

Voluntary Agreement – High Risk

Date: ___/___/_____

Case-contact Name: _____

Case-contact Street Address: _____

City: _____ State: ___ Zip: _____

Dear _____

You are suspected of having been exposed to a person with **Ebola Virus Disease**.

The Virginia Department of Health (VDH) has declared that **Ebola Virus Disease** is a communicable disease of public health threat, and is taking extra measures to prevent transmission to others in the community, including asking persons who might have been exposed to an **Ebola Virus Disease** patient to separate themselves from the public.

Because you may have been exposed to **Ebola Virus Disease**, we are strongly recommending that you separate yourself from the public to minimize chances that others would contract **Ebola Virus Disease** if you become ill. This means that you stay at home and minimize contact with other people.

You may have been exposed to the **Ebola** virus during the period ___/___/_____ to ___/___/_____. The incubation period for **Ebola Virus Diseases** is # to 21 days. This means you are at risk for developing symptoms of **Ebola Virus Disease** until ___/___/_____, 21 days after your last possible exposure to a person with **Ebola Virus Disease**.

Therefore, you are directed to follow the instructions below from now until **«End_time» on the «End_Day» of «End_Month», «End_Year» or until «Abx_Days» days**. If you develop any signs and/or symptoms of **Ebola Virus Disease**, you may need further evaluation and treatment, or to remain separated for a longer time.

VDH personnel will be visiting you at home or will talk to you by phone each day while you are under this agreement to answer your questions and assure that you are following the instructions provided in this letter. We will tell you when it is safe for you to return to your normal activities.

Under this agreement, you must:

Stay at home.

- You may leave your house to spend time in your yard, patio or other location on your property, but you must remain on your property, and not have face-to-face contact with anyone other than members of your household.
- If you live in an apartment complex, you must remain in your own apartment. Do not go to any common areas in the building.
- You may not go to work or school or any other scheduled activities.
- You are not to go to any public or commercial buildings, including the grocery stores, pharmacies, other businesses, movie theaters or malls.
- If you need something from outside, such as groceries, you must ask a family member or friend who is not quarantined to bring the items to you.

If you have a medical or other emergency.

- You may not leave your property during this isolation period for any reason, except a medical emergency.
- If you encounter an urgent medical problem, notify your Local Health Department immediately, using the information you have been given and follow their instructions.
- If you have a scheduled, routine medical or dental appointment, cancel it and re-schedule.
- If you are very sick and need to call an ambulance to take you to the hospital, let the operator know that you may have been exposed to **Ebola Virus Disease** when you call 911, and let the ambulance crew know when they arrive at your home.

Use safe practices so people around you do not get sick.

- Do not allow any family members or other persons come to your home to live while you are under this agreement. If family members or others join the household group, they may be subject to a similar agreement.
- Do not allow any others who are not under a similar agreement to visit you.
- Ebola Virus Disease is spread by direct (skin or mucous membrane) contact with infected blood and body fluids. Remember that you may be separated from the public but with other family members or other close contacts. It is possible that not all members of the group were actually exposed, so it is important to limit risks within the group.
 - Do not share toothbrushes, razors, nail clippers and other frequently shared personal care items, as these may have trace amounts of blood on them.
 - Refrain from sexual intercourse during the period of quarantine.
 - Do not share eating utensils, cups or dishes. Dishes and eating utensils can be washed in the dishwasher or by hand, using hot water and detergent.
 - Towels and linens can be laundered using hot water and hot drier settings.
 - Urine and feces can be disposed of in the sanitary sewer system.
 - Questions about disposal of other household items should be addressed to the Local

Health Department representative.

- If anyone in the household develops fever, headache, body aches, muscle pain, weakness, diarrhea, vomiting, abdominal (stomach) pain or unexplained hemorrhage (bleeding or bruising) isolate them from others in the household and contact the Local Health Department immediately.
 - Ask the local health department contact person about proper methods for cleaning or disposal of the ill person's personal care items if this becomes necessary after the ill person is evaluated and the reason for symptoms established..

Work with your local health department

- Local health department staff will contact you regularly to assure that you are well and are adhering to your Voluntary Agreement – High Risk. You must provide a phone number and be available to talk with health department personnel when they call or visit your home.
- If you are asked to monitor your temperature, check your temperature as instructed and write results on the forms provided by the health department.
- Health department staff will provide instructions and phone numbers so you can contact them if you have questions or concerns about your health status.

For more general information on **Ebola Viral Disease**, call your doctor or health department, or visit the Centers for Disease Control and Prevention's website at www.cdc.gov/.

These instructions remain in effect until you are told by health department staff that you are no longer potentially infectious to people around you. Legal action, in the form of an Involuntary Quarantine Order may be taken if you do not follow these instructions and knowingly expose others.

Thank you for your cooperation and help during this public health emergency. Attached is information about available local resources you can reach by telephone or via the Internet. Included in the attached information is a description of how your basic needs (e.g. groceries, medications) can be met while you are under this agreement.

Sincerely,

«Health_Director_Name»

_____ Date _____
Patient Signature

_____ Date _____
Witness