

Isolation and Quarantine

Kansas Guidelines and Sample Legal Orders

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I Definitions (for the purposes of this guidance)

(1) "Infectious or contagious disease" means any disease designated by the secretary of health and environment as an infectious or contagious disease. For the purposes of these guidelines those diseases are those designated in K.A.R. 28-1. The lists designated are not considered either exclusive or complete to encompass new or previously unidentified agents.

(2) "Secretary" means the secretary of the department of health and environment.

(3) "local health officer" means the person appointed as local health officer by the board of county commissioners in accordance with K.S.A. 65-201.

(4) "Quarantine" involves a situation where an individual or group of persons is reasonably believed to have been exposed to a dangerous communicable disease and is kept apart from others to prevent disease transmission.

(5) "Isolation" is used when a person who is reasonably believed to have contracted a dangerous communicable disease is kept separate from others to prevent disease transmission.

(6) "Observation and monitoring" involves health care personnel reviewing the current health status of a potentially infected individual, e.g., by checking vital signs at scheduled visits on a regular basis, usually daily, to determine whether further action is necessary to protect the public health.

(7) "Order" is an order issued by a local health officer or the Secretary requiring an individual who either authority has reason to believe has been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment and/or to be subject to quarantine or isolation.

The order shall include:

- (a) the identity of the individual or group of individuals subject to isolation or quarantine;
- (b) the premises subject to isolation or quarantine;
- (c) the date and time at which isolation or quarantine commences;
- (d) the suspected infectious or contagious disease causing the outbreak or disease, if known;
- (e) the basis upon which isolation or quarantine is justified; and
- (f) the availability of a hearing to contest the order

(8) "KDHE" means public health officials delegated by the secretary of the Kansas Department of Health and Environment to act under the auspices of these guidelines.

(9) "Public health emergency" means an immediate threat from an occurrence or outbreak of an infectious or contagious agent that;

- (a) poses a high risk of fatalities or serious long-term disability to large numbers of people, and
- (b) where there is a substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

(10) "Individual" means a named person directly affected by the public health emergency.

(11) "Group of individuals" means named or unidentifiable set of individuals with shared characteristics directly associated with the public health emergency.

(12) "Least Restrictive" means allowing the most possible freedom of movement and communication with other individuals while effectively protecting unexposed and susceptible individuals. It should be a least intrusive proportional and staged response that takes into consideration the following:

- (a) the disease concerned
- (b) the availability of preventive or other treatment for that disease
- (c) the infectivity and behavioral aspects affecting the ease of transmission of that disease
- (d) whether urgent action will significantly affect the public health outcome
- (e) the degree of cooperation exhibited by the individual(s) affected by an infectious or contagious disease
- (f) the capacity of the person to understand the public health risk they present (e.g. as in the case of a patient with a mental illness)

II. Procedural Guidelines

(A) Isolation.

(1) KDHE will provide to hospitals, physicians and other mandatory reporters a list of those dangerous contagious diseases and/or symptoms that require isolation and that represent diseases that can trigger the application of these guidelines.

(2) Immediately or as soon as reasonably possible upon seeing a patient with the listed diseases and/or symptoms suggestive of an infectious or contagious disease that represents a public health threat, the local health officer and/or KDHE must be informed by the affected mandatory reporter. The local health officer or KDHE will communicate with the applicable hospital and physician regarding the current protocol for protecting the public's health, e.g., the time period recommended for isolation. If a local health officer is contacted, the local health officer shall inform KDHE "...without delay all information as to existing conditions..." (K.S.A 65-119) to ensure effective coordination of actions. If KDHE is contacted first, that agency shall inform the local health officer without delay all information as to existing conditions and coordinate actions appropriate to the existing situation.

(3) Where the standard medical practice of a hospital and/or physician would be to isolate such a patient, and such a patient is placed in isolation while in the hospital, pursuant to a physician's orders, such isolation is voluntary and not at the local health officer or KDHE's direction unless the local health officer and physician are the same. The hospital, physician or other mandatory reporter must still inform the local health officer and/or KDHE. The local health officer or KDHE will provide a formal "Request for Voluntary Isolation or Quarantine" which shall be provided to the affected individual(s). The local health officer and/or KDHE shall assess the circumstances surrounding the isolation to ensure effective containment measures have been taken relative to all affected parties, contingent upon the specific disease agent(s) involved.

(4) Where a hospital or physician receives any indication that a patient no longer consents to, or has left isolation against a physician's orders, the hospital or physician must inform the local health officer or KDHE immediately, and the agency contacted will issue an enforceable order of isolation, upon a finding that there is no less restrictive and equally efficacious alternative to isolation.

(5) Alternatively, the local health officer and/or KDHE, acting in good faith, may issue an order of isolation, based on knowledge of a situation, from whatever source, provided that the source of the information supporting isolation is deemed reliable by the local health officer or KDHE and that there is no less restrictive and equally efficacious alternative to isolation or if constrained by the immediacy and magnitude of the public health emergency.

(6) A local health officer/KDHE or his or her designee, under his or her supervision, shall investigate the situation, by telephone or in person, within 2 hours of such contact, and may order isolation or a continuation of such measures where he or she finds that no less restrictive and equally efficacious alternative to isolation exists or if constrained by the immediacy and magnitude of the threat.

(7) The local health officer or KDHE will attempt, where reasonably possible, to obtain a signed request for voluntary isolation from each person placed into isolation, acknowledging that the isolation is knowing and voluntary. The agreement form shall comprise a voluntary order and inform the affected persons of the importance to the public's health of their adherence to the isolation order, and shall further inform them in relation to an involuntary order that they have the right to request a hearing to contest any enforceable order and that a hearing will be conducted within 72 hours after receipt of the request in the district court of the county where the action has been ordered. It will also state that a court may extend this period while awaiting the report of two court appointed physicians.

The form shall also inform the affected persons that an enforceable order of isolation remains in effect and can not be stayed or enjoined pending the issuance of a court order or denial of the petition. The isolation agreement form shall further inform the affected persons that in any such court proceeding, they have the

right to have an attorney present and, if they cannot afford one, to petition the court for the appointment of an attorney to act on their behalf and also have the right to present their own medical evidence. It further shall inform them that they may place a phone call to an attorney, family member or other representative as soon as reasonably practicable after receiving an order of isolation. In addition, the isolation order shall inform the affected persons that if they sign the agreement form, they are required to notify the local health officer or KDHE if they wish to withdraw agreement, prior to breaking isolation. Any breach of isolation prior to a court order allowing the end of isolation shall be a violation of the local health officer or KDHE order.

