# Applications of Leadership in the Culture of Safety

**ALCS-Student Manual** 

1st Edition, 2nd Printing-August 2018



FEMA/USFA/NFA ALCS-SM August 2018 1st Edition, 2nd Printing

Applications of Leadership in the Culture of Safety



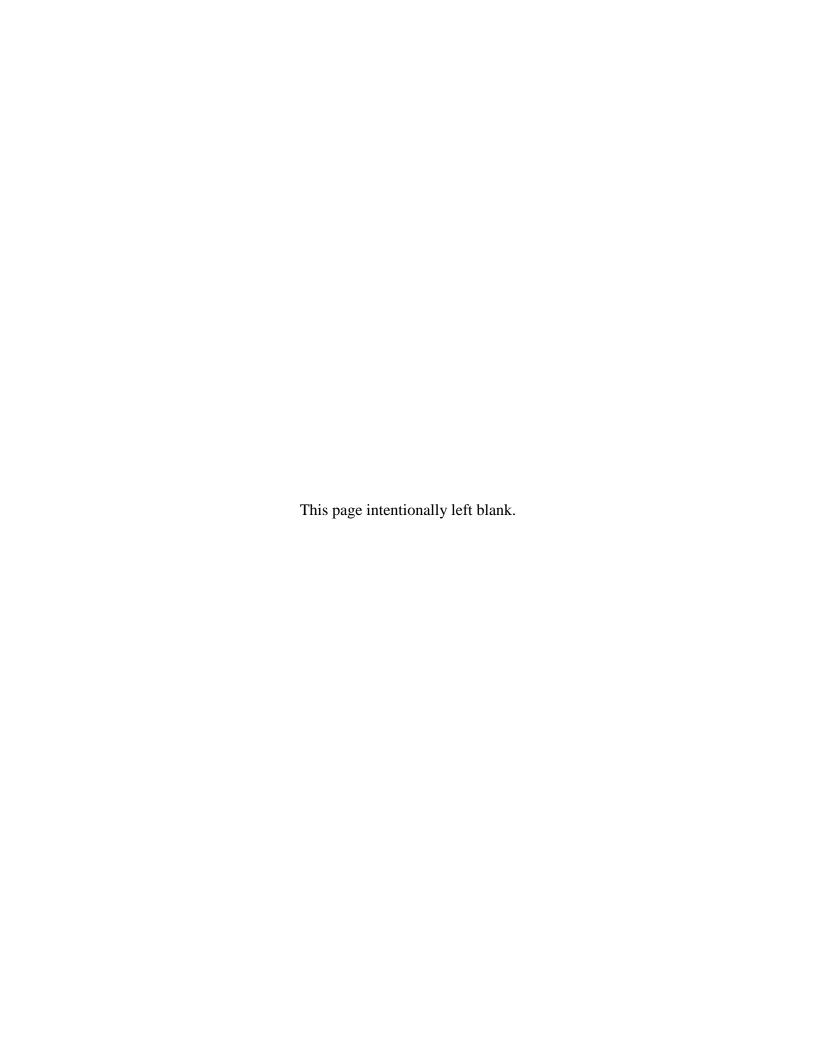
# Applications of Leadership in the Culture of Safety

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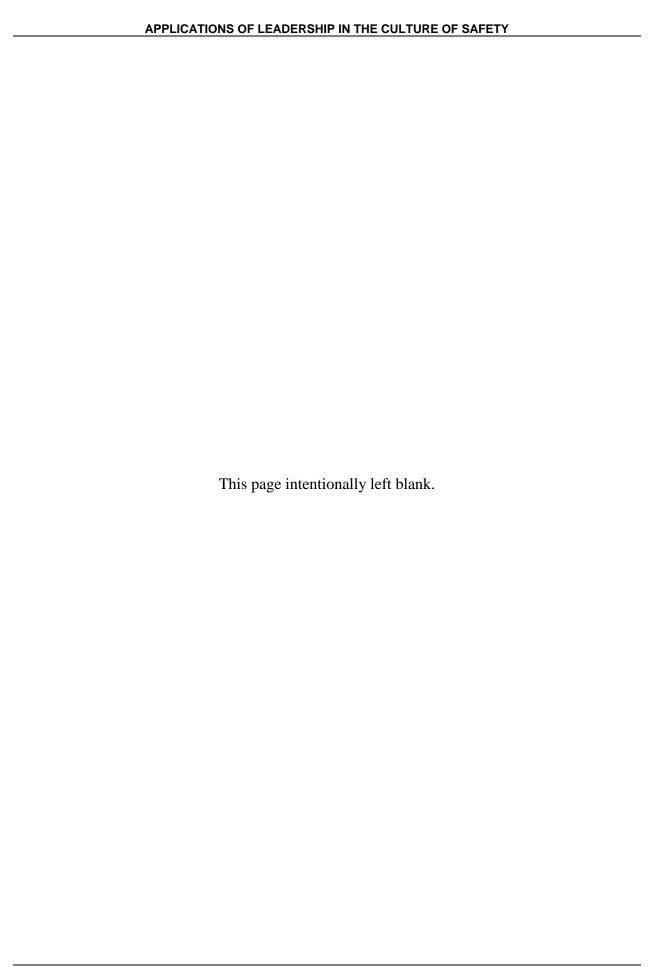
#### APPLICATIONS OF LEADERSHIP IN THE CULTURE OF SAFETY

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Acronyms



#### **ACKNOWLEDGMENTS**

The development of any National Fire Academy (NFA) course is a complex process aimed at providing students with the best possible learning opportunity we can deliver.

There are many players in course development, each of whom plays an equally important part in its success. We want to acknowledge their participation and contribution to this effort and extend our heartfelt thanks for making this quality product.

The following people participated in the creation of this course:

George Morgan, Training Specialist U.S. Fire Administration, National Fire Academy Emmitsburg, Maryland

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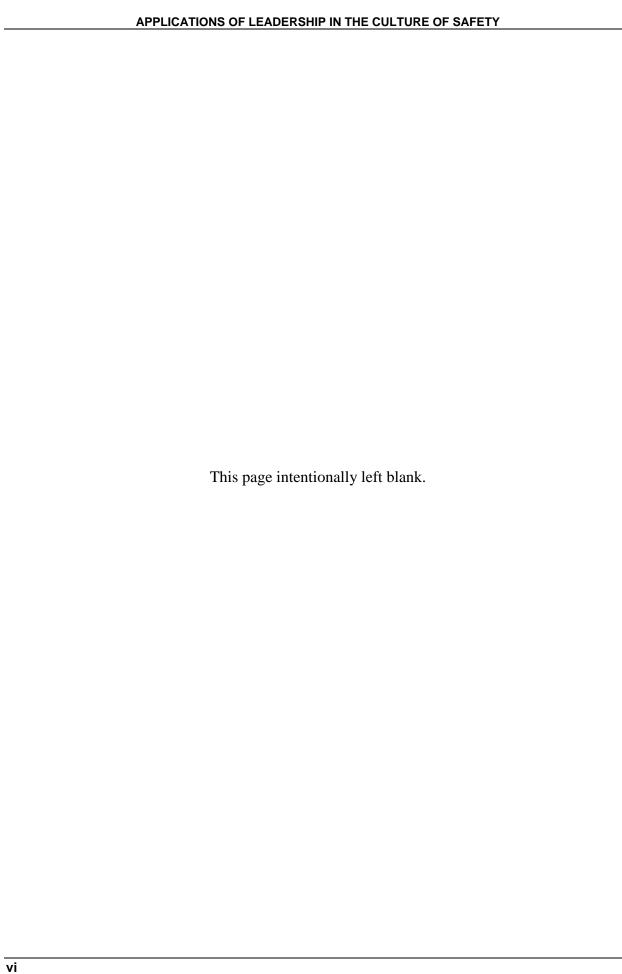
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Jim Logan, Subject Matter Expert

Scott Barthelmass, Subject Matter Expert



#### **COURSE GOAL**

Facilitate the reduction in fire and Emergency Medical Services (EMS) responder, patient, and bystander injuries and deaths through leadership analysis and practices of risk reduction and process improvement.

#### **AUDIENCE, SCOPE AND COURSE PURPOSE**

Managing fire and/or EMS agency officer currently enrolled in the NFA Managing Officer (MO) Program. "Applications of Leadership in the Culture of Safety" (ALCS) is a first year MO Program course.

This course is designed to ensure managing officers have the responsibility for the safety, health and wellness of department members, and to lead in the organization's efforts to improve upon the department's culture of safety, including the development, improvement, maintenance and implementation of a Risk Management Plan.

To provide first line supervisors with the responsibility of safety through opportunities to apply knowledge, skills and abilities (KSAs) of leadership as they are applied to the culture of safety. Students will critique the current culture of safety, evaluate the impacts of human dynamics, and apply a risk management plan. Using an identified safety issue for their agency, each student will develop a safety culture improvement plan to implement in their agency.

#### **GRADING METHODOLOGY AND RUBRICS**

#### **Final Course Grade**

The student's final grade for "Applications of Leadership in the Culture of Safety" (ALCS) will be computed as follows:

Assignment points (five assignments up to 10 points each) + final project points (up to 50 points) = grade.

90-100 = A

80-89 = B

70-79 = C

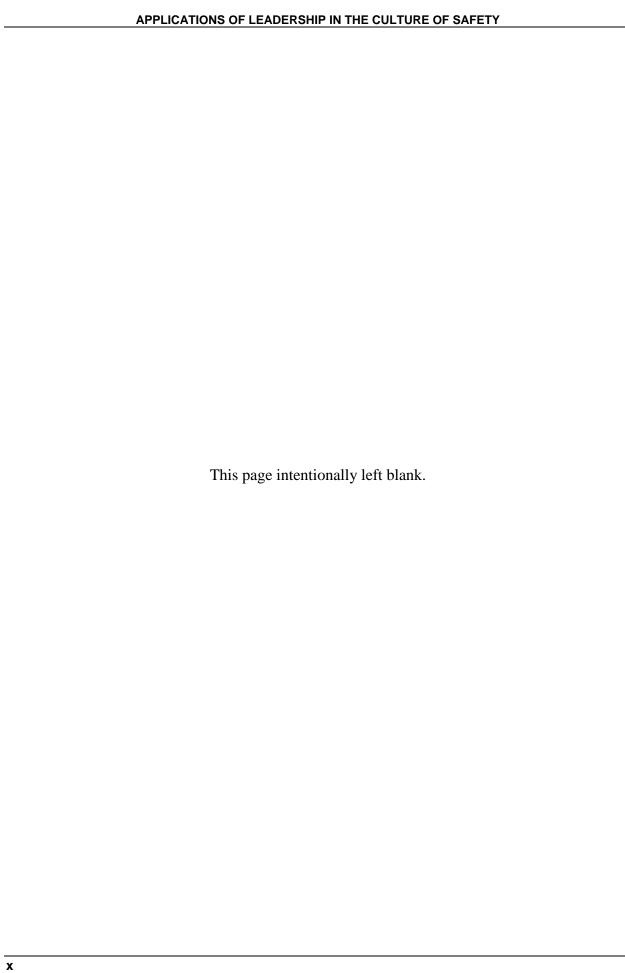
0-69 = F

#### **Homework Assignments Grading Rubric**

Elements of Performance	Nonacceptable 0 points	Marginally Acceptable 3 to 5 points	Acceptable 6 to 7 points	Strong 8 to 9 points	Exceptional 10 points
Demonstrates an analysis of the material and the application of the student's own thinking.	No written assignment submitted.	Provides generalities or simple re- statement of information.  Assignment objective addressed with minimal depth or lack of thoroughness, indicating a marginal understanding of objective.  The document is mostly organized, but instructions were not entirely followed.	Provides reasonable and predictable evidence to support analysis and vision statement.  Assignment objective addressed with moderate depth or thoroughness, indicating a basic understanding of objective.  The document is mostly organized, but instructions were not entirely followed.	Provides relevant and specific evidence to support analysis and vision statement.  Assignment objective addressed with significant depth or thoroughness, demonstrating comprehension of objective.  The document is mostly organized and most instructions were followed.	Provides relevant, substantial and concrete evidence to support analysis and vision statement.  Assignment objective addressed with exceptional depth or thoroughness, demonstrating critical evaluation and implementation of objective.  The document is organized and instructions were followed.
				Total Points	

#### **Complete Project Grading Rubric**

Performance	Nonacceptable	Marginally Acceptable	Acceptable	Strong	Exceptional
Demonstrates an	0 points	17-19 points	20-22 points	23-24 points	25 points
analysis of the material and an application of the student's	No student assignment given or presented.	Incomplete assignment presented.	Primarily summary of information.	Very good insight.	Exceptional insight.  Provided more
own thinking.			Provided generalities or simple restatement of information to support their claim(s).  Commentary is minimally relevant or repetitive.  Some detailed conclusions are reached from the questions posed.	relevant and specific evidence to support their claim(s).  Commentary is thorough and effective.  Several detailed conclusions are reached from the questions posed.	than relevant and specific evidence to support their claim(s).  Commentary is thorough, concise and effective.  Many detailed and insightful conclusions are reached from the questions posed.
Assignment		10-11 points	12-13 points	13-14 points	15 points
sections are answered concisely and thoroughly.	No sections completed.	Some sections are completed concisely and thoroughly.	Most sections, but not all, are completed concisely and thoroughly.	All sections are completed, but not all concisely and thoroughly.	All sections are completed concisely and thoroughly.
Assignment is		7 points	8 points	9 points	10 points
completed to presentation and formatting guidelines.	Assignment not presented.	Assignment is presented outside an eight to 10 minute time frame.  Assignment is completed	Assignment is presented within an eight to10 minute time frame.  Assignment is completed using	Assignment is presented within an eight to10 minute time frame.  Assignment is completed using	Assignment is presented within an eight to 10 minute time frame.  Assignment is completed
		without using given template and/or adhering to any formatting guidelines.	completed using given template and adhering to some formatting guidelines.	given template and adhering to most formatting guidelines.	using given template and adhering to all formatting guidelines.
				Total Points	



#### **SCHEDULE**

TIME	DAY 1	DAY 2
AM	Introduction, Welcome and Administrative	Unit 1: The Culture of Safety (cont'd)  Activity 1.4: Perform a Force Field Analysis
AM	Break	Break
AM	Unit 1: The Culture of Safety  Activity 1.1: What's in a Day's Work?	Unit 2: Human Dynamics  Activity 2.1: Personal Assessment Exercise: In or Out  Activity 2.2: Managing Officer Critical Task Failure
Mid-Day	Lunch Break	Lunch Break
PM	Unit 1: The Culture of Safety (cont'd) Activity 1.2: Mindset	Unit 2: Human Dynamics (cont'd)  Activity 2.3: Cultural Differences  Activity 2.4: Dangerous Action/ Behavior
PM	Break	Break
PM	Unit 1: The Culture of Safety (cont'd)  Activity 1.3: Normalization of Deviance	Unit 2: Human Dynamics (cont'd)  Activity 2.5: Communications  Activity 2.6: Improving Your Communications

Day 1 Homework Assignment 1A: Personal Assessment of Communication Style Day 2 Homework Assignment 2: Perform a Force Field Analysis

Note: This schedule is subject to modification by the instructors and approved by the training specialist.

#### APPLICATIONS OF LEADERSHIP IN THE CULTURE OF SAFETY

TIME	DAY 3	DAY 4
AM	Unit 3: Crossroads of Leadership and Safety Activity 3.1: Delegation Analysis	Unit 3: Crossroads of Leadership and Safety (cont'd)  Activity 3.5: Crew Resource Management and the Culture of Safety
AM	Break	Break
AM	Unit 3: Crossroads of Leadership and Safety (cont'd)	Unit 3: Crossroads of Leadership and Safety (cont'd)  Activity 3.6: Counseling Role Play
Mid-Day	Lunch Break	Lunch Break
PM	Unit 3: Crossroads of Leadership and Safety (cont'd)  Activity 3.2: Ethical Safety Issues  Activity 3.3: Raleigh Ladder Truck Rollover	Unit 4: Risk Management  Activity 4.1: Discussion — Impacts, Risk Levels and Control Measures
PM	Break	Break
PM	Unit 3: Crossroads of Leadership and Safety (cont'd)  Activity 3.4: Use an Alternative Method to Solve a Disciplinary Issue	Unit 4: Risk Management (cont'd)

Day 3 Homework

A. Assignment 3: Crew Resource Management and the Culture of Safety

B. Assignment 3A: Delegation Analysis

Day 4 Homework

A. Assignment 4: Creating Your Plan — Impact and Risk

B. Assignment 4A: Firefighter Cancer

C. Assignment 4B: Responder Mental Health

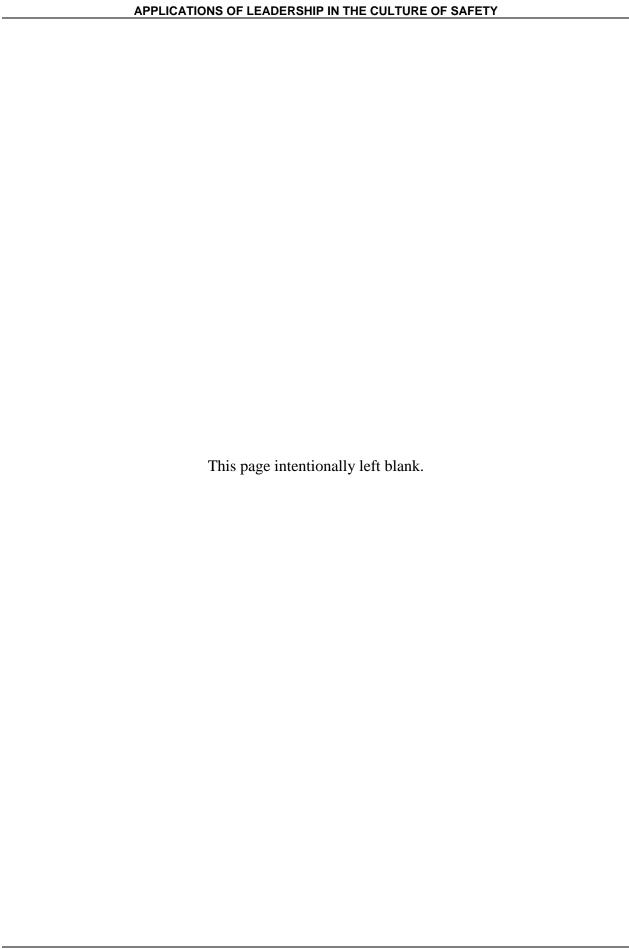
#### APPLICATIONS OF LEADERSHIP IN THE CULTURE OF SAFETY

TIME	DAY 5	DAY 6
AM	Unit 4: Risk Management (cont'd) Activity 4.2: Support and Dissent	Unit 5: Environment of Change  Activity 5.1: Recognizing the Five Dysfunctions of a Team
AM	Break	Break
AM	Unit 4: Risk Management (cont'd)  Activity 4.3: Discussion — Evaluation	Unit 6: Safety Culture Improvement Plan Activity 6.1: Safety Culture Improvement Plan
Mid-Day	Lunch Break	Lunch Break
PM	Unit 4: Risk Management (cont'd)  Activity 4.4: Potential Cancer-Causing Actions  Activity 4.5: Cancer Prevention Actions	Activity 6.1: Safety Culture Improvement Plan (cont'd)
PM	Break	Break
PM	Unit 4: Risk Management (cont'd)  Activity 4.6: Responder Mental Health	Course Conclusion Graduation

Day 5 Homework

A. Assignment 5: Activity 6.1 Final
Project — Safety Culture Improvement
Plan

B. Preparation for Activity 6.1 Presentation



#### FIREFIGHTER CODE OF ETHICS

#### **Background**

The Fire Service is a noble calling, one which is founded on mutual respect and trust between firefighters and the citizens they serve. To ensure the continuing integrity of the Fire Service, the highest standards of ethical conduct must be maintained at all times.

Developed in response to the publication of the Fire Service Reputation Management White Paper, the purpose of this National Firefighter Code of Ethics is to establish criteria that encourages fire service personnel to promote a culture of ethical integrity and high standards of professionalism in our field. The broad scope of this recommended Code of Ethics is intended to mitigate and negate situations that may result in embarrassment and waning of public support for what has historically been a highly respected profession.

Ethics comes from the Greek word ethos, meaning character. Character is not necessarily defined by how a person behaves when conditions are optimal and life is good. It is easy to take the high road when the path is paved and obstacles are few or non-existent. Character is also defined by decisions made under pressure, when no one is looking, when the road contains land mines, and the way is obscured. As members of the Fire Service, we share a responsibility to project an ethical character of professionalism, integrity, compassion, loyalty and honesty in all that we do, all of the time.

We need to accept this ethics challenge and be truly willing to maintain a culture that is consistent with the expectations outlined in this document. By doing so, we can create a legacy that validates and sustains the distinguished Fire Service institution, and at the same time ensure that we leave the Fire Service in better condition than when we arrived.



#### FIREFIGHTER CODE OF ETHICS

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient
  use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these
  are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict
  with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the
  actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities
  in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the
  public. I also understand that failure to resolve or report inappropriate use of this media equates to
  condoning this behavior.

Developed by the National Society of Executive Fire Officers

# A Student Guide to End-of-course Evaluations

# Say What You Mean ...

## Ten Things You Can Do to Improve the National Fire Academy

The National Fire Academy takes its course evaluations very seriously. Your comments and suggestions enable us to improve your learning experience.

Unfortunately, we often get end-of-course comments like these that are vague and, therefore, not actionable. We know you are trying to keep your answers short, but the more specific you can be, the better we can respond.



#### Actual quotes from student evaluations:

#### Examples of specific, actionable comments that would help us improve the course:

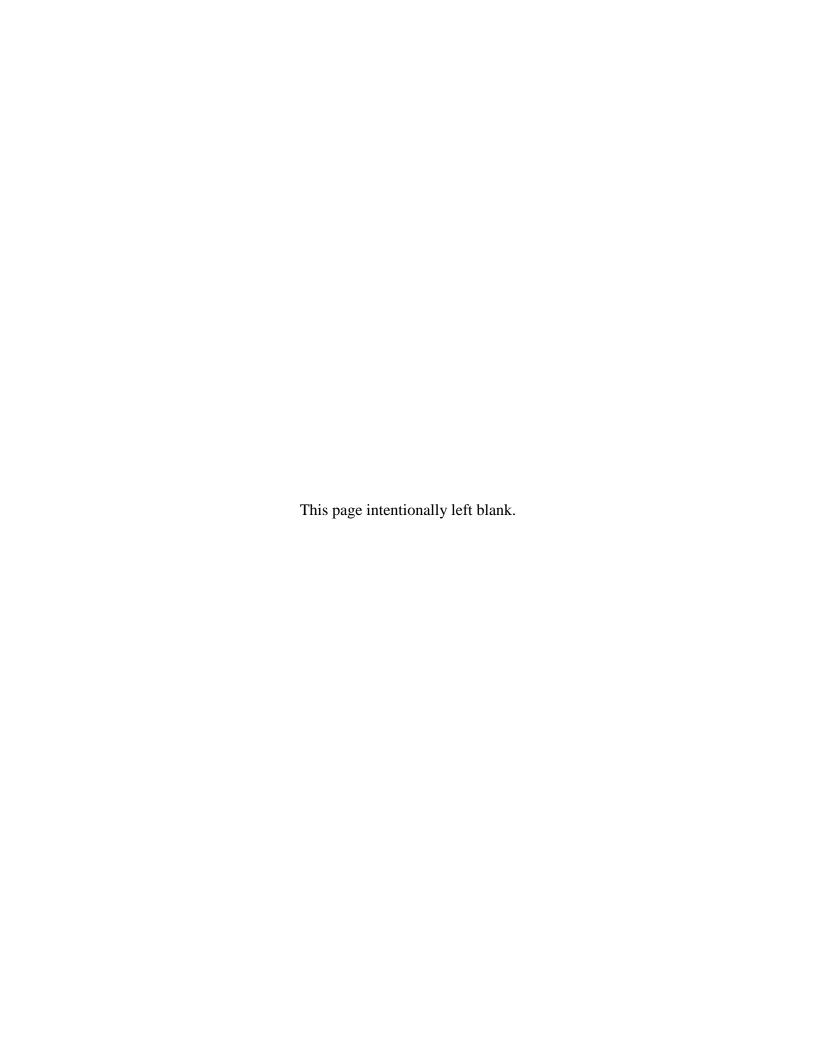
- 1 "Update the materials."
- The (ABC) fire video is out-of-date because of the dangerous tactics it demonstrates. The available (XYZ) video shows current practices.
- The student manual references building codes that are 12 years old.
- 2 "We want an advanced class in (fill in the blank)."
- We would like a class that enables us to calculate energy transfer rates resulting from exposure fires.
- We would like a class that provides one-on-one workplace harassment counseling practice exercises.
- 3 "More activities."
- An activity where students can physically measure the area of sprinkler coverage would improve understanding of the concept.
- Not all students were able to fill all ICS positions in the exercises. Add more exercises so all students can participate.

4 "A longer course."

- The class should be increased by one hour per day to enable all students to participate in exercises.
- The class should be increased by two days so that all group presentations can be peer evaluated and have written abstracts.

5 "Readable plans."

- The plans should be enlarged to 11 by 17 and provided with an accurate scale.
- My plan set was blurry, which caused the dotted lines to be interpreted as solid lines.
- 6 "Better student guide organization," "manual did not coincide with slides."
- The slide sequence in Unit 4 did not align with the content in the student manual from slides 4-16 through 4-21.
- The instructor added slides in Unit 4 that were not in my student manual.
- 7 "Dry in spots."
- The instructor/activity should have used student group activities rather than lecture to explain Maslow's Hierarchy.
- Create a pre-course reading on symbiotic personal relationships rather than trying to lecture on them in class.
- 8 "More visual aids."
- The text description of V-patterns did not provide three-dimensional views. More photographs or drawings would help me imagine the pattern.
- There was a video clip on NBC News (date) that summarized the topic very well.
- 9 "Re-evaluate pre-course assignments."
- The pre-course assignments were not discussed or referenced in class. Either connect them to the course content or delete them.
- The pre-course assignments on ICS could be reduced to a one-page job aid rather than a 25-page reading.
- 10 "A better understanding of NIMS."
- The instructor did not explain the connection between NIMS and ICS.
- The student manual needs an illustrated guide to NIMS.



### UNIT 1: THE CULTURE OF SAFETY

#### TERMINAL OBJECTIVE

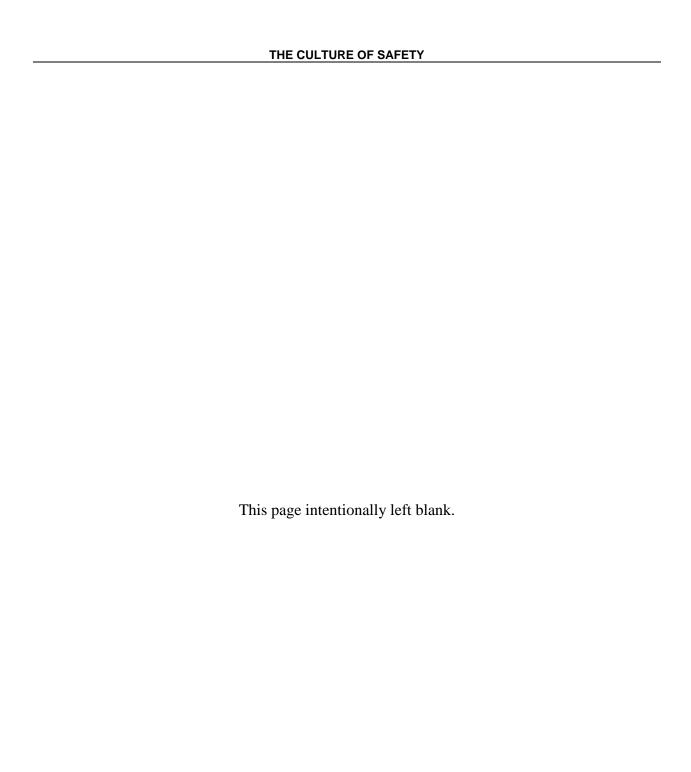
The students will be able to:

1.1 Evaluate and critique the culture of safety in the fire and Emergency Medical Services (EMS) and the students' agencies.

#### **ENABLING OBJECTIVES**

The students will be able to:

- 1.1 Correlate risk behaviors associated with common causes of responder injuries and deaths.
- 1.2 Evaluate the aspects of fire and EMS culture that impact the culture of safety at the unit, organization and community level.
- 1.3 Survey the current state of fire and EMS culture of safety.
- 1.4 Analyze organizational behaviors and values associated with a culture of safety in high-risk organizations.
- 1.5 Compare and rank identified safety issues in fire and EMS, using analysis of organizational behaviors and values.
- 1.6 Develop a force field analysis of the safety environment in fire and EMS.







#### UNIT 1: THE CULTURE OF SAFETY

Slide 1-1

#### **TERMINAL OBJECTIVE**

Evaluate and critique the culture of safety in the fire and Emergency Medical Services (EMS) and the students' agencies.

Slide 1-2

#### **ENABLING OBJECTIVES**

- Correlate risk behaviors associated with common causes of responder injuries and deaths.
- Evaluate the aspects of fire and EMS culture that impact the culture of safety at the unit, organization and community level.
- Survey the current state of fire and EMS culture of safety.

Slide 1-3

#### ENABLING OBJECTIVES (cont'd)

- Analyze organizational behaviors and values associated with a culture of safety in high-risk organizations.
- Compare and rank identified safety issues in fire and EMS, using analysis of organizational behaviors and values.
- Develop a force field analysis of the safety environment in fire and EMS.

Slide 1-4

# "SAFETY THIRD"

http://www.youtube.com/watch?v= Km8XxRCuCho

Slide 1

#### I. DEFINING FIRE DEPARTMENT CULTURE

## FIREFIGHTING: SAFETY AND CULTURE

- Firefighting is a dangerous profession.
  - 80 to 100 line-of-duty deaths (LODDs) annually.
  - 65,000 plus injuries annually.
- Expectation of taking risk.



Slide 1

A. Firefighting is a dangerous profession.

- 1. Every year between 80 and 100 firefighters are killed in line-of-duty deaths (LODDs).
- 2. Emergency Medical Services (EMS) LODDs are not tracked in a single database similar to firefighters.
- 3. Deaths are from various reasons.
- 4. At the same time, there are 65,000 reported firefighter injuries. Many more may go unreported.
- B. The fire service is often considered a brotherhood. As such, there is a culture within the fire service.
  - 1. LODDs and injuries are often caused by this culture.
  - 2. We take risks that normal citizens would not take.

#### NATIONAL FALLEN FIREFIGHTERS FOUNDATION

Life Safety Initiative 1: "Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability, and personal responsibility."

Slide 1-7

C. National Fallen Firefighters Foundation's (NFFF's) Life Safety Initiative 1: "Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability, and personal responsibility."

#### **DEFINING CULTURE**

Culture is difficult to define.

- Universal agreement that:
  - It exists.
  - It plays a crucial role in shaping behavior in organizations.
- How does it influence behavior?
- Is it something leaders can change?

Slide 1-8

- D. Culture is difficult to define.
  - 1. There is universal agreement that it exists, and that it plays a crucial role in shaping behavior in organizations.
  - 2. Little consensus on what organizational culture is or how it influences behavior.
  - 3. Is it something leaders can change?

#### **CULTURE**

- Culture is more difficult to define as it applies to the fire service.
  - Set of values, beliefs, behaviors, incentives and prohibitions.
  - May include economics, politics, religion, custom and ritual.
  - Not one universal "fire service culture."
- Subcultures exist in all organizations.

Slide 1-9

- E. Culture is more difficult to define as it applies to the fire service.
  - 1. It is a set of values, beliefs, behaviors, incentives and prohibitions.
  - 2. May include economics, politics, religion, custom and ritual.
  - 3. Developed both formally and informally.

- 4. Not one universal "fire service culture" or "EMS culture." May vary from region to region, or even department to department.
- 5. Many values, beliefs, traditions and even rituals are the same across the fire service.
- F. Organizational culture is not monolithic there is not just one culture.
  - 1. Within the culture, there are other cultures or subcultures.
  - 2. Many factors drive internal variations or subcultures in a department (e.g., stations, battalions, unions, shifts, personal values, religion).
  - 3. Departmental growth or loss of personnel also figures in its culture and subcultures.
- G. Culture is studied under the organizational lens to view the climate and practice around personnel issues, values and principles.
- H. Organizational culture includes the organization's people, things, processes, plans, behaviors and values:

It helps us explain the who, what, when, where, how and why of an organization.

#### ORGANIZATIONAL CULTURE

- Organizational culture at three levels:
  - Artifacts: visible organizational structures and processes — things we can see, touch and read.
  - Espoused values: consciously developed strategies, goals, philosophies, justifications, etc.

I. According to Schein, organizational culture is manifested at three levels:

- 1. Artifacts.
- 2. Espoused values.
- 3. Basic assumptions.

#### J. Artifacts.

1. Visible organizational structures and processes — things we can see, touch and read.

#### Examples:

- a. Structures.
- b. Standards.
- c. Laws.
- d. Apparatus.
- e. Equipment.
- 2. Artifacts are easy to observe, but they are not necessarily easy to decipher without knowing the espoused values and basic assumptions behind them.

#### K. Espoused values.

- 1. Consciously developed strategies, goals, philosophies, justifications, etc.
- 2. What we say, but not necessarily what we do.
- 3. Examples.
  - a. Strategies: offensive versus defensive.
  - b. Goals: five-minute response time, six-minute response time, etc. EMS 8 minute, 59 second response benchmark.
  - c. Philosophies: vent-enter-search (VES).
  - d. Justifications: Flashover can occur in six minutes.
  - e. Sayings: "We fight fires and save lives." "Diesel therapy."

## ORGANIZATIONAL CULTURE (cont'd)

- Basic assumptions.
  - -- Unconscious, taken-for-granted beliefs, perceptions, thoughts and feelings.
  - -- The foundation of an organization's culture the ultimate source of the organization's artifacts and values.

