



Strategies for Long COVID and the Workforce

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The Standard[†]

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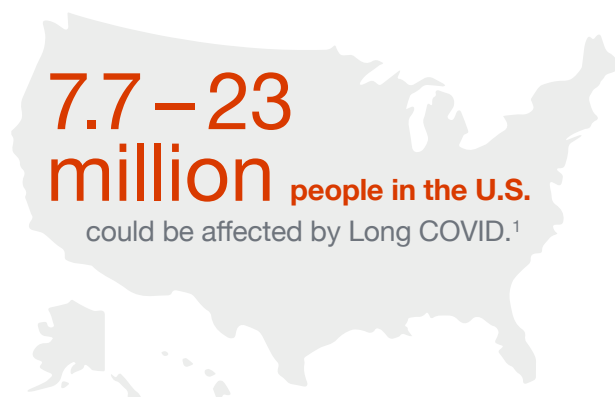
The State of COVID-19

Since early 2020, millions of people in the U.S. have been infected by SARS-CoV-2, the coronavirus that causes a disease known as COVID-19.

The signs and symptoms of acute COVID-19 vary with many people experiencing fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

COVID-19 symptoms result from our immune system attacking the virus. Still, in many cases, it does so in an erratic and over-exaggerated fashion. This hyperimmune response can lead to severe cases that include organ failure and death. Studies have revealed advanced age is the most important risk factor for death or critical illness; specifically, those over the age of 60 who have pre-existing medical conditions, such as heart disease, diabetes, or hypertension are at most risk as those who are obese or smoked cigarettes. However, healthy people of any age can become critically ill with COVID-19. While vaccinated individuals are less likely to be symptomatic, they can pass along the virus to others.

The Persistence of Long COVID



Approximately 65% of infected individuals return to their previous level of health two to three weeks following a positive test. However, a significant number of those who survive the acute infection may deal with the aftereffects caused by Long COVID or Post-Acute Sequelae SARS-CoV-2 infection (PASC). This “long haulers syndrome” occurs among people who have recovered from COVID-19 but continue to have symptoms for longer than expected.

10% – 30% of patients

might experience Long COVID after recovering, even if they weren't very sick in the first place.²



The Persistence of Long COVID

What causes Long COVID is still unknown and research is ongoing to identify the cause and potential treatments. Long COVID affects two groups of people:

The first group experienced serious illness and major or multi-organ damage as a result of their initial COVID-19 infection, and are still recovering from aftereffects such as acute heart, kidney, liver, and/or neurological injury; breakdown of muscle tissue; and blood clots. However, risk factors and severity of illness don't necessarily correlate with Long COVID syndrome.

There is **a second group** of people who may have experienced much milder symptoms during their initial infection, yet still experience Long COVID. Because this group may not have had a severe infection initially, some people may have dismissed their complaints in the earlier stages of the pandemic asking, "Is this person really sick?" **However, most patients with Long COVID are in this group.**

Symptoms of Long COVID in people without major organ damage:²

- Fatigue
- Cough
- Shortness of breath
- Chest pain
- Difficulty concentrating
- Cognitive impairment ("Brain Fog")
- Joint Pain
- Low-grade fever
- Headache
- Dysfunction of smell and taste
- Sleep difficulty
- Depression
- Anxiety
- Gastrointestinal upset
- Rashes
- Alopecia
- Palpitations

Understanding Long COVID's Impact at Work



Employees with Long COVID are likely to become one of the largest groups of workers requiring accommodations. Virtually any indication of a problem – changes in performance, behavior, or appearance – may reflect an issue.

Evidence suggesting a potential problem could include frequent tardiness, a decrease in productivity or quality of work, changes in behavior or appearance, conflicts with coworkers, isolating from others, and so on.

Additionally, some employees with Long COVID may not realize it, especially if they had a mild case of COVID-19 and did not require intensive treatment.

Some managers may mistakenly believe the worker's issues merely reflect a disciplinary problem. However, determining a worker's ongoing work limitations and restrictions should be based on symptoms and assessed by an appropriate treatment provider, no matter the severity of their initial COVID-19 illness. For employers, understanding that they might have employees dealing with symptoms is much more important than identifying the cause of the symptoms.

Understanding Long COVID's Impact at Work

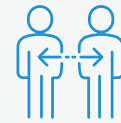
The best approach is to be proactive and direct. So how can you help an employee who might be experiencing Long COVID?



Employers can use a 6-step process for talking with employees who may be struggling:



1.
Identify
workplace issues



2.
Meet with the
employee in private



3.
Explain the reasons
for concern and ask,
“How can I help?”



4.
Listen in a
non-judgmental,
empathetic manner



5.
Offer appropriate
resources for coping



6.
Follow up

Employer Strategies

Employees might not disclose their issues because of denial, shame, or fear of a negative impact on their job. Even if the employee does not disclose issues, it may still be appropriate to offer available resources. Train managers to offer appropriate resources whenever an employee discloses a condition that may be impacting their work, starting with encouraging them to talk with their existing provider(s) and suggesting they contact HR.

