

Witness Name: Nicola Ritchie

Statement No.: 1

Exhibits: NR/1 – NR/7

Dated: 2 July 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF NICOLA RITCHIE

I, Nicola Ritchie, will say as follows: -

1. I make this statement in response to the UK Covid-19 Inquiry's request for further information under Rule 9 of the Inquiry Rules 2006 ('Rule 9 Request'), dated 16 May 2024 in relation to Module 3 of the Inquiry. Module 3 focuses on the impact of Covid-19 pandemic on healthcare care systems in the four nations of the United Kingdom between 1 March 2020 and 28 June 2022 ("the Relevant Period").
2. I make this statement from facts that are within my own knowledge and belief, except where otherwise stated. Where evidence relates to or has been provided by a particular organisation, I have made that clear. Where facts are not within my own knowledge or belief, I have stated the source of that knowledge and confirm they are true to the best of my knowledge and belief, relying on the material provided by individual organisations and in reliance of their internal due diligence procedures.
3. I am happy to give oral evidence to the Inquiry in Module 3 to expand upon the matters set out in this statement or address any other issues arising.
4. This statement is set out as follows:

- A. Overview of personal circumstances and background
- B. Experience of obtaining a diagnosis for Long Covid, access to treatment for Long Covid, including Long Covid Clinics/Services and the use of private healthcare services for treatment
- C. The impact of Long Covid on my physical health and wellbeing, and on my career

A. Overview of personal circumstances and background

I. Background which has led to providing evidence to the Inquiry

- 5. I am a mental health physiotherapist, and I am a member of Long COVID Physio. Long COVID Physio is an international peer support, education and advocacy, patient-led association of Physiotherapists living with Long Covid and allies. It was set up in November 2020 and has continued to advocate for people living with Long Covid since that time.
- 6. I believe that the Inquiry is particularly important to key workers such as healthcare professionals, police officers, teachers and others. We had no choice but to work during the pandemic regardless of the risk to ourselves. I know that my colleagues and I were committed to providing the best patient care and we worked incredibly hard without fully understanding the consequences to us. I am concerned that key workers were not adequately protected against illness, that risks of exposure to Covid-19 were not fully communicated, and that adjustments were not made for those like me that did go on to develop long term harm from infection of Covid-19.
- 7. The Inquiry is an essential vehicle for us as sufferers to be provided with answers and for there to be accountability over what happened. I sincerely hope that the Inquiry will identify what lessons that can be learned to prevent avoidable harm to other key workers in the future.

II. Overview of personal circumstances and acute Covid-19 infection

- 8. I am a mental health physiotherapist employed by NHS Scotland. I am based in a hospital in North East Scotland. I have held this role since 2017. I have a BSc in Physiotherapy, which I gained in 2013.

9. I work in an NHS hospital which cares for and treats people with mental health problems. It is a small hospital that treats a variety of patients, including older patients, patients from forensic mental health, patients with brain injuries and /or long-term mental health conditions. The service I work for has in-patients and outpatients and also conducts a small number of community home visits.

10. Prior to being disabled by Covid-19, on a typical day I would see about 7-9 patients a day (comprising a combination of both inpatients and outpatients). Patients sought treatment for a variety of issues such as hip problems, back and shoulder issues, complex injuries as well as those with disabilities. I would also lead exercise classes and conduct exercise programmes to facilitate and support physical mobility.

Early 2020 – Covid protections and guidance

PPE and Infection Prevention and Control

11. I recall hearing about Covid-19 in early 2020 from the media. At that time, like many healthcare workers, I was concerned as there was little information and it was not clear what the effects of being infected would be. Initially my employer did not provide any specific information about Covid-19 nor how it would be managed within a hospital setting.

12. On 13 March 2020, my employer activated the Major Infectious Disease Plan which involved the Management of Workforce during Major Incidents including a pandemic. This set out the workforce and human resources issues that may arise in the event of a major incident and outlines the NHS Trust's workforce arrangements which may be invoked for the duration of a major incident. The Plan stated that the NHS Trust "will adhere to national guidance regarding personal protective equipment (PPE) and will be responsible for the issue of appropriate PPE to staff and for any fit testing that may be required."

