

### NYSDOH Model Voluntary SARS Quarantine Agreement

I have been informed that I have been determined to be a contact of a suspect or probable case of SARS, a communicable disease dangerous to the public health, and that unless precautions are taken, I could potentially infect others. In order to prevent the spread of this virus, the local health department (LHD), pursuant to Public Health Law §§ 308 and 324, Public Health Law Art. 21, and 10 NYCRR Part 2, has provided me with the following information, and I hereby agree to the following:

- I shall remain in quarantine for 10 days after the date of my exposure and will immediately notify the LHD should I develop SARS symptoms, including but not limited to, a temperature greater than 100.4° F., and/or symptoms of a respiratory infection such as cough.

The LHD has determined that the date of my exposure was \_\_\_\_\_ and I shall be released from quarantine on or about \_\_\_\_\_, provided I do not develop SARS symptoms as noted above.

- I shall be quarantined at the following location, which shall be referred to as "home":

Street address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- I have been educated about the disease, the reasons for my quarantine, and the length of time I can expect to be restricted from certain activities.
- I shall limit all activities and interaction with all other persons living outside the home.
- I understand that during the quarantine period I may only leave the home to go to \_\_\_\_\_ (work/school/pharmacy, etc.). I shall not go to a house of worship, out-of-home day care, stores/malls, restaurants, movies, sporting events, or other public areas or events.
- I understand that only those persons authorized by the LHD may enter my home during the quarantine period. Those who enter the home without prior authorization from the LHD may be subject to isolation or quarantine themselves. I agree to notify friends and relatives that they shall not visit the home until further notice.
- I understand that whenever I leave the home I shall avoid close contact (within 3 feet) with others to the best of my ability. This includes, but is not limited to, avoiding the use of public transportation and confining myself to my office as much as possible when I'm at work (if applicable).
- 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 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 (e.g. urine, feces, wound drainage, etc.). I will educate and encourage other members of my household to do the same.
- ❑ I shall not share food or beverages with members of the household and my eating and drinking utensils will be washed with hot water and a household dishwashing detergent.
- ❑ Environmental surfaces (e.g. countertops, tables, sinks, floors, etc.) in the household will be cleaned and disinfected with a household disinfectant, such as household bleach or Lysol<sup>®</sup>, while wearing gloves, at least daily and when soiled with the respiratory secretions, blood, and other body fluids.
- ❑ I agree to monitor my temperature \_\_\_ times a day and report this information to the LHD \_\_\_\_\_ (daily, in the morning and at night). The number I must call to report this information is (\_\_\_\_\_)\_\_\_\_-\_\_\_\_\_.
- ❑ I will advise all members of my household or other close contacts who develop fever or respiratory symptoms to seek medical evaluation and advise the LHD when such symptoms arise.
- ❑ I understand that to prevent transmission of SARS, if I or the members of the household develop SARS symptoms, we shall call the physician's office, clinic, or hospital emergency department to alert healthcare workers prior to seeking treatment.
- ❑ I understand that if I develop fever or respiratory symptoms I must adhere to the following additional provisions:
  - ❑ 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 or respirator.
  - ❑ 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 will wear gloves on both hands when they have contact with my respiratory secretions (lung or nasal), blood, and all other body fluids (e.g. urine, feces, wound drainage, etc.). 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.
  - ❑ The LHD will provide me and members of my household with surgical masks, gloves, and other items necessary to prevent the spread of SARS (i.e. alcohol-based hand wash).
- ❑ I understand that the LHD will arrange for the delivery of necessary items to my home, including but not limited to, food, clothing, and supplies, during the quarantine period if I am not authorized to leave the quarantine location in order to obtain these items myself.

- I agree to adhere to any additional recommendations and instructions from the LHD that may be listed below:

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I, or my legal guardian, may contact the following LHD representative to seek relief from, clarification of, or further explanation of the conditions contained in, any part of this agreement.

\_\_\_\_\_ (Name of LHD contact person) (\_\_\_\_)\_\_\_\_-\_\_\_\_ (Daytime telephone #)

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

\_\_\_\_\_ (Print name of SARS contact) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Print name of LHD representative) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)