



Coronavirus disease 2019 (COVID-19) Isolation and Quarantine Orders

March 13, 2020 (replaces version dated March 4, 2020)

These are not for routine use. The quarantine order for persons at medium risk are only intended for individuals noncompliant with person under monitoring guidance. For consultation, please contact the North Carolina Division of Public Health Communicable Disease Branch 24/7 Epidemiologist on Call at 919-733-3419.

HEALTH DEPARTMENT LETTERHEAD

COVID-19 (Coronavirus Disease 2019) ISOLATION ORDER

COVID-19 is a respiratory virus that can cause illness including fever, cough, and shortness of breath. In some patients COVID-19 causes severe illness and death. It is passed from person to person, including by coughing or sneezing. On January 30, 2020, the World Health Organization announced a Public Health Emergency of International Concern and on January 31, 2020 the U.S. Department of Health and Human Services declared a public health emergency. If COVID-19 spreads in the community, it could have severe public health consequences. Imported cases of COVID-19 in travelers have been detected in the U.S. Person-to-person spread of COVID-19 also has been seen among close contacts of infected travelers returning from affected areas, and close contacts of other infected persons.

You are diagnosed or are reasonably expected to be infected with the virus that causes COVID-19. Your infection requires public health actions to prevent further spread of infection. To prevent the spread of infection, you must comply with this order until a public health official verifies with healthcare personnel that you are no longer at risk for spreading the virus to others.

I, _____ (name), Health Director of _____ Local Health Department, pursuant to authority vested in me by North Carolina General Statute (G.S.) 130A-145, issue this isolation order to _____ (Person's name) (Date of Birth: ____/____/_____).

REQUIREMENTS OF THIS ORDER

Restrictions of Movement:

____ Remain at (address) _____ until you are cleared by public health authorities.

____ If you plan to move to a new address or leave the county, you are required to obtain approval from the _____ Local Health Department at () _____ - _____.

Required Actions:

____ Contact the health department immediately if you develop new or worsening symptoms like fever, cough, or shortness of breath.

____ If medical evaluation is needed, seek medical care. Before seeking medical care, call ahead and get instructions from the provider before arriving at the medical office, clinic or hospital. If EMS transport indicated, it should occur with pre-notification to Emergency Medical Services (EMS) and with all recommended infection control precautions in place. Next notify the _____ Local Health Department at () _____ - _____.

____ If a medical emergency arises and you need to call 911, inform the First Responders that you have or are suspected of having COVID-19. Next notify the _____ Local Health Department at () _____ - _____.

____ Adhere to all guidance set forth by the North Carolina Division of Public Health for Home Care of patients that is based on guidance from the Center for Disease Control and Prevention with suspected or confirmed COVID-19 that is provided with this isolation order and found at: <https://epi.dph.ncdhhs.gov/cd/coronavirus/nonhealthcare.html>

____ Keep a log of visitors to your home using the form provided. Any visitors to your home must be aware of your isolation status.

____ Other requirements: _____

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).

You have been properly informed and counseled by _____, R.N., Communicable Disease Nurse with the _____ Local Health Department regarding the control measures for COVID-19.

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 COVID-19 and compliance with this isolation order.

HEALTH DEPARTMENT LETTERHEAD

Local Health Director: _____

Date: ____/____/____

Issued by: _____ Time: _____

Date: ____/____/____

I have received the original copy of this order: _____

Date: ____/____/____

Patient Signature

HEALTH DEPARTMENT LETTERHEAD

COVID-19 (CORONAVIRUS DISEASE) QUARANTINE ORDER FOR PERSONS AT MEDIUM RISK

You have been or are reasonably suspected of having been exposed to a person with Coronavirus disease 2019 (COVID-19) infection. Your exposure requires public health actions to prevent further spread of infection. COVID-19 is a respiratory virus that can cause illness including fever, cough, and shortness of breath. In some patients COVID-19 causes severe illness and death. It is passed from person to person, including by coughing or sneezing. On January 30, 2020, the World Health Organization announced a Public Health Emergency of International Concern and on January 31, 2020 the U.S. Department of Health and Human Services declared a public health emergency. If COVID-19 spreads in the community, it could have severe public health consequences.

