

Seri Manjung Hospital



Pharmacy Bulletin Bil 1/2020

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Personal Protective Equipment FOR COVID-19 ▶

LING Wen Shi

ADVISORY ON WEARING MASKS ARE WE USING THE MASK WISELY?

There are sufficient masks in the warehouses and government stockpiles, if they are used responsibly.

WEAR A MASK ONLY IF



You have a **FEVER, COUGH, RUNNY NOSE** or are **RECOVERING FROM ILLNESS**
You are **LOOKING AFTER SOMEONE WHO IS ILL, OR SUSPECTED WITH COVID-19**

HOW TO WEAR A MASK?



1 it should **COVER YOUR MOUTH, NOSE AND CHIN**, with the coloured side facing outwards.



2 **PINCH THE METAL EDGE OF THE MASK** so that it presses gently on your nose bridge.



3 Remove a used mask by **HOLDING ONLY THE EAR LOOPS.**

HOW TO PUT ON AND TAKE OFF Personal Protective Equipment (PPE)

How to put on PPE (when all PPE items are needed)



Step 1

- Identify hazards & manage risk. Gather the necessary PPE.
- Plan where to put on & take off PPE.
- Do you have a buddy? Mirror?
- Do you know how you will deal with waste?



Step 2

- Put on a gown.



Step 3a

- Put on face shield.

OR

Step 3b

- Put on medical mask and eye protection (e.g. eye visor/goggles)



+

Note: If performing an aerosol-generating procedure (e.g. aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy), a particulate respirator (e.g. US NIOSH-certified N95, EU FFP2, or equivalent respirator) should be used in combination with a face shield or an eye protection. Do user seal check if using a particulate respirator.



Step 4

- Put on gloves (over cuff).

How to take off PPE



Step 1

- Avoid contamination of self, others & the environment
- Remove the most heavily contaminated items first

Remove gloves & gown

- Peel off gown & gloves and roll inside, out
- Dispose gloves and gown safely.



Step 2

- Perform hand hygiene



Step 3a

If wearing face shield:

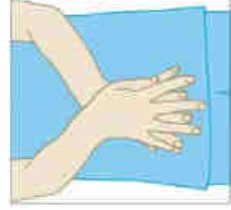
- Remove face shield from behind
- Dispose of face shield safely



Step 3b

If wearing eye protection and mask:

- Remove goggles from behind
- Put goggles in a separate container for reprocessing
- Remove mask from behind and dispose of safely



Step 4

- Perform hand hygiene

Hand Hygiene Technique with Soap and Water

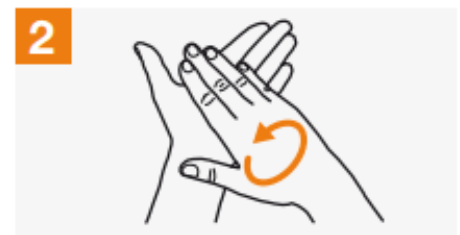
Duration of the entire procedure: 40-60 seconds



0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



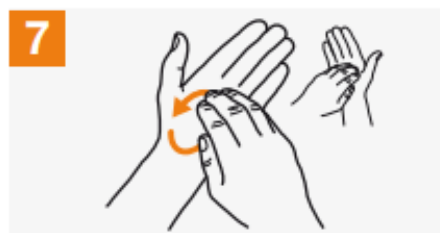
4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



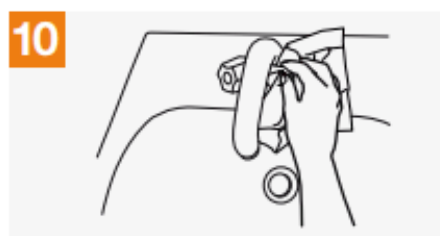
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



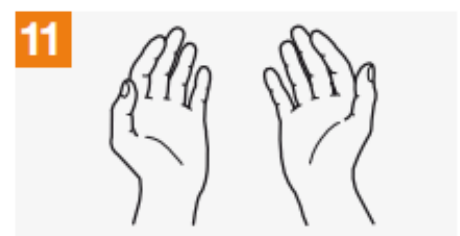
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



PROTECT YOURSELF & OTHERS + From Getting Sick

WHAT IS COVID-19?

