



# Connecticut Fire Chiefs Association



**Position Statement: Support for HB 5907 Issued March 9, 2015**

***An Act Concerning Notification to Emergency Medical Services Organizations Regarding Patients Diagnosed with Infectious Diseases***

The CFCA supports expanding the protections in that are afforded to Emergency Responders who may have been exposed to a potentially life-threatening infectious disease.

Recommended Amendments to CGS Sec. 19a-904 include:

1. This statute should be expanded to include all life threatening infectious diseases.
2. Emergency Service Organizations are required to establish their own Designated Officers who will interact with hospitals in the event that an Emergency Responder is exposed to a potentially infectious disease. The State Department of Public Health should be positioned to assist these local Designated Officers in the event that a second opinion, intervention or a technical resource is necessary. This resource should be available 24 hours a day.
3. All hospitals should be required to have an established Hospital Designated Officer as a point of contact for all Emergency Services Designated Officers. Routine and emergency contact information for Hospital Designated Officers should be required to be available in a way that it can be readily accessed. This would be particularly critical in a situation where an Emergency Responder is exposed to patient with a potentially infectious disease and the patient is transported to a hospital with which the Emergency Response Organization does not have a pre-established relationship.
4. Currently, any hospital that diagnoses a patient as having infectious pulmonary tuberculosis is required to 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. This provision should be expanded to include all airborne infectious diseases. Additionally, First Responders, including fire and police officers who do not ride in the ambulance to the hospital, are sometimes overlooked during these required notifications. A system of checks and balances is necessary to assure that all Emergency Responders are notified of such exposure.
5. In the event there is an exposure of an Emergency Responder to a patient who could potentially have a life-threatening infectious disease, the patient should be required to be tested to determine the best course of treatment. Presently, patients can refuse to be tested.
6. In the event that a patient exposes an Emergency Responder to a potentially infectious disease, hospitals should be required to share all information that they have on file about the patient – including information that may have been obtained by the hospital prior to the exposure of the Emergency Responder. This information could be critical to the treatment of an Emergency Responder.
7. The New York State Public Health Law, grants access to a patient's HIV Test History in the medical record and allows for direct communication between the medical provider of the exposed worker and the medical provider of the source patient. Connecticut should enact similar legislation.

**For additional information:**

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