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# California Department of Public Health

GAVIN NEWSOM
*Governor*

November 9, 2022

**TO:** Local Health Jurisdictions

**SUBJECT:** Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public

This guidance does NOT apply to healthcare personnel in settings covered by AFL 21-08.9. It also does not apply to Emergency Medical Services personnel, who are permitted to follow the Guidance on Quarantine for Health Care Personnel in AFL 21-08.9. CDPH guidance for quarantine of Skilled Nursing Facility residents is specified in **AFL 22-13**.

**Related Materials:** Isolation and Quarantine Q&A | What to do if You Test Positive for COVID-19 | What to Do If You Are Exposed to COVID-19 | Self-Isolation Instructions for Individuals with COVID-19 (PDF) | Self-Quarantine Instructions for Individuals Exposed to COVID-19 (PDF) | Cal/OSHA FAQs | More Home & Community Guidance | All Guidance | More Languages

*Local health jurisdictions may continue to implement additional requirements that are stricter than this statewide guidance based on local circumstances, including in certain higher-risk settings or during certain situations that may require additional isolation and quarantine requirements (for example, during active outbreaks in high-risk settings).*

**Updates as of November 9, 2022:**

- Updated definition of close contact.
- Updated time during which infected persons should not test, shortening the time from 90 days to 30 days, based on recent CDC recommendations.
- Removed Table 3 recommendations for work exclusion and quarantine for correctional facilities and homeless, emergency and cooling/warming shelters, consistent with recent CDC recommendations.
- Clarified that healthcare personnel working in settings not covered by AFL 21-08.9 may follow the guidance outlined in AFL 21-08.9, and that skilled nursing facilities should follow the guidance for management of exposed residents in AFL 22-13.1.

California has used science to guide our health protection strategies throughout the pandemic. Data show that because of these strategies, we have saved lives. This is due in large part to the collective efforts of Californians to get vaccinated and boosted. COVID-19 vaccination and boosters remain the most important strategy to prevent serious illness and death from COVID-19.

Earlier in 2022, California announced the release of the state's SMARTER Plan, the next phase of California's COVID-19 response. While state and local leaders must continue to prepare for the future, California's path forward will be predicated on empowering individual, smarter actions, that will collectively yield positive outcomes for our neighborhoods, communities, and state. To protect all Californians, public health officials across the state have undertaken a multi-pronged approach that includes encouraging vaccination and boosters, offering and promoting testing and treatment, promoting public health practices like mask wearing, conducting case investigation and contact tracing in prioritized settings, and supporting recommended isolation of those infected and appropriate testing and masking of those exposed to COVID-19.

As the SARS-CoV-2 virus has evolved to have a shorter incubation period (e.g., average 2–3 days), usually by the time identified exposed contacts are notified, their incubation period is over and the most relevant time period for restricting movement by quarantine has passed. In addition, we entered a phase in the pandemic where many in our communities have been vaccinated against and/or previously infected with SARS-CoV-2, the virus causing COVID-19; transmission is at low levels; and effective vaccines and treatment options are available to reduce the severity of disease and resulting hospitalizations, deaths, and stress on our infrastructure and healthcare systems. Additionally, the financial, social, and societal burden of having those exposed stay home is high, particularly for certain populations, including children and economically vulnerable communities.

This guidance provides a framework for the general public and local health jurisdictions (LHJs), in alignment with recent CDC recommendations, related to both isolation and quarantine.

We continue to move away from more restrictive quarantine measures, while keeping in mind that the emergence of a more virulent variant or future surges of a new variant may prompt the need to reinstate these public health disease control and prevention measures.

On February 28, 2022, CDPH released a statement supporting LHJs in shifting case investigation, contact tracing, and outbreak investigation priorities to focus on high-risk individuals or settings. CDC also issued guidance stating universal case investigation and contact tracing (CICT) were no longer recommended; instead, health departments should focus on CICT in specific settings and for groups at increased risk and promote proven prevention strategies to reduce COVID-19 community transmission.

On April 6, 2022, CDPH updated the definition of close contact to acknowledge that COVID-19 is an airborne disease.

On August 11, 2022, CDC updated its testing guidance, shortening the time when individuals who have been previously infected are not recommended to test from 90 days to 30 days. This update reflects the current science and the increased transmissibility of the recent Omicron variant.