2019-nCoV



THE 2019 NOVEL CORONAVIRUS, OR COVID-19, IS A NEW RESPIRATORY VIRUS FIRST IDENTIFIED IN WUHAN, HUBEI PROVINCE, CHINA

COVID-19 IS TRANSMITTED THROUGH DIRECT CONTACT WITH CASE-PATIENTS, BY RESPIRATORY DROPLETS AND BY FORMITES (CONTAMINATED OBJECTS AND SURFACES).

IT IS IMPORTANT TO FOLLOW GOOD PERSONAL HYGIENE PRACTICES AND AVOID TOUCHING YOUR EYES, NOSE, AND MOUTH WITH UNWASHED HANDS.

SYMPTOMS



Fever



Cough



Runny Nose



Sore Throat



Difficulty Breathing

GENERAL BODY ACHE

WHAT CAN YOU DO?



IF YOU CHOOSE TO WEAR A FACE MASK BE SURE TO COVER MOUTH AND NOSE. ONCE IT IS ON, AVOID TOUCHING THE MASK. IMMEDIATELY DISCARD AFTER EACH USE AND WASH HAND AFTER REMOVING THE MASK



AVOID TRAVEL IF YOU HAVE A FEVER AND COUGH. SEEK MEDICAL ADVICE.



AVOID CLOSE CONTACT WITH ANYONE WHO HAS FEVER AND COUGH.



EAT WELL-COOKED FOOD.



COUGH AND SNEEZE WITH TISSUE. THROW TISSUE AWAY IMMEDIATELY AND WASH HANDS.



AVOID TOUCHING EYES, NOSE AND MOUTH



FREQUENTLY CLEAN HANDS BY USING ALCOHOL-BASED HAND RUB OR SOAP AND WATER



SAFE DISPOSAL OF MEDICINES

Safe disposal of medicines is important to ensure the safety of the person handling the waste and to minimize any impact on the environment. The following are steps to dispose your medicines safely and responsibly.

IDENTIFY

the medicines that need to be thrown away due to one or more of following reasons.

Expired/Unknown expiry

Unknown medicines

No longer required

Change in appearance



SORT

out the medicines into categories. Not all medicines can be disposed at home

CANNOT be disposed at home:

- i. Anti-cancer medicines
- ii. Antibiotics
- iii. Vaccines
- iv. Medicines that can be misused



CAN be disposed at home:

- Over the counter medicine,
- High blood medicine
- Diabetes medicine



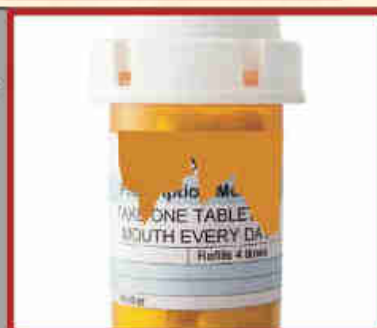
REMOVE

or blank out any parts on the sticky labels that bear personal data such as name or personal particulars (e.g. NRIC number, address, ect)

Leave the medicine name intact to allow ease of identification when returned to the pharmacy.



All information can be blanked out or the whole label can be removed.



PACK

the medicines that cannot be disposed at home into a bag and return them to the pharmacy.



PACK

the medicines that can be disposed at home into a black trash bag and seal it tightly before throwing into the rubbish chute or bin.



