAN



## 01 KATA-KATA ALUAN

## 02 NOTA EDITOR : WELCOME NOTE FROM THE EDITOR IN CHIEF

## 03 PENGARAH WANITA PERTAMA DI PPUM MENANGANI COVID-19

## 07 BICARA EKSKLUSIF : UPCLOSE & PERSONAL WITH DR. MOHAMMAD SALLEH BIN YAHYA

## 09 KISAH COVID-19 DARI PETUGAS KESIHATAN

## 17 KISAH COVID-19 DARI PESAKIT PPUM

## 21 AKTIVITI DAN PENAMBAHBAIKAN BAGI MENANGANI COVID-19

## 41 TINTA EMAS

## 52 SOROTAN PERISTIWA BERGAMBAR COVID-19 DI PPUM

## 62 AHLI SIDANG REDAKSI



SIDANG REDAKSI PPUM

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# Kata-kata aluan

Assalamualaikum WBT dan Salam Sejahtera,

Bersyukur ke hadrat Allah SWT kerana buat pertama kalinya PPUM berkesempatan membukukan satu **catatan rasmi** mengenai **pengalaman suka dan duka kita mendepani pandemik COVID-19**. Mungkin di luar bingkai masa yang sepatutnya, namun bagi saya cerita yang kita kongsi adalah versi kita, versi yang berbeza dari cerita yang telah sedia ada di luar sana.

Pandemik COVID-19 telah memberi impak yang begitu mendalam bukan sahaja kepada lanskap perkhidmatan kesihatan secara keseluruhan dalam kalangan masyarakat, malah turut memberi kesan kepada tahap kesihatan mental, kewangan, produktiviti dan motivasi staf PPUM sendiri. Jerih perih para petugas barisan hadapan ini akan dikongsi untuk **pedoman** dan juga **refleksi** buat kita semua pada masa akan datang.

Semoga seiring dengan pengalaman yang kita lalui, **PPUM** akan **semakin matang mengorak langkah** untuk terus **maju ke hadapan** menerajui bidang pengajaran perubatan. Banyak pengorbanan yang telah diharungi oleh warga PPUM dan kita telah bangkit membiasakan diri untuk lebih bersedia menghadapi sebarang kemungkinan di hari muka.

Saya ingin mengambil kesempatan merakamkan ucapan **syabas dan tahniah** kepada **Sidang Redaksi** PPUM yang diketuai oleh Dr. Christina Lee Lai Ling, Ketua Jabatan Perubatan Transfusi yang telah berjaya membentuk pasukan ini. Saya percaya dengan kekangan tugas hakiki dan pelbagai kesibukan jadual masing-masing, hasil terbitan ini merupakan satu usaha yang perlu diberikan pujian.

Kepada **seluruh warga PPUM**, terimalah **setinggi-tinggi ucapan penghargaan dan terima kasih yang tidak terhingga dari saya secara peribadi**. Semoga Tuhan memberkati setiap yang kita lakukan dan segala urusan kita semua kelak dipermudahkan jua.

Sekian, salam hormat dan selamat membaca.

Yang benar,

**PROFESOR DR. NAZIRAH HASNAN**

Pengarah

Pusat Perubatan Universiti Malaya





# WELCOME NOTE

*from the Editor in Chief*

Dear authors, reviewers and readers of SUARA PPUM,

It gives me **great pleasure to welcome you** to the very first issue of Universiti Malaya Medical Centre (UMMC) Bulletin, Suara PPUM. In this special edition, we aim to document UMMC experiences in managing this COVID-19 pandemic. The bulletin highlights the multifaceted activities happening all over UMMC to combat this COVID-19 pandemic. We are delighted to have many interesting COVID-19 stories from health care workers, patients, and staff. All the articles were specially written for this bulletin. I would like to thank our submitting authors, who have shared their beautiful writing with us. **SUARA PPUM is a bilingual bulletin** to encourage our writers to share in any language of preference.

The editorial board team is made up of staff from various clinical and non-clinical departments. With minimal editorial experience, all of us have “unraveled” our hidden talents and acquired many new skills as we worked towards this bulletin. I would like to thank our Director, Professor Dr. Nazirah Hasnan for her idea of this special edition Bulletin UMMC. We are so proud that this baby is finally born after months of writing and editing. I would like to also thank our advisor Pn Anisah Abd Wahab and my fellow teammates for your dedication and hard work to make this bulletin comes alive!

As we move to endemic, **let's remember the journey** we have gone through **and be encouraged when the next disaster come along!** Together everyone achieves more!

Finally, we hope that you will enjoy reading the bulletin.  
**Take care and stay safe!**



DR. CHRISTINA LEE LAI LING



# PENGARAH WANITA PERTAMA DI PPUM MENANGANI COVID-19

Sentiasa tampil santai dan ceria, Profesor Dr. Nazirah Hasnan menceritakan di sebalik pengalaman menggalas tanggungjawab sebagai Pengarah dan cabaran menguruskan pesakit COVID-19 di Pusat Perubatan Universiti Malaya.



**PROFESOR DR. NAZIRAH HASNAN**  
Pengarah  
Pusat Perubatan Universiti Malaya

## COVID-19 : Cabaran Pertama Pengarah

Beliau yang juga merupakan Pakar Perunding Perubatan Pemulihan dan penyandang jawatan Timbalan Pengarah Klinikal (Perubatan) sebelum ini mengakui jalan yang dilaluinya tidak mudah. “Di tengah-tengah peperangan menentang pandemik COVID-19, saya diberi kepercayaan menggalas amanah untuk memimpin sebuah pusat perubatan yang gah dan sememangnya telah berada dalam liganya tersendiri sebagai Peneraju bidang Pengajaran Perubatan di Malaysia, tetapi sewaktu suasana yang tidak menentu”, ujarnya.

Di sebalik cabaran yang diseimbangkan dengan amanah itu, Profesor Dr. Nazirah percaya bahawa kepercayaan ini dinilai atas keupayaan beliau dan beliau tidak berseorangan dalam memastikan institusi berprestij ini terus kekal relevan. **“Saya percaya dengan seluruh pasukan yang bekerja bersama-sama saya dalam memastikan visi dan misi PPUM terus dapat direalisasikan”**, kata beliau.



Tekanan yang dihadapi melawan sesuatu yang tidak kelihatan sudah pasti sangat besar. Pihak Pengurusan perlu melihat dari pelbagai sudut keperluan dan kemungkinan sebelum memutuskan sebarang perancangan selanjutnya. "Kami terpaksa **mengerakkan staf dari pelbagai jabatan dan jawatan serta mendapatkan semua pakar dan Pegawai Perubatan dari pelbagai disiplin membantu mendepani COVID-19**, dan pada masa yang sama memberi latihan kepada staf supaya sentiasa berada dalam keadaan "COVID-Ready", tambahnya.



Dalam usaha menangani penularan COVID-19, PPUM telah mewujudkan pasukan Task Force COVID-19 yang diketuai oleh YBhg Profesor Dato' Dr. Adeeba Kamarulzaman, Pakar Penyakit Berjangkit serta merangka dan melaksanakan Pelan Kesiapsiagaan COVID-19.

Tahun lalu sebelum vaksin diperkenalkan, ketakutan terbesar pasukan petugas barisan hadapan adalah dijangkiti dan menjangkiti ahli keluarga di rumah. Ia adalah kegusaran yang perlu diuruskan oleh pihak pengurusan PPUM, sehingga ke tahap terpaksa menyediakan keperluan makan dan minum, penginapan sementara dan fasiliti kuarantin kepada staf. Profesor Dr. Nazirah dengan nada lemah berkata, "Saya paling kuarir dengan tahap kesihatan dan keselamatan semua staf yang terpaksa bertugas lebih masa. Mereka terpaksa berehat dahulu sebelum mereka pulang kerana terlalu bahaya memandu kenderaan dalam keletihan. Ada juga yang takut untuk pulang kerana bimbang membawa pulang virus COVID-19".

Selain itu, sebagai seorang Pengarah, beliau diberikan ekspektasi dan harapan oleh banyak pihak untuk membuat keputusan yang tepat dalam apa jua keadaan. Garis panduan, polisi dan peraturan semasa yang dibentuk oleh Kementerian Kesihatan



Malaysia mahupun Pertubuhan Kesihatan Dunia (WHO) perlu disesuaikan dengan keperluan dan keadaan semasa penularan COVID-19 di fasiliti kesihatan tempatan. "Ia merupakan cabaran dan pengalaman yang benar-benar mendewasakan saya bahkan semua petugas kesihatan untuk mempertimbangkan dan membuat sesuatu keputusan," tambahnya lagi.



## Mengatasi Tekanan

Di tengah kemelut Pandemi COVID-19, kebajikan dan kesejahteraan staf sentiasa menjadi salah satu fokus utama Pengurusan Tertinggi PPUM. Pelbagai inisiatif secara *ad-hoc* telah diusahakan bagi memastikan keselamatan dan kesihatan staf berada pada tahap yang terbaik. Dalam memastikan perkhidmatan kepada pesakit yang memerlukan rawatan tidak terabai, pihak pengurusan turut mencari ruang dan peluang untuk staf berehat. **Kerja dan rehat perlu diimbangkan bagi memastikan mutu penjagaan pesakit berada dalam tahap optima dan dalam masa yang sama, kebajikan staf turut terpelihara.**



“Saya selalu mencuba menjadi seorang yang tidak terlalu runsing dan gusar mengenai isu-isu remeh. Saya percaya para pegawai di bawah seliaan saya akan melakukan perkara yang betul,” kata beliau. Di peringkat Pengurusan, penyeliaan dan pengawasan serta memutuskan jalan terbaik menyeimbangkan perkhidmatan dan kemaslahatan staf merupakan tanggungjawab yang amat sukar. Pengurusan PPUM telah mewujudkan **Ruang Istirahat Staf** khusus buat staf yang bekerja lebih masa dan memerlukan tempat berehat sebelum mereka benar-benar bersedia untuk pulang atau menyambung semula pekerjaan. Ruangan ini dilengkapi dengan **kerusi urut, bahan bacaan santai dan mesin kopi** khusus untuk dimanfaatkan sebagai tempat istirahat. “Kami di peringkat Pengurusan, mungkin hanya nampak statistik dan perancangan dasar, namun, di lapangan, **saya tahu betapa penatnya staf yang perlu bertugas menghadapi pesakit**”, ujar beliau.

Keperluan staf yang dijangkiti COVID-19 turut diberikan perhatian. Fasilitas kuarantin secukupnya bagi staf yang memerlukan dan pengenalan “Bakul Kasih” merupakan satu tanda penghargaan kepada semua petugas barisan hadapan yang telah begitu banyak berkorban. “Mungkin ia tak setimpal bagi membalas jerih-perih mereka yang bertugas di lapangan. Namun, sedikit sebanyak saya harap dapat mengubat kepenatan mereka”, tambah Profesor Dr. Nazirah lagi.



Apabila ditanya bagaimana beliau sendiri menangani tekanan sewaktu berdepan cabaran Pandemik COVID-19, beliau berkata, “Sewaktu pandemik, saya dapati berkebun dan menanam pokok-pokok hiasan juga merupakan satu terapi yang baik dan begitu menenangkan. Ia memang hobi saya sejak dari dulu. Tapi, benarlah kata pujangga, berbudi kepada tanah, lambat laun dapat hasilnya. Selain bunga-bunga yang cantik, tumbuh-tumbuhan ini turut menyejukkan pandangan”.

## Harapan

Begitulah perbualan ringkas yang dapat dirakamkan bersama Pengarah Wanita Pertama Pusat Perubatan Universiti Malaya. Dalam kesibukan jadualnya, beliau masih dapat meluangkan masa untuk ditemubual dan menyantuni staf. **“Saya selalu berpesan kepada diri saya sendiri untuk cuba luangkan masa bersama keluarga dan staf yang sentiasa berharap untuk mempunyai masa bersama kita,”** ujarinya.

Sepanjang menggalas tanggungjawab sebagai seorang Pengarah, beliau berharap untuk terus mampu mempertahankan imej dan kedudukan PPUM sebagai Peneraju Pengajaran Perubatan. Di samping itu, Profesor Dr. Nazirah berharap agar warga PPUM sentiasa dilindungi dan diberi kekuatan oleh Allah SWT untuk dapat berkhidmat kepada masyarakat dan terus kuat mendepani cabaran.



## UP CLOSE AND PERSONAL WITH :

### DR. MOHMMAD SALLEH BIN YAHYA, DEPUTY DIRECTOR (MEDICAL) AND CO-CHAIRPERSON OF COVID-19 TASK FORCE

#### Universiti Malaya Medical Centre (UMMC)

##### Question

Thank you very much Dr. Salleh, for accepting this interview by the Editorial Board, Universiti Malaya Medical Centre. Can you share with our readers the history and role of COVID-19 Task Force Committee?

##### Answer

Thank you Editorial Board for featuring me in this special edition UMMC bulletin.

Over the years, UMMC had many previous experiences to handle outbreaks like Japanese Encephalitis, H1N1, Ebola, SARS, MERS COV and etc. Walking down the memory lane, on 6th January 2020, we had our first meeting to discuss this new "Wuhan" virus which was happening in China. **The very first meeting was chaired by Prof. Dr. Adeeba and Prof. Dr. Nazirah.** It was attended by representatives from Primary Care Department, Emergency Department, Infectious Disease team, Nursing Department, Microbiology Department, to name a few.

Later this new virus was named as coronavirus. However, what we couldn't predict was how fast this virus would turn from epidemic into a pandemic. Hence our very first meeting became a weekly meeting, and was rebranded as COVID-19 Task Force committee to discuss management of COVID-19 in UMMC.

Throughout these two years, our committee meets weekly, and sometimes biweekly, depending on the scenario of COVID-19 in Malaysia. More members were invited into this committee **to discuss all aspects of COVID-19 to ensure that the hospital service is smooth running.**

Prior to 6 January 2022, we have talked about dissolving this committee, as to celebrate our victory over the past 2 years. However, the Omicron wave hit again and this committee continued to serve as a steering committee in COVID-19 management in UMMC

##### Question

What are the challenges of managing this dynamic and ever evolving task force?

##### Answer

It was not an easy task to chair this task force, but it was ultimately rewarding. One of the very first challenges that we faced was **to get in more manpower to run COVID-19 service as handling COVID-19 patients requires double the number of manpower.** Another challenge which we faced was **to convince** our colleagues that **treating COVID-19 patients is not limited to the Ministry of Health** only; we as health care workers in universiti teaching hospital can also contribute to managing COVID-19 patients as this is a pandemic and affects everyone.

I vividly remembered that we were discussing this new Wuhan virus in our early meetings. So, when the very first COVID-19 patient was admitted to our hospital, all of us were so excited to finally meet our first COVID-19 patient! This euphoria quickly turned into nightmare when the number of COVID-19 cases begun to soar and we struggled with so many issues. I could still remember in 2021, there was a time where the **whole Menara Utama ward was turned into a COVID-19 ward, with almost 470 beds full** with COVID-19 patients. **Health care workers were burnt out** and we had an **influx of COVID-19 patients** waiting to be admitted or decanted to other health care facilities.

As our vaccination programme rolled out in year 2021, we again faced with new challenges such as **vaccine misinformation and resistance from anti-vaxxers or vaccine hesitant groups.**



**Question**

**Can you share some of the ah-ha (happy and rewarding) moments or highlights of chairing this committee?**

**Answer**

As the COVID-19 pandemic continued, we got **full cooperation from all** heads of department to deploy their staff to work in COVID-19 related service. We had specialist and medical officers from surgical discipline, public health, pathology, rehabilitation, sports medicine, psychiatry and forensic to serving in COVID-19 wards fighting this pandemic together with their medical discipline colleagues. The cooperation and team work from all categories of healthcare workers was simply astonishing. It was very overwhelming to see our staff and colleagues going the extra ordinary mile and be out of their comfort zone serving the community.

Another blessing in disguise from COVID-19 pandemic was that we were able to **expand medicine into telemedicine and reduce clinic congestions**. We had clinic congestions issue for years and COVID-19 has **accelerated the implementation of digital medicine and telemedicine consultation**. Many clinical teaching and research work were also “evolved” digitally, something which we always wanted to work on, but never had the opportunity to really put it into place.

**Question**

**What is your personal take of COVID-19 pandemic transiting into endemic?**

**Answer**

**COVID-19 virus is here to stay**. It will be like a normal flu virus remaining among us. We foresee that there will not be too many hospital admission for COVID-19 category 4&5, unless the vulnerable group or the unvaccinated ones.

I remembered we used to pledge for the public to be vaccinated. However, now the game has changed and those unvaccinated ones will be more vulnerable and symptomatic if they are exposed to this virus. Hence, they need to be very careful when mingling in public as most people are already vaccinated.

**Question**

**What are some additional messages which you would like to share with our readers?**

**Answer**

As we enter into the phase of COVID-19 endemic, I couldn't help but feel that our last 2 years were just frozen in time. Sometimes I often wondered how we manage to survive and pull through this physically and emotionally challenging time. I couldn't help but to be **grateful with the enormous support that we have got**.

I would also like to **thank the Ministry of Higher Education for the funding for COVID-19 pandemic and all our very kind sponsors for their generous sponsorship**. I would like to thank **all our health care workers** who have contributed in all their various ways during this pandemic. Not forgetting to mention **our clinical support service** who were always working behind the scene to support our clinical service. **The hospital service would be incomplete without the support from our administrators, finance, human resource and various non clinical departments**.

For all our readers, my personal advice would be: despite COVID-19 has now become endemic, do adhere to SOP especially for those vulnerable group. I look forward to COVID-19 endemic where it can be treated like any other flu virus. Just bear in the mind that the virus is here to stay and will be everywhere. We need to take good care of ourselves mentally and physically. Take care everyone!

**Words by Dr.Christina & photography by Hazman**



# Leading Nurses in a Volatile Environment during Pandemic

by Hasimah Zainol  
Chief Nursing Officer  
Universiti Malaya Medical Centre

## What are the challenges we faced?

COVID-19 create fear and anxiety among nurses and other healthcare personnel. What should we do to protect ourselves while taking care of the sick patient if the pandemic reaches us? The initial thing that we do is to make sure nurses and health care assistants who have a co-morbidity are identified and they would not be assigned to take care of the COVID patient. It includes nurses who are pregnant and breastfeeding. Training, communication and moral support were vigorously implemented to **make sure everyone are confident and ethically prepared to take care of the patient.**

We have opened a few wards for COVID-19 patients which include active COVID patients step-down care and also for the pneumonia triage ward. This challenged us to make sure that nurses' placement and ratio are equally positioned to the extent that we made a 'war board' so that we know the mobilization of all the nurses

The dynamic and unpredictable situation during the COVID-19 pandemic in Malaysia has dispensed severe challenges in UMMC. Being appointed as the Chief Nursing Officer and overseeing 2,390 nurses has tested me physically and mentally.



