Pennsylvania
Department of Health

Work Exclusion Guidance for Health Care Personnel (HCP) with Confirmed or Suspected Respiratory Viral Infections

Background

This document is intended for health care personnel (HCP) and health care facilities to provide updated guidance for work exclusion for HCP with confirmed or suspected respiratory viral infections.

Confirmed infections are those with a positive test for a specific respiratory virus. Suspected infections are defined as upper respiratory tract illnesses that lack a positive test for a respiratory virus, either due to negative test results or lack of testing. Suspected infections should also meet the following definition of respiratory illness: two or more symptoms such as fever, malaise, cough, rhinorrhea, or sore throat.

This guidance applies to all health care personnel regardless of vaccination status and applies to all settings where health care is delivered, including nursing homes and home health.

Table 1: **Return to work criteria for HCP with confirmed or suspected respiratory viral infections**

Clinical and Laboratory Presentation	Guidelines
Confirmed or Suspected Respiratory Viral Infections	• Restrict from work until at least 3 days have passed since symptom onset (or since first positive test if asymptomatic) and at least 24 hours have passed with no fever (without the use of fever-reducing medicines), symptoms are improving, and HCP feel well enough to return to work. The first day for HCP to return to work is day 4*. • Wear a facemask for source control** in all patient care and common areas of the facility (e.g., HCP break rooms) for at least 7 days since symptom onset (or since first positive test if asymptomatic). The first day for HCP to work unmasked is day 8*.

* Day 0 is the first day that symptoms develop. If no symptoms are experienced, the first day of positive test should be used as day 0.
** Source control refers to the use of well-fitting face masks or respirators to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

HCP with Exposure to Respiratory Viral Infections

HCP with confirmed or suspected exposure to any respiratory viral infection generally do not need to be excluded from work if they remain asymptomatic. Exposed HCP should wear a facemask for source control in all patient care and common areas of the facility for at least 5 days after last exposure. Day 0 is the last day of exposure, making day 6 the first day for HCP to work unmasked. HCP should monitor themselves for symptoms during this period; if symptoms develop, they should be excluded from work according to the table above. Work exclusion for exposed HCP can be considered in certain circumstances. Follow your facility's policies regarding HCP exclusion.

Work Exclusion Guidance for Health Care Personnel (HCP) with Confirmed or Suspected Respiratory Viral Infections

Additional Considerations

- HCP with severe or critical respiratory viral infections and those who are moderately or severely immunocompromised might shed virus for prolonged periods. Consider consultation with occupational health to determine when these HCP may return to work and discontinue masking. Occupational health may consider consulting with an infectious diseases specialist or other expert or using a test-based strategy in making this determination.
- This guidance is intended for HCP with moderate to severe symptoms of respiratory viral infection and may not be necessary for HCP with mild symptoms or non-infectious conditions that cause similar symptoms (e.g., seasonal allergies, asthma, chronic obstructive pulmonary disease). Consult with occupational health in these situations.
- If work restriction is not possible due to staffing shortages or other issues, wear a facemask for source control in all patient care and common areas of the facility.
- HCP should be encouraged to stay up to date on influenza, respiratory syncytial virus (RSV), and COVID-19 immunizations and follow health care facility policies for source control.

Definitions

Health Care Personnel (HCP): HCP 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 not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.

Immunocompromised: Factors to consider in assessing the general level of immune competence in a patient include disease severity, duration, clinical stability, complications, comorbidities, and any potentially immune-suppressing treatment. For additional information about the degree of immune suppression associated with different medical conditions and treatments, providers can consult General Best Practices for Immunizations, the CDC Yellow Book, and the Infectious Diseases Society of America policy statement, 2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host. Ultimately, the degree of immunocompromise for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Work Exclusion Guidance for Health Care Personnel (HCP) with Confirmed or Suspected Respiratory Viral Infections

Resources

1. Massachusetts Department of Public Health. (2025, September 1). *Guidance for Health Care Personnel with a Respiratory Viral Pathogen Infection or Exposure.* Retrieved September 2, 2025 from Guidance for Health Care Personnel with a Respiratory Viral Pathogen Infection or Exposure | Mass.gov
2. Connecticut Department of Public Health. (2025, August 15). *Interim Local Guidance for Management of Healthcare Personnel with Acute Respiratory Viral Infections*. Retrieved September 2, 2025 from interim-local-rvi-hcp-rtw-guidance-aug-15-2025.pdf
3. California Department of Public Health. (2025, January 10). *Interim Work Exclusion Guidance for Healthcare Personnel with COVID-19, Influenza, and Other Acute Respiratory Viral Infections*. Retrieved July 23, 2025, from https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Respiratory-Viruses/Interim-guidance-for-healthcare-personnel-with-acute-viral-respiratory-infections.aspx
4. CDC. (2024, March 18). *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2*. Retrieved July 23, 2025, from https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.html
5. CDC. (2025, April 28). *Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings.* Retrieved July 23, 2025, from https://www.cdc.gov/flu/hcp/infection-control/healthcare-settings.html
6. CDC. (2024, November 26). *HICPAC Guideline Updates*. Retrieved July 25, 2025 from https://archive.cdc.gov/#/details?url=https://www.cdc.gov/hicpac/php/about/updates.html
7. CDC. (2024, November 14). *HICPAC Meeting – November 14, 2024*. Retrieved July 25, 2025, from https://www.youtube.com/live/36sqBndluEw
8. CDC. (2024, November 26). *HICPAC Meeting – November 15, 2024*. Retrieved July 25, 2025, from https://www.youtube.com/live/rnf2gWXMtNI