

1 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 10 EDUCATION AND CULTURE
CHAPTER 169 SCHOOL HEALTH AND SANITATION**GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY***Conn. Gen. Stat. § 10-206 (2008)*

Sec. 10-206. *(See end of section for amended version of subsection (c) and effective date.) Health assessments.

(a) Each local or regional board of education shall require each pupil enrolled in the public schools to have health assessments pursuant to the provisions of this section. Such assessments shall be conducted by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physician assistant, licensed pursuant to chapter 370, or by the school medical advisor to ascertain whether such pupil is suffering from any physical disability tending to prevent such pupil from receiving the full benefit of school work and to ascertain whether such school work should be modified in order to prevent injury to the pupil or to secure for the pupil a suitable program of education. No health assessment shall be made of any child enrolled in the public schools unless such examination is made in the presence of the parent or guardian or in the presence of another school employee. The parent or guardian of such child shall receive prior written notice and shall have a reasonable opportunity to be present at such assessment or to provide for such assessment himself or herself. A local or regional board of education may deny continued attendance in public school to any child who fails to obtain the health assessments required under this section.

(b) Each local or regional board of education shall require each child to have a health assessment prior to public school enrollment. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of *section 19a-62a*. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under *section 10-204a*, provided a registered nurse may only update said immunizations pursuant to a written order by a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and gross dental screenings; and (4) such other information, including health and developmental history, as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead levels in the blood where the local or regional board of education determines after consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, that such tests are necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

*(c) Each local or regional board of education shall require each pupil enrolled in the public schools to have health assessments in either grade six or grade seven and in either grade ten or grade eleven. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of *section 19a-62a*. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of

immunizations as required under *section 10-204a*, provided a registered nurse may only update said immunizations pursuant to a written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, postural and gross dental screenings; and (4) such other information including a health history as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis and sickle cell anemia or Cooley's anemia where the local or regional board of education, in consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, determines that said screening or test is necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

(d) The results of each assessment done pursuant to this section and the results of screenings done pursuant to *section 10-214* shall be recorded on forms supplied by the State Board of Education. Such information shall be included in the cumulative health record of each pupil and shall be kept on file in the school such pupil attends. If a pupil permanently leaves the jurisdiction of the board of education, the pupil's original cumulative health record shall be sent to the chief administrative officer of the school district to which such student moves. The board of education transmitting such health record shall retain a true copy. Each physician, advanced practice registered nurse, registered nurse, or physician assistant performing health assessments and screenings pursuant to this section and *section 10-214* shall completely fill out and sign each form and any recommendations concerning the pupil shall be in writing.

(e) Appropriate school health personnel shall review the results of each assessment and screening as recorded pursuant to subsection (d) of this section. When, in the judgment of such health personnel, a pupil, as defined in *section 10-206a*, is in need of further testing or treatment, the superintendent of schools shall give written notice to the parent or guardian of such pupil and shall make reasonable efforts to assure that such further testing or treatment is provided. Such reasonable efforts shall include a determination of whether or not the parent or guardian has obtained the necessary testing or treatment for the pupil, and, if not, advising the parent or guardian on how such testing or treatment may be obtained. The results of such further testing or treatment shall be recorded pursuant to subsection (d) of this section, and shall be reviewed by school health personnel pursuant to this subsection.

(f) On and after February 1, 2004, each local or regional board of education shall report to the local health department and the Department of Public Health, on an annual basis, the total number of pupils per school and per school district having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade ten or eleven. The report shall contain the asthma information collected as required under subsections (b) and (c) of this section and shall include pupil age, gender, race, ethnicity and school. Beginning on October 1, 2004, and every three years thereafter, the Department of Public Health shall review the asthma screening information reported pursuant to this section and shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education concerning asthma trends and distributions among pupils enrolled in the public schools. The report shall be submitted in accordance with the provisions of *section 11-4a* and shall include, but not be limited to, trends and findings based on pupil age, gender, race, ethnicity, school and the education reference group, as determined by the Department of Education for the town or regional school district in which such school is located.

HISTORY: (1949 Rev., S. 1467; P.A. 78-218, S. 132; P.A. 80-440, S. 4, 10; P.A. 85-80, S. 1, 2; P.A. 91-327, S. 6, 8; P.A. 94-103, S. 1; P.A. 98-252, S. 12, 80; June Sp. Sess. P.A. 01-4, S. 41, 58; June Sp. Sess. P.A. 01-9, S. 105, 131; P.A. 04-221, S. 36; P.A. 05-272, S. 2.)

*Note: On and after July 1, 2008, subsection (c) of this section, as amended by section 1 of public act 07-58, is to read as follows:

(c) Each local or regional board of education shall require each pupil enrolled in the public schools to have health assessments in either grade six or grade seven and in either grade nine or grade ten. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of *section 19a-62a*. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by

the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under *section 10-204a*, provided a registered nurse may only update said immunizations pursuant to a written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, postural and gross dental screenings; and (4) such other information including a health history as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis and sickle cell anemia or Cooley's anemia where the local or regional board of education, in consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, determines that said screening or test is necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378."

HISTORY: (1949 Rev., S. 1467; P.A. 78-218, S. 132; P.A. 80-440, S. 4, 10; P.A. 85-80, S. 1, 2; P.A. 91-327, S. 6, 8; P.A. 94-103, S. 1; P.A. 98-252, S. 12, 80; June Sp. Sess. P.A. 01-4, S. 41, 58; June Sp. Sess. P.A. 01-9, S. 105, 131; P.A. 04-221, S. 36; P.A. 05-272, S. 2; P.A. 07-58, S. 1.)

NOTES:

P.A. 78-218 replaced former provisions concerning examinations of female children with similar provisions applicable to examination of any child and made technical changes; P.A. 80-440 substituted "health assessment" for "health examination", deleted requirement for assessments at three-year intervals, required parent's or guardian's presence at examination, required that prior written notice be given to parent or guardian, deleted provisions concerning health records and added Subsecs. (b) to (e), re required assessments, recording of results and review; P.A. 85-80 amended Subsec. (a) to allow a local or regional board to deny continued attendance in public school to any child who fails to obtain the required health assessments; P.A. 91-327 amended Subsec. (b) to replace tests for lead paint poisoning with tests for lead levels in the blood; P.A. 94-103 amended Subsecs. (a), (b), (c) and (d), to add provision regarding the duties of registered nurses, advanced practice registered nurses and physician assistants; P.A. 98-252 amended Subsecs. (b) and (c) to make technical changes, effective July 1, 1998; June Sp. Sess. P.A. 01-4 amended Subsec. (a) by adding provision re licensed natureopath and person licensed to practice chiropractic and making a technical change, amended Subsecs. (b) and (c) by adding provisions re chronic disease assessment including asthma and re items included in assessment form and added Subsec. (f) re reporting requirements, effective July 1, 2002; June Sp. Sess. P.A. 01-9 eliminated provision re licensed natureopaths and persons licensed to practice chiropractic, effective July 1, 2001; P.A. 04-221 amended Subsec. (d) by requiring that form be completely filled out by physician, nurse or physician assistant, effective July 1, 2004; P.A. 05-272 amended Subsec. (f) by eliminating reference to health assessment forms, requiring boards of education to report re the prevalence of asthma among students during three specific time periods and making technical changes; P.A. 07-58 amended Subsec. (c) to require the second set of adolescent health assessments in grades nine or ten instead of in grades ten or eleven, effective July 1, 2008.

LexisNexis (R) Notes:

OPINIONS OF ATTORNEY GENERAL

1. 1982 *Conn. AG LEXIS 94*.
2. 1987 *Conn. AG LEXIS 42*.

2 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368g LUNG DISEASE, TUBERCULOSIS, CHRONIC ILLNESS AND BREAST AND CERVICAL
CANCER

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-252 (2008)

§ 19a-252. (Formerly Sec. 19-117). Administration of lung disease control funds, including tuberculosis funds.

The Department of Public Health is designated as the state agency to administer and distribute state funds to be used for the control of lung diseases, including tuberculosis, within the state. The director of health of any town or of any district department of health or any nonprofit corporation may apply to said department for funds to be used to assist in establishing, maintaining or expanding services for treatment or control of lung diseases within the state.

HISTORY: (1957, P.A. 538, S. 1; 1959, P.A. 148, S. 17; 1972, P.A. 113, S. 6; P.A. 76-139, S. 4; P.A. 77-614, S. 323, 610; P.A. 93-381, S. 31, 39; P.A. 93-435, S. 59, 95; P.A. 95-257, S. 12, 21, 58.)

NOTES:

1959 act substituted for the commission on tuberculosis and other chronic illness, as agency to administer and distribute funds, the state department of health through office of tuberculosis control, hospital care and rehabilitation; 1972 act replaced office of tuberculosis control, hospital care and rehabilitation with office of public health; P.A. 76-139 made expenditures applicable to lung diseases generally and included expenditures for treatment; P.A. 77-614 replaced department of health with department of health services, effective January 1, 1979; Sec. 19-117 transferred to *Sec. 19a-252* in 1983; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 93-435 authorized substitution of "department" for "office", referring to office of public health, to carry out purpose of P.A. 93-381 which deleted reference to office of public health appearing earlier in text, effective June 28, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995.

Title Notes:

*Cited. 204 *Conn.* 399, 406.

3 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368g LUNG DISEASE, TUBERCULOSIS, CHRONIC ILLNESS AND BREAST AND CERVICAL
CANCER

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-254 (2008)

§ 19a-254. (Formerly Sec. 19-120). Commitment of tuberculous persons.

Section 19a-254 is repealed.

HISTORY: (1949 Rev., S. 4129; 1955, S. 2124d; 1957, P.A. 586, S. 16; P.A. 77-614, S. 323, 610; P.A. 84-336, S. 5.)

NOTES:

Title Notes:

*Cited. 204 *Conn.* 399, 406.

4 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
 *** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
 CHAPTER 368g LUNG DISEASE, TUBERCULOSIS, CHRONIC ILLNESS AND BREAST AND CERVICAL
 CANCER

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-255 (2008)

§ 19a-255. (Formerly Sec. 19-121). Treatment of tuberculous persons. Payment for support and treatment.

Any resident of the state afflicted with tuberculosis in any form, who requires medical care for tuberculosis and who applies for care, shall be received: (1) In a state chronic disease hospital; (2) in a private hospital or clinic; or (3) by a physician or other health care provider without regard to the financial condition of the patient. The cost of care and treatment of such patients shall be computed in accordance with the provisions of *sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, 17b-256, 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, and section 4-67c* and shall be paid by the state if such cost is deemed appropriate by the Commissioner of Public Health to the treatment of tuberculosis.

HISTORY: (1949 Rev., S. 4122; 1953, S. 2119d; 1957, P.A. 586, S. 11; P.A. 76-139, S. 6; P.A. 82-46; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; June 30 Sp. Sess. P.A. 03-3, S. 97; P.A. 04-76, S. 55.)

NOTES:

P.A. 76-139 made provisions applicable to tuberculosis cases in which medical care is required, allowed admission to private hospitals or clinics having contract with the state and deleted reference to the "stage of the disease"; P.A. 82-46 authorized physicians and health care providers other than hospitals to care for tuberculosis patients and authorized the state to pay only for that treatment which the commissioner of health services deemed appropriate; Sec. 19-121 transferred to *Sec. 19a-255* in 1983; P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; (Revisor's note: In 1999 the references to "17b-115 to 17b-138" and "17b-689 to 17b-693, inclusive," were changed editorially by the Revisors to "17b-116 to 17b-138" and "17b-689, 17b-689b" to reflect the repeal of certain sections by section 164 of June 18 Sp. Sess. P.A. 97-2); June 30 Sp. Sess. P.A. 03-3, in repealing *Secs. 17b-19, 17b-62, to 17b-65, inclusive, 17b-116, 17b-116a, 17b-116b, 17b-117, 17b-120, 17b-121, 17b-123, 17b-134, 17b-135, 17b-220, 17b-259 and 17b-287*, authorized deletion of internal references to said sections in this section, effective March 1, 2004; P.A. 04-76 deleted references to *Secs. 17b-118b and 17b-221* that were repealed by the same act.

