



Up2Date

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Complacency

Safety. It is on all of our minds right now especially with the recent HEMS crashes that have occurred. What do you do on a daily basis to ensure the safety of yourself, your fellow crewmembers and your patient?

1900 hours- The start of a normal night shift, I am tired, I am hoping to not fly tonight. I have a pounding headache and the start of a cold. I am congested and the pseudophed has not really worked. My partner is new, inexperienced and just cleared off of orientation. We start our shift off as usual, sitting around in the office with the day crew, telling EMS stories, giving the new guy a hard time. 20 minutes go by and the day shift goes home. We check our emails and then contemplate dinner for the evening.

1930 hours- The phone goes off, I hope it is for our other helicopter. It is not, immediate go scene flight in the mountains over the divide, rollover ejection. Great, I hope my body can handle it; the decongestants still have not worked. There is no time now to check our equipment, barely time to get the NVG's on. We are rushing to have a good lift off time to ensure we get called by this agency again. I forget my jacket, gloves and hat. It is a cold, dark night in the middle of winter. We climb in the aircraft and announce to the pilot "ready for take-off ". The pilot does his usual pre-flight, we clear him left and right, he rolls the throttle to

fly and feels a thump, he pauses for a second and assumes it was a piece of equipment in the back. He checks the controls and lifts. I think about it after we lift off, no walk around from either crewmember; its fine, not a big deal I think. What we missed is that the new guy placed his jacket on the skid and accidently left it there.

1940 hours- We take off; none of us see the near miss caused by the jacket. It is shredded and ejected by the main rotor, the thump. We fly into the darkness, the new guy is wearing goggles, he does not have them adjusted yet, he can't get them focused correctly, and he does not tell anyone because he is embarrassed. There are high winds over the divide, we are getting rocked around. I can tell my partner is nervous, I give him a thumbs up and a smile, this is normal, you're ok, don't be nervous. The pilot aborts the first attempt over the divide, "not quite right," he says, "we will try over this way", as he hugs the mountains. I am scared, I don't say anything, and my head is pounding. My partner clings to the door, and he is scared. Dead silence.

2000 hours- We cross the divide and everyone relaxes. We make contact with the ground crew, tight LZ, no wires reported, blowing snow, and winds 15-20 out of the north. The road is shut down, the emergency lights are flashing, we are approaching the LZ, my partner says his goggles have gone out. No one checked the batteries. I flip his switch to the spare batteries, nothing, darkness. I forgot the monocle, the pilot is now the only one aided and he shouldn't be. He keeps his goggles down. We do a hasty high reconstruction, the LZ looks good. We are on final; we miss the wires that no one saw by who knows how many feet.

2008 hours- We are on the ground, we get all of our equipment out and head for the ambulance. I am horrified when I see the wires. We take care of our patient, seemingly the easiest part of this flight so far. We load the patient and I report the wires to the pilot. We take off and head for the hospital.

2020 hours- In-flight to the hospital, our patient decompensates; we are focused only on our patient. We do not notice the deteriorating ceilings or weather that is in our path. Our pilot is nervous, he is quiet, clutching the controls and hoping he can get us there safely. He knows we are busy in the back working our patient; he does not want to bother us for assistance knowing that this may compromise patient care. Dispatch makes a call to the pilot and alerts him of the falling ceilings at our destination, we don't hear the traffic because of calling patient report and not pre-flighting our radios.

2030 hours- I look out the window, I realize we are in trouble. I again smile and reassure my partner who asks if the visibility is ok. It is not ok. We land at the hospital; the pilot melts into his seat. He is sweating," that was close", he says under his breath. We unload the patient and clean up our equipment and feel lucky to be on the ground.

This is a fictional story to remind you of the things that we need to be doing on a daily basis. Our job becomes routine but there is never a routine flight. There is inherent risk in our job. I can give you the statistics that you are already painfully familiar with. I can tell you that HEMS has recently been named one of the most dangerous jobs. We go about doing what we love for the high patient acuity, complete autonomy and the best job in Nursing and EMS. Not because we think of ourselves as a heroes, not because we are prepared for the ultimate sacrifice. I challenge you to take this short story and think about your practice and choose to make a conscious effort to do all in your power to ensure your safety. I can list all of the things we talk about, CRM, AMRM, weather minimums, walk arounds, the "3" C's, preflight radio's, preflight NVG's, visor down, seatbelts in place, appropriate attire for conditions, survival, securing equipment, mayday calls, eyes outside, 3 to go, but only you can change your practice and hold yourself accountable.

Fly safe friends-

Harmony Lallo RN, NREMT-P, CFRN