COVID-19 Return-to-Work Guide

Presented by Manage Group for NZ Employers

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This guide is to support employers to help get their workers back to work following a COVID-19 infection and especially long-COVID

The Return-to-Work follows the same logic as returning from an injury (ACC claim). The only difference is that a worker is not entitled to ACC compensation for long-COVID… unless Sec 30 of the Accident Compensation Act applies – more on this further on.

Manage Group specialises in workplace rehabilitation, and COVID is no exemption. In fact, Manage Group come from a position of strength due to Martin Wouters, the Managing Director suffering from long-COVID after getting the Delta strain in October 2021.

The information in this guide is to be used as a guide only. The content has been obtained from multiple sources as well as personal experience. This information does not replace medical opinion – it is a guide to help you plan.

It has been created for employers to use so they can minimise disruptions and support their workers in the best possible way.

You may also wish to check out our free e-Book on 'Sprains, Strains & other Claims'. Please visit www.managecompany.co.nz to download.

KEY POINTS TO SUPPORT RETURNING WORKERS

The post-COVID experience?

We are still learning about the impact of COVID-19, but we know that:

- One in five people have symptoms after four weeks,and one in ten have symptoms for 12 weeks or longer. For some, symptoms may last many months
- Symptoms can be unpredictable and fluctuate overtime
- Common symptoms include extreme fatigue, breathlessness, muscle and joint pain, chest pain, mental health problems, among others
- Long-COVID is akin to Chronic Fatigue Syndrome with similar symptoms and similar recovery pathways
- Workers with ongoing symptoms may well need some kind of workplace changes / modifications

The unpredictable and fluctuating nature of Long-COVID means that some returning workers may need to return to work gradually, over a long period of time – building up work capacity.

Why are Employers and Managers important in supporting return to work?

You are the first point of contact. In line with any ACC workplace claim, evidence shows that when employers engage in the return-to-work process, this has a significant impact on achieving a successful outcome. What you do and how you behave can affect whether the worker is able to return to and stay in work. You do not need to be an expert in Long-COVID or have all the answers, but it is important that you are there to support the returning worker, listen to their concerns and act where you can.

The importance of working together to find a solution

Everyone is different. Each person will require different levels of support depending on their role, their long- term symptoms, their work environment, and personal situation. It is important to listen to the returning worker's needs and concerns, allow them to be proactive in making changes that allow them to manage their health and work, and work together to find solutions that work for them and your team.

Key steps to follow in supporting your returning worker

Following these steps will give your returning worker the best chance of getting back to work safely and staying at work. More information on each step is provided in the guide.

Step 1: Stay in touch while the worker is absent from work (managing the psychosocial barriers)

Step 2: Prepare for the worker's return (manage expectations)

Step 3: Hold a return-to-work conversation (discuss & implement the plan)

Step 4: Provide support during the early days of the return-to-work (no doubt things will need to evolve)

Step 5: Provide ongoing support and review regularly (ah, communication… who would have thought…)

Remember, if you are not sure of what to do reach out to us. We love doing this stuff and are here to support you 0800 747 569 claims@managecompany.co.nz

WHAT IS 'SHORT-COVID' AND 'LONG-COVID'?

For most folk, COVID-19 symptoms only last a couple of days, though symptoms can commonly last two - four weeks. We call this 'short' COVID.

'Long-COVID' is a term often used after four weeks if symptoms are still stopping them doing normal activities.

There is significant variation in symptoms between individuals and no defined diagnostic pathway for Long-COVID. Long-COVID symptoms can be unpredictable, and symptoms fluctuate over time; for some people symptoms are ongoing, for others they come and go.

What seem to be the most common symptoms include:

- fatigue – tiredness not improved by rest
- foggy brain
- breathlessness & dizziness
- high blood pressure
- muscle and joint pain (musculoskeletal)
- feeling bloated
- chest pain
- mental health concerns including anxiety and depression
- other symptoms include headaches, difficulties thinking and finding the right words, loss of smell, loss of taste, skin rashes, digestive problems, loss of appetite, sore throat, and no doubt many other random things.

Long-COVID can have unusual patterns: relapses, and phases with new, sometimes bizarre, symptoms. An initially mild or even asymptomatic case can be followed later by severe symptoms impacting markedly on day-to-day activities.

It's not all doom and gloom! Although recovery from COVID-19 can be slow, many people improve with time, and treatments are expected to improve as more becomes known. Returning to work is part of the recovery, even if it must be flexible or involve reduced hours and pacing over many months.

A Personal Note from Marty: for me, COVID seemed to pick on past issues whether physical or health. It will find those spots and cause havoc for around 24 hours and then move on like nothing ever happened. Equally, it also picked on non-physical things i.e. I used to stutter as a 13 year old… and now again at 48.

