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Sen. Gerratana, Rep. Ritter and Distinguished Members of the Public Health Committee,

I am a paramedic and have worked in the EMS field for 19 years and am a member of the Legislative Committee of the State EMS Advisory Board. I'm writing in **SUPPORT** of *HB 5907, An Act Concerning Notification to Emergency Medical Services Organizations Regarding Patients Diagnosed with Infectious Diseases* which amends **State Statute 19a-904**.

The current statute creates a framework to inform EMS if such volunteers or workers potentially exposed to an infectious disease. The current statute is written in such a way to be flexible with new and emerging threats, including Ebola and other outbreaks, as well as other diseases that may be deemed infectious by the Centers for Disease control. The current statute that covers these types of diseases and its structure appear to be adequate. However, there are deficiencies in the notification process:

1. Eliminate section (e) of the current statute which eliminates any penalty or real requirement to hospitals for failure to notify an EMS worker of exposure, despite the EMS employee's best efforts to obtain information of a potential exposure.

I have first hand experience with this clause as being problematic. Several years ago, the blood-spit of a patient landed on my lip. While obtaining his medical history, he disclosed to me that he had hepatitis. When I notified the receiving hospital of the exposure, the receiving hospital failed to test the patient to confirm the type of hepatitis he had or if he had any co-mingling infections or diseases. I found this out during a follow-up visit with occupational health. The only way I knew that I had not contracted any infectious disease was through a series of blood tests over several months. Otherwise, there was no recourse for my EMS agency to further pursue the claim, or communicate with the patient for follow-up testing, contact, or financial or punitive recourse towards the hospital for failure to provide me the peace of mind notice that the patient had certain diseases in a timely manner. Thankfully the vector of potential transmission in my case was low.

Please eliminate section (e) so that responders have recourse and hospitals take notification seriously.

2. Ensure that agencies designated as First and Supplemental Responders are also included in the notification process. These agencies, typically Police or Fire Departments, do not transfer a patient directly to the hospital but may still be exposed to disease. Their employees do not typically have the same relationship with hospital staff as EMTs do to try to initiate the exposure control process immediately while the patient is in their facility for typically only a few hours. The notification process should commence as soon as the patient is received at a hospital so that the patient themselves can be tested and informed that they are being tested in case their disease was extended to a responder. This provides for a timely resolution for the responder should they necessitate extended testing or prophylactic treatment. Both of these are costly and can take a physical toll on the medical provider.
3. A patient should at minimum be asked for consent to be tested at no cost to themselves

in case a responder is exposed. (Or the results of any tests already being taken should be shared for the purposes of notification). Costs should be incurred by the responder's workman's compensation insurance.

4. It is my understanding that New York State allows access to a patient's history to be shared between doctors of the source patient and the exposed worker. Connecticut should enact similar legislation.
5. Section (c)(2) only requires an emergency worker to be notified if an expired patient had tuberculosis. This should be changed to include ANY infectious disease.

Thank you for your time and consideration of this important legislation. Updating this statute will result in preventing the spread of infection and allow responders to receive timely medications and treatment. It can also potentially reduce costs in workman's compensation and give responders peace of mind if the exposure is negative. During the interim period many responders take prophylactic medications which have very unpleasant side affects – updating this statute can assist in avoiding this as well.

I'm happy to communicate further and be a part of this process. Thank you.

Christopher O'Brien