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## Isolation and Quarantine Guidance for Health Care Personnel

The Commonwealth of Massachusetts is updating isolation guidance for health care personnel in health care settings including both the Holyoke and Chelsea Soldiers Homes; health care personnel and health care setting are defined by the Centers for Disease Control and Prevention (CDC) and referenced at the end of this document.

Effective December 29, 2021, health care providers and health care personnel are advised to use the following standards for isolation and quarantine<sup>1</sup>:

**Isolation** is for individuals who have either tested positive for COVID-19 or who are exhibiting symptoms of COVID-19 (including fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell) and have been told by a provider that they have, or probably have, COVID-19, even in the absence of a test. Health care personnel (HCP) should isolate when they have tested positive for COVID-19 **OR** have symptoms of COVID-19 and are awaiting viral test results.

- **HCP who had COVID-19 symptoms and is isolating** may return to work:
  - after 5 days have passed since the first positive COVID-19 viral test was taken; **AND**
  - **symptoms have substantially improved, including being fever-free, for 24 hours; AND**
  - the HCP is fully vaccinated (meaning it has been at least 14 days since the health care worker has received at least one dose of J&J/Janssen vaccine or two doses of Pfizer or Moderna)<sup>2,3</sup>; **AND**
  - the HCP received a negative viral test (antigen or molecular) on Day 5 or later.
    - At this time, acute-care hospital<sup>2</sup>-based HCP are not required to receive a negative viral test prior to returning to work after Day 5. However, a viral test on Day 5 or later is best practice and is strongly recommended.
- **An isolating health care worker who has been asymptomatic and is isolating** may return to work after 5 days once:
  - the HCP is fully vaccinated (meaning it has been at least 14 days since the health care worker has received at least one dose of J&J/Janssen vaccine or two doses of Pfizer or Moderna)<sup>2,3</sup>; **AND**
  - the HCP received a negative viral test (antigen or molecular) on Day 5 or later.

<sup>1</sup> This guidance replaces the Exposure & Return to Work Guidance revision issued March 8, 2021.

<sup>2</sup> [Individuals who are immunocompromised or those with serious COVID-19 illness or requiring hospitalization should wait until 20 days since first positive test and should consult with a provider](#)

<sup>3</sup> This recommendation corresponds with CDC's Contingency Staffing Strategies and may be updated once staffing constraints loosen and upon further DPH review.

- At this time, acute-care hospital-based HCP are not required to receive a negative viral test prior to returning to work after Day 5. However, a viral test on Day 5 or later is best practice and is strongly recommended.
- Any health care worker who returns to work prior to 10 days since their first positive COVID-19 diagnostic test was taken should avoid caring for patients who are moderately to severely immunocompromised until after 10 days has passed since their positive viral test.

**Quarantine** is for individuals who have been exposed to someone who is COVID-19 positive but are not exhibiting any symptoms and have not tested positive. **NOTE: Individuals who have received either two doses of the Moderna or Pfizer COVID-19 vaccines or a single dose of the Janssen COVID-19 vaccine at least 14 days ago but not more than six months ago or have received a booster dose, are not required to quarantine following an exposure, defined as prolonged close contact with a patient, visitor, or healthcare personnel with confirmed SARS-CoV-2 infection.** Health care personnel may continue to work during their quarantine period provided the health care worker remains asymptomatic. All health care personnel should wear PPE appropriate for their duties and must at least wear a facemask, 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.

Exposed asymptomatic health care personnel who have a community exposure should have a negative viral 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.*