I've learned a lot, which has been one of my hardest challenges in 30 years of working as a nurse. The query that always struck my mind was "What kind of leadership works in this situation? I've learned that it requires **quick thinking, flexibility, incident command measures, calm, confidence, visibility, communication, moral courage, caring, and disciplined decision-making.** Nurse leaders have to decide and make decisions accordingly on what to do and not to do during this phase.

**The year 2021 was the most difficult year throughout my career** as the country faced an increasing number of COVID-19 cases for several months. We were tirelessly working without a break as we had to take care of many patients with severe symptoms that needed extra attention. On top of that, we also had to deal with infected nurses within our workforce, which made it even more challenging as we had a shortage of staff. The fight against the COVID-19 war has been nothing but a massive sacrifice for everyone.







Communications are also prominent as visits to the ward are not allowed. Thus, it hinders family support for the patient. It was challenging to provide such care, however thanks to technology we were able to **provide communication through a video call** using Tab or smartphone.

Besides that, another challenge that we encountered was **maintaining the supply of Personal Protective Equipment (PPE) due to a shortage of raw materials from China**. We had difficulties in the beginning however we managed to stock up on our PPE based on the cases' prediction. Nurses were required to wear full PPE when they are handling patients. It feels uncomfortable and breathless if the N95 mask were worn for more than 1 hour therefore, the nurses were scheduled to go out and rest every 4 hours to eat, change masks, take a bath and pray.

Despite providing **organisational support**, it is crucial to address the **physical and psychological health needs of nurses**. Psychological support such as Psychological First Aid (PFA) and stress management was provided to make sure nurses' well-being. **A temporary Child Care Centre and quarantine facility for staff** were also created to support nurses and their families.

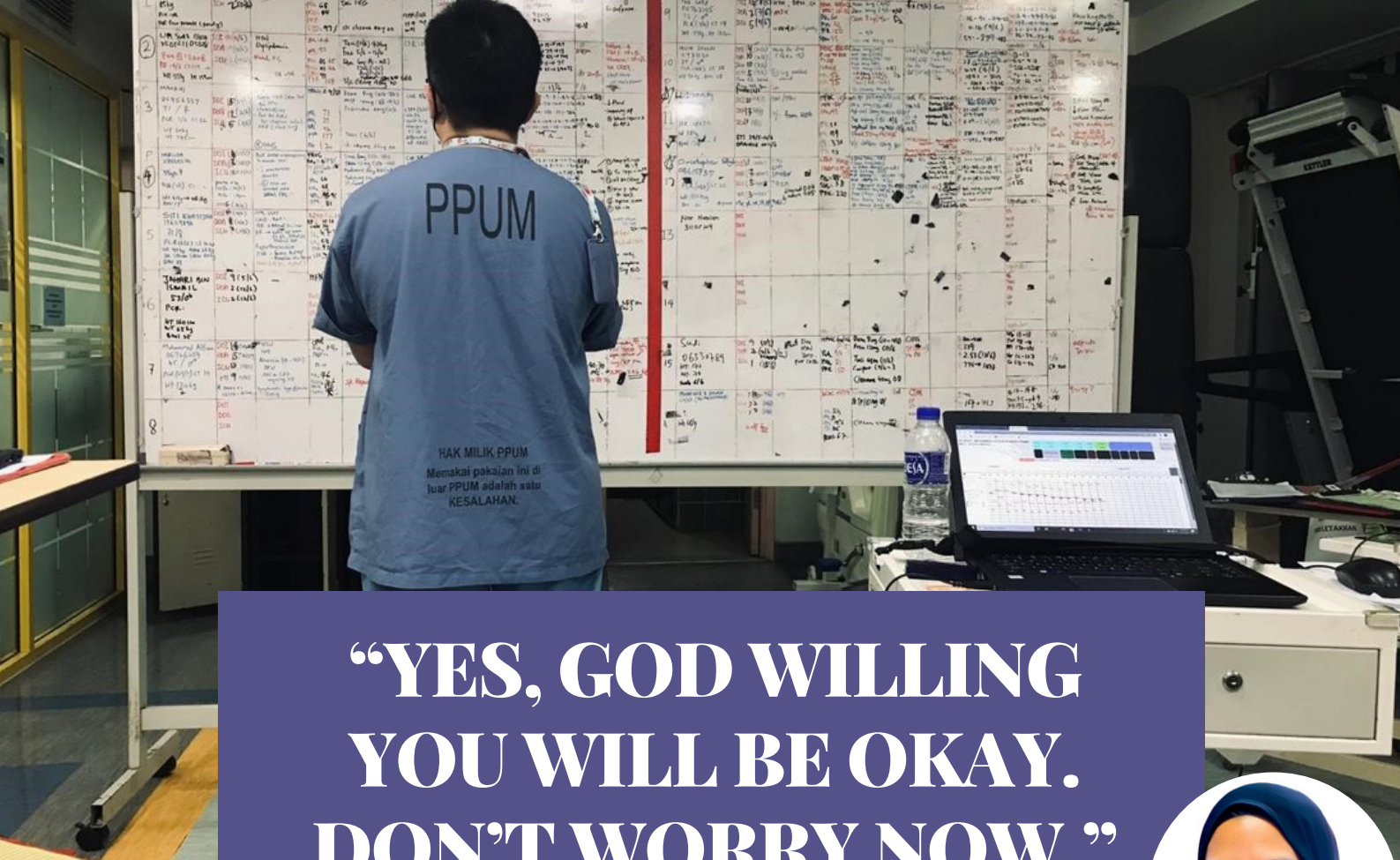
UMMC is known as a hybrid COVID hospital as we are taking care of COVID and non-COVID patients which require treatment. Thus, we have to limit the non-COVID patient and reschedule all appointments so that we won't have a crowded clinic, blood-taking centre, and patient day-care whereby social distancing can be practised effectively.

Albeit it is challenging and volatile, this is the time when we need to **hold firm to our values in fighting through this pandemic**. I would say that every nurse in UMMC or generally in Malaysia, has worked to a professional standard. I saw they demonstrate **accountability in providing excellent care** without any complaints and taking action in a very timely manner to ensure patients receive the best treatment and return to their families.

**I am very fortunate to share my vision and passion with the nursing team and everyone in UMMC who were as excited about challenges as I was.** They were always ever willing to execute all the planning and sacrifice whatever time or energy is necessary to accomplish the task at hand. **Thank you so much.**







# “YES, GOD WILLING YOU WILL BE OKAY. DON'T WORRY NOW.”

By Dr. Wan Aizat Wan Zakaria  
Lecturer/ Clinical Specialist Department of Anaesthesiology



I remember clearly when the long deserted COVID-19 ICU was filled in with patients -- again. It did not take long before we were running at full capacity and as the number of referrals kept going up; and our spirit and strengths were completely heading in the opposite direction. That morning I slowly dragged my feet to ICU for a COVID-19 shift (which felt like walking into Mordor) trying to brace myself for the long rounds in full PPE. However, the commotion outside the unit made me donned quicker than lightning (thanks to all the practice) and I hurried to the patient's bedside only to see a critically breathless and lethargic looking woman, on maximum oxygen support.

“Will I be OK, Doc?” she asked. Her eyes locked on mine as she tightly held my hand.

“Yes, God willing you will be okay. Don't worry now.”

When becoming a fully fledged doctor, I remember reciting the Hippocratic Oath and one of the pledges was:

**“I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.”**

This has never been more true, especially during those days. Although the COVID-19 pandemic felt like Armageddon, I think it is somewhat a blessing in disguise : the way it has taught us to be grateful even for the littlest things and how it proved that we can do wonders when together.

As long as I'm with my team of comrades, I am confident that we would have done it again for all of our patients, a thousand times over.

*“Yes, God willing you will be okay. Don't worry now.”*



# My story, an Ophthalmology MO deployed to work in COVID-19 ICU

My first thought when I found out that I will be going to work in the COVID-19 ICU was fear mixed with massive anxiety. Scared of having to deal with COVID-19, yes; but I was more afraid of being unable to deliver what is needed from me. I was scared of being deemed as incompetent. And I wasn't sure of the degree of responsibility, the workload or what is expected from us being deployed there.

## Am I capable enough to manage COVID-19 patients?

All my fears went away immediately on my first day there. I was surrounded by amazing colleagues, specialists and consultants. Coming from a very different medical background and specialty, I never really had to deal with tubes, catheters or ventilators. I was unfamiliar with the drugs. I was in a completely foreign land. But my colleagues and the lecturers were very patient in teaching me all that I needed to know, in order to manage patients safely. They instantly made me feel at ease, comfortable and most importantly they definitely made me feel as though **I was part of the team.**

## Valuable lesson I learned...

Reflecting back on my days working in the COVID-19 ICU, the most valuable lesson I learned there would be the importance of **being kind**. I was treated with kindness by my team. They were patient with me. They encouraged my enthusiasm, skills and positive spirit, they gave me meaningful and impactful tasks. The team taught me how to be empathetic and make patients and their families feel cared for. But most importantly, they taught me how to be the best doctor in the most challenging and bleak situation.

## Thank you for making me a better doctor today!

Overall, my experience there made me **a better doctor** today, and for that I am forever grateful.

Thank you **ANAESTHESIA team.**

Written by:  
**Dr. Athirah binti Aminudin**  
Ophthalmology Master Student  
Deployed for COVID-19 ICU





# Camaraderie in Emergency Department **MALAYSIA BOLEH!**



Dr. Ahmad  
Asraff Azman  
Medical Officer  
Department of  
Emergency  
Medicine



Needless to say, COVID-19 has made tremendous changes in our lives and I myself did not escape unscathed. Being the literal forefront among the **frontliners in the Emergency Department**, the **burden** we had to shoulder was undoubtedly **overwhelming** but alas we tilted our heads, lifted our chins, took it in stride and soldier on throughout the ordeal

I vividly recalled the moment that transpired during one of my rather eventful night shifts in Respi 1 Zone (otherwise generally known as our COVID-19-era resuscitation/critical zone). It was 10pm at night and as I trotted into the zone at the start of my shift, what befell my very own two eyes can only be aptly described as **pandemonium**.

**Patient occupancy** was at **200%**, two critically ill patients needed **urgent intubation**, other patients meanwhile were desaturating left, right, and center as oxygen levels plummeted due to the high capacity, and I saw colleagues and co-workers scurrying around within the zone to manually bag the patients while others had to scavenge for oxygen, all in efforts of keeping the patients, at best, alive.

The look of dismay on everyone was truly **heart-breaking**, to say the least. Just when we thought all hope was lost, the tide began to turn when my ever-efficient specialist made the call and **activated disaster mode**. Mere minutes later, we took the first sigh of **relief** as the **Head of Department and other specialists** who were not on-call began **arriving** all the way from the comfort of their abode **to provide** us with **the much-needed reinforcements**. Shortly after, the hospital director herself along with her deputy directors not to forget **colleagues from other zones and departments came over to lend a hand**. Everybody was **working in unison** irrespective of hierarchy, rank, race, religion and status. Order was established amidst the chaos, and we began to see the light at the end of the tunnel.

Fast forward to the next morning, all patients had been stabilized and transferred to their respective wards/ICUs with fortunately **zero casualties**. The camaraderie portrayed here is undoubtedly a tour de force, staying true to the Malaysian spirit as well as an impeccable display of **#kitajagakita**.

**All things considered, the pandemic has only reconsolidated the love and passion I have for this profession, institution, and above all, our beloved country Malaysia.**



# TOGETHER EVERYONE ACHIEVE MORE



**Dr. Chen Kar Yan**  
Interim Medical Officer  
Emergency Department  
Universiti of Malaya  
Medical Center

**Mid July till early August 2021** was certainly one of the most challenging times during my term in the emergency department as an interim medical officer. Coming to work was a daunting thought as I **did not know what was lying ahead and waiting for me in the zone**. It was nerve wrecking and heart breaking at the same time when I saw **endless rows of patients on oxygen support lined up** in the respiratory zone. The place was already packed to the brim and yet patients were constantly **streaming in, gasping for air and coughing**.

Every inch in the **emergency department was fully utilised** as a patient care area, simply to meet with the increasing demand. **Additional zones were set up** to accommodate patients who could not be admitted to the ward yet. It was always hustle and bustle in the department regardless of the time of the day. The medical personnel were stretched beyond their breaking points; even if we did not take breaks, the amount of workload was still never ending.

I will always remember that one fateful night shift in the Respiratory 1 zone. It was outright disastrous as all the COVID-19 patients on ventilators and high flow oxygen mask started desaturating due to the oxygen port failure. Alarms were beeping in every cubicle and we **had to ventilate the patients manually** to keep them alive; there were simply not enough hands on board! All the PPKs and even staff nurses helped to exchange **portable oxygen tanks** which were **being used up faster than they can bring new oxygen tanks**.

Soon after, the team of emergency physicians, head of department, nursing head as well as members of the hospital's highest management arrived to lend their hand in the situation



**Everyone was playing their part to the best** of their abilities and the entire organization was working like a well-oiled machine.

Eventually, when the problem could not be resolved overnight, we had to mobilise the patients out of the department and into an entirely different part of the hospital. Despite the unfortunate predicament, I recall that I was feeling extremely proud and **impressed by the camaraderie and team spirit** on display that night. It definitely made the stressful experience a little more bearable. When my night shift ended, I was overwhelmed by a huge sense of relief and we gave each other a pat on the back for a job well done in holding it all together. All in all, it made me feel **honoured to be part of the emergency team** during this pandemic and it reminds me about what a rewarding specialty this is.



# COVID-19 PANDEMIC, A REAL TEST FOR A FRONT LINER...



**Dr. Khadijah Poh Yuen Yoong**

*Emergency Physician  
Universiti Malaya Medical Centre*

The emergency medicine curriculum puts a strong emphasis on disaster preparedness, and we always prepare for worst-case scenarios, with an if-all-else-fails plan of being able to at least have a “controlled-chaos” environment. Naturally, when a disaster of the COVID-19 pandemic magnitude struck, we took it as a calling for us to respond and assumed our role as front liners of the hospital.

Our strength was definitely the immeasurable support we received from the hospital in practicing evidence-based medicine. Communicating and collaborating with people of science made it easier for us to embrace policy statements and guidelines updated at a rate we have never experienced before. As we paved our way through the pandemic, we had to cater the needs of our staff and patients with the resources made available to us. Interestingly, we were amid preparing for MERS-CoV, a relatively similar setup but without the enormity which COVID-19 demanded. **We embraced COVID-19 literally overnight**, from swabbing to identifying severity to initiating acute care. Tents were erected to attend to the more stable patients. Respiratory zones would cohort the patients and ensure that our staff attending were wearing the appropriate PPE. A blanket rule to perform all aerosol-generating procedures only in the Respiratory Zones irrespective of COVID-19 status had to be made.

The first few waves were testaments to good preparation, so much so that there were questions of over-preparation. But when we faced the wrath in July 2021, the general air was that of a bleak future, and literally the term “light at the end of the tunnel” was the most shared phrase among us. **We went into the “controlled-chaos” mode.** It was indeed a period of burnout. Comrades of our own were taken down despite adhering to full water-repellant PPEs for hours on end. Air sampling of areas surrounding our respiratory zones (not only within the zone) came back as COVID-19 positive. Patients and bodies were held in our department for much longer than we were ready to accommodate, especially with the continuous flow of incoming patients. Communication with other departments to facilitate us was paramount now more than ever before. We joked (had to joke) that

RTK was the 1st vital sign upon entering our respiratory zones since we had to ensure an RTK negative would not end next to an RTK positive....

Being human beings, the lockdowns and the fact that we could not socialize like how we used to was eating us and further bringing the morale down. Some decided to not even go back to their households since the general feeling was that we were wearing COVID-19 on our sleeves.

The fast-rising vaccination rates was the prospect we were thankful for. As the cases dwindled down, we welcomed the National Recovery Policy with open arms. We do hope the worst is over but keep on the lookout for any indicators to suggest that we re-assemble our troops. Unfortunately, we are now facing the aftermath of unattended chronic illnesses, the collateral damages of this pandemic. There is still a lot of work to do but at least the well-deserved breaks would heal some wounds and allow us to realign our own mental health before we face the current enigma.







**Dr. Yap Kai Sing**  
*Master Student, Serving in ICU UMMC  
Department of Anaesthesiology*

## BEING A FRONTLINER FIRST, PUTTING FAMILY SECOND, IN THIS COVID-19 PANDEMIC...

The initial wave of panic set in when I contracted COVID-19 from work, as an ICU Medical Officer. Realising the high risk of being a vector of transmission to my elderly parents and two-year old at home, my spouse and I moved out. That point of time marked the beginning of a marathon of juggling between work, separation from family, coping with studies as a Masters programme trainee, all enveloped within the bubble of **emotional rollercoasters**.

On one hand, positive feelings of empathy and care went all out to patients we cared for, who were struggling with increasing oxygen requirements and multi organ failure. On another hand, negative feelings of despair and dejection continued to influence us, whenever we heard stories on SOP violation, rendering our relentless effort as a health care provider. There were occasions when my spouse and I were on call on consecutive days and worked in different shift hours, leaving us to only meet each other in the hospital. Our only contact was our coffee time when we sent coffee to one another to keep both of us going. The unwavering family support to care for my child definitely eliminated one from the mounting stressors we faced. Virtual classes were helpful to keep us on track for studies.

Looking back, it has been a bumpy year with unprecedented experiences garnered. It was indeed a daunting task to juggle family, studies and work. Words could only describe the tip of the iceberg. **We have nevertheless learnt, grown, moved on, embracing the new norm.**





# PAEDIATRIC LIVER TRANSPLANT IN THE COVID-19 PANDEMIC

A HEARTFELT JOURNEY OF  
RAE LEE SHUEN, AS SHARED  
BY PARENTS LEE CHENG WEI  
AND KHOO WEI SIN.

