COVID-19 Exposure, Quarantine, and Isolation Recommendations by Population
Updated: December 20, 2022

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)
- Homeless Shelters, Correctional Facilities, and Detention Centers

Find additional COVID-19 information online for:
- Nursing Homes
- Assisted Living Residences

CDC recommends that some Group Home settings consider using enhanced precautions if they have higher-risk factors for COVID-19-associated severe outcomes (e.g., significant proportion of resident population with underlying health conditions, older age, certain disabilities, and/or poor access to care; or facilities with physical or operational characteristics that might accelerate spread).
### General Public

| 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) |

| Day 1-5 Isolation for COVID-19 Cases (regardless of vaccination status) | Symptomatic person (who does NOT have a moderately to severely compromised immune system¹) |
| Isolate at home and away from others 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) |

Isolate at home and away from others until **at least 5 full days** have passed since the date of the first positive test result.

¹Reference: [Guidelines provided by the World Health Organization](https://www.who.int)
| Days 6-10 (Post-Isolation Precautions) | • 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 two 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.  
  o Continue taking antigen tests at least 48 hours apart until you have negative results from two 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 full days **AND** consult a healthcare provider about when you can end isolation. |

| Recommendations for people who were asymptomatic and develop symptoms during isolation | Isolate for at least 10 full days **AND** consult a healthcare provider about when you can end isolation. |

| Work during isolation? | No. |
**Persons Exposed to Someone with COVID-19**

The Centers for Disease Control and Prevention (CDC) no longer recommends quarantine for the general public. The following steps are recommended for **high-risk exposures**.

<table>
<thead>
<tr>
<th>High-risk exposures</th>
<th>For 10 full days:</th>
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</table>
| **All people** (regardless of vaccination status or previous infection) | • Wear a high-quality mask or respirator (e.g., N-95) around others when indoors, including during travel and in public transportation settings.  
  o Do not go places where you are unable to wear a mask.  
• Monitor for **COVID-19 symptoms**  
  • If you develop COVID-19 symptoms, get tested and isolate immediately. Stay home until you know the result.  
  • 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 **specific testing recommendations**.  
    o If you test positive for COVID-19, isolate right away.  
    o If you test negative, continue to wear a mask and monitor for symptoms for 10 full days.  
• Take **extra precautions** if you will be around people who are more likely to get very sick from COVID-19. |

| If you are not able to wear a mask | Use other preventive actions (such as improving ventilation) to avoid transmission for 10 full days after exposure. |
Healthcare Personnel (HCP)^2

(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) in the case of staffing shortages.


Facilities may implement more restrictive quarantine and isolation policies.

<table>
<thead>
<tr>
<th>Severity of Symptoms</th>
<th>Conventional</th>
<th>Contingency^3</th>
<th>Crisis^4</th>
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<tbody>
<tr>
<td>Mild to moderate</td>
<td>Isolate for 10 full days</td>
<td>Isolate for at least 5 full days AND Fever-free for 24 hours without the use of fever-reducing medications. Symptoms have improved.</td>
<td>Notify Rhode Island Department of Health (RiDOH) Center for Health Facilities Regulation AND Review updated CDC recommendations for prioritization of personnel, services performed, patients served, and source control for HCP and patient.</td>
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<tr>
<td>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.</td>
<td>Note: Healthcare facilities may choose to have HCP test* negative before returning to work.</td>
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</table>

Asymptomatic | Isolate for 10 full days | Isolate for at least 5 full days since the date of their first test |

Isolate for 10 full days
<table>
<thead>
<tr>
<th>Isolate for at least 7 full days with a negative viral test* within 48 hours before returning to work (day 5 or later)</th>
<th>Note: Healthcare facilities may choose to have HCP test* negative before returning to work</th>
</tr>
</thead>
<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.</td>
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<tr>
<td><strong>AND</strong></td>
<td>-</td>
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<tr>
<td>• Fever-free for 24 hours without the use of fever-reducing medications.</td>
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<tr>
<td>• Symptoms have improved.</td>
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<tr>
<td><strong>Note:</strong> The <a href="#">test-based strategy for returning to work</a> can be used to inform the duration of work restriction.</td>
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</table>
# 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 two consecutive tests taken 48 hours apart using antigen tests or nucleic acid amplification tests (NAAT).  
|  | If asymptomatic, HCP may return to work after testing negative on at least two 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 six 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 personal protective equipment (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure.

