ORDER OF THE HEALTH OFFICER OF THE COUNTY OF MENDOCINO
PUBLIC HEALTH EMERGENCY ISOLATION ORDER FOR COVID-19
DATE OF ORDER: August 03, 2020
EFFECTIVE UNTIL RESCINDED

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120275, et seq.)

UNDER THE AUTHORITY OF THE CALIFORNIA HEALTH AND SAFETY CODE
SECTIONS 101040, 101085, 120175, 120215, 120220, and 120225
THE COUNTY OF MENDOCINO HEALTH OFFICER ORDERS:

SUMMARY OF THE ORDER

1. California is in a State of Emergency because of the COVID-19 pandemic. The spread of Novel Coronavirus (COVID-19) is a substantial danger to the health of the public within the County of Mendocino. COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence and best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to Coronavirus Disease 2019 (COVID-19). This Order is intended to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19.

2. The age, condition, and health of a significant portion of the population of the County of Mendocino (“County”) places it at risk for serious health complications, including death, from COVID-19. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public at significant risk. Currently, there is no vaccine available to protect against COVID-19 and no specific treatment.

3. To help slow COVID-19’s spread, protect vulnerable individuals, and prevent the healthcare system in the County of Mendocino from being overwhelmed, it is necessary for the Health Officer to require the self-isolation of persons diagnosed with or likely to have COVID-19.

4. All healthcare providers within the County are requested to provide a copy of this Order to all individuals who have been diagnosed with or are likely to have COVID-19, fill out the Documentation of Service of the Public Health Emergency Isolation Order for COVID-19 form at the bottom of this Order and send the filled out Order to Mendocino County Department of Public Health via fax to (707) 472-2714.
UNDER THE AUTHORITY OF THE CALIFORNIA HEALTH AND SAFETY CODE
SECTIONS 101040, 101085, 120175, 120215, 120220, and 120225
THE COUNTY OF MENDOCINO HEALTH OFFICER ORDERS:

All individuals who have been diagnosed with or are likely to have COVID-19 must isolate themselves. Persons isolated are required to follow all instructions in this Order and the Public Health guidance documents referenced in this Order.

Violation of this Order is a crime, punishable by a fine of up to $10,000 and/or a year in jail. (Health & Safety Code §§ 120295 et seq.; Cal. Penal Code §§ 69 & 148)

Isolation Requirements for Individuals Diagnosed With or Likely to Have COVID-19

A. All individuals who have been diagnosed with or are likely to have COVID-19 must immediately take the following actions:

1. **Isolate themselves** in their home or another residence (in accordance with Section “C.” below). They may not leave their place of isolation or enter any other public or private place, except to receive necessary medical care or with the approval of County Public Health.

2. Carefully **review** and closely **follow** all requirements listed in the “Home Isolation Instructions” posted at [https://www.mendocinocounty.org/community/novel-coronavirus/health-order](https://www.mendocinocounty.org/community/novel-coronavirus/health-order) and attached to this order.

3. **Tell their close contacts that they need to quarantine themselves for 14 days after their last contact with them.** Close contacts are persons who had contact with someone diagnosed with or likely to have COVID-19 during the infectious period. The infectious period starts from 48 hours before symptoms began (or the date of the positive test if no symptoms) and ends when the isolation period is over. Close contacts are persons who:
   a. Live in or have stayed at the their residence OR
   b. Are intimate sexual partners. OR
   c. Provide or provided care to them without wearing a mask, gown, and gloves, OR
   d. Were within 6 feet of a case for a prolonged period of time (i.e., more than 10 minutes).

4. **Refer close contacts to the “Home Quarantine Orders”, posted at [https://www.mendocinocounty.org/community/novel-coronavirus/health-order](https://www.mendocinocounty.org/community/novel-coronavirus/health-order)** which describe steps that household contacts, intimate partners, and caregivers must take to prevent spread of COVID-19. Close contacts have likely been exposed to COVID-19 and if infected, can easily spread COVID-19 to others, even if they have only mild symptoms or no symptoms. Mendocino County Public Health will also be contacting these individuals to the extent possible.
B. Individuals are required to isolate themselves because they have or are likely to have COVID-19.

Self-isolation is immediately required if a person meets one or more of the following factors:

1. A positive lab test for the coronavirus (known as SARS-CoV-2) that causes COVID-19
2. Signs and symptoms that are consistent with COVID-19 (i.e., flu-like symptoms such as sore throat, coughing, shortness of breath, subjective fever (or a temperature of 100.0°F/37.8°C or greater), or sudden loss of sense of smell and/or taste), within 14 days of being in close contact with a person who had or was believed to have had COVID-19 OR
3. A healthcare provider has informed the individual that they are likely to have COVID-19, including that the individual has obtained a COVID-19 test, which results are pending.

These persons are required to self-isolate because a person infected with or likely to have COVID-19 can easily spread the virus to others. Isolation separates these ill individuals from others to prevent the spread of COVID-19. It protects everyone, including people who are at high risk for serious illness, such as older adults and people with weakened immune systems. **For purposes of this order, “date of test” means the date the sample was collected.**

C. Isolated individuals must isolate themselves in a residence and follow all directions in this Order until they are no longer at risk for spreading COVID-19 based on the following criteria:

1. Individuals with a positive test who never develop symptoms must isolate for 10 days from date of test. OR
2. Individuals with symptoms consistent with COVID-19 must isolate until:
   a. At least 3 days (72 hours) have passed since recovery, defined as resolution of both fever without anti-pyretic (the use of fever-reducing medications) and improvement of cough, shortness of breath and other symptoms; **AND**
   b. At least 10 days have passed since the date of test; whichever is later. **AND**
   c. When released from isolation by individual’s healthcare provider and/or appropriate public health authority.

**Note:** For those individuals who do not require hospitalization and who do not have a residence or are unable to return to their previous residence, the place of isolation will be determined by the County of Mendocino Department Operations Center by contacting the DOC COVID-19 Shelter Hotline (707) 472-2676.

The Mendocino County Health Officer may take additional action(s), which may include civil detention or requiring one to stay at a health facility or other location, to protect the public’s health if an individual who is subject to this Order violates or fails to comply with this Order. Violation of this Order is also a misdemeanor punishable by imprisonment, fine or both.

The individual or the individual’s authorized lawful representative may contact the Public Health, Communicable Disease Unit at (707) 472-2759 or DOC-Nursing@mendocinocounty.org, if the individual has any questions or seeks
clarification of any part of this order. If the individual or their authorized lawful representative believes that they are not a person described in the order, then the individual or their lawful authorized representative may submit a written objection to: 
HHSA_Admin@mendocinocounty.org

IT IS SO ORDERED:

08.03.2020

Dr. Noemi Doohan, MD, MPH
Health Officer, County of Mendocino

Documentation of Service of the Public Health Emergency Isolation Order for COVID-19:

On ______________(DATE) I served _______________________________(FULL NAME)
DOB____________ PHONE____________ ADDRESS:

a copy of: ORDER OF THE HEALTH OFFICER OF THE COUNTY OF MENDOCINO
PUBLIC HEALTH EMERGENCY ISOLATION ORDER FOR COVID-19

The individual presented for testing/sample collection on: ______________(DATE) at ______(TIME).
Isolation should be completed (10 days later): __________________(DATE) at ___________(TIME).

COPY OF THIS ORDER BY (CHECK ONE and identify where the individual will be isolating):

☐ In-person. The undersigned personally served this order.

☐ First class mail at _____________________________ (address)

☐ Phone at ____________________________ (phone number if different from above) and I spoke with
an individual who affirmatively identified themselves as the individual named in this Order. I then
personally informed the individual that they are required to isolate as set forth in the Public Health
Emergency Isolation Order for COVID-19, a copy of which is available at:

https://www.mendocinocounty.org/community/novel-coronavirus/health-order

The individual told me they will be isolating at:

_____________________________________________ (ISOLATION address)

and verbally confirmed understanding that isolation is until __________ (DATE) at ______(TIME).

SERVER’S INFORMATION

Name: ___________________________________ Telephone: _______________________
Address: ___________________________________________________________________

I declare under penalty of perjury under the laws of the State of California that the information
above is true and correct.

Date: ___________________ Signed:_____________________

PLEASE IMMEDIATELY FAX COMPLETED DOCUMENTATION OF SERVICE TO
COUNTY PUBLIC HEALTH (707) 472-2714