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Government

Health

BETTER TOGETHER.



Long COVID and the Occupational Health Implications

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Outline

- COVID Outcomes and burden on workplace
- OHS Policy on COVID as it pertains to Long Covid
- Compensation for Occupational Injury and diseases
- Social Security and Sickness Benefits
- Challenges in Treatment and RTW for Long COVID cases



COVID PRESENTATIONS AND OUTCOMES

Clinical presentations

- Asymptomatic
- Symptomatic mild disease
- Symptomatic moderate Disease
- Severe disease

Outcomes

- Full recovery
- **Full but Extended recovery < 12 weeks**
- **Extended recovery > 12 wks (no end –organ damage)**
- **Extended recovery with permanent sequelae due to end-organ damage or involvement**
- Death

Burden of Long COVID on workplace

- 1 in 10 patients in UK have symptoms beyond 12 Weeks
- An international patient-led survey (in preprint) identified 22% of 3762 people remained off sick 7 months after infection, and 45% working to reduced capacity
- Two measures appear to promote sustained return:
 - ❑ a phased return longer than the typical 4–6 weeks,
 - ❑ and regular managerial review and readjustment to reflect the relapsing–remitting nature of the condition.

- (Clare Rayner, Richard Campbell, Long Covid Implications for the workplace, *Occupational Medicine*, Volume 71, Issue 3, April 2021, Pages 121–123, <https://doi.org/10.1093/occmed/kqab042>)

Long COVID and impact on OHS in the workplace

Sickness
absenteeism

Fitness to Work

Return to Work
process

Reporting of
Occupationally-
acquired COVID-
19

Management of
incapacity in the
workplace

Facilitate access to
social security

LEGISLATION

DEPARTMENT OF EMPLOYMENT AND LABOUR CONSOLIDATED DIRECTION ON OCCUPATIONAL HEALTH AND SAFETY MEASURES IN CERTAIN WORKPLACES (28 May 2021)

The OHS measures that need to be implemented to prevent, control and manage COVID in the workplace

4. Administrative measures

- (d) it must notify its employees that, subject to section 6(8), if they are sick or have symptoms associated with COVID-19, that they must-
 - (i) not come to work; and
 - (ii) **must take paid sick leave in terms of section 22 of the BCEA;**

DEPARTMENT OF EMPLOYMENT AND LABOUR CONSOLIDATED DIRECTION ON
OCCUPATIONAL HEALTH AND SAFETY MEASURES IN CERTAIN WORKPLACES
(28 May 2021)

- (j) if a worker has been diagnosed with COVID-19, it must-
- (i) inform the National Institute for Occupational Health in accordance with the National Department of Health Guidelines⁸ either directly or through an employers' association;
 - (ii) inform the Compensation Commissioner in accordance with the Directive on Compensation for Workplace-acquired Novel Corona Virus Disease (COVID-19)

Guideline on the submission of COVID-19 related health data from workplaces to the National Department of Health (Version 4, 27 November 2020)

(4) must submit the following categories of data to the National Institute for Occupational Health in the manner set out in the National Department of Health Guidelines :

(v) details on the post-infection outcomes of those testing positive, including the return-to-work

If there is evidence that the worker contracted COVID-19 arising out and in the course of employment, lodge a claim for compensation in terms of the Compensation for Occupational Injuries and Diseases Act, 130 of 1993, in accordance with Notice No. 193 published on 3 March 2020.17

Guideline on the submission of COVID-19 related health data from workplaces to the National Department of Health

Table 4. Return to work template (Submitted when the COVID 19 positive employee returns to work)

Return to work date	Compulsory	Date
Return to work fitness level	Compulsory	Fit for Job Description Fit with Accommodation Fit with restrictions Temporarily unfit for Job Description Unfit for review Permanently Unfit
Compensation claim	Compulsory	Yes/ No
Percentage disablement	Optional	0000000(IF UNKNOWN)
COVID Claim reference number	Optional	0000000 (IF UNKNOWN)

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 387 OF 2020

DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

3.1. Workplace-acquired COVID-19 diagnosis relies on:

- a) Assessment of the inherent risk posed by various categories of work and occupations; or
- b) Exposure to a known source of COVID-19 at the workplace; or
- c) An approved official trip and travel history to countries and/or areas of high risk for COVID-19 on work assignment; and
- d) A reliable diagnosis of COVID-19 as per the WHO guidelines; and
- e) A chronological sequence between exposure at the workplace and the development of symptoms.

Risk stratification based on occupation and potential for exposure

The above categorization of occupations serves only as a guide to assist employers in assessing the risk of employees contracting COVID-19 at the workplace. All employees, regardless of occupation, are entitled to make a claim for compensation in the event that they contract COVID-19 at the workplace.

COVID Compensation Directive continued

4. Impairment

- 4.1. Assessment of permanent impairment shall be determined three (3) months after diagnosis and when Maximum Medical Improvement (MMI) has been reached.

