**JABATAN KESIHATAN NEGERI SARAWAK**
**HOSPITAL KANOWIT**

| **DOCUMENT:** PATIENT AND FAMILY RIGHTS- (IN- PATIENT SERVICES) | |
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| **EFFECTIVE DATE:** 16 OCTOBER 2023 | **NO. OF PAGES: 21** |

**DOCUMENT:** Patient and family Rights- In-Patient Services

**OBJECTIVE:**

1) To respect patient's rights to participate in their care process

2) All the nurses shall ensure that the rights of patients and relatives are respected at all times. Such rights shall include right to know, right to privacy, right to confidentiality and right to choose.

**SCOPE:** All in- Patients of Hospital Kanowit

| | **REVISED BY:** | **APPROVED BY:** | **DATE DUE FOR REVISION** |
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| **SIGNATURE & CHOP:** | ENI ANAK ENTRI<br>PENYELIA JURURAWAT U36<br>LJM 29469<br>HOSPITAL KANOWIT | DR. BERNADETTE SYONNIA BT. JARU SAWAT<br>PENGARAH HOSPITAL,<br>HOSPITAL KANOWIT.<br>MMC NO.61590 | 17.11.2026 |
| **DATE:** | 16.10.2023 | 17.11.2023 | |

All patients have the right to considerate, respectful care at all times and under all circumstances, with recognition of their personal dignity and autonomy. Kanowit Hospital will develop, implement, and adhere to policies intended to assure practices that will respect the rights of all patients regardless of race, creed, sex, national origin, religion, age, disability, diagnosis, or sources of payment for care.

**1. Right To Health Care And Humane Treatment**

1.1 Medical care without discrimination based on race, religion, national origin, gender, age, sexual orientation, or disability.

1.2 Have Compassionate, culturally sensitive and respectful care at all times in a clean, safe and friendly environment.

1.3 Be treated with dignity and participate fully in all aspects of your care.

1.4 The care and dignity of the dying patient will be honored through effective pain management, consultations with the patient and the patient's family, and the acknowledgement of psychosocial and spiritual concerns of the patient and his/her family.

**2. Right To Choice Of Care**

2.1 A patient shall have the right to know the investigations conducted the results of these investigations and a copy of the medical reports and have them explained. The patient shall also have the right to authorize in writing another health professional to obtain a copy of the same and inform him or her of what they contain.

2.2 Obtain a second opinion if you choose at any time.

2.3 A patient shall, whenever possible, have the right to be treated at a hospital of choice and to be referred to a consultant of choice.

2.4 A patient who has received adequate information about his or her condition during consultation shall have the right to accept or to refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal.

2.5 Leave the facility against medical advice except for infectious diseases under Prevention and control of Infectious Diseases Act.
Appropriate counseling prior to being granted discharge from the hospital against medical Advice.

2.6 Know an alternative source of care and services when the hospital cannot provide this type of care or services.

**3. Right To Decision-making and advance directives**

3.1 Make informed decisions about your care or designate a representative to make decisions for you.

3.2 The patient has a right to make decisions concerning his/her care, including advance directives and the refusal of care. Should the patient be unable to make these decisions, the patient may appoint a surrogate to act on his/her behalf.

**4. Right To Acceptable Safety**

4.1 Receive information about your diagnosis, medical condition, treatment and possible significant complications or side effects in terms that you can understand

4.2 The patient has the right to access complete and current information regarding his/her diagnosis, treatment, any known prognosis, and outcomes of care including unanticipated outcomes of care.

4.3 Be given an explanation of all procedures and to be informed about the outcome of your care.

4.4 Be informed of the benefits, risk and techniques of all treatments and procedures before signing a consent form.

4.5 All patients have the right to feel safe and secure and be assured that appropriate measures are taken to maintain security.

4.6 The patient has a right to be protected from the risks of the hospital environment.

4.7 The Hospital Safety Committee, Infection Control Committee will seek to eliminate risks to the patient.

4.8 Regular site patrols shall be undertaken by security guards.

4.9 Know the hospital's mission, vision and core values.

**5.Evacuation of children, disabled individuals, the elderly and other vulnerable groups during emergencies**

This evacuation procedures to be followed in case of an internal disaster where patients, staff and/or visitors would have to be evacuated as a result of a disaster, which threatens the wellbeing of building occupants.