13. My senior manager in our service was concerned about infection control and she required our team to wear a fluid resistant face masks as she was concerned about infection; this would have been around or not long before the first lockdown.

14. On 17 March 2020, I received an email from my employer setting out guidance to staff in relation to self-isolation and redeployment, I refer and produce **Exhibit NR/1 – INQ000485728**.

15. On 18 March 2020, my employer required our service to stop providing exercise classes in the main gym and on the same day exercise classes recommenced on individual wards thereafter, but we were not allowed to open the gym to patients for a number of months. on 20 March 2020 we stopped seeing outpatients. I refer and produce **Exhibit NR/2 – INQ000485729**. On 25 March 2020, we stopped hospital visits.
16. On 26 March 2020, I received an email from my employer making it mandatory to wear PPE (fluid resistant surgical face masks, eye protection, nitrile gloves and a disposable apron) when seeing patients who were positive with Covid-19 or suspected to be positive with Covid-19 and who were considered to be infectious (this was said to be “symptomatic”). I refer and produce **Exhibit NR/3 – INQ000485730**. The guidance stated: *“The right PPE, for the right person, in the right place Covid-19 is a viral respiratory infection, the mode of spread is by the droplet route.”* It stated that FFP3 mask, full face visor, nitrile gloves and disposable gown was required only when undertaking aerosol generating procedures and/or entering any high risk e.g. intensive care or high dependency unit.
17. On 27 April 2020, I received an email providing an overview of the situation including that there were 90 suspected or confirmed patients with Covid-19, and 9 were in intensive care. It also changed the guidance for PPE and stated that *“All staff to wear surgical face masks: A decision has been taken to advise health and social care workers to use appropriate PPE in all care interactions when contact is within 2 metres. For the majority of staff this will be mask, apron, gloves. For those staff who are in environments where there are aerosol generating procedures, there is no change”*. This made it mandatory to wear face masks and appropriate PPE when seeing all patients. I refer and produce **Exhibit NR/4 – INQ000485731**. The brief stated that it was a precautionary measure to keep staff safe and to protect patients.
18. Once PPE was made mandatory for seeing all patients on 27 April 2020, there appeared to me to be an assumption that we could see all patients including Covid-19 positive patients regardless of the risk to ourselves. We were required to wear fluid resistant face masks, arm-less plastic aprons and nitrile gloves. I was worried about the level of PPE we were being provided. Many of my colleagues had the same concerns. For example, the healthcare support workers were never face fit tested because they did not do Aerosol Generating Procedures (“AGP”). Although I was face fitted for PPE around 1 May 2020, I did not perform AGP and therefore I never had the full PPE. Many of my

colleagues and myself were concerned about the increased risk of infection as we only had basic PPE. I spoke about concerns about inadequate protection from surgical face masks during team meetings and with management verbally. We were told that the fluid resistant face masks would be sufficient protection and that was the guidance from the Government which was being followed.

19. Initially my hospital did not test incoming patients for Covid-19 unless they were symptomatic. If the patient was symptomatic then they were tested and placed in a single occupancy room within the ward. If they were not showing symptoms the patient was placed within a dormitory of up to six patients at a time. This meant Covid-positive patients were often in non-Covid wards.

Testing

20. Later down the line, we performed weekly tests on inpatients on the older adult's ward. However, we only tested younger adults if they were symptomatic. From May 2020, we began regularly testing all the inpatients on the older adult wards including new patients. It felt unclear to me why we weren't testing all incoming patients. It was unclear who had Covid-19 and who did not because we were not consistently testing everyone for Covid-19.
21. Although I was cautious and took reasonable precautions as far as I could throughout I was required to look after and treat Covid-19 positive patients. My employer recommended that we should not go to wards with Covid-19 positive patients but if a patient required physical assistance and treatment, we were expected to tend to them regardless of whether they were positive for Covid-19, albeit myself and other staff were worried about the impact of transmissibility of infection onto other patients and to ourselves.
22. On 24 June 2020, I received an email explaining that the Scottish Government intended to extend regular testing for all health and social care staff, including staff working in residential mental health from 8 July. I refer and produce **Exhibit NR/5 – INQ000485732**. However, testing of physiotherapists started from 27 July 2020.
23. The NHS Trust I worked for provided daily emails on the number of patients in hospital and the number of patients who were positive.