Slide 1-11

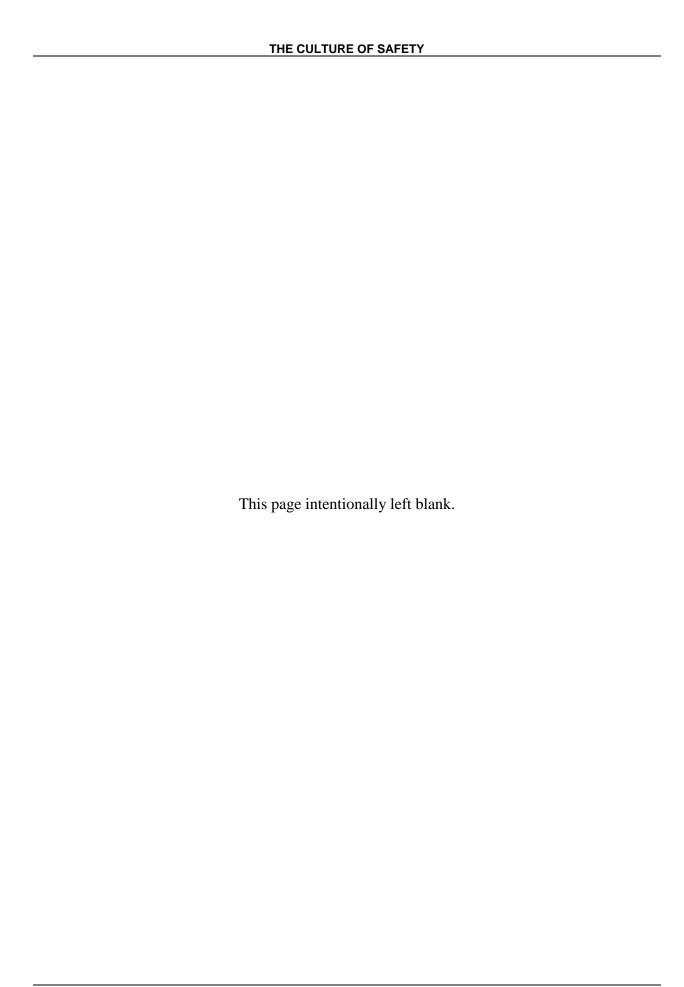
- L. Basic assumptions.
  - 1. Unconscious, taken-for-granted beliefs, perceptions, thoughts and feelings.
  - 2. The foundation of an organization's culture the ultimate source of the organization's artifacts and values.

# ORGANIZATIONAL CULTURE (cont'd)

- Firefighter's DNA is made up of six genes:
  - Fast.
  - Close.
  - Wet.
  - Risk.
  - Injury.
  - Death.

Slide 1-12

- 3. The DNA of an organization. According to Dr. Burton A. Clark, a firefighter's DNA is made up of six genes:
  - a. Fast.
  - b. Close.
  - c. Wet.
  - d. Risk.
  - e. Injury.
  - f. Death.



#### **ACTIVITY 1.1**

#### What's in a Day's Work?

#### Purpose

- Identify the activities in the average work shift.
- Analyze opportunities to influence safety during each activity in a work shift.
- Correlate what happens on a daily basis to fire service or department culture.

#### **Directions**

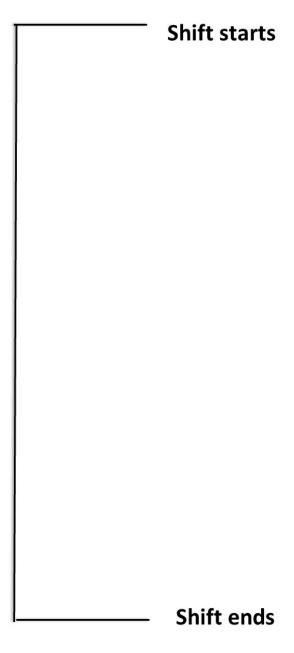
#### Part 1

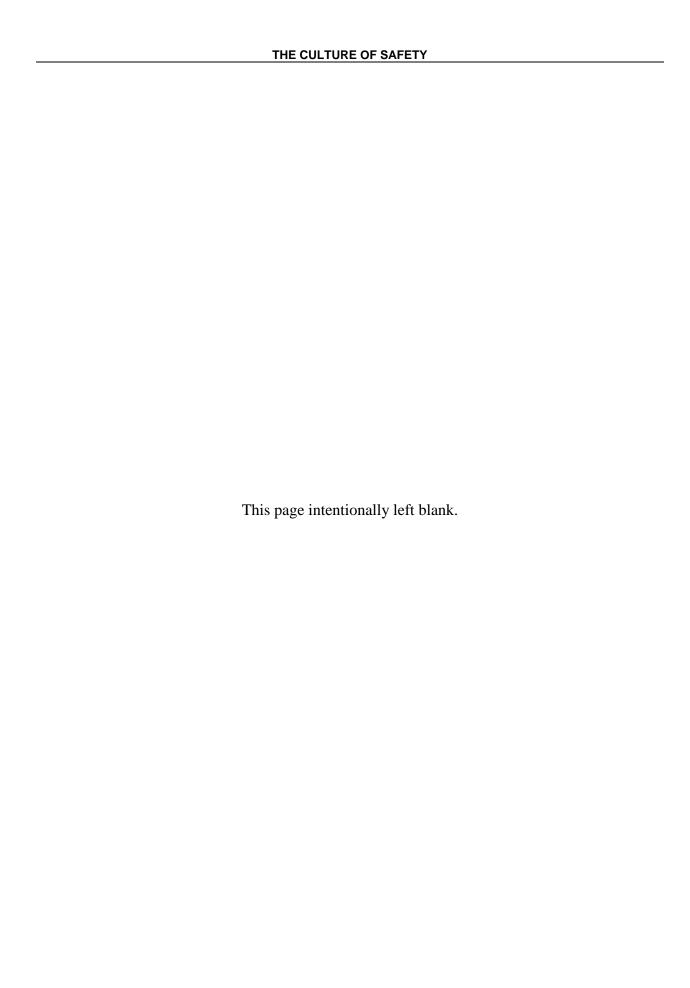
- 1. Working individually, you should complete the shift diagram of the work shift and fill in the activities within the parameters of the shift.
- 2. Be sure to include all activities in a typical work day, even the most mundane or routine.
- 3. Upon completing the work shift diagram, individually answer the following questions:
  - a. What are the activities that you are faced with during your shift?
  - b. Why should you build safety into these activities?
  - c. What are the external influences on those activities?
  - d. As a Company Officer (CO), what is your ability to influence safety?
  - e. Lessons learned in your experiences?
- 4. After completing the questions, compare your answers with the other students in your group. Compile a list that is all inclusive of the shift activities.
- 5. Compile a list of all the safety concerns that your group will have regarding the shift activities.
- 6. Choose a representative to present your group's findings to the class.

#### Part 2

- 1. Based on the answers and discussion in Part 1, develop a correlation between daily activities and how fire department or fire service culture effects the daily activities. What are the results?
- 2. Choose a representative to present your answers to the class.
- 3. Keep this easel pad list, to be used in Activity 4.1.

# ACTIVITY 1.1 (cont'd) Shift Diagram





#### II. MINDSET

#### **MINDSET**

- A set of beliefs or a way of thinking that determines one's behavior, outlook, mental attitude and decision-making capability.
- Two types of mindset.
  - Fixed mindset One's ability and mindset cannot change at all. People believe their basic abilities, intelligence and talents are just fixed traits and do not change with time.

Slide 1-15

A. Definition of a mindset.

A set of beliefs or a way of thinking that determines one's behavior, outlook, mental attitude and decision-making capability.

- 1. Mindset is derived from the culture of fire department (generational differences).
- 2. It may be one of two types.
- B. Two types of mindset.
  - 1. Fixed mindset One's ability and mindset cannot change at all. People believe their basic abilities, intelligence and talents are just fixed traits and do not change with time.

#### MINDSET (cont'd)

 Growth mindset — One's ability and mindset can change (grow) in the proper environment.
 People understand that their talents and abilities can be developed through effort, good education, persistence and positive reinforcement.

Slide 1-1

2. Growth mindset — One's ability and mindset can change (grow) in the proper environment. People understand that their talents and abilities can be developed through effort, good education, persistence and positive reinforcement.

NINE STEPS OF SUCCESSIV	E
SAFETY MINDSET	

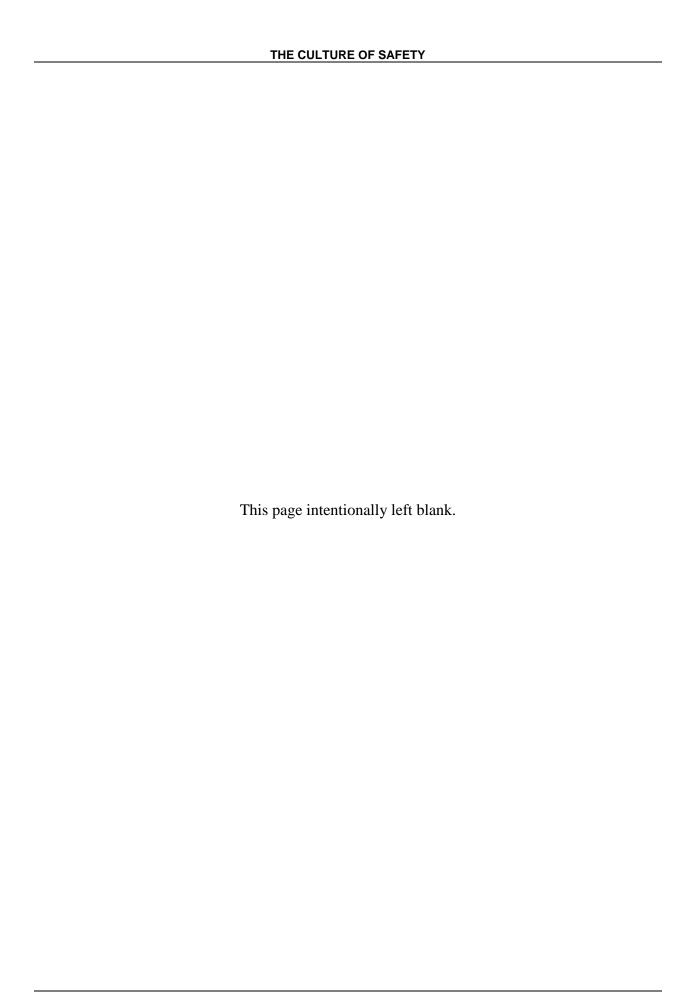
- 1. Desire.
- 2. Commitment.
- 3. Responsibility.
- 4. Hard work.
- 5. Positive believing.
- 6. The power of persistence.
- 7. Pride of performance.
- 8. Clarity.
- 9. Celebrate.

Slide 1-17

- C. Nine Steps of Successive Safety Mindset.
  - 1. Desire.
  - 2. Commitment.
  - 3. Responsibility.
  - 4. Hard work.
  - 5. Positive believing.
  - 6. The power of persistence.
  - 7. Pride of performance.
  - 8. Clarity.
  - 9. Celebrate.

# NATIONAL SAFETY CULTURE CHANGE "Safety starts with the Company Officer (CO)." National Safety Culture Change Initiative Radio FEMA Slide 1-18

- D. "National Safety Culture Change Initiative."
- E. "Strategy for a National EMS Culture of Safety."



#### Mindset

## **Purpose**

Evaluate and critique the different kinds of mindsets that lead to mistakes and what types of mindsets allow us to learn from our mistakes.

#### **Directions**

#### Part 1

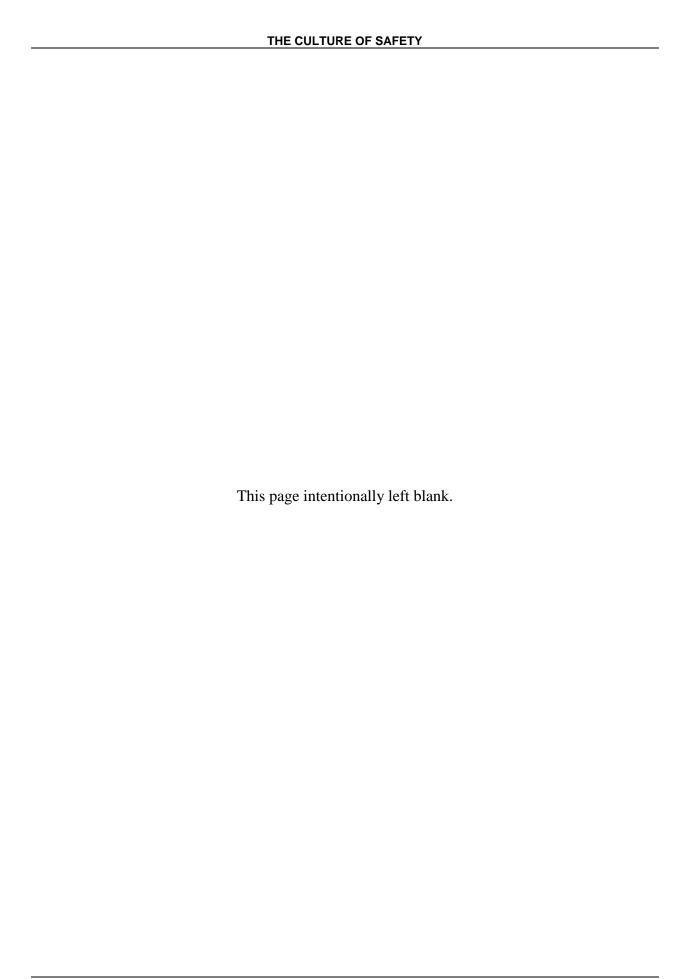
- 1. Take a few minutes and think about a time when you made a bad mistake (does not have to be job related). Write down what happened; what was the mistake, why did you make it, how did you feel, what could you have done differently?
- 2. What type of mindset led to the mistake?
- 3. What type of mindset allowed you to change or learn from the mistake?
- 4. Reflect more, and write down what you learned from making the mistake maybe about what you were trying to accomplish for yourself.
- 5. How does this relate to the safety culture and accepted behaviors/values in your organization?

#### Part 2

Divide into small groups, and share your experience with others.

#### Part 3

Choose one example to explain, and report out to the class.



#### III. NORMALIZATION OF DEVIANCE

## **DVD PRESENTATION**

"NORMALIZATION OF DEVIANCE AND LEADERSHIP"



Slide 1-20

# NORMALIZATION OF DEVIANCE

 Normalization of deviance can lead to a groupthink mentality where new lower standards are accepted despite evidence that these standards are dangerous.

- A. Normalization of deviance can lead to a groupthink mentality where new lower standards are accepted despite evidence that these standards are dangerous.
- B. It is a tendency of our human nature to accept shortcuts and to rationalize these shortcuts under pressure.
- C. The lack of bad consequences often reinforces the "rightness" of these shortcuts.

# NORMALIZATION OF DEVIANCE (cont'd)

- Recognize our vulnerability to accept shortcuts under pressure.
  - What can fire service leaders do to ensure that they are not blindsided by this?
  - How does what is socially acceptable change?

Slide 1-22

1. Recognize our vulnerability to accept shortcuts under pressure.

# NORMALIZATION OF DEVIANCE (cont'd)

- Execute to meet standards.
  - What causes a failure to execute standards?
- Trust your instincts.
  - How can you, as a managing officer, help your people to develop instincts that improve safety?
- Archive and review.
  - What can be done to reinforce this method to avoid normalization of deviance?

- 2. Execute to meet standards.
- 3. Trust your instincts.
- 4. Archive and review.

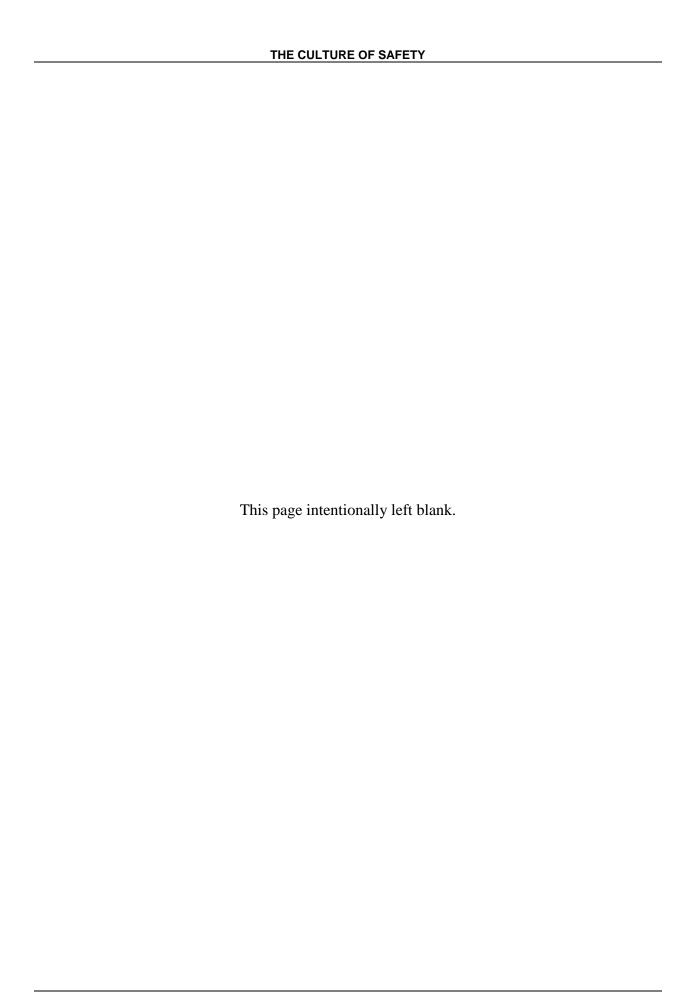
#### The Normalization of Deviance

## **Purpose**

Evaluate the impacts of normalization of deviance on an organization and the influence of department culture.

#### Directions

- 1. The class will be divided into four or five groups or tables.
- 2. Discuss in your groups ways your current organization and its culture played a role in a normalization of deviance of an action or behavior that did not meet a standard, policy or procedure that could have or did lead to an accident or injury.
- 3. The group will then select one incident of a normalization of deviance and the effect of departmental culture to discuss with the class.
- 4. Participate in a large group discussion of how this concept of normalization of deviance and departmental culture plays a major role in our organization's accidents and injuries.



## **VIDEO PRESENTATION**

# "PHOENIX FIRE TWILIGHT ZONE MANAGEMENT"

Slide 1-25

# **VIDEO PRESENTATION**

# "FIREFIGHTER ACCIDENTS COMPILATION"

https://www.youtube.com/watch? v=L7jKt\_rNrlw

Slide 1-2

# **VIDEO PRESENTATION**

"THE BUTTERFLY EFFECT"

https://www.youtube.com/watch?v=mo6fBAT8f-s

#### IV. **CURRENT STATE OF SAFETY IN FIRE AND EMERGENCY MEDICAL** SERVICES

# CURRENT STATE OF SAFETY IN FIRE AND EMS

- Varying states of investment regarding culture and safety.
  - Total investment.
  - No investment, operations as usual.
  - Most are somewhere in between.
- Organizations often send conflicting messages.

lide 1-28					

- A. Fire and EMS organizations are currently at varying states regarding culture and safety.
  - 1. Some are totally invested in changing their operation by incorporating safety into all activities.
  - 2. Some only talk the talk, not walk the walk regarding safety.
  - 3. Most are somewhere in between.
- B. Organizations often send conflicting messages.
  - 1. Four to six minute response time versus stop at all intersections.
  - 2. Dirty personal protective equipment (PPE) versus cancer prevention.
  - 3. Wear seat belt back of ambulance while doing patient care.
  - 4. Fully clean patient care area and equipment while calls are pending.

# CURRENT STATE OF SAFETY IN FIRE AND EMS (cont'd)

- Lack of support from administration leads to difficulty in changing to a culture of safety.
- COs must work to change what they can in their station.

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Slide 1-29

- C. No support from administration leads to difficulty in changing to a culture of safety.
- D. COs must work to change what they can in their station.

#### FORCE FIELD ANALYSIS

- Using force field analysis is a tool for making change.
- A visual method to consider the pros (for) and cons (against) for change.
- Developed by Kurt Lewin, it is useful to consider a change in any organization.
- · Uses a five step process.
- Step 1: Outline the change.

- E. To understand why we do things we need to look at the forces that work for and against our actions.
  - 1. Using force field analysis is one way to accomplish this.
  - 2. A force field analysis is simply a method to consider the pros (for) and cons (against) an idea or change.
  - 3. Developed by Kurt Lewin, it is a tool that is helpful when considering change to any organization.
- F. Lewin's method uses five steps in the process.
  - 1. Step 1: Outline the proposed change.

# FORCE FIELD ANALYSIS (cont'd)

- Step 2: Identify the forces for the change.
  - Identify as many factors as possible.
  - Use team members as appropriate.
- Questions to ask:
  - What are the benefits?
  - Who is for the change? Against? Why?
  - What resources are needed for the change to be effective?
  - What are the costs for the change?
  - Will there be other effects from the change?

Slide 1-3

- 2. Step 2: Identify the forces for the change.
  - a. It is important to identify as many factors involved in the change as possible.
  - b. Involve as many team members in this process as possible.
  - c. Questions to ask to identify pro and con forces:
    - What are the benefits?
    - Who is for the change? Against? Why?
    - What resources are needed for the change to be effective?
    - What are the costs for the change?
    - Will there be other effects from the change?

# FORCE FIELD ANALYSIS (cont'd)

- Step 3: Identify forces against the change.
  - Resistors may include:
    - -- Fear of the unknown.
    - Organizational constraints (i.e., policy, standard operating procedure (SOP), contractual issues, etc.).
    - -- Existing laws, regulations, standards, etc.

3. Step 3: Identify the forces against the change.

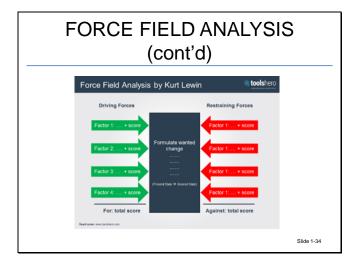
Resistors may include:

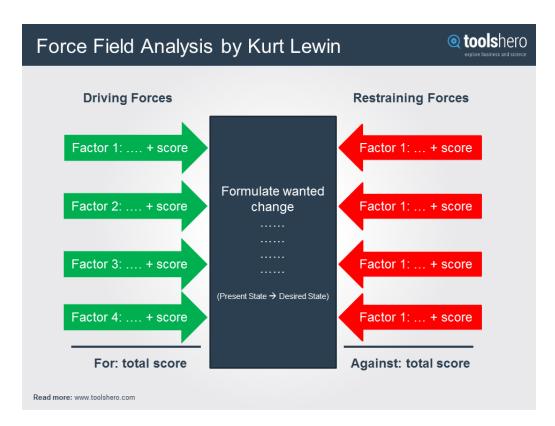
- a. Fear of the unknown.
- b. Organizational constraints (i.e., policy, standard operating procedure (SOP), contractual issues, etc.).
- c. Existing laws, regulations, standards, etc.

# FORCE FIELD ANALYSIS (cont'd)

- Step 4: Assign a score to each factor.
  - Weak factors a score of 1.
  - Strong factors a score of 5.
- Step 5: Analyze and apply the change.
  - Training.
  - Policy change.

- 4. Step 4: Assign scores for each force.
  - a. A simple method is to use weak force (score of 1) to strong force (score of 5).
  - b. Using the chart below, it may be useful to use different length arrows depending on their score. A longer arrow would be used for a greater force.
- 5. Step 5: Analyze and apply the change.
  - a. Make a decision to move forward with the change.
  - b. Consider what is necessary to implement the change (i.e., training, equipment, updated policy, etc.).





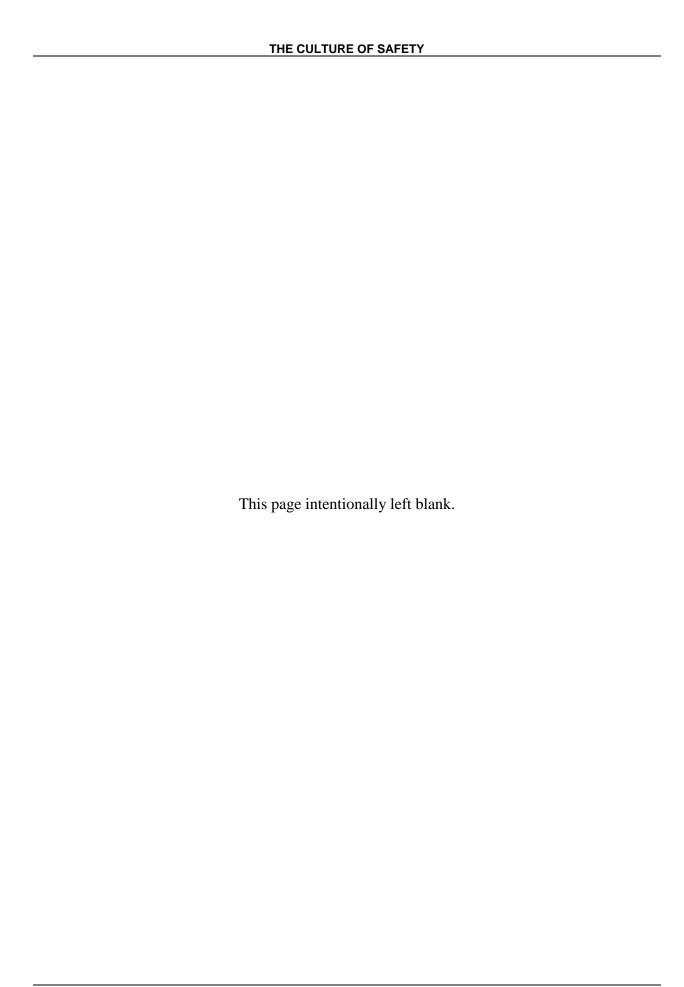
#### **Perform a Force Field Analysis**

#### **Purpose**

Develop a force field analysis to evaluate forces for or against change for a given scenario.

#### **Directions**

- 1. Using the model shown, each group will be assigned an issue to develop a force field analysis.
  - a. Implement a policy for all operations companies to begin doing company inspections for commercial occupancies in their first due.
  - b. Implement a change in shift schedules from 48 hours to 24 hours.
  - c. Implement an emergency medical technician (EMT) nonemergency response vehicle dispatch assignment for low priority calls.
  - d. Implement a policy to wash PPE after every incident, and institute the use of baby wipes on removal of self-contained breathing apparatus (SCBA).
- 2. Each group should use the force field model shown during the lecture.
- 3. Once the force field analysis is completed, it should be placed on the easel pad.
- 4. Each group will choose a representative to present to the class.



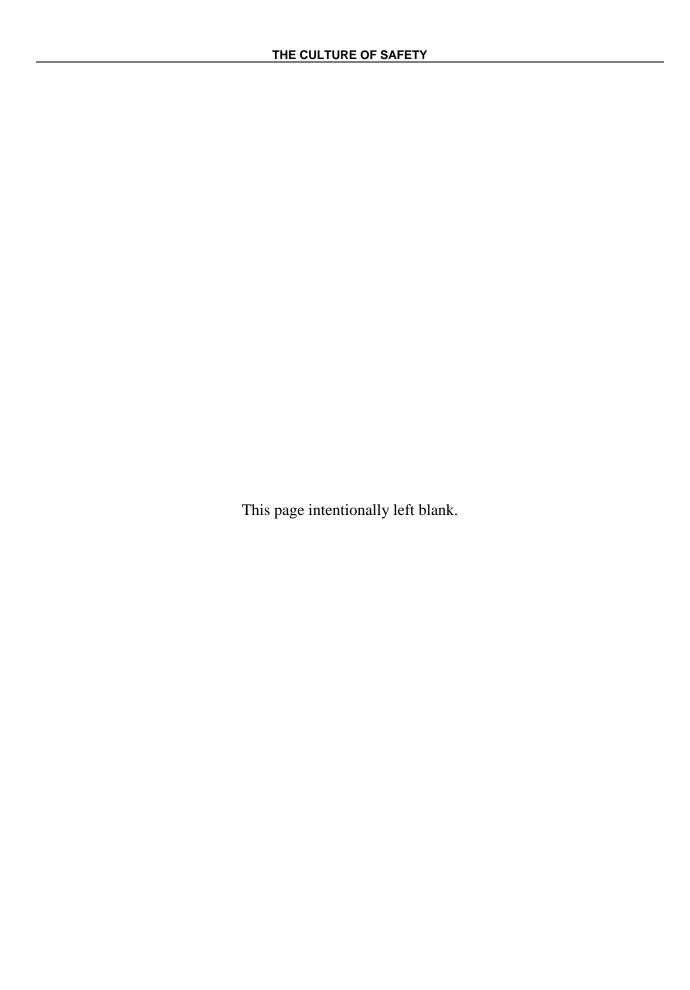
#### V. SUMMARY



# **SUMMARY**

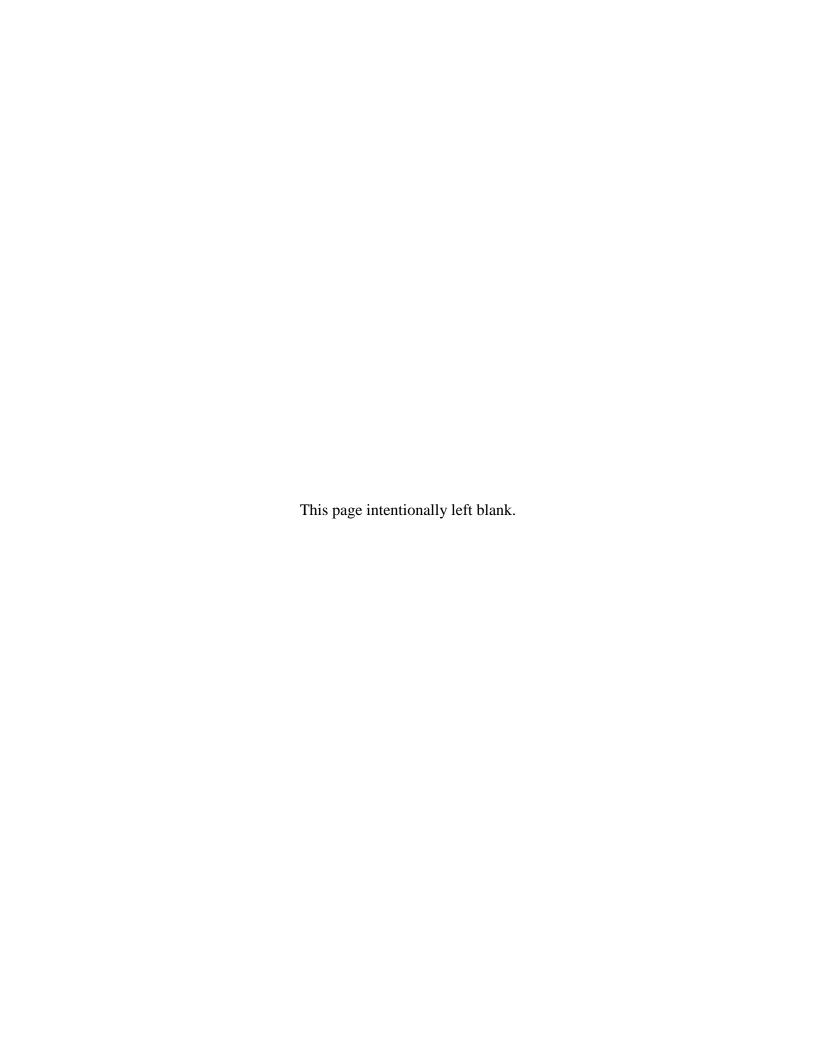


- What is culture?
- How does culture affect the everyday activities of the fire department?
- What is normalization of deviance?
- How does normalization of deviance affect department culture?
- Explain what a force field analysis is.



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# UNIT 2: HUMAN DYNAMICS

#### TERMINAL OBJECTIVE

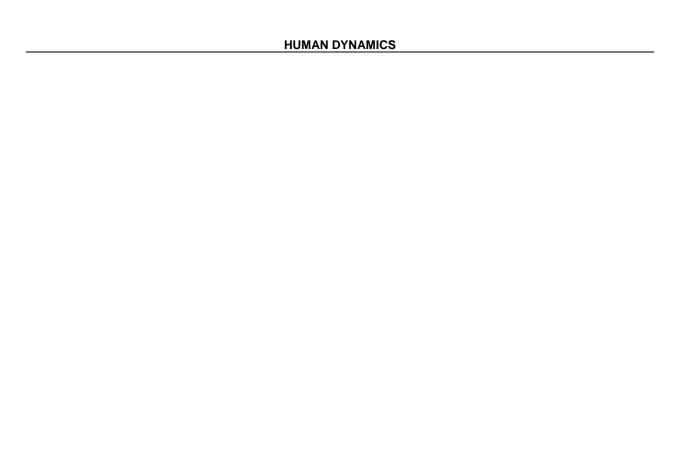
The students will be able to:

2.1 Assess the effects of human dynamics on leading and sustaining a culture of safety in fire and Emergency Medical Services (EMS) organizations.

#### **ENABLING OBJECTIVES**

The students will be able to:

- 2.1 Evaluate human dynamics as related to leadership and the culture of safety.
- 2.2 Assess the human traits associated with challenges that organizations face in creating and sustaining a culture of safety.
- 2.3 Assess the human traits that impact effective communication techniques.
- 2.4 Select/Critique communication techniques for effectiveness during given scenarios.



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# UNIT 2: HUMAN DYNAMICS

Slide 2-1

## **TERMINAL OBJECTIVE**

Assess the effects of human dynamics on leading and sustaining a culture of safety in fire and Emergency Medical Services (EMS) organizations.

Slide 2-2

# **ENABLING OBJECTIVES**

- Evaluate human dynamics as related to leadership and the culture of safety.
- Assess the human traits associated with challenges that organizations face in creating and sustaining a culture of safety.
- Assess the human traits that impact effective communication techniques
- Select/Critique communication techniques for effectiveness during given scenarios.

Slide 2-3

## **VIDEO PRESENTATION**

"COLONEL JOSHUA CHAMBERLAIN SPEECH (GETTYSBURG)"

https://www.youtube.com/watch? v=2d2\_zeJTJcw

Slide 2-

# **VIDEO PRESENTATION**

"WELCOME TO THE CITY DAY 1"

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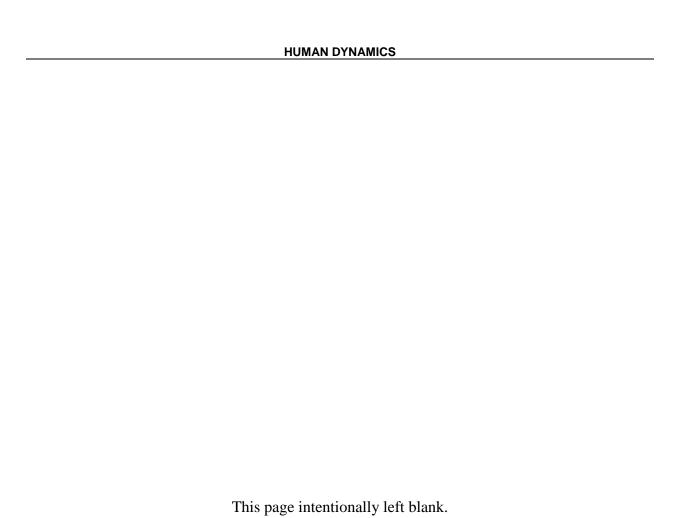
Slide 2

#### I. HUMAN DYNAMICS

What are human dynamics?

Slide

- A. Human dynamics is a body of knowledge that provides crucial tools and practices needed for people to understand and value each other's unique capabilities, enhance working relationships, grow professionally, and deliver results that involve everyone's contribution.
  - 1. Have you desired to know why you get along so well with some people, while others annoy you sometimes before they ever say anything?
  - 2. Did you know that how you respond to others likely relates to your personality style and how you get along with the personality style of the person you're interacting with?
  - 3. Your personality can impact the success of your efforts to influence the safety culture in your company.



