# What You Should Know About the Impact of Long COVID in the Workplace

## [Introduction]

**TRACIE DeFREITAS:**

Hello, everyone. Thanks for joining us for this JAN Accommodation and Compliance Series webcast "What You Should Know About the Impact of Long COVID in the Workplace," a collaborative presentation including representatives from the Disability Management Employer Coalition, Sedgwick, the Employer Assistance and Resource Network on Disability Inclusion, and the Job Accommodation Network. My name is Tracie DeFreitas. I'm the Director of Training, Services, and Outreach for JAN.

The COVID-19 pandemic has resulted in millions of people now experiencing chronic health conditions related to their initial COVID infection, known as long COVID. According to the Centers for Disease Control, long COVID includes a wide range of ongoing health issues that last for several months or longer. Symptoms affect people in various ways. It could impact performing daily activities and working.

Today's training is designed to share information about the impact of long COVID in the workplace. I'd like to introduce our speakers. Terri Rhodes, Chief Executive Officer for the Disability Management Employer Coalition. Bryon Bass, Senior Vice President and Workforce Absence and Disability Practice Leader for Sedgwick. And Susanne Bruyere, Co-director and Co-principal Director for the Employer Assistance and Resource Network on Disability Inclusion. I'll also join the conversation later in the webcast. Thank you all for collaborating with JAN for this webcast and for sharing all this important information today. We really appreciate you.

Let us get started first with some necessary housekeeping items. To address any technical difficulties you are having during the webcast, please use the question-and-answer option located at the bottom of your screen to connect with our tech team.

We offer an FAQ that might answer some of your questions. See the login email you received today for the FAQ link. You can also find it at the AskJAN.org website via the webcast registration page. The live chat on the AskJAN.org homepage is also another option if you're having some difficulty or call 800-526-7234.

Questions for presenters should be submitted using the Q&A option, not the chat. All questions will be gathered into a queue and, time permitting, will be answered at the end of the webcast.

A PowerPoint is available for this webcast. Attendees must download the PowerPoint slides using the direct link found in the login email you received today. The link is posted in the chat now and can be found at this webcast event page via the training page at AskJAN.org.

To access live captioning, use the closed caption option at the bottom of the webcast window or view captions in a separate browser using the link shared in the webcast chat.

This presentation is being recorded and will be available on the AskJAN.org website and the JAN YouTube page as well.

Finally, at the end of the webcast, we would like to know your feedback, so please do complete the evaluation. If you're seeking a CEU, the approval code will be provided after the webcast evaluation is completed.

Let's get started. We have a lot to cover today. We'll begin by learning about the findings of the collaborative DMEC Long COVID Think Tank then EARN's long COVID roundtable and resources, and to wrap up, we'll share some accommodation process tips. Time permitting, we'll also talk about some accommodation solutions.

Now I'm going to turn the discussion over to Terri Rhodes and Bryon Bass. Terri, you're up.

## [DMEC Think Tank Findings]

**TERRI RHODES:**

Thank you, Tracie. We're excited to be able to present the findings from the think tank. Bryon and I will be presenting this information together.

So last spring when we were coming out of the throes of the pandemic, we kept hearing about people who were called "long haulers" or who had long COVID, and there was great concern that was expressed by the general public as well as those of us in the absence and disability industry about how this might impact our workforce. And this was particularly concerning because we had the great resignation that was occurring kind of simultaneously.

It was estimated — and this was about a year and half ago — that there were 23 million people who were suffering from long COVID. That's like 1 in 13 individuals. Employers needed practical solutions for assisting employees in staying at work with accommodations or returning to work following a leave of absence. So this think tank was formed to try and find specific solutions for individuals who were suffering from long COVID and needed some help staying at work or getting back to work. We had 18 participants, very, very smart people in this business. Their names and companies are in the white paper. The white paper is available. We did publish it in January; it's available to all of you. And it's also on the JAN website, and I believe it's on the DMEC website. So please access it. There's a lot of good information in there that came from the think tank.

And so as we start looking at these costs — and we don't have a full picture. We're still gathering information. We looked into a couple of studies. One was by Nomi Health. They're a direct healthcare company. They analyzed about 20 million long COVID claims, COVID claims, and diabetes claims, and they found that the long COVID claims were about 26% higher than even their diabetic claims. And then we also looked at some information that was submitted by Sedgwick specific to their workers' compensation business in the US. They found that the long COVID claims compared to the COVID claims were about 12% higher. So we're beginning to see the cost, the impact of long COVID. And as the fear of recession looms, we have to think about what's going to happen to the individuals who have long COVID who need help getting back to work? What are the tools that employers need to help get them back to work?

So with that, I'm going to turn it over to Bryon.

**BRYON BASS:**

Thanks, Terri, for that introduction.

