
BEFORE THE IOWA DEPARTMENT OF PUBLIC HEALTH

DIRECTED TO: _____) [insert case #]
_____)
[insert full name and address of subject of order] _____) **FACILITY ISOLATION ORDER**

The Iowa Department of Public Health (Department) has determined that you have recently developed some symptoms of [insert name of quarantinable disease (qd)]. [insert qd] is a disease which is spread from person to person and is associated with [insert symptoms of qd -- fever, cough, respiratory illness, etc.]. [insert qd] presents a risk of serious harm to public health and if it spreads in the community severe public health consequences may result.

The Department has determined that it is necessary to confine your movement to a specific facility to prevent further spread of this disease. The Department has determined that isolation in your home and other less restrictive alternatives are not acceptable because [insert the reason home isolation is not acceptable (e.g. the person violated a previously issued home isolation order, the person does not have an appropriate home setting conducive to home isolation, etc.)] The Department is therefore ordering you to comply with the following provisions during the entire period of isolation:

1. **Terms of confinement.** You are ordered to remain at the isolation facility, _____ [insert name and address of facility], from _____ to _____ [insert dates of isolation].
2. **Requirements during confinement.** During the period of isolation:
 - a. You must not leave the isolation facility at any time unless you have received prior written authorization from the Department to do so.
 - b. You must not come into contact with anyone except the following persons:
 - (i) other persons who are also under similar isolation order at the isolation facility;
 - (ii) authorized healthcare providers and other staff at the isolation facility;
 - (iii) authorized Department staff or other persons acting on behalf of the Department; and
 - (iv) such other persons as authorized by the Department.
 - c. Your daily needs, including food, shelter, and medical care, will be

provided for you during the period of isolation at the isolation facility. You should bring clothing, toiletries, and other personal items with you to the isolation facility. You will have limited access to a telephone at the isolation facility. You may bring your cell phone with you should you desire to have greater access to a means of communication.

- d. You should inform your employer that you are under isolation order and are not authorized to physically come to the work place. You should be aware that Iowa law prohibits an employer from firing, demoting, or otherwise discriminating against an employee due to the compliance of an employee with an isolation order issued by the Department. (Iowa Code section 139A.13A).

3. **Information about [qd].** You should review the information contained at Attachment A for information about [qd]. You should refer to information provided at the isolation facility to address specific concerns and questions you have about [qd]. In order to find out more information about [qd] and its symptoms and spread, you may also access the Department's web-page at www.idph.state.ia.us. If you do not have access to the internet from the isolation facility, you may contact the Department at 1-800-362-2736.

4. **Legal authority.** This order is issued pursuant to the legal authority contained at Iowa Code chapter 139A, [include Iowa Code chapter 135 if a public health disaster exists], and 641 Iowa Administrative Code chapter 1, a copy of which is labeled Attachment B and is attached to this order for your review. The Department shall comply with the principles for quarantine and isolation contained in subrule 1.9(3) of this attachment when issuing and implementing this order.

5. **Ensuring compliance.** In order to ensure that you strictly comply with this Isolation Order the Department or persons authorized by the Department may regularly inspect the isolation facility.

6. **Violations of order.** If you fail to comply with this Isolation Order you may be ordered to be isolated in a more restrictive facility. In addition, failure to comply with this order is a simple misdemeanor for which you may be arrested, fined, and imprisoned.

7. **Your rights -- appeal rights.** While under isolation you have the rights as described in subrule 1.9(8) of Attachment B. In addition, you have the right to appeal this order pursuant to subrule 1.9(7) of Attachment B.

DIRECTOR or MEDICAL DIRECTOR

DATE

IOWA DEPARTMENT OF PUBLIC HEALTH
Lucas State Office Building
Des Moines, IA 50319

Attachments to this Order:

Attachment A -- Facts About **[qd]**

Attachment B B 641 Iowa Administrative Code chapter 1