

Hartford consensus aims to improve survival after mass shootings

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In early April, senior leaders from medical, law enforcement, military, and fire/rescue agencies met in Hartford, Connecticut, to discuss one question: how can first responders improve survival after a mass casualty event?

The preliminary results of this discussion are now available in "[Improving Survival from Active Shooter Events: The Hartford Consensus](#)," a concept paper published in the June issue of the Journal of Trauma and Acute Care Surgery, official publication of the [American Association for the Surgery of Trauma](#).

Dr. Lenworth Jacobs, lead author of the statement, brought together fellow surgeons and representatives from the FBI, the military, the Dallas Police Department, the National Association of Emergency Medical Technicians, and the International Association of Fire Chiefs for a one-day conference on April 2, 2013. The meeting was held at Hartford Hospital, a Level I [trauma center](#) where Dr. Jacobs serves director of trauma and [emergency medicine](#). Hartford Hospital is located less than 50 miles from Newtown, CT.

"Active shooter/mass casualty events are a reality in modern American life," the statement reads. The authors note, however, that police, EMS, and fire/rescue responders are often working from different scripts when responding to a mass shooting event, such as in the cases of Sandy Hook or Aurora. "The purpose of this document is to promote local, state, and national policies to improve survival in these uncommon, but horrific

events."

Focus on the victims

Mass shooter incidents are unique in that they resemble combat situations, the authors note. But while military [rescue operations](#) are typically carried out according to established protocol, in civilian shootings, multiple responders with variable operating procedures are often thrown together. The Hartford Consensus aims to establish the groundwork for an integrated first-responder plan.

The authors note that optimal care of victims requires a shared, common terminology used by first responders across specialty. As a first step, the authors propose an acronym-based mnemonic—termed "THREAT"—to describe critical actions: threat suppression, hemorrhage control, rapid extraction, assessment, and transport.

Taking its cue from lessons learned in military settings, the statement emphasizes that bleeding control for victims at the scene is a vital element of response, and one that should not be overlooked during law enforcement attempts to neutralize a shooter. The consensus recommends extending hemorrhage-control techniques as a core requirement of [law enforcement](#) training.

Finally, local coordination of resources is key to efficiently moving patients from the scene of a shooting to a hospital. "Using existing tactics and evolving trauma concepts, the means of improving survival already exist, but have been underutilized," the statement reads, "Now is the time to apply these lessons to active shooter events."

"[The Hartford Consensus](#)" is available online at the [Journal of Trauma and Acute Care Surgery](#).

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