

Uvalde Texas: School Shooting Medical Response Teams

Eric Epley
Executive Director & CEO, STRAC

Jordan Ghawi

Director of Strategic Initiatives & TX EMTF Task Force Leader, STRAC

Julia Rodriguez
Emergency Medical Director, Uvalde Memorial Hospital



DISCLAIMER

Our discussion today will focus solely on the medical response to the Robb Elementary School Shooting.

We will **not** be discussing the law enforcement response.

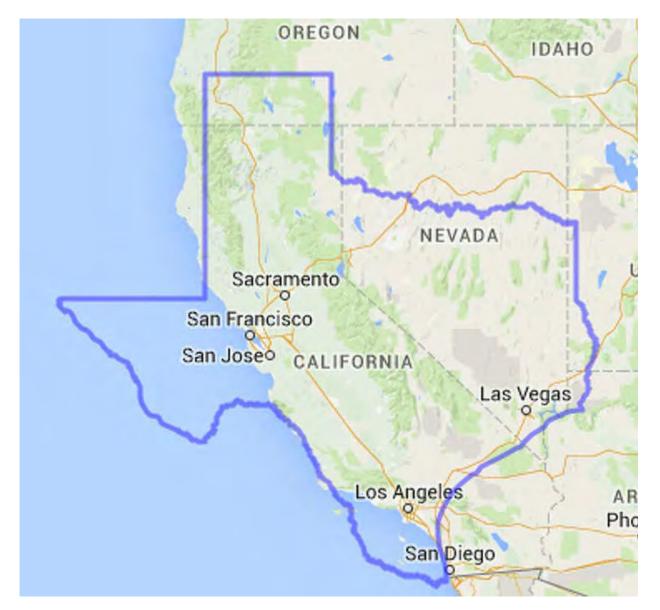


DISCLOSURE

No financial disclosure; no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.



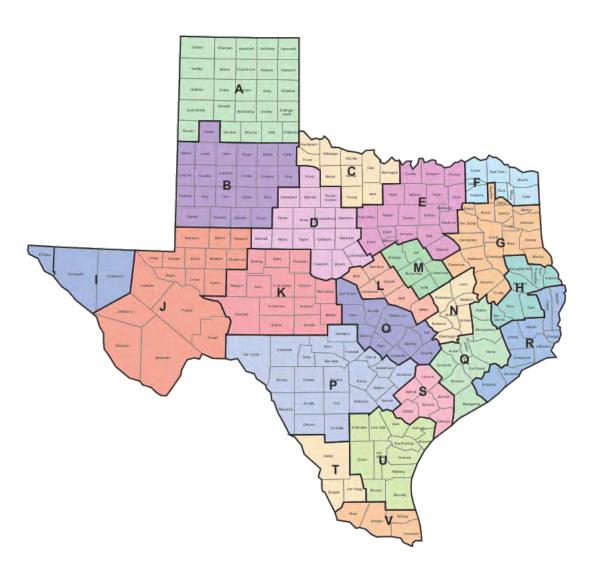
TEXAS IS A BIG PLACE...







REGIONAL ADVISORY COUNCILS

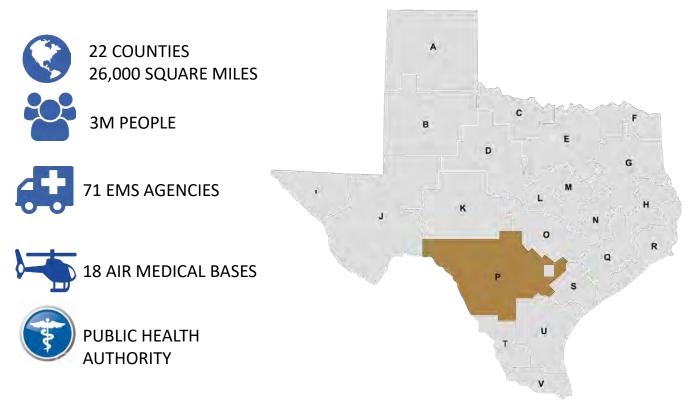


Created by legislature in 1989 via the Omnibus Rural Healthcare Rescue Act

Promote an environment of **coordinated care** between otherwise competitive
organizations to ensure the **right patient** is
cared for in the **right place** in the **right amount of time** and transported by the **right method**.

WHAT IS STRAC?

Mission: To reduce death / disability related to trauma, disaster, and acute illness through implementation of well-planned and coordinated regional emergency response systems.





63 HOSPITALS



2 LVL I TRAUMA CENTERS



16 CARDIAC CENTERS



17 STROKE CENTERS



BEHAVIORAL HEALTH



2022 CHA Disaster Planning Conference

STRAC ORGANIZATION

Acute Care

- Trauma/Cardiac/Stroke
- EMS and EMS Medical Directors
- Air Medical
- Pediatric
- MIH
- Perinatal
- MEDCOM
- EMS EMR
- Clinical Registries

Behavioral Health

- Southwest Texas Crisis
 Collaborative Steering
 Committee
- Law Enforcement Navigation
- Homeless Acute Care
- ER Crisis Transfer
- Social Determinants of Health
- Data Collection

