Returning to work with a heart condition

Janey Wayne
Survivor
As the nation’s heart charity, we have been funding cutting-edge research that has made a big difference to people’s lives.

But the landscape of heart disease is changing. More people survive a heart attack than ever before, and that means more people are now living with heart disease and need our help.

Our research is powered by your support. Every pound raised, every minute of your time and every donation to our shops will help make a difference to people’s lives.

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- call our donation hotline on 0300 330 3322
- visit bhf.org.uk/give or
- post it to us at BHF Customer Services, Lyndon Place, 2096 Coventry Road, Birmingham B26 3YU.

For more information, see bhf.org.uk
INTRODUCTION

People react in different ways when they are told that they have a heart condition. Some people want to get back to their normal routine as soon as possible. Others decide to change certain areas of their life, such as the type of work they do or where they live.

The good news is that most people do return to work even though they have been diagnosed with a heart condition or had a heart procedure in hospital. Some go back to exactly the same job they were doing before, and some make changes to their workload or their role. Others may decide to give up their current job and retrain for a less physically demanding job.

In the past, many people assumed that those who were ill – for example, with a heart condition – could not stay in work. However, many people with a heart condition now carry on working. Recent evidence suggests that work can even be good for your health. It can help with factors such as feeling isolated or depressed, which can be caused by long-term unemployment.

ABOUT THIS BOOKLET

If you have been diagnosed with a heart condition or have had heart surgery, or if your heart condition has got worse, you may be worried about whether you can continue working, or how soon you can go back. Each person’s circumstances are different, so it is not possible to say exactly how long you will need off work. However, this booklet outlines the factors you need to take into account when deciding when to go back to work with your heart condition.

This booklet does not replace the advice your doctor or cardiologist (heart specialist) may give you, but it should help you to understand what they tell you.
The main reason that most of us work is to provide an income. The work we do can also play a significant role in our self-esteem and general health and wellbeing. It is often at work that we meet many of our friends and social contacts. So, returning to work can be an important part of your recovery from a heart condition. Throughout this booklet, we offer information that will help you make a smooth return to work.

If you have a well thought-out plan for returning to work, you might be able to go back to your previous role in the workplace. Or, you might need to find a more realistic option.

If you decide not to go back to your previous paid work, you may be able to find job satisfaction through other forms of work. For example, you may be interested in part-time voluntary work, either as a stepping stone to another job, or as part of your retirement. (We explain more about voluntary work on page 52.)

Here are some of the questions you need to consider when thinking about returning to work with a heart condition. We look at all these questions in more detail on pages 10 to 29.

**What you need to think about**

- **What type of heart condition do you have?**
  Is your condition stable and under control?

- **What type of treatment do you need?**
  How long will it take you to recover after the treatment?

- **What type of work do you do?**
  Does your job involve heavy lifting or digging, or operating heavy equipment?

- **Do you need a driving licence to do your job?**

- **How far do you have to travel to work?**

- **How stressful do you find your job?**

- **How is your level of confidence?**
  Do you feel anxious about your heart condition?
Cardiac rehabilitation programme
Your hospital may have invited you to a cardiac rehabilitation programme. Cardiac rehabilitation can be helpful if:

• you have had a heart attack
• you have had a coronary angioplasty
• you have had coronary bypass surgery or another type of heart surgery
• you have had an implantable cardioverter defibrillator (ICD) fitted, or
• you have stable heart failure.

It can also be helpful for people who have other conditions such as stable angina, cardiomyopathy or congenital heart disease.

Help with making your decision
Of course, you also need to take into account how you think your work might affect your condition. Your doctor or cardiologist, or an occupational health adviser at your workplace (if your workplace has one), may be able to help you with this.

Cardiac rehabilitation can help you improve your physical ability and recovery. It can also offer a supportive environment for you to talk, with healthcare professionals, about returning to work.

For more information on cardiac rehabilitation, see our booklet *Cardiac rehabilitation*. 

• Does your workplace or professional organisation have specific regulations about whether and when you can return to work with your particular heart condition?

• What help can your workplace offer you?
  For example, help from an occupational health department, or by offering a gradual return to work.

• Are you self-employed?

• What family commitments do you have?
  Are you the main carer for your partner, or for a relative or friend?

• What is your financial position?
Geoff had a heart attack while he was at work in an ASDA bakery.

"I was taken by ambulance straight to Southampton Hospital and had an angioplasty with two stents. I was very lucky. They saved my heart from major damage and I was home again three days later. After a few weeks I started cardiac rehab, which was brilliant. It really helped me to understand what had happened, how to get back to normal, and what to do for the future.

I’ve always been a baker, like my father and grandfather – I don’t know anything else. Before I went back to work, the company occupational health advisor assessed whether I was fit to go back. I do quite a physical job, moving around big bags of flour and trays of bread and dough. I was given the green light to go back full time. Even though my job involves heavy lifting, I’ve managed to carry on. I still get quite tired after a full shift but I’m 63, so I just put that down to old age!"
If you have been diagnosed with heart failure, all the factors mentioned on page 5 are also relevant when considering returning to work.

Whatever type of heart condition you have, you are more likely to be able to work if your condition is stable and your symptoms are well controlled. In many cases, medicines or other treatments can help to control your symptoms. Your doctor or cardiologist will help you find out if your heart condition is stable and well controlled. He or she can also help you decide if you are fit enough to work, and will tell you if you need any more tests or treatments.

