Seymour EMS Responds to Gas Explosion

On the afternoon of March 29, Seymour EMS and Fire units were dispatched to a reported vehicle into a house on Maple Street. Responding units were quickly updated that the incident was actually an explosion at a multi-family home with reported victims. “Within a few minutes, the fire marshal was on scene and requesting two ambulances for burn victims”, said SEMS Deputy Chief Kevin Shuck. Seymour EMS had both ambulances at the scene in less than four minutes and began providing care to an elderly male and a middle aged woman. Both patients suffering from full thickness and partial thickness burns to large areas of their body.

“The female had full thickness burns to over 50% of her body”, explained Shuck. “The male had full thickness burns to over 20%”. SEMS personnel along with medics from VEMS made the decision to transport patients directly to the Bridgeport Hospital burn center. “This was a situation where we quickly packed the patients and got going”. With both in service Seymour EMS units transporting, Chief Bryan Ryan requested an Ansonia Rescue Medical Services ambulance to the scene for a minor burn victim. A Beacon Hose ambulance was also called in to stand by while fire department personnel cleared the remainder of the dwelling of gas and performed a further search. No other victims were found and the Beacon Hose unit returned to service within an hour.

“The entire incident was a great example of seamless integration of dispatch, police, fire, EMS and our mutual aid partners at the scene of a chaotic and traumatic scene”, said Shuck. “These kind of calls don’t happen every day, but when they do, its great when everyone is on the same page”.

Response and on scene times for SEMS units are truly impressive; from initial dispatch to the arrival of both victims at Bridgeport ED was 31 minutes. “The times reflect the quick assessment and decisive decision making of on scene personnel”, said Ryan.

For a review of pre-hospital burn care, visit the Waterbury Hospital EMS page and view the CME provided by Bridgeport Hospital Burn Outreach Coordinator Jay Bresky. https://www.waterburyhospital.org/ems/education-module-burns/

Health System Names CMO

Dr. Greta Boynton has been named Chief Medical Officer and Senior Vice President of Waterbury HEALTH effective April 1. She has extensive experience in physician leadership, more recently as a Regional CMO with Sound Physicians, providing both clinical and oversight of over 38 contracted Hospital Medicine, Emergency Medicine, Critical Care, and telemedicine service lines.

Please join CEO Dr. Justin Lundbye in welcoming Dr. Boynton to the Waterbury Hospital community.

April CME to Feature ETOH Emergencies

EMT-P Jonah Whiteside will present a CME about Alcohol Emergencies for EMS providers. Included will be the assessment and treatment of intoxicated patients.

EMS Coordinator Jose Matias will also review updates to the statewide EMS protocols.

Wednesday April 20, 2022
6:00—8:00PM
Bizzozero Conference Room—4th Floor

***Dinner will be served***
Outstanding Pre-Hospital/Hospital Integration

**STEMI ALERT**

*Winsted Ambulance Association* (WA-63) EMT-B Grant Dorman & EMT-B Maya Varney and *Trinity EMS* (Medic 6) EMT-P Damon Osterman responded to 62 y/o male complaining of chest pain, diaphoresis and right arm numbness. EMS initiated a *STEMI Alert* to *Waterbury Hospital*. Cath Lab found a 100% Occlusion of the Mid Right Coronary Artery and were successfully able to place a Cardiac Stent resulting in reperfusion.

- D2EKG(Goal<10) = 0 minutes (Transmitted EKG used to determine STEMI)
- (STEMI – Emergency Department EKG done in 1 Minute)
- D2B(Goal<90) = 27 minutes
- First contact to Device Activation (Goal<90) = 80 Minutes
- Field EKG Transmission: Yes
- **Cath Lab Ready to Patient Arrival: 4 Minutes**

*Southbury Ambulance Association* EMS Crew of EMT-B James Santiago and EMT-P Emily Strickland recently responded to an Emergency 911 call for a patient complaining of chest pain.

Paramedic Strickland recognized a STEMI and immediately transmitted an EKG showing extensive coronary artery occlusion. *Waterbury Hospital* ED activated the Cath Lab and prepared for patient’s arrival. The Cath Lab successfully performed lifesaving procedures with impressive results.

- D2EKG(Goal<10) = 0 minutes
- D2B(Goal<90) = 49 minutes
- First Medical Contact to Device Activation 9goal<90) = 83 Minutes
- Field EKG Transmission: Yes
- **Cath Lab Ready to patient arrival: 22 Minutes**

*American Medical Response* (AMR) EMT-B Madeline and EMT-P Cliff Maestri responded to a 911 Emergency Call for a patient presenting with chest pain, nausea and vomiting.

Paramedic Maestri recognized ST Elevation in Leads V1-V4 with Inverted T Waves in Lead II, III and aVF and promptly transmitted a 12 Lead EKG activating a STEMI Alert for Waterbury Hospital Emergency Department. Hospital Cath Lab Staff found a 100% Occlusion of the Left Anterior Descending Artery and immediately initiated cardiac procedures to successfully return circulation to the heart.

**STROKE ALERT**

*American Medical Response* (AMR) Crew of EMT-B Thomas LaRussa and EMT-B Joshua Harris responded with Waterbury Fire Department to a 911 Emergency Medical Call for a patient with altered level of consciousness. EMS crew assessment noted ALOC, hemiparesis and facial droop. AMR EMT-P Eleftherios Gionteris also responded to the scene and subsequently initiated a Stroke Alert to *Waterbury Hospital* ED. Stroke Program Coordinator Kathryn Myers and the Stroke Team promptly received the patient and immediately moved the patient to CT Scan. Patient sustained a Cerebral Infarction due to an occlusion and stenosis of the left middle cerebral artery. The patient was stabilized and transferred to an acute care short term general hospital. Patient is recovering well due to the quick interventions of EMS and Hospital Staff.

**Excellent work by all involved!**