Emergency Preparedness & Response

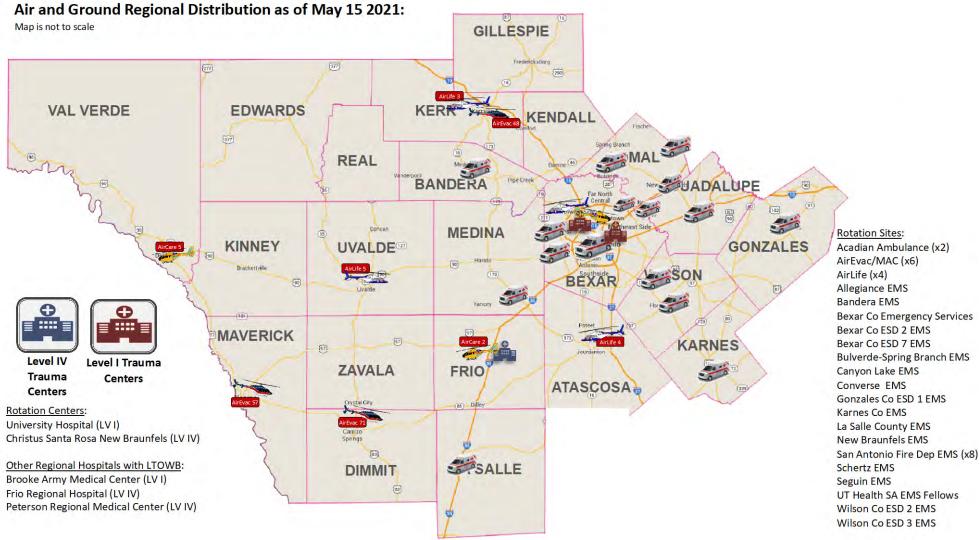
- Healthcare Coalition
- Regional Medical Operations Center
- Rescue Team
- Logistics
- EMTF
- Disaster IT
- Patient Tracking
- AssetTrak



REGIONAL LTOWB PROGAM



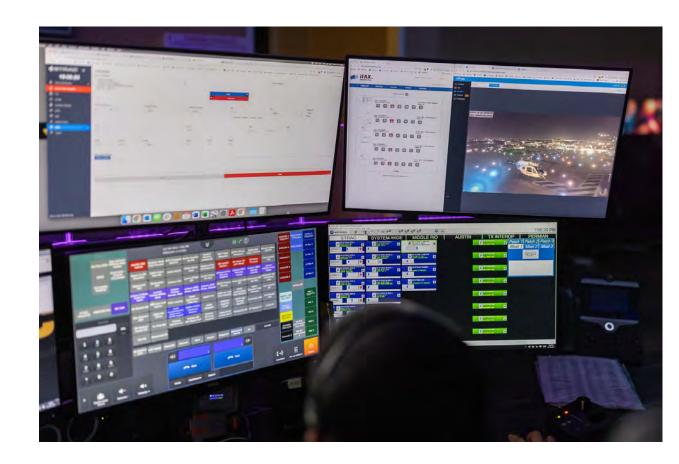
REGIONAL LTOWB PROGAM





MEDCOM (24/7)

- Trauma Transfers
- Air Medical Management
- Trauma Team Paging
- MCI load-balancing
- Navigation of mental health patients via Law Enforcement directly to psychiatric facilities















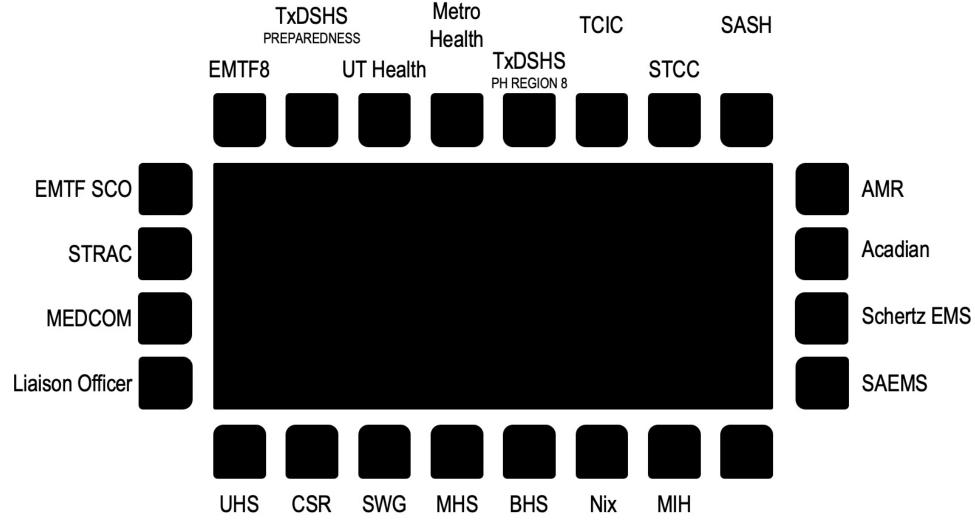
RMOC DISASTER RESPONSE

- Regional Trauma System is the backbone of effective disaster response
- An effective, integrated day to day Regional Trauma System is best way to immunize against MCI
- Functional communications systems used daily, are essential

