

Long Covid

The Impact on the Workplace and considerations for “Fit for Work” certification





Definitions

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 to 12 weeks



Definitions



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 or syndrome

'**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



Comprehensive clinical history



History of suspected or confirmed acute COVID-19

The nature and severity of previous and current symptoms

Timing and duration of symptoms since the start of acute COVID-19

History of other health conditions.





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

NICE guideline (National Institute for Health and Care Excellence)

Symptoms are highly variable and wide ranging. The most commonly reported symptoms include (but are not limited to) the following:





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Respiratory symptoms

Breathlessness (Respirator; Chemical irritants; Physical work requiring strength and endurance in construction, underground mining, engineering)

Cough (Respirator; Exposure to Chemical irritants & dust; physical work)





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Cardiovascular symptoms

Chest tightness (Respirator; Chemical irritants; Physical work requiring strength and endurance in construction, underground mining, engineering; Heat work)

Chest pain

Palpitations





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Generalised symptoms

Fatigue (Physical work requiring strength and endurance in construction, underground mining, engineering; Heat work)

Fever

Pain (Physical work, underground mining, engineering; Heat work)





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Neurological symptoms

Cognitive impairment ('brain fog', loss of concentration or memory issues) (clarity of thoughts required – Mini-Mental)

Headache (Physical work; Heat work)

Sleep disturbance (Shift workers; Long distance truck drivers)





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Neurological symptoms

Peripheral neuropathy symptoms (pins and needles and numbness) - (Vibrating tools, Whole Body Vibration)

Dizziness (Heights; Operating Mobile Machines/Vehicles)

Delirium (in older populations) (Mini-Mental)





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Gastrointestinal symptoms

Abdominal pain

Nausea

Diarrhoea (Access to toilet)

Anorexia and reduced appetite (in older populations) -DM





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Musculoskeletal symptoms

(Worsen by cold environment; Arthritis) –
Climbing ladders; Awkward positions/angles

Joint pain (working at heights, ladders, awkward positions)

Muscle pain (Physical work, underground mining, engineering; Heat work)





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Psychological/psychiatric symptoms

(Shift workers; Depression/Anxiety, Sleep Disorders, Security workers)

Symptoms of depression

Symptoms of anxiety



Ongoing symptomatic COVID-19 and post-COVID-19 syndrome



Ear, nose and throat symptoms

Tinnitus (Job requiring to hear subtle sounds, e.g. music and instrument tuner; engineering)

Earache (Subjective feeling that PPE might worsen earache)

Sore throat

Dizziness (Working at Heights; Operating Mobile Machines/Vehicles; balance is required)

Loss of taste and/or smell (Analytical Chemist; Quality control in food industry; Smell required for safety e.g. LP gas leak)





Ongoing symptomatic COVID-19 and post-COVID-19 syndrome

Dermatological

Skin rashes (Exposure to Chemical Irritants, e.g. organic solvents)



Refer



Urgently refer if they have signs or symptoms of acute or life-threatening complication, including (but not limited to):

Severe hypoxemia or oxygen desaturation on exercise

Signs of **severe lung disease**

Cardiac chest pain

Multi-system inflammatory syndrome (in children).



FIT



Meets the minimum inherent health requirements for the job, including

Capability to perform the tasks required:

- to the required standard (quality and efficiency).

Quality – may require good vision (e.g. quality control worker) or fine motor control (connecting fibre optic cables; repair circuit boards)

Efficiency – may require strength and endurance (e.g. heavy manual work) or flexibility (e.g. work in confined spaces) - without undue risk to him/herself or others (e.g. absence of certain illnesses, such as uncontrolled epilepsy)





FIT

Ability to function in working conditions associated with the job (e.g. potential to be exposed to certain hazards), without undue risk to his/her health (e.g. absence of certain illnesses that increase vulnerability to working conditions, such as poorly controlled asthma in the presence of respiratory irritants, or cardiac failure in a hot working environment)



