Supporting occupational health and wellbeing professionals

Long COVID

A Manager's Guide

February 2024

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Overview

This leaflet offers guidance from occupational health (OH) professionals on how employers can manage and facilitate return to work (RTW) after COVID-19 and provides the steps to keep people in work.

An estimated 3.1% of the population were experiencing self-reported Long COVID (symptoms continuing for more than four weeks after a confirmed or suspected coronavirus (COVID-19) infection that were not explained by something else) as of 2 January 2023.

OH professionals specialise in health and work and have professional expertise in helping people return to work after illness. They also have working knowledge of the workplace and, together with their medical knowledge, are best placed to advise on workplace health and prevent people being made sick by their work.

Executive Summary

Long COVID is a syndrome that includes a wide variety of symptoms and presentations, all related to a past infection with COVID-19. Each patient is different; some may be profoundly affected, while for others, symptoms may have little or no impact on their day-to-day activities. It is important not to treat each case the same. Some employees already back at work may be benefiting from adjustments; those who are hoping to return will need to discuss adjustments.

This guide could be used for employees struggling with any long-term condition that affects their ability to work.

1. Managers can have a significant impact on successful return to work: what you do and how you behave affects whether the worker can return to, and stay in, work.
2. COVID-19 causes a wide range of health problems. Symptoms vary over time and can be unpredictable and fluctuate.
3. Removing or reducing obstacles to return to work helps staff retention and helps avoid discrimination claims under the Equality Act 2010. Reasonable adjustments will also help workers with Long COVID perform their job well
4. Follow these steps for the best chance of getting employees back to work safely and staying at work.

   Step 1: Early - stay in touch while the worker is absent from work

   Step 2: Regular meetings

   Step 3: Plan the worker's return

   Step 4: Provide support during the early days of the return to work

   Step 5: Regular review and ongoing support
5. The most effective workplace adjustments for achieving a safe and sustained return to work after COVID-19 are:
   - preventing re-infections at work
   - a prolonged phased return (returning to work tasks and hours gradually)
   - a Return-to-Work Plan detailing the job adjustments, which consider day-to-day variations in symptoms
   - not working beyond energy capacity as this can cause deterioration.
6. The commonly used four-week phased return to work (RTW) is rarely appropriate. Most people with Long COVID cannot manage this and need an extended period of RTW.
7. You should take advice from a human resources (HR) professional. Referral to occupational health (OH) services is often helpful.

Executive Summary (cont.)

Managers play a vital role in supporting workers back to work.[1]

They are:

- often the first point of contact for the worker and a link to their team
- best placed to help the worker feel valued and retain a sense of identity while dealing with a disabling long-term condition
- able to put in place job modifications or work adjustments to enable workers to cope with both their job and their health on their return.

Most people with Long COVID want to, and are likely to benefit from, return to work. Getting back to work in some capacity (although not necessarily full time or in the same duties) is important for financial and social reasons and for improving mental health. RTW increases the chances of staying in work long term. Good work may also help recovery.

Benefits include retaining experienced workers, avoiding reputational risk, long-term productivity gain and preventing growing worklessness amongst over 50s. Retaining skilled workers enhances the diversity of your workforce – and a workforce confident in their ability to work with health limitations.[2]

Evidence shows there are two key considerations when it comes to supporting people working with Long COVID:

- The commonly used four-week phased RTW is rarely appropriate. Most people with Long COVID cannot manage this and need to RTW over a longer period. (**Box 4**)
- It is important that returning workers are not exhausted at the end of the working day as this may prolong overall recovery.

1. What is Long COVID (Post COVID-19 Condition)?

The World Health Organization (WHO)[3] defines Long COVID as "the continuation or development of new symptoms 3 months after the initial SARS-CoV-2 infection, with these symptoms lasting for at least 2 months with no other explanation".