(B) Quarantine

(1) The duration and scope of quarantine may vary widely, depending on the disease and the risks presented.

(a) *A few hours for assessment.* In some cases, persons believed to be exposed to a dangerous communicable disease may be held for a reasonable period of time for questioning, assessing risk, testing any potentially hazardous specimen, and obtaining contact information.

(b) *Time to provide treatment.* Where prophylactic treatment would prevent illness or disease transmission, quarantine may last until treatment has been provided.

(c) *The duration of the incubation period.* Where a risk is reasonably determined to be present, and treatment is not indicated or available, or is refused, then quarantine may be necessary for the duration of the incubation period, which is the time in which another individual would be reasonably likely to contract the disease. The individual would be released as soon as reasonably practicable after the end of that time if he or she is not ill or contagious at that point. Anyone who does become ill or is contagious may be subject to isolation, as discussed above.

(2) Determining the need for Quarantine

(a) A local health officer or KDHE, acting in good faith, may issue an order for quarantine, based on knowledge of a situation, from whatever source, provided that the source of the information supporting isolation is deemed reliable by the local health officer or KDHE and that there is no less restrictive and equally efficacious alternative to quarantine or if constrained by the immediacy and magnitude of the public health emergency.

(b) A local health officer/KDHE or his or her designee, under his or her supervision, shall investigate the situation, by telephone or in person, within 2 hours of such contact, and may order isolation or a continuation of such measure where he or she finds that no less restrictive and equally efficacious alternative to isolation exists or if constrained by the immediacy and magnitude of the threat.

(3) If the local health officer or KDHE determines that notice of the order is impractical because of the number of individuals or geographic areas affected, the local health officer or KDHE shall ensure that the affected individuals are fully informed of the order using the best possible means available. The written order may be posted in a conspicuous place in the quarantine premises. Other means including state and/or local media, electronic communication or any other means available should be used to ensure communication of the order when a geographic area might be encompassed.

(4) The local health officer or KDHE will attempt, where reasonably possible, to obtain a signed voluntary agreement form from each person it orders into quarantine. The agreement form shall inform the affected persons of the importance to the public's health of their adherence to the quarantine order, and shall further inform them when involuntary that they have the right to request a hearing to contest the order and that a

hearing will be conducted within 72 hours after receipt of the request in the district court of the county where the action has been ordered. It shall also state that the court may extend this period while awaiting the report of two court appointed physicians.

The form shall also inform the affected persons that the order of isolation remains in effect and will not stay or enjoin the order pending the issuance of a court order or denial of the petition. The quarantine agreement form shall further inform the affected persons that in any such court proceeding, they have the right to have an attorney present and, if they cannot afford one, to petition the court for the appointment of an attorney to act on their behalf, and also have the right to present their own medical evidence.

(5) If a local health officer is contacted first, the local health officer shall inform KDHE "...without delay all information as to existing conditions..." (K.S.A. 65-119) to ensure effective coordination of actions. If KDHE is contacted, that agency shall inform the local health officer without delay all information as to existing conditions and coordinate actions appropriate to the existing situation.

(C) Other alternatives

(1) *Order to seek appropriate and necessary evaluation and treatment:* There may be situations where the local health officer or KDHE determines that a medical evaluation including observation and monitoring is necessary, with possible resulting treatment, to determine the medical status of a person who has been potentially exposed to someone with a dangerous communicable disease and/or has traveled in an area affected with such a disease and/or has symptoms indicating the presence of such a disease.

(a) Where the local health officer or KDHE, acting in good faith, reasonably determines that undertaking and obtaining the results from such an evaluation is necessary to protect the public's health and that there is no less restrictive and equally efficacious means of doing so, the local health officer or KDHE shall issue a written order for a medical examination including possible resulting treatment. The order shall explain the nature and extent of the examination including observation and monitoring and possible treatment required, as known at the time of the order, and the public health reasons, and shall be signed by the local health officer or KDHE.

(b) The local health officer or KDHE will attempt, where reasonably possible, to obtain the person's signed informed voluntary agreement to the medical evaluation and/or treatment. The agreement form shall inform the affected person of the importance to the public's health of their adherence to the order. In situations where an individual agreement is not possible, or individuals fail to comply, an order for isolation or quarantine may be issued.

(c) Refusal by competent individuals of 18 years or older or emancipated minors or children and wards as a result of a parent or guardian's actions, to submit to vaccination, medical examination, treatment or testing may result in quarantine or isolation until the local health officer or KDHE determine that the individual no longer poses a substantial risk of transmitting the disease or condition to the public; and parents or guardians are allowed to accompany the minor child or ward until it is determined that the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

(D) Conditions for Quarantine/Isolation

(1) The local health officer or KDHE shall order quarantine, isolation, appropriate and necessary evaluation and treatment including observation and monitoring only where there is clear and convincing medical or

public health epidemiological evidence that doing so is necessary for the protection of the public health, safety and welfare in a public health emergency and that no less restrictive and equally efficacious alternative reasonably exists in the applicable time frame.

(a) Orders of quarantine, isolation, medical examinations, and/or observation and monitoring shall be for the shortest reasonable time period and using the least intrusive and restrictive method(s) that are reasonably compatible with protecting the public's health, safety and welfare (e.g., where it reasonably appears to be equally effective, a person may be ordered quarantined in his/her home, rather than being sent to a group quarantine facility).

(b) Where quarantine or isolation are outside the person's home, or where other circumstances make it necessary, the local health officer or KDHE will address as reasonably as possible the basic needs of persons quarantined and isolated, including adequate food, clothing, shelter, means of communication, medical care, sanitation, hygiene and respect for cultural and religious beliefs.

(E) Court Hearings

(1) At the discretion of the court, hearings held as a result of enforceable actions resulting from these guidelines may be held by telephonic or other electronic means as necessary to prevent additional exposure to the infectious or contagious disease or possibly infectious or contagious disease. The local health officer or KDHE will need to advise the court regarding the need to take such actions depending upon the disease or agent in question.

(F) Other Information

For the purposes of these guidelines and in addition to statute required information to be provided in orders.

(1) All orders issued by a local health officer or KDHE will also;

(a) specify the known period of incubation or communicability (or the estimate when the disease is unknown).

(b) state that the directive remains in effect for the time specified unless amended by the local health officer or KDHE or superseded by a court order.