On September 23, 2022, CDC updated its Infection Control Guidance for Healthcare Personnel regarding testing and management of exposed workers in healthcare settings.

As such, CDPH is updating recommendations for asymptomatic exposed individuals in high-risk settings, removing Table 3 from the previous guidance, and shortening the time frame within which those previously infected are not recommended to test. CDPH is also further clarifying the definition of close contact to assist entities in prioritizing responses to potential exposures and acknowledging the role of direct (short range) and indirect (long-range)

aerosol exposures given different volumes of air in indoor spaces. Correctional facilities and homeless, emergency and cooling/warming shelters should now follow the recommendations in Table 2 for asymptomatic persons who are exposed to someone with COVID-19 (No Quarantine).

All other recommendations related to isolation of individuals who have tested positive remain unchanged, along with the recommendation for individuals with COVID-19 symptoms to stay home until tested and receiving a negative result.

## Workplace Settings

In the workplace, employers are subject to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard (PDF).

These Standards should be consulted for additional applicable requirements. Additional information about how CDPH isolation and quarantine guidance affects ETS-covered workplaces may be found in Cal/OSHA FAQs.

## Isolation and Quarantine

**Isolation:**

Separates those infected with a contagious disease from people who are not infected.

**Quarantine:**

Restricts the movement of susceptible persons who were exposed to a contagious disease in case they become infected.

**Potential Exposure and Close Contact:**

Potential exposure:

Someone sharing the same indoor airspace, e.g., home, clinic waiting room, airplane etc., for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (confirmed by COVID-19 test or a clinical diagnosis) infectious period.

Close contact:

"Close Contact" means the following:

1. In indoor spaces of 400,000 or fewer cubic feet per floor (such as homes, clinic waiting rooms, airplanes, etc.), close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (confirmed by COVID-19 test or clinical diagnosis) infectious period.
2. In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), close contact is defined as being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the infected person's infectious period.

Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor-to-ceiling walls) must be considered distinct indoor airspaces.

**Infectious Period:**

- For symptomatic infected persons, 2 days before the infected person had any symptoms (symptom onset date is Day 0) through Day 10 (if choosing not to re-test) after symptoms first appeared and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved, OR

- For asymptomatic infected persons, 2 days before the positive specimen collection date (collection date is Day 0) through Day 10 (if choosing not to re-test) after positive specimen collection date for their first positive COVID-19 test.

For the purposes of identifying close contacts and exposures, symptomatic and asymptomatic infected persons who test negative on or after Day 5 can end isolation in accordance with this guidance and are no longer considered to be within their infectious period. Such persons should continue to follow CDPH isolation recommendations, including wearing a well-fitting face mask through Day 10.

### Isolation and Quarantine Recommendations for the General Public

## All persons with COVID-19 symptoms, regardless of vaccination status or previous infection, should:

- Self-isolate and test as soon as possible to determine infection status. Knowing one is infected early during self-isolation enables (a) earlier access to treatment options, if indicated (especially for those who may be at risk for severe illness), and (b) notification of exposed persons (close contacts) who may also benefit by knowing if they are infected. If experiencing COVID-19 symptoms, one can get tested, be seen by a healthcare provider and receive medications, all in one place at a Test to Treat site. For more information including locations, visit the COVID-19 Test to Treat Program (ca.gov).
    - For symptomatic persons who have tested positive within the previous 90 days, using an antigen test is recommended.
- Remain in isolation while waiting for testing results. If not tested, they should continue isolating for 10 days after the day of symptom onset (Day 0), and if they cannot isolate, should wear a well-fitting mask for 10 days.
- Consider continuing self-isolation and retesting with an antigen or PCR test in 1–2 days if testing negative with an antigen test, particularly if tested during the first 1–2 days of symptoms. Consider repeat testing every 1–2 days for several days until testing positive or symptoms improve.
- Continue to self-isolate if test result is positive, follow recommended actions below (Table 1), and contact their healthcare provider about available treatments if symptoms are severe or they are at high risk for serious disease or if they have any questions concerning their care.