Title Notes:

*Cited. *204 Conn. 399, 406.*

CASENOTES:

Annotations to former section 19-121:

An action under this provision should not be entered on the jury docket. *15 Conn. Supp. 369*. In action against executrix for recovery of full cost of care, a mere billing and receipt of four dollars per week did not constitute a contract. *16 Conn. Supp. 118*.

5 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368g LUNG DISEASE, TUBERCULOSIS, CHRONIC ILLNESS AND BREAST AND CERVICAL
CANCER

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-256 (2008)

§ 19a-256. (Formerly Sec. 19-121a). Liability for cost of care after October 1, 1967.

(a) No patient or any relative of such patient shall be liable for the cost of his care on and after October 1, 1967, in a tuberculosis facility in a chronic disease hospital or, for patients received pursuant to *section 19a-255*, in other inpatient or outpatient treatment programs; except that if any such patient (1) is a veteran and the tuberculosis or suspected tuberculosis for which he has been hospitalized or treated is a service-connected disability entitling him to medical benefits, or (2) is eligible for medical benefits under any workers' compensation law or under any other private or public medical insurance or payment plan, such patient or his obligor shall be liable for the costs of such care to the extent of such benefits. Such costs shall be determined in the manner provided by subsection (a) of *section 17b-223*.

(b) This section shall not prevent any person from voluntarily agreeing to pay such costs, but no such payment shall be requested or required by the state, and no inquiry shall be made by the state to determine the ability of such patient or his legally liable relatives, as defined by subsection (c) of said *section 17b-223*, to pay such costs.

HISTORY: (1967, P.A. 839, S. 2; P.A. 76-139, S. 7; P.A. 79-376, S. 24.)

NOTES:

P.A. 76-139 excluded patients and relatives from liability for costs of those received in inpatient or outpatient treatment programs and added clarifying phrase "by the state" in Subsec. (b); P.A. 79-376 replaced "workmen's compensation" with "workers' compensation" in Subsec. (a); Sec. 19-121a transferred to *Sec. 19a-256* in 1983.

Title Notes:

*Cited. 204 *Conn.* 399, 406.

6 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368g LUNG DISEASE, TUBERCULOSIS, CHRONIC ILLNESS AND BREAST AND CERVICAL
CANCER

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-258 (2008)

§§ 19a-258 to 19a-261. (Formerly Secs. 19-126 to 19-129). Discharge of tuberculosis patients. Complaint against tuberculosis patient leaving hospital against advice. Apprehension of person leaving hospital before termination of commitment. Security facilities.

Sections 19a-258 to 19a-261, inclusive, are repealed.

HISTORY: (1949 Rev., S. 4123; 1955, S. 2123d, 2125d, 2126d; 1957, P.A. 586, S. 9, 15, 17, 18; 1967, P.A. 656, S. 17; 1972, P.A. 113, S. 8, 9; P.A. 76-139, S. 8; P.A. 77-614, S. 323, 610; P.A. 84-336, S. 2, 3; 84-546, S. 172.)

NOTES:

Title Notes:

*Cited. 204 Conn. 399, 406.

7 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368g LUNG DISEASE, TUBERCULOSIS, CHRONIC ILLNESS AND BREAST AND CERVICAL
CANCER

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY*Conn. Gen. Stat. § 19a-262 (2008)*

§ 19a-262. (Formerly Sec. 19-133). Report and record of cases.

Each physician shall report in writing the name, age, sex, race, ethnicity, occupation, place where last employed, if known, and address of each person under his care known or suspected by such physician to have tuberculosis, to the Department of Public Health and the director of health of the town, city or borough in which such person resides, within twenty-four hours after the physician knows or suspects the presence of such disease, and the officer in charge of any hospital, dispensary, asylum or other similar institution shall report in like manner concerning each patient having tuberculosis who comes under the care or observation of such officer, within twenty-four hours thereafter. The Commissioner of Public Health and the director of health of each town, city or borough shall keep a record of all such reports received by them, but such records shall not be open to inspection by any person other than the health authorities of the state and of such town, city or borough, and the identity of the person to whom any such report relates shall not be divulged by such health authorities except as may be necessary to carry into effect the provisions of this section, *section 19a-263*, and *section 19a-264*. For purposes of this section and said sections a person may be suspected of having tuberculosis if he has (1) an acid fast bacilli identified on a smear of his body fluids or tissue, (2) been prescribed at least two antituberculosis drugs, (3) a preliminary diagnosis which includes ruling out active tuberculosis or (4) signs or symptoms of active tuberculosis.

HISTORY: (1949 Rev., S. 4115; P.A. 76-139, S. 9; P.A. 90-13, S. 4; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58.)

NOTES:

P.A. 76-139 removed reference to repealed Secs. 19-134 and 19-135; Sec. 19-133 transferred to *Sec. 19a-262* in 1983; P.A. 90-13 replaced reference to "color" with references to race and ethnicity, applied provisions to persons suspected of having tuberculosis and specified grounds for determining whether person is suspected of having tuberculosis and required that physicians report to health services commissioner as well as to local director of health; P.A. 93-381 replaced department and commissioner of health services with department and commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995.

Title Notes:

*Cited. 204 Conn. 399, 406.

8 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368g LUNG DISEASE, TUBERCULOSIS, CHRONIC ILLNESS AND BREAST AND CERVICAL
CANCER

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-263 (2008)

§ 19a-263. (Formerly Sec. 19-136). Instruction by physicians to individuals.

The physician attending a patient having or suspected of having tuberculosis shall take all necessary precautions and give adequate instructions to provide for the safety of all individuals occupying the same house or apartments, and, if no physician is attending such patient, such duties shall be performed by the local director of health.

HISTORY: (1949 Rev., S. 4118; P.A. 90-13, S. 5.)

NOTES:

Sec. 19-136 transferred to *Sec. 19a-263* in 1983; P.A. 90-13 applied provisions to persons "suspected of having" tuberculosis.

Title Notes:

*Cited. *204 Conn. 399, 406.*

9 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368g LUNG DISEASE, TUBERCULOSIS, CHRONIC ILLNESS AND BREAST AND CERVICAL
CANCER

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-264 (2008)

§ 19a-264. (Formerly Sec. 19-137). Instructions by director of health to physicians.

The local director of health shall transmit to any physician reporting a case or suspected case of tuberculosis as provided in *section 19a-262*, a printed statement describing such procedure and precautions as are deemed necessary or advisable to be taken on the premises occupied by a tuberculosis patient, and such precautions shall be communicated to the family of the patient. Any physician or person practicing as a physician who wilfully makes any false statements in the reports provided for in said section, and any person violating any of the provisions of said section, shall be fined not less than five dollars nor more than fifty dollars or imprisoned not more than six months or be both fined and imprisoned.

HISTORY: (1949 Rev., S. 4119; P.A. 76-139, S. 10; P.A. 90-13, S. 6.)

NOTES:

P.A. 76-139 dropped references to repealed Secs. 19-134 and 19-135 and to Sec. 19-136; Sec. 19-137 transferred to *Sec. 19a-264* in 1983; P.A. 90-13 applied provisions to "suspected cases".

Title Notes:

*Cited. *204 Conn. 399, 406.*

10 of 10 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368g LUNG DISEASE, TUBERCULOSIS, CHRONIC ILLNESS AND BREAST AND CERVICAL
CANCER

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY*Conn. Gen. Stat. § 19a-265 (2008)*

§ 19a-265. Tuberculosis control. Emergency commitment.

(a) As used in this section:

(1) "Active tuberculosis" means (A) a specimen has been taken from a pulmonary, laryngeal or other airway source, has tested positive for tuberculosis and the person tested has not subsequently completed a standard recommended course of medication for tuberculosis, (B) a specimen from an extrapulmonary source has tested positive for tuberculosis and there is clinical evidence or clinical suspicion of pulmonary tuberculosis and the person tested has not subsequently completed a standard recommended course of medication for tuberculosis, or (C) where sputum smears or cultures are unobtainable, radiographic evidence, in addition to current clinical or laboratory evidence, is sufficient to establish a medical diagnosis of pulmonary tuberculosis for which treatment is indicated and the person diagnosed has not subsequently completed a standard recommended course of medication for tuberculosis.

(2) "Infectious tuberculosis" means tuberculosis disease in a communicable or infectious stage as determined by chest radiograph, the bacteriologic examination of body tissues or secretions, or other diagnostic procedures. A person is considered infectious to others until such time as sputum smears from a pulmonary, laryngeal or other airway source collected on three consecutive days have tested negative for tuberculosis and the person shows significant clinical improvement, such as the resolution of cough or fever.

(3) "Suspected of having active tuberculosis" means a person has signs or symptoms of tuberculosis but diagnostic studies have not been completed.

(4) "Nonadherent" means not taking tuberculosis medications as prescribed or not following the recommendations of the attending physician or health officer for the management of tuberculosis.

(5) "Enablers" means anything that helps the patient to more readily complete therapy including, but not limited to, assistance with transportation.

(6) "Incentive" means anything that motivates the patient to adhere to treatment including, but not limited to, food or coupons.

(7) "Directly observed therapy" means a course of treatment for tuberculosis in which the prescribed antituberculosis medication is administered to the person or ingested by the person under direct observation, as specified by the local director of health.

(b) The health care provider responsible for the treatment of any person with active tuberculosis shall devise, with the assistance and acknowledgment of that person and the approval of the director of health of the municipality in which the person with tuberculosis resides or, in the case of disagreement between the health care provider and the director of health, the Commissioner of Public Health, an appropriate individualized plan of treatment tailored to the person's medical and personal needs and identifying the method for effective treatment and prevention of transmission. The director of health shall provide or ensure the provision of such enablers and incentives as are within his means to provide and are reasonably appropriate in the individual situation to help the person to complete his course of treatment. In the event that the person with active tuberculosis is hospitalized or in state custody, the director of health shall be

notified as required by *section 19a-215*, and the individualized plan of treatment shall be approved by the director prior to discharge, provided such discharge shall not be delayed more than twenty-four hours, excluding weekends, solely because of delay in obtaining this approval.