Infection – April 2020

24. I believe I contracted Covid-19 in April 2020 from a patient at work; this occurred during the course of my employment. My senior manager and I were attending to a patient on the older adult ward. We saw the patient for re-positioning.. My responsibility was to ensure he was as comfortable as possible to facilitate his breathing. The patient was very ill and had been testing positive for Covid-19 for 14 days. When I saw him he was very symptomatic however, I recall a doctor telling me that even though the patient was positive for Covid-19, he was no longer able to transmit the virus. There were a few members of staff who were due to see him and we all questioned this as it did not make sense to us as he was clearly symptomatic and testing positive.
25. I was not provided with full PPE as I was not undertaking AGPs. I was wearing only a fluid resistant face mask, a sleeveless apron and nitrile gloves. I am sure that it was from him as I did not go out other than work and home; I was extremely strict at following isolation rules. I wore gloves and mask for activities, such as putting petrol in my car. About a week and a half later, my senior manager and I both came down with symptoms, i.e., a cough, fever and shortness of breath. I had several other symptoms during the acute stage including a sore throat, headaches, muscle pain, feeling extremely fatigued to the point where I could barely move or think. My eyes and skin became extremely sensitive to the sun. I am therefore sure that this is the patient I developed Covid from as we both were exposed at the same time.
26. On or around 5 April 2020 I applied for a Covid test online through my employer. I recall that in March 2020 testing was limited to 20 tests a day for frontline Covid-19 workers, and for Accident and Emergency nurses. The NHS Trust managing the hospital I am employed by were in charge of providing tests in the North of Scotland. The messaging was that if you wanted a test, it would be available, all you had to do was complete an online application. I completed the application but did not receive a test.
27. The messaging was that if you contracted Covid-19 then you should stay at home, off-work and isolate for two weeks. From 5 April 2020, I took the prescribed two weeks off work as guided by my employer. After two weeks my symptoms had eased slightly but I had not fully recovered. I returned to work despite still feeling unwell, because I felt an obligation to my patients, colleagues and employer. There was no guidance in place for employees who remained unwell after the two-week isolation period.

28. When I returned to work, I had a 'phased return', which meant that I still worked full time but as I was too unwell to manage my full duties, I was placed on adjusted duties or 'lighter duties'. For example, I was unable to treat patients that required physical assistance due to their mobility issues as I was too unwell to manage the physical assistance required. It took me about three months to get back to my regular 'heavy duties'. My heavier duties included tending to and lifting patients who required more physical assistance because for example, they struggled with their mobility as a result of hip and/or back injuries.
29. When I returned to work, I was still suffering with extreme fatigue and shortness of breath. The muscle pain I had during the acute stage developed into severe back pain, which I had never had in my life. I thought because I was a physiotherapist I should be able to recover from my back pain quite easily, however the pain just did not go away.
30. I was determined to recover and believed that I should be able to quickly. I believed that physiotherapy and exercise would help me recover. It took me about 10 weeks until I was able to do any exercise at all and about 3 months to build up my exercise and get back to my regular heavy duties at work, including moving patients who had severe mobility issues. By the summer I was going on short walks with my dog, paddle boarding, and hill walking albeit I was unable to manage my previous level of activity. Unfortunately, this did not last long and I was soon signed off unable to work again.

B. Long Covid diagnosis and access to treatment

31. In September 2020 I underwent a severe 'crash' (as I now know it to be called), and I became extremely unwell again with all the same symptoms but this time much more severely. I struggled to catch my breath and could not breathe without difficulties. I was extremely fatigued to the point that I could barely walk. I experienced heart palpitations, temperature and chills, muscle dysfunction, including body aches and body pain, swallowing that caused aspiration and brain fog. My heart rate would randomly drop to 30 beats per minute ("bpm") or spike to 170 beats per minute. I measured my saturation levels, and they were usually between late 80s-90s. My body and lips would turn blue if I was sitting outside in the garden for five minutes despite being under a blanket. I struggled to go up and down stairs and my whole body would shake uncontrollably.

