

# Long Covid bargaining guidance: equality and health and safety considerations

As we continue to understand more about Long Covid, its prevalence and impact, it becomes more urgent for employers to respond appropriately to ensure that staff with Long Covid can return to or remain in work.

UCU reps may need to bargain for improvements to policies and procedures that will ensure a fair and consistent approach to the management of Long Covid across workplaces and reps are increasingly finding that they need to draw upon both equality legislation and health and safety (H&S) legislation.

Caseworkers are also finding that they need a good understanding of equality and H&S approaches to effectively support members with Long Covid symptoms who need representation. Members with symptoms of Long Covid can often find themselves subjected to absence management or capability procedures and at risk of dismissal.

This guide aims to highlight key elements of both equality legislation and H&S legislation to give UCU reps the tools to support members effectively. In addition, the guide will support reps in collective bargaining when seeking improvements in the management of Long Covid across post-16 education.

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# What is Long Covid and what are the symptoms?

Long Covid is the prolonged experience of symptoms of the Coronavirus. It is a chronic and unpredictable condition with symptoms that vary from person to person, intensity and duration. The World Health Organisation (WHO) defines Long Covid as a condition that:

'Occurs in individuals with a history of probable or confirmed SARS-CoV infection, usually 3 months from the onset of Covid-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis. Symptoms may be new onset following initial recovery from an acute Covid-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.'

The definition states that common symptoms include:

- fatigue
- cognitive dysfunction
- shortness of breath
- others which generally have an impact on everyday functioning.

World Health Organisation have found that 1 in 10 Covid-19 patients will still have symptoms of the coronavirus 12 weeks after being infected. While data from the ONS suggests that some groups are more likely to have Long Covid, these include:

- people aged 35-59 years
- those living in the most deprived areas
- those working in education, health or social care
- women
- disabled people or those with existing health conditions.

Research is still being undertaken into the symptoms of Long Covid, however, some of the most common symptoms are:

- respiratory symptoms (chest pain or tightness)
- cardiovascular symptoms (heart palpitations including circulation)
- neurological symptoms (brain)
- gastrointestinal symptoms (digestive)
- musculoskeletal symptoms (joint pain and muscles)
- psychological symptoms (mental health impairments / fatigue / brain fog / insomnia /concentration issues)
- dermatological symptoms (skin / rashes).

# Long-term impact of Covid-19

The following clinical case definitions are used by the National Institute of Clinical Excellence to identify and diagnose the long-term effects of Covid-19<sup>1</sup>.

## **'Acute Covid-19**

*Signs and symptoms of Covid-19 for up to 4 weeks.*

## **Ongoing symptomatic Covid-19**

*Signs and symptoms of Covid-19 from 4 weeks up to 12 weeks.*

## **Post-Covid-19 syndrome**

*Signs and symptoms that develop during or after an infection consistent with Covid19, continue for more than 12 weeks and are not explained by an alternative diagnosis.*

*It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body.*

*Post Covid19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.*

*In addition to the clinical case definitions, the term 'Long Covid' is commonly used to describe signs and symptoms that continue or develop after acute Covid 19. It includes both ongoing symptomatic Covid 19 (from 4 to 12 weeks) and post Covid 19 syndrome (12 weeks or more).'*

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<sup>1</sup> Covid-19 rapid guideline: managing the long-term effects of Covid-19

# Equality considerations: Long Covid

## Is Long Covid a disability?

### Definition of disability

1. The Equality Act 2010 states that you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.
2. 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed
3. 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection

Throughout the pandemic, no measures have been made by government to support people diagnosed and/or living with Long Covid. Despite attempts by TUC to get the government to specify Long Covid as a disability under the 2010 Equality Act, there still remains a reluctance by the government to do so.

However, organisations such as Acas<sup>2</sup>, have issued advice for employers and employees to provide and request reasonable adjustments for those diagnosed with Long Covid. Equally, the Equality and Human Rights Commission (EHRC) have agreed with this position in an article in Personnel Today<sup>3</sup> in which they state that employers should treat all staff who have Long Covid as if they have a disability, in the absence of clear legislative protections for people with lingering symptoms which can affect their performance at work.

