

Freedom of Information Act Disclosure log - Reply Extract

File reference	W21FOI414
Key words	Staff with long Covid
Date of release	10/12/2021
Attachments	Yes

You asked

Under the Freedom of Information Act, I would like to request the following information on the number of staff impacted by long Covid under your trust.

- 1. How many staff members were recorded to have had long Covid while working for your trust at any time in the period between March 2020 - September 2021?**

In line with the current World Health Organisation definition of post COVID-19 condition there were eight staff members recorded to have had long Covid during March 2020 and September 2021.

- 2. What were the five longest periods in days that a member of staff took a leave of absence due to long Covid in the time period between March 2020 - September 2021?**

539; 537; 269; 182; 169 calendar days

- 3. Could you state all leave of absences taken where long Covid was cited as the cause between March 2020 and September 2021.**

The Trust does not hold the information. From the data we hold, we are unable to distinguish all leave of absences taken where long Covid is cited as the cause.

- 4. Does your trust offer any specialised support for staff members living with long Covid? If so could you please provide details of these services.**

All staff have access to the Occupational Health & Wellbeing (OH&WB) service. A Long COVID clinic has been established but OH do not have any direct referral rights. All referrals must be via the employees' GP.

Please refer to attachment 1 - Coronavirus self-assessment form v17 and attachment 2: Managers Guide to Supporting Long COVID.

5. What plans, if any, are in place to improve the support available to staff members who are living with long Covid while working for your trust?

All staff have access to our in-house Occupational Health & Wellbeing (OH&WB) service

Legal notes

University Hospitals Plymouth NHS Trust is confirming in accordance with section 1 (a) of the Act that it holds the information requested and is supplying it in accordance with section 1(b) unless otherwise specified.

Attachments included: Yes

CORONAVIRUS - STAFF HEALTH RISK ASSESSMENT FORM

May 2021 (Version 17)

Introduction

It is important that UHP is aware of any factors that might put you at higher risk of serious illness if you were to be infected with coronavirus, so that appropriate adjustments can be considered to mitigate this risk. Risk factors that can affect an individual's vulnerability to coronavirus include increased age, high body mass index, underlying health conditions and ethnicity (such as colleagues from minority ethnic backgrounds). Vaccination represents a protective factor but individual risk will also depend heavily on the level of cases amongst the community at large and amongst colleagues.

It is acknowledged that a number of different versions of this document have been provided throughout the pandemic. This is both due to the changing knowledge base and also the changing levels of virus within the community. **It is not necessary to repeat the risk assessment for all members of staff**, especially if this will not change how they work, but line managers should ensure that all staff have had at least one coronavirus risk assessment since the start of the pandemic.

This updated version (May 2021 v17) should be used for risk assessments from the date of publication onwards. It continues to use the COVID-age calculation (detailed below) to predict an individual's vulnerability of developing serious illness if infected with coronavirus. This COVID-age calculation has NOT changed since the previous (December 2020) version of this document but there are two important developments: It gives advice on the change in risk following vaccination and it includes tables taking into account changes in the prevalence of COVID in the community. It is not an exact tool and it does not cover every possible situation – so if there are any concerns that it does not reflect an individual's risk - then further discussion with Occupational Health is recommended. This is particularly the case for vaccination: There are a number of conditions which can affect the strength of the response to the vaccine and if the protection from the vaccine is being used to allow a wider range of work it would be prudent to seek advice to confirm what level of risk reduction should be expected.

This document is primarily designed to identify the level of vulnerability for an individual, should they become infected with coronavirus. Reducing the risk of an individual actually becoming infected with coronavirus in the workplace is also dealt with using the Team Risk Assessment Guidance, in which controls are put into place to reduce potential exposure (including barriers, social distancing, patient and staff swabbing and PPE). The Team Risk Assessment must also be taken into account when considering the overall risk to an individual and the adjustments that might be required.

What has changed?