▶ INFLUENZA VACCINATION

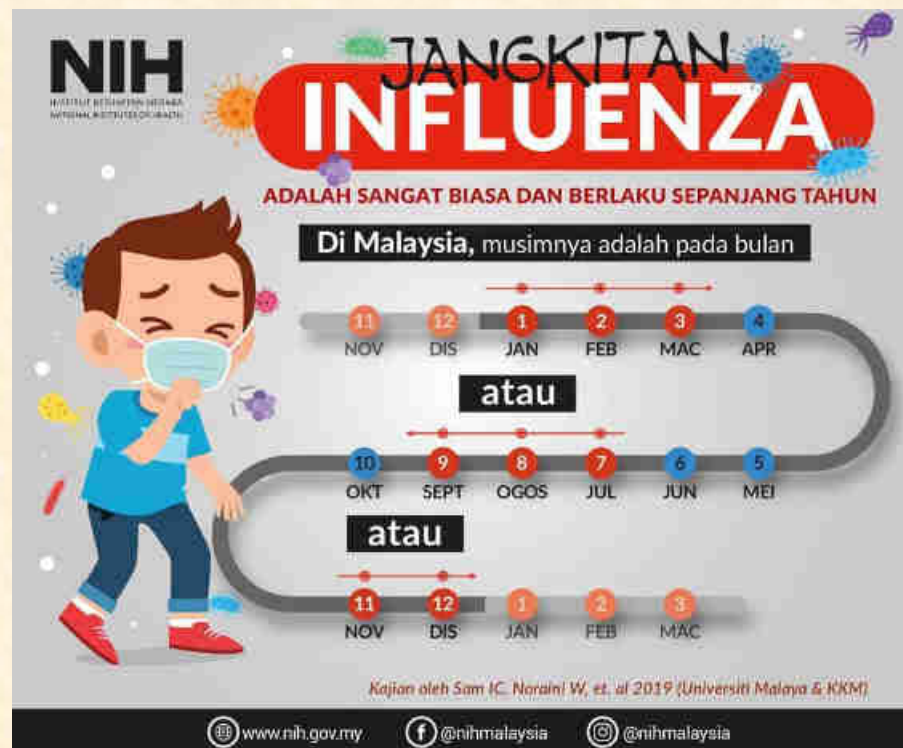
What we know and don't know

HIU Yen San

Berita Harian 14 Januari 2020

IPOH: Seramai 29 pelajar lagi disahkan positif Influenza A H1N1 hari ini, menjadikan keseluruhan 37 pelajar disahkan dijangkiti H1N1 (10 kes di Kinta Utara, 2 kes di Kinta Selatan, 11 kes di Bagan Datuk, 9 kes di LMS dan 5 kes di Manjung).

Sejak Sabtu lalu (11/1/2020) hingga hari ini (14/1/2020), seramai 10 pelajar SMK Sains Teluk Intan (SEMESTI) dilaporkan terkena jangkitan, dan sekolah itu diarahkan tutup sehingga 19 Januari 2020.



Boy, 11, dies in Miri Hospital from severe influenza, not Covid-19

NATION

Thursday, 12 Mar 2020

12:50 PM MYT



Second H1N1 death in Malaysia

NATION

Tuesday, 28 Jul 2009
12:00 AM MYT

KUALA LUMPUR: A 46-year-old Malaysian man who worked in Belgium has died from influenza A (H1N1), making him the second fatality in the country since the flu outbreak.

He was reported to have died from "severe pneumonia with respiratory failure with septicaemic shock and acute renal failure" after being treated at the intensive care unit of a private hospital in Subang Jaya for a week.



Have we all forgotten about the "Mexican swine flu", when the nation was first struck by the global disease 11 years ago?

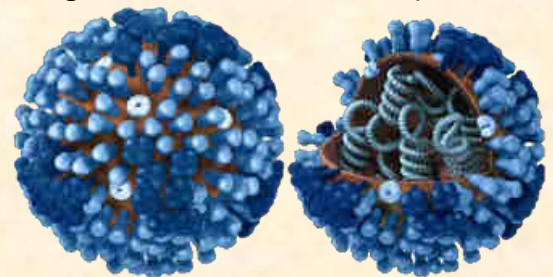
Ask any person from the 90s or older, they would describe that the influenza H1N1 was as terrifying as the coronavirus today. Back then, H1N1 topic was being continuously aired on TV and radio, spamming across the news headlines. And of course, H1N1 became the favourite talk in forums and educational events, a hot topic during conversation within the community, from the young to the elders.

Influenza – the Past and Present

H1N1 influenza virus, originated in pigs from a small region in central Mexico, was responsible for more than 17,000 deaths worldwide during the 2009 pandemic. Even though the world is now in the post-pandemic period, influenza virus (especially H1N1 and H3N2) continues to circulate in some parts of the world, causing variable levels of disease and outbreaks. Cases of severe illness in high-risk individuals are likely to occur, and indeed, it has occurred.

Influenza virus – lineages and strains

There are four types of influenza viruses: A, B, C and D. Influenza A and B causes flu in human, but only influenza A is known to cause flu pandemics (occurs when a new and very different influenza A virus emerges, which then infects people, and is able to spread quickly). Influenza C generally cause mild illness, while influenza D primarily affect cattle. Both C and D are not thought to cause human flu epidemics.



