



# Long COVID and COVID in the Long Run

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<b>Part one: Long COVID and the workplace</b> .....	3
Executive summary .....	3
What is long COVID? .....	4
Who is affected? .....	5
Prevention and treatment .....	5
Socio-economic impact .....	5
Impact on individual work ability .....	6
Workplace accommodation – general .....	7
Workplace accommodation – long COVID .....	7
<b>Part two: COVID-19 in the long run</b> .....	9
Basic health and safety standards in the workplace .....	9
Indoor air quality .....	9
Legal occupational health and safety responsibilities .....	10
Filing a health and safety complaint .....	11
What should your employer be doing? .....	12
Going farther .....	13
Conclusion .....	13

# Part one: Long COVID and the workplace

## Executive summary

As of March 2024, there have been more than 750 million confirmed infections of COVID-19. At least seven million COVID-19 deaths have been reported globally.<sup>1</sup> When considering deaths associated with COVID-19 directly (due to the disease) and indirectly (due to the pandemic’s impact on health systems and society), also known as “excess mortality”, there were approximately 14.9 million deaths in 2020 and 2021 alone.<sup>2</sup>

In Canada, as of March 2024, there have been 4.8 million reported cases, 55,000 COVID-19 deaths, and hundreds of thousands hospitalized with severe symptoms.

While most infections cause only moderate symptoms at first, many people continue to experience a range of persistent symptoms after they are no longer actively infected. These conditions are widely known as post-COVID conditions (PCC) or simply “long COVID”.

Studies suggest that 10 to 20 per cent of people who are infected with COVID-19 develop long COVID after their acute infection goes away and they stop testing positive. In Canada specifically, Statistics Canada studies estimate that 15 per cent of Canadian adults who had COVID now suffer from long COVID symptoms – equivalent to 4.6 per cent of the population.

Long COVID presents many challenges to individuals as well as to workplaces and healthcare systems worldwide. The disease covers a wide spectrum of persistent symptoms spanning neurological, respiratory, cardiovascular, and other system failures, and can be a truly debilitating affliction.

It is important for employers, workers, and unions to distinguish between long COVID and acute COVID infection. Long COVID threatens to become what Canada’s chief science advisor (CSA) has hailed as the “long tail” of the pandemic. While the pandemic response and monitoring have been mostly focused on public health management related to active infection, long COVID poses a persistent, nebulous, and less traceable threat than the acute infection.

CAPE calls on workers, unions, and employers to unite in support of those that suffer from long COVID by acknowledging the widespread prevalence and seriousness of the condition, recognizing long COVID as an episodic disability for which workers are owed accommodation, and continuing the use of COVID prevention measures to avert acute infections. The time has come to shift our focus to the “long tail” of the pandemic: protecting workers and, if affected by long COVID, their ability to do meaningful work and provide for their families and themselves.

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<sup>1</sup> World Health Organization - <https://data.who.int/dashboards/covid19/cases>

<sup>2</sup> WHO <https://www.un.org/en/desa/149-million-excess-deaths-associated-covid-19-pandemic-2020-and-2021>

## What is long COVID?

Long COVID, or PCC, is not a homogeneous disease and different individuals can present different combinations of symptoms. Currently, there is no consensus definition of the condition or its diagnosis and few, if any, clinical practice guidelines are available.<sup>3</sup> The World Health Organization simply defines it as “*symptoms and medical complications that persist, return, or emerge 12 weeks after the initial acute infection phase*” of COVID-19.

**Cause:** It’s not clear what causes long COVID but theories include: 1) persistence of the virus in the tissues of infected individuals; 2) a dysregulated immune response; including triggering of autoimmunity; 3) unrepaired tissue including increased vascular inflammation, tissue fibrosis and metabolic damage; and, 4) latent organ-specific effects of acute infection suggestive of cumulative damage or genetic/ environmental factors. .<sup>4</sup>

**Symptoms:** Post-acute infection symptoms are varied, ranging from myalgia/fatigue to cardiovascular, respiratory and neurological symptoms. Common symptoms include debilitating fatigue which may worsen after activity, shortness of breath, nausea, brain fog, and cardiac problems, including heart palpitations. Several symptoms overlap with acute COVID-19 symptoms, as well as other medical conditions, particularly post-infection conditions from other diseases like Lyme disease or myalgic encephalomyelitis, also called chronic fatigue syndrome. In some individuals, acute infection worsens pre-existing conditions or increases the risk for chronic conditions such as diabetes and cardiovascular disease.

**Prognosis:** While the acute phase of COVID-19 typically lasts a few weeks, some individuals continue to experience symptoms for months after their initial infection, significantly impacting their daily lives and overall well-being.

In one study of 672 individuals infected with COVID-19 between August 2020 and 2021, 17.9 per cent still had a post-COVID condition one year later.<sup>5</sup> Some patients have not recovered two or three years after the initial infection, and it is unclear whether some may ever fully recover to pre-infection health. In many cases, recovery is not always linear, and people experience relapses of symptoms that occur in irregular or episodic patterns. Triggers of relapses have been reported as physical activity, stress, cognitive activity, sleep disturbances and menstruation.

COVID-19 arrived only four years ago, and therefore the long-term impact and prognosis is not fully clear.

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<sup>3</sup> Office of the Chief Science Advisor of Canada (CSA), December 2022, *Post-COVID-19 Condition in Canada: What We Know, What We Don’t Know and a Framework for Action*.

<sup>4</sup> CSA

<sup>5</sup> Kerksieck et al. *Post COVID-19 condition, work ability and occupational changes in a population-based cohort*. The Lancet Regional Health – Europe 2023;31: 100671 Published Online 23 June 2023  
<https://doi.org/10.1016/j.lanep.2023.100671>

## Who is affected?

In Canada, as of August 2022, more than 1.4 million people had reported that they experienced symptoms three months or more after their initial SARS-CoV-2 virus. This is roughly equivalent to 4.6 per cent of Canadians. 15 per cent of people who contract COVID-19 are estimated to suffer long-lasting symptoms.

Some groups, including biological females, are especially vulnerable to the impact of long COVID. Other known risk factors include pre-existing chronic health conditions, hospitalization due to COVID-19, and repeated COVID-19 infections. Furthermore, according to the CSA, racialized communities and recent immigrants are at greater risk, due to higher rates of caregiving for family members in those communities.<sup>6</sup>

## Prevention and treatment

The best way to prevent long COVID is to avoid initial infection with COVID-19. The CSA recommends following public health measures and staying up to date with vaccinations. Vaccination has been shown to also decrease the risk of developing long COVID by up to 50 per cent.<sup>7</sup> Furthermore, the percentage of people who developed long COVID is higher in studies done prior to the development and roll-out of vaccines. This could be interpreted as showing vaccine efficacy or a higher rate of long COVID causality with earlier variants.

There is no specific treatment for now. Specialized clinics and rehabilitation services are available in Ontario, Alberta, British Columbia, and Quebec. Quebec opened 15 such clinics in fall 2022, but according to the CSA the demand far outpaces the supply – wait times are long. Public Health Ontario has published general guidance that long COVID management should consist of “supported self management, medications for symptom management, and mental health support and treatment”.<sup>8</sup>

Part two of this material outlines the obligations of employers in ensuring a healthy workplace – including prevention and preparedness regarding COVID-19. Enforcing those responsibilities is a key to reducing the spread of COVID-19 and, by extension, the impact of long COVID.

## Socio-economic impact

Long COVID affects a person’s basic ability to work and perform daily tasks, creating considerable consequences for individuals and communities.

In small sample studies, only 53 per cent of people diagnosed with long COVID were able to return to work, of which 93 per cent had modified duties. Data from outside Canada suggests that 26 to 49 per cent of people suffering from long COVID will be unable to return to work. Another study showed one in

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<sup>6</sup> CSA

<sup>7</sup> CSA

<sup>8</sup> Ontario Health *Post COVID-19 Condition: Guidance for Primary Care*. Accessed from [https://www.ontariohealth.ca/sites/ontariohealth/files/2021-12/PostCovidConditionsClinicalGuidance\\_EN.pdf](https://www.ontariohealth.ca/sites/ontariohealth/files/2021-12/PostCovidConditionsClinicalGuidance_EN.pdf)

fifteen people infected by COVID-19 had occupation changes, while one to two per cent dropped out of the workforce completely.<sup>9</sup>

Analysis of the socio-economic impact of long COVID from other countries, including the United Kingdom and the United States, indicates significant impacts on the labour market and the gross domestic product (GDP), in addition to health costs and demands.

In the United States, the economic cost of this lost productivity has been estimated to be US \$170 billion annually, in lost wages. The Bank of England estimates a 1.3 per cent decrease in labour force participation.<sup>10</sup>

For these reasons, and the yet-unknown long-term prognosis, the CSA has referred to COVID-19 illness as the “head” of the pandemic and long COVID as the “long tail”, a stage characterized by chronic illness.

### Impact on individual work ability

Individuals affected by long COVID often experience persistent symptoms such as fatigue, cognitive impairment, and respiratory issues, which can hinder their ability to perform optimally in the workplace. For instance, a previously high-performing employee may struggle to concentrate on tasks or meet deadlines due to brain fog or physical limitations resulting from long COVID. These include respiratory, cardiovascular, neurological, and cognitive impairments, which can be debilitating.<sup>11</sup>

The impact on work ability has recently been studied, with peer-reviewed research showing a 3 to 10 per cent negative impact on work ability of those suffering long COVID symptoms, compared to workers without.<sup>12</sup> The same study found that long COVID had a greater impact on work ability among female versus male participants, in adults aged 40 to 74 versus those aged 18 to 39, and among those with a history of psychiatric diagnosis versus those without.

The increased absenteeism and presenteeism associated with long COVID can further exacerbate the impact in the workplace. Employees may need to take frequent sick leave or require additional time off for medical appointments and rehabilitation, disrupting workflow and placing additional strain on colleagues and supervisors. This disruption can be particularly pronounced in fields reliant on specialized skills or labour-intensive tasks where the absence of key personnel can impede project timelines.

Furthermore, the financial burden of managing long COVID can impact both employees and employers alike. Individuals experiencing long COVID may incur significant healthcare expenses, including medical consultations, diagnostic tests, and prescription medications, which can strain personal finances and erode savings. Employers may also face increased healthcare costs associated with providing comprehensive insurance coverage to employees with post-COVID conditions, as well as expenses related to recruiting and training replacement staff to fill temporary vacancies.

The long-term implications of long COVID on employee well-being and job satisfaction cannot be overlooked. Individuals living with long COVID may experience heightened levels of stress, anxiety, and

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<sup>9</sup> See Kerksieck et al.

<sup>10</sup> CSA

<sup>11</sup> CSA

<sup>12</sup> See Kerksieck et al.

depression due to the challenges of managing persistent symptoms while trying to maintain professional responsibilities. This can lead to decreased morale, increased turnover rates, and difficulties in attracting and retaining talent within the organization.

The CSA has identified one conundrum facing those living with long COVID: they expressed a strong desire to return to work, yet work tasks can exacerbate cognitive, physical and emotional symptoms, causing relapse. Return-to-work arrangements therefore need to be flexible and adapt to the non-linear long COVID recovery.

### Workplace accommodation – general

Employers have a duty to accommodate employees who require modified duties or adapted rules for medical reasons or other human rights grounds. This includes respecting the limitations of those who have long COVID, even though symptoms and needs vary widely from person to person. All accommodation, in general, ought to be individualized and constantly evolving based on new information and the well-being of the worker.<sup>13</sup>

The employer has codified the principle of keeping accommodations informal and adaptable where possible in the Directive on Accommodation. Some of the responsibilities of managers listed therein include:

*A.2.3.1 If a person employed has indicated a work-related need, clarify the nature of the barrier and the associated implications with the person employed;*

*A.2.3.2 Determine in consultation with the person employed whether the work-related need can be addressed without resorting to a formal request for accommodation, e.g., temporary change in hours of work, alternate work location, no costs associated with solution.*

Many people suffering from long COVID may experience symptoms but go undiagnosed – this should not stand in the way of the accommodation process as employers do not have a right to know a worker’s diagnosis. It is the *symptoms and functional limitations* of a condition that accommodations are meant to address. Therefore, workers should come forward and make accommodation requests early, even if they don’t have all the answers from their medical professionals.

Remember – there are no “magic words” to deserve the duty to accommodate. If you are denied accommodation, contact your CAPE labour relations officer.

### Workplace accommodation – long COVID

As the understanding of long COVID evolves, it is essential for employers to recognize the unique challenges faced by employees with these conditions and to provide appropriate and adaptive accommodations to support their return to the workforce.

This may include flexible work arrangements, modified duties, and adjustments to the physical work environment to accommodate specific needs. Due to the flare-ups of symptoms that people suffer, long

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<sup>13</sup> See *Central Okanagan School District No. 23 v. Renaud*, [1992] 2 S.C.R. 970

COVID is often categorized as an “episodic disability”. Accommodation plans should be developed accordingly, including systems that account for variation in the individual’s work ability and strategies put in place for the different episodes.<sup>14</sup> For example, to account for unexpected absences, a centralized living document with a list of ongoing tasks could be maintained for continuity. Other recommendations include permanent or ad-hoc remote work, rest time, and a longer period of gradual return-to-work.

When requesting workplace accommodations for long COVID, employees should follow these best practices:

- Communicate openly with your employer about your symptoms, limitations, and needs.
- Provide relevant medical documentation from healthcare professionals *when necessary*, outlining the impact of long COVID on their ability to work. But also communicate your lived experience regarding the support you need and the challenges you are facing.
- Collaborate with the employer to identify reasonable accommodations that address your specific work requirements while maintaining a productive and safe workplace. Think of management as the experts on operations, while you and your medical provider are the experts on your condition and limitations.
- Advocate for ongoing support and flexibility as symptoms may fluctuate over time. Involve your union if the process is not working or you are not receiving the support you need from your employer.

We often forget that the fundamental purpose of accommodation is to do everything possible to ensure that those who have individual limitations affecting their jobs can still participate in the workforce with dignity and respect.

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<sup>14</sup> DeMars J, O’Brien KK, Minor A, Graham K, Goulding S, Brown DA, Gross D; Recommendations for employers, insurers, human resource professionals on return to work for people living with Long COVID. December 1, 2022; Available at: <https://www.realizecanada.org/documents/recommendations-for-employers-insurers-human-resource-personnel-and-rehabilitation-professionals-on-return-to-work-for-people-living-with-long-covid/>



## Part two: COVID-19 in the long run

While most health restrictions related to COVID-19 have been lifted as of March 2024, COVID-19 is still with us, along with novel new infectious diseases. To reduce the spread of acute COVID infections and mitigate the impacts of long COVID, employers, unions and workers must remain vigilant about maintaining healthy and safe workplaces.

### Basic health and safety standards in the workplace

There are some basic practices that are known to reduce the spread of COVID-19:

**Hand hygiene:** Encourage frequent handwashing with soap and water for at least 20 seconds, particularly before and after shifts, after using the restroom, and before eating. Additionally, provide hand sanitizer stations throughout the workplace.

**Respiratory etiquette:** Promote the use of face masks or coverings in accordance with public health recommendations. Encourage employees to cover their mouth and nose with a tissue or elbow when coughing or sneezing and to dispose of used tissues promptly.

**Physical distancing:** Maintain a distance of at least two meters between individuals whenever possible. Consider rearranging workspaces and implementing staggered shifts or telework options to reduce crowding.

**Cleaning and disinfection:** Implement regular cleaning and disinfection protocols for commonly touched surfaces such as doorknobs, light switches, and shared equipment. Provide employees with appropriate cleaning supplies and ensure proper ventilation in enclosed spaces.

**Health monitoring:** Encourage employees to monitor their health closely and to stay home if they experience any symptoms of illness. Consider implementing daily health checks or temperature screenings upon entry to the workplace.

### Indoor air quality

The general duty of employers under the Canada Labour Code to ensure a safe and healthy workplace includes maintaining good indoor air quality. While air quality monitoring and HVAC standards set out in the Canada Occupational Health and Safety Regulations do not specifically refer to COVID-19 or airborne pathogens, complaints may still be lodged based on unsafe systems or standards as perceived by workers.

Airborne transmission represents the dominant route of infection for the SARS-CoV-2 virus, which causes COVID-19.<sup>15</sup> The virus itself is 0.1 µm in size and spreads by respiratory droplets (>10 µm size),

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<sup>15</sup> Zhang R, Li Y, Zhang AL, Wang Y, Molina MJ. Identifying airborne transmission as the dominant route for the spread of COVID-19. Proc Natl Acad Sci U S A. 2020;117(26):14857- 14863. doi:10.1073/pnas.2018637117

aerosols (5 µm), and other airborne and particulate matter<sup>16</sup>. It is more contagious in the indoor environment where particulate matter floats for a longer period and greater distances.

A 2016 NASA study confirmed that HEPA filters are nearly 100% successful in removing fine (<2.5 µm) and ultrafine (<0.01 µm) sized particulate matter.<sup>17</sup> Furthermore, a 2021 meta-analysis confirmed that HEPA filters, even in portable units, were among the most efficient systems at removing particles in the size range of the virus, and the larger aerosols that harbour it.<sup>18</sup>

## Legal occupational health and safety responsibilities

### 1) Employers:

**General Duty:** Employers covered by Part II of the *Canada Labour Code* have a general duty defined in S.124: “Every employer shall ensure that the health and safety at work of every person employed by the employer is protected.”

**Specific Duties:** Forty-eight specific duties are also listed in the *Code*, including maintaining HVAC systems, ventilation in general, complying with emergency measures as well as the following:

**Investigation:** Employers must conduct thorough investigations into reported incidents to determine their causes and identify any factors contributing to workplace hazards. They are also responsible for implementing corrective actions to prevent similar incidents from occurring in the future.

**Record keeping:** Employers are required to maintain detailed records of all reported incidents, investigations conducted, and any corrective actions taken. These records must be readily accessible for inspection by relevant authorities.

**Immediate reporting:** Employers are responsible for promptly reporting serious incidents, such as fatalities, critical injuries, or dangerous occurrences to the appropriate authorities within specified timeframes as outlined in the *Canada Labour Code*.

**Training and awareness:** Employers must ensure that employees are aware of known or foreseeable hazards and give training to managers and health & safety reps on their responsibilities.

**Non-retaliation:** Employees have the right to report unsafe work conditions or incidents without fear of reprisal from their employer. Employers are prohibited from retaliating against employees for exercising their rights under the *Canada Labour Code*.

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<sup>16</sup> Sheraz M, Mir KA, Anus A, Le VCT, Kim S, Nguyen VQ, Lee WR. SARS-CoV-2 airborne transmission: a review of risk factors and possible preventative measures using air purifiers. *Environ Sci Process Impacts*. 2022 Dec 14;24(12):2191-2216. doi: 10.1039/d2em00333c. PMID: 36278886.

<sup>17</sup> J.L. Perry, J.H. Agui, and R. Vijayakumar. Submicron and Nanoparticulate Matter Removal by HEPA-Rated Media Filters and Packed Beds of Granular Materials. NASA. 2016. Accessed from <https://ntrs.nasa.gov/api/citations/20170005166/downloads/20170005166.pdf>

<sup>18</sup> Liu DT, Phillips KM, Speth MM, Besser G, Mueller CA, Sedaghat AR. Portable HEPA Purifiers to Eliminate Airborne SARS-CoV-2: A Systematic Review. *Otolaryngol Head Neck Surg*. 2022 Apr;166(4):615-622. doi: 10.1177/01945998211022636. Epub 2021 Jun 8. PMID: 34098798.

## 2) Employees:

**Reporting unsafe conditions:** Employees have the right and responsibility to report any unsafe work conditions or incidents to their employer or supervisor promptly. They should provide detailed information about the situation to facilitate effective investigation and resolution.

**Cooperation:** Employees should cooperate with their employer during incident investigations by providing accurate information and assisting in implementing any corrective actions necessary to mitigate workplace hazards.

**Compliance with Procedures and use of Safety Equipment:** Employees must follow health and safety protocols and make use of safety equipment accordingly.

**Taking Reasonable Precautions:** In addition to the specific guidelines and rules of the employer or other authorities, employees must always be reasonable when taking precautions, such as attending work when sick, reporting hazards, and in all day-to-day decisions that could have a health and safety impact. Negligent behaviour could mean that employee themselves creates or worsens a threat the health and safety of others.

## 3) Health and safety committees:

**Review and monitoring:** Health and safety committees play a crucial role in reviewing incident reports and monitoring workplace health and safety practices. They should assess the effectiveness of incident investigations and recommend improvements to prevent future incidents.

**Consultation:** Committees should consult with both employers and employees to identify hazards, assess risks, and develop strategies for incident prevention. They can provide valuable insights into workplace safety practices and contribute to the development of effective safety protocols.

**Recommendations:** Health and safety committees may make recommendations to employers regarding incident reporting procedures, training programs, and safety policies to enhance workplace safety and prevent incidents.

## Filing a health and safety complaint

In 2022, CAPE issued [guidance on health and safety and work refusals related to the return-to-office plans](#). Members should consult this guidance for details on CAPE's position regarding work refusals and reporting unsafe working conditions. In practice, members should get informed about the standards, conditions, and monitoring in their specific workplace. What preventative measures are in place to stop the spread of COVID-19, and other respiratory illnesses? What standards are being used, e.g. for air quality? How is the employer monitoring against these standards, and is the workplace compliant?

Ultimately, workers are obliged to report unsafe working conditions when they perceive them. The process for reporting unsafe working conditions, and making a health and safety complaint if necessary, are as follows:

**Identify the concern:** The employee should identify and clearly articulate the specific health or safety concern they have observed or experienced in the workplace. This could include hazards such as unsafe working conditions, exposure to harmful substances, lack of personal protective equipment, etc.

**Report to the employer and occupational health and safety representative:** The employee should report their concern to their immediate supervisor or employer. They can do this verbally or in writing, depending on the organization's policies and procedures. It's essential to document the complaint for record-keeping purposes.

**Internal review:** The employer or supervisor should promptly review the complaint and investigate the reported issue. This may involve conducting inspections, gathering relevant information, and consulting with other employees or health and safety representatives.

**Resolution:** Based on the findings of the investigation, the employer should take appropriate corrective actions to address the reported health and safety concern. This might involve implementing new safety protocols, providing additional training, acquiring necessary equipment, or making physical changes to the workplace environment.

**Follow-up:** The employer should communicate the outcomes of the investigation and any actions taken to address the employee's complaint. They should also encourage ongoing communication with employees to ensure that health and safety concerns are promptly addressed in the future.

**External reporting:** If the employee feels that their complaint has not been adequately addressed internally, or if they believe there is an imminent danger to health or safety in the workplace, they may contact the relevant government authority. In Canada, this could involve contacting the Labour Program of Employment and Social Development Canada or the provincial/territorial occupational health and safety regulatory agency for further assistance.

## What should your employer be doing?

**Offering training and education:** Provide comprehensive training sessions on occupational health and safety legislation, workplace hazards, and preventive measures. Ensure that all employees are aware of their rights and responsibilities regarding health and safety in the workplace.

**Conducting risk assessments:** Conduct regular risk assessments to identify potential hazards and implement appropriate control measures. Involve employees in the risk assessment process to gain valuable insights and feedback.

**Reporting and investigation:** Establish clear procedures for reporting workplace accidents, injuries, or near misses. Investigate incidents thoroughly to determine root causes and implement corrective actions to prevent recurrence.

**Emergency preparedness:** Develop and regularly review emergency response plans for various scenarios, including outbreaks of infectious diseases. Ensure that employees are familiar with emergency procedures and know how to respond effectively in case of an emergency.

## Going farther

While standard hygiene protocols are crucial in preventing the spread of viruses, including long COVID, there are additional measures that can be taken to further minimize the risk. Here are some examples:

**Promote vaccination:** Encourage colleagues to get vaccinated against COVID-19 and any other relevant viruses. Vaccination significantly reduces the risk of infection and severe illness, including long COVID. Providing information about vaccination clinics or offering incentives for vaccination can help increase uptake among employees.

**Practice enhanced ventilation:** Proper ventilation is essential for reducing the concentration of airborne viruses in indoor spaces. Encourage employees to open windows, when possible, to increase fresh air circulation, particularly in enclosed areas where physical distancing may be challenging. Portable or integrated HEPA purifiers in HVAC systems with enhanced filtration capabilities to improve indoor air quality further.

**Implement masking protocols:** In addition to wearing masks in accordance with public health guidelines, consider implementing stricter masking protocols in certain high-risk situations. For example, employees could be encouraged to wear higher-grade masks, such as N95 respirators, when working near others or in poorly ventilated areas. Providing access to quality masks and ensuring proper mask fit can enhance their effectiveness in preventing virus transmission.

**Maintain personal health records:** Encourage employees to keep track of their health status and any symptoms they experience, particularly if they suspect they may have been exposed to a virus. Implementing a system for employees to report symptoms or potential exposures confidentially can help identify and isolate cases early, reducing the risk of transmission within the workplace.

**Promote mental and physical well-being:** Support employees in maintaining overall health and well-being, as this can help bolster their immune systems and resilience against viruses. Encourage regular exercise, adequate sleep, healthy nutrition, and stress management techniques. Consider offering resources such as employee assistance programs or wellness initiatives to support mental health and reduce burnout, which can weaken immune function and increase susceptibility to illness.

## Conclusion

We are still learning about the long-term effects of long COVID and how to deal with COVID-19 itself outside the pandemic context. Long COVID presents many challenges to individuals as well as to workplaces and healthcare systems worldwide. The disease covers a wide spectrum of persistent symptoms spanning neurological, respiratory, cardiovascular, and other system failures, and can be a

truly debilitating affliction. What we know for certain is that preventing COVID-19 is the only sure way to prevent long COVID from developing.

We must unite in support of those that suffer from long COVID by acknowledging the widespread prevalence and seriousness of the condition, recognizing long COVID as an episodic disability for which workers are owed accommodation, and continuing the use of COVID prevention measures. And as we shift our focus to this “long tail” of the pandemic, we must remain vigilant against the spread of COVID-19 while working to protect those fighting long COVID.