There are resources available to employers and their employees who may be struggling with Long COVID, including:

Employee Assistance Programs (EAPs) may help with emotional issues/conflicts with coworkers or can identify issues requiring a referral to other treatment providers

Stay-at-work services can help with any limitations that impact the employee's ability to complete the essential functions of their job

Community resources may be particularly appropriate for other needs related to Social Determinants of Health (SDH), such as help with food, shelter, or low-cost or free treatment resources

Health navigation services may help employees locate an appropriate specialist for symptoms, identifying the type of provider, set appointments, and help understand insurance eligibility

Referrals to treatment providers can help with physical and mental health issues

Online communities and local groups can provide self-help guidance and support

Long COVID Accommodations



Given that COVID-19 is a viral illness, all individuals experiencing Long COVID symptoms can be considered as having a post-viral syndrome. Due to the subjective nature of the complaints and variability of symptoms, there's no "one-size-fits-all" approach to accommodations.

The reality is that many of the symptoms of Long COVID are similar to ones which employees — and their insurance partners — have previously addressed.

Disability insurance carriers and workers' compensation vendors have experience helping workers with chronic conditions that mirror Long COVID, and can provide support through effective stay-at-work and return-to-work solutions and reasonable accommodations.

Long COVID Accommodations

Let's look at four of the most prevalent subjective symptoms of Long COVID that are similar to common chronic conditions disability carriers have successfully accommodated.

SYMPTOM

1

Fatigue

Similar Condition: Chronic Fatigue Syndrome

The fatigue related to Long COVID is characterized by extreme fatigue that worsens with physical or mental activity, but doesn't improve with rest.



CONSIDERATIONS

It's essential for the employee and their disability carrier to collaborate with the treating provider to develop a gradual return-to-work plan, particularly for workers who may need to gradually restore their strength or build up their ability to stay awake for sustained periods of time.³

ACCOMMODATIONS

- Anti-fatigue floor mats and footwear
- Ergonomic and pneumatic tools, including zero-gravity equipment that holds the weight of tools while the worker uses them
- Specialized seats including stools, low-task chairs, and creepers
- Multi-purpose carts, scooters, and walkers
- Flexible scheduling and increased break frequency, along with a private rest area as necessary

Long COVID Accommodations

SYMPTOM

2

Brain Fog

Similar Condition: Stroke

Brain Fog is a term used to describe a variety of cognitive symptoms that result in what feels like sluggish thinking. Those dealing with Brain Fog often experience difficulties with concentration, memory, receptive language, and/or executive function.



CONSIDERATIONS

Persistent Brain Fog can affect a worker's overall quality of life. Employers may have difficulty distinguishing problems with concentration from intellectual impairment, even if memory and intellectual ability are not impacted.

ACCOMMODATIONS

- Mobile apps to aid with concentration
- Electronic organizers, desk organizers, and planners
- Task separation, task flow charts, and written instructions for complex processes
- Noise abatement strategies to reduce distractions, such as white noise machines
- Cubicle doors, shields, and shades to reduce visual distractions

Long COVID Accommodations

SYMPTOM

3

Shortness of Breath

Similar Condition: Chronic Obstructive Pulmonary Disease

Dyspnea (also known as breathlessness) is often experienced as tightness in the chest, air hunger, an inability to take a deep breath, and difficult, uncomfortable, or labored breathing.



CONSIDERATIONS

A person who experiences breathlessness with exertion may have difficulties such as approaching the work facility, moving around the facility, getting to work, or traveling as an essential job function.

ACCOMMODATIONS

- Provide an accessible route of travel to and from work areas used by the individual that are free of steps and include automatic doors
- Consider providing a scooter or motorized cart for the employee to use for long distances if the employee does not already use a mobility aid
- Move the individual's workstation closer to restrooms, equipment, materials, and rooms the individual uses frequently
- Modify the workstation to accommodate a wheelchair, scooter, or the use of oxygen therapy equipment and arrange so materials and equipment are within reach
- Review emergency evacuation procedures

