

Sarah Wilson (pseudonym) - Initial

Assessment by video

Date of birth: 01/01/1980

Referral received: 11/11/2021

Assessment: 15/11/2021

Report sent: 17/11/2021

From: Employer Name

Page: 1 of 3

Organisation: Employer organisation

Report recipients

This report contains confidential information. The recipients named below have a responsibility to process, secure and store this information in accordance with data protection law.

Name	Organisation	Email
Employer Name	Employer Organisation	employer@email.com
Status: Consent given		

Dear Employer Name,

Thank you for referring Sarah Wilson.

I can offer an opinion on this case based on my assessment of the individual and the information provided, and I have their consent to release this report to the agreed report recipients.

Reason for referral

Sarah has been referred today to discuss returning to work following a period of absence due to testing positive for COVID-19 infection and her medical certificate expired on 12/11/2021.

Health background

We discussed Sarah's health history as part of the consultation today and she tells me that she was generally fit and well prior to the current absence period. She declared a history of a common digestive disorder, which is well managed with medication and lifestyle measures. She reported no impact on daily activities and there were no concerns at work prior to the current absence.

Sarah has been absent from work after testing positive for COVID-19 infection, which has left her with fatigue, 'brain fog' and headaches. She has been in contact with her General Practitioner (GP), but there has been no diagnosis of Long COVID given the length of her symptoms.

Impact on work

Sarah described an overall improvement in her symptoms, but she does tire more easily and she can have variable days. She is managing most daily activities, but this can depend on the day, and she does need to pace herself and take short rest breaks. She is getting out of the house for daily walks, she is gradually increasing her distance, and she is now able to have a twenty-minute walk comfortably.

The main concern for Sarah is 'brain fog' which is affecting her memory and cognitive processing. She tells me that she is being forgetful, she has difficulty with word finding and retrieval, and she is not able to recognise simple objects or symbols like she would have previously. She is writing lists to act as prompts, and she is trying to undertake simple memory tests to help her symptoms improve.

Sarah is keen to return to work, but she is concerned about being able to concentrate at work and undertake her job role, and she can become emotional at times. Following on from the assessment today, it is my view that Sarah is able to consider a return to work with workplace support as advised below.

Recommendations and responses to questions raised

Is the member of staff receiving appropriate treatment, will it aid their recovery and if so, when?

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Sarah is not receiving any treatment specifically for COVID-19, she is using pacing techniques to manage her fatigue and she is gradually trying to build up strength and stamina through gentle exercise. In terms of recovery, this varies from person to person, it is anticipated that Sarah will make a full recovery, but it is difficult to predict a definitive timeframe. Sarah has been provided with this website by her GP, which provides useful recovery advice, <https://www.yourcovidrecovery.nhs.uk/>.

Please provide details of any investigations and results received, and any investigations planned

Sarah has not had any recent medical investigations relating to COVID-19 and there are none planned.

Are there any underlying problems causing or contributing to the absence?

I have not identified any additional factors here, and the main reason for absence has been recovery from COVID-19 infection.

Is the health problem likely to recur in the future?

This question can be difficult to answer clearly considering the current situation with COVID-19 and the presence of different variants. Sarah has received both vaccinations, which should afford her some protection from the effects of the virus. However, the possibility of reinfection is not known and she should continue to employ standard risk reduction strategies such as hand washing, alongside government advice.

Are there any short-term accommodations to work tasks or environment to assist the member of staff in work or in returning to work? e.g. temporary amended duties, alteration to hours, a phased return plan?

Sarah would benefit from a phased return, and I suggest starting with half days and a gradual build-up over four weeks. This may need to be extended, and I suggest weekly contact between Sarah and management to monitor her progress. Sarah still needs to build up general fitness, strength and stamina and I suggest she refrains from physical restraint/positive handling initially until this improves. If this is not possible, it may be helpful to have an escalation plan in place for someone to take over from Sarah in these situations. Pacing techniques are important, and she would also benefit from being able to sit for short periods during the day.

We discussed all aspects of her job role today, it is important that Sarah does not feel overwhelmed, and in view of her current cognitive difficulties, reducing her workload or responsibilities temporarily would be helpful until this improves. This could be shorter days, reduced responsibilities and/or less teaching.

It is important to note that individuals recovering from COVID-19 can have variable days. It is likely that any workplace support will only be required in the short to medium term but it is difficult at this stage to advise on a definitive timeframe as this will depend on her individual progress.

Please assess the individual's vulnerability risk of developing serious illness from COVID-19 as part of the occupational health assessment.

New guidance has been released to assist with determining fitness to return to work, which captures the risk status of the individual, and the risk status of the type of work. I have taken into account the information available to me today to combine what I know about the individual risk (vulnerability), immunity and the viral prevalence in the local area and I have classified this against the nature of the work and the control measures in place.

Sarah falls within the low-risk category of becoming seriously unwell if she were to contract COVID-19 again in the future. As above, she has had both COVID vaccines which should also afford her some protection.

In terms of the type of work, teaching/education falls within the moderate workplace risk because of the repeated contact with lots of different people. With regard to the local prevalence of the virus, I have checked the rates for the local area (postcode removed) which is above average. Based on this combined information, the overall risk is low

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and the advice is that she can attend work with the standard risk reduction measures in place.

Review

I have not planned a review with Sarah; however, I would be happy to accept a re-referral if any additional advice is required.

COVID-19 advice is based on the current situation and as current medical and government guidelines may change over the coming weeks and months, along with the future evolution of the pandemic, the advice may change accordingly.

I hope you find this report helpful. We are open office hours Monday to Friday and we can be contacted on 0800 862 0142 if you require any further assistance.

Clinician Name

Occupational Health Nurse

Smart Clinic by APL Health

9 Brunel Court, Northwich, CW9 7LP

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