



CAPITOL WATCH

Volume 4, Issue 1

January 21, 2005

A special legislative and regulatory briefing for AAMS Members

Safety in Air Ambulances: The Spotlight Is On!

Discussions with the FAA & NTSB: Things must change!

On Friday, January 14, 2005, representatives from AAMS, NEMSPA, HAI, the National EMS Operators Executive Forum, and several operators met with representatives from the FAA and the NTSB at FAA Headquarters to talk about helicopter EMS accidents and a draft Interim Report on "Helicopter Air Ambulance Accident Analysis and Recommendations" prepared by the FAA's internal Helicopter Air Ambulance Accident Task Force.

Background

Last August, AAMS called a meeting at AAMS headquarters with representatives of the FAA, NTSB, AMSAC, NEMSPA, the AAMS Safety Committee, the AAMS Government Relations Committee, the Aero-Medical Working Group of the Part 135 ARC, HAI and the National EMS Operators Executive Forum, to discuss safety challenges facing our community.

At that time, we noted to our safety leadership that the increase in the number of accidents was quickly becoming a crisis. We learned that both the FAA and the NTSB had each established separate internal working groups studying EMS accidents. We all agreed that things must change! AAMS pledged to work cooperatively with both of the working groups so that any recommendations for change would be the result of a joint effort by regulators and the community.

Meetings were held at AMTC to update the presidents of the air medical professional societies, the Operators' Executive Forum, the AAMS Safety Committee, and AMSAC. Follow up meetings with FAA and NTSB representatives were also held at the Air Medical Transport Conference in Cincinnati, Ohio last October, and much communication has taken place via phone and email since that time.

In the meantime, the Part 135 ARC's Aero-Medical Working Group (AMWG) proactively started to explore ways that the community could forward proposals to enhance safety. Discussions centered on improving access to the IFR infrastructure, enhancing training particularly for night operations and IIMC, streamlining approval processes for new technologies, improving equipment, and raising VFR weather minima. Representatives of the FAA's EMS task force met with the members of the Working Group at the ARC meeting in November to learn more about the community and developed a plan to meet again in late January to begin an updated root cause analysis of EMS accidents. (*See article below for more details on the events at the November meeting.*)

The Part 135 ARC AMWG's discussions were still in progress when we received an email from the FAA asking for immediate response to a draft report from the EMS Task Force and attendance at an emergency meeting in Washington.

Comments on the Draft Report

The FAA sent us a copy of their draft report on Monday, January 3, asking for our written comments by that Friday, January 7th. The report covered a general discussion about the air ambulance community, an eight-year retrospective on EMS accidents, an exploration of the causes of the accidents happening in helicopter air ambulances, and a series of short-term, medium-term, and long-term recommendations for both industry and the FAA to improve our safety record. In order to expedite our response, the report was shared with the task force on the Part 135 Aero-Medical Working Group that was already exploring options for enhancing safety, including raising VFR weather minima. Comments were collected from this group, Part 135 Operators, as well as the representatives from the National EMS Operators Executive Forum, and submitted by the deadline.

The Meeting

The FAA also asked that we attend a meeting on January 14th at FAA headquarters to discuss the feedback we provided, as well as other possible initiatives. In attendance were approximately 40 people, including: AAMS President Tom Judge; AAMS Executive Director/CEO Dawn Mancuso; Legal Counsel Irene Howie; AAMS Representative to the Part 135 ARC Steering Committee Ken Javorski; NEMSPA President Gary Campbell; Jim Lynn, CJ Systems Aviation; David Dolstein and Craig Yale, LifeNet Division, Air Methods Corporation; Mike Stanbery, Metro Aviation; Chuck LaCelle, PHI; Steve Gray, Keystone; Roy Resavage, Dave York, Charles Chung, Dick Wright, and Harold Summers with HAI; Dick Healing with the NTSB; and 16 representatives from the FAA. The meeting was chaired by James Ballough, Director of Flight Standards Service (AFS-1); Associate Administrator of Aviation Safety Nick Sabatini and Part 135 ARC Lead Staffer Kathy Perfetti (with FAA AFS-200, Air Transportation Division) also attended.

During the meeting, there was an opportunity for all to share their thoughts on the Interim Report. All noted the short time frame for providing comments, and encouraged the FAA to provide the opportunity to continuing dialogue with the community. All agreed that accurate data was missing or not available, and that this paucity of data is a problem that needs attention. It was also widely recognized that the Task Force looked at enhancements to safety that could come from within the FAA as well as from industry.

Ken Javorski provided an overview of the efforts being worked on in the ARC to enhance safety and recommended that a survey of non-regulatory initiatives already in place at the operator level be used as a data source. Craig Yale recommended a stronger correlation between any identified causes of accidents and any final recommendations for regulatory changes.