They have since issued a further statement where they said:

'... 'Long Covid' might amount to a disability for any particular individual – it will do so if it has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. This will be determined by the employment tribunal or court considering any claim of disability discrimination.

'To support workers affected by 'Long Covid' and avoid the risk of inadvertent discrimination, we would recommend that employers continue to follow existing guidance when considering reasonable adjustments for disabled people and access to flexible working, based on the circumstances of individual cases.'

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2 Whether Long Covid is treated as a disability: Long Covid – advice for employers and employees - Acas

3 Staff with Long Covid should be treated as having disability - Personnel Today

The recent tribunal case, **Burke Vs Turning Point Scotland**<sup>4</sup>, has helped in establishing long covid as a disability. It is likely that many people experiencing Long Covid symptoms could meet the definition of disability in light of ONS data.

### **The Office for National Statistics (ONS) data estimates that 2 million people in the UK are living with Long Covid**<sup>5</sup>

Further data from the ONS shows that:

- 'Long Covid symptoms adversely affected the day-to-day activities of 1.5 million people (73% of those with self-reported Long Covid), with 384,000 (19%) reporting that their ability to undertake their day-to-day activities had been "limited a lot".'
- 'Fatigue continued to be the most common symptom reported by individuals experiencing Long Covid (62% of those with self-reported Long Covid), followed by shortness of breath (37%), difficulty concentrating (33%), and muscle ache (31%).'
- 'As a proportion of the UK population, the prevalence of self-reported Long Covid was greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, health care or teaching and education, and those with another activity-limiting health condition or disability.'

## **Where there is uncertainty on how to treat Long Covid**

On 09 May 2022 the EHRC said,

*'There continues to be discussion of the various symptoms related to Covid-19 that are often referred to as 'long covid' and whether they would constitute a disability under the Equality Act.'*

*'Given that 'Long Covid' is not among the conditions listed in the Equality Act as ones which are automatically a disability, such as cancer, HIV and multiple sclerosis, we cannot say that all cases of 'long covid' will fall under the definition of disability in the Equality Act.'*

This unhelpful announcement from the EHRC could make it much harder for workers to get the support they need and could ultimately lead to job losses.

UCU will continue to put pressure on the government, along with the wider trade union movement for changes to the Equality Act 2010 to include Long Covid as a disability.

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<sup>4</sup> [www.gov.uk/employment-tribunal-decisions/mr-t-burke-v-turning-point-scotland-4112457-slash-2021](http://www.gov.uk/employment-tribunal-decisions/mr-t-burke-v-turning-point-scotland-4112457-slash-2021)

<sup>5</sup> [www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1september2022](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1september2022)

This would mean that anyone living with Long Covid would receive a greater level of protection at work. It would also put a duty on employers to make reasonable adjustments that remove, reduce or prevent any disadvantages workers with Long Covid face, as for any other enduring condition or disability.

## Impact of Covid on disabled people

Covid-19 is a relatively new virus, in which disabled people accounted for **six in ten deaths** in England, showing that disabled people were disproportionately affected by the pandemic. Evidence shows disabled employees are discriminated at work, it is likely that disabled workers living with Long Covid will face further disadvantaged and marginalisation in the workplace where the symptoms of the virus affect their performance at work.

The Citizens Advice Bureau's (CAB), report 'An Unequal Crisis'<sup>6</sup> highlighted:

- 1 in 4 disabled people (27%) are facing redundancy, rising to 37% for those people whose disability has a substantial impact on their activities
- 1 in 2 people who are extremely clinically vulnerable to the coronavirus (48%) are facing redundancy.

