

Long COVID's Impact on Patients, Workers & Society

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The Impact of Long Covid on Nurses

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Health Care Employers Have Failed to Protect Nurses from Covid-19

 NNU has conducted nine nationwide surveys of registered nurses (RNs) regarding their experiences of the Covid-19 pandemic.

March 2020

 Only 30% of RNs report that their employer has sufficient PPE stock on hand for a surge.

March 2021

- 81% of RNs are forced to reuse single-use PPE.
- 52% of RNs report that all patients are screened for Covid.

April 2022

- Only 72% of RNs wear a respirator for every Covidpositive patient encounter.
- Only 24% of RNs are notified of Covid exposures in a timely manner.



Nurses Have Experienced High Rates of Covid Infections and Deaths

• Health care workers were 11.6 times more likely to test positive for Covid-19 and 7.4 times more likely to have severe disease (Nguyen et al., Lancet Public Health, Sept 2020; Mutambudzi et al, Occup Environ Med, April 2021).

NNU Data, as of May 19, 2023	CDC Data, as of May 3, 2023
5,752 health care workers, including 499 RNs, have died from Covid-19.	792 health care worker deaths from Covid-19.
54.1% of RNs who have died from Covid are nurses of color, who comprise just 24.1% of US RNs.	
Source: Methodology published in NNU Sins of Omission report (March 2021).	Source: CDC COVID Data Tracker, May 5, 2023.





Nurses Have Experienced High Rates of Long Covid

- Health (4.4%) and social care (5.3%) sector workers in the U.K. experience higher rates of long Covid than any other sector (U.K. Office for National Statistics, March 2023, Table 4).
- Nurses in a study from Iran were more likely to experience long Covid than other occupations (Etemad et al., Arch Acad Emerg Med, Jan 2023).

Impacts of Long Covid on Nurses

NNU's December 2022 survey found that, after recovery from Covid, nurses experienced:

- Tiredness or fatigue (80.7%)
- Memory or concentration difficulties (52.5%)
- Joint or muscle pain (51.5%)
- Headaches or migraines (48.8%)

- Difficulty breathing or shortness of breath (35.9%)
- Symptoms that get worse after physical or mental activities (32.8%)
- Heart palpitations (27.8%)
- Chest pain (16.6%)

Symptoms lasted:

- 0-3 months for 31.4%
- 4-6 months for 16.2%
- 7-9 months for 8.1%

- 10-12 months for 7.2%
- More than 12 months for 17.9%





Impacts of Long Covid on Nurses

- A majority of nurses (78.2%) reported that they had not sought treatment for long Covid.
- Of those who sought treatment, only half (51.2%) have received it.
 - The most common barrier that nurses reported to long Covid treatment was not being believed about their symptoms.
- For 37.5% of nurses who had Covid, their long Covid symptoms affected their ability to work.

Source: NNU Dec 2022 survey

Impacts of Long Covid on Nurses

Executive function decreased; sleep affected major[ly].

Covid has brought on so many unexpected physical problems that are now life changing.

I had bilateral pulmonary embolisms and now severe restrictive lung disease. My employer is fighting workers comp despite having many specialists say this is due to Covid.

I have been labeled a Covid long-hauler and require sinus surgery due to effects of Covid but cannot receive workers comp and don't have enough sick time to cover it

Having hard time organizing and charting at times in a timely manner.

I spent 7 months out sick. My employer didn't even send me a get well card. Now I can't even afford health insurance.

I require 3-4x my pre-Covid caffeine intake to function post-Covid.

I had fatigue for 3 months after having Covid and still have shortness of breath and tinnitus.

It is just worrisome the long-term effect (physical). Feel like no protection for nurses (esp the ones who took care of Covid patients) in the future if we become debilitated because of this.

Chronic fatigue is

profound.

Source: NNU Dec 2022 survey



Long Covid is Contributing to the Staffing Crisis in Health Care

A majority of nurses (59.9%) took time off work to recover from long Covid (NNU, Dec 2022 survey):

- 39.6% took less than one month off work
- 5.3% took 1-2 months
- 2.6% took 3-4 months
- 0.45% took 5-6 months
- 0.98% took more than 6 months
- 2.4% are not yet back at work

Long Covid is Contributing to the **Staffing Crisis in Health Care**

- In the past 5 years, the average hospital turned over 95.7% of its RN workforce (Becker's Healthcare, Jan 3, 2023).
- There are over 1 million nurses currently licensed who are not working as nurses in the US (NNU analysis of BLS and NCSBN data).

Why are Minnesota Nurses leaving the bedside?

In a survey of 2,403 MNA nurses who left their bedside nursing positions in the last year, the top cited reasons by those who responded for their departure were:

75%

BURNOUT

71%

CHRONIC UNDER-STAFFING

63%

WORKING CONDITIONS 49%

MANAGEMENT **ISSUES**



Impacts on Patient Care



Higher nurse turnover rates are associated with increased medical errors, mortality rates, and longer lengths of stay (O'Brien-Pallas et al., Can J Nurs Res, 2010; VHA Center for Research and Innovation, 2002).



Nurses Face an Ongoing Risk of Long Covid

- Employers continue to fail to protect health care workers from Covid-19.
 - NNU's 9th survey is ongoing. Preliminary data indicates that only 31.5% of hospital RNs report wearing a respirator for every Covid-positive patient encounter.
- Reinfections increase risk of long Covid (Bowe et al., Nature Med, Nov 10, 2022).
- Vaccines may reduce—but do not fully prevent—long Covid risk (Al-Aly et al., Nature Med, May 25, 2022; Byambasuren et al., BMJ Med, 2023).





CDC's Refusal to Acknowledge Risks of Long Covid Puts Health Care Workers and Patients at Risk

Issues include:

DRAFT: Transmission-Based Precautions to Prevent Transmission by Air

Category	Facemask or Respiratory Protection	Eye Protection	Airborne Infection Isolation Room (AIIR)	Example Pathogens
Routine Air Precautions	Medical/Surgical Facemask	Per Standard Precautions	Not routinely recommended	Seasonal coronavirus, Seasonal influenza
Novel Air Precautions	N95 respirator	Yes	Not routinely recommended	MERS, SARS-CoV-1, Pandemic-phase respiratory viruses (e.g., influenza, SARS-CoV-2)
Extended Air Precautions	N95 respirator	Per Standard Precautions	Yes	Tuberculosis, measles, varicella

Standard Precautions applies to all situations regardless of Transmission-Based Precautions used

Fails to recognize aerosol transmission science & inappropriately treats masks as inhalation protection.

Sets the stage to lower protections for Covid from an N95 to a surgical/medical mask.

Source: IP Work Group presentation to HICPAC, June 8-9, 2023;

https://www.cdc.gov/hicpac/meeting-presentations.html



Need for Strong, Enforceable Protections

- ✓ OSHA permanent Covid-19 standard for health care workers
- ✓OSHA infectious diseases standard to protect all workers from aerosol transmissible diseases
- ✓ Nurses continue to advocate for strong protections for infection control (e.g., HICPAC campaign)

