

# UPDATE: CURRENT ACTIVITIES TO PROTECT AND SUPPORT WORKERS WITH LONG COVID

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# WHAT IS LONG COVID

## *DEFINITIONS*

### WHO

Post COVID-19 Condition 'the continuation or development of new symptoms 3 months after the initial SARS-CoV-2 infection....symptoms lasting for at least 2 months with no other explanation.

### NICE

Signs and symptoms developing during/after an infection consistent with COVID-19, continuing for more than 12 weeks & not explained by an alternative diagnosis.

# HOW WE THINK ABOUT LONG COVID

OUR ASSUMPTIONS AND BIASES

WHAT IT ACTUALLY CAUSES

**som**  
Supporting occupational health and wellbeing professionals

### WHAT IS POST COVID CONDITION?

**Lightheadedness, dizziness:** Very common **Autonomic Dysfunction** (PoTS); non-drug and drug treatments

**Persistent conjunctivitis**  
**Visual acuity (CNI)**  
**Anosmia, parosmia, (often metallic or like burning) + dysgeusia**

**Angioedema:** New food allergies. Consider Mast Cell Activation Disorder

**Dyspnoea on exertion:** Associated with oxygen desaturation. Rule out asthma, PE, fibrosis, cardiac causes

**Tachycardia on minimal exertion:** (consider Autonomic, myocarditis, inappropriate sinus tachycardia, brady+ tachy-arrhythmias, pulmonary embolus)

**Inflammatory arthropathy**

**Neuropathic phenomena:** Pain + other sensory phenomena, peripheral neuropathy

**Oxygen desaturation:** On exertion. Cause not yet known, research points to abnormal switch to anaerobic metabolism with raised lactate

**Inflammatory arthropathy**

**Neuropathic phenomena:** Pain + other sensory phenomena, peripheral neuropathy

**Neurocognitive:** Headache, **executive dysfunction, poor memory, confusion, nominal dysphasia**

**Sleep disturbance** (can be autonomic)  
Tinnitus  
Trigeminal neuralgia, new focal migraine  
**Dysphonia** (can be autonomic; post-intubation)  
**Itchy, dry, sore or tight ("Covid strangle"):** Laryngeal oedema found even in non-intubated, non-hospitalised patients

**Exertional chest pain:** Often starts after 3 months. Microvascular angina, myocarditis, Kounis angina

**Rashes:** Petechial, vesicular herpetiform, multiforme, vasculitic

**New GERD; Dysmotility** (likely autonomic dysfunction)  
**Dysmotility** (likely autonomic dysfunction); Post-viral IBS, coeliac disease, colitis

**Menstrual irregularities, testicular inflammation**

**Myalgia, often post-exertional:** Can occur hours to days after (specific physiotherapy required)

**Lupus pernio** (Covid toe), vasculitic lesions

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# CASE STUDIES

CALL CENTRE  
OPERATOR  
tinnitus

TEACHER  
transient  
ischaemic  
attack

MENTAL  
HEALTH  
NURSE  
chest pain

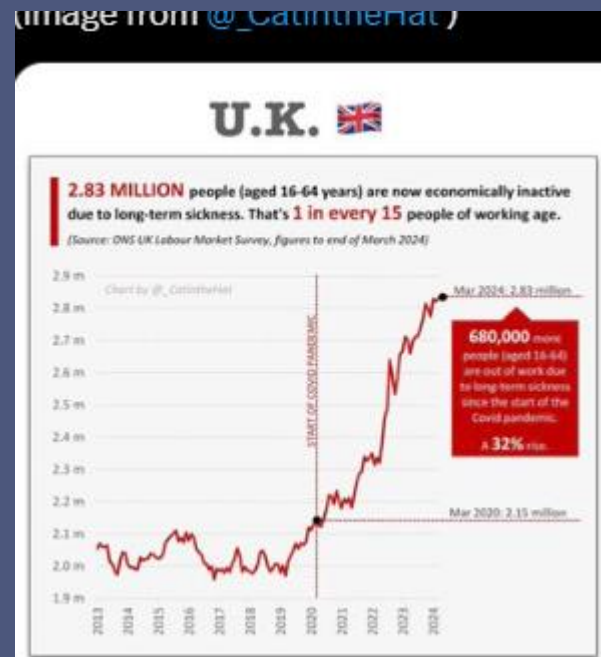
TRAFFIC  
POLICEMAN  
cognitive  
dysfunction

DATA  
ANALYST  
cerebral blood  
clots

CARE  
WORKER  
autonomic  
dysfunction

# WHY WE MUST ACCOMMODATE WORKERS WITH LONG COVID








Economic impact



The European Journal of Health Economics  
<https://doi.org/10.1007/s10198-023-01653-z>

ORIGINAL PAPER

## Impact of Long COVID on productivity and informal caregiving

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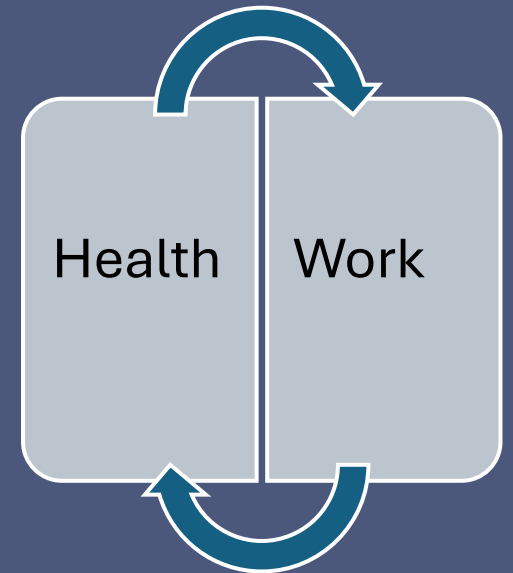
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# CURRENT ACTIVITIES TO PROTECT AND SUPPORT WORKERS

Occupational Medicine/Health practice

- The effect of work on health  
(protecting health and preventing harm from work exposures / workplace)
- The effect of health on rehabilitation to work / sustaining work ability