#### Personal Assessment Exercise: In or Out

## **Purpose**

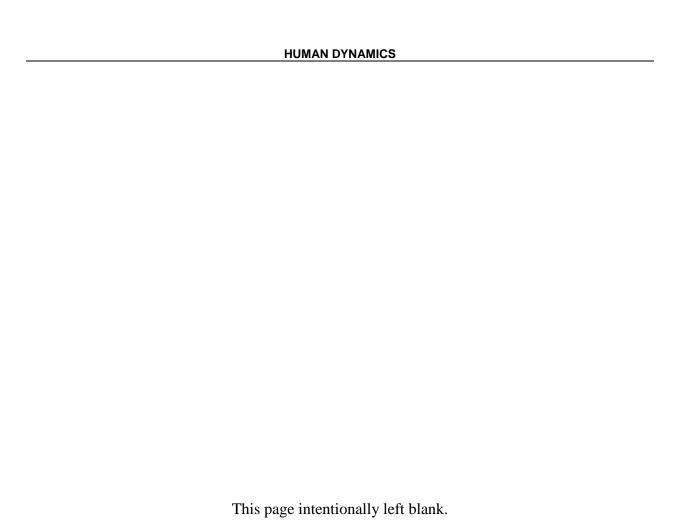
Identify positive and negative leadership habits and qualities that impact the culture of safety.

#### **Directions**

- 1. The objective of this exercise is for you to share your good and bad habits or qualities with the rest of the group.
- 2. Draw a vertical line down the middle of the easel chart at your table. Write "IN" on top of a column and "OUT" on top of another.



- a. You will write down one positive quality in the "IN" column and one weakness about yourself in the "OUT" column.
- b. You have **30 seconds each** for this exercise.
- c. Repeat the exercise until everyone in the group has participated.
- 3. Be prepared to discuss the importance of taking responsibility for our actions and behaviors.



# **Managing Officer Critical Task Failure**

# Purpose

Illustrate the mindset and behaviors that can lead to critical safety failures in an organization.

# Direction

The instructor will lead the group in this activity.



#### **Cultural Differences**

## **Purpose**

Compare and contrast how fire/EMS organizational culture may be different than other organizational cultures, and conclude the impacts this culture has on safety.

#### **Directions**

- 1. Within your assigned group, select a nonfire/EMS service organizational culture to compare and contrast with a fire/EMS culture.
- 2. List five example elements of the differences between an EMS organizational culture and a nonfire/EMS culture and their impact on the organization (for example, a group such as accountants). Identify impacts on safety that these differences/similarities may cause.

Fire/EMS	Nonfire/EMS -	Safety Impacts
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

3. Prepare an easel pad of the above. Since each group is probably working with a different non-fire/EMS culture, please give a quick overview of which organizational culture you selected when you present your findings to the rest of the class.



## I. HUMAN DYNAMICS (cont'd)

PERSONALITY TYPES	
Impact on communications.	
·	
	-
Slide 2-10	

- B. Identifying your personality type and that of others.
  - 1. Many methods or "tests" for identifying personality types.
  - 2. Importance is understanding differences and how to work types together for best outcomes.
- C. Our personality can make or break our communication efforts.
  - 1. Arrogant people will dismiss or debase the concerns, questions and input of others.
  - 2. Self-involved or narcissistic people will only focus on their own concerns.
  - 3. Insecure people will exaggerate their own accomplishments, put down those of others, or seek a way to make them look stupid.
  - 4. Communication happens when there is a dialogue between two people. Often, personality is behind miscommunication.
- D. Tempering "dominant" traits.
  - 1. Your personality traits may rub others the wrong way; refusing to be open to others' opinions is a trait of a dominant personality.
  - 2. Tempering dominant traits will allow individuals to improve their relationships with others.
    - a. D Do not dominate the conversation; allow others to talk.
       Consider the feelings of others before saying something that could alienate them. Practice patience; do not be so quick to interject your opinion.

#### **HUMAN DYNAMICS**

- b. I Invite others to join the conversation; try not to talk as much. Respect the personal space of others; do not get in their face or talk too closely. Do not derail the conversation or manipulate it.
- c. **S** Socialize; engage in the discussion and enjoy. Be more expressive and animated in your discussions without becoming too emotional. Talk about things you're unfamiliar with and focus less on the details.
- d. C Converse more, but stay away from the details. Resist an urge to inject facts and figures; talk more about your emotions. Inspire others and show empathy.

#### **Dangerous Action/Behavior**

## **Purpose**

Determine how human traits may influence the safety of a workplace environment.

#### **Directions**

#### Part 1

- 1. You will take 15 minutes to think about a problem or challenging member in your department or crew that may be disruptive or dysfunctional to the detriment of the safe operation of the department.
- 2. Identify the factors that may contribute to the behavior. See suggestions below.
  - a. Social media, electronic devices.
  - b. Personality.
  - c. Physical ability.
  - d. Religion.
  - e. Politics.
  - f. Minority issues.
  - g. Generational issues.
- 3. You will identify how the behavior/practices contribute to creating an unsafe work environment.
- 4. Present the scenario to the table group.
- 5. Each table group will select the best scenario for presentation to the class.
- 6. The table group will then select a representative to present to the class. They may present more than one case if the group feels that more than one case is outstanding.

# Part 2

- 1. Given the scenario that the group selected, develop a strategy and management plan to address the situation.
- 2. Students will select a representative to present their group's plan to the rest of the class.

#### II. COMMUNICATION STRATEGIES

# COMMUNICATION STRATEGIES

Effective corrective feedback:

- Don't make it personal focus on behavior.
- Ask questions to facilitate discussion; don't lecture.
- Give feedback immediately, in a one-onone setting.
- Show genuine concern for the other person's well-being.

Slide 2-12

- A. Effective communication is an integral part of achieving a work environment free from accidents and injuries.
  - 1. Most injuries are due, in part, to risky behaviors, yet firefighters are often reluctant to provide safety-related feedback to crewmembers because of disconnects in communication.
  - 2. Organizations that promote empathic communication techniques will promote a positive, safer work environment.
- B. Guidelines for providing effective, corrective feedback to crew members when they are working at-risk:
  - 1. Don't make it personal focus on behavior.
  - 2. Ask questions to facilitate discussion; don't lecture.
  - 3. Give feedback immediately, in a one-on-one setting.
  - 4. Show genuine concern for the other person's well-being.

# COMMUNICATION STRATEGIES (cont'd)

- Work together to find better solutions.
- Thank the person for listening.

Slide 2-13

- 5. Work together to find better solutions.
- 6. Thank the person for listening.

#### III. COMMUNICATION STYLES

# **COMMUNICATION STYLES**

- Dominant.
- Passive.
- Passive-Aggressive.
- Empathic.

Slide 2-14

- A. A complicating factor with safety communication is that people have different styles of communicating.
  - 1. Marty Brounstein, who wrote "Communicating Effectively for Dummies," identified four basic communication styles: Dominant, Passive, Passive-Aggressive and Empathic.
  - 2. The first three styles are generally maladaptive and stifle the development of a "Total Safety Culture."

3. The fourth style, the empathic (em'paTHik) communicator, is ideal and most favorable to effective communication and the improvement of an organization's culture.

#### B. Dominant communicator.

Dominant communicators tend to run people over in conversations. They believe they're never wrong, their opinions are more important than those of others', and people who disagree with them are either disloyal or misinformed.

#### C. Passive communicator.

Passive communicators tend to turn people off by being indirect and meek in their interpersonal communication. They tend to believe you shouldn't express your true feelings, make waves, or disagree. They often think other people's opinions are more important than their own.

D. Passive-Aggressive communicator.

Passive-Aggressive communicators tend to believe you should go behind people's backs instead of dealing with people directly.

- E. Empathic (em'paTHik) communicator.
  - 1. Unlike the styles already discussed, the Empathic communicator interacts effectively with others to maintain healthy long-term relationships. Organizations with numerous empathic communicators are likely to have more healthy organizational cultures.
  - 2. Empathic communicators generally believe:
    - a. Personal opinions and the opinions of others are important.
    - b. The process of arriving at a decision (not just the outcome) is important.
    - c. Getting input from others boosts morale and generally leads to better decision-making.

#### IV. BECOMING AN EMPATHIC COMMUNICATOR

- A. Be assertive, confident and action oriented.
- B. Express opinions directly and honestly.

- C. Show respect for others' opinions.
  - 1. Listen carefully and thank others for their input.
  - 2. Solicit opinions and ideas from others when making decisions. Avoid ignoring or verbally attacking others with a different opinion.
  - 3. Offer choices rather than mandates.
- D. Invite others to join conversations, especially in meetings.
  - 1. Reach out to people being excluded from conversation.
  - 2. When an idea is dropped without acknowledgement, bring the idea up again to discuss and reach closure.
- E. Confront problems as soon as they occur.
  - 1. Address the person directly, not through others.
  - 2. Don't let negative feelings build up.
- F. Don't spread or listen to negative gossip.
  - 1. Sincere disclosures about one's self creates trust and liking.
  - 2. Ensure self-disclosures are appropriate and professional.
- G. Ask others about themselves and how they are doing.
  - 1. Spend more time getting to know others.
  - 2. Caring about others increases trust, liking, respect and morale.
  - 3. Use appropriate, tasteful humor.
- H. Use stories when appropriate to convey positions or establish rapport.
- I. Spread positive gossip.
- J. Request feedback after sharing ideas and opinions.

## **ACTIVITY 2.5**

## Communications

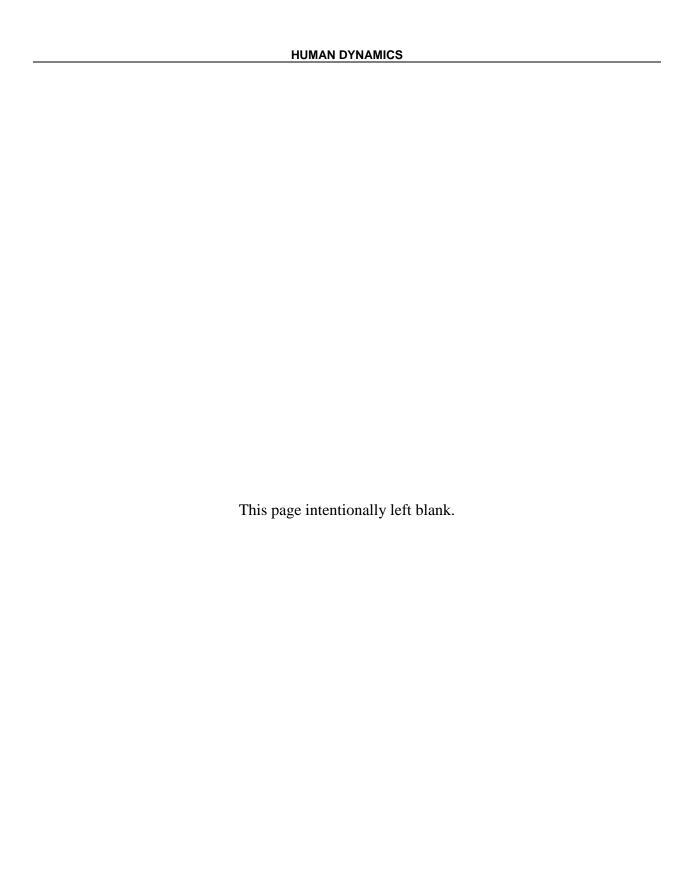
# **Purpose**

Use incidents of miscommunication to:

- Distinguish possible sources of interference leading to miscommunication.
- Critique how miscommunication can be prevented.
- Recommend ways to establish authentic dialogue.

## **Direction**

The instructor will lead the group in this activity.



#### V. IMPROVING LISTENING SKILLS

- A. Empathic communicators are also active listeners. They listen for both emotion and content to understand what the other person is saying.
  - They also reflect back what the speaker is saying to show understanding. In addition, empathic communicators use nonjudgmental tones and avoid being too quick to offer advice or dismiss ideas.
- B. When receiving safety feedback, effective listeners thank the person for providing feedback, regardless of how well it is given.
- C. Let others know if the feedback they receive is rude or abrasive.
- D. Don't be defensive about advice to improve.
- E. Collaborate with others on developing potential solutions.
- F. Reach consensus on actions to take.



#### **ACTIVITY 2.6**

#### **Improving Your Communications**

## **Purpose**

Apply the Empathic communications model to an event or situation.

#### **Directions**

- 1. In table groups, you will describe an event where your communication style resulted in a less than desirable outcome.
- 2. Analyze the events to determine the point at which the event led to the less than desirable outcome.
- 3. Follow the individual stories with a large group discussion on the communication styles used in each instance. Choose one of the events presented, and discuss how the Empathic communications style could have resulted in a positive outcome.

HUMAN DYNAMICS	
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#### VI. OTHER HUMAN DYNAMICS

# OTHER HUMAN DYNAMICS Impacts on safety?

Slide 2-20

In addition to personalities, other human factors are at play when interacting with members specifically regarding safety issues.

#### VII. SUMMARY



# **SUMMARY**



- · Personality types.
- Communications strategies.
- Communications styles.
- Becoming an Empathic communicator.
- Improving listening skills.
- Other human dynamics.

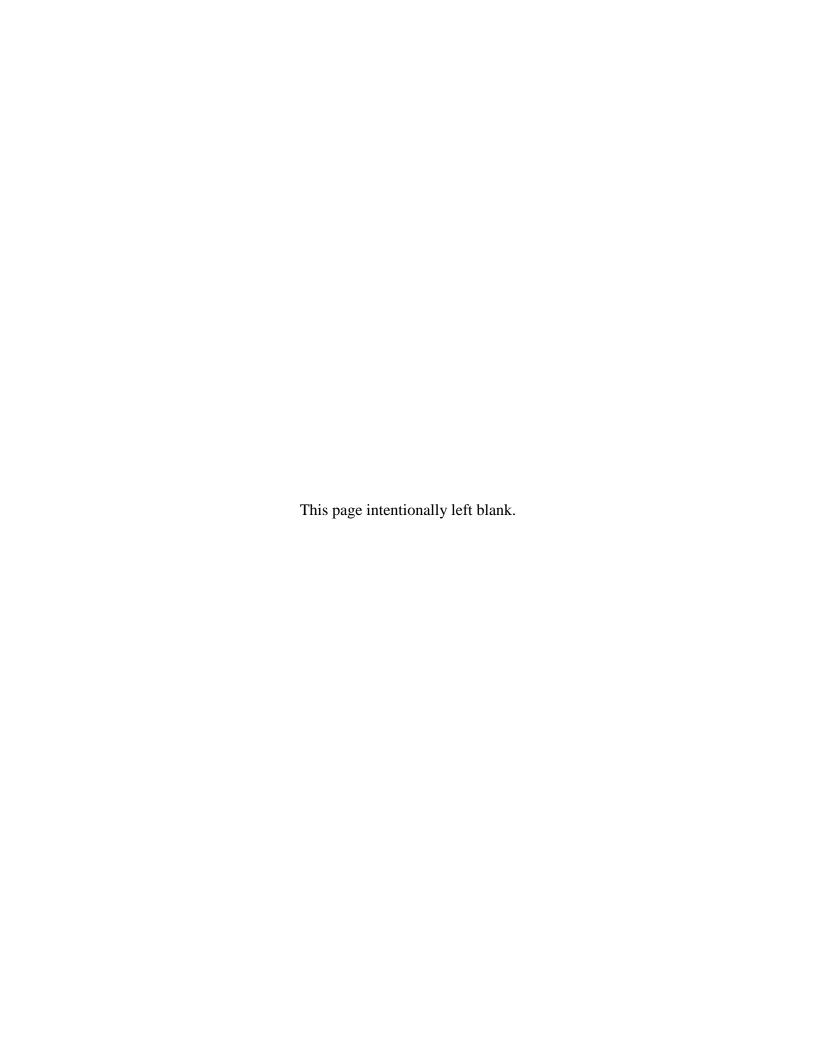
Slide 2-21

HUMAN DYNAMICS
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# UNIT 3: CROSSROADS OF LEADERSHIP AND SAFETY

#### TERMINAL OBJECTIVE

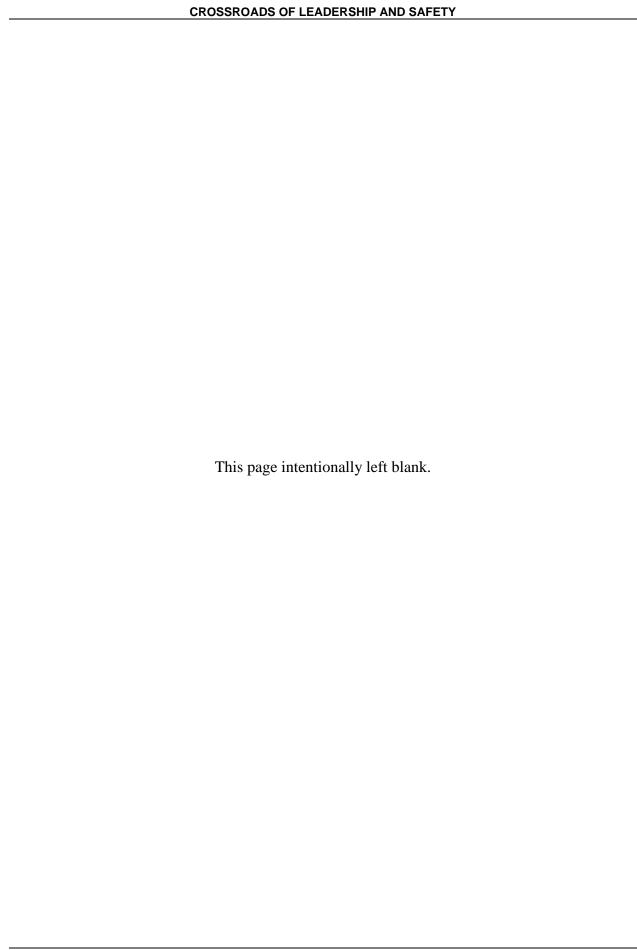
The students will be able to:

3.1 Discern and model the behaviors of an effective managing officer by creating and sustaining a culture of safety in fire and Emergency Medical Services (EMS).

#### **ENABLING OBJECTIVES**

The students will be able to:

- 3.1 Compare the roles of supervisors, managers and other personnel in creating and sustaining a culture of safety.
- 3.2 Recommend effective delegation techniques applicable to the improvement of an organizational culture of safety.
- 3.3 Assess opportunities for supervisors and managers to influence improved safety actions in fire and EMS organizational activities.
- 3.4 Role-play ethical decision-making and corrective communications during identified negative safety scenarios.
- 3.5 Analyze safety scenarios for the presence of ethical dilemmas.
- 3.6 Justify the implementation of process improvement to address a safety issue rather than use of a disciplinary process.
- 3.7 Integrate the concepts of crew resource management (CRM) into the culture of safety in fire and EMS activities.







# UNIT 3: CROSSROADS OF LEADERSHIP AND SAFETY

Slide 3-1

## **TERMINAL OBJECTIVE**

Discern and model the behaviors of an effective managing officer by creating and sustaining a culture of safety in fire and Emergency Medical Services (EMS).

Slide 3-2

# **ENABLING OBJECTIVES**

- Compare the roles of supervisors, managers and other personnel in creating and sustaining a culture of safety.
- Recommend effective delegation techniques applicable to the improvement of an organizational culture of safety.

# **ENABLING OBJECTIVES (cont'd)**

- Assess opportunities for supervisors and managers to influence improved safety actions in fire and EMS organizational activities.
- Role-play ethical decision-making and corrective communications during identified negative safety scenarios.

Slide 3-4

# **ENABLING OBJECTIVES (cont'd)**

- Analyze safety scenarios for the presence of ethical dilemmas.
- Justify the implementation of process improvement to address a safety issue rather than use of a disciplinary process.
- Integrate the concepts of crew resource management (CRM) into the culture of safety in fire and EMS activities.

Slide 3-5

#### I. SAFETY LEADERSHIP

#### SAFETY LEADERSHIP

- Safety performance is driven by leadership.
  - Establish values.
  - Develop procedures.
  - Enforce accountability.

- A. Safety performance is driven by the leadership of the organization. Leaders establish values, develop procedures, and enforce accountability for their safety programs.
  - 1. In other words, safety leaders set the standards of safe behavior within their organizations.
  - 2. True safety leaders motivate their coworkers to strive for minimal risk exposure.
- B. The success of a fire and/or Emergency Medical Services (EMS) organization depends on its members and the people to whom they are accountable (i.e., public, managers and supervisors).
  - 1. Managers exist as part of the organization's structural hierarchy and exert formal influence over their subordinates.
  - 2. Supervisors exert social influence over their crews by setting an example of appropriate behavior to elicit shared goals and to affect positive change in the organization.
  - 3. Frequently, there is a misconception that safety leadership refers only to those in **top management** or even the supervisor.
  - 4. The reality is any individual in the organization can be a safety leader if they so choose to be. Supervisors can influence safety leadership roles by setting the bar.
- C. In order to create a strong safety culture, it is crucial for organizations to have safety leaders on every crew, at every company, at every incident, etc. across all levels of the department hierarchy.
  - 1. In some cases, senior management may not be the most knowledgeable about the present dangers of a particular job.
  - 2. Managers should impress upon their members that a safety leader is anyone who cares enough about the organization to take the actions that will keep themselves and others free from danger or injury through guidance, persuasion, direction, and above all, setting the example.
- D. Safety leaders do not influence others through power, status or authority; they demonstrate a strong desire to inspire their co-workers to do the same through their actions.

# SAFETY LEADERSHIP (cont'd)

- Safety leaders lead by attitudes and behaviors.
  - Setting the example.
  - Avoiding complacency.
  - Reporting.
  - Communication.
  - Embracing change.

Slide 3-7

E. Safety leadership is not about the attributes of an individual, but rather their attitudes and behaviors.

Safety leaders exhibit a variety of behaviors that, often unintentionally, influence co-workers to improve their safety performance:

- 1. Setting the example by knowing and following the rules.
- 2. Avoiding complacency for the dangers of the job.
- 3. Reporting safety hazards, violations and incidents.
- 4. Open communication with co-workers and management about safety concerns.
- 5. Improve safety and working conditions by embracing change.
- 6. Encouraging co-workers to exhibit safe behaviors.
- 7. Acknowledging crew members for a safe job well done.
- 8. Ensuring co-workers are aware that unsafe behavior is unacceptable.
- 9. Actively participating in safety initiatives and committees.
- F. While the list may appear to be a burdensome obligation to some within the organization, safety leaders take on no greater share of the responsibility than their coworkers.
- G. Safety leaders will likely be more cognizant of their environments and be more likely to take the correct and safest actions based on training, knowledge and experience to be as safe as possible.

H. Management should support the decisions made by safety leaders and empower them to guide others to strong safety performance.

#### VIDEO PRESENTATION

"WHY GOOD LEADERS MAKE YOU FEEL SAFE"

https://www.ted.com/talks/simon\_ sinek\_why\_good\_leaders\_make\_ you\_feel\_safe

Slide 3-8

#### II. WHAT IS YOUR LEADERSHIP POSITION?

- A. In sports, when players "play out of position," the other team realizes the gap created and takes advantage of the situation.
- B. The same situation can apply to our work environment. If you are not wearing the right hat at the right time, gaps occur opening your team to risk.
- C. When discussing positions in your organization, it's important to understand the key responsibilities of the different roles: leaders, managers and supervisors.

#### LEADERSHIP POSITION

- Leader: focused on goals, resources, direction, logiams.
- Manager: focused on priorities, planning, options, clarity.
- Supervisor: focused on compliance, accuracy, day-to-day implementation.

- 1. Leader: focused on goals, resources, direction, logiams.
- 2. Manager: focused on priorities, planning, options, clarity.

3. Supervisor: focused on compliance, accuracy, day-to-day implementation.

# LEADERSHIP POSITION (cont'd)

- What role are you playing?
- Can you serve in more than one role at a time?

Slide 3-10

- D. There may be instances when you are asked what role you are playing in a particular situation; what will your response be?
  - 1. Most likely the response will be, "Because I'm the officer."
  - 2. The problem is, we fall back to an organizational chart position.
  - 3. The question was about the "role."
- E. Depending upon the knowledge and experience, tenure and performance of the other individual, over controlling or under directing can produce bad results, friction and create long-term credibility concerns.
- F. Many times we realize it may not be a single individual's problem, rather it is a cultural problem in organizations that operate with overlapping lines of control.
- G. Certainly, there may be times when members of your organization need to fulfill each of the roles without recognizing it. Consider these instances:
  - 1. During the orientation of a new person you supervise, you assign someone who is not a supervisor to mentor the individual.

Does the mentor become the leader or supervisor?

2. When it is time to lay out new safety programs, you have been assigned to plan and prioritize, which, in some organizations, is the function of a manager.

As a supervisor, do you take on the role of a manager?

H. If you do not get the results that you want, you or others may be playing out of position.

#### III. SPHERE OF INFLUENCE

A.

# SPHERE OF INFLUENCE • Leader's ability to affect change in the actions, beliefs and choices of others Slide 3-11 The sphere of influence is the leader's ability to affect change in the actions, beliefs and choices of others.

What is your sphere of influence as a managing officer?

Slide 3-12

# SPHERE OF INFLUENCE (cont'd)

- The managing officer can change the attitudes and behaviors of those that he or she manages.
  - Attitude a set of feelings toward a person, place or thing.
  - Behavior the way in which one acts or conducts one's self, especially toward others or outside factors.

- B. The managing officer can change the attitudes and behaviors of those that he or she manages.
  - 1. Attitude a set of feelings toward a person, place or thing.
  - 2. Behavior the way in which one acts or conducts one's self, especially toward others or outside factors.

# SPHERE OF INFLUENCE (cont'd)

- It is within your sphere of influence to change what is acceptable risk-taking behavior.
  - Risk-taking behavior is a significant influence on personal actions.

- C. It is within your sphere of influence to change what is acceptable risk-taking behavior.
  - 1. Risk-taking behavior is a significant influence on personal actions.
    - a. Chemicals in the brain determine whether a person is a "risk taker," a "risk avoider," or somewhere in between.
    - b. Risk decisions have their roots in the "fight or flight" nature of a human.
    - c. The human is the only animal that knowingly takes risks for pleasure.
    - d. The adrenaline surge after a successful risk is a large "PIC" (positive, immediate and certain) effect for humans.
      - Positive.
      - Immediate.
      - Certain effect for humans.
  - 2. Reinforced risk taking can cause nonconservative decision-making.

# SPHERE OF INFLUENCE (cont'd)

- To increase your sphere of influence as a managing officer:
  - Connect with your personnel.
  - Make your voice heard (meaning your vision, ideas, values and areas of expertise).
  - Cultivate relationships with other people of influence.
  - Choose to lead, and others will follow.

Slide 3-15

- D. To increase your sphere of influence as a managing officer:
  - 1. Connect with your personnel.
  - 2. Make your voice heard (meaning your vision, ideas, values and areas of expertise).
  - 3. Cultivate relationships with other people of influence.
  - 4. Choose to lead, and others will follow.

#### IV. DELEGATING AND EMPOWERMENT TO ACHIEVE SAFETY GOALS

# DELEGATING AND EMPOWERMENT TO ACHIEVE SAFETY GOALS

- · Delegation.
  - Assign tasks to workers.
  - Provide specific direction on how to accomplish the task.
  - Delegator owns the responsibility for deciding what, how and when.

Slide 3-16

A. Good supervisors delegate tasks and empower those who work for us. The difference between delegating and empowerment is the extent of control and authority extended to the member.

B.	What is	delegation	and em	powerment?

1. **Delegation** occurs when managers or supervisors assign tasks to workers, providing specific direction on how to accomplish the task. Delegation is different than the decision focus in empowerment. The delegator owns the responsibility for deciding what, how and when.

<b>DELEGATING AND EMPOWER</b>	RMENT
TO ACHIEVE SAFETY GOALS	(cont'd)

- Empowerment.
  - Supervisor presents a goal or a decision to be made.
  - Member decides and executes.
  - Member owns the responsibilities.
  - Enabling crewmembers to make decisions once reserved for supervisors.

Slide 3-17

2. **Empowerment** — enabling crewmembers to make decisions once reserved for supervisors. This decision-making responsibility is a key distinction from delegation, **which centers more on task assignment.** The supervisor presents a goal or a decision to be made, and the member decides and executes with little or no further involvement of the supervisor. The member owns the responsibilities.

# DELEGATING AND EMPOWERMENT TO ACHIEVE SAFETY GOALS (cont'd)

- Delegation.
  - Benefits.
  - Challenges.
- Empowerment.
  - Benefits.
  - Challenges.

- C. Factors to consider whether you delegate or empower.
  - 1. The individual's knowledge, skills and abilities (KSAs) you are delegating the task to.

- 2. The amount of control and autonomy required to complete the goal or task.
- 3. The amount of control and autonomy you, the Company Officer (CO), are willing to give.
- D. Delegation basics.
  - 1. Delegation occurs when managers assign tasks to workers.
  - 2. The task emphasis of delegation is different than the decision focus in empowerment.
  - 3. The supervisor/manager typically provides details about the requirements and the deadline for completion.
  - 4. Effective delegation includes a follow-up step, checking employee progress and upon completion gauging the results.

# DELEGATING AND EMPOWERMENT TO ACHIEVE SAFETY GOALS (cont'd)

- Effective delegation or empowerment.
  - Clear understanding of the goal or task, including time frame, budget restrictions and quality level.
  - Clear understanding of the boundaries and authority.
  - Necessary knowledge and skills.
  - Trust of the supervisor that the member will perform the job successfully.

Slide 3-19
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- E. Delegating effectively there are four requirements to consider for effective delegation and empowerment:
  - 1. A clear understanding of the goal or task, including time frame, budget restrictions and quality level.
  - 2. A clear understanding of the boundaries and authority.
  - 3. The necessary knowledge and skills.
  - 4. The trust of the supervisor that the member will perform the job successfully.

# **VIDEO PRESENTATION**

"EFFECTIVE DELEGATION AND EMPOWERMENT"

https://www.youtube.com/watch?v=
BJiDr-wrdzk&t=0s

## **ACTIVITY 3.1**

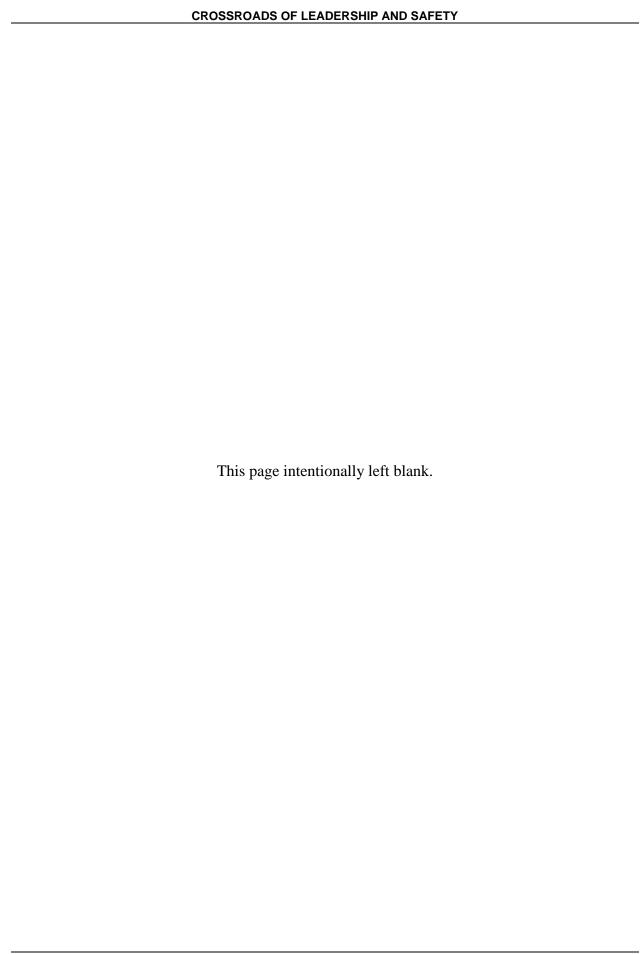
## **Delegation Analysis**

## **Purpose**

Analyze your individual ability to identify those tasks that can be delegated.

## **Directions**

- 1. Locate the Delegation Analysis form in Homework 3A.
- 2. Review the form, and seek clarification on any aspect you are unsure of.
- 3. Work individually to analyze your ability to delegate tasks and activities.
- 4. Develop your final delegation plan to use when you return to your department.



#### V. CREATING BUY-IN

#### CREATING BUY-IN

- Implementing organizational change is the key to remaining current, relevant and ahead of the curve in emergency services.
- True safety change leadership demands getting buy-in from those you lead as a frontline supervisor.

Slide 3-22

- A. Implementing organizational change is the key to remaining current, relevant and ahead of the curve in emergency services.
- B. But, while true leaders love change and can see the big picture, employees often fear it or fight it.
- C. True safety change leadership demands getting buy-in from those you lead as a frontline supervisor.
- D. To be successful as a managing officer and a change agent, the following five steps will allow you to successfully implement change and ensure a smooth transition with employees in the desired safety change initiative.
- E. The five steps are identified as follows:

# CREATING BUY-IN (cont'd)

- As the managing officer, lay out the vision
- Leaders must personalize tasks.
- Follow up.
- Identify the resistance.
- Be prepared to make alterations.

Slide 3-23

1. As the managing officer, lay out the vision.

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- a. Clearly identify and state what is changing and why.
- b. Show your employees where you are today and where you intend to be in the future.
- c. Make sure you show them why this is important, how it matters to the organization, how it will positively impact their emergency services careers, and how you plan to measure their future success.

#### 2. Leaders must personalize tasks.

- a. Make sure the tasks you assign as a leader to each employee play to their own personal strengths.
- b. Leaders must set up their people for success. Employees will be more motivated to achieve a desired result.
- c. Be clear and set the vision with each employee about how their own work is vital to the final organizational outcome.
- d. Leaders must set realistic and measurable goals, and let the employee know how they will be held accountable.

#### 3. Follow up.

- a. Leaders must stay connected to ensure that each employee is clear about the vision they are working toward.
- b. Always maintain and keep an open line of communication and opendoor policy as much as possible. It's important that your employees can contact you and let you know when a specific challenge might arise.
- c. Further, good leaders always encourage their employees to bring a solution with them when making the leader aware of a problem.

#### 4. Identify the resistance.

- a. Leaders are aggressive in addressing instances where they see potential problems with resistance to change.
- b. This organizational view is important for two reasons. First, small problems have a potential nasty habit of ballooning into bigger problems.

c. Secondly, leaders don't want unhappy employees poisoning or influencing the mindsets of other employees who have already bought in.

