

Connecticut's Public Health Quarantine Laws

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February 7, 2020 | 2020-R-0068

Issue

Provide an overview of Connecticut's public health quarantine laws.

Summary

State law authorizes the Department of Public Health (DPH) commissioner to order the confinement (i.e., quarantine or isolation) of a person when the governor authorizes her to do so during a declared public health emergency. The commissioner may take such action if she has reasonable grounds to believe (1) the person is infected with a communicable disease or is at risk of becoming infected or spreading the disease or (2) the person is contaminated or at risk of being contaminated by a biological toxin or other substance that poses a substantial risk of injury or harm to others. The commissioner's authority is limited to situations where a substantial threat to the public health exists and confinement is necessary and the least restrictive alternative to protect the public health ([CGS § 19a-131b](#) and [Conn. Agencies Regs., § 19a-36-A1 et seq.](#)).

Local health directors also have the authority to order the confinement of individuals believed to be infected or contaminated as described above and may do so even if the governor has not declared a public health emergency ([CGS § 19a-221\(a\)](#) and [Conn. Agencies Regs., § 19a-36-A1 et seq.](#)). However, during a declared public health emergency, local health directors must comply with the DPH commissioner's orders.

The law defines "isolation" as the physical separation and confinement of one or more people who (1) are infected with a communicable disease or are contaminated or (2) the commissioner reasonably believes are infected or contaminated. "Quarantine" means the physical separation and confinement of one or more people who (1) are exposed to a communicable disease or are

contaminated or (2) the commissioner reasonably believes have been directly or indirectly exposed or contaminated ([CGS § 19a-131](#)).

The law establishes generally parallel processes for ordering and contesting quarantine and isolation orders: one that operates during a declared public health emergency and the other when a local health director acts on his or her own.

Below we describe the process for orders issued by local health directors. (The process is generally the same as for DPH orders.)

State law also allows the DPH commissioner to order vaccinations during a declared public health emergency, if she deems it reasonable and necessary to prevent the introduction or stop the progress of the disease or contamination that caused the emergency ([CGS § 19a-131e](#)).

Local Health Director's Order of Confinement

The local health director's confinement order must be in writing and contain (1) the name of the person being confined; (2) the basis of the director's belief that confinement is necessary to protect public health; (3) the length of time the order remains in effect; (4) the place of confinement; and (5) any other terms necessary to protect public health.

The order must be given to those being confined and inform them of their right to an attorney, a hearing, legal representation at the hearing, and that the state will pay for counsel if they are unable to do so. The order is effective for up to 20 days, but the director may issue further orders for successive periods of up to 20 days. The director must inform the DPH commissioner within 24 hours whenever such an order is issued ([CGS § 19a-221\(b\)](#)).

Conditions of Confinement

By law, a local health director must adhere to the following conditions when placing an individual under quarantine or isolation:

1. quarantine and isolation must be by the least restrictive means necessary to prevent the spread of a communicable disease or contamination, including confinement to private homes or other private or public premises;
2. quarantined individuals must be confined separately from isolated individuals;
3. the health status of quarantined or isolated individuals must be monitored frequently to determine if the confinement must continue;

4. a quarantined individual who has, or is reasonably believed to have, become infected or contaminated must be promptly moved to isolation;
5. isolated or quarantined individuals must be immediately released when they are no longer infectious or capable of contaminating others or upon a court order;
6. an isolated or quarantined individual's needs must be addressed in a systematic and competent fashion, including providing food, clothing, shelter, medication, competent medical care, and means of communication;
7. premises used for quarantine or isolation must be maintained in a safe and hygienic manner and be designed to minimize the likelihood of further transmission of infection or other harms to individuals isolated or quarantined;
8. to the extent possible without jeopardizing the public health, family members and household members must be kept together, and guardians must stay with minors; and
9. to the extent possible, cultural and religious beliefs must be considered in addressing these individuals' needs and maintaining the premises ([CGS § 19a-221\(b\)](#)).

Control of Confined Area

State regulation prohibits anyone other than attending physicians and authorized attendants from entering or leaving a quarantined area and allows only the local health director, or the director's representative to permit someone to enter or leave the area or remove any article from the area. If a person leaves the quarantined area without the local health director's consent, the director must immediately report it to the DPH commissioner ([Conn. Agencies Regs., § 19a-36-A18](#)).

Court Hearing

A confined person has the right to a court hearing and must request one in writing. The hearing must be held within 72 hours (excluding weekends and holidays) in the probate district where the person resides or is confined. The request for a hearing does not stop the confinement. The DPH commissioner has the right to be made a party to the proceedings ([CGS § 19a-221\(d\), \(e\)](#)).

Hearing Procedures

Notice of the hearing must be given to the confined person and state that he or she (1) or his or her representative has a right to be at the hearing; (2) has a right to counsel; (3) has a right to have counsel appointed for him or her and paid for by the state if indigent; (4) has the right to cross examine witnesses; and (5) may refuse counsel.

Prior to the hearing, the person or his or her counsel must have access to all records, including any hospital records, which, if the person is hospitalized at the time of hearing, must be available at the hearing. But the law does not preclude the timely objection to the admission of evidence under standard rules of civil procedure ([CGS §§ 19a-221\(f\) & \(g\)](#)).

Burden of Proof

The health director who ordered confinement must demonstrate by a preponderance of the evidence that (1) the person is infected with a communicable disease or contaminated and poses a substantial threat to public health and (2) confinement is necessary and the least restrictive alternative to protect public health. If the court finds that the director meets this burden, it must order the person's continued confinement or order his or her release under conditions deemed appropriate to protect public health. If the court finds the burden is not met, it must order the person's immediate release ([CGS §§ 19a-221\(h\), \(i\), and \(j\)](#)).

The confined person can petition the court at any time for termination or modification of the order and the court must, on its own motion, reconsider the order annually. A hearing must be held pursuant to either of these situations and, if appropriate, the court can release the person or modify its order to affect a different remedy ([CGS § 19a-221\(k\)](#)). Any person aggrieved by an order of the probate court can appeal to superior court ([CGS § 19a-221\(l\)](#)).

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