Frequently Asked Questions (FAQs) for Healthcare Providers: COVID-19 Isolation & Quarantine

Isolation & Quarantine Directives and Guidelines

Updated March 30, 2021

The following FAQ was developed by the San Francisco Department of Public Health for use by local facilities and will be posted at www.sfcdcp.org/covid19provider. Information may change.

AUDIENCE: Healthcare providers, such as those providing healthcare services at outpatient offices and clinics, who may evaluate and manage patients with suspected or confirmed COVID-19 who are required to isolate or quarantine.

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<th>Summary of Revisions since the 8/22/2020 Version</th>
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<td>FAQs has been updated to reflect updated isolation and quarantine directives and guidelines</td>
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<tr>
<td>• Added link to updated guidance on quarantine duration</td>
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<td>• Updated definition of “close contact”</td>
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<td>• Added guidance regarding fully vaccinated persons</td>
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BACKGROUND: The spread of COVID-19 continues to pose a substantial threat to the health of the San Francisco public. Persons with confirmed or suspect COVID-19 who fail to self-isolate pose a threat to public health, as do at-risk persons exposed to the virus who fail to self-quarantine.

This FAQ is drafted in response to healthcare provider responsibilities regarding Isolation and Quarantine Directives.

General Questions

What are the Isolation and Quarantine Directives?

The Directives underline the personal responsibility of those subject to self-isolation and self-quarantine to act in accordance with public health directives at this critical time. Blanket Directives apply to all persons who meet the definitions for isolation and quarantine and replace the need to develop individual Health Officer Directives for each person.

Where can I download the Blanket Directives and Home Isolation & Quarantine Guidelines?

The Home Isolation & Quarantine Guidelines are designed to be handed out to patients. They are available in multiple languages and can be downloaded from www.sfcdcp.org/i&qHCP (page for providers) or www.sfcdcp.org/i&q (page for public).
The Blanket Directives for Isolation & Quarantine provide the legal basis for COVID-19 Isolation and Quarantine and are signed by the SF Health Officer. See http://www.sfdph.org/directives (section on Health Care).

**How are isolation and quarantine defined?**

Isolation is used to separate people who have or are thought to have COVID-19 from those who don’t. Quarantine is used to keep asymptomatic persons who might have been exposed to COVID-19 away from others during the infectious period, while they watch for development of symptoms. Guidance on quarantine duration is available at www.sfcdcp.org/quarantineduration.

**How should fully vaccinated persons approach isolation, quarantine, and testing?**

San Francisco is aligning with CDC guidance for fully vaccinated individuals. CDC guidance is available at www.sfcdcp.org/quarantineaftervaccination or here: www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

San Francisco is also aligning with CDC guidance for fully vaccinated, asymptomatic, healthcare personnel, patients and residents. CDC guidance is available at: www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#WorkRestriction

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**Questions on Provider Responsibilities**

**Are COVID-19 diagnostic testing sites considered healthcare providers for the purpose of the Isolation & Quarantine Directives?**

Yes. Diagnostic testing sites should follow the instructions as healthcare providers to provide the Isolation & Quarantine Guidelines to persons undergoing COVID-19 testing.

The Guidelines explain what steps are to be followed, for persons undergoing testing including those who are symptomatic or asymptomatic, and those who are close contacts to cases of COVID-19.

**What are my responsibilities as a healthcare provider re: Isolation and Quarantine Directives?**

Your responsibilities are:

- To note when your patients are subject to the Isolation or Quarantine Directives;
- To provide them with the Home Isolation & Quarantine Guidelines in the appropriate language, as available; and
- To assess their willingness and ability to self-isolate or self-quarantine, and if unwilling or unable, to contact the appropriate arm of SFDPH for assistance.
Frequently Asked Questions

How do I assess the person’s ability to self-isolate or self-quarantine at home?

Ask if the person can arrange for the use of private sleeping quarters, bathroom, and kitchen. If they cannot have their own sleeping quarters, or if they cannot adequately physically distance within those sleeping quarters, or if they must share a bathroom or a kitchen facility that they cannot adequately disinfect, then they are unable to self-isolate or self-quarantine at home.

Persons staying at shelters can never adequately self-isolate or self-quarantine. This is often true as well for people living on the street, in SRO hotels, in residential treatment programs, or in other congregate living situations.

How do I assess the person’s ability to travel safely to the place of Isolation or Quarantine?

Ask if the person can safely walk or travel in their own private vehicle to their place of isolation or quarantine. Make sure they are wearing a facemask or cloth face-covering. The person should not take public transit, taxi, or ride-sharing to their place of isolation.