**Table 1: Persons Who Should Isolate**

| Persons Who Test Positive for COVID-19 | Recommended Actions |
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| Everyone, regardless of vaccination status, previous infection, or lack of symptoms. | • **Stay home** (PDF) for at least 5 days after start of symptoms (Day 0) or after date of first positive test (Day 0) if no symptoms).<br>• Isolation can end after Day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on Day 5 or later tests negative.<br>• If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications.<br>• If fever is present, isolation should be continued until 24 hours after fever resolves.<br>• If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10. If symptoms are severe, or if the infected person is at high risk of serious disease, or if they have questions concerning care, infected persons should contact their healthcare provider for available treatments.<br>• Per CDPH masking guidance, infected persons should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings (see masking section below for additional information).<br><br>*Antigen test recommended. |

**Table 2: Close Contacts – (No Quarantine)**

| **Asymptomatic Persons Who are Exposed to Someone with COVID-19 (No Quarantine)** | **Recommended Actions** |
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| Everyone, regardless of vaccination status.<br><br>Persons infected within the prior 30 days do not need to be tested, quarantined, or excluded from work unless symptoms develop.<br><br>Persons in high-risk settings* should follow recommendations and requirements as listed below. | • Test within 3–5 days after last exposure.<br>• Per CDPH masking guidance, close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease (see masking section below for additional information).<br>• Strongly encouraged to get vaccinated or boosted.<br>• If symptoms develop, test, and stay home (see earlier section on symptomatic persons), AND<br>• If test result is positive, follow isolation recommendations above (Table 1). |

In some workplaces, employers are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements.

## All close contacts:

Should consider testing as soon as possible to determine infection status and follow all isolation recommendations above if testing positive. Knowing one is infected early enables (a) earlier access to treatment options, if indicated (especially for those who may be at risk for severe illness), and (b) notification of exposed persons (close contacts) who may also benefit by knowing if they are infected. If testing negative before Day 3, retest at least a day later at least once, during the 3–5 day window following exposure.

Persons previously infected in the last 31–90 days should also test, even if asymptomatic and regardless of vaccination status, given the increased transmissibility and increased repeat infections with the circulating Omicron variant, and the higher likelihood that they may be infected.

### Additional considerations and recommendations for those at higher risk:

## High-Risk Exposures:

Certain exposures may be deemed higher risk for transmission, such as with an intimate partner, in a household with longer periods of exposure, or while performing unmasked activities with increased exertion and/or voice projection or during prolonged close face-to-face contact (e.g., during contact sports like wrestling, during indoor group singing, during crowded events where cheering occurs like games, concerts or rallies, particularly if indoors). In such cases, exposed persons should be extra vigilant in undertaking recommended mitigation measures.

## High-Risk Contact:

A high-risk contact is someone who: 1) may experience severe illness if they become infected with COVID-19 (for example, due to being elderly, unvaccinated or immunocompromised); 2) may be more likely to transmit the virus to those who are at higher risk for severe COVID-19; or 3) has higher transmission potential (more likely to spread

virus to others due to high intensity/duration of indoor exposure).

Contacts with more potential to transmit to others or to transmit to higher risk secondary contacts should take greater care in following recommendations to limit spreading the virus to others during the 10 days following their exposure and may consider quarantining or self-limiting their exposure to others. All high-risk close contacts should get tested at least once and are strongly recommended to follow the testing and mitigation measures outlined in this guidance.

## High-Risk Settings*:

A high-risk setting is one in which transmission risk is high (e.g., setting with a large number of persons who may not receive the full protection from vaccination due to co-existing medical conditions), and populations served and/or residing in those settings are at risk of more serious COVID-19 disease consequences including hospitalization, severe illness, and death.

High-risk settings include:

- Long Term Care Settings & Adult and Senior Care Facilities
- Healthcare Settings

Healthcare personnel should follow recommendations as set forth in AFL21-08.9. Healthcare personnel working in settings not covered by AFL 21-08.9 may follow the guidance outlined in AFL 21-08.9. Skilled nursing facilities should follow the guidance for management of exposed residents in AFL 22-13.1.

### Diagnostic Testing

An antigen test (including over-the-counter tests), nucleic acid amplification test (NAAT), Polymerase Chain Reaction (PCR), or LAMP test are acceptable; however, antigen testing is recommended for infected persons to end isolation, and for symptomatic exposed persons who were infected with SARS-CoV-2 within the prior 90 days.