### All Exposures

**HCP should follow all recommended infection prevention and control (IPC) practices:**
- Wear well-fitting source control.
- Monitor for fever or COVID-19 symptoms.
- Do not report to work when sick.

### High-Risk Exposure

**HCP should have a series of three 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 IPC practices:**
- Wear well-fitting source control.
- Monitor for fever or COVID-19 symptoms.
- Do not report to work when sick.

### High-Risk Exposure with Work Restrictions

**HCP can return to work after 10 full days.**

**OR**

After 7 full days if testing negative on a series of three viral tests as described for asymptomatic HCP following a high-risk exposure.

### If Fever or COVID-19 Symptoms Develop

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, or employee handbook if relevant, 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 NAAT, one negative test is sufficient in most circumstances. If using an antigen test, one negative result should be confirmed by either a negative NAAT or second negative antigen test taken 48 hours after the first negative test.
## Homeless Shelters, Correctional Facilities, and Detention Centers

Facilities should implement **prevention strategies for everyday operations** at all times, and add **enhanced prevention strategies** when COVID-19 Community Levels are high, anytime there has been transmission within the facility itself, or when other **facility-specific risk factors** are present.

Healthcare workers providing care in these settings should follow **guidance for healthcare personnel.**

<table>
<thead>
<tr>
<th>Isolation Duration for Residents</th>
<th>Isolation starts on the first day of symptoms (day 0) or the day of a positive test if there are no symptoms (day 0).</th>
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<tbody>
<tr>
<td><strong>AND</strong></td>
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<tr>
<td><strong>End Isolation Requirements for Residents</strong></td>
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</tbody>
</table>

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

Should isolate until:
- At least 10 full 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 system¹)

- Isolation may end when **at least 10 full days** have passed since the date of their first positive test result.*

Residents with moderately to severely compromised immune systems should isolate for at least 10 full days **AND** consult a healthcare provider about when they can end isolation.

*Isolation can be shortened to 7 full days* (counting from the first day of symptoms or from the day of a positive test if no symptoms) if:
- The resident tests negative on a viral test** AND**
- At least 24 hours have passed since last fever without fever-reducing medications **AND**
- Symptoms have improved **AND**
- Hospitalization was not required **AND**
- The resident does not have a moderately or severely compromised immune system.

**Either NAAT or antigen tests may be used to determine if isolation can be shortened to 7 full days:**
- If using a NAAT: obtain a single negative test on day 5 or later.
- If using an antigen test: obtain two negative tests, first on day 5, and the second on day 7.

¹ Residents with moderately to severely compromised immune systems should isolate for at least 10 full days AND consult a healthcare provider about when they can end isolation.

*Isolation duration for residents can be shortened to 7 full days if:
- The resident tests negative on a viral test
- At least 24 hours have passed since last fever without fever-reducing medications
- Symptoms have improved
- Hospitalization was not required
- The resident does not have a moderately or severely compromised immune system.

**Either NAAT or antigen tests may be used to determine if isolation can be shortened to 7 full days:**
- If using a NAAT: obtain a single negative test on day 5 or later.
- If using an antigen test: obtain two negative tests, first on day 5, and the second on day 7.
| Considerations When Implementing Isolation for Residents | • If multiple residents have tested positive, they can isolate together in the same area (cohort). However, residents with confirmed COVID-19 should not be housed together with residents with symptoms of COVID-19 who have not yet tested positive.  
• Ensure continuation of any support services offered, including behavioral health and medical care, for residents while they are in isolation.  
• During crisis-level operations, such as severe shortages of space, facilities may need to consider short-term reductions to the recommended isolation period for residents. Facilities should consult RIDOH to discuss approaches that would meet their needs while maximizing infection control. |
| --- | --- |
| Work Exclusion Considerations for Correctional Facility and Detention Center Staff*** | • Correctional facility staff with COVID-19 symptoms should be excluded from work and advised to seek testing.  
• Staff members with a positive test result (with or without symptoms) should be excluded from work for 10 days or 7 days with testing (see below) 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).  
• Staff may return to work after exclusion for 7 full days if:  
  o A single negative NAAT/PCR is obtained on day 5 or later, or two negative antigen tests are obtained on day 5 and day 7, **AND**  
  o At least 24 hours have passed since last fever without fever-reducing medications, **AND**  
  o Hospitalization was not required, **AND**  
  o Symptoms have improved, **AND**  
  o They do not have moderately or severely compromised immune systems.  
• Staff may use CDC guidance for the general public for duration of isolation when they are not at work.  
• During crisis-level operations, such as severe staffing shortages, facilities may need to consider short-term reductions to the recommended work exclusion period for positive staff. Facilities should consult RIDOH to discuss approaches that would meet their needs while maximizing infection control. |