The type of heart condition you have, how severe it is, and whether your condition is stable will be major factors in how soon you return to work. For example, you may have:

- **coronary heart disease** (angina and heart attack)
- **an arrhythmia** (an abnormal heart rhythm)
- **heart valve disease**
- **cardiomyopathy** (disease of the heart muscle), or
- **congenital heart disease** (heart disease that you were born with).

We can give you more information on all these heart conditions – see page 69.

If you have had a heart attack, the length of time you will need off work will depend on the amount of damage the heart attack did to your heart muscle, and on the type of work you do. Your cardiologist (heart specialist), GP and cardiac rehabilitation team will help you to decide when you are fit to return to work.
There are two main types of treatment for heart disease: medicines, and invasive treatments.

**Treatment with medicines**
This usually involves taking tablets for long periods of time, and sometimes for life.

**Invasive treatments**
These are treatments that involve penetrating the skin. Sometimes they involve very small wounds and are often done with just a local anaesthetic rather than a general anaesthetic. Examples of invasive treatments include coronary angioplasty for coronary heart disease, or catheter ablation for arrhythmias. (We describe these treatments in our other booklets. See page 69.)

Surgery is another type of invasive treatment. The traditional approach to heart surgery involves the surgeon making a long, vertical cut along the breastbone. A newer approach, called ‘minimally invasive surgery’, involves making a smaller vertical cut, or several small horizontal cuts, to the chest wall.

You may still need to carry on taking medicines after you have any type of invasive treatment or surgery.

**Recovery time**
The length of recovery time needed after each type of treatment varies depending on how invasive the treatment is. Generally speaking, the more invasive the treatment, the longer it will take you to recover. For example, after a routine coronary angioplasty with a stent (a minimally invasive treatment), on average, people are ready to return to work within a week. After coronary artery bypass surgery, on average, people are ready to go back to work within two to three months. However, these timings are only a rough guide. Some people go back to work sooner, and some take longer than this.

If your surgeon uses the traditional approach to heart surgery, which involves cutting through the breastbone, your doctors will advise you to avoid any heavy lifting until the bone has healed. That can take up to three months, or sometimes longer.

Your recovery time also depends on your overall condition and how successful the treatment has been at stabilising and improving your condition. It’s not possible to give exact recovery times for everyone after each type of treatment. The best thing to do is...
The good news is that most people do return to work even though they have been diagnosed with a heart condition.

If you are taking anticoagulants
If you need to take anticoagulants such as warfarin for your heart condition, you need to know that this makes you more prone to bleeding. This is particularly risky if you do manual work, as you are more likely to injure yourself at work. This doesn’t necessarily mean that you cannot go back to work, but you would need to take particular care with some health-and-safety precautions.

Also, people on anticoagulants need to have regular blood tests to make sure the clotting action of the blood is within safe but effective levels. If your job involves working away from home, your doctor may be able to organise for you to have a home-testing kit so that you can check your clotting levels yourself.

For more information on home-testing kits, contact Anticoagulation Europe on 020 8289 6875, or visit www.anticoagulationeurope.org
Manual work
If you have been diagnosed with a heart condition and you do manual work that involves lifting or moving heavy objects, you should discuss this with your GP or cardiologist. They will be able to tell you whether you are fit enough to return to work. You shouldn’t lift heavy objects or operate heavy equipment if, at any time, you get chest pain or discomfort, or get short of breath, or feel palpitations. An exercise ECG test can sometimes be useful for working out how much physical activity you can safely do. For more information on this test, see our booklet *Tests for heart conditions*.

If your doctor has told you that you should avoid the sorts of activities described above, you should tell your employer. Ideally, negotiate a change in your role or workload until your doctor has said it is OK for you to return to your previous role. If this isn’t possible, see *Changing jobs because of your heart condition* on page 50 for more information.

If you have a sitting-down job
If you have a sitting-down job – for example, if you work at a desk with a computer – you will probably be able to return to work sooner than someone who has a manual job. However, you may find that you want to negotiate a change in your role until you’re confident that you can take on the same workload as before.

Coping with your job
Some jobs involve a combination of both physical and emotional demands and responsibilities – for example, if you’re a teacher or an actor. You will need to think about how you will cope with these demands when considering when to return to work.

Medical support at your workplace
Whatever job you have – either manual or office-based, or a combination of both – it would be a good idea to find out what medical support is available at your workplace. This would be especially important if you were injured or became unwell while at work.
**DRIVING**

Most people who have a heart condition can continue to drive. It depends on what sort of heart condition you have, whether you have any symptoms, and the type of treatment you may have had.

To find out if you need to tell the DVLA (Driver and Vehicle Licensing Agency) about your heart condition or about a treatment you have had for it, visit [www.gov.uk/health-conditions-and-driving](http://www.gov.uk/health-conditions-and-driving)

Or you can call them on **0300 790 6806**, or write to them at DVLA, Swansea SA99 1TU.

If you have an LGV (large goods vehicle) or a PCV (passenger-carrying vehicle) licence, special regulations apply. You will need to tell the DVLA about your condition and check with them whether you can continue to drive.