Influenza A are divided into subtypes, based on the two surface proteins: hemagglutinin (H) and neuraminidase (N). There are 18 subtypes of hemagglutinin (H1 – H18), and 11 of neuraminidase (N1 – N11). While there are potentially a total of 198 influenza subtype combinations, only 131 have been detected in nature. Current subtypes of influenza A viruses that routinely circulate in people include: A(H1N1) and A(H3N2).

Influenza vaccines – what do we have here?

Most flu vaccines are quadrivalent, active against 4 strains of influenza viruses: H1N1, H3N2 and two influenza B viruses.

i) Standard quadrivalent influenza vaccines

(virus grown in chicken egg).

- ✧ FluQuadri 0.25mL → for 6 –35mths children
- ✧ FluQuadri 0.5mL → for 36mths & older children

It contains inactivated strains of:

- A(H1N1)
- A(H3N2)
- B (Victoria lineage)
- B (Yamagata lineage)

- ✧ Fluarix Tetra 0.5mL → for 6 –35mths children

It contains inactivated strains of:

- A(H1N1)
- A(H3N2)
- B (Washington)
- B (Phuket)

ii) There're certain influenza vaccine that are preferred for those ≥65 year-old *

- Fluzone Quadrivalent *
- a high-dose flu vaccine
- Fluvad Trivalent *
- vaccine containing an adjuvant

iii) Quadrivalent cell-based vaccine (egg-free) *

(viruses are grown in cells, hence free from eggs) *

- Flucelvax *: licensed for ≥ 4 year-old
- Flublok *: approved for ≥18 year-old

*These are not available in Malaysia

Influenza vaccines – who needs it more?

When vaccine supply is limited, these groups of people are prioritised:

- Children 6mth to 4 y.o. & adults >50 y.o. *
- Pregnant women
- COPD or chronic asthma patients
- Immunosuppressed patient

- Patient with cardiovascular disease (except isolated hypertension)
- Residents of nursing homes and other long-term care facilities
- Health care personnel

* hospitalisations and deaths due to influenza are more common among those ≥ 65 year-old. However, adults ≥ 50 year-old are included, because this group may be more likely to have chronic medical conditions that put them at high risk of severe influenza complications.

Influenza vaccines – evidence of benefit

In terms of flu-hospitalization

- vaccinations reduced **children's** risk of influenza-related pediatric ICU (PICU) admission, and significantly reduce the child's mortality risk
- reduced risk of influenza-related hospitalizations among older adults, and reduce ICU admissions
- reduced deaths and overall duration of hospitalization. Vaccinated patients, on average spent 4 fewer days in the hospital compared to those who were not vaccinated

For those with chronic illness

- influenza vaccination has been associated with lower rates of cardiac events among people with heart disease, especially those who had had recent cardiac event
- **COPD** patients who received flu vaccine had lower rates of exacerbations and hospitalization. GOLD guidelines also advocates for yearly flu vaccination.

Protecting women in pregnancy

- getting a flu shot reduces the risk of flu-associated acute respiratory infection in pregnant women by about 50%
- flu vaccine given **during pregnancy** has extra benefit by protecting the baby from flu. The passive influenza immunity that passed via placenta will last in the baby for several months after birth, when the baby is not old enough (<6mths old) to be vaccinated.

Who is excluded from vaccination?

- Children < 6 months of age.
- People with severe, **life-threatening allergies** to flu vaccine or **any ingredient in the vaccine**: gelatine, antibiotics, or other excipients (however this is generally uncommon)

People with egg allergies can receive any licensed flu vaccine. Those with a history of **severe egg allergy** should be **vaccinated in a medical setting, supervised by health professionals** who is able to recognize and manage severe allergic reactions.

Why is it needed every year?

First, a person's immune protection from flu vaccination declines over time, so an annual vaccine is needed for optimal protection.

Second, because influenza viruses are constantly changing, flu vaccines are constantly "updated" to protect against the viruses during the upcoming flu season. Hence, annual vaccination is needed for the best protection.

Why are my patients complaining that they still get the flu after the flu shot?

