

## Isolated Confinement

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### Issue

Summarize Connecticut's law on using isolated confinement on an incarcerated individual.

### Summary

[PA 22-18](#), § 3, limits the amount of time and circumstances under which an incarcerated person may be held in isolated confinement. It also places new requirements on its use (e.g., ensuring physical and mental health evaluations). The act specifies that these requirements do not apply to any incarcerated person convicted of capital felony or murder with special circumstances. ([PA 22-18](#), § 3, became effective July 1, 2022, and will be codified at CGS § 18-96b.)

Under this law, isolated confinement means any form of confinement that places an incarcerated person in a cell with less than the following time out of a cell:

1. four hours per day, beginning July 1, 2022;
2. in the general population, four-and-a half-hours per day, beginning October 1, 2022; and
3. in the general population, five hours per day, beginning on and after April 1, 2023.

The act prohibits the Department of Correction (DOC) from holding minors (under age 18) in isolated confinement. Prior law prohibited the department from placing minors in administrative segregation (i.e., placing an inmate on restrictive housing status after determining that he or she can no longer be safely managed within the correctional facility's general inmate population).

## Isolated Confinement

[PA 22-18](#), § 3, places new limitations and requirements on DOC's use of isolated confinement on incarcerated individuals, including those in pretrial, presentencing, or post-conviction confinement.

The act also requires that any use of isolated confinement must maintain the least restrictive environment needed for the safety of incarcerated individuals, staff, and facility security. Under the new law, if DOC holds an incarcerated person in isolated confinement, it must do the following:

1. ensure, within 24 hours of starting the process, that a (a) medical professional (i.e., licensed physician, physician assistant, advanced practice nurse (APRN), registered nurse, or practical nurse) conducts a physical examination and (b) therapist (i.e., licensed physician who specializes in psychiatry, psychologist, APRN, clinical or master social worker, or licensed professional counselor) conducts a mental health evaluation on the person;
2. ensure the person's safety and well-being is regularly monitored, including through a daily check-in from a therapist;
3. give the person access to (a) reading materials, paper, and a writing implement; (b) at least three showers per week; and (c) at least two hours out of the cell per day, including at least one hour for recreation; and
4. continue de-escalation efforts when applicable and appropriate to the situation.

"De-escalation" means attempting to defuse a crisis without the use of force (i.e., a DOC employee's use of physical force or deadly physical force to compel an incarcerated person's compliance, including by restraints, chemical agents, canines, munitions, or forcible extraction from a cell, other than when responding to a psychiatric emergency).

Additionally, DOC is prohibited from placing an individual in isolated confinement until after it has considered less restrictive measures. It also prohibits placing an individual in isolated confinement:

1. for longer than necessary, or for more than 15 consecutive days or 30 total days within any 60-day period;
2. more than once based on the same incident that was previously used as the basis for such placement; and
3. for protective custody (however, isolated confinement may be used for up to five business days while determining whether protective custody status is appropriate).

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