Waterbury HEALTH

EMS UPDATE

Service Spotlight - Oxford Ambulance Association

In 1954, Oxford was a sleepy farming community with rolling hills and a sparse population. That was also the year that Oxford Fire Department established Oxford Ambulance Association and began providing service to town.

Their first ambulance was donated by Beacon Hose Company #1 in Beacon Falls. It was Beacon Hose's first ambulance after they established their service in 1949. The vehicle was a Packard Hearse that was given to Beacon Hose by the Buckmiller Funeral Home in Naugatuck. "That one converted Packard Hearse donated by the Buckmiller Family started two ambulance services" said Madeline Taggert, Director of Oxford Ambulance. "What a great legacy".

In 1994, Oxford Ambulance separated from the fire department and became its own independent entity. Over the years, the population and development in town has grown exponentially. The association went from one ambulance to two. Recently, a third ambulance was added to the fleet as well as two fly cars as well as an administrative vehicle.

In addition to the provision of 24/7 EMS coverage, OAA operates one of the area's most active training centers. "We have EMS classes continuously here", explained Taggart. "Our instructors are excellent and we have an excellent pass rate".

eacon Falls Donates Old Ambulance To Town Of Oxford

The Oxford community ambulance was recently donated to the town by Beacon Falls. The ambulance, a Packard with a 26,000 mileage, is equipped with a stretcher and chairs and a linen cabinet. An ambulance association has been established to underwrite the costs of its operation and to provide a group of drivers trained in first aid. The ambulance will be on 24-hour duty daily. The vehicle is now housed at Fox's Garage.

Oct. 1954

OAA hosts an explorer post that boasts 16 members between the ages of 14-16 years of age. "The kids are great and I am proud of them", said Taggart.

Statistics:

Established: 1954

Annual Call Volume: 1200

Member/Staff: 40 volunteer, 3.5 paid staff

Training Center: Continuous EMT classes, refreshers, EVOC

Chief: Madeline Taggert

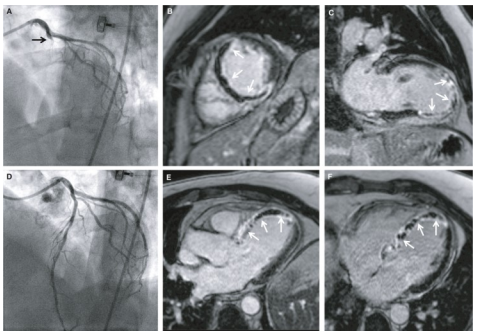
Number of ambulances: 3

Number of fly cars: 2, 1 Admin car

Explorer Post: 16 members between ages of 14 -18 years.

Dr. Widman's "Cardiac Necrosis" CME and Our New Video Recordings

On January 15th, Dr. Widman came in to speak about Cardiac Necrosis. The CME had a really large turnout from the EMS community that included EMR's, EMT's and Paramedics.



Moving forward, every month, we will be recording CME's and posting them on our website for the EMS folks that cannot make it to our CME's. Some of you work, volunteer, or simply just cannot make it on Wednesday nights. This will be a helpful option for you to still receive your CME's and get a certificate. Due to the requirements set forth by OEMS, you will have to watch the entire program and then answer questions on a quiz at the end to show proof that you received the training. Dr. Widman's CME was the first one we recorded so we will have it up soon with directions for access.

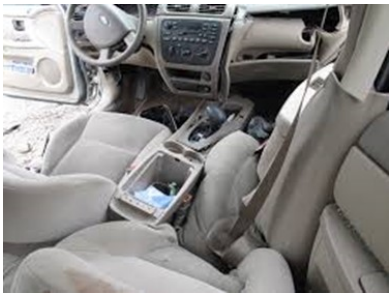
Waterbury Hospital – Trauma Time

Motor Vehicle Intrusion as criteria for Trauma Activation

Motor Vehicle Collisions (MVCs) are responsible for a large number of trauma activations each year, as the 2nd most common mechanism of injury following falls. While we know that there are multiple MVCs daily, they do not all require a trauma activation. Here are the criteria for those patients involved in MVCs that **<u>should</u>** be activated as a trauma. The CDC put out *Guidelines for Field Triage of Injured Patients* in 2011 that all trauma centers should follow, with some center-specific additions if needed. These guidelines are set up in 4 tiers – where you first assess the patient's ***Vital Signs and Level of Consciousness*** (Tier 1), and if those are ok then move down to assess ***Anatomy of Injury*** (Tier 2), and then move to assess the ***Mechanism of Injury*** and ***Evidence of High-Energy Impact*** (Tier 3). This Tier 3 describes high-risk auto crash mechanisms that have shown to be associated with forces that directly or indirectly impact the human body.

These include:

- Intrusion, including roof: >12 inches occupant site or >18 inches any site*
- Ejection (partial or complete) from automobile
- Death in same passenger compartment



- Unrestrained occupant involved in a MVC rollover (Waterbury Hospital specific)

Although these seem appropriate and self-explanatory, some confusion and debate still arises with motor vehicle intrusions during a crash.

***Intrusion, including roof: >12 inches occupant site or >18 inches any site** – studies have shown that certain intrusion into where the patient is seated is associated with the force exerted on the patient. A numeric standard of intrusion has been set in order to distinguish the amount of force during the collision, however, different vehicles have stronger cages that resist intrusion in a crash in order to protect the occupant. In addition, vehicles are also being made with intrusion sensors. EMS is especially important in providing the information obtained from the scene during trauma activations.

While this is still a current criteria in trauma activation, studies are being conducted whether or not motor vehicle intrusion is a strong indicator for the use of trauma center resources, as it is typically associated with excessive over-triage.

Any questions, thoughts, ideas, concerns, or feedback in regards to the care of the trauma patient at Waterbury Hospital? Please contact:

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Upcoming Events

Monday, February 3, 2020 @ 13:00
Medical Grand Rounds on CHF

- Medical Grand Rounds is continuing education for our doctors at Waterbury Hospital. It looks like it will be a interesting class, so feel free to join us.

Wednesday, March 18, 2020 @ 18:00
CME—Burns Injury Training

- Jason Bresky, RN CCRN from Bridgeport Burn Center will be giving education and support about the advancement of care for Connecticut's burn patients.