Rae has been a healthy and active 2 years 10 months old girl, and was born uneventful. It was not until the end of November 2020 when she started to get sick with fever, jaundice, and had dark coloured urine and pale stool. We were so worried and sent her to a private hospital. Rae was suspected to have Hepatitis and referred to Universiti Malaya Medical Centre for further management.

As parents, we were very worried and uncertain at that point of time. When we arrived at Paediatric ward UMMC, we were told that Rae had pediatric acute liver failure and was immediately started on treatment. However, the ultimate treatment would be to have a liver transplant done. In the midst of our hospital stay, there was COVID-19 outbreak and we were treated as COVID-19 suspects as well. So many events happened and we were down, worried and hopeless. Thankfully, my sister was a **suitable match** for Rae and a **living donor liver transplant** was performed on 26th December 2020. Rae recovered well and today, she is a cheeky cheerful little girl!

**We are very grateful** to be hospitalized in Paediatric Ward Universiti Malaya Medical Centre. The doctors here (Assoc. Prof. Dr. Ng and team, Assoc. Prof. Dr. Yong and team, Prof. Dr. Shireen and team, Assoc. Prof. Dr. Gan and team) were very attentive towards us, providing utmost attention and medical advice for us. We vividly remembered that the surgeons have to sacrifice their Christmas holiday to perform this operation on Rae. Despite being briefed that the success rate of liver transplant is 50% only, we were very affirmed when the surgeons came together and told us that "yes, we will try our best for Rae and we are all ready!".

As we waited for almost 10 hours outside the operating theater, we were so thankful for SN Akashah who kept assuring us and updating us on the operation progress. We were also grateful for many doctors who have attended to us during our ward stay. One pregnant doctor shared her favorite tub of chocolate cookies with us when we were at our lowest point worrying about potential donor for Rae. It must have been the **BEST chocolate cookies** in our lives! Rae had also been cranky and unwell throughout her stay in hospital. However, the doctors have tried their best to cheer her up by performing dance moves to all her favorite songs. The doctors really made her day! The nurses in the wards have also been very attentive to us and we were so encouraged by the nursing board cards and messages. The pharmacist who attended Rae also explained to us in detail all the medications Rae were taking and were very patient to answer all our queries.

Last but not least, we want to thank all the health care workers who attended to us in our near one month stay in UMMC. We are very grateful that Rae is alive today and we felt like being given a **second chance**!

**THANK YOU TO THE PAEDIATRIC AND LIVER  
TRANSPLANT TEAM FOR MAKING OUR MIRACLE  
HAPPEN TO OUR FAMILY!**





COVID-19 Stories from Patients

## An Anesthesia Doctor's journey as a COVID-19 patient

COVID-19, a new word created 2 years ago amidst the global fear of an invisible threat declaring war to human race. At the time of me writing this article, 274 million fall victims to this pandemic and 5 million death tolls. **I am one of the surviving souls.** I am a medical officer of anesthesia and critical care in this hospital since June 2020. As part of the intensive care unit team, I always have to be in close contact with COVID-19 infected patients who are critically ill, striving to survive and catch their breath. I have been doing strict hand hygiene and wearing personal protection equipment (PPE) when I am on duty. The worries to be infected and bringing the virus back to my family is always there, not only me, but everyone who is treating the patient. We have to get ourselves isolated from our family members.

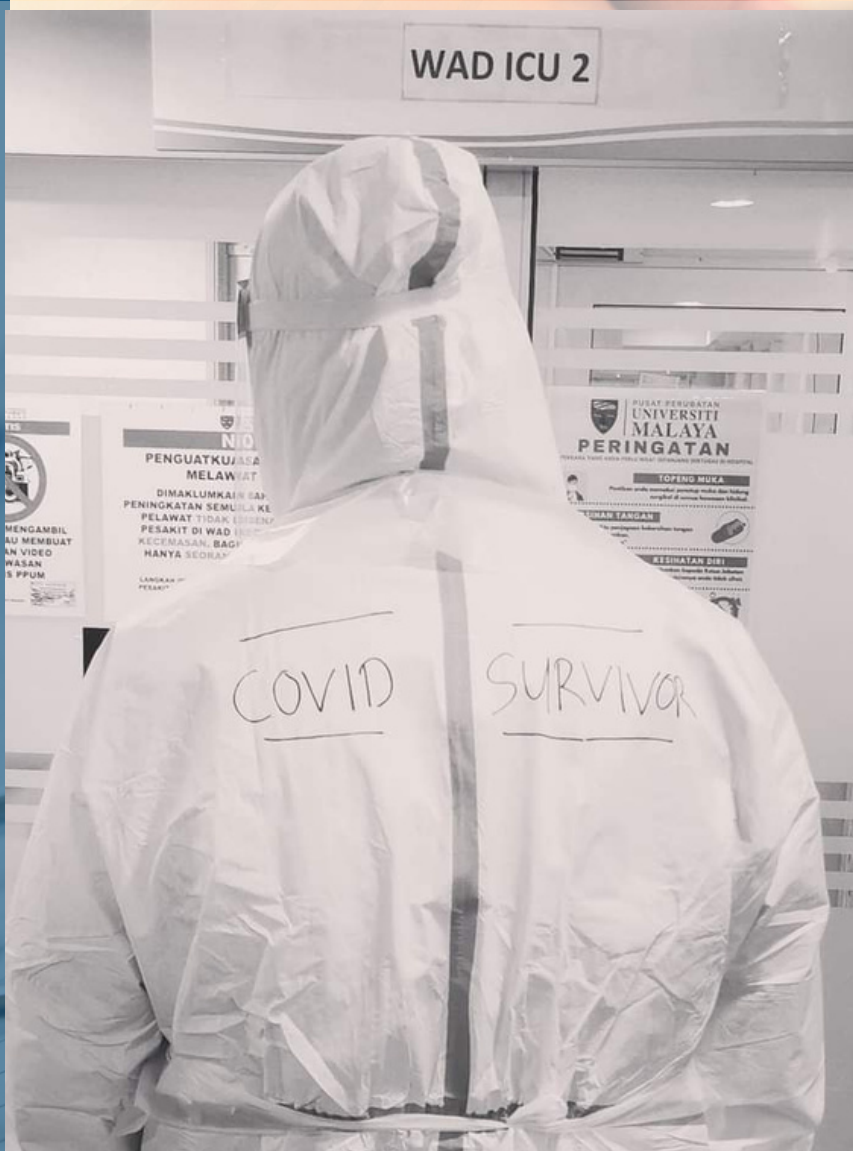
It was January 2021 when after a COVID-19 ICU on call I developed high grade fever. Due to social and workplace responsibility, I went for a swab test immediately and unsurprisingly positive. Nothing in me was positive at that time. The pathology department doctor, an acquaintance of mine, was too afraid to break the news to me. It was like the end of the world to me. I was hopeful because I thought that I will be vaccinated because those vaccines are already on the way! I self-isolated myself at home because I was only category 2 that time. However, my fever didn't subside and I was too lethargic. On day 4 of illness, I sought help to be admitted. I was admitted to ward 4UB for 1 day and then changed to 4UA for continuation of antiviral treatment. Fever didn't leave me. Everything tasted salty to me. I felt more relieved in the hospital because I could stay away from my elderly mother with multiple co-morbidities. **I used to see patient from the other side of the door, now I was seeing my fellow colleague from the other side of the door.**

It was the tenth day of fever, after having diarrhea, I felt that I couldn't catch my breath. I got my breath slowly and tried to walk to my bed to check my oxygen saturation and call for help. **This was the first time in my life that I finally understood how those patients in ICU felt like.** I had been watching my blood report trend and chest radiograph progression everyday since admission. The X-ray were really horrible. I thought I would be able to make it and I was just scaring myself. Never to my surprise, the oxygen level was only 85%. I alerted the nurse and on call team. I was put on nasal prong and prone position, saturation improved to 95%. I didn't tell my family members about it and they became worried when I didn't contact them the following day. The next thing that might happen to me was intubation and respiratory failure. I was focusing on my breath and insomnia the whole night. I was grateful the same day my ICU colleague visited and booked me a bed and high flow nasal cannula there.

After 3 days on oxygen, I was able to be weaned off from the support and be discharged home the next day. It was 2 days before Chinese New Year. I didn't get admit to the ICU. I felt different though. Poor effort tolerance, weak, unable to focus, intermittent restlessness. The rehabilitation took about a month. Finally, 3 balls up for my incentive spirometry!!! Thankfully long COVID-19 syndrome did not happen to me. Eventually, I took my vaccines and even the booster dose. **This was an experience that I never thought would happen in my life.** The subsequent clinic follow-up showed that my lungs improved and I was able to do more activities. I was grateful my organs did not fail me. I couldn't afford to be a burden to my family members at this young age. The mental depression was not something I could comprehend, only those who lived through could understand what it felt to be hopeless, helpless and frustrated. I was lucky to have someone supportive who will listen to me when I needed attention.

Three months ago, my grandmother who I held dearly passed away due to the pandemic. She was 85 years old. She used to look after me when I was a kid and was so proud of me with my achievements in life. Likewise, I am happy that she exists in my life. She was the only grandparent I have left and hold dearly. Her health condition was deteriorating for the past 1 year due to her ischemic foot ulcer. She was admitted frequently to the hospital but I was unable to visit her because of social responsibility and also the strict hospital policies. I only could get to see her through photos taken or video calls. She became demented and couldn't recognize me anymore and I could see that she was in pain. It was September when my mother told me that she looked very breathless at home and needed to go to the hospital. She was brought in within 2 hours of an ambulance call and never to step out from there anymore. I was trying to look for help to get the details of her admission to find out that she was already gone a few hours in the emergency department. Everything happened too quickly. There was no time for the emotion and mental preparation that she has left us forever. The funeral was simple and small, only 2 family members were able to attend in full PPE. Two weeks later, another family member, an aunt of mine passed away due to the complication of long COVID-19 syndrome.

There are so many articles about COVID-19 survivors, COVID-19 doctors, family members who lost their loved ones due to this pandemic. Maybe these are not news anymore. Perhaps the community has already loosened up and thinks that the pandemic is over. **This war is not over yet. We are far from winning it.** This is a reminder, not seeking empathy. **Stay safe.**



## An Anaesthesia doctor's journey as a COVID-19 patient



Written by:  
**Dr. Ong Lip Kent**  
Master Student  
Department of Anaesthesiology



# MY EXPERIENCE AS A **STAGE 4** COVID-19 PATIENT AT UMMC'S ICU

WRITTEN BY DR. IZHAM BIN ABDUL RAHIM

## STAGE 4 THIRD DAY

After feeling tired and feverish for a few days, I contacted my niece, Dr. Mayura. As advised, I went to UMMC just before midnight on 9th January 2021 for blood test. After two hours, they told me that I was dengue positive and would contact me for COVID-19 test result. The following morning, I could not smell my coffee and later in the evening I received news that my COVID-19 test was positive. Getting an ambulance was a problem then, fortunately my niece, Dr. Narisa managed to get one on 12th January 2021. I was admitted to ward 4U UMMC. The following day I was placed in an isolation pod, rushed to the CT scan room and from there they pushed me straight to the ICU. I did not realize that I was deteriorating that quickly, but I was lucky Dr. Wong Wai Kit identified me in the nick of time.

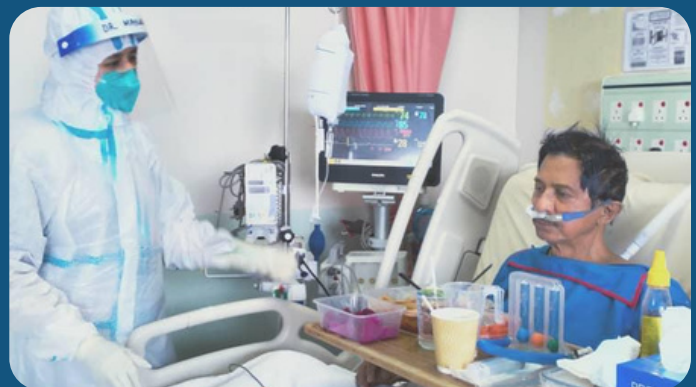
## ICU COVID-19

The ICU had sophisticated equipment, but there was no patient's toilet, as all the patients were using pampers, moreover, all were too weak and had catheters, urine bags and drips stuck to their bodies. All the staff members were wearing protective clothing and some doctors were with breathing equipment, which reminded me of alien movies.

## WELL EQUIPPED

Even at stage 4, my confidence level was high, knowing that the **ICU was well equipped, doctors and nurses were skillful and dedicated.** I could feel their positive vibes in the ward. After many days both my arms were very painful, caused by some intravenous medicines. The swelling and the blue-black marks on my dark skin make it impossible for doctors to find any vein. I was worried, without antibiotics and other medicines I could not possibly survive. The ICU was at full capacity, mountains of work waiting for them, and yet they attended to their duties calmly and smiling all the time. **All the nurses were still lavish with their kind words, "Uncle you look handsome today."** etc. The doctor was still there bending down hunting for my vein. Nurses brought for him more branulas and later the ultrasound machine. **I thank God, for blessing me with a passionate and dedicated team that would not give up in trying to keep me alive. I salute them.**

On the third day, a doctor asked me for next of kin. My vision was a bit blur to recognize him, but conscious enough to know that I was in critical state, and I could die. I was placed in prone position from midnight to six in the morning. It took five nurses to put me in prone position, because I was connected to many tubes and monitors. They put a pillow under my skinny chest to ease my pain and later my nephew Dr. Jazree brought me a softer pillow, but it also quickly turned into a slab of concrete. I was put on a high-flow nasal cannula device for a total of 10 days. The buzzing sound of oxygen rushing into my nose reminded me of inflating tires at the Petronas station. I was later told that the flow and fraction of inspired oxygen I required was at one point as high as 60L a minute and 80% respectively; many times, I was almost intubated and mechanically ventilated.



## GOD BLESS

I honestly think that there is nobody, other than professionals of par excellence at a World Class ICU, could snatch a 79-year-old man from the jaws of COVID-19. **I am grateful and want to thank UMMC, especially the ICU and infectious diseases ward team for saving my life.** May God bless them always, Amen.







# VACCINATION PROGRAMME

## UNIVERSITI MALAYA MEDICAL CENTER (UMMC) VACCINATION PROGRAMME: PATIENTS, HEALTHCARE WORKERS AND BEYOND

By Nur Afiqah Mohd Salleh, Lim Yin Cheng, Hazreen Abdul Majid, Sarala Panirsheeluam, Sharifah Faridah Binti Syed Omar, Chew Yee Yean, Nirmala Bhoo Pathy

As part of the national vaccination programme to combat the COVID-19 pandemic, Universiti Malaysia Medical Center (UMMC) has served as a low-capacity, **special PPV (SPPV) since 1st March 2021**. Upon the successful completion of Phase 1 of the COVID-19 vaccination programme which catered for healthcare workers, UMMC has offered COVID-19 vaccines to its patients and staff dependents as well as selected community members in Phase 2. Two types of vaccines are being offered in UMMC, i.e., **Pfizer-BioNTech (COMIRNATY) and Sinovac**. Generally, the first choice of vaccine is Pfizer-BioNTech. Sinovac would only be given to those with contraindications to COMINARTY and recipients are not able to opt for their preferred choice of vaccines as it will slow down the vaccination process.



1st March 2021 :  
Opening ceremony  
for the National  
COVID-19  
Immunisation  
Programme UMMC  
by the honourable  
Director of UMMC  
Prof. Dr. Nazirah binti  
Hasnan

**Phase 2 vaccination programme was started in mid April, 2021** with the aim of vaccinating high risk populations following the vaccination of the country's frontliners. The groups include those over the age of 60, those with comorbidities and persons with disabilities. In the context of UMMC, the target group for this drive is mainly patients from UMMC as well as patients referred from nearby medical centres or non-governmental organisations. In this phase, the the quota for each discipline was calculated according to number of clinics' patients load that fulfil the criteria set by the Ministry of Health Malaysia (MOH). The patients were selected by their treating doctors based on priorities, and the list would be sent to the linelisting team.



9th March 2021 :  
Official visit by the  
Honourable Minister  
Yang Berhormat  
Khairy Jamaluddin





The Department of Public Health (DePH), UMMC is committed to support the implementation of the vaccination programme at the hospital by establishing a structured, line list of vaccinees and designing vaccination sub-programs within the hospital. The line listing process is first initiated by identifying allocated doses for a given cycle (i.e. a period of two weeks), based on the number of vials distributed to UMMC, as determined by the Kuala Lumpur and Putrajaya Health Department. The main line list of vaccinees is created from a given list from multiple sources, including various units and departments within UMMC, referrals from nearby Health District Offices and private general practitioners using Pre-Vaccination Assessment (PVA) forms through emails and walk-ins, staff dependent list through an internal survey and community referrals through DePH (e.g. NGOs, neighbourhoods).



Vaccination Program together with RC DEAF MISSIONS MALAYSIA on 23rd July 2021 (Session 1) and 13th August 2021 (Session 2)



As of **31st December 2021, 98,414 Pfizer and 2,465 Sinovac doses have been administered.** The highest number of vaccinations given in a single day was 1400. The dropout rates for our vaccination centre were between 10-15%, owing to the steps taken by the line listing team to ensure that the recipients come on the allocated time slot. Steps includes calling recipients by our team to confirm their attendance, as well as sending auto message from the vaccine centre two days before to the appointment date with details of time and location. If any of the recipients are unable to attend, dependents who live nearby or stable patients from the wards are rapidly been contacted to fill in.

## Satellite Vaccination Centre in Antenatal Clinic

Advertisements about vaccination opportunities are placed on banners and on TV in the waiting area as well as the delivery booking counter. During blood pressure check at the nurse counter before registration, information on vaccination is also provided. Counselling and eligibility screening is conducted by doctors during follow up visits. If patients are eligible and agreeable, they are listed for vaccination on the same day and consents are taken by the doctor.

The satellite vaccination center is located in the Antenatal Clinic in the 1st Floor of the Women and Children Health Complex, UMMC. This vaccination centre caters for pregnant women registered at UMMC (gestation week between 24 to 33 weeks), providing opportunistic vaccination on the same day for pregnant women attending the clinic, or on a specific day through appointments.

