

New Jersey Emergency Medical Services Culture of Safety Education Guidelines:

Applicability:

All New Jersey Emergency Medical Services (EMS) and Emergency Medical Services Education Agencies, including but not limited to, licensed, non-licensed, non-affiliated, volunteer, municipal, fire, first aid, first responder, rescue, hospital, corporate and private agencies and/or their agents.

Background:

The Department of Health has recognized that EMS personnel are at approximately 250% higher risk of injury and death than average workers. These rates are similar to, and sometimes greater than, law enforcement and fire personnel. The Department has determined that a focused effort, which includes the systematic education of EMS personnel, is necessary to reduce and combat this risk.

EMS education, both initial and continuing education programs, represent a crucial opportunity for delivering responder and patient safety information, thereby changing attitudes and supporting a culture of safety in New Jersey EMS.

Statement:

Optimal EMS training programs utilize sound, evidence based, emergency medical training protocols and methods as a way to prevent and reduce EMS personnel work-related injuries and fatalities. The values and practical elements of a culture of safety should be fully integrated into each component of EMS education. Awareness of the safety of EMS personnel, patients and the public must become a pervasive consideration.

Discussion:

Educators and training officers shall integrate and reinforce safety into every component of EMS education. The education of EMS personnel should place great emphasis on critical thinking, beyond a focus on technical skills only. Individuals who are well rounded in critical thinking skills can better assimilate the concept of a culture of safety.

EMS education shall not only develop skills proficiency in safe practices but also develop the foundation for sound judgment. When EMS personnel are able to integrate a culture of safety there is a greater opportunity for critical thinking and problem-solving.

Vital elements important to the successful implementation of a culture of safety may include but are not limited to:

- Educating recruits about the job before they join (countering impressions about the lights-and-sirens nature of EMS work);
- Instilling a deep understanding that safety is an ever-present, ever-important consideration in EMS work;

- Recognizing that operating an emergency vehicle presents hazards to the responder, patient and public;
- Refusing to allow safety education to be set aside once on the job; this includes understanding the human tendency to rationalize repeating at-risk behaviors simply because they have not resulted in negative outcomes in the past;
- Educating EMS team members to be safety-oriented in everything they do;
- Providing leadership to support safety procedures and maintain accountability supporting a culture of safety;
- Setting an expectation for life-long learning in a constantly changing field;
- Setting the foundation for a career-long understanding of the importance of maintaining personal health, physical fitness and emotional health as well as avoiding substance abuse;
- Actively identifying candidates and personnel who are at higher risk for dangerous behavior or risk-seeking attitudes, and providing a higher level of focus on those individuals for a greater understanding of safety concerns.

Appropriate references cited should originate from current, sound, clinical and safety related guidelines and protocols.

Policy:

All EMS education programs shall emphasize a culture of safety whenever practical to be eligible for accreditation or approval.

Educators and training officers shall integrate and reinforce safety at the appropriate times throughout all EMS education programs.

Suggested safety related topic examples:

- A. Proper use of Emergency Warning Devices (EWD)
- B. Sterile cockpit
- C. Role of passenger (co-pilot) during EWD response
- D. Utilizing patient restraint system with the shoulder harness
- E. Roadway operations
- F. Infant and child seats
- G. Personal Protective Equipment (PPE)
- H. Seatbelt use by all occupants
- I. Minimizing time personnel are unrestrained in the back of the ambulance
- J. Securing equipment
- K. Fatigued personnel
- L. Scene safety
- M. High risk situational awareness
- N. Medication administration
- O. Patient safety
- P. Hazardous materials

- Q. Lifting and moving
- R. Right to know/HAZCOM standards
- S. Environmental hazards and awareness
- T. Ergonomics
- U. Equipment maintenance
- V. Vehicle maintenance

Reference:

Strategy for a National EMS Safety Culture: National Highway Traffic Safety Administration et al October 13, 2013

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H. Mickey McCabe, Chair