![SOM logo — Supporting occupational health and wellbeing professionals]
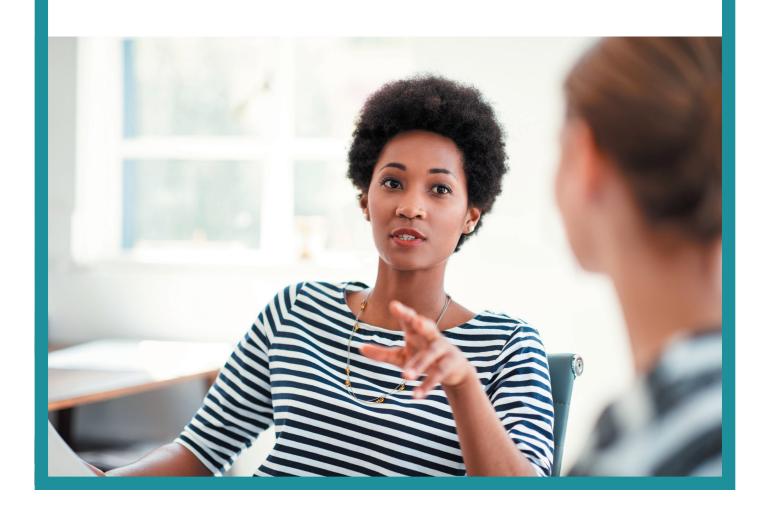
COVID-19 return to work guide

For managers

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

Occupational Health Professionals specialise in health and work and have professional expertise in helping people return to work after illness. Occupational Health Professionals have working knowledge of the workplace and together with their medical knowledge they are best placed to advise on workplace health and prevent people being made sick by their work.

The guidance draws from the latest evidence and has been developed by experts working in OH, Human Resources, Psychology, Rehabilitation, and people with Long COVID.

KEY POINTS TO SUPPORT RETURNING WORKERS

What is the post-COVID experience?

We are still learning about the impact of COVID-19, but we know that:

- one in five people have symptoms after four weeks, and one in ten have symptoms for 12 weeks or longer. For some, symptoms may last many months

- symptoms can be unpredictable and fluctuate over time

- common symptoms include extreme fatigue, breathlessness, muscle and joint pain, chest pain and mental health problems, among others

- most workers with ongoing symptoms will need workplace accommodation, but some may not.

The unpredictable and fluctuating nature of Long COVID means that some returning workers may need to return to work gradually, over a long period of time – building up work capacity.

Why are managers important in supporting return to work?

As a manager you are often the first point of contact. Evidence shows that line managers have a significant impact on successful return to work; what you do and how you behave can affect whether the returner is able to return to and stay in work. You do not need to be an expert in Long COVID or have all the answers, but it is important that you are there to support the returning worker, listen to their concerns and act where you can.

The importance of working together to find a solution

Everyone is different. Each person will require different levels of support depending on their role, their long-term symptoms, their work environment, and personal situation. It is important to listen to the returning worker's needs and concerns, allow them to be proactive in making changes that allow them to manage their health and work, and work together to find solutions that work for them and your team.

Key steps to follow when supporting your returning worker

Following these steps will give your returning worker the best chance of getting back to work safely and staying at work. More information on each step is provided in the guide.

> *Step 1:* Stay in touch while the worker is absent from work.
>
> *Step 2:* Prepare for the worker's return.
>
> *Step 3*: Hold a return to work conversation.
>
> *Step 4:* Provide support during the early days of the return to work.
>
> *Step 5:* Provide ongoing support and review regularly.

Using this guide

You will find information in this guide to help you support workers returning to work following a COVID-19 infection or Long COVID. This information can work alongside your organisation's existing absence management practices.

Remember, if you are not sure of what to do reach out to your Human Resources contact. You do not need to do this on your own.

> *The Faculty of Occupational Medicine has produced a guidance document for managers on facilitating return to work of employees with Long COVID – see* https://www.fom.ac.uk/wp-content/uploads/longCOVID_guidance_managers_02_small.pdf

1. WHAT IS 'POST-COVID' AND 'LONG COVID'?

For many people, COVID-19 symptoms last a couple of days, though symptoms can commonly last two-four weeks. We call this 'acute' COVID. 'Long COVID' is a term often used after four weeks if symptoms are still stopping them doing normal activities. Other terms used to describe the same condition include 'ongoing symptomatic COVID-19' (symptoms from four-12 weeks) and 'post-COVID-19 syndrome' (12 weeks or more).

We are still learning about the impact of COVID-19, but we now know that:

- one in five people have symptoms after four weeks, and one in ten have symptoms for 12 weeks or longer. For some, symptoms may last many months

- there is significant variation in symptoms between individuals and no defined diagnostic pathway for Long COVID

- Long COVID symptoms can be unpredictable and symptoms fluctuate over time; for some people symptoms are ongoing, for others they come and go

- common symptoms include:

  » fatigue – tiredness not improved by rest

  » breathlessness

  » muscle and joint pain

  » chest pain

  » cough

  » mental health concerns including anxiety and depression

- other symptoms include headaches, difficulties thinking and finding the right words, heart and blood pressure problems, loss of smell, skin rashes, digestive problems, loss of appetite, sore throat, among others.

Long COVID can have unusual patterns: relapses, and phases with new, sometimes bizarre, symptoms. An initially mild or even asymptomatic case can be followed later by severe symptoms impacting markedly on day-to-day activities.

A word of reassurance: although recovery from COVID-19 can be slow, many people improve with time, and treatments are expected to improve as more becomes known. Returning to work is part of the recovery, even if it must be flexible or involve reduced hours and pacing over many months.

2. WHY ARE MANAGERS IMPORTANT IN SUPPORTING RETURN TO WORK?

The experience of being unwell, especially with Long COVID with its fluctuating and unusual symptoms, can be concerning both for the worker and the manager but it does not need to be – the advice in this leaflet will help you support your colleagues back into work.

Everyone's experience after COVID-19 is different and is challenging for some, yet for many people getting back to work in some capacity (not necessarily full time or to the same duties) is important for financial reasons, improving mental health, social reasons and to give them the best chance of staying in work – it may even help them recover.

As a manager you play a vital role in supporting your worker back to work. As a manager you are:

- often the first point of contact for the worker

- best placed to help them to feel valued and help them to retain a sense of identity when they are not at their best

- able to put in place job modifications or work adjustments to enable them to cope with both job and health on their return.

3. WHAT SHOULD I DO TO HELP SOMEONE WITH LONG COVID RETURN TO WORK?

Everyone is different. Each person will require different levels of support depending on their role, their long-term symptoms, their work environment, and personal situation. It is important to listen to their needs and concerns, allow them to be proactive in making changes that allow them to manage their health and work, and work together to find solutions. Following these steps will help plan what can be done, and enable you to give your returning worker the best chance of getting back to work safely, and staying at work.

Step 1: Stay in touch while the worker is absent from work.

- **Maintain contact** - let them know you are thinking of them. Agree how you will stay in touch (frequency; via phone or email).

- If the worker is off work for longer than seven days, they will be required to provide a **Fit Note**. If they do not supply this, ask them for it.

- **Agree what to tell others.** It is helpful to agree what information should be shared with colleagues and clients, but respect confidentiality.

- If you have **access to occupational health (OH) and/or psychological/wellbeing support services** through your workplace (e.g. an EAP or OH service) remind your colleague of the support available and how to access it. OH teams are well experienced in advising on adjustments and support, communicating advice to relevant managers after obtaining worker consent.

- **Give them permission to rest and recuperate**. Many people feel guilty about being off work and this can hinder their recovery – let them know you are here to help and support, rather than ask them when they think they will be returning.

Step 2: Prepare for the worker's return.

- **Some people may require medical clearance before returning to work** - for example, where work involves high exertion or stress, safety-critical roles, or when workers have pre-existing health conditions that have deteriorated due to COVID-19.

- **Put yourself in their shoes**: How would you feel if you had been seriously ill and unsure about whether you would fully recover? Try to think about how the person might be feeling, what they might be concerned about and what their priorities might be.

- **Arrange a return to work conversation to agree a Return Plan.** Some workers may well experience fluctuating symptoms and may take time to be able to work at the same level as before. Be prepared to be flexible and for things to change over time – you may need to change the Plan.

- **Consider using Access to Work**, a government organisation which finances and supports workplace adjustments to keep employees in work. The returning worker must contact them, and a meeting will be organised to identify the support they need.

Step 3: Hold a return to work conversation.

- **Before the conversation** think about modification to the job and duties that may be workable options and ask them to do the same. Make sure they come to the meeting prepared to tell how their condition might impact on their work, what tasks they feel able to do now and, importantly, what modifications will help them do (part of) their job. Remind them to take advice from their doctors or occupational health (OH) on anything they should and should not do. It can be helpful to involve Human Resources, partners, or union representatives.

- **During the conversation** take time to check-in and set them at ease, ask how they are, ask if there is anything they are worried about and explore solutions. Talk about possible job modifications, work priorities, work schedule for the first weeks of their return – ask for their ideas. Explain that you will monitor and review how things are progressing. Discuss what the first day and week of work might involve. Agree on a Return to Work Plan that you are both comfortable with. It needs to be doable, so make sure it sets out who needs to do what and when. It also needs to be flexible because until you try, you will not know what works for you both. It is often good to share the Plan with OH, HR, or possibly work buddies.

Step 4: Provide support during the early days of the return to work.

- **Make sure you are available to welcome them back** on the first day.

- **Give them permission to take things slowly to start with** as this will prevent them feeling overwhelmed and reduce the risk of further absence.

- **Remind them of the work priorities, schedule, and modifications you have agreed** and check these are in place and working well.

- Ensure that the returned worker is **updated on any new changes that have been made** to the way work is done, introduced to new colleagues, recent news etc.

- **Arrange regular check-ins** to talk through how they are managing their health and work.