(c) If any town, city or borough director of health determines that the public health is substantially and imminently endangered by a person with or suspected of having active tuberculosis, he may take the following actions as reasonably necessary to protect the public health: (1) Issue a warning stating that the person should have a physician's examination for tuberculosis to a person who has active tuberculosis or who is suspected of having active tuberculosis when that person is unable or unwilling voluntarily to submit to such examination despite demonstrated efforts to educate and counsel the person about the need for such examination; (2) issue a warning stating that the person should complete an appropriate prescribed course of medication for tuberculosis when that person has active tuberculosis but is unwilling or unable to adhere to an appropriate prescribed course of medication despite a demonstrated effort to educate and counsel the person about the need to complete the prescribed course of treatment and the offering of such enablers and incentives as are reasonably appropriate to facilitate the completion of treatment by that person; (3) issue a warning stating that the person should follow a course of directly observed therapy for tuberculosis that should be given in such a manner as shall minimize the time and financial burden on the person given that person's individual circumstances, when that person has active tuberculosis, has been nonadherent to treatment for it and is unwilling or unable otherwise to adhere to an appropriate prescribed course of medication for tuberculosis despite a demonstrated effort to educate and counsel the person about the need to complete the course of treatment and the provision of such enablers and incentives to the person as are reasonably appropriate to facilitate the completion of treatment by that person; (4) issue an emergency commitment order which shall extend for no more than ninety-six hours that authorizes the removal to or detention in a hospital or other medically-appropriate setting of a person: (A) Who has active tuberculosis that is infectious or who presents a substantial likelihood of having active tuberculosis that is infectious based upon epidemiologic, clinical, radiographic evidence and laboratory test results; (B) who poses a substantial and imminent likelihood of transmitting tuberculosis to others because of his or her inadequate separation from others, based on a physician's professional judgment using recognized infection control principles; (C) who is unwilling or unable to behave so as not to expose others to risk of infection from tuberculosis despite a demonstrated effort to educate and counsel the person about the need to avoid exposing others and required contagion precautions; (D) who has expressed or demonstrated an unwillingness to adhere to the prescribed course of treatment that would render the person noninfectious despite being educated and counseled about the need to do so and being offered such enablers and incentives as are reasonably appropriate to facilitate the completion of treatment; and (E) for whom emergency commitment is the least restrictive alternative to protect the public health. When issuing an emergency commitment order, the director of health may direct a police officer or other designated transport personnel to immediately transport the person with tuberculosis as so ordered by the director of health. The police officer shall take into custody and isolate the person in such a manner as required by the director of health. The director of health shall notify the police officer or other personnel concerning any necessary infection control procedures; (5) petition the Probate Court for a judicial commitment order that authorizes the removal to or detention in a hospital or other medically-appropriate setting for the purposes of facilitating completion of a prescribed course of treatment for tuberculosis of a person: (A) Who has active tuberculosis; (B) who is unwilling or unable to adhere to an appropriate prescribed course of treatment for tuberculosis despite a demonstrated effort to educate and counsel the person about the need to complete the course of treatment and to provide such enablers and incentives to the person as are reasonably appropriate to facilitate the completion of treatment by that person; (C) who has demonstrated a pattern of persistent nonadherence to treatment for tuberculosis; (D) for whom commitment for the purposes of completion of the prescribed course of treatment for active tuberculosis is necessary to prevent the development of drug-resistant tuberculosis organisms; and (E) for whom commitment for the purpose of treatment for active tuberculosis is the least restrictive course of action available to protect the public health in that other less restrictive alternatives to encourage that person's adherence to the prescribed course of treatment for tuberculosis have failed.

(d) Any warning or order issued by the director under subdivisions (1) to (4), inclusive, of subsection (c) of this section, or a petition under subdivision (5) of subsection (c) of this section, shall be in writing setting forth: (1) The name of the person who is the subject of the warning, order or petition; (2) the factual basis for the director's professional judgment that the person has active tuberculosis or, in the case of a warning concerning examination, is suspected of having active tuberculosis; (3) in the case of a warning concerning examination under subdivision (1) of subsection (c) of this section, the efforts that have been made to educate and counsel the person about the need for examination, the medical and legal consequences of failing to agree to it and the factual basis for the director's professional judgment that the person is unable or unwilling voluntarily to submit to such examination; (4) in the case

of warnings and orders under subdivisions (2) to (4), inclusive, of subsection (c) of this section and a petition under subdivision (5) of subsection (c) of this section, the efforts that have been made to educate and counsel the person about the need to complete the appropriate prescribed course of treatment and the medical and legal consequences of failing to do so, a description of the enablers and incentives that have been offered or provided to the person, and the factual basis for the director's professional judgment that the person is unable or unwilling voluntarily to adhere to the appropriate prescribed course of treatment; (5) in the case of an emergency commitment order under subsection (c) of this section, the factual basis for the director's professional judgment that: (A) The person is infectious or presents a substantial likelihood of being infectious; (B) the person poses a substantial and imminent likelihood of transmitting tuberculosis to others; (C) the person is unable or unwilling to behave so as not to expose others to risk of infection; and (D) emergency commitment is the least restrictive alternative available to protect the public health; (6) in the case of a petition for commitment under subsection (c) of this section, the factual basis for the director's professional judgment that: (A) The person has been persistently nonadherent to treatment for tuberculosis; (B) commitment for the purpose of treatment for active tuberculosis is necessary to prevent the development of drug-resistant tuberculosis organisms; (C) commitment for the purpose of treatment for active tuberculosis is the least restrictive alternative to protect the public health in that other alternatives to encourage that person's adherence to treatment have failed. Any warnings or orders issued pursuant to subsections (c) and (k) of this section shall specify the period of time that the warning or order is to remain effective, provided: (i) Any order authorizing examination for tuberculosis shall not continue beyond the minimum period of time required, with the exercise of all due diligence, to make a medical determination of whether the person who has active tuberculosis is infectious or whether the person who is suspected of having tuberculosis has active tuberculosis; (ii) any warning concerning treatment or directly observed therapy shall not continue beyond the conclusion of the prescribed course of antituberculosis treatment; and (iii) any order authorizing emergency commitment shall not exceed ninety-six hours. Any order for emergency commitment or petition for commitment shall specify the place of confinement, which shall be in a facility approved by the Commissioner of Public Health and which shall not be a prison, jail or other enclosure where those charged with a crime are incarcerated unless the person who is the subject of the order is being held on a criminal charge. Within twenty-four hours of the issuance of the order or petition, the director of health shall notify the Commissioner of Public Health that such an order or petition has been issued.

(e) The director of health may make application to the probate court for the district in which a person subject to a warning issued under subdivision (1) of subsection (c) of this section resides for an enforcement order. A person concerning whom said application is made shall have the right to a court hearing which shall be held by the probate court within three business days of receipt of such application. The hearing shall be held to determine: (1) If the person has active tuberculosis or is suspected of having active tuberculosis; (2) if the person is unable or unwilling to be examined voluntarily; (3) if efforts have been made to educate the person about the need for examination; (4) whether the order is necessary and is the least restrictive alternative to protect the public health. The Probate Court may issue a warrant for the apprehension of a person who is the subject of an order for examination, and a police officer for the town in which such court is located, or if there is no such police officer then the state police or such other officer as the court may determine, shall deliver the person to a facility for examination as directed by the health director.

(f) Immediately upon issuance of an emergency commitment order under subdivision (4) of subsection (c) of this section, the director of health shall petition the probate court for the district in which the person who is subject to the order resides to determine whether such commitment shall be continued. The petition shall be heard by the judge of probate for such district, except that on motion of the respondent or the judge of probate for appointment of a three-judge court, the Probate Court Administrator shall appoint a three-judge court from among the several judges of probate to conduct the hearing. Such three-judge court shall consist of at least one judge who is an attorney-at-law admitted to practice in this state. The judge of probate having jurisdiction under the provisions of this section shall be a member, provided such judge may disqualify himself or herself, in which case all three members of such court shall be appointed by the Probate Court Administrator. Such three-judge court when convened shall be subject to all of the provisions of law as if it were a single-judge court. The involuntary confinement of a person under this section by a three-judge court shall not be ordered by the court without the vote of at least two of the three judges convened hereunder. The judges of such court shall designate a chief judge from among their members. All records for any case before the three-judge court shall be maintained by the court of probate having jurisdiction over the matter as if the three-judge court had not been appointed. The hearing, whether before a one-judge or three-judge court, shall be held within ninety-six hours, excluding Saturdays, Sundays and legal holidays, of the issuance of such order of emergency commitment and the court shall cause such advanced notice as it directs thereof to be given to the person who is the subject of the order and such other persons as it may direct. The court shall determine: (1) If the person has active tuberculosis that is infectious or presents a substantial likelihood of having active tuberculosis that is infectious based upon epidemiologic, clinical, or

radiographic evidence, and laboratory test results; (2) if the person poses a substantial and imminent likelihood of transmitting tuberculosis to others because of inadequate separation from others, based on a physician's professional judgment using recognized infection control principles; (3) if the person is unwilling or unable to behave so as to not expose others to risk of infection from tuberculosis; (4) if efforts have been made to educate and counsel the person about the need to avoid exposing others and required contagion precautions; (5) if the person has expressed or demonstrated an unwillingness to adhere to the prescribed course of treatment that would render the person noninfectious; (6) if efforts have been made to educate and counsel about the need to complete treatment and if reasonably appropriate enablers and incentives have been offered to facilitate the completion of treatment; and (7) whether the order is necessary and is the least restrictive alternative to protect the public health.

(g) A petition by a director of health for a commitment order pursuant to subdivision (5) of subsection (c) of this section shall be heard by the probate court for the district in which the subject of such petition resides within three business days of receipt of such petition or, if a motion is made for appointment of a three-judge court, within three business days of the filing of such motion. Upon the motion of the respondent or of the judge of probate for appointment of a three-judge court, the Probate Court Administrator shall appoint a three-judge court from among the several judges of probate to conduct the hearing. Such three-judge court shall consist of at least one judge who is an attorney-at-law admitted to practice in this state. The judge of probate having jurisdiction under the provisions of this section shall be a member, provided such judge may disqualify himself, in which case all three members of such court shall be appointed by the Probate Court Administrator. Such three-judge court when convened shall be subject to all of the provisions of law as if it were a single-judge court. The involuntary confinement of a person under this section by a three-judge court shall not be ordered by the court without the vote of at least two of the three judges convened hereunder. The judges of such court shall designate a chief judge from among their members. All records for any case before the three-judge court shall be maintained by the court of probate having jurisdiction over the matter as if the three-judge court had not been appointed. The court shall cause such advanced notice as it directs thereof to be given to the person who is the subject of the order and such other persons as it may direct. The hearing shall be held to determine: (1) If the person has active tuberculosis; (2) if the person is unwilling or unable to adhere to an appropriate prescribed course of treatment for tuberculosis; (3) if efforts have been made to educate and counsel the person about the need to complete the course of treatment; (4) if reasonably appropriate enablers and incentives have been provided to the person to facilitate the completion of treatment by that person; (5) if the person has a demonstrated pattern of persistent nonadherence to treatment for tuberculosis; (6) if commitment for the purposes of completion of the prescribed course of treatment for active tuberculosis is necessary to prevent the development of drug-resistant tuberculosis organisms; and (7) whether the order is necessary and is the least restrictive available to protect the public health in that other less restrictive alternatives to encourage that person's adherence to the prescribed course of treatment for tuberculosis have failed. The Probate Court may issue a warrant for the apprehension of a person who is the subject of an order for commitment, and a police officer for the town in which such court is located, or if there is no such police officer then the state police or such other officer as the court may determine, shall deliver the person to the place for confinement as determined by the health director and as specified in subsection (d) of this section.

(h) All orders by health directors and all applications or petitions for a hearing under this section shall be hand-delivered to the person subject to the order as quickly as reasonably possible and shall inform him that: (1) He or his representative has a right to be present at the hearing; (2) he has a right to counsel and, if indigent or otherwise unable to pay for or to obtain counsel, he has a right to have counsel appointed to represent him; (3) the court shall have the right to appoint and hear additional expert witnesses at the expense of the petitioner; (4) he has a right to be present and to cross-examine witnesses testifying at the hearing; (5) the proceedings before the Probate Court shall be recorded and shall be transcribed if he appeals or files a writ of habeas corpus; (6) the proceedings before the court shall be confidential and shall not be disclosed unless he or his legal representative requests, or the Probate Court so orders for good cause shown; (7) he has a right to appeal an order of the Probate Court to the Superior Court; and (8) he has a right to apply to the Probate Court to terminate or modify an order it has made under subsection (k) of this section, as provided in subsection (l) of this section. If the court finds that such person is indigent or otherwise unable to pay for or to obtain counsel, the court shall appoint counsel for him, unless such person refuses counsel and the court finds that the person understands the nature of his refusal. If the person does not select his own counsel, or if counsel selected by the person refuses to represent him or is not available for such representation, the court shall appoint counsel for the person from a panel of attorneys admitted to practice in this state provided by the Probate Court Administrator in accordance with regulations promulgated by the Probate Court Administrator in accordance with *section 45a-77*. The reasonable compensation of appointed counsel for a person who is indigent or otherwise unable to pay for counsel shall be established by, and paid from funds appropriated to, the Judicial Department, however, if funds have not been included

in the budget of the Judicial Department for such purposes, such compensation shall be established by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(i) Prior to any hearing under this section, such person or his counsel shall be afforded access to all the person's medical records including, without limitation, hospital records if such person is hospitalized. If such person is hospitalized at the time of the hearing the hospital shall provide the person or his counsel access to all records in its possession relating to the condition of the person. Nothing in this subsection shall prevent timely objection to the admissibility of evidence in accordance with the rules of civil procedure.