## UCU equality survey

In early December 2020, UCU ran a Covid Equality Survey that identified the following:

- 28% of respondents who have had Covid said they were still experiencing symptoms more than 2 months on from the initial infection
- 3% of those with continuing 'Long Covid' symptoms had requested reasonable adjustments but had these denied by their employer – a further 10% said requested adjustments were only partially in place or delayed
- 28% of those with accessibility requirements said that Covid-safe measures had made the workplace less accessible for them
- 11% of respondents said they had experienced discrimination based on their personal characteristics since the start of the pandemic.

**UCU strongly advocates for Long Covid to be deemed a disability to ensure persons with Long Covid are protected without having, for example to go to an Employment Tribunal to prove that they are disabled.**

1. Without the government classifying Long Covid as a disability, the advice is contrary and causes confusion. The definition of a disability, as outlined above, is already being used by ACAS and the EHRC to advise employers and employees on workplace

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6 An Unequal Crisis

practices linked to Long Covid. Therefore, by default, many employers are already treating Long Covid as a disability.

2. Section 20 of the Equality Act 2010 sets out the duty for employers to provide reasonable adjustments. Reasonable adjustments are in place in order **not to place disabled people at a disadvantage in comparison to non-disabled people**. To apply reasonable adjustments to non-disabled people is to marginalise disabled people further. For further information on reasonable adjustments, please see UCU **guidance on reasonable adjustments**<sup>7</sup>. Reasonable adjustments could include a proportion of home working, changes to start and end times, provision of equipment and/or tech.
3. Section 21 of the Equality Act address disability discrimination based on the failure of employers not providing reasonable adjustments. Please read UCU guidance on **challenging discrimination, how to build an effective case**<sup>8</sup>.
4. UCU strongly advises disabled members experiencing potential disability discrimination to contact their local representatives as a matter of urgency. Please use our contact finder here: **[www.ucu.org.uk/contacts](http://www.ucu.org.uk/contacts)**

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7 [www.ucu.org.uk/media/6091/Reasonable-adjustments---removing-barriers-to-disabled-people-at-work-UCU-guidance/pdf/Reasonable\\_adjustments.pdf](http://www.ucu.org.uk/media/6091/Reasonable-adjustments---removing-barriers-to-disabled-people-at-work-UCU-guidance/pdf/Reasonable_adjustments.pdf)

8 [www.ucu.org.uk/media/10706/Challenging-discrimination---how-to-build-an-effective-case/pdf/Challenging\\_discrimination\\_toolkit\\_22Oct19.pdf](http://www.ucu.org.uk/media/10706/Challenging-discrimination---how-to-build-an-effective-case/pdf/Challenging_discrimination_toolkit_22Oct19.pdf)

# Health and safety considerations: Long Covid

## Risk assessments

**Long Covid must be considered in employers risk assessments.** Under *The Management of Health & Safety at Work Regulations 1999*<sup>9</sup> employers are required to conduct an assessment of the risks to health and safety posed by any significant hazards in the workplace. Employers must ensure that workers are protected from the risks identified by the assessment, and put control measures and safe working practices in place to ensure this. Controlling Covid exposure risks is the best way to prevent Long Covid and UCU call on employers to sign up to the **Covid Safety Pledge**<sup>10</sup> to continue to risk assess for Covid and follow best public health advice.

**The risk of Long Covid increases with each reinfection.** The Society of Occupational Medicine (SOM) paper '*Long Covid and Return to Work – What works?*'<sup>11</sup> calls for a strategic and planned approach to managing Long Covid. As such, employers must control the risk of Covid infection if they are to protect staff from developing Long Covid.

'Reinfection appears to cause rapid decline in people who have prolonged problems with Covid-19. Each infection causes an inflammatory response, creating a vicious cycle from which it becomes harder to recover.'<sup>12</sup>

**Staff require adequate information on how to keep themselves and others safe,** and where necessary training should be provided. The employer must monitor the effectiveness of the risk assessment controls, and ensure staff use the safe working practices. These include appropriate emergency measures for use in cases of unexpected events.

**UCU recommends the establishment of an individual Long Covid risk assessment as the best way to assist identifying and controlling risks.** Employers should consider the risks to individuals with Long Covid symptoms when they return to the workplace. This must include protections from contracting Covid at work as well as protections to ensure a safe return to work that reduces risk of relapse and further ill health. While there is no *specific* requirement on employers to conduct an individual Long Covid risk assessment, they are required to ensure they have assessment(s) that take into account known health concerns that may put members at greater risk while at work.

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9 [www.legislation.gov.uk/ukxi/1999/3242/contents/made](http://www.legislation.gov.uk/ukxi/1999/3242/contents/made)

10 [www.independentsage.org/sign-up-to-the-covid-19-safety-pledge/#:~:text=The%20Independent%20SAGE%20introduces%20The,any%20users%20of%20these%20spaces](http://www.independentsage.org/sign-up-to-the-covid-19-safety-pledge/#:~:text=The%20Independent%20SAGE%20introduces%20The,any%20users%20of%20these%20spaces)

11 [www.nhshealthatwork.co.uk/images/library/files/Bulletins/Long\\_Covid\\_and\\_Return\\_to\\_Work\\_What\\_Works.pdf](http://www.nhshealthatwork.co.uk/images/library/files/Bulletins/Long_Covid_and_Return_to_Work_What_Works.pdf)

12 [www.nhshealthatwork.co.uk/images/library/files/Bulletins/Long\\_Covid\\_and\\_Return\\_to\\_Work\\_What\\_Works.pdf](http://www.nhshealthatwork.co.uk/images/library/files/Bulletins/Long_Covid_and_Return_to_Work_What_Works.pdf)

The key points of an individual risk assessment for Long Covid must be identified in consultation with the member and their UCU rep. The risk assessment(s) must record the significant findings and the control measures needed to manage the risks. The risk assessment must be available to the staff to whom it relates and their UCU rep. The individual risk assessment can also be shared on a need-to-know basis to ensure controls are effectively implemented.

## Bargaining for improvements: Long Covid

Long Covid will be a key collective bargaining issue for UCU reps to help ensure members are protected and safe and given timely support.

### Key bargaining aims:

- engagement with employers on risk management planning to identify preventative and protective measures.
- employers agree to sign up to the Covid Safety pledge which ensures ongoing risk assessments for Covid and commitment to follow best public health advice.
- employers agree to maintain both organisational and individual risk assessments.
- employers accept Long Covid as a disability.
- employers establish supportive and early interventions with individualised recovery and rehabilitation plans.
- employers review policies to prevent detriment to those experiencing Long Covid e.g. disability and sick leave policies.
- employers establish monitoring and auditing mechanisms within collective bargaining forums for equality and safety.
- workplace public health messages emphasise preventative measures, alert people to the dangers of reinfection and promote rest, recovery and rehabilitation for those with Covid infection.

An example agreement for Long Covid is available to UCU reps which covers some of the key points for consideration in this guidance. A collective agreement on Long Covid will ensure employers take a fair, consistent and supportive approach to the management of Long Covid cases in the workplace.

You can find the Long Covid protocol developed by the joint education unions here:

[www.ucu.org.uk/media/12955/Joint-union-Long-Covid-protocol/pdf/Joint\\_union\\_Long\\_Covid\\_protocol\\_v3.pdf](http://www.ucu.org.uk/media/12955/Joint-union-Long-Covid-protocol/pdf/Joint_union_Long_Covid_protocol_v3.pdf)

Please note that this protocol is intended as a basis for negotiation, not a statement of the legal rights and entitlements of employees with Long Covid.

The joint union statement on this protocol can be found here:

[www.ucu.org.uk/media/12954/Long-Covid-protocol---joint-union-statement/pdf/Long\\_Covid\\_protocol\\_-\\_joint\\_union\\_statement.pdf](http://www.ucu.org.uk/media/12954/Long-Covid-protocol---joint-union-statement/pdf/Long_Covid_protocol_-_joint_union_statement.pdf)

## Reps checklist: Long Covid

The checklist considers both equality and safety legislation which may be applicable to caseworkers supporting members with Long Covid. Some of the points can be obtained through discussion with the member and others may require further gathering of evidence and documentation, timelines from the members and additional information from employers.