Visit [www.gov.uk/health-conditions-and-driving](http://www.gov.uk/health-conditions-and-driving)

Or you can call them on **0300 790 6807**, or write to them at DVLA, Swansea SA99 1TU.

Whatever kind of driving licence you have, you should always let your motor insurance company know about your heart problem. If you don’t, your insurance may not be valid.

**OTHER FACTORS**

**How far do you have to travel to work?**

There is no evidence to say that travelling a long distance to work every day will make your heart condition worse. If you have made a good recovery from your heart condition and your condition is stable, there may be no reason why you can’t go back to your usual routine, including travelling to work. It would be wise to speak to your doctor, cardiologist or nurse about this.

However, some people can find the journey to work stressful, especially if they have to travel a long distance every day. The decision about whether or not to carry on travelling a long distance to work is one you will probably have to weigh up along with all the other factors mentioned in this booklet.

**How stressful do you find your job?**

Stress generally happens when we feel unable to cope with high demands that are placed on us. For example, you might have a workload that you can usually cope with very well but, if you’re feeling unwell, it can become too much.
Some people worry that the stress from their job could make their heart condition worse, or increase their risk of having complications such as a heart attack. There is no firm evidence about whether stress can cause cardiovascular disease, but we know that people who are stressed are more likely to have unhealthy behaviour patterns which can affect their heart – for example, smoking, not exercising, or not eating well.

It is important to remember that some stress in life can be positive, particularly if it allows you to do the activities that you find rewarding. Some people find that boredom is as stressful as having too much to do! You will be the best judge of what level of stress you can cope with. If possible, talk to your employer or doctor about the level of stress you think you can manage.

In fact, there is good evidence to suggest that people can cope with high workload demands following a period of illness. So, going back to work may actually result in fewer episodes of ill health than if you are not working.

However, you will need to be realistic about what you feel you can manage. This involves balancing the need to earn money and the positive aspects of work, against the negative effects that work may have on you. For example, your job may involve shift work, or working in extreme temperatures, or frequent air travel. In some cases, this might be too much for you to cope with. You may be able to discuss these difficulties with your employer, or with a doctor, an occupational health adviser, or a member of the cardiac rehabilitation team. They might be able to help you find ways of overcoming these stresses within your work environment.

**How is your level of confidence?**

It is quite common for people to feel anxious or depressed after being diagnosed with a heart condition. Or, if you’ve been in hospital, you may feel anxious when you get back home – just when you’re

For more information on coping with stress and anxiety, see our booklet *Coping with stress*. (See page 68.)
expecting to start feeling better. Some people may have these feelings after some months. Your feelings may be due to a number of reasons – for example, being worried that you’re not making very good progress, or even being afraid of dying. You may even have doubts about how successful your treatment or operation will be. Sometimes, having time off work can affect your confidence about returning to work, especially when so much may have happened while you have been away.

It can take time to come to terms with what your condition means. These fears and changing emotions are normal and a natural reaction to the stress of what’s happening to you. You will probably have good days and bad days. However, most people start to feel better as time passes. Once they get back to their usual routine, the anxiety usually starts to reduce.

Getting back to work and to your usual routine could help you to get through this period of anxiety. However, it may be that work has become a source of stress for you. If this is the case, try talking to your employer to see if you can make changes that would reduce your workload. You may find it is easier to get your confidence back by phasing in your return to work – for example, going back for two or three days a week to start with, until you feel more confident. (See *Gradual return to work*, on the next page.)

If your employer is not willing or able to help you, see *Changing jobs because of your heart condition* on page 50 for more information.

**Workplace or professional regulations**

Some people – for example pilots, or those working on an oil rig or in the armed forces – have to have regular health check-ups. If you have this sort of job and have a heart condition, your employer may ask you to have a specific health check-up for your heart condition before you return to work. Your employer will let you know what tests you need to have before you can go back to your usual job.

For more information on heart disease and your emotional health, see our booklet *Heart to heart*. (See page 68.)
What help can your workplace offer you?

Gradual return to work
Some workplaces may offer a gradual (or phased) return to work. They may allow you to gradually build up the hours that you do over the first few months after you go back to work. You might need to negotiate with your employer about doing shorter days or shorter weeks. Or you might ask if you could work from home for at least some of the time – which would cut down on your travelling time to work.

Occupational health
Some employers have an occupational health department, and some have access to occupational health advisers. They will be able to assess whether you can return to work and the workload that is suitable for you. Some occupational health departments may offer other services, such as counselling. And they may be able to help you talk through your feelings about returning to work.

Occupational health nurses may also be able to offer you support after you return to work. For example, if you find that returning to work leaves you with less time to go to doctor’s appointments, you may be able to ask the occupational health department to check your blood pressure, and answer any questions you have about your physical health.

Human resources department
Make sure that you stay in close contact with your employer. If your workplace has a human resources department, let them know when you plan to return to work. They might be able to provide support for you before you go back to work. They can also offer advice on your entitlement to pay and sick leave.
Are you self-employed?
If you’re self-employed, you may feel under pressure to return to work as soon as possible. Not working may cause financial difficulties, or you may worry about the future of your business if you are away from it for too long.

However, you need to think about the long-term effects on your health, and on your business, if you go back to full-time work too early. It may be a good idea to try to take on more of an administrative role to start with, and let others continue with the practical side of the business if possible.

