

Information for Managers

Long Covid involves a continuation of a broad range of debilitating physical, cognitive, and psychological symptoms that persists beyond 12 weeks. Initial “Mild” symptoms are not reflective of long term outcomes for many. For many people, it will be a combination of physical and psychological symptoms; and an exacerbation of pre-existing symptoms may further complicate their presentation.

Possible features of Long Covid in the workplace

- Difficulty in standing for long periods, or in sustaining normal work due to fatigue
- Reduced ability with physical tasks, e.g. lifting or walking longer distances
- Increased breathlessness with activity which can lead to poor tolerance with wearing face masks
- Trouble concentrating with tasks, takes longer to complete tasks and employee may worry about making mistakes
- Need for more frequent trips to toilet, more frequent rest breaks for recovery of energy
- Attempt by staff to “push on” and “overcome” despite increasing symptoms can result in further absence periods i.e. Sick leave, following by return, followed by relapse and further leave

Example of recommendations for a staff member returning to work following an extended covid absence

The individual plan should be tailored to each staff member based on the severity of symptoms and their role / tasks at work.

- Phased return to work with shorter days and non-consecutive days initially. Due to the nature of fatigue the staff member may require an extended phased return more than the standard 4 weeks – may require up to 8 or 12 weeks. Advising starting with 1 short shift (may be as short as 3-4 hours) then gradually building up the amount of shifts per week before considering increasing the shift length for a more gentle phased return as this complements the fatigue management advice. It may be that the staff member is not always able to increase their hours in a linear way – may be that on some weeks they have a flare in their symptoms and any planned increases are paused or take a step back to a previous level which they were coping with. The staff member should be able to determine this based on their symptoms by that stage and liaise with their manager when further support required.
- Consider some temporary adjustment to workload, opportunity to work alongside a colleague for the first few weeks for support if needed / supernumerary. Explore options for additional support/assistance with the more physical aspects of the role – e.g. – working with lower risk individuals.
- Consideration of temporary alternative work if they are unable to resume to the more physical aspects of the role – e.g. – learn pro / non clinical work (this may be helpful or it may be that based on what impacts on their symptoms, it is unhelpful or not required).

Some people may need to limit the amount of time doing physical or PC tasks depending on symptoms.

- Consider options for regular short breaks or additional short breaks if needed to assist in managing energy levels – may benefit from going somewhere quiet to recharge if available or taking a break after an increased energy activity.
- Keep shift patterns routine – e.g. – same start time each day and avoiding mix of early / late / night shifts – until they have managed to build up their hours and duties.
- There may also be role specific adjustments such as; being kept on own ward / smaller geographical area, not being responsible for emergency page, reducing clinical caseload, initial supervision for clinical decision making (e.g. – drug rounds), avoiding interruptions through day and avoiding on-call / nights etc.

Resources

[Post Covid Recovery Fatigue Guide](#)

[Guidance for Managers and Employers on Facilitating Return to Work of employees with Long Covid](#)

[Guidance for Healthcare professionals on return to work for patients with Long Covid](#)