

‘Long Covid’

COVID-19 – the disease caused by the SARS-coronavirus (and its variants) has been regarded since the spring of 2021 by organisations such as the National Institute for Clinical Excellence (Nice) in England, the Scottish Intercollegiate Guidelines Network (Sign), part of Health Improvement Scotland, and the Royal College of General Practitioners (RCGP) as having two distinct clinical dimensions.

The first is where people still have Covid symptoms between four and 12 weeks after being infected with the virus. This is *on-going symptomatic Covid-19*.

The second is when symptoms persist for more than 12 weeks – *post Covid-19 syndrome*.

Incidence: Data collected by King’s College London and published in 2021 suggests that one person in 20 has Covid symptoms that last longer than eight weeks.

Symptoms: Both *on-going symptomatic* and *post Covid-19 syndrome* include established Covid symptoms, often more than one at any time, which fluctuate over time and can affect any part of the body.

They include:

- Respiratory problems – such as breathlessness and coughing;
- Cardiovascular problems – such as tightness in the chest, chest pain and palpitations;
- More general feelings of being unwell – such as fatigue, fever and pain;
- Neurological implications – such as cognitive impairment (in the form of “brain fog”, loss of concentration or memory, headaches, disturbed sleep, peripheral neuropathy symptoms (in the form of numbness or pins and needles), dizziness and, in older people, delirium);
- Gastrointestinal problems – such as stomach aches and pains, nausea and feeling sick, diarrhoea, anorexia and, again for older people, reduced appetite;
- Musculoskeletal problems – such as pain in the joints and muscles;
- Psychological and/or psychiatric effects – such as signs of depression and anxiety;
- Ears, noses and throats can be affected by tinnitus (ringing in the ears), earaches, sore throats and dizziness, disorientation or balance difficulties as well as the loss of taste and/or smell, and
- Dermatological problems – such as skin rashes.

(Source: Nice, Sign, RCGP: *Covid -19 rapid guideline: managing the long-term effects of Covid-19*.)

Diagnosis

GPs should look for *post Covid-19 symptoms* in those who still have symptoms more than 12 weeks after becoming infected with the coronavirus that cannot be explained any other way.

Health organisations have issued guidance saying anyone concerned about either recurring or new symptoms more than four weeks after becoming infected should be seen by a doctor, either in-person or remotely, as they may feel their symptoms are not being taken seriously.

The guidance tells GPs to take time to listen, be empathetic, take detailed notes and then make a formal diagnosis.

Investigations and referrals

This guidance also advises GPs to remember that some patients, including older people and children, may not experience the common “long Covid” symptoms. GPs are reminded that, in older people, increasing frailty or dementia, gradual decline and loss of interest in eating and drinking could all be signs of either clinical form.

The organisations all recommend that every patient who has had acute Covid-19 should be given information about their expected recover and when they should seek further medical help, as “this could help to relieve anxiety if people do not recover in the way they expect”.

The guidance advises GPs to offer tests and investigations relevant to those whose symptoms rule out other diagnoses, including a “full blood count, kidney and liver function, C – reactive protein, ferritin, B-type natriuretic peptide (BNP) and thyroid function” as well as an exercise tolerance assessment, if appropriate. If they have not already had one, those with continuing respiratory symptoms after 12 weeks should also have chest x-rays.

GPs should refer those with anxiety or mental health problems for psychological support while those with more severe symptoms or who could self-harm should be referred urgently for psychiatric assessments.

Anyone whose symptoms have lasted longer than four weeks after infection should see a specialist multidisciplinary team if one is available, as this can avoid delays in people getting the support they need. (By April 2021, NHS England had as many as 69 specialist long Covid clinics.)

The organisations say: “The earlier people receive help the more effective the interventions” while warning that “lacking support can negatively affect someone’s mental health.”

Managing long Covid

The health organisations advise GPs to give people advice and information about managing their symptoms themselves as well as details of local support groups, social prescribing and online forums and apps.

Their guidance clarifies speculation over vitamins and supplements, saying they do not help alleviate on-going symptoms.

It also says medical monitoring should be individual to each person's symptoms – so people may be able to check their heart rate, blood pressure and blood oxygen levels for themselves.

Long Covid at work

If they feel they are struggling to work because of long Covid, NUJ members should let the union know, ideally by talking to a rep (if they are in a chapel) or an official. They should also inform their line manager.

Those who have been infected with the coronavirus and developed Covid-19, however mildly, should remember that symptoms can continue into – into “long Covid” and fluctuate over time.

Anyone who is in doubt about symptoms lasting longer than they expected should contact either a GP or NHS 111 to ask about in-person or online consultations, diagnoses and further tests.

The most practical approach is to regard long Covid in the same way as any disability – and consider the **reasonable adjustments** required by the UK Equality Act 2010.

(The TUC is campaigning for long Covid to be officially recognised as a disability.)

For those with “brain fog”, difficulties with memory or concentration, relatively simple strategies can help greatly.

These can include making lists and having a ready supply of Post-It notes (provided and paid for by the employer) as well as planning shifts or working days so that so that activities can be paced to reduce fatigue as much as possible.

These are also changes to someone's way of working that should, as a matter of course, be risk assessed, with reasonable precautions put in place, so all work-related hazards are minimised. Long Covid could increase someone's susceptibility to other dangers, such as (for example) how they sit to work or because they may not be able to move quickly.

Such changes could include work roles, responsibilities, workloads and times, together with phased returns to work after sickness absence. Where available, occupational health doctors, nurses or teams should be involved.

If someone is worried about their health, this could become work-related stress, covered by the Health and

Safety Executive (HSE) Stress Management Standards – which should also be risk assessed so that appropriate reasonable precautions can be put in place.

Members should involve chapel reps as fully as possible in dealings with managers when they have long Covid, ensuring – as far as possible – that health and safety reps check risk assessments, are involved in negotiating “reasonable” precautions and carrying out surveys to check that appropriate measures are in place and easily accessible.

Useful reading

The JD Supra information exchange website includes advice from lawyers about when long Covid may already be covered by the UK Equality Act: *Coronavirus (UK): Is 'long-covid' likely to be classed as a disability under the Equality Act?*

- <https://www.jdsupra.com/legalnews/coronavirus-uk-is-long-covid-likely-to-5478733/> -

In an article aimed at managers, three other lawyers consider how employers can reduce the risk of successful discrimination claims from employees with ongoing or intermittent Covid-19 symptoms. In the March 2021 edition (number 218) of the *Employment Law Journal*, they ask: *Coronavirus: Is long Covid a new form of disability?*

- <https://www.rosenblatt-law.co.uk/wp-content/uploads/2021/03/Employment-Law-Journal-Article.pdf>

Links checked August 2021. This information is the best available at that time. Issued by the NUJ Health and Safety Committee.