GUIDELINE FOR INTER FACILITIES
PATIENT TRANSFER ACROSS MALAYSIA
AND THAILAND BORDER 2017
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A. Introduction

Occurrence of road traffic accident or any injury involving people from both Thailand and Malaysia may occur while travelling abroad. Cross-border activities may also pose certain health risk to visitors such as TB, HIV, Influenza and etc. Being hospitalized in foreign country not only pose a huge financial burden when it comes to hospital bills but also pose difficulty and economic burden to family members to visit and to take care of patient. This raised the need for inter-country patient transfer.

The transfer of patients from one medical facility to another has become a national issue for Emergency Medical Services (EMS). Improper inter-facilities transfer process may lead to undesirable event and poses health risks especially in infectious disease cases. Patient needs shall have to be matched with competent providers, adequate equipment and facilities that provide seamless patient flow and optimal care during transportation.

The objective of this guideline is to serve as a guide for inter-facility patient transfer procedure across Thailand-Malaysia border for all bordering states and provinces. In addition, specific standards may conflict with existing regulations or administrative rules. This document is not intended to serve as a benchmark.
B. Criteria for Patient Transfer

1. Inpatient foreigner case who requests to be hospitalized in their country of origin. Cases which has been discharged are not to be transferred via ambulance. Patients/relatives will have to arrange their own transport.

2. The in-charge doctor of the respective discipline/department has agreed to proceed with the transfer request.

3. All unstable cases are kept in the current hospital and to be stabilized before transfer. This may include highly contagious infectious disease such as Severe Acute Respiratory Syndrome (SARS). The referring and receiving ends should be stricter to weight between risk and benefits of the transfer.

4. Emergency Physician shall be consulted should there be a strong request to make an emergency transfer.

5. Transfer can only be made upon approval by the receiving hospital.

C. Arrangement for Patient Transfer

1. The Emergency Department Physician of referring hospital shall communicate with the Emergency Department Physician of the receiving hospital (Annex 1 and Annex 2). The arrangement shall be made 24 hours earlier.

2. Adequate information and explanation shall be made to patient and family members of the potential risks that may occur during transfer and transportation process including cardiovascular event, accident and other possible incident.

3. The ward doctor shall prepare the necessary documents with appropriate equipment and personnel. He/she also must communicate with the transport officer to prepare the ambulance.

4. Patient’s hospital bills shall be paid in full prior to transportation including transportation fees.

5. Call Centre shall be informed of the details of transfer.
6. Referring hospital shall send all documents (Annex 4) via fax to receiving hospital. Receiving State/Province Health Office shall be informed via telephone though referring Province/State Health Office (Contact person to contact person) once agreement on patient transfer is achieved (Annex 3) and need to fax similar document as in Annex 4.

7. This Document must state (Annex 4):
   i. Patient’s detail
   ii. Patient CDC status (If it involves infectious disease case)
   iii. Equipment used
   iv. Date and time for transfer

8. Receiving State/Province Health Office shall be notified in order to facilitate and coordinate the patient transfer process with the relevant agencies at the border check point.

9. The receiving State/Province shall coordinate with agencies at the border check point to facilitate the transfer process. This agencies include (whichever relevant):
   i. MTBCO / TMBCO (Malaysia-Thailand Border Coordination Office/Thailand-Malaysia Border Coordination Office)
   ii. IMMIGRATION
   iii. CUSTOM
   iv. DOT (Department of Transport)
   v. AKSEM (Malaysia Border Security Agency)
   vi. POLICE
   vii. PLUS Malaysia

10. In the event of infectious disease patient transfer, all health care worker (HCW) involved in the transporting process shall be equipped with appropriate personal protective equipment (PPE) which follows WHO standards according to infection type. Hand hygiene procedures shall also be strictly practiced by all HCW. This is to ensure that all personnel involved are protected from the risk of infection. The use of PPE shall be guided by a risk assessment concerning anticipated contact with blood, body fluids, secretions and non-intact skin for routine patient care. When procedures include a risk of splash to the face and/or body, PPE shall include the use of facial protection by means of either a medical mask and eye-visor or goggles, or a face shield, a gown and clean gloves.
D. Knowledge and Skills Required for Patient Transfer

