



COVID-19 UPDATE: RESPONDING TO PATIENT CONCERNS AROUND WORK RETURN - A Q&A WITH WORKSAFEBC AND THE BCCDC

Webinar date: **June 16, 2020**

Recording: <https://ubccpd.ca/responding-patient-concerns-around-work-return-qa-worksafebc-and-bccdc>

Disclaimer: Information on COVID-19 is changing rapidly and much of the research is preliminary. Assessment and management protocols are suggestions only; they do not take the place of clinical judgement. Please check with your own health authorities and local medical health officers as policies and support for the suggested approaches to patient care may vary between regions.

Key risk factors in determining fitness to work

- **Chronic conditions:** HIV, cancer, lupus, Hashimoto's, malnutrition, rheumatoid arthritis, diabetes
- **Inherited conditions:** IgA deficiency (an immune system condition in which you lack or don't have enough immunoglobulin A, a protein that fights infections), X-linked agammaglobulinemia (a condition that causes the body to produce fewer B cells, aka specialized white blood cells that help fight infection), common variable immune deficiency (a disorder that impairs the immune system), severe combined immunodeficiency (a disease that causes someone—usually a child—to have little or no immune system; once known as "boy in the bubble" syndrome), among other inherited immunodeficiency diseases
- **Medications:** Steroids, chemotherapy, and some medications for autoimmune diseases can cause immunosuppression
- **Functional immunosuppression:** not having a spleen or losing your spleen

Thanks to the speakers on the video:

- **Dr. Mayank Singal**, Physician Epidemiologist, BC Centre for Disease Control
- **Dr. Shelley Perlman**, Internist, WorkSafeBC
- **Dr. Brenda Hardie**, Family Physician, North Vancouver
- **Dr. Tom Kosatsky**, Medical Director, Environmental Health Services (EHS); Scientific Director, National Collaborating Centre for Environmental Health (NCCEH), BC Centres for Disease Control
- **Dr. Holly Workman**, Family Physician, Prince George
- **Dr. Bruce Hobson**, Moderator

Helpful Resources

WorkSafeBC

- **COVID Reference:** [covidreference.com](https://www.covidreference.com)
- **NEJM Covid Briefings:** <https://www.nejm.org/coronavirus>
- **NEJM Article on Return to Work:** <http://www.mhtc.org/2020/06/18/challenges-of-return-to-work-in-an-ongoing-pandemic/>
- **Risks of Worklessness:** <https://thischangedmypractice.com/the-risks-of-worklessness/>
- **Medical Certificates:** <https://www.cpsbc.ca/files/pdf/PSG-Medical-Certificates.pdf>
- **Medical Advisor Info Line:** 1.855.476.3049 (Mon – Fri, 8:30am – 4:30pm)

BC Centres for Disease Control

- **Asthma Risk:** <https://www.nytimes.com/2020/04/16/health/coronavirus-asthma-risk.html>
- **Physical Distancing and Mask Effects:** [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)
- **SARS-Cov-2 Transmission Clusters:** <https://wellcomeopenresearch.org/articles/5-83>
- **Return to Work Amid a Global Pandemic:** <https://www.businessgrouphealth.org/en/resources/return-to-work-amid-a-global-pandemic>
- **Clinical Decision Support Tool:** https://www.researchgate.net/publication/340852477_Clinical_Decision_Support_Tool_and_Rapid_Point-of-Care_Platform_for_Determining_Disease_Severity_in_Patients_with_COVID-19

Q&A Not Addressed During Webinar

Q: Should a 53-year-old ferry worker on Humira be exempted from their First Aid duties?

A: Patients on Humira are considered higher risk for a bad outcome with COVID 19. I think the question here is whether immune compromised patients should be restricted from providing first aid, which would likely require close contact with an individual. The answer would likely depend upon their ability to wear PPE as recommended for anyone in close contact with others and particularly those providing medical care. A note to employer indicating higher risk and therefore possible modification to avoid close contact with possible infected individuals, as well as need for PPE should contact be required, would likely be appropriate.

Q: How to address a fear of RTW in a Patient who is a school support worker with mild bronchiectasis, and a low COVID prevalence?

A: As with any patient with anxiety, I would explore the reasons for her fears and determine whether she has a diagnosable disorder that affects her ability to perform critical job demands. If so, then treat as you would normally, if not it still may be appropriate for her to have CBT to address her anxiety. Review her present activities at home as well as the level of Covid 19 in the community to help her determine her level of risk and whether or not the work activities are higher risk than the activities in which she is already engaged. Determine if there are any other reasons she might have anxiety about return to work (including family members' health.) Recommend she reach out to her employer to review what is happening at her workplace to mitigate risks for workers. If she isn't happy she can review with the union and, then if needed, with WorkSafeBC. Your response will vary depending on how mild her lung condition is and whether or not she has any other risk factors including her age.

