The Ebola Isolation Order below is to be used on your agency’s letterhead by copying and pasting the information into that document. To preserve the formatting, you should adjust your left and right margins to 0.5 (from the default of 1.0). You may include/adjust page numbers if needed.

EBOLA ISOLATION ORDER

Ebola is a severe disease usually characterized by fever, severe headache, muscle pain, weakness, diarrhea, vomiting, and stomach pain. Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus, although 8–10 days is most common. Ebola is transmitted by direct contact with the blood or secretions of an infected person or exposure to objects (such as clothes, bedding, needles, and medical equipment) that have been contaminated with infected secretions. If Ebola spreads in the community, it would have severe public health consequences.

You have or are reasonably suspected of having Ebola. This requires public health control measures to be implemented. These control measures require you to remain isolated within \_\_\_\_\_\_\_\_\_\_ *(a healthcare facility, your home, specify other location such as hotel room)* so that you will not spread the disease to others. Complete requirements are outlined in the box below.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(name)*, Health Director of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County Health Department, pursuant to authority vested in me by North Carolina General Statute (G.S.) 130A-145, issue this isolation order to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Contact’s name)* (DOB: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_).

REQUIREMENTS OF THIS ORDER

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| You must comply with this order until a public health official verifies with healthcare personnel that you are no longer infected with the Ebola virus, up to 30 calendar days. During this time, you are required to: * Isolate away from others at (address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(a healthcare facility, your home, specify other location such as hotel room)*.
* Remain isolated until it is determined that you are no longer infected with Ebola.

If you are isolating in any location other than a healthcare facility:* Call a doctor or seek care if you have an urgent medical need. Before seeking medical care, call ahead and get instructions from the provider before arriving at the medical office, clinic or hospital. Notify them that you may have been exposed to Ebola so arrangements can be made, as necessary, to prevent transmission to others in the healthcare setting. Next notify the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Local Health Department at ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_.
* If a medical emergency arises and you need to call 911, inform the First Responders that you may have been exposed to Ebola. Next notify the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Local Health Department at ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_.
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Failure to comply with this order is a violation of G.S. 130A-145. If you fail to comply with this isolation order, you may be subject to injunctive relief (G.S. 130A-18) or prosecution for a misdemeanor offense pursuant NC law (G.S. 130A-25) and punishable by up to two (2) years imprisonment. You may petition the Superior Court for review of the restriction of your freedom of movement contained in this isolation order pursuant to G.S. 130A-145(d). This order may be extended as set out in G.S. 130A-145(d).

You have been properly informed and counseled by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, R.N., Communicable Disease Nurse with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County Health Department regarding the control measures for Ebola. Your health and the health of our community are our top priorities. The staff of this Health Department remain available to provide assistance and counseling to you about Ebola and compliance with this isolation order.

**Local Health Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**I have received the original copy of this order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

***Patient Signature***