(j) At any hearing held under this section, the director of health shall have the burden of showing by clear and convincing evidence that: (1) The person has active tuberculosis or, in the case of an examination order, is suspected of having active tuberculosis; (2) in the case of an enforcement order for examination, that efforts have been made to educate and counsel the person about the need for examination and that the person remains unable or unwilling voluntarily to submit to such examination; (3) in the case of an order under subdivision (4) of subsection (c) of this section and a petition under subdivision (5) of said subsection (c), that efforts that have been made to educate and counsel that person about the need to complete the appropriate prescribed course of treatment and that reasonably appropriate enablers and incentives have been offered or provided to the person, and that the person remains unable or unwilling voluntarily to adhere to the appropriate prescribed course of treatment; (4) in the case of continuation of an emergency commitment order under subdivision (4) of subsection (c) of this section that: (A) The person is infectious or presents a substantial likelihood of being infectious, (B) the person poses a substantial and imminent likelihood of transmitting tuberculosis to others, (C) the person is unable or unwilling to behave so as not to expose others to risk of infection and (D) commitment is the least restrictive alternative available to protect the public health; (5) in the case of a petition for commitment under subdivision (5) of subsection (c) of this section, that (A) the person has been persistently nonadherent to treatment for tuberculosis, (B) commitment for the purpose of treatment for active tuberculosis is necessary to prevent the development of drug-resistant tuberculosis organisms, (C) commitment for the purpose of treatment for active tuberculosis is the least restrictive alternative to protect the public health in that other alternatives to encourage said person's adherence to treatment have failed; and (6) the order sought by the director of health is necessary and is the least restrictive alternative to protect the public health.

(k) If the court, at such hearing, finds by clear and convincing evidence that the director of health has met the burden of proof set forth in subsection (j) of this section, the court shall: (1) In the case of examination orders: (A) Order such person to be examined; or (B) enter an order with such terms and conditions as the court deems appropriate to protect the public health in the manner least restrictive of the individual's liberty and privacy; (2) in the case of a continuation of an emergency commitment issued pursuant to subdivision (4) of subsection (c) of this section, (A) enter an order, authorizing the continued commitment of such person only for as long as the person remains infectious and poses a risk of transmission to others, or (B) enter an order with such terms and conditions as the court deems appropriate to protect the public health in the manner least restrictive of the individual's liberty and privacy; and (3) in the case of a petition for a commitment order for treatment issued pursuant to subdivision (5) of subsection (c) of this section, (A) order the continued commitment, but only for as long as is necessary to complete the prescribed course of treatment or to demonstrate adherence to treatment, or (B) enter an order with such terms and conditions as the court deems appropriate to protect the public health in the manner least restrictive of the individual's liberty and privacy. If the court, at such hearing, finds that the director of health has failed to meet such burden of proof, the court shall enter no orders, provided, if the person has been subject to an emergency commitment, the court shall order a release from such commitment.

(l) Such person may, at any time, move the court to terminate or modify an order made under subsection (k) of this section, in which case a hearing shall be held within five business days in accordance with this subsection. In addition, the court shall, on its own motion, review at least every six months any order of commitment issued under this section to determine if the conditions that required the commitment or restriction of the person still exist. If the court finds at such hearing, held on motion of the person or on its own motion, that the conditions that warranted the issuance of the order no longer exist, it shall dissolve said order. At such hearing, the director of health shall bear the burden of proof as specified in subsection (j) of this section.

(m) Any person aggrieved by an order of the Court of Probate under this section may take an appeal to the Superior Court. The Probate Court shall cause a recording of any hearing held pursuant to this section to be made, to be transcribed only in the event of an application for a writ of habeas corpus or an appeal from the decree rendered hereunder. A copy of such transcript shall be furnished without charge to the appellant or applicant for the writ of

habeas corpus whom the Court of Probate finds unable to pay for the same. In such case, the cost of preparing such transcript shall be paid by the original petitioner.

(n) The provisions of this section shall not be construed to permit or require the forcible administration of any medication.

(o) All health directors' orders, applications or petitions for a hearing, notices of a hearing and proceedings of a hearing under this section shall be kept confidential and shall not be disclosed, except to the parties to the proceeding, or upon the request of the person who is the subject of the order or his legal representative, or upon order of the Probate Court for good cause shown.

(p) All health directors' emergency commitment orders and warnings shall be in a language that the person who is the subject of the warning or order can comprehend.

(q) The commissioner may adopt, in accordance with chapter 54, such regulations as are necessary to carry out and enforce the provisions of subsection (b) of this section.

HISTORY: (P.A. 95-138; 95-257, S. 12, 21, 58; P.A. 96-170, S. 10, 23; P.A. 97-90, S. 1, 5, 6; P.A. 98-52, S. 1; P.A. 99-84, S. 3; P.A. 06-196, S. 242.)

NOTES:

P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 96-170 amended Subsec. (h) by changing funding of compensation of counsel from Probate Court Administration Fund to funds appropriated to Judicial Department, unless funds not included in budget of Judicial Department for such purpose, effective July 1, 1998; P.A. 97-90 amended Subsec. (f) by adding provision excluding Saturdays, Sundays and legal holidays from hearing required to be held within ninety-six hours, and revised effective date of P.A. 96-170 but without affecting this section, effective July 1, 1997; P.A. 98-52 amended Subsec. (g) by adding provision re motion for appointment of three-judge panel; P.A. 99-84 amended Subsec. (f) by adding provision that petition shall be heard by judge of probate for district, unless there is motion of respondent or judge of probate for a three-judge panel; P.A. 06-196 made technical changes in Subsec. (k), effective June 7, 2006.

Title Notes:

*Cited. 204 Conn. 399, 406.

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 10 EDUCATION AND CULTURE
CHAPTER 169 SCHOOL HEALTH AND SANITATION

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 10-206 (2008)

Sec. 10-206. *(See end of section for amended version of subsection (c) and effective date.) Health assessments.

(a) Each local or regional board of education shall require each pupil enrolled in the public schools to have health assessments pursuant to the provisions of this section. Such assessments shall be conducted by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physician assistant, licensed pursuant to chapter 370, or by the school medical advisor to ascertain whether such pupil is suffering from any physical disability tending to prevent such pupil from receiving the full benefit of school work and to ascertain whether such school work should be modified in order to prevent injury to the pupil or to secure for the pupil a suitable program of education. No health assessment shall be made of any child enrolled in the public schools unless such examination is made in the presence of the parent or guardian or in the presence of another school employee. The parent or guardian of such child shall receive prior written notice and shall have a reasonable opportunity to be present at such assessment or to provide for such assessment himself or herself. A local or regional board of education may deny continued attendance in public school to any child who fails to obtain the health assessments required under this section.

(b) Each local or regional board of education shall require each child to have a health assessment prior to public school enrollment. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of *section 19a-62a*. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under *section 10-204a*, provided a registered nurse may only update said immunizations pursuant to a written order by a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and gross dental screenings; and (4) such other information, including health and developmental history, as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead levels in the blood where the local or regional board of education determines after consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, that such tests are necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

*(c) Each local or regional board of education shall require each pupil enrolled in the public schools to have health assessments in either grade six or grade seven and in either grade ten or grade eleven. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of *section 19a-62a*. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under *section 10-204a*, provided a registered nurse may only update said immunizations pursuant to a written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, postural and gross dental screenings; and (4) such other information including a health history as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis and sickle cell anemia or Cooley's anemia where the local or regional board of

education, in consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, determines that said screening or test is necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

(d) The results of each assessment done pursuant to this section and the results of screenings done pursuant to *section 10-214* shall be recorded on forms supplied by the State Board of Education. Such information shall be included in the cumulative health record of each pupil and shall be kept on file in the school such pupil attends. If a pupil permanently leaves the jurisdiction of the board of education, the pupil's original cumulative health record shall be sent to the chief administrative officer of the school district to which such student moves. The board of education transmitting such health record shall retain a true copy. Each physician, advanced practice registered nurse, registered nurse, or physician assistant performing health assessments and screenings pursuant to this section and *section 10-214* shall completely fill out and sign each form and any recommendations concerning the pupil shall be in writing.

(e) Appropriate school health personnel shall review the results of each assessment and screening as recorded pursuant to subsection (d) of this section. When, in the judgment of such health personnel, a pupil, as defined in *section 10-206a*, is in need of further testing or treatment, the superintendent of schools shall give written notice to the parent or guardian of such pupil and shall make reasonable efforts to assure that such further testing or treatment is provided. Such reasonable efforts shall include a determination of whether or not the parent or guardian has obtained the necessary testing or treatment for the pupil, and, if not, advising the parent or guardian on how such testing or treatment may be obtained. The results of such further testing or treatment shall be recorded pursuant to subsection (d) of this section, and shall be reviewed by school health personnel pursuant to this subsection.

(f) On and after February 1, 2004, each local or regional board of education shall report to the local health department and the Department of Public Health, on an annual basis, the total number of pupils per school and per school district having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade ten or eleven. The report shall contain the asthma information collected as required under subsections (b) and (c) of this section and shall include pupil age, gender, race, ethnicity and school. Beginning on October 1, 2004, and every three years thereafter, the Department of Public Health shall review the asthma screening information reported pursuant to this section and shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education concerning asthma trends and distributions among pupils enrolled in the public schools. The report shall be submitted in accordance with the provisions of *section 11-4a* and shall include, but not be limited to, trends and findings based on pupil age, gender, race, ethnicity, school and the education reference group, as determined by the Department of Education for the town or regional school district in which such school is located.

HISTORY: (1949 Rev., S. 1467; P.A. 78-218, S. 132; P.A. 80-440, S. 4, 10; P.A. 85-80, S. 1, 2; P.A. 91-327, S. 6, 8; P.A. 94-103, S. 1; P.A. 98-252, S. 12, 80; June Sp. Sess. P.A. 01-4, S. 41, 58; June Sp. Sess. P.A. 01-9, S. 105, 131; P.A. 04-221, S. 36; P.A. 05-272, S. 2.)

 *Note: On and after July 1, 2008, subsection (c) of this section, as amended by section 1 of public act 07-58, is to read as follows:

(c) Each local or regional board of education shall require each pupil enrolled in the public schools to have health assessments in either grade six or grade seven and in either grade nine or grade ten. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of *section 19a-62a*. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under *section 10-204a*, provided a registered nurse may only update said immunizations pursuant to a written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, postural and gross dental screenings; and (4) such other information including a health history as the physician feels is necessary and appropriate. The assessment shall also

include tests for tuberculosis and sickle cell anemia or Cooley's anemia where the local or regional board of education, in consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, determines that said screening or test is necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378."

