

Docket No. SA-530

Exhibit No. 2 - C

NATIONAL TRANSPORTATION SAFETY BOARD

Washington, D.C.

FAA Letter of May 30, 2006 in Response to

Safety Recommendations A-06-12 through -15

(3 Pages)



U.S. Department
of Transportation

**Federal Aviation
Administration**

Office of the Administrator

800 Independence Ave., S.W.
Washington, D.C. 20591

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MAY 30 2006

The Honorable Mark V. Rosenker
Acting Chairman, National Transportation
Safety Board
490 L'Enfant Plaza East, SW.
Washington, DC 20594

Dear Mr. Rosenker:

This is in response to Safety Recommendations A-06-12 through -15 issued by the Board on February 7, 2006. These recommendations were issued as a result of several accidents involving emergency medical services (EMS) operations between January 2002 and January 2005 that occurred in the United States. The Board is concerned that the pressure to conduct these operations safely and quickly in various environmental conditions makes EMS operations inherently dangerous, and the hazards associated with EMS operations are resulting in an increasing number of accidents.

A-06-12. Require all emergency medical services operators to comply with 14 Code of Federal Regulations Part 135 operations specifications during the conduct of all flights with medical personnel onboard.

FAA Comment. Medical personnel on board an EMS flight are considered part of the aircraft crew and thus operations can be conducted under 14 CFR Part 91. This definition is consistent with a 1992 memorandum of understanding (MOU) between the FAA and the Safety Board designed to establish guidance in the reconciliation process of the legal basis for the aviation operation. The MOU states that EMS positioning flights are 14 CFR Part 91 operations until a passenger is picked up. A doctor, nurse, or medical technician is considered part of the crew. Implementation of this recommendation may require revision of that MOU. We will contact your staff to schedule a meeting to discuss several issues raised by this safety recommendation. These issues include:

- This recommendation raises critical issues related to the weather requirements associated with operations under 14 CFR Part 91 versus 14 CFR Part 135. The general consensus from the industry is that if the FAA could establish policy that would allow 14 CFR Part 135 instrument flight rules (IFR) operations at locations without weather reporting (with certain limitations), the industry would readily accept the proposal. At the current time, adopting this recommendation would result in disqualifying IFR operations at the majority of hospital heliports served by instrument procedures, forcing those operations to conduct flights under visual flight rules (VFR), which may reduce safety.

- To develop a viable approach to this weather issue, the FAA hosted a weather summit meeting on March 21-23, 2006, that addressed weather requirements for 14 CFR Part 135 operators. We will brief you staff on the outcome of this effort.

I will keep the Board informed of the FAA's progress on this safety recommendation.

A-06-13. Require all emergency medical services (EMS) operators to develop and implement flight risk evaluation programs that include training all employees involved in the operation, procedures that support the systematic evaluation of flight risks, and consultation with others trained in EMS flight operations if the risks reach a predefined level.

FAA Comment. On August 1, 2005, the FAA published Notice 8000.301, Operational Risk Assessment Programs for Helicopter Emergency Medical Services. I have enclosed a copy of the notice for the Board's information. The notice highlights the requirement cited in 14 CFR 119.69 for the qualified management and technical person to ensure the safety of its operations. The person must be qualified through training, experience, and expertise; must have a full understanding of the aviation safety standards and safe operating practices; and be able to discharge their duties to meet applicable legal requirements and to maintain safe operation. The specific requirement to have a risk assessment program will be added to Operations Specification (OpSpec) A021 and 024 (Emergency Medical Service) in its next revision scheduled to be completed by September 2006.

I believe that the FAA has satisfactorily responded to this safety recommendation, and I look forward to your response.

A-06-14. Require emergency medical services operators to use formalized dispatch and flight-following procedures that include up-to-date weather information and assistance in flight risk assessment decisions.

FAA Comment. The FAA has identified the area of dispatch and operational control as its next area of emphasis. In the documents produced during last year, the FAA has emphasized the role of the communications specialist in assisting the pilot with the information regarding the "Go/No Go" decision. A study is being initiated to identify best industry practices in ground communications and dispatch to support effective FAA requirements and policy. The study will last approximately 1 year. The results of the study will be provided to the Board.

I will keep the Board informed of the FAA's progress on this safety recommendation.

A-06-15. Require emergency medical services (EMS) operators to install terrain awareness and warning systems on their aircraft and to provide adequate training to ensure that flight crews are capable of using the systems to safely conduct EMS operations.

FAA Comment. The FAA supports the voluntary implementation of Terrain Awareness and Warning Systems (TAWS) and considered the possibility of including rotorcraft in the TAWS rulemaking process. The FAA concluded that there are a number of issues unique to VFR

helicopter operations that must be resolved before the FAA considers mandating the use of TAWS in this area, such as modification of the standards used for these systems. For example, helicopters typically operate at lower altitudes, so TAWS could potentially generate false alerts and "nuisance" warnings that could negatively impact the crew's response to a valid alert. The TAWS application to helicopter EMS would require the study of TAWS interoperability within the lower altitude helicopter EMS environment, and possibly a modification of TAWS standards.

While the FAA and industry work to address issues related to installation of TAWs on EMS aircraft, we are working to address the controlled flight into terrain (CFIT) issue through a variety of avoidance strategies, with emphasis on effective preflight planning. In Handbook Bulletin for Air Transportation 06-02, Helicopter Emergency Medical Services (HEMS) Loss of Control (LOC) and Controlled Flight Into Terrain (CFIT) Accident Avoidance Programs, issued in January 2006, the FAA emphasized the strategic avoidance of CFIT accidents. I have enclosed a copy of the bulletin for the Board's information.

I believe that the FAA has satisfactorily responded to this safety recommendation, and I look forward to your response.

Sincerely,

A handwritten signature in black ink, appearing to read "Marion C. Blakey". The signature is written in a cursive, flowing style with a long, sweeping underline.

Marion C. Blakey
Administrator

Enclosures