# Approach to managing employees who have long term symptoms after COVID-19 infection.

There are now numerous reports of people having difficulty recovering from COVID-19 infection at UCT. Managers and supervisors may find that people in their department cannot perform their work tasks as efficiently as they did before they became ill.

This document aims to assist line managers in understanding some of the health issues associated with this ongoing set of symptoms and assisting staff members who find it difficult to recover fully.

As COVID-19 has only been present since late 2019, initial definitions of Post Long-Covid, and the few research articles and guidelines make the point that this is an evolving field.

However, as a line manager, dealing with someone suffering from symptoms that interfere with work, you would follow the routine UCT sick leave and incapacity procedures. A doctor needs to make a diagnosis (more on the medical issues later), and if rest or hospitalisation is required, a sick certificate needs to be issued. Usual sick leave rules will apply. It is important to note, that some patients do not have test results confirming the diagnosis of Covid-19 yet have serious symptoms long after the acute illness. Benefits, such as sick leave, accommodation or income continuation are based on medical confirmation of symptoms, and not on the actual diagnosis.

When a staff member needs to be off for more than 14 days, UCT must advise Sanlam, as our insurer for income continuation. Please contact Susan Williams, our Organisational Health Coordinator, by email or on extension 4376.

Post Covid-19 syndrome patients can present with a range of symptoms with variable impacts on being able to work. Each case needs to be dealt with on its own merits, but with great sensitivity, with the offer of support and discussing the person's capacity to return to work.

* Please refer issues of fitness to work via your HRBP or HR OrgHealth to Sr Suzanne Key, at the Occupational Health Clinic.
* The lack of progress in recovery affects the mood of many people, therefore please recommend the use of psycho-social support from our service providers, ICAS or SADAG would be beneficial. Contact details are available at: [Counselling | UCT Staff](http://www.staff.uct.ac.za/staff/support/health/counselling)

If the illness continues, a more detailed medical assessment will be required. Sanlam occupational therapists and doctors will assess whether added rehabilitation services will assist in recovery. If the employee is on Discovery and has run out of medical savings, or if they are covered by Kaelo, Sanlam will assist by paying for the professional rehabilitation required.

If the staff member remains ill for three months, following the date of reporting the illness, and Sanlam accepts that the symptoms prevent them from working, Sanlam will provide income continuation benefits.

In summary, for assistance regarding return to work and fitness to work – please contact your HRBP to refer to Sr Suzanne Key at occupational health. To ensure access to benefits, please discuss your cases with Susan Williams timeously.

Pertinent medical issues associated with the long-term effects of COVID[[1]](#footnote-1)

The medical guidelines published by the UK's National Institute for Health and Care Effectiveness (NICE) are the only set of national or global guidelines which have been published by the end of January 2021.

They are based on the available medical evidence and are subject to change and will be changed as new information becomes available.

The following clinical definitions have been introduced for the initial illness and long COVID.

* **Acute COVID-19**: signs and symptoms of COVID-19 for up to 4 weeks.
* **Ongoing symptomatic COVID-19**: signs and symptoms of COVID-19 from 4 to 12 weeks.
* **Post-COVID-19 syndrome**: signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body. Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.
* **Long COVID**: In addition to the clinical case definitions, the term 'long COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post-COVID-19 syndrome (12 weeks or more).

## Common symptoms of ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Symptoms after acute COVID-19 are highly variable and wide ranging. The most commonly reported symptoms include (but are not limited to) the following. It must be noted that medical practitioners in the UK have found this list limiting.