(c) provide a description of the less restrictive alternatives that were attempted and were unsuccessful, or the less restrictive alternatives that were considered and rejected, and the reasons such alternatives were rejected.

(d) provide the identity of the individual, individuals, or groups of individuals subject to isolation or quarantine.

(e) provide a statement of compliance with the conditions and principles for isolation and quarantine.

(f) provide a statement of the legal authority under which the order is requested.

(G) Law Enforcement Communication

(1) The local health officer or KDHE should initially communicate with the highest authority available when an event occurs. This will minimize the potential for misinformation and orient the chain of command for implementation. A summary of actions taken to that point should be provided including facilities or areas designated for isolation or quarantine and providers ready to address the medical needs of individuals or groups of individuals affected by enforceable orders.

(2) A clear and concise set of expectations should be communicated to the authority with any offers of physical or other material assistance in accordance with the pertinent agent.

(3) The local health officer or KDHE must advise law enforcement of any protective measures concerning the possible transmission of a communicable disease when law enforcement authorities are required to participate in an enforcement action.

(4) The law enforcement authority may act on an order transmitted by telephone, fax, or other electronic notification of the order from the local health officer or KDHE. In all cases where practicable, the local health officer or KDHE should actively participate in the process of enforcing orders to ensure effective communication across law enforcement and provider entities engaged in the process.

(5) Law enforcement officers engaged in enforcement actions associated with statute derived activities and these guidelines may use all necessary and lawful means to apprehend, hold, transport, quarantine, or isolate a person or persons subject to the order in line with state and/or local protocols.

(H) Observation and Monitoring

(1) Individuals or groups of individuals shall be either directly or indirectly observed and medically monitored to ascertain disease status, infectiousness and to ascertain compliance with required conditions of voluntary or enforceable orders. Specific guidance documents are available and can be utilized for this activity.

REQUEST FOR VOLUNTARY QUARANTINE

(Date)

Dear _____,

I am asking you to voluntarily quarantine yourself (or the following persons for whom you are the parent or legal guardian _____) because I have determined that you (they) may have, or have been exposed to (disease name). I believe this is necessary because:

Quarantine means that you should not come into contact with other people. It protects your health and the health of others.

Please go and remain at (address) by (date and time).

Based upon what we now know about (name of disease), you may need to stay there up to (number) of days. We will be checking in on you and will let you know when it is safe for you to return to your normal activities.

If you have questions or need help, please call (name of contact and telephone number). Additional information about (name of disease) is available at (name of website for either the agency or some reliable source). Fact sheets about this disease and the steps you should take to protect yourself and others are attached to the letter. Please these steps to reduce the risk to yourself and others with whom you may have contact.

It is very important that you comply with this request for voluntary quarantine. Your health and the health of others depend upon it.

If you do not comply with this request for voluntary quarantine, we may issue an order, enforced by the police, to assure your compliance.

Thank you for your cooperation and help during this public health emergency. Attached is information about available local resources you can reach by telephone or via the internet. Included in the attached information is a description of how your basic needs for items such as groceries or medication can be met while you are quarantined.

Signed,

Local Health Officer

ORDER TO SEEK APPROPRIATE AND NECESSARY EVALUATION AND TREATMENT

To: _____ Address: _____

City/State/Zip: _____

THIS ORDER IS EFFECTIVE IMMEDIATELY UPON NOTIFICATION OF THE PERSON(S) IDENTIFIED ABOVE, AND WILL REMAIN IN EFFECT UNTIL VACATED BY THE HEALTH OFFICER OR BY ORDER OF THE COURT. (Issued under the Authority Granted by K.S.A. 65-____)

There is reason to believe that you may have _____, a contagious or infectious disease. The basis for that belief is explained in the attached statement. If not treated, this disease may present a serious health threat to you or others.

You will need to be evaluated to determine whether you have the disease. If you have this disease you may need treatment to protect your health and to prevent any threat to the health of the others. **The Health Officer orders that you seek the following appropriate and necessary evaluation, and treatment if necessary:**

[Describe appropriate and necessary evaluation, and treatment if necessary]

If you object to this order you may request a hearing in the district court in accordance with K.S.A. 65-____, and 60-1501, et seq. **You are still required to comply with the order until and unless the court rules otherwise.** If you are not able to obtain legal counsel, counsel may be appointed to represent you. The court will set a hearing date within seventy-two hours of the filing of the request with the district court, unless the health officer shows extraordinary circumstances require an extension of time.

Any questions regarding this order may be directed to _____, _____ County Health Officer, at _____ (phone number) or in person at _____ (address).

I hereby certify that this order was served in-hand to the above-named individual(s) on _____ at _____ a.m./p.m.

[Name of Health Officer] Date

Attachment

STATEMENT JUSTIFYING BASIS OF ORDER

[Prepare a brief factual statement for the basis of belief that the person needs to be evaluated and or treated. This statement should also include a brief informative statement about the disease, such as its etiology, symptoms, effects, and treatment.]

ORDER TO GO AND REMAIN IN ISOLATION

To: _____ Address: _____ City/State/Zip: _____

THIS ORDER IS EFFECTIVE IMMEDIATELY UPON NOTIFICATION OF THE PERSON(S) IDENTIFIED ABOVE, AND WILL REMAIN IN EFFECT UNTIL ___/___/___ OR THE ORDER IS VACATED BY THE HEALTH OFFICER OR BY ORDER OF THE COURT. (Issued under the Authority Granted by K.S.A. 65-_____)

There is reason to believe that you have _____, a contagious or infectious disease. The basis for that belief is explained in the attached statement. This disease may present a serious health threat to you or others.

You will need to be isolated, or separated, for the period of communicability, in a location and under conditions that will prevent the possible direct or indirect conveyance of the disease to others.

The Health Officer orders that you go and remain in isolation at the following location under the conditions described until ___/___/___ or the order is vacated by the Health Officer or by order of the court:

[Describe the location and conditions of isolation]

If you object to this order you may request a hearing in the district court in accordance with K.S.A. 65-_____, and 60-1501, et seq. **You are still required to comply with the order until and unless the court rules otherwise.** If you are not able to obtain legal counsel, counsel may be appointed to represent you. The court will set a hearing date within seventy-two hours of the filing of the request with the district court, unless the health officer shows extraordinary circumstances require an extension of time is necessary.

Any questions regarding this order may be directed to _____, _____ County Health Officer, at _____ (phone number) or in person at _____ (address).

