

POST COVID RTW CASE STUDY

INITIAL OCCUPATIONAL HEALTH ASSESSMENT

(NB: Keep session short if Mr Chambers is suffering fatigue)

Aims of session:

1. Explain service aims and reinforce we are here to support his rehabilitation.

Gain trust and 'buy in' with client

2. Gather further medical information and screen for red and orange flags

Further information required on HPC, PMH, drug history. What treatment is he receiving from either primary or secondary care?

3. Find out more about levels of social support currently received

Is signposting or referral required for practical or social support?

4. Gain details on work duties and work demands. Start the work conversation and encourage communication on work issues with line manager

More information required on job role and potential for modified duties

5. Ask Mr Chambers how he is feeling. What are his worries and concerns (yellow, blue, black flag screening)?

These potential barriers to recovery must be identified at an early stage

6. Gain informed consent to send OH report, contact GP, line manager/employer for further information

Legal requirement and necessary to manage employer expectations and provide realistic time scales for RTW

OUTCOME OF INITIAL ASSESSMENT SUMMARY

1-year history of mild angina – advised (pre Covid) to increase exercise and lower BMI. No other medical history

Currently takes half an aspirin daily, no other medication. BMI now 24 - healthy (since Covid 19)

Older brother died of Covid 19 whilst Mr Chambers was in Intensive Care. Feels upset about this as did not say goodbye and reports frequent low mood. GP has already referred him for counselling

Wife is incredibly supportive and is also physically fit. However, he finds it difficult to discuss his anxieties with her about getting back to full fitness. Is really worried about this and has not undertaken much activity at home for fear of over-doing things and relapsing

Has worked for 23 years in the sorting house for Royal Mail. Job is full time (05:00 until 13:30, with 45-minute lunch break) and entails standing and sorting items of post, up to 25 kilos in weight. Is concerned about stamina to undertake this work and the early starts as he is not sleeping well

Written consent for liaison with GP, line manager and HR provided by email. Does not wish to see any reports before they are sent

PLAN FOLLOWING INITIAL ASSESSMENT

1. Request Mr Chambers undertakes the following questionnaires:

Chalder fatigue scale (CFS), Fear avoidance and beliefs (FAB) questionnaire, General Anxiety Disorder (GAD, Patient Health Questionnaire (PHQ-9) for depression and Work Ability Index (WAI)

The results will help to highlight areas where further support or referral maybe required and provide a base for further comparison. Is current counselling helping or is further support required?

2. Consider functional measurement tests undertaken face to face or adapted to being undertaken remotely if necessary (ensure there are no contra-indications) such as :

2-minute of 6-minute walk test as a base measure and to compare to normative data for aerobic fitness
Timed sit to stand test (quick, easy test to measure lower limb strength)

Back performance scale (BPS) to assess general spinal mobility and strength post long period of immobility
Progress over time to undertaking specific functional tests specific to his work demands such as lift high, lift low and Chester Step Test

3. Discuss 'pacing' and set rehabilitation (outcome) goals with Mr Chambers and break these down into how these can be achieved via clear and achievable process goals, for example: Outcome Goal: walk to local shop from home (which is 600m away) in 4 weeks' time. Process Goals/ week 1 – walk on the spot three times a day, start with 1 minute each session and increase by 30 seconds each day. Week 2-4 increase process goals as appropriate

4. Ensure positive active approach with Mr Chambers and be aware of signs or symptoms of severe depression or other mental illness. Refer or signpost, as necessary
5. Liaison and support with other health professionals such as respiratory team

BACKGROUND

Mr Chambers is a 68-year-old male who works full time as a postal worker. Diagnosed with Covid 19, 9 weeks ago and immediately admitted to intensive care due to difficulties breathing. He remained in intensive care for 3 weeks and then a further 4 weeks in a general hospital ward

It is now 2 weeks since his return home from hospital and his manager has referred him to Occupational Health for help with his rehabilitation and subsequent return to work.

MEDIUM TO LONGER TERM

This may include reassessment of physical and psychosocial testing, increasing home exercise programme and rehabilitation, sleep hygiene support, moving towards more independent rehabilitation and workplace assessment with Mr Chambers

include:

RTW PLANS

A phased return to work is likely to be required and may include modifications of his normal work duties.

Ensure report states time scales for each recommendation, and these must be clear and all recommendations practical and achievable.

Examples of recommendation for Mr Chambers may include:

Reduced hours of work and gradually increasing hours over a period of 8 weeks starting work at 09:30 to allow improved sleep and avoidance of any rush hour travel

Increase breaks to allow him to sit down regularly

Reducing the weight limit of items, he is required to lift, i.e. to lift not more than 10 kilos for the first 3 months of his RTW

Ensure that his line manager keeps in close contact to ensure that Mr Chambers is coping

Report any problems to line manager or Occupational Health

ALL INTERVENTIONS:

Timely and time bound Positive
Patient involved and specific to their needs
Practical Supportive Objective