32. At first, I thought the crash was caused by being reinfected with Covid-19 but I was able to access a PCR test which was negative. I then assumed the persistent symptoms must have been caused by overexerting myself as I tried to get back to work and recover from my first infection.
33. I did not understand what was happening to me. There was no publicly available information or advice that I saw about persistent symptoms from Covid-19. Like many people I believed that I would recover easily and that the risks to me were not significant. I became aware of the term "Long Covid" from a newspaper. I spoke to my GP. My GP responded that there was nothing they could do, and I should look online for resources. My GP did not appear to be interested in understanding what Long Covid was and refused to diagnose me as having Long Covid. It was very isolating not to receive any proper clinical advice despite having a range of debilitating physical symptoms. I recall my GP said that I was "deconditioned"; I understand that this was meant to mean being unfit from not being active. This simply was not true: I had tried to work throughout to recover from Covid-19, but the persistent symptoms continued particularly severe tachycardia and breathlessness. I felt frustrated that I was not able to obtain a diagnosis, or support from primary care, despite being very unwell.
34. I was signed off work for 14 days but then again, I returned to work although I was really struggling. My employer made some adjustments. My duties became lighter and lighter over the next three months because I could not do the more strenuous duties without suffering very severe symptoms. I was no longer able to do 10-minute-high intensity interval training ("HIIT") morning sessions because I could not even do the basic version of the class exercises, e.g., I would do push ups against a wall and be sore and in pain for a week afterwards. I was also unable to do the basic chair-based exercises which we used with the older age groups who may have had hip fractures. I found it very difficult to lead or participate in these classes as I had done prior to my infection because I would suffer with muscle pain and fatigue for days afterwards and make it impossible to work.
35. Between September 2020 and January 2021, I functioned trying to keep at work but I was only able to manage this because my partner became my carer. I would go to work and then come home and crash entirely, unable to leave the house or do basic care for myself. My boyfriend would cook, clean, and do most of the housework.
36. I joined Long COVID Physio in or around January 2021, there were about 15 members at that time. Long COVID Physio, was a group founded on social media to bring together

medical professionals, who may have been suffering with Long Covid. People would share their weird and wonderful symptoms caused by Long Covid and I found this to be very helpful. If I did not understand what was happening to me, I would post a message to the page and receive incredibly helpful answers. Through the group, we began to have a shared understanding of what Long Covid was and support one another. The more people that joined the group, the more information there was.

37. I became pregnant in December 2020 and my body could not cope with pregnancy and the Long Covid symptoms at all so in January 2021, I was again found to be unfit for work. By this point my symptoms were so debilitating, I was largely housebound.

38. I told my midwife about my heartrate suddenly dropping and spiking after minimal exertion. She was concerned and I was referred to the Obstetrics team. The Obstetrics team finally did regular checks on my heart and blood tests. I also wore a 24-hour Holter monitor which at least provided a clear record of my heart rate. I recall I was often told that they did not know what to do as Long Covid was new to them.

39. In July 2021 I was finally provided with a diagnosis of Long Covid by from a consultant at my local hospital. My GP initially refused to record 'Long Covid' on my medical records because I did not have a positive Covid-19 test from April 2020, even though testing was limited when I was infected. This was also despite the fact that my symptoms were all consistent with NHS and NICE guidelines for Long Covid. I felt that my sick leave should be recorded as 'Special Covid leave' given that I had been exposed and infected in the course of my employment. From July 2021, when I was finally diagnosed with Long Covid, my leave was recorded as Special Covid Leave. As far as I am aware, no RIDDOR report was filled in to document my case of having contracted Covid-19 at work and developed debilitating Long Covid symptoms as a result.

40. In September 2021, I gave birth to my daughter.

Reinfection and hospital admission

41. It was incredibly difficult being very unwell and having a baby. I have set out below in the impact section some further details of how hard it was to manage with Long Covid and a baby. Unfortunately, in November 2021 I was reinfected with Covid-19 outside of work. I was admitted to hospital during my acute infection. I was severely dehydrated and desaturated. I was hospitalised for four nights and given oxygen for three days until I was

stable enough to be discharged. This was extremely distressing as my baby was only two months old. It was a very difficult time for my partner and family.

42. During and after this infection I suffered with excruciating migraines, light sensitivity with nausea. I should have had a follow up appointment with the Respiratory Team about six weeks after I was discharged however regrettably this appointment did not take place until about six months after I was discharged from hospital. I was still experiencing the same symptoms of Long Covid that is, breathlessness, tachycardia, fatigue and all of the other persistent symptoms. Six months after I had been in hospital I had a spirometry and lung function test where I had to walk up and down a corridor however my results were not abnormal and did not show particular ongoing damage to my lungs. They referred me to pulmonary rehabilitation which I thought was not suitable as it was an exercise-based class and is for people with COPD who had to exercise to increase their lung function. I had led and supervised these classes, so I knew it was not suitable for me. My issue was not my lung capacity; it was that any activity, but particularly physical activity brought on post-exertional malaise (“PEM”) and horrendous symptoms. I had a CT scan which did not show any abnormalities and was thereafter discharged. To this day I continue to struggle with shortness of breath and oxygen saturation levels which I monitor using an oximeter. In addition to these symptoms my consistent and persistent Long Covid symptoms are fatigue, dizziness, muscle aches and pains which were largely unchanged by this reinfection.

Private treatment

43. Like many patients with Long Covid I have paid for private treatment in an attempt to cure my symptoms and relieve the pain that I live with. In Scotland I did not have access to Long Covid services, and this made it more difficult for me to have an overview of my care and illness.
44. I became aware that hyperbaric oxygen sessions had been reported by other patients with Long Covid as alleviating symptoms particularly respiratory issues, fatigue and muscle aches. After I was discharged from hospital I started hyperbaric oxygen sessions, the sessions involve breathing pure oxygen in a sealed tank, and I found them to be very helpful to manage my symptoms. I paid privately for these sessions as this treatment was not available for Long Covid patients on the NHS. There is a Hyperbaric Medicine Unit based in a hospital near me and I asked them if I could have NHS treatment however, I received a reply saying that hyperbaric oxygen sessions were not endorsed by NHS

Scotland for treatment of Long Covid. I continued paying privately for hyperbaric oxygen sessions costing me a total of £3,000.

45. On 29 March 2023, I went to a private Long Covid Clinic ("the private clinic") which I paid for myself. The private clinic is run by a doctor who specialised in Long Covid. I did the NASA Lean test which is used to diagnose a person with Postural tachycardia syndrome ("PoTs"). During the appointment, the private clinic diagnosed me with Long Covid, hyperadrenergic PoTs and mast cell activation syndrome, which explained the horrible shakes. I was then prescribed bisoprolol, slow sodium, fexofenadine and famotidine.
46. When I had this diagnosis from the private clinic, I showed it to my GP who was only then willing to prescribe me medication for the PoTs. Due to delays in receiving the letter from the private clinic outlining my prescription, it was not until the end of April 2024 that I was able to get the medication outlined at paragraph 40 above from my NHS GP. I have subsequently seen the General Medicine department and been advised to have a course of antihistamines as well.

Long Covid practitioner service

47. Eventually, at the end of 2023, I attended an open event for patients and staff looking for support with Long Covid. This is where I found out about the Long Covid practitioner service in I&S I spoke to the Long Covid practitioners about the services they could offer.
48. The service has one doctor which attends for a half day each week, the rest of the staff are allied health professionals. The Long Covid service can arrange and organise referrals. My first appointment with them was on 1 March 2024 with an Occupational Therapist. I was provided with recommended breathing techniques and advice about maintaining my baseline energy.

Advocacy for treatment and Long Covid Services in Scotland

49. In my professional clinical role, I work with patients including supporting rehabilitation for chronic conditions and disabilities. I found it very disappointing and difficult that there were no specific Long Covid clinics in Scotland, or certainly none that I had access to. For example, my GP was, as set out above, quite dismissive and unhelpful despite my professional clinical experience and despite the severity of my symptoms I found that I was not able to get adequate advice or treatment. It was only when I saw the private

clinic that I received treatment which was three years after I started experiencing persistent symptoms. It was only through having a sympathetic clinician, such as my midwife, that I was able to get any investigations into what I was experiencing.

50. On 23 September 2022, I contacted Audrey Nicoll MSP explaining that I was desperately in need of medical assistance, including rehab but that this is not available for patients with Long Covid in Scotland. I shared that I felt abandoned and that I feared that I would lose my job. I mentioned that I was aware that there was a Long Covid clinic in Stirling but this would be at considerable expense for me to travel there and in any event I could not be referred there. I explained that the response in Scotland *“is not good enough”* and that *“to refer individuals to specific health professionals does not work as there is currently no testing or treatment available on the NHS that is suitable for patients with Long Covid. Long covid effects the entire body and requires a holistic view, not focusing on individual areas as medical professionals in Scotland have been advised.”* I asked, *“what the plan for Scotland is and why is this taking so long for an appropriate response to the pandemic?”*. I refer and produce **Exhibit NR/6 – INQ000485733** – email to and from Audrey Nicoll MSP dated 23 September 2022 – 12 October 2022.

51. On 12 October 2022, I received a response from Audrey Nicoll MSP explaining that the Scottish government has provided £2.5 million for research, the first allocation of a £10 million Long Covid Support Fund *“has been provided across 2022 – 23 to bolster support to people experiencing Long Covid”* and £460,000 has been provided to Chest Heart & Stroke Scotland *“to enable them to deliver a Long Covid Support Service. Anyone with Long Covid in Scotland can already self-refer to the Chest Heart and Stroke Scotland Long Covid Support Service.”* (See **Exhibit NR/6 – INQ000485733**). I received a further email on 9 November 2022 from Audrey Nicholl MSP explaining that she had made an enquiry on my behalf to an NHS Trust and the NHS Trust responded:

“With the temporary funding that has been made available to the health board, NHS [name redacted] has opted to focus on ensuring there are sustainable pathways of care embedded within existing services, rather than Long Covid specific services. NHS [name redacted] are aiming to increase knowledge and awareness of Long-Covid across their workforce - including in primary care - in the hope this will allow their staff to more effectively provide treatment for Long-Covid sufferers across the region.

In addition, NHS [name redacted] are in the process of recruiting a small number of Long-Covid practitioners and a clinical lead to design these pathways, as well as

providing a point of contact for advice, signposting, supported self-management and onward referral for patients. These posts will deliver training and education to a range of NHS [name redacted] staff and those in partner organisations to ensure patients are given the best advice, management and treatment options.

[I&S] also advises that NHS [name redacted] have established a Long-Covid Lived Experience focus group which is helping the health board to improve how they design treatment and care for Long-Covid sufferers. They have also established a Professional Network to further strengthen engagement with clinical staff. [Irrelevant & Sensitive] provides reassurance that the work will be ongoing and will involve continuing close cooperation between those with lived experience and the NHS [name redacted] workforce, to ensure that a co-design and a collaborative approach is taken. The health board also intend to utilise the digital self-management tool being procured by the Scottish Government to enhance patient pathways as soon as it is operational.”

52. On 9 November 2022, I responded: *“It doesn't sound as though there will be any imminent help for myself and hundreds/thousands suffering in the area however.”* I refer and produce **Exhibit NR/7 – INQ000485734** – Email correspondence with Audrey Nicolls MSP dated 9 November 2022 to 18 November 2022.

C. The Impact of Long Covid

Impact on physical and mental health

53. I have been disabled by Covid-19. I now struggle to walk around the block. I need to use a mobility scooter which I got about a year ago. I really did not want to have to use a mobility aid and delayed getting one because I was stubborn and reluctant to accept that I needed one.
54. My current symptoms include heart palpitation, oxygen saturations dropping below 94%, a breathing pattern disorder, extreme exhaustion and fatigue so I struggle with housework and daily tasks. I have tachycardia heart palpitations and am short of breath when doing minimal activity. Occasionally, even when resting, I experience post exertional malaise, adrenaline surges due to hyperadrenergic PoTs causing full body tremors, difficulty regulating temperature, poor regulation of blood oxygen levels, grey pallor which means my skin and lips turn grey and blue due to there not being enough oxygen in my blood. I am no longer able to walk at a normal pace. I struggle with concentration and mental exhaustion is affecting my reading, ability to talk to my friends

and family. I suffer from brain fog. I have eye sensitivity amongst other sensitivities, new sensitivities to foods, new sensory struggles i.e. sensitivities to noises and touch, and severe headaches.

55. I have been prescribed bisoprolol and slow sodium for the PoTs and, fexofenadine and famotidine for Mass Cell. These medications help stabilise my symptoms but they do not improve my overall health and recovery.

56. Prior to having Covid-19 I was very fit and active physiotherapist. My hobbies included paddle-boarding, going to the gym three times a week, and swimming twice a week in the morning before work. I also attended dance classes. I was also working full-time in an active profession and I loved being a physiotherapist, it is what I trained to do.

57. I thought that because I was fit and healthy and I had recovered from other infections I had picked up at the hospital that I would recover quickly from Covid-19. To this day I have not seen any public health warnings about the risk of suffering persistent and life changing symptoms from Covid-19. It greatly concerns me that most people do not understand that they are at risk of losing their health and suffering long term harm from Covid-19.

58. I have found it very difficult to get support and treatment for my physical symptoms. I am already familiar with pacing and that appears to be all the Long Covid practitioner service can support me with. I have to schedule my life so that I can only do one activity a day, otherwise I become unwell.

59. Despite trying to have a positive outlook my mental health has significantly been impacted. At the start of the pandemic, I was very anxious because Covid-19 was a big unknown. However, I thought I was dealing with it well. I accepted what was happening and I was living each day as it comes.

60. My mental health has been mostly impacted by work-related stress.

Impact on family

61. Long Covid has impacted the way in which I can be with my daughter. When she was born, I could not stand up and walk with her around in my arms, I could not walk and bounce with her. All I could do was sit and hold her. During maternity leave, I had no option but to care for her so I had to try to manage my persistent symptoms, sleep as

much as I could when I could and look after her around that. I was worried when I was pregnant that I was housebound and my symptoms were so extreme that it would impact my baby. I did not know what impact this would have on my baby, so I check to make sure that she is reaching her milestones. She is active and curious, always running around. It is hard for me to run around and play with her. Anything that is active, I struggle with. If we go to the park, someone else has to be with me because she wants to run around, and I am unable to keep up. I fatigue very easily.

62. Since the crash in September 2020, I have had to heavily rely on my partner to basically care for me. He does most of the tasks in the house and in the garden. I have to heavily rely on him to take me to places because I am unable to walk the distance to and from the bus stop. He has to assist me with longer journeys and the long journeys exacerbate my symptoms.

Impact on friends

63. Prior to Long Covid, I spent a lot of time meeting my friends for dinner and going out. Since having Long Covid, I have to think about how many “energy spoons” I have. This is a guidance that people with Long Covid and other energy limiting long term conditions use as an analogy. It is a measure of activities: we have certain “energy spoons” for different activities e.g., one spoon for having a shower; two spoons for cooking and so on. It is a helpful measure to understand and pace energy so that I do not push myself into a crash by doing too much and to ensure that I am able to care for my daughter. I have to strictly plan which friends I see and when I see them because it can be extremely fatiguing to socialise with people.

