



COVID-19 Isolation & Quarantine Isolation & Quarantine Directives and Guidelines Frequently Asked Questions for Healthcare Providers

Updated August 22, 2020

Summary of Revisions since the May 14, 2020 Version

The Isolation & Quarantine Guidelines and Directives have been updated

- Clarified that minors are not exempt from Isolation & Quarantine
- Harmonized with updated CDC guidance for ending isolation

Also,

- Added detail on housing assistance for persons who cannot isolate or quarantine at home

General Questions

Why were the Isolation & Quarantine Directives developed?

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 persons exposed to the virus who fail to self-quarantine. 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.sfdcp.org/i&qHCP (page for providers) or www.sfdcp.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 <https://www.sfdph.org/dph/alerts/coronavirus-health-directives.asp> (section on Healthcare).

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 14-day incubation period, while they watch for development of symptoms.

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 SFPDH for assistance.

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 the COVID-19 Containment Line at **415-487-5046** (7am-8pm daily). 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 415-608-1515.
- For food delivery, call 628-652-6018.
- For medication delivery for persons ≥ 60 years or with disabilities, call 415-655-6700.
- For pet food, call 415-355-6700
- For pet care, call 415-554-9400
- For COVID testing, call 415-554-2830
- 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.

Questions on Housing Assistance for Isolation & Quarantine

What if the person cannot isolate or quarantine at their residence?

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. You can also complete a web-based referral form for people who need placement in an isolation & quarantine hotel: <https://covid19isorequest.getcare.com/referral>.

Providers are requested to hold the patient at their facility, if possible, until appropriate isolation or quarantine housing can be arranged.

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 for 14 days since last contact to the confirmed case. A close contact is any individual within 6 feet for at least 15 minutes of laboratory-confirmed or probable COVID-19 patients
- Someone who is confirmed negative for COVID but needs a place to isolate 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, 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 14-day incubation period (if those symptoms are not explained by a pre-existing condition).
- the 14-day incubation 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 <http://www.sfcddcp.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.

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

A discussion of data to support clinicians in deciding about the duration of isolation can be found on the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>) in a document named "[Duration of Isolation and Precautions for Adults with COVID-19.](#)" While this topic is not covered in the Isolation & Quarantine Directive, SF Department of Public Health has adopted the following interpretation based on CDC links above and [CDPH guidance on duration of isolation](#):

The symptoms-based strategy will prevent most, but not all, instances of secondary transmission. Increasing evidence suggests people with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. However, **a very limited number of persons with severe illness or severe immunocompromise** may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consulting with local infectious disease experts when making decisions about discontinuing isolation of persons who are likely to remain infectious longer than 10 days.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%. (*Patients should meet one of these criteria for at least 12 hours when deciding whether severe illness is present.*)

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severe immunocompromise: Individuals with any of the following (adapted from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions>)

- Receiving current chemotherapy for malignancy
- Receiving any current treatment for hematologic malignancy
- Untreated HIV infection with CD4 T lymphocyte count < 200
- Primary immunodeficiency disorder
- Receipt of prednisone (or other steroid at an equivalent dose) > 20mg/day for more than 14 days
- Status post solid organ transplant
- Current receipt of a biologic immunomodulatory agent



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 <https://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.

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
- 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.

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
- Persons who knowingly had any of the following types of contact with a person with COVID-19, starting 48 hours before symptoms began (or the date of the positive test if no symptoms):
 - Household contact (lived in or stayed at the same residence)
 - Sexual contact (was an intimate sexual partner)
 - Stayed within 6 feet of a person with COVID-19 for 15 minutes or more
 - Had direct contact for any amount of time with the body fluids and/or secretions of the person with COVID-19. Examples are being coughed or sneezed on, sharing eating utensils with, or providing care to or being cared for by a person with COVID-19 without wearing a mask, gown, and gloves.

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.

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.

It should continue until 14 days have passed from the last date that the person in Quarantine was in Close Contact with the person with COVID-19.

In a situation where there is ongoing Close Contact with the person with COVID-19, the Quarantine should continue until 14 days have passed from the date that the person with COVID-19 reaches the end of their isolation, which is likely to be at least 24 days of Quarantine in total.



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
- Remain in Quarantine for at least 14 days after the last Close Contact with the Person with COVID-19
- Monitor daily for fever and symptoms of COVID-19.
- 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?

Unless the symptoms have worsened or new symptoms consistent with COVID-19 appear, the patient should quarantine for 14 days. If symptoms worsen or new symptoms develop, 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. If a person in quarantine develops symptoms, then they may have COVID-19 and should go follow the Home Isolation Guidelines and notify their Close Contacts to quarantine.