5.1 Patients in immediate danger should be moved first (non-ambulatory and ambulatory).

5.2 They should follow a lead nurse toward a safe area.

5.3 Have wheelchair or walker dependent patients escorted to a safe area.

5.4 Move stretcher or completely non ambulatory patients with mattresses or blankets.

## 6. Right To Adequate Information

6.1 Know that student nurses, and other supervised health care providers in training may become involved in your care and treatment.

6.2 Ask if any of your health care providers are in training.

6.3 You have a right to refuse to be observed, examined or treated by students or any other staff without jeopardizing your access to care.

6.4 A patient shall have the right to information regarding all aspects of medication, including:

i. The right to adequate and understandable information on prescribed and purchased medicines.

ii. The right to the most effective and safe medicines. Safety must be ensured by the manufacturers and by legislative control.

iii. The right to convenient access to medicines.

6.5 All medicines shall be labeled, and shall include the international non-proprietary name (INN) of the medicine, the dosage and how often the medicine has to be taken. In addition, the patient shall be informed about medication, including the following:

i) The purpose of the medicine

ii) The possible side effects

iii) The avoidance of any food, alcoholic beverages or other drugs

iv) The duration necessary for any medication prescribed

v) The measures to be taken if a dose is forgotten or if an overdose is taken.

6.6 If a patient is in hospital, the patient shall, unless unconscious be consulted about any decision to discharge or transfer the patient to another facility.

6.7 Where it is appropriate to a patient's condition or treatment, the patient shall be given advice about self-care, drugs administration, special precautions, which may be necessary or desirable, and the existence of special associations, facilities, aids or appliances which may be of assistance.

6.8 A patient shall have the right to have the details of the patient's condition, treatment, prognosis and all communication and other records relating to the patient's care to be treated as confidential unless:

i) in writing by the patient or an authorized person to the Hospital Director

ii) it is undesirable on medical grounds to seek a patient's consent but it is in the patient's own interest that confidentiality should be broken.

iii) the information is required by due legal process.

6.9 All patient medical information, whether stored electronically, in the medical record, or obtained by any other means, is treated as private and confidential. All Kanowit Hospital staff members take precautions to assure the privacy and confidentiality of patients.The medical record is the property of Kanowit Hospital.

6.10 All computer on wheels/ tablets shall be automatically- shut down after **3 minutes** when not in used to ensure confidentiality of the patient health information in the Medical Record Room.

6.11 Patients are responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.

6.12 Receive information about pain and pain relief. Assessment and management of your pain.Receive a timely response from your doctor or nurse whenever you report pain or discomfort. A patient shall have the right to request for treatment.

6.13 Have information of the identity of your medical practitioner and other health care provider who are involved in your care and treatment.

6.14 Access to information on quality and performance improvement in the facility.

## 7. Personal needs

7.1 Personal privacy.

7.2 Prompt, reasonable, and courteous responses to any request for services within the capacity of the hospital.

7.3 Use the services of an interpreter, when language barrier exists.

7.4 Be provided with sufficient, nutritious, and palatable food, with consideration given to religious and medical requirements.

7.5 The patient has a right to express spiritual and cultural beliefs provided they do not interfere with others or hospital operations. These psychological, cultural and spiritual values will be considered in the care of the patient.

7.6 Uncensored and unobstructed communication by telephone, letter, or in person with any willing party except as provided by law.

## 8. Right To Redress Of Grievances

8.1 A patient shall have access to appropriate grievance redress mechanisms.

8.2 A patient shall have the right to seek legal advice as regards any alleged malpractice by the hospital, the hospital staff or by a doctor or other health professional.

8.3 A patient shall have the right to recover damages for injury or illness incurred or aggravated as a result of the failure of the health professional to exercise the duty and standard of care required of him or her while treating the patient.

8.4 Be informed about how you can express concerns, complaints, or grievances regarding your care or service experience to the hospital staff or to a member of the Grievance Committee.

8.5 Receive a written response to a grievance.

## 9. Right To Health Education

Every individual shall have the right to seek and obtain advice with regards to promotive, preventive and curative medicine, and rehabilitation tofacilitate your treatment in order tomaintain or regain good health and a healthy lifestyle.

A patient can choose and be provided with recreational and educational activities.

