

EMS STAFF SAFETY NEWSLETTER

MAAS Fund Newsletter for Field Staff

NOVEMBER 2015

STANDARD TIME SAFETY

According to a Carnegie Mellon University study by Professors Paul Fischbeck and David Gerard, pedestrians walking around at dusk are nearly **three times more likely** to be struck and killed by cars in the days following the return to standard time than just before the time change.

Ending daylight saving time results in about 37 more U.S. pedestrian deaths around 6:00 p.m. in November compared to October, according to the study.

They studied 7 years of nationwide traffic fatalities and calculated the risk per mile walked for pedestrians. They found that **per-mile risk jumps 186 percent** from October to November—and then drops 21 percent in December.

The December drop-off indicates the increased risk is caused by the trouble both drivers and pedestrians have adjusting when darkness suddenly comes an hour earlier, the researchers said.

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Parking Lot Precautions

Stay safe and secure as daylight decreases



Early Dusk Time Requires Greater Driver Attention

You probably use parking lots every day, but do you give them the same level of safety attention that you give to your job? The truth is that these areas present their own set of dangers, so you need to be vigilant and proactive. Take these precautions in parking areas, especially as daylight hours decrease at this time of year:

- ◆ If you are staged in a parking lot, remain ever vigilant of the activities and pedestrian traffic around you.
- ◆ After your shift, if you walk out while it's dark, don't go alone. Ask a coworker to walk with you.
- ◆ If you do have to walk alone, ask someone to watch from inside, if possible. Turn around frequently to be sure you're not being followed. Pretend to wave at someone ahead to give the impression that you're not alone.
- ◆ Park near the building in a visible, lighted area.
- ◆ Park near a well-lighted exit.
- ◆ Use the building's main entrance/exit rather than a side or secluded one.
- ◆ Lock the vehicle when not present. Looters may take advantage of your absence -- even if only for a moment.
- ◆ Have your keys and sound the "locking the vehicle horn alarm" as you approach your vehicle.
- ◆ Before you unlock the door, take a good look around, inside, and behind the vehicle. If something looks suspicious, keep walking and get to a safe place where you can get help.
- ◆ Once you enter the vehicle, promptly lock all doors and windows.

Combative patients: Don't be the "calm down guy"

Regardless of how good your intentions are, yelling, "Calm Down!" in someone's ear never, ever helps

Article by Steve Whitehead

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Occasionally, patients get out of control. It isn't our preference, but it's an unavoidable fact. We are frequently called upon to provide care to individuals who neither request nor want our help. In fact, we are often charged with protecting and caring for people who wish us harm.

Whether they are confused, combative or just plain mean, sooner or later we will meet the patient who aggressively tries to escape, or harm us. Whole classes and workshops are devoted to the complex task of safely restraining individuals who are fighting to get away or attempting to harm us.



This month, I'd like to address one critical mistake we often make when we are in the process of restraining a combative individual. This is a mistake that we all fall victim to occasionally, regardless of experience or training. It's the mistake of becoming what I call the calm down guy.

Who is "the calm down guy" you ask? He is anyone who gets the idea that it would be beneficial to address the patient's aggressive behavior by yelling, "Calm Down!" in their ear. The calm down guy (Yes, it's always a "guy") is the one who places themselves at the patient's head and repeatedly yells, "Calm Down!" as the patient kicks and struggles.

You've seen the calm down guy, haven't you? Perhaps you've been the calm down guy from time to time? If so, don't feel bad. I've done it myself, more times than I'd like to admit. It just seems like the right thing to do. The patient obviously needs to calm down more than anything right? If only we could just say it in a forceful enough way, surely they would understand what we need from them.

There are four good reasons to banish the calm down guy forever from your scenes.

1. It doesn't help the patient. Regardless of how good your intentions are, yelling, "Calm Down!" in someone's ear never, ever helps them calm down. Try it sometime. When you are feeling frustrated and angry, ask a friend to get right up in your face. Maybe even have them grab a handful of your hair.

2. It doesn't help the calm down guy. Usually, it's the guy who needs to calm down the most who invariably ends up yelling, "calm down!" the loudest. The calm down guy often needs to take his own advice. Let the calm down guy take a step back, take a deep breath and rethink his approach.

3. It doesn't help the team. One provider yelling at the patient tends to wind everyone up. The next person who speaks will invariably speak louder, and so on, until everyone is yelling. The single provider who talks in a calm confident tone will do more to keep the team effective than a chorus of over-excited shouters.

4. It doesn't help the organization. We have to assume that we are always on film. When an Oklahoma State Trooper choked a paramedic on a remote suburban roadside, the act was caught by, not one, but two cameras. What you do on scene can be posted to the internet faster than you can put the rig in drive. In this, hyper-media environment, where everyone has the ability to instantly publish their cell phone video to a world-wide audience, the calm down guy makes everyone look bad.

Part 2 of the article to be printed in next months newsletter. "What Should Be Said Instead".