This checklist gives UCU reps the opportunity to ask questions about how Long Covid impacts the member in their day to day working life and will allow discussion of other related issues.

The checklist questions are written so the 'No' column can show where additional actions may be needed by the member, the UCU rep(s) or the employer. After completing the checklist, it should be easy to see where the member may need to gather further information (e.g. from medical professionals to confirm diagnosis or symptoms), or further support (e.g. from the employer with risk assessments, and workplace adjustments). The checklist will also reveal areas where there needs to be improvements in policy and practice across the organisation to ensure Long Covid cases are managed in a fair and supportive way.

### UCU Long Covid caseworker preparation checklist

Checklist questions	Yes	No	Comments
<b>General</b>			
Is the employer refusing to conduct an individual risk assessment?			
Does the member have a diagnosis of Long Covid?			
Do any of the Long Covid symptoms impact the member's attendance and/or performance at work?			
Has the member disclosed symptoms and diagnosis <b>in writing</b> to the employer?			
Has the member been referred to Occupational Health (OH)? And if so, is the employer acting on the OH report?			

Checklist questions	Yes	No	Comments
<b>Long Covid risk assessment</b>			
Is the employer refusing to conduct an individual risk assessment?			
Has a Long Covid risk assessment been completed with the member which considers all elements of their role including travel to and from work?			
Are the controls identified in the risk assessment effective at preventing or mitigating any identified risks?			
Has a copy of the risk assessment been shared with the member and their UCU rep?			
Has a review date been set to ensure the risk assessment remains fit for purpose?			
Is the risk assessment subject to regular review to ensure workplace controls remain fit for purpose?			
<b>Long Covid reasonable adjustments</b>			
If the member is affected long-term by Long Covid, is the employer providing reasonable adjustments under the Equality Act?			
Where applicable, has the employer considered the impact of Long Covid on any other underlying health conditions or impairments?			
Are the member's circumstances reviewed regularly in case of any recurrence or continuation of the debilitating symptoms?			

Checklist questions	Yes	No	Comments
<b>Organisation and procedures</b>			
Will the employer disregard any trigger within the sickness absence policy in relation to the member with Long Covid?			
Has the employer reviewed policies to ensure they meet the needs of staff with Long Covid (as well as others with long-term, fluctuating conditions)?			
Is there flexibility on sick leave periods and provision of contractual sick pay?			
Does the employer offer extended phased returns for staff with fluctuating conditions such as Long Covid?			
<b>Training and support</b>			
Has the employer ensured all relevant managers have a good understanding of Long Covid and how best to support staff when they return to work?			
Are managers aware of their duties under H&S and equality legislation as regards Long Covid?			
Are managers aware of good occupational health practices in supporting members with Long Covid?			
Has the employer kept in contact with the member during their sick leave to provide support and help them return to the workplace when they feel ready?			
Are supervisory staff adequately trained to support staff with Long Covid?			

# Securing workplace adjustments and controls for members with Long Covid

## 1. Workplace adjustments: Long Covid action plan

### Diagnosis

- Confirmation of medical diagnosis

### Establishing exposure date(s)

Record the positive test date(s) where possible to:

- assist calculation of the complaint lifespan
- support any occupational exposure concerns and/or claims.

Note: a positive test is not required for a diagnosis of Long Covid by a medical professional.

### Complaint(s) and symptoms

- Identify any pre-existing conditions in addition to Long Covid
- Identify Long Covid symptoms and associated health complaints to enable cross reference against adjustments (see appendix 1 and 2)
- Consider impact of any medication and relevant side effects

### Long Covid Adjustment Plan

When drawing up your workplace adjustments request you should seek to identify the following:

- A list of all the specific adjustments that are required
- The start date per adjustment if variation exists

