

Return to work for people with Long Covid

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Long Covid Definitions

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WHO

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.

CDC

Post-COVID Conditions (PCC)", is an infection-associated chronic condition that can occur after SARS-CoV-2 infection, the virus that causes COVID-19, and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.

NICE

- (1) Ongoing symptomatic COVID-19 for people who still have symptoms between 4 and 12 weeks after the start of acute symptoms;
- (2) Post-COVID-19 syndrome for people who still have symptoms for more than 12 weeks after the start of acute symptoms

Tan KWA, Koh D. Long COVID-Challenges in diagnosis and managing return-to-work. J Occup Health. 2023 Jan;65(1):e12401. doi: 10.1002/1348-9585.12401. PMID: 37098838; PMCID: PMC10132176.



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Long Covid Defined

- One of a number of post-viral syndromes – influenza, coryza, SARS/MERS, EBV, WNV, HIV etc.
- Physical sequelae of acute illness less common
- Overlap with ME/CFS
- 5-20% of people infected/ reinfected with Covid will get Long Covid
- Various names – Long Covid, Post Acute Covid Syndrome, Post Acute Covid Condition, Long Haulers
- Heterogeneous – 200+ symptoms
- Different patterns of “symptom cluster”
- No diagnostic test as yet
- Risk halved by vaccination
- Various treatments under evaluation
- Often have co-morbidities or precarious employment

Systemic symptoms:

Fatigue*
Weakness*
Reduced exercise tolerance*
Post-exercise malaise or post-exercise symptom exacerbation*
Reduced appetite*
Myalgia*
Joint pain*
Fever
Weight loss

Respiratory symptoms

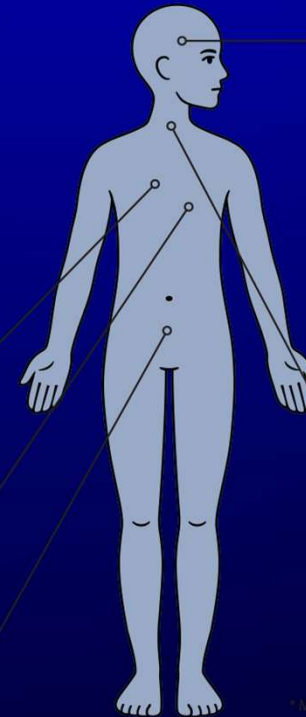
Breathlessness/abnormal breathing patterns*
Cough*

Cardiovascular symptoms

Chest tightness*
Angina*
Arrhythmias

Gastrointestinal symptoms

Nausea and vomiting
Diarrhoea
Abdominal pain



Neurological and psychological symptoms

Cognitive impairment ('brain fog', loss of concentration or memory problems)*
Sleep disturbances, inc. insomnia*
Headache*
Anxiety
Depression
Pins and needles or numbness
Dizziness
Delirium (in older people)
Mobility impairment
Visual disturbance

