

ORDER OF BIG HORN COUNTY LOCAL HEALTH OFFICER

No. 2021-1

WHEREAS, the Montana Department of Public Health and Human Services (DPHHS) recognizes COVID-19 as a threat to the residents of Montana; and

WHEREAS, response plans and protocols have been activated to prepare for cases of COVID-19 in Big Horn County, Montana; and

WHEREAS, the Montana DPHHS, local health departments, allied health and medical departments, and local jurisdictions have activated response plans and protocols to prepare for the arrival of the virus in Montana; and

WHEREAS, proactively implementing mitigation measures to slow the spread of the virus is in the best interests of the State of Montana, Big Horn County and its people, as set forth in the Board of Big Horn County Commissioners' Emergency Proclamation Resolution No 2020-7, A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF BIG HORN COUNTY, MONTANA PROCLAIMING AN EMERGENCY RESULTING FROM THE IMMINENT THREAT OF A DISASTER CAUSING IMMEDIATE PERIL TO LIFE OR PROPERTY THAT TIMELY ACTION CAN AVERT OR MINIMIZE; and

WHEREAS Administrative Rule of Montana 37.114.102 LOCAL BOARD RULES provides:

1. A local board of health may adopt rules for the control of communicable diseases, if such rules are as stringent as, and do not conflict with, the requirements of this chapter.

WHEREAS, the Local Board of Health has adopted QUARANTINE AND ISOLATION MEASURES; and

WHEREAS, Montana Code Annotated § 50-2-118 provides:

50-2-118. Powers and duties of local health officers. In order to carry out the purpose of the public health system, in collaboration with federal, state, and local partners, local health officers or their authorized representatives shall:

- (1) make inspections for conditions of public health importance and issue written orders for compliance or for correction, destruction, or removal of the condition;
- (2) take steps to limit contact between people in order to protect the public health from imminent threats, including but not limited to ordering the closure of buildings or facilities where people congregate and canceling events;

(3) report communicable diseases to the department as required by rule;

(4) establish and maintain quarantine and isolation measures as adopted by the local board of health; and

(5) pursue action with the appropriate court if this chapter or rules adopted by the local board or department under this chapter are violated.;

and

WHEREAS, based upon the foregoing, the Local Health Officer should institute her authority to close buildings and facilities to prevent the spread of COVID-19 to Big Horn County, Montana and take steps to limit contact between people; and

WHEREAS Orders of the Big Horn County Local Health Officer [hereinafter Orders shall be referred to as Order _____ with the appropriate number]; and

WHEREAS Order 2020-14 provided that “this Order may be revised, updated, amended, changed, or revoked in whole or in part at any time”; and

WHEREAS, Big Horn County attempted to reopen through a phased reduction of restrictions and, in fact, the number of cases has increased, by way of example, but not limitation, the number of persons in Big Horn County who have been diagnosed with COVID-19 has increased since the implementation of Order 2020-14 on the 11th day of September 2020; and

NOW THEREFORE, IT IS ORDERED that:

- A. **Revocation of Order 2020-14** Order 2020-14 is hereby revoked immediately upon the execution of this Order, Order 2021-1.
- B. **Gubernatorial Executive Orders and Directives** All persons shall, in addition with this Order, comply with the requirements of all other Executive Orders and Directives issued by the Governor of the State of Montana, beginning with Governor’s Directive Implementing Executive Order 2-21, and those issued thereafter, provided, however if the restrictions in the Executive Orders or Directives issued by the Governor of the State of Montana are less restrictive than the restrictions in this Order, then the restrictions in this Order shall apply and if the restrictions in the Executive Orders or Directives issued by the Governor of the State of Montana are more restrictive than the restrictions in this Order,

then the restrictions in the Executive Orders or Directives issued by the Governor of the State of Montana shall apply