Symptoms may last months or years. Long COVID occurs after mild, moderate, and severe infection, whether admitted to hospital or not. One in ten infections leads to Long COVID.[4]
The chance of developing Long COVID increases every time you get a COVID-19 infection.[5]

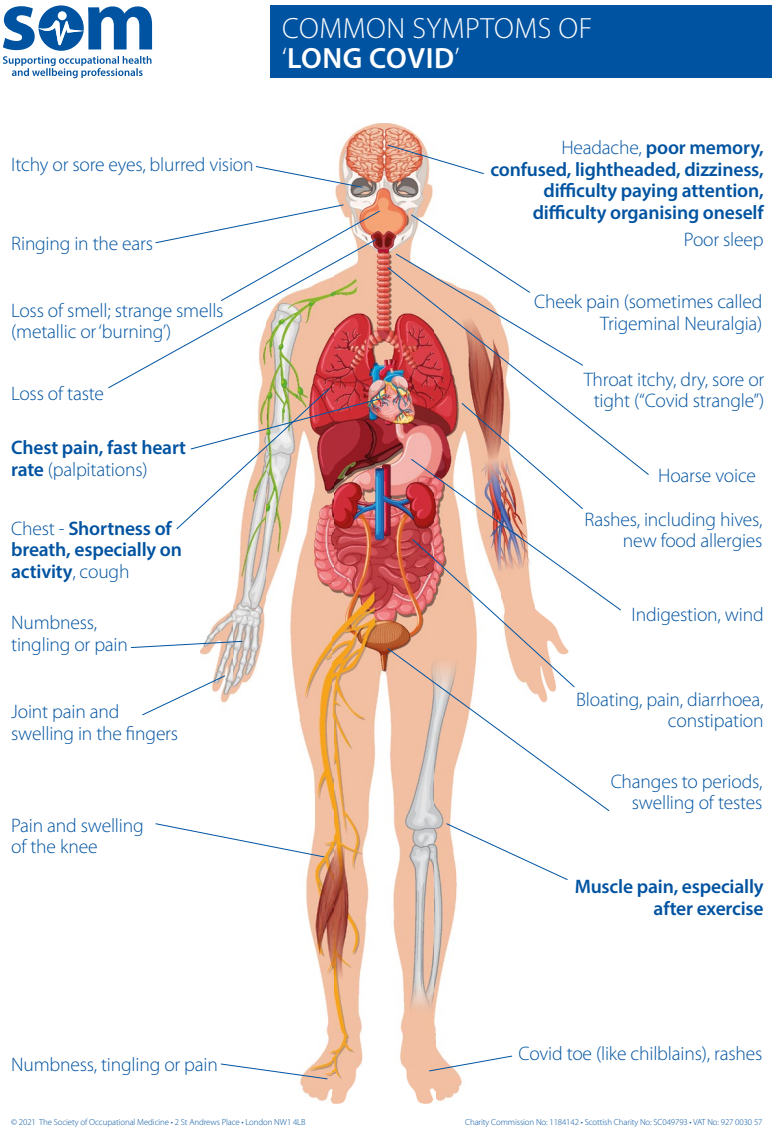
If you already have Long COVID, later infections are likely to worsen your health problems. Therefore, we do not want people with Long COVID to contract further infections.

For healthcare workers, respiratory protective equipment (RPE) should be routine. Fluid-resistant surgical masks are not considered adequate by occupational health professionals. Therefore, healthcare workers with Long COVID must be given the option to wear RPE to at least FFP2/3 standard. Other workers should be allowed to do so if they wish.