- Lockdown measures being progressively eased over the next few weeks / months
- Formal Shielding pausing on 01 April 2021
- COVID levels in the community remain low and relatively stable but may increase as lockdown is eased or if new variants emerge locally
- COVID cases amongst UHP staff are very low
- Working from home is still advised unless this is not reasonable for your role
- The COVID vaccine is now being rolled out to high priority patient groups and most staff have now had both doses
- Guidance on coming to work for those at higher risk after lockdown

The Government's new advice from the 1st April for those who have been identified as Clinically Extremely Vulnerable (CEV) states that they should continue to work from home where possible but, if they cannot work from home, it may be possible for them to return to the workplace, where it is safe for them to do so and following a review of their Covid-19 Risk Assessment.

Since the first lockdown in March, we have learnt a great deal more about the risks caused by health conditions and how these are influenced by other factors such as ethnicity and age. This has resulted in the development of better-informed risk scoring systems such as the COVID-age guidance (from ALAMA) on which this Coronavirus risk assessment tool is based. Using this system, some individuals who had previously received shielding letters have subsequently been advised that they are not in the highest risk category and for a few others, even though they have never received a “shielding” letter, the Trust’s Coronavirus risk assessment scoring system puts them in the highest risk category (“Very High Risk”).

We still believe that the Trust’s risk assessment process and the ALAMA COVID-age risk assessment, on which it is based, represent the best available assessment of risk and our advice would be to continue to follow the Trust’s risk assessment guide. **We recognise that individuals may have differing tolerance of the risk from Coronavirus and differing drivers for continuing to come in to work but, if you are in the “very high risk” category you should continue to work from home if possible.** If it is not possible or if there are strong reasons to continue coming in to work you should have a further conversation with your line manager, guided by this document and the advice in the Change to Shielding Guidance from 1st April - links here:

- [Guidance for Managers](#)
- [Guidance for Staff](#)

Only if both you and your line manager are happy that your risk can be managed to a safe level should you be coming in to work and in this situation a hybrid model of mixed home and hospital working should be considered.

COVID Vaccination

Most staff have now had both doses of the vaccine and the evidence is that this gives good protection from COVID and especially from severe COVID. The protection builds progressively over the 3 weeks after the vaccine was given. The level of protection afforded by the vaccine may be reduced in some with certain underlying conditions (such as immunosuppression or renal failure) and by certain medications although even a reduced level of protection is very important in this situation.

The government has still not endorsed any options for adjusting risk assessment following vaccination however; the revised ALAMA advice (which is aimed specifically at the working age population and on which our risk assessment is based) suggests that for most people vaccination or previous infection is equivalent to a reduction in COVID age of 18 years which, in most cases will move a previously infected/vaccinated individual down by one category of vulnerability – for example, from ‘high’ to ‘moderate’. It is important to note that some groups, particularly those with conditions which reduce immunity or who are taking medications which affect immunity, this benefit is likely to be lower. In such cases or if there is any doubt, advice from your treating specialist, GP and / or occupational health should be sought.

Similar benefit is likely to be obtained for those who have had previous infection. In both cases this situation could change depending on the development of new variants.

No one should be moved out of the very high risk group on the basis of their vaccination status or previous COVID infection without OH advice being obtained.

How to use this form

It is crucial that we ensure every colleague has had a Coronavirus Risk Assessment undertaken and that these are up to date and reflect the latest circumstances. Where these were undertaken some time ago, it may be necessary to review and refresh the Risk Assessment particularly if one of the of the older risk assessment tools was used.

This up-to-date Risk Assessment Tool is recommended, in particular, for those who have previously fallen into the moderate or higher risk categories using the previous July 2020 tool (as a new risk category assignment may now be appropriate), or for consideration where there has been a change in underlying health or for staff deploying into a new role.

This risk assessment should be carried out in conjunction with the Team Risk Assessment Guidance [here](#), which helps identify steps to reduce risk in the workplace more generally, and thereby the likelihood that staff will be exposed to the virus. There is further advice on the [Government](#) and [HSE](#) Websites.