### Mobile Vaccination – Inpatients





## Inpatient Mobile Vaccination

As part of UMMC's initiatives to expand the UMMC COVID-19 Vaccination Programme, the Mobile Inpatient Vaccination Programme was rolled out from 21st July 2021 onwards. Briefly, the clinical team in the ward (HO / MO / specialist & consultant) was tasked to ensure that all inpatients who were not vaccinated to be identified at admission. These patients were subsequently counselled, and have written informed consent obtained before their names were listed for COVID-19 vaccination by the ward sister. The inoculation process per se is taken care of by a special mobile inpatient vaccination team comprising a nurse (vaccinator), and a sister. Following inoculation, the ward team (nursing and clinical team) will observe patients.

## Keeping the Vaccine Centre Safe

With the expansion of the vaccination programme in UMMC, it is vital to ensure adequate hospital workforce capacity and proper prevention and control measures of COVID-19 outbreaks within the vaccination centre, ultimately protecting the safety of both vaccinees and healthcare workers.

The Guidelines for the SPPV in UMMC is developed to inform team members of the standard operation procedures (SOPs) for 1) Prevention and control measures to be taken at vaccine Centre 2) Guidance for HCW who were exposed to individuals with confirmed COVID-19 infection in vaccine centre. The management is responsible to ensure that all preventive measures as deemed necessary under Prevention and Control of Infectious Diseases Act 1998 (Act 342) and its regulations to adhered to. The safety and health of the healthcare workers, volunteers, and vaccinees at the SPPV in UMMC is under the purview of Occupational Safety, Health and Environmental (OSHE) unit.

Vaccinators should wear surgical masks and a face shield. Although triage is conducted before they enter the hall, all vaccinees should be treated as suspected COVID-19 patients. And our staff were always be reminded that the time spent on each registration, counselling and consent, inoculation, MySejahtera to be minimised to a maximum of 10 minutes.

The workflow process of the vaccination was also arranged in such a manner that the air blowed is directed from the healthcare workers towards the vaccinees. This will reduce the risk of exposure to healthcare workers. Besides that, portable air purifier with a HEPA filter were also installed at recovery bays and resting areas with the aim to improve the air quality in the room. The criteria for the efficiency of the HEPA filter are able to remove at least 99.97% of dust (Class H14), pollen, mold, bacteria, and any airborne particles with a size of 0.3 microns ( $\mu\text{m}$ ).

Purging of indoor air was done after occupancy. It was conducted after the vaccination process was completed in order to allow for fresh air the next day, whereby fans was turned on and windows were opened for 1-2 hours after session ends. Flush-out after use can be effective to lower the long-distance transmission during the unoccupied time.

## Outreach Vaccination Program



11th August 2021 (First dose) at Dewan Orang Ramai, Desa Temuan, Bukit Lanjan. In collaboration with Hospital Orang Asli Desa Temuan, Bukit Lanjan and MASS Rapid Transit(MRT)



1st September 2021 (second dose) at Dewan Orang Ramai, Desa Temuan, Bukit Lanjan





28th August 2021 at Perumahan Awam Desa Rejang, Kuala Lumpur in collaboration with Titiwangsa District Health Office, Kuala Lumpur City Hall, MRT Corp and Rapid Bus



16th September 2021 at Kampung Orang Asli Sungai Tiang, Jerantut, Pahang in collaboration with Jerantut District Health Office, Pahang

Purging of indoor air was done after occupancy. It was conducted after the vaccination process was completed in order to allow for fresh air the next day, whereby fans was turned on and windows were opened for 1-2 hours after session ends. Flush-out after use can be effective to lower the long-distance transmission during the unoccupied time.



17th September 2021 at Perkampung Orang Asli Ulu Sat, Mukim Ulu Tembeling, Jerantut, Pahang in collaboration with Jerantut District Health Office, Pahang

### Reaching out

With recent expansion of the vaccination programme into the community beyond UMMC patients, the DePH continues to play a role by leveraging on existing links with community members and rapidly referring the community to the vaccination program at UMMC. More specifically, through a collaboration with a local HIV-service organization, Persatuan Insaf Murni Malaysia; a partner organization under the Malaysian AIDS Council, a large number of people at-risk of getting HIV and people living with HIV as well as their families who are mostly from low-income backgrounds to be vaccinated.

The UMMC vaccination team has also provided an outreach vaccination programme since June 2021. The target groups for this outreach program include low-income dwellers such as B40 groups from Program Perumahan Rakyat (PPR), indigenous people, both suburbs and rural areas, Malaysians that missed their appointments or no transport to PPV, and non-Malaysians. The timeframe for this program was between June 2021 until today.





16th September 2021 at Kampung Orang Asli Sungai Tiang, Jerantut, Pahang  
in collaboration with Jerantut District Health Office, Pahang



17th  
December  
2021 at  
Wisma  
Radio, RTM  
Angkasapuri  
in  
collaboration  
with Wisma  
Radio, Radio  
Televisen  
Malaysia

To begin with, a modified outreach vaccination programme in collaboration with PPR leaders from Lembah Subang, Seri Selangor, and Kota Damansara was conducted. This was further assisted by representatives from UMMC volunteer medical doctors or even some post graduate candidates that have been working with these PPR groups. Up until today almost 500 PPR residents were vaccinated via this program. Those who were unable to commute from the PPR to the UMMC were transported by bus, via collaboration with Mass Rapid Transportation Corporation Sdn Bhd (MRT Corp). Occasionally, the UMMC shuttle was also used to assist with the transportation of these vaccinees. In addition, those who missed out on their appointments were reached out as well.

Both urban (Desa Temuan) and rural (Orang Asli Bateq (Orang Asli Seminomadic) and Orang Asli Smoqberi) indigenous people were reached by buses and boats, respectively as part of the outreach program by UMMC. Approximately 358 Indigenous people were vaccinated. In addition, some non-citizens with valid ID were successfully vaccinated, thanks to the efforts of health care workers and crucial collaborations with key stakeholders such as with MRT Corp, Health Districts from Titiwangsa and Jerantut, Hospital Orang Asli Gombak, JAKOA, and NGO such as Deaf Society Malaysia. Within Klang Valley, two buses provided by MRT Corp were used as vaccination centres at the target location.

## Conclusion

The vaccination programme at the UMMC has contributed to national efforts in increasing COVID-19 vaccination rates. Effective communication within hospital departments/units and external sectors that have the capacity provide additional support or to reach out to the wider community has been shown to facilitate these efforts. Such commitments are grounded on the same common goal which is to combat COVID-19. UMMC has repeatedly proven that collaborative efforts have been paramount in all levels of healthcare provision.

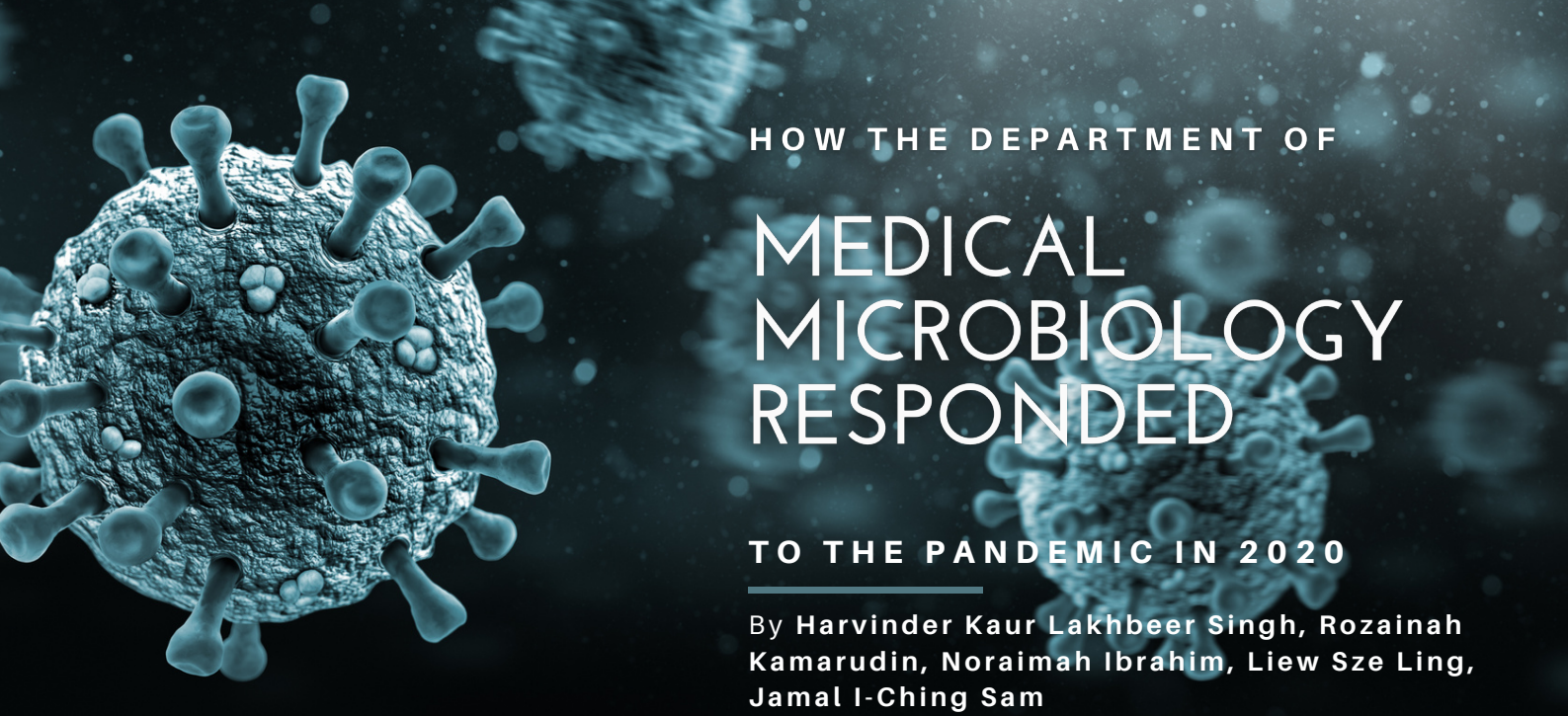


## Dos Vaksin Yang Telah Diagihkan Oleh Pusat Vaksin PPUM (SPPV)

PROGRAM	TARIKH	DOS
Pemberian vaksin COVID-19 kepada Barisan Hadapan (Fasa 1)	1.3.2021 – 23.6.2021	a) Dos 1, Comirnaty (Pfizer) 9,905 dos b) Dos 1, Corona vac (Sinovac) 557 dos c) Dos 2, Comirnaty (Pfizer) 9,840 dos d) Dos 2, Corona vac (Sinovac) 538 dos
Pemberian vaksin COVID-19 kepada Warga Emas, Dewasa Berisiko Tinggi, Pesara dan Tanggungan Staf PPUM (Fasa 2)	6.5.2021 – 22.3.2022	2021 a) Dos 1, Comirnaty (Pfizer) 30,012 dos b) Dos 1, Corona vac (Sinovac) 595 dos c) Dos 2, Comirnaty (Pfizer) 29,998 dos d) Dos 2, Corona vac (Sinovac) 688 dos  2022 a) Dos 1, Comirnaty (Pfizer) 88 dos b) Dos 1, Corona vac (Sinovac) 11 dos c) Dos 2, Comirnaty (Pfizer) 100 dos d) Dos 2, Corona vac (Sinovac) 16 dos
Pemberian vaksin COVID-19 kepada Remaja berusia 12 – 17 tahun, termasuk pesakit PPUM dan tanggungan PPUM (Fasa 5)	15.9.2021 – 22.3.2022	2021 a) Dos 1, Comirnaty (Pfizer) 2,765 dos b) Dos 1, Corona vac (Sinovac) 3 dos c) Dos 2, Comirnaty (Pfizer) 2,719 dos d) Dos 2, Corona vac (Sinovac) 2 dos  2022 a) Dos 1, Comirnaty (Pfizer) 102 dos b) Dos 1, Corona vac (Sinovac) 1 dos c) Dos 2, Comirnaty (Pfizer) 94 dos d) Dos 2, Corona vac (Sinovac) 1 dos
Pemberian vaksin COVID-19 kepada PICKids	7.2.2022 – 1.9.2022	a) Dos 1, Comirnaty (Pfizer) 2,148 dos b) Dos 2, Comirnaty (Pfizer) 1,992 dos
Dos Penggalak Pertama / Dos Ke- 3	18.10.2021 – 2.8.2022	2021 a) Comirnaty (Pfizer) 13,175 dos b) Corona vac (Sinovac) 82 dos  2022 a) Comirnaty (Pfizer) 6,011 dos b) Corona vac (Sinovac) 109 dos
Dos Penggalak Ke 2	20.7.2022 – 2.8.2022	Comirnaty (Pfizer) 2,203 dos

Sumber : Puan Fazilah Suib dan Puan Rosmaliza Robi





HOW THE DEPARTMENT OF

# MEDICAL MICROBIOLOGY RESPONDED

TO THE PANDEMIC IN 2020

By Harvinder Kaur Lakhbeer Singh, Rozainah Kamarudin, Noraimah Ibrahim, Liew Sze Ling, Jamal I-Ching Sam

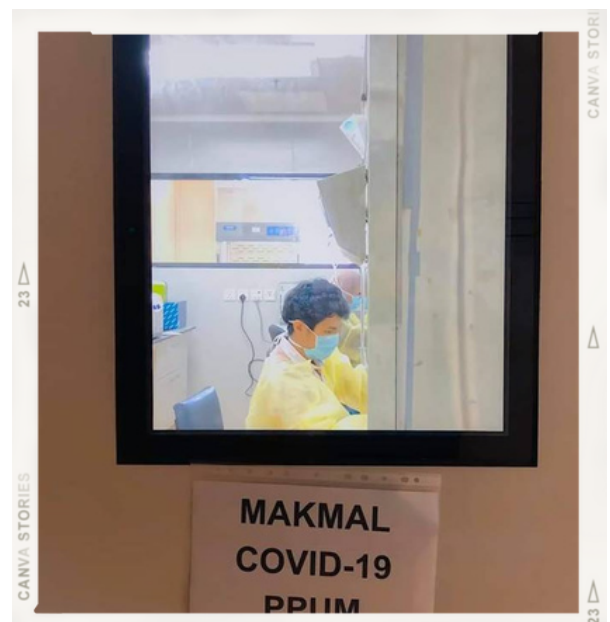
Although usually found behind the scenes, the medical laboratory is a very important component in public health practice and operation. As the world grappled with the devastating effects of the COVID-19 storm, medical laboratories had to adapt and change drastically. Advanced viral diagnostic technologies for rapid, scalable, affordable, and high accuracy testing were needed, along with suitable biosafety practices to protect staff against the contagious nature of this respiratory disease. Our teaching hospital, UMMC, in the capital city of Kuala Lumpur was the third in Malaysia to offer PCR diagnostics in late January 2021. We would like to share our experiences from the perspective of a SARS-CoV-2 laboratory in a developing country.

## CHALLENGES FOR RAPID, SCALABLE AND HIGH-ACCURACY SCREENING

The initial issue surrounding the development of the PCR assay for SARS-CoV-2 was the lack of positive controls and a delay in obtaining primers and probes from WHO-recommended protocols, as these were synthesized overseas. Initial delays in assay design and supply-chain bottlenecks prevented the deployment of accurate diagnostic tests at a large scale globally. Providentially, as part of a Universiti Malaya research grant on agents of respiratory infection, we had RNA from inactivated SARS-CoV. We shared this positive control with other laboratories including the Institute of Medical Research and the National Public Health Laboratory until samples from newly diagnosed COVID-19 cases became available. This informal aid and assistance from different organizations helped benefit in expanding diagnostic capacity in the country and accelerating the number of tests performed.

## MAKING SURE AVAILABLE MANPOWER WAS TRAINED QUICKLY AND MADE COMPETENT TO PROCESS LARGE VOLUME OF SPECIMENS TO COPE WITH COVID-19 EPIDEMIOLOGICAL RESPONSE NEED

Next were the challenges in ramping up testing and increasing the need for more staff to be trained. At that point in time, most of our existing molecular testing was fully automated with premixed reagents, which poses quite different challenges compared with a large-scale, fully manual extraction and PCR process for highly critical samples with a 24 hour turnaround. In anticipation of a prolonged period of demand and accelerated testing, we quickly expanded the pool of trained staff. We redeployed medical laboratory technologists from less busy units and developed a rota and workflow for the new SARS-CoV-2 tests introduced.





## ESTABLISHING ACCURATE AND DIAGNOSTIC CAPACITIES TO COVID-19 NEEDS

## APPROPRIATE AND SUSTAINABLE TESTING RESPONSE TO

The lab then helped evaluate, test and run SARS-CoV-2 new assays and new equipment were incorporated as the workload grew. We were fortunate to get MOSTI and MOH funding for new equipment needed to store and run samples. We worked very closely with clinicians in the hospital to ensure that suitable tests were available for clinical needs and that these tests were used appropriately and efficiently. We quickly and efficiently increased the pool of MLTs who could perform the RT-PCR from 2 staff to 12. Training covered both pre-analytical and analytical requirements of testing, specimen collection, packaging and transportation and safe use of personal protective equipment. We have now introduced and are routinely using real-time PCR, rapid PCR (BioFire and GeneXpert), the rapid IgM/IgG test cassette and the rapid antigen test, as this pandemic underscored the importance of the integrated nature of diagnostic tools.

## ENSURING TIMELY RELEASE OF LABORATORY DATA AND LINKING DATA WITH SURVEILLANCE DATA TO INFORM PUBLIC HEALTH DECISION-MAKING AND RESPONSE ACTIVITIES

Our laboratory contributed to the national surveillance database SIMKA, which required entry of all negative and positive SARS-CoV-2 tests results. SIMKA Outbreak was launched on the 16th of March 2020 to support data collection for disease outbreak and surveillance. Initially, the system was used by all regional public health laboratories and later was mandated by the MOH as the main system to be used for centralized data collection for the country by all laboratories including MOH facilities, private hospitals and universities. Data entry into the system is time-consuming and we were helped by staff of Faculty of Medicine, Universiti Malaya.

## INVOLVEMENT OF MEDICAL MICROBIOLOGY LABORATORY IN COVID-19 STUDIES

We are involved with several studies, including post-vaccination immune responses in renal, cancer, HIV, and geriatric patients. We tested almost 5000 UMMC healthcare workers in February 2021 for SARS-CoV-2 antibodies to determine seroprevalence. In conjunction with medical microbiology colleagues in the faculty of medicine, we have performed evaluation and optimisation of diagnostic kits, sequencing, evaluation of saliva samples, and environmental testing.



