APEX
Allied Scientific and Technical

Long Covid Newsletter

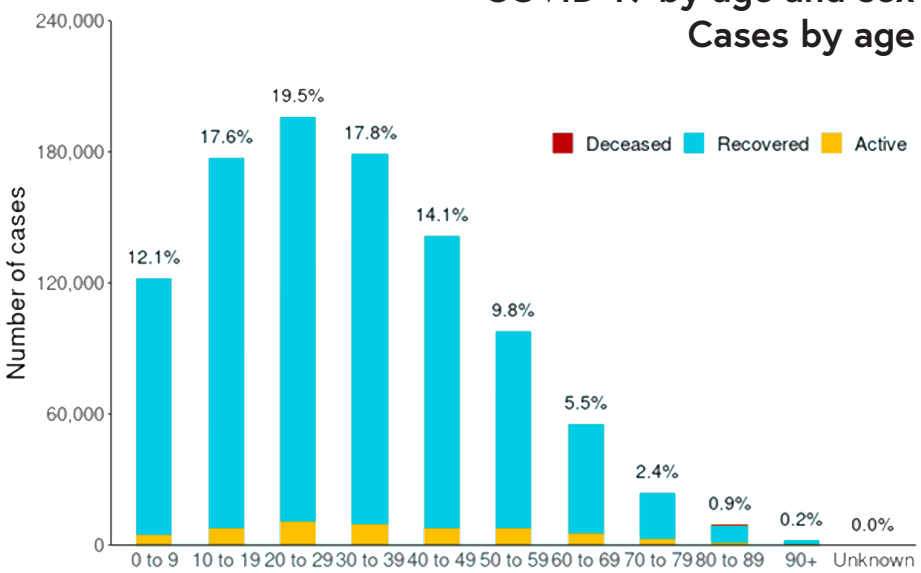
Thanks to all our members who participated in our Covid survey, your time and input is appreciated.

First a summary of the survey results before talking further about what we are doing in this space and then some advice to members; this advice may change as things become clearer, but for now…

27.5% of our members who participated have had covid, primarily omicron. This is slightly higher than the general population (around 24%) but could be accounted for by the higher number of women in our membership and our older age spectrum. Data from the Ministry of Health confirms more women have had covid than men (53% of women and 47% of men) and that the younger age groups have a higher incidence.

68 members used more than 10 days leave to recover and 93 returned to work earlier than they wanted to primarily due to short staffing and workload on remaining colleagues. This is important data as early return to work when not fully recovered appears to increase the risk of long covid.

COVID-19 by age and sex
Cases by age



So what is Long Covid? First the definitions:

1. **Acute COVID-19:** signs and symptoms of COVID-19 for up to 4 weeks

2. **Ongoing Symptomatic COVID-19:** ongoing signs and symptoms of COVID-19 from 4 to 12 weeks

3. **Post COVID-19 Syndrome:** signs and symptoms that develop during or after an infection consistent with COVID-19, continues for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body. POST-COVID-19 syndrome many be considered before 12 weeks while the possibility of an alternative underlying disease is being assessed.

4. **Long COVID** is commonly used to describe signs and symptoms that continue

or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 and post-COVID-19 syndrome.

Quick few things to remember:

1. Signs and symptoms of COVID-19 and particularly post-COVID-19 syndrome and Long COVID-19, fluctuate. A person may experience changing symptoms and ones at varying intensity over time.

2. A diagnosis of Long COVID is made on signs and symptoms; a positive COVID-19 test is not required.

3. International research confirms that many affected report relapsing after they thought they were ready to return to work and on average 9 of the following symptoms will be experienced by an individual:

   - Chest tightness, pain and palpitations
   - Fatigue
   - Cognitive impairment[1]
   - Headache
   - Dizziness
   - Delirium
   - Visual disturbances
   - Mobility impairment
   - Abdominal pain, nausea and vomiting
   - Diarrhoea
   - Weight loss and reduced appetite
   - Joint pain and muscle pain
   - Tinnitus and earache
   - Sore throat
   - Loss of taste and/or smell
   - Nasal congestion
   - Skin rashes
   - Hair loss
   - Symptoms of depression and anxiety
   - Sleep Disturbances
   - Peripheral neuropathy symptoms[2]
   - Fever
   - Pain

4. Long COVID-19 is a new illness with evidence on how to treat it rapidly emerging and evolving.

5. Symptoms of COVID-19 may also impede employee's ability to travel to work.

Why is supporting a positive return to work programme a good idea?

- Most employers seek to be good employers and caring for the whole person (being the employee) is part of that goal.

- Taking a proactive and rehabilitative approach is the right thing to do.

- We should support good health amongst our workforce and promote wellbeing.

- Work is generally good for health. It provides purpose, enables financial independence, and boosts self-esteem. By contrast, worklessness is associated with poor physical and mental health.

- We have critical workforces suffering significant stress and shortages who we need to nurture and keep in work for the longer term. The risk of falling out of work increases steeply with the length of time someone is away on sick leave.

- Return to work is an important and effective part of rehabilitation.

What do we believe we should be doing to support the return to work of employees with post-COVID-19 syndrome and Long COVID-19?

For starters:

- We believe our approach should be one of support and encouragement however the evidence suggests returning too early to full duties could promote relapse so is to be avoided.

- Discussions should be supportive and facilitative: there is no blame here, and this is not a disciplinary process but a rehabilitative one.

- Managers and employees should stay in touch about potential return to work dates as well as discussing change to duties that can facilitate return to work. Managers should take the time to listen to the employee and understand the difficulties and concerns

they are experiencing.

- 100% fitness is not required to return to work, but the duties undertaken, hours of work etc accommodated to ensure the return to work is supportive and beneficial to the recovery phase. Any changes should be agreed.

- Potential changes to duties could include:
  1. Alteration in numbers of days or hours worked.
  2. Shorter days, more breaks, later starts or earlier finishes.
  3. Change of hours to avoid travelling at peak times.
  4. Alternative means to travel to work.
  5. Access to rest areas, longer break periods.
  6. Non physically demanding work.
  7. Working from home.
  8. Phased return to work, gradually increasing the days/hours worked over a period of several weeks.
  9. Temporary transfer off nights and shifts to regular daytime hours.

- If available, occupational health assessment is advised as well as reassessment should the need arise. Any advice from the employee's doctor should also be respected.

- We should be aware of the type of work being performed, for example shift work may be difficult if poor sleep or fatigue are symptoms.

- Symptoms of Long-COVID-19 fluctuate and adjustment may be needed as the rehabilitation progresses. A review weekly is encouraged.

- Temporary redeployment with the agreement of the employee may be considered if adjustment to work and duties in the normal place of work is impossible.

So what to do now?

We have an issue, but so far it isn't "a big one". The DHBs collectively have recorded 10 long covid cases amongst their workforce at this time, so prevalence may be low.

If you returned to work early from COVID or if you had to have a slower return to work than usual, you should make a note of the details. If you think you may be suffering long covid, you should get that confirmed by your GP, if you have one alert your occupational health team and if necessary your manager. By "if necessary" we mean if you need a more flexible return to work programme.

Any difficulties, let your advocate know here at the APEX office.

The Unions are currently working with the DHBs looking to support a positive return to work programme for those affected by COVID-19. Once that work has progressed, further conversations with our non DHB employers will occur.

The question of what an employee will be paid during the return-to-work phase is also currently being considered by the Unions and DHBs; more to follow on this. And likewise, is a matter we will have to take up with our other employers once the DHB position is known.

1. Also referred to as "brain fog", loss of concentration or memory issues

2. pins and needles and numbness