This form is designed such that the employee's personal medical history is considered using an online tool (please see section 2, Page 5 below). Only the COVID-age adjustment scores (modifiers) need be transferred to the risk assessment form, not written details of the medical history itself. The risk assessment form must still be stored confidentially and in full compliance with the Data Protection Act (DPA) as informed by GDPR 2018. There is no obligation for individuals to share details of their medical history with their line manager. If they, or their line manager are concerned that the risk assessment does not reflect their actual risk, further advice should be sought as below.

There will be cases where it is not clear which risk group (Appendix 1) an individual falls into, particularly if they have received conflicting advice from elsewhere. Individuals with serious conditions may benefit from specific occupational guidance via the Occupational Health Advice Line (plh-tr.occhealthadvice@nhs.net). The OH team will be able to address the issues in a confidential environment and offer an opinion without the need to share personal details with the line manager. **Please complete the risk assessment below before doing so.**

Line managers should document the results of the risk assessment on Appendix 3 and be prepared to review it regularly, particularly if there are changes in job role or operational demands, and also as the levels of coronavirus change within the community. Any adjustments that are required as a result of the risk assessment should be recorded in the work adjustment assessment grid at Appendix 3.

Advice on Risk Assessment:

Risk assessments will be undertaken by line managers.

It is not possible to avoid all risk and the aim of the risk assessment is to avoid unacceptably high risk activities and to bring down risk in other areas as far as reasonably practicable but it is not to try and avoid any possible risk. Most people will be able to continue working normally but it is still important to consider how you could reduce their risk.

If you feel an individual is unable to work safely in their normal place of work and there are no good options for working in a modified way then you should refer the case to the HR Control Inbox, plh-tr.hrcontrolcentre@nhs.net who can help to consider options for temporary redeployment.

Exceptional Cases

There will be some cases where the level of risk is exceptional. Such cases might include those with severe degrees of immunosuppression or whose health and ability to maintain normal function is very limited such as those with severely impaired lung or liver function or those in the later stages of chronic neurological diseases. If you suspect this to be the case or if the individual is on immunosuppressant medication or "biologics" seek advice from the Occupational Health Advice Line (plh-tr.occhealthadvice@nhs.net).

Pregnancy

Pregnant women of any gestation should not be required to continue working if this is not supported by a risk assessment. Pregnant women are considered '[clinically vulnerable](#)' or in some cases '[clinically extremely vulnerable](#)' to coronavirus (COVID-19), and therefore require special consideration. See <https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees> for further information.

The latest government guidance is that pregnant healthcare workers with no significant underlying health conditions should only continue to work in direct patient-facing roles if they are under 28 weeks' gestation and if this follows a risk assessment that recommends they can continue working, subject to modification of the working environment or deployment to suitable alternative duties.

For pregnant women from 28 weeks' gestation, or for those with significant underlying conditions such as heart or lung disease at any gestation, a more precautionary approach is advised. Women in this category should be recommended to stay at home and identify with their line management what work they may be able to undertake from home where this is possible; where this is not possible, consideration can be given to a return to work in a low risk environment following the Trust guidance for "very high risk individuals" and following an updated pregnancy risk assessment.

Appendix 1 now includes separate guidance for pregnant women.

Guidance to Staff with Vulnerable or Pregnant Individuals in their household / family

The new national guidance may cause concern for those with vulnerable family members at home.

Our recommendation is to *discuss* these issues with your line manager and use this risk assessment document as a guide to reduce your own risk, which in turn will help to protect those at home. It is important for managers to consider all factors and to support those with particularly vulnerable household/family members taking into consideration the operational demands of the workplace alongside the presented vulnerabilities.

Further guidance can be found at <https://www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care/guidance-for-those-who-provide-unpaid-care-to-friends-or-family> .

