

Lieutenant Erik Kalapir
Fairfield Fire Department
Uniformed Professional Fire Fighters Association

Testimony in SUPPORT of S.B. 1010

I would like to thank Co-Chair Andrea Stillman and Stephen Dargan and this Committee for allowing me to address you today on behalf of the members represented by the Uniformed Professional Fire Fighters Association of CT on this critical issue affecting your emergency responders.

My name is Lieutenant Erik Kalapir, I have 15 years of medical response experience and currently represent the Fairfield Fire Department as a line officer and supervisor in command of an engine and ladder company providing emergency response for fire and medical service for the Town of Fairfield. I hold a Masters of Science Degree from the University of New Haven, and serve the International Association of Firefighters Local 1426 as a Workers' Compensation Advocate representing the career firefighters in the Towns of Fairfield and Easton. In that role, I represent and assist firefighters with work related injuries and medical exposures, oversee the reporting and filing of injuries, so workers get the required medical attention and benefits provided to them under our current State's laws. Additionally, in the past, I have served on the Local's Safety Committee, working in many areas of worker safety including, but not limited to hearing protection, risk of Avian Flu epidemic, and radio communication needs of rescuers.

The Fairfield Fire Department Suppression Division consists of 92 firefighters and line officers with eight frontline response vehicles housed in five fire stations protecting 31 square miles of the Town and 57,000 full time residents. We provide pre-hospital emergency care to 20,000 households, five convalescent hospitals, two universities, the Merritt Parkway and Interstate 95/Metro North corridor.

I am here today, to advise you of the danger that our State's emergency responders are now in due to the omission of language protecting us as a result of the 2006 Reauthorization of the Ryan White CARE Act by the Federal Government.

Emergency responders work in very dangerous, dynamic and unpredictable environments. As first responders, we are subjected to a wide range of threats and may become exposed to a number of different airborne and blood borne pathogens in the course of our work. The number of rescue type incidents have been increasing steadily, for last year the Fairfield Fire Department responded to over 5000 of these emergencies, and, lately that work is becoming more dangerous. During the last few years, the states public health professions have documented a rate of increase in the prevalence of hepatitis

C. Now, we can only expect that with the onset of the economic recession, we will see these rates of infection rise even faster.

Before 2006, language existed to protect your emergency responders if we were unknowingly exposed to airborne life threatening diseases. There were guidelines, timelines and people charged to protect us. Due to an oversight on the part of legislators in Washington, this is no longer true. We now have a potentially life threatening situation for your first responders, represented by these brothers and sisters that are here with me today - serving in your emergency services, as well as their spouses, their children and the general public.

As we meet here today, if an emergency responder was unknowing exposed to a life threatening airborne disease, such as pulmonary tuberculosis or spinal meningitis, the receiving hospital would have no duty to notify that exposed responder. In fact, as the law stands today, should the medical facility provide information - they could be found in violation of the Health Insurance Portability and Accounting Act, better known as HIPPA.

The language our Federal legislators inadvertently omitted provided a standard procedure, a designated officer, and an emergency notification system which protected responders due to life threatening airborne exposures, including TB, Diphtheria, Hemorrhagic fever, Meningococcal disease and the plague. Today, specific guidelines no longer exist requiring receiving medical facilities to notify exposed first responders.

If a responder suffers a blood exposure, he is required to advise his employer. When the emergency responder documents that exposure, there is now no provision requiring timely notification or existence of a potential life threatening disease carried by the patient. Before 2006, a designated officer would consult with the hospital regarding the medical records of the patient and communicate any defined hazard to the employer to be disseminated to the rescuer within forty-eight hours. Today, no one has that duty, and anyone who provides such information may be in violation of the law.

Today, your rescuers never know if they are subject to a life threatening blood borne pathogen, such as HIV or Hepatitis C - causing undue psychological distress to the responder and their family, unnecessary and expensive testing by their employer, administration of prophylactic medicines with negative side effects, and an unreasonable burden of proof for potential Workers' Compensation benefits. How can we prove that we are exposed during our actions performed at work if we never know and are disallowed to find out whether our patient carries an airborne or blood borne life threatening disease? Without a Workers' Compensation presumption law addressing these life threatening diseases for rescuers, our State's first responders are in a "Catch - 22" scenario.

I can personally speak to this issue, as so can many of my brothers and sisters here today. I was exposed to a victim's blood during motor vehicle accident extrication, even though I was wearing my protective clothing required for the extrication. Due to the fact that

many of us have cuts and cracks on our hands, I was exposed and had to be subjected to blood testing required by my Department's medical physician. It was a very difficult time for me, and not knowing the risk of infection was both obsessive and freighting.

What can be done? Please support the language in Raised Bill # 1010, and consider additional language to the bill that would provide a "deemed consent" testing requirement for an airborne or blood borne exposure to first responder.

Thank you for your time today and I will make myself available to assist you as needed in the future.