One of the things when we got together as a collective and really started to dig in to long COVID — If we go to the next slide, that would be great. One of the things that became apparent to us in all of our conversation, regardless of where we were coming from in terms of providing healthcare in the system itself or those that are in the industry as insurers or third-party administrators providing benefit coverage or attempting to provide benefit coverage for individuals who are suffering from COVID or long COVID, was that we were seeing some significant inadequacies in not only the healthcare system but also the disability system overall. And what we are hearing is those individuals that were presenting with the types of symptoms associated with long COVID such as fatigue, shortness of breath, cognitive challenges, they were receiving services such as physical, respiratory, or occupational therapy. However, many of the health plans were restricting or continued to restrict some of these therapies to a defined number of visits or would only cover therapy services as long as the patient continued to improve.

I think what we all know now and we're continuing to see is that long COVID is proving to be a condition that is taking a long amount of time to actually diagnose. In fact, healthcare providers are ruling out all other types of conditions first before they get to a point where they may be making a long COVID diagnosis, and in many cases that long COVID diagnosis may come 4-6 months after an individual starts treating for the symptoms outside of the acute phase of COVID.

Additionally, when we look at the disability system from a Social Security Administration perspective — again, this information is from last year — but Kaiser Health News reported that there were about 40,000 disability claims that included an indication of COVID infection at some point. What we don't know is how many of those claims were among the more than 1 million Social Security disability applications that are awaiting processing. What we do know is that partial disability is not something that is commonly covered under disability plans or even from the Social Security Disability Administration. We know that is a common characteristic of long COVID, where an individual may not be fully disabled but they may have partial disabilities that prevent them from performing major life functions or even working. And then we also know that there are caps with respect to someone in the amount of benefits that they can draw and what they can earn in the market, and that might prevent employees from working, if and when they can.

I will turn it back over to Terri.

**TERRI RHODES:**

Great. We can go to the next slide, Tracie.

So as Bryon was talking about some of the brain fog issues and other cognitive issues that are prevalent in long COVID, we see and exacerbation of our already-overwhelmed medical health system – excuse me, mental health system. To set the stage, so pre-pandemic the general prevalence of depression in the workplace was about 24%. So about 1/4 of the population has had some kind of depression. 15% for PTSD. However, when we add in individuals that have had a COVID infection, that increased to 42%, and then those individuals with symptoms of PTSD went way up to 96%.

Here are some things to think about as we move through the mental health issues associated with individuals who have long COVID. As Bryon said, our disability system isn't really set up to handle long COVID individuals. Many long-term disability plans, policies, have a 24-month limit on mental health benefits, which may not be adequate for individuals with long COVID. And if you were a previously healthy individual and you now have long-hauler's or long COVID, you may be experiencing symptoms of difficulty focusing, concentrating, thinking. And then you come to work, and you’re trying to do your job. This increases your anxiety, your stress, depression, and even trauma as a result of not being able to perform your job as you once did.

Additionally, this is compounded by other cognitive and emotional challenges that people with long COVID experience, because these symptoms come and go. They wax and wane. They may have a good day; they may have a bad day. They may have a good week; they may have a bad week. And so these individuals cannot predict how they will perform at any given time. So that's a problem for the employees.

Well now we move that on to the employer side, and we see this is probably going to result in some kind of intermittent leave. And while intermittent leave is not difficult to manage, what is difficult to manage is your staffing in your workforce and how does this impact how you staff on any given day? The last thing to think about is, generally speaking — and this is absent the long COVID — The chances of individuals having a successful return to work diminished the longer that they're off work. So for example, we know that an individual that has been off work about six months has about a 55% success rate of actually getting back to work and staying at work. Well we move that down the spectrum to two years, and it's less than 5% success. So, these are things to think about.

Bryon, I'm going to turn it over to you now.

**BRYON BASS:**

Great. Thanks, Terri.

So as we pointed out, there are a significant number of disparities in the system today. And so, as a result, it's really requiring employers to adapt and think differently and being more creative in the solutions that are being provided. So we do know that these challenges are going to require or have required organizations to focus on an organization-wide education and a new mindset about disabilities in general. The purpose of today's session is to provide you with some ideas on some solutions that, as an employer, you can put in place to help accommodate these challenges as they continue to present themselves.

One of the things that we know is with long COVID in particular, fatigue is one of the most commonly reported symptoms, followed by post-exertion malaise and brain fog. So those are the three most commonly reported symptoms. What we know traditionally from an overall accommodation perspective or accommodating them in the work environment is that these symptoms are sometimes often the most challenging for employers to pinpoint and to accommodate. So creative solutions that we're going to talk about today such as flexible scheduling and organizational applications and software, job coaches and more all need to be considered in accommodation strategies that are put in place.