**Generalised symptoms**

* Fatigue
* Fever
* Pain

**Respiratory symptoms**

* Breathlessness
* Cough

**Cardiovascular symptoms**

* Chest tightness
* Chest pain
* Palpitations

**Neurological symptoms**

* Cognitive impairment ('brain fog', loss of concentration or memory issues)
* Headache
* Sleep disturbance
* Peripheral neuropathy symptoms (pins and needles and numbness)
* Dizziness
* Delirium (in older populations)

**Gastrointestinal symptoms**

* Abdominal pain
* Nausea
* Diarrhoea
* Anorexia and reduced appetite (in older populations)

**Musculoskeletal symptoms**

* Joint pain
* Muscle pain

**Psychological/psychiatric symptoms**

* Symptoms of depression
* Symptoms of anxiety

**Ear, nose and throat symptoms**

* Tinnitus (persistent ringing in the ears)
* Earache
* Sore throat
* Dizziness
* Loss of taste and/or smell

**Dermatological**

* Skin rashes

Patients can have a combination of symptoms affecting different organs. For instance, someone could be breathless with minimal effort (respiratory system) as well as have headaches and "brainfog" (neurological symptoms).

## What does this mean as far as the capacity to work? [[2]](#footnote-2)

If the diagnosis of post-Covid-19 syndrome is made, an employee's capacity to work needs to be assessed by their doctors and occupational therapists. Assistance from the UCT Occupational Health Clinic is recommended. A useful method of assessing the capacity to work, offering accommodation or temporary income continuation is based on using the Post-Covid-19 Functional Scale, represented in the table below.

At this stage, we do not know how long people will continue with their symptoms. Post viral fatigue syndrome has been found in other Corona viruses such as SARS. Other viruses can also cause this problem, examples include influenza and glandular fever. In these viral illnesses, the duration of symptoms can last anywhere from a few weeks to many years.

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| Scale | Scale Grade | Description | Impact on Work |
| 1 | Negligible functional limitations | All usual duties/activities at home or at work can be carried out at the same level of intensity, despite some symptoms, pain, depression, or anxiety. | Should be able to work with no limitations |
| 2 | Slight functional limitations | Usual duties/activities at home or at work are carried out at a lower level of intensity or are occasionally avoided due to symptoms, pain, depression or anxiety. | Should be able to work with minor accommodation. |
| 3 | Moderate functional limitations | Usual duties/activities at home or at work have been reduced due to symptoms, pain, depression or anxiety. | Based on medical and/or OT assessment, work will need to be re-structured to accommodate the patient according to how symptoms are affecting their capacity to work. Rehab to overcome certain limitations might be useful |
| 4 | Severe functional limitations | Assistance needed in activities of daily living due to symptoms, pain, depression or anxiety: nursing care and attention are required. | Based on medical and/or OT assessment, it is unlikely that the patient can work, and will require to be placed on temporary, or in the long term, permanent income continuation. |

## **Advice regarding recovery**

As people recover from COVID they might be experiencing symptoms such as [fatigue](https://www.yourcovidrecovery.nhs.uk/fatigue) and [breathlessness](https://www.yourcovidrecovery.nhs.uk/breathlessness) or [changes in their mood](https://www.yourcovidrecovery.nhs.uk/effects-on-your-mind/managing-your-mood-and-coping-with-frustration) and [thinking](https://www.yourcovidrecovery.nhs.uk/memory-and-concentration). These symptoms are common after a serious illness, especially if they have received hospital treatment. These symptoms can be so severe that they affect one’s ability to complete basic, everyday activities, such as getting washed and dressed, and doing tasks around the home. Others find that they can get ready to work, but then feel exhausted. Activities that are usually simple might seem like hard work, and feel that they have less energy than usual.

## **Advice for people dealing with Long-Covid[[3]](#footnote-3)**

## **What are the 3 P’s (Pace, Plan and Prioritise), and how will it help?**

### **Pace**

* Give yourself permission to slow down. Don’t expect to be able to do everything at once, or at the pace you used to do. Do less than you think you can.
* Break activities into smaller tasks and spread them throughout the day. You’ll recover faster if you work on a task until you are tired, rather than completely exhausted.
* Build rests into your tasks and plan 30-40 minutes of rest breaks between activities. Resting is key to recharging your energy.