Any health care professional providing care during patient transfer shall demonstrate knowledge and skills related to:

i. basic transport skills and transfer protocol(s);
ii. IV insertion, monitoring and maintenance; including maintenance of central venous and intraosseous lines;
iii. all forms of medication administration;
iv. airway management;
v. ECG monitoring; and defibrillation, cardioversion, and transcutaneous pacing.
vi. radio and communication technology;
vii. transport equipment;
ix. evaluation of level of care needed by patient during transport

E. Transfer Process/Procedure

1. Once transfer request has been approved by receiving hospital, all necessary documents and equipment shall be prepared. The referring hospital shall reconfirm the estimated time of departure, estimated time of arrival at the transfer zone. Any delay or incident that occurs during transportation of patient shall be updated to the receiving side.

2. The transfer of patient between ambulances shall take place in the free zone between immigration check point of Malaysia and Thailand. The designated transfer area shall be agreed by both bordering state and province. In any event of rain during transfer process, alternative area (e.g. Roof parking bay) shall be identified.

3. Pre-transfer notification to other relevant agencies is to make sure that the transfer zone is evacuated at least 10 meter radius from public passage. In the event of infectious disease case transfer, the area that need to be evacuated for the transfer process between ambulances is at least 20 meter radius. The area will only open back to public after disinfection process has been carry out at the transfer area. This notification also will ensure
the use of green lane at the Immigration and Custom check point and to ensure smooth process of immigration procedure for the patient (and accompanying relative).

4. During passing over case, all documents shall be signed by representative of both referring and receiving teams (Annex 3, Annex 5 and Annex 6). All documents shall be filled in in two copies and each referring and receiving team shall keep a copy of each filled up document for the purpose of future reference. Any updates / progress of patient (vital sign and others) during the journey shall also be passed over to the receiving team.

5. In the event of infectious disease patient transfer, all health HCW involved in the transporting patient shall wear appropriate PPE at all time. All agencies at the border check point shall be notified at least a few hours earlier through state/province health office prior to the transfer event. This is to ensure coordinated response between agencies in term of temporary evacuation of the transfer zone (at least 20 meter radius), control of traffics and public.

F. Decontamination Procedure for Infectious Disease Patient Transfer

1. Decontamination procedure for ambulance shall be carried out by the assigned personnel of the particular ambulance. E.g Decontamination procedure for ambulance from Hospital Tuanku Fauziah shall be carried out by the ambulance’s driver.

2. Decontamination of the identified transfer zone shall be carried out by assigned personnel agreed by both bordering state and province. For example, in the event of infectious disease patient transfer at the border transfer zone between Perlis and Satun, the decontamination of the transfer zone is carried out by the Public Health Assistant (PKA) assigned to Padang Besar International Entry Point.

3. Cleaning and disinfection procedures shall be followed consistently and correctly according to World Health Organization standard. Cleaning environmental surfaces with water and detergent and applying commonly used disinfectants (such as hypochlorite) is an effective and sufficient procedure.
G. Financial Considerations

Meeting the cost of inter-facility transfer involves a thorough understanding of incurred expenses. A careful, comprehensive assessment of costs can be useful in meeting the financial needs for an ongoing inter-facility transfer service. The following is a list of cost considerations in determining inter-facility cross countries patient transfer:

- Malaysia : RM1.40 for each kilometer
- Thailand : BHT 2000.00 per transfer

H. Issues

1. All notifiable disease cases either discharged against medical advice or transferred must be informed to the Foreign District Health Office.

2. In case of death occurred during transfer process, the present transporting ambulance shall bring patient to nearest health clinic / hospital in the present state/province for death declaration and documentation. Death certificate and Burial Permit Certificate shall be produced by the state/province that death occurred. Foreign Hospital Call Centre should be informed on the event of death. Cross border dead body transportation should be dealt together according to both countries’ law.

3. Transfer of detainee case shall be dealt according to the rules and regulation in the present country.

4. In the case of accident involving ambulance, the nearest local emergency medical service of the present transporting ambulance shall response.