MANAGING THE RETURN-TO-WORK

A person with long COVID will at most times, present as normal with what would seem as not having any obvious challenges or problems. Do not be fooled as the impact on your business can be substantial

Everyone is different. Each person will require different levels of support depending on their role, their long-term symptoms, their work environment, and personal situation. It is important to listen to their needs and concerns. Allow them to be proactive in making changes that allow them to manage their health and work and work together to find solutions. Following these steps will help plan what can be done and enable you to give your returning worker the best chance of getting back to work safely and staying at work.

Impact on our Business

The symptoms noted above can seriously impact a workers ability to do their job safely. The types of risks presented by workers with long COVID you may well encounter are:

- Depression and Anxiety
- Worker not being social (alienates from work mates)
- Sore muscles and fatigue (for no apparent reason)
- Dizzy spells standing up or due to standing for longer periods of time
- Dizzy spells whilst driving (especially if dehydrated)
- Foggy brain and poor decision making
- Sensitive to light
- Tremors
- Pain killers (type, quantity, frequency?)

The chance an accident will happen is greatly increased especially if the worker's role is more physical in nature or requires longer periods of concentration, driving, etc.

A Personal Note from Marty: dizziness is a real issue for me. It is greatly enhanced when I am dehydrated having experienced this whilst driving. A wee bit scary but something I can directly manage by regularly drinking water and electrolytes.

Step 1 Stay in Touch

You may already have a return-to-work process covering your ACC workplace claims. That's great news and will make the COVID return-to-work so much easier.
The reason being is that you follow the same process!

- **Maintain Contact**: sounds simple enough however, this often gets neglected. Nothing sinister, more a case of we all get busy. By not communicating, the

worker tends to drift making any further return-to-work a lot more difficult.

- **Allied Health**: there is a high possibility that the worker needs support from allied health professionals – physios, occupational therapists, massage, acupuncture, etc. Whether you help in providing this (i.e. pay for it or provide work time for treatments) is up to you. Our view is that allowing the worker to seek help is very useful.
- **Privacy**: as the employer, you need information. Without it, it gets very difficult to manage any return-to-work, regardless of whether it's a COVID or ACC claim. NZ privacy legislation prevents third parties like Allied Health (or ACC for that matter) to share any information with you. As such, we strongly recommend putting in place a Medical Authority – you can use ACC's template for this.
- **Rest & Recover**: the biggest rehabilitation the worker can do is rest. This of course can be a bit of a challenge when at work… so we need to look at the type of work the worker does and at what time.

A Personal Note from Marty: I am at my worst in the afternoons. Foggy brain, lethargic, clumsy, lack of concentration, etc. All the good things that would make me **not a good machinery operator!** Or perhaps a scaffolder… or a long-haul truck driver… or… oh, you get my drift.

Step 2 Prepare

Some workers may require medical clearance before returning to work - for example, where work involves high exertion or stress, safety-critical roles, or when workers have pre-existing health conditions that have deteriorated due to COVID-19.

Put yourself in their shoes: How would you feel if you had been seriously ill and unsure about whether you would fully recover? Try to think about how the person might be feeling, what they might be concerned about and what their priorities might be.

Arrange a return-to-work conversation to agree on a Plan. Some workers may well experience fluctuating symptoms and may take time to be able to work at the same level as before. Be prepared to be flexible and for things to change over time – you may / will need to change the Plan.

Financial support is typically not available for long COVID unless you have a Group Medical Scheme, or you provide this support as part of your general employment conditions. Alternatively, the worker may have income protection insurance / medical insurance in their own name.

ACC Claim: is long COVID covered by ACC? The short answer is no… unless Sec 30 of the legislation applies. This covers injury caused by work-related gradual process, disease, or infection. There are criteria that needs to be met and we suggest that a typical COVID case would not fall under this. In lay-man terms, the employment setting would have to be unique to the non-employment setting where COVID could be caught

at work and not outside of work. I think we would struggle with satisfying that argument. We have underlined the key aspects below.

The extract from Sec 30:

(a) the person:
(i) performs an employment task that has a particular property or characteristic; or
(ii) is employed in an environment that has a particular property or characteristic; and
(b) the particular property or characteristic—
(i) causes, or contributes to the cause of, the personal injury; and
(ii) is not found to any material extent in the non-employment activities or environment of the person; and
(iii) may or may not be present throughout the whole of the person's employment; and
(c) the risk of suffering the personal injury—
(i) is significantly greater for persons who perform the employment task than for persons who do not perform it; or
(ii) is significantly greater for persons who are employed in that type of environment than for persons who are not.

https://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100926.html

ACC Penalties: please note that if it did become an ACC workplace claim, then any days off on weekly compensation will result in a financial loading on your ACC invoice. The size of your payroll and the risk of your industry will determine the amount of loading. We can share that the maximum loading is 100% of your ACC levies (yes double) and will impact you over a 3-year cycle (Experience Rating cycle).