The viruses in influenza vaccine are killed (inactivated), so one will **NOT** get the flu from the flu vaccine. However, it's possible to "get sick with flu" even if one has been vaccinated. This is possible for the following reasons:

- The patient might have been exposed to a flu virus shortly **before vaccination** (because flu virus has an incubation period of 1-5 days)
- The patient are exposed to a flu virus during the period **before the vaccine begins to protect** them (remember that antibodies against influenza develop about 2 weeks after vaccination, and it might be slower in malnourished/ immunocompromised patients)
- The patient may be exposed to a flu **virus that is not included in the seasonal flu vaccine**. Quadrivalent vaccine is made to protect against the 4 most common viruses during that season, but there are many different flu viruses that circulate every year.
- Protection can vary widely, depending on health, nutritional status and age of the person. Generally, a flu vaccine works best among healthy younger adults and older children. **Some older people** and people with certain **chronic illnesses may develop less immunity** after vaccination. Flu vaccine is not a 100% perfect tool, but it is the best way to protect against flu infection.
- Other pathogen that might result in influenza-like illness (eg: pneumonia, common cold symptoms somehow resemble influenza symptoms). Flu vaccines will NOT protect against infection and illness caused by **other viruses or bacteria**.

Passive protective gear plus active immunity defense

Based on knowledge about past pandemics, the H1N1 (2009) virus is expected to continue to circulate as a seasonal virus. While the level of concern is now greatly diminished, vigilance by the national health authorities is important.

Vaccination remains the better way of reducing morbidity and mortality caused by the influenza viruses. WHO strongly recommends vaccination of high-risk individuals, in countries where influenza vaccines are available.

Since the current coronavirus are in rampant, and the vaccine against coronavirus are still under development, we really can't afford for other infections to roll in at this moment. While we are putting every effort in stock piling for face mask and staying back at our residency to prepare for the current coronavirus outbreak, shall we gear up ourselves, or at least, our loved ones, with the influenza immunity too?



16 Jan 2020 03:41PM

(Updated: 16 Jan 2020 03:50PM)

Concerned parents in Malaysia on hunt for influenza vaccine as stocks run low

"I have literally walked in and out of 15 different clinics," said Ms Shree Devi, a makeup artist.

The mother of a six-month-old and a three-year-old said she has been on the hunt since last week.

References

1. Balqis Jazimah Zahari. 29 pelajar lagi disahkan positif H1N1 di Perak. Berita Harian Online. 14 Jan 2020.
2. Second H1N1 death in Malaysia. The Star. 28 Jul 2009.
3. Datuk Dr Noor Hisham bin Abdullah. Situasi Semasa Kejadian Jangkitan Influenza di Malaysia. 14 Jan 2020. Kementerian Kesihatan Malaysia.
4. WHO recommendations for the post-pandemic period. 10 Aug 2010. Geneva.
5. Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. Information for Specific High Risk Groups. 27 Aug 2018. US Department of Health & Human Services. <https://www.cdc.gov/flu/highrisk/index.htm>
6. D Kanyakumari. Concerned parents in Malaysia on hunt for influenza vaccine as stocks run low. 16 Jan 2020. Channel News Asia.




ANTIVENOM in HOSPITAL SERI MANJUNG ▶


Mohd. Izzat Akmal bin RAHMAN AHMAD



Antivenom is the cornerstone for managing envenomation. There are specific systemic and local indications and strict protocol for antivenom administration.

Antivenom administration should be based on the clinical and laboratory evidence and the severity of systemic and local envenomation. The choice of antivenom will depend on the snake identity.