We also know that employers that are able to fall back on a formal return-to-work programs that they may already have in place are more likely to be able to quickly and effectively address accommodation needs for employees with long COVID. Unfortunately, there are a significant number of employers that don't have formal programs in place, and we do know that in those instances, there is a risk for a knowledge drain in their organizations, because if they're not able to accommodate individuals, then those individuals are not going to be able to work. Therefore, they may go out of the workforce completely.

The other thing to consider is that we are seeing an increasing number of reports or complaints to the EEOC reporting that their employer has failed to accommodate long COVID limitations. So looking back into 2021's data — we don't have 2022's data yet from the EEOC. But to give you an idea of this, there were over 6,000 COVID-related charges of discrimination. 66% of these COVID-related charges were raised by ADA violations for a total of over 4,000. And those are just complaints that are coming in. So that gives you an idea of the scope and magnitude of what we have in front of us and what we need to be thinking about as employers.

Next slide.

**TERRI RHODES:**

OK. So we're going to talk about some recommendations. I think in general, our advice is employers should be prepared for the ongoing increase in job accommodation requests related to long COVID. And you need to know, if you don't already, that in 2021 long COVID was formally recognized as a disability under the ADA. So you need to treat these just like any other accommodation request. I'm not really going to go into the reasonable accommodations, because Tracie and Susanne are going to talk about that in more detail. But, just in general, there are many ways that an individual can be accommodated. And remember that a long COVID claim is just like any other accommodation request in that you start with the interactive process and go from there.

The next thing to think about is educating your employees. It's really important that you provide mental and wellness information to your employees.

Secondly, enhance the access to care. Make sure you understand what's covered under your health plan. Have you taken a look at your EAP program? Does it need some refreshing? And make sure you understand and employees understand what all of your employee benefit offerings are.

And then the last one — and certainly this has been an ongoing effort by many employers over the years — is to eliminate stigma. You know, this is important, and it should be just part of the ongoing strategy that companies employ today.

So Bryon, I think you're going to summarize things for us.

**BRYON BASS:**

Yeah. Absolutely. And I think, in summary, I'm not going to go through each of these bullet points due to the amount of time that we have remaining, and we really want to get into the solutions. And these are also available to you in the white paper. I think it's important for us to close at this point with respect to the white paper, and that really was the first comprehensive examination of how organizations are accommodating employees with long COVID. And the white paper does outline for employers what you can do to improve results for employees and your organization and how to better prepare for the viruses, mental health and behavioral health challenges, and other developments that will require effective employee accommodations.

With that, I'll turn it over to Tracie.

**TRACIE DeFREITAS:**

I think we're going to have Susanne jump in here. Thank you, Terri and Bryon.

## [EARN Roundtable & Resources]

**SUSANNE BRUYERE:**

Thank you, Terri and Bryon, for that terrific overview. Very useful summary of things that are occurring and that you were able to gather information from.

I am going to take some time with you now — I think one of the wonderful things about today's webinar which you will see concurrence across many of these things that suggest what's needed, what the issues are, and also some suggestions of the next way to go.

Next slide, please.

So, I am going to talk about a roundtable that was two overarching things. A roundtable that was hosted at the Disability Management Employers Coalition conference last summer that was facilitated by the Employer Assistance Resource Network, specifically Assistant Secretary Taryn Williams and Lou Orslene were able to facilitate at the hosting of DMEC a roundtable, and I'm also going to talk about a resource that we have on the EARN and the JAN websites that I think tells a good summary of many of the things you're hearing today.

Before I do that, I want to set the backdrop just a bit to talk about some work that has been done to inform our team at the Employer Assistance Resource Network about what's going on around long COVID. We did both a literature review and we did some interviews with members of the Employee Assistance Professionals Association, which, along with DMEC, are 2 of 13 organizations which are part of a leadership council of the Employer Assistance Resource Network. And we found from the literature review that there were a number of things that popped out.

We asked four predominant questions as we went through over 800 different items that we identified in an extensive literature review. We narrowed that down to items that just answered these four questions: What employer and employee experiences with long COVID at work? What are employer and employee experiences? What kinds of reasonable accommodations for long COVID have been requested in employment settings? What guidance does this literature provide for supporting employers and supervisors in managing employees with long COVID?

Next slide, please.

So in terms of the experiences of employees, our first question, some of the things we found is that there was significant impact on the symptoms, as you heard from Terri and Bryon. And it had to do with brain fog; it had to do with increased fatigue. It had to do with unable to sit or stand for long periods of time. But also, what came out in the literature is a disproportionality for certain populations. Specifically middle-aged women and people of color seemed to be more disproportionately impacted. We had similar such findings in terms of the symptoms that were being reported by EAP professionals but also the disproportionality when we spoke to these members of organizations that they were supporting. They talked about, again, this disproportionality was significant. In terms of — part of that, let me also just add before I move on to the reasonable accommodations, was also where this was showing up in different types of jobs, because many blue-collar individuals reported less flexibility in being able to work remotely, and many were people of color in these jobs.

