



**Statement submitted to the NTSB from the  
International Association of Flight Paramedics (IAFP)  
January 14, 2009**

*President*  
**James P. Riley**  
Mayo Clinic Medical Transport

*Vice President*  
**Jason Hums**  
OSF St. Anthony Lifeline

*Business Director*  
**Brian Wall**  
Healthone

*Immediate Past President*  
**Greg Winters**  
Univ. of TX Southwestern Med.  
Center Emergency Medical  
Education

*Board Members*

**Dana Anderson**  
Reach Mediplane

**Kevin Burkholder**  
LifeFlight of Maine

**Matthew Cathcart**  
JEFFSTAT, Thomas Jefferson  
University Hospital

**Brenda Kubiak**  
ARCH Air Medical Services

**Cliff Larrabee**  
Medi-flight of Northern  
California

**Kevin Savidge**  
MidAtlantic MedEvac

**Mike Shown**  
San Antonio AirLife

**Toby Witt**  
Air Methods

**Monica Newman**  
Account Executive

The International Association of Flight Paramedics has represented the interests of flight paramedics since 1986. The configuration of the air medical crew has been debated since the inception of hospital-based programs in the 1970s. Today, the majority of programs use non-physician crew members with a nurse/paramedic mix as the most common team. The medical literature contains little scientific basis to support or reject the use of physicians as crew members. The key to an effective air medical team, despite the configuration, is adequate training and ongoing flight experience. Unless future studies define the role of physicians on the medical team, the air medical crew configuration will be determined by each flight program based on their perception of individual needs and available resources.

We are sensitive to the safety concerns of our members, especially in light of the last year's air medical crashes. As a result of heightened safety concerns, the IAFP utilized a nonrandomized descriptive survey of our members. We believe that this survey reflects the perceptions and attitudes of our membership and provides very important insight to the thoughts and feelings of active participants in daily air medical transport.

In July 2008, the IAFP surveyed our membership to determine the culture, attitude, and perception of the state of safety within the air medical industry. This web based survey was open to all members of the IAFP and yielded a 33% return. While we feel that everyone has safety in the forefront of their minds, the survey showed many unexpected results and disturbing behaviors throughout the industry.

17% of survey respondents report that their current policies and procedures only serve to fulfill required paperwork for program accreditation. This also questions how closely these policies are followed since they are "only for accreditation". Only 5% feel that Air Medical Resource Management (AMRM) does not prepare them for dealing with human factors, navigation, pilot crew interaction, and safety overall. We fully support AMRM education for all air medical providers, but 5% is still too many that feel it does not prepare them for safe operations. 98% feel that safety is an integral part of their job description during all phases of flight operation. That leaves 2% that do not participate in the safe operation of flight. This population also reports that they do not attend regular AMRM training and education as part of their employment.

Most concerning is that 30% of the respondents report that the pilot is NOT blinded from the nature of the flight request. This opens the door for human factors to be taken into account when deciding whether it is safe to fly or not. We can try not to consider that the patient is a sick child or we are the last chance for the survival for the patient. However, with over 70% of the air medical crashes being human factor related, the IAFP is not comfortable with this process of informing the pilot of patient information.

When we asked, “Does your program push any of the following aircraft performance limits?” 10% say yes to weather minimums, 20% to weight and balance, 15% to the range of the aircraft and aircraft performance. Only 70% report that they do not push any limits on the aircraft capabilities. This is an unacceptable number with our current safety record.

Additional human factors that influence the best judgment of the best pilots in the industry need to be studied and an industry wide culture change is necessary. Every mode of emergency medical transportation has risk whether it is by air, ground, or sea. Without a clear, evidence based or best practice model to point us the right direction, we are set to make the same mistakes over and over again.

The IAFP is proud to represent our members’ opinions and concerns to you. Flight paramedics will continue to provide the best patient care and in the safest manner possible. The air medical transport industry as a whole must improve its safety record through safety mitigation to allow us to continue to provide excellent patient care to the most critically ill and injured patients.

**References:**

- 1: J Air Med Transp. 1991 Nov; 10(11):7-10. Links The air medical crew: is a flight physician necessary? Stone CK. East Carolina University School of Medicine, Greenville, N.C.
- 2: International Association of Flight Paramedics, Paramedic Survey. 2008 July