Covid-19 Medical Risk Assessment Questionnaire V.3 (May 2021 update)

Based on the ALAMA COVID-Age Medical Risk Assessment (<https://alama.org.uk/covid-19-medical-risk-assessment/>)

Please complete sections 1-4:

Section 1

Name:			
Date of birth:		Employer:	
Email address:		Telephone number:	
Job title/role:		Area of work:	
Manager name:		Manager email:	

Section 2:

Please now go to <https://alama.org.uk/covid-19-medical-risk-assessment/> and calculate the COVID age using the online calculator. Detailed Guidance on how to complete the COVID age can be found in Appendix 2 below. Results of calculation should be entered below:

Covid Individual Risk Factor	Insert Modifier * (taken from COVID age calculator)
Age (please insert actual age):	
Sex	0 / -5
Ethnicity	
Body Mass Index (BMI)	
Vaccination or previous infection - please read the advice above and in the ALAMA guide under "ACCOUNTING FOR SPECIFIC IMMUNITY" before applying any adjustment. (-18 or as advised by OH)	
Additional modifiers - insert additional modifiers (numbers only) from other health conditions, if present	
Total COVID-age (given by online calculator)	

*The modifier is the COVID age adjustment for a variety of underlying risk factors, such as age, sex, BMI and medical conditions. Appendix 2 offers guidance on how to complete the COVID age. The table above is designed to form a record of your scores which can be referred to in future. There is no need to list the underlying medical conditions – just the associated modifiers (numbers only). The website will calculate the final score for you.

Section 3:

Covid Vulnerability Group, based on calculation		Please tick:
Vulnerability group selected after discussion with the employee: (See Appendix 1)	Very high	Covid Age > 80
	High	Covid Age 70 to 80
	Moderate	Covid Age 50 to 69
	Low	Covid Age < 50

Section 4: <i>The above COVID age calculation and risk assessment should now be discussed by line manager and employee together, and the below questions considered:</i>			
A. Do you have any other conditions or factors that may affect your vulnerability to COVID, not considered above? e.g. Are you immunosuppressed by medication that is not covered by the COVID age calculator, such as high dose steroids or biologics?		Yes/ No <i>If Yes, please indicate disease or medication including the dose</i> If pregnant, see guidance on page 2 and undertake pregnancy risk assessment.	
B. Do you feel that your COVID vulnerability group does not accurately reflect your risk relating to your underlying health conditions?		Yes/ No	
C. Did you receive a shielding letter for a condition not covered by Health Risk factors in the COVID age calculation?		Yes/ No If Yes, for what condition?	
<i>If you have answered 'Yes' to any of questions A to C above and you do not feel that this has been adequately resolved by discussion with your line manager, then please arrange for this assessment to be escalated for review by the Occupational Health Advice Line (plh-tr.occhealthadvice@nhs.net) . We will call you if further information is required.</i>			
To be completed by assessor			
Final COVID Vulnerability Level	Very High / High / Moderate / Low		
Work Adjustment Grid completed?	Yes / No <i>(Any adjustments required as a result of the risk assessment should be recorded in the work adjustment assessment grid at Appendix 3)</i>		
<i>Additional comments by employee?</i>			
Further review required?	Yes/ No If Yes, please indicate date:		
Name of assessor:		Signature of assessor:	
Date of assessment:		Signature of employee:	

Your questionnaire is now completed. Thank you for your assistance.