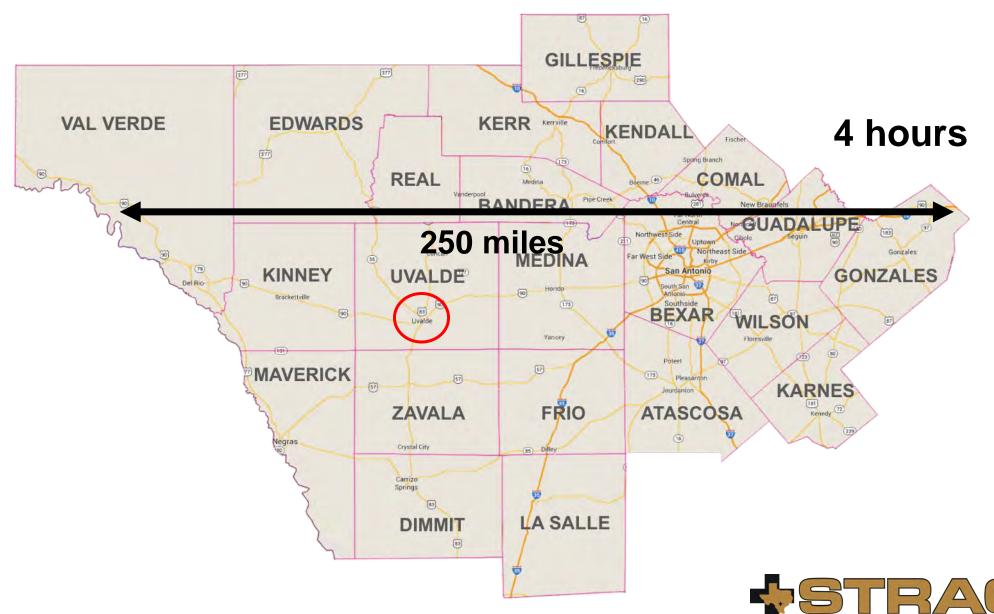




REGIONAL MEDICAL OPERATIONS CENTER (RMOC)

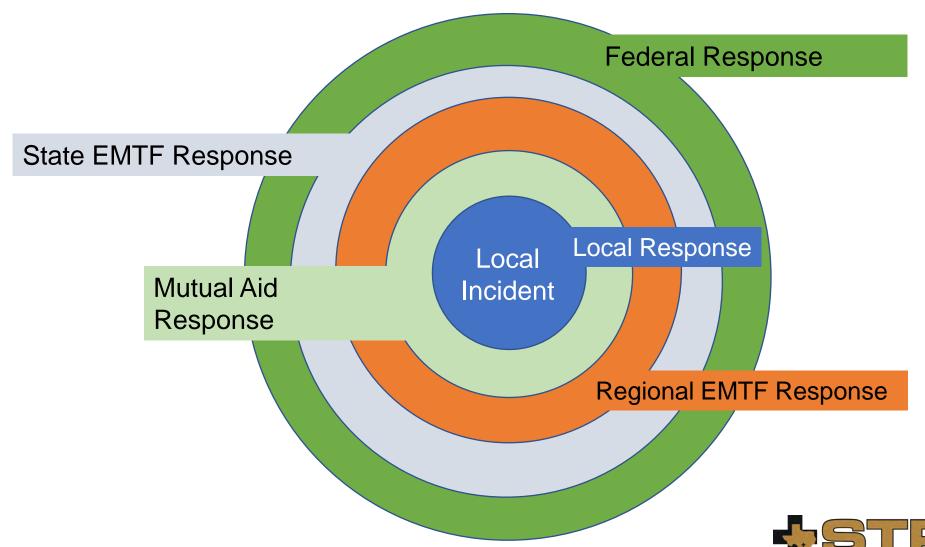


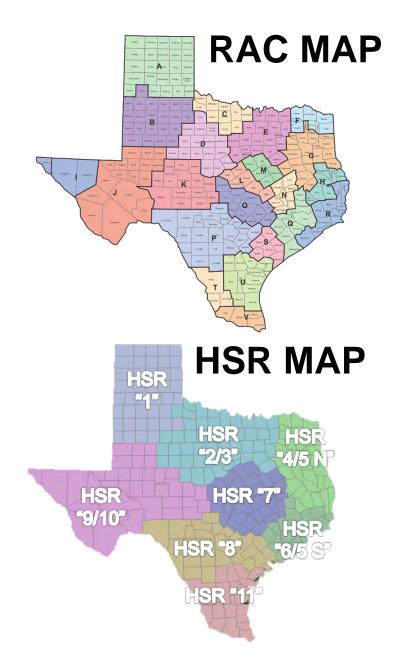


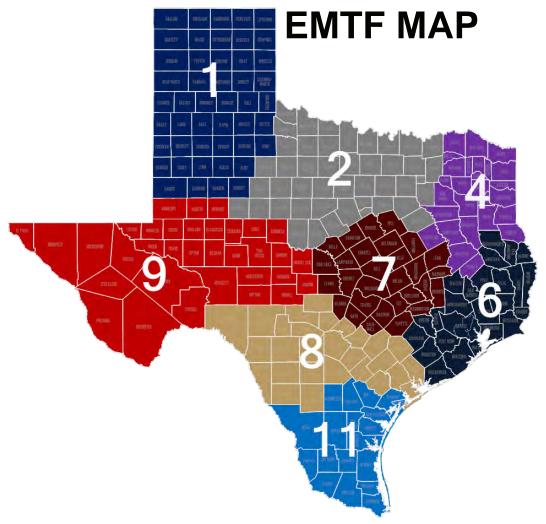


Southwest Texas Regional Advisory Council

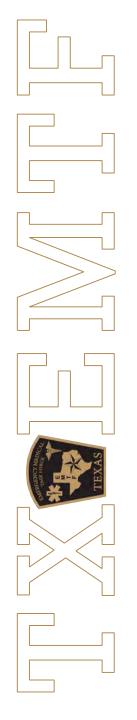
ESCALATING MEDICAL RESPONSE IN TEXAS











- Medical Incident Mgmt.
 Personnel Augmenting
 Operations Centers &/
 Command Posts
- Subject Matter Experts & Leaders in the ESF-8, Health & Medical Arena

