

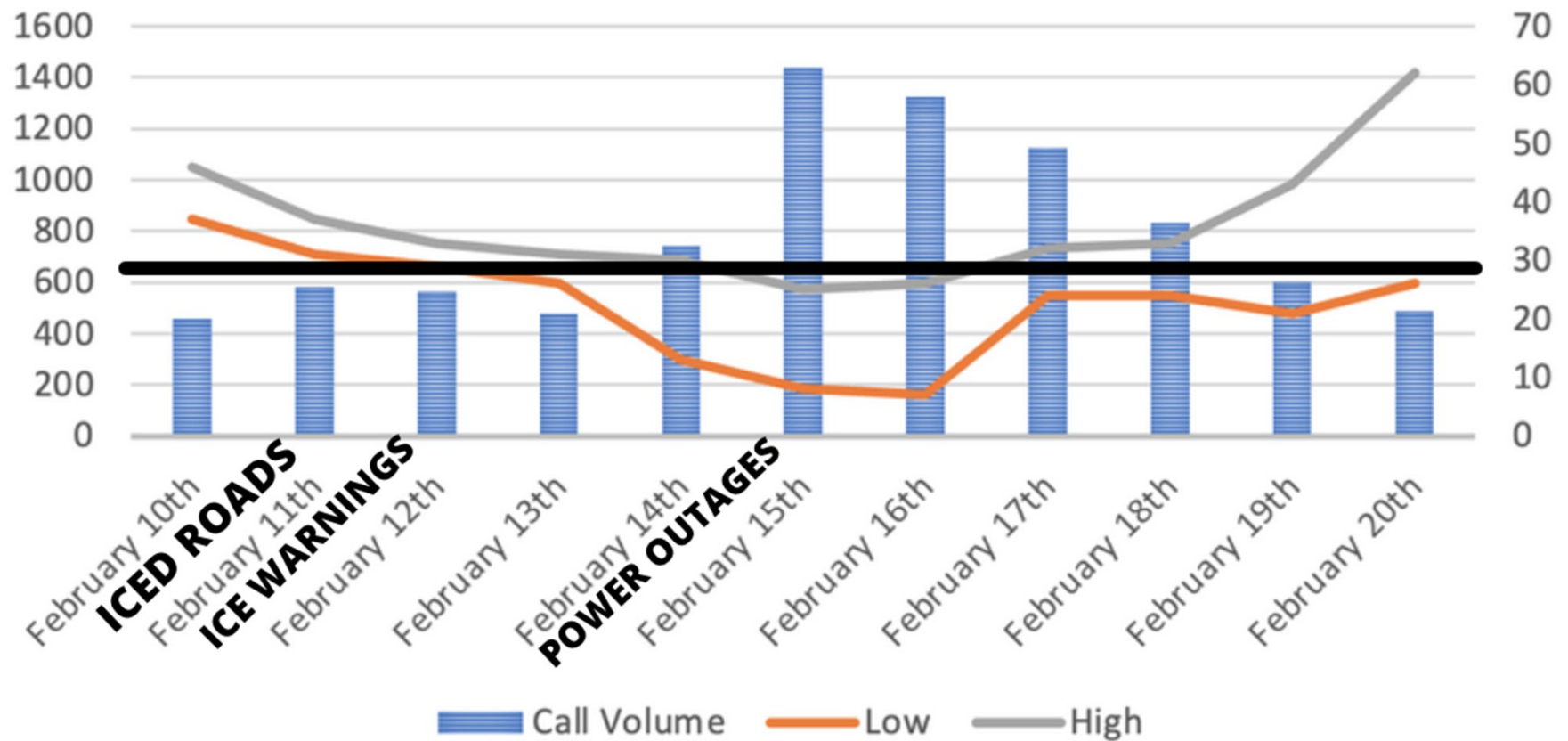
AUSTIN EMS ASSOCIATION WINTER STORM AFTER ACTION REPORT

February 10th - February 19th, 2021

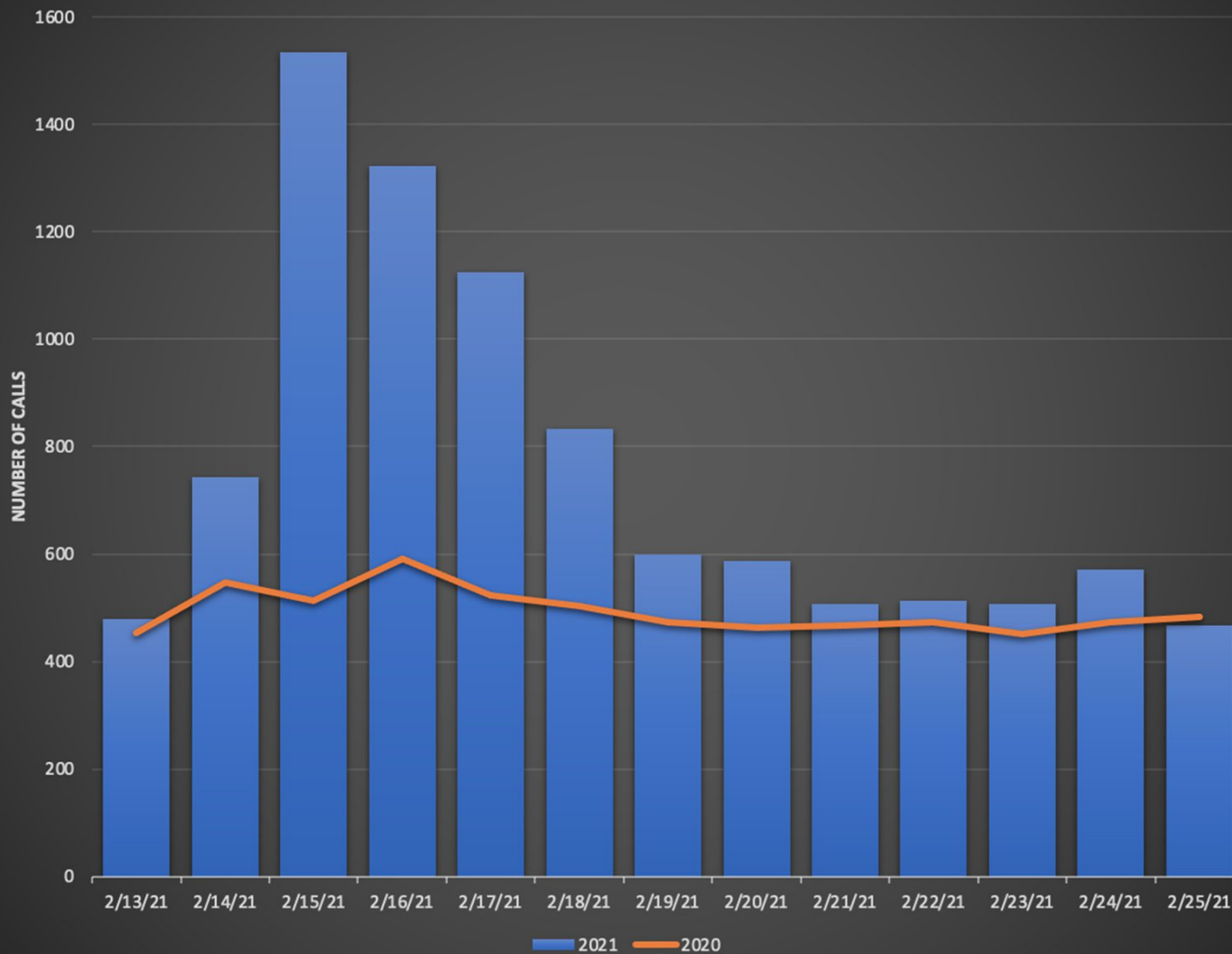
Selena Xie

President, Austin EMS Association

CALL VOLUME / TEMPERATURE



EMS CALL VOLUME COMPARISON BETWEEN 2020 AND 2021



AFTER ACTION REVIEW QUESTIONS

1. When we have our next ice storm, from your experience this time, what should happen next time?
2. What was your experience during this ice storm?
3. What did the Department do well?
4. What could the Department have done better?
5. What did the Association do well?
6. What could the Association do better?
7. Who would you like to shout out for kudos?
8. What advice would you give to a medic who has never experienced an Ice Storm?

