



SUPPORTING YOUR NHS COLLEAGUES WITH LONG COVID WEBINAR

22 June 2021

WEBINAR SCHEDULE

LEAD

10:00am Introduction and opening

Jennifer Gardner, Assistant Director - *NHS Employers*

10:10am Legal considerations for employers

Nicola Green, Legal Director – *Capsticks Solicitors LLP*

10:40am COVID-19 sick pay

Alex Van Rees, Head of Employment Relations – *NHS Employers*

10:50am Break

Please use this time to take a comfort break. We will see you back at 11am.

11:00am COVID-19 return to work guidelines

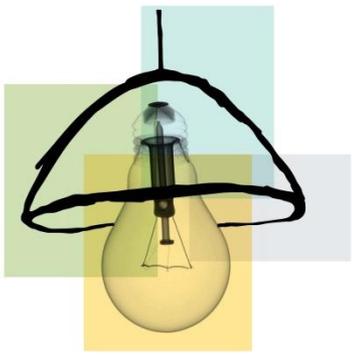
Professor Ewan Macdonald, Head of Healthy Working Lives Group - *University of Glasgow*
Professor Anne Harris, President – *Society of Occupational Medicine (SoM)*

11:30am Rehabilitation support for colleagues with long COVID

Dr Ali Hastroudi, Clinical Director and Honorary Senior Lecturer - *Guy's and St Thomas' NHS Foundation Trust*

12:00 – 12:30pm Q&A session

Your opportunity to ask questions to all of today's speakers.



Long COVID

Legal considerations for employers

NHS Employers



Nicky Green, Legal Director

What we will cover



-
- Recent guidance
 - Managing long COVID absence – non infectious COVID related absence
 - Disability and reasonable adjustments
 - Risks and support

-
- Created at the start of the pandemic and focused on the infectious period of sickness absence
 - Pay – If staff are **off sick with COVID-19**, they will be paid sick pay as though they are working
 - Sickness absence triggers - any **sickness absence related to COVID-19** should not be counted for the purposes of any sickness absence triggers or sickness management policies.

-
- People have deemed this to mean that long COVID should not be dealt with through standard sickness absence
 - But this was about infection control
 - It is guidance only – no legal requirement to follow
 - Working with trade unions to draw up high level principles

Managing long COVID



-
- Referrals to OH
 - Can you sustain the absence?
 - Capability procedures are a last resort but the guidance does not prevent employers from considering this option

Is long Covid a disability?



-
- A person (P) has a disability if
 - P has a physical or mental impairment, and
 - the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities
 - Section 6 Equality Act 2010

Normal day-to-day activities



-
- In general, what people do on a regular or daily basis e.g.
 - shopping
 - reading and writing
 - having a conversation or using the telephone
 - watching television
 - getting washed and dressed
 - preparing and eating food
 - carrying out household tasks
 - walking and travelling by various forms of transport
 - taking part in social activities

-
- *Chief Constable of Dumfries & Galloway Constabulary v Adams*
 - ME - difficulty in completing night shifts and found symptoms worsened between 2 a.m. and 4 a.m. He had to walk slowly, needed assistance or a hand rail to climb stairs, needed to be driven home at times and sometimes required help with undressing when he got home
 - symptoms "waxed and waned", but there was a consistent and persistent underlying condition.

The duty to make reasonable adjustments



-
- Does the employer operate a provision, criterion or practice (“PCP”), or is there a physical feature, which places a disabled person at a substantial disadvantage?
 - If yes, duty to take such steps as it is reasonable to have to take in order to avoid the disadvantage.
 - Section 20 EA

“Do’s” of considering adjustments



-
- **Do** discuss the situation fully and openly with the employee and seek his or her views on what changes to working practices or physical alterations might be helpful
 - **Do** make a full and proper assessment and seek medical advice about the employee’s abilities
 - **Do** give full and fair consideration to all reasonable possibilities
 - **Do** take a proactive approach to considering redeployment or alternative work

“Don’ts” of considering adjustments



-
- **Don’t** let time slip by without proactive management
 - **Don’t** make assumptions about the disabled employee’s abilities
 - **Don’t** overlook the disabled employee’s skills, experience and positive qualities
 - **Don’t** just send a vacancy bulletin when looking at alternative work

-
- Discrimination claims – not just disability but we are learning that more women and black and minority ethnic people are affected by long COVID
 - indirect discrimination
 - legitimate aim and proportionality
 - Union challenges where managed through usual sickness procedures
 - Unfair dismissal concerns where the decision is taken to dismiss

-
- Section 22 of AfC
 - The NHS injury allowance provides support for staff who sustain an injury, disease or other health condition which is attributable to their employment
 - Is long COVID attributable to employment?
 - Consider potential PI claims

Support for those with long COVID



-
- Phased returns/part time work
 - Reallocating workload
 - More agile working
 - Increased rest breaks
 - Training for managers
 - Support and staying in contact



**Alex Van Rees, Head of
Employment Relations –
*NHS Employers***





**Professor Ewan Macdonald,
Head of Healthy Working Lives
Group - *University of Glasgow***



**Professor Anne Harris,
President – *Society of
Occupational Medicine
(SoM)***



Long Covid –What is it and impact on Workability?

**Professor Ewan B Macdonald OBE
University of Glasgow**



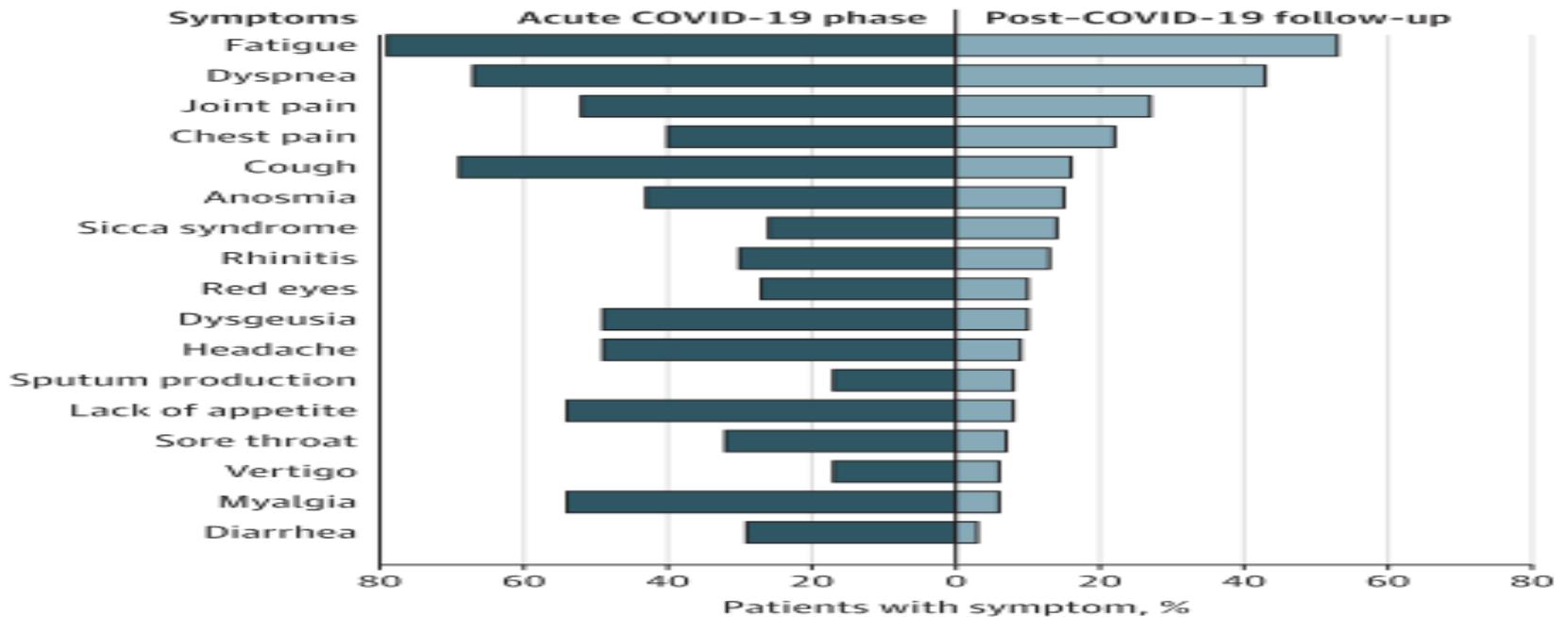
- UK Total population 66 Million
- Covid deaths -130,000 deaths
- Deaths are about ½- 1% of all cases of infection
- By March 2021 – Long Covid 1.1 million cases
- Study of 20,000 cases -13.7% symptoms for over 12 weeks
- 5 weeks Post Covid infection symptoms -23% female , 18.7% male
- Age 35-49 highest prevalence (25.6%)
- Positive covid test – more symptoms
- “prevalence of symptoms post covid infection is higher than the background prevalence”
- Symptoms-fatigue 8%; headache 7.2%; cough 7%; myalgia 5.6%



- Female age 58 – night support worker- very fit and active
- Covid 19 –March 2020- intensive care three weeks
- Extremely fatigued
- Vocal cord paralysis, breathless
- Lung scarring
- Can walk 200m with a stick in 15 min
- Physio, mental health , OT , speech therapist
- Adaptations to home
- Review January 21 , attending hospital, can walk 400m, unfit for work



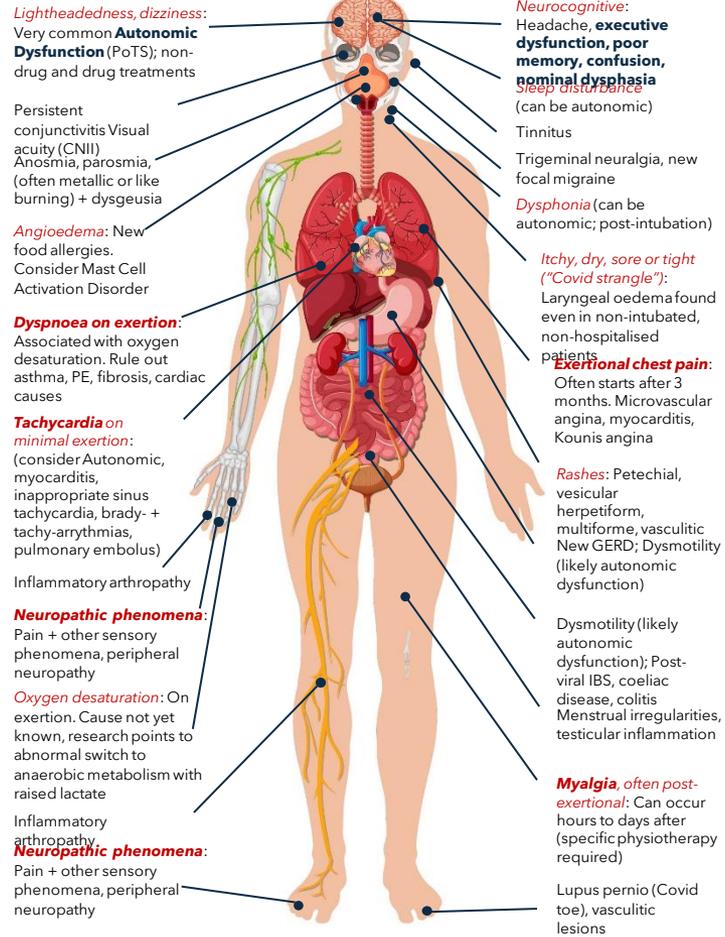
- Partner returned from holiday to Wuhan in November 2019
- Unwell , chest infection December advised to see GP- no-strongman
- January 2020 – residual breathlessness on exercise , chest discomfort
- Still working
- February – saw family doctor – referred for investigation
- Lung scarring and myocardial damage
- Reduced exercise tolerance
- Still working and reduced exercise tolerance (40%)2021



The figure shows percentages of patients presenting with specific coronavirus disease 2019 (COVID-19)-related symptoms during the acute phase of the disease (left) and at the time of the follow-up visit (right).

- CarfiA, BernabeiR, LandiF, 3-605. doi:10.1001/jama.2020Group GAC-P-ACS. Persistent Symptoms in Patients After Acute COVID-19. *JAMA*. Aug 2020;324(6):600.12603

What is Post COVID Condition?





- Extreme tiredness
- Dyspnoea
- Chest pain or tightness
- Memory or concentration “ brain fog”
- Sleep problems
- Palpitations
- Dizziness
- Pins and needles
- Joint pain
- Depression and anxiety
- Tinnitus , earache
- Nausea , gastric symptoms
- Postural hypotension
- Loss of taste and smell
- Skin rashes



- Multi system disease
- Primarily a disease of blood vessels : endotheliitis
- May lack a diagnosis of Covid 19
- New syndrome – was not recognised initially
- Often inadequate medical care
- Lack of good rehabilitation facilities
- End up being referred to occupational health by employers



- Memory loss 41% “Brain fog”
- Headache 13.1%
- Dizziness 16.8%
- Neuralgia 2.3%
- Musculoskeletal 10.7%

-Garrigues E, Janvier P, Kherabi Y, et al. Post-discharge persistent symptoms and health-related quality of life after hospitalization for COVID-19. *J Infect.* Aug 2020;doi:10.1016/j.jinf.2020.08.029

-L M, H J, M W, et al. Neurologic Manifestations of Hospitalized Patients With Coronavirus Disease 2019 in Wuhan, China. *JAMA neurology.* 06/01/2020



- Clinical care is specialised to eg cardiology, respiratory, neurology, gastroenterology etc (the bunkers of modern medicine)
- Much health care and Rehabilitation is the same
- Exceptions are geriatrics, family medicine and occupational health
- LC is a new and multi system disease
- After clinical issues have been addressed-
- Need multidisciplinary Bio-psychosocial case managed rehabilitation and vocational rehabilitation
- Liaison with the workplace



- Fatigue
- Respiratory
- Neurology
- Cognitive impairment
- Sleep disturbance
- Mental health



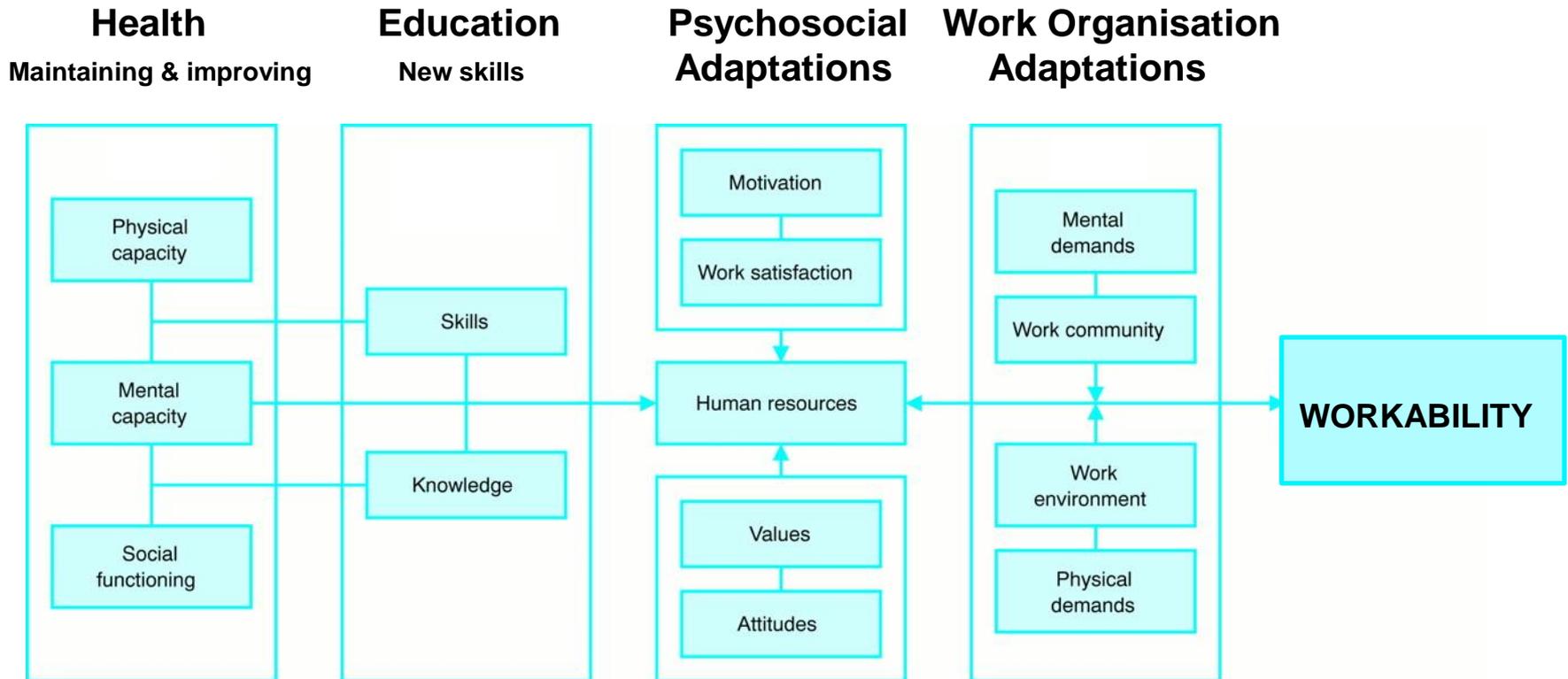
- Often young skilled workers , want to get back to work, are traumatised, usually inadequate rehabilitation
- Cognitive effect and fatigue
- Need careful assessment
- Are there any clinical issues needing medical treatment?- if so refer back to physician
- For most, need the rehabilitation of work
- Biopsychosocial case management
- Slow phased return or alternative work
- Prognosis is of improvement
- Graded exercise – 70% rule



- Significant problem and poorly understood
- Will have significant impact on the workforce and economy
- A challenge for NHS , occupational health , health and safety and employers
- Will need innovative approaches to workplace rehabilitation
- Longer phased returns to work
- Employers may not understand it
- Consider safety critical issues

The process for maintaining the workability of the ageing worker with multiple diseases

(developed from Juhani E Ilmarinen Occup Environ Med 2001;58:546)



<https://www.bmj.com/content/370/bmj.m3600>



- **Community infection levels**
- **Individual vulnerability**
- **Vaccination / Previous covid-19 infection**
- **Workplace and commute infection risk**
- **Workers concerns and expectations**
- **RTW advice given by OH**

Ref: SOM (2021) Covid-19 Return to work in the roadmap out of lockdown - guidelines

for workers, employers and health practitioners (page 4)

(https://www.som.org.uk/COVID-19_return_to_work_in_the_roadmap_out_of_lockdown_March_2021.pdf)



COVID-19 return to work in the roadmap out of lockdown: guidelines for workers, employers and health practitioners

Link: https://www.som.org.uk/COVID-19_return_to_work_in_the_roadmap_out_of_lockdown_March_2021.pdf

This resource, which features on the previous slide) produced in association with the University of Glasgow, includes a stepwise approach to risk assessment re returning to work and inform decisions to facilitate safe return to work.

COVID-19 return to work guide for managers

Link: https://www.som.org.uk/sites/som.org.uk/files/COVID-19_return_to_work_guide_for_managers.pdf

This resource offers guidance from Occupational Health and HR Professionals on how managers can support workers with ongoing symptoms following COVID-19 infection, and Long COVID, to get back to work.



Sustaining Work-Relevant Mental Health Post COVID-19 Toolkit

Link: https://www.som.org.uk/Sustaining_work_relevant_mental_health_post_COVID-19_toolkit.pdf

This resource offers focused, practical solutions to reduce, or eliminate, problems contributing to work-relevant mental ill health and is endorsed by the Royal College of Psychiatrists and the CIPD.

Presenteeism during the COVID-19 Pandemic

Link: https://www.som.org.uk/sites/som.org.uk/files/Presenteeism_during_the_COVID-19_pandemic_May_2021.pdf

This resource, written by specialist occupational and organisational psychologists, provides guidance to address presenteeism. It incorporates links to other resources, including those provided by ACAS and the HSE. The HSE talking toolkit is of particular assistance.

The key message is that managing presenteeism and ensuring people are fit for work has benefits for both employers and employees



Covid-19 return to work guide for recovering workers

This resource offers guidance for workers from Occupational Health Professionals on how to manage getting back to work after COVID-19 infection and Long COVID.

Link: https://www.som.org.uk/COVID-19_return_to_work_guide_for_recovering_workers.pdf

Mental Health Support for Small Business Owners and Team Leaders • February 2021

...nologists. Although it is primarily focused
...es it is of value to a range of other settings and

[all_Business_Owners_and_Team_Leaders.pdf](#)





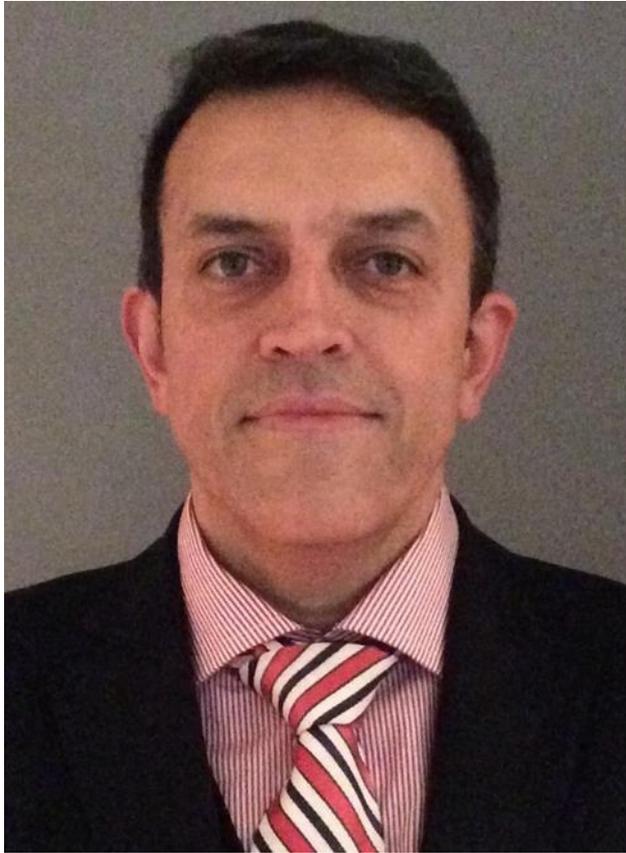
- **The Society of Occupational Medicine(SOM) have produced evidence based resources covering Covid-19**
- **They are of benefit to employers, trade unions and occupational professionals, are available on this link and at no cost:**

<https://www.som.org.uk/coronavirus-resources.php>



Thank you for listening

Long COVID clinic for staff GSTT experience



Dr Ali Hashtroudi FFOM MD LLM MSc

Clinical Director of OHS, GSTT
Head of National School of OH, HEE
Honorary Senior Lecturer, KCL

What (NOT) to expect

- Knowledge
- GSTT Clinic
- Staff side



YOU KNOW NOTHING



YOU KNOW NOTHING
WE KNOW A LOT

Knowledge

- 19 review
- Salamanna's review 11361
- So many publication good or bad?
- Cluster of symptoms
 - Non-specific: fatigue, flu like, brain fog
 - Respiratory, neurology, cardiovascular
 - Mental health

Basic informatic **YOU KNOW NOTHING**

- Epidemiology: 5 to 87%
- Cause: immune system, psychological, ...
- Diagnosis: non-specific symptoms, evidence of COVID
- Risk factors: women, increasing age, severity / number of initial COVID, comorbidity, obesity, ethnicity
- Treatment
- Prognosis

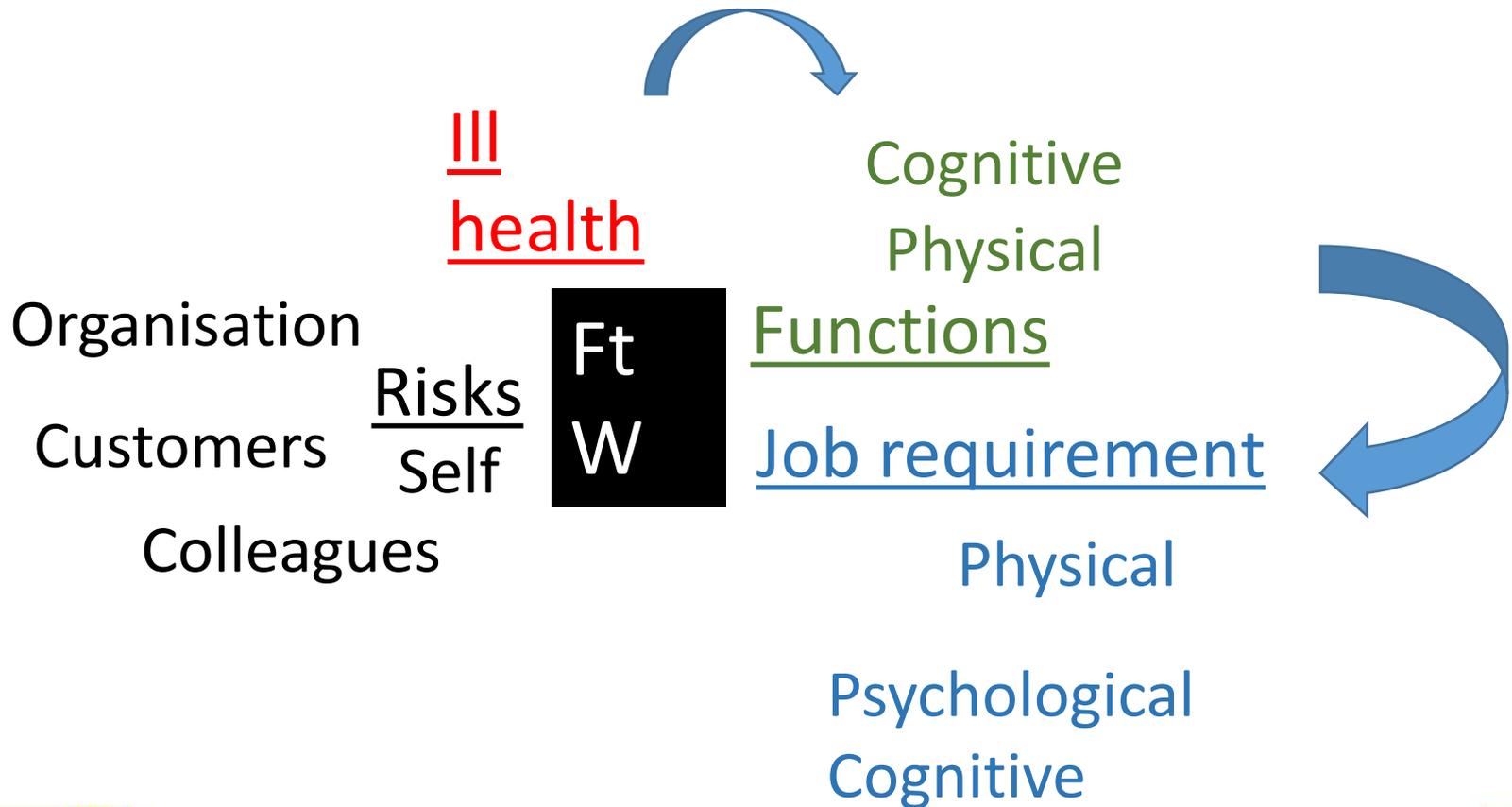
OH management

- Fitness to work assessment
- Rehabilitation

WE KNOW A LOT



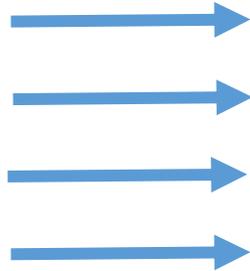
FtW assessment framework



Overlaps

Long COVID

- Fatigue
- Aches and pain
- Depression, anxiety
- Breathless



Other conditions

- CFS, mental health, ...
- MSK problem
- Common mental health
- COPD, asthma, CFS

Ill health # loss function
Illness # unfit
adjustments ~ functions

GSTT experience

- Started in February 2021
- Referral
 - No self referral yet
- OH triage
 - Red flag: severe hypoxaemia or oxygen desaturation on exercise, signs of severe lung disease, cardiac chest pain
 - OH assessment and rehabilitative advice
 - Referral

Clinic

- Run by OH physiotherapy
- Input from OT
- Referral to OH psychology
- F2F, remote
- Gradual return to activity
- Signposting



What is
COVID-19?
▼

Managing
The Effects
▼

Your
Wellbeing
▼

Your Road To
Recovery
▼



Supporting your
recovery after
COVID-19



Guy's and St Thomas'
NHS Foundation Trust

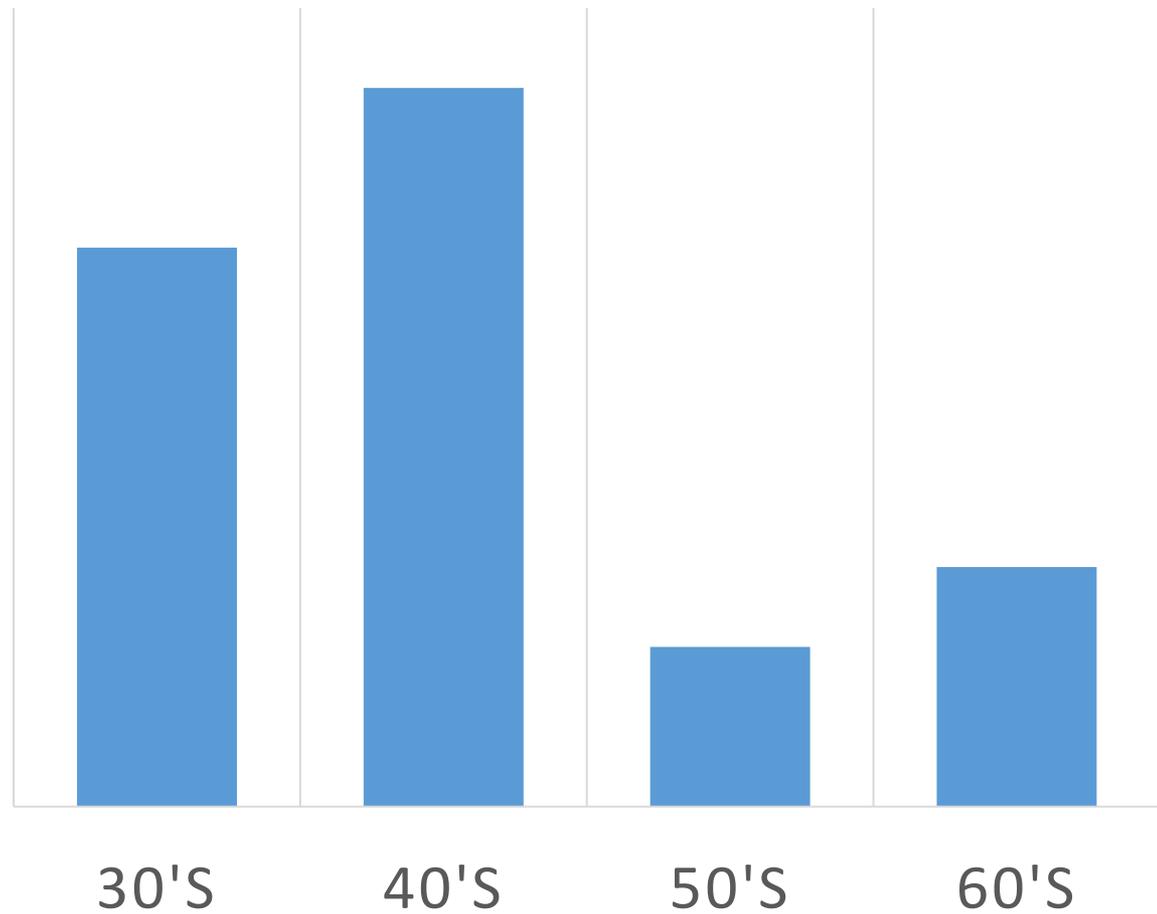
Basis stats to date

- 36 referral
- 25% DNA
- Majority single appointment
- Five 2x appointment
- One 3x appointment