Vulnerability level	COVID Prevalence locally less than 100/100,000/week	COVID Prevalence locally between 100 and 200 / 100,000/week
Very High Relative Risk or Covid-age over 80 (Adjusted for immunity)	<p>Ideally work from home</p> <p>Not to work in rooms, wards, accommodation buildings or vehicles in close proximity to people with confirmed or suspected Covid-19 or where effective PPE / social distancing cannot be maintained.</p> <p>Only undertake medium risk activities such as healthcare or face-to-face contacts with high number of different contacts if essential.</p> <p>Where clinical work, care work and working closely with others is essential, risks must be managed reasonably and effectively. Working only with patients or clients who have tested COVID-negative may be an example of reasonable risk-management.</p> <p>Work in low risk environments such as COVID secure offices with good ventilation and low risk of breach of social distancing / hygiene</p>	<p>Ideally work from home.</p> <p>Not to work in rooms, wards, accommodation buildings or vehicles in close proximity to people with confirmed or suspected Covid-19 or where effective PPE / social distancing cannot be maintained</p> <p>Not to undertake medium risk activities such as healthcare or face-to-face contacts with high number of different contacts if essential.</p> <p>Where clinical work, care work and working closely with others is essential, risks must be managed reasonably and effectively. Working only with patients or clients who have tested COVID-negative may be an example of reasonable risk-management.</p> <p>Only work in low risk environments such as COVID secure offices with good ventilation and low risk of breach of social distancing / hygiene if unavoidable.</p> <p>Consider risks of travel to and from work.</p>
High Relative Risk or Covid-age 70 to 80	<p>Not to work in rooms, wards, accommodation buildings or vehicles in close proximity to people with confirmed or suspected Covid-19 or where effective PPE / social distancing cannot be maintained.</p> <p>Only undertake medium risk activities such as healthcare or face-to-face contacts with high number of different contacts if necessary and where testing of patients and staff and/or provision of controls (e.g. screens, PPE) are effective in managing the risk.</p> <p>Work in low risk environments such as COVID secure offices with good ventilation and low risk of breach of social distancing / hygiene</p>	<p>Not to work in rooms, wards, accommodation buildings or vehicles in close proximity to people with confirmed or suspected Covid-19 or where effective PPE / social distancing cannot be maintained.</p> <p>Only undertake medium risk activities such as healthcare or face-to-face contacts with high number of different contacts if essential and where testing of patients and staff and/or provision of controls (e.g. screens, PPE) are effective in managing the risk.</p> <p>Some individuals in essential roles may be asked to accept a higher risk and agree to do so where this can be justified.</p> <p>Work in low risk environments such as COVID secure offices with good ventilation and low risk of breach of social distancing / hygiene</p> <p>Consider risks of travel to work and whether lower risk work is available.</p>
Moderate Relative Risk or Covid-age 50-69	<p>Only work in rooms, wards, accommodation buildings or vehicles in close proximity to people with confirmed or suspected Covid-19 if necessary and where effective PPE / social distancing can be maintained.</p> <p>Work in medium other areas such as healthcare or face-to-face contacts with high number of different contacts where there are no reasonably</p>	<p>Only work in rooms, wards, accommodation buildings or vehicles in close proximity to people with confirmed or suspected Covid-19 if necessary and where effective PPE / social distancing can be maintained.</p> <p>Only undertake medium risk activities such as healthcare or face-to-face contacts with high number of different contacts if necessary and</p>

	practicable means of reducing the risk further and in low risk environments such as COVID secure offices with good ventilation.	where testing of patients and staff and/or provision of controls (e.g. screens, PPE) are effective in managing the risk. Work in low risk environments such as COVID secure offices with good ventilation and low risk of breach of social distancing / hygiene
Low Relative Risk or Covid-age < 50	Work in all areas	Work in all areas
Pregnancy	Current advice is to minimise the risk to pregnant women, while allowing them to choose whether to attend work and what role to undertake at work. Risk should be reduced as far as reasonably practicable. Pregnant healthcare workers should only continue to work in direct patient-facing roles if they are <i>under</i> 28 weeks gestation and if this follows a risk assessment that recommends they can continue working, subject to modification of the working environment or deployment to suitable alternative duties. After 28 weeks gestation (or in mothers from the more at-risk groups listed opposite) then a more precautionary approach is recommended – see Page 3 of this guidance.	
Definitions		
Necessary	Implies that the task is necessary for that role and that there is no way of reducing the risk further including by adjusting duties within the team.	
Essential	Implies that the task is essential to maintain healthcare services ; that it cannot be done by anyone else and that there is no way of reducing the risk further..	

Appendix 2: Guidance on using the ALAMA COVID 19 Medical Risk Assessment Guidance

The ALAMA website now contains a COVID age calculator which can be used to calculate an individual’s vulnerability to coronavirus. Details of underlying health conditions are required in order to complete the calculation.

