

Using Human Behavior for Safety

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Since the dawn of time, we have known that human behavior directly affects safety. The proof is in the stats, with 90% of all accidents linked to human factors. If human behavior can lead to this many accidents, could we possibly use human behavior to be safer? I think we can! There are a multitude of psychological and behavioral tools available at our disposal.

One of these theories is the magic quarter second which is basically the time between Type II readiness potential of nerves and the action those nerves create that your body can veto or allow the action. For example, you reach for a pan but notice that the burner is on, and you don't grab the handle. Your brain utilized that quarter second to veto the decision to grab the pan based on indicators in the line of sight.

So, how do we utilize this idea for safety? When you stress someone in a controlled environment, it helps build the neural pathways that will guide the person in the right direction in this quarter second. This can be done through incorporating the decision-making process into skill stations and utilizing simulation to guide patient care treatments bases on cues from the patient and the clinician's assessment.

We can also use a process called loss aversion. This is an important one. It speaks directly to the culture of our program when it comes to safety. Loss aversion, psychologically, means people tend to take more risk to keep something they have but don't take the same amount of risk to initially gain that item. This really comes into play in patient safety. A crew member may not want to admit that he or she is not as knowledgeable in certain areas as originally thought because they are afraid to lose the respect from colleagues or leadership. Another example of loss aversion is how people tend to be very open and forthright during an interview. Once hired, the employee may not notify a supervisor of a policy infraction due to fear of losing their job.

This is where Just Culture comes into play. If as an organization you have the right culture, and remove the loss aspect, you will most likely be notified of more issues that you can address immediately. The paradox here is that many agencies do not want to change from "the way we have always done it" because of the fear of losing contracts or call volume. This loss aversion tends to keep the industry in a seemingly constant cycle of trying to improve then falling back into old patterns, slowing the progress of industry change.

Safety will always be a challenge in the dynamic environment of EMS. I feel we can use human behavior to modify systems, change culture, and train individuals to make those safe decisions. This will not eliminate all accidents, but it will most certainly decrease the number or severity of accidents. ■

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Recommit to Focused Driving

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Since 2016, there have been more than 71,000 crashes in Ohio alone that involved distracted driving. When you hear the term distracted driving, your mind may immediately go to your cell phone. The term encompasses any action that takes your attention away from driving including eating, changing the radio station, or even daydreaming.

Three types of distracted driving

Manual – anything that takes one or both hands off the wheel

Visual – anything that causes drivers to take their eyes off the road

Cognitive – anything that takes mind off the road

Texting and driving is exceptionally dangerous because it is a combination of the all three types of distracted driving. When you are texting, your eyes are off the road for an average of five seconds. Currently, 48 states ban texting while driving.

In the height of summer travel season with more drivers on the road, let us stay committed to following state laws and company policies to ensure everyone can get to their destination safely. ■

Sources:

Ohio State Highway Patrol
Governors Highway Safety Association

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Do you have any ideas for *SafetyMatters*?
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