

**ORDER OF THE COMMISSIONER OF HEALTH AND  
MENTAL HYGIENE OF THE CITY OF NEW YORK FOR ISOLATION**

**TO:** All persons who reside or work within the City of New York who meet or have met the qualifications for mandatory isolation orders related to COVID-19, in accordance with guidance issued by the New York State Department of Health, and who need documentation of such isolation order for purposes of New York’s Paid Sick Leave Law

**WHEREAS**, on March 7, 2020 New York State Governor Andrew Cuomo declared a State disaster emergency for the entire State of New York to address the threat that novel coronavirus disease 2019 (“COVID-19”) poses to the health and welfare of New York residents and visitors, and such declaration remains in effect; and

**WHEREAS**, on March 12, 2020, Mayor Bill de Blasio declared a state of emergency in the City of New York (the “City”) to address the threat posed by COVID-19 to the health and welfare of City residents, and such declaration remains in effect; and

**WHEREAS**, the Mayor directed all agency heads, including the Department of Health and Mental Hygiene (the “Department”) and the Board of Health (the “Board”), to take all appropriate and necessary steps to preserve public safety and to render all required and available assistance to protect the security, well-being and health of the residents of the City, and such direction has been renewed in subsequent emergency executive orders and remains in effect; and

**WHEREAS**, on March 18, 2020, New York State enacted Chapter 25 of the Laws of 2020 (the “Paid Sick Leave Law”), authorizing paid sick leave and other benefits for employees who are unable to work due to COVID-19; and

**WHEREAS**, March 27, 2020, the New York State Department of Health (“NYSDOH”) issued guidance addressed to local health departments,<sup>1</sup> stating that in order to be eligible for benefits under the Paid Sick Leave Law, employees must obtain an order from their local health department; and

**WHEREAS**, NYSDOH has issued additional guidance,<sup>2</sup> as well as protocols for returning to work after recovery including:

- (1) A “Health Advisory: Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection,” dated March 28, 2020,<sup>3</sup> and an update to such protocols dated March 31, 2020;<sup>4</sup> and

---

<sup>1</sup> NYSDOH, Memo to Local Health Departments, “COVID-19 Advisory: Precautionary or Mandatory Quarantine or Isolation and Paid Sick Leave Benefits,” March 27, 2020, available at [https://www.nysenate.gov/sites/default/files/doh\\_covid19\\_paysickleaveadvisory\\_032720.pdf](https://www.nysenate.gov/sites/default/files/doh_covid19_paysickleaveadvisory_032720.pdf).

<sup>2</sup> NYSDOH, “2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Departments (LHD),” available at [https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Interim\\_Containment\\_Guidance\\_COVID-19.pdf;NYSDOH](https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Interim_Containment_Guidance_COVID-19.pdf;NYSDOH), “2019 Novel Coronavirus (COVID-19) Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine and Mandatory Isolation Applicable to all Local Health Departments (LHD) (April 2020),” available at [https://coronavirus.health.ny.gov/system/files/documents/2020/03/quarantine\\_guidance\\_0.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/03/quarantine_guidance_0.pdf).

<sup>3</sup> NYSDOH, Memo to all Healthcare Settings, et al., March 28, 2020, available at [https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh\\_covid19\\_healthcarepersonnelreturntowork\\_032820.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_healthcarepersonnelreturntowork_032820.pdf).

<sup>4</sup> NYSDOH, Memo to all Healthcare Settings, et al., Health Advisory: Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection, March 31, 2020, available at [https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh\\_covid19\\_healthcarepersonnelreturntowork\\_ev2\\_033120.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_healthcarepersonnelreturntowork_ev2_033120.pdf).

- (2) A “Health Advisory: COVID-19 Release from Home Isolation,” dated March 28, 2020;<sup>5</sup> and
- (3) “Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection,” dated March 28, 2020,<sup>6</sup> and an update to such protocols dated March 31, 2020;<sup>7</sup> and
- (4) A “Health Advisory: COVID Update for Local Health Department Response Activities,”<sup>8</sup> dated April 7, which includes guidance for mandatory isolation, with different standards for health care workers and other essential personnel; and

**WHEREAS**, NYSDOH may continue to issue updates to its guidance on these subjects; and

**WHEREAS**, pursuant to Section 11.23 of the Health Code, the Department is authorized to take appropriate steps when a case of a contagious disease, as defined in section 11.01 of the Health Code, may, in the opinion of the Commissioner, pose an imminent threat to the public health resulting in severe morbidity or high mortality; and

**WHEREAS**, as of April 13, 2020, there were over 100,000 confirmed positive cases in New York City, and the number of new cases confirmed each day continues to increase; and

**WHEREAS**, the Appendices of this Order reflect the guidance issued by NYSDOH for mandatory isolation and return to work for different categories of workers, and such Appendices will be posted on the website of the Department and may be updated from time to time, including to reflect any new guidance issued by NYSDOH or other applicable public health authorities; and

**WHEREAS**, as demonstrated by appropriate documentation, you are an individual who has been or is required to isolate due to COVID-19, as specified in either Appendix A of this Order, entitled “Isolation for Healthcare Personnel”; Appendix B of this Order, entitled “Isolation for Essential Personnel other than Healthcare Personnel”; or Appendix C of this Order, entitled “Isolation for Non-essential Employees”;

**NOW, THEREFORE**, under the authority of Section 11.23 of the Health Code, you are either, as applicable:

1. Ordered for purposes of the Paid Sick Leave Law to isolate at your home or other appropriate location, for the time indicated in Appendix A if you are healthcare personnel, Appendix B if you are essential personnel other than healthcare personnel, or Appendix C for all other persons, as such appendices are attached to this Order; or

---

<sup>5</sup> NYSDOH, Memo to all Healthcare Providers, et al., March 28, 2020, available at [https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh\\_covid19\\_discontinuationhomeisolation\\_032820.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_covid19_discontinuationhomeisolation_032820.pdf).

<sup>6</sup> NYSDOH, March 28, 2020, available at [https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh\\_covid19\\_essentialpersonnelreturntowork\\_032820.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_covid19_essentialpersonnelreturntowork_032820.pdf).

<sup>7</sup> NYSDOH, Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection, March 31, 2020, available at [https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh\\_covid19\\_essentialpersonnelreturntowork\\_rev\\_2\\_033120.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_essentialpersonnelreturntowork_rev_2_033120.pdf).

<sup>8</sup> NYSDOH, Memo to Local Health Departments, April 7, 2020, available at [https://ahihealth.org/wp-content/uploads/2020/04/DOH\\_COVID19\\_LHDUpdate\\_040720-1.pdf](https://ahihealth.org/wp-content/uploads/2020/04/DOH_COVID19_LHDUpdate_040720-1.pdf).

2. Deemed for purposes of the Paid Sick Leave Law to have been ordered to have isolated at your home or other appropriate location, for the time indicated in Appendix A if you are healthcare personnel, Appendix B if you are essential personnel other than healthcare personnel, or Appendix C for all other persons, as such appendices are attached to this Order.

This Order shall not be valid unless accompanied by appropriate documentation that your isolation is or was necessary, as indicated in the relevant Appendix attached to this Order.

Nothing in this Order shall preclude a hospital or other healthcare provider from requiring that its employees provide additional documentation or information that confirms the need for the isolation to its office of occupational health services or as otherwise directed.

In addition to the above recitals, your isolation is ordered because COVID-19 may pose an imminent and significant threat to the public health resulting in severe morbidity and mortality.

Individuals eligible for an order not covered herein may contact the Department to be evaluated and receive such an order.

Dated: 4/19/2020



---

Oxiris Barbot, M.D.  
Commissioner of Health

APPENDIX A

Isolation for Healthcare Personnel

I, \_\_\_\_\_ (insert your name), hereby affirm that I am subject to this Order and required to isolate myself beginning \_\_\_\_\_ (insert date) because:

**(you must complete both #1 and #2 below)**

1. Reason(s) for mandatory isolation (check all that apply):
  - I tested positive for COVID-19 on \_\_\_\_\_ (insert date of test).
  - I had contact with a known COVID-19 case; and I am currently experiencing symptoms of COVID-19, such as cough, fever, sore throat or shortness of breath; and I am unable to get a test.
  - I meet another qualification for mandatory isolation of healthcare workers described by the Department, NYSDOH or CDC.
  
2. I was advised to isolate and received documentation of such advice following a (check at least one):
  - Physical examination or telehealth consultation by \_\_\_\_\_ (insert name), who is my primary care physician or other medical professional on \_\_\_\_\_ (insert date).
  - Clinical consultation through the hotline identified on the website of the New York City Department of Health and Mental Hygiene on \_\_\_\_\_ (insert date) at \_\_\_\_\_ (insert approximate time).
  - Examination at \_\_\_\_\_ (insert name of hospital) on \_\_\_\_\_ (insert date).

This order requires me to maintain isolation for at least 7 days after illness onset, and permits me to return to work when I have been fever-free for at least 72 hours without the use of fever reducing medications, if other symptoms are improving.

If I have been tested and found positive for COVID-19, but have not had symptoms of COVID-19, this order requires me to maintain isolation for 7 days after the date of the positive test and, if I develop symptoms during that time, this order requires me to maintain isolation for 7 days after illness onset, and permits me to return to work when I have been fever-free for at least 72 hours without the use of fever reducing medications, if other symptoms are improving.

If I have developed symptoms, I must immediately inform my employer and follow my employer's directions regarding self-monitoring, reporting symptoms, and returning to work in accordance with the above paragraph and guidance from the Department or NYSDOH.

I have attached documentation showing that my isolation is or was necessary. Nothing in this Order shall preclude a hospital or other healthcare provider from requiring that its employees provide additional documentation or information that confirms the need for the isolation to its office of occupational health services or as otherwise directed.

I affirm the above statements are true and accurate to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

APPENDIX B

Isolation for Essential Personnel other than Healthcare Personnel

I, \_\_\_\_\_ (insert your name), hereby affirm that I am subject to this Order and required to isolate myself beginning \_\_\_\_\_ (insert date) because:

**(you must complete both #1 and #2 below)**

1. Reason(s) for isolation (check all that apply):

- I tested positive for COVID-19 on \_\_\_\_\_ (insert date of test).
- I had contact with a known COVID-19 case; and I am currently experiencing symptoms of COVID-19, such as cough, fever, sore throat or shortness of breath; and I am unable to get a test.
- I meet another qualification for mandatory isolation of essential workers described by the Department, NYSDOH or CDC.

2. I was advised to self-isolate and received documentation of such advice following a (check at least one):

- Physical examination or telehealth consultation by \_\_\_\_\_ (insert name), who is my primary care physician or other medical professional on \_\_\_\_\_ (insert date).
- Clinical consultation through the hotline identified on the website of the New York City Department of Health and Mental Hygiene on \_\_\_\_\_ (insert date) at \_\_\_\_\_ (insert approximate time).
- Examination at \_\_\_\_\_ (insert name of hospital) on \_\_\_\_\_ (insert date).

This order requires me to maintain isolation for at least 7 days after illness onset, and permits me to return to work when I have been fever-free for at least 72 hours without the use of fever-reducing medications and with other symptoms improving, if working from home would adversely impact essential services or functions.

If at any time I develop symptoms, I must immediately inform my employer and follow my employer's directions regarding self-monitoring, reporting symptoms, and returning to work in accordance with the above paragraph and guidance from the Department or NYSDOH.

I have attached documentation showing that my isolation is or was necessary.

I affirm the above statements are true and accurate to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

APPENDIX C

Isolation for Non-essential Employees

I, \_\_\_\_\_ (insert your name), hereby affirm that I am subject to this Order and required isolate myself beginning \_\_\_\_\_ (insert date) because:

Reason(s) for isolation (check all that apply):

- I tested positive for COVID-19 on \_\_\_\_\_ (insert date of test).
- I had contact with a known COVID-19 case; and I am currently experiencing more symptoms of COVID-19, such as cough, fever, sore throat or shortness of breath; and I am unable to get a test.
- I meet another qualification for mandatory isolation described by the Department, NYSDOH or CDC: \_\_\_\_\_ (specify).

This order requires me to maintain isolation for at least 7 days after testing positive for COVID-19. If I develop symptoms at any time, I must maintain isolation for at least 7 days after symptoms first appear, and I may return to work, including work from home as applicable, after I have been fever-free for at least 72 hours without the use of fever reducing medications, if other symptoms are also improving.

If available, I have attached documentation showing that my isolation is or was necessary.

I affirm the above statements are true and accurate to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature