



Emergency Medical Services *Partners*

January 2018, Issue 92

health.uconn.edu/ems

WHFD FD/AMR Cardiac Arrest Save

West Hartford Fire paramedic Daniel Kiessling and the crew from Station 3 arrived on scene to find a woman doing CPR on her husband, who had collapsed minutes before. The crew took over CPR and Kiessling applied the defibrillation pads. Seeing ventricular fibrillation on the cardiac monitor, he defibrillated the patient at 200 Joules and immediately resumed CPR.



Top: Walter Pastet, Daniel Kiessling
Bottom: Craig Astle, Brendon Coen

American Medical Response precepting paramedic Andrew Eccles and EMT Bryan Sabin arrived to assist with ventilation and IV access. Within minutes the patient was found to be in a narrow complex rhythm with a palpable carotid pulse. Kiessling did an immediate 12-lead ECG which revealed the patient was suffering from a massive anterolateral ST-Elevation Myocardial Infarction. A **STEMI Alert** was called into **UConn John Dempsey Hospital**, where the cath lab was activated 18 minutes prior to the patient's arrival. In the lab, the patient was found to have a 100% occlusion of the patient's Left Anterior Descending Artery (LAD) which they successfully stented, restoring perfusion. The patient underwent hypothermia therapy, and emerged with all neuros intact. He walked out of the hospital on his own power several days later and spent Christmas at home with his family thanks to great teamwork. Bystander CPR, early defibrillation, quality ALS care and STEMI receiving hospitals save lives. Great job all!

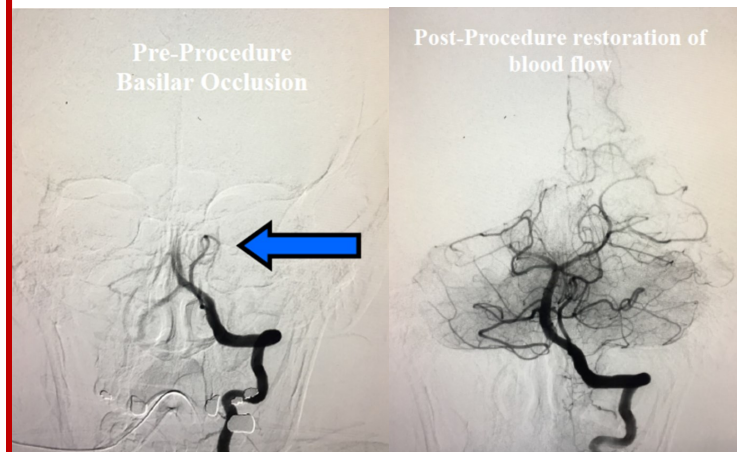
33 Minute Door- to-Balloon. 60 Minute First Medical Contact-to-Balloon Time (including CPR).

Happy New Year!

The staff at **John Dempsey Hospital** wishes all of our EMS partners and their families a safe and happy new year. We thank you for all your dedicated and professional service and look forward to working with you in the coming year. It is good to know that you are all out there looking out for the people of our communities. They are well served. Please — all of you — stay safe.



UConn JDH Thrombectomy Procedure



Burlington EMS Michael Gajdoski & Daniel Haaser pre-notified **UConn Health John Dempsey Hospital** of an unresponsive patient in cardiac distress. Thanks to prenotification, the stroke team met the patient at the door. The STAT CTA & RAPID CT Perfusion scan showed a complete basilar tip occlusive thrombus. Neuro Interventionalists performed a thrombectomy which resulted in complete restoration of blood flow post procedure.

2018 Annual Renewals

The new renewal forms are being issued by regional EMS Coordinators. Be sure to complete them and return them per your sponsor hospital's policy if you wish to maintain current medical control.

FENTANYL[†]

SAFETY RECOMMENDATIONS FOR FIRST RESPONDERS

[†] For the purposes of this document, fentanyl, related substances, and synthetic opioids (herein after referred to as fentanyl[†]) includes fentanyl analogues (e.g., acetylfentanyl, acrylfentanyl, carfentanil, furanylfentanyl), novel synthetic opioids (e.g., U-47700), and other drugs that may be laced with these substances.

- ▶ **The abuse of drugs containing fentanyl[†] is killing Americans. Misinformation and inconsistent recommendations regarding fentanyl[†] have resulted in confusion in the first responder community.**
- ▶ You as a first responder (law enforcement, fire, rescue, and emergency medical services (EMS) personnel) are increasingly likely to encounter fentanyl[†] in your daily activities (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).
- ▶ This document provides scientific, evidence-based recommendations to protect yourself from exposure.

