



Service Spotlight— Bethlehem Ambulance Association

Founded in 1977, Bethlehem Ambulance Association has been providing around-the-clock service to the town with an all-volunteer crew.

In the 42 years since original members Dutch Krate, Sherwood Wright, Barbara O’Neill and John Zarrella started the organization with a donated ambulance, it has evolved and grown from its humble beginnings. Once occupying a single bay and small storage room in the firehouse, BAA now has its own modern facility housing two ambulances, meeting space, a training room and plenty of storage.

Together, with the Bethlehem Fire Department, BAA answers roughly 360 calls per year with EMRs and EMTs, most of whom received their training at BAA’s training facility. BFD provides first response duties, while BAA provides first response and transport. They also have a robust youth corps that provides teenagers an opportunity to learn about public service and emergency medicine.

Statistics:

Year Founded: 1977

Chief of Service: Peter Dzylinski

Annual Call Volume: 360

Number of Ambulances: 2



Trauma Time

The Morel-Lavallée Lesion – An internal degloving injury

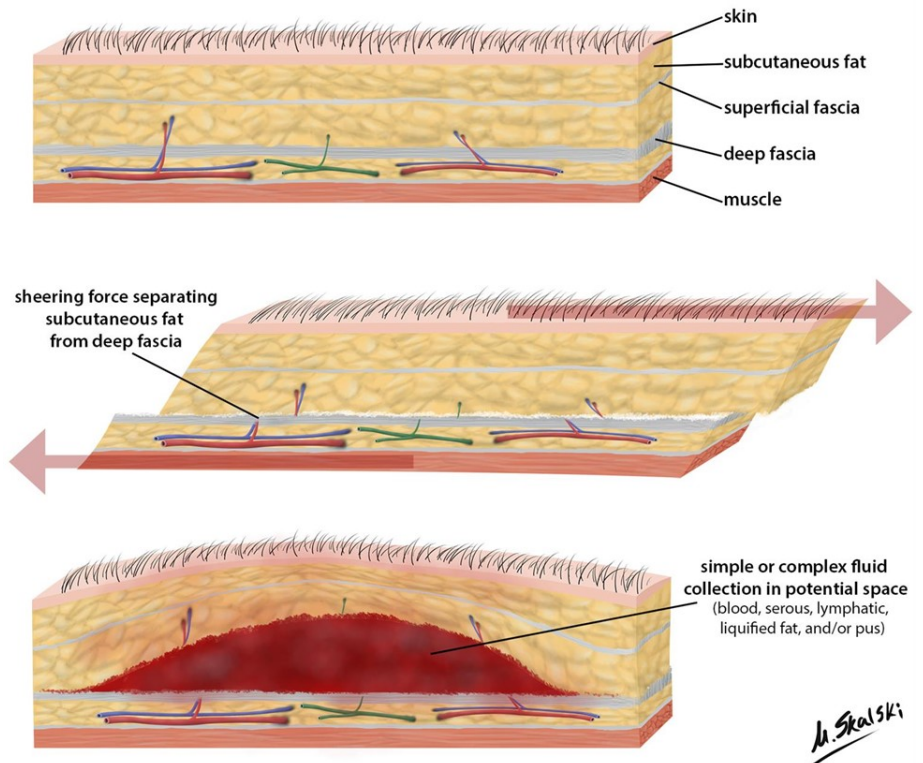
What is it? A shearing injury happens when connections are disrupted from acceleration-deceleration, or rotational acceleration mechanisms of force. The Morel-Lavallée Lesion (M-L lesion) is a closed traumatic soft tissue degloving injury characterized by separation of the skin and subcutaneous tissue from the underlying fascia due to a shearing force.

How does it form? This shearing force leads to separation of the dermis from the underlying fascia. The injured lymphatics and vasculature from the injured space produce a fluid collection mixture of blood, lymph, and fatty debris – and are then replaced by serosanguinous fluid as the lesion enlarges. This can continue to bleed and expand, appearing like a big bruise or ecchymosis.

How would a patient present? This is often seen in high-energy trauma, however, it is sometimes seen after low-grade blunt force trauma, such as falls and contact sports. The most common locations where these form are the thigh, hip, abdomen, or flank. The location will present as swollen, painful, and often times discolored, with reduced sensation over the skin of the area, which occurs from the shearing of cutaneous nerves during the initial injury and stretching of the tissue. MRI and ultrasound are most often used to detect and diagnose these lesions.

How do you treat it? This is the tricky part. Small M-L Lesions can be treated with compression or percutaneous drainage/aspiration, but this still may not treat it completely. Larger M-L Lesions require irrigation and debridement (I&D) by making incisions into the space and cleaning it out. These may also entail wound management since a common complication is infection and recurrence. In acute trauma, these lesions require surgical intervention in an effort to prevent infection, but initially, they are often missed as they may take some time to develop. If a lesion is neglected, it can become infected and progression may lead to extensive tissue necrosis.

Morel-Lavallée mechanism



Reference: Sharareh, B., Taylor, B. (2020). Morel-Lavallee Lesion. *OrthoBullets*. <https://www.orthobullets.com/trauma/422820/morel-lavalle-lesion>

Reference: Nair, A., Nazar, P., Sekhar, R., Ramachandran P., & Moorthy, S. (2014). Morel-Lavallee lesion: A closed degloving injury that requires real attention. *Indian Journal of Radiology and Imaging*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4126145/>

Any questions, thoughts, ideas, concerns, or feedback in regards to the care of the trauma patient at Waterbury Hospital? Please contact [Monika Nelson, Trauma Program Coordinator](mailto:monika.nelson@wtbyhosp.org) – monika.nelson@wtbyhosp.org

Wednesday, November 18, 2020 (18:30 – 20:00) - EMS CME Case Review with Dr. Alyssa Sexton, ECHN

Zoom - <https://us02web.zoom.us/j/87960239747?pwd=UEIFNHk3eXhKWUJWZkZ0K2NwcUxOQT09>

Meeting ID: 879 6023 9747

Passcode: 107187

(646) 558-8656 US (New York)

Bethlehem Ambulance and Waterbury Hospital Collaborate for Stop the Bleed

For the past several years, the **Committee on Trauma** has worked with public safety, healthcare and civic organizations to provide layperson training in emergency bleeding control.

Similar to the CPR and AED training that had been rolled out to the community decades ago, Stop the Bleed (STB) is a program that helps train everyday people in bleeding control techniques and the recognition of a bleeding emergency.

Like AED's, bleeding control kits for public use are beginning to adorn the walls of public places such as schools, airports and sports arenas. Inside the kits are simple instructions and materials that can be used to stop serious bleeding and keep trauma victims alive until EMS can arrive to take over care.

Recently, trained STB instructors from Bethlehem Ambulance Association brought kits to school administrators and staff in Region 14, the district that covers Bethlehem and Woodbury schools. In all, 16 kits were provided to the four schools in the district. The kits were

donated by Waterbury Hospital's Department of Trauma. "We are so grateful to Waterbury Hospital for donating the kits to us and the region", said BAA EMT Travis Smith "It's so important that people have the equipment on hand when a bleeding emergency happens".