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

[Typed name of Health Officer]

Date

Attachment

Attachment

STATEMENT JUSTIFYING BASIS OF ORDER

[Prepare a brief factual statement for the basis of belief that the person needs to be evaluated and or treated. This statement should also include a brief informative statement about the disease, such as its etiology, symptoms, effects, and treatment.]

ORDER TO GO AND REMAIN IN QUARANTINE

To: _____ Address: _____

City/State/Zip: _____

THIS ORDER IS EFFECTIVE IMMEDIATELY UPON NOTIFICATION OF THE PERSON(S) IDENTIFIED ABOVE, AND WILL REMAIN IN EFFECT UNTIL ___/___/___ OR UNTIL THE ORDER IS VACATED BY THE HEALTH OFFICER OR BY ORDER OF THE COURT. (Issued under the Authority Granted by K.S.A. 65-_____)

There is reason to believe that you have been exposed to _____, a contagious or infectious disease. The basis for that belief is explained in the attached statement. This disease may present a serious health threat to you or others.

You will need to be quarantined in a location and under conditions that will prevent any possible direct or indirect conveyance of the disease to others.

The Health Officer orders that you go and remain in quarantine at the following location under the conditions described until it is determined that you have not been exposed to the disease, or it is determined that you will not directly or indirectly convey this disease to others, or until the order is vacated by the Health Officer or by order of the court:

[Describe the location and conditions of quarantine]

If you object to this order you may request a hearing in the district court in accordance with K.S.A. 65-_____, and 60-1501, et seq. **You are still required to comply with the order until and unless the court rules otherwise.** If you are not able to obtain legal counsel, counsel may be appointed to represent you. The court will set a hearing date within seventy-two hours of the filing of the request with the district court, unless the health officer shows extraordinary circumstances require an extension of time is necessary.

Any questions regarding this order may be directed to _____, _____ County Health Officer, at _____ (phone number) or in person at _____ (address).

I hereby certify that this order was served in-hand to the above-named individual on

_____ at _____ a.m./p.m.

[Typed name of Health Officer] Date

Attachment

STATEMENT JUSTIFYING BASIS OF ORDER

[Prepare a brief factual statement for the basis of belief that the person needs to be evaluated and or treated. This statement should also include a brief informative statement about the disease, such as its etiology, symptoms, effects, and treatment.]

KANSAS ADMINISTRATIVE REGULATIONS
AGENCY 28. DEPARTMENT OF HEALTH AND ENVIRONMENT
ARTICLE 1. DISEASES

Rules and regulations are current through Kansas Register Volume 24,
Number 39, September 29, 2005.

28-1-1 Definitions.

(a) "Carrier" means an infected person (or animal) that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for humans.

(b) "Chemoprophylaxis" means the administration of a chemical, including antibiotics, to prevent the development of an infection or the progression of an infection to active manifest disease.

(c) "Infectious or contagious (communicable) disease" means a disease of humans or animals resulting from an infection or an illness due to a specific agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host, either directly, or indirectly.

(d) "Communicable period" means the time or times during which an infectious agent may be transferred directly or indirectly from an infected person to another person, from an infected animal to a person, or from an infected person to an animal, including arthropods.

(e) "Contact" means a person or animal that has been in association with an infected person or animal or a contaminated environment so as to have had opportunity to acquire the infection.

(f) "Contamination" means the presence of an infectious agent on a body surface, or on or in clothes, bedding, toys, surgical instruments or dressings, or other inanimate articles or substances including water, milk, and food.

(g) "Disinfection" means killing of infectious agents outside the body by chemical or physical means. Concurrent disinfection is the application of disinfective measures as soon as possible after the discharge of infectious material from the body of an infected person, or after the soiling of articles with this infectious discharge, all personal contact with these discharges or articles being minimized before that disinfection. Terminal disinfection is the application of disinfective measures after an infected person or animal has ceased to be a source of infection, has been removed from a specific site, or has died and been removed.

(h) "Disease" means a definite morbid process having a characteristic train of symptoms.

(i) "Epidemic (or outbreak)" means the occurrence in a community or region of cases of an illness clearly in excess of normal expectancy and derived from a common or propagated source.

(j) "Incubation period" means the time interval between exposure to an infectious agent and appearance of the first sign or symptom of the disease in question.

(k) "Infection" means the entry and development or multiplication of an infectious agent in the body of humans or animals. Infection is not synonymous with infectious disease; the result may

be inapparent or manifest.

(l) "Infectious agent" means an organism, chiefly a microorganism but including helminths, that is capable of producing infection or infectious disease.

(m) "Infestation" means, for persons or animals, the lodgement, development and reproduction of arthropods on the surface of the body or in clothing.

(n) "Isolation" means the separation, for the period of communicability, of infected persons or animals from others, in places and under conditions that prevent the direct or indirect conveyance of the infectious agents from those infected to those who are susceptible or who may spread the agent to others.

(1) When "Respiratory isolation" is specified, it shall consist of a private room with door kept closed, handwashing upon entering and leaving the room, and disinfection of articles contaminated with patient secretions. Persons susceptible to the specific disease must wear masks.

(2) "Enteric precautions" shall consist of handwashing upon entering and leaving the patient room, wearing of gloves by all persons having direct contact with the patient or with articles contaminated with fecal material, and wearing of gowns by all persons having direct contact with the patient. Articles contaminated with the patient's urine or feces shall be disinfected or discarded; masks are not necessary.

(3) "Blood precautions" shall consist of use of disposable needles and syringes, disposal of used needles and syringes by incineration, and decontamination and sterilization of all non-disposable equipment which is contaminated by blood.

(o) "Local health officer" means the person appointed as local health officer by the board of county commissioners in accordance with K.S.A. 65-201.

(p) "Nosocomial infection" means an infection originating in a medical facility. This includes infections acquired in the hospital but appearing after discharge; it also includes infections among staff.

(q) "Quarantine" means the limitation of freedom of movement of well persons or domestic animals that have been exposed to a communicable disease.

(Authorized by and implementing K.S.A. 1981 Supp. 65-101; effective May 1, 1982.)

EDITOR'S NOTE:

Former regulation 28-1-1 was revoked May 1, 1982 and the number reassigned.

KANSAS ADMINISTRATIVE REGULATIONS
AGENCY 28. DEPARTMENT OF HEALTH AND ENVIRONMENT
ARTICLE 1. DISEASES

Rules and regulations are current through Kansas Register Volume 24,
Number 43, October 27, 2005.

28-1-5 General provisions for isolation or quarantine of persons afflicted with infectious or contagious disease; examination of persons; collection of specimens.

