

# THE DISPATCH



MONTHLY NEWSLETTER FROM CIVIL AIR PATROL SAFETY AND HEALTH SERVICES

## March 2023

The Dispatch is for informational purposes. Unit Safety Officers are encouraged to use the articles in The Dispatch as topics for their monthly safety briefings and discussions. Members may go [eServices - Learning Management System](#), click on "Go to AXIS," search for this month's The Dispatch, take the quiz, and receive safety education credit.

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## The Emerging and Newly Developing CAP Health Services Program

By Lt Col Stephen Leighton, MD, CAP

For many years, CAP Health Services has been somewhat "hidden" in the shadows, playing a minimal role in most CAP activities. Some Wings have created well-developed health services for their Encampments and major activities, while for others, the role of the Health Service Officer (HSO) has been limited for the most part to training members in First Aid.

Over the past 4 years, there has been a considerable effort put into developing CAP Health Services into a dynamic, effective and integral part of the CAP system. The old CAPR for Health Services has been largely re-written and awaits a final "coordination and approval", with accompanying Specialty Track Guidelines, and includes a new position for the Mission Health Service Officer, comparable to the Mission Safety Officer.

Together with Safety and the Chaplaincy, Health Services is endeavoring to effectively address the important issues that are key for keeping our members strong, healthy and effective in carrying out our Missions for America.

Among the many new aspects of the Health Services program are the following:

- Opportunities for HSOs to serve at Wing, Region and National levels.

- Working groups developing aspects of HSO training that will be implemented through AXIS and active service in the role of the HSO.



- Other working groups helping to develop programs in:
  - First Aid training, both for instructors as well as members.
  - Aerospace Medicine, extending the Fit for Flying program significantly.
  - Development of a Library of solid, evidence-based briefings on a wide range of health & wellness topics.
- The Health Services Advisory Team remains committed to providing guidance and recommendations to Command at all levels.

This is a great time for members with health services backgrounds to consider joining the ranks of the CAP HSOs. There is much to be done and many opportunities to contribute to.

### [Dinner Time is Coming!](#)

By Capt. Cole Ettingoff, Virginia Wing Staff

A lot of meals are served at CAP activities, particularly during the summer season. Now is the time to begin thinking about not just how you are going to serve meals this summer but what you are serving. At many activities, we just serve what we served last year. And that may be just fine. The recipes are tried and true. We know the cadets will eat them and we know we can cook them on time and on budget. But what if we could do better?

We recognize that activities like encampment are learning activities. The goal isn't just to do cool things, but to learn. Could mealtime be a learning moment? We know that the diets of most Americans leave a lot to be desired, but activities like encampments may offer an opportunity to try new foods and role model healthy meals: particularly those rich in vegetables and lean proteins.

You are not alone in trying to plan healthier meals. There are a lot of resources, several decent ones included below, that are worth reviewing or sharing with your members responsible for food services.



Every year the Academy of Nutrition and Dietetics celebrates March as [National Nutrition Month](#). You can use our MyHealthfinder [nutrition resources](#) to encourage people to make healthy food choices. Review the [Dietary Guidelines for Americans, 2020–2025](#) and share the [related consumer](#) and [professional resources](#) with your community and networks.

**Additional Resources to consider:**

Nutrition for Teens:

<https://www.johnmuirhealth.com/health-education/health-wellness/childrens-health/nutrition-teens.html>

DoD Recipes for Large Groups (including a page specifically for K-12 groups):

<https://www.sub4health.com/dod-recipes-2/>

“Buffet, Serving Line, and Family Style: The Pros and Cons” from the American Camp Association:

<https://www.acacamps.org/article/camping-magazine/buffet-serving-line-family-style-pros-cons>

Take Charge of Your Health: A Guide for Teenagers:

<https://www.niddk.nih.gov/health-information/weight-management/take-charge-health-guide-teenagers>

## Understanding Resilience

By Lt Col Jill Silverman, MD, CAP

Command Master Sergeant of the Air Force (CMSAF) Joann S. Bass provides a leadership perspective on resilience when she states: "We have got to take care of each other, mentally, physically, socially, spiritually. When you are resilient, ready, trained, and developed to perform and execute the things that our Air Force asks of you, our readiness as an Air Force is optimized. Readiness, resiliency is readiness, and readiness breeds culture." The same is true for the USAF Auxiliary Civil Air Patrol. Resilient CAP airmen make CAP more mission capable and contributing to mission success.