Medical Incident Support Team



- Temporary Healthcare Infrastructure that Rapidly Deploys & Provides High Quality Patient Care in the Field
- Deployable Emergency Room with Scalable Teams & Assets

Mobile Medical Unit



 Provide Assistance with Site, Morgue, Victim ildentification & Information Center Operations to Medicolegal Authorities in a Mass Fatality Incident

Mass Fatality Operations Response Team



- Public Safety Logistics
 Subject Matter Experts in
 Staging Large Numbers of
 Assets
- Manges the Staging Site, Mobilization, & Tracking of Activated ESF-8 Resources

Ambulance Staging Mgmt. Team



- Teams of 5 Ambulances with a Strike Team Leader
- Supplemental Medical Transport of Large-Scale Patient Movement Missions

Ambulance Strike Team



- Deployable Pre-Hospital & Hospital Teams Capable of Caring for &/ Transporting a HCID Patient
- PPE Caches Pre-Positioned Across the State

Infectious Disease Response Unit



- Custom Multi-Patient Vehicles with a Transport Capability of 20+ Patients
- Care & Mass Trasport / Evacuation of Injured / III
- REHAB / Force Protection for Responders

AMBUS / MPV



- •Teams of 5 Nurses with a Strike Team Leader
- Augment Nursing Staff Shortages in Disasters that are Specialty Specific (ED, ICU, Burn, etc.)

Registered Nurse Strike Team



- Teams of 5 Air Ambulances with a Strike Team Leader
- Supplemental Medical Transport for Critical and Large-Scale Patient Movement Missions

Air Medical Strike Team





- Dedicated Medical Response & Force Protection Teams & Assets for Firefighters Working Moderate- to Large-Scale Wildland Fires
- Covering the Fireline to Staging & Base Camps to Incident Command Posts

Wildland Fire Support Unit



- Dedicated Medical Support for Law Enforcement Entities During High Risk Incidents
- Specialized Teams of 2 Paramedics / APPs / Physicians & an ALS / MICU Ambulance

Tactical Medic Support Unit















Texas EMTF Memorandum of Agreement



MEMORANDUM OF AGREEMENT

between

LEAD REGIONAL ADVISORY COUNCIL

and

SPONSORING ENTITY

for

EMERGENCY MEDICAL TASK FORCE

1. PARTIES

The Parties to this Memorandum of Agreement ("Agreement") are a Department of State Health Services designated Lead Regional Advisory Council ("Lead RAC") Southwest Texas Regional Advisory Council (STRAC), properly authorized to do business in the State of Texas, and University Hospital-University Health System, as a Sponsoring Entity, hereafter referred to as "Sponsoring Entity" that wishes to participate as a member of the Emergency Medical Task Force ("EMTF").

Entities eligible to participate in the Emergency Medical Task Force Program include:

- a. Pre-hospital Emergency Medical Services Providers
 - Must be a DSHS Licensed Emergency Medical Services Provider or First Responder Organization (FRO).
 - Must meet Texas Department of State Health Services (DSHS) requirements for minimum, lawful staffing per applicable DSHS licensure.
 - iii) Must have at least twelve (12) months of experience providing emergency medical services in the State of Texas.
 - iv) Must maintain a business office within the boundaries of the State of Texas.
 - v) Must adhere and abide by all federal, state and local laws and rules and must adhere and abide by the Texas Health & Safety Code, Chapter 773, Emergency Medical Services and the Texas Administrative Code, Title 25: Health Services, Chapter 157: Emergency Medical Care during the time of its deployment to provide mutual aid in a pending or actual disaster.
- b. Healthcare Facility Clinical Personnel
 - i) Must operate a Department of State Health Services licensed General Hospital.
 - ii) Must maintain a business office within the boundaries of the State of Texas.
 - iii) Must adhere and abide by all federal, state and local laws and must adhere and abide by the Texas Health & Safety Code, Chapter 241, Hospitals and the Texas Administrative Code, Title 25: Health Services, Chapter 133: Hospital Licensing.
- c. Physician and Professional Clinical Groups
 - Must be a business doing business in the State of Texas, providing board certified Emergency Medicine Physicians, Physician Assistants and Nurse Practitioners.

- Over 600 EMS Providers, Hospitals, and Physician Groups have signed the MOA.
- Single, state-wide MOA signed by all TX EMTF Sponsoring Entities.
- Sets up the mechanisms for activation on behalf of the State through a State Mission Assignment.
- Sponsoring Entities have the right to accept or decline an activation request
- Sponsoring Entity personnel deploying on a State Mission Assignment remain employees of the Sponsoring Entity



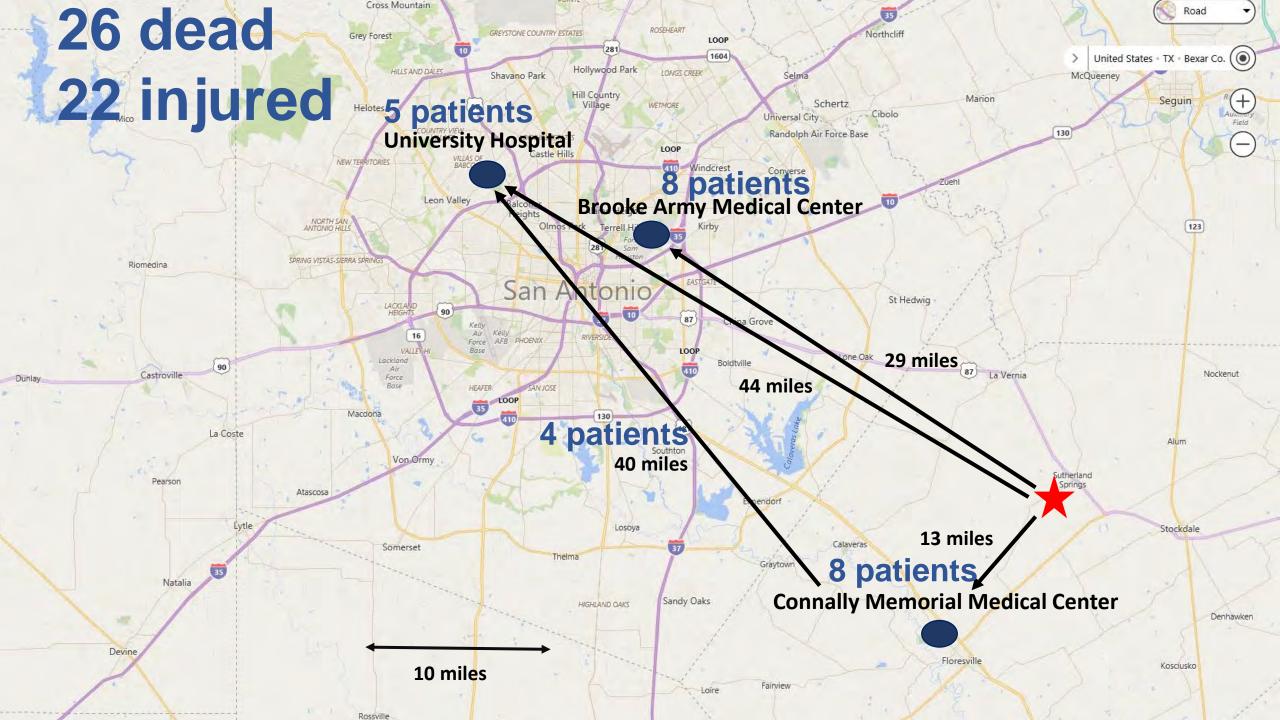
SUTHERLAND SPRINGS SHOOTING



November 5th, 2017

26 dead, 22 injured.





REGIONAL RESPONSE TO THE UVALDE SHOOTING



May 24th, 2022 – 113 days ago



INITIAL NOTIFICATION



- 11:33 Shooter enters school
- 11:36 MEDCOM contacted by Uvalde EMS Chief advising of possible AS at elementary school
- 11:44 MEDCOM notifies STRAC leadership
- 11:48 MIST enroute
- 11:53 Regional notification to all EMS leaders



WHAT DOES REGIONAL MUTUAL AID LOOK LIKE





ON SCENE RESPONSE



UVALDE, TX

Population estimate: 15,217

Population per square mile: 15.8

Persons under 18 years: 28.1%

Ethnicity: 72.5% Latino

Median home value: \$103,000

Median household income: \$41,683

Without healthcare coverage: 18.8%

Persons in poverty: 21%

Language other than English spoken at home: 56.8%

Source: 2020 US Census

https://data.census.gov/cedsci/profile?g=1600000US4874588



LOCAL MEDICAL RESOURCES

Uvalde Volunteer FD

- (1) Full-time paid firefighter on 24 hours a day
- (1) Station

Do not run any EMS-related calls Uvalde PD dispatched

Uvalde EMS

501c3 non-Profit

Runs 911 and transports from Uvalde Memorial

Staffs 3 full-time ambulances

Annual transports 4,000

Uvalde PD dispatched

Alamo Area Ambulance

Backup to Uvalde EMS, Crystal City, and Zavala 2-5 ambulances on per day Dispatched by three different agencies

Uvalde Memorial Hospital

501c3 non-profit
25 in-patient beds
16 ER beds
New facility (3 months old)

