



Emergency Medical Services

Partners

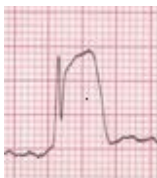
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health.uconn.edu/ems

The Perfect STEMI Patch

At UConn John Dempsey Hospital

we will activate the cardiac cath lab based on the EMS radio patch. This is important for those cases where transmission fails or is delayed. Here are six points to remember when patching in.



1. Call from the scene. 20 Minutes lead time can be equal to 20 minutes heart muscle saved as it enables our team to prepare for the patient's arrival.
2. Ask CMED for a **STEMI ALERT** with Medical Control. Only the Emergency MD can activate the cardiac cath lab. Failing to ask for medical control will force you to repeat your patch after a physician is finally brought to the phone.
3. Briefly describe the main symptoms and presentation.
4. Describe the ECG. State the leads the elevation is present in and whether or not there are any reciprocal changes.
5. Patient History. Briefly describe the patient's significant history
6. Request Cath Lab Activation. If you are convinced this is a STEMI, tell the MD what you want — the cath lab activated.

Doctor, This is a STEMI ALERT, I am on scene with a 56 year old male with 10 of 10 crushing chest pain of sudden onset. He is pale, cool and diaphoretic. The ECG shows ST elevation in II, III, and aVF with reciprocal change in I, aVL, and V1-V3. He has a history of a prior MI. I am requesting cath lab activation. Our ETA is 20 minutes.

Note: If you are not certain it is a STEMI, it is okay to call in and say "I have a possible STEMI."

Stroke Care Checklist

When transporting stroke patients to **UConn John Dempsey Hospital**, please include the following key points in your radio patches and documentation.



1. Last Known Time Without Symptoms
2. Cincinnati Stroke Scale
3. Blood Glucose Tested
4. Acute **Stroke Alert** Called to Hospital*

* Early Notification Saves Lives. Call from the scene if possible rather than from 2-3 minutes out.

SAVE THE DATE

The Connecticut DPH Office of Emergency Medical Services and UConn Health present a half-day conference

OPIOID OVERDOSE EPIDEMIC: THE EMS ROLE

WEDNESDAY, SEPTEMBER 20, 2017

GROSSMAN AUDITORIUM
CELL & GENOME BUILDING

UConn
HEALTH
CENTER

400 FARMINGTON AV., FARMINGTON



DETAILS TO FOLLOW

UConn
HEALTH

Connecticut Poison Control Center



It is important for EMS to know when to call the poison center as oftentimes, such a call can save lives, prevent unnecessary emergency room visits, and expedite treatment. The tips below provide a general guideline of situations which warrant a call to the CPCC.

EMS can call the Poison Control Center for:

- Overdoses
- Unintentional poisonings
- Pill identification
- Treatment advice
- Symptoms to watch for
- When to use charcoal
- Advice on when to transport
- Antidote information and coordination
- Hazardous materials
- Reporting a poisoning
- Protecting the public health
- Information on trends of abuse



- CTPCC can help at any point in the call
- Paramedics and EMTs can freely exchange detailed patient information with the health care providers at poison control as poison control is HIPPA protected.
- CTPCC is the standard of care for toxicology
- Calling the CTPCC can be written into any EMS or medical dispatching protocol/guideline

Training Sessions Available

For more information, contact the community education specialist regarding free educational sessions.

Contact :

Amy Hanoian-Fontana, M.A., EMT-B, Community Education Specialist,

Phone: 860-679-4422

Email: hanoian@uchc.edu

- Offer EMS continuing education training sessions
- Offer 911 dispatcher continuing education training sessions

Preventing Occupational Fentanyl and Fentanyl Analog Exposure to First Responders

The American College of Medical Toxicology and the American Academy of Clinical Toxicology have issued a joint statement on **Preventing Occupational Fentanyl and Fentanyl Analog Exposure to First Responders** that states *“the risk of clinically significant exposure to emergency responders is extremely low.”*

The statement addresses reports of responders suffering overdose from handling or being in proximity to these opioids. *“To date, we have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids.*

Incidental dermal absorption is unlikely to cause opioid toxicity. Reports of emergency responders developing symptoms after contact with these substances have described nonspecific findings such as “dizziness” or “feeling like body shutting down”, “dying” without objective signs of opioid toxicity such as respiratory depression. Law enforcement and EMS must balance safety with mobility and efficiency when entering and securing potential scenes where drugs are used, distributed, or produced. We aim to address the risks of occupational exposures to ultra-potent opioids and the role of various types of personal protective equipment to reduce those risks.”

