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

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WHAT IS LONG COVID

DEFINTIONS

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.

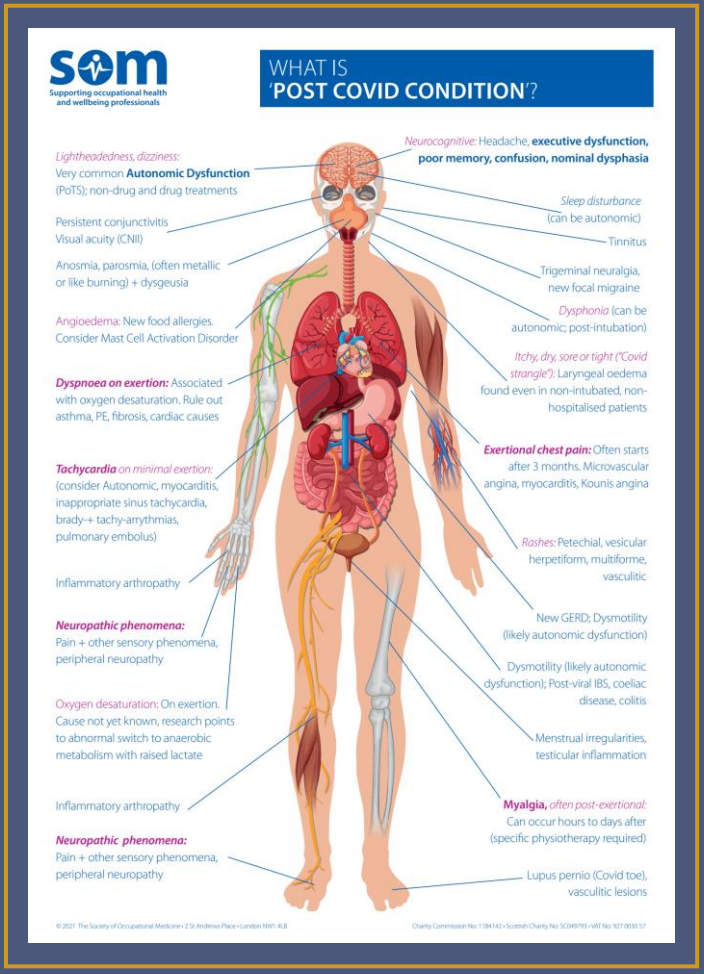
NICE

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



CASE STUDIES

CALL CENTRE OPERATOR
tinnitus

TEACHER
transient ischaemic attack

MENTAL HEALTH NURSE
chest pain

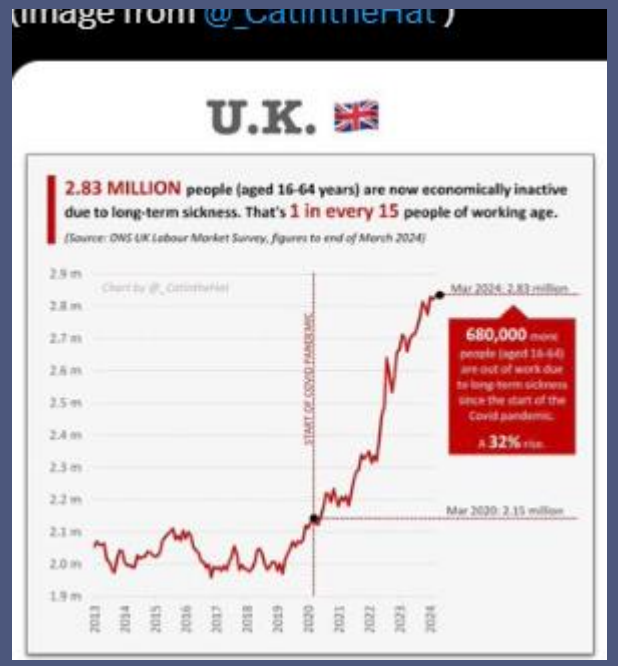
TRAFFIC POLICEMAN
cognitive dysfunction

DATA ANALYST
cerebral blood clots

CARE WORKER
