



FrontlineCT Takes Aim at Responder Mental Health

In February of this year, a local Paramedic decided it was time to start a non-profit organization that would respond to the mental health needs of his first responder colleagues.

Dan Skelley, a Paramedic Supervisor with Trinity EMS started *FrontlineCT*, with the goal of helping his peers work through the mental issues that accompany many EMS, Police, Fire and even ED staffers. Along with other board members, they began setting up the organization as a 501c3 non-profit. "We felt it was important that we created the organization the right way from the start", explained Board Member Steve Wilcox. "The non-profit status gives up the ability to raise funds needed to train members of the group". The 501c3 application is currently pending approval. The current Board Members of *FrontlineCT* are; Dan Skelley, Steve Wilcox, Chris Rowe, Kelly McDonald, Beth Szantyr, and John Skelley.

Wilcox too is a longtime EMS responder. He has been working actively as an EMT and Paramedic for the past 21 years and is no stranger to the Waterbury area. He is currently a staff medic with Wolcott Ambulance. He is also nearly finished with his bachelor's degree in psychology. "Helping my brothers and sister first responders is the reason I went to school later in life to get my degree", Wilcox said. "I am passionate about this".

National statistics show that first responders in all disciplines have an increased rate of depression, alcoholism, divorce and suicide which experts attribute to their jobs. Wilcox said that if people in our field have access to peer counselors and aren't afraid to call on them when needed, many can be helped and kept mentally healthy. "The fact

is our jobs present us with many stressful and tragic situations for years. It is normal for humans to react to that trauma", Wilcox explained. "What we want to do is educate responders that asking for help is completely OK and should not be stigmatized". Wilcox explained the overall mission of *FrontlineCT* is the following:

- Peer support to first responders for incidents, substance abuse, family support.
- Educate first responders about short term and long term effects of the occupation.
- Introduce themselves and issues early on in responder's career to help them identify issues that may occur.
- Remove the stigma associated with asking for help.

Peer counselors are people with a responder background who receive accredited and standardized training to work with colleagues to provide mental health support. *FrontlineCT* has received a number of inquiries from responders interested in volunteering for the team. "We've had a people step up to join. We just need to get the funds to send them for training" said Wilcox.

The group's first fundraiser will be held on June 22 at Kinsman Brewing in Milldale at 6:00PM. For a \$25 donation, attendees will receive their first craft beer and unlimited pizza. A portion of the night's proceeds will benefit *FrontlineCT*. Tickets can be reserved by emailing info@frontlineCT.org.

For more information or to make a donation to *FrontlineCT*, visit FrontlineCT.org.



WH offers TECC

Waterbury Hospital Departments of Emergency Medicine and Surgery are pleased to offer the NAEMT Tactical Emergency Casualty Care (TECC) program this summer.

The 16 hour program will take place in both the classroom and in the field over a two-day period.

Nationally Accredited Instructors will lead the course and will be augmented by Waterbury Hospital physicians and surgeons.

To register, please visit blackrocktac.com/tecc. For additional information, please email or visit 833-525-5762 or seth@blackrocktac.com.

The course is open to EMTs and Paramedics.

This course is accredited by CAPCE for 16 hours of continuing education credit and recognized by NREMT.



EMS Friends Gather at Winery

On May 27, Waterbury Hospital hosted our EMS partners at the Hawk Ridge Winery in Watertown for an evening of fellowship and comradery. More than 60 EMS personnel attended the event that featured good food, drink and long overdue in-person conversation.



In the photo: Longtime Woodbury Ambulance EMT Judy Saari and Waterbury Hospital's EMS Liaison Ryan Crichton spend time enjoying the great weather and refreshments.

Naugatuck EMS Responds to a Possible Water Rescue

On May 5, 2021, Naugatuck Fire and EMS along with Middlebury Fire and EMS responded to the Hop Brook Dam for a reported water rescue. The incident brought in plenty of mutual aid partners that included the Region V Dive Team with members from Bantam, Middlebury, Morris, Terryville, and Thomaston. Beacon Hose Fire and EMS was added to the ticket as well. Beacon Hose's fire crews recently just became part of the Region 5 dive team and they had a full crew on scene prepared to jump in and rescue the victim.



Although it was unknown if there was an actual patient, the crews worked extremely well together. Naugatuck Ambulance's crew, Medic Ray Beach and EMT Isabelle Boemmels had Beacon Falls respond in case they needed their Lucas Devise while carrying the patient up the steep dam. The incident ran like a well oiled machine with Assistant Chief Walter Seamen of the Naugatuck Fire Department in charge. He dispatched the appropriate responders briskly and it was determined that the patient was out of reach by first responders. The Connecticut State Police's Dive Team was requested to the scene due to the patient possibly being inside of the dam. Fortunately, no one was ever found but the response and team work is what made this incident so special.

