

# **NHS Wales guidance for managers on supporting employees on long term sickness absence with a diagnosis of post-COVID-19 syndrome**

## **Definition**

The following clinical definitions for the initial illness and long COVID-19 have been developed jointly by NICE, the Scottish Intercollegiate Guidelines Network (SIGN), and the Royal College of General Practitioners (RCGP):

- acute COVID-19: signs and symptoms of COVID-19 for up to 4 weeks
- ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from 4–12 weeks
- post-COVID-19 syndrome: signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis.

## **Introduction**

For some of our workforce, COVID-19 has caused symptoms that have lasted for weeks or months after the initial infection. This is referred to in this guidance as “post-COVID-19 syndrome”, but also applies to employees who have been diagnosed in accordance with the NICE clinical definitions (above). Post-COVID-19 Syndrome is used to describe four weeks (or more) of continuing symptoms and an individual’s personal difficulty to perform their normal activities, routine and occupation. Typically, post-COVID-19 syndrome include persistent fatigue, shortness of breath, brain fog (cognitive challenges), insomnia, dizziness, depression, anxiety (and a range of other symptoms which can be found on the [Public Health Wales website](#)). Post-COVID-19 syndrome is more common within our society than we would expect, with The Office for National Statistics estimating that one in five people have symptoms after five weeks and one in ten experiencing symptoms for 12 weeks or longer.

While recovery from post-COVID-19 syndrome can be slow, treatments are improving as more is known about the illness and many people improve, albeit in some cases, over a prolonged period. An employee may have concerns about the prospect of returning to work after having time off with post-COVID-19 syndrome (particularly if they have still not fully recovered) and may require additional support from their manager and organisation.

The purpose of this document is to provide guidance for managers and assist them in facilitating, enabling and supporting employees, who have had a post-COVID-19 syndrome diagnosis, to return to work where it is appropriate and safe to do so. This guidance is intended to compliment and sit alongside the [All Wales Managing Attendance at Work \(MAAW\) Policy](#) and reflect the overarching principles:

- managers will be supported to manage during this period in the decisions which they make;
- managers are encouraged to make proportionate judgements as the specific circumstances present themselves and in making these decisions, to follow appropriate assessment of risk;
- the primary responsibility for the management of workforce related situations rests with individual managers. The rationale for this approach is that managers should “know their employees” and be familiar with the issues, individual circumstances and needs of their employees; managers in “knowing their employee”, and having discussed and

understood the individual's needs and circumstances have discretion to determine an appropriate way forward, e.g. whether working from home can be accommodated or being deployed to another area would help with returning to the workplace, they should consider the appropriateness of the decision for that particular individual against the demands of the service;

- the health and wellbeing of employees and patients is of paramount importance.

Organisations are expected to promote awareness of this guidance amongst employees and managers and ensure the agreed approaches set out are applied consistently across organisations.

This guidance has been developed by the Managing Attendance at Work Project Group, in partnership, and will be updated to reflect emerging research around post-COVID-19 syndrome.

### **How to support an employee on long term sickness absence with a diagnosis of post-COVID-19 syndrome**

#### **Keep in contact:**

The MAAW Policy advocates that managers should, at the earliest opportunity, proactively and positively manage all long-term sickness, which includes maintaining regular communication and contact, via long term sickness meetings, with their employee throughout the period of absence (even if this is just a telephone call). The nature of this communication and contact should be to establish how the employee is doing, to allay any worries or fears they may have, to offer any additional help and support (as appropriate) and to facilitate an early return to work, where possible. The frequency of contact can be mutually agreed at the beginning of the absence and it is important that the manager maintains a written record of the date and content of the discussions.

Employees who are off work often say that they miss the daily routine of work and the contact with other people and so maintaining communication and contact during a period of long-term absence can often help the employee feel connected to the workplace.

#### **Address any concerns:**

A compassionate approach to the long-term management of post-COVID-19 syndrome should underpin all meetings and communications that take place. It is also worth noting that an individual living with long COVID-19 may fall within the provisions of the Equality Act 2010 so additional considerations should be made.

Post-COVID-19 syndrome may be wide ranging and, in some cases, may prevent employees from returning to work, this in turn may lead to longer term feelings of isolation, confusion, anxiety and depression. Employees may feel that it is unfair that other team members have recovered quickly whilst they have not. They may also experience a range of emotions, especially regarding where they feel they may have contracted COVID -19 in the first place. It is therefore important

that managers validate the experience of the employee and acknowledge the range of symptoms and their fluctuating nature when discussing their health and wellbeing.

It is also important that employees who are experiencing these longer-term symptoms should receive information and advice regarding support services available, examples of which are Employee Well Being Services, Health for Health Professionals, Samaritans, Silvercloud etc. which can be accessed via the [HEIW website](#) (a further list of support services is detailed at the end of this guidance).

### **Stay connected:**

As detailed previously, it is important that employees do not feel isolated during a period of long-term absence and therefore, managers should explore opportunities for the employee to keep in touch with colleagues in person/virtually.

The MAAW Policy allows employees to undertake a therapeutic return, which is a helpful way to enable employees that have been away from work to re-connect with colleagues in advance of a formal return to work. It may involve: attending a meeting with the manager; attending a team meeting.

It allows the employee to alleviate any concerns they may have upon their return to work. It is important that the therapeutic return is limited to a small number of hours and no undue pressure or responsibility is applied during this period.

The employee is still considered to be off sick whilst completing a therapeutic return.