HISTORY: (1949 Rev., S. 1467; P.A. 78-218, S. 132; P.A. 80-440, S. 4, 10; P.A. 85-80, S. 1, 2; P.A. 91-327, S. 6, 8; P.A. 94-103, S. 1; P.A. 98-252, S. 12, 80; June Sp. Sess. P.A. 01-4, S. 41, 58; June Sp. Sess. P.A. 01-9, S. 105, 131; P.A. 04-221, S. 36; P.A. 05-272, S. 2; P.A. 07-58, S. 1.)

NOTES:

P.A. 78-218 replaced former provisions concerning examinations of female children with similar provisions applicable to examination of any child and made technical changes; P.A. 80-440 substituted "health assessment" for "health examination", deleted requirement for assessments at three-year intervals, required parent's or guardian's presence at examination, required that prior written notice be given to parent or guardian, deleted provisions concerning health records and added Subsecs. (b) to (e), re required assessments, recording of results and review; P.A. 85-80 amended Subsec. (a) to allow a local or regional board to deny continued attendance in public school to any child who fails to obtain the required health assessments; P.A. 91-327 amended Subsec. (b) to replace tests for lead paint poisoning with tests for lead levels in the blood; P.A. 94-103 amended Subsecs. (a), (b), (c) and (d), to add provision regarding the duties of registered nurses, advanced practice registered nurses and physician assistants; P.A. 98-252 amended Subsecs. (b) and (c) to make technical changes, effective July 1, 1998; June Sp. Sess. P.A. 01-4 amended Subsec. (a) by adding provision re licensed natureopath and person licensed to practice chiropractic and making a technical change, amended Subsecs. (b) and (c) by adding provisions re chronic disease assessment including asthma and re items included in assessment form and added Subsec. (f) re reporting requirements, effective July 1, 2002; June Sp. Sess. P.A. 01-9 eliminated provision re licensed natureopaths and persons licensed to practice chiropractic, effective July 1, 2001; P.A. 04-221 amended Subsec. (d) by requiring that form be completely filled out by physician, nurse or physician assistant, effective July 1, 2004; P.A. 05-272 amended Subsec. (f) by eliminating reference to health assessment forms, requiring boards of education to report re the prevalence of asthma among students during three specific time periods and making technical changes; P.A. 07-58 amended Subsec. (c) to require the second set of adolescent health assessments in grades nine or ten instead of in grades ten or eleven, effective July 1, 2008.

LexisNexis (R) Notes:

OPINIONS OF ATTORNEY GENERAL

1. *1982 Conn. AG LEXIS 94.*
2. *1987 Conn. AG LEXIS 42.*

2 of 8 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
 *** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
 CHAPTER 368a DEPARTMENT OF PUBLIC HEALTH

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-103 (2008)

§ 19a-103. (Formerly Sec. 19-60). Control of communicable diseases in institutions.

Any person confined or imprisoned in the Connecticut Correctional Institution, Somers, or in a community correctional center or in any other institution for a period of ten days or longer may be examined for any communicable disease, and, if found infected with any such disease, he shall be treated during the term of his confinement and, if not cured at the date of his discharge, the local director of health shall be notified. The person in charge of each such institution shall provide for such examination and necessary treatment of all such persons admitted thereto. The Department of Public Health may make such regulations or orders as, in its judgment, are necessary to carry out the provisions of this section.

HISTORY: (1949 Rev., S. 3804; 1969, P.A. 297; P.A. 77-614, S. 323, 610; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58.)

NOTES:

1969 act replaced jails with community correctional centers; P.A. 77-614 replaced department of health with department of health services, effective January 1, 1979; Sec. 19-60 transferred to *Sec. 19a-103* in 1983; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995.

Title Notes:

*Cited. 204 Conn. 399, 406.

Chapter Notes:

**Sec. 19a-1* et seq. and department of health services cited. 207 Conn. 346. *Sec. 19a-1* et seq. cited. 228 Conn. 651.

Cross References: See *Sec. 18-94* re retention of diseased inmates in correctional or charitable institutions.

LexisNexis 50 State Surveys, Legislation & Regulations

1. Child Care Facilities
2. Stem Cell Research/Cloning

3 of 8 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368a DEPARTMENT OF PUBLIC HEALTH

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-131 (2008)

§ 19a-131. Public health emergency response authority. Definitions.

As used in *sections 19a-131 to 19a-131i*, inclusive, and *section 19a-221*:

- (1) "Animal" means all vertebrate and invertebrate species;
- (2) "Bioterrorism" means the intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, to cause death, disease or other biological malfunction in a human, animal, plant or another living organism in order to influence the conduct of government or to harm, intimidate or coerce a civilian population;
- (3) "Commissioner" means Commissioner of Public Health;
- (4) "Communicable disease" means a disease or condition, the infectious agent of which may pass or be carried, directly or indirectly, from the body of one person or animal to the body of another person or animal;
- (5) "Contaminated" or "contamination" means contaminated or contamination by a biological toxin or a chemical, radioactive or any other substance sufficient to pose a substantial risk of death, disability, injury or harm to other persons;
- (6) "Isolation" means the physical separation and confinement of an individual, group of individuals or individuals present within a geographic area who are infected with a communicable disease or are contaminated, or whom the commissioner reasonably believes to be infected with a communicable disease or to be contaminated, in order to prevent or limit the transmission of the disease to the general public;
- (7) "Public health authority" means a person or entity authorized to respond to a public health emergency in accordance with the plan for emergency responses to a public health emergency prepared in accordance with *section 19a-131g*, including, but not limited to, licensed health care providers or local and district health directors;
- (8) "Public health emergency" means an occurrence or imminent threat of a communicable disease, except sexually transmitted disease, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability;
- (9) "Quarantine" means the physical separation and confinement of an individual, group of individuals or individuals present within a geographic area who are exposed to a communicable disease or are contaminated, or whom the commissioner reasonably believes have been exposed to a communicable disease or to be contaminated or have been exposed to others who have been exposed to a communicable disease or contamination, to prevent transmission to the general public;
- (10) "Respondent" means an individual ordered isolated or quarantined under *section 19a-131b* or *19a-221*.

HISTORY: (P.A. 03-236, S. 1.)

NOTES:

P.A. 03-236 effective July 9, 2003.

Title Notes:

*Cited. *204 Conn. 399, 406.*

Chapter Notes:

**Sec. 19a-1 et seq.* and department of health services cited. *207 Conn. 346. Sec. 19a-1 et seq.* cited. *228 Conn. 651.*

4 of 8 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368a DEPARTMENT OF PUBLIC HEALTH**GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY***Conn. Gen. Stat. § 19a-131a (2008)*

Legislative Alert: LEXSEE 2008 Ct. ALS 134 -- See section 3.

§ 19a-131a. Declaration of public health emergency by Governor.

(a) In the event of a state-wide or regional public health emergency, the Governor shall make a good faith effort to inform the legislative leaders specified in subsection (b) of this section before declaring that the emergency exists and may do any of the following: (1) Order the commissioner to implement all or a portion of the public health emergency response plan developed pursuant to *section 19a-131g*; (2) authorize the commissioner to isolate or quarantine persons in accordance with *section 19a-131b*; (3) order the commissioner to vaccinate persons in accordance with *section 19a-131e*; or (4) apply for and receive federal assistance.

(b) (1) Any declaration issued pursuant to this section shall become effective upon its filing with the Secretary of the State and with the clerks of the House of Representatives and Senate. The declaration shall state the nature of the public health emergency, the political subdivisions or geographic area subject to the declaration, the conditions that have brought about the public health emergency, the duration of the public health emergency and the public health authority responding to the emergency. Any such declaration issued by the Governor may be disapproved and nullified by majority vote of a committee consisting of the president pro tempore of the Senate, the speaker of the House of Representatives, the majority and minority leaders of both houses of the General Assembly and the cochairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health. Such disapproval shall not be effective unless filed with the Secretary of the State not later than seventy-two hours after the filing of the Governor's declaration with the Secretary of the State.

(2) Any declaration issued pursuant to this section may be renewed by the Governor upon its filing with the Secretary of the State and with the clerks of the House of Representatives and Senate. The renewal declaration shall state the nature of the continuing public health emergency, the political subdivisions or geographic area subject to the renewal, the conditions that have brought about the renewal declaration, the duration of the renewal declaration and the public health authority responding to the public health emergency. Any such renewal declaration issued by the Governor may be disapproved and nullified by majority vote of a committee consisting of the legislative leaders specified in subsection (b) of this section. Such disapproval shall not be effective unless filed with the Secretary of the State not later than seventy-two hours after the filing of the Governor's renewal declaration with the Secretary of the State.

(3) The Governor shall declare a public health emergency to be terminated before the duration stated in the declaration, upon a finding, after informing the legislative leaders specified in subsection (b) of this section, that the circumstances that caused such emergency to be declared no longer pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

(c) The Governor shall ensure that any declaration or order issued pursuant to the provisions of this section shall be (1) published in full at least once in a newspaper having general circulation in each county, (2) provided to news media, and (3) posted on the state Internet web site. Failure to take the actions specified in subdivisions (1) to (3), inclusive, of this subsection shall not impair the validity of such declaration or order.

(d) Any individual who, during the course of a public health emergency declared under this section, violates the provisions of any order issued pursuant to *sections 19a-131 to 19a-131i*, inclusive, or who intentionally obstructs, resists, hinders or endangers any person who is authorized to carry out, and who is engaged in an activity that carries out, any of the provisions of the order shall be fined not more than one thousand dollars or imprisoned not more than one year, or both, for each offense.

(e) The commissioner may request the Attorney General to apply to the Superior Court for an order enforcing the provisions of any order issued by the commissioner pursuant to *sections 19a-131 to 19a-131i*, inclusive, and such other equitable relief as the court deems appropriate.

(f) The commissioner may delegate to an employee of the Department of Public Health or any local health director, as much of the authority of the commissioner described in this section as the commissioner determines appropriate. Such authorized employee or director shall act as an agent of the commissioner.

HISTORY: (P.A. 03-236, S. 2.)

NOTES:

P.A. 03-236 effective July 9, 2003.

Title Notes:

*Cited. *204 Conn. 399, 406.*

Chapter Notes:

**Sec. 19a-1 et seq.* and department of health services cited. *207 Conn. 346. Sec. 19a-1 et seq.* cited. *228 Conn. 651.*

5 of 8 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368a DEPARTMENT OF PUBLIC HEALTH**GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY***Conn. Gen. Stat. § 19a-131b (2008)*

§ 19a-131b. Orders of quarantine or isolation. Appeal of order. Hearing.

(a) Notwithstanding the provisions of *section 19a-221* or *19a-265*, if the Governor has declared a public health emergency, the commissioner, if so authorized by the Governor pursuant to *section 19a-131a*, may order into quarantine or isolation, as appropriate, any individual, group of individuals or individuals present within a geographic area whom the commissioner has reasonable grounds to believe to be infected with, or exposed to, a communicable disease or to be contaminated or exposed to contamination or at reasonable risk of having a communicable disease or being contaminated or passing such communicable disease or contamination to other persons if the commissioner determines that such individual or individuals pose a significant threat to the public health and that quarantine or isolation is necessary and the least restrictive alternative to protect or preserve the public health. No individual or group of individuals or individuals present in a geographic area shall be quarantined or isolated unless they meet the conditions in this subsection.