If the person cannot travel safely to their place of Isolation or Quarantine:

- Call 415-487-5046 (7am-8pm daily) to arrange non-emergency transportation. After-hours: leave a message to receive a callback the next day.
- Providers are requested to hold the patient at their facility, if possible, until appropriate isolation or quarantine housing can be arranged.

What if the person is in Isolation or Quarantine but needs support to obtain food, medicine pickup, pet care or food, COVID testing, or cleaning supplies?

- For patients who have left quarantine against medical advice, call the SFPDH Containment Call Center at 628-652-6018 or email covid19AMArecovery@sfdph.org.
- For food delivery, fill out a referral at www.tfaforms.com/4857945. To follow up on an existing referral, please contact Meals on Wheels at (628) 652-6018 or IQFoodProgram@mowsf.org
- For medication delivery for persons ≥ 60 years or with disabilities, go to www.shanti.org/volunteer/sf-covid-19-emergency-response-volunteer-program or call 415-355-6700.
- For pet food, call 415-355-6700. If requiring pet food ONLY, then directly call 415-674-4700 for Pets are Wonderful Support (PAWS)
- For pet care, call 415-554-9400 for Animal Care & Control, which can impound pets and bring pets to animal shelter ONLY for hospitalized person.
- For COVID testing, go to www.sfcdcp.org/covidtest.
- For cleaning supplies, email cleaningserviceseoc@sfgov.org. Put “priority 1 supply request” in subject line and your contact information in the body of the email. Someone will respond.
- For all other inquiries, call 311.
What if the person cannot isolate or quarantine at their residence?

The Isolation and Quarantine Program operates hotels and a congregate site that provide a free location for San Francisco residents who qualify to complete their isolation or quarantine. Three meals a day are provided and 24-7 medical support is available at all sites. You can complete a web-based referral form for people who need placement in an isolation & quarantine site at https://covid19isorequest.getcare.com/referral.

After filling out the referral they will be processed in the order that they are received. They will automatically be screened for eligibility and processed by the referral coordinator. You do not need to call to follow up. Bed availability depends on supply and the safety of the person referred to stay independently at the site. If you have any questions about eligibility or the referral process you can place a referral and also call the COVID-19 Containment Line at 628-652-2820 (7am-8pm daily). After-hours: leave a message to receive a callback the next day.

Who is eligible for referral for city-provided Isolation and Quarantine Housing?

Please remember that city-provided I&Q housing is a scarce community resource and should only be used for patients who truly require COVID-19 isolation or quarantine. Patients should not be referred if their only need is shelter.

Families, including pediatric patients, are eligible, and ADA rooms are available.

I&Q Housing patients may be:

- COVID positive by diagnostic laboratory test
- PUI (person under investigation) with symptoms concerning for COVID who either need to be tested or is awaiting test results
- Asymptomatic Close Contact (ACC) to a positive case who needs to quarantine due to contact to the confirmed case. A close contact is any individual within 6 feet for at least 15 minutes or more over the course of a day of laboratory-confirmed or probable COVID-19 patients
- Someone who is confirmed negative for COVID but needs a place to quarantine away from others they live with who are positive for COVID

Patients appropriate for I&Q Housing referral are:

- Medically stable
- Able to manage their own medications and ADLs
- Cannot isolate where they currently live (shared room, shared bathroom, homeless, etc.)
- Willing to come to an isolation hotel room and able to understand the need to stay inside the room
- Not on a psychiatric hold or expressing active SI/HI. Verbally redirectable
What will happen after I submit a referral to city-provided Isolation and Quarantine Housing?

During business hours, a referral RN will be in contact with you and/or the person you are referring within 2 hours at the most (usually you will get a response within 30 minutes.)

How do I find out about a patient who is or was at city-provided Isolation and Quarantine Housing?

To find out if a patient is currently admitted to I&Q site, Call the I&Q referral line at (628) 652-2820 or if you have access to their SFDPH EPIC chart, you can check for a documentation encounter.

What services are provided at city-provided Isolation and Quarantine Housing?

I&Q sites are staffed with nurses, a wellness team including behavioral health clinicians, on call medical providers, site support staff, and security. Meals are provided. Guests have access to phones and television. Guests can receive outside deliveries while staying there. Telephone translation services are used if language-concordant staff are not available.

For patients who use drugs and alcohol, Addiction Medicine consultation and access to harm reduction services and supplies are available.

Do I need to follow up on my patient at city-provided Isolation and Quarantine Housing?

Staff will take care of the medical needs for admitted patients, including daily symptom monitoring, testing and retesting, and disclosure of test results. You are welcome to follow up by phone with your patients to provide additional support. Please do not tell your patient admitted to I&Q that they are cleared for discharge as this may cause confusion.

Questions on Isolation Directive

Who is subject to the Isolation Directive?

