

The Space Between

This safety thing really makes me scratch my head. One would think that our workers, with their expansive job knowledge and physical skills would perform their job safely all of the time yet sometimes corners are cut. There seems to be a space between what a worker knows is safe and what he actually does (an at-risk act).

After extensive research, I was able to identify what is in the space between what a worker knows to be safe and what he does at risk. I found, lurking in these crevasses a black lung, a heart surgeon, a bulletproof vest and some dilly-dally. I better explain.

The Black Lung...

Have you ever heard of this infamous 'black lung?' It went mainstream years ago when anti-cigarette advocates used it to convince teenagers not to smoke. This simple argument says if you smoke your lungs will turn black and you will die. It didn't work. The reason, young people (old too) don't think anything bad can happen to them. While the tobacco industry made the term 'black lung' household, it's been around the safety industry since workers began taking risks. Workers take risk and chose not to think about what can happen, be it a single catastrophic incident or a lifetime of bad habits that leaves the body in poor condition on retirement day. Workers don't believe that injury or death can happen to them. They black lung it, until it's too late.

Bacon, eggs and a thick milk shake please

Dr. Dean Ornish MD is a heart surgeon and author of *Simple Changes, Powerful Choices*. His book talks about his frustrations with bypass heart patients. He found that patients would crawl to his office. In exchange for years of poor diet, stress and lack of exercise, these individuals had problems breathing and experienced severe chest pain. After bypass surgery they would feel better than they had in years. Feeling so good, patients skipped the prescribed post surgery diet and exercise regiment, returning to the same environment that created the heart condition...the bacon, eggs etc.

Bypass surgery is a metaphor for addressing symptoms not problems. Heart patients were unwilling to alter diet and lifestyle to live a better, longer and fuller life. Workers, safety committees and supervisors treat symptoms with 'bypass' solutions, leaving everyone feeling good. Instead of addressing the need for the individual to change a behavior a new tool or training session will be the implemented solution. However, after six months the tool will be lost, the training forgotten and the worker unchanged, continuing to work at-risk.

The bulletproof worker...

As the 2002-2003 NBA season closed, Michael Jordan was fighting for a playoff spot. His Washington Wizard teammates however were not. After a frustrating one-point loss, Jordan lambasted his teammates. 'It's very disappointing when a 40-year-old man has more desire than a 24- 25- or 23-year old...doing everything he can to get his team into the playoffs. Until guys let go of that macho, cool attitude and do the necessary things...it's sad when we're not doing that when we're at a point of urgency.' Jordan said in disgust.

Workers in safety sensitive jobs often work their jobs in a similar manner as Jordan's teammates, without urgency. Only for a worker it's not a playoff spot on the line it's a finger or arm, eye or life. Workers do this because tucked neatly in the space between what is safe and at-risk is a bulletproof vest. Each suggested change in behavior is either aggressively or quietly disregarded. The problem with deflecting at-risk behavior with a vest is that one morning he will pickup his lunch box but forget the bulletproof vest. I send my condolences to the family.

We have no time for dilly-dally...

There are two types of dilly-dally lurking in that space, active and passive. Active dilly-dally is when a worker realizes that a habit is at-risk yet waits to change. Actively dilly-dallying around for an invitation to change such as a training or tool or truck modification. He could change now but instead continues to wait and work at risk. Passive dilly-dally occurs when a worker performs a task and in the performance of this task realizes that he needs something additional to complete said task safely. Instead of stopping and getting the proper tool, he will survey the worksite, calculate nothing bad can happen and continue. In these cases, the worker is in the passive dilly-dally trap, putting off safety for the speed and ease of getting it done. It's a dangerous proposition because if the immediate at-risk act doesn't get him the habit just created might.

So what do we call this dark and mysterious space? It's called the safety soul. After a worker is trained, skilled and knowledgeable, it's the safety soul, weak or strong that will determine the size of this space. To improve the safety soul we must turn away from the catastrophic and dictating safety, instead sell the positive benefits of safe work.

Before I leave you, do me a favor and close your eyes. O yeah, if you do that you can't read. Well, close your eyes and point to yourself. After you have pointed to yourself you may continue.

So, what did you point to? Over 99% point to their heart. It's interesting because you don't point to your head (the safety mind) or hands (safety skills) you point to the heart or...the safety soul. We are not safe because of our heads or our hands

we are safe (or at-risk) because the safety soul determines who we are and what we will do, safely or otherwise.

Matthew A. Forck is a former electric line worker and current safety supervisor. Matt blends life, light and laughter into motivational safety presentations and written material. He has published numerous articles on a variety of subjects and his newest book, *ISMA (Involved Safety Meeting Activities) 101 Ways to Get Your People Involved!* is receiving terrific reviews. Contact Matt or check out his books through his web sight, www.thesafetysoul.org .

2003-Matthew A. Forck, The Safety Soul