- C. **Self-reporting of Contact and Quarantine** To further contain the spread of COVID-19, if a person has had close contact with a person who has tested positive for COVID-19, or with a person for which there is a strong suspicion that the person has COVID-19, or if there is a strong suspicion that a person has COVID-19, such person, shall report, verbally or in writing, to Office of the Local Health Officer and shall quarantine under an Order of Quarantine issued by the Local Health Officer [hereinafter referred to as LHO] or the authorized representative of the LHO, the Big Horn County Public Health Nurse [hereinafter PHN] a template of which is attached hereto as Exhibit "A" and by this reference made a part hereof, a Quarantine Agreement a template of which is attached hereto as Exhibit "B" and by this reference made a part hereof or all the documents required to Work while on Quarantine Agreement packet, a template of said packet is attached hereto as Exhibit "C" and by this reference made a part hereof.
- D. **Persons Opined to be Infected and Isolation** To further contain the spread of COVID-19, people who, in the sole opinion of the LHO or PHN are infected with COVID-19 shall be immediately isolated at a location and time deemed suitable by the LHO or the PHN. Such isolation may be made at the Order of the LHO or PHN, a template of such Order is attached hereto as Exhibit "D" and by this reference made a part hereof or, at the sole discretion of the LHO or PHN pursuant to an Isolation Agreement a template hereof which is attached hereto as Exhibit "E" and by this reference incorporated herein as if set forth in full. The LHO or PHN may direct such person to be examined by a physician licensed in Montana of the LHO's or PHN's choosing. Such examination may be paid for by the Local Board of Health. Any person who refuses examination or treatment shall be isolated until such time as the LHO or PHN makes a judgment that releasing the person from isolation would not endanger others. The LHO or PHN shall investigate sources of the infection.
- E. **Staying in Place of Quarantine or Isolation except for Medical Emergency** Any person ordered to quarantine or isolate must not leave the place of quarantine or isolation without written permission of the LHO or PHN. Provided said person may leave the place of quarantine or isolation in the event of a medical

emergency, in which case said person must go directly from the place of quarantine or isolation to the nearest medical provider that is open.

- F. **Wearing of Masks** People in Big Horn County Montana **must** wear masks when they are outside their home. This requirement to wear a mask, shall apply to each instance set forth in this Order as if in each clause particularly mentioned.

People need not wear a mask:

- When outdoors in areas where it is unlikely that they will come within six (6) feet of persons who are not members of the same household.
- When they are engaged in outdoor work or recreation such as swimming, walking, hiking, bicycling, or running, whether alone or with household members, when they are able to maintain a distance of at least six feet from others.
- If such person is the age two years or under. These very young children must not wear a face covering because of the risk of suffocation. It is recommended that whenever feasible children should be left in the care of an appropriate person and only one (1) family member should be out in public.
- While working, if so directed by their employer, **in writing**, because wearing a mask would endanger the individual's health and welfare; as determined by local, state, or federal regulators or workplace safety guidelines. Employers must provide, **in writing**, to such persons an explanation of how else the individual may safely mitigate the virus. Persons exempted from wearing a face covering due to working conditions should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their working condition permits it.
- If directed, **in writing**, by a healthcare provider licensed by the State of Montana who regularly provides medical services to that person. The writing shall not be required in emergent situations. Persons exempted from wearing a face covering due to a medical condition should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.
- When communicating with a person who is hearing impaired a person may lower their mask while talking, when the ability to see the mouth is essential for communication.

- When they are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
- When incarcerated, people will be directed by their detention officer on how to mitigate the virus if masks cannot be worn in that facility.

G. **Food and Beverage Workers to Wear Masks** Without limiting the generality of the foregoing, employees and vendors of, and all suppliers of goods or services to, all establishments, profit or non-profit, that deal with food or drink for public usage and/or consumption, including but not limited to, hospitals, senior citizen group residences, group homes, restaurants, licensed mobile food vendors, permitted temporary food operations, farmers' markets, senior citizen centers, convenience stores, bars, casinos, and grocery stores, while pursuing their employment, must wear face coverings, such as face masks, unless they can guarantee that they will not come within six (6) feet of a patron of the establishment. All patrons must be offered a mask at the door by the establishment, and verbally encouraged to wear said mask/face covering, except while eating/drinking. For purposes of this Clause, it is not relevant that the food or drink is packaged in a container of any sort, including but not limited to cans, bottles, and boxes.

H. **Temperature Checks for Employees** Employees at all businesses must have their temperature checked before starting work. If an employee's temperature is above one hundred degrees (100.0°) Fahrenheit that employee may not work and must self-quarantine for eight (8) hours (not including a one (1) hour meal break). If after eight (8) hours, during which the employee has taken nothing to reduce the employee's elevated temperature, and the employee has a temperature of one hundred degrees (100.0°) or less the employee may return to work. If after such eight (8) hours the employee still has a temperature of one hundred degrees (100.0°) Fahrenheit or more such employee shall immediately consult with a medical professional regarding the need for COVID-19 screening. If any employee's shift is longer than eight (8) hours (not including a one (1) hour meal break), the employee's temperature must be rechecked eight (8) hours after the first temperature check, and if that employee's temperature is above one hundred degrees (100.0°) Fahrenheit that employee may not work and must proceed as set forth above in this Clause, H. A temperature log must be kept and

be available at any time for review by the public health department.