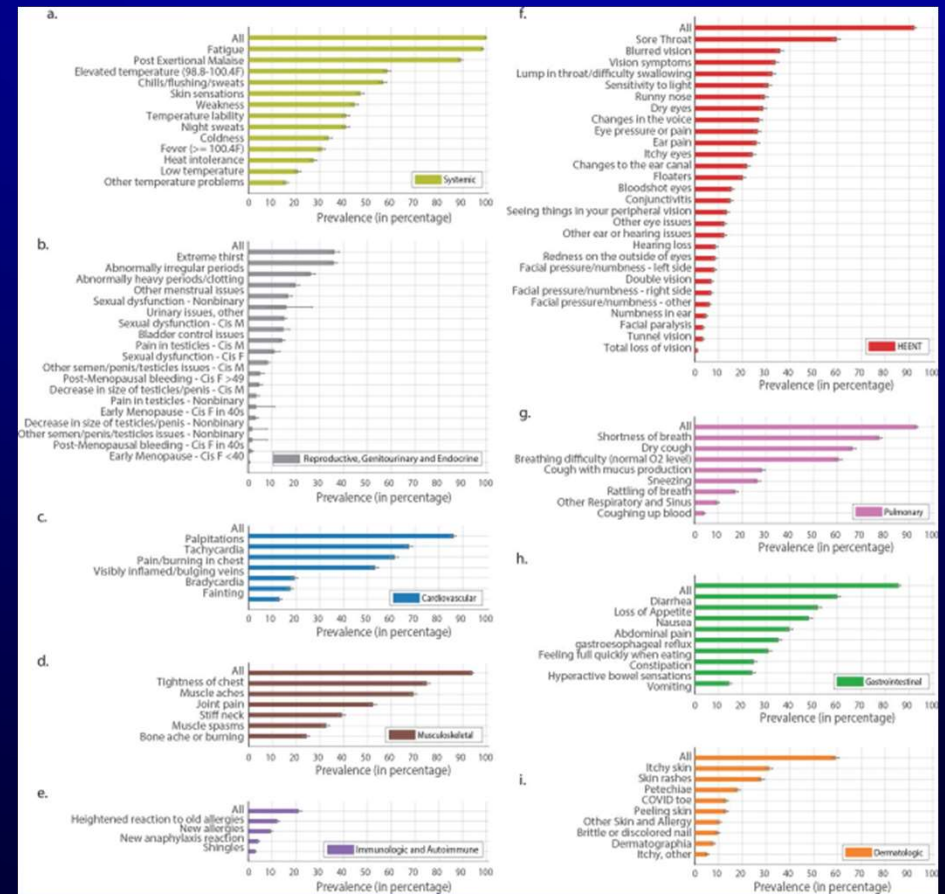
Ear, nose and throat symptoms

Loss or altered sense of taste and/or smell (anosmia)*
Tinnitus
Earache
Sore throat
Dizziness
Nasal congestion (blocked nose)