The infection attacks blood vessels, which travel all over the body. Therefore, the infection can cause symptoms anywhere in the body. Symptoms can vary, be unpredictable and fluctuate over time. Prompt treatment of health issues and symptoms may lead to earlier recovery and return to work, so it is important that the worker accesses health services.[6]

Research shows that in a few people with Long COVID, the fatigue can have as significant an impact as Parkinson's disease, and their health-related quality of life is lower than patients with advanced cancers.[7]

- Fatigue (tiredness unrelieved by rest) after



2. What might you see in the workplace?

physical and mental effort, meaning struggling to carry out, complete or start a physical or mental task

- Worsening of symptoms after activities
- Difficulty concentrating on a task
- Appearing uncomfortable or in pain
- Breathlessness, which may limit physical tasks
- Difficulty standing or sitting for long
- Voice and speech difficulty, affecting how long they can speak for
- Prolonged or repeated sickness absence
- A change in work performance, e.g. mistakes, reduced output, change in mood, slower than usual

If the employee has difficulty concentrating or following instructions, there may be implications for safety and following procedures. There may be stigma around a diagnosis of Long COVID or an unwillingness to speak about it.

Legal responsibilities

Please refer to your organisation's policies and procedures on managing absence, sickness, and disability.

The Equality Act 2010 states that no one should be discriminated against because of a disability. Disability is a legal definition. Workplace adjustments may be required under equality legislation. How ACAS describes disability and the relevance to Long COVID is outlined in **Box 1.**

Box 1. ACAS' definition of disability

- By law, a disability is a physical or mental impairment that has a "long-term and substantial adverse effect" on a person's ability to do normal day-to-day activities.
- 'Long-term' means it will, or is likely to, affect someone for at least a year.
- 'Substantial adverse effect' means more than just a minor impact on someone's life or how they do certain things. This may fluctuate or change and may not happen all the time.

Long COVID, even after a "mild" initial infection, can substantially adversely affect a person's day-to-day activities for several months or years and cause impairments. The impact varies from person to person. Only an employment tribunal can make a final legal decision, but it can be costly to organisations to take a case that far.

Managers also have legal responsibilities under health and safety legislation, which requires you to protect a worker's health and safety while at work, including minimising the chance of re-infection and carrying out risk assessments.

3. Practical steps

If you are unsure what to do or need help and advice, ask for input from your HR or OH professional.

Aim for a sustained return to work. If return occurs too early or rapidly, Long COVID can relapse. Following these steps will enable you to give your returning worker the best chance of getting back to work safely – and staying at work.

The key to a sustained return to work is to jointly develop with the employee an individualised Return to Work Plan[8] considering their role, symptoms, work environment and personal situation.

Step 1: Early - stay in touch while the worker is absent from work

- Stay in touch and agree how, e.g. email, text, phone. There should be early, supportive contact from managers once a week. If this is not practicable, the frequency should be agreed with the worker.
- Early, supportive, and frequent contact is one of the most important things you can do to prevent work disability and achieve a successful return to work. Lack of contact from managers generally delays RTW.
- Agree the information that can be shared (with colleagues and clients). Confidentiality must be adhered to unless the worker gives consent.
- Offer contact details for wellbeing services/counselling.
- Advise them to seek medical assessment from their general practitioner (GP). Specialist referrals may be required depending on symptoms. Timely access to healthcare improves work ability.[2, 8]
- Give the worker permission to rest and recuperate and provide access to health professionals. Adequate rest is essential for recovery after COVID-19 and can prevent long-term symptoms.
- Request a fit note (sick note).

Step 2: Regular checklist

- Regular supportive contact, preferably weekly or at an agreed interval, in an agreed way.
- Ensure fit notes (sick notes) are up to date.
- Ask if they have been able to access a doctor's assessment for Long COVID and encourage this.
- Consider making a referral to OH.
- Medical clearance from the GP or OH may be required before returning to work, particularly where the job involves strenuous physical exertion, safety-critical tasks, or when a worker has pre-existing health conditions that may have deteriorated due to COVID-19.[9]
- Signpost to the Access to Work Scheme. This is a government organisation which finances and supports workplace adjustments, including equipment, to keep people in work. The worker must contact the scheme themselves, after which an assessor may make recommendations. If you receive an Access to Work assessors report, please contact your Human Resources department to consider implementation. Also look at the Health Adjustment Passport: https://www.gov.uk/government/publications/health-adjustment-passport.
- Manage the fall-out for the employee's colleagues. This has two principal benefits: to mitigate their own risk of burnout, and to foster a shared sense of 'whole team' journey towards recovery.