- I. **Barber Shops, Salons, and Massage Therapy Businesses** Barber shops, salons, and massage therapy businesses must practice Social Distancing and follow strict sanitation guidelines. They must limit the number of clients to 50% of the maximum allowed occupancy, or the maximum allowed while still providing Social Distancing, whichever is less.
- J. **Food and Beverage Establishments** Self-service food bars and dining counters remain closed. Dine-in restaurants, bars, and casinos are limited to a capacity allowed while still providing Social Distancing. Such businesses must demonstrate the ability to enforce such capacity restrictions and to follow strict sanitation guidelines. People may not be allowed to sit at the bar or any tables abutting the bar. Gaming machines have to be restricted to six (6) feet apart (or if immovable, keep at least every other machine inactive). Groups of up to six (6) people can be seated together, if they all arrive and leave together. All patrons must vacate establishment at or before 2:00 a.m. local time.
- K. **Encouragement of Lack of Person Contact** Businesses must limit non-essential travel, encourage teleworking, close common areas where people would congregate, and attempt to make special accommodations for high-risk employees.
- L. **Lodges, Shuttle Services, Long-Term Rental Units (Such As VRBO, Home Away, And Airbnb), Campgrounds, and Parks** Lodges, shuttle services, long-term rental units (such as VRBO, Home Away, and Airbnb), campgrounds, and parks must abide by strict sanitation guidelines. Unless Social Distancing requirements are being strictly adhered to at all times, all persons, including guests and employees, must wear masks except while eating/drinking.
- M. **Gyms, Theatres, and Museums** Gyms, theatres, and museums may reopen per the directives of the Governor of the State of Montana.

- N. **Power of Local Health Officer** Nothing in this Order shall be deemed to limit the power of the LHO under Federal or State Law, including but not limited to, those powers found under Title 50 of the Montana Code Annotated or Title 37 of the Administrative Rules of the State of Montana.
- O. **Definitions**
- Social Distancing or other terms of a similar import shall mean that there shall be a minimum distance of six (6) feet between persons.
 - The term mask(s) include any face covering which covers both the nose and the mouth of the wearer.
 - To the extent not defined herein, terms used herein, which are defined in Montana Code Annotated, or a current Gubernatorial Directive or Executive Order shall have the meanings given in the Montana Code Annotated in such documents. If there is a disagreement in the definitions among the Montana Code and those given in any current Gubernatorial Directive or Executive Order; Montana Code Annotated shall take precedence.
- P. **Private Entities or Persons Can be More Restrictive** Nothing contained herein shall be construed from prohibiting any person or entity furnishing goods or services or organizing an event from implementing stricter standards, by way of example, but not limitation, the person or entity furnishing the goods or services or organizing the event may require everyone to whom the goods or services are being furnished or who is attending the event to wear a mask and maintain social distancing.
- Q. **Captions** The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.
- R. **Americans with Disabilities Act (ADA) and the Montana Human Rights Act, labor laws, or any other applicable law requiring accommodations in public accommodations** Businesses, government offices, persons responsible for indoor spaces open to the public, and sponsors of organized outdoor activities should afford accommodations from the provisions of this Directive to those who are entitled an accommodation under federal and state disability protection laws, including the Americans with Disabilities Act (ADA) and the Montana Human Rights Act, labor laws, or any

other applicable law requiring accommodations in public accommodations.

- S. **No Additional Rights Created** This Order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against Big Horn County, its departments, agencies, or entities, its officers, employees, or agents, or any other person.
- T. **Dissemination of Health Information** Any dissemination of health status of an individual shall be governed by appropriate Federal and State laws, including but not limited to the Health Insurance Portability and Accountability Act of 1966 and any amendments made thereto. Any recipient of the health status from a person authorized to make such dissemination shall also be governed by such appropriate Federal and State laws and shall not make further dissemination unless such dissemination is allowed by the appropriate Federal and State laws.

Without limiting the generality of the foregoing, the following applies:

Uses and disclosures to avert a serious threat to health or safety.

(1) Permitted disclosures. A member of the Public Health Department, consistent with applicable law and standards of ethical conduct, may use or disclose protected health information as defined in the Title 45 CFR § 160.103, if the member, in good faith, believes the use or disclosure: (A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and (B) Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat which includes, but is not limited to, personnel of a school district who is entitled to receive such information under the Government Health Care Information Act [Montana Code Annotated Title, 50, Chapter 16, Part 6] pursuant to the Guidelines published by the State of Montana in its September Montana Outbreak Response Protocols: K-12 ;

Presumption of good faith belief. A member of the Public Health Department that uses or discloses protected health information pursuant to this section is presumed to have acted in good faith with regard to a belief described in this section, if the belief is based upon the member's actual knowledge or in reliance on a

credible representation by a person with apparent knowledge or authority.

IT IS HEREBY FURTHER ORDERED that this Order may be revised, updated, amended, changed, or revoked in whole or in part at any time.

IT IS HEREBY FURTHER ORDERED that this Order shall be effective immediately upon signing and until further notice.

Members of the public are urged to encourage and assist one another in complying with this Order.

Penalties for violation of this Order are set forth in Montana Code Annotated §50-2-124.

To the extent this Order is more restrictive, this Order supplements any Orders or Directives of the State of Montana or the United States Government regarding the COVID-19 virus.

Done and Dated at Hardin, MT this 15th day of January, 2021 at 10:38a.m.



Carolyn Greimann, M.D.

Local Health Officer for Big Horn County, Montana

809 N Custer Avenue

Hardin, MT 59034

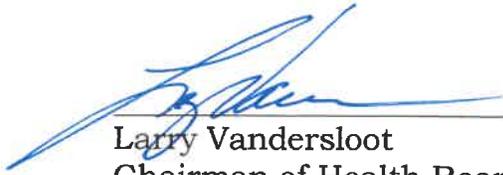
(406) 665-8720

publichealth@bighorncountymt.gov

SEE MONTANA CODE ANNOTATED TITLE 50 CHAPTER 2 PART 1 and ADMINISTRATIVE RULES OF MONTANA 37.114.102

ACTION OF BIG HORN COUNTY HEALTH BOARD

I hereby certify that this **ORDER OF BIG HORN COUNTY LOCAL HEALTH OFFICER** was duly approved by the Big Horn County Health Board to further implement public health laws with a vote of 4 in favor, 0 opposed, and 1 abstaining and that a quorum was present on this 15th day of January, 2021.



Larry Vandersloot
Chairman of Health Board



BIG HORN COUNTY

HOME QUARANTINE ORDER



Date: _____

For Questions, please call: **(406) 665-8720**

Patient Name: _____

DOB: _____

Parent Name (if patient is a minor): _____

Street Address: _____

Phone: _____

City: _____ State: _____ ZIP: _____

You have been exposed to SARS-CoV-2 (COVID-19) in an infectious stage and are being placed in home quarantine by your local health jurisdiction and your physician. These conditions must be followed:

1. **Remain quarantined in your home** (or other agreed upon address listed below) until determined to be non-infectious (Other address: _____);
2. No contact with persons who do not reside in your home or at the other agreed upon address listed above. No visitors will be allowed in your home or other agreed upon address until the quarantine has ended;
3. Allow Health Department Staff to monitor compliance with home quarantine, including unscheduled visits and phone calls;
4. Go to medically necessary medical appointments AND wear a mask when going to a medical appointment until quarantine has ended.

Expected release date from quarantine (unless something changes): _____

You may not physically go to school property, extracurricular activities, or work until after your release date listed above.

Your SARS-CoV-2 status will be determined by your clinical signs and symptoms and additional testing. Quarantine will be discontinued by the local health jurisdiction as soon as you are determined to be noninfectious. If you have any questions, please call the Health Department at **406-665-8720**.

I understand that if I fail to comply with these conditions, legal action may be taken, possibly resulting in court ordered detainment. I have read the above information and understand it.