If you’re self-employed, you don’t have employment rights as such, since you are your own boss and so can decide, for example, how much to charge for your work and how much time off to give yourself. Depending on what type of National Insurance contributions you pay, you may be entitled to certain benefits. If you haven’t paid employed person’s contributions, you may want to apply for Employment and Support Allowance (see page 35). However, you will need to check with an employment adviser about what benefits you may be entitled to. You can contact an adviser through your local Jobcentre Plus office or by calling 0800 055 6688.

If you’re self-employed, you may have taken out an income-protection insurance policy. If you have, you might be able to make a claim on this for the time while you are not able to work.

What family commitments do you have?
If, before you went into hospital, your main job was as a carer for a partner, relative or friend, you may be entitled to some extra help to support you in going back to your role as a carer. Before you go home from hospital, you may have the chance to talk to a hospital social worker about your circumstances.

If you are no longer able to care for the person due to your own health, you may need more support so that both of you can stay in your own home. For example, you may be able to get services such as a home help, or day-centre services. Or you may need to find a more suitable home for the person you care for, such as residential care, either for a short time while you
What is your financial position?
Your financial situation will be another factor in your decision about whether to go back to work. For information on this, see page 32, and for information on the benefits you may be entitled to, see page 34.

are recovering, or a permanent place in a care home. The hospital social worker should be able to help you arrange these services before you leave hospital.

If you are a carer, remember that you may be entitled to claim Carer’s Allowance. This is a benefit to help people who look after someone who is disabled. You need to be spending at least 35 hours a week caring for a person who is ill or disabled. For you to be eligible to claim, the person you are caring for needs to be receiving either Personal Independence Payment, Armed Forces Independence Payment, Disability Living Allowance or Attendance Allowance.

If you are going into hospital for a planned procedure or operation, you should still be able to claim Carer’s Allowance. If you receive medical or other treatment as an inpatient in a hospital or similar institution, your Carer’s Allowance can still be paid for up to 12 weeks in any 26-week period, depending on whether you have also had breaks from caring for other reasons.

If you are a parent and you have ill health because of a heart condition, you may also be able to claim benefit to help with your carer’s role.
Janey Wayne, a 35 year old solicitor, discovered she had a serious heart condition – called peripartum cardiomyopathy – following the birth of her baby boy. This resulted in a long hospital stay involving treatment for heart failure and insertion of an ICD (implantable cardioverter defibrillator).

“My condition slowly improved, but I was feeling extremely tired and breathless. I planned to go back to work after my maternity leave and discussed with my employers a return-to-work plan. When I first went back, I worked two days a week, then gradually increased the number of days and within six months I was working four days a week.

With support from my employers and family, I’m making steady progress. I now work longer hours as work is busy, but I always try to get home in time to read to my son before his bedtime.”
You may feel that you want to go back to work. If your doctor is happy for you to do this, there’s no reason why you shouldn’t. However, you may decide that now is a good time to look at the balance between your work and your home life. Some people may find that they have a different attitude to their work and make a more conscious effort to ‘switch off’ once they leave work at the end of the day. Some choose to reduce the time they spend at work by going part-time and reducing their hours. Others explore the option of taking early retirement or a redundancy package that may be available from their employer.

You should not make the decision lightly and it may take some time for you to reach it. Your decision should be based on informed advice from your doctor, cardiologist and occupational health adviser (if your workplace has one), and on your doctor’s assessment of the type of work you do and your condition.

Early retirement will have both financial and practical consequences for you and your family. So, you need to gather all the facts from your employer or your local Jobcentre Plus office before making your decision.

State pension
If you take early retirement, you cannot claim the state pension until you reach state pension age. To get a forecast of how much you could expect to receive at retirement age, contact the Department for Work and Pensions’ Future Pension Centre on 0845 3000 168.

National Insurance
You won’t have to pay National Insurance contributions again unless you start work again before you reach retirement age. However, you may need to pay extra National Insurance contributions to make sure you get your full basic retirement pension when you reach state pension age. For information on whether you should continue to pay National Insurance contributions if you stop working before retirement age, contact the Future Pension Centre on 0845 3000 168. You may also want to get in touch with your local citizens advice bureau or HM Revenue and Customs office for more information.
Employment and Support Allowance. If you’re self-employed, you may also be entitled to claim Employment and Support Allowance.

If your Statutory Sick Pay has ended and you still cannot work, you may be able to get Employment and Support Allowance. You can build up Statutory Sick Pay over a period of time. If you have been off work sick on and off as a result of your heart condition or due to any other ill health, you may have already built up 28 weeks of Statutory Sick Pay. So you might be entitled to go straight onto Employment and Support Allowance.

Employment and Support Allowance (ESA) is for people who are ill or disabled. It offers you:

- financial support if you’re unable to work, and
- personalised help so that you can work if you’re able to.

You can apply for Employment and Support Allowance if you’re employed, self-employed or unemployed.

Statutory Sick Pay and Employment and Support Allowance

If you have to take sick leave from work because of your heart condition, you may be entitled to Statutory Sick Pay. This is paid by your employer and lasts for up to 28 weeks. If you do qualify for Statutory Sick Pay, there is a minimum amount of money that your employer must pay you. Your employer will tell you what you are entitled to and how much they will pay you. Some employers may choose to pay you your full salary. It varies from one employer to another.