WHAT YOU NEED TO KNOW

- ▶ Fentanyl[†] can be present in a variety of forms (e.g., powder, tablets, capsules, solutions, and rocks).
- ▶ Inhalation of airborne powder is MOST LIKELY to lead to harmful effects, but is less likely to occur than skin contact.
- ▶ Incidental skin contact may occur during daily activities but is not expected to lead to harmful effects if the contaminated skin is promptly washed off with water.
- ▶ Personal Protective Equipment (PPE) is effective in protecting you from exposure.
- ▶ Slow breathing or no breathing, drowsiness or unresponsiveness, and constricted or pinpoint pupils are the specific signs consistent with fentanyl[†] intoxication.
- ▶ Naloxone is an effective medication that rapidly reverses the effects of fentanyl[†].

Actions to take . . .

To protect yourself from exposure

- ▶ Wear **gloves** when the presence of fentanyl[†] is suspected.
- ▶ **AVOID actions that may cause powder to become airborne.**
- ▶ Use a properly-fitted, NIOSH-approved **respirator ("mask")**, wear **eye protection**, and minimize skin contact when responding to a situation where small amounts of suspected fentanyl[†] are visible and may become airborne.
- ▶ Follow your department guidelines if the scene involves large amounts of suspected fentanyl[†] (e.g., distribution/storage facility, pill milling operation, clandestine lab, gross contamination, spill or release).

When exposure occurs

- ▶ Prevent further contamination and notify other first responders and dispatch.
- ▶ Do not touch your eyes, mouth, nose or any skin after touching any potentially contaminated surface.
- ▶ Wash skin thoroughly with cool water, and soap if available. **Do NOT use hand sanitizers as they may enhance absorption.**
- ▶ Wash your hands thoroughly after the incident and before eating, drinking, smoking, or using the restroom.
- ▶ If you suspect your clothing, shoes, and PPE may be contaminated, follow your department guidelines for decontamination.

If you or other first responders exhibit

- **Slow Breathing or No Breathing**
- **Drowsiness or Unresponsiveness**
- **Constricted or Pinpoint Pupils**
- ▶ Move away from the source of exposure and call EMS.
- ▶ Administer naloxone according to your department protocols. Multiple doses may be required.
- ▶ If naloxone is not available, rescue breathing can be a lifesaving measure until EMS arrives. Use standard basic life support safety precautions (e.g., pocket mask, gloves) to address the exposure risk.
- ▶ If needed, initiate CPR until EMS arrives.



Collaborative Support From:

- American College of Emergency Physicians
- American College of Medical Toxicologists
- American Industrial Hygiene Association
- Association of State and Territorial Health Officials
- Association of State Criminal Investigative Agencies
- Fraternal Order of Police

- International Association of Chiefs of Police
- International Association of Fire Chiefs
- International Association of Fire Fighters
- Major County Sheriffs of America
- National Alliance of State Drug Enforcement Agencies

- National Association of Counties
- National Association of County and City Health Officials
- National Association of Emergency Medical Technicians
- National Association of EMS Physicians
- National Association of State EMS Officials

- National Governor's Association
- National HIDTA Directors Association
- National Narcotic Officers' Associations' Coalition
- National Sheriffs' Association
- National Volunteer Fire Council
- Police Executive Research Forum
- Police Foundation

<https://www.whitehouse.gov/ondcp/key-issues/fentanyl>

EMS Honor Roll



West Hartford Fire paramedic Bill Schappert and the crew from Station 2 along with **American Medical Response** paramedic Tom Palomba, EMT Margaret Futtner and observer Dr. Hannah Sneller (from CCMC) responded for a female with 10 of 10 chest pain who had a near syncopal episode. Schappert did an immediate 12-lead ECG which revealed the patient was suffering from a lateral ST-Elevation Myocardial Infarction. He called in a **STEMI Alert** to **UConn John Dempsey Hospital** from the scene, while the crew readied the patient on board AMR 917. The 15 minutes prenotification given by the crew was important, enabling the cath lab, which already had two patients on the table to prepare for the arrival of the STEMI patient, who was hypotensive and bradycardiac. In the lab, the team found a 99% occlusion of the patient's Left Anterior Descending Artery (LAD) and 100% occlusion of the first diagonal artery which they successfully cleared and stented, restoring perfusion. Great job all! **32 Minute Door- to-Balloon. 53 Minute First Medical Contact-to-Balloon.**

American Medical Response paramedic Ed Hampton and his partner Jennifer Hemstreet responded for a 63-year-old man with increasing chest pain over two days. Hampton did a 12-lead ECG which revealed an inferior ST-Elevation Myocardial Infarction. He called in a **STEMI ALERT** to UConn John Dempsey Hospital ED. In the lab, the team found a 100% occlusion of the patient's Right Coronary Artery (RCA) and which they successfully cleared and stented, restoring perfusion. **57 Minute Door- to-Balloon. 90 Minute First Medical Contact-to-Balloon Time.**