autonomic dysfunction

WHY WE MUST ACCOMODATE 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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LOCOMOTION
Long COVID multidisciplinary consortium
Optimising treatments and services across the NHS
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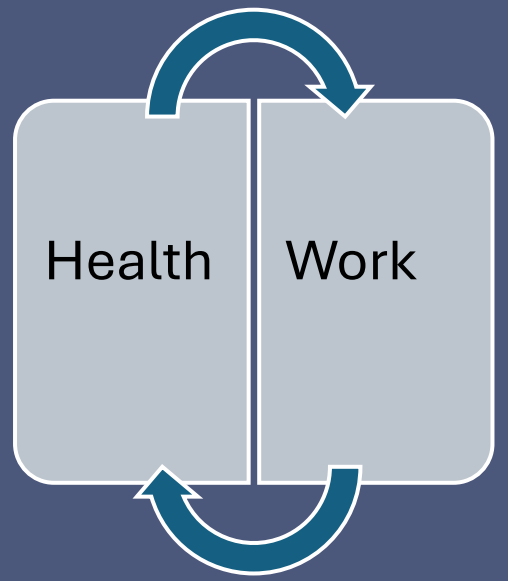
CURRENT ACTIVITIES TO PROTECT AND SUPPORT WORKERS

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



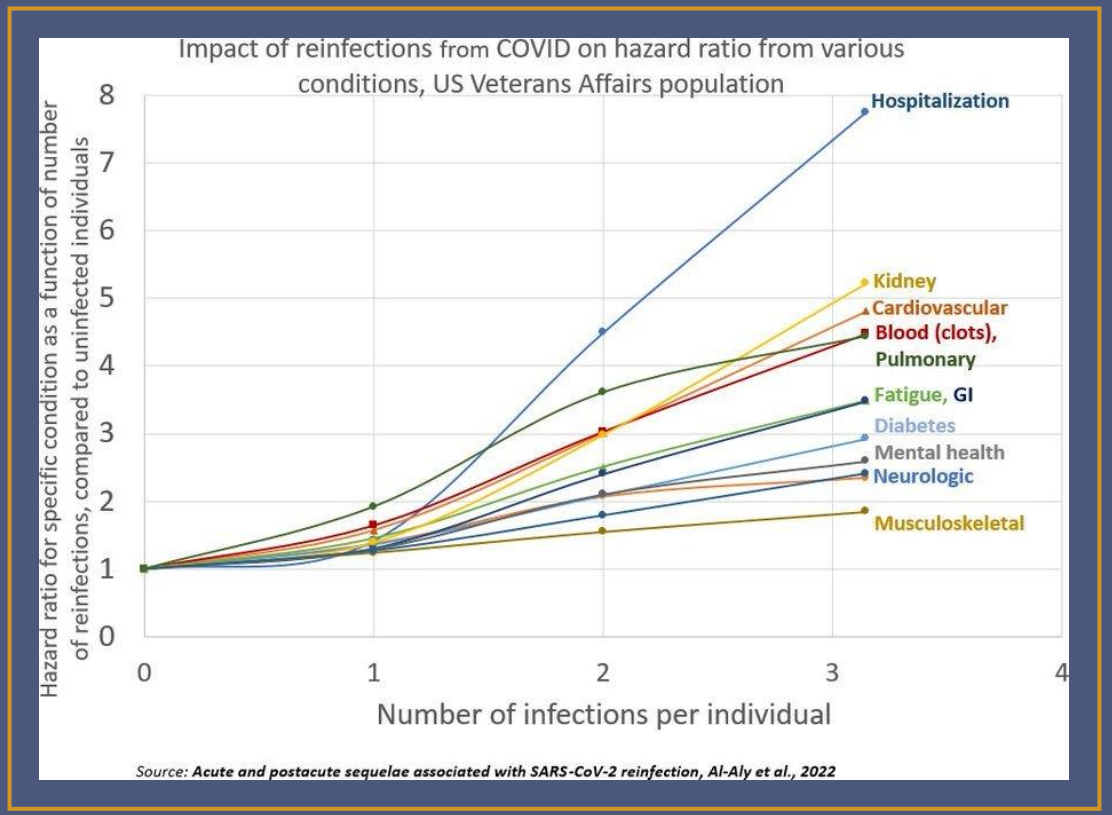
PREVENTING HARM FROM SARS 2 VIRUS INFECTION (WORK ON HEALTH)

