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POLICIES FOR THE PREVENTION AND CONTROL OF COVID-19 IN NEW MEXICO

October 16, 2020

Note: These policies are based on the best scientific information available as of the date above. Policies will be updated as new information becomes available.

EPIDEMIOLOGY AND RESPONSE

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BACKGROUND AND PURPOSE

The New Mexico Department of Health is committed to the health and safety of New Mexicans during the COVID-19 pandemic. The purpose of this document is to provide the most current guidance for the public, healthcare providers, and employers who may be involved in a COVID-19 public health investigation or have general questions about what to do if they or someone they know tests positive for COVID-19 or may have been exposed to someone who has COVID-19.

Experts at the Centers for Disease Control and Prevention (CDC) and other leading scientific research centers are learning more every day about COVID-19. Much remains unknown. The policies contained in this guide are based on the best scientific information available as of the document date found on the cover page. These policies will be updated as new information becomes available. This document will also be updated as Executive and Public Health Orders change over the course of this public health emergency.

The guidance in this document reflects the New Mexico Department of Health's epidemiologists' recommendations based on current CDC guidance, scientific evidence, New Mexico's experience to date with the disease and a careful approach that acknowledges that there is still limited understanding of the virus, how it spreads, and who may be vulnerable to significant illness and harm. This guidance is designed to help New Mexico contain COVID-19 until a time when we have a widely administered vaccine that prevents the spread of COVID-19 among our states' residents.

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INTRODUCTION

This guide sets forth the New Mexico Department of Health (NMDOH) policies for containing COVID-19 until there is a widely administered vaccine throughout New Mexico and the United States that prevents the spread of COVID-19. This guide provides a basic overview of key containment policies. Additional technical resources for healthcare providers, NMDOH staff (including case investigators and contact tracers), businesses and others responsible for protecting against the spread of COVID-19 in their agencies or institutions are contained in the Appendices. In addition, the State of New Mexico published [All Together New Mexico](#), a guide for individuals and businesses on COVID Safe Practices. That guide is an important additional resource, especially for employers, and – like these COVID-19 containment policies – will be updated as needed.

Section I of the guide explains what COVID-19 is, how it spreads and how we can best prevent its spread. It also provides information about different types of masks and NMDOH’s testing priorities.

Section II explains the policies around self-isolation (for those who have COVID-19) and quarantine (for those who may have been exposed to COVID-19 and are at risk of developing and spreading the disease).

Section III describes when a person is considered to have recovered from COVID-19 and is able to end isolation.

Section IV addresses workplace environments, including rapid responses, quarantine, and isolation policies, and return to work when there is a positive case in the workplace.

Section V provides some additional technical guidance for healthcare providers, NMDOH staff, case investigators and contact tracers.

Section VI summarizes the rules reflected in current public health orders.

Appendix A contains a complete set of definitions of terms used in this guidance.

SECTION I

WHAT IS COVID-19 AND HOW DO WE STOP IT FROM SPREADING?

What is COVID-19?

COVID-19 is a highly infectious and fast-spreading disease caused by a new form of coronavirus that was identified in late 2019. The official name of this novel coronavirus is SARS-CoV-2 but because COVID-19 is ubiquitous in the public discourse, we want to avoid confusion. For the purposes of this document, we have used the term COVID-19 to indicate either the virus or the disease.

There is currently no vaccine to prevent COVID-19. Symptoms and their effects can range from mild to severe and in certain cases result in extreme health complications and death. The Centers for Disease Control and Prevention (CDC) has identified numerous symptoms associated with COVID-19 and periodically updates that [list of symptoms](#). Positive cases of COVID-19 have been – and continue to be – identified in communities across New Mexico.

How Do People Get COVID-19?

We are still learning about how the virus spreads and the severity of illness it causes. According to the CDC, COVID-19 is thought to [spread mainly from person-to-person](#).

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

[CDC reports](#) that studies indicate that COVID-19 may be spread by people who are not showing symptoms. That includes people who are pre-symptomatic (they have not yet developed symptoms) and those that are asymptomatic (they never develop symptoms of COVID-19). Case investigation data in New Mexico suggest that pre-symptomatic and/or asymptomatic spread is common. This makes it much harder to prevent the spread of COVID-19 because people may not know that they have the disease and can easily and unknowingly spread it to others.

How do We Prevent the Spread of COVID-19?

Just like with many other illnesses, the best way to protect yourself from COVID-19 is to avoid exposure to the virus that causes COVID-19. This requires taking steps to protect yourself and to protect others.

- Clean your hands often and avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your coughs and sneezes.
- Stay home except for essential purposes and/or to seek healthcare.
- Stay home if you are sick and avoid close contact with other people who are sick.
- Practice social distancing by putting at least 6 feet of distance between yourself and other people.
- Wear a mask or cloth face covering. In New Mexico, everyone is required to wear a face covering when in public except when drinking, eating, or under medical instruction. New Mexico now requires all persons to wear a mask while exercising whether indoor or outdoor. Masks and cloth face coverings may prevent people who do not know they have the virus from transmitting it to others. Wearing a mask is a sign of respect for other people and demonstrates your desire not to be a source of infection for them, just as you would like for them to be looking out to protect you.
- Clean and disinfect frequently touched surfaces.

Because COVID-19 is so contagious and can be spread by people who do not have any apparent symptoms, people who have tested positive for COVID-19 and people who have had close contact with someone who tested positive for COVID-19 should physically separate themselves from other people. Section II of this guide describes the policies around physical separation and explains the difference between “isolation” and “quarantine.”

When and What Type of Face Masks Should the Public Use?

Widespread use of facemasks that cover both the mouth and nose have been shown to reduce the spread of COVID-19. New Mexicans are required to use facemasks during the public health emergency.

Face Mask or Cloth-Face Covering in Public

Unless a healthcare provider instructs otherwise, all individuals must wear a mask or cloth-face covering in public settings except when eating and drinking or swimming. The mask or cloth-face covering should cover the nose and mouth.

A mask or cloth-face covering must also be worn while exercising. This requirement includes exercising at indoor gyms, exercise classes and fitness centers.

Non-compliance by an individual may result in a citation and/or fine.

Face Mask or Cloth-Face Covering for Businesses

A business may not allow a person who is without a mask or cloth-face covering to enter the premises except when that person has a written exemption from a healthcare provider. This requirement includes indoor gyms, exercise classes and fitness centers.

The mask or cloth-face covering should cover the nose and mouth.

Non-compliance by a business may result in a citation and/or fine.

NMDOH Does Not Recommend Use of Face Shields as a Substitute for Face Masks

The purpose of a face mask or cloth face covering is to reduce the spread of infectious droplets by the person wearing the mask.

The purpose of a face shield is to protect the wearer from splashes and sprays from others, primarily to protect the eyes. It is unknown if face shields protect others if the person wearing it is infectious. Respiratory droplets expelled when someone coughs, sneezes or speaks can be dispersed through the bottom and sides of the shield. ***CDC and NMDOH do not recommend use of face shields for normal everyday activities or as a substitute for masks.***

NMDOH Does Not Recommend Face Masks with Valves or Vents

Some masks with valves or vents allow air to be exhaled through a hole in the material, which can result in respiratory droplets reaching other people. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. For that reason, ***CDC and NMDOH do not recommend using masks with an exhalation valve or vent to prevent the spread of COVID-19.*** These types of masks are commercially available but do not prevent the wearer from spreading the virus.

What are New Mexico's Testing Priorities for COVID-19?

NMDOH at this time does not recommend the use of antibody testing to determine if someone is infected or if someone is protected from getting COVID-19. Instead, diagnostic testing should be used to determine whether someone has the virus ***at the time the test specimen is collected.***

NMDOH strongly encourages the following groups to obtain such tests:

- Symptomatic people displaying the COVID-19 symptoms of cough, fever, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and/or loss of taste or smell;
- Asymptomatic people who are close contacts or household members of people who have already tested positive for the coronavirus and are in their infectious period
- Asymptomatic people who live or work in high-risk congregate settings such as long-term care facilities, detention centers and correctional facilities
- Patients who are scheduled for surgery and whose provider has advised them to get tested before the procedure.

Testing associated with rapid response to COVID-19 exposures in facilities and workplaces by New Mexico State Government may be broader than the testing priorities above. In addition, the state has a comprehensive plan to ensure that vulnerable populations have enhanced access to testing. A list of open test sites can be found each day on the [NMDOH Coronavirus website](#).

SECTION II

SELF-ISOLATION AND SELF-QUARANTINE

The terms “self-isolate” or “self-quarantine” refer to the voluntary physical separation of a person or group of people in a residence or other place of lodging. **Any person who is self-isolating or self-quarantining** may only leave a residence or place of lodging to receive medical care and should not allow others into the residence or place of lodging except for those providing medical care, emergency response, or other individuals designated by the New Mexico Department of Health.

What is the Difference Between Self-Isolation and Self-Quarantine?

Both isolation and quarantine are public health terms that refer to someone being physically separated from other people to prevent the spread of a contagious disease.

- **Isolate** if you are sick or test positive for COVID-19
- **Quarantine** if you are at risk of having been exposed or have had close contact with someone with COVID-19

Isolation separates sick people with a contagious disease – and, in the case of COVID-19, those with and without symptoms who have tested positive for COVID-19 – from people who are not sick. These people need to isolate themselves even from others in their own home. **People with COVID-19 have the highest risk of spreading it to others and must be strict in their hygiene and physical separation from others.** If you test positive for COVID-19, your healthcare provider or someone from NMDOH will ask you to self-isolate until you recover from the disease (recovery is explained below). Self-isolation means a person is voluntarily isolating.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to monitor if they become sick. These people may have been exposed to a disease and do not know it or they may have the disease but do not show symptoms. **If you travelled to New Mexico from another state, live with someone who tested positive for COVID-19 or had close contact with someone with COVID-19 at work or elsewhere, you should self-quarantine. Self-quarantine means a person is voluntarily quarantining.**

14-Day Quarantine Period for COVID-19

If you have been exposed to someone with COVID-19, **there is a 14-day period during which you might become infected.** That is sometimes called the “incubation period” for the disease. The 14

days runs from the last date you had a close contact with the person with COVID-19. That is also why the travel quarantine in New Mexico runs for 14 days. Travelers may carry the virus across state lines and across international borders without knowing it. Travelers unintentionally have brought cases to New Mexico.

Quarantine if You Have Travelled to New Mexico From Outside the State

All persons who have arrived in New Mexico from a state with a positive test rate higher than 80 per 1,000,000 residents or a test positivity greater than or equal to 5%, over a seven-day rolling average, or from outside the United States are mandated to self-quarantine for a period of at least 14 days from the date of their entry into the State of New Mexico or for the duration of their presence in the State, whichever is shorter.

The most current list of restricted U.S. states can be found in the [Social Distancing & Travel Restrictions](#) page of the NMDOH COVID-19 website.

Exceptions to the mandatory 14-day quarantine of out-of-state arrivals are outlined in the [New Mexico Executive Order 2020-072](#). The Executive Order states:

3. All persons entering New Mexico from a state with a positive test rate lower than 80 per 1,000,000 residents, and a test positivity rate lower than 5%, over a seven-day rolling average, are still advised to quarantine, although quarantine is not mandatory. New Mexico residents are further advised that they should be tested for COVID-19 within 5 to 7 days after their return to New Mexico from one of these states.
4. Any New Mexico state employee who vacations in another state and is required to quarantine upon reentering New Mexico will not be eligible for the paid leave provided by the Families First Coronavirus Response Act.
5. This Order's direction to self-quarantine does not apply to persons employed by airlines, those performing public safety or public health functions, military personnel and their dependents, federal employees, those employed by a federal agency or national defense contractor, emergency first responders, health care workers, New Mexico residents who have left the State to obtain medical care, New Mexico residents who have left the State for less than twenty-four hours for matters attendant to parenting responsibilities, elementary, middle school, or high school students who attend school in neighboring states or who commute in New Mexico to attend school, those arriving in the State pursuant to a Court order, and persons who are employed or contracted by an "essential business", as defined by the operative public health order addressing mass gathering restrictions and business closures, and who are traveling into New Mexico to conduct business activities.

Quarantine if You Had Close Contact with Someone Who Tested Positive

Quarantine is required if you had a close contact with someone who tests positive for COVID-19 and the contact occurred during that person's infectious period. Quarantine helps New Mexico reduce the spread of COVID-19.

If you have a close contact with a confirmed case, you are encouraged to get tested for COVID-19. Testing can determine if you are contagious and may have spread the disease to others, including members of your own household.

A negative test result does not end the quarantine period. Infection can occur at any point during the quarantine period and the full quarantine period should be completed.

Your last day of self-quarantine is 14 days after your last contact with the person who tested positive for COVID-19.

If you **live with and/or care for someone with a confirmed COVID-19 case**, then self-quarantine runs for 14 days ***after*** that person **completes** their infectious period.

What does it Mean to Be in “Close Contact” with Someone with COVID-19 Who is in their “Infectious Period”?

“***Close contact***” means spending 3 minutes or longer within 6 feet of someone who is confirmed to have COVID-19 when that person was in their infectious period. Wearing a mask or cloth-face covering does not affect the definition for close contact.¹

An “***infectious period***” of a disease is the time during which an infected person is contagious and most likely to spread disease to others.

- ***For people with symptoms, the infectious period begins 2 days before the person experiences symptoms and extends 10 days after the onset of symptoms, provided that there has been no fever for at least 24 hours without using fever-reducing medicines, and symptoms have resolved or improved.***
 - ***For people with “severe” COVID-19 illness – those who have been hospitalized in an intensive care unit with or without mechanical ventilation – or people with severe immunosuppression², the infectious period extends 20 days after the***

¹ Contact with a COVID-19 case in a healthcare setting where appropriate personal protective equipment (PPE) is worn is not considered a COVID-19 exposure. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

² Severe immunosuppression includes being on chemotherapy for cancer, untreated HIV infection with CD4 T

onset of symptoms.

- ***For people who never have symptoms, the infectious period begins 2 days before their test specimen was collected and extends 10 days after the specimen collection date.***

The infectious period is closely related to when someone will be considered “recovered” from COVID-19 and can stop isolating. This date may not coincide with full recovery from symptoms or secondary effects of the infection.

Special quarantine requirements for residents of long-term care facilities

Due to the high risk of spread in long-term care facilities (LTCFs) which house some of our most vulnerable New Mexicans, the following residents must quarantine for 14 days when they enter a LTCF even if they have not had a known close contact with someone who tested positive for COVID-19:

- Newly admitted residents
- Residents who are readmitted to a LTCF facility after being hospitalized
- Residents who leave the facility to receive routine outpatient services (such as dialysis, chemotherapy, etc.)

When Should Close Contacts Be Tested?

Close contacts without symptoms are encouraged to get tested for COVID-19. In this case, testing should be performed no sooner than 3 days and ideally 7-10 days after the last date of exposure to someone who tested positive.

If testing is performed on close contacts without symptoms who will be released from quarantine to high-risk settings (e.g., general population of a corrections facility or long-term care facility), then testing should ideally be performed at the end of the quarantine period.

Note: Testing during the quarantine period does not end the quarantine period. The full quarantine period should be followed because a negative result does not mean that the contact will not become infectious later in their quarantine period.

lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about infectiousness or duration of isolation.

Why Can Someone Recover from COVID-19 in 12 Days, but Someone who has been Exposed to COVID-19 has to Quarantine for 14 Days?

The reason isolation and quarantine have different time requirements is because there is a difference between how long someone is *infectious* and might spread the virus to others (12 days total) and *the incubation period* – how long it can take for the disease to appear after someone has had close contact with someone with COVID-19 (14 days). That is also the reason why case investigators go back 14 days from the date someone developed symptoms to determine how they may have become infected.

SECTION III

WHEN DOES SOMEONE RECOVER FROM COVID-19 AND STOP SELF-ISOLATION?

Because some people with COVID-19 experience symptoms and some do not, there are different ways for determining whether someone has recovered from COVID-19 and is no longer contagious.

The *symptom-based method* should be used when someone had COVID-19 symptoms, even if those symptoms develop after the person tests positive for COVID-19.

The *time-based method* should be used when someone never developed symptoms.

Ending Self-Isolation if You Had COVID-19 Symptoms

If you had symptoms but did not have severe illness or severe immunosuppression, you may end your self-isolation after:

- At least 1 day (24 hours) has passed without a fever (and without the use of fever-reducing medications) **and** your symptoms have improved; **AND**,
- At least 10 days have passed *since symptoms first appeared*.
- If you had severe COVID-19 illness – you were hospitalized in an intensive care unit with or without mechanical ventilation (“severe illness”) – or have severe immunosuppression³ you may end your self-isolation after:
- At least 1 day (24 hours) has passed without a fever (and without the use of fever-reducing medications) **and** your symptoms have improved; **AND**,

³ Severe immunosuppression includes being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of isolation.

- At least 20 days have passed *since symptoms first appeared*.

Ending Self-Isolation if You Never Had Any COVID-19 Symptoms

If you tested positive for COVID-19 and ***never developed*** any symptoms, you can end your self-isolation ***10 days after the date your test specimen was collected that resulted in your positive test***.

If you have a severe immunocompromising³ condition without symptoms, you should wait at least ***20 days after the date your test specimen was collected that resulted in your positive test before ending your self-isolation***.

SECTION IV

COVID-19 IN THE WORKPLACE – RAPID RESPONSE, ISOLATION, QUARANTINE AND RETURN TO WORK

Some people – and many employers – have relied on negative tests to determine whether someone is no longer infectious and has recovered from COVID-19. ***The test-based method is no longer recommended by CDC or NMDOH***. Some environments at higher risk of rapid spread and severe illness, such as long-term care facilities and correctional facilities, might implement more stringent requirements for the discontinuation of isolation, to include additional testing.

NMDOH does not recommend that employers or schools require employees or students to provide proof of a negative test before they may return to work or school after having been diagnosed with COVID-19.

Rapid Response: Protocols for Businesses Where a Positive Case is Identified

When a COVID-19 case is identified in a place of business or high-risk facility or population, the state of New Mexico initiates a “rapid response.” Through this process, NMDOH or its designee (another department in state government) requires that businesses and facilities follow appropriate testing and infection control protocols to ensure that COVID-19 is contained and to limit additional risk to employees, residents, or the public. The policies outlined in this document form the basis for those requirements; however, in some populations or facilities, additional, more protective measures may be required. NMDOH or its designee will ensure that impacted businesses and facilities are notified of any additional requirements.

The New Mexico Environment Department (NMED) filed an [emergency amendment](#) on August 5, 2020 that requires employers to report positive COVID-19 cases in the workplace to the NMED Occupational Health and Safety Bureau within four hours of being notified of the case. Frequently, NMED does not learn of positive cases until after the employer is notified by the

positive employee, causing a delay in rapid response deployment. The requirement for employers to report positive COVID-19 cases among employees within four hours of being notified will allow NMED to respond more quickly and prevent spread among employees.

- Email: NMENV-OSHA@state.nm.us
- Phone: 505-476-8700
- Fax: 505-476-8734

Quarantine: Close Contact with a Confirmed COVID-19 Case in an Essential Business Setting

If a person has close contact with a confirmed COVID-19 case(s) during their infectious period in a workplace that is considered an essential business, as defined by the [NMDOH public health order](#), the preference and best practice is to quarantine for 14 days from the last exposure to the case. A negative test result does not end the quarantine period.

If an essential business will be forced to cease operations due to the quarantine of close contacts, then close contacts of a case at an essential business may be allowed to return to work as long as they test negative following the exposure and are pre-screened for fever and symptoms daily, regularly monitored, wear a face mask, and maintain at least 6 feet distance from others while in the workplace. Such workers should maintain full quarantine outside of work during the quarantine period. Exemption from home quarantine must be approved by NMDOH or other state regulatory authority.

Quarantine: Close Contact with a Confirmed COVID-19 Case in a Non-Essential Business Setting

When a person has close contact with a confirmed COVID-19 case during the case's infectious period in a workplace considered a non-essential business, that person should quarantine for 14 days from the last exposure to the case regardless of a negative test result.

Quarantine: Close Contact with a Confirmed COVID-19 Case for Healthcare Personnel in a Healthcare Setting

Close contact in a healthcare setting where necessary personal protective equipment (PPE) is worn properly for droplet and/or aerosol precautions by a healthcare provider, as required for COVID-19, is NOT considered an exposure, and does not require quarantine.

In circumstances where close contact occurs with a confirmed COVID-19 case without necessary PPE properly worn, and quarantine of healthcare personnel would result in critical staffing shortages or inability to maintain essential healthcare services, healthcare personnel may be allowed to return to work during quarantine as long as they are pre-screened for fever and symptoms daily, regularly monitored, and wear at least a face mask at all times when additional

PPE is not required. If a healthcare entity determines that it will allow healthcare personnel to return to work following a close contact with a confirmed COVID-19 case, it must notify DOH each time it makes such a determination and provide the date of the known contact, the type of healthcare provider and when the quarantine period will end. ***Such workers should maintain full quarantine outside of work during the quarantine period.***

As set forth in [New Mexico Executive Order 2020-056](#), this allowance for healthcare personnel to work during quarantine does not apply to vacation travel out-of-state and back.

Quarantine: Laboratory Exposure to COVID-19

If laboratory staff are exposed to a specimen that is positive for COVID-19 (i.e., The vial containing the positive specimen breaks), then the laboratory staff should be treated as close contacts.

If the broken vial contained inactivating transport medium or an extracted specimen, then no quarantine is required because the virus is inactivated. If the broken vial contained live virus, then the laboratory staff must quarantine for 14 days after the date of the exposure.

SECTION V

ADDITIONAL GUIDANCE FOR HEALTH CARE PROVIDERS, NMDOH STAFF, CASE INVESTIGATORS AND CONTACT TRACERS

Identifying Contacts of a Confirmed COVID-19 Case

A list of close contacts of a confirmed COVID-19 case should be collected and notified starting 2 days prior to illness onset date if symptomatic or 2 days before the date of collection of the positive test result if asymptomatic through 10 days from symptom onset date or 10 days from specimen collection date in asymptomatic cases.

Determining Possible Exposures as a Source of Infection for a Confirmed COVID-19 Case

Case investigators should identify possible exposures that may have been the source of infection for a confirmed COVID-19 case. These exposures should be determined 14 days prior to illness onset date if symptomatic or 14 days before the date of collection of the positive test result if asymptomatic.

Recovered COVID-19 Cases and Close Contact

If a recovered COVID-19 case is identified as a close contact with another confirmed COVID-19 case within 3 months of their illness onset date (if symptomatic) or specimen collection date (if asymptomatic):

- The recovered COVID-19 case does not need to be quarantined or re-tested for SARS-CoV-2 (e.g., as part of a contact tracing investigation or workplace screening).
- If the recovered COVID-19 case becomes **symptomatic** during the 3 months after illness onset and a medical evaluation fails to identify a diagnosis other than COVID-19 infection (e.g., influenza), then the recovered case may warrant evaluation for SARS-CoV-2 reinfection by a healthcare provider in consultation with the New Mexico Department of Health.

If a recovered COVID-19 case is identified as a close contact of another confirmed COVID-19 case 3 months or more after their illness onset date if symptomatic or specimen collection date if asymptomatic:

- The recovered COVID-19 case must self-quarantine for 14 days after the date of the last contact with the confirmed case.

Determine Recovery When a Case Cannot Be Reached to Confirm Recovery

NMDOH attempts to verify recovery of each COVID-19 case when they meet the criteria for no longer being infectious and discontinuation of self-isolation. When unable to verify directly with the case, the following procedure will be used to establish recovery.

- If a case is not hospitalized and no death certificate has been received for the case within 8 weeks of the symptom onset date if symptomatic or positive test specimen collection date if asymptomatic, then the case will be considered recovered.

Note: “Recovery” is a public health surveillance term that indicates that the case is no longer infectious. It may or may not coincide with full recovery from symptoms or secondary effects of the infection.

Associating Test Results to Symptoms

If you had a positive test specimen collected 10 days or less **before** you had symptoms or 10 days or less **after** you had symptoms, the symptom-based method will be used to determine the infectious period.

If your symptoms started 10 days or less **before** the date your test specimen was collected and

resulted in your positive test, then the symptom-based method will determine discontinuation of isolation. It is possible that by the time your positive test result is reported, you may have already completed your infectious period.

If your symptoms started 10 days or less **after** the date your test specimen was collected and resulted in your positive test, then the symptom-based method will be used to determine your infectious period and is based on your symptom onset date. Close contacts will be determined from 2 days before your symptom onset date. Isolation will be extended at least 10 days after your symptom onset date.

The Possibility of Reinfection

Reinfection with COVID-19 is presumed to be rare, but not sufficiently understood at this time to disregard.

Another positive diagnostic molecular test for COVID-19 (e.g., PCR) obtained 3 or more months after the initial illness onset date will be considered a new infection if the case recovered between positive test results.

If a recovered COVID-19 case becomes **symptomatic** during the 3 months since the illness onset date of their first infection and a medical evaluation fails to identify a diagnosis other than COVID-19 infection (e.g., influenza), then the recovered case may warrant evaluation for COVID-19 reinfection by a healthcare provider in consultation with the New Mexico Department of Health.

What if a Confirmed COVID-19 Case Tests Positive During or After Self-Isolation Period?

In instances where a person with confirmed COVID-19 re-tests positive during or within 3 months of initial illness onset date if symptomatic or initial specimen collection date if asymptomatic, NMDOH recommends the following to determine the completion of the symptom-based or time-based isolation period:

- If the case remains **asymptomatic** at the time of the new positive test, the result should be interpreted as non-infectious and not affect the determination established by the symptom- or time-based method for discontinuation of isolation.
- If the case became **symptomatic** at the time of the new positive test, and a medical evaluation fails to identify a diagnosis other than COVID-19 infection (e.g., influenza, seasonal allergies), then the person should restart the symptom-based method from the date of symptom onset for the last positive result and be evaluated for possible re-infection.

Recovery from COVID-19 disease is indicated and isolation is discontinued when all conditions of the symptom- or time-based methods for discontinuation of self-isolation are met.

If the conditions of the test-based method were used, which is no longer recommended, then the case will be considered recovered.

Serological Testing for Diagnosis of COVID-19

Severe symptoms of COVID-19 may be delayed due to the inflammation process that occurs during infection. It is possible that virus shedding may have stopped by the time of hospitalizations and a molecular diagnostic test result will be negative.

- For a hospitalized patient who presents with symptoms consistent with COVID-19, but without a positive test result and medical evaluation does not identify an alternative diagnosis (e.g., a different respiratory pathogen), a positive serology result will be considered “suspect” and the clinical care team should provide care accordingly.
 - NMDOH will not consider this patient infectious with COVID-19 based on the negative molecular test result.
 - “Suspect” COVID-19 cases are not included in the daily report of New Mexico COVID-19 cases.

SECTION VI

PUBLIC HEALTH ORDERS, MASS GATHERINGS, EDUCATION, BUSINESSES AND RECREATIONAL ACTIVITIES

This section of the Guide summarizes the current restrictions public health orders place on mass gatherings, a variety of businesses, and on various recreational activities during the public health emergency. This section will be updated when public health orders change.

Mass Gatherings

All mass gatherings are prohibited. Mass gathering is defined by any public gathering, private gathering, organized event, ceremony, parade, organized amateur contact sport, or other grouping that brings together more than five (5) individuals in a single room or connected space, confined outdoor space or an open outdoor space. Indoor and outdoor parades are prohibited.

This does not include the presence of more than five (5) individuals where those individuals regularly reside. “Mass gathering” does not include individuals who are public officials or public employees in the course and scope of their employment.

Essential Businesses

[Essential businesses](#) may remain open and must comply with [COVID-Safe Practices for Individuals and Employers](#), including any identified occupancy restrictions.

Essential businesses identified as a “retail space” may not exceed 25% of the maximum occupancy of any enclosed space on the business’s premises, as determined by the relevant fire marshal or fire department.

Further, they may not allow a person who is without a mask or multilayer cloth face covering to enter the premises except where that person is in possession of a written exemption from a healthcare provider.

If customers are waiting outside of a business, the business must take reasonable measures to ensure that customers maintain a distance of at least 6 feet from other individuals and avoid person-to-person contact.

Non-Essential Businesses

Any business that is not identified as an “essential business”, “close contact business”, “food and drink establishment”, “house of worship”, “close-contact recreational facility”, “outdoor recreational facility”, or “place of lodging” may open provided that the total number of persons situated within the business does not exceed 25% of the maximum occupancy of any enclosed space on the business’s premises, as determined by the relevant fire marshal or fire department. Non-Essential Businesses must comply with [COVID-Safe Practices for Individuals and Employers](#), including any identified occupancy restrictions.

If customers are waiting outside of a business, the business must take reasonable measures to ensure that customers maintain a distance of at least 6 feet from other individuals and avoid person-to-person contact.

Food and Drink Establishments

Food and drink establishments may provide dine-in service, but they may not exceed more than 25% occupancy of the maximum occupancy in any enclosed space on the premises, as determined by the relevant fire marshal or fire department.

If the establishment chooses to provide indoor dining, they must ensure at least six feet of distance between tables. No more than six patrons may be seated at any single table. No bar or counter seating is permitted. Dine-in services shall be provided only to patrons who are seated at table, and patrons may not consume food or beverage while standing.

Food and drink establishments may also provide dine-in service only in outdoor seating areas up

to 75% occupancy, and must space tables at least six feet apart. Similarly, no more than six patrons may be seated at any single table. No bar or counter seating is permitted. Patrons must be seated in order to be served food or drink unless ordering food for carryout.

Any food or drink establishment serving alcohol must close at 10:00 p.m. each night.

Food and drink establishments may provide carryout service, or delivery service if otherwise permitted by law.

If customers are waiting outside, the food and drink establishment must take reasonable measures to ensure that customers maintain a distance of at least 6 feet from other individuals and avoid person-to-person contact.

Expansion of outdoor service areas must be approved by the appropriate local government agency.

- If service includes a liquor licensed premises, complete an application for approval through the Alcohol and Beverages Control (ABC) Division, which can be found on their [website](#)
- The area must be open on at least three sides when in use for outdoor dining. Tent sidewalls may be added for security when the facility is not in use.
- Tents may be utilized if approved by the appropriate local government agency.
- Opening a garage door or all windows does not constitute an outdoor dining area.

Food and drink establishments may continue to operate carry out, indoor pickup, curbside and delivery services as long as these comply with [COVID-Safe Practices for Individuals and Employers](#).

Bars

See Close-contact Recreational Facilities.

Houses of Worship

Houses of worship may hold services and other functions and may not exceed 40% of the maximum occupancy of any enclosed building as determined by fire code. Faith-based institutions may hold services outdoors if COVID-safe practices are used, or through audiovisual means.

Houses of worship means any church, synagogue, mosque, or other gathering space where persons congregate to exercise their religious beliefs

Close-contact businesses

Close-contact business” includes barbershops, hair salons, gyms, group fitness classes, tattoo parlors, nail salons, spas, massage parlors, esthetician clinics, tanning salons, guided

raft tours, guided balloon tours, and personal training services.

Close-contact businesses may operate at up to 25% of the maximum occupancy of any enclosed space on the premises as determined by the fire code.

Bowling alleys may open for league play only and must adhere to occupancy restrictions and all applicable [COVID-Safe Practices for Individuals and Employers](#) including wearing masks.

Ice skating rinks may operate for athletic training and practice by reservation only.

Close-contact Recreational Facilities

Recreational facilities must remain closed.

Close-contact recreational facilities include indoor movie theaters, indoor museums with interactive displays or exhibits and other similar venues, bowling alleys, miniature golf, arcades, amusement parks, aquariums, casinos, concert venues, professional sports venues, event venues, bars, dance clubs, performance venues, go-kart courses, automobile racetracks, adult entertainment venues, and other places of recreation or entertainment.

Museums with static displays may operate at up to 25% of the maximum occupancy in any enclosed space on the premises, as determined by the relevant fire marshal or fire department.

A “bar” is defined as any business that generated more than half of its revenue from the sale of alcohol during the preceding fiscal year.

Casinos are considered close-contact recreational facilities. All casinos shall remain closed. This excludes casinos operating on Tribal lands.

Outdoor Recreational Facilities

Outdoor recreational facilities include outdoor golf courses, public swimming pools, outdoor tennis courts, summer youth programs, youth livestock shows, horseracing tracks, botanical gardens, outdoor zoos, and New Mexico state parks.

Golf courses may open. Restaurants associated with golf courses must follow the guidance for dine-in restaurants.

Public swimming pools are limited to the concurrent use of not more than ten (10) persons. Play and splash areas shall be closed.

Outdoor tennis facilities may open for outdoor use only.

Horse racing facilities may operate without spectators.

Summer youth programs, youth livestock shows, botanical gardens, zoos, and New Mexico state parks provided they comply with the pertinent [COVID-Safe Practices for Individuals and Employers](#).

U-pick produce operations and corn mazes will be permitted to operate in accordance with [COVID-19 Safe Practices for Agrotourism](#).

State parks are open to New Mexico residents only. Out-of-state visitors are restricted from entry. Visitors to the state parks must demonstrate proof of residency or will not be permitted entry. Proof of residency includes a valid NM license plate, NM driver's license or ID card, NM vehicle registration, federal document attesting to residency, or military identification.

The State Parks Division is directed to **extend the use of annual camping passes** that were purchased after March 2019 for a period determined by the State Parks Division related to the original expiration date due to closure of State Parks to camping. New Mexicans may overnight camp at most state parks in groups of no more than 10 and will be effective October 1, 2020.

Indoor Shopping Malls

Indoor shopping malls are permitted to operate provided that the total number of persons within the building at any given time does not exceed 25% of the maximum occupancy of the premises as determined by the fire code. Food courts must remain closed. Loitering is not permitted.

Drive-In Theaters

Drive-in theaters may remain open.

Places of Lodging

Places of lodging means all hotels, motels, RV parks, and short-term vacation rentals. For places of lodging which have completed the NM Safe Certified training offered at <https://nmcertified.org> may operate up to 60% of maximum occupancy. All other places of lodging shall not operate at more than 25% maximum occupancy.

Healthcare workers who are engaged in the provision of care to individuals utilizing lodging facilities for extended stays, temporary housing, or for quarantine or isolation purposes shall not be counted for purposes of determining maximum occupancy.

Animal Shelters and Animal-Care Facilities

Animal facilities that ensure the health and welfare of animals shall remain open but must perform tasks with the minimum number of employees necessary, for the minimum amount of time necessary, and adhere to all social distancing protocols.

Healthcare Supplies and Other Necessary Goods

Grocery stores and other retailers are directed to limit the sale of medications, durable medical equipment, baby formula, diapers, sanitary products, and hygiene products to 3 items per individual, or as listed by store management.

Private Educational Institutions

Private educational institutions serving children and young adults from pre-Kindergarten through 12th grade, including homeschools serving children who are not household members, shall adhere to the face covering and other COVID-Safe Practices requirements for in-person instruction described in the document "[Reentry Guidance](#)" published by New Mexico's Public Education Department, and as updated from time to time thereafter. This includes operating with a maximum occupancy of 25% of any individual enclosed indoor space, such as any classroom, with the occupancy restriction herein to govern in the event of any discrepancy with the "Reentry Guidance."

APPENDIX A

DEFINITIONS

Coronavirus Disease 2019 (COVID-19) 2020 Interim Case Definition, Approved April 5, 2020 can be found at [CDC COVID-19 Case Definition](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

Close Contact

- Close contact is defined as an exposure of 3 minutes or longer within 6 feet of a confirmed COVID-19 case during the case's infectious period with or without a mask or cloth-face covering.
- Note: Contact with a COVID-19 case in a healthcare setting where appropriate personal protective equipment (PPE) is worn is not considered a COVID-19 exposure.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Exposure (incubation) period

- Time between exposure to an infection and appearance of symptoms
- For a confirmed **symptomatic** COVID-19 case, the exposure period is 14 days prior to illness onset.
- For a confirmed **asymptomatic** COVID-19 case, the exposure period is 14 days prior to specimen collection date.
- For a contact of a confirmed COVID-19 case, the exposure period is the last date of close contact with the case. This date is used when determining the quarantine period.

Infectious period

- Time during which an infected person is contagious and most likely to spread disease to others.
- For a confirmed **symptomatic** COVID-19 case, the infectious period starts 2 days prior to the illness onset date and continues for 10 days after illness onset.
- For a confirmed **symptomatic** COVID-19 case with severe illness or severe immunosuppression, the infectious period is extended to 20 days after illness onset date.
- For a confirmed **asymptomatic** COVID-19 case, the infectious period starts 2 days prior to the specimen collection date and continues for 10 days after.

Isolation

- Isolation keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home. Persons with known infection have the highest risk of spreading infection to others and must be strict in their hygiene and separation from other people.

Quarantine

- Quarantine keeps someone who was in close contact with someone who has COVID-19 away from others. The period of monitoring for infection is the maximum incubation period for the infection, which is 14 days for COVID-19.

Recovery

- Recovery from COVID-19 disease is indicated and isolation is discontinued when all conditions of the symptom- or time-based methods for discontinuation of self-isolation are met.
- If the conditions of the test-based method were used, which is no longer recommended, then the case will be considered recovered.

Reinfection

- Reinfection with COVID-19 is presumed to be rare, but not sufficiently understood at this time to disregard.
- Another positive molecular test for COVID-19 (e.g., PCR) obtained 3 or more months after the initial illness onset date will be considered a new infection if the case recovered between positive test results.
- If a recovered COVID-19 case becomes **symptomatic** during the 3 months since the illness onset date of their first infection and a medical evaluation fails to identify a diagnosis other than COVID-19 infection (e.g., influenza), then the recovered case may warrant evaluation for COVID-19 reinfection by a healthcare provider in consultation with the New Mexico Department of Health.

SARS CoV-2

- Coronavirus that causes COVID-19 disease. For the purposes of this document, we have used the term COVID-19 to indicate either the virus or the disease.

Severe illness

- Severe illness is indicated by hospitalization in an intensive care unit with or without mechanical ventilation

Severe immunosuppression

- Severe immunosuppression includes being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of isolation.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.