# PREVENTING HARM FROM SARS 2 VIRUS INFECTION (WORK ON HEALTH)

*SAFETY AND RISK MANAGEMENT*

Prevent first  
infection

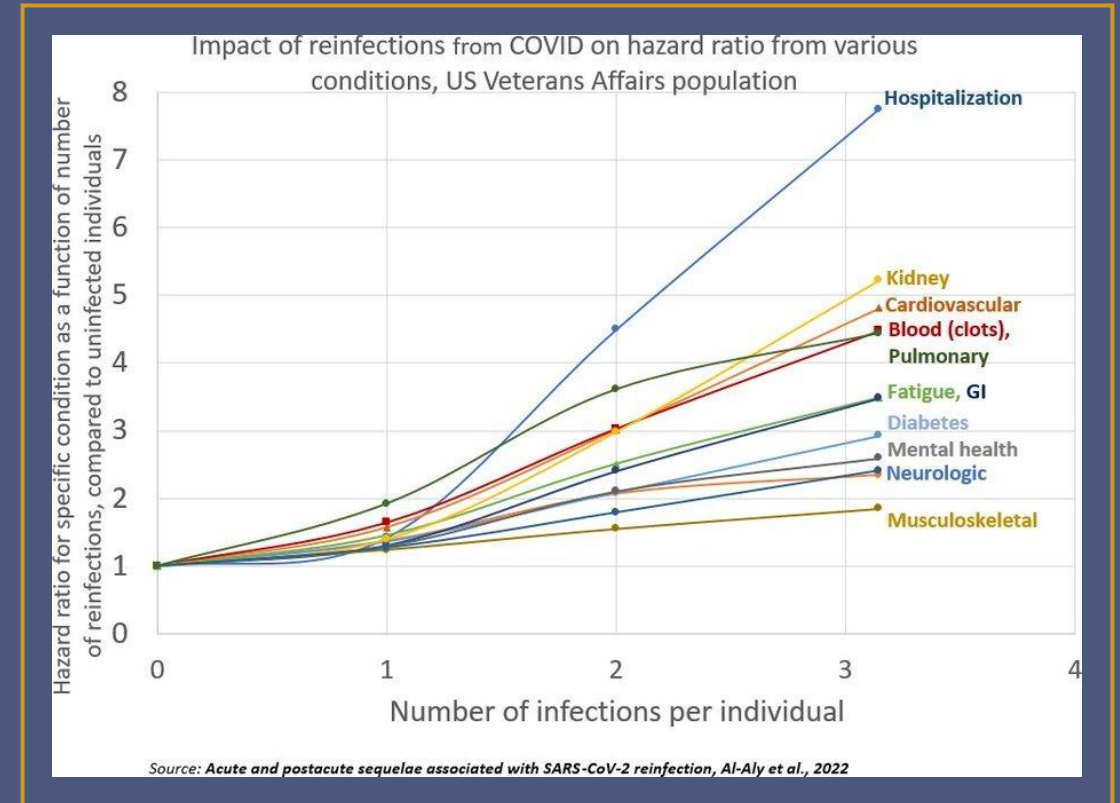
Preventing  
reinfections

Red flags &  
activities /  
exposures to  
avoid at work

# Health on work: prevent reinfections



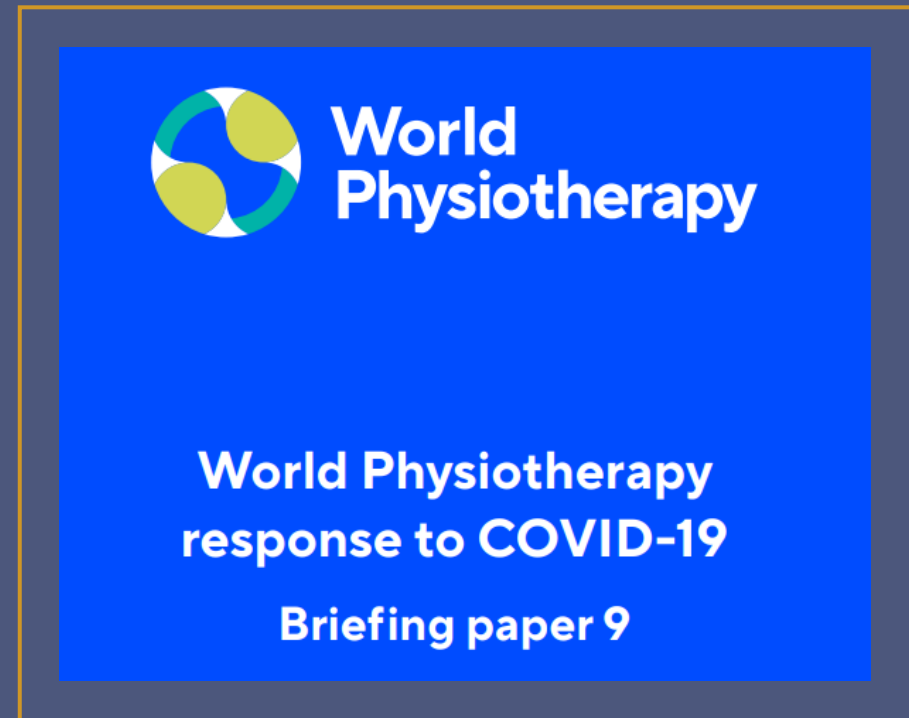
- Workers with LC: allow RPE
- Cambridge studies (Butler et al) 100% reduction in staff infections
- Association of institutional masking policies with healthcare-associated SARS-CoV-2 infections in Swiss acute care hospitals during the BA.4/5 wave (CH-SUR study)
- 13 institutions
- Strong reduction of healthcare-associated infections (rate ratio 0.39, 95% CI 0.30–0.49)





# PROTECTING WORKERS' HEALTH (WORK ON HEALTH) RED FLAGS

- Activities to avoid with certain Long COVID health problems
- Insurance companies
- <https://world.physio/sites/default/files/2021-07/Briefing-Paper-9-Long-Covid-FINAL-English-202107.pdf02107.pdf>



# EFFECT OF HEALTH ON WORK: REHABILITATION

Supporting workers:

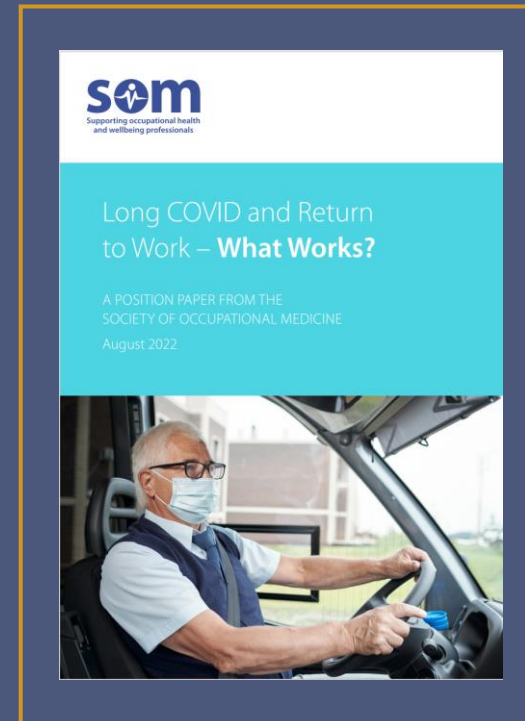
Effective rehabilitation after SARS 2 infection – what is needed