If you’re not entitled to Statutory Sick Pay, you may be eligible for Employment and Support Allowance (see the next page). If you are in hospital for a long time and you’re not receiving Statutory Sick Pay, ask a social worker in the hospital if you can claim.
Employment and Support Allowance is made up of two parts or ‘phases’.

- The assessment-phase rate is paid for the first 13 weeks of your claim while a decision on your ability to work is made, using the Work Capability Assessment.

- If the Work Capability Assessment shows that your illness or disability does limit your ability to work, the main-phase rate starts from week 14 of your claim.

The Work Capability Assessment is a medical assessment of what you can do and identifies the health-related support you might need.

Most people claiming Employment and Support Allowance will be expected to take steps to prepare for work, by using the Work Programme. This includes going to work-focused interviews with a personal adviser, with a view to getting back into work. The Work Programme is arranged through your Jobcentre Plus.

For more information on Employment and Support Allowance, contact your local Jobcentre Plus office.

You can find the number in your local phone book, or search online at www.gov.uk

If you are claiming Employment and Support Allowance, you can get advice on benefits, getting back to work and so on from your local Jobcentre Plus. This applies until you are referred to the Work Programme, or in some circumstances, instead of the Work Programme.

**If you are looking for work or are on a low income**

Universal Credit was introduced in April 2013 and is being rolled out in stages. It is a new benefit that replaces six existing benefits with a single monthly payment. It will eventually replace:

- Income-based Jobseeker’s Allowance
- Income-related Employment and Support Allowance
- Income Support
- Working Tax Credit
- Child Tax Credit, and
- Housing Benefit.

At the time of writing this booklet (in 2014), your eligibility to claim Universal Credit depends on where you live and your personal circumstances. To find out if you are eligible, see www.gov.uk/universal-credit
What is the Equality Act?
The Equality Act 2010 legally protects people, including disabled people, from discrimination in the workplace and in wider society. It covers England, Wales and Scotland, where it replaced the Disability Discrimination Act. At the time of printing this booklet (in 2014), those living in Northern Ireland are still covered by the Disability Discrimination Act.

The Equality Act generally defines a disabled person as ‘someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities’. This is slightly different from the definition in the Disability Discrimination Act, which also said that the disabled person had to show that a normal day-to-day activity which was ‘adversely affected’ involved one of a list of abilities such as mobility (moving around), speech or hearing.

What your employer may need to do
The Equality Act (and in Northern Ireland the Disability Discrimination Act) state that, if you are disabled (which may be the case if your heart condition is severe), your employer must make ‘reasonable’ adjustments to allow you to return to work. It is not possible in this booklet to outline exactly what a reasonable adjustment is, because it varies greatly from one situation to another. Some examples might include allowing you to change to shorter working hours, or providing a piece of equipment that might make your job easier and help you start working again. Your employer may be able to get some help from the Government towards the cost of making the adjustments.

The Equality and Human Rights Commission offers general information on the Equality Act, and on the rights of disabled people, and the responsibilities their employers have. See www.equalityhumanrights.com For individual information and support on discrimination and human rights issues in England, Scotland and Wales, contact the Equality Advisory and Support Service (see page 72 for contact details). If you live in Northern Ireland, visit www.equalityni.org for information specific to you.
Cardiac rehabilitation can help you improve your physical ability and recovery, and give you the chance to talk, with healthcare professionals, about returning to work.

It is worth checking that your employer knows about the information service offered by the Equality and Human Rights Commission, as some employers may not know that they may be able to get help towards the cost of making the adjustments described above.

**Difficulties with returning to work**

If you are not considered to be disabled, but are still not fit enough to return to your usual job, your employer legally does not have to make any adjustments to allow you to return to work.

If you are having difficulties with your employer and need support to find out what rights you have, you could contact the Equality Advisory and Support Service or Citizens Advice. (Their contact details are on page 72.) You can also get advice from a specialist law firm, although you will have to pay for this. To get in touch with one, contact the Employment Lawyers Association. (See contact details on page 72.)

If you find that you have no rights and need to change your job, see *Changing jobs because of your heart condition*, on page 50.
Keeping a diary
It might be useful to keep a diary of how you feel during the time after you leave hospital and before you go back to work. You can use the *Diary and checklist* on pages 44 to 49 for this.

Why keep a diary?
There are several reasons:

- It allows you to see the progress that you’ve made.
- It helps you to keep a record of any problems you have, and to find practical solutions to tackle them.
- If you think you might decide to change jobs because of your heart condition rather than going back to your old job, the diary might help to guide you in making your decision.
- If, for any reason, you have a dispute with your employer, you can use the diary as a personal reminder of events, in case you need to take your case further.
- The diary information about how you feel may be useful if you need to claim a benefit and have to have a Work Capability Assessment. (You will need to do a Work Capability Assessment if you’re applying for a benefit such as Employment and Support Allowance. See page 35.)

Return-to-work checklist
You may also find the checklists on the next pages useful in the couple of months before you return to work. They bring together the main points we have covered in this booklet. They also give you space to add your own notes. They should help you to plan what you need to do between the time when you leave hospital and when you return to work. However, if you have had minor surgery or a short stay in hospital, the checklist may not apply to you.
Two months before you return to work

☐ Arrange to talk with your human resources department or your employer.