FIT, WITH RESTRICTIONS



Ability to do the job should certain restrictions be accommodated, e.g.:

task restrictions – exclusion of certain tasks (e.g. no climbing of ladders), reduction in operating performance (i.e. speed or duration of the work) (e.g. only drive short distances, or only work half days,)

workplace restrictions – restrict an employee from working in certain workplaces (e.g. hazards posing a threat to the health of the employee, such as chemicals that can irritate the lungs), or requirement for the employee to be under regular medical review (e.g. to monitor blood glucose or blood pressure). Duration of restrictions or unfitness should be stated (i.e. permanent or temporary)



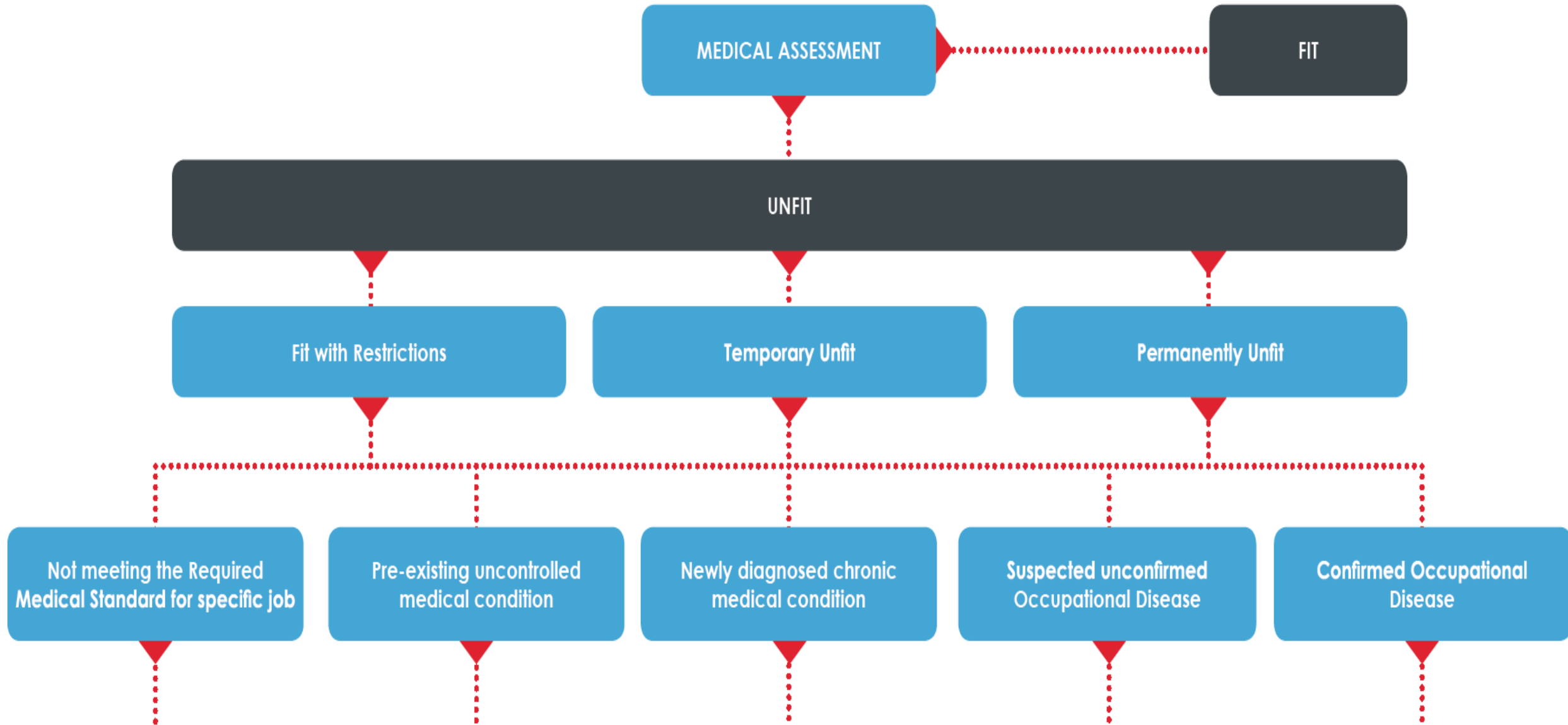


UNFIT

Does not meet one or more of the above minimum inherent requirements for the job, not even if any suitable restrictions are applied