I, _____ (name), Health Director of _____ Local Health Department, pursuant to authority vested in me by North Carolina General Statute (G.S.) 130A-145, issue this quarantine order to _____ (Person's name) (DOB: ____/____/____).

REQUIREMENTS OF THIS ORDER

You must comply with these control measures through ____/____/____ (14 days after last possible exposure).

During this time, you are required to *(The local health department will initial and check all that apply)*:

Restrictions of Movement:

- Remain at (address) _____ to the extent possible.
- Avoid close contact¹ with any persons other than those in your household. Practice social distancing.² Do not occupy any enclosed public spaces for gatherings or group meetings. Notify any visitors of your quarantine status. Maintain a 6-foot distance from others while in outdoor non-congregate settings (e.g. jogging in a park).
- If you plan to move to a new address or leave the county, you are required to obtain approval from the _____ Local Health Department at () _____-_____.

Required Actions:

- Record your temperature and symptoms every 12 hours using the form provided.
- Report your temperature and symptoms 1 time per day to the local health department nurse by _____AM / PM , or immediately if temperature or symptoms develop, at () _____-_____.
- Keep a log of visitors to your address using the form provided.
- 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 COVID-19 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 COVID-19. Next notify the _____ Local Health Department at () _____-_____.
- Other requirements: _____

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).

You have been properly informed and counseled by _____, R.N., Communicable Disease Nurse with the _____ Local Health Department regarding the control measures for COVID-19.

¹ Close contact is defined as being within approximately 6 feet (2 meters) for a prolonged period of time
² Social distancing means remaining out of public places where close contact may occur (e.g., shopping centers, movie theaters, stadiums), workplaces (unless you work in an office space that allows distancing from others), schools and classroom settings, and local public conveyances (e.g., bus, subway, taxi, ride share).
COVID-19 March 4, 2020

HEALTH DEPARTMENT LETTERHEAD

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 COVID-19 and compliance with this quarantine order.

Local Health Director: _____ Date: ____/____/____

Issued by: _____ Time: _____ Date: ____/____/____

I have received the original copy of this order: _____ Date: ____/____/____
Patient Signature

HEALTH DEPARTMENT LETTERHEAD

COVID-19 (CORONAVIRUS DISEASE) QUARANTINE ORDER FOR PERSONS AT HIGH RISK

You have been or are reasonably suspected of having been exposed to a person with Coronavirus disease 2019 (COVID-19) infection. Your exposure requires public health actions to prevent further spread of infection. COVID-19 is a respiratory virus that can cause illness including fever, cough, and shortness of breath. In some patients COVID-19 causes severe illness and death. It is passed from person to person, including by coughing or sneezing. On January 30, 2020, the World Health Organization announced a Public Health Emergency of International Concern and on January 31, 2020 the U.S. Department of Health and Human Services declared a public health emergency. If COVID-19 spreads in the community, it could have severe public health consequences.

I, _____ (name), Health Director of _____ Local Health Department, pursuant to authority vested in me by North Carolina General Statute (G.S.) 130A-145, issue this quarantine order to _____ (Person's name) (DOB: ____/____/____).

REQUIREMENTS OF THIS ORDER

You must comply with these control measures through ____/____/____ (14 days after last possible exposure).

During this time, you are required to (The local health department will initial and check all that apply):

Restrictions of Movement:

____ Remain at (address) _____.

____ If you plan to move to a new address or leave the county, you are required to obtain approval from the _____ Local Health Department at () _____-_____.

Required Actions:

____ Record your temperature and symptoms every 12 hours using the form provided.

____ Report your temperature and symptoms 1 time per day to the local health department nurse by ____AM / PM or immediately if temperature or symptoms develop, at () _____-_____.

____ Keep a log of visitors to your address using the form provided. Notify any visitors of your quarantine status.

____ 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 COVID-19 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 COVID-19. Next notify the _____ Local Health Department at () _____-_____.

____ Other requirements: _____

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).

You have been properly informed and counseled by _____, R.N., Communicable Disease Nurse with the _____ Local Health Department regarding the control measures for COVID-19.

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 COVID-19 and compliance with this quarantine order.

Local Health Director: _____ Date: ____/____/____

Issued by: _____ Time: _____ Date: ____/____/____

I have received the original copy of this order: _____ Date: ____/____/____

Patient Signature