☐ Work out if you think you will be able to manage your journey to work.

☐ Talk to your manager about your expectations and theirs.

☐ Consider any adaptations or adjustments that you might need to help you return to work more easily. (See page 38.)

Things to do this month

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How you felt this month

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One month before you return to work

☐ Drop in to work and see your colleagues.

☐ Talk to an occupational health adviser, or to the first-aider or health-and-safety representative, about your condition and your medicines.

☐ Speak to your manager again. Ask if there is anything you can do from home that might help you when you do go back to work.

☐ If necessary, find out if you can negotiate a gradual return to work, or arrange to go in just for a few hours at a time, in the mornings or afternoons.

Things to do this month

How you felt this month
When you return to work

☐ Use the support of your colleagues, management, and other services such as occupational health and human resources services.

☐ Arrange a meeting to speak with your manager one month after you return to work, so that you can both review how you are doing.

☐ Book in some holiday leave, so that you can avoid long stretches of time at work.

☐ Set yourself some goals so you can look back and be proud of what you have achieved.

☐ Give yourself a reward after you have achieved your goals.

☐ Organise your working day in such a way that regular breaks are possible.

Things to do this month

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How you felt this month

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A small number of people with heart conditions will be advised by their doctors that they are no longer fit enough to carry out their previous job because of their heart condition. If this happens to you, it doesn’t necessarily mean that you can never work again. It may be that the type of work you were doing was very physically demanding, but that another type of work would be more suitable. For example, your doctor may tell you to avoid heavy lifting or any type of work that is physically demanding, but that a sitting-down job would be more suitable.

You will need to think very carefully before you make your decision about whether to change jobs. And your decision should be based on informed advice from your doctor and cardiologist, and from an occupational health adviser if your workplace has one.

If you need to change jobs because of your heart condition, get in touch with your local Jobcentre Plus office. They will be able to tell you more about the options that are open to you. These may include some of the things listed on the next page.

• You should register for the appropriate benefits until you are fit enough to start looking at other job options.

• Make an appointment to meet a disability employment adviser. This is someone who provides support for people who are recently disabled, or whose health condition has got worse, and who need advice on employment. They can give advice on issues such as:
  – keeping your current job
  – assessing your suitability for jobs
  – preparing for work
  – retraining, and
  – access to work.

• You may be able to get ‘in-work benefit’. This can include working tax credits, and housing-related rebates.

• They will also be able to tell you which benefits you can claim if you work fewer than 16 hours a week.
**Voluntary Work**

Taking part in voluntary work is a great way to meet new people, learn new skills and gain useful experience.

It has other important benefits too. If you have been unable to continue with your usual work, volunteering can be a useful stepping stone either back to your regular job or to a new career. Voluntary work can also help build your confidence, especially if you’re doing tasks that involve taking on some responsibility or working with people.

Before taking on any volunteering, think about:

- what you want from volunteering
- what you have to offer, and
- how much time you can give.

Once you start volunteering, you should usually expect:

- a clear idea of what your role will be
- appropriate training and support, and
- reasonable out-of-pocket expenses (for example, travel expenses).

There is a wide range of volunteering opportunities within the British Heart Foundation. For more information, visit our website at [bhf.org.uk/volunteering](http://bhf.org.uk/volunteering) or email [volunteering@bhf.org.uk](mailto:volunteering@bhf.org.uk) or phone [0300 456 8353](tel:0300 456 8353). For general information on volunteering, visit [www.do-it.org.uk](http://www.do-it.org.uk)
Once you’ve gone back to work and got back into a routine, it’s important to think about ways that you can help keep yourself well and keep your heart as healthy as possible. Thinking about the positive lifestyle changes you can make might be something that you could start to do even before going back to work.

We spend a lot of time at work. So, it is a good idea to try to find ways to keep healthy while you are at work. Below we give some ideas for the kinds of activities that you can do at work.

**Physical activity at work**
- Go for a lunchtime walk. It will help to make sure you get some physical activity every day – which is good for your heart.
- Plan how you could add some aerobic activity – such as a walk or cycle ride – to your journey to or from work, or both.
- Take the stairs instead of using the lift.
- Get off the bus a couple of stops early, so you can have a brisk walk to your workplace.

**Eating well while at work**
- Swap your fatty and sugary snacks for fresh fruit. Keep a fruit bowl on your desk to remind you to eat the fruit.
- Too busy to pack a healthy lunch every day? Buy the basic ingredients like bread, salad and tuna, chicken or hummus and keep them in the fridge to use during the week.
- Small changes add up. If you buy the milk supplies for office tea and coffee, choose semi-skimmed milk instead of full-fat milk, to help reduce your fat intake.

**Stress-reducing activities at work**
- Take regular breaks.
- Make some time for relaxation at work during your breaks, such as spending time in a quiet room or a nearby park.
- Find out what support services are available in your workplace, such as counselling, or a staff gym, or relaxation classes.
**Socialising at work**
Socialising with your colleagues doesn’t always have to be about eating or drinking. Think about some alternatives the whole team can enjoy, like bowling or playing rounders in the park.

**Other ideas**
All the ideas on pages 54 and 55 will help to keep your heart healthy. If you’re making changes to your lifestyle – such as losing weight or stopping smoking – you might want to get the help and support of your colleagues or of the occupational health department at your workplace, if there is one.