## 10. Right To A Healthy Environment

Every individual shall have the right to an environment that is conducive to good health. This includes and extends to a healthy and safe work environment, a healthy and safe home environment, and a healthy and safe environment at the place where he gets his medical care and treatment.

## 11. Provision of Priority Lanes to Patients

Priority Lane at the registration counters shall be provided to the following clients:

- Children age one year and below
- Senior citizen (75 and above)
- Government servants and pensioners
- Blood donors (according to existing guidelines)
- Disabled persons (Orang Kelainan Upaya)
- Persons in custody (Orang Kena Tahan)

## 12. Ward Orientation And Communicating To The Patient And Family

12.1Ward orientation and briefing

i) The patient / family shall be orientated on the facilities available in the ward (e.g.toilet facilities, breast feeding room and waiting room for the family).

ii) The patient/ family shall be briefed on the relevant aspects of departmental and hospital policy in particular certain rules and regulations of the hospital.

12.2 Informing patient's condition and prognosis

Only the treating doctors shall inform the patient / family on the condition & prognosis of the patient upon admission and whenever necessary.

12.3 Informing dangerously ill patient's condition

i) The family of dangerously ill patient shall be informed immediately. If they are not available, the message could be conveyed by telephone or radio message if they are not in the ward. If potential medico legal issues or the like is anticipated, explanation should be made by a more senior medical officer.

ii) The Medical Officer of all patients deemed seriously ill shall be responsible for communicating this information to the relatives / next-of-kin in a tactful manner that is clearly understood by them. Documentation of this shall be recorded in the patient's case note.

## 13. Discharge planning

13.1 Be involved in discharge planning from the time of admission.

13.2 Receive information about continuing health care needs and planning for care after leaving the hospital.

13.3 Be provided with a copy of your discharge summary orders to facilitate follow-up.

## 14. Continuity of Care

**Appointment and Scheduling**

14.1 Services shall be given on an appointment basis except for Emergency and Trauma Department.

14.2 Appointment may be made by the referring doctors through phone or coming personally to the clinic.

14.3 Rescheduling for early appointment, shall be upon approval by the relevant visiting specialist based on case urgency.

14.3 All clients shall be informed of the relevant document / item to facilitate registration process e.g. referral letter, appointment card, guarantee letter (e-GL) etc.

14.4 Defaulters to the visiting specialist clinic will be given reappointment date on presentation but medication will be supplied based on previous prescription and advised to visit Out-patient Department if there is any change of medical condition prior to the reappointment date.

## 15. Rights To your records and bill

15.1 A patient shall have the right to an itemized account after any treatment or consultation and to have this explained.

15.2 Confidentiality regarding your clinical and personal records.

15.3 View your medical records within the limits of the law.

15.4 Information regarding financial and other assistance.

15.5 Giving the hospital all necessary information they will need about the payment of your medical care.

## 16. Informed Consent

16.1 Consent shall be obtained from the patient or next-of-kin prior to carrying out any clinical procedures. Consent shall be obtained from the patient if he / she is 18 years old or more, physically and mentally competent.

16.2 In live-saving situation where all efforts to trace relatives and next-of-kin have failed, the attending medical officer and Hospital Director can give consent for the procedure to be carried out. The consent and efforts made to trace the relatives / next-of-kin shall be documented in the case notes.

16.3 All consent must be taken by a medical officer performing the procedure using the appropriate consent form. The communication includes but not restricted to:

- patient's condition
- proposed treatment / procedure
- potential benefits and risks
- likelihood of success / failure
- possible alternatives
- possible problems related to recovery
- possible results of non-treatment

i) For patients below the age of 18 or patient of unsound mind, consent shall be obtained from the legal guardian.

ii) Consent shall also be obtained from patient or next-of-kin when body parts or organ are taken for academic or research use.

iii) For a mentally-disordered patient who is required to undergo surgery or clinical trials; consent for any of them may be given by:-

(1) the patient himself if he is capable of giving consent as assessed by a psychiatrist;

(2) his guardian in the case of a minor or a relative in the case of an adult, if the patient is incapable of giving consent;

(3) two psychiatrists, one of whom shall be the attending psychiatrist, if there is no guardian or relative of the patient that is traceable and the patient himself is incapable of giving consent.

16.4 For a patient below the age of 18 who required a medical treatment, consent shall be obtained as below:

(1) If, in the opinion of a medical officer, the patient requires surgery or psychiatric treatment due to serious illness, injury or condition; the consent shall be given by the parents / guardian of the child / any persons having authority to consent for the treatment;

(2) If, the medical officer has certified in writing that there is an immediate risk to the health of a child and medical / surgical / psychiatry treatment is necessary, a Protector may authorize without obtaining the consent from the parents / guardian of the child / any persons having the authority, but only under any of the following circumstances:

- **The validity of the consent form given by the patient or caretaker is 30 days from the date of consent signed.**

16.8 A patient's consent shall be required for the inclusion of a patient in any research.

i. The patient shall be adequately informed of the aims, methods, anticipated benefits and potential hazards of the study and the discomfort it may entail. The patient shall be informed that he or she is at liberty to abstain from participation.

ii. In the study and that he or she is free to withdraw his or her consent to participation at any time. To ensure that the informed consent is not obtained under duress or from a patient in a dependent relationship to the health professional, the informed consent shall be obtained by a health professional who is not engaged in the investigation and who is completely independent of the official relationship between the patient and the health professional. In the case of a child, the informed consent shall be obtained from the parent or guardian.

## 17. RESEARCH

17.1 All research requires prior approval by the Ministry of Health (MOH). This research can include the following:

i. Research conducted by staff of Hospital
ii. Research conducted at Hospital by MOH or non-MOH staff
iii. Research funded by MOH research grant

17.2 Research involving human subjects must get prior ethics review and approval by MOH Medical Research Ethics Committee (MREC).

17.3 Information must be provided to patients and family about how to gain access to research, investigation or clinical trials relevant to their clinical needs.

17.4 The following information must be provided to patients when they are asked to participate in clinical trials. These include:

i. Expected benefit
ii. Potential discomfort or risk
iii. Alternative that might also help them
iv. Procedures that must be followed
v. That patients can refuse to participate or withdraw participation and that their refusal or withdrawal will not compromise their access to hospital's services

17.5 Informed consent must be obtained from patients and this shall be documented and dated before the patient participates in research, investigation or clinical trial.

## 18. ORGAN, TISSUE, CELL DONATION & TRANSPLANT POLICY

18.1 Organ, tissue and cell donation should be promoted among staff and patients in the hospital.

18.2 The transplant shall be performed in accredited centre and by accredited personnel.

18.3 Organ transplantation shall be promoted as the preferred treatment for end-stage organ failure because it is cost-effective and it provides good quality of life. Similarly tissue and cell transplantation shall be promoted for the treatment of appropriate diseases where evidence of effectiveness exists.

18.4 The Hospital shall work closely with the Tissue Organ Procurement (TOP) Team of the nearest tertiary referral centre (Hospital Sibu) in the identification and management of the potential donor including getting consent from the next of kin, evaluation for donation, organising the procurement, storage and transport of the organs and tissues and speedy return of the donor's remains to the next of kin.

18.5 Prior consent from the family of the suitable organ / tissue /cell cadaveric donor shall be obtained prior to procurement.

18.6 In cases where potential cadaveric donors' remains are being held under the Criminal Procedure Code for post-mortem or coronal inquest, prior written consent from the magistrate has to be obtained before any organ and / or tissue procurement is carried out, in accordance with the existing legislation.

18.7 Full respect shall be given to the dignity of the cadaveric donor.

18.8 The donor shall be exempted from all medical cost and the family shall not borne any cost of procurement.

18.9 Confidentiality regarding the identity and personal details of donors and recipients shall be ensured.

18.10 All clinicians involved in the procurement and transplantation process shall ensure the highest standards of safety and quality.

18.11 Unrelated living organ donation shall comply to the MOH guidelines (MOH/P/PAK/221.11 (BP).

18.12 All living organ donors shall be followed up for life.

18.13 Documented guidelines on the cooperation between facilities (Cooperate with the Health Department) or agencies (eMoss) responsible for the procurement, but we are not involve in banking, transportation, and transplantation process.