Ensure the UCU Reasonable Adjustment passport is used to record the workplace adjustments see: [www.ucu.org.uk/media/10225/Reasonable-adjustment-passport/pdf/ucu\\_adjustment\\_passport\\_apr19.pdf](http://www.ucu.org.uk/media/10225/Reasonable-adjustment-passport/pdf/ucu_adjustment_passport_apr19.pdf) and associated policy [www.ucu.org.uk/media/10226/Making-adjustments-work-adjustment-passport-policy/pdf/ucu\\_adjustment\\_passport\\_policy\\_apr19.pdf](http://www.ucu.org.uk/media/10226/Making-adjustments-work-adjustment-passport-policy/pdf/ucu_adjustment_passport_policy_apr19.pdf)

**Example workplace adjustments:** changes to working patterns or location – home working. See further examples of workplace adjustments (Appendix 2).

## Determining Equality Act coverage

- Consider if the Long Covid symptoms could fall under the legal definition of disability in the Equality Act in the first instance to gain greater legal protections.
- Consider if the request for workplace adjustments due to Long Covid could be considered as 'reasonable adjustments' under the Equality Act where possible.

Alternatively establish the request for workplace adjustments in line with a 'symptom lead approach' and good occupational health practices to ensure workplace adjustments can be implemented in line with good practice and any policy commitments locally agreed.

## Occupational Health

- Establish Occupational Health diagnosis and support for your workplace adjustments /risk assessment requests

If you don't have support and/or conflicting medical evidence please seek further advice from regional or devolved national office

## Review periods

Consider a relevant review period for your specific situation:

- recognition that there could be new symptoms or changes in symptoms as the disease progresses
- potentially shorter review periods may be valid depending on the complaint duration and severity of symptoms.
- any increased review frequency shouldn't be used detrimentally.

## 2. Individual risk assessments – Long Covid Action plan

To maximise members protections and ensure workers have full legal coverage under the relevant health and safety legislation, the workplace adjustment plan should be accompanied by an individual long covid/health condition risk assessment.

### Role

The assessment will seek to consider all significant health and safety hazards to mitigate against reinfection or relapse. In addition, any risk assessment will seek to identify controls that would support relevant reasonable adjustments.

## Controls

The types of risk assessment controls required will vary according to the members job role, their Long Covid symptoms and any other health conditions. It's important to identify controls even if they already exist in the workplace adjustment plan, such as working from home. Controls held within a risk assessment will offer members additional legal protections under health and safety legislation.

Examples of risk assessment controls that may be appropriate for members with Long Covid can be found in Appendix 3.

## Assessment considerations

Any assessment should seek to consider the following:

- the full scope of the members health condition(s) and any limitations
- job activities that could create significant hazards
- more robust Covid controls for persons requesting workplace adjustments or reasonable adjustments due to Long Covid
- control coverage that considers prevention of re-infection, rehabilitation needs, return to work plans and potential relapses
- controls are identified irrelevant of whether they are already proposed as a workplace reasonable adjustment e.g. working from home.
- a commitment that the employer will abide by best public health advice and ensure all workers who test positive for Covid are both asked to self-isolate and given appropriate support at home - on full pay and with no detriment under the sickness absence scheme.
- clear monitoring mechanisms to ensure application of controls and compliance
- customised review periods for the individual
- full consultation and agreement to help ensure the risk assessment is suitable and sufficient prior to any formal sign off and activation of the assessment controls.

## Long Covid and ill-health retirement

The main pension schemes in colleges and universities, Teachers' Pensions, USS, LGPS, all have provision for ill health retirement where the member is permanently unable to continue in their work role. Other local schemes may also have similar provisions. However, recent cases have shown that it is not easy to provide medical evidence that will satisfy the criteria in the schemes where Long Covid is concerned.

As a new disease the schemes argue that the evidence base around the permanency of symptoms and incapacitating effects is still developing and so it is difficult to conclude permanency of the incapacity. Where cases have been successful is where the illness has either caused permanent damage to organs or where there has been a detrimental impact on other pre-existing health problems.

However, if the member is unable to return to work, despite all potential reasonable adjustments being explored, we would still advise applying for ill health retirement. It will be important to show that the member has received specialist treatment from a Long Covid clinic and that all treatment has been completed. The employer and/or occupational health may be able to help with a referral if needed.