Tom Judge pointed out there needs to be a balance between changes that take place in the OpSpecs and those that go through the full regulatory review process a change in the FARS would require. Judge recommended that cost-benefit analysis should be used to assess many of the proposed changes, especially those with high costs associated with them, since the reimbursement for transport is the same no matter what equipment or training is conducted. He also recommended that the FAA consider providing incentives (lower requirements, less paperwork, etc.) for operators to make the investments ultimately recommended and noted there is no single “fix” available and that we will need to work together as partners going forward. The need for more weather reporting was underscored several times, noting that the civilian air ambulance community plays a big part in our country’s disaster preparedness and homeland security. Further, it was noted that there needs to be one level of safety for all operators doing routine air ambulance transport, regardless of corporate structure or whether the operator is a commercial or government entity.

HAI’s Dick Wright noted that a number of accidents have involved problems with aeronautical decision-making, and that we needed to look at the work being done in this area by other parts of the FAA (such as the Joint Safety Analysis Team, or JSAT).

NTSB Board Member Dick Healing reported that the NTSB’s Task Force has been working on their report since October, and noted that there is a lot of overlap with the FAA’s interim report. He challenged the Part 135 community to reduce its accidents to the level of the Part 121 community, and he commended the voluntary work already being done in the field by many operators. He pointed to the HUM project being implemented by Shell Oil and others in the North Sea, and indicated that the NTSB was looking at requiring flight data recorders and crash position locators for the Part 135 aviation community. Dick has also noted that the NTSB will start doing focused full reports on HEMS accidents.

Conclusions

The meeting ended on a very cordial note. The consensus was to continue the dialogue between the FAA and the community in order to improve the results of everyone’s efforts to enhance safety.

It was very clear that this effort is on a *fast track* within the FAA. Three task groups will be created to work on short-term, medium-term, and long-term solutions. Because time is considered short, a Steering Committee will be created that will work to structure the efforts of the task groups.

The FAA agreed it needed to share the Interim Report with other FAA representatives who could serve as internal resources, most notably its POI’s and PMI’s. It also agreed to distribute what they called an “awareness notice” to the FSDOs and all those with air medical operations specifications. The FAA is also considering establishing a working web page for sharing of information during the process.

The group agreed to the distribution of a joint press release that will demonstrate the collaborative efforts being made by all involved.

There was agreement that we could work with HAI to update the Root Cause Analysis, an effort led by HAI’s Director of Safety Dick Wright after the AAMS 2000 Safety Summit, and to use this analysis as a basis for choosing action items or recommendations for follow-up.

It was also recommended that EMS operators be surveyed to identify safety activities they are already undertaking or are in the process of implementing without regulation.

The FAA’s Helicopter Air Ambulance Task Force is scheduled to meet again later this week in Dallas.

Part 135 ARC takes on Safety at meeting held in November

The Aero-Medical Working Group met for the last time in-person from November 16 – 18, 2004 in the Washington, DC area. This was the last regularly-scheduled, in-person meeting of the working groups, and the next to the last meeting of the Steering Committee.

In attendance were: Chairman Ken Javorski from CJ Systems Aviation; NEMSPA Past President Gary Campbell from EMS Air Service; AAMS Legal Counsel Irene Howie; AAMS President Tom Judge from LifeFlight of Maine; AMSAC Chairman J Heffernan from CJ Systems Aviation; AAMS Executive Director/CEO Dawn Mancuso; Dan Norman from Satellite Technology Implementation of Tennessee; AAMS Fixed Wing SIG Chair Mike Paston from Aerocare Medical Transport; Stan Rose from St. Alphonsus LifeFlight; AAMS Board Member Ed Rupert from Air Methods Corporation/LifeNet AMSAC Chairman J Heffernan from CJ Systems Aviation; AAMS Government Relations Assistant Mike Van Zummeren; Mike Wheeler, Air Methods Corporation; John Wilcox, PHI; and Craig Yale from Air Methods Corporation/LifeNet.

Aeromedical Working Group meeting

To date, the Aeromedical Working Group has been successful in getting three recommendations passed by the Steering Committee: creating a separate definition for EMS on-demand operations; changes to child restraint regulations to recognize the use of pediatric stretchers and isolettes, and, by working with the Applicability Working Group, clarifying the status of medical crew members.

This Working Group meeting was dedicated to exploring ways to enhance air medical transport safety through the regulatory process. There was recognition that some of the Working Group’s recommendations will directly affect safety in the air ambulance environment:

- Clarifying that transport legs without a patient on-board can be flown Part 91 in order to gain access to the IFR ATC system;

- Establishing an “eligible on-demand” status for EMS helicopters.
- Protections being recommended in the Flight & Rest Summit to guard against excessively long duty times for pilots. (*See below for more details.*)

Agenda items at this Working Group meeting included:

- * Exemption 6002 concerning liquid oxygen
- * Recommendations to change VFR visibility minimums
- * Indirect air carrier regulations
- * Meeting with the FAA’s internal EMS Working Group
- * Review of October Flight-Duty Working Group meeting

Exemption 6002: The working group discussed the possibility of recommending that this exemption, which allows properly trained EMS pilots to change liquid oxygen canisters, be incorporated into regulation. Because of the unique nature of EMS operations, the working group decided it would be better that this remain an exemption.

