SafetyMatters
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Everything Is Out of Control

By Shannon L. Gollnick, MSM, NRP
Vice-President of EMS, MedCare Ambulance

In our post-pandemic environment (potentially mid-pandemic) we are faced with a world that is forever different. The world as we once knew it is gone, never to return. In its place is a world that is seemingly out of control. We are a little less civil, we drive a little faster, our patience is a little shorter, we worry a little more, and endure stress levels that have never been higher. Staffing shortages are rampant across nearly every industry, inflation is forcing costs up, and uncertainty plagues us all. The military has a term for this new world – VUCA. The term is an acronym for Volatility, Uncertainty, Complexity, and Ambiguity. This is the new norm.

As we look around the MedCare organization there is no shortage of things to fix, processes to change, improvements to make, and things to correct. It's very easy to look around and become disheartened and demotivated by everything that is "broken" as it is often difficult to see the forest through the trees. However, as we look back 14 months when we started this journey, it is amazing to see the things that have been accomplished. We've changed things. We've changed the industry. We've changed the environment. We've changed the game, and MedCare has changed EMS in Ohio as we know it.

An organization is only as good as the people inside it. "We" collectively have changed EMS and will continue to do incite, embrace, and revel in VUCA as we continue on our journey. It is often easy to find all that ails an organization and complaining is actually psychologically and physiologically addictive. But I would challenge every member of this organization to stop, turn around, and see how far you have helped us come. This new world will continue to change at breakneck speeds and there will always be things to fix, issues to address, processes to change, and changes to be made, but know that the objective, every single day, is progress – not perfection. Everything IS in fact out of control, but as Darwin noted "It is not the strongest that survive, but the ones that are most adaptive to change."

ONWARD! ■

"It is not the strongest that survive, but the ones that are most adaptive to change."

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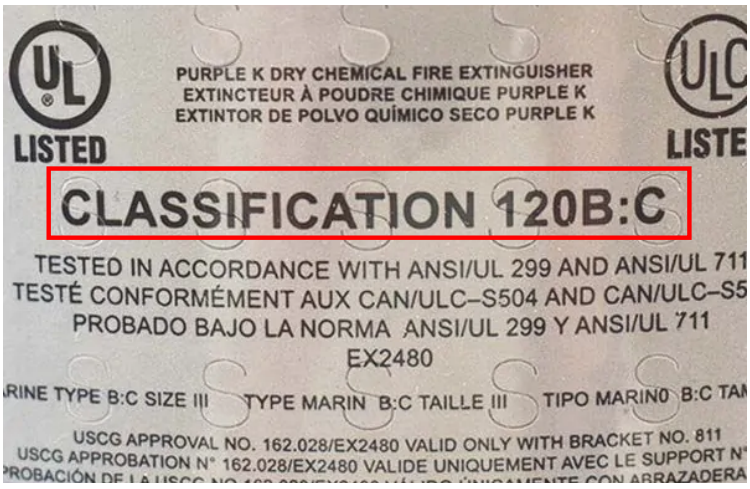
Understanding Fire Extinguishers

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

Each day, we all walk past a multitude of fire extinguishers at our work sites. They have almost become part of the normal background, often we can even miss them. However, when you need one, you need to be familiar with the location and understand how they work.

You should be familiar with the PASS (pull, aim, squeeze and sweep) acronym to remember how to use the extinguisher, but how do you know you have the right extinguisher for the fire? Each extinguisher has a detailed information.



The letters on these labels tell us the type of fire this extinguisher can extinguish.

- **Class A:** Wood, paper, and other "ordinary combustibles" (anything that makes an ash)
- **Class B:** Flammable liquids and gasses, excluding grease and cooking oil (anything that boils)
- **Class C:** Fires worsened or sustained by energized electrical equipment (anything with a current)
- **Class D:** Combustible metals such as magnesium
- **Class K:** Fats, oils, and greases used in food preparation (kitchen fires)

The next important information on the label is the numbers associated with the fire types. The numbers preceding the letters on the label indicate just how much fire the extinguishing agent—the powder, gas, or other fire-fighting material–can put out. For each A, the extinguisher contains the equivalent of 1.25 gallons of water. Thus, an “8A” extinguisher fights Class A fires as well as 10 gallons of water (8 x 1.25 = 10), and a 40A extinguisher offers 50 gallons worth of firefighting power.

