



**Louisiana Department of Health and Hospitals (DHH)
Office of Public Health (OPH)
Infectious Disease Epidemiology Section (IDEpi)
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Dealing With a Non-compliant Patient

Revised 4/30/2010

The Louisiana Administrative Code (Title 51 Part II) §117 gives authority to the State Health Officer or a designee to take measures to prevent the spread of infectious diseases.

The law is stated in the Louisiana Administrative Code, Title 51 also named the “Sanitary Code” Part II deals with the control of diseases.

<http://doa.louisiana.gov/osr/lac/51v01/51v01.pdf>

or search for Louisiana + “Administrative Code” + “Title 51 part I” to go to the Sanitary Code.

In the event a particular patient fails to cooperate with instructions given regarding isolation, quarantine, treatment or any other measures aiming at preventing transmission of an infectious disease, it may become necessary to issue a formal public health isolation or quarantine order.

Measures may include, but are not limited to, isolation in a room or at home, restricting the movements of patients beyond a specific area, wearing a certain type of mask or taking a treatment to render the patient non-infectious. If the measure recommended is treatment and the patient chooses not to comply, he/she may then be isolated or quarantined.

When the patient is non-compliant, he/she must be fully informed that a violation of the terms of the recommendation may result in orders issued by the state health officer or his designee or agent, or by an order from a Louisiana court of competent jurisdiction, to a more restrictive environment for the management of uncooperative patients.

Step 1: Hand the patient a voluntary compliance agreement (see below). This is often sufficient to convince the patient to abide by the recommendation

Step 2: After receiving the letter, the patient is still non-compliant: document properly the non-compliance. Call the OPH Regional Director or IDEpi to explain the situation and request that a Compliance Order be issued by the State Health Officer or an Assistant State Health Officer.

VOLUNTARY PATIENT COMPLIANCE AGREEMENT

The Louisiana Administrative Code (Title 51 Part II) §117 gives authority to the State Health Officer or a designee to take measures to prevent the spread of infectious diseases.

§117. *Disease Control Measures Including Isolation/Quarantine [formerly paragraph 2:011]*

Individuals suspected of being cases or carriers of a communicable disease, or who have been exposed to a communicable disease, and who in the opinion of the state health officer may cause serious threat to public health, shall either submit to examination by a physician and to the collection of appropriate specimens as may be necessary or desirable in ascertaining the infectious status of the individual, or be placed in isolation or under quarantine as long as his or her status remains undetermined. Specimens collected in compliance with this Section shall be examined either by a state laboratory free of charge or by a laboratory approved by the state health officer at the individual's own expense.

Plan of therapy/isolation for:

Full Name _____ Date of Birth _____
Whose residence is _____ Parish _____
Date this agreement begins _____

For the Patient: NOTE: All statements are to be read to patient (or patient may read)

1. You are being treated/isolated for a suspected infection; therefore, it is essential that you follow these instructions
2. State law requires that the Office of Public Health assist you in controlling your disease.
To prevent transmission of your disease is to follow these instructions:

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Failure to comply with these guidelines may result in quarantine, involuntary confinement to a hospital or possible criminal charges for violations of quarantine. (If patient states any barriers to compliance, list them here.)

I agree that I understand the above instructions and will make every effort to comply.

Patient's signature

Date

Public Health Nurse or Disease Inter. Spec.

Copy received by patient _____
Patient's Initials

Bobby Jindal

GOVERNOR



Alan Levine

SECRETARY

State of Louisiana

Department of Health and Hospitals

COMPLIANCE ORDER

Date: _____

_____, LA 70_____

RE: Isolation / Quarantine Order for _____

Dear _____,

This is to inform you that you are under quarantine to prevent the spread of your infection. The circumstances necessitating the specific terms of your quarantine are as follows:

1- You have been diagnosed as having an infection, which could be spread to others.

2-You have failed your voluntary patient compliance agreement as evidenced by

_____.

In order to protect the public from further unwarranted exposure to your infection, you are required to fully comply with these terms of your quarantine:

1-You must comply and cooperate fully with the recommendations prescribed for you.

2-Failure to comply with mandatory recommendations /isolation may require subsequent legal action. This order will remain in force until the order is revoked or revised by the authority of the State Health Officer.

In view of this risk to the public health which would result from failure to keep your infection under control, any violation of the specified terms of your quarantine may force us to bring immediate action against you in court.

Please signify your intention to comply with the terms of this order by signing the State of Intention which is attached. Return the statement to me through the officer who delivers it to you.

I sincerely hope that you will have a rapid and uneventful recovery and that your infection can be classed as inactive before very long.

_____, M.D.
(Assistant) State Health Officer

This form is an attachment to the previous form to be hand delivered to the patient.

STATEMENT OF INTENTION TO COMPLY

I, _____, have read the terms of my isolation/quarantine for control of my infection, or have had them read to me. I have had a chance to ask questions about the terms of my quarantine and am satisfied that I understand them. For my own protection and the protection of the public, I agree to comply fully with the specified terms of my quarantine.

Signature

Date

WITNESSES:

Signature

Print Name

Signature

Print Name