(b) The commissioner shall adhere to the following conditions and principles when quarantining or isolating individuals, groups of individuals or individuals present within a geographic area: (1) Quarantine and isolation shall be by the least restrictive means necessary to prevent the spread of a communicable disease or contamination to others and may include, but not be limited to, confinement to private homes or other private or public premises; (2) quarantined individuals shall be confined separately from isolated individuals; (3) the health status of quarantined or isolated individuals shall be monitored frequently to determine if they continue to require quarantine or isolation; (4) if a quarantined individual subsequently becomes infected or contaminated or is reasonably believed to have become infected with a communicable disease or contaminated, such individual shall be promptly moved to isolation; (5) quarantined or isolated individuals shall be immediately released when they are no longer infectious or capable of contaminating others or upon the order of a court of competent jurisdiction; (6) the needs of individuals quarantined or isolated shall be addressed in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in quarantine or isolation and outside those settings, medication and competent medical care; (7) premises used for quarantine and isolation shall 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 quarantined or isolated; (8) to the extent possible without jeopardizing the public health, family members and members of a household shall be kept together, and guardians shall stay with their minor wards; and (9) to the extent possible, cultural and religious beliefs shall be considered in addressing the needs of individuals and establishing and maintaining premises used for quarantine and isolation.

(c) An order to quarantine or isolate issued by the commissioner shall be in writing and shall include: (1) The name of any individual, group of individuals or individuals present within a geographic area to be quarantined or isolated, or the geographic area where such communicable disease is present or contamination exists; (2) the basis for the commissioner's belief regarding the presence of a communicable disease or that contamination exists within the geographical area; (3) the period of time during which the order shall remain effective; (4) the premises subject to quarantine or isolation, that may include, but need not be limited to, private homes or other private or public premises; and (5) other terms and conditions as may be necessary to protect and preserve the public health. In determining the length of such order, the commissioner shall consider, to the extent known, the length of incubation of the

communicable disease or contamination, the date of the individual's exposure and the individual's medical risk of exposing others to such communicable disease or contamination. The order shall be effective for not more than twenty days, provided further orders of quarantine or isolation meeting the requirements of this section may be issued as to any respondent for successive periods of not more than twenty days if issued before the last business day of the preceding period of quarantine or isolation.

(d) Such order shall also inform the individuals quarantined or isolated that they have the right to consult an attorney, the right to a hearing pursuant to this section, clear instructions on how to request a hearing, and that if such a hearing is requested, such individual has the right to be represented by counsel, that counsel will be provided at the state's expense if such individual is unable to pay for such counsel, and that if such a hearing is requested, court fees shall be waived. A copy of the order shall be provided to each individual quarantined or isolated or notice of the order shall be provided by a means likely to reach those affected.

(e) Any individual subject to a quarantine or isolation order under this section shall be confined in a place designated by the commissioner until such time as the commissioner determines such individual is no longer infectious or capable of contaminating others, or is released by order of a court of competent jurisdiction for the district in which such individual is isolated or quarantined. Any individual who desires treatment by prayer or spiritual means without the use of any drugs or material remedies, but through the use of the principles, tenets or teachings of any church incorporated under chapter 598 or any other religious or spiritual practice, may be so treated during such individual's quarantine or isolation.

(f) An individual subject to a quarantine or isolation order under this section may appeal such order to the probate court for the district in which such person is quarantined or isolated and, if such individual or such individual's representative asks the court, in writing, including, but not limited to, by means of first class mail, facsimile machine or the Internet, for a hearing, notwithstanding the form of such request, the court shall hold a hearing not later than seventy-two hours after receipt of such request, excluding Saturdays, Sundays and legal holidays. The court may extend the time for a hearing based on extraordinary circumstances. Court fees for such hearing shall be paid from funds appropriated to the Judicial Department, but if funds have not been included in the budget of the Judicial Department for such purpose, such fees shall be waived by the court. If such individual cannot appear personally before the court, a hearing shall be conducted only if his or her representative is present. The commissioner shall be a party to the proceedings. Such hearing may be held via any means that allows all parties to fully participate in the event an individual may infect or contaminate others. A request for a hearing shall not stay the order of quarantine or isolation issued by the commissioner under this section. The hearing shall concern, but need not be limited to, a determination of whether (1) the individual ordered confined is infected with a communicable disease or is contaminated or has a reasonable risk of having a communicable disease or having been contaminated or passing a communicable disease or contamination to other individuals, (2) the individual poses a reasonable threat to the public health, and (3) the quarantine or isolation of the individual is necessary and the least restrictive alternative to prevent the spread of a communicable disease or contamination to others in order to protect and preserve the public health.

(g) Notice of the hearing shall be given to the respondent and shall inform the respondent that his or her representative has a right to be present at the hearing; that the respondent has a right to counsel; that the respondent, if indigent or otherwise unable to pay for or obtain counsel, has a right to have counsel appointed to represent the respondent; and that the respondent has a right to cross-examine witnesses testifying at the hearing. If the court finds such respondent is indigent or otherwise unable to pay for or obtain counsel, the court shall appoint counsel for such respondent, unless such respondent refuses counsel and the court finds that the respondent understands the nature of his or her refusal. The court shall provide such respondent a reasonable opportunity to select such respondent's own counsel to be appointed by the court. If the respondent does not select counsel or if counsel selected by the respondent refuses to represent the respondent or is not available for such representation, the court shall appoint counsel for the respondent from a panel of attorneys admitted to practice in this state provided by the Probate Court Administrator. If the order of quarantine or isolation applies to individuals present in a described geographic area, the court may appoint one or more attorneys to represent all the individuals present in the described geographic area where there is a commonality of interests of such individuals, except that an individual may choose to be represented by his or her own attorney on an individual basis. The reasonable compensation of appointed counsel shall be established by, and paid from funds appropriated to, the Judicial Department, but, if funds have not been included in the budget of the Judicial Department for such purposes, such compensation shall be established by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(h) Prior to such hearing, the Probate Court, such respondent or such respondent's counsel and the commissioner shall be afforded access to all records including, but not limited to, hospital records if such respondent is hospitalized, and shall be entitled to take notes therefrom. If such respondent is hospitalized at the time of the hearing, the hospital, upon order of the Probate Court, shall make available at such hearing for use by the respondent or his or her counsel all records in its possession relating to the condition of the respondent. All records relating to the condition of the respondent shall be admissible at the request of any party or the Probate Court at the hearing. Nothing in this subsection shall prevent timely objection to the admissibility of evidence in accordance with the rules of civil procedure.

(i) The court shall cause a recording of the testimony at such hearing to be made, to be transcribed only in the event of an appeal from the order rendered. A copy of such transcript shall be furnished without charge to any appellant whom the Probate Court finds unable to pay for the same. The cost of such transcript shall be paid from the funds appropriated by the Judicial Department, but, if funds have not been included in the budget of the Judicial Department for such purposes, the cost of such transcription shall be established by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(j) At such hearing, the commissioner shall have the burden of showing, by a preponderance of the evidence, that the conditions of this subsection are met. If the court, at such hearing, finds that the respondent is infected with a communicable disease or is contaminated, or is reasonably believed to have been exposed to a communicable disease or to contamination, or is at reasonable risk of having a communicable disease or having been contaminated and poses a reasonable threat to the public health and that quarantine or isolation of the respondent is necessary and the least restrictive alternative to protect and preserve the public health, it shall order (1) the continued quarantine or isolation of the respondent under such terms and conditions as the court deems necessary to prevent the exposure of others to a communicable disease or contamination, until such time as it is determined by the commissioner that release of the respondent would not constitute a reasonable threat to the public health, or (2) the release of the respondent under such terms and conditions as it deems appropriate to protect the public health.

(k) If the court, at such hearing, fails to find that the conditions required for an order for quarantine or isolation under subsection (a) of this section have been proven, it shall order the immediate release of the respondent.

(l) A respondent may, not more than every thirty days, move the court to terminate or modify an order made under subsection (j) of this section, in which case a hearing shall be held in accordance with this section. If the court, at a hearing held upon motion of the respondent or its own motion, fails to find that the conditions which required quarantine or isolation still exist, it shall order the immediate release of the respondent. If the court finds that such conditions still exist but that a different remedy is appropriate under this section, the court shall modify its order accordingly.

(m) Any person aggrieved by an order of the Probate Court under this section may appeal to the Superior Court. The appeal shall be confined to the record, which shall consist of the transcript of the hearing and all evidence received or considered by the Probate Court.

HISTORY: (P.A. 03-236, S. 3.)

NOTES:

P.A. 03-236 effective July 9, 2003.

Title Notes:

*Cited. *204 Conn. 399, 406.*

Chapter Notes:

**Sec. 19a-1 et seq.* and department of health services cited. *207 Conn. 346. Sec. 19a-1 et seq. cited. 228 Conn. 651.*

6 of 8 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368a DEPARTMENT OF PUBLIC HEALTH

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-131c (2008)

§ 19a-131c. Enforcement of order of quarantine or isolation.

Notwithstanding the provisions of *section 19a-220*, in the event of a public health emergency declared by the Governor under *section 19a-131a*, if any individual refuses to obey an order of quarantine or isolation issued by the commissioner pursuant to *section 19a-131b*, the commissioner may direct any law enforcement officer to immediately take such individual into custody and place him or her into quarantine or isolation, as the case may be. The commissioner shall notify the law enforcement officer or other personnel concerning any necessary infection control procedures required.

HISTORY: (P.A. 03-236, S. 4.)

NOTES:

P.A. 03-236 effective July 9, 2003.

Title Notes:

*Cited. *204 Conn. 399, 406.*

Chapter Notes:

**Sec. 19a-1 et seq.* and department of health services cited. *207 Conn. 346. Sec. 19a-1 et seq.* cited. *228 Conn. 651.*

7 of 8 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
*** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
CHAPTER 368a DEPARTMENT OF PUBLIC HEALTH

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY

Conn. Gen. Stat. § 19a-131d (2008)

§ 19a-131d. Entry into quarantine or isolation premises.

Entry into quarantine or isolation premises shall be limited to authorized individuals. The authorized individuals shall be determined by the commissioner, and shall include, but need not be limited to, any physician licensed under chapter 370, other licensed, certified or registered health care providers or other individuals, including family or household members, the commissioner deems necessary to meet the needs of quarantined or isolated individuals.

HISTORY: (P.A. 03-236, S. 5.)

NOTES:

P.A. 03-236 effective July 9, 2003.

Title Notes:

*Cited. *204 Conn. 399, 406.*

Chapter Notes:

**Sec. 19a-1 et seq.* and department of health services cited. *207 Conn. 346. Sec. 19a-1 et seq.* cited. *228 Conn. 651.*

8 of 8 DOCUMENTS

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH THE 2008 SUPPLEMENT ***
 *** ANNOTATIONS CURRENT THROUGH APRIL 16, 2008 ***

TITLE 19a PUBLIC HEALTH AND WELL-BEING
 CHAPTER 368a DEPARTMENT OF PUBLIC HEALTH

GO TO CONNECTICUT STATUTES ARCHIVE DIRECTORY*Conn. Gen. Stat. § 19a-131i (2008)*

§ 19a-131i. Immunity from personal liability.

The provisions of *sections 4-165 and 5-141d* shall apply to any person acting on behalf of the state, within the scope of such person's practice or profession, and pursuant to *sections 19a-131 to 19a-131h*, inclusive. The provisions of this section shall not apply if a vaccination has been administered without consent.

HISTORY: (P.A. 03-236, S. 10.)**NOTES:**

P.A. 03-236 effective July 9, 2003.

Title Notes:

*Cited. *204 Conn. 399, 406.*

Chapter Notes:

**Sec. 19a-1 et seq.* and department of health services cited. *207 Conn. 346. Sec. 19a-1 et seq.* cited. *228 Conn. 651.*

1 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
 DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
 REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A1 (2008)

Sec. 19a-36-A1. Definitions

As used in Sections 19a-36-A1 to 19a-36-A55:

(a) "Authorized agent" means an individual designated by a local director of health to act for him or her in the performance of any of his or her duties.

