



CIVIL UNREST DURING A PANDEMIC: NOTES FROM MINNEAPOLIS

On Monday, May 25, in Minneapolis, George Floyd died after a police officer held his knee on Mr. Floyd's neck for close to nine minutes. On Tuesday, May 26, all four police officers involved in the incident were fired. Cellphone video footage of the death spread quickly, and protests began in Minneapolis, other cities across the U.S., and abroad. ASPR TRACIE's Senior Editor, Dr. John Hick, also serves as an Emergency Medicine Physician for Hennepin County Medical Center, located in downtown Minneapolis. We spoke with him and Seth Jones, Hennepin Healthcare system's Emergency Preparedness Program Manager, to better understand how days of civil unrest affected emergency management, the emergency department, emergency medical services, and the community hospitals, and how this factored into the hospital's COVID-19 response. ASPR TRACIE grouped the challenges and considerations by category in the hopes that the information can help stakeholders with similar planning and response efforts.

Emergency Management

- Two hospital incident command structures (HICS) operated simultaneously—one to manage COVID-19 and the other managed the civil unrest response. Depth in each HICS position developed during the COVID response facilitated the transition of team members to the new HICS.
- Daily regional COVID-19 calls temporarily became civil unrest calls. Plans to quickly ramp up emergency department (ED) and security staff and ensuring staff access to Hennepin County Medical Center (HCMC) were top priorities.
- Highways leading into the city were closed to deter people from entering and to reduce the rapid movement of demonstrators, but this also impacted staff commuting to work.
- Many staff used public transportation to report to work. When the system shut down, HCMC allowed staff to park in a designated lot for free.
- HCMC provided staff food, drinks, and cots. Many staff stayed over the weekend and could take cots to the space of their choosing (while adhering to social distancing guidelines) or a conference room set aside for this purpose.
- Continuous and accurate communication to staff was vital to ensure staff had the information needed to feel safe coming to work during this time.
- The hospital was not damaged, but three offsite locations were. Staff watched via security cameras as these clinics were broken into; one sustained fire and water damage and may eventually be declared a total loss. As they watched protestors demolish and raid one pharmacy, the HCMC Security Operations Center dispatcher announced that the police were on their way over the intercom system. Staff called 911 numerous times but could not get through (capacity could not keep up with call volume). The next day, staff secured the medication at multiple community pharmacies, agreed that life safety was the priority, and made the decision to keep security resources at HCMC's main campus rather than at the community clinics knowing these clinics would be "soft targets" going into the weekend.
- Regional coordination and communication among metropolitan hospitals was strong during the protests and subsequent riots. Past experience (e.g., with the Superbowl and Final Four) and relationships developed over the years, with emergency management from

other hospitals and representatives from other fields, proved to be very helpful. Communication was carried out via text message, as colleagues from local facilities let each other know where protestors were headed and shared other additional information.

- A civil unrest “Coordination Room” was established for metro healthcare coalition partners on a shared virtual coordination platform called “MNTrac.”
- The memorial for Mr. Floyd took place at North Central University. There were rumors circulating about various dignitaries planning to attend (along with thousands of attendees), and high temperatures were expected. Law enforcement, Hennepin Healthcare Security, and EMS were instructed to refrain from wearing identifying clothing and badges, but they worked the event. Because the chapel area was relatively small (and the service was invite-only), other attendees gathered on the street and on a soccer pitch directly across the street from HCMC. The hospital ordered 6,000 bottles of water to a station set up on campus in front of a banner illustrating support for the community. Staff also erected tents outside of the ED to treat people who had heat exhaustion and provide a place for their friends and loved ones to wait while they received treatment.

Hospital/Emergency Department

- Looting and fires contributed to patients reporting with multiple gunshot wounds, injuries from falls, and burns.
- Rubber bullet wounds were very common and included soft tissue, skull fracture, and eye injuries. Issues associated with other riot control agents (e.g., pepper spray and tear gas) were not that common. There was also an increase in patients with stab wounds.
- Admitted 27 patients to trauma service in less than 24 hours the second night of the unrest.
- Intensive care unit (ICU) was full (primarily COVID-19 patients). Needed to “level load” and transfer multiple patients over the weekend to maintain capacity for trauma. This was done using a regional mechanism established for COVID-19.
- Overall ED volume was steady throughout the weekend, with a high volume of trauma and patients delivered via emergency medical services (EMS). There were fewer walk-in patients.
- People fleeing violence on the street sought refuge in two hospitals including a children’s hospital close to the major protest activity. This presented a security challenge; the National Guard eventually provided security at the hospital entryways to prevent this.
- A truck driver who nearly ran over protestors on the freeway was removed from the truck, beaten, and taken to HCMC for treatment. The group of approximately 5,000 protesters originated at the football stadium (which is directly across the street from the hospital), then walked to the highway. After the incident, the crowd returned to the stadium. At the same time, someone announced on local television