#### 5. Be prepared to make alterations.

- a. Just as employees potentially resist change, sometimes we as leaders and employees fail to realize that our own changes aren't working the way we intended them to.
- b. Leaders who have the right employees on the right change initiative always solicit their open and honest feedback.
- c. As a managing officer, you have to be prepared to take the advice your employees give and adjust your own game plan accordingly.
- d. This open and honest feedback sometimes means mid-course corrections.
- e. Other times it means redefining our change management plan and starting from the beginning again.
- f. Leaders should never take this situation as a defeat it's the ultimate signal to your employees that you as a leader value the buyin your employees have given for your safety change initiative.

#### VI. LEVEL OF COMMITMENT

## LEVEL OF COMMITMENT

- Have you experienced a significant emotional event that influenced your attitude toward risk?
- To try to fix something, do you have to have passion for it?
- How much risk are you willing to personally take on?
- What goal or goals are you trying to achieve?

Slide 3-24				

#### VII. FIRE SERVICE ETHICS

#### FIRE SERVICE ETHICS

- Fire service has long been held in high esteem.
  - Generally most trusted by the public.
  - Public trust even at worst times.
    - -- Allowed to enter homes and businesses without question.
    - -- Victims seen in various states of undress during treatment.
    - -- Access to individual's personal information.

Slide 3-25

- A. Fire service has long been held in high esteem.
  - 1. The fire service is generally one of the most trusted by the public.
  - 2. The public trusts the fire service during their worst times.
    - a. We are allowed to enter homes and businesses without question.
    - b. We see victims, including children, in various states of undress during treatment.
    - c. We are allowed access to individual's personal information without question.

# FIRE SERVICE ETHICS (cont'd)

- It is easy for that hard-earned respect to be lost by one incident of misuse of power.
- One instance undermines respect and support that has been attained.
  - Sense of duty for ethical behavior.
  - Never considered off-duty when it comes to ethical or illegal behavior.

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3. It is easy for that hard-earned respect to be lost by one incident of misuse of power.

- B. It only takes one instance to undermine the hard-earned respect and support that the fire service has attained.
  - 1. Fire service depends on its members' sense of duty for ethical behavior.
  - 2. As members of the fire service we are never considered off-duty when it comes to ethical or illegal behavior.

FIRE SERVICE ETHICS (	cont'd
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- Headlines report of firefighters acting not selflessly and heroically, but rather selfishly and irresponsibly.
  - Portrays the fire service in general, not just one individual.
  - Even actions off-duty (career or volunteer) reflect on the entire organization.

Slide 3-27

- C. Headlines report of firefighters acting not selflessly and heroically, but rather selfishly and irresponsibly.
  - 1. This results in a detrimental impact on the fire service.
  - 2. Members that engage in unethical, immoral, inappropriate, criminal or other activities portray the fire department in general as bad, not just that one individual.
  - 3. Even actions off-duty (career or volunteer) reflect on the entire organization. Headlines often read "Firefighter arrested for \_\_\_\_\_\_."

# FIRE SERVICE ETHICS (cont'd)

- The internet and 24/7 news cycle can take these incidents from a local item to national news in a matter of hours, sometimes minutes.
- Ethics is a system or code of conduct based on moral duties or obligations that indicate how an individual should behave.
- Ethics is the ability to distinguish between right and wrong.

- D. The internet and 24/7 news cycle can take these incidents from a local item to national news in a matter of hours, sometimes minutes.
  - 1. The power of mass communications can result in reputation damage throughout the fire service.
  - 2. Examples of firefighter/fire service-related incidents:
    - a. Cheating on qualifying exams.
    - b. Firefighter arson.
    - c. Theft of fire department funds.
    - d. Misuse of department equipment.
    - e. Misuse or use of alcohol or illegal substances.
    - f. Harassment and discrimination.
- E. The fire service needs to address this lack of ethics or lack of integrity.
  - 1. Ethics is a system or code of conduct based on moral duties or obligations that indicate how an individual should behave.
  - 2. Ethics is the ability to distinguish between right and wrong.

# FIRE SERVICE ETHICS (cont'd)

- Personal and professional ethics may be different.
- Ethic develops over many years, sometimes decades.
  - Influenced by moral beliefs and values, religion and upbringing.
  - Influenced by past experiences and ideals.
  - Ethics is influenced by laws, regulations, department policies, etc., as well as group dynamics.

Slide:	3-29
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- 3. Personal and professional ethics may be different.
- F. Ethic develops over many years, sometimes decades.
  - 1. Ethics are usually instilled from the time of birth.

- 2. Influenced by moral beliefs and values, and in most people by religion and upbringing.
- 3. Ethics is influenced by past experiences and ideals.
- 4. For firefighters, ethics is influenced by laws, regulations, department policies, etc., as well as group dynamics.

FIRE SERVICE ETHICS (	(cont'd)
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- Need to consider actions in station and interaction with other members.
  - Officer actions can be positive or negative on the company.
  - Unethical actions can be detrimental to attitude and work ethic.

Slide 3-30

- G. We also need to consider our actions in the fire station and our interaction with other members of the organization.
  - 1. As an officer, your actions can be positive or negative on the company.
  - 2. Unethical actions can be detrimental to the company and their attitude and willingness to work together.

## FIRE SERVICE ETHICS (cont'd)

- Officers are expected to act ethically in all circumstances.
  - Subordinates expect honesty, equitable treatment, fairness and compassion.
- Held to a higher standard than the public.

Slide 3-3

H. Officers are expected to act ethically in all circumstances.

#### **CROSSROADS OF LEADERSHIP AND SAFETY**

- 1. Subordinates expect their supervisors to be honest, and to be treated equitably, fairly and compassionately.
- 2. Officers who display those qualities are usually the most successful.
- 3. Remember, as public officials, we are held to a higher standard than the public.

#### **ACTIVITY 3.2**

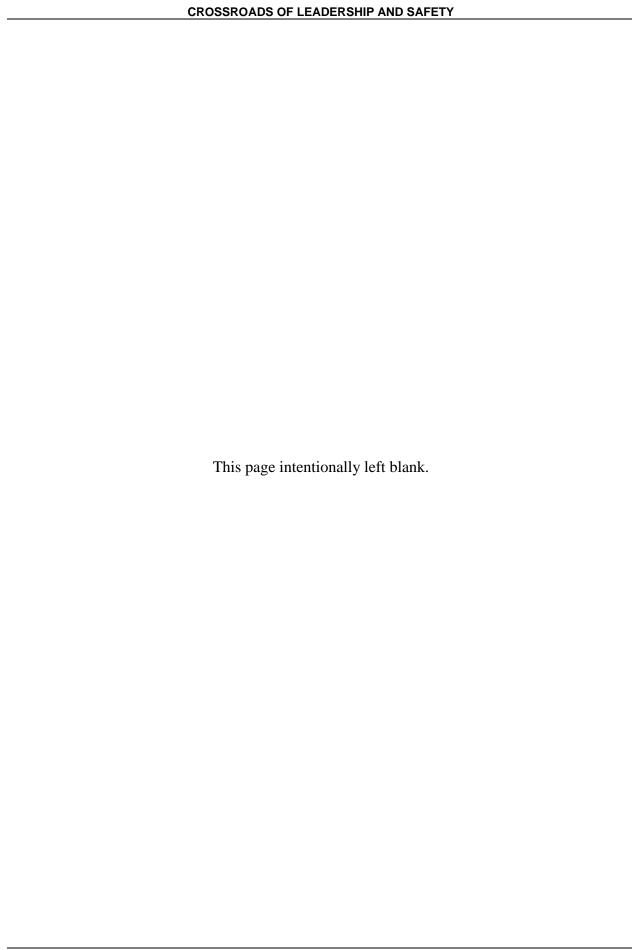
#### **Ethical Safety Issues**

#### **Purpose**

Identify ethical safety issues and factors that lead to injuries in the given scenario.

#### **Directions**

- 1. Work in your table groups for this activity. Each group is assigned a potential ethical/safety situation.
  - a. Group 1: Department policy states that seat belts must be worn in all fire department vehicles at all times the vehicle is in motion. While out on detail, you and your crew see the battalion chief driving without a seat belt. This is not the first time that you have made this observation.
  - b. Group 2: Your crew responds to a pediatric cardiac arrest and observe the paramedic not wearing proper protective equipment (BSI). This medic routinely avoids wearing BSI, stating that he can work better without it.
  - c. Group 3: While at an emergency scene, you notice that a member of the ambulance crew appears to pocket items from the victim's dresser. You and the crew arrived secondary to the ambulance and are unsure of what took place prior to your arrival.
  - d. Group 4: You are assigned to a new station as a recently appointed lieutenant. As you respond to your first incident, you realize that the seat belt warning device has been disabled. The crew states that this was done because it is easier, and they don't like listening to the buzzer.
- 2. Discussion should include both ethical and safety concerns. Outline how you would handle the situation as a CO. Be sure to include actions with the crew and the individual who is taking the action.
- 3. Place your responses on the easel pad.
- 4. Appoint a representative to present your findings to the class.



#### **ACTIVITY 3.3**

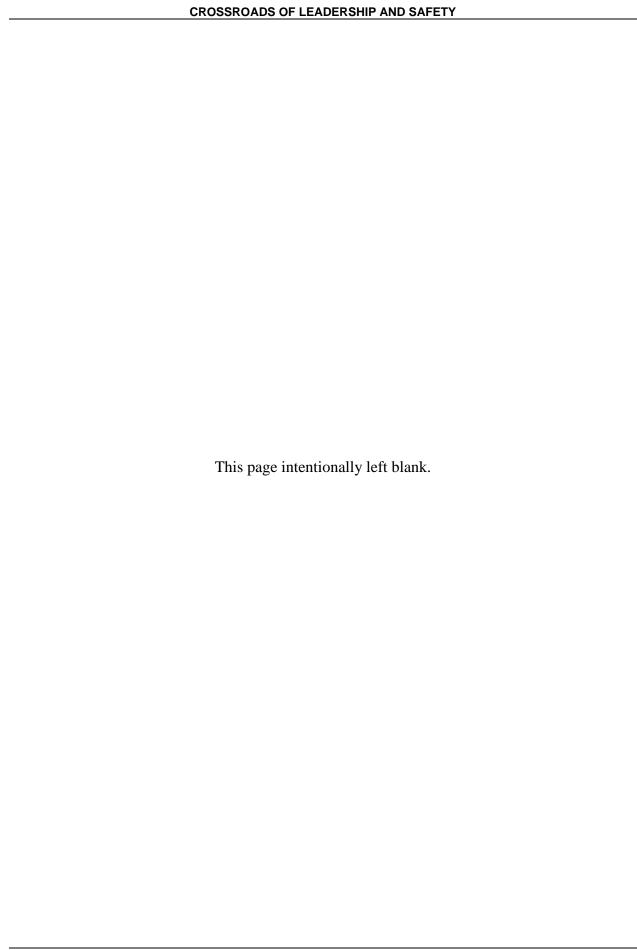
### Raleigh Ladder Truck Rollover

### Purpose

Using a scenario, identify ethical factors that lead to injuries or LODDs.

#### **Directions**

- 1. Watch the "Raleigh Rollover" and the "AT8 Montgomery County" videos.
- 2. After the video, discuss/answer the following questions as a large group.
  - a. What contributing ethical factors led to the accident?
  - b. Identify the ethical lessons learned.
  - c. Identify corrective actions that would prevent a reoccurrence.
  - d. Are there ethical issues to be addressed?
  - e. Discuss the difficulties that the department must have faced in making the video.
  - f. Discuss the leadership opportunities for the management of this department.
  - g. How do the previous questions relate to ethics? How will ethics play a part in corrective actions?



### VIII. DISCIPLINE, PROCESS IMPROVEMENT AND SAFETY

# DISCIPLINE, PROCESS IMPROVEMENT AND SAFETY

- Company Officers (COs) deal with personnel and discipline.
  - Policies or collective bargaining agreements lay out the process.
  - Personnel often push the limits of behavior and may require corrective action.
- Too often, officers go to the first step in the process — usually some type of reprimand.

Slide 3-36

- A. COs are often asked to deal with personnel and discipline.
  - 1. Often the department has policies or collective bargaining agreements that lay out the disciplinary process.
  - 2. Personnel often push the limits of behavior and may require corrective action.
- B. Too often, officers go to the first step in the process usually some type of reprimand.

# DISCIPLINE, PROCESS IMPROVEMENT AND SAFETY (cont'd)

- Consider other methods of discipline before using formal discipline.
  - Purpose of discipline is to change behavior.
  - Often more effective to counsel than to discipline.
  - Consider previous actions and attitude.
  - Counsel as close to the incident occurring as possible.

- C. Officers should consider other methods of discipline before using formal discipline.
  - 1. Remember, the purpose of discipline is to change behavior.
  - 2. Often it is more effective to counsel than to discipline.

- 3. Consider the individual's previous actions and attitude prior to the current issue.
- 4. The best time to counsel is as close to the incident occurring as possible. This ensures it is fresh in both persons' memories.

DISCIPLINE, PROCESS	<b>IMPROVEMENT</b>
AND SAFETY (	(cont'd)

- Other methods to use instead of discipline:
  - Training or retraining.
  - Peer pressure.
  - Process improvement proactive task of identifying, analyzing and improving upon existing processes.
  - Systematic approach following specific methodology.
- Issue concerning safety, should be dealt with immediately.

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- D. Other methods to try prior to discipline may include:
  - 1. Training or retraining the individual or the crew on the issue.
  - 2. Peer pressure use other firefighters to assist in changing the negative behavior.
  - 3. Process improvement the proactive task of identifying, analyzing and improving upon existing processes within an organization for optimization and to meet new standards of quality. It often involves a systematic approach which follows a specific methodology but there are different approaches that may be considered.
- E. If the issue concerns the safety of the crew or the individual, it should be dealt with immediately.

#### **ACTIVITY 3.4**

#### Use an Alternative Method to Solve a Disciplinary Issue

#### **Purpose**

Use an alternative process to solve a disciplinary issue based on a scenario.

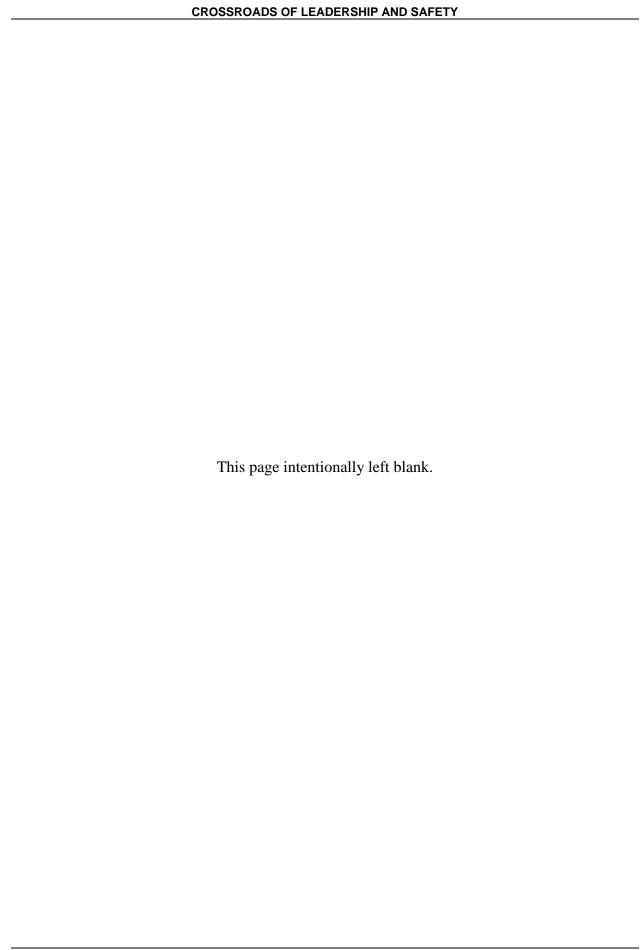
#### **Directions**

The class will be divided into four or five groups or tables.

- 1. Based on the situation each group was assigned in this activity, choose an alternative method for correcting the action identified.
- 2. In your group, discuss the method or methods to be used and what actions you as an officer would take.
- 3. Outline specifically what you would do or say to the individual involved based on your alternative method.
- 4. Place the group's outline on the easel pad.
- 5. Choose a representative to present your method (outline response) to the group.

#### **Scenarios**

- 1. EMS QI reports that Firefighter Wilson is trending with excessive scene times on MVC's with multisystem trauma patients. His times have averaged 23 for the past 630 days.
- 2. It has been brought to your attention that Firefighter Jones has been publishing videos of fires and accident scenes as he exits the truck. He has been posting them on his personal Facebook page.
- 3. Captain Butler will not participate in mandatory PT with his crews. He retreats to his office and says he has too much paper work to deal with.
- 4. Firefighter Brown reports that he injured his shoulder during a training exercise, however, no one witnessed him doing the state activity. Rumors are that he hurt his shoulder on his side job in construction.



#### VIDEO PRESENTATION

### "INSIDE LOOK AT HIGH ANGLE RESCUE TRAINING"

https://www.youtube.com/watch?v=ZAMCjGFcUZk

Slide 3-40

#### IX. CREW RESOURCE MANAGEMENT

# CREW RESOURCE MANAGEMENT

- CRM started almost 40 years ago in airline industry.
  - May now be called Threat and Error Management (TEM).
  - CRM is a proven method and tool to reduce injuries and fatalities.
- CRM defined as the effective use of all resources, including software, hardware and personnel to achieve safe and efficient emergency operations.

- A. Crew resource management (CRM) began almost 40 years ago in the airline industry.
  - 1. May now be called Threat and Error Management (TEM). Concept is the same.
  - 2. CRM is a proven method and tool to reduce injuries and fatalities.
  - 3. Approximately 80 to 100 firefighter LODDs each year.
- B. CRM is defined as the effective use of all resources, including software, hardware and personnel to achieve safe and efficient emergency operations.

- CRM does not relieve the officer of responsibility or authority.
- CRM/TEM is based on the following:
  - Communication.
  - Task allocation.
  - Situational awareness.
  - Critical decision-making.
  - Teamwork.
  - Overcoming barriers.
- All must function together or synergistically for CRM to work.

Slide 3-42

- C. CRM does not relieve the officer of responsibility or authority.
- D. CRM is based on the following:
  - 1. Communication.
  - 2. Task allocation.
  - 3. Situational awareness.
  - 4. Critical decision-making.
  - 5. Teamwork.
  - 6. Overcoming barriers.
  - 7. All must function together or synergistically for CRM to work.

# CREW RESOURCE MANAGEMENT (cont'd)

- Communication is common denominator in lineof-duty deaths (LODDs).
  - Good communication is essential at any emergency scene.
  - CRM uses common terminology.
  - Two-way communication essential to ensure the communication is understood.
  - Face to face is best method; allows nonverbal clues.
  - Radio communications rely on good speaking and listening skills.
  - Unsuitable equipment can cause issues.

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;is	tically f	or CR	M to	work.	

- E. Communication is a common denominator in firefighter LODD.
  - 1. Good communication is essential at any emergency scene, and it is essential to be aware of anything that can disrupt communication.
  - 2. CRM focuses on good communication using common terminology for each task to be performed.
  - 3. It is essential to use two-way communication to ensure the communication is understood.
  - 4. Face to face is the best method as it allows nonverbal clues to be visualized.
  - 5. Radio communications rely on good speaking and listening skills.
    - a. Messages should be direct and clear.
    - b. Practice using the radio (training).
  - 6. Unsuitable equipment can cause issues.
    - a. Self-contained breathing apparatus (SCBA) without voice-mitters.
    - b. Lack of radios for all personnel.
    - c. Multiple units on the same frequency or tac channel.

- · Task allocation in CRM.
  - Know limitations and skills of crew.
  - Fatigue can cause poor task performance.
  - Minimize and control distractions includes responding to a scene.
  - Follow standard operating procedures (SOPs).
  - Delegate as necessary and appropriate.

Slide	3-	4	4

- F. Task allocation is next in CRM.
  - 1. Know the limitations and skills of you and your crew.
  - 2. Fatigue can be an issue and cause poor task performance.

- 3. Minimize and control distractions. This includes responding to a scene; all should be focused on the incident being responded to.
- 4. Follow standard operating procedures (SOPs).
- 5. Delegate as necessary and appropriate.

- · Situational awareness.
  - Responders are action oriented.
  - Organizational culture can be a distraction to situational awareness.
  - Aware of what is happening.
  - Imperative for team to be able to speak up as issues are recognized.
  - "Tunnel vision."
  - Loss of situational awareness is attributable to eight factors.

Slide	3-4

- G. Situational awareness is the next part of CRM.
  - 1. Responders are action oriented.
  - 2. Organizational culture can be a distraction to situational awareness.
  - 3. We must constantly be aware of what is happening around us.
  - 4. It is imperative for each member of the team to be able to speak up as issues are recognized.
  - 5. Be aware of developing "tunnel vision" based on what is happening.
  - 6. Loss of situational awareness is attributable to eight factors.

SITUATIONAL AWARENESS			
CRM Situ	national Awareness		
Ambiguity is being open to more than one interpretation or being unclear about the situation.	Complacency is the false sense of comfort masking deficiencies or dangers.		
Distraction from the original focus of the situation.	Failing to resolve conflicts during a situation is unresolved discrepancy.		
Fixation is focusing on one item at the exclusion of all others.	7. Freelancing is the concept of "nobody flying the plane" or no one in charge.		
Overload is the problem of being too busy to stay on top of the situation.	Improper use of an SOP without justification.		
	Slide 3-46		

Table 3.1 CRM Situational Awareness			
1.	Ambiguity is being open to more than one interpretation or being unclear about the situation.	5.	Complacency is the false sense of comfort masking deficiencies or dangers.
2.	Distraction from the original focus of the situation.	6.	Failing to resolve conflicts during a situation is unresolved discrepancy.
3.	Fixation is focusing on one item at the exclusion of all others.	7.	Freelancing is the concept of "nobody flying the plane" or no one in charge.
4.	Overload is the problem of being too busy to stay on top of the situation.	8.	Improper use of an SOP without justification.

- Decision-making considers information available and uses risk-benefit analysis.
  - Communication and information exchange essential.
  - Life-threatening (emergency) and nonlife-threatening (nonemergency).
  - Nonemergency allows time to weigh information.
  - Life threatening requires rapid decisions, without all information available.
  - Newer officers may have difficulty making decisions.

analysis to arrive at a decision.

- -- Mistakes are omission or commission.
- H. Decision-making in CRM considers the information available and uses risk-benefit
  - 1. Communication and information exchange is essential to decision-making.
  - 2. Decision-making can be life-threatening (emergency) and nonlife-threatening (nonemergency).
  - 3. Nonemergency allows time to weigh information.
  - 4. Life threatening requires rapid decisions, often without all information available.
  - 5. Newer officers with little experience may have difficulty making decisions in these circumstances.
    - a. Inexperience can lead to mistakes.
    - b. Mistakes are either omission (unintentional) or commission (intentional or improper application of procedures or normal practices).

- Experience, training, communication and preplanning improve decision-making.
- Teamwork is vital to CRM.
  - Emphasizes crew performance.
  - Team leadership and followership.
  - Leaders must recognize their limitations.
  - Team must work together to solve problems.
  - Each team member has input on decisions, but leader must make the decision.
  - Allows more eyes and ears to focus on the problem.

Slide 3-48

- 6. Experience, training, communication and preplanning improve decision-making.
- I. Teamwork is vital to CRM.
  - 1. Emphasizes crew performance.
  - 2. Team leadership and followership.
  - 3. Leaders must recognize their limitations
  - 4. Team must work together to solve problems.
  - 5. Each team member has input on decisions, but leader must make the decision.
  - 6. Allows more eyes and ears to focus on the problem.

# CREW RESOURCE MANAGEMENT (cont'd)

- Barriers to CRM must be considered as well.
  - Anything that inhibits the previous five factors.
  - External barriers are physical (radios, selfcontained breathing apparatus (SCBA), background noise, etc.).
  - Internal barriers are mental (attitudes, prejudices, personality conflicts, stress, fatigue, etc.).

S	lide	3-4

ion and preplanning improve decision
ations.
problems.
decisions, but leader must make the
s on the problem.

- J. Barriers to CRM must be considered as well.
  - 1. Anything that inhibits the previous six factors.
  - 2. External barriers are physical (radios, SCBA, background noise, etc.).
  - 3. Internal barriers are mental (attitudes, prejudices, personality conflicts, stress, fatigue, etc.).

- CRM should not usurp the officer's authority; it is not ruled by committee.
  - About communication and sharing information.
  - Allows for better decision-making.

Slide 3-50

- K. CRM should not usurp the officer's authority; it is not ruled by committee.
  - 1. It is about communication and sharing information regarding a given situation.
  - 2. Allows for better decision-making.

### **VIDEO PRESENTATION**

"CREW RESOURCE MANAGEMENT CONCEPTS | JONES & BARTLETT LEARNING"

https://www.youtube.com/watch?v= 2AtyMuYEk9M

#### **ACTIVITY 3.5**

#### **Crew Resource Management and the Culture of Safety**

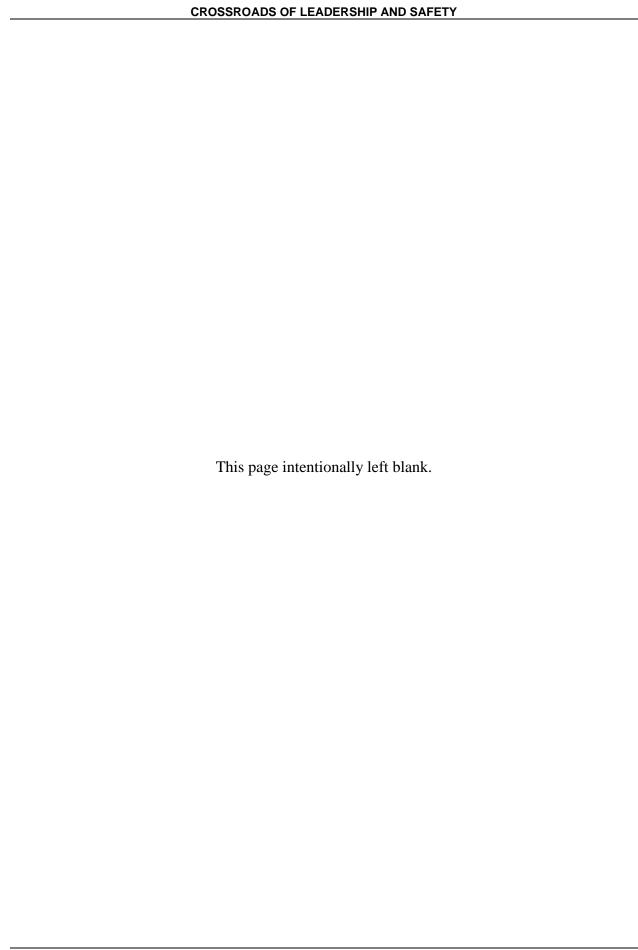
#### **Purpose**

Demonstrate how the concept of CRM can be integrated into the safety culture of fire and EMS activities and organizations.

#### Directions

The class will be divided into four groups or tables.

- 1. Based on the previous lecture and video, formulate methods to incorporate CRM into everyday activities (emergency or nonemergency) of a crew. Each group should identify at least one emergency and one nonemergency activity.
- 2. In your group, discuss the method or methods identified and ways to incorporate them into the safety culture of the organization or station/crew.
- 3. Place the group's methods on the easel pad.
- 4. Choose a representative to present your ideas to the group.



#### **ACTIVITY 3.6**

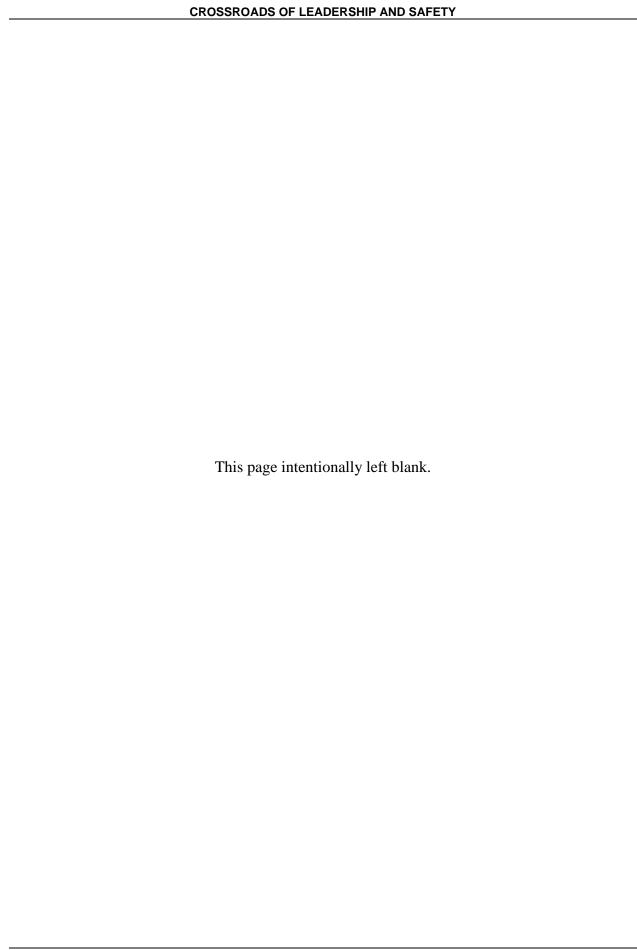
## **Counseling Role Play**

## **Purpose**

Facilitate the counseling session for a given safety issue scenario to correct personnel actions that do not support the culture of safety.

### Direction

The instructor will lead the group in this activity.



#### X. SUMMARY



### **SUMMARY**



- · Safety leadership.
- What is your leadership position?
- Sphere of influence.
- Delegating and empowerment to achieve safety goals.
- · Creating buy-in.
- Level of commitment.
- · Fire service ethics.

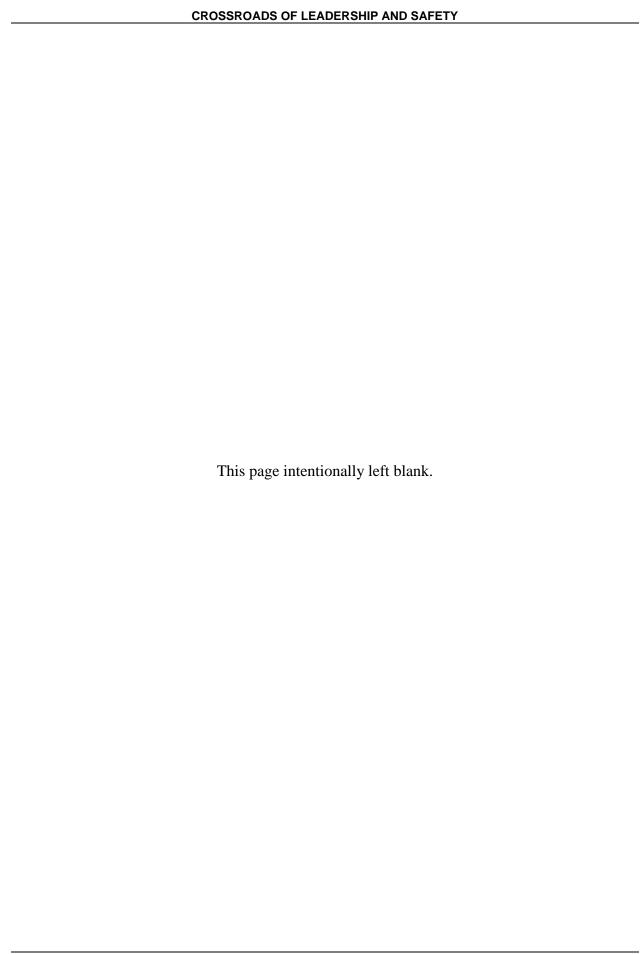
Slide 3-54



## SUMMARY (cont'd)



- Discipline, process improvement and safety.
- CRM.



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### **Selected Readings**

Delegating Authority, Skills, Tasks and the Process of Effective Delegation http://www.businessballs.com/delegation.htm

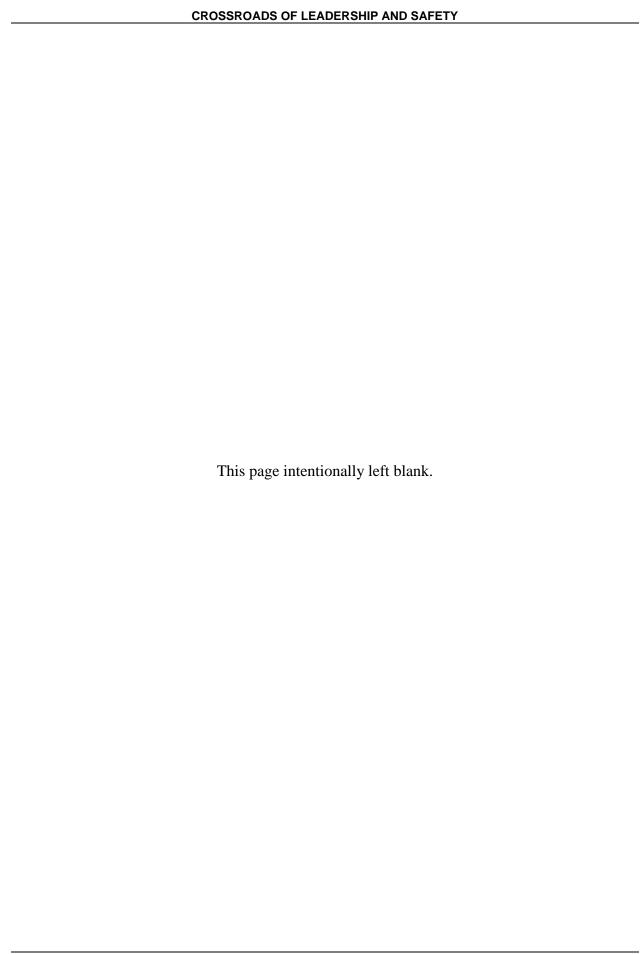
Empowering Employees through Effective Delegation http://www.ngenperformance.com/blog/leadership-2/empowering-employees-through-effective-delegation

The Leader's Journey- Understanding the 6 Levels of Delegation https://www.linkedin.com/pulse/20140802174559-51769872-the-leader-s-journey-understanding-the-6-levels-of-delegation?trk=mp-author-card

4 Basic Elements of Empowerment in an Organisations http://www.yourarticlelibrary.com/human-resources/4-basic-elements-of-empowerment-in-anorganisations/2440/

# **APPENDIX**

# FIREFIGHTER CODE OF ETHICS



# Firefighter Code of Ethics Background

The Fire Service is a noble calling, one which is founded on mutual respect and trust between firefighters and the citizens they serve. To ensure the continuing integrity of the Fire Service, the highest standards of ethical conduct must be maintained at all times.

Developed in response to the publication of the Fire Service Reputation Management White Paper, the purpose of this National Firefighter Code of Ethics is to establish criteria that encourages fire service personnel to promote a culture of ethical integrity and high standards of professionalism in our field. The broad scope of this recommended Code of Ethics is intended to mitigate and negate situations that may result in embarrassment and waning of public support for what has historically been a highly respected profession.