* Most common symptoms associated with long COVID

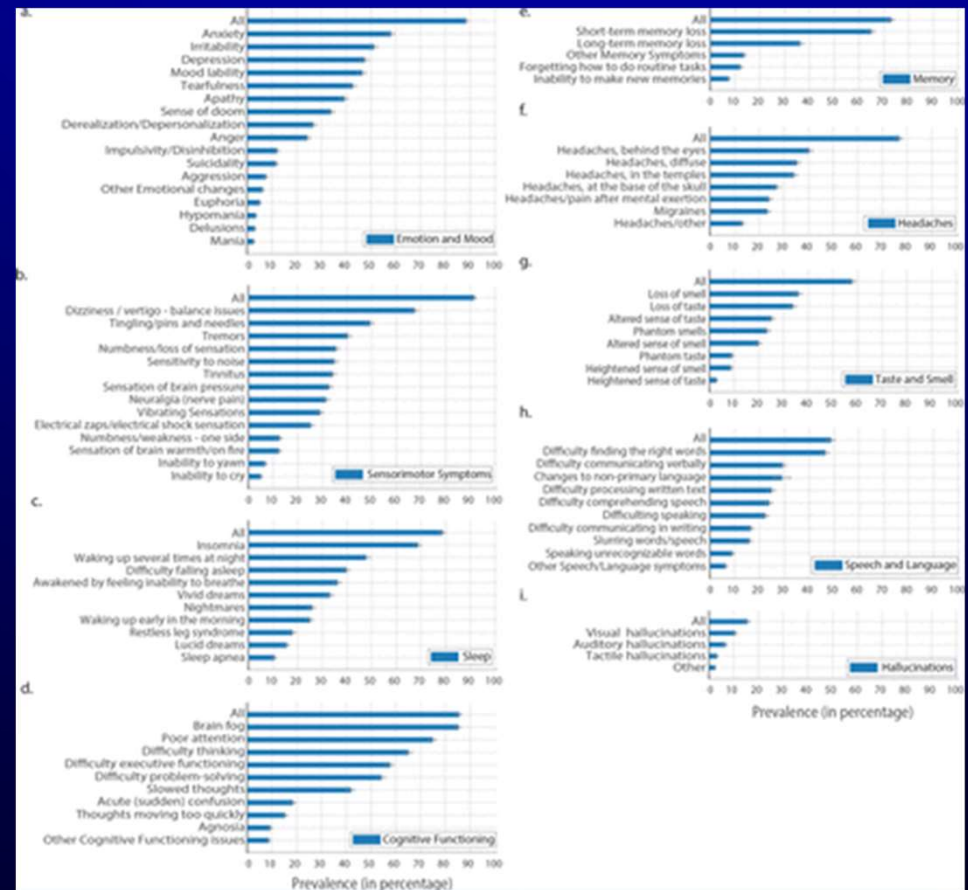
Physical Effects

- Systemic – Fatigue, malaise, PEMS, flushes
- Cardiac – arrhythmias, POTS
- Neurological – dysautonomia, CNS loss
- Respiratory
- Visual
- ENT
- Gynaecological
- Gastrointestinal
- Endocrine
- Immunologic
- Dermatologic
- Pain/musculoskeletal
- Post Exertional Symptom Exacerbation PESE



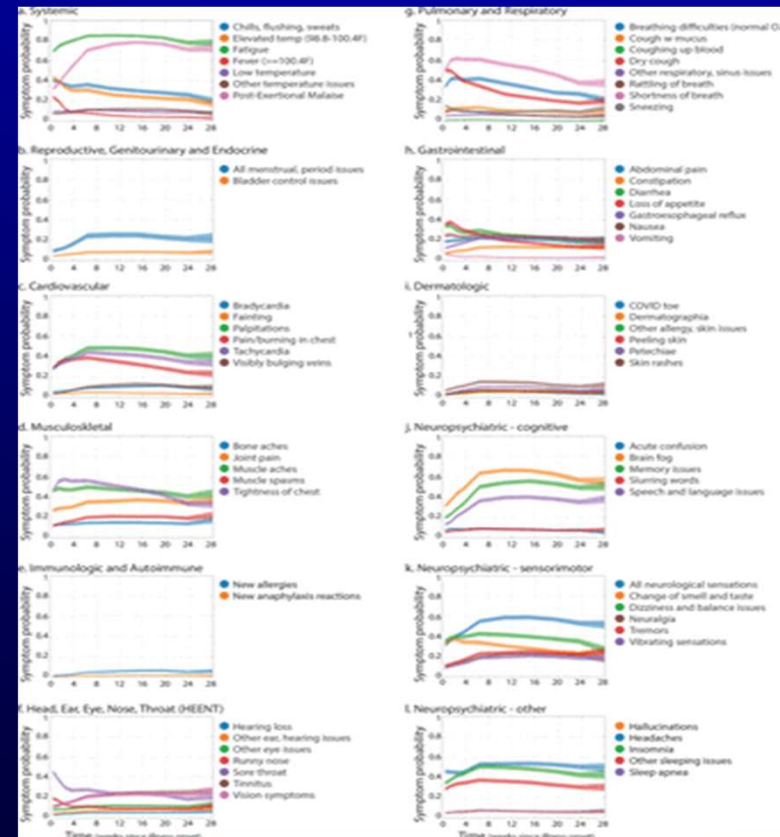
Neuropsychological Effects

- Emotion/mood – anxiety, depression
- Uncertainty & apathy
- Cognition – “brain fog”
- Memory
- Headaches
- Sensory
- Sensorimotor
- Speech & language
- Sleep
- Executive function