BHC Health Officer signature: _____ Date: _____

Copy given to parent: By Mail or In Person (circle one) BHC Health Officer initials: _____

Source of Authority:
Mont. Code Ann. § 50-2-116, 118 ("Powers and Duties of Local Boards of Health" and "Power and Duties of Local Health Officers");
Administrative Rules of Montana § 37.114.307;

Name of Contact:

Date of Exposure:

Test results:

Telephone notes:



BIG HORN COUNTY

HOME QUARANTINE AGREEMENT



Date: _____

For Questions, please call: **(406) 665-8720**

Patient Name: _____

DOB: _____

Street Address: _____

Phone: _____

City: _____ State: _____ ZIP: _____

You have been exposed to SARS-CoV-2 (COVID-19) in an infectious stage and are being placed in home quarantine by your local health jurisdiction and your physician. These conditions must be followed:

1. Remain quarantined in your home (or other agreed upon address listed below) until determined to be non-infectious (Other address: _____);
2. No contact with persons who do not reside in your home or at the other agreed upon address listed above. No visitors will be allowed in your home or other agreed upon address until the quarantine has ended;
3. Allow Health Department Staff to monitor compliance with home quarantine, including unscheduled visits and phone calls;
4. Go to medically necessary medical appointments AND wear a mask when going to a medical appointment until quarantine has ended.
5. Expected release date from quarantine (unless something changes): _____
6. _____

Your SARS-CoV-2 status will be determined by your clinical signs and symptoms and additional testing. Quarantine will be discontinued by the local health jurisdiction as soon as you are determined to be non-infectious. If you have questions, please call the Health Department at **406-665-8720**.

I understand that if I fail to comply with these conditions, legal action may be taken, possibly resulting in court ordered detainment. I have read the above information and understand it.

Patients Signature: _____ Date: _____

PHN or Designee Signature: _____ Date: _____

Copy given to patient PHN or designee initials: _____

Source of Authority:
Mont. Code Ann. § 50-2-116, 118 ("Powers and Duties of Local Boards of Health" and "Power and Duties of Local Health Officers");
Administrative Rules of Montana § 37.114.307;
Quarantine and Isolation Measures enacted April 10, 2020 by the Big Horn County Public Health Board

Name of Contact:

Date of Exposure:

Test results:

Telephone notes:

Work while Quarantined Agreement

Essential worker under the definition provided by the State of Montana may be asked to work by the worker's employer while in quarantine.

To do so, they need to meet the following requirements. Each quarantined individual will have to sign the agreement below to be allowed to work:

- I agree to sign a quarantine agreement, which will have expected dates of quarantine, including expected release date and location of quarantine (home and work);
- I agree to be tested for COVID-19 if the health department deems it necessary;
- I agree to prescreen before working each day, including questionnaire and temperature check;
- I agree to wear a mask at all times while at work;
- I agree to social distance whenever possible and taking into consideration my job description;
- I agree to regularly disinfect my work area, and any common spaces that I frequent, including restrooms and break rooms;
- I agree to not come to work if sick¹, and to be tested for COVID-19 if I become symptomatic;
- I agree to notify my supervisor if I have significant pre-existing conditions that might preclude working while in quarantine; and,
- I understand that if I cannot comply with these guidelines I cannot work while on quarantine.

I must be quarantined outside of work. This includes separating from family members who have not been directly exposed to a positive case (by 6 feet at least), wearing a mask around anyone in my home, not going shopping, not going out to eat, not allowing any visitors to my homes, etc. If possible, I will use a separate restroom from the rest of my family, eat in a different room using disposable silverware and plates/bowls, and clean all common surfaces that I touch with disinfectant frequently. I will contact the health department or my usual medical provider if I am sick¹, and to tell that medical provider that I am on quarantine.

The health department will be available to help with any needs I have while quarantined; this could include arranging food boxes, helping with picking up cleaning supplies or medication, etc. Please sign below that you agree to comply with all of the above items:

Employee

Supervisor/Employer

Date of Agreement

¹ Sick means almost anything including that could be a sign of a COVID-19 infection, including but not limited to, fever, chills, cough, shortness of breath, abdominal pain, diarrhea, bloody nose, congestion, aching all over, new loss of taste or smell, muscle pain, new onset severe fatigue, headache. The health department would rather be called a lot than miss an early infection in anyone, especially someone who is helping us all out by working while on quarantine.

Centers for Disease Control (CDC)
Interim Guidance for Implementing Safety Practices
for Critical Infrastructure Workers Who May Have Had
Exposure to a Person with Suspected or Confirmed COVID-19

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

Pre-Screen: Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.

Regular Monitoring: As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.

Wear a Mask: The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.

Social Distance: The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.

Disinfect and Clean work spaces: Clean and disinfect all areas such as shared spaces, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace.