Indirect air carrier regulations: The working group reviewed a new clarification of the regulations that require indirect air carriers (such as hospitals) to avoid deceptive advertising practices by holding themselves out as air carriers in advertising and marketing materials. At this time, we believe that the air ambulance exemption from 1983 still allows hospitals to use their program name on the aircraft they are using; everyone needs to be careful about how they market their programs to customers. For instance, unless a hospital has its own certificate, it needs to be sure that its marketing materials specify somewhere that the air transport part of their service is operated by another company. Likewise, hospitals without their own certificate should avoid using language that talks about “our fleet.”

Meeting with the FAA’s Internal Working Group: Representatives from the FAA’s Helicopter Air Ambulance Task Force met with the Aero-Medical Working Group to share their views on the extent of the safety issues in EMS aviation, and to have a conversation with industry on ideas for possible solutions. The Working Group shared the work it has been doing to address the issues from a regulatory standpoint. The spirit of the meeting was cordial and cooperative, setting the stage for future dialogue.

VFR Visibility Minimums: The working group reviewed multiple different proposals for retaining current or increasing the VFR visibility minimums for all EMS operations conducted in civil aircraft. The group compared these proposals against current 135 regulations and current EMS operations specifications, as well as the CAMTS standards. After much negotiation, the preliminary consensus of the group was to recommend that the visibility minimums for all Part 91 and 135 EMS aviation operations be set at:

	IFR-Qualified*	NON-IFR Qualified
DAY-LOCAL	500/1	500/2
DAY-XCNTY	1000/1 (800/2)	1000/2 (800/3)
NIGHT-LOCAL	800/2	800/3
NIGHT-XCNTY	1000/3	1000/3

* All VFR Operations conducted with IFR qualified (current) pilot & aircraft (with autopilot).

It was also recommended that a radar altimeter be required for all EMS operations.

This proposal is being discussed by the Working Group; because consensus has not yet been reached, the proposal has not yet been sent the Steering Committee.

Ramifications of other Working Group recommendations

A number of other working groups have been addressing issues that will have some effect on air ambulance operations. For instance:

Training Working Group: This working group has developed these proposals:

- Allow eligible on-demand operations to substitute some training (such as simulators or scenario-based training) in lieu of checking in alternate cycles as an new way of complying with 293
- Recommend a mechanics training program

Operations Working Group:

- Amend 135.247 to explicitly allow simulator takeoffs and landings to count towards currency.
- Require a cockpit emergency checklist in single engine airplanes without retractable landing gear.

Equipment and Technology Working Group: This working group has developed these proposals:

- Allow a single Combi recorder when separate CFR and FDR units, or dual “Combi” units, are required in helicopters. The Steering Committee approved this proposal.
- Allow a second, approved system instead of dual independent pitot/static sources. The Steering Committee approved this proposal.

Flight Time and Duty/Rest Periods

A subgroup of the Part 135 ARC has been working on a recommendation to revise the Part 91 and Part 135 flight/duty and rest requirements for pilots. The Aero-Medical Working Group has four representatives on this special task force: Ken Javorski, Gary Campbell, Stan Rose, and Mike Wheeler.

A big part of the discussions taking place at these task force meetings has been focused on the concern about pilot fatigue, especially for on-call pilots, or pager time.

The task force is scheduled to have its last meeting this week, January 25 - 27. At this meeting, they hope to finalize their discussions.

A copy of the most recent draft of the proposal can be found on the AAMS web page at www.aams.org/flightduty.pdf. Note that this is not the final version being proposed to the Part 135 ARC.

AAMS Safety Committee reorganizes after AMTC

The AAMS Safety Committee has started implementing a plan to restructure its operations so that it can be more productive and proactive about meeting the challenges of the future.

In the past several years, the Committee was expanded so that those responsible for safety oversight at all AAMS members were invited to participate on the Committee. While this certainly helped to build a basis for enhanced communications, networking and sharing, the vast numbers of participants added to the complexity of the Committee's operations.