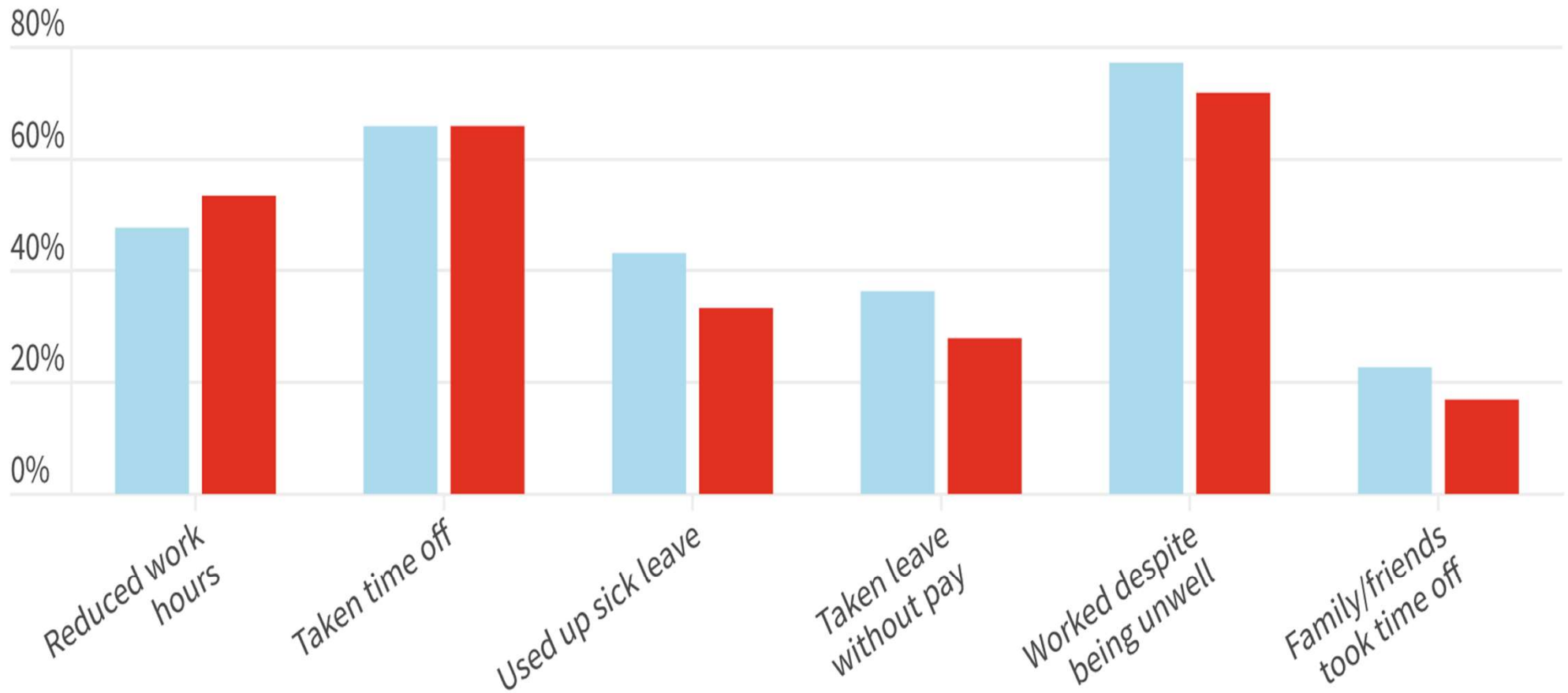


Symptom Duration

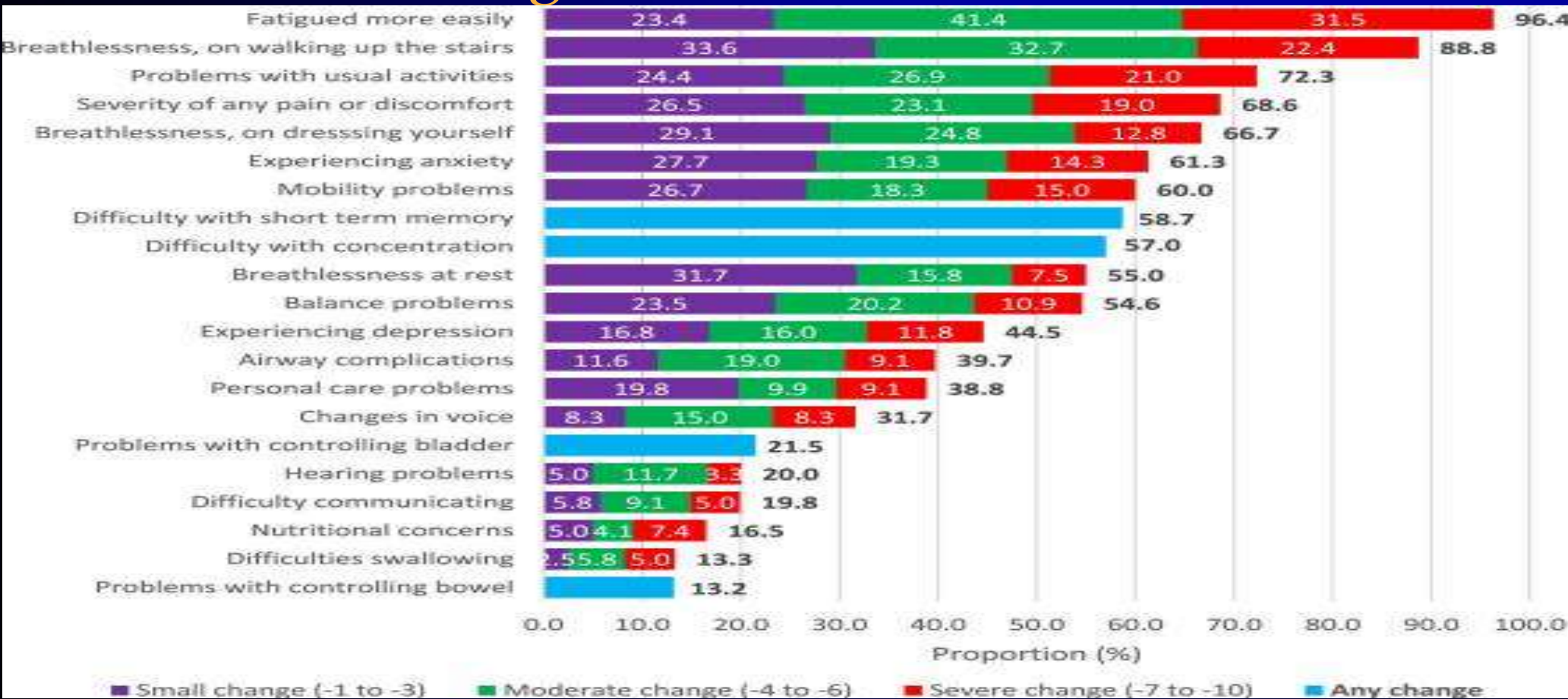
- Largely by extrapolation
- May depend on underlying processes – virus persistence or reactivation, inflammation, autonomic, cellular damage, hormone changes, immune dysregulation, etc
- Major interpersonal differences
- Symptoms don't decline linearly
- Symptoms within a cluster decline variably