### Masking

As noted above, infected persons should isolate for five days, and mask indoors and when around others during a full 10 days following symptom onset (or positive test if no symptoms). Exposed persons should mask for 10 days following an identified close contact to someone with COVID-19, especially high-risk contacts.

All persons wearing masks should optimize mask fit and filtration, ideally through use of a respirator (N95, KN95, KF94) or surgical mask. See Get the Most out of Masking and Masking Tips for Children (PDF) for more information.

### Symptom Self-monitoring

Symptom self-monitoring should include checking temperature and watching for fever, cough, shortness of breath, or any other symptoms that can be attributed to COVID-19 for 10 days following last date of exposure.

### Schools and Child Care Programs

For guidance on the management of infected and exposed people in K–12 school settings, see CDPH K–12 Schools Guidance and CDPH K–12 testing strategies. For childcare considerations, see Guidance for Child Care Providers and Programs.

**Isolation at Home (Self-Isolation)**

# Self-Isolation

The majority of people with COVID-19 have mild to moderate symptoms, do not require hospitalization, and can self-isolate at home by wearing a mask indoors and separating from household members. However, the ability to prevent transmission in a residential setting is an important consideration.

CDC has guidance for both patients and their caregivers to help protect themselves and others in their home and community.

Considerations for the suitability of care at home include whether:

- The person is stable enough to be home.
- If needed, appropriate and competent caregivers are available at home.

The person and other household members have access to appropriate, recommended personal protective equipment (PPE; at a minimum, mask and gloves) and can adhere to precautions recommended as part of home care or self-isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).

In addition, both the person and any caregivers should be informed and understand the indications for when the infected person should seek clinical care. Although mild illness typically can be self-managed or managed with outpatient or telemedicine visits, illness may quickly worsen days after the initial onset of symptoms. Treatment is most effective when started early, so individuals at risk of more serious illness should seek treatment as soon as possible. At a COVID-19 Test to Treat Program (ca.gov) site, one can get tested, get seen by a healthcare provider, and receive medication all in one place. If uninsured, Test to Treat services can be found at OptumServe sites.

The following are general self-isolation steps for people suspected or confirmed to have COVID-19 to prevent spread to others in their homes and communities.

- Stay at home except to get medical care.
- Separate yourself from other people in your home. Do not have any visitors.
- Wear a mask over your nose and mouth in indoor settings, including at home if other people are present,, or you are around those who are immunocompromised, unvaccinated, booster eligible but have not yet received their booster dose, or are at risk for severe disease.
- Avoid sharing rooms/spaces with others; if not possible, open windows to outdoor air (if safe to do so) to improve ventilation or use portable air cleaners and exhaust fans.
- Use a separate sleeping area. If a sleeping area is shared with someone who is sick, consider the following recommendations:
    - Make sure the room has good air flow and follow CDPH Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.
    - Maintain at least 6 feet between beds if possible.
    - Sleep head to toe, or with faces at least six feet apart.
- Avoid using the same bathroom as others; if that is not possible, clean and disinfect touched surfaces after use.

- Wash your hands often with soap and water for at least 20 seconds, or if you can't wash your hands, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Clean or disinfect "high-touch" surfaces routinely (at least once daily).

## What items are needed

- Gloves for any caregivers when touching or in contact with the person's potentially infectious secretions.
- Appropriate cleaning supplies for cleaning and disinfecting commonly touched surfaces and items.
- A thermometer for tracking occurrence and resolution of fever.

## Access to necessary services

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care if needed.
- Food, medications, laundry, and garbage removal.

### When to Seek Care

Persons in self-isolation should seek medical assistance:

- If they are at risk for severe illness or disease, seek clinical consultation as soon as possible to determine any treatment options, including therapeutics.
- If their symptoms worsen significantly.
- If the infected or exposed person is going to a medical office, emergency room, or urgent care center, the facility should be notified ahead of time that the person is infected with or has been exposed to COVID-19; the person should wear a mask for the clinical visit.
- Any one of the following emergency warning signs signal a need to call 911 and get medical attention immediately:
    - Trouble breathing.
    - Bluish or grayish lips, face, or nails.
    - Persistent pain or pressure in the chest.
    - New confusion or inability to arouse.
    - New numbness or tingling in the extremities.
    - Other serious symptoms.

