COVID-19 Exposure, Quarantine, and Isolation Recommendations by Population

The recommendations below are for all people who need to isolate or manage exposure to COVID-19 unless they are included in the specific populations noted below.

Quarantine is no longer recommended for the general public.

Find specific guidance in this document for:

- Healthcare Personnel (HCP) at Hospitals and Settings with Skilled Nursing
- Other High-Risk Congregate Settings Residents

Find guidance for Nursing Homes online, at COVID-19 Guidance for Nursing Homes.

| Isolation and post-isolation precautions for COVID-19 cases regardless of vaccination status |
| Symptomatic cases: Isolation starts on the first day of symptom onset (day 0) |
| Asymptomatic cases: Isolation starts on the day of a positive test (day 0) |

### General Public

**Isolation for COVID-19 cases** (regardless of vaccination status)

**Symptomatic person** (who does NOT have a moderately to severely compromised immune system¹)

Isolate until:
- At least 5 full days have passed since symptoms first appeared AND
- Fever-free for at least 24 hours, without fever-reducing medications AND
- Symptoms have improved.

**Asymptomatic person** (who does NOT have a moderately to severely compromised immune system¹)

Isolation may end when at least 5 full days have passed since the date of their first positive test result.

**Day 6-10 isolation**
- Wear a high-quality mask around others,
even at home.

- Do not visit places where you are unable to wear a mask, such as restaurants.
- Do not travel.
- Do not visit people who have compromised immune systems or who are at high risk for severe illness.
- People who cannot wear a mask, including children younger than age 2 and people of any age with certain disabilities, should isolate for 10 days.

### Removing your mask before day 10:

- If you have negative results from 2 consecutive antigen tests taken 48 hours apart, you may remove your mask sooner than day 10.
- If your antigen test results are positive, you may still be infectious. You should continue wearing a mask and wait at least 48 hours before taking another test.
  - Continue taking antigen tests at least 48 hours apart until you have negative results from 2 consecutive tests. This may mean you need to continue wearing a mask and testing beyond day 10.

### Isolation for people who have moderate to severe illness from COVID-19 or who have moderately to severely compromised immune systems

Isolate for at least 10 days **AND** consult a healthcare provider about when you can end isolation.

### Recommendations for people who were asymptomatic and develop symptoms during isolation

You should return to isolation if you were asymptomatic when you tested positive for COVID-19 and develop symptoms during the isolation period.

### Work during isolation?

No

### Persons Exposed to Someone with COVID-19

CDC no longer recommends quarantine for the general public. The following steps are recommended for high-risk exposures. Please note healthcare and congregate care settings will continue to follow isolation and quarantine recommendations.

### High-risk exposures

<table>
<thead>
<tr>
<th>All people (regardless of vaccination status or previous infection)</th>
<th>For 10 full days:</th>
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<tbody>
<tr>
<td>Wear a high-quality mask or respirator (e.g., N95) around others when indoors, including during travel and in public transportation settings.</td>
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<tr>
<td>If you are not able to wear a mask</td>
<td>Use other preventive actions (such as improving ventilation) to avoid transmission for 10 full days after exposure.</td>
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<tr>
<td>• Do not go places where you are unable to wear a mask.</td>
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<tr>
<td>• Monitor for <a href="#">COVID-19 symptoms</a></td>
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<tr>
<td>• If you develop COVID-19 symptoms, get tested and isolate immediately. Stay home until you know the result.</td>
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<tr>
<td>• Get tested at least 5 full days after your last exposure (i.e., on day 6), even if you do not develop symptoms. If you already had COVID-19 within the past 90 days, see <a href="#">specific testing recommendations</a>.</td>
<td></td>
</tr>
<tr>
<td>o If you test positive for COVID-19, isolate right away.</td>
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<tr>
<td>o If you test negative, continue to wear a mask and monitor for symptoms for 10 full days.</td>
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<tr>
<td>Take <a href="#">extra precautions</a> if you will be around people who are more likely to get very sick from COVID-19.</td>
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**Healthcare Personnel (HCP) at Hospitals and Settings with Skilled Nursing**


(Note: **Assisted Living Facility and Group Home staff personnel** should follow recommendations for the General Public unless otherwise noted.)

All HCP should wear **source control** if returning to work before the duration of their full isolation (i.e., 10 full days for HCP with asymptomatic or mild to moderate illness).


Facilities may implement more restrictive quarantine and isolation policies.