AirLife

Bell 407 helicopter
Single patient transport

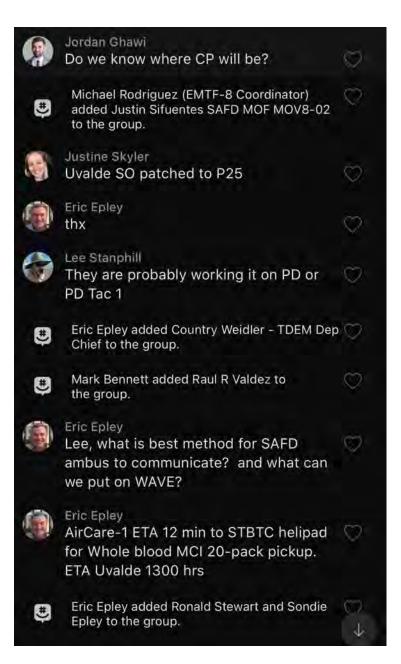




11:44 – MEDCOM notifies STRAC leadership

11:48 – Jordan departs STRAC for Robb





BENEFITS OF ON-THE-FLY COMMUNICATIONS

Regional EMTF Coordinator adds AMBUS Crew-chief

Eric adds Deputy Chief for statewide emergency management

STRAC EP&R Director adds Uvalde hospital emergency manager

LTOWB MCI push-pack

Eric adds Level 1 Surgery Chair





12:46 – Jordan arrives at Robb Elementary

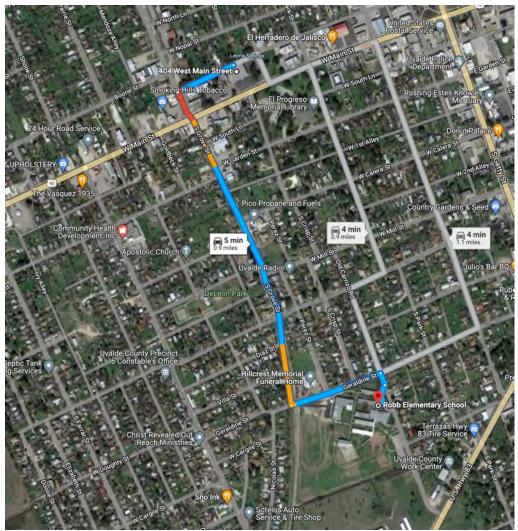
58 minutes after leaving STRAC





STAGING





STAGING (cont.)



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12:50 — Shooter is neutralized



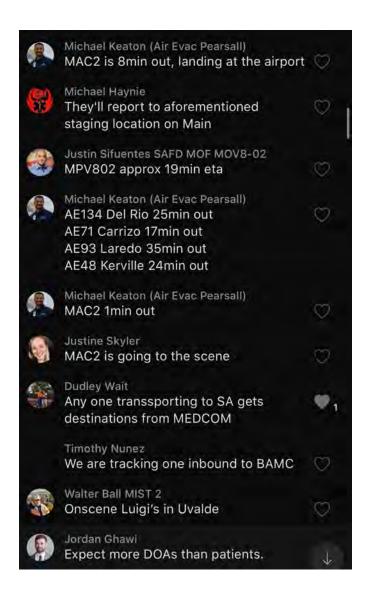








COORDINATION



San Antonio Fire AMBUS

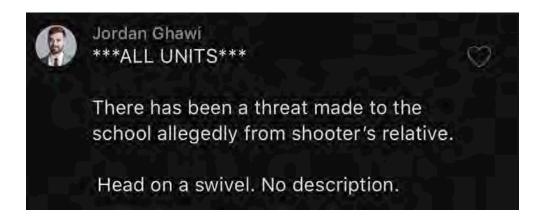
Additional aircraft inbound

MEDCOM ensuring that we are load-balancing patients

Setting expectations



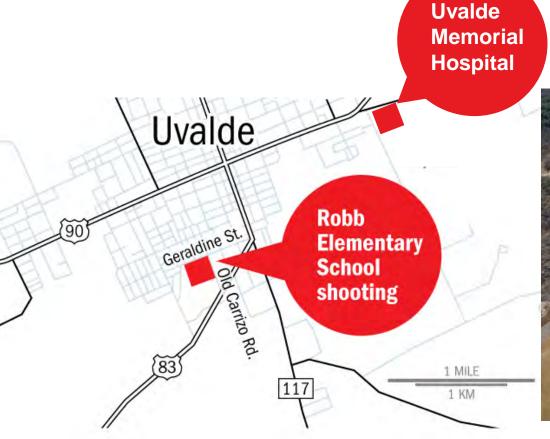
"FOG OF WAR"







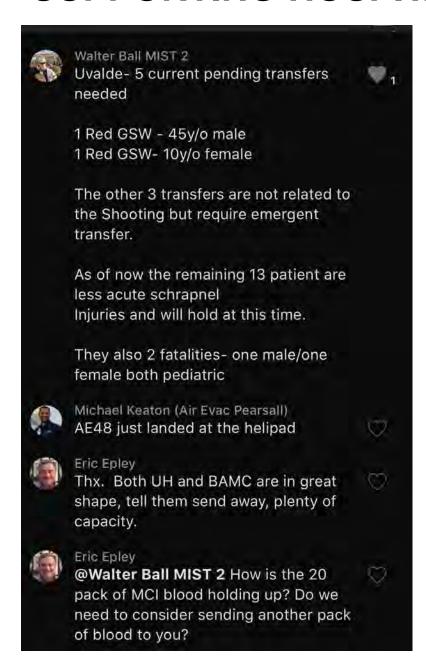
SUPPORTING HOSPITAL



2.1 miles from Robb to Hospital (7 mins)



