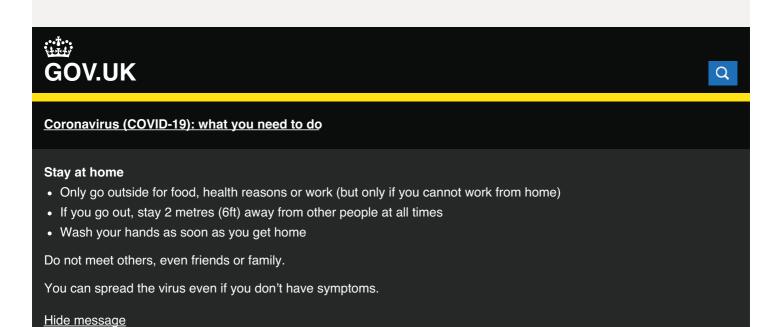
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Guidance

# COVID-19: management of exposed healthcare workers and patients in hospital settings

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Healthcare workers (HCWs) are vital for the functioning of the health system to ensure that we can treat patients appropriately. In addition, managers have a high level of skill in assessing whether individual staff are developing symptoms that would require exclusion from work. HCWs themselves are educated about prevention of the nosocomial spread of disease. It is a well-established practice for individuals not to come to work with respiratory tract infections.

## 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
- · self-isolate and immediately inform their line manager if symptoms develop while at work

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 <a href="NHS 111 online">NHS 111 online</a> coronavirus service. If they do not have internet access, call NHS 111. For a medical emergency dial 999.

The current recommended PPE that must be worn when caring for COVID-19 patients is described in the <u>infection</u> <u>prevention and control guidance</u>.

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

Symptomatic staff can return to work:

- on day 8 after the onset of symptoms if clinical improvement has occurred and they have been afebrile (not feverish) for 2 days
- if a cough is the only persistent symptom on day 8, they can return to work (post-viral cough is known to persist for several weeks in some cases)

## 3. Patient exposures

In-patients who are known to have been exposed to a confirmed COVID-19 patient should be isolated or cohorted 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 the COVID-19 test, should be performed.

On discharge, patients should be given written advice to stay at home and referred to the stay at home guidance if less than 14 days has elapsed since their exposure.

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