

## CDC Updated COVID-19 Isolation and Quarantine Guidelines for Healthcare Personnel

In late December 2021, the Texas Dental Association (TDA) published the CDC's changes to COVID-19 isolation and quarantine recommendations for the public. Given certain healthcare communities' concerns with the changes, and the CDC's evolving recommendations, TDA has monitored to see whether the updated recommendations would stay in effect.

Below is the current updated CDC guidance about when healthcare personnel can return to work following COVID-19 or an exposure to COVID-19. Please note that the CDC may update its COVID-19 isolation and quarantine guidelines as new information becomes available.

*The CDC defines healthcare personnel to include all dental healthcare personnel (DHCP). DHCP includes both clinical staff and those not directly involved in patient care such as administrative staff, clerical personnel, and housekeeping staff.*

### Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

#### Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test <sup>†</sup> , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

#### Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 <sup>‡</sup> and 5-7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 <sup>‡</sup> , 2, 3, & 5-7	No work restrictions (test if possible)

<sup>†</sup>Negative test result within 48 hours before returning to work  
<sup>‡</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



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cdc.gov/coronavirus

**[This document is presented to clarify the most pertinent information for dental professionals. For the complete, updated CDC information, please visit: Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2: December 23, 2021.](#)**

### COVID-19 Isolation Guidance (After Infection)

Following COVID-19, all asymptomatic DHCP can return to work in 7 days with a negative test taken within 48 hours before returning to work, or, 10 days without a negative test. DHCP isolation can be reduced further in the case of staffing shortages. Infected DHCP should consider day of symptom onset (or first positive test if asymptomatic) as day 0.

## **COVID-19 Quarantine Guidance (After Exposure to an Infected Person)**

The CDC breaks down exposures into 2 categories: "higher-risk" and "lower-risk." The higher risk category is HCP, including DHCP, who had a prolonged close contact with a patient, visitor or another HCP with COVID-19. The "lower-risk" category is DHCP with other exposure risk. The CDC lists work restrictions based on the risk category, the PPE used, and vaccination level of the HCP involved. For the full table, please see ["Recommended Work Restrictions for HCP Based on Vaccination Status and Type of Exposure."](#)

Following exposure to COVID-19, boosted asymptomatic DHCP can return to work without quarantining at home. To help DHCP determine whether they have been exposed to COVID-19, the CDC defines "close contact" as being within 6 feet of a person with confirmed COVID-19 or having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19 infection. As it pertains to treating dental patients that are later determined to be COVID-19 positive, the CDC defines higher-risk exposure as "exposure of DHCP's eyes, nose, or mouth to material potentially containing COVID-19, particularly if DHCP are present in the room for an aerosol-generating procedure." DHCP exposed to COVID-19 consider the exposure day as day 0.

### **Updated Guidance Considerations**

DHCP are considered "boosted" if they received all COVID-19 vaccine doses, including a booster dose. DHCP are considered "vaccinated" or "unvaccinated" if they have NOT received all vaccine doses, including the booster dose.

Whether having COVID-19 or being exposed to COVID-19, DHCP should self-monitor after returning to work. Re-evaluate the DHCP's workflow if symptoms reoccur or worsen.

### **Personal Protective Equipment**

The use of snug, well-fitting respirators/facemasks, and other personal protective equipment (PPE) remains important for DHCP. This is especially true during aerosol-generating procedures. In a dental setting, aerosol-generating procedures include: [ultrasonic scalers, high-speed dental handpieces, air/water syringes, air polishing, and air abrasion.](#)

DHCP should wear all recommended PPE (eg, respirator, gown, gloves, eye protection) when performing aerosol-generating procedures. The CDC defines a respirator as "a personal protective device worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling airborne particles. Respirators are certified by CDC/National Institute for Occupational Safety and Health, including those intended for use in healthcare."

The Occupational Safety and Health Administration (OSHA) defines facemasks as "a surgical, medical procedure, dental, or isolation mask that is US Food and Drug Administration-cleared (FDA), authorized by an FDA Emergency Use Authorization, or offered or distributed as described in an FDA enforcement policy." Do not forget that DHCP includes both your clinical and non-clinical personnel (eg, front desk

staff). Remember that cloth masks are not considered PPE by the CDC and are not appropriate for DHCP use.

TDA will continue publishing new COVID-19 guidance and recommendations as they become available. We understand that its challenging to both live and practice during a pandemic. TDA is here to support you, keeping you informed about COVID-19 regulatory and legislative changes affecting your dental practice. We want to help ensure that you can focus on what matters most: your family, your patients, and your profession.