

## **2019 Novel Coronavirus (nCoV)**

### **Local Health Department (LHD) Guidance: Isolation and Quarantine**

Background: NYSDOH is closely monitoring an outbreak of respiratory illness caused by nCoV that was first detected in Wuhan City, Hubei Province, China and which continues to expand. Chinese health officials have reported thousands of infections with nCoV in China, with the virus reportedly spreading from person-to-person in many parts of that country. Infections with nCoV, most of them associated with travel from Wuhan, are also being reported in a growing number of international locations, including the U.S. The U.S. reported the first confirmed instance of person-to-person spread with this virus on January 30, 2020.

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern.” On January 31, 2020, Health and Human Services Secretary Alex Azar declared a public health emergency for the U.S. and the President signed a presidential “Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus.”

Outbreaks of novel virus infections among people are always of public health concern. The risk from these outbreaks depends on characteristics of the virus, including whether and how well it spreads between people, the severity of resulting illness, and the medical or other measures available to control the impact of the virus (for example, vaccine or treatment medications).

Purpose: Recommendations for the use of isolation and quarantine are an important component of a multi-layered strategy to prevent sustained spread of nCoV 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 voluntary 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 isolation and/or quarantine emphasizes the seriousness of the situation and helps to increase compliance. LHDs should use written agreements when implementing voluntary isolation or quarantine for nCoV. NYSDOH can assist LHDs with developing written agreements specific to each situation.

#### **Shelter Requirements:**

Prior to the implementation of isolation or 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 should 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.

- Separate quarters with separate bathroom facilities for each individual or family group are preferred. Access to a sink with soap and water, and paper towels is needed.
- The contact should have a way to self-isolate from household members and pets as soon as fever or other symptoms develop. There should 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 contact should sleep in a separate bedroom from household members and pets during the entire monitoring period.

- Cleaning supplies, e.g. household cleaning wipes, must be provided in any shared bathroom.
  - If an individual sharing a bathroom becomes symptomatic, all others sharing the bathroom should be considered contacts until the symptomatic person is appropriately evaluated and cleared.
- No close congregation for social or dining activities. Food should be delivered to the individual quarters.
- Quarters should have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage should 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 should provide assessment in-place for the individuals/family groups in their separate quarters.
- Nearby medical facilities should have the capability to manage the assessment and treatment of ill persons (to include normal airborne infection isolation rooms)
- The location should be secure against unauthorized access (e.g. appropriate for enforcing quarantine, if enacted).

### **Assessing Personal Needs**

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.

Individuals under voluntary isolation or quarantine can walk outside their house on their own property, but they should not come within six feet of neighbors or other members of the public. This would not apply to persons living in a rental unit unless it is a single-family unit. Likewise, these individuals should refrain from walking in their neighborhood.

There is no medical or public health reason why household members (including children) of asymptomatic persons under isolation or quarantine cannot continue to attend school or work. These persons have not been exposed to nCoV and are not at risk of developing nCoV as long as they remain unexposed.

Individuals under quarantine may have concerns about their employment status. LHDs can assist by working with the individual and the employer to explain the importance of this public health strategy for protecting the health of the individual and the public, including co-workers and to discourage any adverse employment decisions by human resources. 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.

### **Action Plans**

The LHD should work with all persons under isolation or quarantine to create an action plan for what to do if the person becomes ill. Staff should explain that getting early and good clinical care improves health outcomes, and immediate evacuation from the home and isolation reduces the risk of infecting other household members. The action plan should 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 should be notified first? In an emergency, call 911. For a non-emergency, the LHD should be called first.
- 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 should 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 LHDs should consider asking the key individual to contact their staff first, who would then facilitate the rapid implementation of the action plan.