

# Civil Unrest in a Pandemic: Lessons Learned from Austin

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No conflicts of interest to disclose

# Preparation

- Special events teams trained in TECC and Rescue Task Force
- Prestaged RTFs for major events
- Comms
  - need encryption
  - Headsets, ear pieces
- Doxing- What is uniform standard?
- Plan for cohorting crews separately to limit transmission
- PPE standard for EMS, AFD, PD
- Embedded medical personnel- ID with tape/chemlight

Intel



- Monitor Facebook Live streams
- Drone feeds



# Operation

- Low visibility is best
- "Street medics"
- Expect COVID on trauma patients
- SUVs/cars better than open Polaris
- Force rehab



# Street Medics

- Training highly variable
- Interaction hit or miss
  - Corridor of safety
  - May be antagonistic
- Help locate patients
- Siphon off preventive care, minor injury and illness



# What if?

- Position is overrun by crowd
- Gas mask donning and doffing with PPE
- Flash mobs
- “I can’t guarantee your safety”
- Cohabitation for long periods
- Sprayed with substances
- Someone on fire



# Prolonged Ops

- Chronic meds
- Not acclimatized
- Hygiene, skin breakdown
- Dehydration
- Overuse injuries
- Energy drinks
- Go bag

# Aftermath

- 2 COVID cases/400 APD officers
- 8 COVID cases among DPS
- 50+ DPS cases among DPS in Austin (500+ troopers, 200 military)
  - Many arrived symptomatic already
- DPS overall COVID count jumped 400%