CHECKLIST

To Determine If You Meet Criteria to

Work While on Quarantine

(For Essential Workers ONLY)

Temperature of 100.0 or higher (use digital thermometer):	YES	NO
Do you feel sick?	YES	NO
Do you have a recent history of fever?	YES	NO
Do you feel short of breath or have a cough?	YES	NO
Did the shortness of breath start in the last two (2) weeks?	YES	NO
Do you have a headache?	YES	NO
Do you have nausea, vomiting, or diarrhea?	YES	NO
Do you have new onset of severe muscle pain?	YES	NO
Have you lost your sense of taste or smell?	YES	NO
If you have been tested for COVID-19, was the result positive in the last 14 days?	YES	NO

If you answered YES to any of the questions above, you should NOT go to work.



BIG HORN COUNTY

WORK WHILE ON QUARANTINE AGREEMENT



Date: _____

For Questions, please call: (406) 665-8720

Patient Name: _____

DOB: _____

Street Address: _____

Phone: _____

City: _____

State: _____

ZIP: _____

You have been exposed to SARS-CoV-2 (COVID-19) in an infectious stage and are being placed in home quarantine by your local health jurisdiction and your physician. These conditions must be followed:

1. Remain quarantined in your home (or other agreed upon address listed below) until determined to be non-infectious (Other address: _____);
2. No contact with persons who do not reside in your home or at the other agreed upon address listed above. No visitors will be allowed in your home or other agreed upon address until the quarantine has ended;
3. Allow Health Department Staff to monitor compliance with home quarantine, including unscheduled visits and phone calls;
4. Go to medically necessary medical appointments AND wear a mask when going to a medical appointment until quarantine has ended.
5. Expected release date from quarantine (unless something changes): _____
6. While working on quarantine, you will immediately notify your supervisor if you have any symptoms of COVID-19.
7. _____

Your SARS-CoV-2 status will be determined by your clinical signs and symptoms and additional testing. Quarantine will be discontinued by the local health jurisdiction as soon as you are determined to be non-infectious. If you have questions, please call the Health Department at **406-665-8720**.

I understand that if I fail to comply with these conditions, legal action may be taken, possibly resulting in court ordered detainment. I have read the above information and understand it.

Patient's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

PHN or Designee Signature: _____

Date: _____

Copy given to patient PHN or designee initials: _____

Source of Authority:

Mont. Code Ann. § 50-2-116, 118 ("Powers and Duties of Local Boards of Health" and "Power and Duties of Local Health Officers");

Administrative Rules of Montana § 37.114.307;

Quarantine and Isolation Measures enacted April 10, 2020 by the Big Horn County Public Health Board



BIG HORN COUNTY

HOME ISOLATION AGREEMENT



Date: _____

For Questions, please call: **(406) 665-8720**

Patient Name: _____

DOB: _____

Street Address: _____

Phone: _____

City: _____ State: _____ ZIP: _____

You have SARS-CoV-2 (COVID-19) in an infectious stage and are being placed in home isolation by your local health jurisdiction and your physician. These conditions must be followed:

1. Remain isolated in your home (or other agreed upon address listed below) until determined to be non-infectious (Other address: _____);
2. No contact with persons who do not reside in your home or at the other agreed upon address listed above. No visitors will be allowed in your home or other agreed upon address until the isolation has ended;
3. Allow Health Department Staff to monitor compliance with home isolation, including unscheduled visits and phone calls;
4. Go to medically necessary medical appointments AND wear a mask when going to a medical appointment until isolation has ended.
5. Expected release date from isolation (unless something changes: _____)
6. _____

Your SARS-CoV-2 status will be determined by your clinical signs and symptoms and additional testing. Isolation will be discontinued by the local health jurisdiction as soon as you are determined to be non-infectious. If you have any questions, please call the Health Department at **406-665-8720**.

I understand that if I fail to comply with these conditions, legal action may be taken, possibly resulting in court ordered detainment. I have read the above information and understand it.

Patients Signature: _____ Date: _____

PHN or Designee Signature: _____ Date: _____

Copy given to patient PHN or designee initials: _____

Source of Authority:
Mont. Code Ann. § 50-2-116, 118 ("Powers and Duties of Local Boards of Health" and "Power and Duties of Local Health Officers");
Administrative Rules of Montana § 37.114.308 ("Isolation of Patient: Notice");
Quarantine and Isolation Measures enacted April 10, 2020 by the Big Horn County Public Health Board

Name of Contact:

Date of Exposure:

Test results:

Telephone notes: