

**2019 Novel Coronavirus (COVID-19)**  
**Interim Containment Guidance: Precautionary Quarantine, Mandatory**  
**Quarantine and Mandatory Isolation**  
**Applicable to all Local Health Departments (LHD)**

**Background:** NYSDOH is closely monitoring an outbreak of respiratory illness caused by COVID-19 that was first detected in Wuhan City, Hubei Province, China and which continues to expand. Chinese health officials have reported thousands of infections with COVID-19 in China, with the virus reportedly spreading from person-to-person in many parts of that country. Infections with COVID-19, most of them associated with travel from Wuhan, are also being reported in a growing number of international locations, including the United States. The U.S. reported the first confirmed instance of person-to-person spread with this virus on January 30, 2020. New York has now confirmed its first cases of person-to-person spread with this virus March 3, 2020, and by March 6, 2020 a total of over forty such cases have been identified.

**Purpose:** Directives for the use of isolation and quarantine are an important component of a multi-layered strategy to prevent sustained spread of COVID-19 in New York State. Persons who are isolated or quarantined must be treated with compassion and respect. LHDs must help these individuals to meet their housing, social, medical, mental health, and economic needs.

In past situations where isolation and/or quarantine has been recommended (e.g. Ebola virus disease, severe acute respiratory syndrome), having a written agreement with the contact to adhere to LHD/NYSDOH/CDC recommendations for quarantine emphasizes the seriousness of the situation and helps to increase compliance. LHDs issue orders to implement mandatory isolation or mandatory quarantine for COVID-19, and written agreements should be utilized for precautionary quarantine. NYSDOH provides standard written agreements for each situation. For purposes of coronavirus, there are both a mandatory quarantine protocol and a precautionary quarantine protocol. By definition, mandatory quarantine is the classification which can be directed by legal order if not complied with.

LHDs must utilize the following definitions in determining whether or not to institute a mandatory or precautionary quarantine:

**Status for Required Mandatory Quarantine** – Person has been in close contact (6 ft.) with someone who is positive, but is not displaying symptoms for COVID-19; or person has traveled to China, Iran, Japan, South Korea or Italy and is displaying symptoms of COVID-19;

**Status for Required Mandatory Isolation** – Person has tested positive for COVID-19, whether or not displaying symptoms for COVID-19.

LHDs must immediately issue an order for Mandatory Quarantine or Isolation once notified, which shall be served on the person impacted.

Given the virulence of COVID-19, we also have precautionary protocols.

**Status Required for Precautionary Quarantine**- Person meets one or more of the following criteria: (i) has traveled to China, Iran, Japan, South Korea or Italy while COVID-19 was prevalent, but is not displaying symptoms; or (ii) is known to have had a proximate exposure to a positive person but has not had direct contact with a positive person and is not displaying

symptoms. In addition, any person the LHD believes should be quarantined, not addressed here, the LHD should contact NYS DOH.

### **Shelter Requirements, Mandatory Quarantine or Mandatory Isolation**

Prior to the implementation of mandatory isolation or mandatory quarantine, LHDs must assess the setting to be sure it is safe to allow persons to remain and avoid transmission from the exposed persons(s) to others in the household should the exposed person become symptomatic. If the home is not safe to avoid transmission, the LHD must identify a safe place for the exposed contact and/or their household members to live during the monitoring period or until the home is safe. For Precautionary Quarantine, the same requirements below will apply.

### **Shelter Requirements Mandatory and Precautionary Quarantine**

- Separate quarters with separate bathroom facilities for each individual or family group. Access to a sink with soap and water, and paper towels is needed.
- The contact must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room. There must be a door that separates it from the rest of the living area and has its own bathroom. Given that an exposed person might become ill while sleeping, the exposed person must sleep in a separate bedroom from household members.
- Cleaning supplies, e.g. household cleaning wipes, must be provided in any shared bathroom.
- If a person sharing a bathroom becomes symptomatic, all others sharing the bathroom will be considered exposed persons until the symptomatic person is appropriately evaluated and cleared.
- Food must be delivered to the person's quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage must be bagged and left outside by the door of each of the quarters for routine pick up. Special handling is not required.
- A system for temperature and symptom monitoring shall be implemented to provide assessment in-place for the exposed persons in their separate quarters.
- Nearby medical facilities must be notified and prepare to have the capability to manage the assessment and treatment of ill persons (to include normal airborne infection isolation rooms)
- The location must be secure against unauthorized access.

### **Assessing Personal Needs: All Levels of Restriction**

In addition to ensuring that shelter requirements are met, individuals may also need help with addressing social, medical, mental health and economic needs. Issues that may need to be addressed include but are not limited to the following:

- Provision of basic needs like food, shelter, medications and laundry.
- Mental health, faith-based, and social service needs and resources to help pass the time while isolated or quarantined. These services must be culturally and linguistically appropriate.
- Assistance in accessing television, movies, radio, board/card games, or books.
- Communication needs (e.g. working cellular phone, internet, etc.).
- Provision of supplies needed for personal hygiene.
- Financial resources needed as a result of not working.
- Support needs, including but not limited to family members, friends, and pets.

Persons under mandatory isolation or mandatory quarantine can walk outside their house on their own property, but they must not come within six feet of neighbors or other members of the public. Persons living in a multiple dwelling may not utilize common stairways or elevators to access the outside. Likewise, these individuals must refrain from walking in their neighborhood.

Individuals under any level of quarantine or isolation may have concerns about their employment status. No person subject to an order shall have an adverse employment impact. In such situations, a signed letter from the LHD Commissioner/Public Health Director, both at the beginning and end of the quarantine period can address these concerns but if a situation arises, contact the New York State Department of Labor.

### **Action Plans**

The LHD must create an action plan for what to do if isolating a quarantined person if they become ill. LHDs must plan for immediate transfer from the home and isolation to reduce the risk of infecting other household members. The action plan must further address, at a minimum:

- How the individual would get to an appropriate healthcare provider or facility for medical evaluation. The provider or facility must be able to implement appropriate infection control and obtain specimens.
- What hospital should receive the individual
- Who the person or care giver should notify first: In an emergency, call 911. For a non-emergency, the LHD must be called first, who shall contact the State Department of Health.
- The LHD should notify the EMS provider and hospital in advance.

When working with EMS providers and hospitals that may be involved in the ill individual's transport and care, LHDs must make sure that key individuals ("decision makers") are aware in advance AND that front line staff (e.g. infection control, emergency department, EMS dispatch) are alerted as soon as possible after activating the plan. Therefore, unless a medical emergency exists (in which case 911 should be called), the LHD must facilitate the rapid implementation of the action plan.

### **Required Minimum Contacts for Mandatory Quarantine or Isolation**

LHDs must perform in person visits at least once per day at the site of quarantine at random intervals to determine the individual(s) are located at the site and their well being. There must be electronic communication at least once per day. The communication must establish presence in the residence listed in the order, such as a landline telephone or a video communication such as Skype, or other video communication.

If there is a violation, please contact State Department of Health for enforcement immediately.

### **Required Minimum Contacts for Precautionary Quarantine**

LHDs have no required in person visits. However, there must be electronic communications at least once per day, utilizing a mechanism to get a status and health update and to provide advice. This may utilize telemedicine, video communication such as Skype or other mechanism.

### **Precautions**

The State Department of Health is setting forth the following minimum standards, however, the LHD is free to provide more frequent contacts or additional resources as necessary or advisable.

No LHD or political subdivision in the state shall release any information related to a person who is subject to an order. Any requests for information must adhere strictly to HIPAA and related privacy statutes.

Any LHD that has any request or would like to discuss a deviation from these standards based upon a particular case should contact New York State Department of Health, Dr. Debra Blog, Director of the Division of Epidemiology