



# Safety Gram

Protecting Resources Through Better Risk Management

Safety Division's Monthly *Safety Gram* is provided to senior leaders to maintain awareness of mishap trends that directly affect the operational readiness of the Corps. This information should also be disseminated at every level of your command to assist high-risk Marines and Sailors in understanding the impact of the decisions they make every day both on and off-duty.

ISSUE 29, FEBRUARY 2014

## February 2014: Mishap Summary

*The Mishaps below occurred throughout the USMC from February 1-28, 2014, causing serious injury or death to Marines, and/or damage to equipment.*

**1 February 2014.** At approximately 0046, two Marines departed a night club to return back to base. The vehicle traveled through a stop sign at a "T" intersection and collided with a barrier wall, causing serious injury to the Driver. The passenger was not wearing a seatbelt and died at the scene.

**1 February 2014.** SNO lost control of his vehicle on an icy bridge, and hit the snow and ice-laden cement retention barrier, resulting in the vehicle bounding over the barrier to a 55 foot drop. SNO's death was caused by blunt force trauma to the head.

**9 February 2014.** SNM was involved in a single vehicle motorcycle crash. He was transported to a nearby medical center where he was pronounced dead.

**16 February 2014.** SNM was acting as a bouncer for a fraternity and prevented a civilian from entering the premises. An altercation ensued which led to SNM standing in front of the civilian's vehicle. The civilian attempted to run over SNM. SNM held on to the hood of the car as the vehicle sped off. The civilian lost control and im-

acted a telephone pole and tree. SNM was thrown from the hood 15-20' from the vehicle and died.

**16 February 2014.** At approximately 0010, while having dinner and drinks at a nearby restaurant, a verbal dispute ensued with SNM and her spouse. She left the restaurant to return to the hotel where they were staying. While walking on the side of the road – in the direction of traffic, due to snow and ice on the sidewalk – she was struck by a passing vehicle. The vehicle did not stop.

**22 February 2014.** Two Marines were attempting to render assistance to a vehicle accident on an interstate when one was struck by another vehicle. The Marine was pronounced dead on the scene and taken to the local Naval hospital. The other Marine suffered minor injuries.

**28 February 2014.** Two Marines were speeding in a vehicle while off-duty and struck an electrical tower. The vehicle caught fire with both Marines still inside and they did not survive.



# BRAVO

Bravo Zulu to MCAS Beaufort for an excellent completion of their Command Safety Assessment, as reviewed by CMC(SD) personnel in February 2014.

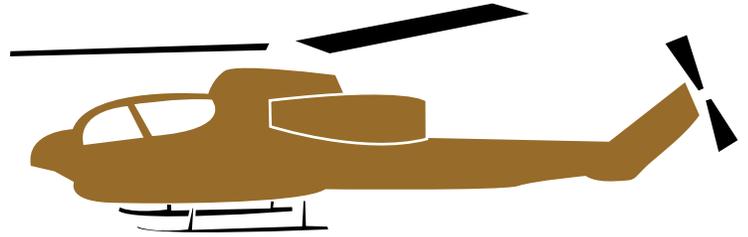
# ZULU

Conducted every three years, the CSAs gauge the success of each unit's safety program. In their evaluation of MCAS Beaufort, Safety Division staff determined that the unit excelled in regard to their safety program budget, staffing, commanding officer oversight, program content, and effective practices. The superb results of the assessment indicate a comprehensive grasp on force preservation. Congratulations on the stellar performance!



# A Message From CMC(SD)

## AVIATION BRANCH

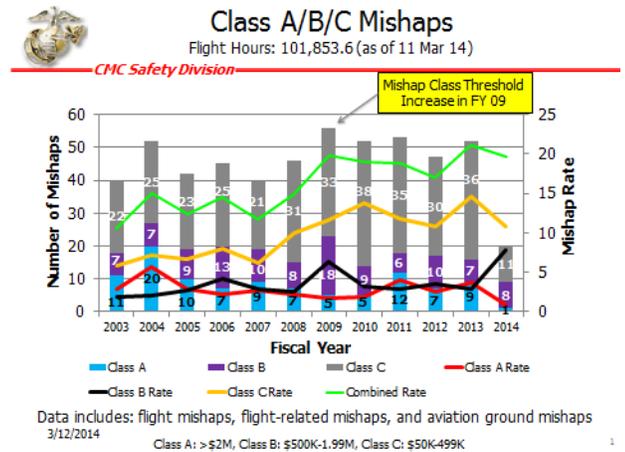


None of these causal factors are new.

Greetings from the Aviation Branch! I want to provide you a brief synopsis of where we stand this year for aviation mishaps. This fiscal year (FY14), Marine Corps aviation has experienced 25 aviation mishaps and lost one of our fellow Marines. There are no specific trends with regard to which types of mishap are occurring, which units they are occurring in, or where they are occurring (CONUS or OCONUS). These mishaps cut across all four Wings and are not indicative of any single identifiable causal trend, but none of these causal factors are new. Initial indications show that the causal factors to these recent mishaps are likely to be human factors, material failure, maintenance, facilities, BASH, and combinations thereof. Since 24 February, we have experienced 13 mishaps: 1 class A flight mishap (FM), 4 class B FM/aviation ground mishaps (AGM), and 8 class C FM/AGM/flight-related mishaps (FRM). This is 52% of the FY14 total. This apparent spike also shows no specific trends other than a slight increase in Shipboard Mishaps (3 L-Class, 1 CVN).

Our goal is to stop mishaps before they happen.