- Pattern of remissions and relapses
- “Boom and Bust” typical of PACS
- Symptom-guided exercise most effective



Long Covid impacts on productivity for Māori and non-Māori



Long Covid & Function



Long Covid and Occupation

Most at risk:

- Health professionals
- Teachers
- Corrections staff
- Hospitality staff

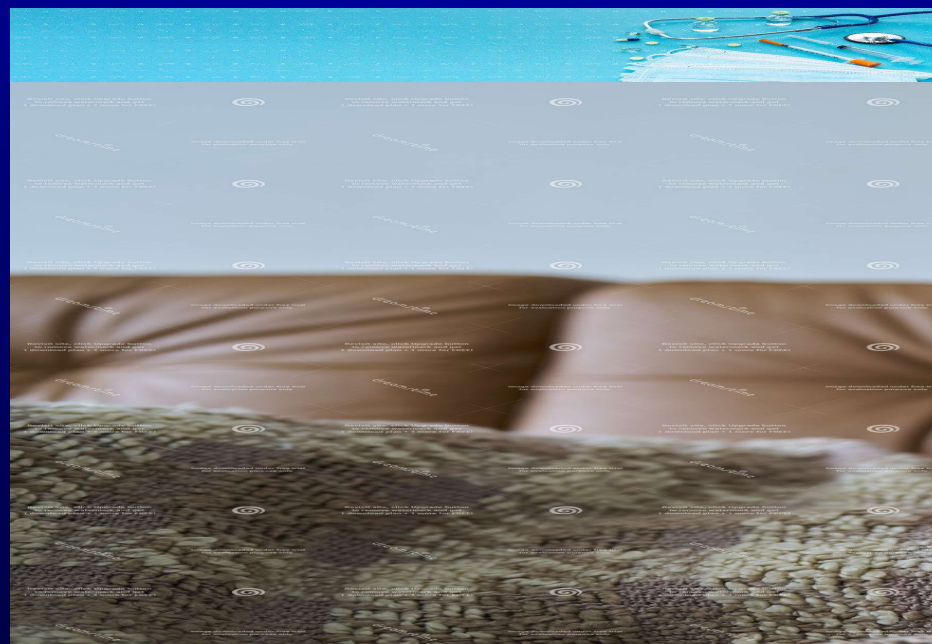
Greatest safety concern:

- Truck, train & bus drivers
- Airline pilots
- First responders



General Principles of Return to Work for PACS

- Don't rush to seek medical retirement
- 48% reduced hours, 20% not working, 32% RTW¹
- Treatment is supportive not curative
- Education (“gaslighting”)
- Encourage self-management; limited resources
- Promote rest, sleep, manage insomnia, & diet
- Environment for trust & open communication
- Individualised self-pacing
- Be flexible
- Establish workplace supports²
- Re-orient or re-organise tasks
- Involve buddy, peer support, union rep
- Focus on what people can do, not can't



1. O Connor R J, Parkin A, Mir G, Mullard J, Baley S, Ceolta-Smith J et al. Work and vocational rehabilitation for people living with long covid BMJ 2024; 385 :e076508 doi:10.1136/bmj-2023-076508

2. “For employers and employees” Long Covid Support Aotearoa, accessed on line 24/08/2024

Work Solutions 1

Symptom

Extreme fatigue, energy fluctuations, and post-exertional malaise

Cognitive difficulties, cognitive fatigue, and brain fog

Accommodations

- Flexible work hours
- Part-time work options
- Opportunities for daytime rest
- Remote or hybrid work
- Letting people organize work priorities around their personal energy windows (“spoon planning”)
- Task reminders
- Written instructions
- Quiet workspaces to reduce distractions
- Asynchronous work
- Flexible hours to enable work in higher-energy periods
- Project assignments that avoid urgent deadlines
- Recording meetings and/or getting transcripts for future reference

Work Solutions 2

Symptom

Sleep issues (insomnia, unrefreshing and poor-quality sleep, sleep apnea, and circadian rhythm problems)

Mobility limitations and neuromuscular dysfunction

Accommodations

Flexible work hours

Asynchronous work

Allowing individual employees to join meetings or schedule shifts within preferred windows of time

Providing mobility aids and assistive devices (e.g., tools that help someone reach and grip items, joint and back supports, wheeled bags, walkers, canes, and scooters)

Ensuring that workspaces allow for mobility aids and assistive devices

Work Solutions 3

Symptom

Gastrointestinal and urinary symptoms

Chronic pain (including but not limited to headaches and joint, muscle, and chest pain)

Accommodations

Frequent bathroom breaks

Allergy- and sensitivity-friendly food options at group events

Accessible bathrooms

Remote work

For photosensitivity, allowing employees to wear sunglasses or blue-light-blocking glasses; providing screen-glare reduction tools such as software or screen protectors; keeping overhead lighting lower and adjustable; allowing cameras to be off in meetings

For sound sensitivity, offering quiet workspaces or providing earplugs or noise-canceling headphones

Talk-to-text software to replace typing

Ergonomic workstation setups

Mobility devices to use in the office

Letting employees work in the physical position most comfortable to them (e.g., reclining, supine, or sitting up, with supports like pillows or braces)

Work Solutions

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- Project assignments that avoid urgent deadlines

Work Solutions 4

Symptom

Respiratory issues, increased allergies, and environmental sensitivities

The need to avoid infectious illness (Covid or otherwise)

Accommodations

Improved office ventilation and air filtration (e.g., open windows, HEPA filters, air quality sensors)

