

Charlotte Roberts (pseudonym) -

Initial Assessment by Telephone

Date of birth: 19/08/1960

Referral received: 13/05/2022

Assessment: 19/05/2022

Report sent: 20/05/2022

From: Employer Name

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Organisation: Organisation Name

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	Organisation Name	employer@email.com

Status: Consent given

Dear Employer Name,

Thank you for referring Charlotte Roberts.

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

Charlotte has been referred to Occupational Health in relation to her absence from work with long COVID.

Health background

Charlotte reports no past medical history of significance. She has had vertigo in the past but nothing for 6 years. She has had some slight dizziness but this is believed to be related to her long COVID rather than vertigo.

In relation to her absence. Charlotte explains that she first had COVID-19 in Dec 2020. After a short time off she went back to work and whilst she continued to have a cough for around four months, she felt ok until Aug/Sep 2021 when she started to feel very fatigued and begun to experience brain fog. At the time her GP thought her symptoms may have been more menopause related and commenced her on HRT. Charlotte explains that they now think it was COVID-19 related. Charlotte indicates that she got COVID-19 again in Jan 2022, testing positive on 22 Jan 2022. Since then she has felt very unwell at times. She was referred to the COVID-19 Hub during her initial positive infection stage due to concerns and then in Feb 2022 she went to the hospital due to breathing difficulties. She has had CXRs and a CT scan which did not show any visible clots. Charlotte explains that she experienced increased pain including pleuritic pain and was off work for around five weeks. She even lost the sensation in her right arm due to this pain.

Charlotte reports that she returned to work at this point with support and flexibility in how she worked her hours and her work location. In hindsight she realised that she did too much too quickly and around four weeks ago she experienced a flare up of her symptoms again and has been off work since. Charlotte reports that she has been supported by her GP and has been attending a long COVID rehab programme over the last eight weeks which has been very beneficial. She has learnt a lot about breathing exercises, managing her fatigue with pacing and also reviewed the emotional impact that her long COVID has had. Charlotte indicates that she is attending sessions on alternative Thursdays to continue with an exercise programme, further advice and psychologist support which is really helping her. Charlotte is currently signed off work, however, if the Business can support her with a phased return and some short term accommodations to her working role, she is keen to try to return, with the new knowledge she has gained on managing her symptoms. Charlotte also reports that she has received excellent support from her local team. This is really good to hear.

Impact on work

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Charlotte is still experiencing symptoms including fatigue, muscle aches and pains, breathlessness, coughing, concentration problems and brain fog at times. However, she is working on managing these, and has improved since the start of her absence. Charlotte indicates that her fatigue is her biggest obstacle to her return to work. Charlotte now recognises that she previously followed a 'boom and bust' pattern doing as much as she could on good days which led to exacerbations of her fatigue. She has been learning more about pacing her activities which involves taking a break before she needs to do so, which then leads to a more consistent pattern of activity and rest. Over time, this is associated with being able to do more and more manageable fatigue levels.

Recommendations and responses to questions raised

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

Charlotte has had a lot of support in recent months focusing on her symptoms, anxiety and sessions around managing these long COVID symptoms including fatigue, boom and bust activity patterns and breathing techniques. As discussed below, due to the nature of COVID-19, I cannot predict whether this will lead to a full recovery, however, all this support has improved Charlotte's awareness of her symptoms and how to manage them.

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

I have not identified any additional factors here and the main reason for the absence is due to long COVID.

Is the health problem likely to recur in the future?

Due to the nature of COVID 19 and long COVID, there are no clear recovery timeframes because it did not exist before 2019/2020, so long-term research is not available. Recovery varies from person to person and treatment and support is based on an individual's specific symptoms. Charlotte has had a relapse in her symptoms, and I cannot rule out further symptom flare-ups.

Some measures can be taken to try to help reduce this such as eating healthily, drinking plenty of clear fluids and exercising regularly. Along with this, Charlotte has had local support in recent months and therefore, she is in a much stronger position now than during her previous return to work, with increased awareness of her symptoms.

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?

Charlotte has tried to return to work previously and then due to symptom flare-ups, she has had a further absence from work. Short-term accommodations to support employees returning to work are based on individual symptoms. For Charlotte, the biggest issue has been her fatigue levels. As this increases, it can affect her cognitively with brain fog and concentration issues, which then leads to increased emotional symptoms and loss of confidence.

The intention of the considerations below is to gradually begin to expose Charlotte to the working environment with her symptoms and allow her to build up slowly to account for the fatigue that she experiences, in the hope that this will allow her to achieve a sustained return to work.

If the Business can support it, then it would be beneficial for Charlotte to return to work on a phased return. Due to the nature of long COVID and Charlotte's symptoms, I am proposing consideration of a longer phased return approach in the hope of achieving a sustain return to work. A provisional plan would be:

- Working 12 hours flexibly over the week for the first 2-4 weeks, depending on her fatigue levels
- Increasing to 16 hours a week for the next 2-4 weeks, again increases as Charlotte is physically able to.
- Increasing to 20 hours a week for 2 weeks and then look at a return to her full contracted hours.

It would be advisable to consider allowing Charlotte to work from home on her initial return and build up her office and visit based work gradually. The aim of this is to help Charlotte acclimatise back to work, conserve her energy at the early

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stages by eliminating her commute and helping her balance her fatigue levels and brain fog symptoms.

Charlotte indicates there are productive tasks that she can achieve at home that will be beneficial to the Business, these include:

- Reading documentation completed by carers and care packages, monthly checks
- Transcribing MAR charts
- Updating and completing weekly documentation
- Collaborate working- colleague undertaking visits and Charlotte doing any follow up chases, this has worked well on her previous return.

It would be advisable to limit or stop clinical/ operational calls initially- from parents of children etc. and any training course work until her breathing/ voice improves and she regains her self-confidence in these areas.

Regular breaks throughout her working day would be beneficial. This will allow her to rest and also eat at regular intervals throughout her working day. For example, short breaks after each activity or after each hour she works, to allow her to pace herself.

Build up any additional duties such as on call gradually when Charlotte feels ready. Again, this is to minimise unnecessary energy expenditure throughout the day, minimise additional fatigue and breathlessness with on call duties and allow her break periods around her working hours.

When Charlotte feels ready to undertake visits again, it would be advisable to possibly start with local visits and shorter visits and build these up slowly.

Regular job chats to provide wellbeing checks up, review Charlotte's progress and provide an open forum for discussion around any worries or concerns.

Additional time to undertake duties that could be affected by brain fog/concentration and fatigue may be beneficial too.

Time to attend medical appointments and investigations related to her long COVID, such as peer long COVID rehab group every alternate Thursday. This is beneficial for the exercise rehab and psychologist support available.

Please note that accommodations are at management discretion and dependent on operational feasibility.

In your opinion, is the member of staff able to attend meetings with management including absence reviews, welfare meetings or disciplinary proceedings?

In my opinion, Charlotte is medically fit to attend management meetings and he/she is not to my knowledge subject to any disciplinary proceedings. Charlotte tires easily and any planned meeting should be held where practicable in a location that is comfortable for her, with the opportunity for short breaks.

Review

I have not arranged to speak with Charlotte again, but I would be happy to do so at any stage. If we can be of any further assistance, please do not hesitate to contact us.

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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

Email: hello@smartclinic.com

Tel: 0800 862 0142