

Strategies to enhance survival in active shooter and intentional mass casualty events

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This compendium, *Strategies to Enhance Survival in Active Shooter and Intentional Mass Casualty Events*, has been developed to provide evidence to support techniques that will enhance survivability from active shooter and intentional mass casualty events. This publication was created in response to the Presidential Policy Directive aimed at strengthening the security and resilience of the U.S. through a collaborative effort to be prepared for threats to the security of the nation and its citizens. The national preparedness goal reflects policy outlined in National Security strategy, Department of Homeland Security Presidential Directives, and National Security Presidential Directives. A component of preparedness is ensuring that there is a comprehensive, fully integrated system to manage the victims of active shooter and intentional mass casualty events. The most common cause of mortality from these events is hemorrhage. This compendium focuses on the response of the government and the private sector to implement methods that will decrease death due to uncontrolled bleeding.

The compendium is the result of meetings convened by the National Security Council, as well as other government agencies and private-sector organizations. A number of roundtable meetings were convened by the National Security Council to educate and generate a discussion from more than 50 organizations representing organized medicine, emergency medical services, fire/rescue services, law enforcement, organized nursing, and others involved in responding to injured citizens. The compendium is designed to be an educational platform for organizations interested and involved in the management and care of injured victims, as well as organizations that may be at risk for active shooter and intentional mass casualty events.

The Hartford Consensus documents contained in the compendium represent the deliberations of the Joint Committee to Create a National Policy to Enhance Survivability from Active Shooter and Intentional Mass Casualty Events. The committee was founded by the American College of Surgeons in collaboration with the medical community and representatives from the federal government; National Security Council; U.S. military; Federal Bureau of Investigation; and police, fire, and emergency medical organizations. Other organizations that are committed to providing emergency medical intervention, such as the American College of Emergency Physicians, have been invaluable in developing the agenda of increasing survival from these events. Members of the American College of Emergency Physicians played an important role in the deliberations. The Hartford Consensus document presents a call to action that no one should die from uncontrolled bleeding.

The Hartford Consensus members recognized that active shooter and intentional mass casualty events require multiple responders from different agencies with different organizational structures and lines of authority. These differing structures can result in unclear lines of command and delays in effective therapy. Furthermore, different organizations have different missions. The right organizations with the right missions must be in place for effective management. These complex organizational interactions are not problematic in non-life-threatening nonemergency situations. However, when victims are actively hemorrhaging, extreme clarity of mission and immediate coordinated actions are required.

The Joint Committee to Create a National Policy to Enhance Survivability from Active Shooter and Intentional Mass Casualty Events includes representation from the federal government, fire/rescue and

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emergency medical services, the military, and hospitals. Early on it became obvious that the groups represented would have to modify, relinquish, or assume new responsibilities to achieve the goal of increasing survivability. All three of the Hartford Consensus documents reflect the spirit of compromise from these multiple agencies and jurisdictions. The recommendations from the Hartford Consensus have been well received.

This compendium reflects statements from the stakeholders involved in the process. It contains discussions with supporting evidence from the U.S. Department of Homeland Security, the Federal Emergency Management Agency, and the U.S. Fire Administration. The 17th Surgeon General has commented on the use of unique strategies to educate the public in the principles of the Hartford Consensus. The medical director of emergency medical services of the Federal Bureau of Investigation has outlined the continuing threat from intentional mass casualty events in the U.S. The role of medical response by law enforcement has been delineated. Lessons learned from military experiences and how these lessons should be applied to the civilian sectors are discussed. The use of equipment and devices that are essential to stop life-threatening bleeding is described. The implications for prehospital emergency hospital systems and their role in intentional mass casualty events, along with the importance of educating professional responders and the public, are discussed. Finally, an example of how a state has implemented the directives of the Hartford Consensus is outlined.

The complexity and diversity of a country as large as the U.S. represents a significant implementation challenge. However, it is the intent of this compendium to assist the Presidential Policy Directives in strengthening the security and resilience of U.S. citizens. It is through these coordinated responses involving the public and organized service personnel that we can enhance survivability from active shooter and intentional mass casualty events. ♦

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