In time, when more is known about the illness there may be further guidance, but in the meantime, UCU is happy to advise members wishing to make an application for ill –health retirement due to Long Covid. See: [www.ucu.org.uk/pensions](http://www.ucu.org.uk/pensions)

## Personal injury claims

Members who are exposed to covid at work without relevant controls may be vulnerable to potential injury. Claims of this nature will require further consideration as they are case dependant. Please seek further advice from your regional or devolved national office if you think this applies to one of your members. Please also see: [www.ucu.org.uk/piclaims](http://www.ucu.org.uk/piclaims)

# Appendix 1 – Long Covid Symptoms

(Source: National Institute for Health Research)<sup>13</sup>

<b>Neurological/Nervous System</b>	<b>Dermatological</b>	<b>Physiological Changes</b>
Violent seizures / shaking	Scaly / itchy skin	Muscle pain
Vibrations inside the body	Bruising	Lower Back pain
Trembling	Livedo reticularis	Shoulder pain
Twitching of fingers/thumbs	Red marks appearing under skin	Neck pain
Night time weird sensations e.g, feeling frightened	Dry skin	Swollen glands
Brain fog	Skin ageing	Hair loss
Confusion	Weird lumps appearing on skin	Severe cramping
Forgetfulness	Circles/lumps appearing on feet	
Numbness in extremities: fingertips		
<b>Sensory Changes</b>	<b>Lung /Respiratory Function</b>	<b>Mental Health</b>
Loss of smell	Breathlessness	Depression
Loss of appetite / taste	Lung bruising	Anxiety (being over prescribed/labelled by medics)
Hearing Strange sounds at night	Chest tightness	Frustration
Flashing lights in the eyes	Lung pressure	Isolation
Shadows in corner of eyes	Asthmatic exacerbation	Loneliness
Tinnitus	Coughing when lying down	

<sup>13</sup> <https://evidence.nihr.ac.uk/themed-review/researching-long-covid-addressing-a-new-global-health-challenge/>

Buzzing of ears / Popping of ears Excessive thirst	Clear mucus producing cough Blood clots	Demoralisation (due to not being believed) Feelings of sadness
<b>Sleep Disturbances</b>	<b>Gastro-intestinal</b>	<b>Bowel habits / Urinary changes</b>
Sleep apnoea Insomnia Fatigued sleep Psychological disturbances in the dark Psychological disturbances when sleeping Have to sleep sitting upright	Rumbling intestines (above normal levels) Diarrhoea Stool colour changes Bloating Belching Gas production increases/decreases	Urine incontinence at night whilst sleeping Urine incontinence during the day whilst active Faecal incontinence at night whilst sleeping Faecal incontinence during the day whilst active Stomach cramping/intestinal cramps
<b>Head/Facial/Maxillo issues</b>	<b>Vision Changes</b>	<b>Cardio-vascular</b>
Jaw pain Sinus problems Pain in cheek bones/jaw area Neck glands up Parotid glands up Glands by ears up Glands on back of head/upper neck up Hair loss	Blurry vision Foggy vision (sudden bursts) Floaters in vision Black shadows in corner of eyes Blurry vision with screens/bright lights/cannot read letters	Heart racing Heart stabbing pain Heart palpitations

## Appendix 2 - Long Covid reasonable adjustments - examples for education

This list is not exhaustive but offers useful insight into the scope of the reasonable adjustments members may need. Workplace adjustments should be catered to the individual depending on their Long Covid symptoms and how this affects their work.

### Location/timings

- Working from home or working from home on set tasks/times/days
- Physical changes to the workplace
- Working close to toilet and welfare facilities
- Varying hours e.g. shorter days and working alternate days
- Varying patterns of work over days/week or even monthly periods e.g. pacing of the work to ensure regular or additional breaks
- Varying timings e.g. starts, finishes, breaks
- Reduced travel/off-site activities
- Long or short term temporary flexible work arrangements (for example flexitime, staggered hours, compressed hours or annualised hours). See: [www.gov.uk/flexible-working/types-of-flexible-working](http://www.gov.uk/flexible-working/types-of-flexible-working)
- Location/activity based individual risk assessment to manage reinfection concerns

### Support systems

Having access to extra identified support (personal/assistive equipment) including but not limited to providing information on the *Access to Work* scheme<sup>14</sup>

- Time off for medical appointments without loss of pay
- Employers may consider discretionary support to access therapies/ treatments where staff experience extended NHS waiting times.
- Peer support and buddy system
- Support from occupational health, including regular welfare meetings
- Self-referral pathways to occupational health

### Workload

- Establishing relevant workload model adjustments
- Temporary changes to duties and tasks
- Suspending/reviewing performance management processes and objectives
- Variation, limitation of set duties/roles/responsibilities

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<sup>14</sup> [www.ucu.org.uk/media/11006/Guide-to-Access-to-Work/pdf/ucu\\_guide-to-access-to-work.pdf](http://www.ucu.org.uk/media/11006/Guide-to-Access-to-Work/pdf/ucu_guide-to-access-to-work.pdf)

- Longer rest breaks, additional breaks
- A different role/post

## **Research**

- Extended project periods and introduction of project breaks
- Additional administrative support
- Variation of contributions required

## **Teaching**

- Reducing/varying teaching timetable in set areas such as contact time and/or tutorials
- Reducing face to face contact

## **Sickness Absence**

- Removing/pausing reduced sickness absence triggers for Long Covid absences
- Extending pay periods and/or pay amounts
- Phased returns on full pay

## **Leave**

- Access to Long Covid/ disability leave
- Disability leave for Long Covid absences, recuperation
- Disability leave while awaiting application of workplace adjustments

## **Return to work/rehabilitation**

- Increased frequency of phased returns with full pay
- Increased length of phased return with full pay
- Alignment of phased returns to individual Covid risk assessment
- Flexible and supportive approach from due to fluctuating symptoms and potential relapses

## Appendix 3 - Long Covid risk assessment controls - examples for education

This is not an exhaustive list and will vary according to the reasonable adjustment requirements already identified in Appendix 2. Many elements of risk controls and reasonable adjustments could be the same and yet there is still a need to identify the hazards present and the controls needed within a risk assessment process. This will ensure the employer is protecting workers from harm and following a preventative approach in line with health and safety legislation.

UCU Reps will be familiar with the standard multi-layered Covid controls such as ventilation and social distancing. Covid safety controls and best public health advice will also need to be considered as part of an individual Long Covid risk assessment which should support the members reasonable adjustment plan.

Similarly, there are a number of risk assessment controls needed to ensure effective rehabilitation, to prevent relapse, stress and to prevent unnecessary harm to workers and those in their care. This will be particularly important for those working in safety critical roles.

### Potential risk assessment controls

#### Environment

- Workplace measures to prevent or reduce Covid transmission/ exposure
- Workstation location and general building usage to prevent exposure to Covid
- Management of third-party institutional visits to prevent transmission/ exposure
- Access to well ventilated work spaces to prevent transmission /exposure
- Workplace infection rates/ absence rates monitored to prevent transmission/ exposure
- Self-isolation procedures in place to prevent transmission / exposure

#### Activities

- Reduce number of in-person contacts e.g. alter duties or tasks temporarily
- Reduce number of close contacts e.g. flexible start, finish and breaks
- Minimise exposure to wider workforce/ community e.g. avoid or reduce frequency of tasks that require contact with multiple
- Alter work patterns – ensuring regular or additional breaks, shorter days, alternate working days
- Alter workloads - fewer tasks than normally expected or more time to complete tasks
- Work patterns e.g. pacing throughout the working day/week to prevent relapse

## **Support**

- Individualised support and good communication
- Achievable workload demands to prevent stress and promote recovery
- Peer support systems e.g. buddy system

## **Personal risk factors**

- Personal health risk factors
- Vaccination status