SUPPORTING HOSPITAL



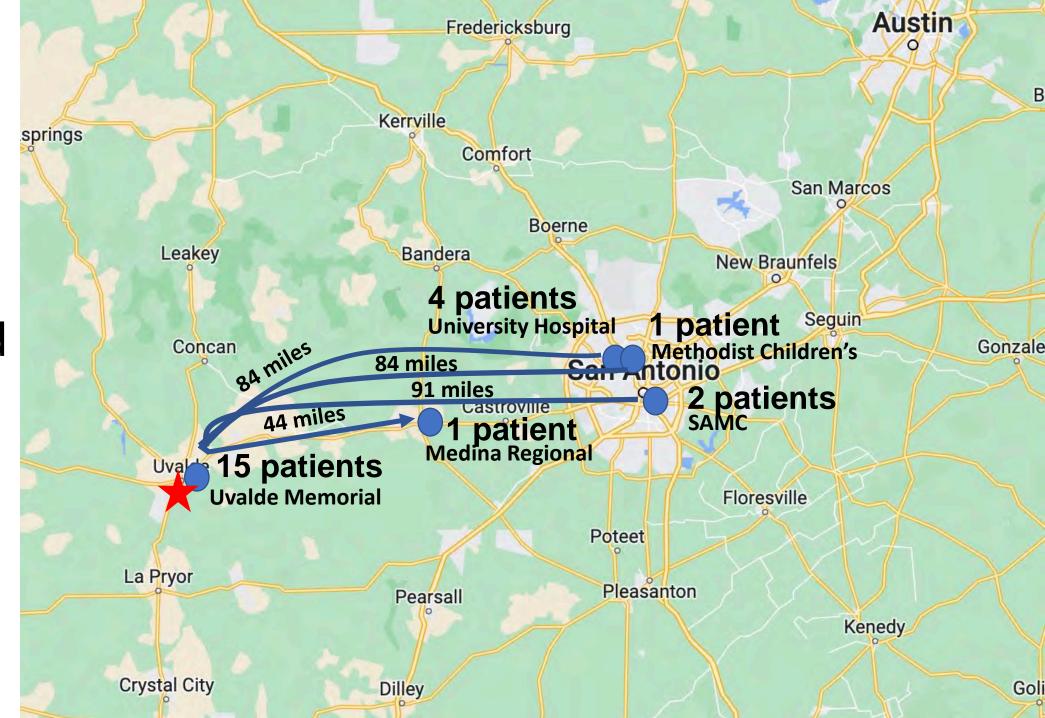
Walter Ball MIST 2

Updated numbers for Uvalde Memorial-30 Patients with 2 Fatalities here at Memorial.





21 dead 18 injured



REPLACING LOCAL EMS COVERAGE







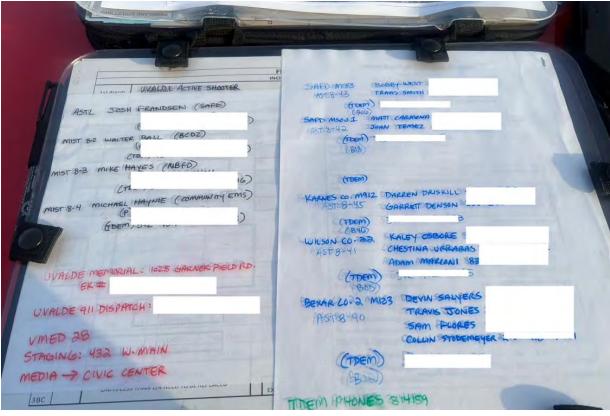
REPLACING LOCAL EMS COVERAGE (cont.)





It doesn't need to be fancy. It just needs to work.





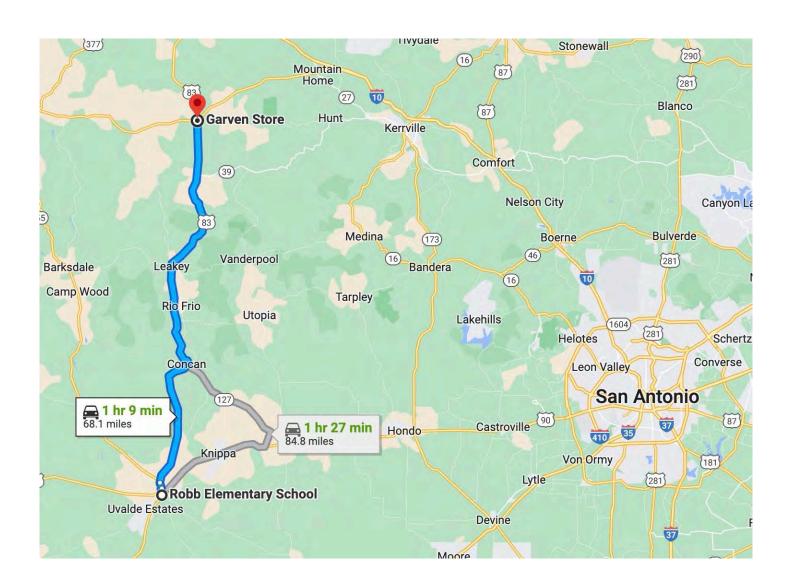




Not sure if its correlation or causation, but you should always find the mustached firemen



MCI WITHIN AN MCI



At 1953, MEDCOM was notified of an MCI in Kerrville.

Released two units from scene to support.