5. In the case of patient unable to pay their hospital bills, the embassy of country of origin shall be referred.
FLOW CHART 1 FOR INFECTIOUS DISEASE CASE TRANSFER

*Referring Hospital

Decision to transfer patient made

Call by phone: (Between EDs) Referring Hospital to Receiving Hospital.

Fax referral document and state:
- Patient’s detail
- Patient CDC status
- Equipment used
- Date and time transfer

Medical - Agree / not agree to receive patient

Medical to consult ID Physician

Referring Hospital to inform State/Province Public Health Office (PHO) and follow Flow Chart 3

PERLIS:-
1. State Contact Person
   - Dr Hamizar Iqbal Abd Halim
   - Call No: 6049773333 / 60199309719
2. MECC HTF:-
   - Call No: 6049738179/9770333
   - Fax No: 6049782695

SATUN:-
1. Province Contact Person
   - Mr Ekapol Hemmara
   - Call No: 66093 5803222
2. Satun GH
   - Call No: 6674732376/12161/23500

ED to reconfirm:
- Time / location arrangement
- Patient / staff’s information
- ETD
- ETA

Start transfer patient.
Update progress on route.

**Receive patient:
- Passing over of case
- Sign documents

Receiving Hospital

Province / District Health Office (Notification)

*Prepare patient: Referral form, valid travelling document and hospital bills
**The transfer of patient between ambulances will take place in the free zone (between both immigration check points)
FLOW CHART 2 FOR NON INFECTIOUS DISEASE CASE TRANSFER

*Referring Hospital

Decision to transfer patient made

Call by phone: (Between EDs) Referring Hospital to Receiving

Fax referral document and state:
- Patient’s detail
- Equipment used
- Date and time transfer

Respective Unit - Agree / not agree to receive patient

ED to reconfirm:
- Time / location arrangement
- Patient / staff’s information
- ETD
- FTA

Start transfer patient. Update progress on route.

**Receive patient:
- Passing over of case
- Sign documents

Receiving Hospital

PERLIS:-
1. State Contact Person
   - Dr Hamizar Iqbal Abd Halim
   - Call No : 6049773333 / 60199309719
2. MECC HTF:-
   - Call No : 604-9738179/9770333
   - Fax No : 604-9782695

SATUN:-
1. Province Contact Person
   - Mr Ekapol Hemmara
   - Call No : 660935803222
2. Satun GH
   - Call No : 6674732376/12161/23500

Referring Hospital to inform State/Province Public Health Office (PHO) and follow Flow Chart 3

*Prepare patient: Referral form, valid travelling document and hospital bills
**The transfer of patient between ambulances will take place in the free zone (between both immigration check points)
FLOW CHART 3 : COMMUNICATION BETWEEN HEALTH OFFICES IN THAILAND & MALAYSIA FOR TRANSPORTATION OF CASE ACROSS BORDER

FLOW CHART 3:

FLOW CHART 1 or 2
Communication between ED Physicians:
Agree / not agree to receive Patient

REFERRING HOSPITAL

PROVINCE / STATE HEALTH OFFICE (PHO)
• LINE / Fax all document

STATE/PROVINCE HEALTH OFFICE (PHO)

RECEIVING HOSPITAL

Through:
• State/Province Focal Point

KANGAR DISTRICT HEALTH OFFICE

*OTHER RELEVANT AGENCIES:
• MTBCO / TMBCO
• IMMIGRATION
• CUSTOM
• DOT (JPJ)
• AKSEM
• POLICE
• PLUS

*All relevant agencies must be informed of the logistics and other necessities.
# Referral Form

<table>
<thead>
<tr>
<th>Referring Hospital</th>
<th>Contact No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kangar Perlis, Malaysia.</td>
<td>+60049738000</td>
</tr>
<tr>
<td>Fax: +60049782695</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receiving Hospital</th>
<th>Contact No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satun Hospital, Thailand</td>
<td>+6674712161- Call centre</td>
</tr>
<tr>
<td>6674723500 - Operator</td>
<td></td>
</tr>
<tr>
<td>Fax: 6674732376</td>
<td></td>
</tr>
</tbody>
</table>