Ethics comes from the Greek word ethos, meaning character. Character is not necessarily defined by how a person behaves when conditions are optimal and life is good. It is easy to take the high road when the path is paved and obstacles are few or non-existent. Character is also defined by decisions made under pressure, when no one is looking, when the road contains land mines, and the way is obscured. As members of the Fire Service, we share a responsibility to project an ethical character of professionalism, integrity, compassion, loyalty and honesty in all that we do, all of the time.

We need to accept this ethics challenge and be truly willing to maintain a culture that is consistent with the expectations outlined in this document. By doing so, we can create a legacy that validates and sustains the distinguished Fire Service institution, and at the same time ensure that we leave the Fire Service in better condition than when we arrived.

#### **Firefighter Code of Ethics**

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

**Developed by the National Society of Executive Fire Officers** 

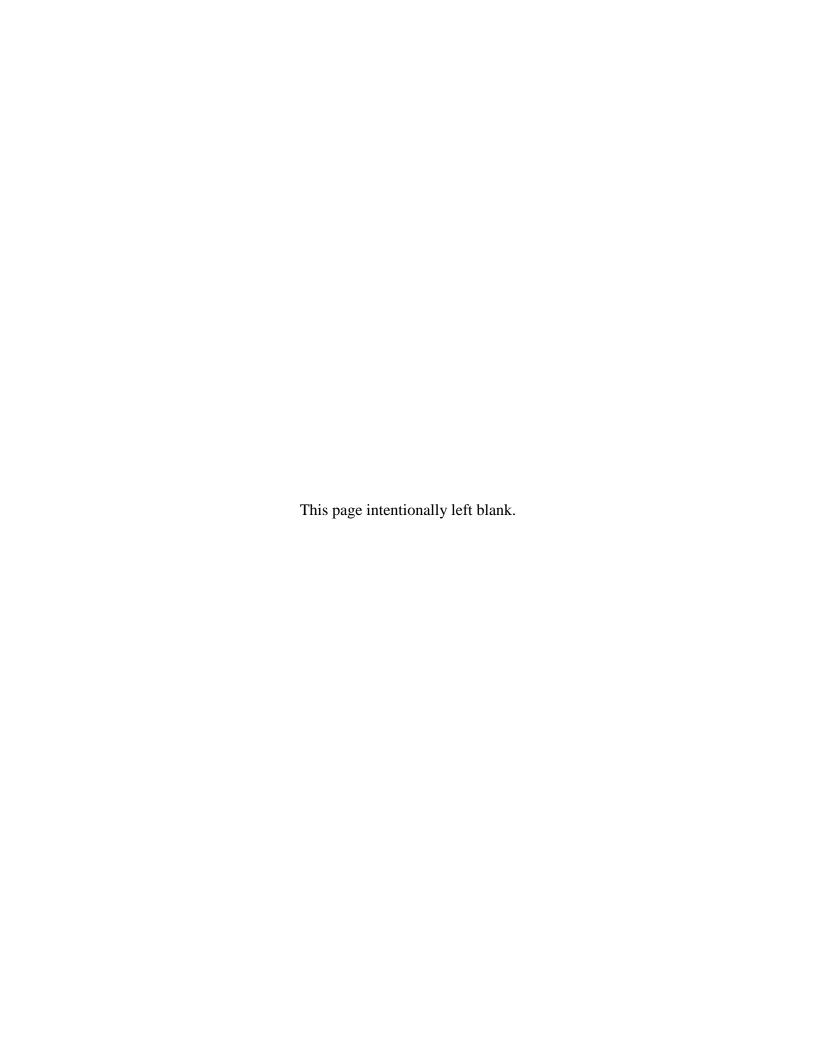
#### Code of Ethics for EMS Practitioners

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public well being.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Originally written by: Charles B.Gillespie, M.D., and adopted by the National Association of Emergency Medical Technicians, 1978.

Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013. Retrieved from https://www.naemt.org/About\_EMS/emtoath.aspx



# UNIT 4: RISK MANAGEMENT

#### TERMINAL OBJECTIVE

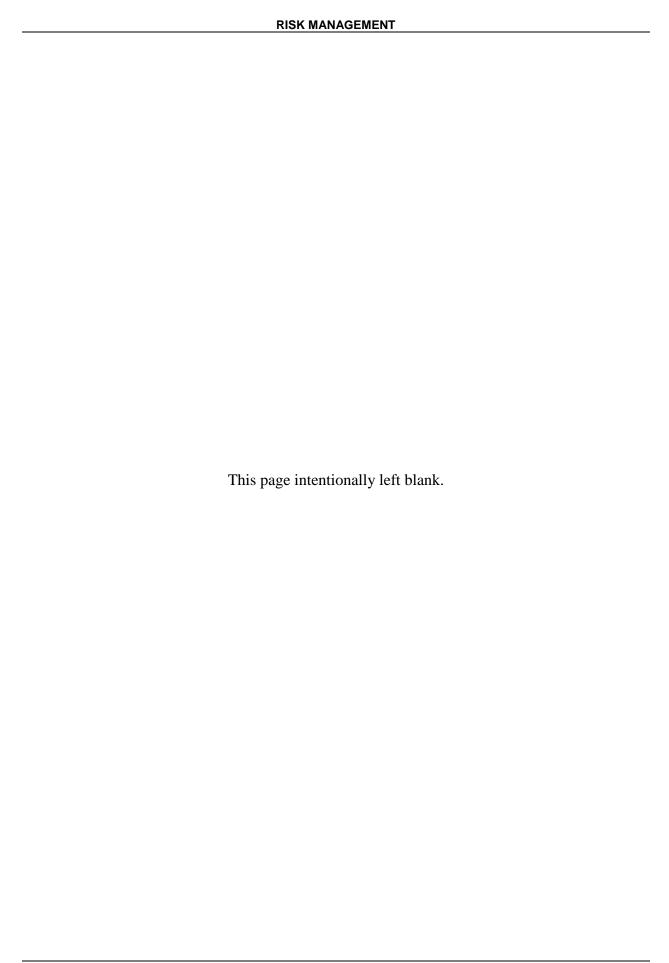
The students will be able to:

4.1 Formulate a risk management plan for an identified safety issue.

#### **ENABLING OBJECTIVES**

The students will be able to:

- 4.1 Demonstrate the steps of the risk management process.
- 4.2 Survey policies, standards, rules and regulations that impact the culture of safety.
- 4.3 Evaluate the causes of a given line-of-duty death (LODD) or near miss to justify a risk management model as a preventive tool.
- 4.4 Anticipate organizational impediments to implementation of an active risk management plan for all risk.
- 4.5 Develop and write a plan for safety culture improvement applicable to the identified agency issue.
- 4.6 Weigh and justify evidence-based health and wellness programs improvement recommendations.
- 4.7 Assemble resources to provide preparedness, mitigation, response and recovery for responder mental health issues.







## UNIT 4: RISK MANAGEMENT

Slide 4-

## **TERMINAL OBJECTIVE**

Formulate a risk management plan for an identified safety issue.

Slide 4-2

## **ENABLING OBJECTIVES**

- Demonstrate the steps of the risk management process.
- Survey policies, standards, rules and regulations that impact the culture of safety.
- Evaluate the causes of a given line-of-duty death (LODD) or near miss to justify a risk management model as a preventive tool.
- Anticipate organizational impediments to implementation of an active risk management plan for all risk.

Slide 4-3

# ENABLING OBJECTIVES (cont'd)

- Develop and write a plan for safety culture improvement applicable to the identified agency issue.
- Weigh and justify evidence-based health and wellness programs improvement recommendations.
- Assemble resources to provide preparedness, mitigation, response and recovery for responder mental health issues.

Slide 4-4

•	CAFETY OUR TUDE	AND DICK MANAGEMENT	•
I.	SAFELT CULTURE	AND RISK MANAGEMENT	1

## SAFETY CULTURE AND RISK MANAGEMENT

- Operational risk decisions are placed on firefighters/Emergency Medical Services (EMS) personnel daily.
- Risk management can also be applied to safety culture issues.
- The goal of risk management is not to eliminate risk but to manage risk.

Slide 4-5

- A. Operational risk decisions are placed on firefighters/Emergency Medical Services (EMS) personnel daily, and responders use risk management (both formal and informal) to identify and manage those risks.
- B. Risk management can also be applied to safety culture issues.
- C. The goal of risk management is not to eliminate risk, but to manage risk so the assignment can be accomplished with minimum adverse impact.

## SAFETY CULTURE AND RISK MANAGEMENT (cont'd)

- Safety should be everyone's responsibility.
- Risky behaviors become accepted behaviors.
  - Part of the organization's culture.
- Organized, systematic process for changing your organization's safety culture.

Slide 4-6

- D. Safety should be everyone's responsibility, and every fire service organization has guidelines and precautions to keep its participants safe by minimizing occupational risks.
- E. However, in some cases, risky behaviors become accepted behaviors part of the organization's culture and that's when change needs to occur.
- F. By applying risk management to safety culture issues, you are applying an organized, systematic process for changing your organization's safety culture.

#### II. PERSONAL RISK

#### **RISK-TOLERANCE**

The willingness of a worker or a group to take safety risks.

Slide 4

- A. If you've heard statements such as these in your department, you have a risk-tolerance issue:
  - 1. Why would he do that when he knew the hazard?
  - 2. We've always done it this way.

## RISK-TOLERANCE IN THE DEPARTMENT

What are some indicators in your department?

Slide 4-8

- 3. That was how I was shown to do it.
- 4. It won't be that bad; lets give it a try.
- B. Understanding risk tolerance in the fire/EMS service culture can be key in improving safety performance.

## ASSESSING HAZARDS AND RISK

- Hazard identification.
- Risk perception.
- Risk tolerance.

- C. There are three distinct cognitive processes that occur when assessing hazards and determining how much risk they present.
  - 1. **Hazard identification** visual or sensory input that identifies a situation that could lead to risk. **Do I see it?**
  - 2. **Risk perception** processing sensory information to determine exactly how and to what extent those hazards could impact our well being. **Do I understand it?**

Risk tolerance — the cognitive process of deciding to proceed with the

3.

	task or activity, to change how we do it, or to not do it at all. <b>Do I accept</b> or reject the risk?			
plac	s your department have systems in e for hazard identification? If so, what they?			
	Silde 4-10			
D.	Risk perception deals with the ability of members to understand how a hazard could result in an incident or harm.			
	It is dependent on the member's background, knowledge and their ability to predict the consequences of being exposed to the hazard.			
E.	Understanding risk tolerance in the fire/EMS service culture can be key in improving safety performance.			
F.	Additional assistance may be needed to determine if hazards have or could have resulted in an incident.			
	May involve a review of incidents and safety alerts.			

- G. The greatest issue that remains is risk tolerance!!!
  - 1. Members may have an acceptance of risk that is too high.
  - 2. Processes are needed to help members with these risk-based decisions.
- H. Processes that are available usually rely on the trust that a member will be able to determine an acceptable level of risk based on the hazard-recognition training they have received.
- I. Solutions to risk tolerance can be found in the processes that help individuals and groups use their hazard-recognition skills to better understand risks.

J. Results in ability to make sound decisions on whether to accept the risk, change the approach, or reject the risks associated with the task or activity.

#### III. FACTORS THAT INFLUENCE RISK TOLERANCE

### FACTORS THAT INFLUENCE **RISK TOLERANCE**

- Overestimating capability or experience.
- Familiarity with the task.
  - Complacency.
- Seriousness of the outcome.
- Voluntary actions and being in control.
- Personal experience with a serious outcome.

, 				

- There are numerous intrinsic and extrinsic factors impacting individual and group A. decisions, which lead to unsafe actions.
- Overestimating capability or experience a belief in one's physical ability, В. strength, agility, reaction time and reflexes in preventing an incident.

May also relate to situations where an experienced responder relies on his or her years of experience and knowledge of the task as justification for doing the work in a way that may have higher risk.

- C. Familiarity with the task (or complacency) — occurs when a member has successfully completed a task multiple times and has the skill to complete it successfully without thinking — a state referred to as "unconsciously competent."
- D. **Seriousness of the outcome** — the increased risk is based on the premise that something could go wrong. However, the member, at times, underestimates how serious the consequences might be.

A member may perceive the outcome of a hazard to be minor, possibly resulting in a scratch or bruise, when in reality the outcome could be significantly more serious.

E. Voluntary actions and being in control — an increased acceptance of risk in performing voluntary activities.

Once a decision is made to participate in an activity, a process called "confirmation bias" occurs, and we convince ourselves that it is safe, despite the actual risks.

- F. **Personal experience with a serious outcome** personal reality events can stick with an individual for a long time sometimes a lifetime.
  - 1. Can impact a person's decisions on safely performing tasks they associate with an event, and can result in being intolerant of any risk associated with a similar task.
  - 2. A member who has never had a firsthand experience with a serious consequence will be prepared to accept more risk because they may be skeptical that something serious could actually happen.
  - 3. Newer members need to hear firsthand accounts of past serious incidents to reduce their unconscious risk acceptance.

## FACTORS THAT INFLUENCE RISK TOLERANCE (cont'd)

- · Cost of noncompliance.
- Overconfidence in the equipment.
- Overconfidence in personal protective equipment.
- Gain from actions.
- Role models accepting risk.

Slide 4-12

G. **Cost of noncompliance** — personal cost can impact a person's decision to accept risk and an individual can be influenced by how high the cost of noncompliance will be.

If the cost of noncompliance (taking a risk) is going to be high, such as losing a job or getting hurt or killed, the person may decide to conduct themselves in a less risky manner.

H. **Overconfidence in the equipment** — overconfidence occurs when a member places unwarranted trust that the equipment or tool will always perform exactly as designed.

The member is familiar with particular tools and equipment, has not experienced any failures, and becomes overly trusting that it will never fail.

I. **Overconfidence in personal protective equipment** — risks become more common when the limitations of the personal protective equipment (PPE) are not understood.

Higher levels of risk are accepted when firefighters/EMS personnel are overconfident in the safety equipment they use and their belief that if something does go wrong, the PPE will keep them from harm.

- J. **Gain from actions** this risk tolerance factor stems from the desire for gain and/or recognition. This occurs at an individual level where a member seeks credit, commendation or acclaim from their actions.
- K. **Role models accepting risk** the level of risk accepted by our role models and mentors will directly impact the level of risk individuals will accept.
  - 1. Members will watch their peers, supervisors and mentors to determine how they should behave and proceed.
  - 2. Modeling after a mentor or role model who accepts risk will result in the member accepting the risk.

#### IV. SOLUTIONS TO RISK TOLERANCE

# SOLUTIONS TO RISK TOLERANCE

Slide 4-13

It is important that departments, especially company and safety officers, understand the influencing factors for risk tolerance.

- A. Understand principles behind each of the factors for risk tolerance.
- B. Know how to recognize and identify each factor.
- C. Understand how to address each factor to reduce the risk.
- D. Be able to explain and articulate the factors for firefighters and other supervisors to help them reduce the acceptance of risk.

#### V. OPERATIONAL RISK MANAGEMENT — SIX STEPS

### OPERATIONAL RISK MANAGEMENT

- Operational risk management (ORM) can be used as a tool for addressing culturerelated safety issues.
- It provides a framework to minimize risk, demonstrate concern for personnel, and maximize the organization's capabilities.

Slide 4-14

- A. Operational risk management (ORM) can be used as a tool for addressing culture-related safety issues.
- B. It provides a framework to minimize risk, demonstrate concern for personnel, and maximize the organization's capabilities.
  - 1. A risk-based philosophy accomplishes goals by providing a logical process that identifies opportunities to produce the greatest return on an investment of time, money and personnel.
  - 2. The key to successfully analyzing risk is to systematically define the hazards and identify and evaluate safeguards.
  - 3. There are many Risk Management models that can be used; the following is one of the six models used in emergency services.

## OPERATIONAL RISK MANAGEMENT PROCESS STEPS

- 1. Identify Mission Task.
- 2. Identify Hazards and Impacts.
- 3. Assess Risks.
- 4. Identify control measures.
- 5. Implement control measures.
- 6. Evaluate.

C.	Six steps	make up	the ORM	process:
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- 1. Identify Mission Task.
- 2. Identify Hazards and Impacts.
- 3. Assess Risks.
- 4. Identify control measures.
- 5. Implement control measures.
- 6. Evaluate.

## STEP 1: IDENTIFY MISSION TASK

- Define what is required to accomplish the task and what conditions are present.
- Generate a list or chart that identifies the major phases or steps in the process, and break each step down into supporting tasks.

Slide 4-16

D. Step 1: Identify mission task.

To accomplish this step, review current and planned operations describing the task.

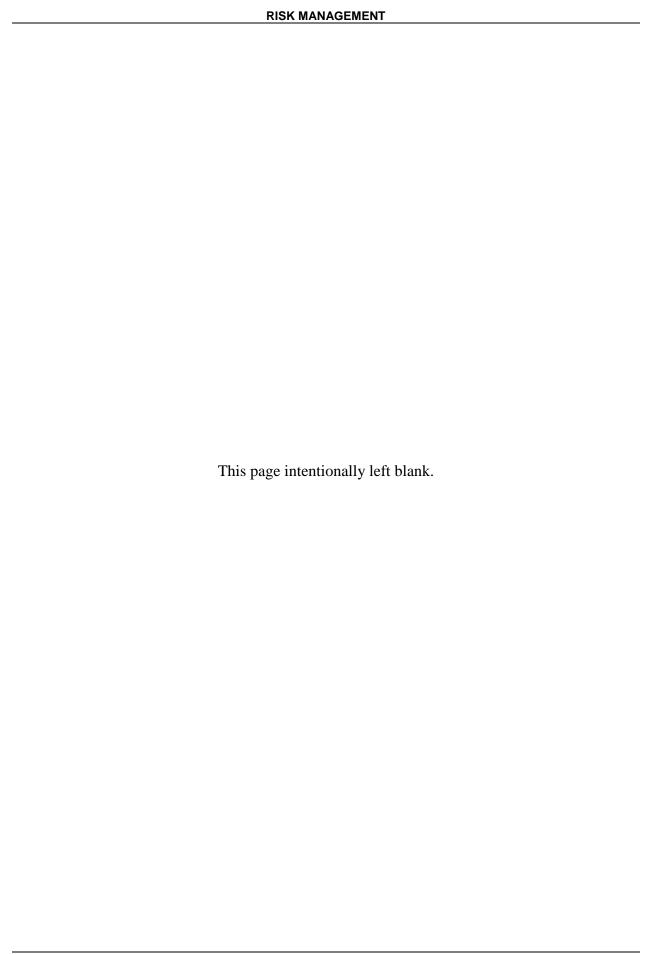
- 1. Define what is required to accomplish the task and what conditions are present.
- 2. Generate a list or chart that identifies the major phases or steps in the process, and break each step down into supporting tasks.

### STEP 2: IDENTIFY HAZARDS AND IMPACTS

- Hazard: source of harm.
- Impact: effect of the hazard.
- Identify existing safeguards.
  - Determine current effectiveness.

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	•				 •

- E. Step 2: Identify hazards and impacts.
  - 1. Hazard a source (situation or thing) of harm.
  - 2. Impact the effect of the hazard.
  - 3. List the hazards associated with each phase of the operation or task identified in Step 1, according to these three main categories:
    - a. Equipment assess equipment function for the planned operation.
    - b. Environment will climate, light, geography, physical barriers and weather influence the success?
    - c. Personnel:
      - How well are your members trained?
      - How physically and emotionally prepared are your members to face the demands of their tasks?
      - How fatigued are the crew members?
  - 4. Upon identifying the hazard, state what it is and describe the consequences or impact of an exposure to that hazard.
  - 5. Be sure to identify existing safeguards and determine their effectiveness.



#### **ACTIVITY 4.1**

#### **Discussion — Impacts, Risk Levels and Control Measures**

#### **Purpose**

Identify the possible impacts of the safety-related culture problems identified in prior discussions; assess the risk level and control measures of the safety-related cultural problems and the impacts identified.

#### **Directions**

- 1. Return to the easel pad page from Activity 1.1 on which the instructor recorded culture-based risks.
- 2. For each category of culture-based risk (response, health and wellness, training, and operations), select one risk, and then participate in a small group discussion by answering the following questions about your selections. Record your group's responses on an easel pad. Save your responses because you will be returning to them in the next activity.

1.1?	t are some possible impacts of the <b>response</b> -related risk identified in Acti What is the risk level and some control measures for the <b>response</b> -related
risk a	and one of the impacts identified?
in Ac	t are some possible impacts of the <b>health and wellness</b> -related risk identicativity 1.1? What is the risk level and some control measures for the <b>healtwellness</b> -related risk and one of the impacts identified?

#### **RISK MANAGEMENT**

of the <b>operations</b> -related risk identified in the land some control measures for the
f the impacts identified?
_

3.

#### VIDEO PRESENTATION

### "CHANGE THE WORLD BY MAKING YOUR BED"

https://www.youtube.com/watch?v=
u3BebXG-qhM

Slide 4-19

#### V. OPERATIONAL RISK MANAGEMENT — SIX STEPS (cont'd)

## STEP 3: ASSESS AND PRIORITIZE RISKS

- Risk likelihood of suffering harm from the hazard.
- Not all risks can or should be mitigated.

- F. Step 3: Assess and prioritize risks.
  - 1. Risk likelihood of suffering harm from the hazard.
  - 2. Not all risks can or should be mitigated. This decision is made through a risk assessment.
  - 3. There are many hazard and risk prioritization methods that can be used. This course cannot teach exactly how to prioritize hazards and risks or give a checklist for every case.
  - 4. Select a logical process to assist you in assessing and prioritizing risks, or use multiple processes to help you determine how serious they are.

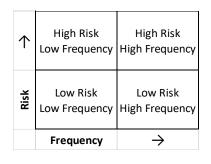
#### RISK ASSESSMENT

- Several methods to consider include:
  - Gordon Graham's Risk/Frequency Analysis.
  - The Priority Cross.
  - The Priority Cube.
  - The Priority Ladder.

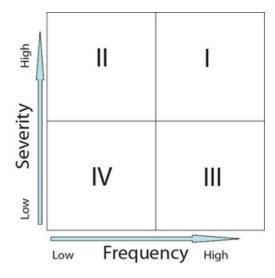
Slide 4-21

- 5. Several methods to consider include:
  - a. Gordon Graham's Risk/Frequency Analysis.
  - b. The Priority Cross.
  - c. The Priority Cube.
  - d. The Priority Ladder.

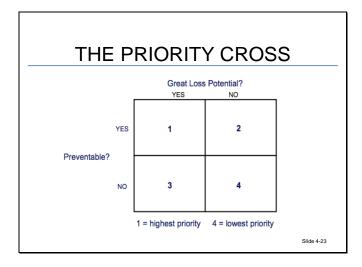
### GRAHAM'S RISK/ FREQUENCY ANALYSIS



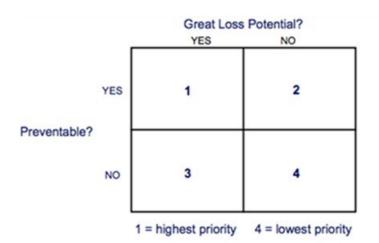
- 6. Graham's Risk/Frequency Analysis examines each hazard in terms of frequency and severity to determine the risk level.
  - a. Frequency how often an event occurs.
  - b. Severity the impact (how bad the outcome will be) of the event.



- c. Each of the identified hazards would be placed in one of the four quadrants based on its score:
  - Quadrant I will include those hazards with moderate to high severity and frequency.
  - Quadrant II includes those hazards with moderate to high severity and low to moderate frequency.
  - Quadrant III will include hazards with low to moderate severity and moderate to high frequency.
  - Quadrant IV includes those hazards with low to moderate severity and low to moderate frequency.
- d. This process provides a simple and inexpensive method to determine if any action will be required and where to focus time and resources.
- e. The assessment of each risk is subjective based on your level of risk aversion. What may be too risky for you might be acceptable to another individual.



- 7. The Priority Cross considers the Great Loss Potential and whether or not the risk is Preventable.
  - a. While this model looks similar to the Risk/Frequency model, here you are evaluating the risk of loss for the particular situation, while simultaneously considering whether or not the situation is preventable.
  - b. The level of impact is simply assessed based on the quadrant resulting from your input.

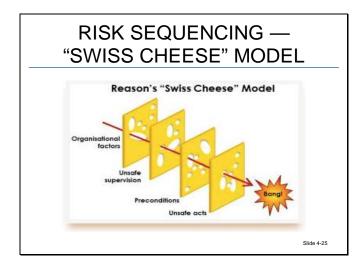


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		Risk Asses	sment Cod	e Matrix	
Probability Code Severity Code		Frequent (A) Immediate danger to health and safety of the public, staff or property and resources.	Likely (B) Probably will occur in time if not corrected, or probably will occur one or more times.	Occasional (C) Possible to occur in time if not corrected.	Rarely (D) Unlikely to occur; massume exposure, will secur.
Cutastrophic Imminent and Immediate danger of death or permanent disability.	1	1 CRITICAL	1	2	3
Critical Permanent partial cinability, temperary total disability.	п	<1	2 SERIOUS	3	4
Significant Respitalized minor injury, reversible Elmon.	ш	2	3 MODERATE	4 MINOR	5
Minor First aid or minor medical treatment.	IV	3	4	5	5 NEGLIGIBLI

#### 8. Risk Assessment Code (RAC).

- a. The RAC system can be a very useful tool to determine the importance to apply effective controls, as well as to identify those hazards that should demand our attention and concerted effort to ensure work tasks can be performed without compromising worker safety and health.
- b. RACs require assigning a value for both the likelihood or probability of an outcome occurring, and the consequence or severity of a potential outcome. Based on these assigned values, a matrix format is used to place the specific hazard within a specific location of the matrix.
- c. This location can then be used to determine an RAC number for the impact of that hazard activity.
- d. This matrix helps us to prioritize our workplace risks by identifying them as high, serious, medium or low. Those hazards identified as high will require the most stringent controls available, as well as our immediate attention.
- e. The RAC method can be somewhat subjective; therefore, you should err on the side of safety (conservative).

		Risk Asses	sment Cod	e Matrix	
Probability Code Severity Code		Frequent (A) Immediate danger to health and safety of the public, staff or property and resources.	Likely (B) Probably will occur in time if not corrected, or probably will occur one or more times.	Occasional (C) Possible to occur in time if not corrected.	Rarely (D) Unlikely to occur; may assume exposure, will not occur.
Catastrophic Imminent and immediate danger of death or permanent disability.	1	1 CRITICAL	1	2	3
Critical Permanent partial disability, temporary total disability.	п	1	2 SERIOUS	3	4
Significant Hospitalized minor injury, reversible illness.	ш	2	3 MODERATE	4 MINOR	5
Minor First aid or minor medical treatment.	IV	3	4	5	5 NEGLIGIBLE



- 9. Risk Sequencing "Swiss Cheese" Model.
  - a. The term "human error."
    - Used in recognition of the fact that most accidents do involve human error at some point in the chain of events.
    - These errors (or unsafe acts) tend to be just one link in a chain of events.
  - b. The term "risk sequencing."
    - Risk sequencing is the examination of the chain of events or links that lead up to an event or accident.
    - Once we remove one of the events or links, the likelihood of the event happening is diminished.

- It is our role as safety leaders to identify the chain of events or links to ensure we will always operate in safe conditions.

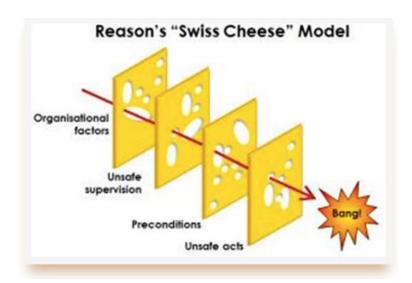
#### c. The Swiss Cheese Model.

- The Swiss Cheese Model is a process designed to identify system failures that lead to accidents.
- Every step in the identified process has the potential for failure, to varying degrees.
- The ideal system is based on the theory of four stacked slices of Swiss cheese.
- The holes represent potential opportunities for a process to fail, and each of the slices serve as potential layers of defense in the process.
- Based on this thought process, an error may allow a problem to pass through a hole in one layer. In the next layer, the holes are in different places, and the problem should be caught.
- Each layer is a defense against a potential error impacting the outcome.
- Each layer is designed to look at distinct behaviors or actions that lead to accidents.

#### d. Organizational factors.

- Described and defined by elements and descriptors in an organization that define an organization's character, property, function and impact. Examples of organizational factors include organizational leadership, structure, climate, politics, process and procedure, etc.
- These organizational factors that can lead to an accident are identified.
- e. Unsafe supervision is defined by actions, nonactions, policies, procedures, or lack of leadership factors that lead to an accident.
- f. Preconditions for unsafe acts are conditions, actions or behaviors that existed before the event happened.

g. An unsafe act is any act that deviates from a generally recognized safe way or specified method of doing a job, action or behavior, which increases the probability for an accident.



## STEP 4: IDENTIFY CONTROL MEASURES

- Are the risks acceptable or unacceptable?
- What control methods can eliminate the unacceptable risks?
- What control methods can reduce undesirable risk?
- Can the risk be reduced or eliminated by modifying the task?
- · Are there any safeguards missing?

- G. Step 4: Identify control measures.
  - 1. Once you have identified and assessed the risks and impacts, the next step in the ORM process is to identify the actions to control the risks.
  - 2. While considering the measures to control the risk, consider the following questions:
    - a. Are the risks acceptable or unacceptable?
    - b. What control methods can eliminate the unacceptable risks?

c.	What control methods can	reduce undesirable risk?
d.	Can the risk be reduced or	r eliminated by modifying the task?
e.	Are there any safeguards	missing?
	ENTIFY CONTROL URES (cont'd)	
Are there any measures that Is there a mot Do you have a to influence or	new or modified control can be considered? ivation to change the risk? a responsibility or the ability modify the risk? I likelihood of success?	
	Slide 4-27	
f.	Are there any new or considered?	modified control measures that can be
g.	Is there a motivation to ch	nange the risk?
h.	Do you have a respon- modification of the risk?	sibility or the ability to influence the
i.	Is there a high likelihood	of success?
STANDAF	RDS AND CODES	<u> </u>
National Fire I (NFPA). International C National Institu and Health (N American National).	Protection Association  Code Council (ICC).  ute for Occupational Safety IOSH).  onal Standards Institute  Safety and Health	

3. National Standards have been developed to provide guidelines in making the fire/EMS organizations safer.

- a. National Fire Protection Association (NFPA) standards, such as NFPA 1500 series:
  - NFPA 1500, Standard on Fire Department Occupational Safety and Health Program.
  - NFPA 1521, Standard for Fire Department Safety Officer Professional Qualifications.
  - NFPA 1561, Standard on Emergency Services Incident Management System and Command Safety.
  - And numerous other standards related to fire department Occupational Health and Safety.
- b. Other standards and codes.
  - International Code Council (ICC).
  - National Institute for Occupational Safety and Health (NIOSH).
  - American National Standards Institute (ANSI).
  - Occupational Safety and Health Administration (OSHA).

## EXISTING CONTROL MEASURES

- Ten Rules for Survival Structure Fires.
- 18 Watchout Situations Wildland Fires.
- Motor Vehicle Codes.
- Policies, procedures and guidelines.
- Training.

- c. Examples of control measures.
  - Ten Rules for Survival Structure Fires.
  - 18 Watchout Situations Wildland Fires.

- Motor vehicle codes.
- Policies, procedures and guidelines.
- Training.

#### VI. ORGANIZATIONAL CHANGE PROCESS

## ORGANIZATIONAL CHANGE PROCESS

According to Edgar Schein, who based his work on Kurt Lewin's change model, the process to change an organization is a three step process:

- · Unfreezing.
- Transitioning.
- · Refreezing.

	Slide 4-30		
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- A. Change is the only absolute. Humans resist change, and it requires work to change.
- B. According to Edgar Schein, who based his work on Kurt Lewin's change model, the process to change an organization is a three step process:
  - 1. Unfreezing.
  - 2. Transitioning.
  - 3. Refreezing.
- C. Unfreezing the incentive to change.
  - 1. People stuck in the status quo and resist change. The goal of the unfreezing step is to create a willingness to change.
  - 2. There has to be sufficient dissatisfaction with current conditions to "unfreeze" behaviors and motivate others to change.
  - 3. This is accomplished by raising awareness of how current conditions are hindering them and/or the organization therefore, creating the need to change.

D.	Transitioning —	implementing	the change.
<b>D</b> .	Transmoning	mpicmemis	the change.

- 1. This where you introduce the change or new behavior.
- 2. Identify what needs to be changed, and make the change.
- 3. A stressful step Previous beliefs now being seen as invalid might cause anxiety and/or guilt.
- 4. Pain will be evident here, since having to unlearn what has been previously accepted can trigger defensiveness and resistance. In order to overcome this, it will be necessary to provide psychological safety to allow the new behavior to occur; education, communication and support will be critical.
- E. Refreezing making the change permanent.
  - 1. This is the step in which the new behavior becomes habitual. It is "refrozen" as the new norm.
  - 2. Individuals, groups and organizations will be defined by the new behavior.
  - 3. "Positive reinforcement" should be used here to ensure the change is maintained and that the individuals do not revert back to the old ways.

#### VII. CREATING CHANGE WITH AND WITHOUT AUTHORITY

<ul><li>What is power?</li><li>What are the types of power?</li></ul>	
Slide 4-31	

A. Power — the ability to influence people's behavior and get them to act in a certain way.

## CREATING CHANGE WITH AND WITHOUT AUTHORITY

Types of Power.

- Legitimate.
- Reward.
- · Coercive.
- Expert.
- · Referent.

Slide 4-32

B. Types of power.

Everyone has power, regardless of their rank or position. There are five types of power — this is a review of those types of power.

- 1. Legitimate the authority an individual has by virtue of his or her position.
- 2. Reward the authority to give tangible reward for compliance.
- 3. Coercive the authority to punish others for poor work production.
- 4. Expert power that comes from an individual's experiences, skill or knowledge.
- 5. Referent power that comes from being respected and trusted.

#### C. Influence.

- 1. Influence is the power to affect something or someone based on prestige, ability or position.
- 2. It is how you use your power.
- 3. There are two types of influence:
  - a. Passive indirect influence by actions or lifestyle.
    - Best explained as role modeling.
    - Is passive because the role model did not seek out the other person in order to influence him/her.

- b. Active direct influence with words or design.
  - The direct attempt to influence someone or something by telling, writing, showing, etc.
  - Communication is key.
  - Using public speech to communicate can be a form of active influence.

#### VIII. OPERATIONAL RISK MANAGEMENT — SIX STEPS (cont'd)

## STEP 5: IMPLEMENT CONTROL MEASURES

- · Best option.
- Adequate resources.
- Include all involved groups.
- Legal counsel discussion.
- Available funding.
- · Policy changes.
- Training requirements.

- H. Step 5: Implement control measures.
  - 1. Implement the best option.
  - 2. Ensure adequate resources have been allocated.
  - 3. Ensure all groups that need to be involved are included:
    - a. Supporters.
    - b. Dissenters.
    - c. Community.
    - d. Union/Bargaining Unit.
  - 4. Ensure discussion occurs with legal counsel regarding possible liabilities.
  - 5. Is funding available to support the measures?