Allowing employees to wear a mask of their choosing at work

Using unscented, nontoxic, and zero-fragrance cleaning products

Creating no-fragrance office policies, or asking employees not to wear scented products

Inspecting the office for mold or water damage

Using no-VOC (volatile organic compound) paints and materials in the office

Offering remote-work options for immunocompromised or vulnerable employees

Allowing employees to wear a mask of their choosing at work

Improving office ventilation and air filtration (e.g., open windows, HEPA filters)

Where to get information & advice on Long Covid

Long Covid Support Aotearoa – A support group for people in New Zealand with Long Covid

Ministry of Health. 2022. Clinical rehabilitation guideline for people with long COVID (coronavirus disease) in Aotearoa New Zealand. Wellington: Ministry of Health.

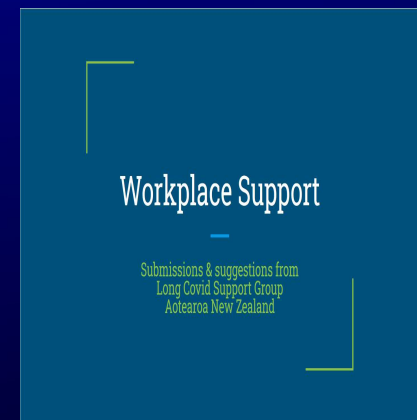
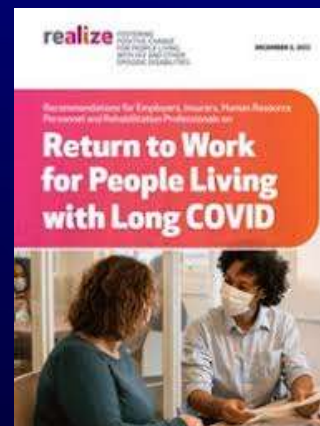
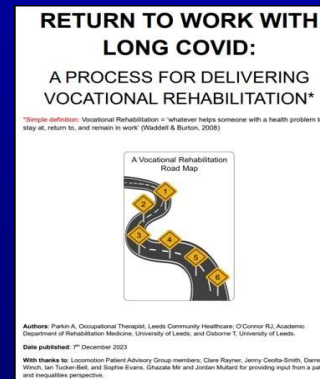
Healthline – Free call on 0800 611 116 for health advice

Victoria University literature reviews – A monthly summary of the latest research on Long Covid

Healthify – Advice on managing Long Covid

<https://www.cipd.org/en/knowledge/guides/long-covid-guides-people-managers/>

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



Quick Guidance

Guidance for managers & employers on facilitating return to work of employees with post-COVID syndrome

General OH principles

- Work is generally good for health
- Work provides purpose, boosts self-esteem and enables financial independence (1)
- Worklessness is associated with poor physical and mental health and increased risk of self-harm (2)
- The risk of falling out of work increases steeply with the length of time someone has been on sick leave
- After six months of sick leave, the probability of a person not being able to return to work is approximately 50% (3)
- Return to work is an effective part of rehabilitation from many illnesses and is important to patients (3)

Symptoms of post-COVID syndrome which commonly impact on function and may impede return to work

- Fatigue, shortness of breath, chest pain and neurocognitive impairment (3)
- These symptoms may also impede travel to work
- An individual does not need to be 100% fit to return to work (2)
- If a person has ongoing symptoms which are impairing their function, they might not be able to return to their work without workplace adjustments or adjustments to their travel to work (3)
- Many people work effectively despite significant illness or disability, mainly if they are provided with suitable support in the workplace (3)



Quick Guidance

Practical steps for managers and employers

Background information

- Some people who have had COVID-19 continue to have symptoms for four weeks or longer after they have recovered from the immediate illness
- Diagnosis of long-COVID is not dependent on having had a positive test for COVID-19
- Long-COVID is a new illness and evidence on how to treat it is rapidly emerging and evolving
- NHS support is available for people recovering from COVID-19 (5) (www.yourcovidrecovery.nhs.uk)

Guidance for healthcare professionals on return to work for patients with post-COVID syndrome