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### Work Restrictions for HCP with COVID-19 Infection by Staffing Capacity Levels


<table>
<thead>
<tr>
<th>Severity of Symptoms</th>
<th>Conventional</th>
<th>Contingency²</th>
<th>Crisis³</th>
</tr>
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</table>
| **Mild to moderate** | Isolate for 10 full days | Isolate for at least 5 full days **AND**  
- Fever-free for 24 hours without the use of fever-reducing medications  
- Symptoms have improved. | Notify Rhode Island Department of Health (RIDOH) Center for Health Facilities Regulation **AND**  
| **Asymptomatic** | Isolate for 10 full days **OR**  
Isolate for at least 7 full days with a negative viral test* within 48 hours before returning to work (day 5 or later) **AND**  
- Fever-free for 24 hours without the use of fever-reducing medications  
- Symptoms have improved. | Isolate for at least 5 full days since the date of their first test **Note:** Healthcare facilities may choose to have HCP test* negative before returning to work. | |
<table>
<thead>
<tr>
<th>work (day 5 or later)</th>
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<tbody>
<tr>
<td><strong>Severe to critical</strong></td>
<td>Isolate for at least 10 full days and up to 20 days since symptoms first appeared AND • Fever-free for 24 hours without the use of fever-reducing medications • Symptoms have improved.</td>
</tr>
<tr>
<td><strong>Note:</strong> The test-based strategy for returning to work can be used to inform the duration of work restriction.</td>
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### Work Restrictions for HCP who Have Moderately to Severely Compromised Immune Systems


People who have moderately to severely compromised immune systems may remain contagious longer than 20 days after symptom onset or the date of their first positive test for those who were asymptomatic throughout their infection.

Use the test-based strategy for returning to work and consult with an infectious disease specialist or other expert. An occupational health specialist is recommended to determine when the HCP may return to work.

### Test-based strategy to return to work after severe to critical illness or those who have moderately to severely compromised immune systems

If **symptomatic**, HCP may return to work if
- Fever-free for 24 hours without the use of fever-reducing medications; **AND**
- Symptoms have improved; **AND**
- After testing negative on at least 2 consecutive tests taken 48 hours apart using antigen tests or NAATs.

If **asymptomatic**, HCP may return to work after testing negative on at least 2 consecutive tests taken 48 hours apart using antigen tests or NAATs.

### Work Restrictions for Asymptomatic HCP with COVID-19 Exposure


Exposures that might require testing and/or restriction from work can occur both while at work and in the community.

In general, HCP who have had prolonged close contact with someone with COVID-19 in the community (e.g., household contacts) should be managed as described for high-risk occupational exposures. Close contact means being within 6 feet of someone for a total of 15 minutes or more in a 24-hour period.

High-risk exposures generally involve exposure of HCP’s eyes, nose, or mouth to material potentially containing COVID-19, particularly if these HCP were present in the room for an aerosol-generating procedure.
For the purposes of this guidance, high-risk exposures are classified as HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 infection and any of the following are true:

- HCP was not wearing a respirator
- HCP was wearing a facemask, but the person with COVID-19 infection was not wearing a cloth mask or facemask
- HCP was not wearing eye protection and the person with COVID-19 infection was not wearing a cloth mask or facemask.
- HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure.

<table>
<thead>
<tr>
<th>All Exposures</th>
<th>High-Risk Exposure</th>
<th>High-Risk Exposure with Work Restrictions</th>
<th>If Fever Or COVID-19 Symptoms Develop</th>
</tr>
</thead>
</table>
| HCP should follow all recommended infection prevention and control practices:  
  - Wear well-fitting source control  
  - Monitor for fever or COVID-19 symptoms  
  - Do not report to work when sick | HCP should have a series of 3 viral tests 48 hours apart following exposure – typically days 1,3 and 5 (first test should be after 24 hours after exposure)  
  **AND**  
  Follow all recommended infection prevention and control practices:  
  - Wear well-fitting source control  
  - Monitor for fever or COVID-19 symptoms  
  - Do not report to work when sick | HCP can return to work after 10 full days  
  **OR**  
  After 7 full days if testing negative on a series of 3 viral tests as described for asymptomatic HCP following a high-risk exposure. | Immediately isolate and contact their occupational health program to arrange for medical evaluation and testing |

**Work Restrictions for Asymptomatic HCP With Recent Travel**

HCP with travel or community exposures should consult their occupational health program for guidance about work restrictions.