Our question about reasonable accommodation, you were hearing certainly some of these things from Terri and Bryon as well. One of the things that has been encouraging that has come out of the pandemic is that what is considered reasonable has changed over time. We've learned a lot from the pandemic. Working from home has become much more socially and professionally acceptable for people with and without disabilities during the pandemic, and remote work has been noted as a beneficial accommodation for people with long COVID as well as people with disabilities who perhaps historically, before the pandemic, were more likely to offer it but not always get accommodations for remote work.

It was also noted in the literature some alternatives not commonly used that became more common, such as phased work returns, fatigue management strategies, support groups or buddy systems to support people around these mental health considerations, as well as more common accommodations like workplace policies and job restructuring, which we have often seen in the past.

Okay. Next slide, please.

In terms of managing employees with long COVID, we understand and apply — You've heard this from Bryon and Terri — really important to stay on top of regulatory requirements and understand how they apply in this situation — ADA and FMLA of course being the most important — and understanding how to navigate that in a realistic way but also in a responsible way. The importance of communication and offering guidance for employees with long COVID as they navigate time away from work as well as information on the manager's role during this time period and the importance of managers staying in touch with employees in a supportive way.

In terms of supporting employees with long COVID that came out from the literature, again, it needs to — very consistent with what was being found. We heard from our DMEC and Sedgwick colleagues, it needs to be a multidisciplinary approach. It needs to include management, HR specialists, health and safety specialists, clinicians, medical providers, voc rehab counselors. We need to be educating employers about what the symptoms are and how to manage that and support employees around productivity and affording them some flexibility. That takes education.

Moving on to our roundtable, and the results, I think you're going to see them very consistent. We had approximately 24 participants at the DMEC conference that attended this 90-minute session that was led by Assistant Secretary Taryn Williams and Lou Orslene. They provided feedback on workplace concerns and response to those concerns of these members that were employers and also vendors of services supporting employers in these issues.

Next slide, please.

In terms of vendor concerns, we saw an increasing number — Vendors told us increasing number of employees with symptoms of long COVID such as cognitive limitations and fatigue, and it was certainly impacting work productivity and their healthcare costs. They also articulated difficulties in diagnosing employees. The definitions were often seen as confusing. And it was difficult for service providers to provide a definite diagnosis of employees with long COVID and to inform the supports needed. The suggestion was to provide more support needed to manage productivity, as there's a lack of understanding.

Issues also coming up that we experienced certainly with disabilities, especially non-obvious disabilities in the past, was people's reluctance to say that both they had been diagnosed with long COVID or were experiencing the symptoms even if they hadn't had a firm diagnosis or that they were experiencing stress from that and the pandemic more broadly. So a reluctance to come forward and get the supports that they needed. So again, importance in educating both employees about the importance of coming forward but also supervisors to encourage that support.

We also heard — Similarly to what you heard from Terri and Bryon — that organizations need more guidance, especially around changing insurance benefits and policies to support employees with long COVID. They're also, at the same time, knowing that they need to do that, concerned about precedent-setting and the cost implications of these changes.

Medical and mental healthcare professional shortages were often the topic of discussion from several different people. And the impediments and payers policies — again, similarly to what you heard — were precluding getting necessary length of care and also interdisciplinary care which was required, it was sounding from our vendors and employers across a number of different specialists needed to support individuals and get the diagnosis and the interventions that they needed.

Next slide.

Employer and vendor response to these concerns. EAP care continuum, critically important. Aggregating mental health data and sharing that. Our attendees thought it was really critically important that they understand what people were experiencing so they knew what kind of interventions to design and how to change their policies in providing those, getting that aggregate data being very important. Having a logical continuum of support that they could point to across different specialists needed and extensions of care around EAP. Getting some guidance on standards of care from the CDC and knowing how that played out across different types of disciplinary protocols. Getting a better understanding of the limitations of long COVID across the different ways it's manifesting and the kinds of support that they could more universally apply and be more ready to respond.

They also noted differences between large and small employers and the challenges and solutions that they were able to implement, and we need to be thinking about how to provide them with this guidance as well.

Improving public knowledge of community resources. They certainly flagged for us that there is not a common knowledge for individuals about what to do or employers to know how to respond.

So, with that, I want to quickly turn and point you towards an online resource that you have readily available to you that was produced by the Employer Assistance Resource Network and the Job Accommodation Network's team. It's available from both of our websites and includes a variety of information such as statistics, identifies common conditions that you've heard about, what symptoms that you can look for as employers, and —

Next slide, please.

I'm going to go quickly through these so we can get on to — Thank you. How it's contributing — and how it's contributing to a current national labor shortage. and how we should — Again, this points to the importance of using some of these good approaches that we have been able to get from employers who are responding proactively to keep our existing workforce in place and bring people back to work in a timely way. The US Chamber of Commerce and Accenture has predicted this labor shortage, and we expect it to continue and because of the need for labor and competition, it's intense right now, as many of you who are in attendance today I'm sure know, it is going to be really important that we are proactive in accommodating people, keeping them in the workforce.

Next slide, please.

So, in this informational brochure, we also talk about — There's an extensive Q&A you can tap from that. But some of the things that came out of that, how employers can support and retain employees with long COVID by providing effective accommodations — and Tracie's going to give you some examples of that — the benefits of doing so beyond just fulfilling your legal obligations, and the importance of doing that in the interactive manner that the ADA requires, really talking with employees, understanding what they're experiencing and how that is an impediment in their effective functioning in their current job. And of course, this comes out repeatedly in everything each of us is saying, the importance of workplace flexibility such as telework and flexible scheduling, and that that will contribute to retention of individuals.

So that was a very quick overview of several different segments of information that we are accruing at the Employer Assistance Resource Network, and with that I'm going to turn it over to Tracie to talk about accommodations.

## [Accommodation Process Tips]

**TRACIE DeFREITAS:**

Thank you, Susanne. That was great. We learned so much from you and from Terri and from Bryon already, but we're going to expand a little bit on the importance of providing accommodations for individuals with long COVID by learning about some accommodation process tips from JAN, and then, time permitting, of course, we'll talk about accommodation solutions as well.

So, we've heard about various insights and challenges today. Addressing long COVID's accommodation process challenges does require an organization-wide education and a new mindset about disabilities in general, I would say. Our first response to an employee who presents with long COVID symptoms, it really should be, "What can we do to help keep you working?" That's where that accommodation process begins. There should be a collaborative effort to explore reasonable accommodation solutions that enable employees with long COVID to stay in the workforce, which benefits not just the individual but also the employer and our economy as a whole.

We've heard about what's happening as a result of the impact of long COVID overall. Some of the challenges can be addressed by engaging in practical strategies that go beyond ADA compliance — and I'll talk about some of the strategies in a moment — but the accommodation process challenges can include things like — We've heard a little bit about stigma. Individuals with long COVID feeling discouraged about disclosing their medical condition due to that stigma. There may be some social stigma which stems from fear and uncertainty about COVID and long COVID, but disability disclosure, providing information about a medical condition and someone's functional limitations prompting that need for accommodation, it's necessary in order to receive accommodations under the ADA.

Also, as you have heard, a lack of consistency in how long COVID is defined and diagnosed is a challenge that can directly impact whether accommodations are provided. So because there's no test to diagnose long COVID and people may have a wide variety of symptoms that could come from other medical conditions as well, also, while most people with long COVID have evidence of infection or COVID-19 illness, in some cases a person with post-COVID conditions may not have tested positive for the virus or ever known they were infected. So this can make it difficult for healthcare providers to recognize and diagnose long COVID. So this has really become a challenge.

Another challenge is a lack of employer understanding of ADA requirements and how to support workers with long COVID. Employers are still learning, much like all of us. They're still learning about the effects of long COVID, whether the ADA applies, and the responsibility to provide accommodations. So as it relates to ADA compliance, there is that question of whether long COVID is an ADA disability, and, as Terri mentioned, it has been recognized by federal agencies who have weighed in on this. But given the EEOC's directive to construe disability broadly, employers really should just always err on the side of finding coverage when debatable.

Basically, what we're saying here is don't get bogged down in determining a disability, rather focus on whether a reasonable accommodation can be provided. This is guidance that JAN generally offers on determining disability and figure out whether to engage in that process, but it's really especially true for those with long COVID, because long COVID is a relatively new condition, and some employees might find it challenging to obtain a definitive diagnosis and get that documentation.

However, keep in mind a diagnosis may not be necessary to move forward with requesting or providing accommodations. Even if an employee doesn't have an official diagnosis, the healthcare provider should be able to document that the employee has an impairment or how the impairment affects the employee in performing daily life activities. So it's really going to come down to what in that instance is known about the medical situation that that person is dealing with and what they're learning about it. So I'd say lean in on understanding the individual's limitations, the impact of those limitations on working. and whether reasonable and effective accommodations will enable that person to perform the essential duties of the job and meet the performance requirements.

Also, again beyond compliance, remember that employers are free to provide accommodations — adjustments, if you will — if someone doesn't meet the ADA definition of disability. And for as many people as we know might be in the workforce and dealing with symptoms and limitations around long COVID, it makes sense to make modifications to keep people working. So for more information around whether long COVID is a disability and looking at how the laws apply — that's the ADA, the Rehab Act, and other EEO laws — the EEOC has an excellent resource, that "What You Should Know About COVID-19 and the ADA, the Rehab Act, and Other EEO Laws" JAN also has a resource that specifically addresses long COVID and the ADA, so those resources are available to learn a little bit more about that.