## 19. Policy of Withholding and Withdrawal of Life Support Therapy

### 19.1 Ethical Principles of Withholding and Withdrawal of Life Support Therapy:

a. Beneficience
b. Non-malefficence
c. Autonomy
d. Social Justice
e. Trustworthiness

### 19.2 Capacity and surrogate decision-making

a. Clinicians should assess patient's decision-making capacity. This should include patient's ability to comprehend, appreciate, rationalize, and express his choice of treatment.
b. If patients do not have decision-making capacity, the families become the surrogate decision-makers. However, the decision for end-of-life is a medical decision made by clinicians with the concurrence by family members.

### 19.3 Autonomy and obligation to treatment

a. Patient autonomy must be respected after establishing decision-making capacity. In cases of refusal of treatment, a patient's wishes should be respected although it may result in death.
b. In cases of medical futility, clinicians are not obliged to initiate or continue life-sustaining therapy.

**19.4 Respect for the dying**
All dying patients should be afforded the same standard of care as other patients.

**19.5 Medical Team Consensus**
The critical care team and the primary team should ideally agree on end-of-life decisions.

**19.6 Communication with patient and relatives**

a. The discussion on end-of-life decisions should be made with the patient if he / she has decision making capacity.
b. It is best that the same clinician who is involved in the active care of the patient deals with the family. This clinician is someone who has been frequently communicating with family. A witness should be present.
c. In the event of disagreement, allow:
    - Time limited trial of therapy with definite goals
    - Second medical opinion
    - Facilitation by a third party e.g. spiritual advisor
    - Patients and family must be given sufficient time to reach decisions at the end-of-life

**19.7 Management plan for withdrawal of life support therapy**

A clear plan of management for the withdrawal of life support therapy is important to ensure that the process occurs smoothly. The plan should be reviewed with the patient and family, with an emphasis on maintenance of the comfort for the patient. The plan should include the following components:

a. All forms of life support are maintained until the patient and family have had enough time together.
b. Ensure patient comfort with attention to pain control and other controls of symptoms.
c. Therapies or medications that do not provide a net positive contribution to the comfort of dying patients should be discontinued e.g. antibiotics, renal replacement therapy, radiological examination, blood transfusions.
d. Withdrawal of vasopressors may result in immediate death and therefore it should be carried out when the family is ready.
e. Two strategies for withdrawal of mechanical ventilation shall be adopted namely:
    i. Terminal weaning - gradually reducing the ventilator settings while leaving the endotracheal tube in situ.
    ii. Terminal extubation - removal of the endotracheal tube
f. The alarms on the monitors should be disabled and the family should be allowed to be with the patient if they choose to.
g. The patient's personal hygiene and dignity should be maintained at all times.

### 19.8 Considerations around specific therapies

a. The use of non-invasive ventilation during end-of-life care should be evaluated by carefully considering the goals of care. Non-invasive ventilation maybe used as a palliative technique to minimize dyspnea.
b. Neuromuscular blockade should not be used as they are not beneficial for patient, and make it impossible to assess patient's level of comfort.

### 19.9 Documentation

All decisions regarding the withdrawal or withholding of treatment should be documented. This should include the basis of the decision as well as amongst whom the consensus had been reached.

Policies and Procedures of Withholding and Withdrawal of Life Support (HK/P&P/02/01) 1st Edition (Revised April 2016) shall be adhered to.

## 20. POLICY ON SUSPECTED CHILD ABUSE AND NEGLECT

Kanowit Hospital adopts the Guidelines for the Hospital Management of Child Abuse and Neglect by Medical Development Division, Ministry of Health, Malaysia (February 2009):

### 20.1 Hospital Accountability in child abuse and neglect are:

a. Identification of the abused child
b. Diagnosis and documentation
c. Provision of a safe environment while medical evaluation and social assessment is taking place
d. Treatment of any injuries and mental health assessment / counseling
e. Drawing up a management plan in consultation with Social Welfare Department and / or Police, prior to discharge
f. Follow up and review
g. To provide coordination amongst the various agencies in case evaluation, management and reporting

### 20.2 Informing a Child Protector

Under Child Act 2001 (Section 27(1)), if a medical officer or a registered medical practitioner believes on reasonable grounds that a child he is examining or treating is physically or emotionally injured as a result of being ill-treated, neglected, abandoned or exposed or is sexually abused, he or she shall immediately inform a Child Protector (in Social Welfare Department).