For more information on a healthier lifestyle and keeping your heart healthy, see our booklets *Keep your heart healthy, Physical activity and your heart, Eating well,* and *So you want to lose weight ... for good* (See page 68.) There is also more information on our website [bhf.org.uk](http://bhf.org.uk)

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**BHF Health at Work programme**
If your employer would like to find out how they can help to make your workplace healthier, they can join our Health at Work programme for free. We have all the tools and resources needed to promote workplace health, including guides on physical activity, healthy eating and mental wellbeing. For details, see our website [bhf.org.uk/healthatwork](http://bhf.org.uk/healthatwork)
What to do if you think someone is having a heart attack

1. Send someone to call 999 for an ambulance immediately.

2. If you are alone, go and call 999 immediately and then come straight back to the person.

3. Get the person to sit in a comfortable position, stay with them and keep them calm.

4. If the person is not allergic to aspirin, give them an adult aspirin tablet (300mg) to chew if there is one easily available. If you don’t have an aspirin next to you, or if you don’t know if the person is allergic to aspirin, just get him or her to stay resting until the ambulance arrives.

Think quick … act fast. Call 999 immediately.

A heart attack is when a part of the heart muscle suddenly loses its blood supply. This is usually due to coronary heart disease.

The symptoms of a heart attack

- Pain or discomfort in the chest that doesn’t go away.
- The pain may spread to the left or right arm ...
- ... or may spread to the neck and jaw.
- You may feel sick or short of breath.

HEART ATTACK? THE SYMPTOMS ... AND WHAT TO DO

Think quick … act fast. Call 999 immediately.
WHAT IS A CARDIAC ARREST?

A cardiac arrest is when a person’s heart stops pumping blood round their body and they stop breathing normally.

A person who is having a heart attack may develop a dangerously fast heart rhythm which can cause a cardiac arrest and be fatal.

It is sometimes possible to shock the heart back into a normal heart rhythm by giving defibrillation. This means giving the heart an electrical shock using a defibrillator. For every minute that a person is in cardiac arrest before defibrillation, their chances of survival are reduced by about 10%. However, by doing CPR (cardiopulmonary resuscitation) you can double someone’s chance of survival. We explain how to do this on page 63.

Your workplace may have a Public access defibrillator (PAD) which can be attached to a person and used to shock the heart back into a normal rhythm if necessary. You should find out where the PADs are and who is trained in how to use them. The BHF offers a free Heartstart course on CPR and the use of PADs (see page 70).

What to do if someone has collapsed and is not responding, and may be in cardiac arrest

Think DRS, ABC.

Danger

Check for danger. Approach with care, making sure that you, the person and anybody nearby are safe.

Response

Check for response. To find out if the person is conscious, gently shake him or her, and shout loudly, ‘Are you all right?’

Shout

If there is no response, shout for help.

You will need to assess the person and take suitable action. Now, remember ABC – airway, breathing, CPR.
Airway
Open the person’s airway by tilting their head back and lifting their chin.

Breathing
Look, listen and feel for signs of normal breathing. Only do this for up to ten seconds. Don’t confuse gasps with normal breathing. If you’re not sure if their breathing is normal, act as if it is not normal.

CPR
If the person is unconscious and is not breathing normally, they are in cardiac arrest.

Call 999 immediately.
• Send someone else to call 999 for an ambulance while you start CPR.
• Or, if you are alone with the person, call 999 before you start CPR.

How to do CPR
If you have not been trained to do CPR, or if you’re not able or not willing to give rescue breaths, do hands-only CPR. This is described in step 1 on the next page. Keep doing the chest compressions – at a rate of about 100 to 120 times a minute – until:

• the ambulance crew arrives and takes over, or
• the person starts to show signs of regaining consciousness, such as coughing, opening their eyes, speaking, or moving purposefully and starts to breathe normally, or
• you become exhausted.
CPR

1 Chest compressions
Start chest compressions.

Place the heel of one hand in the centre of the person’s chest. Place the heel of your other hand on top of your first hand and interlock your fingers. Press down firmly and smoothly on the chest 30 times, so that the chest is pressed down between five and six centimetres each time. Do this at a rate of about 100 to 120 times a minute – that’s about two each second.

2 Rescue breaths
After 30 compressions, open the airway again by tilting the head back and lifting the chin, and give two of your own breaths to the person. These are called rescue breaths.

To do this, pinch the soft parts of the person’s nose closed. Take a normal breath, make a seal around their mouth with your mouth, and then breathe out steadily. The person’s chest should rise and fall with each breath. It should take no more than five seconds to give the two rescue breaths.

Then give another 30 chest compressions and then two rescue breaths.
3 Continue CPR
Keep doing the 30 chest compressions followed by two rescue breaths until:

- the ambulance crew arrives and takes over, or
- the person starts to show signs of regaining consciousness, such as coughing, opening their eyes, speaking, or moving purposefully and starts to breathe normally, or
- you become exhausted.

For information about a free course on how to do CPR, see Heartstart on page 70.

FOR MORE INFORMATION

**British Heart Foundation website**
bhf.org.uk
For up-to-date information on heart disease, the BHF and its services.

**Heart Helpline**
0300 330 3311
(A similar cost to 01 or 02 numbers.)
For information and support on anything heart-related.