Impact on work/finances

64. Long Covid has had a significant impact on my career. From 3 April 2020, I was off sick for the prescribed two weeks after initially contracting Covid-19. When I returned to work after 14 days I had not recovered but I wanted to try to do my best to work so I kept working. In September 2020 I took another 14 days off as I suffered a severe crash and had a massive flare up in my symptoms. When I returned to work I was on lighter duties and I was able to remain at work until January 2021 when I was again signed off as unfit for work. From 18 January 2021 to 13 September 2021, I was unfit for work due to Long Covid. I took maternity leave from end of September 2021 to 31 July 2022, then I was required by work to use a block of annual leave from 31 July 2022 to end of September 2022. I remained unwell throughout my maternity leave. I returned to work on 26

September 2022. My phased return was from end of September 2022 to May 2023, then from May 2023 I worked 3 days a week but was then forced off again as being unfit for work in October 2023, albeit this was designated as being due to work related stress rather than persistent symptoms of Covid. In May 2024 I returned to work with adjustments to take account of my persistent Long Covid symptoms.

65. I fought to get back to work, I was looking forward to returning to the job that I love. However, when I returned to work in September 2022, it was expected that I would get back to my full duties, including leading exercise classes. I still find it difficult to exercise – anything more than 30 seconds floors me. I requested a phased return, which I then had to fight for as my manager initially wanted me to return to full duties, despite being diagnosed with Long Covid. I had an extended phased return of 6 months, and I was only able to do this through sacrificing my annual leave. A phased return was not facilitated through my employer. I started with one half day a week and increased my hours so that I was working 3 days a week by May 2023. It is hard to explain the impact of work on my body – for example after my first full day back to work, I could not walk when I got home. I want to work and love my job but it hard to do it as it is a physically active job.

66. Returning to work has been extremely difficult. I am committed to my patients and my colleagues but often I am required to do things in the course of my employment that flares up my symptoms and leads me feeling very unwell. I have had regular meetings with Occupational Health, and they have been supportive, they have made a number of recommendations for reasonable adjustments to be made, primarily around lifting patients, and not leading exercise classes. Unfortunately, it has been difficult with management as they have stated they do not need to implement all the recommendations from Occupational Health. I found this dispute with management extremely stressful and was signed off for stress between October 2023 to May 2024.

67. I have now again returned to work. I have not been able to return to work full-time, in my previous full capacity since contracting Covid-19 in April 2020.

68. I fear that I will lose my career because I will not be able to continue working as a physiotherapist due to the physical demands of my job.

Occupational Disease

69. In my view, and from my lived experience, Long Covid should be classified as an occupational disease and as an industrial injury. A lot of healthcare workers contracted

Covid-19 at work, and they have been permanently affected by suffering with Long Covid. Designation of Long Covid as an occupational disease would give us the necessary added protection when it comes to losing income and our careers. It would allow us to access benefits that we need, including injuries disablement, without needing to fight for the support we require to function.

70. Even now I see very little information about Covid-19 in the hospital I work at. I only ever see a limited bit about Long Covid being mentioned in the news. It scares me how little people know about Long Covid and how poorly understood it still is that contracting Covid-19 can lead to Long Covid. People think Covid-19 doesn't exist anymore, and they do not know how bad it can be. If people knew how bad it could be, they would take steps to be safer. I think the government is still trying to play down Covid-19 and Long Covid to get back to normality, but Covid-19 does exist and Long Covid continues to affect so many people. Information about Long Covid needs to be out there more, so people know what is going on and can take reasonable steps to manage their risks.

71. As far as I am aware no RIDDOR report was completed when I initially contracted Covid-19 nor when I went on sick leave for a Covid-related illness which was later diagnosed as Long Covid. I also do not believe a RIDDOR report has been done for anyone else when they contracted Covid-19 at my workplace.

72. As far as I am aware my employer did not and does not particularly monitor those staff with Covid-19 or Long Covid, despite those risks being ongoing.

Conclusion

73. I hope that the Inquiry will properly scrutinise the treatment of healthcare workers with Long Covid and those that have been disabled by Long Covid as I have. It is a significant concern to me that people with Long Covid who have suffered direct harm from infection leading to loss of health, jobs and their ability to function are not overlooked, as they were by the Government. There needs to be urgent advice and recommendations to GPs and employers to raise awareness about Long Covid.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 2/7/2024