For each B, the extinguisher can stop one square foot of Class B fires. A 10B extinguisher can stop 10 square feet of Class B fire, a 20B extinguisher can stop 20 square feet, and so on. Extinguishers with the power to fight electrical fires do have a "C"—but it's never preceded by a number. All class C fires are just Class A or Class B fires with electricity added into the mix. The letter "C" indicates only that the fire extinguisher uses an agent that doesn't conduct electricity.

These labels treat Class K fires (kitchen oils, fats, and greases) in much the same way. Extinguishers that can fight Class K fires may have a letter "K" on the label, but they won't have a number. That's because Class K hazards vary enormously. Rather than trying to give Class K extinguishers a uniform rating, the International Fire Code and other fire safety standards recommend sizes based on a kitchen's specific hazards. And in some cases—such as when deep fryers with an especially large surface area are used—it's up to the manufacturer to provide guidelines.

Being able to quickly recognize if the extinguisher you have is enough to fight the fire you are seeing can mean the difference between safely fighting the fire or evacuating. As you move through your worksite daily, take a moment to learn the location of and sizes of extinguishers in your immediate area. You could potentially save people and equipment.■

Sleep for Safety

By Bev Meade, DNP/HSL, RN, MHA, CEN, CCRN, CFRN, CTRN, TCRN, EMT-P
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"That was a busy shift so be careful driving home." We routinely say this to each other as we end our shifts and prepare for our various commutes home, some of us less than 30 minutes and some of us have longer transit times. The healthcare industry requires us to work outside of normal work hours of 9-5 and therefore we must be rested to safely work our shifts and mitigate drowsy driving as we traverse the highways home. Gieger-Brown and McDonald (2021) propose that all drowsy driving (operating a motor vehicle while fatigued or sleepy) is preventable and it is our responsibility to not only recognize the symptoms but also to take measures to combat this potentially deadly impairment.

Sobering drowsy driving statistics in the United States illustrate the impact where 83,000 crashes occurred with 6,000 of those resulting in fatalities between 2005 and 2009 (NHTSA, 2020). How many of us have driven like this after a shift thinking: "Oh I'll be ok, I'm really sleepy but its not that far, I've got my coffee and a podcast to listen to, and I can call a friend on the ride home." Is this really safe? Well perhaps not, but we do it. So, how does drowsy driving occur, what are the warning signs, and what can each of us do to decrease the incidence of driving drowsy?

Causes

A 2015 study from the Centers for Disease Control (CDC) indicates that nearly 60% of adult drivers have reported drowsy driving or have fallen asleep behind the wheel in the past month! Drowsy driving can occur with one or a combination of factors that lead to decreased attention as we travel in our vehicles including:

- Sleep deprivation – adults should get between seven to nine hours of sleep (I would venture a guess that few of us achieve this!).
- Shift work – affects those who work non-traditional hours.
- Time of day – the urge to sleep is most intense in the early morning hours.
- Monotonous tasks – driving is one of these tasks!
- Health factors – sleep disorders, poor nutrition, excessive weight, etc.

Many factors can become a critical element in drowsy driving. In fact, the CDC (2015) compares drowsy driving to drunk driving. Research indicates that sleep deprivation of 24 hours equates to a blood alcohol content of 0.10%. This impairment causes a person to be less attentive of surroundings and slows reaction time which makes it more difficult to avoid roadway hazards. Have you ever arrived home and asked yourself "how did I get here?" Chances are you fell into the category of drowsy driver.

Warning Signs

Important findings by the CDC (2015) list the following as indicators or warning signs that you may be experiencing drowsy driving. These are some of the most often noticed or recalled by those who have experienced this condition.

- Excessive yawning/blinking
- Difficulty remembering the last few miles (arrive home and don't recall driving)
- Driving past your usual exit on the highway
- Drifting from your lane
- Hitting the rumble strip

Prevention

First, if you find yourself drowsy driving…PULL OVER! Do not think you can continue driving as you risk your safety and those sharing the highways as well. Measures such as opening the windows or turning the radio up are not effective methods of prevention. The following may help as you decide how best to prevent drowsy driving.

- Get enough rest and quality sleep before each shift.
- Take a 20-30 minute nap before driving home, especially if you are coming off the night shift.
- Hot or cold drinks that contain caffeine (stimulant) are good choices for the drive home. Even with caffeine it is still possible to have "micro-sleep" or brief periods of four-five seconds of sleep and at 55mph you could travel 100 yards!
- If your commute is long, plan for a halfway stopping point to get out and stretch.
- Phone a friend (hands free phone, please) and talk on the way home.

Take care of each other and during shift change assess your partner for wakefulness and absence of indicators that could lead to driving drowsy. Driving and commuting is part of our work requirements, but with proper recognition, planning, and intervening we can all make it home carefully and safely.

Sources:

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Veritas Curat

By Shannon L. Gollnick, MSM, NRP
Vice-President of EMS, MedCare Ambulance

The famous chess champion and controversial author Jonathan Sarfati once said "It's not really a question of who is biased, but which bias is the correct bias with which to be biased." What Mr. Sarfati was saying, in his own satirical way, is that we are all biased and we believe that our bias is the correct bias. Scientists, psychologists, sociologists, and anthropologists have performed countless studies on the on particular bias that invades all our thinking: Confirmation Bias – the tendency to search for, interpret, favor, and recall information in a way that confirms or supports your prior beliefs and values. The more emotionally charged or deeply entrenched the belief, the stronger the Confirmation Bias.

Human beings are not wired to react dispassionately to information. Research, statistics, numbers, and facts are tools used to uncover truths, but they are not enough to change a belief and the have relatively no impact on changing a behavior or inciting action. This has led many scholars to ascertain that the human brain evolved to persuade others, not to uncover truths. The idea behind this is that if you can better persuade others you are right, the better you are at arguing, the more likely you are to get your way.

To prove this flaw of human nature, we need to look no further than the debate about Covid vaccination. Facts, logic, science, and statistics are not, and will never be enough to change a person's mind if they either don't believe the virus exists and/or the vaccine works. What started as a public health crisis has evolved to a political crisis with the two sides of the vaccination debate deeply entrenched in their beliefs.

What is essential to understand is that healthcare is science. It is an imperfect science, but it's a science nonetheless. Every clinical breakthrough has evolved through the standard scientific method – research, hypothesize, test, analyze, report, and repeat. Healthcare then takes what we have learned through this scientific method, mixes in empathy and compassion, and delivers a service that is at the core of who and what we are as a species – a social and communal creature.

As practitioners of science, we are obligated to set aside our personal beliefs and biases so that we can take care of others. All healthcare practitioners, regardless of level of education, certification, or degree, all follow the same Hippocratic doctrine of PRIMUM NON NOCERE – ABOVE ALL, DO NO HARM.

We do not choose to take care of others, we are called to do so by an innate desire to help our fellow man. We question the sanity behind it, our efforts towards it, and the benefits we gain from it, but we persevere because of that calling. Please consider this as we watch the current pandemic unfold before our eyes and the political rhetoric that has become synonymous with it becomes louder. ■

Be Prepared Rather Than Sorry

Lynn Gilmore, CSP
Safety Officer, MedFlight

MedFlight and MedCare recently participated in the Ohio EMA 2021 One Minute Shake Out Earthquake Drill.

"Some may question participating in an earthquake drill in Ohio, but the state does experience its fair share," said Ohio EMA Executive Director Sima Merick. "In fact, according to the Ohio Department of Natural Resources and the Ohio Seismic Network database, between January and August of this year, 14 small-scale earthquakes or tremors have been detected. Allen County recorded the strongest earthquake in Ohio so far this year, with a magnitude of 2.5."

During the one-minute drill, Ohioans are encouraged to practice these simple steps:

DROP onto your hands and knees.

This position protects you from being knocked down and allows you to stay low and crawl to shelter. If you have mobility issues, either lock the wheels of your wheelchair or stay seated and bend over at the waist.

COVER your head and neck with one arm and hand.

If a sturdy table or desk is nearby, crawl underneath it for protection. If no shelter is available, crawl next to an interior wall and stay clear of windows.

HOLD ON until the shaking stops.

If you are under a table or desk for shelter, hold onto it with one hand and be ready to move with your shelter if it shifts.

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