Here are their key recommendations:

General Precautions and Management of Exposure

- Workers who may encounter fentanyl or fentanyl analogs should be trained to recognize the symptoms and objective signs of opioid intoxication, have naloxone readily available, and be trained to administer naloxone.
- For opioid toxicity to occur the drug must enter the blood and brain from the environment. Toxicity cannot occur from simply being in proximity to the drug.
- Toxicity may occur in canines utilized to detect drug. The risks are not equivalent to those in humans given the distinct contact that dogs, and not humans, have with the local environment.

Dermal precautions

- For routine handling of these drugs, nitrile gloves provide sufficient protection.
- In situations where an enclosed space is heavily contaminated with a potential highly potent opioid, water resistant coveralls should be worn.
- Incidental dermal exposures should immediately be washed with copious amounts of water. Alcohol based hand sanitizers should not be used for decontamination as they do not wash opioids off the skin and may increase dermal drug absorption.

Respiratory precautions

- In the unusual circumstance of significant airborne suspension of powdered opioids, a properly fitted N95 respirator or P100 mask is likely to provide reasonable respiratory protection.

Mucous Membrane/Splash Exposure

- OSHA-approved protection for eyes and face should be used during tasks where there exists possibility of splash to the face.

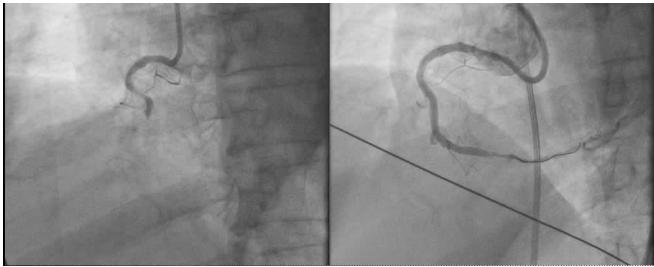
Naloxone Administration and Airway Management

- Naloxone should be administered to those with objective signs of hypoventilation from opioid intoxication.
- If hypoventilation persists following initial naloxone dose and personnel with advanced airway training are not available, repeat naloxone until reversal is seen or 10 mg is administered.
- Personnel with advanced airway training should provide airway support for patients who are in extremis or those who do not improve with naloxone.

Stay safe and use appropriate PPE.



STEMI HONOR ROLE



Bristol EMS paramedic Matthew Barksdale and his partner Patti Lizotte. 49 Minute Door- to-Balloon. 108 Minute First Medical Contact-to-Balloon Time.

Canton EMS paramedic Meghan Savelli and her EMT partner Tyler Reginatto. 56 Minute Door- to-Balloon. 95 Minute First Medical Contact-to-Balloon Time

West Hartford Fire Department paramedic Ted Dombroskas, and the Fire Department team from Station 4 and **American Medical Response** EMTs Tia Cortese and Peter Haines. 57 Minute Door- to-Balloon. 84 Minute First Medical Contact-to-Balloon Time.

New Britain EMS paramedics Kristopher Seguin and Hannah Stewart and their EMT partner Ross Mocko. 32 Minute Door- to-Balloon. 68 Minute First Medical Contact-to-Balloon Time .

Canton EMS paramedic Thomas Varanelli and his EMT partner Danielle Kerr. 61 Minute Door- to-Balloon. 81 Diagnostic EMS -to-Balloon Time.

STROKE HONOR ROLE

West Hartford Fire Department paramedic Taylor Salva, West Hartford Station 2 and **American Medical Response** EMTs Anthony Dellisanti and Aaron Durette. 48 Minute Door to tPA



Bloomfield Ambulance paramedic Andrew O'Brien, Chaz Milner and EMT Jim Dailey. 25 Minutes to tPA.



UConn Health EMS Website

For news, educational information, CME schedule and past copies of our newsletter *Partners*, check out our website at:

health.uconn.edu/ems

In Memoriam: Anita Russo

Anita Russo, affectionately known as “Ma,” passed away recently. For many years she worked as an EMT for **Bloomfield Ambulance**, responding to calls even into her 80’s. She had an uncanny ability to relate to people of all ages and backgrounds. She represented the best EMS has to offer: kindness, compassion, dedication and good humor. We are proud she was one of us.



Ice Pops Are Back!

It’s summer time and ice pops are back in the EMS room. We appreciate your hard work out in the field. Stop by our EMS room next time you are here and enjoy an ice-pop on a hot day.



UConn EMS CONTINUING EDUCATION

**EMS Monthly CME
(3 Hours)**



July/August—No CME
September 20, 2017—Opioid Conference (4 Hours)
October 18, 2017
November 15, 2017
December 20, 2017
8:30-11:30 A.M.

Cell and Genome Building
400 Farmington Avenue
Farmington, CT

ALL EMS RESPONDERS WELCOME

CONTACT US:

Any questions or suggestions about EMS? Looking for patient follow-up?



Contact EMS Coordinator Peter Canning at canning@uchc.edu or call (860) 679-3485.