



MINISTRY OF
**HEALTH &
WELLNESS**

☒ RKA BUILDING, 10-16 GRENADA WAY ☐ 45-47 BARBADOS AVENUE ☐ 24-26 GRENADA CRESCENT ☐ 10^A CHELSEA AVENUE
KINGSTON 5, JAMAICA, W.I.
Tel: (876) 633-7400/7433/7771/8172/8174
Website: www.moh.gov.jm

NOVEL CORONAVIRUS (2019nCoV) PREPAREDNESS AND RESPONSE PLAN FOR OUTBREAK CONTROL

QUARANTINE ORDER - HOME

CONTROL MEASURES FOR PERSONS WITH POSSIBLE EXPOSURE TO 2019nCoV

You have, or might have, been exposed to the 2019nCoV virus through travel or contact. Infection by the 2019nCoV virus is an acute respiratory infection that may present with mild, moderate, or severe illness and may be fatal. The symptoms of acute respiratory infection, including fever, cough, sore throat and difficulty breathing, as well as diarrhoea, vomiting, abdominal pain, chest pain. Symptoms may appear anywhere from two (2) to fourteen (14) days after exposure to the 2019nCoV virus. People may be able to transmit infection beginning one day before they develop symptoms to up to 7 days after they get sick. The 2019nCoV virus is transmitted by spread most often by respiratory droplets from an infected person. If 2019nCoV spreads in the community, it would have severe public health consequences.

RISK CLASSIFICATION

Based on the information you provided, at this time your risk of exposure to 2019nCoV has been assessed as:

☐ **High risk**

☐ **Low (but not zero) risk**

As a result of your possible exposure to the 2019nCoV, the following public health control measures detailed below are being implemented. These measures include contact with the _____ Health Department at least twice daily to monitor for signs and symptoms of 2019nCoV for fourteen (14) days, starting after your last date of exposure.

REQUIREMENTS

You must **comply with these control measures** through to ____/____/____ (14 days following date of last possible exposure).

During this time, you are required to: (The Health Department / Ministry of Health & Wellness will tick (✓) what is applicable.)

- ☐ Isolate yourself from others immediately if any symptoms develop and call the _____ Health Department at () - .

Monitoring

- ☐ Record your temperature and symptoms every 12 hours using the form provided
- ☐ Be available for an in-person visit ____ time(s) per day by a health care worker
- ☐ Report your temperature and symptoms ____ time(s) per day to the Health Department nurse by phone
- ☐ Keep a record of all visitors to your home and public places you visit (if permitted) using the form provided

Movement

- ☐ Maintain a 3-feet (1m) distance from others
- ☐ Get approval from the Health Department before you plan **any** travel away from Home
- ☐ Do NOT take any form of public transportation (e.g. aircrafts, buses, taxi, car-pooling, etc.).
- ☐ Do NOT go to public places (e.g. shopping centers, movie theatres, market, church) or public gatherings
- ☐ Do NOT go to your workplace (telework is permitted)

If you **fail to comply with these control measures, you shall be guilty of an offence** and shall be liable on summary conviction before a Resident Magistrate to a fine or to imprisonment with hard labour or to both such fine and imprisonment

You have been properly informed and counselled by _____, Port Health Nurse, R.N., Health Educator, Doctor with the _____ Health Department / Ministry of Health & Wellness regarding the control measures for 2019nCoV.

The staff of this Health Department remains available to provide assistance and counselling to you concerning your possible exposure to 2019nCoV and compliance with these control measures.

Issued by: _____ Date: ____/____/____

I _____ have received the original copy of this order on:

Date: ____/____/____

Signature