Now we know that when the medical condition or need for accommodation isn't known or obvious, employers may require reasonable medical information. But again, medical proof of long COVID can be a barrier. Individuals may be asked to provide information that might show they have a medical condition or are working towards a diagnosis and that essentially there is an impairment that substantially limits at least one major life activity. But a diagnosis may not be necessary to move forward with providing an accommodation or moving through that process. So the accommodation process tip to remember here is that employers are encouraged to focus on the limitations caused by long COVID and why an accommodation is needed without asking for medical proof of the specific condition as a prerequisite for providing accommodations. So it's just something to consider.

Showing why an accommodation is needed usually means verifying what limitations are creating a problem, how the limitations are interfering or affecting job performance. So it's really figuring out what's the person experiencing? What are their symptoms? How is this affecting their ability to do the job? So consider what I'd call "the what." So the work-related issues, what the person's having difficulty doing. And then also "the why." What's the cause or what are the symptoms or limitations affecting work? And "the how." So the accommodation solutions to address the work-related issues.

As it relates to long COVID, common work-related barriers might include difficulty meeting attendance requirements, difficulty working without frequent breaks, trouble sitting or standing for long periods of time, difficulty completing executive functions like concentrating, remembering, multitasking, planning, or organizing. It could also be physical limitations such as moving around the work environment or lifting. It can also be difficulty speaking. These are just some common, not a comprehensive list. But they are some things to keep in mind.

Common symptoms and limitations resulting from long COVID, we've heard a little bit about this already. But it could be difficulty breathing, fatigue, difficulty thinking or concentrating, sometimes called that "brain fog." Of course anxiety and depression is reported as well as some other common symptoms and limitations. But again, keep in mind these are not a comprehensive list of limitations or difficulty performing job duties, just some that we tend to be hearing about at JAN. Taking all of this into consideration, one of the most important tips is "Don't use a one-size-fits-all approach." So you want to keep in mind that impairments and limitations as well as accommodation needs, they're different based on the individual. So make sure you're treating each person on a case-by-case basis.

You want to cultivate a culture of accommodation within the workforce. Train managers, HR leadership to support the workforce and retain qualified workers by providing effective accommodation solutions. We say it all the time. Have the full accommodation conversation with the employee. Talk with that individual. Learn about their unique situation. You want to make individualized assessments based on the limitations, the impairment that's involved, the essential job duties that need to be performed. So don't generalize based on assumptions about the medical condition, about what we think someone with long COVID is going through. Also, beware of making any assumptions about what an individual can or cannot do or what accommodation is needed. So again it comes back to having that full conversation with the individual to understand their unique circumstances. And frankly this is good advice for all accommodation situations.

The next accommodation process tip is especially important to address the needs of individuals with long COVID. So providing temporary and trial accommodations. Trial short-term solutions. These support employee retention. Circumstances can change. Symptoms might fluctuate, they might improve. New symptoms might develop over time as well. So we really want to keep that in mind. And that can be — By providing temporary solutions, we can kind of adjust and figure things out along the way. Also, providing accommodations on a trial or temporary basis can help us figure out whether accommodations are effective. Maybe we're not really sure how things are going to go. So if we give it a short period of time to kind of test things out, that's okay. We can figure that out and maybe make some adjustments if we find that the accommodation isn't effective. It can also enable somebody to return to work sooner than anticipated.

Sometimes we make temporary accommodations that might go beyond what an employer might ordinarily be expected to do. And for that reason, we provide them on a temporary basis, but it's a way to get people back to work sooner than anticipated. They can also show good faith on the part of the employer. So to keep employees working by making those modifications you could expedite return to work after illness as well. So it's just — It's something that we talk about at JAN all the time. But you really want to consider those temporary or trial accommodations, and we offer some more information on that as well.

The last accommodation process tip I'll share is to view telework through a different lens. Telework sure enabled businesses to keep operating through the pandemic, but now many employers are returning people to the worksite. As a result, we are back to viewing it as a form of accommodation when necessitated by a disability. Telework has always been a form of accommodation under the ADA. Though in the past, not often the preferred solution by employers, but we need to view telework more favorably now that it's had a trial run in the mainstream. So for those with varied limitations from long COVID, this can be a common and effective solution when it's reasonable. If the employer already — sorry, if the employee already — sorry, if the employer already allows telework, then it's probably not an accommodation. So if as a matter of policy or practice or benefit the employer allows telework, you're not going to treat it as an accommodation situation just because somebody asked just because of a disability or a medical reason.

However, if someone's asking for a reason beyond the current telework policy, that's when it becomes an accommodation situation. So you might need to gather some more information, process the request, and review it as an accommodation. Of course, whether it's reasonable will depend on whether that person can perform the essential job duties at home and to what extent. I do tell a lot of employers kind of keep in mind that it's not always all or nothing. Maybe it's a hybrid solution. There might be some middle-ground solution if truly all of the essential functions can't be performed 100% from home. So I think that's important to kind of keep that in mind.

