



# Massachusetts Department of Public Health COVID-19 Guidance for Health Care Providers

**NOTE: This [COVID-19 Guidance for Health Care Providers](#), effective June 14, 2021 and updated on March 7, 2022, replaces and supersedes all prior reopening guidance for health care providers.**

## I. Introduction

The Massachusetts Department of Public Health (DPH) continues to work with state, federal, and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

On May 29, 2021, the Commonwealth lifted COVID-19 restrictions while maintaining necessary COVID-19 prevention and mitigation measures in certain settings, including in health care settings. This document provides guidance for all health care providers on standards for continued provision of services while preventing and mitigating the risk of COVID-19 transmission, while also recognizing increased community transmission including emergence of the Delta variant of SARS-CoV2 in Massachusetts.

This guidance replaces and supersedes all previously issued health care reopening guidance issued by the Department.<sup>1</sup>

This guidance does not enumerate any service, program, or sector-specific requirements; health care providers should continue to adhere to all applicable service, program, or sector-specific guidance available on the [state COVID-19 guidance](#) website.

## II. COVID-19 Public Health and Safety Standards

Health care providers should continue to comply with all [state COVID-19 guidance](#). This includes, but is not limited to, DPH guidance on: a) [personal protective equipment \(PPE\)](#), b) [hospital visitation](#), c) [considerations for health care personnel after vaccination](#), and d) [isolation and quarantine guidance for health care personnel](#) for all workers.

### A. Personal Protective Equipment and Other Essential Supplies

<sup>1</sup> This includes Phase 1 guidance effective May 18, 2020 and updated May 25, 2020, Phase 2 guidance effective June 8, 2020 and updated June 24, 2020 Phase 3 guidance effective July 6, 2020 and updated November 3, 2020, and Phase 4 guidance effective March 22, 2021.



Health care providers should continue to follow the most recent guidelines issued by DPH<sup>2</sup> that align with the CDC as it relates to PPE usage, including any updated guidelines released subsequent to the date of this guidance. In addition, health care providers should continue to:

1. Ensure that they have adequate supply of PPE and other essential supplies for the expected number and type of procedures and services that will be performed. To meet this requirement, providers may not rely on additional distribution of PPE from government emergency stockpiles.
2. Develop and implement appropriate PPE use policies for all services and settings in accordance with DPH and CDC guidelines, and maintain sufficient PPE volume on-hand to align with use as directed in the [DPH comprehensive PPE guidance](#).
3. Ensure all staff have appropriate PPE and are trained in how to properly use it, consistent with DPH guidance, to perform the service or procedure and any related care for the patient. If appropriate PPE is not available to protect the health care workers involved in the patient's care, the service/procedure should be cancelled.

## B. Workforce Safety

Health care providers should continue to:

1. Restrict the number of health care workers in the treatment space to those individuals necessary to complete the service or procedure for the patient.
2. Establish a process to ensure everyone arriving at the program is assessed for symptoms of COVID-19, and exposure to others with suspected or confirmed SARS-CoV-2 infection. Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 5 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 10 days. Any healthcare personnel who had a diagnosis of SARS-CoV-2 infection in the prior 10 days must meet the return to work criteria outlined here: <https://www.mass.gov/info-details/what-to-do-if-you-have-covid-19-or-have-been-exposed-to-covid-19> Any visitor who had a diagnosis of SARS-CoV-2 in the prior 10 days must have been diagnosed at least 5 days prior to visiting the facility, must not have symptoms of COVID-19 infection and must be able to wear a facemask at all times.
3. Adopt policies that address health care worker safety and well-being. Staff who have symptoms of COVID-19 should not come to work.

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<sup>2</sup> Please see: <https://www.mass.gov/info-details/covid-19-guidance-and-directives>.



4. Require staff wear masks while in the facility, care area or office, consistent with the [Commonwealth's Public Health mask order](#) and the implementing guidance below; limited situations where staff may not need to wear masks include:

- a. Staff, regardless of vaccination status, may remove masks if they are alone in enclosed non-clinical space, or if they are outdoors.
- b. Staff who are fully vaccinated may remove their masks when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen). If staff who are not fully vaccinated against COVID-19 are present, everyone should wear masks.
- c. If a fully vaccinated staff person is providing treatment without direct contact or touching and determines in their clinical judgment that the treatment would be substantially more effective without wearing a mask, and both the staff and patient (or support person) agree to removing their masks.

### C. Patient and Client Safety

Health care providers should:

1. Establish a process to ensure everyone arriving at the program is assessed for symptoms of COVID-19, and exposure to others with suspected or confirmed SARS-CoV-2 infection. Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 5 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 5 days. If healthcare personnel had a diagnosis of SARS-CoV-2 infection in the prior 10 days then they must meet the return to work criteria outlined here:  
<https://www.mass.gov/info-details/what-to-do-if-you-have-covid-19-or-have-been-exposed-to-covid-19>

If a visitor had a diagnosis of SARS-CoV-2 in the prior 10 days then they must have been diagnosed at least 5 days prior to visiting the facility, must not have symptoms of COVID-19 infection and be able to wear a facemask at all times.

2. Have policies and procedures for screening patients or clients in advance of a service or procedure, or participating in a program, including policies and procedures to facilitate the testing of patients or clients for COVID-19 when medically appropriate as well as for determining whether a procedure should proceed if a patient or client has a positive COVID-19 test result.



3. Have policies addressing visitation, special circumstances, and patient or client support persons that align with DPH visitation guidance. The policy should allow for visitation provided screening and any applicable mask requirements are followed.
4. Require that all patients, clients, support persons, and visitors wear masks consistent with the [Commonwealth's Public Health mask order](#) and the implementing guidance below; limited situations where patients may not need to wear masks include:
  - a. Patients who are receiving treatment without direct contact or touching and the staff determines in their clinical judgment that that the treatment would be substantially more effective without the patient wearing a mask, and both the staff and patient (or support person) agree to removing their masks.
  - b. Patients, regardless of vaccination status, may participate in group therapy or other support sessions with other patients. Fully vaccinated patients may choose not to wear masks when participating in group therapy or other support sessions with other patients who are also fully vaccinated. If any patient participating is not fully vaccinated, all participants should wear masks and the participants who are not fully vaccinated should socially distance from others.
  - c. Patients and any support persons, regardless of vaccination status, may remove masks if they are outdoors.
5. Encourage social distancing through administrative and environmental controls; however, patients and clients who are fully vaccinated or wear masks do not need to socially distance, e.g., in a waiting area.

#### D. Infection Control

Health care providers should continue to:

1. Implement administrative and environmental controls that facilitate social distancing, such as minimizing time in waiting areas. For any waiting patients or clients, masking must be in place.
2. Minimize contact between patients or clients through active scheduling practices, such as establishing different times of day or separate space to mitigate the risk of exposure to COVID-19.
3. Have signage to emphasize public health measures (i.e., distancing, coughing etiquette, wearing of masks, and hand hygiene) and provide access to hand sanitizer for patients, clients, visitors, and staff.
4. Have an established plan for thorough cleaning and disinfection of all common and procedural areas, including in-between patient encounters in treatment rooms and actively monitor to ensure that the plan is followed.



Health care providers should continue to utilize telehealth services where clinically appropriate and feasible. Telehealth will continue to be useful in chronic disease management and for patient access to care.

### **III. Written Policies and Protocols**

Each health care provider should continue to implement written policies and procedures that meet or exceed the requirements of the Commonwealth's Guidance for Health Care Providers or incorporate the requirements of this guidance into its existing policies and procedures. Such policies, protocols, and documentation should be developed with input from staff or workforce representation.