**Content – PowerPoint Slides**

**Reaching Out to Students with Long COVID**

*(Front Page – Slide #1)*

Reaching Out to Students with Long COVID

Presented by (Your Name)

(Name of Institution)

(Date)

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*(Slide #2)*

What is Long COVID?

* Wide range of new, returning, or ongoing health problems experienced by those who had

 COVID-19

* Symptoms usually appear four or more weeks after first being infected, but duration is uncertain

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*(Slide #3)*

What is Long COVID?

* Long COVID may be experienced by those who were largely asymptomatic during their active infection as well as those who were dangerously ill

* May manifest as different types and combinations of health problems for different lengths of time

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*(Slide #4)*

The CDC Recognizes Long COVID (sometimes called “long haul COVID”) as a potentially disabling condition with a wide range of symptoms that may be experienced immediately, or may appear weeks after infection.

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*(Slide #5)*

Think about what THESE symptoms might mean for a student trying to go about the business of learning on this campus:

* + Unexplained tiredness or fatigue
	+ Difficulty thinking or concentrating (“brain fog”)
	+ Headache
	+ Depression or anxiety
	+ Symptoms that get worse after physical or mental activities

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*(Slide #6)*

How many students with Long COVID are there at *(Your Institution)?*

We don’t know.

Unfortunately, ***THEY*** may not know, either.

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*(Slide #7)*

Think about what was happening on college campuses across the country in the Fall of 2020, at the height of the pandemic. The general consensus was that younger people were less vulnerable to COVID-19 and more likely to have mild symptomology.

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*(Slide #8)*

*(ALTERNATE SLIDE)* Think about what was happening in communities like ours across the country in the Fall of 2020, at the height of the pandemic. The general consensus was that younger people were less vulnerable to COVID-19 and more likely to have mild symptomology.

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*(Slide #9)*

* If they tested positive, they were told to go into quarantine and seek medical help if their symptoms got worse
* If they were identified as being at risk through contact tracing, they were told to go into quarantine and seek medical help if they had significant symptoms
* If they hadn’t been tested or formally identified as being at risk, but they felt they were showing some of the symptoms of COVID, they were told to quarantine themselves and seek medical help if their symptoms got worse.

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*(Slide #10)*

The result?

The certainty that many college students were never formally treated and, in many cases, never formally diagnosed.

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*(Slide #11)*

Many college students who had mild or largely asymptomatic cases of COVID-19 assumed that COVID was behind them when their medical condition improved.

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*(Slide #12)*

We all did…

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*(Slide #13)*

Remember that list of symptoms?

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*(Slide #14)*

* + Tiredness or fatigue
	+ Difficulty thinking or concentrating (“brain fog”)
	+ Headache
	+ Depression or anxiety
	+ Symptoms that get worse after physical or mental activities

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*(Slide #15)*

How many of those might a student experience who had NOT had

COVID-19?

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*(Slide #16)*

What do we know about students with Long COVID here at *(your institution)*?

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*(Slide #17)*

How can faculty help?

* It is not your job to seek out students with Long COVID
* That does not mean that you won’t be the first to recognize a student struggling, where they might not have before.
* If you do, you can be critical in putting students in touch with people and resources on campus who can help them deal with their symptoms

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*(Slide #18)*

*(Counseling Center/Support Center)* Staff May Be Critical In Identifying Students with Long COVID

* Anxiety and depression are regularly included in the known symptomology for those with Long COVID
* Many students are currently dealing with anxiety and depression, and you know best how to address those challenges with students, but…
* … asking about the student’s possible COVID exposure may reveal essential pieces of the puzzle

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*(Slide #19)*

*(alternate slide)* How can faculty and (academic support staff) help?

* It is not your job to seek out students with Long COVID
* That does not mean that you won’t be the first to recognize Long COVID as being the cause of a student struggling
* If you do identify the problem, you can be critical in putting students in touch with people and resources on campus who can help them deal with their symptoms

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*(Slide #20)*

What signs might you notice?

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*(Slide #21)*

Students who express frustration with themselves for things they are forgetting (for example, deadlines for assignments, directions given, names of people and places they should know)

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*(Slide #22)*

Students who come to you to talk about their academic performance and unknowingly cite things from the list of symptoms. For example:

“I just can’t seem to focus on anything these days.”

“I have been having a lot of headaches and I seem to be tired all the time.”

“I can’t spend more than 20 minutes working on my school work without needing a break.”

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*(Slide #23)*

Students whose performance is very uneven across time – one day seeming to be on top of things and the next day distracted and unprepared

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*(Slide #24)*

Students with whom you had prior experience (pre-pandemic) who are presenting very differently now

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*(Slide #25)*

Students who seem bewildered and confused by their performance in class, on tests, and with assignments; it isn’t that they are confused by the task, but that they are confused as to why they are struggling with the task

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*(Slide #26)*

What should you do if you think the student may have Long COVID?

* Don’t hesitate to talk to the student privately about what you know, not what you suspect.
* Discuss *your observations* and see if they think those observations are accurate.
* If they confirm the accuracy of your observations, ask them if they have any thoughts as to what might be happening.

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*(Slide #27)*

What should you do if you think the student may have Long COVID?

* Let the student know that a lot of what they seem to be experiencing matches what you have been hearing/reading about Long COVID.
* Did they have a brush with COVID at some point in time? If the answer is yes (or *MAY* be yes – they aren’t sure) suggest that they visit *(your office)* to explore what kind of support they might get there.

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*(Slide #28)*

We are ALL still trying to determine what can be done to support these students. When more students identify with symptoms of Long COVID *they* may be able to tell us what we can do to help them.

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*(Slide #29)*

For the moment, the best we can do is be aware that the problem is real, and be open to listening to what students have to tell us.

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*(Slide #30)*

We hope that you won’t now begin to see or suspect Long COVID in every stray comment or interaction with students as classes resume. There are other reasons that students may manifest some of these same behaviors.

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*(Slide #31)*

Our purpose was not to suggest that everyone who had COVID will have significant symptoms of Long COVID, or that the number of students impacted on this campus will be significant…

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*(Slide #32)*

…but to the students who ARE struggling with Long COVID, it is certainly having a significant impact on their lives, and you can help!

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*(Slide #33)*

Remember, too, that students are not the only ones on campus who may be dealing with the impact of Long COVID on their performance and their well-being…

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*(Slide #34)*

Be mindful of your colleagues from the faculty and staff who may be experiencing new challenges as a result of their own brush with COVID. The folks in *(your human resources office)* stand ready to assist when they can.

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*(Slide #35)*

We are in this, together, for the “long haul!”

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*(Slide #36)*

(YOUR CONTACT INFORMATION)