## TRAINED MORE STAFF AT UMMC TO HARNESS THE BENEFITS OF LARGE-SCALE POPULATION TESTING FOR COVID-19

As rapid, point-of-care screening became an important tool to prevent disease transmission in the hospital, we trained other resource personnel to perform the rapid RTK-Ag testing as well as prepared videos, hands on training and follow-up result entry into the system. We managed to train many medical assistants, medical officers, nurses and others from ED and wards to help increase the capacity in performing initial screening tests.

## CONCLUSION

The recent pandemic has emphasized the importance of microbiology laboratory diagnostics in clinical management. We have had to adapt to an unprecedented number of COVID-19 tests while still maintaining our regular workflows as other infectious diseases and conditions remain prevalent.

## ACKNOWLEDGMENTS

We gratefully acknowledge the dedication and professionalism of the staff of our department in the continuing efforts against COVID-19. Many outside the department contributed greatly to our work, in particular we would like to acknowledge senior hospital management who provided the funding and support for us to provide laboratory services, and the faculty staff from the department of medical microbiology who assisted with laboratory work and data entry.



# THE IMPACT OF COVID-19 PANDEMIC TO BLOOD TRANSFUSION SERVICES IN UMMC

BY DR. ALIA ZURINA BINTI MD ZAKARIAH

**C**ovid-19 infection is caused by a severe acute respiratory syndrome corona virus 2 (SARS-CoV-2 first identified in Wuhan, China 2019. Since then, the infection has rapidly spread worldwide and had been declared as pandemic by WHO on 11th of March 2020. A lot is known on the effect on sufferers, but there is a growing focus on its impact on non-COVID-19 patients. Blood transfusion services have also not been spared by the pandemic, affecting multiple aspects of our services in the hospital.

In Malaysia, the government had implemented movement control order (MCO) on 18th March 2020, aiming to slow down transmission of the virus. Following MCO, most companies and factories were closed and ordered to work from home. These companies and factories were previously our main sites of mobile blood campaigns as their selfless staff always came in droves to donate. Hence, we need to re-strategise our collection sites by looking for new mobile sites such as shopping malls that were still allowed to operate under the essential services exclusion of MCO. However, the presence of roadblocks, the new "work and study-from-home" normality, increase in online shopping and the threat of heavy fines for breach of MCO meant less people were coming to these shopping malls.



## WE CAN HELP!

**D**uring the low blood stock, we were grateful to our hospital management and the head of departments for pledging their staff to donate blood. In early movement control order days back in March 2020, our blood donors were mainly UMMC / UM staff as public were fearful to come forward to donate blood. The department also established its own social media platform @dermadarahppum in facebook and Instagram to be more visible digitally to our blood donors. @dermadarahppum aimed to promote, educate and acknowledge mobile blood donation to our subscribers. We also contacted our regular donors via telephone to ask them to come forward to donate blood. Other blood institutions like National Blood Centre, Klang Hospital blood bank and others have also helped out with our blood stock whenever we were critical.



## NEW NORMS IN BLOOD TRANSFUSION SERVICE

**A**ll healthcare workers needed to wear personal protective equipment (PPE) in the mobile. The mobile sites also required a more spacious area to comply with SOP. Extra staff were needed for crowd control and screening of donors for body temperature and symptoms, recent travelling history, contact history of COVID-19 as well as vaccination dates. Donors were not allowed to come with an accompanying person and the number of simultaneous donors have been limited resulting in potentially longer waiting times. Post-donation observation has also been shortened, with the donor no longer allowed to eat and drink at mobile site.

Despite these extra precautionary measures, public fear is still strong. Our donation has dropped by more than 40% compared to pre-COVID-19. In worst case scenario, where our blood stock has hit critical level, elective surgeries which required more than 2 units of blood had to be postponed.

Various measures have been taken by the transfusion medicine department to ensure adequate blood supply to our patients in UMMC. When blood stock hit critical level, priority is given to essential and emergency transfusion. Close monitoring of inventory level and blood request was done meticulously to ensure transfusion need is met especially in essential and emergency scenario. Close communication with hospital management about blood inventory was also done so that surgical patients are only called in for admission when blood supply was adequate.

On the laboratory side, extra precaution had been taken to ensure samples were properly handled. Extra post centrifugation holding time and automated testing had been implemented for COVID-19 samples to reduce potential aerosol contamination.



# BERSAMA PERANGI COVID-19 : SUMBANGAN KOMUNITI

Prepared by : Fatimang Ladola  
Khalidah Mustapa  
Chew Yee Yean



## Jawatankuasa Sumbangan Tabung COVID-19 di PPUM

Dalam kesulitan ada kemudahan. Pandemik COVID-19 memberi pengalaman yang sangat berharga dalam menguruskan situasi yang sukar. Petugas barisan hadapan bekerja keras sepanjang masa. Penyertaan dari pelbagai lapisan termasuk individu, syarikat, badan korporat, pertubuhan kerajaan dan bukan kerajaan dalam pelbagai bentuk telah memastikan cabaran pandemik COVID-19 dapat diharungi.

Jabatan Kerja Sosial Perubatan dan Jabatan Perhubungan Korporat menjadi urusetia dengan dibantu oleh jabatan utama yang lain seperti Jabatan Perolehan, Jabatan Kejururawatan dan Jabatan Kejuruteraan Biomedikal. Sepanjang tahun 2021, 20 kali mesyuarat telah diadakan bagi membincangkan keperluan, penerimaan dan pengagihan sumbangan.



Sumbangan bahan pencuci dan pembasmi kuman

Tempoh yang sukar menyaksikan hospital berdepan kekurangan peralatan yang begitu mendesak dan memerlukan penyelesaian segera. Ventilator dan *air filter* tidak mencukupi, *Personal Protective Equipment* kekurangan stok, malah petugas juga menghadapi masalah keperluan asas apabila banyak premis ditutup. Dalam tempoh yang sama, komuniti memberi respon dengan menawarkan pelbagai bantuan. PPUM segera mewujudkan Jawatankuasa yang diketuai oleh Profesor Madya Dr. Azura Mansor bagi menyelaraskan keperluan perawat dan bantuan yang diterima. Secara rasmi Jawatankuasa Sumbangan Tabung COVID-19 ditubuhkan pada 20 Mac 2020 dan diketuai oleh Timbalan Pengarah (Ikhtisas), Puan Che Zuraini binti Sulaiman. Pada tahun 2021, tugas tersebut diterajui oleh Puan Chew Yee Yean. Sepuluh jabatan telah berganding bahu melaksanakan peranan masing-masing dengan penuh komitmen.



Sumbangan makanan untuk petugas

Ketika petugas barisan hadapan sibuk melaksanakan tugasnya, khemah saringan dinaikkan, wad-wad baru dibuka, ujian makmal berlipat ganda, Jawatankuasa ini juga bertungkus-lumus memenuhi keperluan petugas, memastikan peralatan, ubatan dan semua kelengkapan tersedia bagi melawan virus yang merbahaya ini. Komitmen penuh diberi agar perkhidmatan dapat dijalankan dengan selamat, lancar dan berkesan. Selain memenuhi keperluan petugas, keselesaan mereka yang menerima rawatan juga menjadi fokus Jawatankuasa.

Kebersamaan ini dilihat apabila barisan staf terutama pakar-pakar dan perunding kanan klinikal turut membantu menghubungkan penderma kepada Jawatankuasa. Selain merawat pesakit, mereka turut prihatin dengan keperluan menjayakan gerakan menangani pandemik di hospital.





### Sebahagian dari penyumbang dari syarikat dan persatuan di laman rasmi 2020

Untuk tempoh 2021 sahaja, anggaran sejumlah RM14,475,490.36 telah diterima oleh PPUM. Ia merangkumi pelbagai jenis sumbangan berbentuk Peralatan Perubatan (42.8%), Wang Tunai (33.7%), Bahan Guna Hapus (10.5%), Makanan (8.7%) dan Barangan Lain (4.3%). Ia membuktikan kesudian para penyumbang untuk berganding bahu dengan petugas kesihatan dalam situasi sukar ibarat pepatah berat sama dipikul dan ringan sama dijinjing. Semua sumbangan diagihkan untuk kegunaan wad, klinik, makmal, pusat vaksin bagi menyantuni petugas dan pesakit.

Terdapat beberapa cabaran dan masalah yang dihadapi dalam menguruskan sumbangan diterima. Antaranya sumbangan dalam bentuk peralatan dan barangan menyebabkan ruang penyimpanan sedia ada tidak mencukupi. Usaha mengekang pandemik juga mengalami kesukaran apabila peralatan tertentu mengalami kekurangan bekalan dalam pasaran. Dengan stok yang terhad dan permintaan yang tinggi, harga peralatan meningkat. Keadaan ini juga dipengaruhi oleh penutupan industri ketika tempoh Perintah Kawalan Pergerakan. Sepanjang tahun 2021, 20 kali mesyuarat telah diadakan bagi membincangkan keperluan, penerimaan dan pengagihan sumbangan.

Detik-detik penyerahan dirakam sebagai kenangan, ucapan terima kasih disampaikan dan sijil diserahkan sebagai tanda penghargaan. Semua sumbangan ini menjadi bukti rapatnya PPUM dengan komuniti dan hubungan yang utuh ketika menghadapi musibah.



Sijil dan sepanduk penghargaan untuk penderma





Pengarah menyempurnakan majlis penerimaan sumbangan dari sebuah yayasan



Sumbangan makanan dan juga wang dari 99 Speedmart kepada petugas barisan hadapan



Mesin yang diterima oleh pihak wad



Sumbangan physiological monitoring system yang dihantar ke Jabatan Kejuruteraan Biomedikal



# KEEPING OUR FRONTLINERS SAFE – AN ENGINEERING EFFORT

PREPARED BY : PROF. VICTOR  
HOE CHEE WAI BIN ABDULLAH

ENGINEERING  
STAFF WORKING  
ON THE  
BARRIERS

The SARS-CoV-2 virus first reached our shore on the 25th January 2020, where four tourists from China who entered through the Singapore was found to be COVID-19 positive. On the same day, the Universiti Malaya Medical Centre received its first case of person under investigation (PUI). The taskforce was activated on the next day to discuss on the procedures and processes, and plan for the potential rise in the number of cases. However, the anticipation of the rise in the number of cases was not there and everything returned to normal soon after, until the first wave which started in late February 2020. The sudden rise in the number of cases and the lack of preparation led to the Government of Malaysia declaring the first movement control order on the 18th March 2020. There were 790 confirmed cases, with 60 recovered and two deaths recorded on that day.

During that period, UMMC started to look at ways on how to control the spread of the virus in the hospital environment. At that time, we have some understanding of how the virus behave from the news from Wuhan, and articles and guidelines from the World Health Organization (WHO) and the Centre for Disease Control and Prevention (CDC).

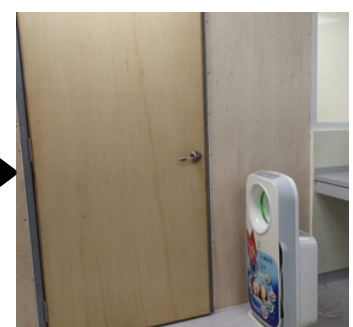


The picture shows the completed work in ED. The same measure was then implemented in other wards.

It is a virus and can spread through droplets and aerosols. At UMMC we understand that we **need to create not just an environment that is safe for our healthcare workers, but also communicate with them that we are doing all we can to ensure their safety**. This is because, healthcare workers need to feel safe at the workplace for them to be able to continue to deliver the services to the public.



The picture shows the construction of the anteroom connecting between the Phase 1 and Phase 2 of GICU.



The picture shows the completed anteroom.





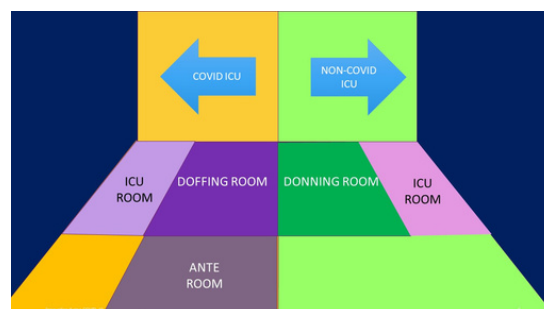
Picture showing the works being carried out in COVID-19 wards

I was tasked by the UMMC COVID-19 taskforce to work with the UMMC Engineering team to review the environmental measures in UMMC. The **first thing that we did was to review the environment and process at our Trauma and Emergency department (ED) who is the main frontline of the hospital.** They are the ones who receive all cases before the patients are transported to the wards. The first thing we identify was the Respiratory Ward in ED was an open ward with open cubicles. Patients who are COVID-19 positive and is on ventilator can generate aerosolised virus particles which can spread easily through the entire ward. The aim was to isolate the cubicle where the COVID-19 or PUI patients were being managed.

We surveyed the areas and found that if we were to use the plastic sheets and curtain rails, we can isolate the cubicles. However, due to MCO, all the hardware shops were closed and we were not able to get the materials. Hence, we looked around UMMC and found some plastic sheets which we could use to isolate cubicles. The staff at the engineering department started their work and we were able to create isolated cubicles in the respiratory ward.


The next thing that we tackle was the General Intensive Care Unit (GICU). The GICU which was located on the second floor of Menara Utama, has just been newly renovated. The GICU consists of two sections Phase 1 and 2. The issues that we encountered in the GICU is the limited number of negative pressure rooms available for COVID-19 patients. There was only a total of four rooms in the two phases of the GICU. With **the increasing number of patients requiring ICU beds, the GICU will be overwhelmed very quickly. We need to identify solution on how we could create more beds, while still ensuring that our healthcare workers can work safety and comfortably.** There were a lot of suggestions, however, after reviewing the mechanical and electrical drawing of the GICU, we found that there is two separate air handling units for Phase 1 and 2 of the GICU. Taking this into consideration, we decided to isolate the Phase 2 GICU and use the whole Phase 2 as the COVID-19 areas. This allowed us to increase the number of beds from 4 to about 10. We designed connecting anti-room and designed two of the rooms in the GICU as the donning and doffing areas for the personal protective equipment (PPE).

Picture showing the two zones – Phase 1 and Phase 2 GICU



There are still a lot of effort that have been carried out by our very capable Engineering Team in UMMC. The lesson learned from this COVID-19 pandemic is that **every hospital needs an effective and efficient engineering team that can react to the situation.**





# REHABILITATION MEDICINE : FROM THE FRONTLINE TO THE LIFELINE OF COVID-19 SURVIVORSHIP

**FIGURE 1: DURING THE FIRST HIT OF THE PANDEMIC, OUR STAFF WERE ON THE GROUND, MASS MANUFACTURING PPE TO MEET THE ACUTE DEMANDS.**

Compiled by :  
**Associate Professor Dr. Anwar Suhaimi**  
Consultant Rehabilitation Physician  
Department of Rehabilitation Medicine  
UMMC



The pandemic has left in its wake a dramatic number of lives lost, unprecedented challenges to the healthcare system and a large socioeconomic impact globally. A COVID-19 survivor may develop persisting dysfunction of almost any organ system, with almost any symptoms and signs similar to many other disabling conditions. The complexity and variability of the damage caused by COVID-19, the disease experience that exposes the patients to physical and psychological effects of severe illness and prolonged hospital or intensive care unit stay, coupled with the pre-existing disabling long-term conditions that many patients with COVID-19 have predisposes the survivors to a higher likelihood of functional impact following the acute disease.

As the nation emerges through the pandemic, work is far from done especially in the recovery of functional of COVID-19 survivors. **Rehabilitation medicine as a multidisciplinary subspecialty is never far from direct involvement of COVID-19 management.** Through the surges of COVID-19 waves over the past 3 years, rehabilitation medicine staffs were actively involved in the critical care, acute management, subacute rehabilitation and continuing to the outpatient phases of functional recovery. In response to the sudden influx of severely ill patients, workforce reassignment and new practices to curb the spread of COVID-19, members of Rehabilitation Medicine embraced challenges with determination and creativity working alongside frontliners and primary healthcare givers in delivering acute medical management, preventive and early mobilisation of symptomatic patients, prompt identification and intervention of novel impairments resulting from COVID-19 and prolonged recovery phase that affects activities of daily living, cognition and basic function such as swallowing and ambulation.





Our staff presence was also seen in the screening, frontline medical management, and public response service. The **goal of COVID-19 rehabilitation is to optimise patient's self-rated quality of life and degree of social integration through optimising independence in activities, minimising pain, and distress, and optimising the ability to adapt and respond to changes in circumstances.**

Rehabilitation is a **problem-solving process**, framed in the context of the **holistic biopsychosocial model of illness**, delivered in a **person-centered way**, requiring an expert, multidisciplinary team, setting collaborative team-based goals, a formulation of rehabilitation plan covering all domains of the biopsychosocial model, a collaborative networking across all professional, organisational, and geographical boundaries, and an ongoing monitoring of change and effects of interventions.

Our critical care, acute ward-based and inpatient rehabilitation services were amongst the first and few facilities that cater for the immediate functional need of the severe COVID-19 survivors. With multidisciplinary approach at its heart, our day-to-day clinical expertise in managing complex disabling or traumatic conditions and learning from the experience of others through SARS epidemic, UMMC Rehabilitation Medicine practices evolved at a fast pace relying on the Donabedian principles to create innovative and practical approaches to assess, triage, deliver and monitor rehabilitation service provision at the site where its needed the most : in the critical care and acute wards through to inpatient rehabilitation facilities and onwards to the outpatient follow up.

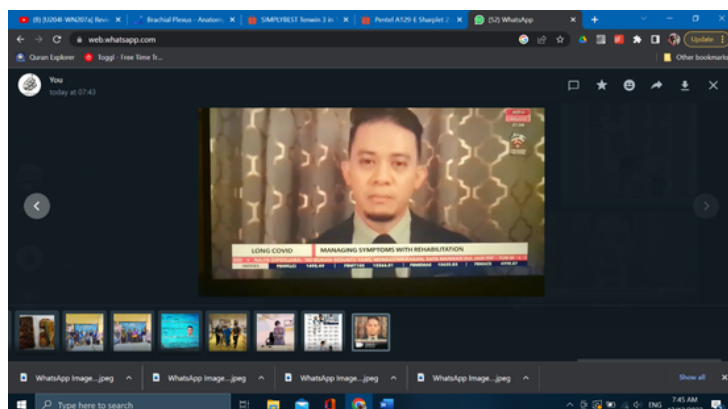


Figure 4 : Media appearances through news, newspapers, public forums and social media were aimed at increasing awareness of COVID-19, supporting health authorities measures and highlighting the role of rehabilitation in the immediate and long term care of COVID-19 patients.



