

Letter in Response to Article “COVID-19: The First 100 Days in the South of Ireland”

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Dear Sir,

We are writing in response to the recent article “COVID-19: The First 100 Days in the South of Ireland” by Ní Bhuacalla, C et al.¹ This paper offers important insights into the initial COVID-19 experience in the South of Ireland and adds to our collective knowledge as a nation battling our biggest pandemic for 100 years. We wish to continue the discussion about the future potential challenges faced by the health service as we have found that the road to recovery for some healthcare workers (HCW) post-acute COVID-19 infection can be long and arduous, irrespective of the initial severity of their acute COVID-19 infection.

It is widely reported that HCW have a higher overall incidence of COVID-19 infection² and are more vulnerable to contracting the virus than the general population given the nature of their work³. In our institution, it is apparent that the impact of the virus is unpredictable and can lead to significant functional limitations and restrictions to workload capacity. During the first wave, between March 13th and May 31st, 2020, 32% (1075) of staff were tested due to symptoms of COVID-19 and 35% (375) tested positive. The most common symptoms reported included fatigue, headache, cough, temperature and myalgia.

Some employers may have welcomed the updated return to work guidelines that stipulate a person may return to work after 10 days of isolation⁴. However, we would suggest that for a significant proportion of employees this may not be physically possible. We surveyed those who contracted Covid-19 illness during the first wave to review their progress. One hundred and seventy-three employees (46%) responded and 115 (67%) of those respondents experienced post-Covid symptoms beyond their 14-day isolation period, most commonly fatigue, cough and shortness of breath which resulted in reduced functional capacity upon returning to work. Thirty-eight (22%) continued to experience symptoms > 8 weeks after contracting COVID-19.

In total, 128 (62%) were unable to return to work following the 14-day isolation period and the average time to return to work post positive test was actually 30 days. At the time of writing, a number of staff members remain unable to return to their previous full clinical commitments or are simply unable to return to work at all. The implications of these results are vast in terms of work force planning and the management of patient services in our increasingly strained health service.

Working in healthcare is challenging due to its many physical, mental and emotional demands. Transitioning back to this environment following illness is often optimally managed with the guidance and support of an occupational health and wellbeing department (OHWD). Their guidance can facilitate a graded return to work where appropriate, provide links to both physical and psychological support where needed and offer reassurance that employees are not alone in experiencing prolonged symptoms post infection.

Overall, we urge caution when returning employees to work post COVID-19 illness and to seek advice if unsure. It is imperative that strong support services are established to care for employees to enable them to care for their patients and one such support is the OHWD.

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