*Note on Testing:* When testing a person with symptoms of COVID-19, negative results from at least one viral test indicate that the person most likely does not have an active infection at the time the sample was collected. If using nucleic acid amplification test (NAAT), 1 negative test is sufficient in most circumstances. If using an antigen test, 1 negative result should be confirmed by either a negative NAAT or second negative antigen test taken 48 hours after the first negative test.
Other High-Risk Congregate Care Facility Residents
(Residents of homeless shelters, group homes with residents who have moderately or severely compromised immune systems, correctional facilities, and detention centers)

| Isolation duration AND End isolation requirements | Isolation starts on the first day of symptoms (day 0) or the day of a positive test if there are no symptoms (day 0).

Symptomatic person (who does NOT have a moderately to severely compromised immune system)
Should isolate until:
- At least 10 days have passed since symptoms first appeared AND
- At least 24 hours have passed since last fever without fever-reducing medications AND
- Symptoms have improved.

Symptomatic person (who DOES have a moderately to severely compromised immune system or moderate to severe COVID-19 illness)
Should isolate until:
- At least 10 days and up to 20 days have passed since symptoms first appeared AND
- At least 24 hours have passed since last fever without fever-reducing medications AND
- Symptoms have improved.

Asymptomatic person (who does NOT have a moderately to severely compromised immune system)
- Isolation may end when at least 10 days have passed since the date of their first positive test result.

Asymptomatic person (who DOES have a moderately to severely compromised immune system)
- Isolation may end when at least 10 days and up to 20 days have passed since the date of their first positive test result in consultation with healthcare provider.

Exempt From Quarantine If:
- Age 18 or older and up to date with their vaccines OR
- Age 5 through 17 and have completed primary vaccine series OR
- Had confirmed COVID-19 within the last 90 days (using a test given by a trained health professional, e.g., a lab-based antigen or PCR test).

Observe precautions for 10 days after last exposure:
- Wear high-quality mask around others.
- Do not visit people who are immunocompromised or at higher risk for severe disease, nursing homes, and other high-risk settings.
- Do not travel on public transportation or airplanes.
- Watch for fever (100.4°F or higher), cough, shortness of breath,
or other COVID-19 symptoms. If symptoms develop, stay home and get tested.

- Test on day 5 recommended.
- Can go to work during 10-day period.

| NOT Exempt from Quarantine if: | Age 18 or older and completed the primary series of recommended vaccine but have not gotten recommended boosters when eligible **OR**
| | You are not vaccinated or have not completed a primary vaccine series.

**Should quarantine for 5 days:**
After day 5 through day 10:
- Wear **high-quality mask** around others.
- Do not visit people who are immunocompromised or at higher risk for severe disease, nursing homes, and other high-risk settings.
- Do not **travel** on public transportation or airplanes.
- Watch for fever (100.4°F or higher), cough, shortness of breath, or other COVID-19 symptoms. If symptoms develop, stay home and get tested.
- Test on day 5 recommended.
Can go to work on days 6-10.

| Surveillance and Outbreak Testing | The Rhode Island Department of Health (RIDOH) no longer recommends routine surveillance testing of any residents in nursing homes and assisted living facilities. **Centers for Medicare and Medicaid Services’ regulations** dictate healthcare worker testing in nursing homes.
| | Consult RIDOH for outbreak management protocol and support at 401-222-8022.

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1. CDC defines immunocompromise as:
   - Currently getting chemotherapy for cancer
   - Being within one year out from receiving a hematopoietic stem cell or solid organ transplant
   - Untreated HIV infection with CD4 T lymphocyte count lower than 200
   - **Primary immunodeficiency (PI)**
   - Taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab
   - Taking more than 20 mg a day of prednisone, for more than 14 days
   - Other condition(s) as determined by the treating healthcare provider

2. Contingency staffing means staffing shortages are anticipated at healthcare facilities. Such facilities, in collaboration with human resources and occupational health services, should use contingency capacity strategies to plan and prepare for mitigating this problem.

3. Crisis staffing means there are no longer enough staff to provide safe patient/resident care.

4. Shelters may refer to CDC guidance found [here](#).

5. Correctional facility staff with COVID-19 symptoms should be excluded from work and advised to seek testing, regardless of their COVID-19 vaccination and booster status. Staff members with a positive test result (with or without symptoms) should be excluded from work for 10 days from the date when symptoms started, or from the date of the positive test if they do not have symptoms (with day 0 being the date their specimen was collected). However, staff may use CDC guidance for the general public for duration of isolation when they are not at work. Please see the section on isolation duration for staff during crisis-level operations found [here](#).

6. Consult with your healthcare provider about when you can be around other people again.