#### **RISK MANAGEMENT**

- 6. Will there be policy changes associated with the measures?
- 7. Will new or revised training and education be required?
- 8. Has everyone been advised why this is being done and what the expected outcome will be? If not, decision-makers should explain the decision rationally and follow up with documentation of the decision and process on how the decision was made.

RISK MANAGEMENT
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#### **ACTIVITY 4.2**

#### **Support and Dissent**

#### **Purpose**

Hypothesize the potential supporters and dissenters of fire service/EMS safety culture change initiatives and the resources and barriers they could provide.

#### **Directions**

This activity consists of two parts.

#### Part 1: Identify Supporters and Dissenters

- 1. In your table groups, work to identify:
  - a. Who could be supporters of fire service/EMS safety culture change initiatives, what type of power they have, and what resources they could provide.
  - b. Who could be dissenters of fire service/EMS safety culture change initiatives, what type of power they have, and any barriers they may have.
- 2. Record your answers on the worksheets for this activity.
- 3. You have 20 minutes to complete Part 1.

#### **Part 2: Overcoming Dissenters**

- 1. Submit your list of dissenters and barriers to another group and have the other group speculate on methods to overcome barriers and collaborate with the opponents.
  - a. Odd-numbered groups work together.
  - b. Even-numbered groups work together.
- 2. Do the same with the other group's dissenters and barriers.
- 3. When both groups have finished, get together and discuss each other's ideas.
- 4. Instructor will reconvene the class, and you will share your results with the entire class.
- 5. You have 30 minutes to complete Part 2.

RISK MANAGEMENT
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### ACTIVITY 4.2 (cont'd)

### **Support and Dissent**

Supporters of the "Fire Service Safety Culture Change Initiatives" and resources they can provide.

Supporters	Types of Power	Resources

RISK MANAGEMENT
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### ACTIVITY 4.2 (cont'd)

### **Support and Dissent**

Dissenters of the "Fire Service Safety Culture Change Initiatives" and barriers they could present.

Dissenters	Types of Power	Barriers

RISK MANAGEMENT
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### ACTIVITY 4.2 (cont'd)

### **Support and Dissent**

Ideas or methods for overcoming dissenters and their barriers.		

RISK MANAGEMENT
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# VIII. OPERATIONAL RISK MANAGEMENT — SIX STEPS (cont'd)

# STEP 6: EVALUATE Is it working? Additional changes? Continuous process.

- I. Step 6: Evaluate.
  - 1. Check to see that the implemented option is working.
  - 2. Identify any additional changes needed, and act on them.
    - a. Are the assigned personnel accomplishing the task objective?
    - b. Has the situation changed?
    - c. Has fatigue set in?
  - 3. Risk management is a continuous process.
  - 4. Common methods to evaluate cultural change.
    - a. Assessment.
    - b. Training.
    - c. Investigation.
    - d. After-action review.
    - e. Statistics.
  - 5. Assessment.
    - a. Once the cultural change has been implemented, the next step is to monitor the situation.

- b. Check to see that the controls, tools, equipment and/or personnel are in compliance with the cultural change.
  - Were the goals, priorities, objectives or tactics unrealistic or poorly defined?
  - Was the wrong resource allocated for the assignment?
  - Were there adequate resources, and were they supported by logistical needs and/or proper communication?
  - Was the resource trained and/or properly equipped for the assignment?
  - Were the agency policies conflicting, or did procedures prevent the resource from carrying out the assignment?
- c. Ensure that information is flowing and the safeguards are working.
- d. Remember, risk management is a continuous process.

### 6. Training.

- a. Based on the assessment, determine if any adjustments to training need to occur.
- b. These adjustments may be in recruit and/or in-service training.
- Adjustments may be needed in standard operating procedures (SOPs)/standard operating guidelines (SOGs) and even policies or procedures.

#### 7. Investigation.

- a. Whenever there is a safety "near miss" or "close call," an investigation must take place to determine if it was preventable or if safeguards need to be put in place.
- b. If an accident occurs, then the investigation needs to include the department Safety Officer, risk management, and other personnel as required by the agency. If the agency is unionized, consider both union and management representatives.

#### 8. After-action review.

An after-action review helps to answer the following questions:

- a. What did we set out to do?
- b. What actually happened?
- c. Why did it happen?
- d. What are we going to do differently next time?
- e. Are there any lessons learned that should be shared?
- f. What follow up or change is needed?

#### 9. Statistics.

- a. Statistics should be analyzed to evaluate how the cultural change is impacting the agency, its personnel and the community it serves.
- b. These statistics may include:
  - Injuries and/or illnesses.
  - Fatalities.
  - Claims and/or complaints.
  - Near misses/Close calls.
  - Accidents.
  - Grievances/Disciplinary actions.

RISK MANAGEMENT	
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#### **ACTIVITY 4.3**

#### **Discussion** — Evaluation

# **Purpose**

Devise evaluation methods for the control measures identified in prior discussions.

#### **Directions**

- 1. Return to the easel pad page from Activity 4.1 on which your group recorded control measures for culture-based risks and impacts.
- 2. Participate in a small group discussion by answering the following question: How could you evaluate the control measures identified in Activity 4.1?
- 3. Record your group's response on an easel pad.
- 4. You have 20 minutes to answer the question. Be prepared to share your answer with the class.

RISK MANAGEMENT
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#### IX. HEALTH AND WELLNESS

## **HEALTH AND WELLNESS**

- Physical fitness is important to the ability to perform.
  - Cardio/Respiratory the number one cause of LODDs.
- · Cancer is an issue that must be addressed.

Slide 4-3

- A. Physical fitness is important to the ability to perform at the level expected for emergency response personnel.
  - 1. Cardio/Respiratory continues to be the number one cause of line-of-duty deaths (LODDs) in firefighters.
  - 2. Each year, between 45 and 50 percent of all LODDs are attributed to cardio/respiratory.
- B. Cancer in firefighters is another issue that must be addressed, as there is an increased risk among firefighters.

# HEALTH AND WELLNESS (cont'd)

- Mental health has become an issue of great significance.
  - Post-traumatic stress disorder (PTSD).
  - Suicide has become more open.

- C. Mental health of firefighters has become an issue of great significance.
  - 1. Post-traumatic stress disorder (PTSD) has become an issue to be dealt with.

2. Awareness of firefighter suicide has come to light and is increasing in numbers being reported.

#### VIDEO PRESENTATION

"THE FIREFIGHTERS' RESCUER"

https://www.youtube.com/watch?v= uiLNUuyNvJc

Slide 4-39

D. Remaining physically fit is an important part of good health and a long career in the emergency services.

#### PHYSICAL FITNESS

- Wellness defined: an individual's state of mind, as well as their physical state, balancing between health and physical, mental, emotional and spiritual fitness.
  - Wellness should be an interactive process.
  - Wellness takes a personal commitment.
- If personnel are ill or injured, malnourished or overweight, over stressed or out of balance, it affects their ability to do the job.

- E. Wellness defined: an individual's state of mind, as well as their physical state, balancing between health and physical, mental, emotional and spiritual fitness.
  - 1. The concept of wellness entails having access to rehabilitation, when indicated.
  - 2. Wellness should be an interactive process where an individual becomes aware of and practices healthy choices to establish a balanced lifestyle.
  - 3. Wellness takes a personal commitment to survive and to sustain a successful career in the emergency service.

4. If personnel are ill or injured, malnourished or overweight, over stressed or out of balance, it affects their ability to effectively do their job.

# PHYSICAL FITNESS (cont'd)

- Annual physicals must be a part of any health and wellness program.
  - NFPA 1500: Standard on Fire
     Department Occupational Safety and
     Health Program: guidelines for safety
     and health program.
  - NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments.

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E	Annual physicals must be a part of any health and wellness program.	
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- 1. NFPA 1500 establishes the guidelines for the department's safety and health program.
- 2. NFPA 1500, Chapter 10 "Medical and Physical" states:
  - a. All personnel be given a physical each year.
  - b. The department should set a fit for duty standard and process.
  - c. A health and wellness coordinator position be established.
- 3. NFPA 1500, Chapter 11 "Behavior and Wellness Programs" outlines what is necessary for a behavioral health program.
- 4. NFPA 1500, Chapter 12 "Occupational Exposure to Atypically Stressful Events" details the necessity of a program for dealing with stressful events.
- 5. NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments outlines the details of a program.
  - a. This standard gives guidance to the department physician on what is acceptable to be fit for duty.
  - b. It calls for listing of job tasks and duties for the physician to understand what it is emergency personnel are required to perform.

PHYSICAL FITNES	S (cont'd)
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- Physical fitness for the emergency service starts with the individual and their commitment to maintain a healthy lifestyle.
- Physical health promotes physical wellbeing and mental health.
- Company Officers (COs) should walk the walk, not just talk the talk, when it comes to healthy lifestyles.
- Eating habits are a crucial part of living healthy.

Slide 4-

- 6. Physical fitness for the emergency service starts with the individual and their commitment to maintain a healthy lifestyle.
- 7. Physical health not only promotes physical wellbeing, but mental health as well.
- 8. Company Officers (COs) should walk the walk, not just talk the talk, when it comes to healthy lifestyles.
- 9. Eating habits are a crucial part of living healthy. Often it is easier to eat fast food, especially during a busy shift.

#### SLEEP DEPRIVATION

- Sleep deprivation is part of physical fitness and emergency responder safety.
  - Tied to shift schedules and interrupted sleep.
  - May cause health issues, including:
    - -- Cardiovascular disease.
    - -- Cognitive impairment.
    - -- Immune system malfunctions (obesity, diabetes and metabolic syndrome).
    - -- Cancer.
    - -- Alzheimer's disease.

- G. Sleep deprivation is a large part of both physical fitness and emergency responder safety.
  - 1. Sleep deprivation is tied to schedules and interrupted sleep.
  - 2. It has been tied to many health issues, including:

- Cardiovascular disease.
- b. Cognitive impairment ability to make sound decision, etc.
- c. Immune system malfunctions (obesity, diabetes and metabolic syndrome).
- d. Cancer.
- e. Alzheimer's disease.

#### SLEEP DEPRIVATION (cont'd)

- The International Association of Fire Chiefs (IAFC), in cooperation with the U.S. Fire Administration (USFA), published "The Effects of Sleep Deprivation on Fire Fighters and EMS Responders."
  - "A culture of awareness and support is needed."
  - "This will require ongoing reinforcement of education activates and translation of that knowledge into attitudes and behaviors that promote appropriate work hour management."

- H. The International Association of Fire Chiefs (IAFC), in cooperation with the U.S. Fire Administration (USFA), published "The Effects of Sleep Deprivation on Fire Fighters and EMS Responders" in June 2007.
  - 1. "A culture of awareness and support is needed."
  - 2. "This will require ongoing reinforcement of education activates and translation of that knowledge into attitudes and behaviors that promote appropriate work hour management."
  - 3. Training video and quiz are available in conjunction with the report https://www.iafc.org/topics-and-tools/resources/resource/sleep-deprivation.

#### SLEEP DEPRIVATION (cont'd)

- Sleep deprivation is an issue with safety and decision-making.
  - No sleep for 18 hours equals impairment equivalent to a blood alcohol level of 0.1 percent (legally drunk for driving).
  - 48/96 shift may contribute to short-term sleep deprivation.
  - Judgement is impaired, and decisions become more impulsive in this state.
- International Agency for Research on Cancer (IARC), has classified shift work as a probable carcinogen.

I.	Sleep	deprivation	is	definitely	an	issue	with	overall	safety	and	making	good
	decisions on incident scenes.											

- 1. Not sleeping for just 18 hours can lead to an impairment equivalent to a blood alcohol level of 0.1 percent (legally drunk for driving).
- 2. The 48/96 shift may contribute to short-term sleep deprivation.
- 3. Reports from departments of more vehicle crashes, increased disciplinary issues, increased sick time, work related injuries, and turn out time.
- 4. Our judgement is impaired, and it has been found that decisions become more impulsive in this state.
- J. International Agency for Research on Cancer (IARC), has classified shift work as a probable carcinogen.
  - 1. Shift work disrupts the circadian rhythm in humans and associated melatonin production.
  - 2. Sleep deprivation may be a key component of decreased immune system defense.
- K. Study of more than 30,000 firefighters from 1950 to 2009 shows that approximately 68 percent of firefighters contract cancer in their lifetime versus 22 percent for the general population.

# SLEEP DEPRIVATION (cont'd)

- Recommendations to reduce sleep deprivation include:
  - Allow naps. Some sleep is better than no sleep.
  - Dorm rooms should be kept dark and used only for sleep.
    - -- No televisions.
    - -- No electronic devices.
  - Train personnel on sleep deprivation.
  - Make sleep deprivation part of annual physical screening.

Slide 4-

- L. Some recommendations to reduce sleep deprivation include:
  - 1. Allowing naps as necessary. Some sleep is better than no sleep.
  - 2. Dorm rooms should be kept dark and used only for sleep.
    - a. No televisions.
    - b. No electronic devices.
  - 3. Train personnel on the issue of sleep deprivation.
  - 4. Make sleep deprivation part of annual physical screening.

#### X. CANCER

#### **CANCER**

- Cancer is an issue confronting the emergency service.
- Various studies recognize certain patterns in firefighter cancer.
  - Greater number of cancer diagnoses and cancer-related deaths — mostly digestive, oral, respiratory and urinary cancers.
  - Malignant mesothelioma at two times the rate, caused by exposure to asbestos.

Slide	4-47

A. Cancer is another issue confronting the emergency service.

- B. Various studies, particularly NIOSH, recognized certain patterns in firefighter cancer.
  - 1. Firefighters had a greater number of cancer diagnoses and cancer-related deaths mostly digestive, oral, respiratory and urinary cancers.
  - 2. About twice as many firefighters were diagnosed with malignant mesothelioma, a rare type of cancer caused by exposure to asbestos. Exposure to asbestos while firefighting is the most likely explanation for this.

# CANCER (cont'd)

- More cases of certain cancers among younger firefighters (i.e., bladder and prostate cancers).
- Firefighter cancer rate is higher than the general public.

Slide 4-48

- 3. There were more cases of certain cancers among younger firefighters. For example, firefighters in the study who were under 65 years of age had more bladder and prostate cancers than expected.
- 4. The rate of cancers among firefighters is higher than the general public.

CANCER (cont'd)					
Tab	le 4.1				
Testicular cancer (2.02 times)	Malignant melanoma (1.31 times )				
Multiple myeloma (1.53 times)	Brain cancer (1.31 times)				
Non-Hodgkin's lymphoma (1.51 times)	Breast cancer in women (study from San Francisco Fire Department)				
Skin cancer (1.39 times)	Leukemia (1.14 times)				
Prostate cancer (1.28 times)	Colon cancer (1.21 times)				
	Slide 4-49				

5. Higher rates of multiple types of cancers in firefighters, including:

- a. Testicular cancer (2.02 times greater risk).
- b. Multiple myeloma (1.53 times greater risk).

# CANCER (cont'd)

 Firefighter Cancer Support Network (FCSN) states the following about the CO's role:

"The company officer, as the leader of the most operational working group in the fire service, is the single most influential person concerning the team's attitude, operations and willingness to change. In this key role, the company officer must lead by example and set clear expectations concerning cancer awareness, prevention, tracking of exposure and the essential operational changes necessary to minimize exposure to carcinogens and other toxins."

- c. Non-Hodgkin's lymphoma (1.51 times greater risk).
- d. Skin cancer (1.39 times greater risk).
- e. Prostate cancer (1.28 times greater risk).
- f. Malignant melanoma (1.31 times great risk).
- g. Brain cancer (1.31 times greater risk).
- h. Colon cancer (1.21 times great risk).
- i. Leukemia (1.14 times greater risk).
- j. Breast cancer in women (preliminary study results from the San Francisco Fire Department).

#### VIDEO PRESENTATION

"COLUMBIA MO FIREFIGHTER/ GARTH BROOKS 'THE DANCE"

https://www.firerescue1.com/cancer/articles/374236018-Video-Firefighter-with-cancer-sings-The-Dance-days-before-dying/

Slide 4-51

- C. There are steps that can be taken to reduce the risk of cancer.
  - 1. All personnel should be considering what they can do personally to reduce their chance of cancer.
  - 2. Sources list a variety of methods for cancer prevention.

	R (cont'd)
Table	e 4.2
Use SCBA from initial attack to finish of overhaul.	Do not take contaminated clothes or PPE home; do not store them in your vehicle.
Do gross field decontamination of PPE to remove as much soot and particulates as possible.	Decontaminate fire apparatus interior after fires.
Use Wet-Nap or baby wipes to remove as much soot as possible from head, neck, jaw, throat, underarms and hands immediately and while still on the scene.	Keep bunker gear out of living and sleeping quarters.
Change your clothes, and wash them immediately after a fire.	Stop using tobacco products.
Shower thoroughly after a fire.	Use sunscreen or sunblock.
Clean your PPE, gloves, hood and helmet immediately after a fire.	Source: (FCSN, 201;

# 3. The USFA publication lists the following 11 methods for prevention of cancer.

- a. Use self-contained breathing apparatus (SCBA) from initial attack to finish of overhaul. (Not wearing SCBA in both active and post-fire environments is the most dangerous voluntary activity in the fire service today.)
- b. Do gross field decontamination of PPE to remove as much soot and particulates as possible.

#### **RISK MANAGEMENT**

- c. Use Wet-Nap or baby wipes to remove as much soot as possible from head, neck, jaw, throat, underarms and hands immediately and while still on the scene.
- d. Change your clothes, and wash them immediately after a fire.
- e. Shower thoroughly after a fire.
- f. Clean your PPE, gloves, hood and helmet immediately after a fire.
- g. Do not take contaminated clothes or PPE home; do not store them in your vehicle.
- h. Decontaminate fire apparatus interior after fires.
- i. Keep bunker gear out of living and sleeping quarters.
- j. Stop using tobacco products.
- k. Use sunscreen or sunblock. (FCSN, 2013)
- 4. There are other items that can be used to prevent cancer depending on the situation and department policy.
  - a. Each individual must take personal responsibility for their actions to reduce the possibility of contracting cancer.
  - b. Sometimes the simplest items can be helpful, such as buying baby wipes for the crew.

RISK MANAGEMENT
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#### **ACTIVITY 4.4**

# **Potential Cancer-Causing Actions**

## Purpose

Correlate how completing daily activities in the station and responding to events/incidents have potential cancer-causing impacts.

#### **Directions**

- 1. You will work in assigned table groups.
- 2. List the daily activities from Activity 1.1. Groups may add to this list considering other items that may cause cancer.
- 3. Once the list is compiled, consider which of these activities may contribute to cancer.
- 4. Detail how the listed activity may contribute to cancer in personnel.

RISK MANAGEMENT	
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#### **ACTIVITY 4.5**

#### **Cancer Prevention Actions**

#### **Purpose**

Develop potential cancer prevention actions or ideas to modify potential cancer-causing actions.

#### **Directions**

- 1. Work in your small groups.
- 2. Using the potential cancer-causing action in Activity 4.4, construct daily action modifications that may be implemented to reduce the possibility of contracting cancer.
- 3. Consider resources identified during Homework 4A.
- 4. List the actions to be taken on the easel pad.
- 5. List two resources identified during Homework 4A with brief description and website.
- 6. Appoint a representative to present the groups findings.

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#### XI. RESPONDER MENTAL HEALTH

A. Emergency responders suffer from mental health issues due to a variety of reasons, some job related, some personal.

# MENTAL HEALTH — POST-TRAUMATIC STRESS DISORDER

National Fallen Fighters Foundation (NFFF)
Firefighter Life Safety Initiative 13 states:
Firefighters and their families must have
access to counseling and psychological
support.

Slide 4-55

- B. The National Fallen Fighters Foundation (NFFF) Firefighter Life Safety Initiative 13 states: Firefighters and their families must have access to counseling and psychological support.
- C. PTSD was first identified in soldiers returning from war. It is now recognized as happening to emergency responders as well.

# MENTAL HEALTH — POST-TRAUMATIC STRESS DISORDER (cont'd)

- Emergency responders see more severe emotional events over a career than the average person.
  - Human mind is not meant to deal with these events on a regular basis.
  - Consider what an emergency responder may see in a shift or short time frame.
  - PTSD may be triggered by a single incident or may build over time.

- D. Emergency responders see more severe emotional events over their career than the average person.
  - 1. The human mind is not meant to deal with these events on a regular basis.

- 2. Consider what an emergency responder may see in a shift or short time frame.
- 3. PTSD may be triggered by a single incident or may build over time. Again, responders see more death, trauma and severe emotional events than the average person.

# POST-TRAUMATIC STRESS DISORDER

- There are signs to be aware of to indicate PTSD:
  - Restlessness.
  - Sleeplessness (or recurring dreams).
  - Hyper activity.
  - Inability to relax.
  - Jumpiness.
  - Difficulty concentrating.

Slide 4-57

- E. There are signs to be aware of to indicate PTSD:
  - 1. Restlessness.
  - 2. Sleeplessness (or recurring dreams).
  - 3. Hyper activity.
  - 4. Inability to relax.
  - 5. Jumpiness.
  - 6. Difficulty concentrating.

# POST-TRAUMATIC STRESS DISORDER (cont'd)

- PTSD is difficult to manage, especially if accompanied by any of the following:
  - Multiple traumatic events.
  - Drug or alcohol abuse.
  - Depression.
  - Physical injury.
  - Mental or physical disorder.
  - Inability or difficulty performing on scene.
  - Loss of confidence in job performance abilities.
  - Increased stress due to family or personal issues.

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F. PTSD is difficult to manage, especially if accompanied by any of the following						
	1. Multiple traumatic events.					
	<ol> <li>Drug or alcohol abuse.</li> <li>Depression.</li> </ol>					
	4. Physical injury.					
<ol> <li>Mental or physical disorder.</li> </ol>						
	Inability or difficulty performing on scene.					
	<ol> <li>Loss of confidence in job performance abilities.</li> </ol>					
	8. Increased stress due to family or personal issues.					
• CO per - F - E - E - C	best susonnel's Recogniz Be aware Be willing the persooften debtealing were proposed to the person between the person can be be allowed by the person can be allowed by t	FRAUMATIC STRESS SORDER (cont'd)  Litted to recognize changes in their is behavior.  Le changes in behavior or attitude.  Lof changes in their personal life.  Lot confront and discuss issues with in.  Loriefing after incidents is helpful in ith the trauma of the incident.  Loriefing after incidents, in lead to other issues, including ith abuse, domestic issues, and suicide.				
G. CO must be aware of what is happening with their personnel.						
	1. Recognize changes in behavior or attitude.					
2. Be aware of changes in their personal life.						
	Be willing to confront and discuss issues with the person.					
<ul> <li>4. Often debriefing after incidents is helpful in dealing with the transincident.</li> <li>5. PTSD can lead to other issues, including substance abuse, domes and suicide.</li> </ul>						

#### VIDEO PRESENTATION

# "CPF FIREVISION - HEALING OUR OWN"

https://www.youtube.com/watch?v= PQAsKNvwNcc

Slide 4-

#### SUICIDE

- More firefighters have died from suicide than in the line of duty since 2015.
  - There have been 360 confirmed suicides between 2000 and 2016 (Firefighter Behavioral Health Alliance (FFBHA)).
- In the past, no discussion on suicide due to image of courage, strength and toughness.
- No nationally recognized agency collecting data on firefighter and EMS suicides.

Slide 4-61

H. More firefighters have died from suicide than in the line of duty since 2015.

There have been 360 confirmed suicides between 2000 and 2016, according to Jeff Dill of the Firefighter Behavioral Health Alliance (FFBHA).

- I. In the past, the fire service did not discuss firefighter suicide due to the image generally projected of courage, strength and toughness.
- J. There is not a nationally recognized agency collecting data on firefighter and EMS suicides.
  - 1. Death certificates do not include occupational data; this makes it difficult to track information or construct trends.
  - 2. Suicide among retired firefighters does not specify an occupation at time of death.

	Sixty-nine percent of the U.S. fire service is volunteer, and their fire service
	affiliation is unlikely to be mentioned on death certificates.

# SUICIDE (cont'd)

- 70 percent of firefighter suicides are white males (FFBHA).
  - Firearms are the leading method of completed suicides, followed by hanging.
  - The highest frequency of suicide is 41 to 50 years old, followed by 31 to 40; 18 to 30 and 51 to 60 are tied.
  - Active-duty personnel are more likely to commit suicide as opposed to retired personnel.

Slide 4-62

- K. Dill reports that more than 70 percent of firefighter suicides are white males, which is the greater percentage of firefighters.
  - 1. Firearms are the leading method of completed suicides, followed by hanging.
  - 2. The highest frequency of suicide is 41 to 50 years old, followed by 31 to 40; 18 to 30 and 51 to 60 are tied.
  - 3. Active-duty personnel are more likely to commit suicide as opposed to retired personnel.

# SUICIDE — FIVE WARNING SIGNS

- Recklessness/Impulsiveness: subtle signs.
- Anger: Suppressed anger or explosive anger from seemingly minor issues can be a dangerous sign.
- Isolation: becoming distant around the station.
- Loss of confidence in skills and abilities.
- Sleep deprivation.

Slide 4-63

L. FBHA lists the five warning signs for suicide using the acronym "RAILS."

- 1. **R**ecklessness/Impulsiveness: These might be subtle signs, such as purchasing guns when a person has always been against them, riding a motorcycle recklessly, or charging into burning buildings against policy or procedure.
- 2. Anger: Suppressed anger or explosive anger from seemingly minor issues can be a dangerous sign. Displacement (directing one's anger at someone else instead of the intended person) is often observed. Displacement is most often directed at a firefighter's or emergency medical technician's (EMT's) family.
- 3. Isolation: Becoming distant from their career company around the station or volunteer firefighters who don't participate in drills or calls as much. Members might even display isolation around their family. They lose interest in family activities.
- 4. Loss of confidence in skills and abilities: Several firefighters and EMTs have advised FBHA they lost confidence in their ability to get the job done due to concentrating on emotional or personal issues they were battling. A seasoned firefighter who can't remember how to put an engine in gear to pump is an example.
- 5. Sleep deprivation: Loss of sleep can indicate stress, anxiety, PTSD or several other emotional issues a member might be struggling with and not realize.
- M. If you encounter a person struggling with the above issues, or just off their game, include these FBHA recommendations as a starting point:

# SUICIDE (cont'd)

- Be Proactive Be Direct.
- Direct Questions. Two questions if a member comes to you with suicidal ideations:
  - Do you feel like killing yourself now?
  - Do you have a plan?
  - NEVER leave them alone!
- Compassion. Be direct and be compassionate. Always speak from the heart.

Slide	4-64

1. **Be Proactive** — **Be Direct**. We do this when responding to emergencies. We need to take the same approach when our brothers or sisters appear to be struggling.

- 2. **Direct Questions**. Remember these two questions if a member comes to you with suicidal ideations:
  - a. Do you feel like killing yourself now?
  - b. Do you have a plan?

A "yes" to either one of these questions means you need to engage your department procedures or protocols if in the firehouse. If outside of the department, then they need help immediately. **Never** leave them alone!

3. **Compassion.** Be direct, but be compassionate. Stay in the moment when talking to them. It is the most difficult type of conversation, but always speak from the heart.

# SUICIDE (cont'd)

- Discretionary Time. Do not make statements just to fill a void. Do not leave the member alone.
- Walk the Walk. Be willing to go above and beyond to help.
- Taking care of our own goes well beyond the station or fireground.

- 4. **Discretionary Time.** If a member comes to you to talk about a difficult issue they are struggling with and you have never dealt with this type of issue, then let them know, but also use discretionary time. Do not make statements just to fill a void. For example: I never realized you were struggling with this issue and I don't have a lot of knowledge on this problem, but let me find out a little more about it and we will talk later. (If this is a crisis moment, do not leave the member alone.)
- 5. **Walk the Walk.** The number of firefighters, officers and EMTs/paramedics who help their brothers or sisters out by taking them to AA classes or counselors cannot be overstated. They sit outside and wait until the appointment is over. Taking care of our own goes well beyond the station or fireground.

#### SUICIDE (cont'd)

- No easy answers or methods for dealing with PTSD or suicide.
  - Emergency service organizations must give mental health issue the same treatment and awareness that have been given to our physical wellbeing.
- Emergency service must do a better job in training our personnel regarding these issues.
- Until we recognize, train and remove the stigma of mental health issues, we will not solve the problem.

- N. There are no easy answers or methods for dealing with emergency responders and mental health, PTSD or suicide.
  - 1. The emergency service organizations must give mental health issue the same treatment and awareness that have been given to our physical wellbeing.
    - a. Many Employee Assistance Programs (EAP) or mental health treatment is limited to a specific number visits.
    - b. Organization must set policy to remove stigma and ensure confidentiality.
  - 2. Emergency service must do a better job in training personnel regarding these issues.
    - a. Training on emergency response issues is necessary.
    - b. Emergency service must do better with personnel management skills training.
    - c. Personnel management must include PTSD, suicide, cancer and issues discussed in this class.
  - 3. Until we recognize, train and remove the stigma of mental health issues, we will not solve the problem.

#### **ACTIVITY 4.6**

#### **Responder Mental Health**

# **Purpose**

Assemble a resource list of responder mental health resources. Speculate actions to support improved support of responder mental health issues.

#### **Directions**

- 1. In table groups, list responder mental health resources identified during Homework Assignment 4B.
- 2. Eliminating duplicates, record list on easel pad.
- 3. Considering self-reflection events/incidents and resources identified, conduct a table group discussion speculating on actions that could be taken to use resources available for improved support of responder mental health issues.
- 4. You have 30 minutes for discussion. Be prepared to share one resource from the list with a brief explanation of how this resource could be used to improve support of responder mental health issues. If one participant's self reflection issue can be shared to support this resource selection, be prepared to share that as well.
- 5. Report out from each table group 30 minutes.

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#### XII. SUMMARY



# **SUMMARY**



- · Safety culture and risk management.
- Personal risk.
- Factors that influence risk tolerance.
- Solutions to risk tolerance.
- ORM.
- Step 1: Identify mission task.
- Step 2: Identify hazards and impacts.
- Step 3: Assess and prioritize risks.
- Step 4: Identify control measures.

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# SUMMARY (cont'd)



- Organizational change process.
- Creating change with and without authority.
- Step 5: Implement control measures.
- Step 6: Evaluate.

RISK MANAGEMENT	
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#### **RESOURCES/SUGGESTED READINGS**

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The Code Green Campaign website: http://codegreencampaign.org/

National EMS Management Association website: http://www.revivingresponders.com/white-paper/

Firefighter Cancer Support Network (FCSN): https://firefightercancersupport.org/

CDC Study: https://www.cdc.gov/niosh/firefighters/ffcancerstudy.html

Firefighter Behavioral Health Alliance website: http://www.ffbha.org/

American Society for Suicide Prevention: https://afsp.org/

Chief I Have Cancer. https://firefightercancersupport.org/wp-content/uploads/2013/06/chief\_i\_have\_cancer.pdf

Don't Be Me. https://firefightercancersupport.org/wp-content/uploads/2013/06/boston718\_dont\_be\_me.pdf

IAFC On-Scene magazine: https://www.iafc.org/on-scene/on-scene-article/firefighter-mental-health#sthash.DEePdln2.dpuf

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# **APPENDIX**

# FIREFIGHTER/EMT SUICIDE SCREENING

Courtesy of Firefighter Behavioral Health Alliance (FBHA)

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Below is a self-screening for suicide ideations for firefighters/EMT. Please circle either Y= Yes, or N=No. When you have completed screening please review your score at the end of the screening.

- 1. Are you feeling like a burden to your family, friends, or Fire Company or EMS organization? Y/N
- 2. Do you feel the world would be a better place without you in it? Y/N
- 3. Have you started to isolate yourself from others in the firehouse or EMS location? Y/N At Home? Y/N
- 4. Have you found yourself turning to alcohol or other addictive behaviors to make yourself feel better? Y/N
- 5. Have you or someone close to you noticed that your sleeping patterns have changed? Y/N
- 6. Are you thinking, "What's the use?" when going to the firehouse or responding on calls? Y/N
- 7. Do you find yourself thinking about or performing unnecessary risks while at a fire scene or on an emergency incident? Y/N
- 8. Have you found an increased or new interest in risky activities outside the firehouse/EMT organization such as: sky-diving, reckless motorcycle riding or purchasing guns? Y/N
- 9. Are you displaying unexplained angry emotions or have you been disciplined recently for anger towards other firefighters/EMTs? Officers? Or the Public within the last few months? Y/N (Any option will receive a circle of Yes)
- 10. Have you been told that "you have changed" by: Friends? Family? Fellow coworkers? Y/N (Any option will receive a circle of Yes)
- 11. Does your family have a history of a suicide? Y/N
- 12. Do you have a history of feeling depressed? Y/N
- 13. Do you have feelings of hopelessness? Y/N
- 14. Do you feel like killing yourself? Y/N
- 15. Have you created plans to kill yourself? Y/N
- 16. Have you recently attempted to kill yourself? Y/N

RISK MANAGEMENT					
Scoring: Total the amount of (Yes) circled.  Score:					
If you circled question 14, 15 or 16, SEEK HELP IMMEDIATELY by Dialing 911					
or calling the National Suicide Prevention Lifeline 1-800-273-8255					
or calling the Share the Load Program 1-888-731-3473					
Once you have reached one of the above, call a trusted family member, friend, chaplain, or counselor.					
Firefighter Behavioral Health Alliance (FBHA) recommends that if a person answers YES to at least three of these questions, it would be recommended that you contact a local Mental Health Care Professional that deals with firefighters/EMTs that suffer from suicidal ideations and depression. If you need assistance in finding a counselor in your area, contact FBHA for further information at 847-209-8208.					

# UNIT 5: ENVIRONMENT OF CHANGE

#### TERMINAL OBJECTIVE

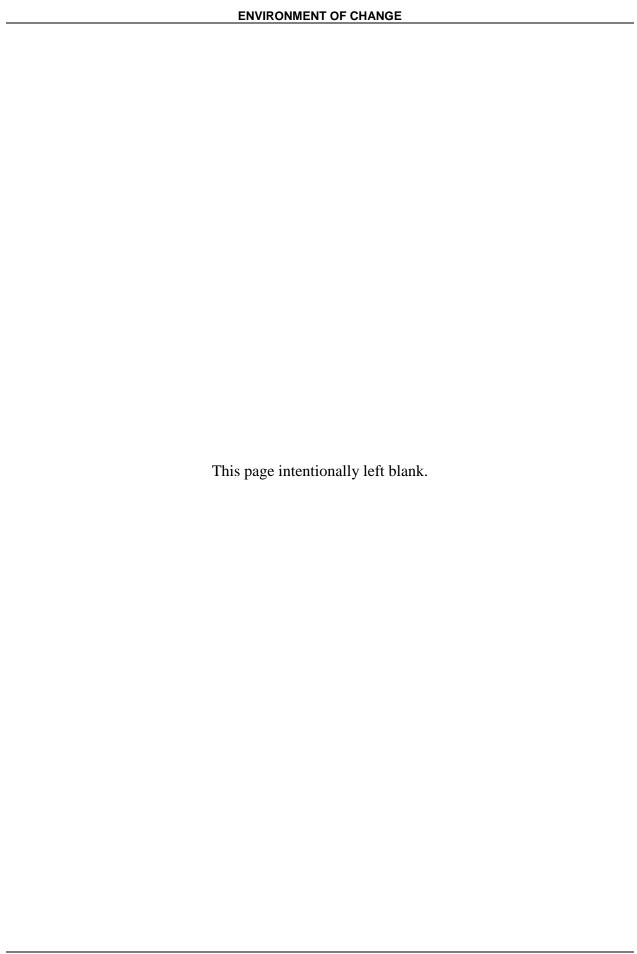
The students will be able to:

5.1 Facilitate a change in the culture of safety.

#### **ENABLING OBJECTIVES**

The students will be able to:

- 5.1 Distinguish the role of the first line supervisor in affecting change in the agency's culture of safety.
- 5.2 Intervene in the five dysfunctions of a team to facilitate a collaborative team change.







