FOURTH QUARTER **2019**

SafetyMatters

A quarterly, collaborative publication
from MedFlight and HealthNet
Aeromedical Services

No Harm, No Foul?

By Justin Koper, M.S., GSP, MTSP-C, FP-C
Safety Officer, HealthNet Aeromedical Services

Imagine it's 3:00 a.m. and you are 15 minutes out from the trauma center with a multi-system trauma patient who is in excruciating pain. You are preparing to administer Fentanyl and instinctively reach for the vial and draw it up. It is your normal procedure to hand the vial and syringe to your partner after the medication has been drawn up as a double check prior to administration. Your partner alerts you to the fact that you drew up Zofran by mistake. In many areas across this industry such a mistake would have been handled with the mindset of "no harm, no foul." However, there are some lessons to be learned from such an incident because it is all more common than we would like to think.

One thing that we know about human performance, especially in healthcare, is that "To Err is Human." Incidentally enough, that is the title of a 1999 report from the Institute of Medicine which highlighted the issue of preventable patient harm in healthcare. While this report focused solely on care delivered in hospitals, the problem of human error is a constant in every environment. We know that humans will commit errors throughout the course of any task and especially in volatile, uncertain, complex, and ambiguous environments. In such environments, people are more prone to commit errors since they must process multiple, and sometimes conflicting, sources of information simultaneously. These situations place a greater demand on the system to have processes in place which catch errors as they happen and before they have a chance to cause harm.

Thinking back to the initial example, it was you and your partner's normal process to double check each other prior to administering any medication and this process proved to be crucial in preventing the error from reaching the patient. Many of you are thinking "it was just Zofran, so what? I will follow it up with some Fentanyl." However, let's say for sake of argument that there is no systemic process in place for this medication double check. A different crew operating in a similar environment could easily commit a similar error with a different medication resulting in significant harm or even the death of the patient. The fact that the FDA receives more than 100,000 suspected medication error reports every year shows this is an ongoing issue our industry.

If we know that humans will make mistakes and that systems must adapt to control these mistakes, how can we bridge that gap? The simple answer is reporting every single near miss, slip, lapse, or error independent of the outcome of the event. We stand to learn just as much from a near miss as we do from a major sentinel event. If we only report events that result in a negative outcome, then we are missing all the golden opportunities to learn from near misses where there was no harm. Healthcare is an evolving industry which is focused heavily on process improvement, but it requires the commitment of every provider to identify ways to improve the system for both patients and providers. ■

THIS ISSUE INCLUDES:

MedFlight

HealthNet Aeromedical Services

Mission. Ready.

AMTC19
Air Medical Transport Conference
November 4–6, 2019
Atlanta, GA, USA

If you will be attending the Air Medical Transport Conference this year, you'll be able to see the HealthNet Aeromedical Services and MedFlight Safety Teams in action!

Presenting on Monday, November 4, 2019:

2:45 p.m. – 3:45 p.m.
Justin Koper, HealthNet Aeromedical Services Safety Officer
One of These Things is Not Like the Other: High Reliability Organizations and Healthcare

All three MedFlight Safety Team members have been selected as speakers for #AMTC19.

Presenting on Tuesday, November 5, 2019:

8:30 a.m. – 9:30 a.m.
Amanda Ball
Share the Air: Partnering WITH Unmanned Aircraft System Pilots for Safer Airspace

8:30 a.m. – 9:30 a.m.
Karen Swecker
Are You Making Your Patients Sick?

9:45 a.m. - 10:45 a.m.
Linda Hines
So Now You Are Responsible to Review Contracts…What Do All Those Words Mean

NATIONAL DRONE SAFETY AWARENESS WEEK
NOV. 4-10, 2019
www.faa.gov/uas

Take Care of YOUR Health this Winter

By Jeff White, M.S., MTSP-C, FP-C
Director of Safety, HealthNet Aeromedical Services

Sinus pressure during the winter months can be a real pain while on the job. Many of us have found ways to relieve sinus issues, including over the counter medications. Most of these OTC medications are for the most part harmless. However, many of them have warnings about fatigue, drowsiness and avoiding operating heavy machinery.

To protect yourself and insure you are not compromising patient care, try utilizing the 5 times the dosage rule. This rule of thumb suggests avoiding flying until after five times the dosage interval has passed after taking the last dose of any sedating OTC medications. If a medication's dosage is every four to six hours you would multiple the hours by five giving you a recommended wait time of 30 hours. While this may seem difficult or unnecessary, these rules keep you and our patients safe.

Another great resource is the I'M SAFE checklist. This self-assessment is helpful in any season to assure you're healthy, well rested and fully capable of safely working. ■

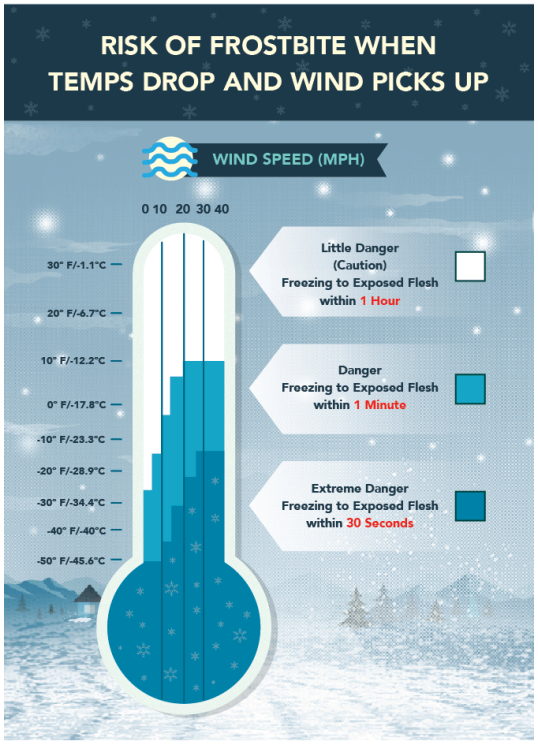
Are You Fit to Fly? I'M SAFE CHECKLIST

Illness	Do I have symptoms?
Medication	Have I taken prescribed or OTC medications recently?
Stress	Am I stressed due to work or personal matters?
Alcohol	Did I drink within the last 8 hours? 24 hours?
Fatigue	Did I get enough sleep to safely conduct my job?
Eating	Am I well nourished and hydrated?

FROSTBITE PREVENTION

AMANDA BALL, SAFETY OFFICER

COLD WEATHER IS ON THE WAY!



In cold, windy weather, exposed skin can develop frostbite in a matter of **minutes.**

Dress in several layers of loose, warm clothing.

Change out of wet clothing — particularly gloves, hats and socks — as soon as possible.

Wear a hat or headband that fully covers your ears.

Data Shows Increase in Helicopter Accidents as Temperatures Drop

By Jeff White, M.S., MTSP-C, FP-C
Director of Safety, HealthNet Aeromedical Services

As the seasons change and the temperature begins to fall, our personal habits and routines on the job begin to change as well. Coats are brought out of the closet and heaters are inspected and added to aircraft. Many other measures are taken to increase safety, so why is our industry seeing an increase in autumn accidents?

While the number of fatal helicopter crashes has been decreasing over the past three decades, the United States Helicopter Safety Team released data showing a spike in fatal accidents between the months of October and November. Many of the incidents involved visibility issues, such as low-level wire strikes and controlled flight into terrain.

Safety begins with all of us and recognizing our own habits and preconceived ideas of how a process should be. Something as simple as changing the direction of a walk around can catch a potential hazard that would have had a catastrophic end. Now is the time to refocus our attention on proper procedures and processes.

- Be cognizant of temperatures and aircraft performance. It will perform much better in the night or early morning than it will throughout the day due to the higher temperatures.
- Use all available weather reporting to make an educated decision about weather, including the local 511 traffic camera systems that provide ground conditions.
- During IFR flights, remember that icing is already becoming an issue at higher elevations.
- Remember your personal coats and cold weather survival gear.
- Maintainers need to check extension cords, heater dates, and urea supply.

Much of what we do is regulated and written in policy for a reason. Let us all try to remember that and do as much as we can at all time, but especially in the next sixty days, to make sure we all go home safe. ■

Winter Helipad Safety Tips

By Amanda Ball
Safety Officer, MedFlight

Here are 10 quick tips to keep your helipad safe this winter:

1. Use only UREA or a chemical product that claims no corrosive properties or hazards to the environment, such as the ice-melting agents Sodium Acetate or Potassium Acetate.
2. DO NOT USE ROCK SALT. Rock salt is corrosive to aircraft.
3. Do not use sand as an anti-skid agent. It will not stay in place and creates a projectile hazard during rotor wash.
4. Helipad warning/safety signs should be cleared of snow and remain visible.
5. Do not bury perimeter lighting in snow piles.
6. Do not pile snow in front of gates or routes of ingress/egress from the helipad.
7. Snow piles immediately adjacent to the helipad greater than 2 ft high could cause damage to the helicopter tail rotor.
8. Position snow piles so that melting snow and ice will drain from the helipad and not refreeze, creating a fall/slip hazard.
9. Helicopters develop rotor wash that typically exceeds 75-100 mph. Dangers include serious wind chill and projectiles created by any loose snow or ice.
10. Whiteout conditions can occur during takeoff and landings. These can affect pedestrian and motor vehicle traffic. ■

Safety Communication
Contact Information

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Intranet Website Resources:

ninthbrain

NinthBrain can be accessed via the worldwide web at suite.ninthbrain.com.

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Do you have any ideas for *SafetyMatters*?
Let us know by emailing jeffrey.white@healthnetcct.com