

Post-COVID Syndrome / Long-COVID / Long-Haulers

CUPE BC REGION Bulletin Updated October 2022

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I. INTRODUCTION:

This updated Bulletin is meant for CUPE Local Executives, Joint Health and Safety Committees and CUPE members in the BC Region. **This Bulletin is accompanied by a comprehensive Guide.** As we enter the eighth wave in Canada (and the end of the third year of the pandemic), with hundreds of new variants and subvariants, there have been increasing reports of long-term symptoms developing after people have contracted SARS-CoV-2 (the virus) and then developed COVID-19. Many people will go on to develop what is called Post-COVID Syndrome, Long-COVID, Long-Haulers, etc. The potential lifelong impact on CUPE members is increasing daily with ramifications for sick leave, accommodation, WCB claims, equity and health and safety.

II. WHAT IS LONG-HAULERS (THIS TERM IS SUBJECT TO CHANGE):

There is no standard definition of what is often called “Long-Haulers”. It is thought that Long-Haulers is post-acute sequelae (consequence of a previous disease) of SARS-CoV-2. It may occur anywhere from four weeks (US CDC), twelve weeks (UK National Health Service) to twelve months or longer after infection with SARS-CoV-2. Long-Haulers may be caused by damage from the original infection, lingering remnants of the SARS-CoV-2 virus in the body, residual inflammation or autoimmune responses, for example.

III. SYMPTOMS:

The symptoms of Long-Haulers vary considerably. There are over 200 symptoms. The most common long-term symptoms are fatigue, shortness of breath, low blood pressure, cough, joint and muscle pain, headache and chest pain. Symptoms include (this is not an exhaustive list and it grows each month):

- Hair loss
- Headaches
- Ringing in the ears
- Changes in taste and smell
- Anxiety
- Depression
- Post traumatic stress disorder
- Loss of appetite
- Low blood pressure
- Chest pain
- Heart palpitations
- Postural orthostatic tachycardia syndrome
- Myocarditis
- Pericarditis
- Nausea
- Abdominal pain
- Diarrhea
- Kidney damage
- Liver damage
- Joint pain
- Muscle pain
- Fatigue
- Post-exertional malaise
- Numbness
- Pins and needles sensations
- Weight loss
- Weight gain
- Brain fog
- Fever
- Dizziness
- Sore throat
- Cough
- Shortness of breath
- Sleep disturbances
- Skin rashes
- Type 2 diabetes

People with pre-existing conditions and comorbidities may have additional symptoms and severity of symptoms, especially psychological conditions.

IV. HOW MANY PEOPLE ARE AFFECTED AND WHO IS AFFECTED:

The percentage of people who develop Long-Haulers varies widely from 5% to over 91%. Recent studies indicate the average is 30%, though the WHO states 10% to 20%, for example. The effects may be long term or even permanent. Symptoms may change depending on the variant or sub-variant. People aged 35 to 69 and people with another health condition or a disability are at higher risk for developing Long-Haulers. People from equity seeking groups may be impacting in numerous additional ways, both directly and indirectly.

V. IMPACT ON EMPLOYMENT:

More than 70% of people with Long-Haulers had to take leave from work as a result of living with long-COVID, sometimes for periods longer than a year. Long-Haulers has physical, cognitive, emotional and psychological impacts on employment and functioning. The impact on employment will depend on many different variables, including (non-exhaustively):

- Symptoms occurring
- Frequency of symptoms
- Overlap of symptoms
- Severity of symptoms
- Other pre-existing or co-existing conditions
- Age
- Type of employment and job duties
- Precarity of employment
- Transportation to employment
- Types of accommodation required and duration of accommodation
- Impact on family obligations e.g. childcare, eldercare, etc.

VI. POTENTIAL COLLECTIVE AGREEMENT IMPACTS:

A multi-stakeholder and multi-benefit review should occur due to numerous potential overlapping entitlements and obligations. Examples include (non-exhaustively):

- Sick leave
- Long-term disability
- Job postings and job selection
- Probationary status
- Discipline, including culpable and non-culpable discharge
- Job evaluation
- Annual performance evaluation
- Benefits
- Accommodation under human rights legislation
- Return to work programs
- Health and safety
- Breaks and scheduling
- Equity and equality
- Employee Assistance Plans (EAP)

Stakeholders that may need to be involved include (non-exhaustively):

- Workers
- Employers, including supervisors
- Union
- Joint Health and Safety Committee
- Human resources specialists
- External providers e.g. long-term disability, EAP, WorkSafeBC, etc.

