



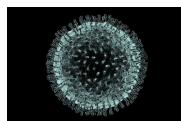
# Emergency Medical Services *Partners*

March 2020, Issue 114

health.uconn.edu/ems

## Coronavirus (COVID-19)

Wash your hands. While there will be many more messages regarding the EMS response to the coronavirus outbreak (see page 2), few appear to be more important than practicing good hand hygiene.



Use universal precautions for patients with respiratory illness, following standard airborne pathogen guidelines.

Clean and disinfect your equipment and surfaces after each call in accordance with CDC guidelines.

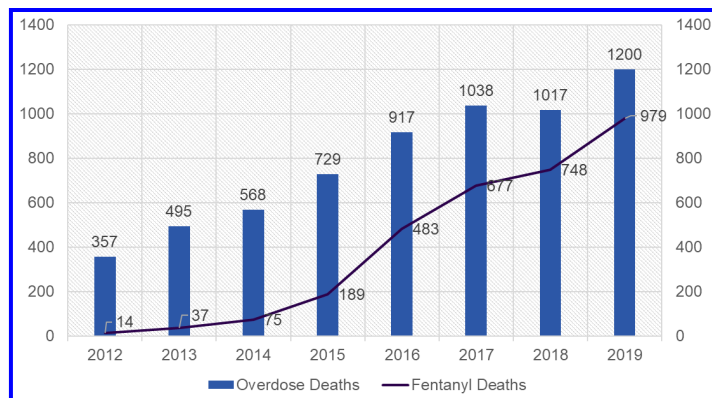
Stay home if you are sick with a febrile illness.

When transporting a patient requiring “respiratory isolation precautions,” Med patch in early and if patient condition allows (is medically stable): Upon arrival at the hospital, have the treating EMS clinician and patient remain in the ambulance while the driver enters the facility and confirms preparations to receive the patient.

Stay up with the latest directions from your service, sponsor hospital and state and federal authorities.

And don't forget to wash your hands. Be safe.

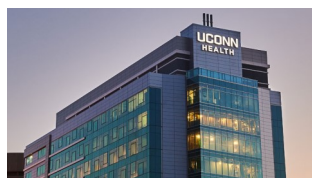
## Connecticut Overdoses Rise in 2020



Twelve hundred (1200) people in Connecticut died of accidental overdoses in 2019, according to the **Connecticut Medical Examiner's Office**, an eighteen percent increase over 2018. 94% of the deaths involved opioids. The dead ranged from 17 to 74. Fentanyl was present in 979 of the deaths (82%), its most ever, continuing its unremitting rise since 2012 when it was detected in only 12 deaths.

### What can EMS do to help?

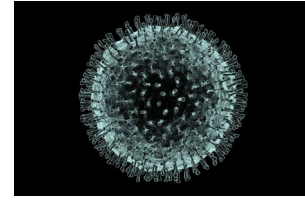
1. Educate yourself about the science of addiction and recognize that people who are addicted suffer from a disease, not a character flaw.
2. Practice harm reduction. Tell users where they can get help and how they can obtain naloxone. Counsel them to never use alone and to call 911 should they witness an overdose. Above all, treat them as you treat all your patients, with respect and dignity.
3. Report all opioid overdoses to **Connecticut Poison Control at 1-800-222-1222** as required by law. Your compliance is critical. The data is used by local health and safety groups to best target their response, including prevention and outreach, to the epidemic.



## EMS and the Coronavirus Disease 2019 (COVID-19)

Protect yourself and your patients.

- Wash your hands routinely for at least 20 seconds.
- Use standard universal precautions for patients with respiratory illness.
- Clean and disinfect equipment and ambulance surfaces.
- Remain home if sick with a febrile illness.



Regularly monitor the CDC and CT-DPH websites for updates:

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>
- <https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/2019-Novel-Coronavirus>

When treating a patient: If patient condition allows (i.e. immediate treatment interventions are not required), attempt to maintain at least 6 feet of separation from patients when performing initial screening to minimize risk of droplet transmission.