3. Practical steps (cont.)

Step 3: Planning the worker's return

a. Arrange a conversation or meeting to plan the details of the return to work.

b. Prepare for the meeting. (**Box 2**)

c. Checklist for the return-to-work planning meeting:

- It can be helpful to involve HR or union representatives.
- Ask how they are, if there is anything they are worried about, and explore solutions.
- Create and agree a Smart Return to Work Plan (see below).
- Can the line manager support more directly in building them up to return to work – getting into a routine/regular sleep pattern, practising the commute before returning?
- Remind them to take advice from their doctors or OH on anything they should and should not do regarding their health condition.
- Be flexible: the nature of the condition is prolonged, complicated and can fluctuate.
- Agree a return date.
    - > To help identify 'readiness' for work, a 'work-like activity' (e.g. reading duration) can be compared with work requirements.[8]
    - > To enable participation in daily activities, we suggest pacing ('education and skills training on energy conservation techniques, including activity and energy management'[8]).
    - > The person needs to be able to self-manage their energy at home before RTW.
    - > When the illness is long, returning to work too soon or to a full workload can cause relapse, loss of confidence and work loss.

d. Other actions before return to work:

- Carry out or arrange a **workplace risk assessment** of the worker's duties.
- If the worker is under a **health surveillance programme**, inform the programme manager, as an earlier appointment may be required. (There may be relevant new or worsened health problems.)

Box 2. Preparation for a return-to-work planning meeting

- Ask the worker to think about:
    - > Obstacles to working – what they find difficult to do at the moment
    - > How they think their condition might impact on their work
    - > What tasks they feel able to do now
    - > What modifications will help them do (part of) their job
    - > Needs and concerns
- Think about modifications to the job and duties that may be workable.
- Ensure the expectations they have of themselves, and others have of them, are realistic.
- If you work for a large organisation, ensure you know where to find information about:

1. wellbeing and psychological support pathways (e.g. counselling, Employee Assistance Programme contact details, staff networks)
2. rehabilitation support (e.g. physiotherapy, occupational therapy)
3. practical support on issues such as childcare, finances and social security benefits.

3. Practical steps (cont.)

Box 3. Devising a Smart Return to Work Plan

The **Smart Return to Work Plan**[10, 11] should cover and agree:

- their ideas on possible job modifications
- your ideas on what is feasible
- their work priorities
- the start date
- what the first day and week of work might involve
- a schedule for the first weeks of their return
- a schedule for monitoring progress, with regular reviews. Agree other triggers for review. Flexibility is needed – Long COVID can typically change or fluctuate over time
- who does what and when
- getting to work – the commute etc.

Consider sharing the Plan with OH, HR, and relevant colleagues (if required for safety reasons).

Step 4: Provide support during the early days of the return to work

- Welcome them back on the first day, including having a safe space to go.
- Ensure the returning worker is updated on processes and changes in the workplace and introduce them to new colleagues.
- Give them permission to take things slowly at first. This helps readjustment to the workplace and avoids worsening their symptoms and causing a relapse.
- Remember that the returning worker may still be experiencing symptoms and need to take breaks.
- Review the Smart Return to Work Plan **(Box 3)**, focussing on the work priorities, schedule, and any agreed adjustments.
- Arrange a date for a review.

Step 5: Regular review and ongoing support

- Arrange monthly meetings to review job adjustments and what needs to be changed.
- Review workload. Check they can manage their symptoms at work.
- If the condition has lasted many months, OH review is recommended.
- Some people have ongoing symptoms which mean they are unable to meet the requirements of the job – if so, it could be time to talk about a change of duties or redeployment. Seek advice from HR.
- Remember to check if long absence or modified work has implications for staff training, particularly in regulated professions.

