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Peace Officers Research Association *of Nevada*

**Senate Commerce and Labor Committee
Position Paper – Senate Bill 184
February 26, 2003**

Chairman Townsend and members of the Committee;

My name is Ron Dreher. I appear before you today as the president of the Peace Officers Research Association of Nevada (PORAN) and as a representative of the professional peace officers of our great state to ask you to support SB184.

We sincerely thank Senator Mathews for sponsoring this needed legislation. During the 71st Nevada State Legislative session nearly every member of this committee jointly sponsored AB313. AB313 provided for certain benefits to firefighters and emergency medical attendants for treatment of hepatitis. It provided for a conclusive presumption that hepatitis is an occupational disease for certain firemen and emergency medical attendants; established requirements of eligibility for the statutory presumption; required testing of such employees for the presence of hepatitis and provided other matters relating to that coverage. SB184 would provide those same benefits to professional peace officers covered under NRS 617.135. It would also extend the benefits to certain game wardens who possess powers of a peace officer as defined in NRS 289.280 and to investigators employed by the district attorney in county whose population is 100,000 or more.

Let me provide to you with a perspective from Leslie Gibbenhuck, president of the British Columbia Hepatitis Foundation and author of *"Hepatitis C and Police Work"*

HEPATITIS C AND POLICE WORK (Edited)

By Leslie Gibbenhuck

Hepatitis C is an epidemic, affecting over 200 million people worldwide.

All "emergency workers" are high risk. Not only do police officers work with the sector of the population most at risk (prison, drug users, drunks) but they are also first responders to motor vehicle accidents and domestic disputes.

Police officers have also been known to use physical force to restrain and/or arrest. It is common to come in to contact with blood and bodily fluids, either through direct contact with individuals or through gathering evidence in the course of an investigation. Blood and other bodily fluids are usually crucial evidence and are actually sought out by police officers.

EXHIBIT E Committee on Commerce/Labor

Date: 2/26/03 Page 1 of 5

Until recently no police officer was advised to wear gloves (nitrile are best—as viruses may permeate wet latex gloves), protective eye wear, or to create barriers (masks and protective clothing) between themselves and their customers.

Transmission may occur with exposure to blood (100% of the time), saliva (48%), seminal/vaginal fluid (24%) and urine (7%). If there is any risk of transmission, the employer has a legal and moral obligation to safeguard its employees by whatever means reasonably possible. It is far more responsible to err on the side of caution, than to dismiss the facts.

2. Are police officers told...?

- Unlike HIV, hepatitis C can live outside the body for 7 days (although it has also been reported to live up to 6 weeks on a hard surface!)
- There is no vaccination for hepatitis C - you are not immune!
- If you have hepatitis C, you should be vaccinated for hepatitis A and B.
- To get tested annually for all other possible work acquired viruses or at least after exposure to any blood or bodily fluids.
- About the guidelines to officers about work-acquired illnesses. Are they told to have themselves tested, to follow-up (daily) exposures to hazardous situations?

3. Employers' Responsibilities

The onus should not be on the individual but on the employer to inform police officers of known or foreseeable hazards—when infection can occur without their specific awareness. *Hepatitis C is a preventable disease.* There is no effective treatment, no vaccination and no cure!

The employer has a duty to protect the health and monitor the health status of police officers. Have officers been tested as part of an annual physical?

In the absence of such vigilance (regular testing) the employer cannot reasonably argue its members should have been monitoring their status, so as to be able to pinpoint a specific incident.

*When Hepatitis C blood work was added to the annual physicals of Orange County firefighters, fire officials and state health experts were alarmed at the high rate of infection.

Dr. Jeremy BROWN had a paper published in the *Journal of Clinical Forensic Medicine* in 1995 on Risk to Police Officers from Biohazards Encountered in Police Work. [H]e does warn of "the virus' propensity to cause serious conditions including chronic hepatitis, cirrhosis and hepatocellular carcinoma. The consequences are severe."

He also reports conflicting observations about the increased risk among health care workers but

does add that hepatitis C can be transmitted through accidental needle stick and the risk is moderate—between that of HIV (low) and hepatitis B (high).

4. Nevertheless, transmissions by needlestick and bite are documented. Dr Brown warns of the necessity for police forces to remain abreast of all developments in research and awareness. Keep in mind this paper was written in 1995, almost four years ago, when very little was known about hepatitis C or its transmission.

A national survey of U.S. and Canadian paid fire departments found that 90% of all firefighters provide some level of medical care in the community. On average 77% of the fire departments in U.S. and Canadian cities with populations of 1 million or more provide first-responder services, 80% basic life support, and 50% advanced life support. This applies to police officers as well.

5. Although no case studies have been done to support the allegation that there is a higher rate of infection among police officers, there has not been mandatory testing to deny this claim either.