Into its 3rd year, the impact of COVID-19 still runs strong as we face the consequences of Long COVID-19. Although its impact on function is yet to be fully described, the rehabilitation medicine specialty has recognised this potential sequelae and has developed dedicated outpatient services to address them multidisciplinary respiratory, cognitive, musculoskeletal and return to work team approaches. Research and audits are under way to help us and policy makers understand the impact of the pandemic and rehabilitation intervention towards the morbidity, functional and health economics. For more information on our work and experience through the pandemic, please click on: <https://sites.google.com/ummc.edu.my/portal-rehab-medicine/bulletins?authuser=0>

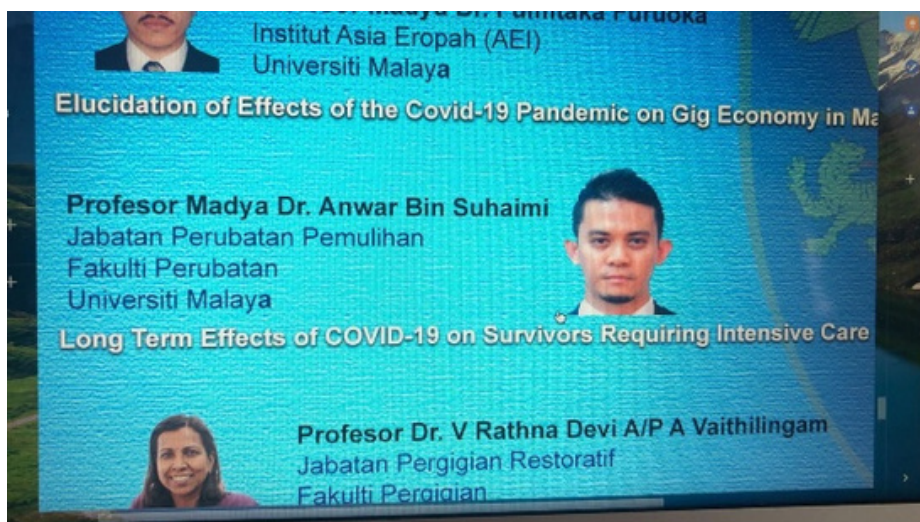


Figure 5 : Research and community service grants help ensure best practices and up-to-date information on rehabilitation and prehabilitation for local needs are delivered on time.





# COVID-19: Behind The Scenes

**Prepared by: Ms Ravi Chanthriga Eturajulu**  
Radiographer Officer  
Department of Biomedical Imaging,  
Universiti Malaya Medical Centre

The magnitude of the COVID-19 pandemic has never been seen before in human history and continues to pose many challenges. Many of us were caught off guard by the unseen adversities. In the Department of Biomedical Imaging, Universiti of Malaya Medical Centre (UMMC) a COVID-19 Task Force Committee (TFC) was formed in the wake of the global pandemic to look into new challenges and changes in the delivery of service.

As part of preparedness, changes were administered to work processes, management of human resources (divided into teams in anticipation of exposures to COVID-19 patients and the need to undergo quarantine, if necessary) and handling of imaging equipment (pre-preparation and post examination disinfecting process). Besides that, infection control Standard Operating Procedures (SOP) was shared by the Infection Control Team, UMMC. Infection control steps that are relevant to the medical imaging department include exercising proper contact precautions, performing adequate environmental cleaning, and ensuring staff adherence to infection control policies through education and monitoring. In addition, the department TFC conducted several simulation sessions on donning and doffing Personal Protective Equipment (PPE) and handling of COVID-19 patients. Reminders on hand hygiene were disseminated and preparedness on crisis management was organised, should the need arise.



Simulation of donning and doffing PPE session



CMEs and simulation session for staff



During the first wave of the pandemic, in the true spirit of #kitajagakita, we saw many radiographers being innovative in preparing PPEs (e.g., head covers, gowns, shoe covers & etc.) from non-woven fabric and diligently taking turns applying their sewing skills. In addition to this, self-made face shields from easily reproducible items such as strings, sponges and clear plastic sheathes were prepared to ensure sufficient stock was available to carry out their duties safely and confidently during these precarious times.



PPEs being prepared by radiographers

In terms of examinations, there was a marked increase in the request of mobile radiography studies at the designated COVID-19 wards and emergency areas. When necessary, CT scans were performed as well to monitor the disease progression of COVID-19 patients. These patients were scheduled at the latter part of the day after completion of non-infectious cases, except in emergency cases. As part of the new workflow, radiographers would prepare the room prior to the examination, disinfect the contact surfaces of equipment post examination and take showers after handling the COVID-19 patients.

The COVID-19 pandemic is evolving continuously. What is certain is that imaging will continue to play a pivotal role in supporting clinical decision-making. Therefore, radiographers should be familiar with the key challenges to fulfill their role in ensuring patient safety and care, and in producing optimum image quality to assist in clinical diagnosis. Most importantly, radiographers should be aware of ways to keep themselves safe during this unprecedented situation by adhering to the new-normal, using the right PPE and ensuring all their workspaces are adequately disinfected to minimise the risk of infection.



Self-made face shields



Preparation of mobile unit



Preparation of CT Scan room



Preparation of ultrasound unit





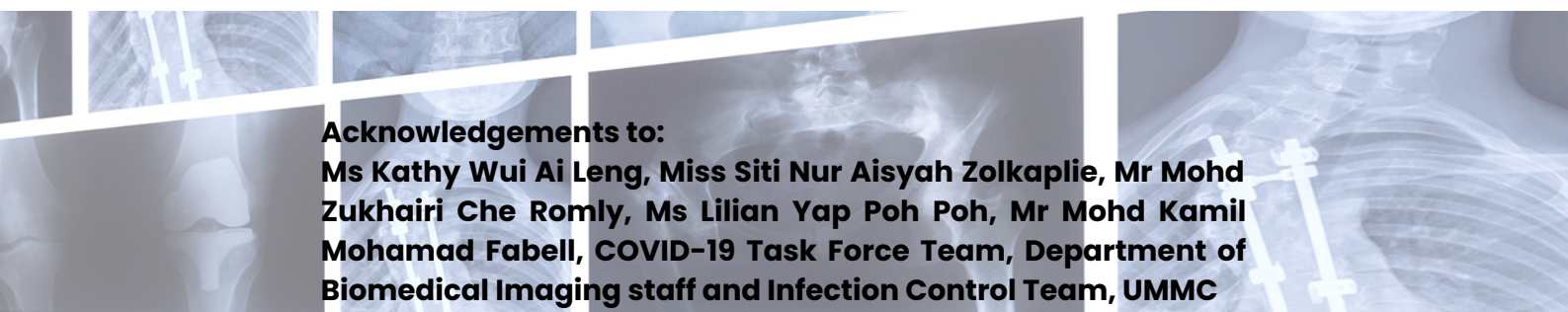
Disinfecting of contact surfaces post CT scan examination

The fight for COVID-19 is not over yet! As António Guterres, Secretary General of the United Nations quoted, "We are in this together – and we will get through this, together." We can win this together by being positive, work as a team and engage in meticulous infection control practices to prevent the transmission. Together we shall fight COVID-19!

**We are ready to serve!**



**We are positive, we can win this together!**



**Acknowledgements to:**

**Ms Kathy Wui Ai Leng, Miss Siti Nur Aisyah Zolkaplie, Mr Mohd Zukhairi Che Romly, Ms Lilian Yap Poh Poh, Mr Mohd Kamil Mohamad Fabell, COVID-19 Task Force Team, Department of Biomedical Imaging staff and Infection Control Team, UMMC**



# Tinta Emas Warga PPUM

Pihak sidang redaksi telah menerima sebanyak 9 buah karya dari 8 orang staf bagi kolum TINTA EMAS WARGA PPUM. Dari hasil nukilan yang dicoretkan, ternyata memang besar impak wabak COVID-19 kepada warga PPUM. Ada yang mendapat pengalaman menjaga pesakit COVID-19 secara berhadapan, ada yang diri sendiri diuji dengan jangkitan COVID-19, ada yang berhempas pulas berjuang memberikan sumbangan dalam sebarang bentuk yang terdaya dan ada juga yang kehilangan ahli keluarga tersayang.

Bagi penyertaan kali ini, pihak sidang redaksi telah memilih karya yang disumbangkan oleh saudara **Mohd Rahmat bin Abdul Hamid** dengan hasil nukilannya yang bertajuk "**Tragedi Virus COVID-19 dan Aku**" sebagai pemenang. Setinggi-tinggi ucapan tahniah kepada beliau.

Demi menghargai semua penyertaan, pihak sidang redaksi telah memutuskan untuk menyiarkan kesemua penulisan untuk tatapan bersama seluruh warga PPUM.

Sesungguhnya, kita semua telah mengukir sejarah sebagai barisan hadapan negara dalam memerangi wabak COVID-19.

*Anisah binti Abd Wahab*  
Pengelola  
RuangTinta Emas







## TRAGEDI Virus COVID-19 dan aku

### Kehidupanku dikelilingi Virus COVID-19

Profesiku seolah-olah dicabar dalam peperangan yang tidak dapat dilihat secara kasar akan siapakah musuh sebenar. Kami petugas kesihatan dikejutkan dengan kemasukan pesakit yang menghadapi virus COVID-19 secara berpusu-pusu. Aku melihat semua rakan-rakanku diselubungi dengan rasa ketakutan, kebimbangan kerana risau dijangkiti dan dalam masa yang sama perasaan sedih menyelubungi hati kami setiap kali melihat pesakit menghembuskan nafas terakhirnya tanpa dikelilingi oleh keluarga tersayang. Kamilah yang menjadi perantara di saat mereka ingin menyampaikan pesanan terakhir kepada ahli keluarga. Walaupun kami juga bimbang akan risiko dijangkiti virus COVID-19 ini, akan tetapi kami terus bertahan demi memberikan perawatan yang terbaik dengan sentiasa mematuhi garis panduan yang ditetapkan.

### Konflik Serangan COVID-19

Hampir tamat gelombang serangan pertama COVID-19, muncul pula gelombang ke 2. Bilakah semua ini akan berakhir? Aku melihat ada yang bersedih kerana telah berjauhan dengan keluarga berbulan lamanya dan ada pula yang turut dijangkiti virus COVID-19. Untungnya kami sentiasa dijaga dengan baik oleh pihak pengurusan PPUM di mana bekalan makanan, minuman, PPE dan sokongan moral tidak berhenti-henti disalurkan oleh mereka.

### Perginya Orang Tersayang Kerana Virus COVID-19

Sedang aku menjalankan tugas, aku mendapat panggilan memaklumkan 2 orang adik kandungku telah dimasukkan ke dalam wad di salah sebuah hospital kerajaan kerana disahkan positif COVID-19. Allahuakbar... perasaan aku bertambah sedih dan mindaku jadi tidak keruan apabila dimaklumkan seorang adik perempuanku kini perlu "ditidurkan" kerana keadaan yang semakin tenat manakala seorang lagi semakin sukar bernafas. Aku hanya mampu berdoa semoga mereka sembuh dan walaupun di dalam hati penuh perasaan sedih, aku teruskan bekerja seperti biasa. Aku terus diduga apabila aku turut disahkan positif COVID-19 dan perlu menjalani tempoh kuarantin dan dalam masa yang sama, sekali lagi aku diuji apabila satu-satunya kakak kandungku yang berada di rumahnya meninggal secara tiba-tiba selepas 13 hari mendapatkan dos kedua vaksinasi. Aku rasa sangat tertekan dan ralat kerana aku tidak dapat memberikan perawatan ke atas kakakku yang terbaring di atas lantai dalam keadaan tercungap-cungap. Aku hanya dapat melihat dari jauh dan diminta tunggu di dalam kereta kerana masih

di dalam tempoh kuarantin. Duniaku gelap seketika apabila melihat ibuku berlinang air mata apabila mengetahui 3 orang anak perempuannya dijangkiti virus COVID-19 di mana seorangnya telah meninggal seorang lagi dalam keadaan kritikal manakala seorang lagi mengalami kesukaran bernafas. Ya Allah Engkau berikanlah kekuatan kepada kami semua khususnya ibu kami untuk hadapi ujianMu. Kekuatan diriku muncul apabila aku menerima kenyataan kematian mereka diangkat sebagai syahid di sisi Allah S.W.T kerana meninggal dunia akibat wabak.

### Duniaku Kini Bersama COVID-19

Begitu besar kita diuji oleh Allah S.W.T dengan kehadiran virus COVID-19 di muka bumi ini tetapi jangan kita lupa setiap yang diberikan olehNya pastinya tersimpan 1001 hikmah yang baik. Aku pasti di antara hikmah yang kita perlu renungi dan perbaiki antaranya sentiasalah mendekatkan diri denganNya, sayangilah orang yang kita sayang ibarat kita atau mereka akan pergi dalam sesaat dan yang paling penting, jadilah anak yang soleh dan solehah kepada ibubapa, nescaya dalam keadaan apa jua kita diuji pastinya Allah S.W.T akan mengangkat darjat seseorang disisiNya kerana redhanya kita pada setiap kejadianNya.



**Mohd Rahmat bin Abdul  
Hamid**

**Jabatan Kejururawatan  
(Perkhidmatan Penjagaan Kritikal)**



## Tinta Emas 2 : 'COVID-19, Me and Mom – The Darkest Moments of 2021'

6 months ago, I received a call informing me that I was COVID-19 positive. Only God knew my feelings at that moment. The world seemed to come to a halt, and the days ahead were bleak and frightening. I remembered asking the doctor, "How did I get it?", "Where did I get it?" and "When did I get it?" I felt as if the world had ended for me, and my biggest concern was whether I had spread the illness to my family members. My mother, who is an immunosuppressed patient receiving ongoing chemotherapy, was the first person about whom I was most concerned. I told my mother, father, and brother to go get tested. Mom was the first to be tested since she was the most vulnerable.

### My heart sunk

Unfortunately, the event that I was most afraid of occurred the next evening. When the phone rang, I knew it was not a good sign, and it was verified that my mother was also COVID-19 positive. Mom needed to be warded for treatment and supervision because she was immunocompromised. Whereas, for me, I would be home quarantined. When I could only see my mom being taken away by ambulance through the window of my room, my heart sunk. So many images flew through my thoughts, and all I wished for was for my mom to be safe and strong. I prayed that Mom would be able to combat the infection and return to us after the 10-day quarantine. On the other hand, fortunately, both my father and brother tested negative for the COVID-19 swab test. It was a relief for us when Mom and I, both, managed to fight against the virus and remain stable throughout the quarantine period.

### An eye opener

Mom is a true fighter and I am proud of her. Despite being a cancer patient, she maintained at stage 2 of COVID-19. Never in my wildest dreams would I imagine myself being diagnosed as a COVID-19 patient. The silver lining of contracting this virus, though, is that it has taught me to value life and my loved ones more. This experience was eye-opening for me since it taught me that life is fragile and that we never know what tomorrow will bring. I have learned to enjoy the small things in life and to strive to be friendlier to others because we never know when our last goodbye is. Besides, when I go to work or go out in public, I am extra cautious.



### No one should get COVID-19

Although the COVID-19 virus is invisible, it has a significant impact on our life. No one, in my opinion, should get it. COVID-19 has mercilessly taken the lives of many of our loved ones. It really did challenge our mental well-being. I want to send my heartfelt sympathies to anyone who has lost loved ones as a result of COVID-19, and may Heaven be their home. My dear mother survived COVID-19, but she was unable to fight off the deadly cancer cells and passed on peacefully in her sleep. Do remember my mother in your prayers if you read this.

**Lilian Gaberial a/p David**  
**Jabatan Perubatan Transfusi**



## Tinta Emas 3 : Pregnant, Yet COVID-19 Positive

No one wants to be afflicted with any illness, let alone a deadly one. No one, on the other hand, can withstand Allah s.w.t's provisions. That was the situation I found myself in when I learned that my son and spouse had been infected with the COVID-19 virus on July 7, while I was pregnant with my second child after a 12-year wait. Accepting that I am suffering from a fatal illness is difficult, but the perspective and acceptance of those around me is far more agonising. I feel obliged to share my story in order to recount my heartfelt feelings to an incident that occurred two (2) months ago.

### The source

My son was the source of the viral infection, which was passed on to him by the babysitter's family. Furthermore, my child's babysitter's family failed to notify me when their family members had become ill for more than three (3) days without seeking medical attention. It all started on Monday, July 5th, when my son woke up with a significant "on and off" fever and joint pain. I had planned to take my child to a clinic near my home region on Tuesday, July 6, at noon, because I was working from home at the time (WFH). The babysitter on the other hand, alerted one of her family members that she had tested positive for the COVID-19 virus. I chose to conduct a swab test the next day, July 7, at the Universiti Malaya Medical Centre, because it was late afternoon and my husband was still working. My son and I were picked up by ambulance from my residence at about 10.45 p.m. on the same day and taken to Universiti Malaya Medical Centre. As a result, the ten-day quarantine period started there. Apart from my content and family, I had nothing to be concerned about. During my stay at Universiti Malaya Medical Centre, I had a terrible fever, joint discomfort and a loss of sense of smell and taste for three (3) days, whereas my kid merely had a loss of sense of smell and taste. Alhamdulillah, the care at Universiti Malaya Medical Centre was so amazing that it brought tears to my eyes.