(a) When conditions of isolation and quarantine are not otherwise specified by regulation, the local health officer or the secretary of health and environment shall order and enforce isolation and quarantine of persons afflicted with or exposed to infectious or contagious diseases. The duration and manner of isolation or quarantine so ordered shall be based upon the incubation period, communicable period, and usual mode of transmission of the infectious agent of the disease for which isolation or quarantine is ordered.

(b) Isolation or quarantine shall be ordered in conjunction with investigation of infectious or contagious disease cases and outbreaks for the examination of persons reasonably suspected of having these diseases, and to obtain specimens from these persons for laboratory evidence suggestive of infectious or contagious disease.

(Authorized by [K.S.A. 65-128](#), K.S.A. 1981 Supp. 65-101; implementing K.S.A. 1981 Supp. 65-101; effective May 1, 1982.)

KANSAS ADMINISTRATIVE REGULATIONS
AGENCY 28. DEPARTMENT OF HEALTH AND ENVIRONMENT
ARTICLE 1. DISEASES

Rules and regulations are current through Kansas Register Volume 24,
Number 43, October 27, 2005.

28-1-6 Requirements for isolation and quarantine of specific infectious and contagious diseases.

The following isolation precautions, as defined in [K.A.R. 28-1-1](#), shall be observed: (a) Amebiasis: Infected food handlers shall be excluded from their occupation until three negative stools have been obtained. Both the second and the third specimens shall be collected at least 48 hours after the prior specimen.

(b) Anthrax: Infected persons shall be isolated until all lesions are healed.

(c) Chickenpox: Infected persons shall be isolated for six days after the first crop of vesicles appears or until lesions are crusted, whichever comes first.

(d) Cholera: Enteric precautions shall be followed for the duration of acute symptoms. Contacts shall be quarantined for five days from the date of last exposure.

(e) Diphtheria: Infected persons shall be isolated for 14 days or until two consecutive negative pairs of nose and throat cultures, and cultures of skin lesions in cutaneous diphtheria, are obtained at least 24 hours apart and not less than 24 hours after discontinuation of antibiotic therapy. Household and intimate contacts shall be quarantined for seven days from the time of last contact or until nose and throat cultures are negative. Healthy carriers shall be treated.

(f) E. coli O157:H7: Enteric precautions shall be followed for the duration of acute symptoms. Infected persons shall be excluded from food handling, patient care, or occupations involving the care of young children and the elderly, and infected children shall not attend a day care center until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics.

(g) Gonorrhea ophthalmia neonatorum: Infected persons shall be isolated for 48 hours following initiation of treatment with antibiotics or until two negative cultures are obtained.

(h) Malaria: Blood precautions shall be followed for the duration of hospitalization.

(i) Meningitis, meningococcal: Respiratory isolation shall be instituted for 24 hours after initiation of antibiotic therapy.

(j) Meningitis, aseptic and other: Infected persons shall be isolated until the end of the febrile period.

(k) Mumps: Respiratory isolation shall be instituted for nine days from the onset of parotid gland swelling.

(l) Pediculosis: Students infested with lice shall be excluded from school or child care

facilities until treatment with an antiparasitic drug is initiated, and until all nits have been removed.

(m) Pertussis (whooping cough): Respiratory isolation shall be instituted for three weeks if untreated, or for five days following initiation of antibiotic therapy.

(n) Plague (pneumonic): Airborne precautions shall be instituted until completion of 48 hours of antibiotic therapy and there has been a favorable clinical response. Close contacts who do not receive chemoprophylaxis shall be quarantined for seven days.

(o) Poliomyelitis: Infected persons shall be isolated for 10 days from onset; enteric precautions shall be followed for six weeks.

(p) Rubeola (measles): Respiratory isolation shall be instituted for four days after the onset of rash.

(q) Rubella (German measles): Respiratory isolation shall be followed for seven days after the onset of rash.

(r) Salmonellosis (nontyphoidal): Enteric precautions shall be followed for the duration of acute symptoms. Infected persons with diarrhea shall be excluded from food handling, patient care, or occupations involving the care of young children and the elderly until no longer symptomatic. Asymptomatic and convalescent infected persons without diarrhea may be excluded from, and return to, this work by the order of the local health officer or the department.

(s) Scabies: Children or students infected with scabies shall be excluded from school or child care facilities until treated with an antiparasitic drug.

(t) Shigellosis: Enteric precautions shall be followed for duration of acute symptoms. Infected persons shall be excluded from food handling, patient care, or occupations involving the care of young children and the elderly until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following the discontinuation of antibiotics.

(u) Staphylococcal disease: Infected food handlers shall be excluded from their occupation until purulent lesions are healed.

(v) Streptococcal disease, hemolytic (including erysipelas, scarlet fever, streptococcal sore throat): Infected persons shall be isolated for 10 days if untreated or for 24 hours following initiation of antibiotic therapy.

(w) Taeniasis (beef or pork tapeworm): Enteric precautions shall be followed until treated.

(x) Tinea capitis and corporis (ringworm): Infected children or students shall be excluded from school until under treatment by a physician.

(y) Tuberculosis: Respiratory isolation shall be instituted until three sputa obtained on consecutive days are negative by microscopic examination.

(z) Typhoid fever: Enteric precautions shall be followed for the duration of acute symptoms. Infected persons shall be restricted from food handling, patient care, or occupations involving the care of young children and the elderly until three negative stool cultures, and urine cultures in patients with schistosomiasis, have been obtained. Both the second and the third specimens shall be collected at least 24 hours after the prior specimen. The first specimen shall be collected no sooner than 48 hours following the discontinuation of antibiotics, and not earlier than one month after onset. If any one of these tests is positive, cultures shall be repeated monthly until three consecutive negative cultures are obtained.

(aa) Sexually transmitted diseases (including syphilis, gonorrhea, chlamydia, and other diseases associated with sexual transmission): Isolation or quarantine measures shall be established by the local health officer for persons who are confirmed or suspected of being infected with a sexually transmitted disease if these persons are recalcitrant to proper treatment.

(bb) Viral hepatitis type A (infectious): Blood and enteric precautions shall be followed for two weeks after the onset of symptoms. Infected persons shall be restricted from food handling, patient care, or occupations involving the care of young children and the elderly until two weeks after the onset of illness.

(Authorized by [K.S.A. 65-128](#), [K.S.A. 65-101](#); implementing [K.S.A. 65- 101](#); effective May 1, 1982; amended May 1, 1986; amended Sept. 5, 1997; amended July 16, 1999.)