ANTIVENOM	PICTURES	RECOMMENDED DOSE		RECONSTITUTION & DILUTION	INFUSION
		INITIAL	SUBSEQUENT		
NEURO POLYVALENT <ul style="list-style-type: none"> - <i>Malayan Krait</i> - <i>Banded Krait</i> - <i>Monocle Cobra</i> - <i>King Cobra</i> PENGILANG/ BUATAN THE THAI RED CROSS SOCIETY, THAILAND RM 486.80/VIAL		Krait – 50ml (5 vials) Cobra & King Cobra – 100ml (10 vials)	Given every 1-2 hours according to clinical signs and symptoms	Dilution of antivenom Reconstitute antivenom with 10ml WFI Children: Total dose of reconstituted antivenom should be diluted with 5-10ml/kg of BW of NS or D5% Adult: Total dose of reconstituted antivenom should be diluted in 250-500ml NS or D5% No test dose is required for antivenom. However, anaphylactic reaction might occur and administration of antivenom might be terminated. In order to avoid wastage, it is recommended that only one vial of antivenom should be diluted first (1 vial in 50-100ml NS or D5%) If there is no anaphylactic reaction, the subsequent vials can then be diluted in the remaining diluent.	Infusion rate (children & adult) Initially run 1ml/min for 10 minutes then 2ml/min for 10 minutes) If no anaphylactic reaction, infusion rate should be increased to 5- 10ml/min over a period of about one hour
HEMATO POLYVALENT <ul style="list-style-type: none"> - <i>Malayan Pit Viper</i> - <i>Green Pit Viper</i> - <i>Russell's Viper</i> PENGILANG/ BUATAN THE THAI RED CROSS SOCIETY, THAILAND RM 486.70/VIAL		Pit Viper – 30ml (3 vials)	Given every 6 hours according to clinical signs and symptoms	SAME AS ABOVE	SAME AS ABOVE
MONOVALENT MALAYAN PIT VIPER PENGILANG/ BUATAN THE THAI RED CROSS SOCIETY, THAILAND RM 987.75/VIAL		Malayan Pit Viper Viper – 30ml (3 vials)	Given every 6 hours according to clinical signs and symptoms	SAME AS ABOVE	SAME AS ABOVE

<p>GREEN PIT VIPER PENGILANG/ BUATAN THE THAI RED CROSS SOCIETY, THAILAND</p> <p>UBAT KPK RM 499.55/VIAL</p>		<p>Green Pit Viper - 30ml (3 vials)</p>	<p>Given every 6 hours according to clinical signs and symptoms</p>	<p>SAME AS ABOVE</p>	<p>SAME AS ABOVE</p>
<p>MONOVALENT COBRA (<i>Monocle Cobra</i>) PENGILANG/ BUATAN THE THAI RED CROSS SOCIETY, THAILAND</p> <p>RM 980.20/VIAL</p>		<p>Cobra – 100ml (10 vials)</p>	<p>Given every 1-2 hours according to clinical signs and symptoms</p>	<p>SAME AS ABOVE</p>	<p>SAME AS ABOVE</p>
<p>KING COBRA PENGILANG/ BUATAN THE THAI RED CROSS SOCIETY, THAILAND</p> <p>RM 599.50/VIAL</p>		<p>King Cobra – 100ml (10 vials)</p>	<p>Given every 1-2 hours according to clinical signs and symptoms</p>	<p>SAME AS ABOVE</p>	<p>SAME AS ABOVE</p>
<p>SEA SNAKE PENGILANG/ BUATAN CSL LIMITED, VICTORIA, AUSTRALIA</p> <p>RM 26,978.10/VIAL</p>		<p>1-3 vials (26.3-78.9ml) *1 vial = 1000units/ 26.3ml</p>	<p>Given every 1-2 hours according to clinical signs and symptoms</p>	<p>Children: Dilute 1 vial (26.3ml) of antivenom with 125ml NS or Hartmann's Solution (1:5 dilution) Adult: Dilute 1 vial (26.3ml) of antivenom with 250ml NS or Hartmann's Solution (1:10 dilution)</p>	<p>SAME AS ABOVE</p>

Reference :

1. Guideline Management of Snakebite, Kementerian Kesihatan Malaysia, 2017
2. Snakebite and Envenomation Management in Malaysia, 2015

▶ GUIDELINE ON SAFE USE OF HIGH ALERT MEDICATIONS

AJK Medication Safety

Pn. Anis Afiqah binti ABDUL GHANI
Cik Nur Qatrunnada binti MOHD SUKHAIRI
Pn. Puspavathy a/p KANNIAPPAN

High Alert Medications are medications that bear a heightened risk of causing significant patient harm when these medications are used in error.

Though medication mishaps with High Alert Medications may or may not be more common than other drugs, the consequences following an error with these drugs can be especially serious to the patient.