**Genetic Information Service**
0300 456 8383
(A similar cost to 01 or 02 numbers.)
For information and support on inherited heart conditions.

**Twitter**
@TheBHF
Get our latest news and views directly into your twitter feed.

**Online Community**
community.bhf.org.uk
Share your experiences, stories, tips and ideas with other people like you in our online community.

**Facebook**
facebook.com/bhf
You can now ‘like’ our stories on Facebook, share them with your friends, and comment on our wall.
Heart Information Series
This booklet is one of the booklets in the *Heart Information Series*. The other titles in the series are as follows.

- Angina
- Atrial fibrillation
- Blood pressure
- Cardiac rehabilitation
- Caring for someone with a heart condition
- Coronary angioplasty
- Diabetes and your heart
- Having heart surgery
- Heart attack
- Heart rhythms
- Heart transplantation
- Heart valve disease
- Implantable cardioverter defibrillators (ICDs)
- Keep your heart healthy
- Living with heart failure
- Medicines for your heart
- Pacemakers
- Peripheral arterial disease
- Physical activity and your heart
- Primary angioplasty for a heart attack
- Reducing your blood cholesterol
- Returning to work
- Tests

Booklets and DVDs
To order our booklets or DVDs:
- call the BHF Orderline on **0870 600 6566**
- email orderline@bhf.org.uk or
- visit bhf.org.uk/publications

You can also download many of our publications from our website. For a list of resources available from the BHF, ask for a copy of our catalogue *Take heart*. Our booklets are free of charge, but we would welcome a donation. (See page 2 for how to make a donation.)
Our services
For more information about any of our services, contact the Heart Helpline on 0300 330 3311 or visit bhf.org.uk

Heartstart
For information about Heartstart – a free, two-hour course in CPR and emergency skills training, including what to do if someone seems to be having a heart attack – call the BHF Helpline on 0300 330 3311 or visit bhf.org.uk

Heart Matters
Heart Matters is the BHF’s free, personalised service that provides support and information for people who want to improve their heart health. Join today and enjoy the benefits, including heart matters magazine and an online members’ area. Call the Heart Helpline on 0300 330 3311, or join online at bhf.org.uk/heartmatters

Heart Support Groups
Local Heart Support Groups give you the chance to talk about your own experience with other heart patients and their carers. They may also include exercise classes, talks by guest speakers, and social get-togethers. To find out if there is a heart support group in your area, contact the Heart Helpline on 0300 330 3311.

Make yourself heard – Heart Voices
Heart Voices gives you the skills, confidence and knowledge you’ll need to influence health services for the benefit of heart patients and their families across the UK. It aims to develop a nationwide network of representatives to speak out on behalf of heart patients and their carers, and to provide them with training and opportunities to have their say and get involved.
Other useful organisations

Citizens Advice
Website: www.citizensadvice.org.uk

Use the Citizens Advice website to find out where your nearest Citizens Advice bureau is. Or you can look for it in your local phone book.

Employment Lawyers Association
Website: www.elaweb.org.uk

They can put you in contact with lawyers who specialise in employment law.

Equality Advisory and Support Service
Website: www.equalityadvisoryservice.com
Phone: 0808 800 0082

Provides information, advice and support on discrimination and human rights issues to individuals in England, Scotland and Wales.

Equality and Human Rights Commission
Website: www.equalityhumanrights.com

For information on the Equality Act, and on the rights of disabled people and the responsibilities their employers have.

Future Pension Centre
(Part of the Department for Work and Pensions)
Phone: 0845 3000 168
Website: www.gov.uk/future-pension-centre

They can give you a forecast of the pension you can expect when you reach state retirement age, and tell you if you need to continue making National Insurance contributions if you stop working before you reach retirement age.

Jobcentre Plus
Your local Jobcentre Plus can give advice on looking for work, and information on employment, sickness benefit and allowances. To find your local Jobcentre Plus office, visit www.gov.uk/contact-jobcentre-plus or look in your local phone book under ‘Jobcentre Plus’. 
www.gov.uk
A directory of public services, including information on benefits and employment.
You can also look in the ‘Public services’ section of your local phone directory.
HAVE YOUR SAY

We would welcome your comments to help us produce the best information for you. Why not let us know what you think? Contact us through our website at bhf.org.uk/contact. Or, write to us at the address on the inside front cover.

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- Paula Emery, BHF Cardiac Liaison Specialist Nurse, Haverfordwest, NHS Wales.

THANK YOU

This booklet is part of the Heart Information Series. We distributed 2 million of these booklets last year. Without your hard work and support the British Heart Foundation wouldn’t be able to provide this vital information for people with heart conditions.

Donate to the fight at bhf.org.uk, or text FIGHT to 70080 to donate £3 to fund our life-saving research.
Coronary heart disease is the UK’s single biggest killer.

For over 50 years we’ve pioneered research that’s transformed the lives of people living with heart and circulatory conditions. Our work has been central to the discoveries of vital treatments that are changing the fight against heart disease.

But so many people still need our help.

From babies born with life-threatening heart problems to the many Mums, Dads and Grandparents who survive a heart attack and endure the daily battles of heart failure.

Join our fight for every heartbeat in the UK. Every pound raised, minute of your time and donation to our shops will help make a difference to people’s lives.