### The quarantine process

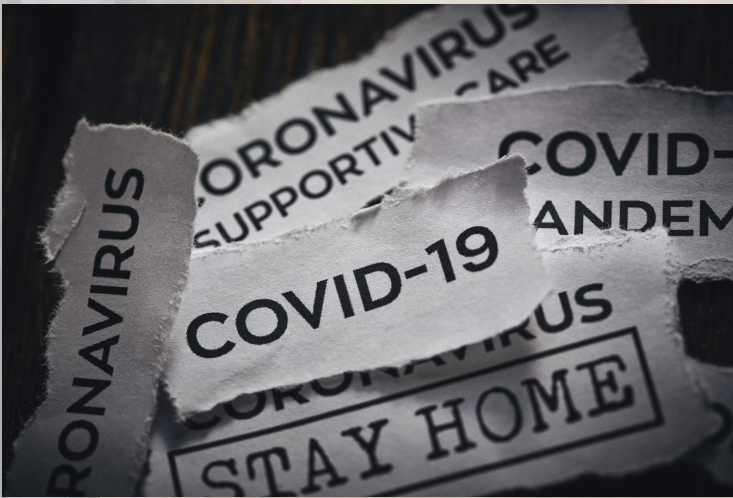
I was given Government Sick Leave for ten (10) days after leaving the unit with my child, and during that time, I had to go through the quarantine process with my child again because my husband was confirmed COVID-19 positive. My spouse contracted the infection while working at Radicare Company Sdn. Bhd., where he was frequently exposed to clinical waste and dealt with COVID-19 patients. I am grateful that the process for me, my son, and my husband could be completed at home under the supervision of Universiti Malaya Medical Centre COSMO. This was due to the fact that my husband was a Level 2 (2) patient who was not at risk.

### The negative stigma

After 32 days of therapy and quarantine in Universiti Malaya Medical Centre and at home, my family and I were finally rid of the COVID-19 Virus. However, despite the government's efforts to provide former COVID-19 patients with a wealth of information, some family members and acquaintances continue to see my family and me negatively. In fact, now that my pregnancy term is at eight (8) months, I feel compelled to share my experience as a former COVID-19 patient because I no longer want others to have bad ideas of me. The need to be a voice, in my opinion, to help erase the stigma that exists in some communities. They may be completely unaware that their behaviours are exacerbating the patient's mental distress. Such horrific atrocities would never happen again.



## Vaccinated during pregnancy



I strongly hope that such heinous crimes would never be repeated. In my opinion, there needs to be a voice to help eradicate the negative stigma that some former COVID-19 patients endure. People may be utterly oblivious to the fact that their actions will aggravate the patient's mental distress. I sincerely hope that horrific atrocities would never happen again.

In my personal experience with the vaccine, I had no major adverse effects and everything went smoothly. At the same time, I strongly advise all pregnant women to receive vaccines as soon as possible before it is too late. Getting the vaccine does not guarantee that we will not get infected with the COVID-19 virus. Although the chance exists, nauzubillah, the effect of infection with the actual COVID-19 virus is not as severe compared to if we were infected without the vaccination. I urge the community to band together in order to defend themselves and limit the number of patients in the intensive care unit (ICU) as well as the number of deaths. As part of my payment, we must collaborate to increase the number of cured cases. So do not be apprehensive about being vaccinated. Vaccines are a form of self-protection that we use as a precaution

Recalling my own experience, I had found out I was pregnant with a second child four (4) months before obtaining the COVID-19 vaccine injection, and my concerns about the health implications for the baby during pregnancy were quite strong. But, after reconsidering the implications of COVID-19 infection on pregnant women, I decided to arm myself with such protection and sought medical counsel on March 29 (first injection) and April 19 (second injection).



**Sharifa Hannis Ellyza Binti Harun**  
Jabatan Pengimejan Bioperubatan



# Tinta Emas 4 : COVID-19 Yang Menginsafkan



## KEHIDUPANKU SELEPAS DIJANGKITI VIRUS COVID-19.

Kewujudan dan penularan wabak COVID-19 bermula pertengahan 2019 sememangnya memberi kesan kepada masyarakat dan ada di antaranya turut dijangkiti dan ada yang kehilangan orang yang tersayang. Sebagai salah seorang petugas kesihatan yang bertugas di PPUM, saya juga mempunyai pengalaman dijangkiti virus COVID-19 dan dikuarantin di rumah selama 10 hari dan dipantau oleh pasukan COSMOS PPUM serta turut dibantu secara ecopsychology oleh pasukan "Psychological First Aid-PFA" PPUM. Sepanjang tempoh kuarantin tersebut, tidak dinafikan pelbagai perasaan muncul khususnya perasaan kebimbangan jika virus ini akan menjangkiti ahli keluarga yang lain dan sudah tentunya kita masih tidak bersedia untuk kehilangan orang yang tersayang dan adakah kita sendiri sudah bersedia untuk dijemput Tuhan dengan bekalan akhirat sekadar buih di lautan.

## DEKATNYA KERJAYAKU DENGAN VIRUS COVID-19

Sebagai petugas kesihatan yang menyelia staf di kawasan klinikal, sepanjang pandemik COVID-19 ini, adalah menjadi satu perkara yang wajib untuk terus kekal positif dan terus memberikan sokongan moral kepada semua staf. Secara tidak langsung, hubungan sebagai seorang penyelia dan staf menjadi sangat rapat seperti sebuah keluarga yang amat besar dan dilimpahi rasa bertimbang rasa, saling memerlukan dan menghargai di atas keperluan satu sama lain semasa bertugas. Keinsafan diri muncul apabila melihat pesakit meninggal kerana COVID-19 dan ada di antara staf yang turut dijangkiti virus tersebut seterusnya menjangkiti pula ahli keluarga yang lain. Keadaan ini sememangnya menyebabkan situasi trauma berlaku sehingga ada yang mengalami tekanan perasaan kerana berjauhan dengan keluarga demi tugas serta ledakan emosi turut dialami apabila ada petugas yang turut meninggal dunia dan kehilangan ahli keluarga, namun tidak mendapat kesempatan untuk menatap wajah orang yang tersayang untuk kali terakhir kerana keperluan dalam perkhidmatan mahupun kerana dirinya sendiri sedang dikuarantinkan.

## COVID-19 DAN PERSEKITARAN

Kepatuhan dalam norma baru, antaranya pemakaian pelitup muka, face shield dan personal protective equipment (PPE) adalah mandatori kepada petugas kesihatan tetapi secara jujurnyanya perasaan bimbang dijangkiti masih menebal. Walau bagaimanapun, demi tugas kami terus berkhidmat untuk pesakit yang memerlukan bantuan perawatan. Dalam situasi yang penuh perasaan 1001 kebimbangan ini, doa dan sokongan moral serta garis panduan menjadi salah satu sumber kekuatan kami untuk terus memikul tanggungjawab dan kami berserah selebihnya kepada Tuhan yang Maha Berkuasa Mentadbir Sekian Alam dan Dia jugalah Maha Penyembuh.

## PENGAJARAN DARI KEMUNCULAN VIRUS COVID-19

Virus COVID-19 ini sangat berbahaya sehingga menyebabkan kematian. Justeru itu marilah kita bersama-sama mengamalkan kepatuhan kepada norma baru semasa bertugas di mana kita mestilah sentiasa mengikut garis panduan yang ditetapkan semasa bertugas seperti memakai pelitup muka dan sentiasa memakai PPE apabila merawat pesakit COVID-19. Ambillah iktibar dari pengalaman melihat secara dekat pesakit yang meninggal atau kita sendiri kehilangan orang tersayang kerana wabak COVID-19 ini. Perasaan keinsafan ini adalah petanda untuk kita sama-sama menghargai ibubapa, keluarga, sahabat dan insan di sekeliling kita. Hapuskan perasaan malu untuk menunjukkan kasih sayang dan perhatian kepada mereka semasa kita semua masih bernyawa.....ibarat pepatah melayu "malas berdayung perahunya hayut". Sedarlah wahai semua sahabat berusaha untuk menghargai dan buktikanlah kasih sayang kita pada mereka sebelum kita kehilangan mereka.



Mohd Rahmat bin Abdul Hamid  
Jabatan Kejururawatan  
(Perkhidmatan Penjagaan Kritikal)



# Tinta Emas 5 : Laboratory Professionals Save Lives

It was in August 1998 that I started my career as a Medical Laboratory Technologist with University Hospital (UH), now known as UMMC. Within a month of working, the Nipah outbreak (September 1998 to May 1999) occurred. In a short period of time, I was exposed to the true and important role a laboratory professional plays in helping to quickly diagnose and detect the source of an infection. But, I often wonder if my friends, family, the general public and even my other healthcare colleagues understand what it is we do and why it matters to your health.

## Our expertise

Our profession has always been around. We have been conducting critical and lifesaving laboratory medicine testing for decades and became relevant in the 1800s. Doctors, physicians and other medical professionals rely on our expertise and technical know-how on laboratory testing, right from the pre-analytical to the post-analytical work. According to Rodney Forsman, in Clinical Leadership and Management Review (2002), 90% of the objective medical data in the patient record comes from the laboratory professionals. The laboratory professionals have always contributed to wellness testing, forming diagnosis, guiding treatment, and monitoring patient progress.

## Risking our lives

In 2003, we in the medical laboratory, faced the SARS outbreak and a huge amount of testing was conducted in our facility, however, not a speck of reference for the good work by laboratory professionals who were also risking our lives and worked around the clock to deliver fast and accurate results was ever mentioned. And now the evolving SARS-CoV-2/COVID-19 pandemic has the world in its grip and the medical lab professionals once again have to deal with the various challenges during the Coronavirus Disease 2019 (COVID-19) outbreak.

## Unseen heroes

Yet our profession is still not clearly understood nor recognized even though literature reviews conform to the fact that the etiological diagnosis of COVID-19 was not possible without the laboratory services. Despite many challenges, the medical laboratory professionals in PPUM has yet again projected its intrinsic and well-known suppleness by providing uninterrupted provision of diagnostic services to our healthcare services seamlessly but will soon again disappear behind the scenes to become the unseen heroes who also save lives by providing good laboratory services to complement patient diagnosis

**Harvinder Kaur Lakhbeer Singh**  
Jabatan Mikrobiologi Perubatan







## **Tinta Emas 6 : Kita Jaga Sesama Kita**

### **Tiada lagi makan beramai**

Penat, sedih, marah, kecewa, risau dan pelbagai lagi emosi negatif menyelubungi diri semenjak adanya virus COVID-19 ini dan tanpa sedar, membuatkan kita hidup dalam ketakutan. Suatu ketika dahulu, penutup muka bukanlah menjadi suatu kewajiban. Namun kini, ia menjadi satu keperluan. Jika dahulu, perbuatan peluk cium dan bersalaman menjadi bahasa badan dalam menunjukkan rasa hormat dan menzahirkan rasa sayang, tetapi kini semua menjadi kekangan akibat risau akan memulakan satu rantai rebakan.

### **Syukur dikurniakan persekitaran kerja yang sihat**

Dahulu, waktu rehat makan beramai-ramai, bersembang dan bergelak ketawa sambil menikmati hidangan. Namun kini hanya bertemankan dinding dan bunyi kunyahan yang perlahan. Ternyata setiap individu pasti terkesan dengan keadaan sekarang. Ada yang bernasib baik masih menerima gaji bulanan tanpa sedikit pun berkurangan. Ada pula yang perlu mengikat perut dan terpaksa menambah beban hutang.

### **Berubah untuk kebaikan bersama**

Bekerja di wad sepanjang waktu kritikal virus ini melanda membuatkan aku menjadi lebih banyak berfikir dan bersyukur dengan apa yang aku ada. Mempunyai ketua dan rakan sekerja yang banyak membantu dan memberi sokongan menjadikan perjalanan melawan COVID-19 ini sesuatu yang tidak mustahil walaupun banyak liku dan cabarannya.

### **Rindu yang tiada penghujung**

Aku akui banyak perkara baru yang terpaksa dilakukan dalam skop kerja tetapi aku mengerti yang ini adalah untuk kebaikan bersama. Kepenatan dan ketakutan sewaktu bekerja, berjalan seiring tetapi yang menguatkan diri adalah apabila memikirkan bahawa kami adalah barisan hadapan. Mereka memerlukan aku untuk menjaga mereka ketika ketiadaan saudara atau waris yang boleh membantu.

Tipu jika aku katakan yang keadaan emosi selalu kuat. Ada kalanya rebah juga apabila mengenangkan ibu bapa dan keluarga nan jauh, rindu yang tiada penghujungnya sedangkan bebanan kerja semakin bertambah. Di kala itu, hanya kepada Dia tempat aku memohon pertolongan dan meluahkan segala perasaan.

Alhamdulillah, keadaan kini semakin baik dan memulih. Semoga keadaan masa lalu takkan berulang lagi. Kita semua mengalami masalah yang hampir sama, cuma jalan cerita kita yang berbeza. Satu pesanan aku, teruskan berdoa dan kita jaga sesama kita. Terima kasih.



**Nur Syamimi bt Idris**  
**Wad Pediatrik 8PA**



## Tinta Emas 7 : Air Tenang Jangan Disangka Tiada Buaya

COVID-19!! Virus ini hangat melanda seluruh pelusuk dunia. Berjuta nyawa diragut oleh virus ini. Aku terpenggil untuk menceritakan pengalaman aku bersama COVID-19. Betapa kejamnya virus ini. Walaupun sudah hampir setahun diserang COVID-19, sehingga kini aku masih mengharunginya.

### Badanku dicucuk-cucuk

Pada 20 Disember 2020, aku datang bekerja seperti biasa. Kebetulan pada masa itu, ibu aku yang berusia 66 tahun telah datang ke Kuala Lumpur untuk membuat rawatan di tempat kerjaku, Pusat Perubatan Universiti Malaya. Pada hari itu aku merasa tidak sedap badan. Badan aku terasa seperti dicucuk oleh sesuatu. Namun aku bertugas seperti biasa. Aku tidak pergi mendapatkan rawatan kerana aku telah mengambil cuti tahunan selama seminggu.

Dipendekkan cerita, pada 24 Disember 2020, deria bau aku telah hilang. Aku mula merasa risau dan bimbang. Aku mengajak suamiku pergi mendapatkan rawatan di PPUM. Hidung dan kerongkongku dicalit kerana mempunyai simptom.

### Apabila telefon berdering...

Aku semakin resah kerana keputusan ujianku masih belum keluar sehingga lewat malam tarikh 25 Disember 2020, aku masih ingat detik pada jam lebih kurang 9 malam, telefon aku berbunyi dan nombor telefon yang terpapar sangat aku kenali. Hati aku mulai berdebar. Sangat betul tekaan aku. Aku disahkan positif COVID-19!!!

Ya Allah masa itu aku merasa sangat putus asa lebih lagi aku telah menyaksikan sendiri kerakusan COVID-19 ini meragut banyak nyawa. Aku terus memikirkan anak-anak, suami dan ibuku. Anakku yang nombor 3 mempunyai penyakit kronik "lelah". Aku berdoa dan terus berdoa agar mereka dilindungi. Mereka dikehendaki membuat ujian di kecemasan PPUM.

Pada petang 26 Disember 2020, keputusan ujian mereka telah keluar. Suami dan anakku 4 orang disahkan positif COVID-19. Masa itu aku tak dapat nak terangkan macam mana perasaan aku. Keputusan anak sulung dan ibuku negatif.. Aku sujud syukur Ya Allah. Aku mendapat berita bahawa kakakku sekeluarga juga disahkan positif COVID-19 kerana mereka telah dijangkiti kami sekeluarga.

Aku dan anak-anak ku telah dikuarantinkan di PPUM. Manakala suami, anak sulung dan ibuku dikuarantinkan di rumah. Kami tamat tempoh kuarantin pada 4 Januari 2021. Permulaan dari situ kehidupan kami sebagai pesakit "SELEPAS COVID-19". Aku bersyukur sewaktu kami menjalani kuarantin, anak-anak aku hanya mempunyai simptom sahaja. Betul kata pepatah, jangan disangka air yang tenang tiada buaya. Anakku yg mempunyai penyakit "lelah" sentiasa tidak sihat dan batuk berterusan walaupun sudah hampir setahun, sehingga doktornya membuat keputusan untuk membuat prosedur "Bronchoscopy" dan mencuci paru-paru anakku. Doktor terangkan anakku mempunyai parut akibat COVID-19 dan sepatutnya kanak-kanak mendapat parut berbanding dengan orang dewasa.

### Kes anakku menjadi kajian

Kes anakku telah dijadikan kajian. Anakku disarankan untuk sentiasa menggunakan 'nebulizer' di rumah sebanyak 2 kali sehari. Aku dikehendaki membeli mesin untuk anakku. Tiada kata putus sehingga bila anakku akan berhenti menggunakan mesin itu. Betapa rakusnya COVID-19 ini. Sehingga kini, anakku menanggungnya. Hati seorang ibu luluh melihat anak yang sentiasa tidak sihat. Aku berdoa semoga anak ku sihat seperti kanak-kanak lain.

Aku?? Keadaan aku selepas COVID-19 sentiasa cepat letih, kurang bertenaga, apabila diserang batuk dan selsema, lambat untuk pulih serta mudah lupa. Kesimpulannya kita harus menjaga SOP, tidak pergi ke tempat sesak. Jangan pentingkan diri sendiri. Jika belum mengambil vaksin, aku sarankan bertindaklah segera sebelum terlambat. Aku doakan semoga Allah permudahkan semua urusan aku sekeluarga dan agar anak aku sentiasa sihat. Sekian dari aku, seorang bekas pesakit COVID-19.



Siti Nazirah binti Musa  
Jabatan Perubatan Pemulihan



# Tinta Emas 8 : Adiwira COVID-19

Kita selalu mengagumi peranan adiwira di dalam filem-filem fiksi seperti Ironman, Spiderman dan Wonder Woman. Malahan, pada zaman dahulu, kelahiran Hang Tuah yang dinobatkan sebagai pahlawan Melayu yang menggambarkan sejarah perjalanan zaman Kesultanan Melayu Melaka. Kewujudan mereka sering kali digambarkan muncul pada saat genting dan amat diperlukan demi menjaga keamanan dan keselamatan.

## Adiwira dunia realiti

Bagaimanapun, tanpa kita sedar, sebenarnya watak-watak adiwira atau hero itu turut wujud dalam realiti kehidupan seharian kita. Dalam situasi semasa, khususnya ketika dunia dilanda penularan pandemik COVID-19, terdapat kumpulan 'adiwira' yang bertindak dalam pelbagai cara dari proses pencegahan, sokongan hinggalah ke barisan hadapan memerangi ancaman virus ini, seterusnya memastikan rakyat dan negara selamat.

