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.

Supporting occupational health and wellbeing professionals

LONG COVID **MYTH BUSTER**

THE MYTH	THE REALITY	CASE STUDY
"A four-week phased return to work is usually adequate for someone with Long COVID."	In many cases, especially if there has been long-term absence from work, people with Long COVID need a slower and longer phased return to work. The work requires an individualised, regularly reviewed Return to Work Plan. The type of phased return that appears to work is one that is slow, tailored, and reviewed and where the manager and staff member can adapt the Return to Work Plan together.	MT was fully assessed for a comprehensive and personalised Return to Work Plan. He was lucky to be able to do his job from home. At the time, he thought it might take him 8–12 weeks to return fully. His vocational rehabilitation consultant thought it more likely to be 18 weeks. Due to various events linked to his condition, it actually took him 36 weeks to return to full-time hours. MT had a review call with the rehabilitation consultant approximately every two weeks, who would then amend the plan if necessary and make recommendations to MT's employer.
"The worker must be able to go back to their normal role."	The aim should be for the worker to return to their normal role, though adaptations may need to be made depending on progress. Temporary or permanent redeployment may be required. Some people with Long COVID have found they have had to stay on reduced hours. This may be part of a reasonable adjustments process.	Whilst looking at what he could do, MT learnt how to be realistic and accept what he couldn't. This meant adhering to a steady workplan and trying to avoid major relapses. It was agreed that MT should take planned and ad hoc breaks of 5–30 minutes and work to a strict daily time limit. When he felt able to, the time limit was increased in increments, and he shortened and reduced the breaks gradually in his working day as his symptoms improved. MT agreed with HR and his manager that he would let them know if he needed to stop work for the day, or for a number of days. When he needed to, his working hours were shortened for a while. His agreed duties were designed so that he was not a point of failure for his team or the organisation should he not be able to work. This sustainable work pattern enabled MT to manage his symptoms and build confidence for everyone.
"It's impossible to return to work with Long COVID because it's an unpredictable/ relapsing condition."	It's important to have a can-do approach rather than a cannot-do approach and construct an individualised Return to Work Plan which takes account of any factors which may aggravate symptoms. It's really important with Long COVID that people can manage their symptoms at work.	All options were kept on the table for MT until it was felt he had achieved everything he could in his return to work. He began with physical and technological adaptations as well as changes to his role. There were times when he felt he might plateau on reduced hours. However, with the allowance of time, and with support from the workplace, he made a complete recovery and returned fully to his previous duties.

Supporting occupational health and wellbeing professionals

LONG COVID **MYTH BUSTER**

THE MYTH	THE REALITY	CASE STUDY
"Long COVID is a psychological condition and/or is caused by colleagues' attitudes ('I got better, so why can't you?')."	The COVID-19 virus causes a range of physical health problems. It is not caused by abnormal thinking or attitude. Like any long-term condition which limits someone's ability to carry out activities, including work, Long COVID can cause significant stress.	MT, like many others, found it an unfathomable and confounding experience. Words commonly used to explain Long COVID include fatigue, but this didn't sufficiently convey MT's experience because it's not a fatigue you experience in normal everyday life or illness. The more MT tried to work and push through his symptoms and tell himself they were nothing more than imaginary or psychological, the more ill he got. This felt counterintuitive to his modus operandi of pushing on through. Once he learnt it was linked to physiological mechanisms, he was able to target them to recover. He deployed a full set of mind–body techniques and found an anti-inflammatory diet to be a major facilitator.
"Fatigue in Long COVID is typically caused by too much physical work."	Whilst this is true, it can just as commonly be caused by cognitive effort. Therefore, both physical and mental work should be paced on return to work. If a person has to do significant manual handling at work, we advise they have an occupational health review before returning to their activities because it may be a safety issue. If the work has safety-critical duties and the person has significant cognitive difficulties, we advise a workplace risk assessment.	MT works in professional services and sits all day at a desk. He was assessed with severe and chronic cognitive and physical fatigue. More than 45 minutes' work a day at a computer led to a rapid decline in his condition. Physical activities such as cooking could bring on the same. He came to realise that his body was using the same energy mechanisms whether it was physical or cognitive. If he over-exerted a type of activity, his symptoms worsened.
"COVID re-infections don't matter because everyone's going to get COVID repeatedly."	Many people with Long COVID become more ill if they have a re-infection, therefore re-infection in the workplace should be prevented as far as possible.	MT caught COVID again whilst having Long COVID. It worsened his symptoms for a period of time. Many people with Long COVID are immuno-suppressed. Colleagues were mindful of telling him if they felt unwell so that he could choose whether the level of risk in the contact was appropriate, and they could both agree a solution.

Supporting occupational health and wellbeing professionals

LONG COVID **MYTH BUSTER**

THE MYTH	THE REALITY	CASE STUDY
"It's difficult to manage staff with Long COVID."	We know how to manage people with long-term conditions at work, and so we need to apply the principles of this management for people with Long COVID and other energy-limiting conditions.	MT's rehabilitation was brought about by applying return to work principles of long-term condition management. MT's organisation and managers were willing to learn and take advice on how Long COVID can impact on workers. They took time to understand how the condition personally affected MT and were therefore able to easily manage him on an informed basis. It feels good for everybody to have been part of MT's successful return!
"Symptoms of Long COVID stay static, and individuals do not improve."	Long COVID symptoms may change over time – they may worsen or improve. It's important to maintain a dynamic approach to the worker's situation.	Over the course of his Long COVID, there were times when MT felt there was no way he would ever get better. At all times, though, he kept a flexible mindset towards his recovery. At certain points, he found he needed to signal to colleagues when he was ready to take on further duties. This is part of a healthy return to work. He was sure not to do this until he had conducted work-hardening tasks, setting himself on-the-job and off-the-job accomplishments that could simulate his abilities. Managers and colleagues encouraged and responded to this, by appropriately checking in with him to see whether he felt able to take on more.
"Long COVID is not a disability."	In an individual case it may be, and there have been tribunal cases that have ruled that the person with Long COVID has a disability. There are also cases of ill health retirement with Long COVID. Where there is a substantial impact on day-to-day activities, it is probable that the person will be considered to have a disability.	MT did not seek formal disability classification, but he knows people with Long COVID who have. The duration and nature of his condition meant he would most likely have been considered to have a disability if it were put to the test. He's glad he hasn't needed to test it, that his symptoms have improved over more than a two-year journey, and that his workplace came along on the journey and learnt with and for him.