

Mythbusters

Managing Long Covid in the workforce:
what you need to know

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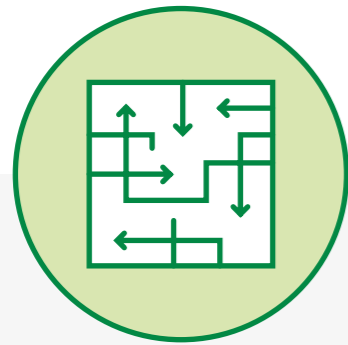
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Introduction

Long Covid (Post-Covid Syndrome) in the workforce - what does good support look like? The National Institute for Health and Care Excellence states that it's about educating, upskilling and empowering line managers. We've demystified a collection of common myths to help ease many concerns business owners and managers might have; also with the aim of aiding understanding and offering guidance about support options.





Myth 1

“Return to work plans are complicated.”

Fact

Return to work (RTW) plans ought to be simple, and they need to be specific to the individual, their job role and the business. The most important thing to remember is that RTW plans must be flexible and sustainable. Plus, there ought to be regular check-in points to ensure that the plan is still fit for purpose to meet the needs of the individual and the business.



Myth 2

“To help someone return to work, you need to be a specialist in Vocational Rehabilitation.”

Fact

Employers and line managers can all play their part in the vocational rehabilitation process. Talking about work, creating a RTW plan together with their employee and ensuring that it is deliverable are all parts of that process. As is working with other stakeholders such as Vocational Rehabilitation specialists, Occupational Health and Human Resources.

Line managers play a crucial part on a day-to-day basis to support their employee in getting back in work or remaining at work.





Myth 3

“It will cost a lot of money to provide support.”

Fact

There’s a range of support available to be accessed in the private, public and third sector as well as within organisations. Support can include Employee Assistance Programmes (EAPs), and Access to Work. These options can be relatively low cost and add real value to your business by providing tools, resources and support to help employees to effectively manage their condition.

The return on investment can be significant when the cost of rehabilitation or support is compared to the cost of replacing or temporarily covering a role. Consider for example the costs of recruitment and training. A broader view to consider is the impact on other employees and the culture of the organisation in terms of feeling valued, supported and therefore wanting to stay in the business.

Remember, there’s great value to simply spending time to have a cup of tea with your employee to find out what help they need from you and the organisation.

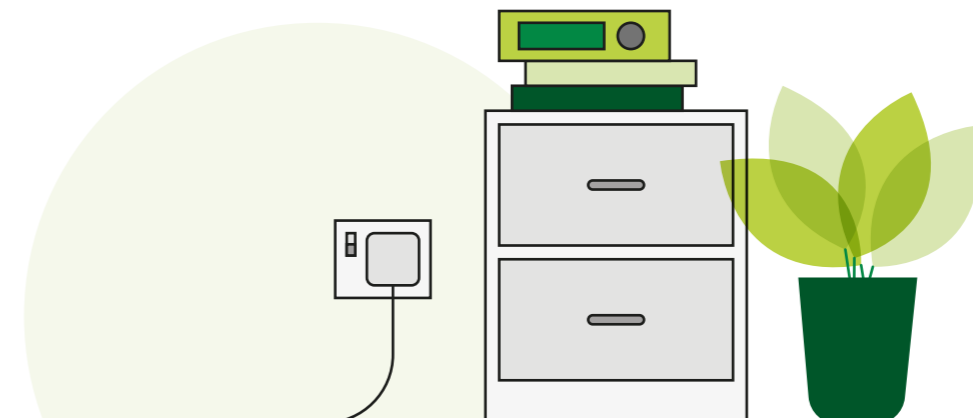


Myth 4

“I’ve supported one person with Long Covid. Surely everyone will be the same?”

Fact

The main thing for an employer to understand is that everyone is different, and it’s important not to make assumptions that one person’s experience will be shared identically with another. A central symptom that most people experience is fatigue, while other common symptoms include cognitive issues, pain, breathing difficulties and loss of taste and smell. People are impacted differently by the symptoms and can experience fear and anxiety about the illness and symptoms themselves. The employer and employee must be on a shared journey, working in partnership to ensure a smooth and timely return to work.





Myth 5

“I need the individual to have a diagnosis before I help them.”

Fact

A diagnosis is not needed - reasonable adjustments need to be made based on symptoms, the individual's functional capacity, and their capability to do the job role. Long Covid is a specific diagnosis but it has similarities with other long-term conditions in terms of symptom experience. People with Long Covid may feel their symptoms are being ignored or dismissed and it's important that people feel supported in the workplace regardless of whether they have a diagnosis or not.



Myth 6

“You have to be 100% fit to return to work.”

Fact

It is helpful to see work as part of the recovery. It's a commonly held belief that you have to be 100% fit when coming back into work. But how does being 100% actually feel? When was the last time you felt 100% fit? So, bear this in mind when supporting someone back into work. Work is a health outcome and is a positive thing most of the time from both a psychological and physical perspective.