As a result, the board agreed in June of 2004 to a plan involving the restructure of the committee so that a smaller Safety Steering Committee would be created, with a set number of seats for organizations that serve our community. The new seats on the Committee are:

Chairman	Joel Hochhalter
Vice Chairman	Ed MacDonald
AAMS Representative	Joel Hochhalter
AMPA Representative	Laurie Romig, MD
AMSAC Representative	J. Heffernan
ASTNA Representative	<i>to be determined</i>
Aviation Insurance Representative	Louis M. Timpanaro, Jr.
CAMTS Representative	Eileen Frazer
Critical Care Ground Ambulance Safety Representative	<i>to be determined</i>
FAA Representative	Matt Rigsby
HAI Air Medical Committee Representative	Dick Wright
NAACS Representative	Shelley Sholl
National EMS Operators Exec Forum Representative	Larry Pietropaulo
NEMSPA Representative	Ed MacDonald
NFPA Representative	Cliff Larrabee
NTSB Representative	Georgia Struhsaker
Part 135 Aviation Maintenance Representative	George S. Davis

The larger group of Safety Committee participants will now constitute the AAMS Safety Advisory Council.

The agenda for the committee this year includes:

- * Work in collaboration with industry leaders to develop safety standards
- * Work in collaboration with the FAA and the NTSB to further foster relationships
- * Attempt to answer "Why accidents and incidents occur" using available industry data
- * Develop root cause analysis of each individual accident/incident.

For more information, please contact the chairman of the AAMS Safety Committee, Joel Hochhalter at jhochhalter@phihelico.com, or the committee's staff liaison, Mike Van Zummeren (mzummeren@aams.org).

Future Conversations about Safety

AAMS Spring Conference

AAMS has scheduled a number of sessions on the topic of Safety at this year's Spring Conference. They include:

- * An update from the AAMS Safety Committee
- * Risk Assessment: All the Things They Forgot to Mention
- * Safety: Evidenced Based Decision Making
- * Program Stories: An Accident
- * Controlling Competitiveness: Leading in a Competitive Environment

In addition, the AAMS Town Hall meeting on Friday evening, March 18th, will include a more detailed discussion on recommendations being considered by the FAA and NTSB.

Air Medical Transport Conference: Raising the Bar

This year's AMTC theme brings a special focus to the year's efforts: *Raising the Bar: High Performance in High Risk Environments*. Planned are talks that will help you learn from others who are doing it how to raise the bar at your program!

Watch the AAMS web page for more details about the program as they become available.

Air Medical Safety Advisory Committee (AMSAC)

AMSAC will be meeting in person three times this year; once during HAI's Heli-Expo next month in Anaheim; the second meeting in Spring; and the third in conjunction with the Air Medical Transport Conference in Austin, Texas in October.

At present, AMSAC is considering a draft Recommended Practice paper on VFR weather minimums.

Check out the AMSAC web page (www.amsac.org) for information on this and other issues being discussed and information on how to join.

AirMed in the News

In the last few weeks, air ambulances have made the news much more often than usual:

* The crash in Washington, DC, has prompted numerous stories in the *Washington Post*, the *Washington Times*, various local Virginia papers, and on all the local television channels. The chairwoman for the NTSB has personally chosen to head up the investigation of this accident, and has been quoted saying she is "very concerned" about the sharp rise in air medical accidents.

* USA Today did a story on Friday, January 14th, entitled, "*Air ambulance crashes spur reviews*" with details of the accidents that have happened in the last 13 months.

* The AP wire distributed stories about the crashes in Texas, DC, and WY, noting an increasing in air ambulance accidents. These stories were picked up by multiple newspapers around the country.

* AAMS has been contacted by a reporter with CBS, NBC News and the Wall Street Journal, all doing investigative stories on our community. NBC seems to be focusing on new technologies and safety enhancements, and CBS on the investigations being conducted by the NTSB and the FAA, both for their nightly news programs. The Wall Street Journal is focusing on the rationale for the use of air ambulances.

AAMS leaders, particularly AAMS President Tom Judge, AAMS Executive Director/CEO Dawn Mancuso, AAMS Communications & Marketing Manager Blair Beggan, and members of the AAMS Communications & Public Relations Committee have been serving as key resources for these and other reporters.

Given the intense media scrutiny happening all of the country, we expect that programs around the country will receive calls from their local media. The AAMS Communications & Public Relations Committee is in the process of developing some key talking points for all AAMS members to utilize for media interaction. A series of backgrounder papers will be e-mailed to all members, starting with the first correspondence coming later today. Please watch your email and the AAMS web page (www.aams.org) for your copy.

In Memorium

AAMS would like to extend our most heartfelt sympathies to the family and friends all those air medical crew members who have passed away in the line of duty since January 1st:

- pilot James Archer
- pilot Joseph Schaefer
- pilot Timothy Benway
- paramedic Nicole "Nicki" Kielar
- flight nurse David Linner
- flight nurse Jennifer Wells.

It is in their honor, and those who have died before them, that we rededicate our commitment to *Raising the Bar* and enhancing safety in the air medical transport community.