CERTIFICATION





Occupational Health Evaluation

Type of Occupation/Job
Medical History
Screening Tools
Examination
Side-Room-Tests
Special Investigations
Additional Test to consider



Type of Occupation/Job



Also referred to as the Man/Job Spec or more correctly, Occupational Risk Exposure Profile

- Physical Requirements
- Working Environment
- Hazard Exposure (Physical, Chemical, Psycho-social, Biological, Ergonomic)
- Safety Equipment
- Exclusion / Special considerations
- Suggested limits or Standards





Medical History

including.....

Suspected or confirmed acute COVID-19

The nature and severity of previous and current symptoms

Timing and duration of symptoms since the start of acute COVID-19

History of other health conditions.



Screening Tools



Questionnaires (Epworth Sleepiness Scale; STOP BANG Questionnaire, Respiratory Questionnaire; Psychological Questionnaire)

.....the need for a validated questionnaire for “long term Covid-19”.





Examination & Side-Room-Tests

Physical examination and Observations (including Oxygen SATS)

SARS-CoV-2 antibody tests

Urine Strip Test

Multi-Drug-Test

Glucose



Additional tests to be considered



Blood tests - full blood count, kidney and liver function tests, CRP, ferritin, B-type natriuretic peptide (BNP) and thyroid function tests.

Could offer an **exercise tolerance test** suited to the person's ability (for example the 1-minute sit-to-stand test). During the exercise test, record level of breathlessness, heart rate and oxygen saturation

Source: NICE Guideline



Additional tests to be considered



Chest X-ray - Be aware that a plain chest X-ray may not be sufficient to rule out lung disease.

Psychiatric - Referral if they have severe psychiatric symptoms or are at risk of self-harm or suicide.

SARS-CoV-2 test (PCR, antigen)

Sleep Study – Sleep Image



Symptoms impacting on function and may impede return to work

Fatigue, shortness of breath, chest pain and neurocognitive impairment

May impede travel to work



General occupational health principles

Work provides purpose, boosts self-esteem and enables financial independence (generally good for health)

Unemployment - poor physical and mental health and increased risk of self-harm

Direct relationship - with the length of sick leave and becoming unemployed > than six months of sick leave, the probability of a person not being able to return to work - 50%

Return to work is an effective part of rehabilitation from many illnesses and is important to patients



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

Identify and manage co-morbid depression or anxiety - may become more of a concern the longer someone is away from work

Enquire about sleep patterns and give sleep hygiene advice if required



Work

Take into account:

- Type of work
- Number of hours per week
- What does a normal workday involve
- What aspect of the job is affected by functional impairment
- Establish if their work is 'safety critical', for example, working with machinery, driving



Work and Health

Ask the person:

- main factors impeding their return to work
- solutions to their return to work obstacles
- Discuss adaption of work with management (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 available, and with your employer's agreement, you may benefit from:

a phased return to work

amended duties

altered hours

workplace adaptations

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

5



Key recommendations for research

- Risk factors for post-COVID-19 syndrome
- What factors, including identifiable clusters of symptoms, influence:
 - the risk of developing post-COVID-19 syndrome
 - the trajectory of post-COVID-19 syndrome?
- Interventions for post-COVID-19 syndrome

Source: NICE Guideline



Key recommendations for research

- Prevalence of post-COVID-19 syndrome
- Prognostic markers of developing post-COVID-19 syndrome
- What is the clinical effectiveness of D-dimer and other blood tests and clinical features as prognostic markers of developing post-COVID-19 syndrome?
- Develop and validate new and existing screening tools (including physical, psychological and psychiatric aspects) for post-COVID-19 syndrome

Source: NICE Guideline



THANK YOU

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