### **Plan**

* Look at the activities you normally do on a daily and weekly basis; develop a plan to spread
* these evenly across the week.
* Think about which activities you find most tiring and make sure you spread these out, with plenty of time to rest in between.
* Don’t try to complete several activities all in one go. This will drain your energy, and you will need more time to recover afterwards.
* If you find that your energy is lower or concentrating is harder at certain times of day, plan to avoid tiring activities at these times.
* Think about ways you can do activities differently to make it easier and less tiring. For example, you could sit down during tasks like washing and getting dressed. Rather than lifting and carrying items when cooking, try pushing and sliding them across the work surface instead.

### **Prioritise**

* Some daily activities are necessary but others aren’t. There might be some tasks that you usually do that you can stop altogether, do less often or ask someone else to do for you.
* When prioritising activities make sure you have a balance of things you need to do, like washing and dressing and things you want to do for fun and enjoyment.
* Start the day by asking:
  + What do I need to do; what do I want to do today?
  + What can I put off until another day?
  + What can I ask someone else to do for me?
* The NHS website has the most useful and comprehensive information for patients dealing with Long-Covid. More specific advice about different symptoms can be found at [Your COVID Recovery | Supporting your recovery after COVID-19](https://www.yourcovidrecovery.nhs.uk/)

## When will employees get back to normal?

* COVID is a new illness, and we are still learning about how people recover from it. Recovery depends on things like how ill you were with the virus, whether you have other health issues, whether you went into hospital and whether you were in intensive care.
* Some symptoms might go away quite quickly, whilst others may take much longer to improve. Being patient, being careful about priorities and accessing support if needed.
* At home, if people are struggling to complete essential daily activities hand over tasks to family and friends..
* “Small steps and little achievements each day helped me to progress. Plan and set yourself little targets each day, then reflect on how well you have done over say a week. Talk to those around you about how you are progressing. People near to you will often notice the difference more than you. Positive feedback does wonders for boosting your mood.”

## What we currently do not know.

Ongoing research is regularly published about some of the questions which are found below. Currently, the outcomes do vary from research group to research group, and a coherent pattern has yet to emerge.

1. **What are the risk factors to get post Covid-19 syndrome**?  
    We don't know who is more susceptible to getting the syndrome, nor the trajectory and duration of the syndrome.
2. **What are the most clinically effective interventions (including social and structured community support) for managing post-COVID-19 syndrome?** 
   1. Does effectiveness vary for different population groups (for example, sex, age, socioeconomic group, ethnic group or people with learning disabilities)?
   2. Do any symptoms of post-COVID-19 syndrome predict the need for specialist intervention?
   3. What is the clinical effectiveness of different service models of multimodality/multidisciplinary post-COVID-19 syndrome rehabilitation in improving patient-reported outcomes (such as quality of life)?
   4. What is the clinical effectiveness of exercise interventions for people with post-COVID-19 syndrome?
   5. Does early exercise rehabilitation assist in improving symptoms of post-COVID-19 syndrome?
3. **Prevalence of post-COVID-19 syndrome**
   1. What is the prevalence and incidence of post-COVID-19 syndrome? Does it differ from the prevalence and incidence across different population groups? (for example, sex, age, socioeconomic group, ethnic group or people with learning disabilities)?

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**Updated: 12/4/2021**

1. COVID-19 rapid guideline: managing the long-term effects of COVID-19 NICE guideline

   Published: 18 December 2020 [www.nice.org.uk/guidance/ng188](http://www.nice.org.uk/guidance/ng188) Accessed 28 Jan 2020.

   Updated BMJ 2021:372:n136. Accessed 11 April 2021. [↑](#footnote-ref-1)
2. Post-Covid-19 Functional Status Scale Manual. [↑](#footnote-ref-2)
3. [Your COVID Recovery | Supporting your recovery after COVID-19](https://www.yourcovidrecovery.nhs.uk/) [↑](#footnote-ref-3)