The Ebola Quarantine 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 QUARANTINE ORDER

Ebola is a severe disease 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 (blood, urine, feces, saliva, droplet, or other secretions) that have been contaminated with infected secretions. If Ebola spreads in the community, it would have severe public health consequences.

You are returning from a country with an Ebola outbreak and have been exposed to or are reasonably suspected of having been exposed to Ebola. This requires public health control measures to be implemented. These control measures include contact with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Department at least once daily to monitor for signs and symptoms of Ebola for 21 days after your last date in an affected country. Complete requirements are indicated 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 quarantine order to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Contact’s name)* (DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_).

REQUIREMENTS OF THIS ORDER

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| You must comply with this order through \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ *(21 days following date of last possible exposure)*.  During this time, you are required to:  Monitoring   * Record your temperature and symptoms at least daily using the form provided. * Report your temperature and symptoms daily to the county health department nurse. * Be available for an in-person visit or phone call at least once daily by the county health department nurse. * Keep a log of all visitors to the premises identified below for the duration of the 21-day quarantine period using the form provided. Notify any visitors of your quarantine status.   Movement   * Remain on the premises at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the duration of the 21-day quarantine period. * Isolate yourself away from others immediately if any symptoms develop and call the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County Health Department at ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_. * 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 ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_. |

Failure to comply with this order is a violation of G.S. 130A-145. If you fail to comply with this quarantine 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 quarantine 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 quarantine order.

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

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

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