Step 5: Provide ongoing support and review regularly.

This is where it is a bit different from usual return to work. Because the symptoms after COVID-19 fluctuate and change over time, it is even more important that workloads/job modifications are regularly reviewed. If available, regular review of progress following return to work with an Occupational Health Professional is recommended. This way you can anticipate problems and ensure that your colleague has the best possible chance of managing any ongoing symptoms and staying in work.

- **Communicate regularly and openly** – arrange check-ins to see what is working and what needs to be reviewed.

- **Review workloads** and agree to gradually increase the duties as time goes on – sometimes this will mean over months rather than weeks. For some people, a successful return will be more likely if this is at a slow pace. This is likely to prevent relapse and further absence. For a few, ongoing symptoms may mean that they are unable to meet the requirements of the job – if so, it could be time to talk about a change of duties or redeployment.

- **Seek advice from Human Resources, where appropriate**. Interim policies on COVID-19 may need to be implemented, particularly about sickness absence and the need to support rather than penalise those who need an extended period of absence or modified duties.

- Extended absence or modified work may have implications for staff training, please consider how this could affect training requirements, particularly in regulated professions.

4.   EXAMPLES OF JOB MODIFICATIONS

There are lots of possible modifications or small changes that can make it easier for returning workers to manage their health and their work. Occupational Health Professionals see the best results when manager and worker figure this out together. Be flexible. Do not be afraid to make suggestions and encourage ideas from your colleague. Obviously, you may not be able to accommodate every suggestion, but usually it is possible to find workable modifications to suit the job. The key thing is to have a plan you both agree on.

Phased return and working hours.

Because of the duration and impact of post-COVID symptoms, people may need a gradual return to work, also known as a 'phased return'. A standard, short, phased return is unlikely to be adequate in Long COVID. Phased returns can be adapted as time goes on, which may be many weeks or months.

For those workers with fatigue symptoms remote working and 'pacing' (i.e. working with rest breaks as determined by symptoms) is important. Some workers may be able to continue their full hours, for others a planned reduction of working hours could be more effective.

Sometimes workers with Long COVID can relapse if they overdo it, perhaps not until days later. You will need to be guided by the worker (and be aware that they too are still learning how to live and manage with their symptoms).

Other examples:

Modifications should be tailored to the individual and will depend on what their specific symptoms and limitations are, how they affect their ability to do things and the job role. Individualised recovery and rehabilitation plans are necessary. Some of the following may seem obvious, but it is useful to formalise these to ensure that they happen.

- Alterations to the timing of work (starts, finishes, and breaks).

- Alterations of hours worked e.g. shorter days, days off between workdays.

- Alterations to shift work e.g. consider suspending late or early shifts and/or night duty, so the individual works when at their best.

- Alterations to the patterns of working e.g. pacing, regular and/or additional breaks.

- Alterations to workload e.g.

    » fewer tasks than normal within a time

    » more time to complete usual tasks and not to work to tight deadlines.

- Temporary changes to duties or tasks ('altered tasks').

- Support:

    » clear line of help – someone to ask or check with

    » a 'buddy' system

    » time off for healthcare appointments

    » not working in isolation.

- Clear objectives and review mechanisms.

- Working from home part of the time where possible.

- Regular checks on whether the symptoms are fluctuating.

- If you think the medical condition is likely to be considered a disability, the employer may have extra legal requirement to make reasonable adjustments. Seek advice from OH/HR.

5. HOW CAN OCCUPATIONAL HEALTH SERVICES HELP YOU AND YOUR RETURNING WORKER?

Occupational Health Professionals recognise that when duration of illness is long, returning to work too soon or to a full workload can cause relapse. They can help in the following ways:

- carry out an individualised assessment, generating an individualised recovery and rehabilitation plan and ensuring relevant medical investigations have been performed

- they are experienced in assessing employees with new health conditions, poorly understood conditions, and at evaluating the impact of symptoms on functioning

- contribute to an individualised workplace/task risk assessment with you and your colleague

- consider safety of the individual worker and their co-workers

- put in place health surveillance if adjustment to standard health assessment is required for some other risk.

If you do not have access to occupational health, you can find more information here:

https://www.som.org.uk/find-an-oh-professional

6. THE MANAGER'S OVERALL RESPONSIBILITIES

Your role is to support the returning worker by maintaining open communication and supporting work modifications where possible. You do not need to have all the answers. If you are not sure what to do or need help and advice, ask for help from other managers, your Human Resources professional or Occupational Health Professional.

If you work for a large organisation, make sure you know where to find information about the following:

- wellbeing and psychological support pathways (e.g. counselling, Employee Assistance Programme contact details, staff networks)

- rehabilitation support (e.g. physiotherapy)

- practical support, on issues such as childcare and long-term health conditions.

If you do not think your organisation's return to work processes are working to support your returning worker, we would encourage you to ask your Human Resources professional for advice.

COVID-19 is a new illness; therefore this is an interim document which will be updated as new information arrives.

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