

## Patient requests for work accommodations: Information for family doctors

*Updated – September 17, 2020*

Information from government sources is very general in terms of who's high risk for severe illness from COVID, so the OCFP has pulled together advice from various specialty groups to help you. As a family doctor, you will use your clinical judgement and knowledge of your patient in the advice you give as it relates to any potential requirements for that individual to be exempt from being at work in person, or to work remotely.

The recommendations that follow are unavoidably based on expert opinion and extrapolation from the morbidity and mortality data we have thus far from the COVID epidemic.

**\*\*Please note\*\*** It is not up to you as a family doctor to determine the necessary accommodation. It is up to the employer based on the [Human Rights Code](#) to make the accommodation for their employee.

### In general, writing doctor's notes:

As referenced above, your role in these circumstances is to provide information in support of a third-party process (e.g., work accommodation form), not to determine the outcome of the process ([CPSO](#)). In short, accommodation is the responsibility of the employer.

Suggesting wording on notes could be: The workplace would need to ensure the proper public health measures are in place as a minimum requirement, and that the individual can be 2 metres from others at all times while ensuring their mask wearing and frequent hand hygiene.

### High-risk Conditions

There are conditions with high enough risk of severe COVID to warrant workplace accommodation, beyond routine precautions (mask wearing, physical distancing, hand washing). It is reasonable for family doctors to connect with a treating specialist, as needed, when responding to a request related to work accommodation.

**Pregnancy:** Patients with complications of pregnancy such as diabetes, preeclampsia, anemia, advanced maternal age, and obesity require work from home ([Society of Obstetricians and Gynecologists of Canada](#)). Of note: "Current data do not suggest an increased risk of severe disease from COVID-19 in healthy pregnant women compared to non-pregnant reproductive-aged women."

**Asthma:** "Patients with mild-moderate asthma should work from home if feasible. Patients with severe asthma should also work from home if feasible and, if not feasible, should remain off work for medical reasons until such time as the WHO or local public health authorities declare that physical distancing is no longer necessary" ([Canadian Thoracic Society](#), "Physical Distancing for Asthma Patients" section).

This will be an evolving clinical issue to monitor – of note, [asthma was not associated with an increased risk of hospitalization](#) for COVID patients. The CTS April 30 guidance is due to be revised.

**COPD:** "Patients should stay at home as much as possible, including working from home if feasible" ([Canadian Thoracic Society](#)).

### High-risk Conditions (cont'd)

**Diabetes:** There is no specific guidance on workplace accommodation from [Diabetes Canada](#) – but expert opinion suggests taking into consideration other risks such as age >40 and other co-morbidities as work accommodation is considered.

**Cardiovascular disease:** There is no specific guidance on workplace accommodation from [Heart and Stroke](#), although that organization suggests people who have a heart condition or vascular disease, or who have had a stroke, should stay at home as much as possible to minimize risk of exposure.

**Cancer:** There is no specific guidance on workplace accommodation from the [Canadian Cancer Society](#) – but expert opinion suggests those in active treatment (chemo, radiation, immunotherapy, recovering from surgery) stay home as much as possible to minimize the risk of exposure, and practise physical distancing when needing to go out. **This would likely preclude in-person work.**

**Inflammatory Bowel Disease:** The guidance is to work from home or to school at home if new diagnosis, severe active inflammation, malnutrition, prednisone >20 mg per day ([Crohn's and Colitis Canada](#)). See this [letter](#) for the workplace.

**Patients on immunosuppressants:** For all transplant recipients taking immunosuppressants, as well as patients on chronic prednisone >20 mg per day, it is likely best that they **avoid a workplace setting.**

- BC Transplant has provided the following guidance: *“As a transplant recipient who is immunocompromised, you may be at higher risk of significant complications from COVID-19. As per public health orders, employers are expected to have policies in place to support physical distancing and prevent the spread of this virus. We strongly recommend discussing with your employer options for teleworking, flexible hours, staggered start times and use of email/teleconferencing or, where these options are not possible, potentially a leave from work.”*
- Consider contacting your patient's transplant team about appropriate work accommodations for their particular situation.
- Note: DMARDS do NOT appear to be associated with increased risk of serious COVID-19 related disease ([Crohn's and Colitis Canada](#)). Patients should discuss with their rheumatologist the extent to which their medications increase their risk and the degree of risk of transmission based on their job duties ([Arthritis Research Canada](#)).

**COVID-19 risk related to age:** Based on what we know so far, adults 60+ and particularly those with underlying medical conditions are considered at increased risk of serious illness should they contract COVID-19 ([Public Health Ontario](#)). Work accommodations should consider age and disease-related risks.

### Addressing requests related to psychological/psychiatric concerns<sup>i</sup>

It is natural for most patients to experience anxiety related to COVID-19 exposure risk. Physicians have important roles to play in supporting their patients and providing accurate information about risk to address their anxiety. If you determine that your patient has a disabling psychiatric condition that renders them incapable of attendance at work, then you should provide accurate, medically based information to the employer along with time limitations and a prognosis.

Insurance companies and employers with occupational health departments may require more details concerning your patient's diagnosis, treatment, time limitations, and prognosis. When this information is provided (again, with the consent of your patient) in a clear fashion driven by medical evidence, it is generally accepted. When this information is not provided in this manner, there can be delays and conflict.

For all scenarios, good communication is vital in establishing appropriate, medically based accommodations.

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<sup>i</sup> Source: *Handling patient requests for accommodation at work related to the COVID19 pandemic*. Occupational Medicine Member Interest Group, College of Family Physicians of Canada, May 2020