General occupational health principles

- Work is generally good for health
- Work provides purpose, boosts self-esteem and enables financial independence (10)
- Worklessness is associated with poor physical and mental health and increased risk of self-harm (11)
- The risk of falling out of work increases steeply with the length of time someone has been on sick leave
- After six months of sick leave, the probability of a person not being able to return to work is approximately 50% (12)
- Return to work is an effective part of rehabilitation from many illnesses and is important to patients (12)

Symptoms of post-COVID syndrome which commonly impact on function and may impede return to work

- Fatigue, shortness of breath, chest pain and neurocognitive impairment (3)
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- An individual does not need to be 100% fit to return to work (12)
- If a person has ongoing symptoms which are impairing their function, they might not be able to return to their work without workplace adjustments or adjustments to their travel to work (12)
- Many people work effectively despite significant illness or disability, mainly if they are provided with suitable support in the workplace (12)

Practical steps for healthcare professionals

Current health

- Establish the level of current care and ongoing symptoms
- Assess the need for investigation of the person's symptoms to exclude underlying organ damage, as per national guidance (2)
- Ensure that the person is aware of local NHS resources for post-COVID-19 syndrome
- As with any long-term condition, identify and manage co-morbid depression or anxiety which may become more of a concern the longer someone is away from work
- Enquire about sleep patterns and give sleep hygiene advice if required (see resource list)

Work

- Ask the person what their occupation is
- How many hours per week do they work?
- What does a normal workday involve?
- Concentrate on the aspect of the patient's job that might be affected by their functional impairment. For example, if they are suffering from shortness of breath, does their job involve physical exertion? If they are suffering from fatigue, does their role involve working long shifts?
- Establish if their work is 'safety critical', for example, working with machinery, driving or frontline emergency services

Work and health

- Ask the person what they believe are the main factors impeding their return to work
- Ask them if they can identify solutions to their return to work obstacles
- Tailor and adapt the person's return to work with their symptoms
- Give reassurance that an increase in symptoms on return to work is unlikely to mean harm in most people
- Do they need adjustments to their work to enable them to return (e.g. flexible hours/working from home/special equipment)?
- Encourage them to liaise with their employer to see if the adjustments could be facilitated
- If they need assistance with paying for any adjustments, they or their employer may be eligible for financial assistance from Access to Work (<https://www.gov.uk/access-to-work>)
- Ask if they have access to occupational health advice via their work; if they do, encourage them to make contact with their occupational health department

References

National Academies of Sciences, Engineering, and Medicine. 2024. Long-Term Health Effects of COVID-19: Disability and Function Following SARS-CoV-2 Infection. Washington, DC: The National Academies Press. <https://doi.org/10.17226/27756>.

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Walker S, Goodfellow H, Pookarnjanamorakot P, et al. Impact of fatigue as the primary determinant of functional limitations among patients with post-COVID-19 syndrome: a cross-sectional observational study *BMJ Open* 2023;13:e069217. doi: 10.1136/bmjopen-2022-069217

O'Sullivan O, Houston A, Ladlow P, Barker-Davies RM, Chamley R, Bennett AN, Nicol ED, Holdsworth DA. Factors influencing medium- and long-term occupational impact following COVID-19. *Occup Med (Lond)*. 2024 Feb 19;74(1):53-62. doi: 10.1093/occmed/kqad041. PMID: 37101240.

Griffiths ML, Gray BJ, Kyle RG, Davies AR. Seeking Good Work in the COVID-19 Recovery: Shifting Priorities and Employment Choices Among Workers. *J Occup Environ Med*. 2023 Jan 1;65(1):86-92. doi: 10.1097/JOM.0000000000002694. Epub 2022 Sep 6. PMID: 36070537; PMCID: PMC9835240.

Tryfonos A, Pourhamidi K, Jörnåker G, et al. Functional Limitations and Exercise Intolerance in Patients With Post-COVID Condition: A Randomized Crossover Clinical Trial. *JAMA Netw Open*. 2024;7(4):e244386. doi:10.1001/jamanetworkopen.2024.4386

Question Time

Thank you!



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