# UNIT 5: ENVIRONMENT OF CHANGE

Slide 5-

## **TERMINAL OBJECTIVE**

Facilitate a change in the culture of safety.

Slide 5-

## **ENABLING OBJECTIVES**

- Distinguish the role of the first line supervisor in affecting change in the agency's culture of safety.
- Intervene in the five dysfunctions of a team to facilitate a collaborative team change.

Slide 5-3

#### I. LEADERSHIP-BASED SAFETY: THE KEY

## LEADERSHIP-BASED SAFETY: THE KEY

- Relies on trust between members and management.
- Leadership is key to encouraging adoption of safe behaviors.

Slide 5-4

Behavior-based safety relies on trust between members and management. Management and its members must each earn that trust.

- A. Without strong leadership, you can manage all you want, but all you get are safety **policies/procedures** sitting on a shelf collecting dust.
- B. Our people are important, but without leadership, all you get is a series of failed attempts at system improvement.
- C. There are many examples of fire and Emergency Medical Services (EMS) organizations that have issued policies based on recommended health and safety standards and then failed to demonstrate a true commitment to those policies.
- D. Leadership is key to encouraging adoption of safe behaviors.

# II. SAFETY IS NOT SIMPLY SOMETHING THE FIRE DEPARTMENT ADMINISTRATION DOES TO OR FOR MEMBERS

# SAFETY IS NOT SIMPLY SOMETHING THE FIRE DEPARTMENT ADMINISTRATION DOES TO OR FOR MEMBERS

- Management commitment to safety is necessary, but true safety excellence requires participation from everyone in the organization.
- Safety must become a cooperative process.

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Slide 5-5

Management commitment to safety is necessary, but true safety excellence requires participation from everyone in the organization, especially the line staff.

- A. Engaging in safe behavior benefits the members as well as the organization.
- B. Studies recognize that by focusing organizational effort to cultivate a culture of involvement and participation, reductions or elimination of injuries is achievable.
- C. Safety must become a cooperative process where everyone participates to make the workplace safer.
  - 1. Every member has something meaningful to contribute, and people will contribute if the climate is right.
  - 2. Every member has an expectation to work in a safe place.

#### III. LEADERSHIP SUPPORT

#### LEADERSHIP SUPPORT

- Day-to-day activities, attitudes and behaviors demonstrated by managers and supervisors form the foundation.
- Leadership at all levels of the organization needs to illustrate a shared vision of safety excellence and demonstrate the leadership styles and practices needed.
- Change is unlikely to occur unless the leaders of the organization embrace the effort and demonstrate a commitment to the endeavor.

S	ide	5.4
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A. The day-to-day activities, attitudes and behaviors demonstrated by managers and supervisors form the foundation of the organization's safety culture.

- 1. Leadership (including management) at **all** levels of the organization need to illustrate a shared vision of safety excellence and demonstrate the leadership styles and practices needed to achieve a desired culture change.
- 2. Change is unlikely to occur unless the leaders of the organization embrace the effort and demonstrate a commitment to the endeavor.
- 3. The importance of support from department leadership to the overall safety culture needs to be underscored. Leaders must realize member safety is a core value and one that should never be compromised.
  - a. Managing officers must consistently demonstrate this value through their own practices and attitudes, as well as through their formal decisions.
  - b. When members believe safety is indeed a shared organizational value, they contribute extra effort to safety improvement initiatives, and they are less likely to succumb to the natural and imposed urgency to circumvent safe work practices.
  - c. Safety is as much about attitudes and mentality as it is about safe actions and practices.
- B. Increasing the visibility of management support among the line staff, the fire department administration should continue to emphasize their traditional initiatives.

Ensure the efforts are communicated and understood by the members.

- 1. Providing quick follow up and/or feedback to hazards and risks identified, modifying ineffective safety training programs, or allowing members opportunities to express their safety concerns.
- 2. When member input is sought, have a process in place to provide prompt feedback and follow up. Following up with the member is crucial to the success of any change.

### LEADERSHIP SUPPORT (cont'd)

- Managing officers let their team know they are doing worthwhile work and are important to the work of the team.
- When members believe their work is genuinely appreciated, they want to improve and do their best.

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Slide 5-7

- C. Managing officers let their team know they are doing worthwhile work and are important to the work of the team.
  - 1. Negative feedback can minimize one's sense of importance, which can be disastrous for voluntary participation.
  - 2. Emphasize an individual's positive contributions to the job.
  - 3. When members believe their work is genuinely appreciated, they want to improve and do their best. They become self-motivated.
- D. Resist applying negative consequences in an attempt to correct behaviors, such as reprimanding a member for working at-risk or for not following a designated safety procedure.
  - 1. Such action will decrease member involvement in safety efforts. Use the situation as a learning opportunity.
  - 2. Punishment can turn individuals and an entire crew against those doing the punishing. Avoid, where possible, negative reinforcement by using a positive reinforcement method to encourage proper behavior.
  - 3. Punishment (negative actions) should be used as a last resort after trying other more positive and effective techniques.

- E. Management may inadvertently contradict their true support for safety through their interpersonal interactions with the members.
  - 1. Managers have been known to overlook and fail to correct at-risk work practices they observe.

Disregarding "small" infractions may send a message that the at-risk behavior is acceptable, and that shortcuts in general are tolerable, especially when they affect efficiency of an operation (normalization of deviance).

- 2. Managers need to be conscious on how their lack of safe behavior or attitude negatively influences others' perceptions of their support for safety.
- F. Since many management decisions and actions supporting safety may not be known or realized by the members, effective communication systems need to be in place.

Members need to be made aware of change or improvement efforts being championed, as well as the rationale behind decisions made, in order for them to fully realize management's commitment to improving safety.

- Since the values of an organization drive the decisions leaders make to direct its G. actions, member involvement or engagement in safety requires that safety be among the department values.
  - 1. When safety is a department value, leaders will integrate safety into all strategic and tactical decisions.
  - 2. Every decision can have an impact on safety; therefore, safety should be considered in every decision that impacts the members.

#### IV. **CHANGE AND ADOPTION OF NEW IDEAS**

# CHANGE AND ADOPTION OF **NEW IDEAS** Adoption of new ideas curve.

- Innovators.
- Early adopters.
- Early majority.
- · Late majority.
- · Late adopters.
- Resistors.

-		

A. Adoption of new ideas curve. The model is adapted from Everett Roger's book called "Diffusion of Innovations."

This adoption of new ideas curve is designed to identify the relative speed at which individuals adopt a new idea or concept.

- B. The curve identifies six different levels of adoption. They are identified as follows:
  - 1. **Innovators** 2.5 percent of the original risk takers who have the desire to try new things, even if they fail.
  - 2. **Early adopters** 13.5 percent of the individuals are a little selective about the original idea, but do have the knowledge to come aboard and try the new innovation.
  - 3. **Early majority** 34 percent are going to take their time before adopting the new idea. They are willing to embrace the new idea as long as they understand how it fits into their personal lives.
  - 4. **Late majority** 34 percent of the individuals that adopt the new idea.
  - 5. **Late adopters** 13.5 percent of the individuals who make decisions based on past experiences. Depending on their past experience, the individual may not willingly accept the new idea of change, but will conform.
  - 6. **Resistors** 2.5 percent of the individuals will never accept, embrace or make the behavior modifications to accept or conform to the proposed new change.
- C. Most of the uncertainty about a new idea must be resolved before this group can fully embrace and adopt the new idea.

#### V. RESISTANCE TO CHANGE

#### RESISTANCE TO CHANGE

Leadership in minimizing resistance to change:

- Getting ready for change.
- · Assessing the need for change.
- Change strategies.
- · Action steps.
- Evaluation.

Slide 5-9

- A. Resistance to change is the act of opposing or struggling with modifications or transformations that alter the status quo in the workplace.
- B. The leadership in minimizing resistance to change model has five major components.
- C. This assists the managing officer to minimize any negative reactions to potential safety changes in their workplace environment.
- D. First component: getting ready for change.
  - 1. The first step in this model is for today's managing officer to understand their workplace environment in regard to making any potential safety changes.
    - a. Today's managing officer must examine and understand their workplace environment.
    - b. Is the organization ready to fully accept the new potential safety changes?
  - 2. The second step in this model is for the managing officer to accept personal responsibility for the change.

Positive change cannot successfully take place without the managing officer taking personal responsibility and ownership for the potential safety changes in the workplace environment.

3. The third step in this model is for the managing officer to develop an appropriate vision for the potential safety change in the workplace environment.

- a. The development of the vision sets a future path for others to both embrace and follow.
- b. This safety vision must be inspiring and be communicated consistently to foster the appropriate safety change in the workplace environment.
- 4. The fourth and final step in this model is for the managing officer to evaluate both the stakeholders and champions for the potential safety change in their workplace environment.
  - a. When implementing potential safety changes in your current workplace environment, it is important for today's managing officer to identify potential stakeholders and champions.
  - b. How will this potentially new change affect them and impact them positively and negatively in their organization?
  - c. The identified stakeholders must have a clear understanding of the managing officer's vision and the reason why safety change must take place to create the appropriate buy-in.
  - d. Without this appropriate stakeholder evaluation, any and all parts of the potential safety initiative can and will fail.
- 5. It is also important for the managing officer to foster champions who will assist in implementing the new safety change initiative.

These champions are vital and play key roles in creating a positive acceptance and movement of the new potential safety change initiative in their workplace environment.

- E. Second component: assessing the need for change.
  - 1. The second component of this change model is for the managing officer to assess the need for change in their workplace environment.
    - a. The managing officer may develop a new safety initiative without appropriately identifying the need for the change.
    - b. This important step can cause the new potential safety initiative to fail if overlooked.
  - 2. The first step in this part of the change model is for the managing officer to analyze the workplace environment. The managing officer can accomplish this important first task by conducting an environmental scan and a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis.

- 3. The second step in this part of the change model is for the managing officer to identify any and all causes of resistance to the potential safety change initiative.
  - a. The managing officer must identify any potential resistance from both below them and above them in the current organization.
  - b. Once these potential sources of resistance are identified, appropriate strategies can be developed and implemented to successfully address any resistance from below or above them.
- 4. The third step in this part of the change model is for the managing officer to successfully assess their personal vulnerability to the safety change initiative process.
  - a. This leadership reflective process is important to implementing successful safety change initiatives.
  - b. The managing officer must identify and successfully develop strategies to minimize their personal vulnerability to the potential safety change initiative.
- 5. The fourth and final step in this part of the change model is for the managing officer to start communicating the new vision for the potential safety change initiative.
  - a. This new communication of the vision must be inspiring in order to develop future champions who are passionate and willing followers/implementers of the new safety initiative in the workplace environment.
  - b. As Walt Disney has stated in the past, "Make it magical." If the managing officer vision is magical, then you can create a positive movement to the potential safety initiative.
- F. Third component: change strategies.
  - 1. The first step of this change model is for the managing officer to develop and implement appropriate safety change strategies. The managing officer can accomplish this by following the next appropriate steps:
  - 2. The second step in this part of the change model is for the managing officer to analyze the potential cost versus benefit of the potential safety change initiative.

- a. This is an important key concept in justifying the overall need of the new potential safety change initiative.
- b. The managing officer must identify all potential direct and indirect costs in justifying the overall benefit of the potential safety change initiative.
- 3. The third and final step in this part of the change model is for the managing officer to select and implement the appropriate change strategy.
  - a. Based on the prior steps in analysis of their workplace environment, the managing officer can now implement the appropriate safety change initiative strategy.
  - b. The initiation of the appropriate change strategy will assist in securing the appropriate organizational change needed for success.
- G. Fourth component: action steps.
  - 1. The first step in this part of this change model is for the managing officer to identify appropriate and necessary resources to successfully implement the safety change initiative in the workplace environment.
    - Some of the potential resources could include finances, time, and personnel needed to successfully implement a safety change initiative.
  - 2. The second step in this part of this change model is for the managing officer to demonstrate leadership by assigning responsibilities.
    - a. Identify key leadership personnel to implement appropriate safety change initiatives in their workplace environment.
    - b. When assigning responsibility, leadership concepts, feedback and follow up must be implemented to ensure the safety change initiative stays on course and meets appropriate benchmarks and deadlines.
  - 3. The third and final step in this change model is for the managing officer to demonstrate positive leadership by empowering their potential stakeholders and champions.
    - a. This art of leadership is important in creating both buy-in and future leaders in their organization.
    - b. The managing officer consistently engages and empowers the potential stakeholders and champions.
    - c. It's a positive environment in movement toward accomplishing and implementing the new safety change initiative.

- H. Fifth component: evaluation.
  - 1. The first step in this part of the change model is for the managing officer to consistently evaluate the results of the new safety change initiative.

This constant analysis and monitoring will allow the managing officer to document the appropriate benchmarks, attitudes, and behaviors and determine if these are being successfully implemented and if they meet the desired timelines.

- 2. The second step in this part of the change model and educational concept is for the managing officer to change the appropriate steps and benchmarks based on constant evaluation of the new safety change initiative. This important process in this part of the model allows the managing officer to make appropriate changes and strategies when needed based on the data collected to successfully implement the safety change initiative.
- 3. The third and final step in this part of the change model and educational concept is for the managing officer and the safety change initiative champions to report and celebrate the results of the organizational change.
  - a. This final step in the overall "Leadership in Minimizing Resistance to Change model" is designed to assist in allowing the new safety change initiative to become part of the new culture of the workplace environment.
  - b. The employees must see positive results to help them to reinforce the new concept of the safety change initiative.
  - c. Without reporting the results and celebrating the positive effects of the safety change initiative, the organizational employee will not modify their behavior for long-term.
  - d. To create and sustain appropriate buy-in and safety change in the workplace environment, the employee must have some type of closure to maintain the new desired safety culture.
  - e. Without this important step in creating positive emotional closure, the safety change initiative will not become part of the organizational culture and will be short-lived. Employees will go back to doing it the old way.

#### **VIDEO PRESENTATION**

## "SAVING PRIVATE RYAN" (OPTIONAL)

Slide 5-10

#### VI. FIVE DYSFUNCTIONS OF A TEAM

# FIVE DYSFUNCTIONS OF A TEAM

- Lack of trust.
- Fear of conflict.
- Lack of commitment.
- · Lack of accountability.
- · Lack of results.

Slide 5-11

#### A. Lack of trust.

- 1. An essential building block of all teams is trust.
- 2. A team is a group of individuals with trust in each other.
- 3. Trust must be present among team members for any other team component to exist.

#### B. Fear of conflict.

1. Conflict is normal in group settings. At times, as a leader, you must place the good of the team and their ideas before your own. Input from team members is essential.

- 2. Fear of conflict often results in unintended consequences.
- 3. Blind spots You need all members of your team ready to give feedback. Feedback on ideas is a must; as a leader you must be open to honest feedback. The team members should not fear repercussions for expressing their ideas or thoughts.
- 4. This provides the best picture of the situation and prevents the occurrence of problems that you do not see.

#### C. Lack of commitment.

- 1. Buy-in by members of the team is another essential part of successful teams. Commitment by the members is essential.
- 2. Disagreement is normal, but should be "behind closed doors," not in public. The team must stand together once a decision is made.

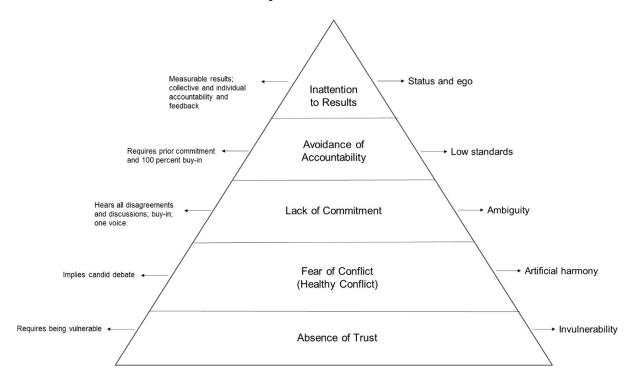
#### D. Lack of accountability.

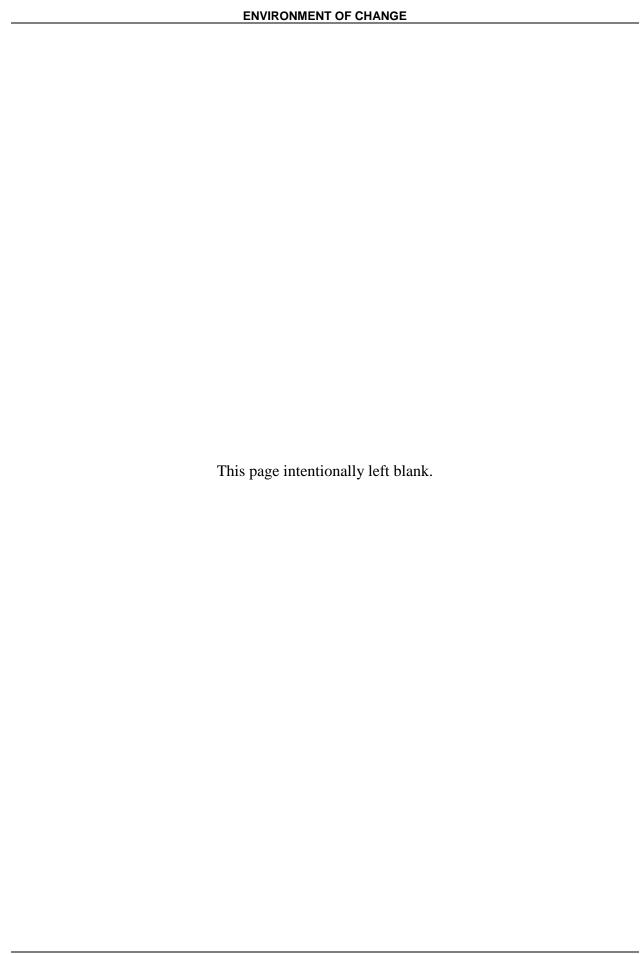
- 1. Team members must be held accountable for actions once a course of action is decided. It is best if team members hold each other accountable; ultimately, it is the leader's responsibility.
- 2. Follow-through is crucial. Unless the leader stays committed, the project most certainly fails.

#### E. Lack of results.

- 1. **Results** must be the expectation. Effort alone cannot be enough.
- 2. Results should be about the team and not about the team leader.
- 3. As a leader, you should recognize the team's efforts. It should be about "we" not "me."
- 4. Thank team members give recognition publicly.

# The 5 Dysfunctions of a Team





#### **ACTIVITY 5.1**

#### Recognizing the Five Dysfunctions of a Team

#### **Purpose**

Intervene in the Five Dysfunctions of a Team.

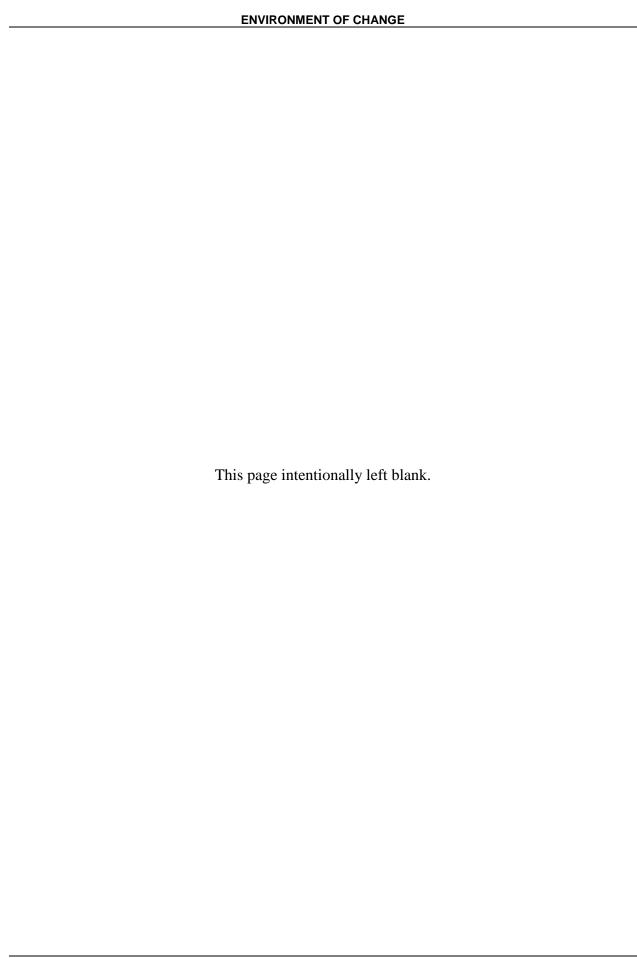
#### **Directions**

#### Part 1

- 1. Working individually, think of a time in your career that you were part of a team that was dysfunctional.
- 2. List the things that were the cause of the dysfunction of the team. All five dysfunctions need not be present for the team to be dysfunctional.

#### Part 2

- 1. Working in your assigned groups, you will review your dysfunctional team with your group members. You will be given the opportunity to provide information on your team issues.
- 2. Once you have presented your issues, choose one. As a group, discuss how the dysfunctions could have been overcome or avoided. Be specific.
- 3. You will present your dysfunctional team and the suggested method to overcome those dysfunctions.



#### VII. SUMMARY

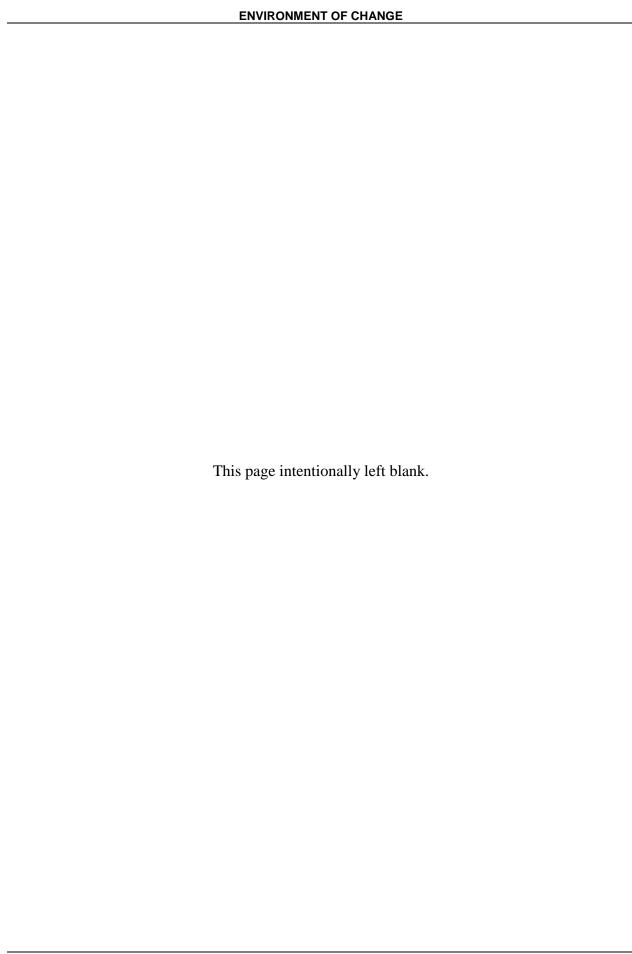


### **SUMMARY**



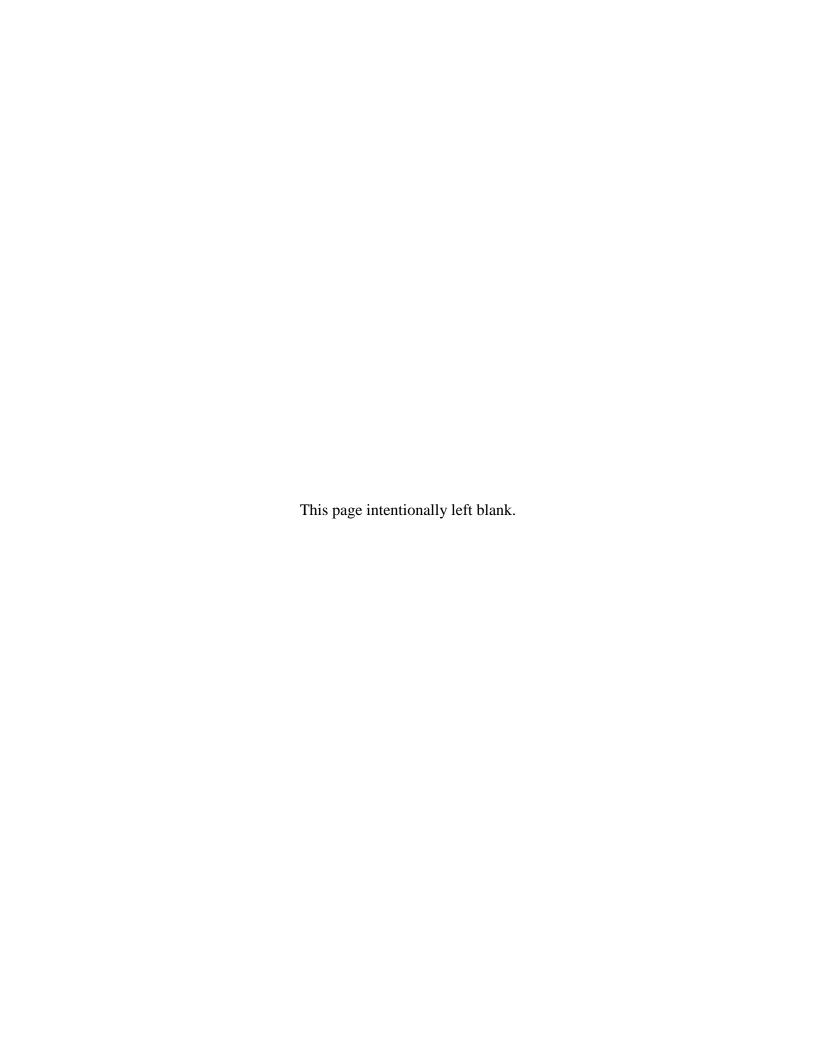
- Leadership-based safety is the key.
- Safety is not simply something the fire department administration does to or for members.
- Leadership support.
- Change and adoption of new ideas.
- Resistance to change.
- Five Dysfunctions of a Team.

Slide 5-1:



### **REFERENCE**

Lenciani, P. (2002). *The five dysfunctions of a team: A leadership fable*. San Francisco: Jossey-Bass.



# UNIT 6: SAFETY CULTURE IMPROVEMENT PLAN

#### TERMINAL OBJECTIVE

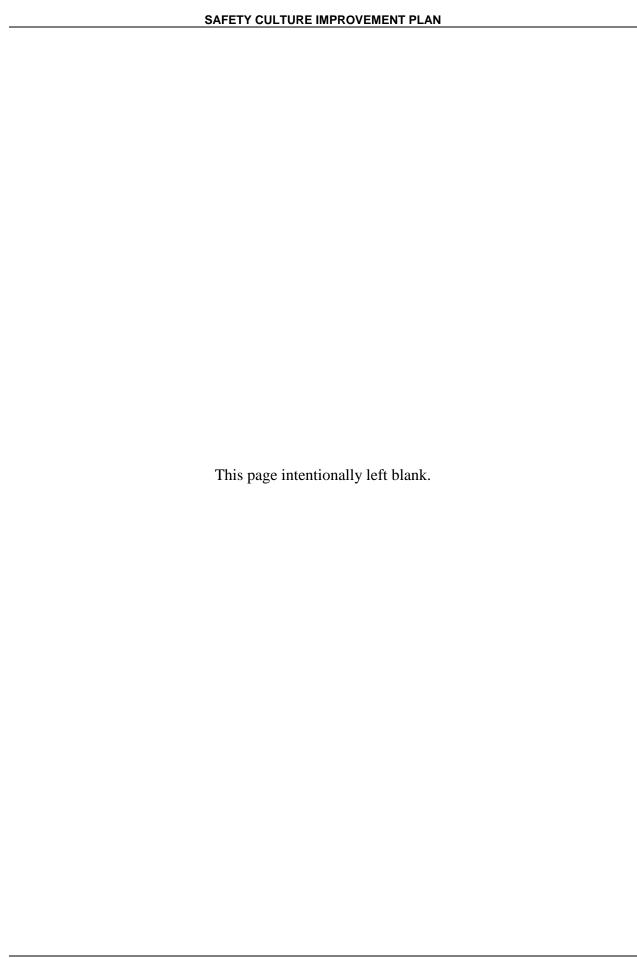
The students will be able to:

6.1 Develop a Safety Culture Improvement Plan to address one identified area of issue.

#### **ENABLING OBJECTIVE**

The students will be able to:

6.1 Prepare an evidence-based plan for implementation of a health/wellness/safety issue using the risk management process.







# UNIT 6: SAFETY CULTURE IMPROVEMENT PLAN

Slide 6-1

## **TERMINAL OBJECTIVE**

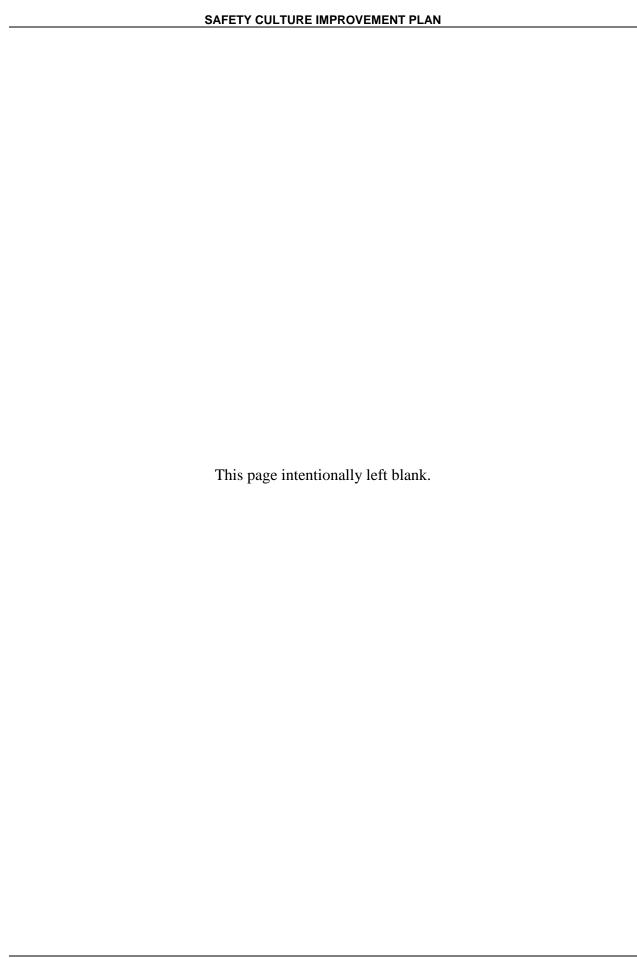
Develop a Safety Culture Improvement Plan to address one identified area of issue.

Slide 6-2

# **ENABLING OBJECTIVE**

Prepare an evidence-based plan for implementation of a health/wellness/safety issue using the risk management process.

Slide 6-3



#### **ACTIVITY 6.1**

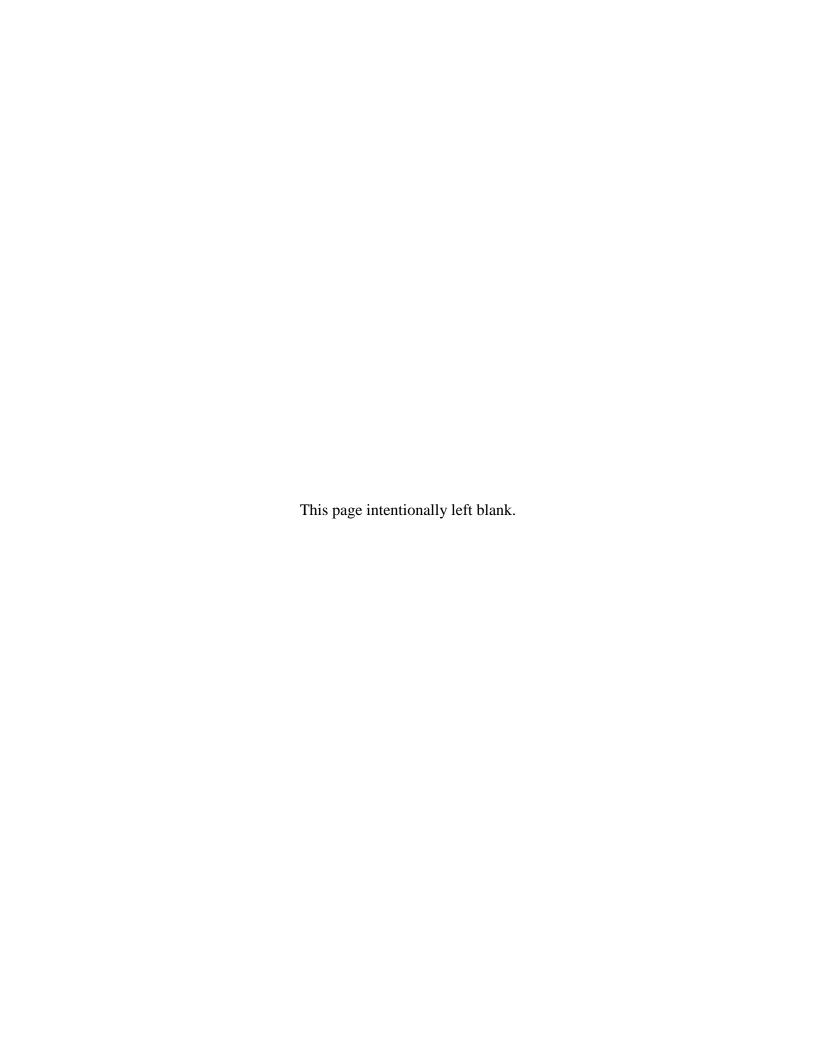
#### **Safety Culture Improvement Plan**

#### **Purpose**

Present the Safety Culture Improvement Plan for peer review.