Step 3 The Return-To-Work Conversation

We encourage you to think about whether you can modify the job / duties prior to meeting with the worker.

Equally, it will also help if you encourage the worker to prepare for the meeting so they can tell you how their condition might impact on their work, what tasks they feel able to do now and, importantly, what modifications will help them do their job.

Like any ACC return-to-work conversation, it should be adaptable and pliable. You can bring in support from Allied Health professionals as needed and of course, you have every right to stand a worker down if you deem that their symptoms will have a negative impact on their safety or the safety of others.

- During the conversation take time to check-in and set them at ease, ask how they are, ask if there is anything they are worried about and explore solutions.
- Talk about possible job modifications, work priorities, work schedule for the first weeks of their return – ask for their ideas.
- Explain that you will monitor and review how things are progressing.
- Discuss what the first day and week of work might involve.

- Agree on a return-to-work plan that you are both comfortable with. It needs to be doable, so make sure it sets out who needs to do what and when. It also needs to be flexible because until you try, you will not know what works for you both.
- Share the plan with internal team members such as their supervisor, team leader, H&S, HR, etc.
- Should Allied Health be involved, it's often good to share the plan with them also.

Step 4 Provide Support

- Make sure you are available to welcome the worker back on the first day.
- Give the worker permission to take things slowly to start with as this will prevent them feeling overwhelmed and reduce the risk of further absence.
- Remind them of the work priorities, schedule, and modifications you have agreed and check these are in place and working well.
- Ensure that the returned worker is updated on any new changes that have been made to the way work is done, introduced to new colleagues, recent news etc.
- Arrange regular check-ins to talk through how they are managing their health and work.

Step 5 Ongoing Management

This is where it is a bit different from the usual ACC return-to-work... the symptoms after COVID-19 fluctuate and change over time. It becomes even more important that workloads / job modifications are regularly reviewed.

If available, regular review of progress following return to work with an Occupational Health Professional is recommended. This way you can anticipate problems and ensure that your colleague has the best possible chance of managing any ongoing symptoms and staying in work.

- Communicate regularly and openly – arrange check-ins to see what is working and what needs to be reviewed.
- Review workloads and agree to gradually increase the duties as time goes on – sometimes this will mean over months rather than weeks.
- A successful return will more likely happen if this is at a slow pace. This is likely to prevent relapse and further absence. For a few, ongoing symptoms may mean that they are unable to meet the requirements of the job – if so, it could be time to talk about a change of duties or redeployment.
- Link in with your HR and H&S as short-term policies on COVID-19 may need to be implemented, particularly about sickness absence and the need to support rather than penalise those who need an extended period of absence or modified duties.
- Extended absence or modified work may have implications for staff training, please consider how this could affect training requirements, particularly in regulated professions.

Work Modification Suggestions

Because of the duration and impact of post COVID symptoms, people may need a gradual return-to-work (GRW).

For those workers with fatigue symptoms, remote working and 'pacing' (i.e. working with rest breaks as determined by symptoms) can be useful. Some workers may be able to continue their full hours, for others a planned reduction of working hours could be more effective.

Sometimes workers with Long-COVID can relapse if they overdo it, perhaps not until days later. You will need to be guided by the worker (and be aware that they too are still learning how to live and manage with their symptoms).

- Alterations to the timing of work (starts, finishes, and breaks).
- Alterations of hours worked e.g. shorter days, days off between workdays.
- Alterations to shift work e.g. consider suspending late or early shifts and / or night duty, so the individual works when at their best.
- Alterations to the patterns of working e.g. pacing, regular and / or additional breaks.
- Alterations to workload e.g.
    - fewer tasks than normal within a time
    - more time to complete usual tasks and not to work to tight deadlines.
- Temporary changes to duties or tasks ('altered tasks').
- Support:
    - clear line of help – someone to ask or check with
    - a 'buddy' system
    - time off for healthcare appointments
    - not working in isolation.
- Clear objectives and review mechanisms.
- Working from home part of the time where possible.
- Regular checks on whether the symptoms are fluctuating.
- If you think the medical condition is likely to be considered a disability, the employer may have extra legal requirement to make reasonable adjustments

Things that aggravate

- Overdoing it
- Alcohol / drugs
- Stress
- Pushing exercise
- Poor sleep
- Loneliness
- Lack of understanding by others
- Pressure to perform
- Searching for the 'one' solution
- Unsuitable treatment (sleep and rest are the best)

All of this may be new to you and perhaps a wee bit daunting.

That's ok, we understand that. That's in part why we created this resource for you.

It is also the reason why we exist in the wider claims space. To manage the return-to-work of your most prized resource – your workers.

Our team can assist you - in fact, we have a nationwide team of over 200 Allied Health professionals from Southland all the way up to the tip of the North.

If that wasn't enough, we also provide a telehealth service to support your team remotely.

Let us help you.

Please contact

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