Myth 7

“Holistic needs don’t apply to work.”

Fact

An important approach to understand someone’s relationship with their health is through a framework called the biopsychosocial (BPS) approach. This approach looks holistically at someone’s physical, psychological and social health needs. Examining the social impacts will help you understand the employee’s relationships with their colleagues and teams - specifically, how they help or hinder them to return or remain in work. Line managers could be best placed to explore the psychological aspects in terms of how someone’s work affects their mental health. The physical factors would be addressed either by Occupational Health or by a treating clinician such as GP or consultant (it would be expected that they too ask about the psychosocial aspects as part of their assessment and treatment). Work is within the BPS model but implied rather than directly stated. Typically, within the BPS approach it can be helpful to expand the acronym to include an ‘O’ for occupational – BOPS¹. It’s important to look at health in a work context and line managers could be perfectly placed to check in with their staff to ensure their health and wellbeing needs are being supported (although not to provide intervention themselves).

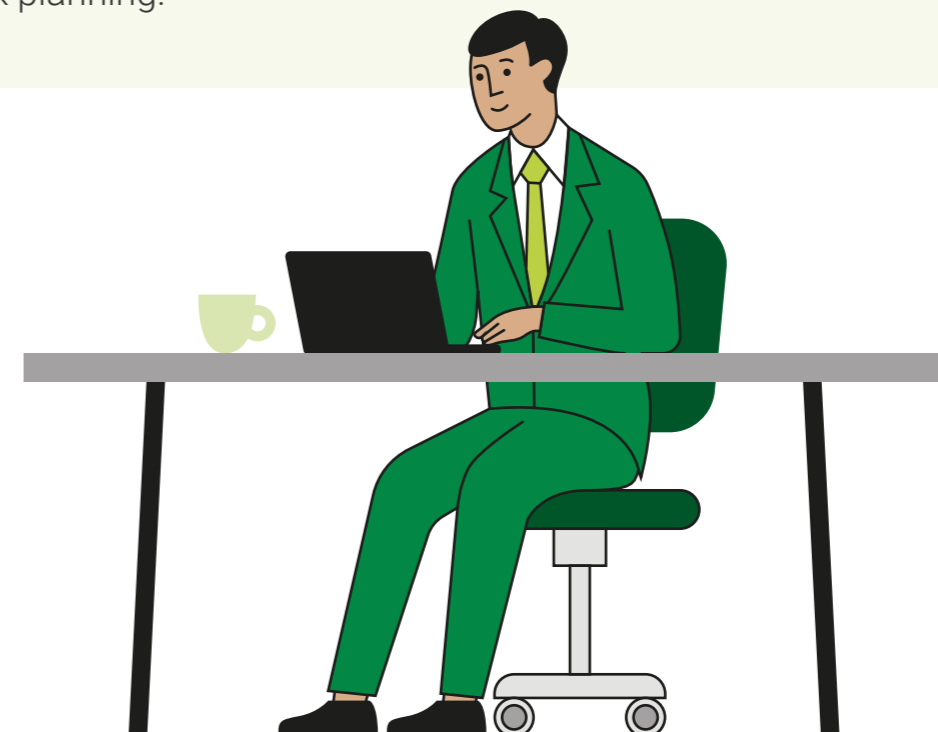


Myth 8

“You can’t get back to work after Long Covid. It isn’t possible.”

Fact

Long Covid affects people very differently and their return to work journeys will also be different. Vocational rehabilitation providers have been supporting people back to work for the past few years. Some people can get back to full time work immediately, some need employer-led adjustments while others need longer term vocational rehabilitation including clinical intervention and return to work planning.



¹Denning, J. and Hunter, N. (2013). ‘The ‘O’ in Biopsychosocial – focussing on work and health’. The Association of Chartered Physiotherapists in Occupational Health and Ergonomics Conference, 2013, Birmingham.



Myth 9

“Long Covid isn’t a disability according to the Equality Act. I don’t have to make reasonable adjustments.”

Fact

All employers have a duty of care towards their employees and must make reasonable adjustments. An individual is classed as disabled under the Equality Act 2010 if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities². While cancer, HIV and MS are automatic disabilities under the Equality Act, in other cases, the individual must be assessed to see whether they fall within the statutory definition of disability. Occupational Health can advise you.



²GOV.UK Definition of disability under the Equality Act 2020.

Next steps to meet your business needs

We suggest the following routes to support you, both in terms of signposting employees, and elements you may wish to introduce or to revisit within your company.

Supportive signposts:

Internal support options

- EAP
- Occupational Health,
- Group Income Protection
- Private Medical scheme
- Digital/Virtual GP

External support options

- BiTC (Business in the Community)
- NHS Long Covid clinics
- Private Long Covid clinics
- Support services to help manage long Covid

Considerations for your organisation:



Line Manager training



Review HR policies



Be aware of employee engagement and awareness of benefits



Organisational data such as: absence, productivity, and production capacity.

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