(b) "Carrier" means an infected person or animal who, without any apparent symptoms of communicable disease, harbors a specific infectious agent and may serve as a source of infection for humans. The state of harboring a specific infectious agent may occur in an individual with an infection that is inapparent throughout its course (asymptomatic carrier), or in an individual during the incubation period, convalescence, and post-convalescence of a clinically recognizable disease (incubatory carrier and convalescent carrier). The carrier state may be of short duration (transient carrier) or long duration (chronic carrier).

(c) "Case" means a person or animal who exhibits evidence of disease.

(d) "Cleaning" means the process of removal of organic matter conducive to growth or maintenance of infectivity of infectious agents by scrubbing and washing as with hot water and soap.

(e) "Commissioner" means the state commissioner of health services.

(f) "Communicable disease" means a disease or condition, the infectious agent of which may pass or be carried directly or indirectly, from the body of one person or animal to the body of another person or animal.

(g) "Communicable period" means any time period during which a specific infectious agent may be transferred directly or indirectly from an infected person or animal to another human or animal.

(h) "Contact" means a person or animal known to have had association with an infected person or animal in such a manner as to have been exposed to a particular communicable disease.

(i) "Contamination" means the presence of undesirable substance or material which may contain an infectious agent on external body surfaces (e.g., skin), articles of apparel, inanimate surfaces or in food or beverages.

(j) "Cultures" mean growths of an infectious agent propagated on selected living or artificial media.

(k) "Date of onset" means the day, month and year on which the case or suspected case experienced the first sign or symptoms of the disease.

(l) "Department" means the Connecticut Department of Health Services.

(m) "Disinfection" means a directly applied chemical or physical process by which the disease producing powers of infectious agents are destroyed. (1) "Concurrent disinfection" means the immediate disinfection and disposal of body discharges, and the immediate disinfection or destruction of all infected or presumably infected materials. (2) "Terminal disinfection" means the process of rendering the personal clothing and immediate physical environment of a patient free from the probability of conveying an infectious agent to others after removal of the patient or at a time when the patient is no longer a source of infection.

(n) "Epidemic" means the occurrence of cases of illness clearly in excess of normal expectancy over a specific time period in a community, geographic region, building or institution. The number of cases indicating an epidemic may vary according to the causative agent, size and type of population exposed, previous experience with the disease, and time and place of occurrence. An outbreak of disease is an epidemic.

(o) "Epidemiologic investigation" means an inquiry into the incidence, distribution and source of disease to determine its cause, means of prevention, and efficacy of control measures.

(p) "Foodborne outbreaks" means illness in two or more individuals acquired through the ingestion of common-source food or water contaminated with chemicals, infectious agents or their toxic products. Foodborne outbreaks include, but are not limited to, illness due to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, *Clostridium perfringens* intoxication and hepatitis A.

(q) "Foodhandler" means a person who prepares, processes, or otherwise handles food or beverages for people other than members of his or her immediate household.

(r) "Health care facility" means any hospital, long term care facility, home health care agency, clinic or other institution licensed under Chapter 368v of the Connecticut General Statutes and also facilities operated and maintained

by any state agency for the care or treatment of mentally ill persons or persons with mental retardation or substance abuse problems.

(s) "Health care provider" means a person who has direct or supervisory responsibility for the delivery of health care or medical services. This shall include but not be limited to: licensed physicians, nurse practitioners, physician assistants, nurses, dentists, medical examiners, and administrators, superintendents and managers of health care facilities.

(t) "Incubation period" means the time interval between exposure to a disease organism and the appearance of the first symptoms of the resulting disease.

(u) "Infection" means the entry and multiplication of an infectious agent in the body of a person or animal with or without clinical symptoms.

(v) "Infectious agent" means a microorganism capable of producing infection with or without disease.

(w) "Isolation" means the use of special precautions during the period of communicability to prevent transmission of an infectious agent. Such special precautions may include: physical separation of infected persons or animals from others, or precautions such as blood precautions that do not necessarily result in physical separation of individuals.

(x) "Laboratory" means any facility licensed, or approved by the department in accordance with section 19a-30 of the Connecticut General Statutes.

(y) "Local director of health" means and includes the city, town, borough or district director of health and any person legally authorized to act for the local director of health.

(z) "Medical information" means the recorded health information on an individual who has a reportable disease or who has symptoms of illness in the setting of an outbreak. This information includes details of a medical history, physical examination, any laboratory test, diagnosis, treatment, outcome and the description and sources of suspected causative agents for such disease or illness.

(aa) "Nosocomial infection" means infections that develop within a hospital or other health care facility or are produced by microorganisms acquired while in a hospital or health care facility.

(bb) "Outbreak." See "epidemic."

(cc) "Quarantine" means the formal limitation of freedom of movement of persons or animals exposed to, or suffering from a reportable disease for a period of time not longer than either the longest incubation period or the longest communicable period of the disease, in order to prevent spread of the infectious agent of that disease.

(dd) "Reportable disease" means a communicable disease, disease outbreak, or other condition of public health significance required to be reported to the department and local health directors.

(ee) "Reportable laboratory finding" means a laboratory result suggesting the presence of a communicable disease or other condition of public health significance required to be reported to the department and local health directors.

(ff) "State epidemiologist" means the person designated by the Commissioner as the person in charge of communicable disease control for the state.

(gg) "Surveillance" means the continuing scrutiny of all aspects of occurrence and spread of a disease relating to effective control of that disease, which may include but not be limited to the collection and evaluation of: morbidity and mortality reports; laboratory reports of significant findings; special reports of field investigations of epidemics and individual cases; data concerning the availability, use, and untoward side effects of the substances used in disease control, such as rabies vaccine; and information regarding immunity levels in segments of the population.

(hh) "Suspected case" means a person or animal suspected of having a particular disease in the temporary or permanent absence of definitive clinical or laboratory evidence.

(ii) "Other condition of public health significance" means a non-communicable disease caused by a common source or prevalent exposure such as pesticide poisoning, silicosis or lead poisoning.

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

2 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A2 (2008)

Sec. 19a.36-A2. List of reportable diseases and laboratory findings

The commissioner shall issue a list of reportable diseases and laboratory findings within sixty days of the effective date of these regulations, on the next January 1, and annually thereafter. The list shall show it is the current list and shall specify its effective date. This list shall also include but not be limited to the reporting category of each disease, procedures for the reporting, and minimum investigation and control measures for each disease. Listed diseases are declared reportable diseases as of the effective date of approval by the commissioner.

(a) The commissioner in consultation with the state epidemiologist will annually review the existing list and develop recommendations for deletions or additions to the list.

(b) The state epidemiologist or other commissioner designee shall convene and chair an advisory committee to review the recommendations for any changes to the list prior to preparing the final list for that year. This committee shall make recommendations to the commissioner regarding the contents of the list.

(c) The commissioner shall review the advisory committee's recommendations and make final deletions or additions to the list to take effect January 1 of the next year. He will furnish copies of the list before January 1 to the following:

- (1) physicians licensed by the department;
- (2) directors of clinical laboratories licensed, registered or approved by the department;
- (3) local directors of health in Connecticut;
- (4) health care facilities licensed under Chapter 368v of the Connecticut General Statutes.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

3 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A3 (2008)

Sec. 19a-36-A3. Persons required to report reportable diseases and laboratory findings

(a) Reportable Diseases.

(1) Every health care provider who treats or examines any person who has or is suspected to have a reportable disease shall report to the local director of health or other health authority within whose jurisdiction the patient resides and to the department such information about the affected person as described in section 19a-36-A4 of these regulations.

(2) If the case or suspected case of reportable disease is in a health care facility, the person in charge of such facility shall ensure that reports are made to the local director of health and the department in the manner specified in section 19a-36-A4 of these regulations. The person in charge shall designate appropriate infection control or record-keeping personnel for this purpose.

(3) If the case or suspected case of reportable disease is not in a health care facility and if a health care provider is not in attendance or is not known to have made a report within the appropriate time specified in section 19a-36-A4, such report of reportable diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and the department in the manner specified in section 19a-36-A4 by:

(A) the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease;

(B) the person in charge of any camp;

(C) the master or any other person in charge of any vessel lying within the jurisdiction of the state;

(D) the master or any other person in charge of any aircraft landing within the jurisdiction of the state;

(E) the owner or person in charge of any establishment producing, handling or processing dairy products, other food or non-alcoholic beverages for sale or distribution;

(F) morticians and funeral directors.

(4) Each local director of health shall report or ensure reporting to the department within 24 hours of each case or suspected case of a Category I reportable disease and such additional information of which he has knowledge as described in section 19a-36-A4 of these regulations.

(b) Reportable laboratory findings.--The director of a laboratory that receives a primary specimen or sample which yields a reportable laboratory finding shall be responsible for reporting such findings within forty-eight (48) hours to the local director of health of the town in which the affected person normally resides, or, in the absence of such information, of the town from which the specimen originated, and to the department on forms provided by the department.

(1) When a laboratory identifies or presumptively identifies a significant isolate or other finding that requires confirmation by the laboratory as required in the annual list, the director must submit that isolate or specimen from which the finding was made to the department's laboratory division.

(2) Laboratory tests and confirmatory tests for certain reportable diseases as specially indicated in the annual list shall be exempted from any and all fees for the state laboratory services in accordance with Section 19a-26 of the Connecticut General Statutes.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

4 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A4 (2008)

Sec. 19a-36-A4. Content of report and reporting of reportable diseases and laboratory findings

(a) Reportable diseases.

(1) Each report of a case or suspected case of reportable disease shall include the full name and address of the person reporting and of the physician attending; the diagnosed or suspected disease and date of onset; the full name, age, race/ethnicity, sex and occupation of the affected individual and other facts the department or local director of health requires for purposes of surveillance, control and prevention of reportable diseases. The reports shall be sent in envelopes marked "CONFIDENTIAL."

(2) Reports may be written or oral as required by the category of disease as follows:

(A) Category I: diseases of high priority because of need for timely public health action: reportable immediately by telephone on day of recognition or suspicion of disease; on weekdays to both, the local health director of the town in which the patient resides and the department, on weekends to the department. A completed disease report form provided by the department must also be mailed to both the local health director and the department within 12 hours.

(B) Category II: diseases of significant public health importance, usually requiring public health action: reportable by mail to the local director health and the department within 12 hours of recognition or suspicion on a form provided by the department.

(b) Reportable laboratory findings.

(1) Each report of reportable findings shall include the name, address, age, sex, and, if known, race/ethnicity of the person affected, the name and address of the attending physician, the identity of the infectious agent or other reportable laboratory findings, and the method of identification.

(2) Reports shall be mailed to the local director of health of the town in which the patient resides and to the department within 48 hours of making the finding in envelopes marked "CONFIDENTIAL."

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

5 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A5 (2008)

Sec. 19a-36-A5. Confidentiality of data

All epidemiologic information which identifies an individual and which is gathered by the state or local health department in connection with the investigation of reported cases or suspected cases of disease or during the investigation of outbreaks of disease shall be kept in compliance with current confidentiality statutes.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

6 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A6 (2008)

Sec. 19a-36-A6. Investigation and control of reportable disease and outbreaks by the department

(a) The department, in cooperation with the local director of health, in the investigation and control of reportable disease shall make or cause to be made such investigation as it deems necessary and shall secure all such data as may assist it in establishing adequate control measures.

(b) In order to investigate and control any apparent outbreak or unusual occurrence of reportable disease, the department shall institute such special disease surveillance, follow-up reports and control measures as it deems necessary.

