

Four Winds Hospital
COVID 19 Rapid Testing Instructions

Patient Name: _____ Date: _____

Please review the following instructions from your COVID-19 rapid testing:

_____ **Positive Result**

We will be reaching out to your outpatient mental health providers. Once this has occurred a member of our admissions team will be calling you to discuss your next steps.

1. Use Tylenol for fevers, unless you have a personal contraindication to using it.
2. You **MUST** begin isolation for 10 days from today. All those who have been in contact with you for more than 15 minutes over the last 48 hours **MUST** begin quarantine for 14 days from their last contact with you. Westchester County Department of Health Quarantine Protocol for 2019-Novel Coronavirus (2019-nCoV) is on the reverse of this form. If applicable, notify your child's school of the isolation period.
3. You can end the self-quarantine once you are fever-free for at least 72 hours without Tylenol; **AND** improvement for your respiratory symptoms (coughing, shortness of breath, etc.). The minimum of 10 days isolation still applies.
4. Please notify your/your child's primary care physician/medical provider to review the test results and discuss your/your child's medical needs.
5. Go to your local emergency room if you/your child are experiencing a psychiatric emergency. Additional crisis resources are attached.

_____ **Negative Result**

Bring this test result to the Admissions Department to proceed with the admission process. Please note: there is a false negative rate associated with all tests, including this one. You will be screened for symptoms upon arrival at the admissions building. All patients will continue to be screened for symptoms twice daily.

Signature

Print name

Date/time

Westchester County Department of Health Quarantine

Protocol for 2019-Novel Coronavirus (2019-nCoV)

1. I will remain at my location for the duration of the quarantine period. If I test negative for COVID-19 I will continue to be subject to quarantine for the entire quarantine period.
2. I am not permitted to attend work or school outside my home. I will not visit enclosed public spaces (grocery stores, drugstores, department stores, shopping malls, theaters, religious services, community centers) or attend any social gatherings.
3. WCDH or NYS contact tracers may communicate with me at least daily to check my condition and symptoms during the quarantine period. I am required to answer their questions regarding my condition. During the quarantine period, WCDH may make unannounced visits.
4. If I am housed together with family or others then such household members are permitted to remain in the home but are not subject to a quarantine, and therefore may leave the home. If I subsequently test positive, those household members will be required to quarantine and will not be able to leave the home. Other non-household members/visitors are not permitted in my living quarters. It is recommended that I not share my bed, bedroom or bathroom with household members and keep my bedroom door closed. It is further recommended that I not eat in the same room with household members and not share linens, towels, eating utensils, cups and plates, and that I limit my time in common household area such as bathrooms and kitchens. I will wear a face mask whenever I leave my bedroom.
5. Persons in the household under quarantine can walk outside their house on their own property, so long as they wear a mask, but they must not come within six feet of neighbors or other members of the public. Persons living in a multiple dwelling under quarantine may not utilize common stairways or elevators to access the outside.
6. All household members will be informed of my quarantine status.
7. Garbage should be bagged and left outside my door for pickup.
8. If I have a fever of $\geq 100.4^{\circ}\text{F}$ / $\geq 38.0^{\circ}\text{C}$ (or feel feverish) or develop any other symptoms of 2019-nCoV infection, I will report this to the WCDH or NYS contact tracers as part of my daily monitoring. I will also call my medical provider and inform my provider that I am under quarantine for COVID-19 and have become symptomatic. If I don't have a provider I will ask the WCDH or NYS contact tracer where I can go for medical care:

Symptoms include: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

1. If I, or any household member, experiences a life threatening condition, we will call 911 and notify the dispatcher that a person in the living quarters is under quarantine for 2019-nCoV infection so that responders can take proper precautions.
2. I am aware that if I become symptomatic or ill, those persons staying with me in my living quarters may be subject to mandatory quarantine and I may be subject to isolation.
3. As part of my daily monitoring, I will notify the WCDH or NYS contact tracers of any needed care or services such as food, supplies, medicine or other supports that I require. If I require immediate attention, I can call **866-588-0195**