

MAURA T. HEALEY

Governor

KIMBERLEY DRISCOLL

Lieutenant Governor

The Commonwealth of Massachusetts

Executive Office of Health and Human Services Department of Public Health

250 Washington Street, Boston, MA 02108-4619

KATHLEEN E. WALSH

Secretary

ROBERT GOLDSTEIN, MD, PhD

Commissioner

**Tel: 617-624-6000**

[**www.mass.gov/dph**](http://www.mass.gov/dph)

# Guidance for Health Care Personnel with SARS-CoV2 Infection or Exposure

Updates:

* Includes further clarifications to isolation time period.

The Commonwealth of Massachusetts is updating this guidance for health care personnel (HCP) in health care settings with SARS-CoV2 infection or exposure; HCP and health care setting are defined by the Centers for Disease Control and Prevention (CDC) and referenced at the end of this document.

Effective September 10, 2024, HCP are advised to use the standards outlined below, following SARS-CoV2 infection or exposure[1](#_bookmark0):

HCP who have either tested positive for SARS-CoV2 or who are exhibiting symptoms of COVID-19 (e.g., cough, shortness of breath, sore throat, runny nose, headache, myalgia, chills, fatigue, gastrointestinal symptoms, new onset loss of smell or taste and a fever) and have been told by a provider that they have, or probably have, COVID-19, even in the absence of a test, should isolate.

* An isolating HCP **who had COVID-19 symptoms** may return to work:
	+ after 5 days have passed since symptom onset; **AND**
	+ symptoms have substantially improved, including being fever-free, for 24 hours; AND the HCP received a negative test (antigen) on Day 5 or later.
* An **isolating HCP who has been asymptomatic and is isolating** may return to work after 5 days once:
	+ the HCP received a negative test (antigen) on Day 5 or later

1 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.

* Any HCP who returns to work prior to 10 days since their symptom onset and/or first positive test was taken should avoid caring for patients who are moderately to severely immunocompromised until after 10 days has passed.
* Any HCP who returns to work prior to 10 days since their symptom onset and/or first positive test was taken must wear a facemask until after 10 days has passed.

HCP who have been exposed to someone who has COVID-19 but are not themselves exhibiting any symptoms and have not tested positive, 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, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy, and self-monitor for symptoms for 10 days.

**Definitions**[**2**](#_bookmark1)

**Healthcare personnel (HCP)**[**3**](#_bookmark2)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**[**4**](#_bookmark3)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.

2 This definitions section was updated for clarity on May 3, 2024.

3 https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.html#:~:text=Healthcare%20Personnel%20(HCP)%3A%20HCP,contaminated%20medical%20supplies%2C%20devices%2C%20and

4 https://[www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)

*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 Department of Veterans' Services (DVS), 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.*