***Not applicable for homeless shelter staff. These staff should refer only to guidance for the general public.
| **All Homeless Shelter, Correctional Facility, and Detention Center Residents and Staff With High-Risk Exposures** (regardless of vaccination status or prior infection): | **Observe precautions for 10 full days after last exposure:**  
- Wear a high-quality mask around others when indoors.  
- Watch for fever (100.4°F or higher), cough, shortness of breath, or other COVID-19 symptoms.  
- Test at least 5 full days after exposure or right away if symptoms develop.  
Staff who have been exposed should also refer to the General Public Guidance for Persons Exposed to COVID-19. |
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<tr>
<td><strong>Additional Considerations for Exposure Management:</strong></td>
<td>Quarantine is no longer routinely recommended in homeless shelters or correctional/detention facilities for residents exposed to COVID-19. However, <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/homeless/shelters.html">CDC provides considerations for facilities</a> that may prefer to continue to implement quarantine protocols for residents who have been exposed to someone with COVID-19.</td>
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</table>
| **Testing** | - Test all new residents entering correctional and detention facilities at intake. As an alternative to intake testing, facilities can use a routine observation period at intake, during which residents are housed separately from the rest of the facility’s population. The duration of the observation period should be at least 5 days if residents test negative at the end of the observation period, or 7 days (minimum) to 10 days (optimum) if residents are not tested.  
- Test residents and staff at shelters, correctional, and detention facilities who have been exposed or who are symptomatic, in accordance with [CDC testing guidance](https://www.cdc.gov/coronavirus/2019-ncov/clinical-care/testing-when-sick-testers.html).  
  - If testing staff onsite is not feasible (e.g., due to employment policy or availability of testing supplies), advise staff who have been exposed or who are symptomatic to seek testing offsite.  
  - If applicable, consider suspending co-pays for residents seeking medical evaluation and testing for possible COVID-19.  
- Testing residents during transfer and release may be utilized as an additional enhanced prevention strategy.  
- Facilities with higher facility-specific risk may implement enhanced precautions: Consider routine [screening testing](https://www.cdc.gov/coronavirus/2019-ncov/clinical-care/testing-when-sick-testing-strategies.html) of residents and/or staff if there are concerns about the population being at especially high risk for severe illness from COVID-19. Routine testing can help identify infections early, which is especially important for people who are eligible for treatment. |
| **Outbreak Management** | CDC recommends adding enhanced prevention strategies when there is active COVID-19 transmission within a facility. Consult RIDOH for outbreak management support, including recommendations on implementing additional prevention strategies, at 401-222-8022. |
1 CDC defines immunocompromised 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 RIDOH defines a healthcare worker as: any person who is temporarily or permanently employed by a healthcare facility, or who volunteers in a healthcare facility, or any person who is compensated by a third party that has an agreement with a healthcare facility to provide staffing services, and has or may have direct contact with a patient in that healthcare facility. This may include, but is not limited to physicians, nurses, social workers, technicians, occupational speech therapists, laboratory personnel, dental personnel, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who may be exposed to infectious agents (e.g., clerical, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers).
Healthcare facilities: A healthcare facility is a facility as defined in R.I. Gen. Laws § 23-17-2(9) and includes assisted living residences, as well as adult daycare programs, as defined in R.I. Gen. Laws § 23-1-52 and stations, as defined in R.I. Gen. Laws § 23-16.2-2.

3 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.

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