AUSTERE CONDITIONS

- 1. Inability for first responders to access patients in ambulances
- 1. O2, dialysis, methadone, and power needs of medically vulnerable patients
- 1. Hospital diversions/closures
- 1. Increased fleet accidents
- 1. Loss of power to critical infrastructure
- 1. Loss of water to critical infrastructure

STRENGTHS

1. C4
2. OCMO response
3. Response alteration
4. Teamwork with FROs
5. Preparation pay
6. Shuttling crews
7. AWACS/dept Communication
8. STARFlight

MEDIC IDENTIFIED CONCERNS

DANGEROUS TRAVELING TO WORK



The Department telling people to "keep trying" when they are stuck or sliding on ice is not acceptable or appropriate or safe. If medics are stuck or can't get to work, don't push them into dangerous situations they are not equipped to deal with that result in long-term damage such as the loss of a vehicle or bodily harm.

IT WAS DANGEROUS DRIVING ON ICE



I sincerely considered letting the truck spin off or even tip into a shallow ditch because the risk of a deadly collision was getting too real.



We were so close to sliding off of roadways and even over guardrails on overpasses (most of which would have ended in our death). We often had very little control over our ambulance. I had a conversation in my head about what my last words would be over the radio

HELD OVER FOR HOURS AND THEN NOT RELEASED



I was never called by my Commander to be released. Once I called at noon asking about an update I was told, 'oh yeah, you should have been released a while ago. Nobody called you?' Exhausting. Got off 6.25 hrs late

NO BREAKS OR FOOD

“

I sat at my Comm console (I was on the radio 3 of the days) taking 1 break a day to go to the restroom feeling guilty the whole time because I knew how much of a strain it put on my co workers to have someone out of the room even for a few minutes.

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I worked 29+ hours on a shift. We were sent LITERALLY all over the city, from far north, to far south, back to back. No food, water, relief, etc. was told we couldn't use hospital bathrooms, yet our station's bathrooms were unusable due to no water. We literally had no relief. We were exhausted, run ragged, with no nutrition or basic needs to be met.

NO BREAKS OR FOOD



I'm female, I peed in the back of the truck into an vomit bag bc it already took 4 hours just to stop the truck and not knowing when I'd see a bathroom. I also had abdominal cramps and opted to swallow the painkillers dry bc I didn't want to consume water.

INVISIBLE EXECUTIVES



We are only a 4 digit number to the department and city. Being expected to run over 30 calls with no breaks and no response from the department



There needs to be more frequent communication from executive to the department about changes and expectations (this event should have had several per day, not one per day starting a few days in).

FELT ALONE AND HELPLESS



We were alone in this. Like i said, individuals made this work. The department stood by silently while we struggled. Not only with work, but we too were going through the same damn struggles at home. It felt like the department didnt care about their own personnel. Just come to work and run calls, who cares if you're without power, food, heat, water, or gas at home. Then the stations power, water, etc started going as well.

RECOMMENDATIONS

DEPARTMENT RECOMMENDATIONS

1. Improve preparedness to cold weather events
2. Improved preparedness to lack of power / food / water
3. More visible executive staff during high profile, multi-day events.
4. Communication
5. Staffing alteration
6. Rest during shift
7. Use all EMS vehicles
8. Modify charting
9. Modified response
10. Treat prolonged incidents like a deployment.
11. 4x4 ambulances.

CITY RECOMMENDATIONS

1. ALL ambulances to be staffed at 12 FTES
1. Create policy that mandates at minimum 45 minute food break every 12 hours
1. Create policy that all Executive staff must spend time with staff (12 hours / month or quarter)

QUESTIONS?

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