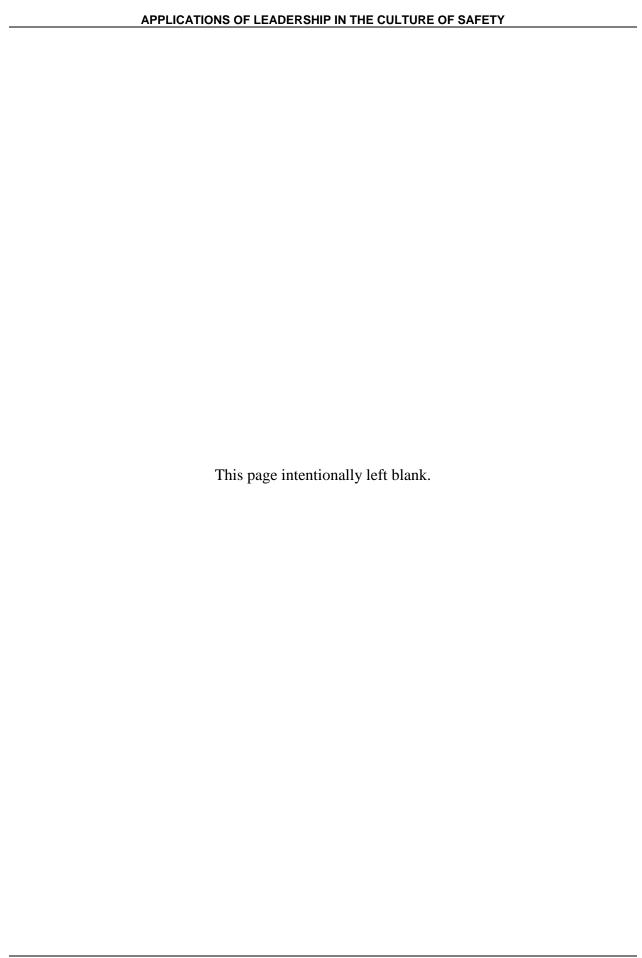
#### **Directions**

- 1. You will present your Safety Culture Improvement Plan to the other members of the class.
  - a. Presentations will be an electronic display and verbal description of the plan, describing key elements of each required section.
  - b. Presentations should be 10 minutes in length.
- 2. You will act as peer reviewers for each presentation. You will complete a feedback form on the merits of the presentation and provide constructive feedback for the presenter's consideration.



# **APPENDIX**

# **HOMEWORK ASSIGNMENTS**



#### **HOMEWORK ASSIGNMENT 1A**

#### **Personal Assessment of Communication Style**

#### **Purpose**

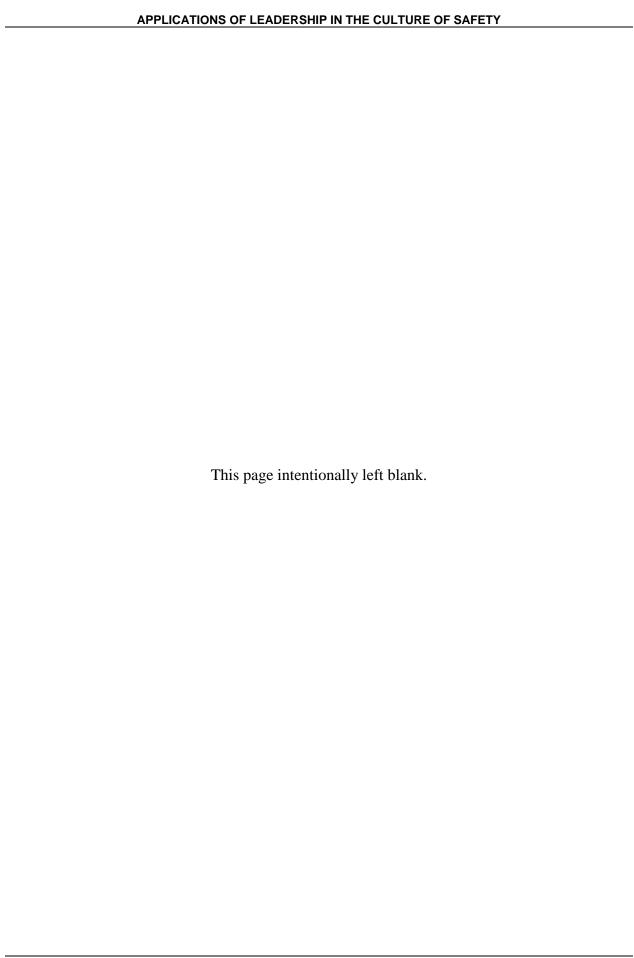
Determine your personal communication style and the effect it has had on your ability to improve the safety culture of your crew members.

#### **Directions to Students**

- 1. Personally reflect on one or several events in your emergency services career where you believe had you communicated in a different manner, it may have resulted in a more positive outcome.
- 2. Write a brief description of the event(s) on the form provided.
- 3. Which one of the communication styles did you use?
  - a. What unhealthy behavior stemmed from your communication style?
  - b. What effect did your communication style have on others?
- 4. What changes have you made in your communication style that will make you a better Company Officer (CO)?

# Summary

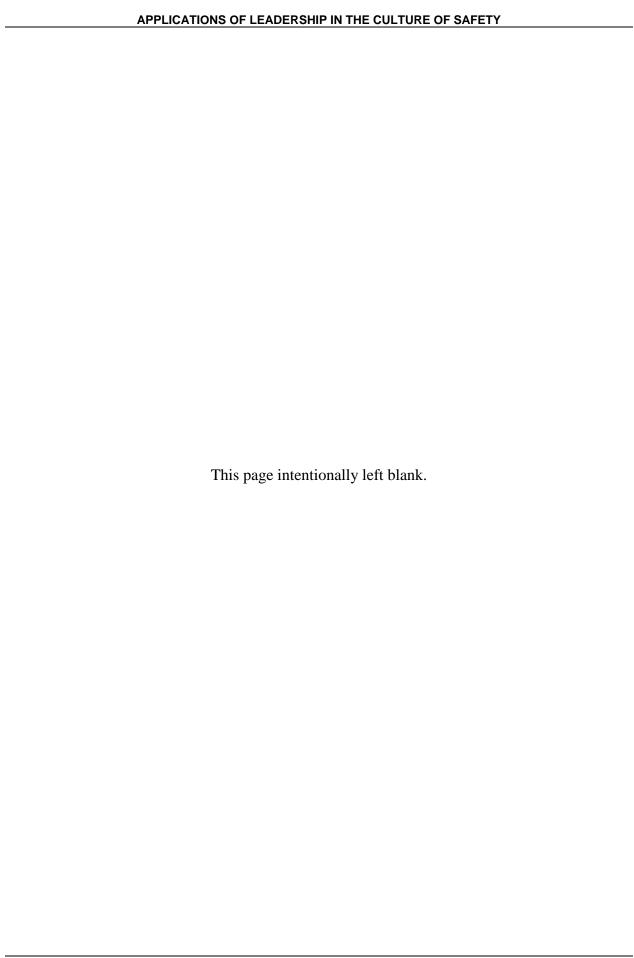
Leadership and communication styles can affect your ability to get work done through others in a safe manner. Recognizing and making adjustments in communication style can certainly have a positive outcome to ensure everyone goes home.



# **HOMEWORK ASSIGNMENT 1A**

# **Personal Assessment of Communication Style**

Description of event
Communication style used
Unhealthy behavior stemming from your communication style
Effect of communication style on others
What changes have you made in your communication style that will make you a better CO?



#### **HOMEWORK ASSIGNMENT 2**

#### **Perform a Force Field Analysis**

#### **Purpose**

Develop a force field analysis to evaluate forces for or against change as applied to the identified safety issue from the student's agency.

#### **Directions to Students**

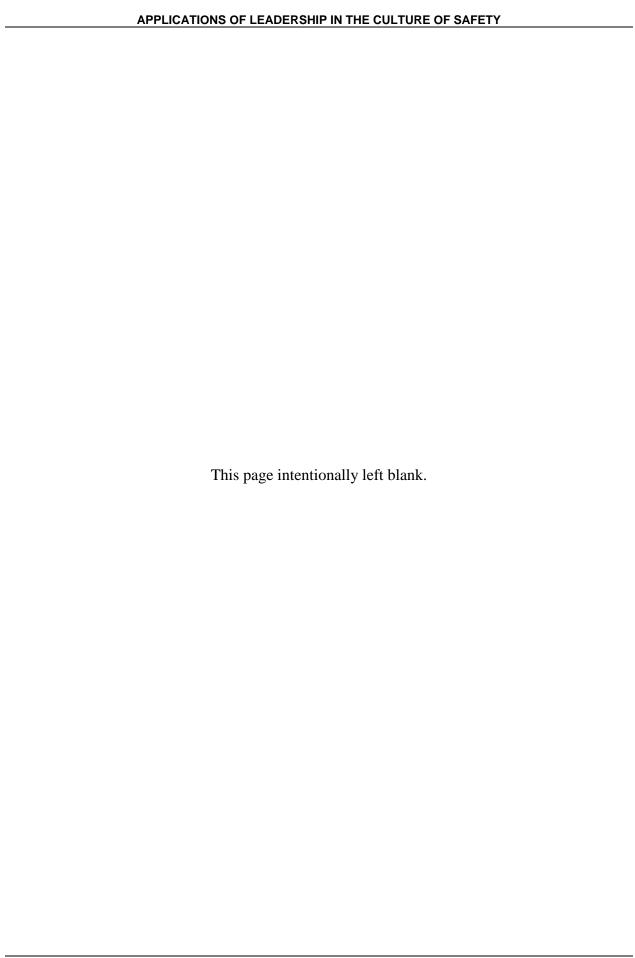
Using the model, develop a force field analysis applicable to the identified safety issue from your agency.

**Note:** This activity is one of the individual activities in which students develop a Plan for Change for a safety-related culture-based problem in their own organizations.

Remind students that on Friday they will present a Plan for Change for a safety-related culture-based problem in their own organizations.

Point out that the worksheet for all the "Creating Your Plan" activities is provided here, but that students should only complete the worksheet for this particular activity.

**Note:** You will be using this information to develop your final project. Keep your worksheet available so you can easily locate it when needed.



#### **HOMEWORK ASSIGNMENT 3**

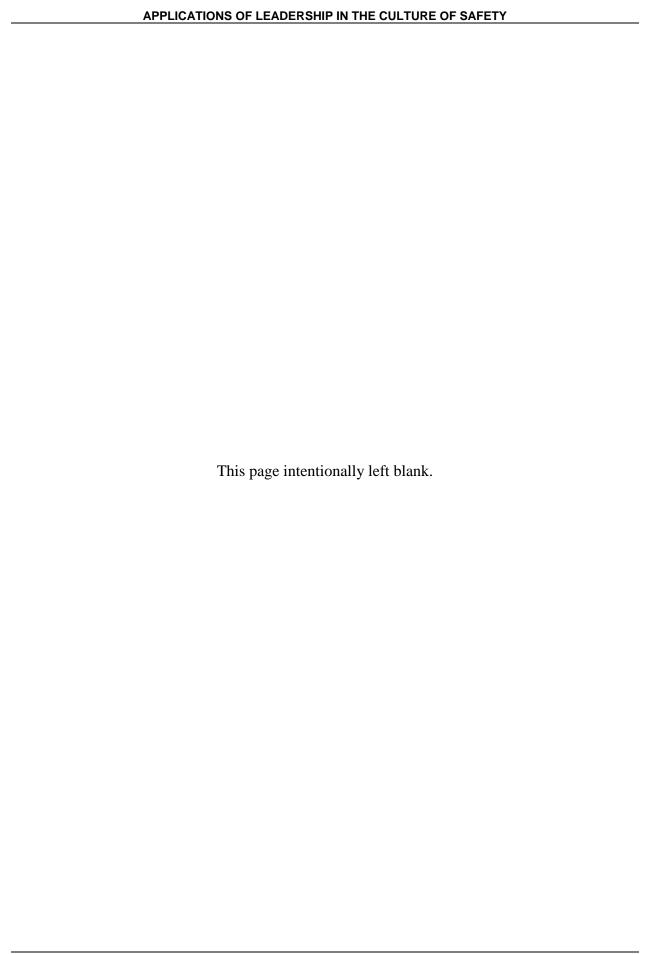
#### **Crew Resource Management and the Culture of Safety**

#### **Purpose**

Design the integration of crew resource management (CRM) into the safety culture of fire/EMS activities and organizations as applied to an identified safety issue.

#### **Directions to Students**

- 1. Based on the previous lecture, video and class activity, formulate methods to incorporate CRM into everyday activities (emergency or nonemergency) as applied to the identified safety issue for your agency.
- 2. Design the method or methods identified and ways to incorporate them into the safety culture of the organization or station/crew.



# **HOMEWORK ASSIGNMENT 3A**

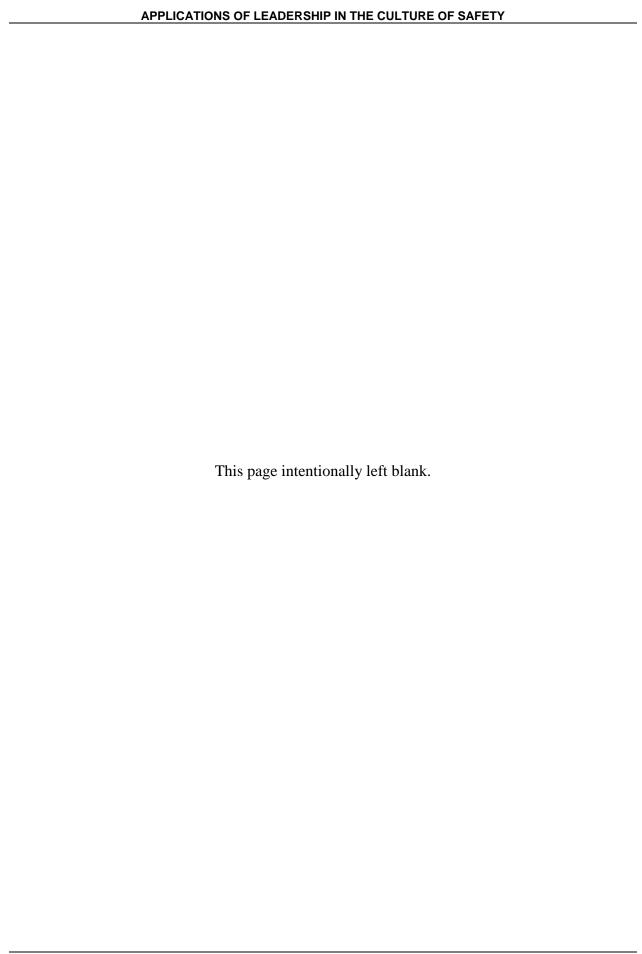
# **Delegation Analysis**

# **Purpose**

Analyze your individual ability to identify those tasks that can be delegated.

#### **Directions to Students**

- 1. Use the delegation analysis form from Activity 3.1: Delegation Analysis.
- 2. Work individually to analyze your ability to delegate tasks and activities.
- 3. Develop your final delegation plan to use when you return to your department.



#### **Delegation Analysis Form**

#### **HOMEWORK ASSIGNMENT 3A**

#### Step 1. List All Tasks

List all activities, including safety-related tasks that are worth considering for a delegation analysis. These can be tasks related to a personal or professional part of your life. Include even basic tasks, because these could be the ones you need to delegate. Ignore temporary tasks; for example, ignore tasks like returning a phone call. Similarly, ignore tasks that you really have to do yourself, such as completing reports, work of a confidential nature, etc. Spend as much time as necessary to create the list of tasks below. The rest of the analysis focuses on these tasks, so if you miss any, they won't be considered in the analysis and can be tasks that take your time. This can reduce the effectiveness of this exercise.

	All Tasks			
ID	Task			
1				
2				
3				
4				
5				
6				
7				
8				
9				

	All Tasks (cont'd)
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	

# **Step 2. Identify Important Tasks**

Go through the list you created in Step 1 and identify the tasks that are **important.** A useful method for sorting tasks is to use a grid known as urgent/important grid. For this step, focus on five to 10 important tasks and list them here. You can just record the ID number in the boxes to simplify the process.

	Urgent	Not Urgent
Important	Quadrant 1  Emergencies/crisis  Tasks delayed from Q2  Last minutes requests  Deadline driven projects	Quadrant 2  Review and planning Self-care / Health care Working toward goals Tending to relationships Recreation
Not Important	Quadrant 3  Phone calls, Emails Busywork Interruptions Some meetings	Quadrant 4  FB, other social media Excessive TV Too much planning Searching for the perfect tool Other procrastinating activities

	Urgent	Not Urgent
Important		
Not Important		

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#### Step 3. Identify Unimportant Tasks

Go through the list in Step 1, identify **all** tasks you consider unimportant, and list them below. You can just record the ID number to simplify the process.

Unimportant Tasks				

#### Step 4. What Are You Good At?

Go through the list in Step 1 and identify those tasks that you are skilled at — that you are very naturally good at in comparison with others, or that others cannot do if they don't have your expertise.

Here is an important note. Don't include tasks that you think other people won't do as good as you do. This is what prevents many people from delegating tasks because they believe that others won't do a good job. You must learn to let go. The purpose of this step is to identify who is **extremely efficient** at doing a task or if a task cannot be delegated. If so, there is little gained to delegate the task, and it might be better if you do it yourself. Again, note that if you are simply faster than others in doing something, that doesn't mean you should avoid delegating it. This is often the case anyway since you might have done something more often than the person you are delegating to. List five to 10 tasks below that you are very skilled at, or that the task cannot be delegated due to your specific skills.

Tasks You Are Skilled At				

#### Step 5. Which Tasks Generate Rewards?

From the task list in Step 1, and while referring to the list in Step 4, identify tasks that generate rewards for you. List five to 10 tasks below.

Tasks That Generate Rewards				

#### Step 6. Combine Skilled with High Reward

Consider the lists in Step 4 and Step 5, and include any activities that were in **both** lists below. These are activities that you are skilled at and that generate a high reward. You would want to focus most of your energy on these activities.

Tasks That You Skilled At and Generate A High Reward				

### Step 7. Compare with Important and Unimportant

Use the list in Step 6 and those in Steps 2 and 3 for this step. You should not have any activities in Step 6 that are considered unimportant. If so, there is something wrong in your evaluation. Go back and review accordingly.

Next, compare your list in Step 6 with the list of important tasks in Step 2. In the table below, include any important tasks that are **not** in the list in Step 6. In other words, you want to see which tasks you identified as important, but that you did not identify as something you have to certainly do or that they generate high reward. These tasks are ideal for delegation.

Important Tasks That Are Not in the List of Step 6				

#### Step 8. Combine Unimportant and Left Over Important Tasks

Now combine the lists in Step 3 and Step 7 and list them below. These are now all the tasks that you should consider for delegation.

Tasks to Delegate				

#### **Step 9. Evaluate Delegation Activity**

Delegating is ultimately about productivity. Delegation activity itself is something that takes time, so it is important to focus your delegation activity on delegating tasks that give you maximum results. This is an important step as many people simply go ahead delegating any task they feel is easy to delegate, regardless of how much efficiency they gain. Focus on delegating tasks that can potentially free up more time or that help others grow, so that in turn, more high-level activities can be delegated in the future. Transfer the list of tasks you identified in Step 8 to the following table and then fill in the table accordingly.

Tasks to Delegate				
Task ID	Size of the task represented by the time it frees up if delegated	Benefits of delegation other than saving time	Consequences of delegation, including risks or potential time loss in managing the delegation activity	

Tasks to Delegate (cont'd)					

#### Step 10. Prepare Delegation List

Now that you have evaluated all tasks in Step 9, consider those tasks that you really want to delegate based on how much you gain from the delegation activity in line with consequences or risks of delegating. List the tasks you want to delegate below, and go through the table to identify who you want to delegate them to and how.

It is important to note that delegation may include buying services or outsourcing a task. Therefore, do not always think about a person first when you want to delegate; otherwise, chances are you don't have the right people to delegate tasks to and feel that you cannot delegate many tasks.

These days, there are plenty of ways to delegate tasks by seeking volunteers or hiring people at a fixed budget using online services, buying a small solution (product or service) that takes care of the task, or using software and automated solutions. In short, include machines as entities you can delegate to, just as you delegate to people.

	Other Comments				
	When to Delegate				
	Cost if applicable				
Final Delegation Master List	Delegation Method: Purchase – Hire – Assign Staff – Outsource Include all details				
	Description of task to be delegated				
	Task ID				

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Final Delegation Master List (cont'd)				
Fin				

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#### **HOMEWORK ASSIGNMENT 4**

#### Creating Your Plan — Impact and Risk

#### **Purpose**

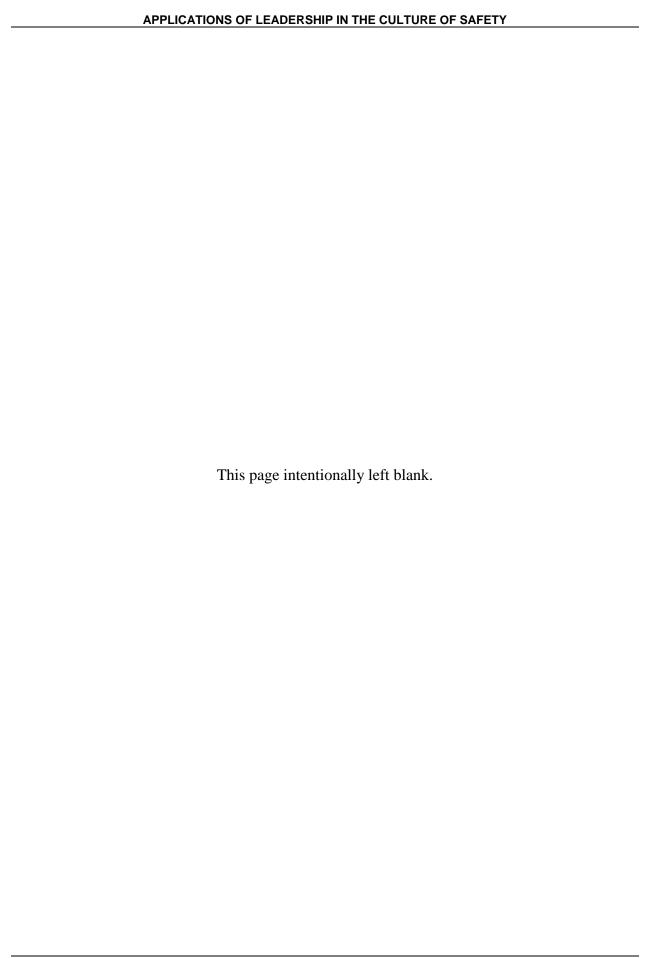
Continue developing a Plan for Change in your organization by identifying impacts and risk levels for one of the safety-related culture problems identified in the prior **Creating Your Plan** activity.

**Note:** This is one in the series of threaded homework assignments in which you will develop a Plan for Change for a safety-related culture-based problem in your own organization.

#### **Direction to Students**

#### **Identify Impacts and Assess Risk Levels**

- 1. Refer back to your three safety-related cultural problems identified in your pre-course homework assignment.
- 2. Select the one problem where you can make the changes, identify the behaviors that contribute to it, and identify three to five impacts for that problem. Relate the impacts to the concepts of personal risk management discussed in this unit.
- 3. Assess the level of risk for each impact, using the risk assessment model provided. Provide a rationale for determining each level of risk indicated in the assessment table.
- 4. Submit your work for review and grading by the facilitators.



# **HOMEWORK ASSIGNMENT 4 (cont'd)**

# Creating Your Plan — Impact and Risk

The safety-related culture problem you would most like to see changed in your organization:
The behaviors that contribute to the problem:
The impacts of this problem and each impact's risk level: (Use the assessment tables to rank the risks for each of the impacts to the issue you want to change.)

# APPLICATIONS OF LEADERSHIP IN THE CULTURE OF SAFETY

Impact _					
		High			
	Severity	Low			
		_	Low	High	
			Freq	uency	
Impact _					
		High			
	Severity	Low			
		_	Low	High	
			Freq	uency	
Impact _					
		High			
	Severity	Low			
		_	Low	High	
			Freq	uency	
Impact _					
		High			
	Severity	Low			
		L	Low	High	
			Freq	uency	
Impact _					
		High			
	Severity	Low			
		L	Low	High	
			Freq	uency	

#### **HOMEWORK ASSIGNMENT 4A**

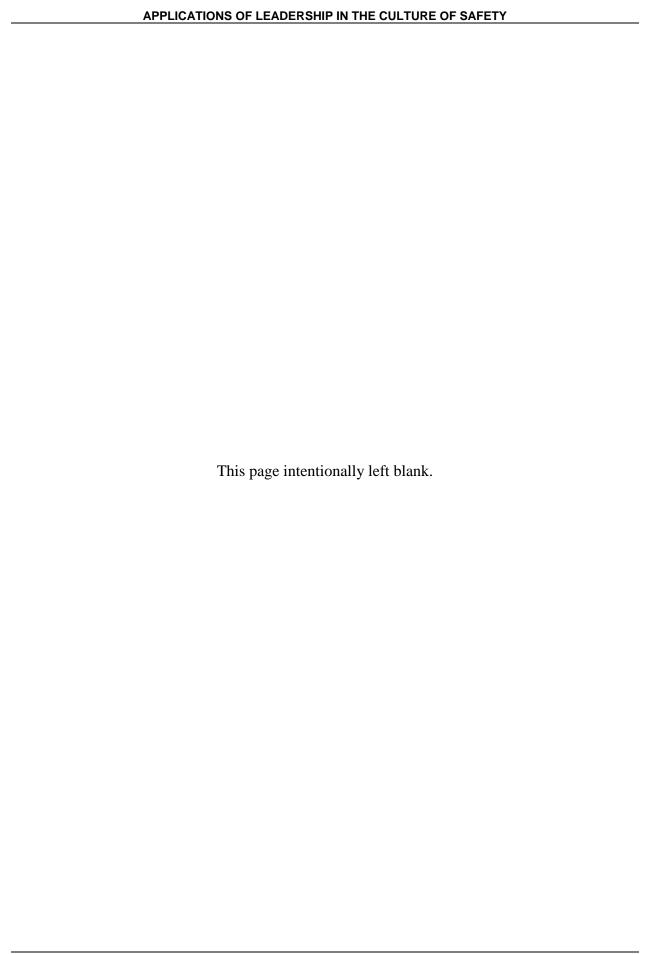
#### **Firefighter Cancer**

# **Purpose**

Survey and select resources to provide preparedness, mitigation, response and recovery for responder cancer prevention.

#### **Directions to Students**

- 1. Watch the video by National Fallen Firefighters Foundation: The Silent Killer Firefighter Cancer at https://www.youtube.com/watch?v=fyZ\_HQM9Z\_c.
- 2. Research information on firefighter cancer, looking for resources, groups or other information. Identify three resources, preferably new to you.
- 3. Be prepared to share this information, brief description and a website during Activity 4.6: Cancer Prevention Actions.



#### **HOMEWORK ASSIGNMENT 4B**

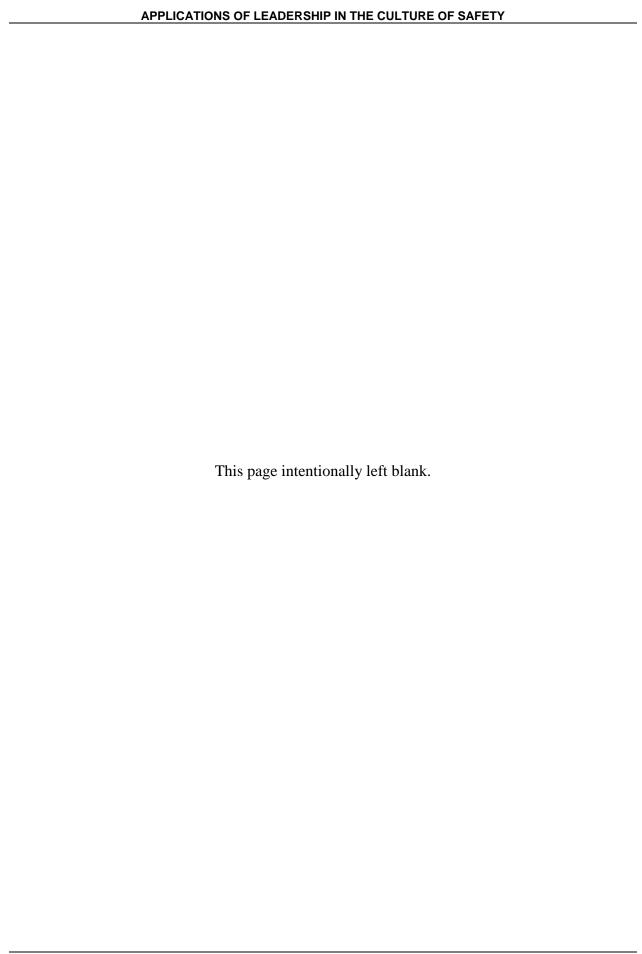
#### **Responder Mental Health**

#### **Purpose**

Survey and select resources to provide preparedness, mitigation, response and recovery for responder mental health.

#### **Directions to Students**

- 1. Research information on responder mental health resources, looking for groups, training, preparedness, assistance or information to assist responders and supervisors.
- 2. Identify three resources, at least two of which are new to you.
- 3. Considering your self-reflection in Pre-course Homework Assignment 2, propose an improved course of action for that event/incident based upon one or more of the resources identified.
- 4. Be prepared to share this information, brief description and a website during Activity 4.6: Responder Mental Health.



# APPLICATIONS OF LEADERSHIP IN THE CULTURE OF SAFETY Name: Department: Course End Date: **Homework Assignment 5 Activity 6.1 Final Project Safety Culture Improvement Plan** In order to facilitate smooth presentation and later use of this plan, use the following formatting guidelines. Use this format of outline. Fill in the blanks after each section with the applicable content. No more than five pages total. Use 12 point Times New Roman font, as in this template. Use default Microsoft Word margins (1 inch). Open the header and fill in template items (i.e., your name, your department name, course end date). Do not add logos or pictures. **Safety Related Culture Problem** State the safety problem as it relates to the culture of your organization. Cite artifacts, espoused values and assumptions to support your position. (Pre-course Homework Assignment 1)

# **Behaviors Contributing to the Problem**

Describe the behaviors, including factors that influence the risk tolerance, contributing to the problem. ( <b>Pre-course Homework Assignment 1</b> )
Impacts of the Problem and Risk Level
Describe each impact and the level of risk (in terms of frequency and severity). (Assignment 4)
Strengths, Weaknesses, Opportunities and Threats (SWOT)/Swiss Cheese/Priority Cross/etc. Analysis
Use one of the methods to provide a risk analysis.

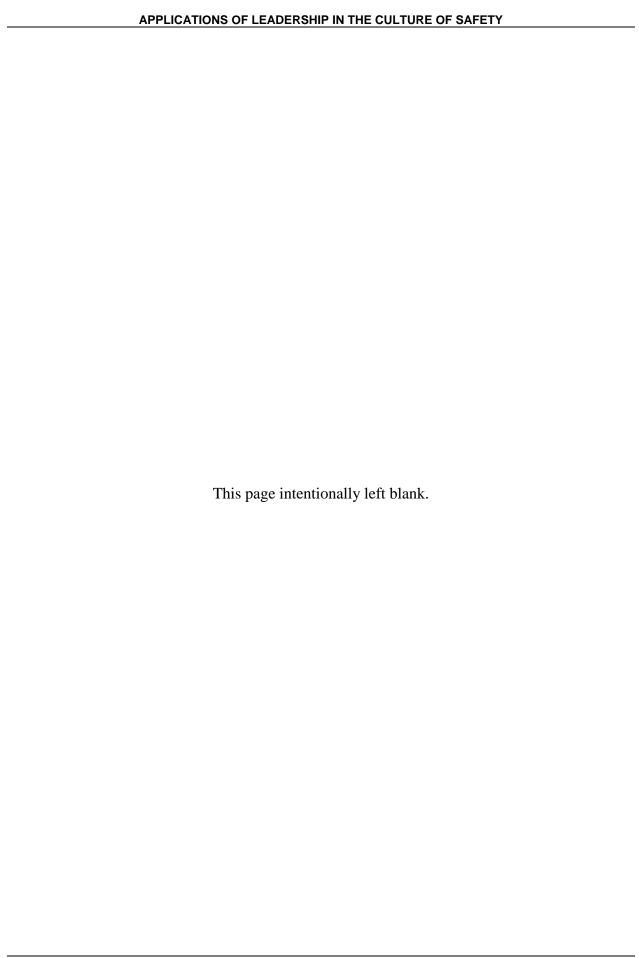
#### APPLICATIONS OF LEADERSHIP IN THE CULTURE OF SAFETY

# **Methods of Implementation** Describe the methods to be used to implement this change to the culture of safety in the agency. Include a description of how you will use active or passive influence. Include at least one application of crew resource management (CRM) in this proposed solution. (Assignment 3) **Control Measures** Describe at least three control measures you will employ to reduce or eliminate the risks. (Derive from Activity 4.1: Discussion — Impacts, Risk Levels and Control Measures) Potential Supporters/Dissenters and Driving/Restraining Forces Describe at least five examples of who will likely support/oppose and/or forces driving/ restraining this proposed change implementation. Include ways to overcome the opposing and restraining elements. (Assignment 2 and derive from Activity 4.2: Support and Dissent)

#### APPLICATIONS OF LEADERSHIP IN THE CULTURE OF SAFETY

Describe at least two methods of monitoring your plan to determine if the methods to address the problem are having the desired effect.	Methods of Evaluating Effectiveness					
	Describe at least two methods of monitoring your plan to determine if the methods to address the problem are having the desired effect.					

# **ACRONYMS**



#### **ACRONYMS**

**ALCS** "Applications of Leadership in the Culture of Safety"

ANSI American National Standards Institute

**BSI** British Standards Institute

**CO** Company Officer

**CRM** crew resource management

**EMS** Emergency Medical Services

**EMT** emergency medical technician

**FFBHA** Firefighter Behavioral Health Alliance

ICC International Code Council

**IEDs** improvised explosive devices

**IDLH** Immediately Dangerous to Life or Health

**IG** Instructor Guide

**KSAs** knowledge, skills and abilities

LIS "Leadership in Supervision"

**LODD** line-of-duty death

MO Managing Officer

**NFA** National Fire Academy

**NFFF** National Fallen Firefighters Foundation

**NFIRS** National Fire Incident Reporting System

**NFPA's** National Fire Protection Association's

NIOSH National Institute for Occupational Safety and Health

**ORM** operational risk management

#### APPLICATIONS OF LEADERSHIP IN THE CULTURE OF SAFETY

**OSHA** Occupational Safety and Health Administration

**PPE** personal protective equipment

**PTSD** post-traumatic stress disorder

**RAC** Risk Assessment Code

**SCBA** self-contained breathing apparatus

SM Student Manual

**SOGs** standard operating guidelines

**SOP** standard operating procedure

**SWOT** Strengths, Weaknesses, Opportunities and Threats

**TEM** Threat and Error Management

**USFA** U.S. Fire Administration

**VES** vent-enter-search