The Isolation Directive applies to:

- Persons with signs and symptoms consistent with COVID-19, while test results are pending
- Persons with a lab-confirmed COVID-19 diagnosis (test-positive)
- Persons with a clinical COVID-19 diagnosis (e.g. testing not performed or suspicion for COVID-19 is high and outweighs negative test results)
- Persons who are close contacts of a COVID-19 case, who develop COVID-19 symptoms during the quarantine period (if those symptoms are not explained by a pre-existing condition).
If a patient was symptomatic and is in isolation while awaiting the results of testing, and then tests negative for COVID-19, should they be released from isolation at that point?

Because of the possibility of false-negative COVID-19 diagnostic test results, there are multiple possible scenarios.

1) If you suspect COVID-19 clinically, the patient should complete isolation.

2) If the consequences of missing the COVID-19 diagnosis are high because the patient has close contact with a vulnerable person, as defined in the Isolation & Quarantine Guidelines (or see www.sfcdcp.org/vulnerable) you may recommend that they complete isolation.

3) Otherwise, the person may end isolation when they have been afebrile without taking fever-lowering medication for at least 24 hours and their other symptoms are improved.

What is the period of Isolation required by the Directive?

Isolation should begin immediately once the person is understood to be subject to the Isolation Directive. For nearly all individuals (see exceptions in the next section) it should continue until the person meets all criteria for ending isolation, currently defined as:

- At least 24 hours since resolution of fever without the use of antipyretics; AND
- Improvement in symptoms; AND
- At least 10 days have passed since symptoms first appeared.

If the person tested positive for COVID-19 but never showed symptoms, they should remain in isolation for at least 10 days following the date of the positive test.

Notes: Some healthcare personnel and first responders may encounter different rules and procedures defined by their employers for ending isolation so that they may return to work. They should consult with their employers about those policies and procedures.

If one of the symptoms was loss of taste or smell, the person does not need to wait for that to improve. People who have lost their taste or smell as a result of COVID-19 may not have improvement in these symptoms for several weeks. As long as other symptoms have improved, including 24 hours without fever (without the use of fever-reducing medication), and at least 10 days have passed, the person can stop isolation. If loss of taste or smell was your only symptom, then you can return to work 10 days after you first noticed the loss.

What about extending Isolation for those with severe illness or severe immunocompromise?

SF Department of Public Health has issued interim guidance at www.sfcdcp.org/i&qHCP. Please review the guidance: “CCSF Isolation and Quarantine Hotels (I&Q Hotels): Interpreting CDC Guidance on Extending Duration of Isolation for COVID19 Patients With Severe to Critical Illness or Severe Immunocompromise.”
Are additional measures recommended for patients after the period of isolation is over?

They should continue to follow all other recommendations given to the general public such as frequent hand washing, as well as all Health Orders, such as those requiring wearing face coverings in public (see www.sfdph.org/dph/alerts/coronavirus-healthorders.asp). Persons who are still coughing at the end of their isolation are recommended to continue to wear a face mask when around other people, even those within their household or pod.

Where should the person self-Isolate?

The person should self-isolate at home, if possible, away from other people in the household who are not ill. If they cannot self-isolate at home, they may self-isolate at another residence such as a hotel or motel. Some people may be unable to self-isolate at home or at another residence. See above for information on how to obtain assistance.

What responsibilities does the person have during the period of Home Isolation?

The person’s responsibilities are detailed in the Home Isolation and Quarantine Guidelines. Key responsibilities include:

- Read and follow all the Guidelines at www.sfcdcp.org/i&q.
- Remain in isolation until recovered
- Read the definition of Close Contacts in the Guidelines, determine who are the known Close Contacts that they can identify, inform those persons that they are subject to Home Quarantine, and share the Home Isolation & Quarantine Guidelines with them.

What is the definition of a Close Contact?

Close contacts are defined in both the Directives and the Home Isolation & Quarantine Guidelines. Please also review www.sfcdcp.org/i&qHCP for the most updated definition.

- A “close contact” is someone who had any of the following types of contact with a person with COVID-19 (regardless of whether either party was masked) while they were “contagious”:
  - was within 6 feet of the person with COVID-19 for a total of 15 minutes or more during a 24 hour period;
  - lived or stayed overnight with a person with COVID-19;
  - was the intimate sex partner of a person with COVID-19, including only kissing;
  - took care of or got taken care of by someone while that person had COVID-19;
  - had direct contact with the body fluids or secretions of a person with COVID-19 (e.g. got coughed or sneezed on or shared eating or drinking utensils).
• “Contagious” period: People with COVID-19 are considered contagious starting 48 hours before their symptoms began until at least 10 days have passed since their symptoms began, they haven’t had a fever for at least 24 hours, AND their symptoms have improved. If the person with COVID-19 never had symptoms, they are considered contagious starting 48 hours before their positive COVID-19 test was collected until 10 days after their test was collected.

What if the person is uncomfortable disclosing their identity as a COVID-19 patient to a known Close Contact, for example in the workplace or at a residence facility?

Those who wish to inform certain Close Contacts while remaining anonymous should call 415-554-2830 to request notification assistance from SFDPH Case Investigation Team.

Questions on Quarantine Directive

Who is subject to the Quarantine Directive?

Close Contacts to a person with COVID-19 are subject to the Quarantine Directive.

In the Directive, Close Contacts are defined as:

• Persons identified by a healthcare provider or public health official as being a Close Contact

• A “close contact” is someone who had any of the following types of contact with a person with COVID-19 (regardless of whether either party was masked) while they were “contagious”:
  o was within 6 feet of the person with COVID-19 for a total of 15 minutes or more during a 24-hour period;
  o lived or stayed overnight with a person with COVID-19;
  o was the intimate sex partner of a person with COVID-19, including only kissing;
  o took care of or got taken care of by someone while that person had COVID-19;
  o had direct contact with the body fluids or secretions of a person with COVID-19 (e.g. got coughed or sneezed on or shared eating or drinking utensils).

Who is exempt from the Quarantine Directive?

Essential COVID-19 Response Workers are legally exempt from the Quarantine Directive. However, they should still be encouraged to self-quarantine at home if possible (for example when not at work).

Also, Essential COVID-19 Response Workers are still subject to policies and procedures as defined by their employers and should be instructed to consult with their employers about those policies and procedures if they are a Close Contact of a person with COVID-19.
The full list of Essential COVID-19 Response Workers is in the Blanket Quarantine Directive and is summarized in a footnote in the Home Isolation & Quarantine Guidelines.

**Do vaccinated persons have to quarantine after an exposure to COVID-19?**


In general, fully vaccinated persons **with no symptoms** do not have to quarantine after an exposure to COVID-19. However, there are some exceptions. Fully vaccinated residents of non-healthcare congregate settings (e.g., correctional and detention facilities, group homes) should continue to quarantine for 14 days and be tested for SARS-CoV-2 following an exposure to someone with suspected or confirmed COVID-19. This is because residential congregate settings may face high turnover of residents, a higher risk of transmission, and challenges in maintaining recommended physical distancing.

**What is the period of Quarantine required by the Directive?**

The Quarantine should begin once the person is understood to be a Close Contact subject to the Quarantine Directive.

Guidance on quarantine duration is available at [www.sfcdcp.org/quarantineduration](http://www.sfcdcp.org/quarantineduration).

**Where should the person self-Quarantine?**

The person should self-Quarantine at home, if possible, away from other people in the household who are not ill. If they cannot self-Quarantine at home, they may self-Quarantine at another residence such as a hotel or motel.

Some people may be unable to self-isolate at home or at another residence. See above for information on how to obtain assistance.

**What responsibilities does the person have during the period of Quarantine?**

The person’s responsibilities are detailed in the Home Isolation and Quarantine Guidelines. Key responsibilities include:

- Read and follow all the Guidelines at [www.sfcdcp.org/i&q](http://www.sfcdcp.org/i&q).
- Guidance on quarantine duration is available at [www.sfcdcp.org/quarantineduration](http://www.sfcdcp.org/quarantineduration).
- If fever or COVID-19 symptoms develop, begin to follow the Home Isolation Guidelines, because those symptoms are likely due to COVID-19 infection. Seek COVID-19 testing, as well as medical advice or care if symptoms worsen, especially in a person at higher risk for severe COVID-19.
Additional Questions

My patient had a serologic (blood or finger stick) test done and were told they have antibodies to COVID-19. Do they still need to self-isolate or self-quarantine if they develop symptoms that could be COVID-19 or have close contact with a patient with COVID-19?

Yes. At this point in time, because we do not know if people can still be infectious after developing antibodies, the patient must follow all isolation and quarantine guidelines.

What if my patient who needs to quarantine for close contact has chronic symptoms such as a cough that pre-date their quarantine?

The patient should quarantine for the required duration. If the symptoms have worsened or new symptoms consistent with COVID-19 appear, they should consider themselves to have COVID-19 and follow the guidelines for isolation.

Should the Close Contacts of people in quarantine also quarantine themselves?

No, that is not required, unless the person in quarantine develops symptoms, or tests positive for COVID-19. If a person in quarantine develops symptoms, then they may have COVID-19 and should switch to following the Home Isolation Guidelines and notify their Close Contacts to quarantine.