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**Guidance for Health Care Personnel with a Respiratory Viral Pathogen Infection or Exposure**

The Commonwealth of Massachusetts is updating this guidance for healthcare personnel (HCP) in health care settings with respiratory virus infection or exposure. HCP and health care settings are defined by the Centers for Disease Control and Prevention (CDC) and referenced at the end of this document. This guidance replaces Guidance for Health Care Personnel with SARS-CoV2 Infection or Exposure revision issued October 13, 2022, and further clarified on May 3, 2024.

Effective **September 1, 2025**, HCP are advised to use the standards outlined below, following a confirmed or suspected respiratory virus infection or exposure:

HCP who have either tested positive for a respiratory viral pathogen (i.e., SARS-CoV2, Influenza, Respiratory Syncytial Virus, etc.) or who are exhibiting two or more symptoms of a respiratory viral illness (e.g., cough, shortness of breath, sore throat, runny nose, headache, myalgia, chills, fatigue, fever), even in the absence of a test, should isolate.

* An isolating HCP **who had respiratory viral symptoms**may return to work:
  + after 3 days have passed since symptom onset; (Day 0 represents symptom onset, with return on Day 4) **AND**
  + if symptoms are improving, including being fever-free without the use of antipyretics for 24 hours; **AND**
  + if they feel well enough to work.
* AHCP **who has been asymptomatic but tested positive for a viral respiratory pathogen may** return to work after 3 days; (Day 0 represents positive test date, with return on Day 4).
* Any HCP who returns to work prior to 7 days since their symptom onset or first positive test was taken **must wear a facemask until after 7 days have passed (**Day 8 represents the first day masks may be removed**)**.

HCP who have been exposed to someone who has a respiratory viral illness but are not themselves exhibiting any symptoms and have not tested positive for a respiratory viral pathogen, do not need to be restricted from work. HCP may continue to work after being exposed, provided they remain asymptomatic. Said HCP should wear PPE appropriate for their duties and must at least wear a facemask, or a surgical, medical procedure, dental, or isolation mask that is [FDA-cleared](https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-face-masks-and-barrier-face-coverings), authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy, and self-monitor for symptoms for 5 days after exposure.

HCP who are immunocompromised may shed viruses for prolonged periods of time. Consider consultation with occupational health to determine when HCP who are immunocompromised may return to work and discontinue use of source control (the use of a mask to cover a person’s mouth and nose and to help reduce the spread of large respiratory droplets to others when the person talks, sneezes, or coughs[[1]](#footnote-1)). Occupational health may consider consulting with an infectious disease specialist and/or using a test-based strategy in making this determination.​

HCP and healthcare settings are also expected to follow Organizational Policies and Procedures for Mitigating Respiratory Illness[[2]](#footnote-2) and implement action steps to mitigate and prevent the transmission of respiratory illness during times of higher prevalence of viruses, which may include masking and increasing ventilation; adhere to infection prevention practices for patient care activities; and administer antiviral treatment and chemoprophylaxis when appropriate.

HCP should stay up to date with influenza and COVID-19 immunizations[[3]](#footnote-3) and follow CDC recommendations for adults who are at increased risk of RSV[[4]](#footnote-4).

**Definitions**

**Referenced definitions:**

**Healthcare personnel (HCP)**[[5]](#footnote-5)refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

These HCP may include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted among from HCP and patients.

**Healthcare settings**refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

School health offices are health care settings. School nurses and other health office staff should follow the guidance for health care settings. [1]

**Respiratory viruses** are viruses that cause illnesses in the respiratory system. These illnesses share similar symptoms, risk factors, and prevention strategies. Common examples include influenza, COVID-19, RSV, Adenovirus, Rhinovirus/Enterovirus (common cold), Parainfluenza and Parvovirus B19 (Fifth Disease).[[6]](#footnote-6)

PLEASE NOTE: The following are not considered healthcare settings and are directed to recommendations for the general population: group homes, and residential treatment programs, funded, operated, licensed, and/or regulated by the Department of Early Education and Care (EEC), the Department of Children and Families (DCF), the Department of Youth Services (DYS), the Department of Mental Health (DMH), the Department of Public Health (DPH), the Department of Developmental Services (DDS), the Executive Office of Veterans' Services (EOVS), the Massachusetts Commission for the Blind (MCB), and the Massachusetts Rehabilitation Commission (MRC). Additionally, emergency shelter programs, including individual and family homeless shelters, domestic violence and sexual assault shelters, Veterans’ shelters, including those funded by the Executive Office of Housing and Livable Communities, and approved private special education schools which offer residential services and are approved by the Department of Elementary and Secondary Education should all follow public guidance.

1. 1[Respiratory Protection vs. Source Control – What’s the difference?](https://blogs.cdc.gov/niosh-science-blog/2020/09/08/source-control/) [↑](#footnote-ref-1)
2. <https://www.mass.gov/doc/organizational-policies-and-procedures-for-mitigating-respiratory-illness/download> [↑](#footnote-ref-2)
3. 105 CMR 130.325 and 130.326, 105 CMR 140.150, 105 CMR 141.201(D), 105 CMR 150.002(D)(8) and 150.008(D)(11), 105 CMR 158.030(L) and 158.030(M), 105 CMR 170.341 and 170.342 [↑](#footnote-ref-3)
4. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/adults.html> [https://www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm#](https://www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm)

   <https://www.cdc.gov/covid/media/pdfs/2025/07/iCC_document_7.18.25.pdf> [↑](#footnote-ref-4)
5. https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.html [↑](#footnote-ref-5)
6. <https://www.cdc.gov/respiratory-viruses/hcp/index.html> [↑](#footnote-ref-6)