

*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