VII. POTENTIAL WORKSAFEBC CLAIMS IMPACTS AND CONSIDERATIONS:

There is insufficient data, claims and appeal decisions to assess the criteria required for the acceptance of Long-Haulers claim acceptance rates. While the majority of COVID-19 claims are being accepted the acceptance of secondary conditions or Reopenings related to Long-Haulers is not known at this time. Since symptoms can arise months after COVID-19, WorkSafeBC Reopening requests and / or claim forms (e.g. Form 6 - workers) may have to be filed months after a claim for COVID-19 has been initiated. See <https://www.worksafebc.com/en/resources/claims/forms/application-for-compensation-and-report-of-injury-or-occupational-disease-form-6?lang=en> for Form 6 – Application for Compensation and Report of Injury or Occupational Disease.

Questions and issues for adjudication of Long-Haulers related WorkSafeBC claims include:

- Is there presumption
- When does the presumption apply from
- Medical evidence e.g. cardiology, and / or pulmonary specialists required
- Testing required
- PCR and Rapid Antigen Test results
- Subjective evidence required
- Continuity of symptoms
- Onset of symptoms
- Whether the original claim for COVID-19 was accepted
- Whether the claim for COVID-19 was active
- Duration of time between the COVID-19 WorkSafeBC claim and onset of symptoms

If workers believe SARS-CoV-2 / COVID-19 was contracted at work, they should file a WorkSafeBC claim to determine if they are eligible for workers' compensation benefits. It is imperative that workers file a claim if they test positive in a Rapid Antigen Test or PCR test or even if they are symptomatic with COVID-19 (without positive Rapid Antigen Test or PCR test), and they believe the exposure was due to employment. Even if there are no symptoms, a claim should be initiated when there is a positive Rapid Antigen Test or PCR test. WorkSafeBC has stated that it encourages anyone who believes that they have contracted COVID-19 to file a claim and while ideally it wants to see proof of a positive test for COVID-19, if none is available WorkSafeBC will make a judgement based upon the available evidence provided by the worker and the employer. For further information, please see WorkSafeBC at <https://www.worksafebc.com/en/covid-19/claims/information-for-workers> and the fall 2020 CUPE BC Region Guide on filing WorkSafeBC claims for COVID-19 at <https://www.cupe.bc.ca/committee/occupational-health-and-safety-committee/>. That Guide is for information purposes only as it is from fall 2020 and may be out of date.

VIII. HEALTH AND SAFETY IMPACTS:

The health and safety impacts of Long-Haulers are unknown. In the interim, it is recommended that the tools and resources on the CUPE National Health and Safety Branch website at <https://cupe.ca/health-and-safety> be used with respect to COVID-19. Using the Precautionary Principle (not waiting for scientific certainty before taking action to protect workers from potential hazards) – should be the foundation for protecting workers. The applicable CSA Group Standards should be used e.g. Z1011 Work Disability Management Standard.

Health and safety issues to consider and address include:

- Operation of equipment
- Operation of vehicles
- Use of stairs
- Use of ladders
- Repetitive work
- Cold and heat tolerance
- Lifting
- Duration of work
- Time of work e.g. evening versus daytime
- Task variability
- Psychosocial stressors
- Use of hazardous substances / WHMIS
- New and young workers
- Working alone

Recommendations include:

- Use assessments such as the Work Ability Index
- Phased return to work programs
- Flexible work arrangements
- Ensure (paid) time off for medical and rehabilitation appointments
- Introduce fatigue management strategies
- Address workload issues
- Adapt work tasks
- Job redesign
- Workplace redesign including ergonomic considerations

Stakeholders that may need to be involved include:

- Workers
- Employers, including supervisors
- Union
- Joint Health and Safety Committee
- WorkSafeBC (claims and Prevention)
- Human resources specialists
- External providers e.g. long-term disability, EAP, WorkSafeBC, etc.

It is important to address workers in precarious employment, as well as new and young workers as they may be at higher risk for health and safety issues arising from Long-Haulers.

IX. RESOURCES

See the CUPE BC Region Guide for a list of resources.

[https://cupe.sharepoint.com/sites/BritishColumbiaRegionalOffice/Health_Safety/CORONA_VIRUS_\(COVID19\)/Bulletin_Long_Haulers_COVID-19_BC_Region_2022_10_25.docx](https://cupe.sharepoint.com/sites/BritishColumbiaRegionalOffice/Health_Safety/CORONA_VIRUS_(COVID19)/Bulletin_Long_Haulers_COVID-19_BC_Region_2022_10_25.docx)
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