### **How to support an employee return to work following long term sickness absence with a diagnosis of post-COVID-19 syndrome**

During the employee's long-term sickness absence, it will be necessary to arrange a series of long-term sickness meetings; guidance on the content and conduct of this meeting is detailed in the 'How to Procedure Managing Long Term Sickness Absence' in the [Managing Attendance at Work Policy](#).

The long-term sickness meeting is an opportunity to discuss ongoing support and a return to work, whilst at the same time recognising the nature of the symptoms of post-COVID-19 syndrome, as well as the factors detailed below:

- relapsing/remitting nature of presentation of symptoms (good/bad days);
- new symptoms or recurring/worsening of original symptoms may appear to develop along the trajectories of recovering;
- the need to regularly review;
- to encourage the employee to gain a review from their GP.

There are several 'How to Procedures' in the [Managing Attendance at Work Policy](#), these provide detailed information and guidance on what options are available to facilitate a safe return to work:

- How to Procedure Occupational Health
- How to Procedure Return to Work
- How to Procedure Phased Return and Temporary Redeployment
- How to Procedure Reasonable / Tailored Adjustments

Below are some key factors to consider:

#### – **Phased return**

The current guidance within the [Managing Attendance at Work Policy](#) supports all employees to return to work following a period of long-term absence with a rehabilitation programme which lasts a minimum of two weeks and a maximum of six weeks.

However, it is acknowledged that recovery from post-COVID-19 syndrome can be prolonged and may require a much longer and/or a flexible approach to the phased return to work which may include more than one period. Therefore, to provide the employee with the best possible chance of recovery and a full return to work, we encourage managers to discuss, develop and agree a bespoke rehabilitation programme with the employee which may need to be adjusted or amended after it has been agreed given the changing nature of the condition, including extending the period of phased return beyond the six-week period on full pay referenced in the Managing Attendance at Work Policy (and so the pattern of work/attendance could vary depending on how well the rehabilitation is progressing). This could include staggering the phased return over a longer period, interspersed with periods of annual leave and sick leave.

A phased return may be recommended in a Fit Note following assessment in primary care, or through Occupational Health services. In addition to ticking the “phased return to work” option, colleagues in primary care may advise on any restrictions / limitations. Wider rehabilitation options and further medical/occupational health advice may also need to be sought through the period of return/rehabilitation. Where a medical opinion has been provided, consideration should be given to all additional guidance provided.

The absence of advice or an opinion on a return to work should not prevent a reasonable phased return to work plan being agreed. Whilst phased returns will usually occur following the advice as noted above, managers may themselves consider that a phased return is appropriate. Managers may also receive a request for a phased return from the employee or their representative and where such a return can be accommodated, such approaches should not be unreasonably refused.

#### – **Temporary review of role/Temporary Redeployment**

In some cases, employees may not be able to return to their substantive role straight away due to the nature of the role. However, they may be able to return to an alternative role, albeit on a temporary basis.

It is important that managers focus on what the employee can do, including having discussions around:

- a temporary reduction in banding;
- temporary redeployment to another role (which could be another role in a different staff group, banding or hours of work).

In terms of the options listed above, ordinarily the employee would maintain their existing banding/pay and their terms and conditions of service for a period up to three months, however this may be extended if such an extension would support the individual's wider rehabilitation. Thereafter, if the employee was unable to return to their substantive role, a supportive discussion (career conversation) would need to take place to explore the possibility of permanent redeployment on the grounds of ill health.

### – **Tailored Adjustments**

As part of the phased return, the manager is encouraged to discuss and explore adjustments to facilitate a safe and sustained return to work, it is important that these are reviewed regularly and may include the following:

- fewer tasks to complete per day/week, more times to complete usual tasks etc.;
- adjustment to start times, finish times and breaks;
- adjustment to hours, e.g., shorter days, days off between workdays etc;
- adjustment to work location to reduce time/effort getting to work, e.g., from home or another base part of the time;
- equipment adjustments;
- regular and/or longer breaks to facilitate the pacing of physical/cognitive and emotional tasks/activities.

### – **Support**

This should be tailored to the employee and may include the following:

- Identifying a clear line of supervision – someone for the employee to ask or check-in with;
- a 'buddy' system;
- paid time off for healthcare appointments;
- not working/reduction in working in isolation;
- access to Occupational Health / Employee Wellbeing Services / Employee Assistance Programmes;
- signposting to organisational/local support such as post-COVID-19 syndrome network;
- consideration around training and development;
- supporting employees where ill health retirement may be considered as an option.

**Available resources to support recovery:**

- [Recovery app launched in Wales to help support people with long COVID | GOV.WALES](#)
- [Recovering from COVID-19: Post viral-fatigue and conserving energy - RCOT: Specific strategies to help people managing post COVID-19 fatigue](#)
- [Returning to the workplace after the COVID-19 lockdown - toolkits | The Society of Occupational Medicine \(som.org.uk\)](#)
- [Overview | COVID-19 rapid guideline: managing the long-term effects of COVID-19 | Guidance | NICE](#)
- [Long Covid: the symptoms and tips for recovery | BHF: British Heart Foundation Long Covid- the symptoms and tips for recovery](#)
- [Supporting recovery after long COVID | NHS Employers: Information on how you can support staff recovering from long COVID](#)
- [Guidance on long-term COVID-19 sickness absences | NHS Employers](#)
- [Long COVID guidance for employers | NHS Employers](#)
- [Supporting your NHS colleagues with long COVID | NHS Employers](#)
- [Long COVID \(Post-COVID-19 Syndrome\) - Public Health Wales \(nhs.wales\)](#)