

Supporting staff who are living with long COVID – Checklist for managers

This checklist is a summary of the actions to be taken as a line manager to support staff members who are living with long COVID. Please ensure you have read the main content of the managers guide before completing.

Section One	Staff member who is absent from work with long COVID symptoms	Comments
Find out if your organisation has a long COVID policy and if there is any precedence in your organisation for supporting staff to return to work whilst living with long COVID. Your staff disability network or HR department may be able to help.		
First contact	Before you call, make sure you are somewhere private where you will not be disturbed and allow sufficient time for the call, avoid early morning or late afternoon if possible.	
	If appropriate, explore with the staff member if they would benefit from any health services/assistance provided by your organisation.	
	Agree what to tell others, such as colleagues/team members, being mindful of confidentiality.	
	Let the staff member know you are there to help and support rather than asking at this first stage when they think they will be returning to work.	
	It may be useful to arrange a suitable time for a follow up call.	
	Suggest forwarding any relevant information via email to aid understanding and capture the key points of the meeting.	
	You may wish to seek independent, professional advice from your occupational health provider before the call.	
Follow up meetings	Begin to touch on return to work, exploring with your staff member what their obstacles are and how these obstacles may be overcome.	
	Suggest the staff member starts to think about the following: <ul style="list-style-type: none"> • What is your normal pattern of working? • Where is your work base? • How do you get to work? • Do you need to travel once you get to work? • Do you stay in one place during the day or move around? • What is your work environment like? • What are your main duties? • What control do you have over your workload? E.g., Do you work to deadlines? • Do you manage other staff? 	

	<ul style="list-style-type: none"> • Where do you normally go for support at work? E.g., another work colleague. • Do you have a union rep? 	
Section Two	Planning return to work	Comments
<p>When the individual is ready to return to work, arrange a return to work conversation to agree a return-to-work plan. Remember that coming back into the workplace can be overwhelming and the first face to face meeting should factor in re-orientation, including a chance to catch up with colleagues.</p>		
Prior to the meeting	<ul style="list-style-type: none"> • Consider the type of work carried out and start to think about possible workplace adjustments, ask the staff member to do the same. • Request the staff member comes to the meeting prepared to talk about how living with long COVID might impact on their work. • Encourage the staff member to identify the tasks they feel able to do now and, what adjustments would help them do their job, or part of their job. • Encourage the individual to seek advice from their doctor or from the organisation's occupational health provider about anything they should or should not do. • It can be helpful to involve Human Resources and union representatives at this stage 	
During the conversation	<ul style="list-style-type: none"> • Make sure you have set aside uninterrupted time where you will not be disturbed. • Put the person at ease. • Ask how they are and if there is anything they are worried about and explore solutions. • Talk about possible workplace adjustments, work priorities, and together start to draw up a return-to-work plan that both you and the individual are comfortable with. • Explain that you will monitor and review the return-to-work plan to see how things are progressing and to amend the plan accordingly. • As a manager, be pragmatic and think in the long term. 	

Section Three	Return to work plan	Comments
<p>A successful return to work plan will need careful planning. The plan must be realistic, doable and one which you are both comfortable with, aiming for sustained work ability. The plan should set out who needs to do what and when and should be flexible as getting back to work with long COVID is often not a linear process.</p>		
The plan	<p>Key aspects of the plan should include:</p> <ul style="list-style-type: none"> • An individual risk assessment. • What can be done and what can't. 	

	<ul style="list-style-type: none"> • Identification of the obstacles to the persons return to work. • Working out the actions to overcome those obstacles. • Any reasonable adjustments, such as <ul style="list-style-type: none"> ○ Reduced or amended duties. ○ Redeployment. ○ Provision of equipment. ○ Working from home. ○ Flexible hours (long or short term). • An agreed return to work date and a timeline for actions (including transitioning back to usual job or moving to a different job). The RCN recommends this is at least over 12 weeks rather than the standard 4-6 weeks. • Plan for PESE/PEM (flares) or relapses for example, use of sick leave or annual leave. • An agreed review schedule (to allow for the plan to be revised). • Regular welfare meetings. • Suggest completing a health ability passport. 	
Reasonable adjustments examples	<ul style="list-style-type: none"> • Alteration in number of days or hours worked. • Shorter days, more breaks, later starts or earlier finishes. • Change of hours to avoid travelling at peak times. • Paid time off work to attend medical appointments. • Access to rest area. • Home working (for all or part of the working week). • Phased return to work, gradually increasing the days/ hours worked over a period of several weeks. • Temporary transfer from night or shift working to regular daytime hours (if applicable). • Contact with Access to Work 	

Section Four	Ongoing Support	Comments
Regular check-ins	Schedule agreed regular meetings to check-in with the staff member.	
Support available	Find out what support is available within your organisation.	
	Signpost (if applicable) to: <ul style="list-style-type: none"> • Musculoskeletal and rehabilitation services • Wellbeing services • Peer groups 	

	<ul style="list-style-type: none"> • Staff networks • Financial advice • Guidance on working from home. • Chronic Fatigue Service • Occupational Health provision • Local NHS resources for post-COVID-19 syndrome 	
Policies and procedures	Do these need updating?	

Section Five	Employee Unable to Return to Work	Comments
<p>An employer is legally entitled to dismiss a member of staff living with long COVID due to ill health, where their capability constitutes a potentially fair reason for dismissal. For example, an individual who has been on long-term sick leave with no reasonable prospect of resuming their job role. However, this should be a last resort. Termination on the grounds of ill health usually occurs at the end of capability process and employers must undertake a full investigation and have a valid reason for termination.</p>		
Disability	<p>Is the person deemed to have a disability for employment purposes? If you know or could reasonably have been expected to know an employee has a disability following a long COVID diagnosis, any reasonable adjustments must first be made before dismissing that individual. This is to remove any disadvantage suffered by the disabled employee in doing their job when compared to non-disabled people</p>	
Ill health retirement (non-NHS)	<ul style="list-style-type: none"> • Advise the staff member to contact their pension provider to find out what their rules are in relation to ill health retirement (IHR). • To successfully claim IHR the staff member will need to establish that they are permanently incapable of continuing to do their job due to a physical or mental condition. • To demonstrate the permanency of their condition, a medical professional (occupational health or a specialist consultant) will need to provide a report which states that there are no further treatments or medications available that could facilitate their return to work. 	
NHS ill health Retirement	<p>Eligibility is dependent on several factors, including:</p> <ul style="list-style-type: none"> • being a current member of the NHS pension scheme and have been for at least two years. • an application prior to the scheme retirement age. • having a long-term health condition that has a substantial impact on current or future employment. • there is robust medical evidence to support the application. • the application is made whilst still employed. 	