Home Quarantine Agreement

I have been informed that I am at risk for COVID-19 due to close contact to a COVID-19 positive person or travel to a high-risk area. COVID-19 is a communicable disease that is dangerous to the public health and unless precautions are taken, others may contract this infection from me. The Chemung County Health Department (CCHD) and its Director are required to protect the public from the danger of such communicable diseases by Public Health Law Sections 308 and 324, Public Health Law Article 21, and 10 NYCRR Part 2. In order to prevent the spread of this organism, CCHD has provided me with the following information and advised me of the need to comply with the following instructions, and I hereby agree to the following:

- I shall remain in home quarantine for a period of _14_ days or until a physician or the Medical Director of CCHD agrees that I am no longer infectious.

- Protocol for essential personnel or healthcare professionals is different. Essential or healthcare workers may be permitted to return to work sooner, per New York State Department of Health guidelines and coordination with employer

- I have been educated about the disease, the reasons for quarantine in the home, and the length of time that I can expect to be confined to the home.

- I shall limit all activities and interaction with all other persons living outside the home. I shall not go to school, a house of worship, work, out-of-home day care, stores or any other public areas.

- I shall not leave the home for any reason unless first authorized to do so by CCHD.
  - Leaving the home for medical care must also be approved by CCHD

- I understand that only those persons authorized by CCHD may enter my home during the period of my quarantine. Those who enter the home without prior authorization from CCHD may be subject to quarantine themselves. I agree to notify friends and relatives that they shall not visit the home until further notice.

- I shall use a separate bed and, if possible, a separate bedroom.

- I shall wear a surgical mask when in the same room with non-infected persons. If I cannot wear a surgical mask, others in the same room will be asked to wear a surgical mask.

- If I am not masked, I shall cover my nose and mouth with a disposable tissue when coughing or sneezing.

- Household waste, including surgical masks and disposable tissues soiled with respiratory secretions, blood, or other body fluids will be double bagged and disposed of as normal household waste.

- I will wash my hands with soap and water after all contact with respiratory secretions from coughing or sneezing, blood, and all other body fluids such as urine, feces and wound drainage. I will educate and encourage other members of my household to do the same.

- All members of my household will wear gloves on both hands when they have contact with my respiratory secretions (lung or nasal), blood and all other body fluids such as urine, feces and wound drainage. Alcohol-based hand hygiene products may be substituted for hand washing with soap and water after removing the gloves, if the hands are not visibly soiled with respiratory secretions, blood or other body fluids. Gloves shall not be reused and shall be discarded immediately after removal.
☐ My eating and drinking utensils will be washed with hot water and a household dishwashing detergent.

☐ Environmental surfaces like countertops, tables, and sinks in the kitchen, bathroom, and my bedroom will be cleaned and disinfected with a household disinfectant, such as household bleach or Lysol, while wearing gloves, at least daily and when soiled with the respiratory secretions, blood, and other body fluids.

☐ My bed linens, towels, and personal clothing shall not be shared with other members of the household. Clothes and linens will be washed in hot soapy water.

☐ All members of my household or other close contacts who develop fever or other disease symptoms will seek medical evaluation.

☐ I understand that to prevent transmission of COVID-19 I should advise members of the household who develop symptoms that they shall call CCHD and a physician’s office, clinic, or hospital emergency department where they intend to seek care to alert healthcare workers there prior to seeking treatment.

☐ I agree to monitor my temperature 2 times a day and keep a log.

☐ The CCHD will provide me and members of my household with surgical masks, gloves, and other items necessary (such as alcohol-based hand wash) to prevent the spread of COVID-19.

☐ I understand that CCHD will arrange for the delivery of necessary items to my home, including but not limited to, food, medicines and supplies, during the period of isolation.

☐ I agree to adhere to any additional recommendations and instructions from CCHD that may be listed below:

I, or my legal guardian, may contact CCHD to seek relief from, clarification of, or further explanation of the conditions contained in any part of this agreement at 607-737-2899 during business hours or at 607-737-2028 option 2 after normal business hours.

The provisions of this agreement have been explained to me by a CCHD representative or a virtual contact tracer, and I fully understand that my failure to follow these guidelines or to voluntarily remain in quarantine may result in my being placed in involuntary quarantine or committed to a facility where I may be isolated against my wishes.

* You are not required to provide a signature and return this form to the health department. This form is for your records and may be given to an employer if needed.