

Public health education: The use of unique strategies to educate the public in the principles of the Hartford Consensus

by Richard H. Carmona, MD, MPH, FACS
17th U.S. Surgeon General



The devastating events of September 11, 2001, have been a disruptive force that has challenged our nation to appreciate our emergency response systems and their strengths and deficiencies. Since 9/11, billions of dollars have been spent on educating, training, and equipping our first responders in the new world order of “all-hazards preparedness.” The Department of Homeland Security emerged, which sought to coordinate the needed multidisciplinary approach to prevention, response, mitigation, and recovery from all-hazards threats to the U.S. We as a nation are more prepared and better equipped than ever in our history, but major gaps still exist.

In a nation of approximately 320 million people, most of us do not understand the complex array of potential threats that we face daily. We face active shooter threats, emerging infections, man-made and naturally occurring disasters, and terrorism-related events; a poorly informed and uneducated public is a liability, as well as a loss of a potentially essential response asset. We do know that during a disaster, citizens will immediately respond and volunteer to assist the professional responders. The Hartford Consensus recognizes the need to tap the resources of the public’s spontaneous volunteers during an active shooter event to reduce morbidity and mortality, especially with regard to preventable death from hemorrhage. Although active shooters are but one threat under the umbrella of the many all-hazards threats, the active shooter threat serves as a much needed nidus from which to begin to educate and coordinate the public as an essential immediate responder asset.

A brief history of civilian volunteer response

The challenge of harnessing the public’s inclination to spontaneously volunteer during a catastrophe goes back thousands of years to the beginning of

organized society itself. Because history is said to be the prologue to our future, it behooves us to understand and learn from the past attempts to harness the public’s energy and capability during a crisis. For example, from the early U.S. colonies up to even today, most firefighters have been trained civilian volunteers. In fact, from this volunteer group, Benjamin Franklin started the first paid fire brigade in 1736.

Over the past two centuries, in peace and in war, individual and numerous nongovernment and government organizations have been created to take advantage of immediate volunteers during large-scale emergencies. These groups include, but are not limited to, civil defense programs of the Cold War and the Red Cross, Citizen Corps, and National Disaster Medical System. After 9/11, the Medical Reserve Corps (MRC), part of the Citizen Corps, was created by a Presidential Directive charging the surgeon general to create a national model to recruit, organize, educate, and train civilian volunteers nationally to assist their communities not only to meet daily health-related needs but also to be able to “surge” during an emergency to supplement the professional responders. Today there are more than 1,000 MRC teams nationally, with more than 250,000 volunteers.

The challenge before us

The increasingly complex all-hazards threats that we face as a nation—from active shooter events to severe acute respiratory syndrome and avian flu threats to Hurricane Katrina and many other catastrophic events—sometimes defy our geopolitical borders. It is now apparent that we must educate and train members of the American public to ensure that they know how to protect themselves and how to act immediately and independently during the active shooter events that

153

It is now apparent that we must educate and train members of the American public to ensure that they know how to protect themselves and how to act immediately and independently during the active shooter events that have been characterized by the Hartford Consensus group.

have been characterized by the Hartford Consensus group. The basic essential skills that we recommend to the public for active shooter events will also prove to be essential for other catastrophic all-hazards events facing our nation.

Skills needed for immediate responders to an active shooter event

The skills needed by a civilian immediate responder are simple but need to be executed in a complex, evolving, and sometimes unsecure environment. The immediate responder first should understand the threat of the active shooter and how law enforcement will tactically try to eliminate that threat. Immediate responders must be aware of their own safety and that of the injured. Without a thorough understanding, the immediate responder could become a liability or, worse, yet another casualty. First and foremost, the immediate responder must listen to direction from professional first responders as they arrive on scene.

The goal of the immediate responder is to stop exsanguinating hemorrhage by the simplest methods available, beginning with direct pressure and including the use of tourniquets when needed. The patient should be moved as soon as possible to a place of relative safety so as to prevent further injury.

The immediate responder, as soon as feasible, should notify professional emergency medical services responders so an assessment of the patient and first responder care rendered can be done, adequate triage can begin, and transport to definitive care can be prioritized. These steps are summarized in the Hartford Consensus THREAT acronym: Threat suppression, Hemorrhage control, Rapid Extrication to safety, Assessment by medical providers, and Transport to definitive care.

Educational theory, perishable skills, competency, and certification issues

A large body of academic information exists regarding educational methods and how best to retain perishable skills so that they will be clinically effective. We also have decades of precedent with the Red Cross' and American Heart Association's cardiopulmonary resuscitation (CPR) training and retraining of civilians. One of the most important variables in preventing death from out-of-hospital cardiac arrest has been clearly demonstrated to be well-trained immediate responders who have had CPR training and immediately institute CPR as bystanders. If not for this critical link, definitive cardiac care would not be effective, and lives would be lost. An analogy can be made with the immediate responders' stopping exsanguinating hemorrhage to stabilize a patient in preparation for lifesaving definitive trauma care.

As the public becomes engaged and is educated and trained in how to stop exsanguinating hemorrhage, we must ensure that there is continuing education and training to prevent these essential skills from perishing, because immediate responders may never actually use these skills in a crisis. First responders with this knowledge are a critical link in our survival chain and must always be prepared, just like individuals trained in CPR.

Periodical assessment of competency in the hemorrhage control skills needed is also essential not only for ensuring that quality care is being rendered, but also to make sure that the Department of Homeland Security fully understands and categorizes this immediate responder asset in our national response framework. The issue of how best to ensure the currency and competency of all immediate responders requires more discussion by our thought leaders in this area.

Developing health literate and culturally competent content for this immediate responder curriculum, as well as a national distribution network functioning at the community level, is critical to the dissemination and rapid incorporation of this Hartford Consensus model in our national response culture.

The CPR model has matured over decades and, at a minimum, can inform this discussion. In addition, Israel has a very mature and robust immediate responder model in which most citizens are prepared to serve as immediate responders; we can learn from our Israeli colleagues.

The path forward

Educating the public, the media, first responders, and medical and public health organizations is essential to ensure the need for an engaged, educated, and well-trained public to become an immediate responder asset when and if needed.

Developing health literate and culturally competent content for this immediate responder curriculum, as well as a national distribution network functioning at the community level, is critical to the dissemination and rapid incorporation of this Hartford Consensus model in our national response culture. Many national, public health, and responder-related organizations with missions that include, or are comparable to, the Hartford Consensus recommendations represented by the acronym THREAT already exist.

One national organization that comprises more than 250,000 civilian volunteers distributed to more than 1,000 communities in the U.S. and its territories is the MRC, whose mission is to enhance community health and preparedness. The MRC's work with local first responders, their respective national professional organization, and possibly the National Guard and Reserve units could constitute an already mature content distribution network with subject matter experts already available in communities nationwide.

The unprecedented and increasingly complex all-hazards threats, such as active shooters, with which our nation continues to be challenged require

innovation and a public and private commitment to use all available resources to reduce morbidity and mortality. The Hartford Consensus group, which comprises national subject matter experts with the assistance of numerous professional organizations and the support of the American College of Surgeons, has advanced a thoughtful and well-informed set of recommendations to educate and train the public while strengthening our national response network.

We should move with the utmost haste to implement these recommendations because our very lives may depend on it. ♦