I could talk about telework at length, but for the sake of time, I'm going to encourage you to go to AskJAN.org for more information. Look at the A to Z section under the topic of telework. One of the tools that we offer is a resource called the "Telework Accommodation Request Tool." That kind of helps you walk through those telework accommodation requests and figure out maybe what's the best way to approach those.

So we do have some time, so I will go ahead and talk a little bit about accommodation solutions. For those of you who know JAN, that's what we're all about. We are here to offer practical ideas, resources around accommodations. Some people with long COVID who have kept working, you know, are going to maybe need some accommodations.

So we've heard a little bit about flexible work arrangements, transitional work responsibilities. Some people with long COVID who have kept working have had to reduce their weekly working hours by as many as ten on average, according to some studies. For this reason, exploring transitional and modified work arrangements, it might be very helpful. And that could include things like transitioning back to full-time work over a short period of time. This can be requesting modified or light duties as a temporary solution. Maybe, basically getting the work done, whenever it's happening, depending on your business and how people perform their job duties. It can happen anywhere at any time, as long as it gets done. That could also be flexible scheduling, so flexitime, a compressed work week, or part time. And alternative scheduling, different types of shifts that might be better, staggered schedules. And of course I already mentioned hybrid work and telework. So flexible work arrangements are really critical, I think, in these types of situations.

A common limitation we've heard related to long COVID is of course brain fog. We've heard that from everyone today. It can result in difficulty concentrating and difficulty with memory deficits. JAN offers some great information to address these type of limitations which fall into that category of executive functioning deficits. For example, some accommodations could include reducing distractions in the work area, providing enclosures or a private space to work in, or telework as a solution to move out of that worksite. It could be using environmental sound machines, earbuds, or a headset of some kind to try to reduce the environmental sounds that can be problematic. Reducing clutter in the work environment.

Something I think could be helpful is planning for uninterrupted work time. You know, if it's possible to not — to only have to tend to and focus on one specific task and not to be interrupted by emails and phone calls, things like that, so planning that time. It could also be dividing large assignments into smaller tasks and steps so that they're more manageable. So there can be lots of ways to address concentration.

One of my favorite resources that JAN offers is our "Accommodation Solutions for Individuals with Executive Functioning Deficits." Some really great accommodation ideas in that resource, including these and many others, including some also like those on the next slide related to memory deficits. So if someone's having difficulty with memory, it might be looking at providing written instructions and checklists, that can help them process information, stay on task, remember it. Using a voice recorder can be very helpful if we know that there are either conversations or certain tasks that need to take place and the person may have trouble remembering what that is. Using a voice recorder maybe to take meeting minutes. That comes up quite a bit. Allowing additional time for training on new tasks. It could be things like a flow chart to indicate steps in a task, so maybe we just can't seem to remember that there are five different steps that have to happen in a certain order. A simple flow chart can really just resolve that very easily. It could be also notebooks, planners, or sticky notes to record information as reminders of dates or tasks, and those could be used in a variety of ways.

We've also heard a lot about the mental health component here, and so certainly that is coming along with the long COVID condition as well. So depression and anxiety, they're commonly reported. At JAN our mental health-related caseload has risen tremendously for various reasons related to the pandemic. but including related to long COVID.

Some accommodations to explore to address anxiety might include identifying and reducing triggers, allowing a flexible schedule, modified breaks so the person has time to take breaks as needed. It could be contacting a support person when anxiety is triggered as well. Maybe having a rest area or space that person can go take a break and perhaps rest for a little while that's private. Or allowing access for an emotional support animal or a support person or a job coach could also be very helpful.

Of course motor- and mobility-related limitations can also be significant, resulting in fatigue, difficulty standing, sitting for long periods of time. Also lifting-related limitations. Accommodation solutions of course will vary based on the specific job duties involved, but to address things like fatigue and difficulty standing or sitting, it could be allowing periodic rest breaks, allowing reduced or flexible work schedule, It could be allowing time for sitting if the job does require a lot of standing, and that might mean providing some form of stool for that person to be able to sit back on. That might be a stand-lean stool, for example. It could be breaks to change position. We hear a lot about requests for adjustable workstations. so that the person can alternate between sitting and standing. There are ways to address fatigue from standing as well, so anti-fatigue matting at the workstation or wearable anti-fatigue matting, shoes that have actually that as an option.

And of course job restructuring and telework can come into play in these types of situations as well. With difficulty lifting, it could be reallocating lifting duties if they're marginal, so if it's really not something the person has to be responsible for, maybe look to having someone perform that duty. It could be placing frequently used tools and supplies near or at the waist level to kind of take out the need to lift. You know, when we think about lifting, we always want to think about moving. It's not just about the picking up, but it's about getting something from Point A to Point B. So are there different ways to do that? There really are. Of course it depends on the work and what needs to be moved, but know that there can be solutions. A compact lifting device can also be used. This is a device shown on this screen that usually has a platform and can be used to move the item, lift it, push it, pull it, that kind of thing. So lots of different options to consider for many different types of limitations and work-related barriers that could come into play.

