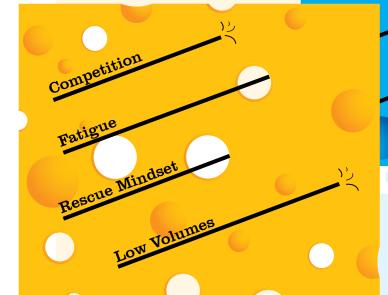
Layers of Protection



ENROUTE DECISION POINT

RISK ASSESSMENT

CULTURE



Utilize robust risk assessment tool prior to each flight.

Require outside consultation prior to flight acceptance in mid to high risk conditions.

Establish airspeed and altitude limitations for cruise flight.

Turn around, land or transition to IFR when limit is reached. DO NOT CONTINUE.

Do not apply pressure to yourself or any member of your flight team.

Provide positive support and recognition for conservative decisions.

SUPPORTED BY:



























<u>OMNIFLIGHT</u>









3 LAYERS OF PROTECTION

No Pressure Environment

PRESSURE: Attempting to influence any member of a flight team to accept a flight into potentially unsafe conditions, in a potentially unsafe aircraft, or when any flight team member feels they are not able to perform their flight related duties safely due to stress or fatigue.

CULTURE

WHY? The National EMS Pilots Association recently conducted an informal survey of more than 250 pilots to determine, in part, the extent to which internal and external pressures may be present within air medical operations. This survey revealed the need for further study and for the reinforcement and enhancement of current safety practices. Further, NEMSPA has developed an additional procedure that can contribute to the pilot's in flight decision making and risk assessment process. It is believed that this procedure along with other current initiatives, combined with a robust operational control structure, and as part of an overall Safety Management System implemented by the aviation operator, can add significant layers of protection against real or perceived pressures on the pilot and medical crews to initiate and complete an air medical mission.

Flight Team (includes Communication Specialists & Controllers):

- **DO** practice good AMRM protocols when discussing flight requests
- **DO** understand and use good ADM techniques to form flight acceptance and flight continuance decisions
- **DO** support and provide positive recognition when fellow team members make appropriate decisions
- DO NOT allow patient type or condition to influence flight related decisions
- **DO NOT** allow pressure from management and other work related associates to influence flight related decisions

Physicians:

- **DO** support and provide positive recognition when associate flight team members make appropriate decisions
- DO NOT apply pressure to any flight team member

Management:

- DO support and reward good decision making
- DO NOT allow or tolerate an environment where there is pressure to accept flights
- DO NOT emphasize flight volumes or post tracking numbers in flight team areas or quarters

All Participants:

- **DO** ask questions during the team or organizational meetings that offer solutions or answers to questions that may arise during the enroute portion of the flight
- DO NOT apply pressure either to yourself or any member of a flight team

RISK ASSESSMENT

WHY? It is recommended that all EMS flight programs incorporate a RAT (Risk Assessment Tool) as part of the flight team's preflight decision making process. The RAT should consider the basic risks associated with EMS flight operations, and should be tailored to the specific needs and environment of individual programs or bases. By helping the flight team identify and realize the inherent risks to individual flights, a well designed RAT will significantly reduce pressure on

the flight team.

Design:

A well designed RAT should account for the following variables:

- 1. Weather
- 2. Pilot experience
 - a. EMS operations
 - b. Flight area
 - c. Specific aircraft model
- 3. Fatigue (preferably Fatigue Risk Assessment Tool)
 - a. Circadian rhythms (ie, Circadian low: 0200-0500, schedules, etc.)
- 4. Night vs. Day

There are numerous methods for accomplishing a RAT. Sample protocols are available in FAA Notice 8000.301.

Outside Consultation:

Reduced pressure on the flight team is significantly enhanced through the requirement to involve aviation personnel (when possible) outside of the flight team when risks exceed a predetermined level and the flight team believes the flight can be conducted safely. This consultation should not occur (the flight should be cancelled) when the flight team is not comfortable with accepting the flight.

ENROUTE DECISION POINT

WHY? The EDP (Enroute Decision Point) protocol has been field proven to be a simple, vet very effective tool that has been designed to minimize the possibility of helicopter CFIT (Controlled Flight Into Terrain) accidents caused by continuing flight into adverse and/or deteriorating weather conditions. NEMSPA believes, and pilots have confirmed, that this protocol can be an effective combatant to both internal and external pressures placed upon pilots to complete flights in marginal weather conditions.

The "No Pressure Initiative" is a collaborative effort between IAFP, ASTNA, AAMS, AMPA, NAACS and NEMSPA.



Basic Concept:

An EDP is analogous to the decision height on an ILS approach. When a listed limitation is reached the pilot must exercise one of the listed "Decision Options". Continuing on the present course is not an option.

Sample Limitations:

	DAY	NIGHT
Airspeed	(Cruise – 30)*	(Cruise – 30)*
Altitude	300' AGL	500' AGL
Altitude	MECA**	MECA**

*eg, For 120 KIAS cruise, use 90 KIAS **Minimum Enroute Cruise Altitude – See A021

Note: Aircraft type, terrain, use of NVGs, etc. may influence limitations, which should be tailored to individual program requirements.

Decision Options:

When a pilot experiences any of these limitations he or she must

1) Land as soon as practical

OR

2) Alter course (turn around)

OR

3) Transition to IFR (Instrument Flight Rules)

Flight Team Interaction:

The medical team, com specs and operational controllers provide an integral part of the flight team, especially in marginal conditions. Individual program AMRM (Air Medical Resource Management) practices should dictate the exact role of these team members under various scenarios. While all team members must support the EDP protocol, their active participation in its implementation should generally be limited to assisting the pilot in making the decision on which option to pursue should EDP limits be reached.

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