Long COVID Accommodations

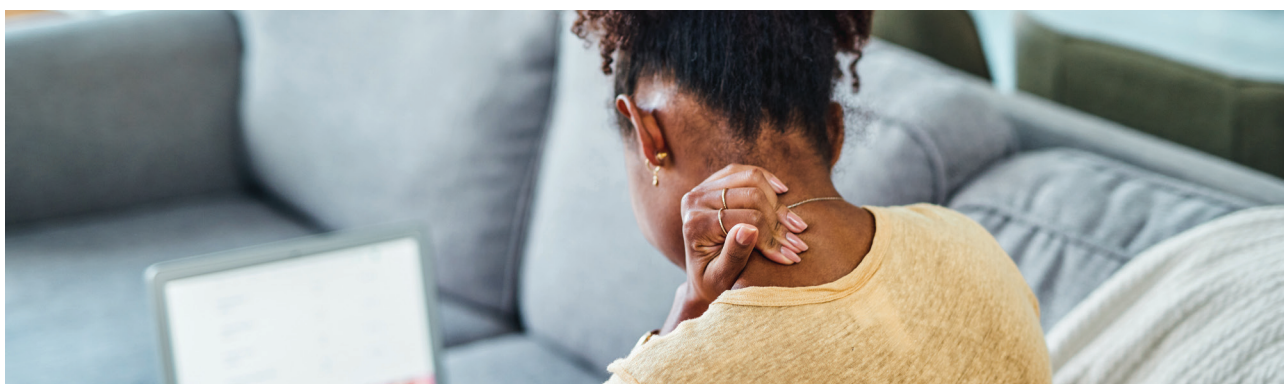
SYMPTOM

4

Anxiety

Similar Condition: Panic Disorder

Clinical anxiety is experienced as sudden and unexpected periods of intense fear, often with physical symptoms including heart palpitations, pounding or rapid heart rate, sweating, trembling or shaking, shortness of breath, or feelings of smothering or choking.



CONSIDERATIONS

Psychological symptoms are often dismissed as something the worker just needs to “get over,” reflecting a common misconception that people are able to “snap out of” them. Mental health stigma can lead employers to discriminate against workers diagnosed with conditions such as anxiety, leading to legal and compliance issues.

ACCOMMODATIONS

- Mobile apps for managing anxiety and panic attacks
- Modified break schedule, along with a rest area or private space in which the employee can practice anxiety-reducing strategies recommended by their treatment provider
- Support person



Looking Ahead

COVID-19 and its variants are likely to be with us for many years, and reasonable workplace accommodations will be essential to allow impacted employees to continue to work.

That's why it's important to collaborate with your absence and disability management partners to weather the Long COVID storm. They can help employers identify options to help mitigate the limitations and restrictions experienced by employees with Long COVID, such as:

- Stay-at-work and return-to-work programs
- Manager support and training
- Medical and vocational expertise to evaluate workers' symptoms, diagnoses, limitations, restrictions, and treatment
- Ability to supplement information with independent medical evaluations
- Experience with case management
- Knowledge of effective and innovative accommodations

Although the majority of Long COVID sufferers are expected to recover fully, it takes time. With adequate prevention, such as vaccinations, social distancing and masking, and further development of treatment options, the impact will lessen over time. Nonetheless, Long COVID will undeniably influence the workplace over the next several years.

About the Authors

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Associate Medical Director

Charles Glassman is an associate medical director for The Standard. Dr. Glassman joined The Standard as a physician consultant in 2016. In 2018, he was promoted to an associate medical director and has become a valuable member of the AMD team. Prior to joining The Standard, he practiced general internal medicine for over 30 years in Pomona, NY. During the course of his career, Dr. Glassman has earned multiple awards such as Top Doctor, Compassionate Doctor, and being elected as a Fellow of the American College of Physicians (FACP). Dr. Glassman graduated Phi Beta Kappa from Hobart College with a bachelor's degree in mathematics and earned his M.D. from New York Medical College.



About the Authors

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Workplace Possibilities Practice Consultant

Dr. Dan Jolivet started working in the behavioral health field in 1980 as he was completing a degree in mathematical statistics and wanted to get some hands-on experience in an applied scientific discipline. His first direct service job in the field was a 1981 work-study position at a Community Mental Health Center (CMHC) in Seattle, where he quickly became hooked on trying to understand how people change.

Dan has held a variety of roles throughout his career. He has worked in inpatient hospitals, residential treatment centers, partial hospitalization programs, intensive outpatient programs, employee assistance programs, and in private practice. He moved into supervision to multiply his impact and began working in managed care soon after that. He joined The Standard as its Behavioral Health Director in 2016 and says his favorite part of the job is still helping people — both claimants and people on his team — find solutions to seemingly intractable problems.

Dan received his bachelor's degree in psychology from the University of Washington, and his master's degree and doctorate in clinical psychology from Georgia State University. In his spare time, Dan plays baritone saxophone in a local concert band, and he enjoys spending time with his two daughters and his cat.



- ¹ U.S. Government Accountability Office (March 2022). *Science & Tech Spotlight: Long COVID*. <https://www.gao.gov/assets/gao-22-105666.pdf>, GAO-22-105666 Long COVID
- ² Berg, S. (March 11, 2022). "What doctors wish patients knew about long COVID." American Medical Association. <https://www.ama-assn.org/delivering-care/public-health/what-doctors-wish-patients-knew-about-long-covid>
- ³ *Post-acute sequelae of SARS-CoV-2 infection: Caring for the 'long-haulers'* Susan Vehar, Marina Boushra, Prince Ntiamoah, Michelle Biehl. *Cleveland Clinic Journal of Medicine* May 2021, 88 (5) 267-272; DOI: 10.3949/ccjm.88a.21010

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