Mental health professionals and media have highlighted the importance and need for resilience to counter the cumulative stressors of the pandemic. Many have, in fact, called this the "2<sup>nd</sup> Pandemic". Most people demonstrate some degree of resilience. One's resilience is based on their unique biopsychosocial-spiritual nature, and enables one to cope with anxiety, distress, and trauma.

The Air Force defines resilience as "the ability to **withstand, recover, and grow** in the face of stressors and changing demands." That is, it is the ability to withstand (work through in the moment), recover (to gain an adaptive perspective), and grow (to learn from and generalize to other situations) in the face of stressors. Learning and using resilience skills is akin to physical training for your mind. Resilience is a major factor in allowing one to cope and adapt to daily adversities and stress in preparation to successfully deal with moments of significant stress. Resilience training includes multiple tools designed to help one be mentally prepared and improve one's personal and team performance.

Research has demonstrated that resilience matters for our performance, health, and happiness. Compared to non-resilient people, the benefits of enhancing and strengthening resilience consist of better personal performance, more capable of adapting to demands of the moment, and recovery from stress. Resilient people are better equipped to respond to new opportunities or risks. Individuals who are resilient are better at communicating and rated by others as strong team players and leaders. As a resilient member of a team, they more open to feedback from members of their team, more valued by members of the team, and more skilled at reaching consensus. A resilient person performs better in a variety of areas, including creativity, academic achievement, and decision-making.

Since 2011 the Air Force has recognized the importance of resilience to the accomplishment of its mission. The Air Force has focused on promoting resilience skills for everyday living to promote a culture of resilience among its airmen. Resilience skills are taught to all First Term Airmen and ongoing support provided. The Air Force workshop sessions include: Values-Based Goals: What do you stand for?; Bring Your Strengths; Reframe; Balance Your Thinking; Celebrate Good News; Mindfulness: Be Present; Gratitude: Look for the Good; Physical.

Resilience is a key influencer related to personal performance, team performance, and happiness. It is about a daily lifestyle that contributes to one's wellness and happiness. In addition, resilience positively impacts personal and team mission performance.



## Human Error and Just Culture

By Michael Nunemaker, CAP Chief of Safety

*“Just culture refers to a values-supportive system of shared accountability where organizations are accountable for the systems they have designed and for responding to the behaviors of [members] in a fair and just manner. [Members], in turn, are accountable for the quality of their choices and for reporting both their errors and system vulnerabilities.” - Outcome Engenuity LLC (2012). Just culture: Training for managers.*

Working together for safety supports a healthy and safe environment for our members and for taking care of our equipment. Our readiness, reliability, and reputation depend on an environment of trust where members know what safe practices and behaviors are, how they are critical to everyone’s wellbeing, and how we all must be accountable to each other for following our ideal safety requirements and processes – this is called “Just Culture,” and it is an important part of [CAP’s Ideal Safety Culture](#).

The characteristics of an ideal just culture include people...

- Understanding acceptable and unacceptable behaviors.
- Being positively acknowledged for raising safety concerns.
- Cooperating fully in safety reviews and knowing they will be treated fairly and justly.
- Being accountable for truly negligent, reckless actions.

### **Focus on Behavior**

Not all behaviors are equal when finding and addressing the factors that contributed to a safety occurrence. Often, an organization’s response to a safety occurrence is based on the severity – or possible severity – of the outcome. A major accident is treated more aggressively than a minor “fender-bender.” In an ideal just culture, addressing gaps in our safety management system and any non-ideal human behaviors should be our main focus and not only on the severity of the outcome.