SAFETY AND RISK MANAGEMENT

Health on work: prevent reinfections

- Workers with LC: allow RPE
- Cambridge studies (Butler et al)
  100% reduction in staff infections

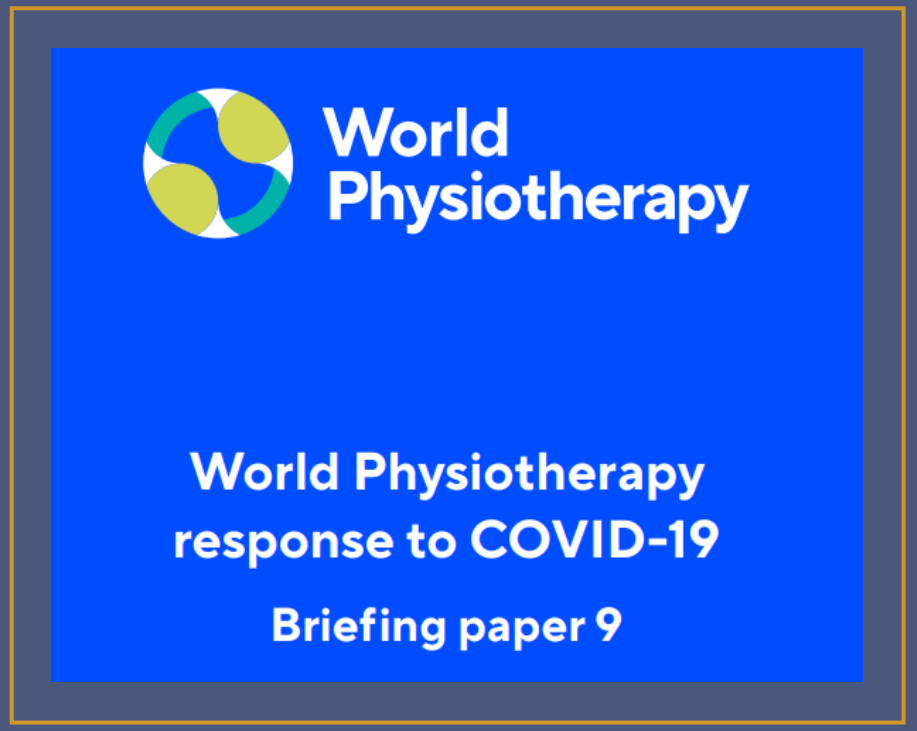
- Association of institutional masking policies with healthcare-associated SARS-CoV-2 infections in Swiss acute care hospitals during the BA.4/5 wave (CH-SUR study)
- 13 institutions
- Strong reduction of healthcare-associated infections (rate ratio 0.39, 95% CI 0.30–0.49)