Setiap profesion malah setiap individu daripada pelbagai lapisan usia dan latar kerjaya memainkan peranan berdasarkan skop tugas masing-masing dalam tempoh ujian ini. Selepas beberapa bulan Malaysia menjalani Perintah Kawalan Pergerakan, banyak yang kita dapat lihat dan nilai dalam fikiran kita.

## COVID-19 dan psikiatri

Ini merupakan satu dugaan dan cabaran yang amat menggerunkan dan kita telah kehilangan banyak nyawa akibat daripada penularan COVID-19. Saya merupakan seorang jururawat perempuan yang bertugas di bahagian psikiatri. Saya perlu memastikan diri sentiasa bersedia dari segi mental, emosi, fizikal untuk berada dalam situasi berisiko tinggi bagi tempoh panjang dengan kemungkinan dijangkiti virus maut. Kita kena bertarung nyawa sampai ke akhir dalam usaha menyelamatkan insan-insan lain bak kata pepatah, alang-alang menyeluk pekasam, biar sampai ke pangkal lengan.

Pengalaman yang paling tercabar, menguji ketahanan mental dan emosi saya sepanjang tempoh khidmat saya di Pusat Perubatan Universiti Malaya selama 7 tahun. Walaupun, pengalaman saya bukan pengukur untuk menjadi pedoman orang muda, tetapi membuka ruang untuk saya dan rakan-rakan menabur bakti kepada negara.

Antara kesannya yang menjadi satu nostalgia dalam kehidupan saya selepas berdepan dengan pandemik COVID-19 ialah takut untuk meluangkan masa bersama ahli keluarga. Kita terpaksa kuarantin diri daripada ahli keluarga disebabkan penularan yang agak pantas terutama orang tua. Pada masa yang sama, keluarga pula rasa sedih, gelisah dan terbeban dengan ketidakhadiran kita dalam keluarga bak kata pepatah "berat mata memandang, berat lagi bahu memikul".

Tambahan pula, saya yang tidak mampu untuk menyesuaikan diri dengan keadaan serius pesakit secara tidak langsung akan menimbulkan perasaan negatif. Akibatnya, saya mengalami tekanan mental yang besar bukan sahaja kepada diri saya sendiri, malah kepada ahli keluarga. Kesan kegelisahan dan tekanan ini ditakuti akan mempengaruhi pertimbangan diri terhadap pesakit. Namun sebagai petugas kesihatan, saya terus bersikap dinamis atas pertimbangan humanistik dengan menghilangkan kesan perasaan negatif, menolak gangguan perasaan dan cuba untuk mengurangkan tekanan mental.

Kematian yang dilihat di depan mata merupakan satu situasi yang sangat menyedihkan bukan sahaja kepada ahli keluarga pesakit mahupun jururawat yang menjaga dan merawat. Walaupun menghadapi kesukaran yang berbeza, saya tetap menunjukkan kekuatan dan kelenturan yang luar biasa. Mereka menggunakan pelbagai cara bagi menyokong emosi sesama mereka dan mengubah kemampuan untuk mengurangkan tekanan.

## Norma baru

Kesimpulannya, tugas jururawat di wad COVID-19 mempunyai banyak pengalaman pahit dan manis. Semua lapisan masyarakat juga diseru untuk memenuhi norma baharu dan mengikut ketetapan atau SOP yang telah dikeluarkan oleh pihak kerajaan. Semoga kita sama-sama berjaya menumpaskan virus COVID-19 daripada negara Malaysia ini.



**Pathmapiriya a/p S. Vlaganathan**  
Bengkel Latihan Pemulihan Kerja Psikiatri,  
PPUM.



# Tinta Emas 9 : Who Will Win The War?

"Sire, the human world is ours! They've capitulated: closed their borders and imposed lockdowns. They call you COVID-19 - coronavirus disease of 2019."

"As they have no way of knowing my real name, that will do just as well. A rose by any other name, eh? These humans are an unimaginative lot..."

**3 years earlier, at the Global Virus Summit.**

The council of elders have gathered and decided that the hubris in the human world has reached insufferable levels. A century ago, there was the Spanish flu. HIV of course, has done plenty in the last few decades but humans are slowly turning the tide. Cmv, RSV, adenovirus are but seasonal players. We call upon Nemesis now. To the agent of Nemesis, we bestow the Ring.

"At last, the Ring will be mine!

Have I not unleashed a pandemic of epic proportions upon the human world? Have they not been brought to their knees by my army of invisible soldiers?"

*Free rides*

Ah, good old Wuhan. Ground zero, or was it? Perhaps. I shall not tell the humans. What matters is that my master plan was launched to great success, helped by the paranoia which inevitably accompanies such authoritarian regimes. First they try to snuff it out, then to suppress but to no avail. And humans, being the unwitting hosts, have given free rides to my soldiers. Talk about free transport."

"Yes, Sire. Although the humans have quickly caught on, wearing protective masks and using alcohol against the army. They realise that they themselves are the danger. Current catchphrases include 'social distancing' and 'flattening the curve'.

Their governments have locked their people in their homes; supermarket shelves emptied, especially the toilet roll section (inexplicably), hospitals overrun, medicines in short supply, mortuaries overflowed and you could smell the panic in the air..."

"Ah, those early heady days. Sweet, sweet success. In one fell swoop, the world ground to a halt."

"Indeed Sire. But the vaccines now?" *Win without fighting!*

"So they caught some of my earliest soldiers. I have plenty waiting in the wings. This is a war on multiple fronts- they have yet to recover from their economic setbacks, those foolish humans, with their financial chicanery, digging themselves into the abyss. This is a war that we will win without fighting. Sun Tzu will be proud."

"But how, Sire?"

"Democracy. That shining beacon of western ideology. If the world had leaders like the Patrician of Ankh-Morpork, it may yet have hope. But pandering to the people in the name of human rights - to not vaccinate or wear face masks or simply doing as they desire without a thought for their fellow man, that is a recipe for chaos.

The humans have grown complacent. They have a strange genetic defect: short memories. We will remain in the background, biding our time and paving the way for our allies: disease, war, famine and pestilence to wreak havoc upon the world."

"I see, Sire. Then will we reign supreme soon?"

**"TIME (AND HISTORY) WILL TELL."**



**Tai Yi Wern**  
**Jabatan Farmasi**



# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM

**Jawatankuasa Task Force COVID-19**  
yang banyak membantu dalam  
usaha memerangi COVID-19



**Perubahan di sekitar lokasi penyaringan COVID-19**  
di luar Jabatan Perubatan Kecemasan

Pemandangan keadaan khemah bagi ujian saringan / swab test di luar Jabatan Perubatan Kecemasan yang telah siap dipasang bagi memudahkan pesakit-pesakit yang mempunyai simptom untuk menjalani saringan ujian COVID-19

En. Harminder Singh A/L Karam Singh membuka *inflatable tent* bagi menyediakan tempat penyaringan COVID-19 pada permulaan pandemik

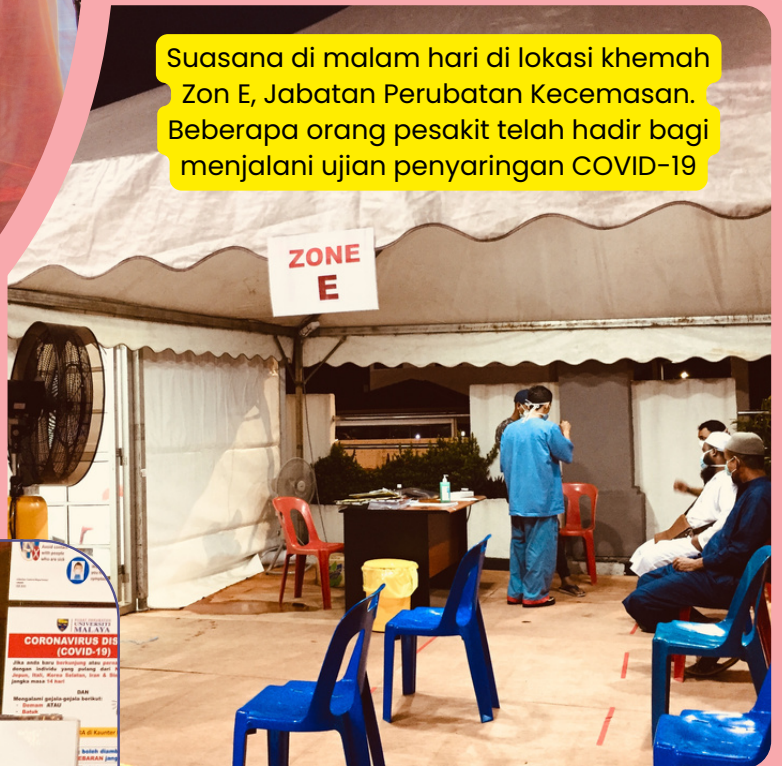




# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM



Para petugas membuat persiapan memakai kelengkapan *protective personal equipment* (PPE) sebelum memulakan tugas di lapangan mengikut SOP yang disediakan oleh Jabatan Kawalan Jangkitan



Suasana di malam hari di lokasi khemah Zon E, Jabatan Perubatan Kecemasan. Beberapa orang pesakit telah hadir bagi menjalani ujian penyaringan COVID-19



Penanda arah yang diletakkan di hadapan pintu masuk Jabatan Perubatan Kecemasan bagi memudahkan pesakit yang hadir



# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM



Demonstrasi prosedur intubation bagi pesakit yang mengalami *respiratory distress*



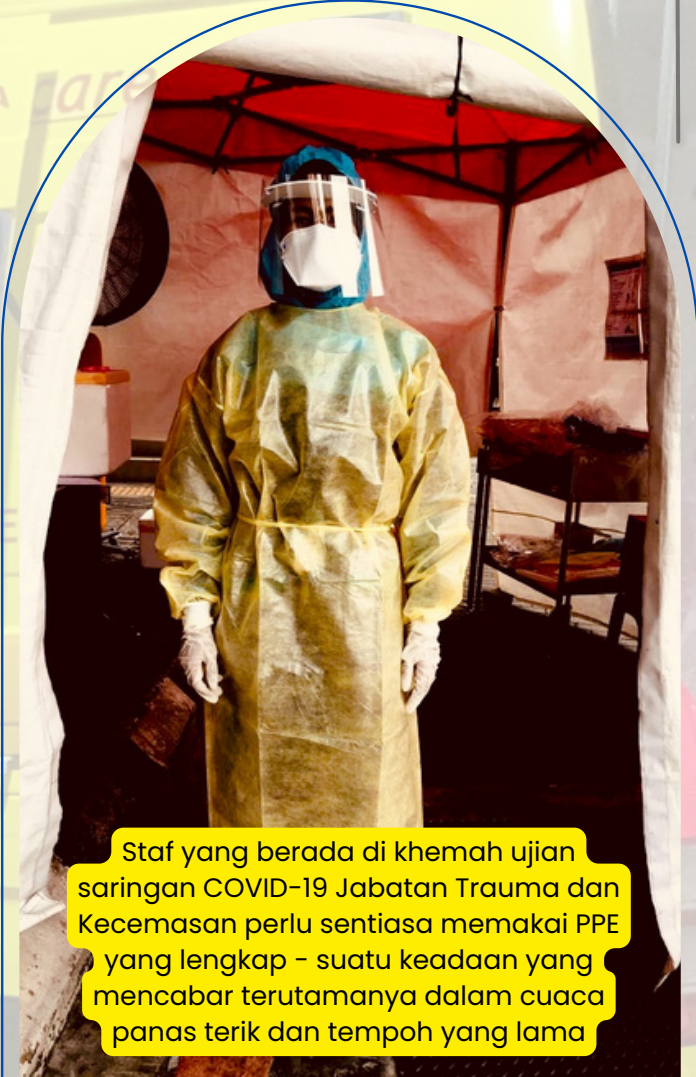
Sesi Demonstrasi Intubasi Pesakit (April 2020)



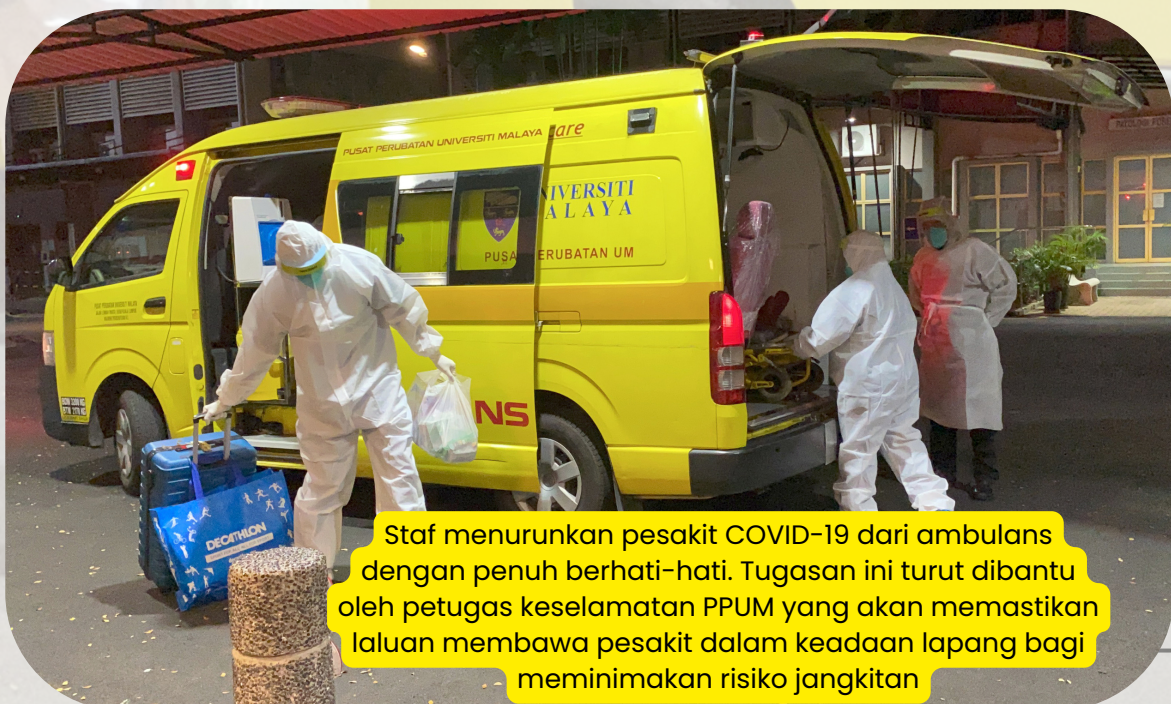
# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM



Spesimen COVID-19 yang telah penuh akan disimpan di dalam kotak yang tertutup rapi sebelum dihantar ke makmal



Staf yang berada di khemah ujian saringan COVID-19 Jabatan Trauma dan Kecemasan perlu sentiasa memakai PPE yang lengkap - suatu keadaan yang mencabar terutamanya dalam cuaca panas terik dan tempoh yang lama



Staf menurunkan pesakit COVID-19 dari ambulans dengan penuh berhati-hati. Tugasan ini turut dibantu oleh petugas keselamatan PPUM yang akan memastikan laluan membawa pesakit dalam keadaan lapang bagi meminimalkan risiko jangkitan



# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM



Prosedur MRI dilakukan kepada pesakit COVID-19 bagi memastikan segala aspek perawatan dapat diambilkira



Prosedur ultrasound untuk pesakit COVID-19



Walau sukar dan merbahaya, namun kakitangan PPUM masih ceria menjalankan amanah. PPUM turut mengambil berat aspek psikologi para petugas dengan menubuhkan Pasukan Perkhidmatan Sokongan Psikososial (PST)

*Psychological First Aid (PFA)*



# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM



Di antara barisan hadapan yang bertungkus-lumus menghadapi pandemik COVID-19. Ada yang berkorban dengan tidur di penginapan PPUM.





# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM



Barisan hadapan membantu pesakit COVID-19 bagi urusan kemasukan ke wad isolasi COVID-19



Sumbangan yang diberikan kepada barisan hadapan semasa pandemik COVID-19 oleh MAIWP. PPUM juga turut menerima pelbagai sumbangan dari pihak-pihak lain.





# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM

Surau juga telah ditanda penjarakkan sosial mengikut SOP COVID-19 yang ditetapkan



Kedudukan kerusi di dalam bilik kuliah ditetapkan mengikut prosedur SOP yang diluluskan



SOP yang ketat diamalkan dengan menandakan kerusi bagi penjarakkan sosial



Pengambilan vaksin di Klinik Kesihatan Kuala Lumpur menggunakan kawalan polis bantuan PPUM. Pada hari pertama pelancaran program vaksin COVID-19 pada 1hb Mac 2021 di PPUM





# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM

Situasi di pintu masuk Menara Selatan dengan kawalan ketat oleh polis bantuan PPUM



Pintu masuk Plaza juga dikawal rapi bagi mengelakkan penularan virus COVID-19



Polis bantuan sedang membantu pelawat dan pesakit bagi mengisi Visa kemasukan ke PPUM yang digunakan semasa pandemik COVID-19





# Sorotan Peristiwa Bergambar Berkaitan COVID-19 di PPUM

Set lengkap PPE di pek dengan kaedah begini bagi memudahkan pemakaian



Mengiringi penerimaan dan pengagihan vaksin



Kaunter Penyaringan Khas



Cara pesakit diiring dari satu tempat ke tempat lain



Melepaskan penat sekadar ala kadar



**PUSAT PERUBATAN  
UNIVERSITI  
MALAYA**

## TALIAN SOKONGAN COVID-19

<p><b>Hari Bekerja &amp; Waktu pejabat</b> 8.30am - 4.30pm (Isnin - Jumaat)</p> <p><b>03-7949 3730</b> (OSHE Hotline)</p> <p><b>03-7949 2045/2047</b> (Peningkatan)</p> <p><b>03-7949 2988/3991</b> (Psikososial)</p>	<p><b>Hari Minggu, Hari Kelepasan Ar &amp; Selepas Waktu Pejabat</b> 8.00am - 8.00pm (Isnin - Jumaat)</p> <p><b>03-7949 2047</b> (Peningkatan)</p>
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Perkhidmatan ini dikendalikan dengan kerjasama Unit Keselamatan & Persekitaran Pekerjaan (OSHE), Jabatan Pembangunan Perniagaan & Unit Pengurusan Psikologi & Kaunseling



Bantu-membantu memakai PPE





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**Nor Azliza binti Affandi**, Juru X-Ray (Radioterapi), Jabatan Onkologi Klinikal  
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