Finally I'll just mention reassignment. Of course there are going to be situations where somebody maybe cannot be effectively accommodated in their current position, and for that reason it's always important to look to reassignment as a possible form of accommodation. So in the event that that's the case, it means looking to other vacant positions, first at an equivalent level, that the individual might be qualified to perform. Additional accommodations might also be needed, but allowing that person to move into a vacant position allows them to maintain employment, allows you to keep somebody who can perform the job duties, and can really be sort of a last step or a last resort accommodation solution when it's necessary. We do have some more information on reassignment on the JAN website, so certainly go to that through the topic section of the A to Z.

All right. And so I'll end with some resources, and then we might have time for one question, maybe two questions. JAN offers a lot of resources on long COVID around accommodation solutions, around the ADA, around "Supporting Employees with Long COVID," that guide that we partnered with EARN to provide as well. And then, of course, I still mention that executive functioning deficits resource, because I think it comes in really handy in a lot of these scenarios. So take advantage of the resources. They're there, they're available to you, and I think you'll find them very helpful.

## [Q&A]

So with that, I think I might be able to throw a question or two out there. Unfortunately, we don't have a lot of time, but I am a little bit curious about — And this goes to anyone. So when we're thinking about the effects of long COVID and how employers are managing it, have we noticed — is there any anecdotal information or otherwise that shows that smaller employers or larger employers are handling things differently? Or any differences that we can report as it relates to different types of employers? I'm wondering if anything came about through the think tank or any of the round tables?

**BRYON BASS:**

The only thing that I would mention is, you know, generally speaking larger employers seem to have more resources available to them than a smaller employer, so that seems to be the biggest difference in how the small versus the large employer might be dealing with this issue. That's not uncommon for any type of accommodation in any area, but generally speaking, the big challenges that are presenting themselves are agnostic as it relates to the size of the employer.

**TRACIE DeFREITAS:**

That's very helpful. Thank you, Bryon. Also, with the think tank, I know it was mentioned that it was sort of the first examination of these issues and how employers are managing long COVID. Is there an expectation that the think tank will continue or will there be a next version of the white paper?

**TERRI RHODES:**

The think tank has completed its work on this issue. We will certainly look at whether we can update the white paper with new information and whether that means, you know, bringing another group of individuals together, the work that that think tank did is done.

**TRACIE DeFREITAS:**

Okay. All right. Very good. And then also, Susanne, of course we covered a wide array of practices to effectively accommodate organizations and employees with long COVID. What would you recommend might be a good place for the organization to start?

**SUSANNE BRUYERE:**

You know, I think tap your workforce. I think many, many people are impacted by this or have family members who are, and I think showing — the employer both showing good will but also getting a litmus of its own workforce is critically important. So whether you use your EAP or you use your employee resource groups or you create a forum where people can come and say, "How this is impacting you?" "How can we as an employer do better?" But get a collective voice. I think just doing it is a sign of good will and will engender a sense of optimism in individuals in terms of being able to — it be okay that they're being impacted and they can come forward and they can get an accommodation. But you'll also get some real good input, I think, about how to create a workforce that's inclusive for this new condition that we're experiencing. That's how I'd start.

## [Conclusion]

**TRACIE DeFREITAS:**

Okay. Great information. All right. Well we just have a few minutes to wrap up so that's really all the time we have today. To our collaborators from DMEC, Sedgwick, and EARN, it's really been a pleasure working with you. Thank you, Terri and Bryon and Suzanne, for sharing your time and your expertise with us today. We really appreciate it.

**MULTIPLE SPEAKERS:**

Thank you.

**TRACIE DeFREITAS:**

To everyone who joined us, thank you for attending "What You Should Know About the Impact of Long COVID in the Workplace." We hope you enjoyed it. Don't forget to register for the next JAN webcast, "Accommodation Solutions for Neurodivergent Workers." This will be on Thursday, April 13 from 2-3 Eastern time. Go to the JAN training page at AskJAN.org to register.

If you're seeking a continuing education unit for this training, we do offer one credit through HRCI. To receive the credit, all you need to do is please complete that webcast evaluation, because you will get that CEU code afterwards. We do appreciate your feedback, as it helps us plan for future webcast events, so that evaluation is important. Don't close that JAN webcast window when the webcast ends. The evaluation will pop up in a new window. Once the evaluation is completed, you'll click on that "View your certificate of completion," or you can go to AskJAN.org/evaluationreg.cfm.

Lastly, thank you to Alternative Communication Services for providing sign language interpreting and captioning services for this webcast.

Enjoy the rest of your day, everyone. This concludes today's webcast.