1. Click on the link <https://alama.org.uk/covid-19-medical-risk-assessment/>
2. On first use it is recommended that the user reads through the summary on how to assess a worker's vulnerability.
3. Scroll down to the COVID age calculator:

4. **Insert details of employee's age, ethnicity and BMI.**

As you insert information, the right-hand box will compute a modifier (age adjuster) based on the information given and the age of the person, which in turn will give a COVID age. BMI can be calculated via www.nhs.uk/live-well/healthy-weight/bmi-calculator if unknown.

5. **Asthma: Select appropriate choice for asthma.**

- a. **Mild asthma:** No requirement for oral steroids (prednisolone) for asthma in past 12 months.
- b. **Severe asthma:** Required oral steroids (prednisolone) for asthma in past 12 months.

Asthma

None

None

Mild

Severe

6. Diabetes: Select appropriate choice.

Some people may know their latest HbA1c result (taken as a blood test) however many won't. If unknown, select the 'unknown HbA1c option' for either Type 1 (usually requires insulin), or Type 2 (doesn't usually require insulin). Note there is an option for diabetes that has been diagnosed within 1 year which should be selected if appropriate.

Diabetes

None

None

Type 1 HbA1 <= 58 mmol/mol in past year

Type 1 HbA1 > 58 mmol/mol in past year

Type 1 HbA1c unknown

Type 2 and other HbA1 <= 58 mmol/mol in past year

Type 2 and other HbA1 > 58 mmol/mol in past year

Type 2 and other HbA1c unknown

Diagnosed < 1 year ago

7. Additional Medical Conditions

Now move on to the remaining medical conditions, making sure you also consider the 'Other Conditions' dropdown menu which includes the below:

Other chronic respiratory disease

Hypertension

Cerebrovascular disease

Liver disease

Chronic neurological disease other than stroke or dementia

Organ transplant

Spleen diseases

Rheumatoid/lupus/psoriasis

Other immunosuppressive condition

If you are uncertain what illnesses may be included within a condition, then selecting something on the left hand side will often highlight further guidance in the right hand box, as below:

'Chronic Neurological Disease' selected from left hand side:

Other conditions

Chronic neurological disease other than stroke or dementia ▲

Further guidance appears in right hand side scoring box, as below:

Other	Chronic neurological disease other than stroke or dementia	23	Includes motor neurone disease, myasthenia gravis, multiple sclerosis, Parkinsons disease, cerebral palsy, quadriplegia, hemiplegia and progressive cerebellar disease
-------	--	----	--

8. Review the summary box on the right, and check it contains the correct information. (It can be very easy to select an option in order to read the guidance and then forget to de-select it). Example for a 40 year old lady given below:

Group	Variable	Modifier	Information
Sex	Female	-5	
BMI	30-34.9	5	
Asthma	Mild	1	
Haematological cancer	Diagnosed < 1 year ago	28	across category, including some people receiving immunosuppressive treatments
Other	Hypertension	9	
Total		38	

Covid-age: 40 + 38 = 78

9. Transfer the final COVID-age (78 in example above) to the staff risk assessment form. The example calculation above would look like this on the final document:

Covid Individual Risk Factor	Insert Modifier * (taken from COVID age calculator)
Age <i>(please insert actual age):</i>	40
Sex	-5
Ethnicity	0
Body Mass Index (BMI)	5
Additional modifiers <i>(insert additional modifiers from other health conditions, if present)</i>	1
	28
	9
Total COVID-age <i>(given by online calculator)</i>	78

10. **Calculator not working** - if for any reason the COVID calculator tool is not working, then the age-adjusted modifiers can be found in the tables below the tool on the ALAMA website (see below). Identify the person’s true age and then scroll down, taking note of any added years according to the risk factors on the left hand column. These years (modifiers) can then be added to the table on the risk assessment document and totalled for a final COVID age.

Note that the COVID calculator can ‘grey out’ if unused for a period of time. Please refresh your screen to restore the tool.