If dispatch advises that a patient may meet the definition for suspected COVID-19 infection, don appropriate PPE prior to entering the scene and limit the number of providers with direct patient contact to the minimum needed to provide appropriate care and transportation.

**Identify** possible indications to place a person under investigation (PUI) for COVID-19 with these screening questions:

Fever or lower respiratory symptoms (cough, difficulty breathing, etc.)?

Has the patient traveled outside the US within 14 days of symptom onset?

Was the travel to any of the current geographic areas with sustained COVID-19 transmission?

Has the patient had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset?

Patients may require investigation for COVID-19 if they meet one of the following definitions:

Fever + Lower Respiratory Illness + Travel to areas of concern

(Fever OR Lower Respiratory Illness) + Contact with lab confirmed COVID-19 patient

Undiagnosed lower respiratory illness that is severe, acute onset and associated with a fever (other possible diagnoses will need to be excluded prior to investigation for COVID-19)

**Isolate** patients who may require investigation for COVID-19:

Initiate standard contact and airborne precautions (gloves, gown, N95 respirator) and eye protection (goggles/face shield) for EMS clinicians

Instruct patient to don a surgical mask to reduce droplet transmission (do NOT apply N95 respirators to patients)

If indicated, oxygen via nasal cannula may be administered under the surgical mask

If indicated, an oxygen mask may be used in place of a surgical mask

If possible, isolate patient 6 feet from staff, other patients and visitors

Use caution with aerosol generating procedures (nebulized medications, intubation, suctioning, CPR, etc.)

Properly doff PPE, clean & disinfect equipment and dispose of material according to agency protocol/policy.

**Inform** the hospital of the possible PUI –

Med patch in early and notify the hospital you are transporting a patient requiring “respiratory isolation precautions”

If patient condition allows (is medically stable): Upon arrival at the hospital, have the treating EMS clinician and patient remain in the ambulance while the driver enters the facility and confirms preparations to receive the patient.

