The occupational physician, a key role in Covid-19 risk management in enterprises
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According to “Santé Publique France”, 26% of Covid-19 outbreaks reported in metropolitan France and French overseas departments and territories appeared in enterprises, excluding healthcare institutions. The risks of contamination in the workplace give rise to numerous discussions on the preventive measures to be taken according to the size and nature of the premises, ventilation, working conditions, distance between employees, etc. The respective roles of company managers, Health, safety and working conditions committee (CHSCTs) and the labor inspectorate are widely debated, but the role of the occupational physician, although essential, is rarely mentioned.

Yet the role of the occupational physician is fundamental in this pandemic context: protecting the most vulnerable people through his/her clinical activity and reducing viral circulation through his/her technical action.

1. with regard to employees at risk of serious forms of Covid-19, as defined by the High Council of Public Health [1], he/she can optimize the fitness for work of workers according to their state of health, by recommending adjustments to the workstation, temporary restrictions, the granting of specific equipment, the compulsory wearing of masks in certain workstations, or even home care, according to the recommendations of the French Society of Occupational Medicine [2,3]. Since March 2020, since risk situations have been identified and listed by occupational health services, this information, enhanced by IT tools, would allow for an increased reactivity in the event of a second pandemic wave, and for the safety of "vulnerable" employees, starting with those who commute to work daily by public transport.

2. in the context of his/her clinical activity, he/she can take care of employees who are potentially contagious to their colleagues and the public by immediately sending them home, contacting the attending physician and prescribing screening by RT-PCR.

3. in conjunction with the Regional Health Agency, he/she is a key player in the investigation of an outbreak in the workplace, in the search for contact persons and the conduct of epidemiological investigations.

4. he/she carries out the recovery visits adapted to the Covid-19 context, often by teleconsultation, in application of the HCSP criteria [4,5].

The National Academy of Medicine recommends that the role of the occupational physician, provided for by the law of October 11, 1946, be reinforced in the context of Covid-19 prevention, in particular with a view to advising the company manager on the identification of workstations exposed to the risks of contamination by SARS-CoV-2, to adapt the measures already recommended when leaving the containment [6] and to facilitate communication with the staff:
- for the in situ deployment of measures to distance employees, particularly in company vehicles, and to optimize teleworking;
- for the pragmatic delimitation of areas requiring the systematic wearing of masks;
- for accessibility to hand washing or hydro-alcoholic gel in all places;
- for the regular cleaning of the workstation, common areas and objects handled by several people, using a virucide product in compliance with EN (European norme) 14476;
- for the reinforcement of existing measures such as the prohibition of drinking, eating or smoking in the workplace, and the strict respect of the demarcation between work clothes and personal clothing;
- for an immediate return home as soon as signs suggestive of Covid-19 emerge and, in case of a positive RT-PCR test, the search of contacts within the company.

1. HCSP. Updating of the notice on persons at risk of severe forms of Covid-19 and specific barrier measures for these audiences, April 2020.
4. HCSP. Notice regarding clinical criteria for isolation discharge of patients who have been infected with CoV-2-SARS, March 2020.