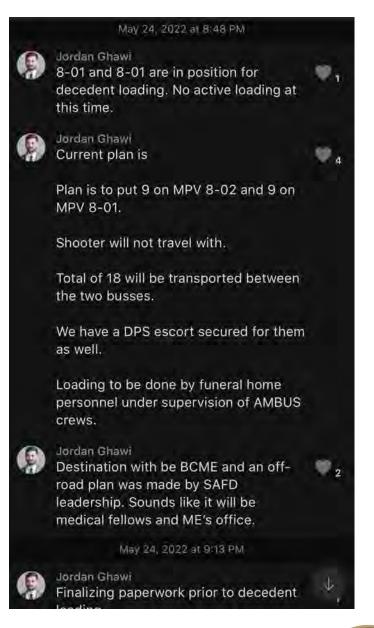
1 DOS, 1 refusal, and 9 transports



DECEDENT CARE

















Uvalde has Tesla police cars? That helps explain why such an incompetent police department can still suck up 40% of the town's budget



7:58 AM · 6/4/22 · Twitter Web App

281 Retweets 14 Quote Tweets 1,349 Likes



LAW ENFORCEMENT SUPPORT







REMAINING 21 DAYS

Funeral home media issues

Family privacy

Requested additional EMTF assets

- 2 MICU
- 2 ASAP
- 1 MMU (graveside)

Governor visits

Allocate (1) MICU and (1) MIST
 POTUS visit

- Allocate (1) MICU and (1) MIST
- Integrate Uvalde EMS into procession and PR

Increase RN Strike Team
Continued media (civilian interaction)
issues

Utilization of MMU at gravesite

 State LE providing security overnight

Additional VIP/Dignitary visits CISD/CISM Teams

Overwhelming

Billeting

Mental Health awareness of EMTF Heat became an issue early

Memorial and gravesite
 Bailouts

Continued ER Support PD dispatch support PD threats

- Home coverage
- Package searches





Disaster Planning

A Hospital
Perspective on the
Robb Elementary
Shooting Response
on May 24, 2022



Uvalde Memorial

Where to Begin?



- ✓ Common misconceptions/barriers
 - ✓ UMH Preparedness prior to 5.24
 - ✓ Hospital Response on 5.24
 - ✓ Post Event Response
 - ✓ Lessons Learned



Common Misconceptions and Barriers

- "We're a small town"
- "It's such a peaceful community"
- ► We do drills...
- ► We're a big hospital...we can handle...
- "It'll NEVER happen here"

- Staffing
- ▶ Cost
- ▶ Turnover
- ► Experience or lack of
- **▶** Training
- ▶ Drills in silos



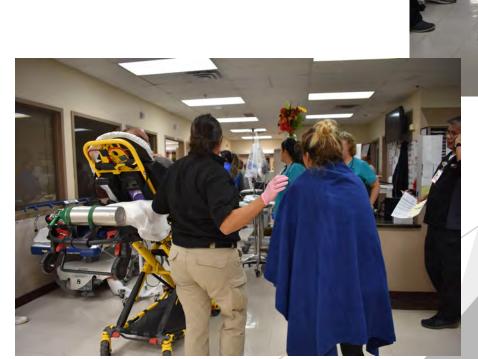
Are We Prepared?

- ► Ready today?
- ► Evaluate your readiness
 - ► Processes/Protocols
 - ► Resources
 - ► Staff training
 - **▶** Drills
 - ► When was the last and how often do they happen?
 - ► What kind
 - ► What resulted/improvements made?
 - ► Who participated?



UMH Preparedness Before 5.24

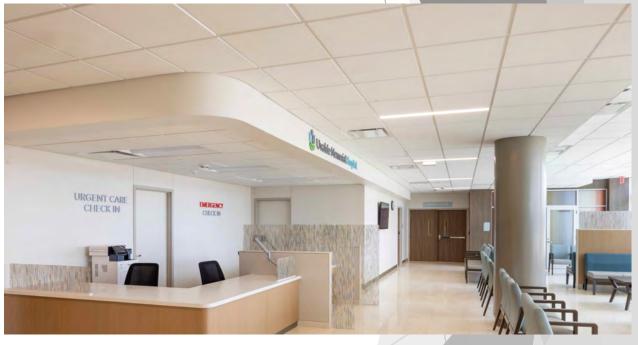
- ▶ Prior MCIs
- Drills- use actual people of all ages
- ► Processes/Protocols
 - ► Internal vs Regional
- ► Staff Training
 - ► Investing in staff
- ► Resources
 - ► Internal vs Regional





UMH Response on 5.24







Response on 5.24







The Aftermath



ELEMENTARY SCHOOL SHOOTING VICTIMS

UVALDE, TEXAS













































Moving Forward





It's a Balancing Act

Loss

Staff Wellbeing

Grieving

Family Wellbeing

Personal Wellbeing

RESOURCES & SUPPORT

Community

Hospital/ Emergency Care



Lessons Learned

- ► Early activation is critical
- ► Incident Command Center
- **▶** Effective communication
- Safety and Crowd Control
- ► Resource management
- ► Communication w/ EOC
- ► Collaboration w/ external resources
- ▶ Designated Care Teams
- **▶** Briefings
- ► Staff response and availability
- **►** Supplies



Lessons Learned (cont.)

- ► Availability of ORs
- ► Intake/Registration
- ► Triage stations
- ▶ Patient identification
- ► Clear roles
- ▶ WebEOC
- ▶ Outcomes
- ▶ Post event debriefing
- ► Post event follow up/counseling
- ► Post event nursing support response
- ▶ Continued assistance







Questions?





Thank you

Eric Epley
Executive Director & CEO
STRAC
eric.epley@strac.org

Jordan Ghawi
Director of Strategic Initiatives & TX EMTF Task Force Leader
STRAC

Jordan.ghawi@strac.org

Julia Rodriguez
Emergency Medical Director
Uvalde Memorial Hospital
j.Rodriguez@umhtx.org

