



**Substitute Senate Bill No. 1010**

**Public Act No. 09-76**

**AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES  
AND EMERGENCY RESPONDERS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2009*) (a) As used in this section:

(1) "Infectious disease" includes (A) infectious pulmonary tuberculosis, (B) hepatitis A, (C) hepatitis B, (D) hepatitis C, (E) human immunodeficiency virus (HIV), including acquired immunodeficiency syndrome (AIDS), (F) diphtheria, (G) pandemic flu, (H) methicillin-resistant staphylococcus aureus (MRSA), (I) hemorrhagic fevers, (J) meningococcal disease, (K) plague, and (L) rabies;

(2) "Exposure" means a percutaneous or mucous membrane exposure of an individual to the blood, semen, vaginal secretions, or spinal, synovial, pleural, peritoneal, pericardial or amniotic fluid of another person;

(3) "Patient" means a person, whether alive or dead, who has been attended, treated, assisted, handled or transported for medical care by an emergency services member as a result of an emergency;

(4) "Emergency services member" means any police officer as

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defined in section 7-294a of the general statutes, member of a paid or volunteer fire department, emergency medical technician, ambulance driver, or paramedic as defined in section 19a-175 of the general statutes, when acting in an official capacity;

(5) "Emergency medical technician" means any class of emergency medical technician certified under regulations adopted pursuant to section 19a-179 of the general statutes, including, but not limited to, any emergency medical technician-intermediate or medical response technician;

(6) "Emergency services organization" means the Division of State Police within the Department of Public Safety, an organized local police department, municipal constabulary, paid or volunteer fire department, ambulance company or any organization whether public, private or voluntary that offers transportation or treatment services to patients under emergency conditions;

(7) "Hospital" has the same meaning as in section 19a-490 of the general statutes; and

(8) "Designated officer" means the employee or volunteer of an emergency services organization designated in accordance with subsection (b) of this section.

(b) Each emergency services organization shall designate one employee or volunteer to act as the designated officer to receive notification of cases of possible exposure to infectious disease, investigate cases of possible exposure, maintain hospital contact information, request further information from hospitals and maintain any records required under this section. The designated officer may designate another employee or volunteer to serve as his or her designee in the event that the designated officer is unavailable.

(c) (1) Any hospital that diagnoses a patient as having infectious

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pulmonary tuberculosis shall verbally notify the designated officer of the emergency services organization that attended, treated, assisted, handled or transported such patient no later than forty-eight hours after making such a diagnosis, and shall make such notification in writing not later than seventy-two hours after such diagnosis. Such notification shall include, but not be limited to, the diagnosis and the date on which the patient was attended, treated, assisted, handled or transported as a result of an emergency to such hospital, provided the identity of the patient shall not be disclosed in any such notification.

(2) Any hospital that determines that a patient, who died at or before reaching such hospital and who was attended, treated, assisted, handled or transported by an emergency services member, had infectious pulmonary tuberculosis shall notify the designated officer of such determination no later than forty-eight hours after making such determination.

(d) (1) Any member of an emergency service organization who believes that he or she may have been exposed to an infectious disease through the member's contact with a patient who was attended, treated, assisted, handled or transported by the member shall report such possible exposure to the designated officer. The designated officer shall immediately collect the facts surrounding such incident of possible exposure and evaluate such facts to make a determination of whether it would be reasonable to believe that the member may have been exposed to an infectious disease. If the designated officer determines that there may have been exposure to an infectious disease, the designated officer shall submit a written request to the hospital that received the patient requesting to be notified of the results of any test performed on the patient to determine the presence of an infectious disease. The request shall include:

(A) The name, address and telephone number of the designated officer submitting the request;

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(B) The name of the designated officer's employer or, in the case of a volunteer emergency services member, the entity for which the designated officer volunteers, and the name and contact information of the emergency services member who may have been exposed to the infectious disease; and

(C) The date, time, location and manner of the possible exposure.

(2) Such request shall be valid for ten days after it is made. If at the end of such ten-day period no test has been performed to determine the presence of an infectious disease, no diagnosis has been made or the result of the test is negative, the hospital shall so notify the designated officer who made the request. The notification shall not include the name of the patient.

(3) Any hospital that receives a written request for notification shall give an oral notification of the presence of an infectious disease or of a confirmed positive test result, if known, to the designated officer no later than forty-eight hours after receiving such request, and shall send a written notification no later than three days after receiving such request. If an infectious disease is present or the test results are confirmed positive, both the oral and written notification shall include the name of the infectious disease and the date on which the patient was attended, treated, assisted, handled or transported by the emergency services organization. Such notification shall not disclose the name of the patient.

(4) If a designated officer makes a request pursuant to this subsection and the patient has died at, or before reaching, the hospital receiving such request, the hospital shall provide a copy of the request to the medical facility ascertaining the cause of death if such facility is not the hospital that received the original request.

(e) No cause of action for damages shall arise, or any civil penalty be

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imposed, against any hospital or any designated officer for failure to comply with the duties established by this section.

Approved May 27, 2009