Fitness For Duty
Implementing a Safety Policy

NBAA NATIONAL SAFETY FORUM

NBAA BACE
OCTOBER 10–12, 2017 | LAS VEGAS, NV
Scenario #1

Challenges on the Ground

• 58 y.o. Captain Excellent Reputation
  • Experience, Flying Skills, Work Ethic, CRM
• Crew members note:
  • Slow on walk around, climbing airstairs
  • Holding centerline on taxi, line up, parking
• Fails Recurrent Training - RTO

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Fitness for duty assessments with PVT WorkFit

Deficits 8-12 lapses comparison:
- BAC ~ 0.04
- Sleep deprivation ~17 h awake & in WOCL
- Sleep restriction ~1 week of 4 h sleep per day

Deficits 16-18 lapses comparison:
- BAC ~ 0.08
- Sleep deprivation ~21 h awake & in WOCL
- Sleep restriction ~2 weeks of 4 h sleep per day

Significant alertness impairments were detected in 3% of safety-sensitive workers tested.
Fitness For Duty Evaluations

Fundamental Assumptions

• Experienced & Previously Well-Performing Professional Aviators Do Not Have a Decline in Skills and Function Without an Explainable, and Potentially Treatable Reason.

• Assessments Can Identify Pilots Who Can be Safely Returned to the Cockpit with Treatment and Identify Those Who Cannot Safely Fly.
Pilots – Av Professionals

- “I’ve Got This!”
- Fear – Lost Job/Income
- Peer Perception and Protection
- Hesitant to get Involved / Retaliation
- Meeting Operational Demands
Barriers to Insure Fitness for Duty

- HR Involvement / Understanding / Contracts
- Lack of FAA Guidance
- Legal concerns
- Insurance Coverage
- Spectrum of Fitness
- Lack of Training – Flight Dept / Medical Profession
Fitness for Duty Scenarios

• Late return requiring maintenance
• Hourly worker abusing overtime, 14-16 hr days
• Late trip changes, Scheduler working 2400-0300
• Part 91 operator has max duty day that is getting extended due to late passengers
• Employee appears under influence, then confides to coworker about “late night” partying
Fitness for Duty Scenarios

• Employee seems “out of it”, many small errors, not been sleeping well, using a PM medication to help sleep.

• Employee exhibits sudden behavior change, seems paranoid, slightly agitated

• Peers discover employee is using marijuana, legal in the state though.

• During trip, pilot discovers coworker wife is divorcing him, unexpected and distraught
Audience Thoughts
Scenario # 2

Training Failure – Knowledge Deficiencies

• 62 y.o. Captain – Hard Worker, Great Attitude
• 13 years continuous experience in aircraft
• Recurrent Training – New SOP’s, Flows, AOM
  • Unable to pass knowledge tests on new procedures
  • Sleep loss
  • Declines offer of additional training “I know this!”
  • Sim performance fine except
Fitness For Duty – Medical – Psychological – Cognitive
End Substance Impairment in Transportation – OTC’s – Prescription – Illicit and Alcohol

FSF/NBAA   BASS May 5, 2016

Dr. Quay Snyder
Fitness for Duty Solutions

- Ethical – Fair to All
- Optimizes Health
- Reduces Liability
- Reduces Costs
- Integral to SMS

• ENHANCES SAFETY!
What Is Fitness For Duty?

A person is able to perform essential job functions and is not limited because of:

• Physiological – Medical
• Cognitive
• Psychological and/or
• Psychiatric conditions
FFD is a Soft Threshold!

Anything we can do to improve personal capabilities is a positive step in advancing safety.
Key Elements - Company

- Leadership – Understanding and Support
- Process – Clearly Defined with Timeline
- Legal – Negligible Liability Profile – 3rd party
- HR – Regular Comm, Adequate Pilot Benefits
- Aviation Director – Pilot Availability Estimate

- SAFETY PROGRAM – Principals, Pilots, Public
Key Elements - Pilots

• Confidentiality / Dignity / Respect
• Benefits Protection – Disability, Loss of License
• Evaluation
  – Comprehensive for Health
  – Aeromedical Context & Expertise
  – Update on Progress Routinely
• FAA Medical Certification Advocacy
• Safety ➔ Health ➔ Career
FFD Program Goals

- Ethical Program – Unlike Status Quo
- Policy Emphasis, Not Regulatory
- Financial Protections for All
- Return to Optimum Health
- Graceful Exit, if Necessary
- Safety Priority – Balances Many Factors
NBAA Foundations for Safety

Professionalism

• Safety Leadership
• Technical Excellence
• Risk Management
• Fitness For Duty
  – NBAA Web Page resources
  – Provider / Partner links
  – Scenario Based Webinars
  – Guide to Create/Execute FFD
  – FITNESS FOR DUTY POLICY STATEMENT
Fly Safely! Stay Healthy!

Fitness For Duty Plan

- Enhances Safety
- Optimizes Health
- Preserves Careers
- Reduces Risks

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Require medical fitness
Fitness for duty applies to pilots, maintenance technicians, flight attendants, dispatchers, and ground handlers.

Pilots have some fatigue protections in place. Others are more vulnerable and have less oversight on daily ops and performance.
What Is Fitness For Duty?

It is NOT an On/Off Switch!
Identifying the Problem

In the Aircraft

- FMS Programming Errors
- Checklist Omissions
- Altitude Deviations
- SOP Non-Compliance
- Missed Radio Calls / Clearances
- Requests for Physical Assistance
Identifying the Problem

In the Flight Department

• Training Problems
• Do Not Pair Requests
• Frequent Sick Leave Use
• Repeated Fatigue Calls
• Emphasizing Outside Troubles
• Suspected Impairment
Assessing the Failing Aviator

- What Triggers Initiating Action?
- How Should the Evaluation Progress?
- What Expertise Is Required?
- Will It Be Fair? Comprehensive?
- Potential Outcomes?
- Company / Individual Liabilities?
Barriers to Evaluation - Cockpit

- Protection of Fellow Pilots / Friends
- Perceived Potential Loss of Career / Income
- “Not That Serious – I Can Cover”
- Meeting Operational Demands
Barriers to Evaluation - Cockpit

- DENIAL – Personal or Other Pilots
- FAA Medical Certification Fears
- Fear to get Involved
- Rationalization “Just having a Rough Spell”
Evaluation Barriers - Management

• Legal
  • Age Discrimination Suit
  • Privacy Concerns
  • Not in Pilot Contract

• Human Resources
  • No Written Policy / Procedure
  • Lack of Insurance Coverage for Evals
  • Lack of Disability / LOL Insurance
Why Evaluate?

SAFETY!!! SAFETY!!! SAFETY!!!

• Staffing Decisions
• Training Effectiveness / CRM
• Improved Health / Longevity
• Career Protection
• Financial Protection
  – Pilot – Insurance Disability
  – Company – Maximize Resources – Minimize Liability
Personal Assessments

AIM Section 8 – 1 – 1    I’M SAFE

I - Illness
M - Medications
S - Stress
A - Alcohol
F - Fatigue
E - Eating/Hydration