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

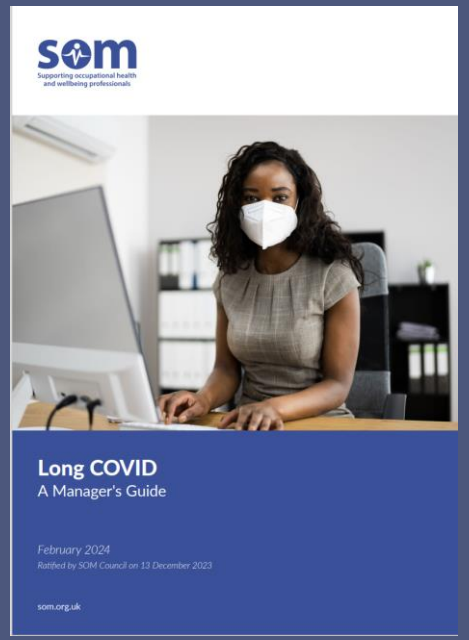


EFFECT OF HEALTH ON WORK: REHABILITATION

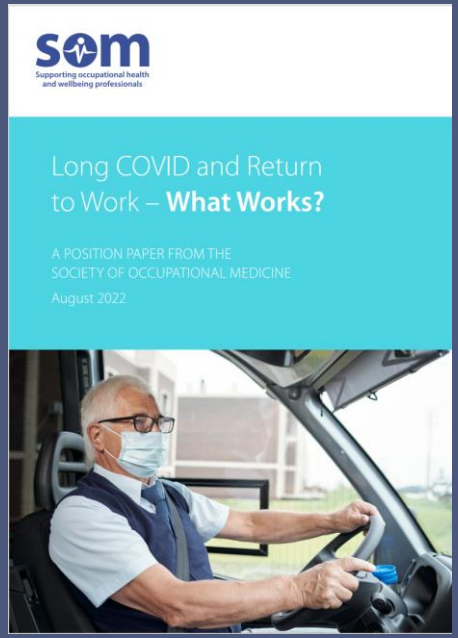
Supporting workers:

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



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Supporting occupational health and wellbeing professionals

LONG COVID **MYTH BUSTER**

THE MYTH	THE REALITY	CASE STUDY
"You need to be fully recovered from Long COVID before you return to work."	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.	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.
"We don't have anyone with Long COVID in our company /organisation."	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.	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.
"There isn't much a manager can do to help someone with Long COVID get back to work."	Take a look at the SOM Guide for Managers!	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.

https://www.som.org.uk/sites/som.org.uk/files/SOM_Long_COVID_Myth_Buster_Final.pdf

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)

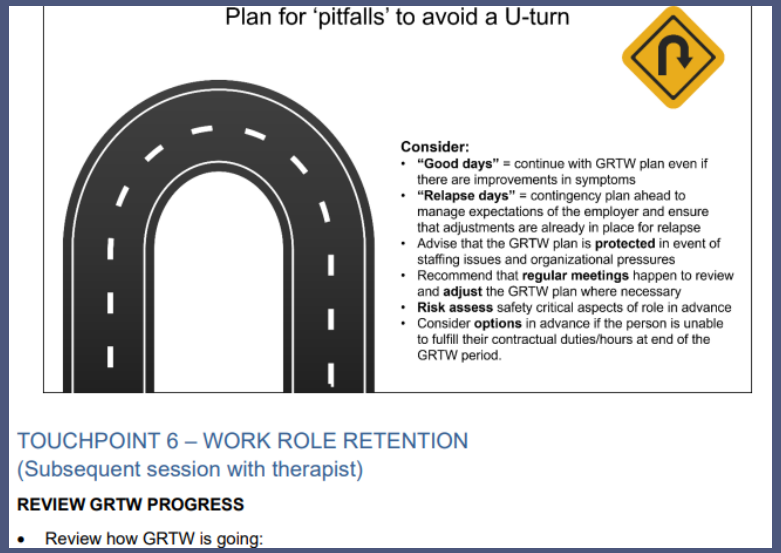
Supporting return to work after COVID-19 INFOGRAPHIC

https://www.som.org.uk/sites/som.org.uk/files/SOM_Long_COVID_Infographic.pdf

Locomotion study of vocational rehabilitation-free tool

‘Roadmap for Recovery’ Tool

Crunch points & U turns



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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?