Sustaining workability – what is needed

# SOCIETY OF OCCUPATIONAL MEDICINE (SOM): LONG COVID & LONG-TERM CONDITIONS TASK FORCE



[https://www.som.org.uk/sites/som.org.uk/files/SOM\\_Long\\_COVID\\_A\\_Manager%27s\\_Guide\\_Feb\\_2024.pdf](https://www.som.org.uk/sites/som.org.uk/files/SOM_Long_COVID_A_Manager%27s_Guide_Feb_2024.pdf)



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THE MYTH	THE REALITY	CASE STUDY
<p><b>“You need to be fully recovered from Long COVID before you return to work.”</b></p>	<p>Like any health condition, returning to work is part of recovery. It is important though to be able to work in a way that doesn't stop you getting better or that doesn't worsen your Long COVID symptoms. For this reason, many people require some time off work to rebuild their energy and learn to manage their condition. Returning before you have some work fitness is unlikely to be helpful. Likewise, you do not have to be 100% fit in order to return to some work. Work can help with recovery and with your overall wellbeing. A staged approach is an effective way to manage return to work.</p>	<p>MT had Long COVID. He was told by his GP it would be okay to work if he was not exhausted at the end of the day. However, this exacerbated his condition as symptoms of Long COVID are delayed and commonly occur the next day; he was inadvertently measuring the wrong health metric. MT learnt the techniques for recovery and waited until his energy levels began to resolve continuously within a functional level. After nine months, when he understood how to manage his condition and was getting better, he came back to work on five hours a week. He built his working hours up very slowly over many months, always ensuring that his energy levels remained above a minimum threshold, or he pulled back. Strong boundaries were agreed between him and the workplace so that he could manage this.</p>
<p><b>“We don't have anyone with Long COVID in our company /organisation.”</b></p>	<p>Long COVID appears to be common, so it's likely that most organisations will have workers who are affected. However, since there is stigma around Long COVID, affected workers may not disclose they have it. A recent TUC and Long COVID Support Survey of workers with Long COVID confirmed there is stigma in this area.</p>	<p>At first glance, to an outsider it did not look like there was anything wrong with MT; this became apparent only if you spent longer amounts of time with him. He could mask his symptoms to some extent to get through important calls or meetings. Afterwards, he would slump in private and could experience something called Post-Exertional Malaise (PEM) that could trigger even worsened symptoms for weeks. MT knows of colleagues who were able to manage in the workplace differently depending on their symptoms.</p>
<p><b>“There isn't much a manager can do to help someone with Long COVID get back to work.”</b></p>	<p>Take a look at the SOM Guide for Managers!</p>	<p>MT received immense help from his manager and colleagues. They stayed connected but never pressurised his return to work. MT's manager agreed ways of working that, importantly, allowed him to slowly build up his work capabilities as well as his capacity for work. He communicated the support that MT required to the rest of the team so MT didn't have to repeatedly explain. MT's manager and HR maintained a compassionate approach all the way through, supported by the organisation's values. Because of this, MT felt part of a return-to-work partnership and able to say when he was experiencing health difficulties and needed to pull back. The approach led to a full return to work on normal duties and normal hours.</p>

