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

Updates:

- Permits health care personnel meeting criteria described below to return to work before Day 11 regardless of vaccination status
- Removes references to quarantine in alignment with Centers for Disease Control and Prevention updates

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 October 13, 2022, HCP are advised to use the standards outlined below, following SARS-CoV2 infection or exposure<sup>1</sup>:

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 the first positive test was taken; **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
- Any HCP who returns to work prior to 10 days since their first positive test was taken should avoid caring for patients who are moderately to severely immunocompromised until after 10 days has passed since their positive test.

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<sup>1</sup> This guidance replaces the Exposure and Return to Work Guidance revision issued December 29, 2021.

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. All 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.

Exposed asymptomatic HCP who have a community exposure should have a negative test prior to returning to work.

### **Definitions**

**Healthcare personnel (HCP)** 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, physicians, technicians, therapists, phlebotomists, pharmacists, 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.

*PLEASE NOTE: This guidance does **not** apply to group homes, residential treatment programs, community-based acute residential treatment programs, and clinical stabilization service 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, this guidance does not apply to emergency shelter programs, including individual and family homeless shelters, domestic violence and sexual assault shelters, Veterans' shelters, including those funded by the Department of Housing and Community Development, and approved private special education schools which offer residential services and are approved by the Department of Elementary and Secondary Education.*