SafetyMatters
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Scene Safety: Look! It's All Around You!

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If you think scene safety is just for the helicopter crew members, think again! MedFlight Mobile Intensive Care Unit (MICU) professionals and other ground teams have an equal opportunity to ensure the area in which they are arriving or departing is safe as well. Our focus is making sure that where we go and what we do is done as safely as possible as we scan the landing zone or as we are driving to and from a patient care transport. Each of us have an obligation and responsibility to view and look around our landing zone or arrival destination as potentially hazardous. We are reminded of three important elements in scene safety: preparation, arrival/transport, and post-transport duties.

A finding of Delagi (2017) indicates we should approach all scenes with caution and suspicion. We need to be vigilant about assessing for those hidden hazards that could compromise the team and the transport mode. We prepare for the transport by wearing the appropriate clothing that protects us from not only the elements but unseen viruses that can compromise our health as well. We gown, glove, goggle, and mask up on arrival to the bedside thereby doing all we can to improve our safety in transport. After the mission, we do our walk-arounds to view the ambulance or helicopter for anything that poses a potential hazard and then we decon our vehicle. All these components play an integral part in scene safety for each of us, our organization, and the patients we transport.

In the EMS world we are taught that safety priorities involve personal safety, colleague/partner safety, and then the patient safety. Klein and Tadi (2020) indicate the need for hypervigilance when approaching a scene looking not only for obstacles and debris, but also being aware of personnel on the scene. Distraught family members approaching the transport vehicle, either helicopter or ambulance can be a potential hazard and is cause for safety concern for the crew members. Also, safety concerns could be the bystander who feels they have important information regarding the accident or victim and may assume it is ok to approach the crew members. Be especially observant when arriving on the scene where a large crowd has gathered. It is not unusual for family members to congregate at the sending facility or scene to be with their loved one as they are transported to another destination. Some are distraught and some could become confrontational given the circumstances of the injury or illness.

Please remember that there are no routine transports. Each time we respond either by wings or wheels we should be as observant as possible of our surroundings as we look all around us! ■

Sources:

Klein, T. A. & Tadi, P. (2020). EMS scene safety. Available: https://ncbi.nlm.nih.gov
Delagi, R. (2017). Look, listen, feel: A fresh approach to scene safety. Fire Engineering. 170(7), P24-26. Available: https://www.FireEngineering.com

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Mission. Ready.

2020 – A Year to Remember

By Justin Koper, M.S., GSP, MTSP-C, FP-C
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Last year brought us murder hornets, *Tiger King*, and a global pandemic. It sounds like the plot to a B-grade movie; however, the reality of 2020 was often stranger than fiction. With a new year upon us, let's review a few things we learned which have changed our profession and our personal practice.

First is the concept of source control. Prior to the pandemic this was only a concern when we were transporting patients with meningitis or tuberculosis (which thankfully was very rare). However, in hindsight, the concept of putting a mask on a patient (or a HEPA filter on a vent circuit) to control the spread of infection at the source should have been a more regular practice. If you were to remove COVID-19 (or the virus that causes COVID-19 *[SARS-CoV-2])* from the equation there are still a multitude of infectious respiratory diseases that benefit from source control. These include things we commonly see such as influenza and RSV. I honestly think that the concept of universal source control is a solid public health measure which is here to stay as we progress into our new normal in 2021 and beyond.

The next topic which I think will change our profession for the foreseeable future is the desire to seek out, and plan for, a low probability / high consequence event such as a global pandemic. To those in the public heath world it was not a matter of if a pandemic would strike, rather it was when. Admittedly, public health experts thought it would be a strain of influenza (like H5N1) that would be the culprit for our current events. However, coronaviruses have been on the World Health Organization's watchlist since the last SARS outbreak in 2003. With that said, we need to start the planning process for the next pandemic now. I say that because there is 100% certainty that we will experience another pandemic as a species, the only question is when.

HealthNet Aeromedical Services has adapted throughout the pandemic to ensure that we are prepared for the current response but also for the next one. As we as an organization evaluate our response, please think about your personal response to this public health threat. How ready were you to wear masks everywhere? How soon did you start social distancing? How did you make changes in your personal life to ensure the safety of you and your family? Our profession has always stood behind the unofficial phase of "adapt, improvise, and overcome." Moving forward, being able to rapidly adapt is a trait which will be of vital importance.

Lastly, I want you to ask yourself a few questions. Why do you work in healthcare? Why did you become a first responder? I guarantee none of us got into this profession because of the fame or fortune. Most of us chose this line of work because we want to help people and felt like we had higher calling to service. This call to service reminds me of the U.S. Air Force's core values which are "integrity first, service before self, and excellence in all we do." These core values are especially important as COVID-fatigue has set in. Integrity first means doing what is right even when no one is looking. Service before self means acting despite our personal desires (i.e wearing masks to protect your family, friends, and co-workers). Lastly, excellence in all we do is self-explanatory. Our patients and their families place the ultimate trust in us and we owe it to them to be, as Ret. Gen. Mattis has said, "be brilliant in the basics."

Please take time to refocus your efforts to help stamp out this pandemic. All our actions have a real impact and can have real consequences. We owe it to each other to hold the line and do our part throughout the remainder of the pandemic. ■

New Year, Same Values

By Lynn Gilmore, CSP
Safety Officer, MedFlight

From the time I started studying safety, health, and environment I frequently heard phrases like safety is a priority, safety is everyone's responsibility, and safety first. Many organizations adopt safety as a value much like honesty, working hard, and being punctual. Values are embedded, while priorities can change. Making safety a fundamental value leads to building a workplace free from injuries in any situation. Many believe values are formed at home, learned in school, and are adopted from the environments we encounter.

At MedFlight and MedCare our dedication to the values of safety, integrity, excellence, accountability, and compassion have not changed. As we start the New Year, let us renew our commitment to creating a safe environment for all by setting a few workplace resolutions. Come to work prepared, rested, and properly equipped for your workday. Incorporate some healthy habits like choosing healthier meals and snacks or even getting in some stretching before your daily walk around.

A journey of a thousand miles begins with a single step. Let's make each step safe. May all the lessons learned from the previous year be our indicators to the New Year! ■

Federal Aviation Administration Issues New Regulations for Unmanned Aircraft

By Jeff White, M.S., MTSP-C, FP-C
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In a time when drone use is growing exponentially for personal and professional use, the Federal Aviation Administration continues to make strides to safely incorporate them into the aerospace system and protect all involved.

In December 2020, the FAA issued the final rules which updated standards for Title 14 Code of Federal Regulations parts 11, 21, 43 and 107 in relation to unmanned aircraft systems (UAS), commonly known as drones. This update changes two very important sections of the current rules to begin laying the groundwork for implementation into the national airspace system.

All UASs will now be required to have a remote ID. Remote ID provides identification of drones in flight as well as the location of their control stations. This will provide crucial information to national security agencies and law enforcement partners, and other officials charged with ensuring public safety. Airspace awareness reduces the risk of drone interference with other aircraft and people and property on the ground. In conjunction with this rule there are companies across the country that have developed and are implementing RFID systems that will monitor the airspace around critical infrastructure and provide advanced warning of UAS activity in the area. The three ways to be compliant of this rule are:

1) Operate a standard Remote ID drone that broadcasts identification and location information of the drone and control station;
2) Operate a drone with a Remote ID broadcast module (may be a separate device attached to the drone), which broadcasts identification, location, and take-off information; or
3) Operate a drone without Remote ID but at specific FAA-recognized identification areas.

The FAA has also changed the Part 107 criteria for flying a drone over people and at night. To fly over people, defined as: *§ 107.39. An operation over people was established as one in which a small, unmanned aircraft passes over any part of any person who is not directly participating in the operation and who is not located under a covered structure or inside a stationary vehicle*, there are four new criteria that must be met. The first three are based on the risk of injury they present to people on the ground, while the fourth is based on the UAS having an airworthiness certificate. For night operations, the UAS operator must meet two criteria:

1) The remote pilot must complete a current initial knowledge test or recurrent training.
2) The UAS must have a lighted anti-collision lighting system visible for at least three statute miles.

These new regulations are effective March 16, 2021. ■

Sources:

Docket No.: FAA-2018-1087; Amdt. Nos. 11-64, 21-105, 43-51, 107-8
(https://www.faa.gov/regulations_policies/rulemaking/recently_published/)

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