Q: Some patients are on stress leave due to new work expectations or are asked to do different type of job. Any suggestions?

A: The situation will vary depending on where someone works and their contract, job description etc but often employers have the right to change their employees' specific duties. Given the present situation, changing work tasks may be an alternative to being laid off. As always with stress leave, I would inquire as to how exactly the stress leave is going to improve the situation. What is the patient going to do with that time? Often time away from work – without contact – simply allows the fear and anxiety around it to grow rather than dissipate. Encourage your patient to communicate with their employer and review their concerns about the change, reasons for it, and why they are reluctant to do it. I would also review the risks of not working with your patient.

Q: An Asymptomatic patient with a history of asthma working in a grocery store during pandemic was not allowed to wear mask as she was told it will create more panic?

A: Everything we do outside of our homes right now comes with an element of risk of contracting Covid 19 and I think most people have some sort of mild medical condition, or at least a relative with an underlying medical condition or advanced age. From the description it doesn't sound as though this

patient has a significantly elevated risk for a poor outcome with covid 19, however, but that is partly reliant on the present low community prevalence. I am curious as to what kind of mask she would be wearing. If it is a medical grade mask then more protection for her, but otherwise she may feel a false sense of security wearing a mask as it is largely (though not exclusively) protecting others. Either way, it sounds more like an employer/employee relations issue. If evidence suggests she is at higher risk of a bad outcome (poorly controlled asthma or other medical conditions/advanced age) then a letter indicating higher risk and importance of social distancing and – if not possible – other ppe measures – may be helpful. As always, encourage she contact her employer and escalate to her union and/or WorkSafeBC if she feels her workplace is unsafe for her.

Q: A teacher requests for a medical note for work because she has preexisting anxiety and now specific anxiety about COVID. Advice?

A: Advice depends on the teacher's age, medical status and community prevalence of Covid 19. Anxiety should be treated as all anxiety – determine if there is a diagnosable DSM 5 condition and treat appropriately. Even if there is no mood disorder present they may benefit from CBT to deal with their symptoms. Determine what good a medical note will do and whether or not the patient's condition affects their ability to perform their critical job demands.

Q: How to approach a teacher who refuses to return to the classroom because a family member (no high risk factors) is terrified of getting COVID/being left alone?

A: employers are required to accommodate for disability provided it does not create undue hardship for the employer. They are also required to provide a safe workplace. It does not sound like your patient has a disability nor does it sound like they are concerned about the safety of their workplace. I think this individual would be at risk of losing their job if they choose not to work. I would encourage them to have their family member seen and assessed – and likely treated – by their family physicia

Q: Any suggestions on applying social distancing in a group practice with small office space?

A: If possible set people up to work from home so that virtual appointments can be done from there. Stagger office days and assign each doc different days/times when they see patients face to face. Do as much as possible by phone *prior* to the appointment (hopefully from home) in order to minimize time in the office. Set up plexiglass barriers between desks. Wear masks when required to be in closer quarters without barriers. I strongly encourage watching the recorded webinar from Thursday June 11th through UBCCPD.

Q: Please advise if a hospital worker patient not in a direct patient care role, but with a workstation within 2 m of a couple of colleagues all of whom are unmasked?

A: Encourage the patient/worker to discuss with the employer, as recommendations seem to indicate there is not adequate separation. If the employer is unable/unwilling to either separate the desks or provide barriers between them then have the patient review with their union and/or Occupational Health and Safety department and if there is no help there then they should contact WorkSafeBC Prevention line at 1 888 621 7233 (SAFE)

Q: Any thought to the need to assess/prevent/treat COVID-caused mental health issues that persist or become chronic? Is this even on the radar yet or too soon?

A: Mental health disorders related to COVID 19 should be treated as all mental health disorders, determine if there is a DSM 5 disorder present and then treat as per guidelines.

Q: Are there any legal guidelines re these sick notes?

A: Physicians are frequently asked to provide medical certificates for a patient's employer or another third party such as a disability insurer. When a request has been received, the physician is required to respond in a timely manner, with objective medical information in spite of pressures to advocate on behalf of the patient. The physician is expected to differentiate between objective medical information and opinion.

Q: What is guidance regarding fit notes for children when teachers send them home with runny noses requesting a fit note before they can return?

A: If you know the patient well and are confident that it is related to allergies or some non-infectious cause, then I think it is reasonable to provide a note stating that the patient's condition is unlikely to be COVID 19.