



COUNTY OF YOLO

Health and Human Services Agency

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Director

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Public Health Officer

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www.yolocounty.org

Health Advisory

Date: December 2, 2020

To: Healthcare Systems and Providers

From: Aimee Sisson, MD, MPH, Health Officer

Subject: Healthcare Provider Responsibilities for Isolation & Quarantine

SUMMARY

As COVID-19 case rates in Yolo County rise, the number of new cases added each day exceeds the County's capacity to conduct a full case investigation and contact tracing for every case. As a result, Yolo County will begin prioritizing cases for full investigation. Cases not prioritized for full investigation will be contacted and advised of isolation requirements and directed to notify close contacts of their exposure and need to quarantine. Health care providers are asked to support Yolo County's COVID-19 response by providing confirmed and suspected cases of COVID-19 and their close contacts with respective isolation and quarantine orders and instructions.

BACKGROUND

On July 24, 2020, the Yolo County Health Officer issued a Mass Isolation Order and a Mass Quarantine Order. The [Mass Isolation Order](#) requires all individuals confirmed or suspected to have COVID-19 to isolate at their place of residence and remain separated from others for at least 10 days, following these [isolation instructions](#). The [Mass Quarantine Order](#) requires all individuals who are close contacts of someone with COVID-19 to quarantine in their place of residence for 14 days after their exposure, following these [quarantine instructions](#). Violation of either Order is a misdemeanor and is punishable by fine, imprisonment, or both.

On November 23, 2020, the Centers for Disease Control and Prevention (CDC) issued guidelines for local health departments experiencing large numbers of COVID-19 cases entitled, "[Prioritizing Case Investigations and Contact Tracing for COVID-19 in High Burden Jurisdictions](#)." The Yolo County Health and Human Services Agency (HHS) will begin following these guidelines immediately and will continue to do so while the number of COVID-19 cases being reported each day exceeds the County's capacity for complete investigation. During such times of high disease burden, the County's limited resources for case investigation and contact tracing will be focused on cases where investigation and tracing will have the largest impact on further disease spread. This includes the most recently infected cases and their high-risk contacts. Individuals reported to Yolo County HHS whose positive result was collected more than 6 days before the report was received will not receive a case investigation phone call from Yolo County HHS. However, these individuals are still required to isolate and their close contacts are required to quarantine. They will receive electronic communication from HHS indicating their isolation requirements and advising them to notify their close contacts. To help ensure that impacted individuals are rapidly isolated and quarantined, Yolo County HHS requests that healthcare providers communicate to newly diagnosed cases and close contacts the importance of following isolation and quarantine requirements in order to slow the spread of coronavirus in the Yolo County community and beyond.

Davis

600 A Street
Davis, CA 95616
Mental Health (530) 757-5530

West Sacramento

500 Jefferson Boulevard
West Sacramento, CA 95605
Service Center (916) 375-6200
Mental Health (916) 375-6350
Public Health (916) 375-6380

Winters

111 East Grant Avenue
Winters, CA 95694
Service Center (530) 406-4444

Woodland

25 & 137 N. Cottonwood Street
Woodland, CA 95695
Service Center (530) 661-2750
Mental Health (530) 666-8630
Public Health (530) 666-8645

ACTION REQUESTED OF PROVIDERS

1. **Provide all suspected or confirmed COVID-19 cases with a copy of the [Mass Isolation Order](#).** Symptomatic patients (i.e., suspected cases) should isolate while awaiting test results. Confirmed COVID-19 cases must isolate for the following duration:
 - a. Symptomatic cases:
 - i. Isolate for at least 10 days since date of symptom onset (symptom onset day is day 0 and release occurs *after* the completion of day 10); AND
 - ii. At least 24 hours have passed since fever resolved without the use of fever-reducing medications; AND
 - iii. Other symptoms have improved
 - b. Asymptomatic cases:
 - i. Isolate for 10 days since date of specimen collection (date of specimen collection is day 0 and release occurs after the completion of day 10)
 - c. For persons who are severely ill or severely immunocompromised, consider 20 days of isolation from symptom onset or date of specimen collection
 - d. Cases that are clinically diagnosed, including those who refuse testing, must isolate under the Mass Isolation Order. Refer to Yolo County Health Advisory titled "COVID-19 Clinical Diagnoses," issued November 13, 2020, for more information on criteria for clinical diagnoses.