How does one know how long they have been infected with hepatitis C? There is no definitive test to determine the moment of infection. The onset of chronic illness varies from person to person. Transmission and symptoms are two of the many puzzling features of hepatitis C.

Most people infected with hepatitis C do not know about their infection because there has been little effort made to notify or educate them or to advise them of treatment possibilities and lifestyle changes.

Precedents Being Set:—James Edward Petrowitz versus City of La Crosse Fire Department

Hepatitis C is contained in the blood of the person who is the carrier. It is possible to have the virus without symptoms. Evidence shows it is very common for a firefighter to be exposed to blood of various people. They will often arrive at the scene of accidents, shootings, child births and other incidents before the ambulance.

The word "firefighter" could be interchanged with "police officer." But police officers have many other exposures as well—add digging through dumpsters and crime scenes, patting down prisoners, attending fights and disputes, arresting and subduing criminals, being spat at, and contact with the prison population (reported infection rate of 78% in recent random Texas testing).

It was found in the case of Petrowitz that hepatitis C infection was work-related and that he was entitled to benefits. While in performance of his duty he contracted the disease, which is permanent and which caused him to retire from his job, prematurely.

6. It has been established that prisoners who throw blood or bodily waste on guards can expect extended prison terms. If they are infected with HIV, hepatitis or TB the penalty

can be increased by 5 extra years.

Summary

In 1989, the hepatitis C virus was isolated and cloned. Yet, 10 years later most police departments have no protocol on how to deal with it and have offered no instruction to the officers on its prevention. In all known cases where it is believed police officers were infected on the job, they have been denied a disability pension. Employers are demanding proof that they were infected on the job.

If an officer chooses to disclose they are infected with hepatitis C, they are met with mixed response. Most co-workers choose to keep their distance—not clearly understanding routes of transmission.

Most officers choose to keep their infection to themselves—not telling anyone. They fear questions, ridicule, and a sense of guilt that remains unexplainable. It is as if somehow they allowed this nasty infection to invade their bodies.

7. Had the officer been shot or stabbed she would have received a hero's welcome back. Sadly, most are unaware of the moment of infection. Blood spat at an officer is innocently wiped away. Employers immediately have one answering questions, which sometimes have no answers. As with time, all memories seem to fade. Your employer starts asking personal questions, about *your* lifestyle. They doubt you and your words.

Even your doctor has more questions than answers. Doctors are undereducated and have difficulty coping with this emerging disease.

What are employers and doctors afraid of? Their own ignorance has caused this problem to mushroom among police officers and the effects will become clearly evident over the next 10 years as officers realize their infection and come to terms with chronic illness. What are employers doing to prevent the further spread of hepatitis C?

Stages of Hepatitis C

- 1) Diagnosis - disbelief, shock, denial
- 2) Impact (Attitudes and Expectations) - learning to function with a chronic disease
- 3) Reorganization - dealing with the facts / lifestyle changes

One surefire way to reduce the emotional dilemma faced when an officer encounters a significant exposure is factual, up-to-date information. This is not simply an issue for the police officer but for the entire family.

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I would request that this committee incorporate by reference the testimony provided by Assemblyman Ocegüera and now Senator Nolan from AB313. Their testimony is interchangeable with police officers.

Police officers are exposed on a daily basis. According to a report from the Cedar-Sinai's director of hepatology and medical director of the hospital's multiorgan transplant program: "Forty percent of the individuals entering the California penal system for the first time have tested positive for hepatitis C, and that figure may be higher for repeat offenders." (Press release from the Hepatitis Information Network October 12, 2000).

One amendment that needs to be included in the bill is when the base line tests would be conducted. In discussing the matter with firefighters the July 1, through August 1, 2003 deadlines were not achievable. Our amendment would be to perform the baseline testing as part of the annual physical examinations beginning approximately 30 days after the bill went into effect.

As presented by Senator Mathews Section 2 and Section 4 of the bill allows two additional groups to be covered under NRS 617.135 - Certain Game wardens and certain District Attorney Investigators. As you will hear their duties and job requirements place their exposure at nearly the same levels as uniformed police officers and at the same levels as most positions covered under NRS 617.135. It is PORAN's intent to provide equitable coverage for the peace officers covered under NRS 289.010 with certain exceptions. The Game wardens currently have annual physical examinations. There would be no additional costs to that agency. 50% of the Washoe County District Attorney investigators qualify for benefits under 617.135. There are 15 investigators in that agency.

We realize that this overall coverage cannot take place all at once due to fiscal conditions. We believe that adding the uncovered categories of peace officers over several legislative sessions is a fiscally responsible way to achieve our goal.

We ask for your support in providing this needed legislation to the professional peace officers of Nevada.

Sincerely



Ronald P. Dreher
President - PORAN