

SAFETY MEMO

To : All GAM staff

Date : 14th JULY 2021

Reference: GAM-S/ME/69/JUN21 (Rev. 01)

Subject : COVID 19 FLOW CHART & ACTION PLAN

1. This is the latest Guideline for our internal immediate action. Please treat this as instruction and reference to overcome the spread of virus in our company. Refer to "Covid 19 Flow Chart & Action Plan".

2. We divided into 3 categories:

- CATEGORY 1 : POSITIVE CASE (A)
- CATEGORY 2 : CLOSE CONTACT (B)
- CATEGORY 3: CLOSE CONTACT (C) or CASUAL CONTACT
- 3. Your category shall be determined upon your situation. Example, if Contact B was identified Positive from swabtest, he/she will changed to CATEGORY 1: POSITIVE CASE (A). He/she shall refer to CATEGORY 1 flow chart. Same goes to other contacts.
- 4. Please be informed that any vaccinated personnel are included to follow our procedure. Quarantine and swab test are justified according to Category and Assessment by Safety team.
- 5. Any update shall be update in timely referring to government Safety Operation Procedure (SOP).
- 6. Please immediate contact with Safety Personnel if you have any doubt or question regarding Covid-19 issue.

Thank you,

Mohammad Nizam Jaafar

Safety Manager

C.C – Accountable Executive Chief Technical Operation Officer Quality Assurance Manager



COVID 19 FLOW CHART & ACTION PLAN

TYPE OF CATEGORY:

POSITIVE

QUARANTINE

LIST OUT CLOSE

CONTACT (B)

HR

WORK PLACE

SANITIZATION

CONTINUE

QUARANTINE

LIST OUT CLOSE

1 CATEGORY 1 : POSITIVE CASE (A)

2 CATEGORY 2 : CLOSE CONTACT (B)

CATEGORY 3 : CLOSE CONTACT (C)

or CASUAL CONTACT

1) Namelist from patient (A) shall be double check by Safety to final confirm CLOSE CONTACT B

2) CLOSE CONTACT B shall be quarantine and do swabtest on day-5. If the result is Negative, please RESUME work on the next day. If POSITIVE, follow CATEGORY 1 flowchart.

3) CLOSE CONTACT C or CASUAL CONTACT shall resume to work as usual, However. you MUST follow SOP and standby for B result. If B positive, you need to do swabtest on

CATEGORY 1: POSITIVE CASE (A)

Done Swabtest and confirmed positive case (A).

Immediate quarantine.

Self monitor (Daily update at Mysejahtera)

Self tracking (Anyone related to company) (Whom you saw in 5 days before swabtest)

Provide "Name, Staff ID, Department, Swab test date, CT Value". NOTIFY HOD, SAFETY Submit PCR report or Confirmed case letter to HOD, SAFETY, HR. Fill in Leave Application in GAM's Portal (Quarantine)

1) Immediate In-House Sanitization. (Tools provided by company)

2) Sanitization by outsource.

Until 10 days after swabtest or until wristband removal. *If symptom got worsening, see the doctor immediately.

Free from wristband RESUME WORK

Submit Result Report or Discharged Letter to HOD, Safety, HR.

ACTION BY

Positive patient (A)

(A) provide namelist of close contact (B) to HOD & Safety.

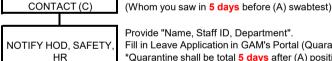
Safety double check (Definition Close contact form)

Safety investigate (A) after being notified by (A) or HOD.

> Department (In-house) Safety (out-source)

Close contact (B) deal with Safety and HOD for update

CATEGORY 2: CLOSE CONTACT (B)



Provide "Name, Staff ID, Department".

Self tracking (Anyone related to company)

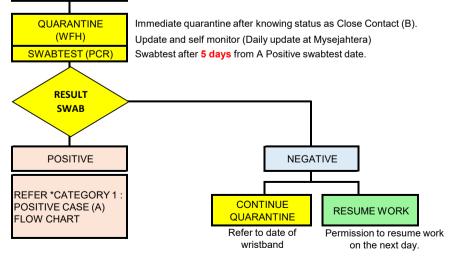
Fill in Leave Application in GAM's Portal (Quarantine)

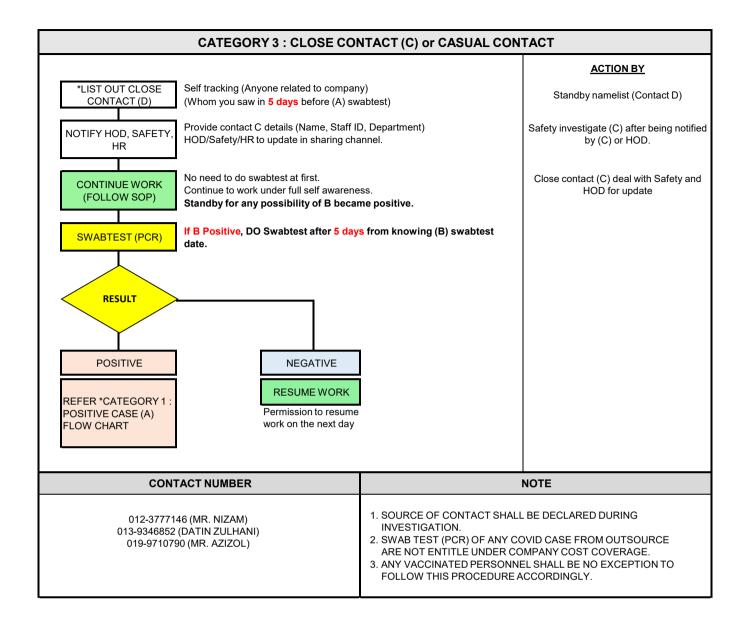
*Quarantine shall be total 5 days after (A) positive status or until wristband removal.

(B) provide namelist to HOD & Safety

Safety investigate (B) after being notified by (B) or HOD.

Close contact (B) deal with Safety and HOD for update





DEFINITION CLOSE CONTACT

Close Contact Definition

(Ministry of Health Malaysia - Updated on 22nd April 2021)

- Health care associated exposure without appropriate PPE (including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient)
- Working together in close proximity or sharing the same classroom environment with a COVID-19 patient
- Travelling together with COVID-19 patient in any kind of conveyance
- Living in the same household as a COVID-19 patient.

All close contact name list from Positive individual shall complete this assessment form according to latest KKM Guideline and advice. Link will be shared to listed personnel as soon as possible upon notification. Any other information will be gathered during investigation.

*Sample format as per below:

