

Guidance for healthcare professionals on return to work for patients with long-COVID

General occupational health principles

- Work is generally good for health
- Work provides purpose, boosts self-esteem and enables financial independence (10)
- Worklessness is associated with poor physical and mental health and increased risk of self-harm (11)
- The risk of falling out of work increases steeply with the length of time someone has been on sick leave
- After six months of sick leave, the probability of a person not being able to return to work is approximately 50% (12)
- Return to work is an effective part of rehabilitation from many illnesses and is important to patients (12)

Symptoms of long-COVID which commonly impact on function and may impede return to work

- Fatigue, shortness of breath, chest pain and neurocognitive impairment (3)
- These symptoms may also impede travel to work



- An individual does not need to be 100% fit to return to work (12)
- If a person has ongoing symptoms which are impairing their function, they might not be able to return to their work without workplace adjustments or adjustments to their travel to work (12)
- Many people work effectively despite significant illness or disability, mainly if they are provided with suitable support in the workplace (12)

Practical steps for healthcare professionals

Current health

- Establish the level of current care and ongoing symptoms
- Assess the need for investigation of the person's symptoms to exclude underlying organ damage, as per national guidance (2)
- Ensure that the person is aware of local NHS resources for post-COVID-19 syndrome
- As with any long-term condition, identify and manage co-morbid depression or anxiety which may become more of a concern the longer someone is away from work
- Enquire about sleep patterns and give sleep hygiene advice if required (see resource list)

Work

- Ask the person what their occupation is
- How many hours per week do they work?
- What does a normal workday involve?
- Concentrate on the aspect of the patient's job that might be affected by their functional impairment. For example, if they are suffering from shortness of breath, does their job involve physical exertion? If they are suffering from fatigue, does their role involve working long shifts?
- Establish if their work is 'safety critical', for example, working with machinery, driving or frontline emergency services

Work and health

- Ask the person what they believe are the main factors impeding their return to work
- Ask them if they can identify solutions to their return to work obstacles
- Tailor and adapt the person's return to work with their symptoms
- Give reassurance that an increase in symptoms on return to work is unlikely to mean harm in most people
- Do they need adjustments to their work to enable them to return (e.g. flexible hours/working from home/special equipment)?
- Encourage them to liaise with their employer to see if the adjustments could be facilitated
- If they need assistance with paying for any adjustments, they or their employer may be eligible for financial assistance from Access to Work (<https://www.gov.uk/access-to-work>)
- Ask if they have access to occupational health advice via their work; if they do, encourage them to make contact with their occupational health department

Statement of Fitness for Work

If you and your patient agree that they may be fit to return to work with adjustments, then a 'maybe fit to work' fit note should be completed.

This should indicate that you think the patient may be fit for work and you need to complete the 'adjustments' and 'functional effects' sections, giving as much detail as possible.

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms

I assessed your case on: 1 2 3

and, because of the following condition(s):

I advise you that:

☐ you are not fit for work.

☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work ☐ altered duties

☐ altered hours ☐ workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for 1 2 3 or from 1 2 3 to 1 2 3

☐ I will/will not need to assess your fitness for work again at the end of this period. (please delete as applicable)

Doctor's signature: _____

Date of statement: 1 2 3

Doctor's address: _____

Med 3 8418

Supplementary policy and guideline documents

- NICE guidance on Long Covid NG163 COVID- 19 rapid guideline: managing symptoms (including at the end of life) in the community (13)
- NICE QS158 Rehabilitation after critical illness in adults (14)
- Your COVID recovery (15)
- RCPsych sleep hygiene leaflet (16)
- Access to work (17)
- British Thoracic Society Guidance (18)
- National Guidance for post-COVID syndrome assessment clinics (19)

Guidance development group on behalf of the Faculty of Occupational Medicine

Dr Ira Madan Consultant and Reader in Occupational Medicine, Guy's and St Thomas' NHS Trust and King's College London. Academic Dean Faculty of Occupational Medicine (Chair)

Dr Tracy A Briggs expert by experience

Professor Carolyn Chew-Graham GP Principal, NHS Manchester and Professor of General Practice Research, School of Medicine, Keele University

Paul Cullinan Professor of Occupational and Environmental Respiratory Disease, Consultant Physician, National Heart and Lung Institute, Imperial College London

Dr Max Henderson Associate Professor & Consultant Liaison Psychiatrist, Leeds Institute of Health Sciences, University of Leeds

Dr William D-C. Man Royal Brompton & Harefield NHS Foundation Trust and National Heart & Lung Institute, Imperial College

C Rayner expert by experience

Review date: 31 October 2021

We convened a multidisciplinary guideline group to develop the guidance working within the following parameters:

1. We used the NICE guideline's definitions of long COVID-19 (*Ongoing symptomatic COVID-19* (long COVID 4 to 12 weeks) and *Post-COVID-19 syndrome* (long COVID 12 weeks or more)).
2. We focussed on functional impairment which may lead to impediment to return to work. We avoided advising on the management of symptoms, but instead referenced current evidence-based sources. The pathogenesis of long COVID-19 is out with this guidance.
3. We only referenced papers which have been published in peer-reviewed publications. We identified papers from our expert knowledge within the guidance group, supplemented by a check that we had not missed any publications using the following electronic search.

We searched CINAHL, EMBASE, Medline and PsycINFO for articles from inception to 31/03/2021 using the following search terms:

 - ('Return to Work' AND 'long COVID').ti,ab
 - ('Return to Work' AND 'COVID').ti,ab
 - (('Return to Work' AND 'COVID') AND 'long').ti,ab
 - (('Return to Work' AND 'COVID') AND 'persistent').ti,ab
 - ('Return to Work' AND 'SARS-Cov 2').ti,ab
 - (('Return to Work' AND 'SARS-Cov 2') AND 'persistent').ti,ab
4. Where we were unable to find any evidence to the contrary, we have given guidance based on general occupational health return to work principles.
5. The final guidance was reviewed and approved by the Faculty of Occupational Medicine's publications approval sub-committee.

1. Perego E, Callard F, Strass L, Melville-Jóhannesson B, Pope R, Alwan N. Why the Patient-Made Term 'Long Covid' is needed. *Wellcome Open Research* 2020; 5:224. doi: 10.12688/wellcomeopenres.16307.1
2. COVID-19 rapid guideline: managing the long-term effects of COVID-19 NICE, SIGN, RCGP, 2020
3. Carfi A, Bernabei R, Landi F, Group ftGAC-P-ACS. Persistent Symptoms in Patients After Acute COVID-19. *JAMA* 2020; 324:6 603-5. doi: 10.1001/jama.2020.12603
4. Garrigues E, Janvier P, Kherabi Y, Le Bot A, Hamon A, Gouze H, et al. Post-discharge persistent symptoms and health-related quality of life after hospitalization for COVID-19. *Journal of Infection* 2020; 81:6 e4-e6. doi: 10.1016/j.jinf.2020.08.029
5. Townsend L, Dyer AH, Jones K, Dunne J, Mooney A, Gaffney F, et al. Persistent fatigue following SARS-CoV-2 infection is common and independent of severity of initial infection. *PLoS One* 2020; 15:11 e0240784. doi: 10.1371/journal.pone.0240784
6. Halpin SJ, McIvor C, Whyatt G, Adams A, Harvey O, McLean L, et al. Postdischarge symptoms and rehabilitation needs in survivors of COVID-19 infection: A cross-sectional evaluation. *Journal of Medical Virology*. doi: 10.1002/jmv.26368
7. Mandal S, Barnett J, Brill SE, Brown JS, Denny EK, Hare SS, et al. 'Long-COVID': a cross-sectional study of persisting symptoms, biomarker and imaging abnormalities following hospitalisation for COVID-19. *Thorax* 2020; thoraxjnl-2020-215818. doi: 10.1136/thoraxjnl-2020-215818
8. Living with Covid19. NIHR, 2020
9. Kingstone T, Taylor AK, O'Donnell CA, Atherton H, Blane DN, Chew-Graham CA. Finding the 'right' GP: a qualitative study of the experiences of people with long-COVID. *BJGP Open* 2020; bjgpopen20X101143. doi: 10.3399/bjgpopen20X101143
10. Black C. Working for a healthier tomorrow. Dame Carol Black's Review of the health of Britain's working age population. Norwich UK: TSO (The Stationary Office); 2008.
11. Health matters: health and work. PHE, 2019
12. Waddell G, Burton AK. Concepts of rehabilitation for the management of common health problems: The Stationary Office; 2004
13. COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. NICE, 2020
14. Rehabilitation after critical illness in adults. NICE, 2017
15. Your Covid Recovery. NHS. 2020. [Accessed 08/12/20]. <https://www.yourcovidrecovery.nhs.uk/>
16. Sleeping well. RCPsych. 2020. [Accessed 08/12/20]. <https://www.rcpsych.ac.uk/mental-health/problems-disorders/sleeping-well>
17. Access to Work. Gov.uk. 2020. [Accessed 08/12/20]. <https://www.gov.uk/access-to-work>
18. British Thoracic Society Guidance on Respiratory Follow Up of Patients with a Clinico-Radiological Diagnosis of COVID-19 Pneumonia. British Thoracic Society, 2020
19. National Guidance for post-COVID syndrome assessment clinics. NHS. 2020. [Accessed 08/12/20]. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/10/C0840_PostCOVID_assessment_clinic_guidance_5_Nov_2020.pdf