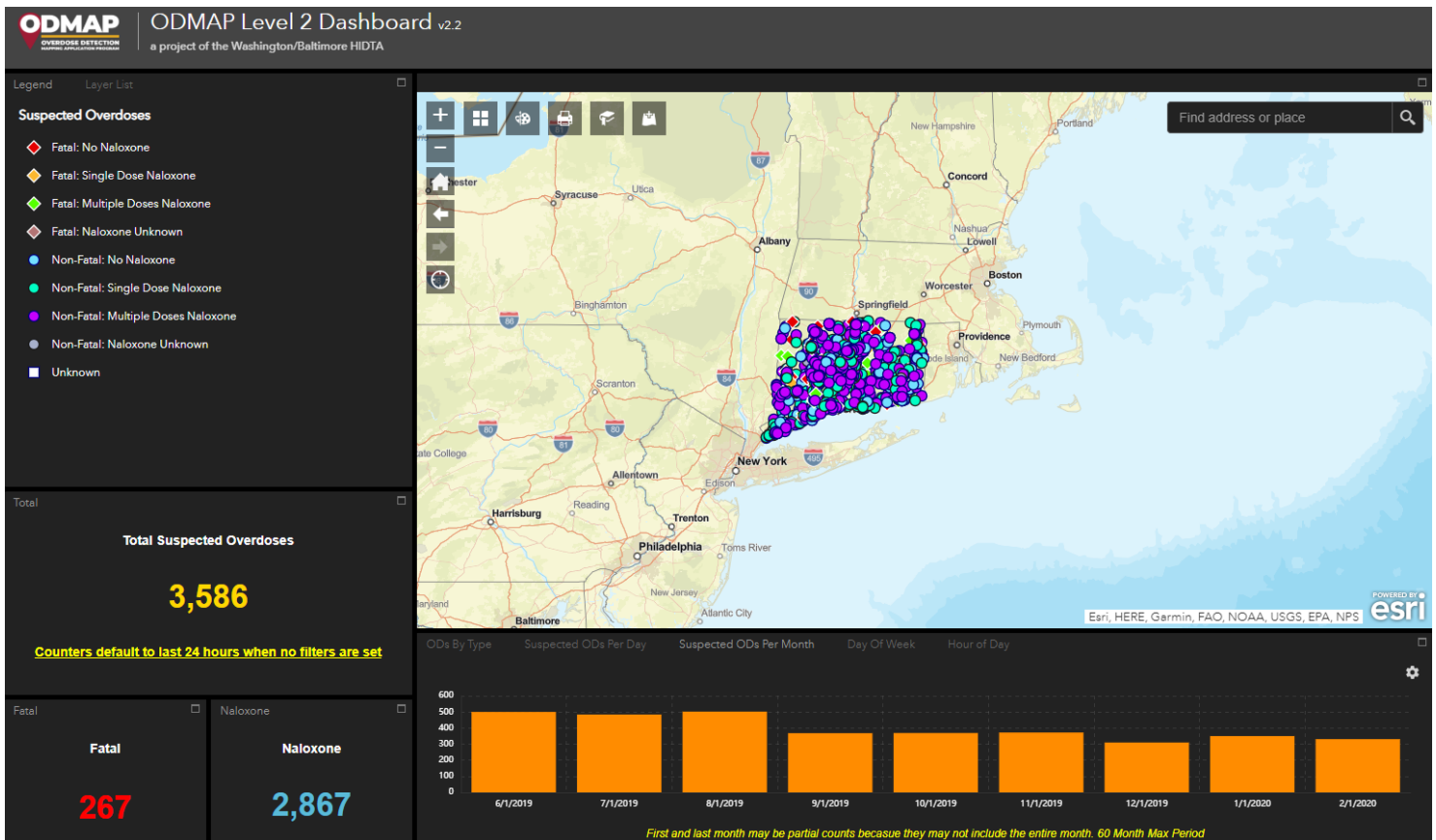
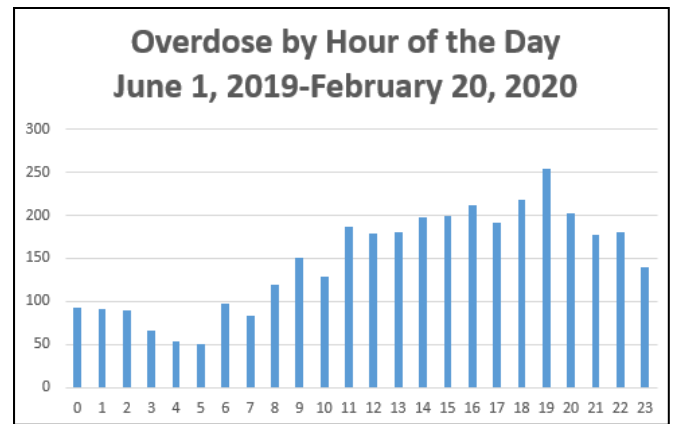
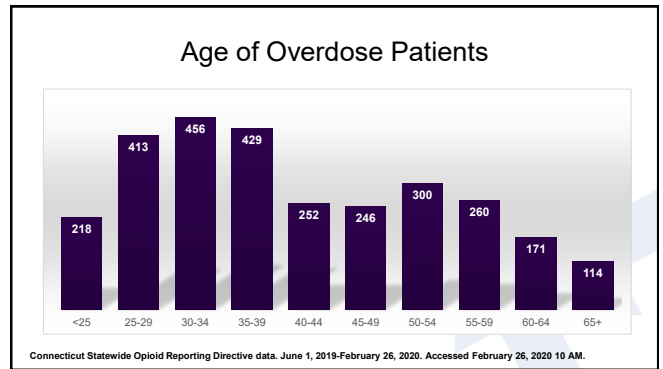
*(Thanks to Hartford Hospital for permission to use document, which has been modified)*

# EMS SWORD DATA June 1, 2019-February 29, 2020

## Connecticut Wins Federal Grant for SWORD Data/5 Communities Selected for Project

Connecticut recently won a two-year federal grant to work with communities to utilize SWORD/ODMAP data in local response plans. The five communities to get sub awards are the cities of Hartford, New Haven and Bridgeport, and the Torrington and Uncus Public Health Districts. Local EMS will be involved in local opioid response task forces. EMS compliance with SWORD reporting is critical to the success of the program and developing rapid, targeted responses in each locality.