---

**Patient's name:**

**Age:**

**Gender:**

**Passport No:**

**Address:**

**Contact Person:**

**H/P No:**

---

**Reason for Transfer:**

**Patient's history:**

**Physical Examination:**

**Investigations Result:**

**Lab:**

**X-ray:**

**Diagnosis:**

**Drug History:**

**Fitness to travel/transfer:**
<table>
<thead>
<tr>
<th>EQUIPMENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. OXYGEN</td>
<td>f CERVICAL COLLAR</td>
</tr>
<tr>
<td>b. SUCTION</td>
<td>g SPINAL BOARD</td>
</tr>
<tr>
<td>c. MONITOR/NIBP</td>
<td>h SPLINT/TRACTION</td>
</tr>
<tr>
<td>d. BAG VALVE MASK</td>
<td>i I/V DRIP</td>
</tr>
<tr>
<td>e. VENTILATOR</td>
<td>j OTHERS</td>
</tr>
</tbody>
</table>

Transfering Physician:

________________________
(Official stamp)
Annex 5

HOSPITAL TUANKU FAUZIAH
KANGAR PERLIS.

INTER – BORDER CASE TRANSFER – DELIVERY CONFIRMATION.

We hereby transfer a patient who requested to be further managed at your hospital. The details of the patient and general condition during transfer are as below:

<table>
<thead>
<tr>
<th>From</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To</td>
<td></td>
</tr>
<tr>
<td>Mode of transport</td>
<td></td>
</tr>
<tr>
<td>Location of transfer</td>
<td></td>
</tr>
<tr>
<td>Patient’s name</td>
<td></td>
</tr>
<tr>
<td>Passport no.</td>
<td></td>
</tr>
<tr>
<td>Level of conciousness &amp; diagnosis</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
<tr>
<td>Transferring staff</td>
<td>Designation:</td>
</tr>
</tbody>
</table>

I hereby certify that has received the above patient and the status during transfer are:

☐ Satisfactory.
☐ Not Satisfactory (please state)........................................................................................................................................................................................
.......................................................................................................................................................................................................................

<table>
<thead>
<tr>
<th>Recieving staff</th>
<th>Designation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td></td>
</tr>
</tbody>
</table>
# Perlis-Satun Referral Checklist

<table>
<thead>
<tr>
<th>PATIENT’S NAME</th>
<th>WARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC/PASSPORT NO</td>
<td></td>
</tr>
<tr>
<td>DIAGNOSIS</td>
<td></td>
</tr>
</tbody>
</table>

**To Be Filled-In By The Referring Hospital**

<table>
<thead>
<tr>
<th>NO</th>
<th>SUBJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DATE</td>
</tr>
<tr>
<td>2</td>
<td>TIME LEAVING</td>
</tr>
</tbody>
</table>

**3 Accompanying Staffs**

<table>
<thead>
<tr>
<th>3.1</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>DESIGNATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>YES</th>
<th>NO</th>
<th>NOTES</th>
</tr>
</thead>
</table>

| 4 | AMBULANCE REQUEST LETTER | Registration No: |
|   |                          | Colour of Ambulance: |
| 5 | REFERRAL FORM            | Brand of Ambulance: |
| 6 | INVESTIGATION RESULT     |                    |
| 7 | TRAVELLING DOCUMENT      |                    |

<table>
<thead>
<tr>
<th>8</th>
<th>COMMUNICATION WITH RECEIVING HOSPITAL</th>
<th>NAME</th>
<th>DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>CALLER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2</td>
<td>CALL TAKER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please fill in 2 copies - Format Transborder Referral Checklist 2017/ED/HTF*
<table>
<thead>
<tr>
<th></th>
<th>RECEIVING CASE</th>
<th>NAME</th>
<th>DESIGNATION</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.1</strong></td>
<td>RECEIVING OFFICER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.2</strong></td>
<td>ACCOMPANYING STAFFS</td>
<td>i.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ii.</td>
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<td>iii.</td>
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<td>iv.</td>
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<td></td>
<td>v.</td>
<td></td>
<td></td>
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<tr>
<td><strong>10.3</strong></td>
<td>TIME CASE RECEIVED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>