### 20.3 Multi-Disciplinary Approach

Ensure all relevant departments (inclusive but not limited to Paediatrics, Medicines, Obstetrics &Gynaecology, Psychiatry, Emergency & Trauma, Surgical Disciplines) and allied health professionals (inclusive but not limited to Medical Social Worker) within the Hospital to develop protocol for handling cases of actual and suspected child abuse and / or neglect through:

a. The designation of appropriate / senior medical and nursing staff as the responsible agent for dealing with such cases;
b. The development and implementation of procedures to be followed by departmental staff (which shall include mechanism of reporting to the Police / Social Welfare department and procedures which support follow-up by Social Welfare Officers and investigation by Police); and,
c. The development and maintenance of clear lines of communication and responsibility with the other agencies involved both in the immediate community and with referral institutions elsewhere.

### 20.4 Multi-Agency Approach

All agencies involved in the investigation of child abuse and neglect are encouraged to use a multi-disciplinary approach whenever possible. The goal of this approach is to reduce trauma to children, improve coordination of service delivery, ensure forensic defensibility of services (i.e. medical examination and interview components), and enhance the court's ability to protect families.

### 20.5 Freedom from Abuse

- All patients have the right to receive care in a safe and secure environment and protected from mental, physical, sexual, and verbal abuse, neglect, harassment, corporal punishment and exploitation from staff, visitors, students, other patients, or family members.
- All patients have the right to freedom from inappropriate use of all restraint and seclusion in all hospital settings except in a situation where your safety or the safety of others must be protected. ( Refer to Hospital Nursing Policy revised 2023)
- Be free from restraint or seclusion of any form used as a means of coercion, discipline, convenience, or retaliation by staff.

## 21. Regarding your physician, family, friends, or personal partner

21.1 Have contact with family members, friends, or personal partner.

21.1 Request that your family or a representative of your choice be notified of your admission to the hospital.

21.2 Request that your own physician be notified of your admission to the hospital. With your consent, we will send to your physician reports concerning your diagnosis, treatment, and continuing health care requirements.

## 22. Regarding Photography/ Finding/ Interviews

22.1 No photographing, filming etc shall be carried out within the premises of the hospital without the prior permission of the Hospital director.

22.2 Permission for the privilege of photographing a patient in the hospital may be given if:

i. In the opinion of the doctors in charge of the case, the patient's condition will not be jeopardized.

ii. The patient (or in the case of a minor, the patient or guardian) is willing to be photographed.

iii. Interviews of patient shall not be allowed if he (or his parent or guardian) objects or in the opinion of the attending doctors, his condition does not permit it.

## 23. Right to the Hospital responsibility for patient's possessions and safe keeping

23.1 Make arrangements to send your valuables home, if not arrangements can be made for Safekeeping in a safe deposit box at our revenue department. Records shall be done by the ward staff and the staff in charge of the revenue department.

23.2 Being respectful of your personal property and that of other persons in the hospital.

## 24. Register of visitors after visiting hours for high risk wards

24.1 All visitors after visiting hours for high risk wards- Maternity and Pediatric Ward shall be registered in a book for the safety and security of the newborn and children.

24.2 The particulars of visitors shall be written - the visitor's name, IC number, and address, time in and out from the ward, name of patient visited and the name of ward staff on duty.

24.3 Visitors shall only be allowed during the specified visiting hours, accept for special cases with the permission from the doctor, Nursing Sister, Staff Nurse whereby passes for visitors are given.

24.4 Staff shall explain to the patient and relatives on the rules and regulations to be observed in the hospital during orientation of the patient in the ward.

## 25. Policy On Patient without identification

Unidentified Patient – when a patient is brought to the Emergency Department without any identification and is not able to self-identify.

The patient's identity should be verified by asking a relative or carer the patient's name, date of birth and address.

1. In the event of the patient's name is not known, the admission staff member will review the personal belongings and hospital records to determine if there is any information regarding patient's identity.

2. The inability to clearly identify the patient must be clearly documented in the patient's health record.

3. If initial identification efforts fail, a police report shall be completed for an unidentified living/deceased person.

4. The patient will be registered into the hospital database and an identification band with the hospital registration number must be applied. A last name of X and a first name of either Male or Female which will be dependent on their gender(Eg Mister X or Miss X).

