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.

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!

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.

https://www.whitehouse.gov/ondcp/key-issues/fentanyl
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 job all!

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!
**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](https://www.train.org/connecticut/course/1072448/) 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.