4. Examples of job modifications

The most effective modifications for Long COVID are listed in https://www.som.org.uk/sites/som.org.uk/files/Long_COVID_and_Return_to_Work_What_Works_0.pdf

There are many reasonable adjustments that can make it easier to return to work, although you may not be able to accommodate every suggestion.

Examples:

- Altered timing of work (starts, finishes and breaks)
- Altered number of hours worked, e.g. shorter days, days off between workdays
- Altered shifts so the individual works when they're at their best. Consider suspending night duty
- Altered patterns of work, e.g. regular and/or additional breaks
- Altered workload, e.g. fewer tasks than normal within a timeframe; more time to complete usual tasks; avoiding tight deadlines
- Altered types of tasks or duties (temporarily)
- Being near a toilet
- Aids, e.g. voice recognition software, remote meeting software
- Physical modifications: take advice from relevant occupational and workplace professionals
- Working to clear objectives
- Having autonomy of how, when and where work is undertaken
- Working from home at least part of the time
- Microplanning cognitive demands

Support:

- Clear line of help – someone to ask or check with
- A 'buddy' system
- Not working in isolation
- Time off for healthcare appointments

Obstacles to sustained work ability include:

- performance management, which may cause symptoms to worsen
- workload which prevents time to manage symptoms
- management and HR consultations that exclude the employee and fail to take account of their needs
- absence management systems where triggers are not adapted to those with long-term conditions, meaning people don't take time off work when they're unwell
- attitudes of managers/colleagues: "I got over it, why can't you?"

4. Examples of job modifications

Box 4. How an effective phased return for Long COVID should look

The principles for a phased return for Long COVID are similar to those for other long-term conditions which have multiple or variable symptoms.

- 'Phase' (gradual) both in terms of hours and tasks.
- Let the return take place over weeks or months and be regularly reviewed. A fixed, prescriptive phased return may not be fit-for-purpose.
- Start with short time periods over several days, rather than working longer on fewer days.
- Delay more complex tasks until confidence and ability return.
- Be individualised and flexible – you need to test and learn what works best for the employee and the organisation.
- Responsibility for implementation should be shared between manager and employee.
- Avoid prematurely stopping a graded return (and increasing to standard hours and tasks) because someone seems to be doing OK, or better than expected – this can cause setbacks.
- If a workplace is unable to make the job modifications, this should be considered during the RTW risk assessment.

When the illness is long, returning to work too soon or to a full workload can cause relapse, loss of confidence and work loss.

5. How can occupational health services help you and your returning worker?

Occupational Health can help in the following ways:

- Carry out an individualised assessment to produce an individualised recovery and rehabilitation plan and ensure relevant medical investigations have been performed.
- Evaluate the impact of the symptoms on functioning – they are experienced in assessing employees with new health conditions and poorly understood conditions.
- Contribute to an individualised workplace/task risk assessment with you and your worker.
- Consider the safety of the worker and their coworkers.
- Advise on work adjustments and modifications.
- Provide health surveillance.
- Communicate advice to managers after obtaining the worker's consent.

If you do not have access to Occupational Health, you can find more information here:

https://www.som.org.uk/find-an-oh-professional

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The guidance draws from the latest evidence and has been developed by experts working in OH, HR, Psychology, and Rehabilitation and people with Long COVID.

Other useful guidance on recovery and return to work:

- NHS: https://www.yourcovidrecovery.nhs.uk/i-think-i-have-long-covid/your-road-to-recovery/returning-to-work/
- CIPD Long COVID guide: https://www.cipd.org/uk/knowledge/guides/long-covid-guides/
- ACAS: https://www.acas.org.uk/long-covid

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2 St Andrews Place, London NW1 4LB

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