One way to think about human behavior within a safety system like CAP’s is in terms of human error, at-risk behavior, and reckless behavior. The descriptions for these terms below are from The Institute for Safe Medication ([The Differences Between Human Error, At-Risk Behavior, and Reckless Behavior Are Key to a Just Culture | Institute For Safe Medication Practices \(ismp.org\)](http://www.ismp.org)).

**Human Error** is an unintentional action or inaction resulting from limitations in the way we perceive, think, and behave. It is not a behavioral choice - we do not choose to make errors, but we are all fallible.

**At-Risk Behaviors** are different from human errors. They are behavioral choices that are made when individuals have lost sight of the possible loss of safety associated with the choice or mistakenly believe the risk to be insignificant or justified.

**Reckless Behavior** is the conscious disregard of a substantial and unjustifiable risk. Individuals...know the risk they are taking and understand that it is substantial.

### **Human Error**

In cases of human error, factors that can contribute to unsafe outcomes stem from human limitations associated with stress, fatigue, distraction, and more. For example, not getting enough sleep is a significant contributor to workplace error. Without adequate sleep, humans

tend to be more forgetful, less focused, and even less ethical ([The impact of sleep on employee performance | Deloitte Insights](#)). According to the CDC, lack of adequate sleep also contributes to motor vehicle accidents and making more errors at work resulting in “a lot of injury and disability each year” ([Sleep and Sleep Disorders | CDC](#)).

Since we cannot “make” people get adequate sleep, regulatory agencies like the Federal Aviation Administration and others publish and enforce rules for ensuring that people have adequate opportunities to rest between work shifts.

Human error as a contributing factor should usually lead to revising current safeguards or introducing new ones that reduce the likelihood of a human error contributing to a negative safety outcome. Within CAP's human factors categories, those safeguards can be found in the systems we use to communicate, train, supervise, develop checklists or processes, establish regulatory requirements, and more. The focus of any action should be on reducing the likelihood of the error causing an unsafe outcome in the future, not on deterring human behavior with punitive measures.

### **At-risk Behavior**

In occurrences where at-risk behaviors are a factor, conscious choices to work around rules, restrictions, or difficulties can lead to unsafe outcomes. These workarounds usually occur when a person focuses more on their individual needs or preferences versus the requirements of the organization ([\(12\) Practical Drift is Safety's silent adversary | LinkedIn](#)). According to Flight Safety Foundation, “most accidents occur not because of a lack of procedures, policies, checklists, etc., but rather because those procedures and policies are not being used,” ([The Safety Space and Practical Drift - Flight Safety Foundation](#)). The further from the requirement one “drifts,” the more likely a safety significant outcome can occur.

To address these factors, first look at the requirement before assuming an at-risk behavior. What led to the person working around it or taking shortcuts? In some cases, that requirement may be too difficult or cumbersome to follow in certain situations. In cases where the requirement wasn't a factor, look at the circumstances that may have led to the deviation. For example, a pilot may not complete a post-flight inspection of an aircraft because they are late for an appointment. Whether a “one-off” occurrence or a routine shortcut, failing to complete a post-flight inspection can lead to unreported damage which delays getting the airplane repaired, potentially reducing our readiness for the next mission.

Address at-risk behavior by revising organizational requirements, when needed, and by refocusing and realigning behaviors with organizational expectations. Usually, realigning behaviors is accomplished through recurring training, audits, equipment checks, remedial training, and supervision when necessary. Ignoring or condoning at-risk behaviors can lead to extremely serious safety occurrences and every member must understand the importance of adhering to CAP requirements and the need to speak up about difficult or overly-restrictive requirements before working around them.

### **Reckless Behavior**

An ideal just culture does not mean a “no responsibility” culture. At-risk and reckless behavior must be addressed quickly. An example of potentially reckless behavior might be choosing to drive a van after taking a medication that is known to the driver to cause drowsiness. If such a behavior were to be observed or reported, once the factors are discovered and regardless of the outcome, action must be taken quickly and decisively. The risk of operating a vehicle in this condition is likely substantial and unjustifiable and must not be tolerated.