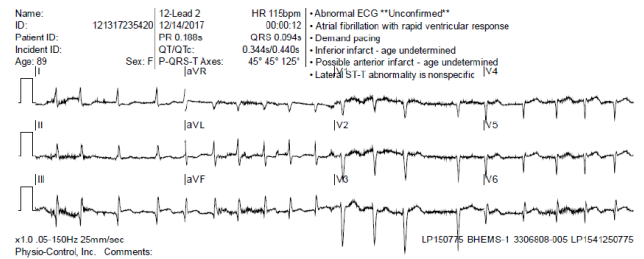


Great EMS ECG Read

Bristol EMS paramedic Tyler Barth and his partner Michael



Benson responded for a 95-year-old female, cool, pale and diaphoretic, with chest pressure times 30 minutes, accompanied by nausea and shortness of breath. Barth did a 12-lead ECG which revealed subtle ST-elevations in III and aVF, which while not meeting official STEMI criteria, suggested a possible occlusion. He called in



a **STEMI ALERT** from the scene to **UConn John Dempsey Hospital** ED. The medic discussed the ECG with Dr. Danielle Mailloux who also discussed it with the cardiology staff and the decision was made to activate the cath lab. In the ED, the patient required NTG, Lasix and BiPap for her worsening CHF, and then was brought up to the cath lab where the team found significant occlusions including a chronically occluded right coronary artery. They determined the culprit vessel was likely the LAD, which they stented as well as stenting the obtuse marginal 1 branch and the second diagonal artery, restoring perfusion. **Great ECG read by Paramedic Barth! 74 Minute Door-to-Balloon. 116 Minute First Medical Contact-to-Balloon Time.**

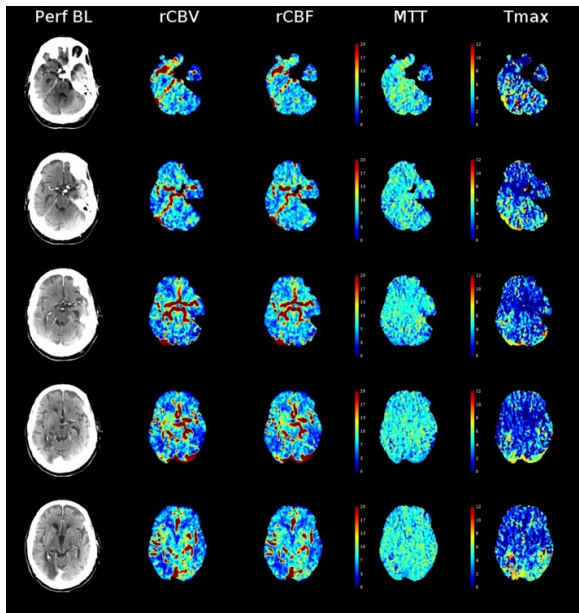
STROKE ALERT/TPA with Full Recovery

Precepting **American Medical Response** paramedic Andrew Eccels and his partner Bryan Sabin called in a **STROKE**



ALERT to **UConn John Dempsey Hospital** for a female with sudden onset of facial droop, aphasia, and right sided hemiparesis. The patient was taken directly to the CT scan on the EMS stretcher. With no contraindications, and after discussion with the family about the risks and benefits, the patient was given tPA, which led to a complete resolution of the patient's symptoms. She was monitored in the ICU and subsequently discharged five days later with all neuros intact. An MRI revealed she had suffered an acute lacunar CVA, but thanks to the quick action of the EMS/JDH Hospital team, the patient had a full recovery from what could have been a catastrophic CVA. Great job!

The Future is Now: Up to 24 Hour Stroke Window at UConn Health John Dempsey



Call in a Stroke Alert for any patient suspected of an acute stroke (up to 24 Hours).

UConn EMS CONTINUING EDUCATION 2018

January, February – No CME
 March 21, 2018
 April 18, 2018
 May 16, 2018
 June 20, 2018
 July, August – No CME
 September 19, 2018
 October 17, 2018
 November 21, 2018
 December 19, 2018



8:30-11:30 A.M.

Cell and Genome Building
 400 Farmington Avenue, Farmington, CT

3 Hours CME
 ALL EMS RESPONDERS WELCOME

Opioid Overdose Epidemic: EMS Role

EMS Responders can sign onto to **Train Connecticut** and take a free one- hour CME on the opioid epidemic and the role EMS can play in helping fight the battle. Here is the link:



<https://www.train.org/connecticut/course/1072448/>

The Opioid Overdose Epidemic: The EMS Role
 Course Number: 1072448
 One (1) Hour CME with downloadable certificate.

The program discusses the background of the opioid epidemic, Connecticut death statistics, Connecticut CORE initiative, the science of addiction, the dangers of fentanyl and fentanyl analogs, opioid overdose treatment, provider safety, prevention initiatives, data collection, harm reduction, and stamp bag recognition.

Special CMEs Coming to UConn in 2018

In addition to our monthly CMEs, look for UConn JDH Hosted CMEs on the following topics:

STEMI and Acute MI Care
 TBA

4th Annual Emergency Stroke Care Conference
 May Full Day Conference
 TBA

2nd Annual EMS Stroke Symposium
 November Evening
 TBA

Geriatric Trauma
 TBA

Stay tuned for dates and details.

UConn Health JDH EMS Website

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

health.uconn.edu/ems

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.