65-129a

Chapter 65.--PUBLIC HEALTH

Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129a. Definitions. As used in K.S.A. 2005 Supp. 65-129b to 65-129d, inclusive, and amendments thereto:

(a) "Infectious or contagious disease" has the meaning ascribed thereto by subsection (b) of K.S.A. 65-128, and amendments thereto, but the infectious or contagious disease acquired immune deficiency syndrome or any causative agent thereof shall not constitute an infectious or contagious disease for the purposes of K.S.A. 2005 Supp. 65-129b and 65-129c, and amendments thereto.

(b) "Secretary" means the secretary of health and environment.

History: L. 2005, ch. 122, § 1; Apr. 21.

65-129b

Chapter 65.--PUBLIC HEALTH

Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129b. Infections or contagious diseases; authority of local health officer or secretary; evaluation or treatment orders, isolation or quarantine orders; enforcement. (a) Notwithstanding the provisions of K.S.A. 65-119, 65-122, 65-123, 65-126 and 65-128, and amendments thereto, and any rules or regulations adopted thereunder, in investigating actual or potential exposures to an infectious or contagious disease that is potentially life-threatening, the local health officer or the secretary:

(1) (A) May issue an order requiring an individual who the local health officer or the secretary has reason to believe has been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment;

(B) when the local health officer or the secretary determines that it is medically necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to an infectious or contagious disease, may order an individual or group of individuals to go to and remain in places of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public;

(C) if a competent individual of 18 years of age or older or an emancipated minor refuses vaccination, medical examination, treatment or testing under this section, may require the individual to go to and remain in a place of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public; and

(D) if, on behalf of a minor child or ward, a parent or guardian refuses vaccination, medical examination, treatment or testing under this section, may require the minor child or ward to go to and remain in a place of isolation or quarantine and must allow the parent or guardian to accompany the minor child or ward until the local health officer or the secretary determines that the minor child or ward no longer poses a substantial risk of transmitting the disease or condition to the public; and

(2) may order any sheriff, deputy sheriff or other law enforcement officer of the state or any subdivision to assist in the execution or enforcement of any order issued under this section.

History: L. 2005, ch. 122, § 2; Apr. 21.

65-129c

Chapter 65.--PUBLIC HEALTH

Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129c. Same; orders for isolation or quarantine; form and content; notice; hearing in district court; application and effect; procedure; orders for relief; emergency rules of procedure. (a) If the local health officer or the secretary requires an individual or a group of individuals to go to and remain in places of isolation or quarantine under K.S.A. 2005 Supp. 65-129b, and amendments thereto, the local health officer or the secretary shall issue an order to the individual or group of individuals.

(b) The order shall specify:

(1) The identity of the individual or group of individuals subject to isolation or quarantine;

(2) the premises subject to isolation or quarantine;

(3) the date and time at which isolation or quarantine commences;

(4) the suspected infectious or contagious disease causing the outbreak or disease, if known;

(5) the basis upon which isolation or quarantine is justified; and

(6) the availability of a hearing to contest the order.

(c) (1) Except as provided in paragraph (2) of subsection (c), the order shall be in writing and given to the individual or group of individuals prior to the individual or group of individuals being required to go to and remain in places of isolation and quarantine.

(2) (A) If the local health officer or the secretary determines that the notice required under paragraph (1) of subsection (c) is impractical because of the number of individuals or geographical areas affected, the local health officer or the secretary shall ensure that the affected individuals are fully informed of the order using the best possible means available.

(B) If the order applies to a group of individuals and it is impractical to provide written individual copies under paragraph (1) of subsection (c), the written order may be posted in a conspicuous place in the isolation or quarantine premises.

(d) (1) An individual or group of individuals isolated or quarantined under this section may request a hearing in district court contesting the isolation or quarantine, as provided in article 15 of chapter 60 of the Kansas Statutes Annotated, but the provisions of this section shall apply to any order issued under K.S.A. 2005 Supp. 65-129a to 65-129d, inclusive, and amendments thereto, notwithstanding any conflicting provisions contained in that article.

(2) A request for a hearing may not stay or enjoin an isolation or quarantine order.

(3) Upon receipt of a request under this subsection (d), the court shall conduct a hearing within 72 hours after receipt of the request.

(4) (A) In any proceedings brought for relief under this subsection (d), the court may extend the time for a hearing upon a showing by the local health officer or the secretary or other designated official that extraordinary circumstances exist that justify the extension.

(B) In granting or denying an extension, the court shall consider the rights of the affected individual, the protection of the public health, the severity of the health emergency and the availability, if necessary, of witnesses and evidence.

(C) (i) The court shall grant the request for relief unless the court determines that the isolation or quarantine order is necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to an infectious or contagious disease.

(ii) If feasible, in making a determination under this paragraph (C), the court may consider the means of transmission, the degree of contagion, and, to the extent possible, the degree of public exposure to the disease.

(5) An order of the court authorizing the isolation or quarantine issued under this section shall:

(A) Identify the isolated or quarantined individual or group of individuals by name or shared characteristics;

(B) specify factual findings warranting isolation or quarantine; and

(C) except as provided in paragraph (2) of subsection (c), be in writing and given to the individual or group of individuals.

(6) If the court determines that the notice required in paragraph (C) of subsection (d)(5) is impractical because of the number of individuals or geographical areas affected, the court shall ensure that the affected individuals are fully informed of the order using the best possible means available.

(7) An order of the court authorizing isolation or quarantine shall be effective for a period not to exceed 30 days. The court shall base its decision on the standards provided under this section.

(8) In the event that an individual cannot personally appear before the court, proceedings may be conducted:

(A) By an individual's authorized representative; and

(B) through any means that allows other individuals to fully participate.

(9) In any proceedings brought under this section, the court may order the consolidation of individual claims into group claims where:

(A) The number of individuals involved or affected is so large as to render individual participation impractical;

(B) there are questions of law or fact common to the individual claims or rights to be determined;

(C) the group claims or rights to be determined are typical of the affected individual's claims or rights; and

(D) the entire group will be adequately represented in the consolidation.

(10) The court shall appoint counsel to represent individuals or a group of individuals who are not otherwise represented by counsel.

(11) The supreme court of Kansas may develop emergency rules of procedure to facilitate the efficient adjudication of any proceedings brought under this section.

History: L. 2005, ch. 122, § 3; Apr. 21.