### Quarantine at Home (Self-Quarantine)

## Self-Quarantine

Although not generally required, persons choosing to self-quarantine should separate from household members, especially those who are immunocompromised, have not completed their primary series of COVID-19 vaccine or are boosted, or who have not had COVID-19 in the last 90 days.

The exposed person should avoid contact with persons at higher risk for severe COVID-19 illness, even if they have completed their primary series of COVID-19 vaccine or are boosted. Additionally, persons undertaking self-quarantine should:

- **Stay home** (PDF) for at least 5 days, after last contact with a person who has COVID-19.
- Test at least once within 3–5 days if remaining asymptomatic.
- Quarantine can end after day 5 if symptoms are not present and a diagnostic specimen collected on day 5 or later tests negative.
- If unable to test or choosing not to test, and symptoms are not present, quarantine can end after day 10.
- Wear a well-fitting mask at home when other people are present, for a total of 10 days, especially in indoor settings.
- Get vaccinated and boosted.
- If testing positive, follow isolation recommendations in Table 1.
- If symptoms develop, test immediately and stay home.

Persons self-quarantining at home or in an alternate site should self-monitor for symptoms for 10 days following last date of exposure, even if they complete self-quarantine earlier.

If they test positive, their isolation period starts with their symptom onset date (or positive test date if no symptoms) counted as Day 0 and the next full day of isolation being counted as Day 1. They should follow guidance above for self-isolation and recommendations for seeking clinical consultation.

To calculate your isolation, please visit the Isolation Calculator.

## Legal Authority for Isolation and Quarantine

California local public health officers have legal authority to order isolation and quarantine. Local health jurisdictions may vary in their approach and should consult with legal counsel on jurisdiction-specific laws and orders. During this pandemic, some have issued blanket isolation and quarantine orders for anyone diagnosed with COVID-19 or identified as a close contact of an infected person. Some have issued orders to persons immediately, whereas others seek voluntary cooperation without a legal order initially.

## Alternate Sites for Isolation and Quarantine

Local health jurisdictions should work with other local partners across all sectors to assess alternate places for isolation and quarantine (PDF) for persons who are unhoused or who are unable to appropriately or safely self-isolate or self-quarantine at home. Alternate sites could include hotels, college dormitories, or other places, such as converted public spaces.

Additionally, local public health jurisdictions are encouraged to partner with community organizations to leverage existing resources to provide supportive and culturally appropriate services to persons who are self-isolating and self-quarantining.

## Discrimination and Stigma

California has a diverse population with no single racial or ethnic group constituting a majority of the population. These populations also include members of tribal nations, immigrants, and refugees. Some groups may be at higher risk for COVID-19 or worse health outcomes due to several reasons including living conditions, work

circumstances, underlying health conditions, and limited access to care. It is important that communication with the public is conducted in a culturally appropriate manner, which includes meaningfully engaging with community representatives from affected communities, collaborating with community-serving organizations, respecting the cultural practices in the community, and taking into consideration the social, economic, and immigration contexts in which people in these communities live and work. Local health jurisdictions should be mindful of discrimination based on all protected categories.

To help build trust, jurisdictions should employ public health staff who are fluent in the preferred language of the affected community. When that is not possible, interpreters and translations should be provided for persons who have limited English proficiency[1]. Core demographic variables should be included in case investigation and contact tracing forms, including detailed race and ethnicity, as well as preferred language.

Finally, given that diverse populations experience discrimination and stigma, it is important to ensure the privacy and confidentiality of data collected and to ensure that COVID-19 cases and identified contacts are aware of these safeguards.

Every person in California, regardless of immigration status, is protected from discrimination and harassment in employment, housing, business establishments, and state-funded programs based upon their race, national origin, and ancestry, among other protected characteristics.

All instructions provided by LHJs to persons who are being asked to isolate or quarantine should be provided in their primary language and be culturally appropriate. Additionally, LHJs should ensure that instructions for persons with disabilities, including those with access and functional needs, are provided.

[1] See the Dymally-Alatorre Bilingual Services Act for more information on communication requirements with persons who need language translation assistance.

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