

# Should I return to work doctor?

## Pinnacle guidance: occupational health advice

Updated 14 August 2021

People aged 70 and over, and others with existing medical conditions (see below) face increased risk if they are exposed to COVID-19.

Each workplace is unique, and each workplace has to adapt to health and safety requirements to reduce the risk of transmitting respiratory infection in the workplace.

The role of the GP is to help patients and whanau navigate the uncertainties and:

1. alert the patient if they are in a high-risk group
2. provide a certificate indicating the patient has a high-risk condition if the patient requests this
3. provide advice to the patient to help them minimise the risk of transmission of COVID-19.

The decision to return, or stay away from work, is one that needs to be made between the employee and the employer.

Occupational health and safety decisions of a workplace are a specialist service. If as a GP you are asked to fulfil that role, you need to be clear about the level of training you have, and you are within your rights to say this is a specialised skill that you cannot perform.

The schema below is intended to help guide you and your patient in coming to a joint understanding of risks.

A sample “COVID-19 medical certificate” is also provided.

Workplaces and work practices can be considered to be of high, medium and low risk of transmission.

Risk = exposure + time	High risk exposure High contact time	Medium risk exposure High contact time	Medium risk exposure Low contact time	Low risk exposure Medium contact time	Low risk exposure Low contact time
Examples	ICU Resp Gen med ED A&M Urgent care Primary care 'red' zone Paramedic First responder Dentist (using drills etc.)	Primary care GP / nurse 'amber' and "green" zones Hospital outpatients Residential care Aged care worker Child care Primary school Midwife	Primary care admin Phlebotomy Secondary school Public transport Pharmacy	Hospitality Retail Taxi driver	Agriculture worker Truck driver Office worker

Relevant conditions include:

- age 70+
- chronic renal failure
- coronary heart disease or congestive cardiac failure
- chronic lung disease (severe asthma (for which frequent medical consultations or the use of multiple medications is required), cysticfibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease, chronic emphysema)
- poorly controlled diabetes
- poorly controlled hypertension.

People at any age with significant immunosuppression, as defined as:

- haematologic neoplasms: leukaemia, lymphomas, myelodysplastic syndromes
- post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months or on

treatment for GVHD)

- immunocompromised due to primary or acquired immunodeficiency (including HIV infection)
- current chemotherapy or radiotherapy
- high-dose corticosteroids ( $\geq 20$  mg of prednisone per day, or equivalent) for  $\geq 14$  days
- all biologics and most disease-modifying anti-rheumatic drugs (DMARDs) as defined as follows:
  - Azathioprine  $> 3.0$  mg/kg/day
  - 6-Mercaptopurine  $> 1.5$  mg/kg/day
  - Methotrexate  $> 0.4$  mg/kg/week
  - Prednisone  $> 20$  mg/day. If  $< 14$  days treatment, can resume work when treatment ceased
  - Tacrolimus (any dose)
  - Cyclosporine (any dose)
  - Cyclophosphamide (any dose)
  - Mycophenolate (any dose)
  - combination (multiple) DMARDs irrespective of dose.

There is very little evidence to suggest pregnancy is a significant risk time, however based on the precautionary principle high risk exposure to COVID-19 should be avoided at any time in pregnancy, and medium or low risk exposure avoided in pregnancy over 28 weeks, or under 28 weeks with a heart or lung condition.

## Generic schema for work risk assessment

- Assumption that children / adults will remain home from school if respiratory illness.
- Assumption is all places of work / recreation are following government recommendations around physical distancing, hygiene, provision of PPE.
- Evidence base is 'expert opinion' where more data becomes available recommendations will be updated.
- **The risk of harm** = likelihood of exposure to COVID-19 x susceptibility of the individual (or their family)
- **The risk of exposure** = likelihood the population you are exposed to having COVID-19 x the amount of people you are exposed + the length and nature of interaction (contact time)

High likelihood COVID-19 + high numbers + high contact time = high risk exposure (Dr / nurse ICU, respiratory ward, ED, aged care facility with outbreak)

High likelihood COVID-19 + low numbers + high contact time = high risk exposure (primary care 'red zone')

High likelihood COVID-19 + high numbers + low contact time = high risk exposure (admin / ancillary staff in ICU / resp / ED / aged care facility)

High likelihood COVID-19 + low numbers + low contact time = medium risk exposure

Medium likelihood COVID-19 + high numbers + high contact time = medium risk exposure (primary care "amber" zone, aged care facility)

Medium likelihood COVID-19 + low numbers + high contact time = medium risk exposure (aged care worker in community)

Medium likelihood COVID-19 + high numbers + low contact time = medium risk exposure (community pharmacy)

Medium likelihood COVID-19 + low numbers + low contact time = low risk exposure

Low likelihood COVID-19 + high numbers + high contact time = medium risk exposure (primary care "green" zone, Primary school teacher, Daycare worker, Checkout worker)

Low likelihood COVID-19 + high numbers + low contact time = low risk exposure (Hospitality, Retail)

Low likelihood COVID-19 + low numbers + high contact time = low risk exposure (e.g. counselling)

Low likelihood COVID-19 + low numbers + low contact time = low risk exposure (agriculture)

High likelihood populations (primary care red zones, urgent care red zones, ED, gen med, resp wards, ICU)

Medium likelihood populations (primary care amber zones, aged care units, hospital inpatient, undifferentiated pharmacy patients)

Low likelihood population (primary care green zones, general population)

## Sample COVID-19 work certificate

Clinic [name]

Date

To whom it may concern / Kia ora

Re [Patient name]

My patient named above has asked me to write a note indicating the impact of their medical history on their return to work during the COVID-19 pandemic.

They have / do not have a condition that puts them at higher risk of ill health if they were to contract COVID-19.

Their return to work is dependent upon the workplace providing a safe environment with a low risk of transmission of COVID-19.

Yours sincerely,

Nāku noa, nā

[name]