

A PRODUCT OF OUR TIME

Brigadier Tim Hodgetts explains the citizenAID initiative, designed to help the public save lives after shooting, bombing or stabbing attacks

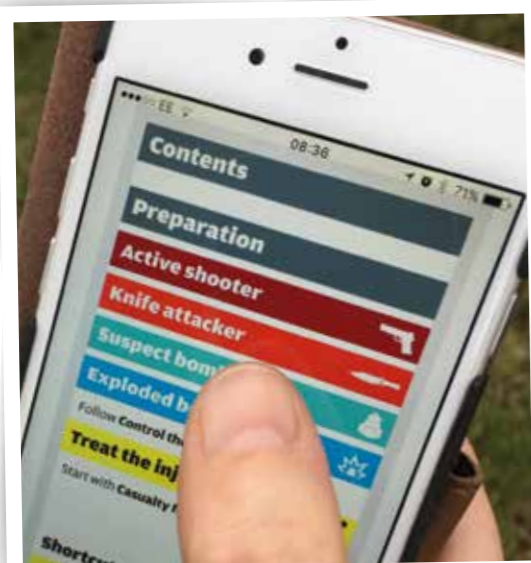
In November 2016, the RCSEd gave its support to the launch of the citizenAID initiative to improve public resilience to save lives in the aftermath of a deliberate attack. This was to prove a timely intervention, given the series of subsequent attacks in the UK throughout 2017. This article provides the history behind the citizenAID initiative, its early implementation, and the plans for spreading the message of preparedness nationally and internationally.

It is perhaps difficult to accept that terrorist attacks in the UK have become frequent enough to demand that as individuals we prepare for the unlikely but not impossible event we are caught up in one. In parallel, healthcare professionals must recognise that we have a responsibility to support dissemination of information and



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The citizenAID app gives step-by-step guidance on dealing with emergencies



skills that improve public health through effective immediate action when confronted with serious injury. Public health has undoubtedly benefited from a sustained campaign to teach how to manage an ischaemic cardiac arrest. But if we are to instil within a similar critical mass of the public the culture of a consistent and effective response to serious injury, it demands a compressed timeline. The threat is existential. Can we really wait for this capability to build over the next 10 or 20 years?

War provides a rich ground for medical advances. It is a paradox, but one that has been exploited repeatedly throughout history. In the ensuing peace, advances spread to civilian practice. Recent conflicts in Iraq and Afghanistan are no different in this respect. A host of advances in the management of the critically injured have already been transferred to pre-hospital and hospital care within both the UK NHS and third-sector medical charities.

What has been missing in the context of deliberate attack is transfer of military medical know-how and skills to those who are at the scene when the incident occurs. Professional help from healthcare responders will be predictably delayed when there is an active security threat. The only people who can make a difference, in particular to arrest life-threatening external bleeding, are those who are already there. The public. This is the rationale for citizenAID.

The concepts that underpin citizenAID are grounded in the reality of experience of managing multiple-casualty incidents and have been



tested over the last 20 years. The catalyst can be traced to the terrorist bombing of Musgrave Park Hospital, Belfast, in 1991. This was one of the principal motivational drivers behind the development of the Major Incident Medical Management and Support (MIMMS) course, which established itself progressively as a national and international standard from 1993.

The seven 'all hazard' principles of MIMMS (Command, Safety, Communication, Assessment, Triage, Treatment, Transport) were distilled in 1998 to create an even simpler approach for every British soldier within 'battlefield casualty drills'. This is 'Control then ACT' (Assess, Communicate, Triage), which is accompanied by a series of treatment drills that have been serially refined through operational experience, but the structural approach has endured. It has become the first step in the military chain of trauma care

that has proven exceptional and unprecedented clinical outcomes, and has assured the importance of a systematic approach to multiple casualties within military culture. This deep experience is transferred within citizenAID.

The national police programme for reaction to a firearms or knife attack is known as Project Griffin and began in 2004. It has passed on valuable preparation advice to 'Run, Hide, Tell' in such incidents to a swathe of industry, with more recent communications campaigns more overtly drawing the general public's attention to the advice. The National Counter Terrorism Security Office is now spearheading a campaign

“ citizenAID aims to empower the general public with a generic response to attack ”

to deliver the message to children aged 11–16 years in the ACT for Youth initiative (Action Counters Terrorism). In parallel, the British Transport Police have a prominent campaign to encourage the public to report anything suspicious on the rail network using 61016 as a dedicated text number – 'See it, Say it, Sorted' can be heard every few minutes at all railway stations.

citizenAID is wider than these focused campaigns in a number of ways. It aims to empower the general public with a generic response to any threat that causes multiple casualties from a deliberate attack. The first version of the free public app, released at the beginning of 2017, allows selection from 'Suspect bomb', 'Exploded bomb', 'Knife attack' and 'Active shooter'.

Events in mainland Europe and UK have overtaken these as the only threats, where terrorists have used vehicles as weapons and criminals

In light of changes in terrorist tactics, citizenAID is being updated to include vehicle-as-a-weapon attack

have used acid. An upgrade to the app, to be released this year, will include guidance for 'Vehicle as a Weapon' (VAAW) and 'Acid attack', noting that the principles of action for VAAW follow the same Control then ACT architecture.

A film simulating a bomb at a station and showing the citizenAID system in use by ordinary people has been sponsored by the College. Its release was timely as it was posted online just three weeks before the Manchester Arena bomb on 22 May 2017, which killed 22 people. It has not been possible to assess the impact of this film on the public response to the injured in Manchester, or of the app that was released earlier in the year, but it has certainly highlighted the relevance. The public's initiative to improvise treatment equipment was widely reported and this is a feature of citizenAID.

In July 2017, citizenAID trialled materials for schools, supported by

Birmingham City Council. Almost 500 teachers were familiarised with the knowledge base, the app and the skills to improvise treatment to stop life-threatening bleeding. Overwhelmingly positive feedback was received that identified 100% of teachers both supported the content and the use of cartoons to express the messaging to children. Of the teachers responding to the real-time electronic survey, 66% were from primary schools.

The materials for primary schools are presented as two allegories – a cat loose in a school of mice (a book with accompanying nursery rhymes) and an escaped lion. Whether educating adults or children the sequence of actions is exactly the same – run, hide, tell and, when safe to do so, treat.

For primary school children, first-aid treatment is shown being delivered by adults. The intent is to provide age-contextualised material to educate without creating alarm or anxiety (as the slogan goes: ‘to be prepared, not scared’). The counter-narrative is that deliberate attacks are so rare they do not warrant teaching children. The response is we already educate children how to react if there is a fire at school and to ‘stranger danger’: this is one additional step to safeguarding them. The immediate actions are also relevant to the wider context of ‘anyone trying to hurt you’.

citizenAID has had some substantial early success. Within 48 hours of the launch of the free app, it was trending as the number one download on

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Google Play and iTunes. Publicity through national TV and radio, including following major incidents, have led to enormous spikes of activity on the website. This tells us that the public is interested in the information and wants to be empowered.

The international interest has been humbling and internationalisation has begun, although the early priority remains to provide the resilience to our UK audience first. A Level 2 Ofqual-approved course has been established, to be delivered through existing providers of first-aid training. New equipment has been designed, including a patented device to convert clothing into a tourniquet, creating a solution that is genuinely affordable for the public.

It might appear that implementing such change is easy, but it is not. It has taken tremendous commitment from a small group of clinicians working with a philanthropic objective to improve public preparedness and patient outcomes. It has demanded cross-government department and institutional liaison: the issue does not sit simply with health, security, resilience or education, but with shared stakeholder interests across these areas. There has been no central funding to achieve the outputs, with

The citizenAID initiative uses cartoons to help educate the public on the best course of action after an attack

the enabling financial support coming from charitable donations.

Sir Basil Liddell-Hart, an interwar strategist, wrote: “The only thing harder than getting a new idea in, is getting an old one out”. While he was writing about the context of the military mindset, this rings true for implementing disruptive change in any field. The argument regarding the use of tourniquets in first aid has resurfaced, despite the categorical proven evidence of effect from both the UK and US on recent operations.

In many people’s minds, the inverted logic for using a tourniquet – ‘if you apply a tourniquet for the wrong reason, it can do harm’ – still dominates the ‘if you apply a tourniquet for the right reason, it will save life’ logic. This potentially disenfranchises the very group of patients citizenAID is trying to save – those with devastating limb trauma from blast and gunshot. Poor clinical decision-making can, however, be mitigated by good training and distributed advice. The failure to use a tourniquet when it is justified (life-threatening limb bleeding that cannot be controlled by other means) cannot be mitigated, as it will likely result in an early avoidable death before access to professional healthcare. At some stage, continued inertia to this fact will become neglect.

citizenAID is a product of our time. It would be difficult to imagine that the same traction for development would have been possible even as recently as 2016. Sadly, as is often the case, it has taken a series of tragedies for the relevance to be accepted ‘at home’ and for it to be a high enough priority to become institutionalised. It will remain a challenge to sustain awareness of citizenAID in the public eye and build on this early success to ensure preparedness for the next event. We will be adaptable to any emerging trends so the clinical advice is applicable in all likely situations.

citizenAID is grateful to the RCSEd for its vision and ‘early adopter’ support for the initiative. We still have much to do. The public and our future patients deserve it. We look forward to doing this together.

Don’t miss Brigadier Hodgetts’ Triennial Conference keynote ‘Teamwork: Building and Sustaining Successful Teams’