Manual COVID age calculation tables:

Table 1. Vulnerability from risk factors expressed as equivalence to added years of age

True age (years)	20	21	22	23	24	25	26	27	28	29
Female sex	-5	-5	-5	-5	-5	-5	-5	-5	-5	-5
Ethnicity										
Asian or Asian British	5	5	5	5	5	5	5	5	5	5
Black	7	7	7	7	7	7	7	7	7	7

Appendix 3: WORK ADJUSTMENT ASSESSMENT GRID – *Examples in Red Italics (please delete)*

Employee Name:		Manager Name:		Meeting Date:	
Job Title:		Service Area:			
Identified health condition(s):		1. <i>Increased risk from COVID-19</i>			
Impact of health condition(s) on ability to undertake job:		1.			
Adjustment(s) recommendation(s) to be considered:	Impact of adjustment	Has adjustment been implemented? <i>Yes / No If not, why not?</i>	Implementation Date	Review Date	Impact on sickness absence/return to work/ability to remain at work?
Is there any adjustment/any other support I have not discussed with you that you consider would support you in your role?		<i>None raised at this meeting</i>			
Detail any other alternatives considered by service to support employee		<i>1. Further advice sought from OH&WB on any other adjustments to relieve/minimise MSK symptoms & help e/ee to remain at work; 2. Permanent reduction in hours being considered</i>			

Manager's signature/ job title..... Date:

Employee's signature.....Date:

SUPPORTING LONG COVID – MANAGER GUIDE

Background

Covid is a relatively new illness but our knowledge of it is improving all the time. Covid is not just a respiratory illness. It is a multisystem, systemic disease with wide ranging effects particularly on the heart, lungs, kidneys, blood vessels and brain.

Long term symptoms are common after a Covid infection and the term 'long covid' (LC) has been applied for people who still have symptoms after 12 weeks. The UK prevalence of LC is unknown, but one report estimated it at around 10% of people infected.

LC affects people of any age and does not relate to the severity of the infection, hospitalisation, admission to ITU etc. People with even asymptomatic or minimally symptomatic Covid infection can develop LC.

Causes and Symptoms

The National Institute for Health Research suggested four categories of LC: significant organ damage (e.g. heart, lungs or kidneys), post-intensive care syndrome, post-viral fatigue, and symptoms of ongoing Covid-19 infection.

The most common symptoms are;

- fatigue (physical and mental)
- shortness of breath & cough
- joint pain and chest pain

Other symptoms include:

- Migraine / headaches
- Impaired memory and concentration
- Heart palpitations
- Diabetes
- Rash
- Sleep disturbance
- Diarrhoea
- Hoarse voice
- Dizziness
- Low mood / anxiety
- Persistent fever

Rehabilitation and recovery

LC may take more than 6 months to recover from, and it should be recognized as a long-term illness. Rehabilitation may require multidisciplinary input from the GP, Long Covid Clinic, physiotherapy, occupational therapy, and occupational health. However, although recovery from COVID-19 can be slow, many people improve with time, and treatments are improving as more is known. Returning to work is part of the recovery and, even if this has to be very gradual, it will result in a quicker return to normal function.

Assessing effect on work

LC can have various physical and mental effects impacting on work including fatigue; shortness of breath; impaired standing; impaired short-term memory, concentration and attention; chest pain on exertion; and hoarse voice. These may affect mobility, manual handling, stamina, thinking / cognition, speech etc.

A phased return longer than usual may be required, and regular review and readjustment to reflect the up and down course of the condition is likely to be necessary (please see section 2 below).

Three step approach to managing Long Covid:

1. Assess effect of symptoms on work capability

Make contact with colleagues who are out of the workplace as soon as possible. This will enable early risk assessment and return to work discussions to take place.

Consider how you can help staff prepare to return to the workplace. For example, short visits to the workplace before they return could help colleagues familiarise themselves with the changes they can expect, and to experience the social distancing and infection control practices. In particular, make further considerations for staff members unable to return to work immediately due to long-covid.