The good news is that the number of class A mishaps for FY14 is much improved compared to the same timeframe in FY13. Unfortunately, we have already exceeded the FY13 class B total. For class C mishaps, we are holding the line comparable to where we were at this time in FY13. However, our goal is not simply to report fewer mishaps than last year. Our goal is to stop mishaps before they happen. The aviation community needs to start viewing mishaps rates and charts holistically. We are familiar with the Class A FM rate chart, but this chart only shows 1 of 9 mishap categories. While the Class A FM rate chart shows a general downward or decreasing trend over the years, a combined Class A/B/C/FM/FRM/AGM rate chart shows an increasing trend line. We are causing more damage, crashing more aircraft, and injuring more Marines every year. In FY13, we had 8 Class A manned flight mishaps, compared to 52 total mishaps.



Safety is a by-product of a tactically sound plan.

As always, the key to reversing recent trends is engaged leadership with a focus on professional and tactical excellence. I implore you to utilize your safety professionals in your unit and make them work for you! Safety is a by-product of a tactically sound plan. It needs to be integrated into your plan from the beginning, and not be the final slide of the brief.

Semper Fidelis,

Aviation Branch, CMC SD

LtCol "Jar Jar" Trager

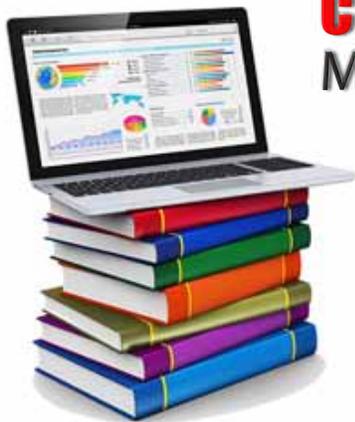
CDR "Wood" Kindling

Maj "COTTO" Sloan

LCDR Delzer



# http://eLearning...



## Civilian Workforce Training: MarineNet Distance Training

Civilian Professional Development  
Civilian Community of Interest (COI)  
Competency-Based Technical Training



Civilian Workforce Training

**Civilian Employees:** The Director Civilian Human Resources is requesting your participation in the evaluation of Community of Interest (COI) recommended technical training courses available on the MarineNet website. MarineNet is a Learning Management System (LMS) providing access to electronic courseware supporting annual training, skills progression training, and professional education.

The results of the evaluation will help shape the civilian competency-based training model available through the COI professional development program.

During this evaluation, you will be asked to evaluate the following:

- User friendly – Is the program easy to use?
- Value – Can what you have learned to the job? To what degree?
- Endorsement – Would you recommend this program to others?

Participation is voluntary and simple, just follow these steps:

1. Logon to the MarineNet Website (CAC enabled), <https://www.marinenet.usmc.mil/MarineNet/Home.aspx>.
2. Create an account; Choose Civilian Workforce Training Catalog.
3. Select COI Technical Training Tab; View courses recommended by each COI.
4. Select a training course from the listing under each occupational series.
5. Complete the course (2-3 hours) before 31 March 2014.
6. Provide feedback: A short online survey will be emailed to you after completing each course.

All completed courses will be documented in your official training record. We appreciate your participation and thank you in advance for your input.



# CHOKING SAFETY

As we ascend into the spring season, we shift our safety awareness from the hazards of hypothermia and icy roads, to numerous other threats to ourselves, our colleagues, and our loved ones. While warmer temperatures and increased time spent outdoors may expose individuals to a variety of seasonal risks, there are certain threats which exist regardless of the calendar. One of the most dangerous hazards to adults and especially children, is choking.

According to the Gale Encyclopedia of Children's Health, over 17,000 infants and children are treated annually in the emergency units of hospitals for choking, and more than 80% of these incidents occur in children who are four years old, or younger. While young children are highly susceptible to this danger, adults are not exempt. The National Safety Council cites choking as the third leading cause of unintentional injury and/or death in both children under the age of one, and adults over the age of 76.

Young children should certainly be attended to carefully and the majority of choking incidents can be prevented. Children can be susceptible to any number of food items, such as hot dogs, popcorn, hard candy, ice cubes, cheese, grapes, vegetables, and fruits with skins. In addition to edible choking implements, children very commonly put household items and toys into their mouths, including objects that may include balloons, coins, marbles, crayons, rings, ornaments, and other small items.

## Signs of a Choking Infant

- Difficulty breathing
- Weak cry, weak cough, or both
- Unable to cry or make a sound
- Bluish skin color
- Loss of consciousness
- Soft or high-pitched sounds while inhaling
- Difficulty breathing - ribs and chest pulled inward

## Prevention for Infants and Children

- Keep small objects out of reach
- Have children sit while eating; no moving/running
- Cut foods into bite-sized pieces
- Give children a small amount of food at a time
- Keep hard candy away from children

Elderly adults are also exceptionally at risk, with the leading contributors being insufficient chewing of food, eating too fast, drinking alcohol, and health conditions such as Parkinson's. Dentures and general difficulty swallowing can also be problematic. The signs of a choking elderly adult may include coughing or gagging, clutching or pointing to their throat, an inability to talk, wheezing, loss of consciousness, and skin, lips, or nails turning blue. Prevention for the elderly should include a careful selection of foods, encouraging slow, thorough chewing, refraining from talking or laughing while eating, and limited alcohol consumption before and during meals.

Children, teenagers, and adults who fall between the spectrum of infants and the elderly are also susceptible to choking hazards, so awareness to these threats is imperative for all parties.

If you are present when a person begins choking, call your emergency number immediately and administer abdominal thrusts (i.e. the Heimlich Manuever) and CPR, as necessary. A number of Marines may have experienced First Aid training for these situations through Combat Lifesaver or Tactical Combat Casualty Care training; but many have not, and you can learn how and where to receive training by contacting your local medical provider or health services support. CPR and First Aid for choking are exceedingly valuable skills to possess, and Marines are encouraged to have knowledge of these procedures, even of their own accord.