Since the SWORD program started statewide on June 1, 2019, there have been over 3,500 overdose reports, including over 2,800 naloxone administrations. Each overdose is mapped on ODMAP software, which allows local health departments to zoom down to the block level to identify hotspots and areas for naloxone training and outreach. SWORD data has also helped identify day and time of the week when overdoses are at their highest, information that is useful to scheduling such responses as recovery coaches in emergency departments to help overdose patients navigate treatment and harm reduction options. Tracking the ages of overdose patients has revealed that older citizens are also at risk. There were more overdoses in patients 60 and over than in patients 25 and under. These are just some of the many data points that are now available thanks to EMS reporting.




## In Memorium-Steve DeCapua

American Medical Response paramedic Steve DeCapua passed away unexpectedly recently. He had been a paramedic with AMR for 25 years. I went to paramedic school with him here at UConn in 1992-1993. He was quiet and good at his job. I'll miss seeing him here at the hospital and out on the road, doing the job he loved. -PC

Below is a story about a call Steve did that appeared in one of the first issues of this newsletter back in June of 2011.

### Cardiac Arrest Save

#### American Medical Response

Paramedic Steve Decapua and  his



EMT partner Kathleen Bowden were transporting a chest pain patient to John Dempsey Hospital when the patient suffered a sudden cardiac arrest. Decapua, acting quickly, immediately applied defib pads and shocked the patient at 200 J, restoring a sinus rhythm. UCONN paramedic Darryl Byrne noticing an AMR ambulance by the side of the road with its lights flashing but no one behind the wheel, stopped to investigate and ended up assisting Decapua and Bowden with stabilizing the patient and notifying the ED of the change in condition. The patient was rushed to the hospital's cath lab where a complete occlusion of his left anterior descending artery was successfully cleared. Three days later, the patient was discharged home, alert, walking on his own power, with full neurological function.

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## UConn EMS CONTINUING EDUCATION 2020



March 18, 2020  
April 8, 2020 \*  
May 20, 2020  
June 17, 2020  
September 16, 2020  
October 21, 2020  
November 18, 2020  
December 16, 2020



**8:30-11:30 A.M. (Wednesdays)**

**New Location**

Conference Room U3071AB  
195 Farmington Avenue, Farmington, CT  
3 Hours CME  
ALL EMS RESPONDERS WELCOME

\*April CME is 2nd Wednesday, not 3rd

## UConn EMS CONTINUING EDUCATION

### Corona Virus

Dr. David Banach  
UConn Infectious Diseases



### Syncope

Dr. David Light



### Case Reviews

Richard Kamin, M.D.  
Peter Canning, Paramedic, R.N.

**(3 Hours CME)**

Bagels and Coffee will be served  
For Questions,  
email Peter Canning at [canning@uchc.edu](mailto:canning@uchc.edu)

ALL EMS RESPONDERS WELCOME  
Wednesday, March 18, 2020 -- 8:30-11:30 A.M.  
195 Farmington Avenue, Farmington CT  
Third Floor Conference Room

## STEMI Kudos

### Bristol EMS

paramedic Boblee

Bruce and his partner Scott Lamarre. Great ECG read by Bruce of STEMI with RBBB. Severely hypotensive patient received Impella device, intraaortic balloon pump, stent to Left Main and ECMO, and did well.

**Bristol EMS** paramedic Peter

Cherepanov and his EMT partner Bryan Asard. 50 Minute Door-to-Balloon, 78 Minute First Medical Contact-to-Balloon.



## 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](http://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](mailto:canning@uchc.edu) or call (860) 679-3485.

