As employers grapple with understanding and managing long COVID in the workplace, DMEC and Sedgwick have convened a think tank of industry experts to weigh in and provide solutions for this complex topic.

### THINK TANK PARTICIPANTS

- Bryon Bass, Sedgwick
- Vivian Campagna, *Commission for Case Manager Certification*
- Josephine Copeland, Sedgwick
- Benjamin Cormack, *Walmart Stores, Inc.*
- Linda Croushore, WorkPartners
- Tracie DeFreitas, *Job Accommodation Network*
- JoAnn Edwards, *Charter Communications*
- Dr. Panagis Galiatsatos, *Johns Hopkins University*
- Dr. Charles Glassman, *The Standard*
- Joe Guerriero, *MDGuidelines*
- Carol Harnett, *The Council for Disability Awareness*
- Danette Heine, *ODG by MCG*
- DeShawna Manley, *PwC*
- Louis Orslene, *Office of Disability Employment Policy*
- Dr. Glenn Pransky, *Lincoln Financial Group*
- Terri L. Rhodes, *DMEC*
- Dr. Adam Seidner, *The Hartford*
- Kerri Wizner, *MDGuidelines*

### PROBLEM STATEMENT

It is projected that 7-14 million U.S. adults (2-4%) will have disabling long COVID. Post-COVID conditions are expected to have a profound impact on employees, employers, workforce absence vendors and insurers, and the healthcare system.

As a result, effective management strategies — particularly for workplace accommodations and return-to-work programs — need to be developed and documented for employers.

### SUMMARY OF WORK

The DMEC Long COVID Think Tank is working to:

- Develop a consistent definition and timeline for each phase of post-COVID and long COVID for use in workplace accommodation and return-to-work discussions.
- Develop a set of best practices and resources for employers to use as they manage long COVID and return employees to the workplace.
DEFINITION OF LONG COVID

While most patients recover in a matter of weeks from COVID-19, as many as half experience lingering symptoms six or more months after their initial infection.

Long COVID describes the experience of post-infection illness and includes a broad range of symptoms — such as chronic fatigue, brain fog, shortness of breath, heart palpitations, and headaches — that can be disabling.

These conditions may prevent recovery to pre-infection health, inhibit an individual from full function, and challenge return to the workforce.

PHASES

Long COVID, like any disease, will have a spectrum of symptom severity that would need to be evaluated. These timelines provide a guide for absence management professionals as they manage long COVID in the workplace.

- **Transition Phase**: Symptoms associated with acute COVID-19 which may last up to 4-5 weeks
- **Long COVID Phase 1**: Acute post-COVID symptoms which last from week 5 to week 12
- **Long COVID Phase 2**: Long post-COVID symptoms which last from week 13 to week 24
- **Long COVID Phase 3**: Persistent post-COVID symptoms which last more than 24 weeks

CONSIDERATIONS

- Diagnosis of long COVID may not be available and/or consistent for employees. Employers should focus instead on functional and cognitive limitations.
- As long COVID may impact individuals and workplaces differently, employers should stick with a traditional absence management focus on workplace accommodations and stay-at-work/return-to-work strategies.
- Because of the potential volume of long COVID cases, employers will need to focus on documenting essential functions, building up job banks for temporary or permanent reassignment, training front-line leaders on requirements and resources, and solidifying accommodation processes to avoid defaulting to leave as the primary option for employees suffering with long COVID.
- As confusion and lack of consensus around long COVID may remain for some time, employers need to identify what barriers may be keeping employees from discovering/disclosing long COVID symptoms — and the impact on their ability to work — and what may be hindering treatment and support for employees. Review of health plans, benefit packages, leave policies, accommodation processes, and stay-at-work/return to work programs may be needed.

NEXT STEPS

Think tank participants will continue to meet throughout the fall and a pulse survey will be released for DMEC members and 2022 DMEC Annual Conference attendees to provide input and feedback. A white paper of best practices and resources will be released at the end of 2022.