



GERMANWINGS FLIGHT 9525



ERA's analysis and advice to members on the regulatory implications of the 24 March 2015 Germanwings flight 9525 accident and subsequent European Aviation Safety Agency (EASA) recommendations

This paper provides a summary of the regulatory developments following the 24 March 2015 crash of Germanwings flight 9525.

The paper is designed to help members when planning the implementation of recommendations made by

EASA, following publication of the accident report. The comments are based on ERA's involvement and interactions with regulatory authorities following the accident. To follow up on any element of the information in the paper, please contact policy.technical@eraa.org

SUMMARY AND BACKGROUND

The Germanwings flight 9525 crash on 24 March 2015 highlighted numerous issues surrounding the psychological profiling and evaluation of individuals employed in roles that require a high level of safety awareness, responsibility and stress management.

A Task Force, including stakeholders, was set up after the accident and has subsequently made six

main recommendations that have been accepted and promoted by EASA. ERA participated in various events and consultations following the accident and ERA's Air Safety Group was also consulted for expert input.

The accident additionally identified a potential conflict regarding the operational safety versus security procedures of the current regulatory requirement for operating a locked flight deck door policy in flight.

EASA RECOMMENDATIONS

In June 2016 EASA held a 'Next Steps' Conference that discussed how the six Taskforce Recommendations will be implemented for Commercial Air Transport operations.

Following extensive consultation, including an Aircrew Medical Workshop, EASA has proposed a 'performance-based' regulatory response and

has revised the Minimum Cockpit Occupancy Safety Information Bulletin (SIB) 2015-04, which was issued shortly after the accident to SIB 2016-09.

There is a brief summary below of the regulatory measures to be adopted but, importantly, there will be no immediate Operational Directives issued for implementation.



1. 2-persons-in-the-cockpit revised SIB

Under SIB 2016-09 operators will now be required to undertake airline specific safety risk assessments to determine:

- (a) the operator's policy regarding psychological and security screening of flight crews;
- (b) the airline's employment stability and turnover rate of flight crews;
- (c) access to a support programme, to provide psychological support to flight crew when needed; and
- (d) ability of the operator's safety management system to mitigate psychological and social risks.

If the assessment leads the operator to require two authorised persons to be in the flight crew compartment at all times, operators should ensure that:

- (a) the role of the authorised person, other than the operating pilot, in the flight crew compartment is clearly defined, considering that his/her main task is primarily to open the secure door when the flight crew member who left the compartment returns;
 - (b) only suitably qualified flight crew members are allowed to sit at the flight controls;
 - (c) safety procedures are established for their presence in the flight crew compartment (eg, appropriate use of observer seat and oxygen masks);
 - (d) training needs are identified and addressed as appropriate;
 - (e) safety risks stemming from any authorised person leaving the passenger cabin are assessed and mitigated, and
 - (f) resulting procedures are detailed in the airline's Operations Manual.
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2. Psychological evaluation of aircrew as part of training or before entering service

Operators will have to ensure that flight crew members have undergone a psychological assessment before commencing line flying, in order to identify any psychological and behavioural factors which could interfere with the safe operation of an aircraft.

3. Recommendation to mandate drugs and alcohol testing as part of a random programme of testing by the operator

Operators will have to develop and implement a policy for flight and cabin crew, with related testing procedures, to avoid and prevent the misuse of psychoactive substances to ensure that the safety of the aircraft or its occupants is not endangered. Without prejudicing the provisions laid down in Directive 95/46/EC and any applicable national legislation on testing, the operator will have to develop and implement an objective, transparent and non-discriminatory procedure for the detection of cases of misuse of psychoactive substances by crew. This procedure must take into account the provisions laid down in MED.B.055 of Regulation (EU) No 1178/2011.

4. Recommendation to establish an oversight programme for the performance of aero-medical examiners

National authorities must establish a renewal process for Aviation Medical Examiners (AME) that will be required every three years. This will include a requirement to have conducted a number of EASA medical examinations during the preceding three years, as well as attending an advanced course for AMEs, and regular participation at aeromedical conferences and meetings. Additional training covering psychological and psychoactive substances will need to be provided and credit will be awarded for simulator experience and actual flying activities.

5. Finding an appropriate balance between patient confidentiality and the protection of public safety

A revision of the EASA application form for a Medical Certificate template has been produced which contains the following consent statement to be signed by crew:

"CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times."

Additionally, EASA will establish an aeromedical data repository; initially this will be an outsourced function. This has raised concerns regarding the protection of patient confidentiality with third-party contractors.

6. Pilot support programmes and reporting systems

Operators will need to enable, facilitate and ensure access to a peer-support programme. This is to assist and support all flight crew members in recognising, addressing and overcoming any problem which might negatively affect their ability to perform their duties.

ERA'S ACTIVITIES, ACTIONS AND FURTHER INFORMATION

Implementing recommendations 1, 2, 3 and 6 will add specific and significant requirements for operators and ERA will monitor and advise members as and when developments occur.

EASA has identified that cross-cultural psychological evaluations do not work satisfactorily, therefore any contracted external service providers should be fully accustomed to the specific pilot workforce to be assessed.

There are a number of specialist organisations which are able to offer the necessary services to airlines to enable them to meet the requirements. ERA will facilitate contact with such service providers for members who do not have the prerequisite expertise currently within their own organisations.

ERA will also lobby EASA to establish an EU Aviation 'repository' of experts.

All further updates on these topics will be posted at www.eraa.org/policy/air-safety



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