

SARS Isolation and Quarantine Orders

This document is intended to provide guidance and a point of reference for Local Health Departments in using SARS Isolation and Quarantine Orders.

A person known to have or suspected of having Severe Acute Respiratory Syndrome (SARS) is required to follow communicable disease control measures as recommended by the U.S. [Centers for Disease Control and Prevention](#).

An ISOLATION ORDER should be issued pursuant to the local health director's authority in G.S. 130A-145 when a person diagnosed with SARS or suspected of having SARS is unable or unwilling to follow control measures.

A SARS ISOLATION ORDER template (see attachment) has been developed by the N.C. Division of Public Health for use by local health directors in the case of persons who meet the CDC case definition for SARS and who are unable or unwilling to follow control measures. A 72-hour SARS ISOLATION ORDER (see attachment) is to be used in situations where a person who may have had exposure to SARS is symptomatic with either fever or respiratory symptoms, but does not meet the strict case definition established by CDC. CDC currently recommends that these individuals be monitored for a period of 72 hours to determine if the illness progresses. Use this order if the person is unable or unwilling to follow control measures.

A person who has had significant exposure to a person known or suspected of having Severe Acute Respiratory Syndrome (SARS) is also required to follow communicable disease control measures as recommended by the U.S. Centers for Disease Control and Prevention. A SARS QUARANTINE ORDER (see attachment) should be issued pursuant to the local health director's authority in G.S. 130A-145 when a person who has been exposed to a patient under investigation for SARS or to a person who has been diagnosed with SARS is unable or unwilling to follow control measures.

If an individual subject to a SARS ISOLATION ORDER or SARS QUARANTINE ORDER is non-compliant, local law enforcement officers should be called on for assistance. G.S. 15A-401 (b)(4), which was added by NC bioterrorism legislation, authorizes a law enforcement officer to detain an individual arrested for violation of an ISOLATION or QUARANTINE ORDER. The person will be detained in the area designated in the ORDER. The person can be detained until the initial appearance before a judicial official.

*Print on Local Health
Department Letterhead*

**ISOLATION ORDER
Severe Acute Respiratory Syndrome (SARS)**

You are suspected of having Severe Acute Respiratory Syndrome (SARS). SARS is a disease associated with fever, cough, and possibly pneumonia or other respiratory illness. It may be carried person to person mostly by coughing or sneezing. If SARS spreads in the community, it would have severe public health consequences. Your illness requires further public health investigation.

I, _____, Health Director of the _____ County/Regional Health Department, pursuant to authority vested in me by General Statute (G.S.) 130A-145, issue this ISOLATION ORDER to _____ (patient name) DOB: _____

You are required to remain at _____ for the specified time of 10 days after your fever has gone away **and** your respiratory symptoms are improving.

You have been properly informed and counseled by _____, RN, Communicable Disease Nurse with the _____ County/District Health Department regarding the control measures for SARS. Failure to comply with the control measures is a violation of G.S. 130A-144.

You are required to:

- Follow these instructions until 10 days after your fever has gone away and your respiratory symptoms are improving.
- Cooperate with the local health department in monitoring your illness, as well as illness in household members and close contacts.
- If during the 10 days your symptoms become worse, seek medical attention.
- Be sure to contact your healthcare provider beforehand to let them know you may have been exposed to SARS so arrangements can be made, as necessary, to prevent transmission to others in the healthcare setting.
- Do not go to work, school, child care, community gatherings, or other public areas, and limit all activities outside the home.
- Wash your hands often and well, especially after you have blown your nose.
- Cover your mouth and nose with a tissue when you sneeze or cough.
- If possible, wear a surgical mask when in close contact with uninfected persons. If you can't wear a mask, the members of your household and other uninfected people should wear one when they are around you.
- Don't share silverware, towels, or bedding. Don't reuse these items until they have been washed with soap and hot water.
- Clean surfaces (counter or tabletops, doorknobs, bathroom fixtures, etc.) that have been contaminated by your body fluids (sweat, saliva, mucous, vomit or urine) with a household disinfectant used according to the manufacturer's instructions. Wear disposable gloves during all cleaning activities. Throw these gloves away when you are done. Do not reuse them.

If you fail to comply with this ISOLATION ORDER, you will be subject to prosecution for a misdemeanor offense pursuant NC law (G.S. 130A-25) and punishable by up to two (2) years imprisonment.

If you plan to move to a new address or leave the county, you are required to notify this Health Department and obtain prior approval.

The staff of this Health Department remains available to provide assistance and counseling to you concerning your SARS and compliance with this ISOLATION ORDER.

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).

The authority of this ISOLATION ORDER to restrict your freedom of movement expires in 10 days unless extended or modified by a court pursuant to G.S. 130A-145.

Health Director Date

Issued by: _____
Date

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

*Print on Local Health
Department Letterhead*

**ISOLATION ORDER
Severe Acute Respiratory Syndrome
72 Hour Rule: SARS**

You may have been exposed to and developed some symptoms of Severe Acute Respiratory Syndrome (SARS). Your illness requires further public health investigation. SARS is a disease associated with fever, cough, and possibly pneumonia or other respiratory illness. It may be passed from person to person mostly by coughing or sneezing. If SARS spreads in the community, it would have severe public health consequences.