2. **Provide all close contacts with a copy of the [Mass Order of Quarantine](#).** Close contacts must quarantine for the following duration:
 - a. Quarantine for 14 days after date of last exposure (day of last exposure is day 0 and release occurs after the completion of day 14); AND
 - i. For individuals unable to effectively isolate from a COVID-19 case (e.g., household members where case does not have own bedroom and bathroom), the contact's quarantine period begins after the positive or clinically diagnosed case completes isolation.
 - ii. Close contacts to clinically diagnosed cases must also complete quarantine under the Mass Order of Quarantine.
 - I. A negative test does not allow a contact to end quarantine early.
 - II. Depending on testing availability, contacts should be tested for COVID-19 between day 5 and 7, and again between day 12 and 14.
 - iii. Contacts must complete a full quarantine period as defined by date of last exposure.
 - iv. If an individual is unable to self-isolate or quarantine (e.g., they share a room where they cannot adequately distance), call (833) 965-6268 to obtain assistance for temporary alternative housing.
 - b. Useful [calculators](#) for determining end dates for isolation and quarantine periods are available at <https://www.yolocounty.org/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/coronavirus-testing/>.
 - c. Health care providers are encouraged to use the following forms or similar documents to provide cases and close contacts with isolation and quarantine orders and instructions.
[Documentation of Service of Isolation Order](#)
[Documentation of Service of Quarantine Order](#)
 - d. Health care providers are encouraged to review CDC guidance [here](#) and [here](#) for details regarding quarantine of exposed healthcare workers. A Yolo County Health Advisory on this topic is forthcoming.

Working together, we can slow the spread of COVID-19. Thank you for supporting public health efforts to test, isolate, and trace those infected with SARS-CoV-2.

*Please note that on December 2, 2020, the CDC revised its quarantine guidance, shortening the duration of quarantine. If the revised guidance is adopted by the California Department of Public Health, this Health Advisory will be revised accordingly and reissued. In the meantime, continue to use a 14-day quarantine period.

RESOURCES

[Isolation and Quarantine Toolkit \(English\)](#)

[Isolation and Quarantine Toolkit \(Spanish\)](#)

[Isolation and Quarantine Toolkit \(Russian\)](#)

[Isolation Order \(English\)](#)

[Isolation Order \(Spanish\)](#)

[Isolation Order \(Russian\)](#)

[Quarantine Order \(English\)](#)

[Quarantine Order \(Spanish\)](#)

[Quarantine Order \(Russian\)](#)

For questions, providers should call the COVID-19 Provider Line (530) 666-8614.

Documentation of Service of Mass Isolation Order of the Yolo County Public Health Officer

(Name of Treating Physician/Testing Facility)

(Phone Number)

Information about the Individual

(Name)

Date of Birth:
____/____/____
(MM/DD/YYYY)

(Address)

(Phone Number)

Testing/Diagnosis (Circle all that apply)

1. Date of test: ____/____/_____
2. Results of test:
Positive Pending Not tested Negative
3. Test type:
Molecular (PCR/NAAT) Antigen Antibody
3. Lab name: _____

Individual is exhibiting these symptoms:
None
Fever Chills Cough Shortness of breath Sore throat
Headache Fatigue Body/muscle aches Runny nose
Nasal congestion Nausea or vomiting Diarrhea
Other: _____

Affirmation

On ____/____/____ (Date; MM/DD/YYYY),
I served the Patient/Individual named above with a copy of the Mass Isolation Order of the Yolo County Public Health Officer by (circle one):
In-person delivery
Electronic mail at _____
(Email address)
First class mail at _____
(If different than above)
Phone at _____
(If different than above) and I spoke with the individual who affirmatively identified themselves as the individual named in this Order. I then personally informed the individual that they are required to isolate as set forth in the *Health Officer Order*, a copy of which is available at: <https://www.yolocounty.org/home/showdocument?id=65256>.

The individual was instructed to isolate at (circle one):
Address of Individual (at address above)
Alternate location (at address below)

Date: ____/____/____

Name: _____ (Name of Person serving this Order)

Signature: _____ (Signature of Person Service this Order)

Warning:

This form is an official service of isolation order document intended for the use of Healthcare Providers acting in compliance with Mass Isolation Order of the Yolo County Public Health Officer, issued July 24, 2020, amended on October 27, 2020. Completion by members of the general public is not authorized.

When complete, keep a copy in the patient record. Do not send this document to Yolo County Health and Human Services Agency unless requested. For questions, call the Yolo County COVID Provider Line: 530-666-8614.

Documentation of Service of Mass Quarantine Order of the Yolo County Public Health Officer

(Name of Treating Physician/Testing Facility)

(Phone Number)

Information about the Individual (Close Contact)

(Name)

Date of Birth:
____/____/____
(MM/DD/YYYY)

(Address)

(Phone Number)

Affirmation

On ____/____/____ (Date; MM/DD/YYYY),

I served the Patient/Individual named above with a copy of the Mass Quarantine Order of the Yolo County Public Health Officer by (circle one):

In-person delivery

Electronic mail at _____
(Email address)

First class mail at _____
(If different than above)

Phone at _____

(If different than above) and I spoke with the individual who affirmatively identified themselves as the individual named in this Order. I then personally informed the individual that they are required to quarantine as set forth in the *Health Officer Order*, a copy of which is available at:

<https://www.yolocounty.org/home/showdocument?id=65258>.

The individual was instructed to quarantine at (circle one):

Address of Individual (at address above)

Alternate location (at address below)

Date: ____/____/____

Name: _____ (Name of Person serving this Order)

Signature: _____ (Signature of Person Service this Order)

Warning:

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