65-129d

Chapter 65.--PUBLIC HEALTH

Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129d. Same; unlawful discharge from employment. It shall be unlawful for any public or private employer to discharge an employee solely because the employee or an immediate family member of the employee is under an order of

isolation or quarantine. The violation of this section is punishable as a violation of K.S.A. 65-129 and amendments thereto.

History: L. 2005, ch. 122, § 4; Apr. 21.

65-129e

Chapter 65.--PUBLIC HEALTH

Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129e. Tuberculosis evaluation requirements for certain students; rules and regulations; evaluation criteria; treatment and monitoring of infected persons. (a) The secretary of health and environment is hereby authorized and directed to adopt rules and regulations establishing tuberculosis evaluation requirements for certain students entering college or university classrooms in Kansas having been born in or lived or traveled in countries identified by the centers for disease control and prevention as areas where tuberculosis is a health risk. Compliance with these rules and regulations, including all cost associated with the evaluation, shall be the joint responsibility of the educational institutions and the student or the parents or guardians of the student, where applicable. These rules and regulations shall establish evaluation criteria in compliance with best practice standards as recommended by the division of tuberculosis elimination of the centers for disease control.

(b) Any person found to be infected with tuberculosis infection or tuberculosis disease will be provided treatment and ongoing monitoring in accordance with K.S.A. 65-116a to 65-116m, inclusive, and amendments thereto.

History: L. 2005, ch. 122, § 5; Apr. 21.

KANSAS STATUTES ANNOTATED

CHAPTER 65.--PUBLIC HEALTH

ARTICLE 3.--CONTROL OF CONTAGIOUS DISEASES IN CITIES OF THE SECOND AND THIRD CLASS

Implementing KSA 65-129

An Act relating to public health; the procedural requirements for quarantine and isolation in order to avoid the spread of infectious and contagious diseases.

A guide for Local Boards of Health, Local Health Officers and other Local Public Health stakeholders.

Prepared by the Kansas Association of Counties

(Edited 4/26/06 to reflect enacted statute number 65-129 Formerly HB NO. 2264)

Introduction

The Kansas Legislature has modified Chapter 65, the public health section of the Kansas Statutes with the adoption of 65-129. The Act clarifies the responsibilities of the Secretary of Health and Environment and local health officers and establishes procedural requirements. The bill adopted specifically addresses the issue of isolation and quarantine by balancing the needs of public health and safety with individual rights of due process.

The role of the Board of Health and the requirement to appoint a local health officer

Nothing in 65-129 changes K.S.A. 65-201, *et. seq.*, which provides for the creation of local boards of health and the appointment of a local health officer in each county. As a review and reminder of those requirements, each county commission shall act as the board of health.¹ A county may choose to participate in a joint board of health with cities and other counties. Upon the creation of any such board of health all the jurisdiction, powers and duties now conferred by law upon any local, municipal or county board of health shall be withdrawn from such local, municipal or county board of health and conferred³ upon the joint board of health.² A joint board is required in all counties of 300,000 population or more. The Attorney General has opined that because the statute is not uniform, counties may charter out of its provisions for the structure of a joint board.⁴

The appointment of a local health officer is uniform and remains the primary responsibility for the board of health, no matter what its composition.⁵ The local health officer or administrator serves at the pleasure of the board of health.⁶

The local health officer must be "licensed to practice medicine and surgery" with a preference for individuals who are trained in "public health."⁷ Counties who have a population of less than 100,000 may appoint a qualified local health administrator as long as there is a medical consultant to direct the administrator on program and related medical and professional matters. The consulting medical advisor must be licensed to practice medicine, surgery or dentistry.⁸

Counties with a population of less than 15,000 may⁹ contract with the governing body of any hospital located in the county for local health officer services.

65-129 does not change the authority of the local board of health and the local health officer under existing law, including those duties and powers set out in K.S.A. 65-119. However, the powers to order isolation and quarantine under 65-129 are only available to a local health officer and not the board of health.

The duties of a local health officer under the existing statutes

Once appointed as local health officer, the individual must take the oath of office and post a five hundred dollar bond.¹⁰ The state department of health and environment must be notified with appropriate contact information.¹¹ Communication and coordination with the department of health and environment is key to the effectiveness of the local health officer.

The local health officer's prescribed duties center around the monitoring and treatment of infectious

and contagious diseases.¹² The statutes provide that all health care providers and laboratories certified under the federal clinical laboratories must notify the local health officer or board of health if a patient has a contagious or infectious disease.¹³ The secretary of health and environment creates the list of diseases that must be reported by regulation.¹⁴ The diseases that require isolation and quarantine are listed in K.A.R. 28-1-6. However, K.A.R. 28-1-2 makes it clear that the list is not exclusive or complete, and the local health officer may need to act after consultation with the secretary for any diseases that appear to be infectious or contagious. As long as such reports are made in good faith and without malice,¹⁵ the reporting party is immune from civil or criminal liability.¹⁶ All such reports are confidential.¹⁶ The HIPAA Privacy Rule specifically allows the use and disclosure of Protected Health Information (PHI)¹⁷ for public health purposes.

Until the recently passed act, the methods and procedures to implement the requirement for the local health officer to supervise a case of infectious or contagious disease were not clear. There has been some case law in Kansas supporting the concept that that a governmental agency exercising its police powers in an emergency situation for the prevention and curtailment of disease is greater than an individual's rights for a limited period.¹⁸

The expanded duties of the local health officer

After the passage in 2005 of 65-129, the local health officer or secretary of health and environment has clearer authority to take action for the treatment, isolation and quarantine of any individual or group when they have reason to believe one of the infectious or contagious diseases is involved. Although it is expected that compliance with the directives of the local health officer will be voluntary, the statute provides for the circumstances when an individual or group may not be cooperative.

The local health officer has the authority to issue orders for the following circumstances:

When a person or persons has been exposed to a contagious or infectious disease

He or she may require "appropriate and necessary evaluation and treatment."¹⁹ In order to prevent or reduce the spread of an outbreak, he or she may order "an individual or group of individuals to go to and remain in places of isolation or quarantine until" they no longer pose a substantial risk of transmitting the disease or condition.²⁰

If an adult or emancipated minor refuses evaluation or treatment, they may be ordered into isolation or quarantine until they no longer pose a substantial risk of transmitting the disease or condition.²¹ In the case of an unemancipated minor, the parent or guardian would be subject to the order because they are refusing treatment on behalf of the minor.

The required content of an order issued by the local health officer

_ When the local health officer finds it necessary to issue an order for any of the above situations, the order shall specify in writing:

- The identity of the individual or group of individuals subject to isolation or quarantine
- The premises subject to isolation or quarantine
- The date and time at which isolation or quarantine commences
- The suspected infectious or contagious disease causing the outbreak or disease, if known
- The basis upon which isolation or quarantine is justified

- The availability of a hearing to contest the order²²

Notice requirements of an order

The local health officer must give notice to the affected parties in writing or if that is not practical because of the geographic area they must make certain individuals are fully informed by the “best possible means available.”²³ Additionally, if it is impracticable to serve every individual a copy of the written notice, it may be posted in a conspicuous place.²⁴

The local health officer’s order and the application of the Kansas Open Records Act

It is anticipated the order will be an open record and available to the public. 65-129 does not change the application of the Kansas Open Records Act to requests for public records. Therefore, requests for health officer orders and related documentation should be handled according to the agency’s open records procedures and policies. Depending upon the circumstances, there may be statutory exemptions and sound policy reasons for denying a request for such records, or for redacting personal information from records that are disclosed.

The role of law enforcement and an order issued by the local health officer

The local health officer may order the sheriff, deputy sheriff, or other law enforcement officer of the state to assist in the execution or enforcement of any issued order.²⁵

The due process hearing for an order issued by the local health officer

Any individual or group of individuals isolated or quarantined by order of the local health officer may request a hearing in district court. 65-129 provides for a due process hearing procedure that supersedes article 15 of chapter 60 of the Kansas Statutes Annotated, Habeas Corpus, if there are any conflicting sections.²⁶

According to 65-129 section (3)(d)(1) the appropriate jurisdiction for the hearing is the district court in the county where the isolation or quarantine has been ordered as opposed to either the supreme court, court of appeals or local district court.²⁷

Another conflicting provision is who might have standing to request such a hearing. The public health statute only allows those individuals, including a parent or guardian, who are isolated or quarantined to bring the request. Unlike K.S.A. 60-1501(a), there is no next friend standing. However, the individuals may be represented at the hearing by counsel or an authorized representative and the court may consolidate requests for hearing if the situation warrants and there is adequate representation.²⁸

Also, K.S.A. 60-1503(b) and K.S.A. 60-1506 allows the court to order the person being detained to be produced in court: but 65-129 provides the request for hearing does not stay or enjoin the order for quarantine or isolation; and when coupled with the later reference to persons not able to personally appear in court, at a minimum implies recognition the court lacks the authority to order a person to be taken out of isolation or quarantine or isolation and produced in court. K.S.A. 60-1505(a) allows the court to proceed with the hearing even if the person is not present, that is consistent with 65-129.

As noted, the request for the hearing may not stay or enjoin the order of the local health official.²⁹ The hearing must be held within 72 hours after receipt of the request.³⁰ However, the court may extend the time for hearings if the local health officer demonstrates that circumstances exist that justify the extension. The court shall consider rights of the affected individual, protection of the public health, the severity of the health emergency and availability of witnesses and evidence.³¹

The burden of proof is on the local health official to demonstrate the isolation or quarantine is reasonable and necessary.³² The court must appoint two competent physicians as a board to examine the individuals and report back to the court with their findings.³² There is enough flexibility in 65-129 to extend the hearing until the results from the appointed board of physicians are available.³³ If the court sustains the findings and issues its own order, it is only valid for a period of 30 days.³³ The court order follows contains the same information as the local health officer's.

The role of County Attorney or County Counselor

The enforcement of any local health officer's order falls to the county attorney.³⁴ The specific due process requirements of the statute must be observed. As mentioned earlier, the burden of proof is upon the local health officer. This will extend to the county attorney as they seek to enforce the order.

Immunity for acts of the local health officer

The Kansas Supreme Court has held that a board of health is not eligible to sue or be sued. The appropriate party for any action is the board of county commissioners.³⁵ Because the local health officer is an employee of a governmental body, either the board of health and by inference the board of commissioners, or a joint board of health, the Kansas Tort Claims Act will cover their actions.³⁶ This broad immunity is also specifically mentioned in Article 9 of Chapter 48 when engaged in emergency management activities.³⁷ "The only statutory definition for the term "emergency preparedness" is found in K.S.A. 48-904 (Ensley). In relevant part, it reads: "(a) 'Emergency preparedness' means the preparation for and the carrying out of all emergency functions, other than functions for which military forces or other federal agencies are primarily responsible, to prevent, minimize and repair injury and damage resulting from disasters."³⁸

Protection of employment

The statute protects employees from discharge by either a public or private employer when they or their immediate family are isolated or quarantined by order.³⁹

End Notes

1. K.S.A. 65-201
2. K.S.A. 65-305
3. *Id.*
4. A.G. 92-62
5. K.S.A. 65-201
6. *Id.*
7. *Id.*
8. *Id.*
9. *Id.*
10. K.S.A. 65-202
11. *Id.*

12. K.S.A. 65-119
13. K.S.A. 65-118(a)
14. K.an. Admin.Reg. 28-1-2
15. K.S.A. 65-118(b)
16. K.S.A. 65-118(c)
17. 45 CFR 164.512(b)
18. See, e.g., *In re McGee*, 105 Kan. 574, 185P. 14 (1919); *In re Irby*, 113 Kan. 5 (1923); and *Welch v. Shepard*, 165 Kan. 394, 196 P.2d 235 (1948).
19. 65-129 Section 2(a)(1)(A) (Kan. 2005)
20. *Id.* at 2(a)(1)(B)
21. *Id.* at 2(a)(1)(C)
22. *Id.* at 3(b)
23. *Id.* at 3(c)
24. *Id.*
25. *Id.* at 2(a)(2)
26. *Id.* at 3©
27. K.S.A. 60-1501
28. 65-129 Section (3)(d)(8) & (9) (Kan. 2005)
29. 65-129 Section (3)(d)(2) (Kan. 2005)
30. *Id.* at 3(d)(3)
31. *Id.* at 3(d)(4)
32. *Id.*
33. 65-129 Section (3)(d)(7) (Kan. 2005)
34. K.S.A. 65-160
35. *Lindeman v. Umscheid*, 255 Kan. 610, 628-31 (1994)
36. K.S.A. 75-6102
37. K.S.A. 48-915
38. *Bradley v. Board of County Com'rs of Butler County* 20 Kan.App.2nd 602 (App. 1995)
39. 65-129 Section 4 (Kan. 2005)