Discuss how your team member is feeling and what symptoms they have. Discuss how the symptoms are likely to impact on their role in the Trust. For example, they may be unable to work full shifts, or do manual handling tasks, or walk long distances. They may not be able to stand for long periods. Hoarse voice may affect communication such as using a telephone or speaking at meetings. You may need to observe them undertaking their usual tasks to assess what they can and can't do.

Acknowledge that they may experience anxiety or low mood, and they may be worried about the future and their recovery.

Consider factors outside of work which may affect someone returning to work, and encourage them to consider any interim adjustments or changes they may need to make. For example, do they have childcare or caring responsibilities.

Identify any additional training or clinical supervision needed to support them to return.

Focus on team and peer support. Staff who are returning to the workplace after a period of weeks/months may feel nervous, anxious, and guilty. Equally, staff who have been in the workplace may feel resentment towards those shielded staff or those working from home. Managers and team leaders can help different staff members understand each other's perspectives or seek support from HR&OD to address any issues.

2. Signpost and Support

Signpost your team member to their GP to ensure they get appropriate medical advice. The GP may make a referral to the Long Covid Clinic for further tests or advice. There is no direct access to the long-covid clinic for NHS staff.

A referral to Occupational Health & Wellbeing (OH&WB) may be required for specialist advice on fitness for work and work restrictions or adjustments. This can be done in the usual way and [further information is available on staffnet](#).

Advice on phased returns, particularly where they may potentially be needed for longer than 4 weeks, should be sought from the HR Operational Team, together with professional input from the Occupational Health and Wellbeing Department.

Other adjustments that can be considered include:

- Alterations to timings (starts, finishes, breaks)
- Temporary changes to hours, e.g. shorter days, longer breaks between shifts etc.
- Workload and or task changes, e.g. less manual tasks, fewer tasks, more time to complete tasks
- Temporary changes to duties
- Working from home or combination of this and office work where appropriate

Signpost to the NHS 'Your COVID Recovery' website: www.yourcovidrecovery.nhs.uk This provides practical advice about managing the symptoms and challenges of Covid and LC.

If your team member is suffering from low mood, anxiety or other mental health problems then advise them that they can self-refer to the OH&WB counselling service on (4)37222.

Signpost colleagues to the internal support available for their health and wellbeing, as well as the national support available, via the Support Hub.

Update colleagues on changes to the team and organisation. There may have been a lot of changes in ways of working, the physical work environment, and team roles so it will be important to update each team member and re-induct them as they come back into the workplace.

Proactively check-in with any colleague who doesn't turn up for a planned shift to identify if they are experiencing any issues or barriers and signpost them to local and national support.

Consider what peer support staff members might need. For example, could staff be paired up into buddies, where a returning staff member is paired with someone who has been in the workplace for longer.

3. Regular reviews

Meet regularly with your team member to discuss how they are progressing and to reassess their fitness for work. Remember that they may go backwards as well as forwards during their recovery and they may need different support over time, so it's important to continue to focus on their wellbeing.

You might also discuss fit-notes, recommendations to maintain attendance at work, or recommendations to support a return to work. The risk assessment may also require review from time to time if there is a change in circumstances.

HR Support

You may also find it useful to refer to the Trust's policy and guidance for more information about supporting colleague wellbeing. The Operational HR Team are available to discuss any part of this process, and can help you prepare for meetings, support you with understanding and implementing medical advice, and provide policy support.

External Guidance

The Faculty of Occupational Medicine (FOM) has published guidance that employers and managers can consider to enable staff with long COVID to return to work. This guidance can be found [here](#)

The FOM guidance provides a list of practical steps including to:

- understand the symptoms of long COVID that will impact function and potentially delay staff from returning to work
- follow the general occupational health principles when arranging the return of staff with long COVID
- put adjustments in place to ensure that staff feel comfortable upon their return.

Other links that may be helpful include:

<https://www.yourcovidrecovery.nhs.uk/> (an NHS website developed by leading academic and clinical representatives from nationally recognised organisations).

icusteps.org (a registered charity run by former intensive care patients and relatives, improving the care and support available to patients recovering from critical illness during their long recovery).