
BEFORE THE IOWA DEPARTMENT OF PUBLIC HEALTH

DIRECTED TO:) *[insert case #]*
)
[insert full name and)
address of subject of order]) **HOME 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 home isolation of persons who are known or suspected to have *[insert qd]* is necessary to prevent further spread of this disease. The Department has determined that isolation in private homes is the least restrictive means necessary to prevent the spread of *[insert qd]*. The Department is therefore ordering you to remain in your home and to comply with the following provisions during the entire period of isolation:

1. **Terms of confinement.** You are ordered to remain in your home at _____ *[insert address]* from _____ to _____ *[insert dates of isolation]*.

2. **Requirements during confinement.** During the period of isolation:
 - a. You must not leave your home at any time unless you have received prior written authorization from the Department to do so.

 - b. You must remain reachable by telephone at all times and answer and respond fully and truthfully to telephone calls from Department staff and other persons acting on behalf of the Department.

 - c. You must not come into contact with anyone except the following persons:
 - (i) family members and other persons who reside in your home who are also under Home Isolation Order or Home Quarantine Order;
 - (ii) authorized healthcare providers;
 - (iii) authorized Department staff or other persons acting on behalf of the Department; and
 - (iv) such other persons as are authorized by the Department.

 - d. You should arrange by telephone for relatives, neighbors, or friends to assist with any needs you may have during the period of confinement. These persons should not have direct contact with you. If you need assistance in providing for your daily needs, you should call *[insert telephone number]*.

- e. You must follow the directions contained in the attachment to this order labeled Attachment A to monitor your health status on a daily basis.
- f. You will have access to medical care during the period of confinement. If the symptoms you are experiencing become more severe, or if you develop any additional symptoms of [qd] detailed in Attachment A, including [*insert main symptoms here*], you should immediately call a public health official at [*insert telephone number*]. If emergency medical treatment is required for conditions other than those listed in this paragraph (e.g. chest pain or severe accidental injury at home), you should call 911 for an ambulance. When seeking such assistance, you must inform the operator of the 911 line and the ambulance that you are under Home Isolation Order.
- g. If other persons also reside in your home you must maintain good personal hygiene at all times, including complying with the directions contained in Attachment A, to prevent disease transmission. If any member of your household develops any symptoms of [qd] detailed in Attachment A, such person should immediately call a public health official at [*insert telephone number*].
- h. You should inform your employer that you are under home isolation 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]. In order to find out more information about [qd] and its symptoms and spread, you may access the Departments web-page at www.idph.state.ia.us. If you do not have access to the internet from your home, you may contact the Department at 800.362.2736 for more information about this disease.

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 isolation and quarantine 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 Home Isolation Order the Department or persons authorized by the Department may contact you by telephone on a regular basis and may carry out spot checks of your residence.

6. **Violations of order.** If you fail to comply with this Home Isolation Order you may be ordered to be isolated in a hospital or other facility as determined by the Department. 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
IOWA DEPARTMENT OF PUBLIC HEALTH
Lucas State Office Building
Des Moines, IA 50319

DATE

Attachments to this Order:

- Attachment A -- Facts About [*insert disease name*]
- Attachment B -- 641 Iowa Administrative Code chapter 1