

Re-evaluate 'Return To Work' Criteria For Healthcare Professionals with Covid

The Malaysian Health Coalition (MHC) is concerned with the Ministry of Health's (MOH) [Annex 21b: Management of Healthcare Worker Confirmed with Covid-19 in the Event of a Human Resource Crisis](#), announced on 21st March 2022. Annex 21b is an attempt to manage short-staffed situations in healthcare facilities by having confirmed COVID-19 healthcare professionals return to work before the completion of their isolation period.

As of 23 March 2022, the country's daily absence rate among HCPs due to high-risk exposure or being COVID-19-positive exceeds 6%, creating staff shortages in hospitals and clinics. Therefore, we understand the government's attempt to maintain an adequate number of HCP to ensure patient care. However, reducing the isolation period from 7-days to 5-days may have hidden consequences to the safety of HCP and patients.

A number of studies have shown that up to 50% of COVID-19 patients remain [infectious on Day 5](#) or beyond. Requiring HCPs with asymptomatic COVID-19 infection to return to work on Day 6 with possible illness could lead to healthcare-associated clusters. We ask the government to be cautious in approving such policies as it defeats MOH objectives to prevent short staffing and alleviate COVID-19 caseload.

We urge the government to mandate antigen testing for asymptomatic HCPs on Day 5 and only allow those with negative test results to return to work. High-risk HCPs with dependants, especially children, must be allowed to complete a full 7-day isolation period as child-care and education facilities are unlikely to accept their children until seven days have passed. We expect the government to provide medical certificates instead of requiring HCPs to take annual leave for any additional days of rest, to be fair and compassionate, and to ensure both the parents and children are fully safe to return to work or schools.

At the same time, the government must provide appropriate personal protective equipment which includes well-fitted [masks](#), recommended by World Health Organisation (WHO) (N95, KF94 or FFP2) for all HCPs.

While we commend the measures and efforts made by the government to reduce the strain on our healthcare system and maintain patient care, equal attention must be given to the safety and welfare of our healthcare professionals. We believe and expect the government to re-evaluate the contents of Annex 21b, to act fairly and with compassion.

BERKHIDMAT UNTUK NEGARA.

Malaysian Health Coalition (Full Signature List on myhealthcoalition.org)
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Organisations

1. Academy of Medicine Malaysia
2. Association of Malaysian Optometrists
3. College of Anaesthesiologists
4. Malaysian Association of Environmental Health
5. Malaysian Nurses Association
6. Malaysian Pharmacists Society
7. Malaysian Society of Anaesthesiologists
8. Malaysian Society of Clinical Psychology
9. Malaysian Society of Occupational Safety and Health
10. Malaysian Thoracic Society
11. Medical Practitioners Coalition Association of Malaysia
12. Obstetrical and Gynaecological Society of Malaysia
13. Perinatal Society of Malaysia
14. Pertubuhan Doktor-Doktor Islam Malaysia

Individuals

1. Dato' Dr Amar Singh-HSS
2. Dato' Dr Jahizah Hassan
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4. Prof Dr Roslina Abdul Manap
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