1.	Adrenergic agonists, IV (e.g. adrenaline, noradrenaline)
2.	Adrenergic antagonists, IV (e.g. propranolol, labetalol)
3.	Anaesthetic agents, general, inhaled and IV (e.g. propofol, ketamine, dexmedetomidine)
4.	Antiarrhythmias IV (e.g. lignocaine (lidocaine), amiodarone,)
5.	Antifibrinolytics, hemostatic
6.	Antithrombotic agents (e.g. warfarin, heparin, tenecteplase, streptokinase)
7.	Antivenom (eg. Sea snake, cobra, pit viper antivenom)
8.	Chemotherapeutic agents, parenteral and oral
9.	Dextrose, Hypertonic, 20% or greater
10.	Epidural and intrathecal medications
11.	Glyceryl Trinitrate injection
12.	Inotropic medications, IV (e.g. digoxin, dobutamine, dopamine)
13.	Insulin, subcutaneous and IV
14.	Magnesium Sulphate Injections
15.	Moderate sedation agents, IV
16.	Neuromuscular blocking agents (eg.pancuronium, atracurium, rocuronium, vecuronium)
17.	Opiates and Narcotics
18.	Parenteral Nutrition preparations
19.	Potassium salt injections
20.	Sodium Chloride Solution (greater than 0.9%)

COMMON RISK FACTORS

Common risk factors associated with High Alert Medications are as follows:

- ✧ Poorly written medication orders.
- ✧ Incorrect dilution procedures.
- ✧ Confusion between IM, IV, Intrathecal, epidural preparations.
- ✧ Confusion between different strengths of the same medications.
- ✧ Ambiguous labeling on concentration and total volume of medications.
- ✧ Wrong infusion rate.
- ✧ Look alike or sound alike product and similar packaging.

MANAGING HIGH ALERT MEDICATIONS

With this guideline, it is hoped attention will be drawn to the risks associated with these High Alert Medication category of drugs even when used as intended.

- ✧ High Alert Medications will be prescribed, dispensed, and administered using practices that are proven safe.
- ✧ This guideline will be made available at the Pharmaceutical Services Division, Ministry of Health Malaysia website (www.pharmacy.gov.my).
- ✧ High Alert Medications should have "HIGH ALERT MEDICATION" labels on storage shelves, containers, product packages and loose vials or ampoules.

Examples of high alert labels:

1. High alert stickers for containers or product packages



2. High alert stickers for ampoules or vials

HIGH ALERT MEDICATION



High alert medications to be dispense to patient do not need to be labelled as “high alert”

- ✧ High Alert Medications must be double checked before they are prepared, dispensed and administered to the patients. A system shall be established whereby one health care provider prepares the drug and another counterchecks it.
- ✧ All High Alert Medications issued from the pharmacy must be counterchecked and verified by another pharmacy staff prior to dispensing for the purpose of medication safety and accuracy.
- ✧ Any changes of brand/ colour/ preparation of High Alert Medications must be informed to the users as soon as possible.
- ✧ All equipment or devices used in the preparation and/or administration of medications shall be calibrated and maintained according to Standard Operating Procedure (SOP).
- ✧ All staff involved in the handling of High Alert Medications should be educated on this guideline.

3. High alert labels for storage shelves in pharmacy



References:

1. Pharmaceutical Services Division, Ministry of Health Malaysia. (2011). Guideline On Safe Use of High Alert Medications. Retrieved from <https://www.pharmacy.gov.my/v2/ms/dokumen/guideline-safe-use-high-alert-medications.html>

PHARMACY STAFF MOVEMENT (JAN-MARCH 2020)

NEW STAFF

- | | |
|----------------------|----------|
| 1. Cik TAY SIOK LING | PRP UF41 |
| 2. Cik YONG SUK FEN | PRP UF41 |

TRANSFERRED IN

- | | |
|-------------------------------------|---------|
| 1. En. BAKERI BIN SONGEP | PPF U36 |
| 2. Pn. SAADIAH BINTI SAAD | PPF U32 |
| 3. Cik NGIENG HSERN LIN | PF UF44 |
| 4. Pn. RABIATUL ADAWIAH BINTI NAZRI | PF UF48 |

TRANSFERRED OUT

- | | |
|--------------------------------------|---------|
| 1. Pn. HIDAYATI BINTI KAMARULZZAMAN | PPF U32 |
| 2. Pn. NITHIYALAKSMI A/P VISWANATHAN | PF UF44 |



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