Staff really stepped up, as they have been doing for months. We had staff that stayed over the weekend and leadership’s goal was to ensure staff had everything they needed to be as comfortable as possible.

- Seth Jones

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where the driver was taken, potentially endangering HCMC staff and the facility. The hospital's public information officer quickly issued a statement, indicating that the driver had been arrested and released into police custody, and additional crisis was averted.

- The local healthcare coalition maintained communications with hospitals, collected security points of contact, and submitted National Guard-related requests to state emergency management.
- Many surgeons and other on-call staff at multiple hospitals stayed in the hospital to ensure they would be available in case violence around the facility increased.
- Rapid and accurate internal messaging was crucial because the situation changed so quickly. Bringing in the National Guard and implementing the curfew was helpful; when the curfew was announced, staff could choose alternate routes and plan for parking. Once officials realized that some of the "bad actors" were waiting for sunset on the outskirts of town, the governor closed access to the highways and changed the curfew time on the fly. While this undoubtedly prevented criminal behavior, it caught some staff off guard. HCMC encouraged staff to report early, offering them sustenance and a place to rest.
- Maintaining staff morale is important, particularly when multiple incidents occur simultaneously. HCMC has a "warm line" staff can call for behavioral health assistance. Social distancing has changed how some of this care is delivered. HCMC recently opened a wellness center in the library. To encourage self-care and communication, posters ask staff to share what they are using (e.g., movies or television shows) to get through this challenging time.

EMS

- The use of drones and lasers posed multiple problems for medical helicopters; patients had to be diverted from several hospitals for days, and night operations were curtailed into most of the metro hospitals.
- At first, EMS and fire personnel did not have adequate law enforcement protection; extracting injured protestors was challenging at times. Having the National Guard ride with them made a significant difference.
- Access to care was challenged when all city transit was halted; EMS call volumes increased during the same period.
- EMS ambulance strike teams (AST) helped evacuate patients in a behavioral health unit at a hospital located close to the demonstrations due to concerns about windows being broken and stress associated with being able to directly view civil unrest.
- EMS ASTs were used on several occasions to cover primary response areas for stretched primary agencies.
- Some protestors set fires and brought related tools to facilitate this crime. Many strategically relocated dumpsters and large residential garbage cans and set them on fire, creating fiery roadblocks that blocked EMS and fire response.

- There was concern that criminal activities would target hospital infrastructure; the National Guard and other state law enforcement personnel were assigned to protect select infrastructure.
- Pharmacies across the city and in adjacent suburban areas were looted, creating an access challenge for residents. Many pharmacies in the severely affected areas remained out of service for days.
- A law enforcement coordination center that included EMS was established for the first time; this was significantly different from traditional models.
- A dedicated hailing talk group was set up on the radio system to facilitate EMS-law enforcement communication.
- EMS personnel frequently wear body armor and were sometimes mistaken for law enforcement personnel. Better labeling of the back of the vests could help this in future events.

COVID-19

- Masks were handed out at protests. Most protestors wore masks but were tightly clustered for extended periods of time.
- Many responders generally did not wear masks, including in the command center. All National Guard personnel were tested for COVID on demobilization.
- The city plans to increase availability for COVID-19 testing, particularly in communities of color following the protests.
- Healthcare facility access controls were already in place for COVID-19; many facilities implemented additional controls and occasionally sheltered in place.
- Supplementing EMS personnel was more difficult than usual due to staff off due to COVID-related quarantine.

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We have a very close relationship with our community; if it wasn't for COVID-19, city residents would have normally been welcomed in our hospital to get a break from the heat. But we had to stick to the no-visitor policies we established to prevent the spread of the disease.

- Seth Jones