



**Statement submitted to the NTSB from the
International Association of Flight Paramedics (IAFP)
March 9, 2009**

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Pursuant to a request by the NTSB for additional information regarding a flight paramedic safety survey referenced during testimony on February 4, 2009, the following statement is respectfully submitted.

In July of 2008, the IAFP utilized a nonrandomized descriptive survey tool to determine the perceptions and attitudes of member flight paramedics. This survey yielded a 30% response rate and provided important insight to the thoughts and opinions of flight paramedics. While it is felt that safety is in the forefront of the HEMS industry, survey results revealed unexpected and disturbing practices.

For example, it is somewhat alarming that no more than 60% of the respondents felt confident that safety was the first priority within their organization, and 30% were unsure if safety was the first priority, leaving 10% feeling neutral or that safety was not a priority within their organization.

Survey respondents further indicated that only 54% were employed by a transport program that was CAMTS accredited. Only 80% of the survey respondents said they had received CRM/AMRM training, while 20% had never received training. When asked if recurrent CRM/AMRM training had been received, there was a moderate increase noting that 29% of respondents had not received recurrent training.

A majority of the respondents, 76% felt that it was safe for them to speak up or address safety concerns or issues within their program, while 17% felt unsure about speaking up and 7% did not feel they could address safety concerns.

When asked, 67% of respondents stated they worked 24 hour shifts and of those, 73% stated they had a crew rest policy in place. The survey did not address how often the crew rest policy is utilized or if a transport request is turned down due to crew fatigue.

An extremely disturbing finding was that 51% of respondents stated they have been involved in an event that would be characterized as a close call, near miss, or safety incident. It is felt that operations and procedures of air programs need to be assessed to determine where the breakdown in safety occurs.

When asked if medical crews perform an aircraft walk-around prior to departures, 13% stated they did not and 12% felt this was not part of their responsibility. Additionally, 31% of respondents stated they did not go through a post flight debrief after every flight.

Digging a little deeper we found that 25% of programs do not have an active safety committee, but 66% stated their program has a procedure or method to anonymously report safety issues which leaves 34% who may be fearful to bring forward safety concerns.

The above data reinforces the belief that there is no continuity or oversight in medical crew training within the HEMS industry when it comes to safety and operations around the aircraft. For accreditation, CAMTS does require that a program have a system in place for CRM/AMRM and medical crew training for clinical practices and for operations around an aircraft. However, when averaging the percentages of respondents who are not participating in safety measures, a correlation can be made that no regulatory oversight is in place to make sure that all programs are providing a minimum level of training for their medical crew members.

As the premier association for flight paramedics, the IAFP is grateful for the opportunity to represent the opinions and concerns of flight paramedics to you. The air medical transport industry as a whole must improve its safety record through safety mitigation to allow medical crews to continue to provide excellent patient care to the most critically ill and injured patients.

References:

1: International Association of Flight Paramedics, Reproduction of ASTNA Survey. 2008 July.