5. Should there be multiple unidentified patients admitted during a disaster or other such incident; they will be registered as follows: Mister X 1, Mister X 2, etc.The unidentified patient will be issued with wristband and labels that have 'Mister/Miss X'

6. Detailed physical descriptions should be entered into the database. This will enable staff to more readily search for a patient should there be an inquiry from the public or a family member.

7. If initial identification efforts fail, the admissions staff will request that a police report be completed for an unidentified living/deceased person.

8.Information containing a photo as well as a description of the missing person shall be submitted to the media by the police for assistance to identify the patient.

9. The hospital shall contact "JabatanPendaftaran Negara" to request that fingerprints of the unidentified patient be taken and processed.

10. When identification of a patient is made known, the Manager in the Admitting Department is to be notified immediately so that the system and all records shall be updated.

## 26. Patient under Police custody/ prisoners

26.1 Patients that are brought by police department or prisoners currently under detention shall be given appropriate treatment and care similar to a patient not currently under such circumstances. All appropriate diagnostic and treatment modalities shall be provided as needed by the patient's clinical condition.

26.2 Should patient be required to be admitted to the hospital for further management, provisions shall be made by the accompanying agency (police department, etc) to ensure the patient is monitored at all times by the members of the agency during his/ her duties and responsibilities.

## 27. Medical Care

27.1 Providing accurate and complete information about all matters pertaining to your health, including medications, and past or present medical problems.

27.2 Reporting changes in your condition or symptoms, including pain, to a member of the health care team.

27.3 Asking your doctor or nurse what to expect regarding pain assessment and pain treatment options. Informing your doctor or nurse when you are having pain and asking for pain relief measures when pain or discomfort first begins or is not relieved by prescribed treatment measures.

27.4 Following the instructions and advice of your health care team. If you refuse treatment or do not follow the instructions or advice, you must accept the consequences of your decisions for any deterioration in your health caused by refusing recommended treatment.

27.5 Informing your doctor, nurse, or other health care provider if you are not satisfied with any aspect of your care.

27.6 Providing timely information regarding your health insurance.

27.7 Following the treatment plan recommended by your health care professionals.

27.8 Taking all prescribed medication, as advised by Kanowit Hospital Healthcare Providers.

## 28. Personal behavior

28.1 Acting in a considerate and cooperative manner.

28.2 Respecting the rights and property of others.

28.3 Following the policies and procedures of Kanowit Hospital affecting your care.

28.4 Treat Kanowit Hospital Staff with courtesy and respect.

28.5 Being considerate of other patients by observing their right to privacy.

28.7 Observing no smoking rule of the hospital.

28.8 Observing no charging of mobile phones and usage rules of the hospital.

28.9 Observing no patient visiting hours of the hospital.

## KEYS ASPECTS OF THE WHOLE HOSPITAL POLICIES

Relevant aspects for the whole hospital policies shall be complied.

## KANOWIT RELIGIOUS CENTRE –PERSON TO CONTACT

| NO | RELIGIOUS CENTRE | CONTACT PERSON | TELEPHONE NO |
|---|---|---|---|
| 1 | ROMAN CATHOLIC CHURCH | REBICCA ANAK BUGAT | 0138443112 |
| 2 | METHODIST CHURCH | MS SU SEK HUA | 010-220-1954 |
| 3 | SIB CHURCH | PASTOR USIT | 0128831117 |
| | | | 0112997534 |
| | | | 01135677535 |
| 4 | BUDDHIST CENTRE | MS TANG KIM FUNG | 0138032591 |
| 5 | ISLAM | EN ABU BAKAR | 0194695071 |

## HOSPITAL INTERPRETERS

| NO | LANGUAGE | CONTACT PERSON | TELEPHONE NO |
|---|---|---|---|
| 1 | CHINESE MANDARIN, FOOCHOW, HOKKIEN, CANTONESE | SR KONG MUK THEI | 0138099004 |
| 2 | IBAN | SN PAULINE GUNDI | 011-18861516 |
| 3 | BIDAYUH | JM SANDRA JERNANG | 016-4295655 |
| 4 | MELANAU | JM SARIAH RAJAIE | 016-5762172 |
| 5 | LOCAL MALAY | SR HAIRUNIZA KHAMIS | 019-4596375 |
| 6 | KENYAH | JM MARILYN NOAH | 011-35698909 |
| 7 | LUN BAWANG | SR ANNA TUEE | 019-8764259 |