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Guidance
COVID-19: management of exposed healthcare workers and patients in healthcare settings
Updated 6 May 2020

Latest updates

6 May: Change title and opening paragraph to include 'healthcare settings' rather than 'hospital'

Healthcare workers (HCWs) are vital to the functioning of the health system. They are generally aware of the recommendation to not come to work when unwell, to avoid spreading infections in healthcare settings. In parallel, managers have a high level of skill in assessing whether individual staff are developing symptoms that would require exclusion from work and should remain the first point of contact for a HCW feeling unwell.

1. Staff exposures

HCWs who come into contact with a COVID-19 patient or a patient suspected of having COVID-19 while not wearing personal protective equipment (PPE) can remain at work. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing.

HCWs should:

not attend work if they develop symptoms while at home (off-duty), and notify their line manager immediately

put on a surgical face mask, immediately inform their line manager if symptoms develop while at work and return home

Where there is capacity, HCWs who develop symptoms should be tested for SARS-CoV-2 according to locally agreed pathways.

If the HCW's symptoms do not get better after 7 days, or their condition gets worse, they should speak to their occupational health department or use the [NHS 111 online](#) coronavirus service. If they do not have internet access, they should call NHS 111. For a medical emergency they should call 999.

If, following a negative test result of a household member, an NHS worker who has returned to work starts showing symptoms of COVID-19, they should follow the [stay at home guidance](#) and arrange to be tested themselves.

The current recommended PPE that must be worn when caring for COVID-19 patients is described in the [infection prevention and control guidance](#).

These are guiding principles and there may need to be an individual risk assessment based on staff circumstances, for example for those who are immunocompromised.

2. Staff return to work criteria

Staff who test negative for SARS-CoV-2 can return to work if they are medically fit to do so, following discussion with their line manager and appropriate local risk assessment. Interpret negative results with caution together with clinical assessment.

Staff who test positive for SARS-CoV-2 and symptomatic staff who have not had a test can return to work:

after 7 days from symptom onset if clinical improvement has occurred and they have been afebrile (not feverish) for 48 hours

if a cough is the only persistent symptom after 7 days (and they have been afebrile for 48 hours), they can return to work. Post-viral cough is known to persist for several weeks in some cases.

HCWs may require evidence of viral clearance prior to working with extremely vulnerable people. This is subject to local policy.

Currently it is unknown how long any immunity to COVID-19 might last. If staff become unwell again, they should self-isolate and may need to be tested again.

Refer to the [flowchart illustrating the return to work process](#).

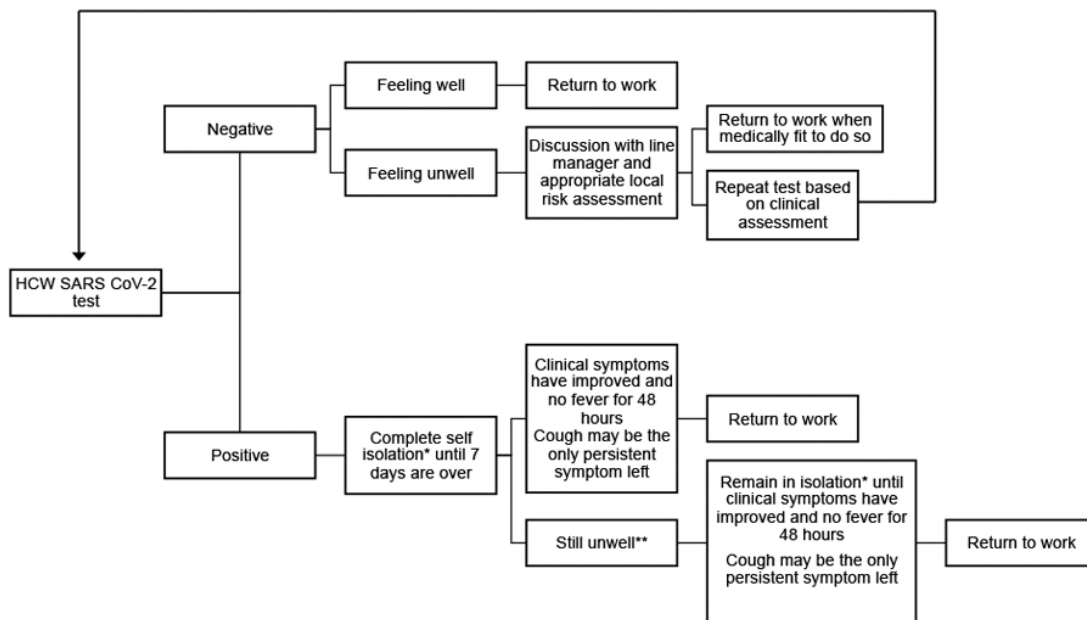


Figure. Pathway for return to work following SARS-CoV-2 test

*Refer to [Stay at Home Guidance](#)

**Consider contacting the [NHS online coronavirus service](#), or in a medical emergency dial 999.

3. Patient exposures

In-patients who are known to have been exposed to a confirmed COVID-19 patient while on the ward (an exposure similar to a household setting), should be isolated or cohorted with other similarly exposed patients who do not have COVID-19 symptoms, until their hospital admission ends or until 14 days after last exposure.

If symptoms or signs consistent with COVID-19 occur in the 14 days after exposure then relevant diagnostic tests, including for SARS-CoV-2, should be performed. These patients should be isolated or cohorted with other suspected cases whilst results are pending.

On discharge, patients should be advised to stay at home and referred to the [stay at home guidance](#) if less than 14 days has elapsed since their exposure.

4. Associated legislation

Please note that this guidance is of a general nature and that an employer should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the [Health and Safety at Work etc. Act 1974](#).