The degree of impairment will be evaluated based on the medical complications of the COVID-19 from the affected body system(s).

- 4.2. Where there are medical complications, additional tests required to assess the presence of abnormalities present in the cardio-respiratory system and other organ systems affected by COVID-19 must also be provided.

COVID Compensation Directive continued

5. Benefits

5.1. Temporary total disablement (TTD)

- a) Payment for temporary total disablement due to infection with COVID-19 shall be made for as long as such disablement continues, but not for a period exceeding 30 days.
- b) In an instance where there are medical complications, the Commissioner has a right to review each case on merit.

COVID Compensation Directive continued

5.1.2. Confirmed Cases

- a) For confirmed cases and where the Compensation Fund has accepted liability,

temporary total disablement due to infection with COVID-19 shall be paid from the date of diagnosis up to 30 days.
- b) In an instance where there are medical complications, the Commissioner has a right to review each case on merit.

5.2. Permanent Disablement:

5.2.1. In an instance where there are medical complications, the Commissioner has a right to assess each case on merit and determine if there is any permanent disablement due to infection with COVID-19.

5.2.2. Permanent Disablement shall be assessed three (3) months from the date of diagnosis.

5.3. Medical Aid

In all accepted cases of COVID-19, medical aid shall be provided for a period of not more than 30 days from the date of diagnosis. If in the opinion of the Director-General further medical aid will reduce the extent of the disablement this shall be considered.

COVID Compensation Directive continued

COVID Compensation Directive continued

6. Reporting

6.1. The following documentation should be submitted to the Compensation Commissioner or the employer individually liable or the mutual association concerned:

- h) Final Medical Report in respect of an Occupational Disease (W.CL.26) when the employee's condition has reached Maximum Medical Improvement (MMI).**

Social security benefits	Occupational COVID	Community acquired COVID
Requirement for sick leave not adequately covered	Sick leave and treatment benefits =3 month under COIDA	Sick leave dependent on BCEA and / or employment service conditions/ special leave
	Government employees PILIR	Government employees PILIR Unemployment Fund
Temporary incapacity benefits	Private insurer temporary incapacity benefits COIDA ??	Unemployment Fund Private insurer temporary incapacity benefits
Permanent Incapacity	COIDA (3 months) vs 2 years Pension / provident Fund	SASSA Disability Grant Pension / provident Fund

Challenges in Treatment and rehabilitation for Long COVID employees

Diagnosis

- Explicit recognition of Long COVID as a real post-viral disorder
- Recognition and Diagnostic facilities or Guidelines to aid diagnosis
- Early diagnosis and referral to rehabilitation
- Specialist assessment and input for those with end-organ damage and post-Covid sequelae e.g. Myocarditis , arrhythmias etc



Challenges in Treatment and rehabilitation for Long COVID employees

Fitness to work and Return to work

- Flexible working arrangements : graded return to work “ pacing” often needed
- Strong Rehabilitation focus needed....
- Reintegration to occupation for full productivity may take time
- Law allows for accommodation and RTW strategies (LRA) for incapacitated workers (reasonable practicable)
- Also allows for disability recognition and accommodation in the workplace (EEA)
- Greater flexibility from employers to facilitate safe and productive return to work
- Mental health support important and to decrease the stigma



Points to Ponder

- Occupational cases of COIDA decreasing as community transmission entrenched and improved implementation of Prevention measures
- Vast majority will not qualify for benefits under COIDA
- Greater motivation needed to access COIDA benefits beyond 3 months
(Ongoing care multidisciplinary and include rehabilitation)
- Compare to general allowance for 2 years of temporary total disablement for significant occupational injury and disease (including medical care and rehabilitation benefits)
- Substantial caseload if Long COVID affects approximately 30% of COVID-infected with big impact on the workplace
- Diagnosis after 12 weeks only

Points to Ponder

- Rethink the Fit / Unfit paradigm (employers and employee)
- Gradual pathway to fitness and full capacity
- All categories of employees affected and all occupations
- Often present with a combination of symptoms

Impairment associated with Long COVID	Occupations that may be adversely impacted
Neurocognitive impairment (focus, concentration, memory)	Knowledge workers, safety critical occupations, Teachers etc
Fatigue and impaired effort tolerance	Manual labourers, Firemen , nurses
Insomnia	Shift workers

CONCLUSION

Science and OHS Law not on the same page currently

Circular instruction or specific Regulation needed for Occupationally acquired COVID-19 and specifically Long COVID

Access to diagnostic expertise, care and rehabilitation for long COVID sufferers

Improved temporary incapacity benefits (Government and Private Insurer)

Principled Return to work process followed with recourse for workers who may be unfairly terminated as a result of long COVID

Assistance to those with LONG COVID who are not able to return to former occupation /accommodated to access disability benefits

REFERENCES

Guideline on the submission of COVID-19 related health data from workplaces to the National Department of Health (Guideline document prepared by the OHS workstream on Surveillance of Workers – Covid-19 response. Version 4: 27 November 2020)

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