Handling patient requests for accommodation at work related to the COVID-19 pandemic

Many primary care physicians have received requests from patients about managing risk at work during the COVID-19 pandemic.

These requests may come from:

- Patients at high risk of complications due to having long-standing chronic medical conditions or being immunocompromised
- Otherwise healthy patients who have developed severe psychological/psychiatric symptoms, primarily anxiety, over fears of contracting COVID-19 while at work

Addressing requests related to a high risk of complications
To arrive at appropriate work restrictions for a patient who has a chronic medical condition or is immunocompromised, there are two main considerations. The first task is an assessment of the patient’s clinical status, and the second is an accurate risk assessment of workplace exposures. Assessing clinical status is more straightforward, as this is our forte as physicians. It does, however, require us to stay up to date on the best information on higher-risk groups. Assessing workplace exposures and risk is more challenging, as knowledge of the workplace environment, both physically and psychologically, is based primarily on your patient’s recollection. Before providing your advice, it may be prudent to communicate with a representative of the workplace (with clear, specific consent from your patient) to understand the potential for exposure and the measures in place to mitigate your patient’s risk.

Once a patient’s clinical status and their potential for workplace exposure are known, crafting a note is the next step. This note should contain accurate, medically based restrictions and limitations and an automatic reassessment date.

Any recommended accommodation will be specific to your patient, as the combination of their medical status and work environment is unique. There is no templated solution available in this rapidly evolving pandemic.

Addressing requests related to psychological/psychiatric concerns
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.

Ultimately, the current best practice is for physicians to provide case-by-case determinations based on their assessments and knowledge of their patients. This is a time, however, for reaching out to colleagues. There are more than 200 physicians across Canada (most trained as family physicians) who have additional education and certification in occupational medicine. You can search the Canadian Board of Occupational Medicine website to find a member in your area. Conferring with such an expert in your local area, even informally, can often provide you with a helpful perspective.

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