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To: Health Care Facilities and Providers and Emergency Medical Services Providers

From: Catherine M. Brown, DVM, MSc, MPH, State Epidemiologist
Larry Madoff, MD, Medical Director, Bureau of Infectious Disease and Laboratory Sciences

Date: April 2, 2020

RE: Revised Guidance for Allowing Asymptomatic Health Care Personnel and Emergency Medical Technicians to Work Following a Known Exposure to COVID-19

In accordance with guidance from the Centers for Disease Control and Prevention (CDC), *Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>), health care facilities and providers and EMS providers may consider allowing asymptomatic HCPs or EMTs who have had a known exposure to COVID-19 to continue working after the following conditions have been met:

- All options to improve staffing detailed in your facility's or organization's emergency management plan have been exhausted;
- The occupational health services program has been consulted;
- The health care facility has stopped all non-essential, elective invasive procedures, if applicable; **and**
- The health care facility has postponed any non-essential outpatient appointments, if applicable.

If these conditions are met and HCPs/EMTs are allowed to continue working, the health care facility/provider or EMS providers is required to:

- Ensure HCPs/EMTs report temperature and absence of symptoms prior to starting work each day;
- Ensure HCPs/EMTs don a facemask for the entire time that they are at work for the 14 days after the exposure event;
- Direct that if HCPs/EMTs develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work;
- Prohibit HCPs/EMTs with even mild symptoms consistent with COVID-19 from working while they are symptomatic and, in accordance with DPH guidelines, test for COVID-19
 - HCPs/EMTs must remain out of work while awaiting COVID-19 test results;
- Using clinical judgment avoid having HCP care for high risk patient, including immunocompromised patients, for the 14 days after the exposure event; and
- Consider having HCPs/EMTs work shorter shifts (i.e. 8 hours) as there is early evidence that shorter shifts may be protective.

Healthcare Personnel and Emergency Medical Technicians who have been furloughed because of confirmed or suspected COVID-19 may return to work once they have met the above criteria.

Return to Work Practices and Work Restrictions:

After returning to work, HCPs/EMTs should:

- Wear a facemask at all times while working until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer;
- Using clinical judgment avoid having HCP care for high risk patient, including immunocompromised patients, for the 14 days after the exposure event;
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles); and
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.