Infectious Diseases Section

Guidance for Use of Isolation Orders during the COVID-19 Pandemic in Connecticut (3-30-2020)

This document is meant to assist local health departments in determining when the use of an isolation order could be considered during the COVID-19 pandemic in Connecticut. Isolation orders should always be considered a last resort option.

Is an isolation order needed?

Scenario 1: If a patient with symptoms consistent with COVID-19 (e.g. cough, fever, shortness of breath) expresses the desire to leave prior to the completion of the diagnostic evaluation or recommended treatment (e.g. against medical advice) but does not require the level of care of a hospital setting and has a private residence or location to return to, they can be allowed to leave for voluntary self-isolation as a least restrictive alternative. They should be given information about infection control while they are home and guidance for when and how their voluntary self-isolation period can be completed. As these patients are still capable of transmitting the virus that causes COVID-19 to others, transportation to a private residence or other location should be arranged to minimize the risk of transmission to others.

Scenario 2: If a patient with symptoms consistent with COVID-19 (e.g. cough, fever, shortness of breath) expresses the desire to leave prior to the completion of the diagnostic evaluation or recommended treatment (e.g. against medical advice) and requires a level of care that only can be provided in a hospital or similar setting, an isolation order should be considered as these patients may have greater difficulty complying with requirements for self-isolation yet remain capable of transmitting the virus that causes COVID-19 to others if discharged from the hospital.
Before issuing an isolation order in this scenario, the local health department should ensure the following:

- All efforts have been made by the medical provider to convince the patient to comply with their recommendations voluntarily.
- When evaluating patients who are experiencing homelessness and mental illness, the hospital should arrange for a social worker, psychologist or psychiatrist to be part of the triage process to meet with the patient to discuss - and assess the patient’s capacity to understand - the need to remain in the hospital for treatment, and what is required of those in self-isolation to block risk of transmission to those in the community.
- Any isolation order should be written and executed in accordance with the requirements of Conn Gen Stat Sec 19a-131a(f) and 19a-221(b)(2), a copy given to the patient, and notification be given to the Commissioner of Public Health within 24 hours of the issuance of the order.

Every effort should be made to locate a safe and appropriate setting for any symptomatic person who is also homeless to be able to self-isolate. All options should be explored in close collaboration with local resources including homeless shelters and the local health department.