

A Survey on Return to Workplace Measures During the Recovery Phase of COVID-19 Pandemic among Malaysian Corporate Health Advisers' Forum (MCHAF) Members

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ABSTRACT: A survey was conducted among Malaysian Corporate Health Advisers' Forum (MCHAF) members to ascertain measures taken by their organizations during the recovery phase of COVID-19 Pandemic. All organizations fully complied with the mandatory requirements from the authorities for the workplace such as practice physical distancing, temperature screening, health declaration, use of face mask and enhance cleaning protocols. Most of the organization also instituted additional measures which were all aligned with the principle of facilitating reduction of COVID-19 transmission in the workplace.

Keywords: COVID-19, Health Adviser, Industry, Occupational Health, Return to Workplace

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1.0 INTRODUCTION

On 10th June 2020, the recovery phase of the Movement Control Order started in Malaysia, and most organizations were able to fully resume operations. However, they were required to follow Standard Operating Procedures (SOP) provided by the Malaysian Government.

The Guidelines on Management of COVID-19 in Malaysia by the Ministry of Health (MOH) Malaysia (Kementerian Kesihatan Malaysia, 2020c). has been a key reference document on managing the pandemic in the country. Annex 25 of this document provides management guidelines for workplaces which includes action by employers and employees, action at the workplace, and travel considerations for the workplace. Among the recommended actions at the workplace are regular disinfection, consider no handshaking policy, facilitate hand cleaning, contingency for limited human resource, alternative communication methods and avoiding large meetings especially if indoors.

The MOH Malaysia's COVID-19 Website (Kementerian Kesihatan Malaysia, 2020b) which contains important information on the pandemic also hosts SOPs on the Recovery phase (Kementerian Kesihatan Malaysia, 2020e). These SOPs were produced by various agencies including National Security Council, Ministry of Health Malaysia, PETRONAS, Ministry of International Trade and Industry and covered different sectors such as the healthcare, oil and gas, and manufacturing. These SOPs cover areas such as prevention and control protocols, health screening, health reporting, workplace disinfection, social distancing and worker's safety and health procedure, and etiquette in common areas in premises, office vehicles and use of MySejahtera application.

The Department of Occupational Safety and Health Malaysia, Ministry of Human Resources (MoHR), also produced an SOP for Prevention of COVID-19 at the Workplace (Jabatan Keselamatan dan Kesihatan Pekerjaan, Kementerian Sumber Manusia, 2020) which is applicable to all workplaces. However, it does not apply to “Work from Home” activities. The SOP defined the responsibilities of employers, coordinators, emergency response teams, supervisors and employees. The SOP provides recommendations on procedures before entering the workplace, temperature screening, general rules when at work and having meetings, handling emergency situation related to COVID-19 when at work, workplace disinfection, handling COVID-19 positive cases (for healthcare workers), personal protective equipment and training and control measures.

We were interested to find out what were the measures adopted by workplaces during the recovery phase of COVID-19 pandemic in Malaysia. This survey was conducted among members of the Malaysian Corporate Health Advisers Forum (MCHAF), an informal group of occupational health doctors and specialists in Malaysia who serve the various industries. Among the industries represented are aviation, chemical, electronic, healthcare, manufacturing, oil and gas, social services and utilities.

2.0 METHOD

In June 2020, all MCHAF members were invited by e-mail to respond to a brief online anonymous survey using SurveyGizmo on their return to workplace plans during the recovery phase of the COVID-19 outbreak in Malaysia. The survey form was developed by the authors based on what they felt were measures generally being considered by MCHAF members. Respondents were asked to answer 15 statements on workplace measures and provided with 5 answer options were ‘implemented’, ‘considered’, ‘not considered’, ‘unsure’ and ‘others’. After analyzing the responses, the authors felt that it would be best to exclude one question which was confusing and to simplify responses into 3 categories instead of 5 and which were: ‘implemented’ and ‘considered; ‘unsure’ and ‘others’ and; ‘not considered’.

3.0 RESULTS

3.1 Respondents

Thirty out of 50 MCHAF members (60%) were participated in the survey.

3.2 Responses

Almost all (80-100%) of the organizations have implemented or were considering: physical distancing at the workplace (100%); preventative controls at workplace, i.e. temperature screening/health declaration (100%); encourage use of mask at workplace or on public transport (100.0%); enhanced cleaning protocols (100%); special arrangements for those in with comorbidities/high risk group (93.3%); a contingency plan in the event of a second wave of the COVID-19 pandemic (93.3%); flexible work hours including work from home (WFH) (93.3%); create contact tracing methods within the workplace (90.0%); changes to food and catering services (90.0%); enhanced psychological support (90.0%); provide masks for daily use when coming to the workplace (86.7%); and modification of its Medical Emergency Response due to the change of risk appetite of community transmission - mild respiratory symptoms suspected to be COVID-19 (80.0%). Most organizations (50-79%) have implemented or were considering: provision of ergonomic equipment and/or IT equipment for those working from home (70.0%); and changes of Human Resource (HR) policies and employee benefits (63.3%) Table 1.

Table 1 Measures Implemented or Being Considered by Organizations During The COVID-19 Recovery Phase in Malaysia

Question	Number and percentage			
	Implemented /considered	Not Considered	Unsure/ Others	Total
Has your organization implemented physical distancing measures at the workplace (workstations, common areas etc.)?	30(100%)	0(0%)	0(0%)	30(100%)
Has your organization implemented preventative controls at the workplace (daily temperature screening/ health declaration)?	30(100%)	0(0%)	0(0%)	30(100%)
Does your organization encourage use of face masks at the workplace and/or on public transport?	30(100%)	0(0%)	0(0%)	30(100%)
Has your organization implemented enhanced cleaning protocols (regular cleaning of frequently touched surfaces)?	30(100%)	0(0%)	0(0%)	30(100%)
Does your organization have special arrangements for those with comorbidities/high risk group (flexible hours/ WFH)?	28(93.4%)	1(3.3%)	1(3.3%)	30(100%)
Does your organization have a contingency plan in the event of a second wave of the COVID-19 pandemic?	28(93.4%)	1(3.3%)	1(3.3%)	30(100%)
Does your organization have more flexible work hours for all including WFH option?	28(93.3%)	0(0%)	2(6.7%)	30(100%)
Has your organization created contact tracing methods within the workplace (apps, attendance registration etc.)?	27(90%)	3(10%)	0(0%)	30(100%)
Has your organization made changes to its food and catering services (e.g. promote in-house meals, modified guidelines for food handlers, avoid going out for meals/ lunch)?	27(90%)	3(10%)	0(0%)	30(100%)
Has your organization provided enhanced psychological health support (e.g. extending Employee Assistance Program (EAP) to family, increased focus on mental health programs etc.)?	27(90%)	2(6.7%)	1(3.3%)	30(100%)
Does your organization provide face masks for daily use when coming to the workplace?	26(86.7%)	1(3.3%)	3(10%)	30(100%)
Has your organization modified its Medical Emergency Response due to the change of risk appetite of community transmission-mild respiratory symptoms suspected to be COVID-19 (e.g. creation of isolation room, refresher for first-aiders specific to COVID-19 response etc.)?	24(80%)	2(6.7%)	4(13.3%)	30(100%)
Does your organization have provision of ergonomic equipment (tables, chairs) and/or IT equipment (monitors, keyboards) for those WFH?	21(70%)	6(20%)	3(10%)	30(100%)
Has your organization made changes to HR policies and employee benefits (e.g. leave management - given more leave days or carry forward to next year, flexi allowances - internet fees reimbursement etc.)?	19(63.3%)	7(23.3%)	4(13.3%)	30(100%)

4.0 DISCUSSION

Risk Assessment needs to be done at workplaces to ensure that appropriate control measures can be instituted to prevent COVID-19 transmission in the workplace (Jabatan Keselamatan dan Kesihatan Pekerjaan, Kementerian Sumber Manusia, 2020). Based on the variety of responses from organizations surveyed on certain measures, it appears that they have performed risk assessments to determine what measures are most relevant to them.

All organizations fully complied with commonly recommended measures at the workplace such as physical distancing, temperature screening or health declaration, use of masks and enhanced cleaning protocols. Almost all or most organizations had implemented or considered measures that would either directly or indirectly prevent COVID-19 transmission at the workplace or its impact.

Older adults and people with underlying medical conditions such serious heart disease, immunocompromised state or type 2 diabetes mellitus are at risk of severe illness when infected with COVID-19 (Centres for Disease Control and Prevention, 2020b). Instituting measures such as working from home and flexible work hours reduces employees' exposure to crowds either while traveling to work or in public areas and hence would help to reduce the risk of disease transmission and impact to employees and their organization.

The second wave theory arises from the 1918 to 1920 'Spanish Flu' experience where after the initial outbreak, a deadlier strain emerged. There has been concern that the COVID-19 may also show a similar trend (Centre for Evidence Based Medicine, 2020). Hence while in some countries there seems to be a reduction in numbers of new cases, there is a possibility that new cases may rise again and be more severe. Almost all organizations in this study already have pandemic plans which were either generic or specific to cover for such situations.

Contact tracing is an important measure to contain outbreaks (Centres for Disease Control and Prevention, 2020a). Almost all organizations have determined their method to trace close contacts at the workplace. Since many people now have mobile devices, the use of mobile application is one convenient way of identifying close contacts of cases. A commonly used application which is promoted by the Malaysian Government is MySejahtera application (Kementerian Kesihatan Malaysia, 2020a).

It is also important to maintain physical distancing when eating, drinking or during rest breaks to prevent COVID-19 spread. Hence it is expected that organizations would review such arrangements at the workplace to ensure this can be achieved.

Due to the impact of COVID-19, i.e. fear and significant change to our lives, it is especially important to look after mental health during the pandemic (World Health Organisation, 2020). MOH has recommended mental health assessments be carried out among employees and appropriate measures to reduce stress among employees be taken (Kementerian Kesihatan Malaysia, 2020c). Almost all organizations in this study have enhanced psychological support to their employees.

Employees in Malaysia are encouraged to use face masks at the workplace (Kementerian Kesihatan Malaysia, 2020d). During the initial phase of pandemic there was difficulty obtaining masks in the market. In such situation some employers tried to procure masks in bulk and supply to employees especially to those who were required to come to the workplace. At present, face masks are easily available in the market and some employers feel that it is reasonable for employees to purchase their own masks as needed.

Since it is well established that people with no or mild symptoms may still transmit the disease, most organizations have enhanced their Medical Emergency Response plans to mitigate this.

Although not specifically recommended by MOH or MoHR, most organizations have decided to provide their employees with ergonomics or IT equipment for those working from home and/or changed their HR policies and

benefits in response to the COVID-19 pandemic. These measures are to help employees perform at their best at home where they are expected to continue delivering their work responsibilities.

5.0 CONCLUSION

While all companies have complied with the mandatory requirements by the authorities, MCHAF members have conducted risk assessment at their workplace and implemented or considered numerous additional measures for return to work during the recovery phase of COVID-19 pandemic in Malaysia. These methods are meant to better support employees and provide more robust controls in limiting the spread of COVID-19 within the workplace.

REFERENCES

- Centre for Evidence Based Medicine (2020) COVID-19 Epidemic ‘Waves’. <https://www.cebm.net/COVID-19/COVID-19-epidemic-waves/>
- Centres for Disease Control and Prevention (2020b). COVID-19: People Who are at Increased Risk for Severe Illness. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>
- Centres for Disease Control and Prevention (2020a). Case Investigation and Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic. <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>
- Jabatan Keselamatan dan Kesihatan Pekerjaan, Kementerian Sumber Manusia (2020). Prosedur Kerja Selamat.Pencegahan COVID-19 di tempat kerja. <https://www.dosh.gov.my/index.php/prosedur-kerja-selamat-pencegahan-COVID-19-di-tempat-kerja/file>
- Kementerian Kesihatan Malaysia (2020a). Aplikasi MySejahtera. <http://COVID19.moh.gov.my/faqsop/mysejahtera>
- Kementerian Kesihatan Malaysia (2020b), COVID-19 Website. <http://COVID-19.moh.gov.my/>
- Kementerian Kesihatan Malaysia (2020c). Garispanduan Pengurusan COVID-19 di Malaysia No.5/2020, Annex 25. <http://COVID-19.moh.gov.my/garis-panduan/garis-panduan-kkm>
- Kementerian Kesihatan Malaysia (2020d). Standard Operating Procedure, Fasa Kawalan Pergerakan Pemulihan. Perkhidmatan Ikhtisas dan Professional. http://COVID-19.moh.gov.my/faqsop/sop-pkp-pemulihan/2-Perkhidmatan_Ikhtisas_&_Profesional_MITI_10_Jun_2020.pdf
- Kementerian Kesihatan Malaysia (2020e). Standard Operating Procedure, Perintah Kawalan Pergerakan, Fasa Pemulihan. <http://COVID-19.moh.gov.my/faqsop/sop-pkp-pemulihan>
- World Health Organisation (2020). Mental Health and COVID-19. <https://www.who.int/teams/mental-health-and-substance-use/COVID-19>