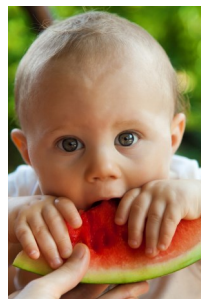
Virtual CME

Pediatric Patient Case Review

June 28 | 6:30 PM - 8:00 PM

Zoom Meeting | Use the link and/or phone number below <https://us02web.zoom.us/j/86057727974>

Meeting ID: 860 5772 7974 +1 646 558 8656 US



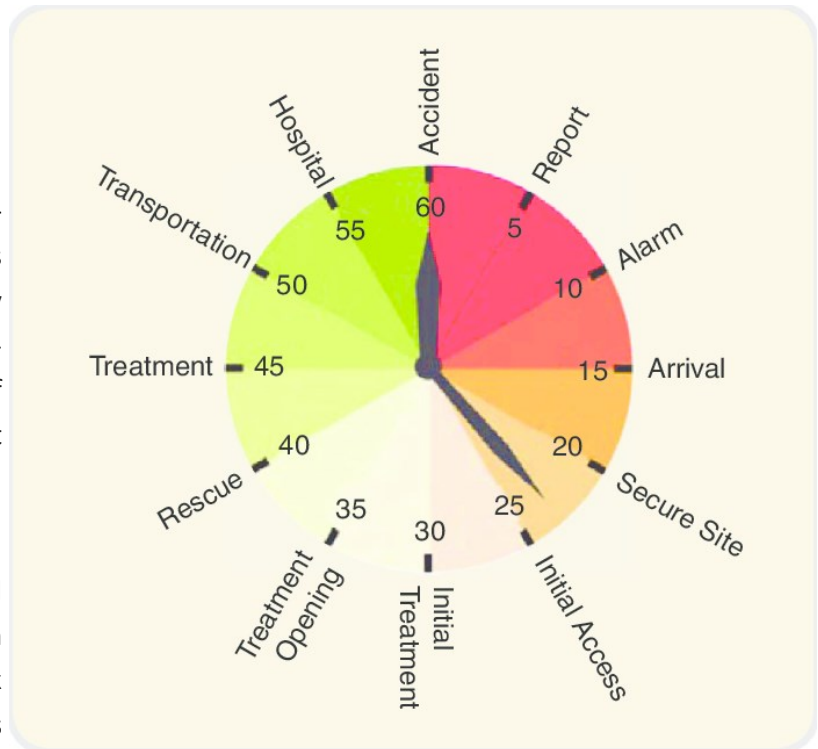
In this session, Dr. Alyssa Sexton, ECHN EMS Medical Director, will present a case on Pediatrics and will allow you the opportunity to discuss how best to approach as a team.

Trauma Time

Motor vehicle accidents (MVAs) continue to be a source of severe injury and death in the United States. In 2019, the National Highway Traffic Safety Association (NHTSA) reported 36,096 fatalities and 2.74 million injuries from MVAs. Emergency crews must work together to balance the priorities of rescuer and patient safety, utilization of resources, tactical decision-making, and patient care in the continued race to bring a patient to a trauma team as quickly as possible.

Crews are encouraged to get patients to critical trauma care within the “Golden Hour”—a term credited to famous University of Maryland shock trauma surgeon R Adams Cowley, MD—which is the first 60 minutes after their injury. The Golden Hour will likely never see a randomized trial, but trauma teams across the nation continue to work to shorten the time patients experience the progressive decline toward death brought on by hemorrhagic injuries and shock.

Despite awareness of the time sensitivity of the severely injured trauma patient, barriers can still occur that add time to the clock. Rescue teams with inadequate resources and training, delays in extrication because of safety concerns, lengthening the extrication time because of needing to modify a rescue plan, lack of preparation to quickly transition from treatment to transport,



and underuse of air medical resources or poor communication from rescue to transport crews can all prolong the time it takes for a patient to reach definitive surgical care and negatively impact the patient’s outcome.

When EMS brings trauma patients into Waterbury Hospital, we typically get a few minutes of pre-notification (average 2-3 minutes pre-notification 37% of the time, 2 -5 minute pre-notification 60% of the time) or no pre-notification and it is called a trauma activation “NOW” 27% of the time. This few minutes helps the team to start to get ready, but a bit more time to prepare would be greatly beneficial to both the team and the patient –

as the team must put on appropriate PPE and prepare specific equipment in the trauma bay if needed.

If you know that you are coming to Waterbury Hospital with a traumatic arrest or an unstable patient, we ask that you send us a notification as soon as possible. The heads up can be given through CMED or just a quick patch so that we can prepared the crews earlier and give the patient the best “golden hour” results.