# LONG COVID ADVICE FOR MANAGERS

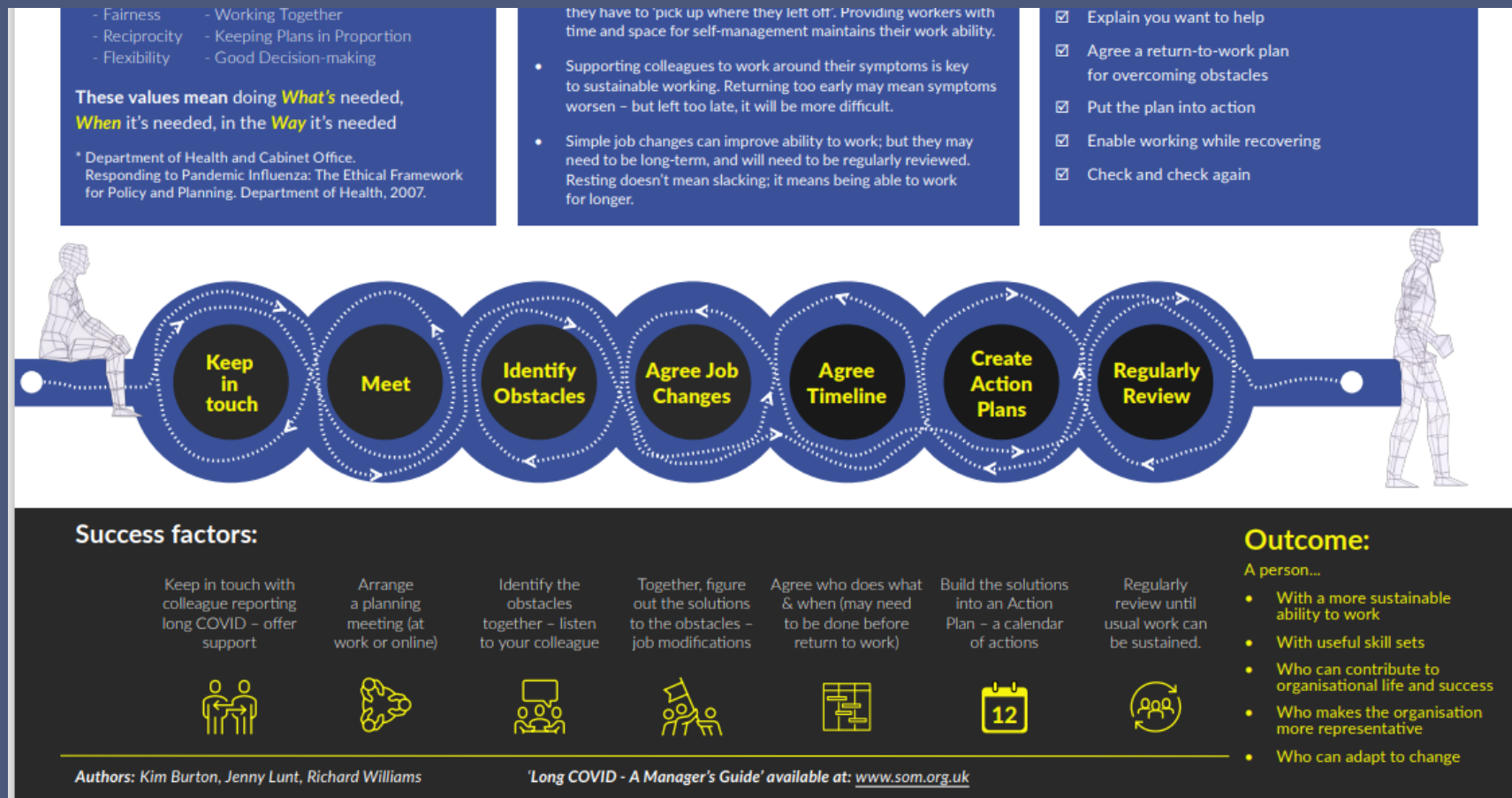
## LEAFLET GUIDANCE

- Individualised return to work plans
- Regularly reviewed
- Likely to be much longer phased return
- May need longer term adjustments
- May be considered a disability under Equality Act (2010)

(WHO guidance, Lunt/Burton)

# Supporting return to work after COVID-19

## INFOGRAPHIC




# Locomotion study of vocational rehabilitation-free tool

‘Roadmap for Recovery’ Tool

Crunch points  
& U turns

Plan for 'pitfalls' to avoid a U-turn



**Consider:**

- "Good days" = continue with GRTW plan even if there are improvements in symptoms
- "Relapse days" = contingency plan ahead to manage expectations of the employer and ensure that adjustments are already in place for relapse
- Advise that the GRTW plan is **protected** in event of staffing issues and organizational pressures
- Recommend that **regular meetings** happen to review and **adjust** the GRTW plan where necessary
- **Risk assess** safety critical aspects of role in advance
- Consider **options** in advance if the person is unable to fulfill their contractual duties/hours at end of the GRTW period.

TOUCHPOINT 6 – WORK ROLE RETENTION  
(Subsequent session with therapist)

**REVIEW GRTW PROGRESS**

- Review how GRTW is going:



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# : LOCOMOTION STUDY - 'ENABLERS' for a sustainable return to work

As per SOM Managers' Guide +

Small enough phased return

'Safety': basic self-care & sleep first

Work practice before RTW

Care & compassion- employers

Self-employed need help

Plan for longer-term adjustments?



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