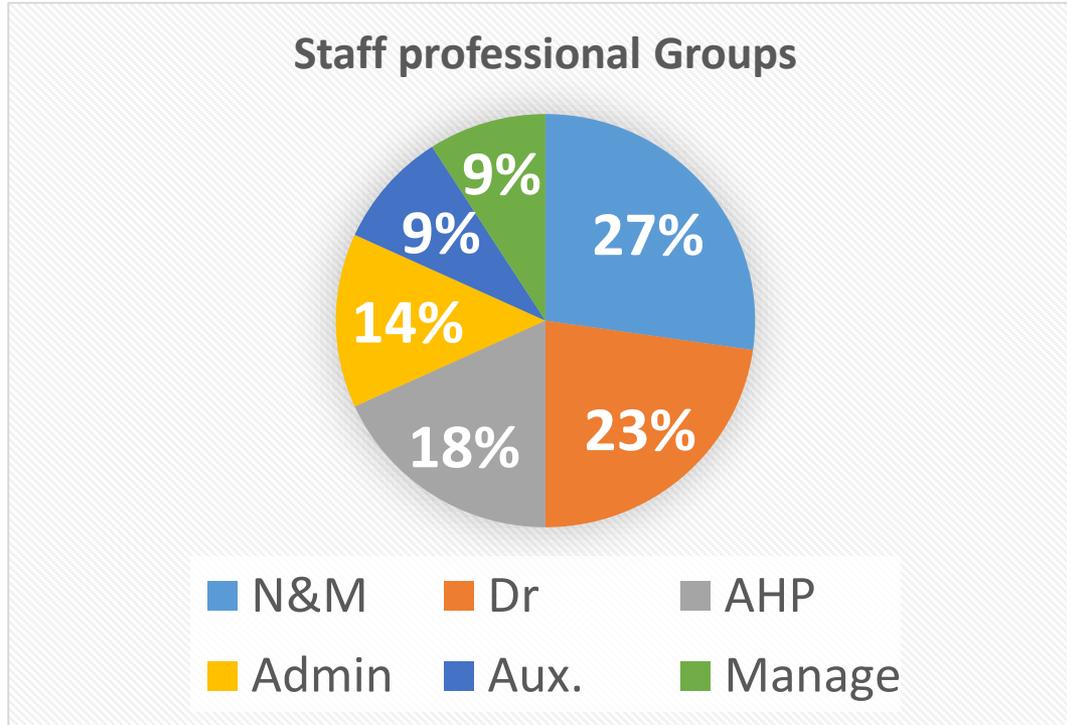


Age

- Mean age = 49

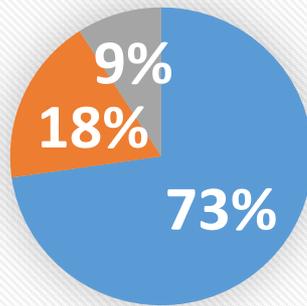


Occupational group



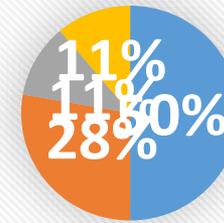
Symptoms

Primary Presenting Symptoms



- Fatigue
- MSK Pain
- Fatigue+MSK

Secondary Symptoms



- Breathlessness
- Cognitive impairment
- Neurological Symptoms
- ENT

Lesson:
SET THE EXPECTATION



Staff side involvement

- Clinic is part of health and wellbeing offer
 - Showing we care about you
- HWB strategy and governance
- Initiative leads ↔ **Forum** ↔ **Executive** ↔ **People Exec ...** ↔ Board



🔍

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Collaboration through ICS

Long COVID-19

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Prevention the best strategy

- Individual and environmental risk assessment and risk management

The screenshot shows the FOM website header with the logo 'fom' (Faculty of Occupational Medicine) and contact information 'T: 020 7242 8698'. A search bar with a 'GO' button is visible. A green navigation bar contains links for CAREERS, MEMBERS, EXAMS & TRAINING, REVALIDATION & CPD, MEDIA & EVENTS, and PUBLICATIONS & GUIDANCE. The breadcrumb trail reads: Home » COVID-19 » COVID-19 Update: Risk Reduction Framework for NHS staff at risk of COVID-19 infection. A 'Print this page' link is on the right. The main content area features a green 'Categories' button and the article title: 'COVID-19 Update: Risk Reduction Framework for NHS staff at risk of COVID-19 infection'.



Hierarchy control



- Vaccination
- Lateral flow test

Thanks

- Aliasad.hashtroudi@gstt.nhs.uk
- Ali.hashtroudi@hee.nhs.uk
- Aliasad.Hashtroudi@nhs.net





Question and answer session

Please type your questions
for our speakers into the chat
box.



Contact us

- healthandwellbeing@nhsemployers.org
- @NHSE_Wellbeing
- [NHS Employers health and wellbeing](#)