San Francisco Public Health Emergency Isolation & Quarantine Directives
Frequently Asked Questions for Healthcare Providers
May 14, 2020

The San Francisco Public Health Emergency Isolation & Quarantine Directives and Guidelines can be found at www.sfcdcp.org/covid19 under “Isolation & Quarantine Directives.”

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. During this emergency, 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 or print the Blanket Directives and Home Isolation & Quarantine Guidelines?

There are 4 documents –

1. Isolation and Quarantine Steps Before and After Test Results
2. Home Isolation & Quarantine Guidelines
3. Blanket Isolation Directive
4. Blanket Quarantine Directive

We recommend that you download or print the packet of all 4 documents together, available at:

- https://www.sfcdcp.org/Isolation-Quarantine-Packet

The documents can also be downloaded or printed separately or as a packet from our COVID-19 sites:

For providers: http://www.sfcdcp.org/covid19hcp under Isolation & Quarantine Directives

For the public: http://www.sfcdcp.org/covid19 under Isolation & Quarantine Directives
Are there versions in other languages?

Translated versions of guidelines will be posted as soon as they are available.

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 give the Isolation & Quarantine Packet to persons with COVID-19 symptoms who are being tested.

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 and the Isolation and Quarantine Directives 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.

Are the Directives retroactive? What should I do about patients whose period of isolation or quarantine began before the Directives were issued?

Technically the Directives do apply to persons whose period of isolation or quarantine began before the Directives were issued. However, healthcare providers are not required to notify those patients or to provide them with the Directives or the Guidelines.
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.

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

Call the COVID-19 Containment Line at 628-652-2810 (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 at: 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.

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.

What if the person cannot travel safely to their place of isolation or quarantine?

Call the COVID-19 Containment Line at 628-652-2810 (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, cleaning supplies, counseling, or social support?

Call the COVID-19 Containment Line at 628-652-2810 (7am-8pm daily). After-hours: leave a message to receive a callback the next day.

For food assistance, you may also make a request via email to iqfeedingunit@sfgov.org.
What if the person who is required to isolate or quarantine refuses or leaves against medical advice?

Call the COVID-19 Containment Line at 628-652-2810 (7am-8pm daily) or email covid19AMArecovery@sfdph.org.

**Questions on ISOLATION DIRECTIVES**

**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).

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 the sensitivity of COVID-19 diagnostic tests is sub-optimal, and dependent upon collection technique and viral shedding, there are multiple possible scenarios.

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

2) If the patient has close contact with a vulnerable person, you may recommend that they complete isolation. A vulnerable person is defined as:

- **Age 60 years or older**
- **Staying in a nursing home or long-term care facility**
- **Has asthma** (moderate-to-severe)
- **Has chronic lung disease**
- **Has serious heart conditions** (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension)
- **Has diabetes** (type 1, type 2, or gestational)
- **Has high blood pressure**
- **Has chronic kidney disease being treated with dialysis**
- **Has severe obesity** (body mass index of 40 or greater)
- **Has chronic liver disease**
- **Immunocompromised**
3) Otherwise, the patient should remain in isolation until their fever has been gone without taking fever-lowering medication and their other symptoms have been improving, both for 72 hours.

Who is exempt from the Isolation Directive?

Minor children and individuals with special needs who require special care are exempt from the Isolation Directive. However, they should still be encouraged to self-isolate at home to the extent possible.

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. It should continue until the person meets all criteria for ending isolation, defined as:

- At least 72 hours have passed since resolution of fever without the use of antipyretics; AND
- Improvement in respiratory 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.

Note: 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.

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 Directives, such as those requiring wearing face coverings in public. See https://www.sfdph.org/dph/alerts/coronavirus-healthDirectives.asp.

Persons who are still coughing at the end of their home 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?**

See the section on Quarantine, below.

**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 DIRECTIVES

**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 10 minutes or more while the person with COVID-19 was not wearing a facemask

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 exempted from the Quarantine Directive?

Minor children, individuals with special needs who require special care, and 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.

In the Quarantine Directive, **Essential COVID-19 Response Workers means:**

- Healthcare workers, including but not limited to physicians, registered nurses, respiratory therapists, and all other ancillary clinical support staff;
- Laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients;
- Morgue workers;
- First responders, including police, sheriff, firefighters, medical examiners, paramedics and Emergency Medical Technicians;
- Law enforcement, including custodial officers in jails and prisons;
- Emergency management personnel, including emergency dispatchers;
- Sanitation workers
- 911 and 311 Operations
- Individuals who work in long-term care facilities;
- Individuals who work in homeless shelters; and
- Individuals assigned to work as Disaster Service Workers under California Government Code section 3100 et seq., including volunteers certified by the CCSF Emergency Volunteer Center.
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 has been 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 comes to 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-Quarantine at home or at another residence, in which case you may call the COVID-19 Containment Line at 628-652-2810 (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 at: https://covid19isorequest.getcare.com/referral.

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
- 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 medical care if symptoms worsen, especially in a person at higher risk for severe COVID-19.
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.

Are the recommendations for ending isolation different for immunocompromised patients?

CDC has not recommended a different isolation period for immunocompromised patients but has acknowledged that there is limited information on duration of viral shedding for immunocompromised patients with COVID-19. Consider COVID-19 testing before releasing an immunocompromised patient from isolation. See [https://www.cdc.gov/coronavirus/2019-ncov/hcp/ending-isolation.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ending-isolation.html)

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.