(c) Individual medical information pertaining to cases of reportable disease, persons affected by outbreaks of disease or significant increases in the rate of nonsocomial infection shall be provided when requested to an investigator who presents official identification of the department or the local department of health. Such an investigator may be an employee of the State or local health department.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

7 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A7 (2008)

Sec. 19a-36-A7. Diseases not enumerated

Diseases not specifically listed pursuant to section 19a-36-A2 and presenting a special problem shall be reported and controlled in accordance with special instructions of the state department of health or, in the absence of such instructions, in accordance with orders and directions of the local director of health.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

8 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A8 (2008)

Sec. 19a-36-A8. General measures for control of reportable diseases

The local director of health, in instituting measures for the control of reportable diseases:

Investigation

(a) shall make, or cause to be made, such investigations as he may deem necessary and shall secure all such data as may assist him in establishing adequate control measures;

Isolation and orders

(b) shall establish and maintain quarantine, isolation or such other measures for control as are required by statute, the public health code or special instructions of the state department of health, and, when possible, shall issue his instructions and orders in writing or on printed forms;

Removal

(c) shall have the authority to set up proper isolation or quarantine of an affected person or persons, carrier or contact, when, in his opinion or in the opinion of the state commissioner of health, this is not or cannot be effectively maintained on the premises occupied by such person or persons by methods designated in this part; to remove or require the removal of such person or persons to a hospital or other proper place designated by him; or to employ such guards or officers as may be necessary to maintain effective isolation or quarantine;

Instruction

(d) shall provide, by himself or his authorized agent, for the specific instruction of cases, contacts, their attendants and all other persons affected, in the proper methods for the prevention of the spread of the disease and shall supply such information and literature as may be required by law or by the instructions of the state department of health;

Enforcement

(e) shall make, at intervals during the period of communicability, inquiry or investigation to satisfy himself that the measures instituted by him for the protection of others are being properly observed;

Laboratory tests

(f) shall, when the control or release of a case, contact or carrier of a reportable disease is dependent upon laboratory findings, require the specimens upon which such findings are based to be examined by the laboratory division of the state department of health or by a laboratory specifically approved for that purpose by the state department of health and shall, by himself or his authorized agent, secure and submit release cultures or specimens for examination; in cases of enteric diseases all release specimens shall be taken at least one week after specific therapy has been discontinued;

Schools--Isolation

(g) shall, in the event of an outbreak of a communicable disease in any public, private, parochial or church school, make a prompt and thorough investigation; control such an outbreak by individual examination of pupils, teachers and other persons associated with the outbreak; employ such other means as he deems necessary to determine the source of infection or to provide for the segregation of infected persons; in the event of an outbreak of a communicable disease in any school, require school physicians and school nurses to conform to the orders, regulations and restrictions issued by him;

Schools--Readmission

(h) shall, in the case of any school child who has been excluded from school for having been a case, contact or carrier of a communicable disease, by himself or his authorized agent, issue a permit for such child to re-enter school when in his opinion such child is no longer infectious;

Unusual disease

(i) shall, when an unusual or rare disease occurs in any part of the state or when any disease becomes so prevalent as to endanger the state as a whole, contact the state department of health for assistance, and shall cooperate with the representatives of the state department of health acting under the direction of the state commissioner of health;

Other measures

(j) shall introduce such other measures as he may deem advisable.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

9 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A9 (2008)

Sec. 19a-36-A9. Control of diseases suspected of being reportable

The local director of health, on receiving a report of a disease suspected of being reportable, shall confer with the physician or other person making such report, make further examination or investigation as he deems necessary and advise, recommend or establish such procedures as he may deem necessary to protect the public health until the character of the disease is definitely determined.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

10 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS*Regs., Conn. State Agencies § 19a-36-A10 (2008)*

Sec. 19a-36-A10. Presumably exposed persons may be examined and controlled

The local director of health, when he has reasonable grounds to believe that a person or persons may have been exposed to a communicable disease, may control such persons as known contacts and may make such examinations and adopt such measures as he deems necessary and proper for the protection of the public health and the prevention of the spread of disease.

(1) The conviction of any person for any offense involving sexual promiscuity or illicit sex relations shall constitute reasonable grounds for the local director of health to believe that that person may have been exposed to a communicable disease and shall justify the examination and such other measures of control of that individual as are deemed necessary and proper by the state department of health for the protection of public health and the prevention of spreading of disease.

(2) The warden or other person in charge of any prison or jail in the state shall notify the prison or jail physician, in writing, within twenty-four hours upon the receipt of a prisoner who may have been exposed to a communicable disease and of every prisoner who has been convicted of any offense involving sexual promiscuity or illicit sex relations. A routine medical examination shall be made on every prisoner whose conviction involves sexual promiscuity or illicit sex relations. Such routine medical examination shall include the taking of a blood specimen for serological test for syphilis and the taking of three smears for gonococci taken not less than twenty-four hours apart and, if the prisoner is found to be infected, treatment shall be instituted as necessary. The tests referred to above shall be performed in the bureau of laboratories of the state department of health or in a laboratory specifically approved for these purposes by the state department of health, and they shall be performed in a manner that meets the approval of the state department of health. Upon the expiration of a sentence, any person having syphilis or gonococcal infection, whether in an infectious or non-infectious stage, and in need of further follow-up treatment shall be reported to the state department of health by the attending physician, who shall give the name, sex, age and marital status and a record of the treatment given while such person was imprisoned.

Effective October 25, 1989

NOTES:**LexisNexis 50 State Surveys, Legislation & Regulations**

1. Clinical Laboratories
2. Environmental Laboratories

11 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A11 (2008)

Sec. 19a-36-A11. Control of carriers of the infectious agent of communicable disease

Carriers, whether transient, convalescent or chronic, of the infectious agent of any communicable disease shall be maintained under observation until repeated laboratory examinations of appropriate specimens show the absence of the infectious agent. Examination of all such specimens shall be in conformity with subsection (f) of section 19a-36-A8.

(a) Any local director of health or physician who discovers any carrier of an infectious agent shall report the fact to the state department of health giving the full name, age, sex, occupation and address of such carrier. The state department of health shall, upon receipt of such report, notify the local director of health of the town, city or borough wherein the carrier resides. The local director of health concerned shall then communicate the fact to the carrier himself, or his guardian, giving specific instructions regarding the precautions necessary to protect others from infection.

(b) Any privy or latrine used by an enteric disease carrier shall be so constructed as to exclude flies and to meet the approval of the local director of health. The disinfection and disposal of its contents shall be in accordance with instructions given by the local director of health.

(c) A carrier of an infectious agent shall not engage in any occupation involving the handling of any food or beverage intended for the use of others.

(d) Enteric disease carriers shall not work on any public water supply or watershed.

(e) A carrier who changes his residence shall notify the local director of health of the town, city or borough in which he has been residing of the date of his departure, his destination and his new address. The local director of health shall immediately forward this information to the state department of health.

(f) The local director of health shall visit each carrier within his jurisdiction at least once every three months and shall render quarterly reports concerning each such carrier to the state department of health upon forms prescribed for the purpose.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

12 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A13 (2008)

Sec. 19a-36-A13. Control of tuberculosis

(a) When a licensed physician or hospital superintendent has reported a case of tuberculosis and has agreed to assume the responsibility for the proper instruction of the patient and the taking of measures necessary for the protection of others, the local director of health need not take action other than that prescribed by sections 19a-262 to 19a-264, inclusive, of the general statutes.

(b) When such patient, while in an infectious state, neglects or refuses to follow the prescribed instructions or discontinues treatment, the physician or superintendent shall immediately notify the local director of health.

(c) When a physician or hospital superintendent has declined to assume such responsibility, the local director of health shall supply the affected person with printed instructions and take such other action as may be necessary and proper for the protection of the public health.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

13 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A14 (2008)

Sec. 19a-36-A14. Control of refractory persons affected with tuberculosis

When it comes to the attention of a local director of health that a person is affected with tuberculosis and is a menace to the public health or is likely to jeopardize the health of any person or persons in or on the premises occupied or frequented by the affected person, he shall immediately investigate and shall take proper measures to prevent the spread of such disease for the protection of the public health and, if necessary, may cause the removal of such person to an isolation hospital or other proper place, there to be received and kept until he is no longer a menace to the public health.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

14 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A17 (2008)

Sec. 19a-36-A17. Observance of quarantine and instructions

Every person who is affected with a communicable disease, who is a carrier or who is suspected of having come in contact, directly or indirectly, with a case of communicable disease shall strictly observe and comply with all orders, quarantine regulations and restrictions given or imposed by the local health authority or the state commissioner of health in conformity with law.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

15 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A18 (2008)

Sec. 19a-36-A18. Control of quarantine area

No person other than the attending physicians and authorized attendants shall enter or leave, and no one except the local director of health or his representative shall permit any other person to enter or leave, any room, apartment or premises quarantined for a communicable disease, nor shall any person needlessly expose a child or other person to a communicable disease. No person shall remove any article from a quarantined area without permission of the local director of health. The local director of health shall report immediately to the state commissioner of health, by telegraph or telephone, the name, address, probable destination and route of departure of any person who was under control for a reportable disease and who has left his jurisdiction without his consent.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

16 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A19 (2008)

Sec. 19a-36-A19. Duty of local director of health to quarantined persons in need

When a person under quarantine is, in the opinion of the local director of health, unable to obtain medical care, food or other actual necessities, the local director of health shall report his findings to the proper town, city or borough authority. If such town, city or borough authority fails to supply at once the needed care, the local director of health shall supply such quarantined person with medical attention, food or other actual necessities, and the expense incurred in performing such duty shall constitute a legal expense of the local director of health and shall be paid according to state statute.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

17 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A20 (2008)

Sec. 19a-36-A20. Preventing spread of disease by common carriers

In the event of the epidemic prevalence of a communicable disease, when a written declaration to that effect has been made by the state commissioner of health, any person, firm or corporation operating any common carrier within the state, or in the waters thereof, shall comply strictly with any order issued by the state commissioner of health for the purpose of preventing the introduction into the state, or the transmission from one point to another within the state, of any person or persons, animals, insects or materials likely to convey the disease.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

18 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A21 (2008)

Sec. 19a-36-A21. Food and food handlers restricted

When a case of any of the reportable diseases listed pursuant to section 19a-36-A2 occurs on the premises where milk or food is produced, kept, handled or sold, the local director of health shall institute such measures as he deems necessary to prevent the spread of such disease and to protect such foods from being contaminated; and he shall require all uninfected persons who reside in an apartment or dwelling where any such disease exists, and who handle milk or food elsewhere, to remain away from such abode as long as the disease is present.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Environmental Laboratories

19 of 20 DOCUMENTS

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A36 (2008)

Sec. 19a-36-A36. Funeral directors to report deaths of reportable communicable diseases

Within twelve hours after being called to take charge of a human body dead of a communicable disease listed pursuant to section 19a-36-A2, the funeral director shall report the case to the local director of health and the body shall be prepared for burial in accordance with section 19a-36-A39.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Funeral, Embalming and Crematory Services
3. Environmental Laboratories

REGULATIONS OF CONNECTICUT STATE AGENCIES

THIS DOCUMENT IS CURRENT THROUGH THE 12/02/08 ISSUE OF THE CONN. LAW JOURNAL

TITLE 19A PUBLIC HEALTH AND WELL-BEING
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
REPORTABLE DISEASES AND LABORATORY FINDINGS

Regs., Conn. State Agencies § 19a-36-A37 (2008)

Sec. 19a-36-A37. Funerals of persons dead of reportable communicable diseases

Funerals of persons dead of any communicable disease listed pursuant to section 19a-36-A2 shall be conducted in such a manner that the family and public shall have no opportunity to come into contact with the body.

Effective October 25, 1989

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

1. Clinical Laboratories
2. Funeral, Embalming and Crematory Services
3. Environmental Laboratories