I, _____, Health Director of the _____ County/District Health Department, pursuant to authority vested in me by General Statute (G.S.) 130A-145, issue this ISOLATION ORDER to _____ (patient name) DOB: _____.

You are required to remain at _____ for the specified time of 72 hours.

You have been properly informed and counseled by _____, RN, Communicable Disease Nurse with the _____ County/District Health Department regarding the control measures for SARS. Failure to comply with the control measures is a violation of G.S. 130A-144.

You are required to:

- Follow these instructions for 72 hours.
- Cooperate with the local health department in monitoring your illness, as well as illness in household members and close contacts.
- If during the 72 hours your symptoms become worse, or you develop a new symptom like fever, cough, or shortness of breath, seek medical attention.
- Be sure to contact your healthcare provider beforehand to let them know you may have been exposed to SARS so arrangements can be made, as necessary, to prevent transmission to others in the healthcare setting.
- Do not go to work, school, child care, community gatherings, or other public areas, and limit all activities outside the home.
- Wash your hands often and well, especially after you blow your nose.
- Cover your mouth and nose with a tissue when you sneeze or cough.
- If possible, wear a surgical mask when in close contact with uninfected persons. If you can't wear a mask, the members of your household should wear surgical masks when they are around you.
- Don't share silverware, towels, or bedding. Don't reuse these items until they have been washed with soap and hot water.
- Clean surfaces (counter or tabletops, doorknobs, bathroom fixtures, etc.) that have been contaminated by your body fluids (sweat, saliva, mucous, vomit or urine) with a household disinfectant used according to the manufacturer's instructions. Wear disposable gloves during all cleaning activities. Throw these gloves away when you are done. Do not reuse them.

If you fail to comply with this ISOLATION ORDER, you will be subject to prosecution for a misdemeanor offense pursuant NC law (G.S. 130A-25) and punishable by up to two (2) years imprisonment.

If you plan to move to a new address or leave the county, you are required to notify this Health Department and obtain prior approval.

The staff of this Health Department remains available to provide assistance and counseling to you concerning your SARS and compliance with this ISOLATION ORDER.

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).

_____ Health Director _____ Date _____ Time

Issued by: _____ Date _____

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

QUARANTINE ORDER
Severe Acute Respiratory Syndrome (SARS)

You are suspected of having been exposed to a patient under investigation for Severe Acute Respiratory Syndrome (SARS). SARS is a disease associated with fever, cough, and possibly pneumonia or other respiratory illness. It is spread person to person mostly by coughing or sneezing. If SARS spreads in the community, it will have severe public health consequences. Your possible exposure requires further public health investigation and monitoring.

I, {name of Health Director} of {name of Agency}, pursuant to authority vested in me by North Carolina General Statute (NCGS) 130A-145, issue this QUARANTINE ORDER to {name of person}.

You are required to remain in your community for the specified time in this QUARANTINE ORDER.

You have been properly informed and counseled by {name, title} regarding the control measures for exposure to SARS. Failure to comply with the control measures is a violation of NCGS 130A-144 and may result in incarceration for the recommended period of quarantine under NCGS 15A-534.5.

You are required to:

- Follow these instructions until {date}, which is 10 days after your last potential exposure to SARS.
- During the quarantine period, you must take your temperature twice a day, once in the morning and once in the afternoon or evening.
- During the quarantine period, observe yourself for any of the following symptoms: headache, body aches, fever in excess of 100.4 degrees F, respiratory symptoms such as difficulty in breathing, shortness of breath or cough.
- You must report any symptoms immediately to {name, title, agency} and seek medical attention if additional symptoms develop.
- If you develop any of these symptoms do not go to work, school, childcare, community gatherings, or other public areas.
- Wash your hands often and well, especially after you have blown your nose.
- Cover your mouth and nose with a tissue when you sneeze or cough.
- Don't share silverware, towels, or bedding. Don't reuse these items until they have been washed with soap and hot water.
- Clean surfaces (counter or tabletops, doorknobs, bathroom fixtures, etc.) that have been contaminated by your body fluids (sweat, saliva, mucous, vomit or urine) with a household disinfectant used according to the manufacturer's instructions. Wear disposable gloves during all cleaning activities. Throw these gloves away after use.
- Cooperate with the local health department in monitoring any symptoms that might indicate illness, as well as illness in household members and close contacts.

If you fail to comply with this QUARANTINE ORDER, you will be subject to prosecution pursuant NC law (NCGS 130A-25) punishable by up to two (2) years imprisonment as well as pretrial detention without bail under GS. 15A-534.5. If you plan to move to a new address within {name of jurisdiction}, you are required to notify this Health Department and obtain prior approval.

The staff of this Health Department remains available to provide assistance and counseling to you concerning your situation and compliance with this QUARANTINE ORDER. The authority of this QUARANTINE ORDER to restrict your freedom of movement expires in 10 days from your exposure unless extended or modified by a court pursuant to G.S. 130A-145.

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).

Signature of Local Health Director, Date

Issued by: _____
Name, Title, Date

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