Rescue and firefighting services at aerodromes

EXECUTIVE SUMMARY

The objective of this Decision is to maintain a high level of safety for aerodrome operations. In particular, it aims to enhance the effectiveness of rescue and firefighting personnel when responding to aviation emergencies at an aerodrome, by allowing the aerodrome operators to train rescue and firefighting personnel on pressure-fed fuel fires more frequently at facilities that utilise fuel other than jet fuel (e.g. gas). The substitution of the jet fuel with other types of fuels provides an alternative way to the training, which is cost effective and environmentally friendly.

Furthermore, the Decision provides guidance material to support aerodrome operators to verify the medical and physical fitness condition of the rescue and firefighting personnel. The guidance material is based on current medical practices for rescue and firefighting personnel and on ICAO Doc 9137 Part 1 ‘Rescue and firefighting services’.

Action area: Systemic safety & competence of personnel
Related rules: AMC & GM to Authority, Organisation and Operations Requirements for Aerodromes
Affected stakeholders: Aerodrome operators
Driver: Safety
Rulemaking group: Yes
Rulemaking Procedure: Standard

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1. About this Decision


This rulemaking activity is included in the European Plan for Aviation Safety (EPAS) 2020-2024 under rulemaking task (RMT).0589. The scope and timescales of the task were defined in the related Terms of Reference3 (insert footnote with link to the published ToR on the EASA website).

The draft text of this Decision has been developed by EASA based on the input of Rulemaking Group (RMG) RMT.0589. All interested parties were consulted through Notice of Proposed Amendment (NPA) 2018-154. 147 comments were received from all interested parties, including national aviation authorities, aerodrome operators and aerodrome associations as well as trade unions.

EASA reviewed the comments received during the public consultation. The comments received and EASA’s responses to them are presented in Comment-Response Document (CRD) 2018-155.

The final text of this Decision with the acceptable means of compliance (AMC) and guidance material (GM) has been developed by EASA.

The major milestones of this rulemaking activity are presented on the title page.

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2 EASA is bound to follow a structured rulemaking process as required by Article 115(1) of Regulation (EU) 2018/1139. Such a process has been adopted by the EASA Management Board (MB) and is referred to as the ‘Rulemaking Procedure’. See MB Decision No 18-2015 of 15 December 2015 replacing Decision 01/2012 concerning the procedure to be applied by EASA for the issuing of opinions, certification specifications and guidance material [http://www.easa.europa.eu/the-agency/management-board/decisions/easa-mb-decision-18-2015-rulemaking-procedure].
4 In accordance with Article 115 of Regulation (EU) 2018/1139 and Articles 6(3) and 7 of the Rulemaking Procedure.
2. **In summary — why and what**

2.1. **Why we need to amend the AMC & GM**

According to paragraph 2.1.(n) of Annex VII ‘Essential requirements for aerodromes’ to the Basic Regulation, the aerodrome operator shall ensure that:

‘all rescue and firefighting personnel potentially required to act in aviation emergencies shall periodically demonstrate their physical fitness to execute their functions satisfactorily, taking into account the type of activity. In this context, medical fitness, comprising both physical and mental fitness, means not suffering from any disease or disability which could make this personnel unable:

— to execute the tasks necessary to operate in aviation emergencies;
— to perform their assigned duties at any time; or
— to perceive their environment correctly.’

Regulation (EU) No 139/2014⁶ lays down requirements and administrative procedures related to aerodromes and ED Decision 2014/012/R⁷ lays down the AMC & GM for the implementation of the Regulation.

Point (a)(4) of ADR.OPS.B.010 of Regulation (EU) No 139/2014 requires the aerodrome operator to ensure that ‘rescue and firefighting personnel potentially required to act in aviation emergencies demonstrate their medical fitness to execute their functions satisfactorily taking into account the type of activity. In addition, AMC1 ADR.OPS.B.010(a)(4) specifies that the aerodrome operator should ensure that appropriate medical standards are met; however, neither these standards are specified nor guidance is provided.

Furthermore, during the implementation of Regulation (EU) No 139/2014, EASA received questions in regard to other types of fuel which could be used to simulate pressure-fed fuel fires instead of jet fuel, mainly due to environmental and cost reasons. EASA, after reviewing the available information, concluded that other types of fuel could be used provided that rescue and firefighting personnel are trained on the techniques for jet fuel fires. For this reason, AMC1 ADR.OPS.B.010(b);(c) has been amended accordingly.

2.2. **What we want to achieve — objectives**

The overall objectives of the EASA system are defined in Article 1 of the Basic Regulation. This Decision will contribute to the achievement of the overall objectives, such as the maintenance of a high and uniform level of civil aviation safety in Europe’, by addressing the issues outlined in Section 2.1.

The specific objective of this Decision is, therefore, to:

— provide guidance to the aerodrome operators to support them in verifying the medical and physical fitness of rescue and firefighting personnel who are required to act in aviation emergencies; and

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allow the use of fuel types alternative to jet fuel to simulate pressure-fed fuel fires for training purposes.

2.3. How we want to achieve it — overview of the amendments

Neither the ICAO Annex 1 nor the ICAO Annex 14 SARPs contain any provision for the medical and physical fitness of rescue and firefighting personnel. Nevertheless, their medical and physical fitness is important in order to enable them to respond effectively in aviation emergencies. For this reason, these essential requirements were included in Annex Va to Regulation (EC) No 216/2008 and have also been retained in Annex VII to the Basic Regulation.

On the other hand, EASA is not aware of any occurrence where the medical and physical fitness of rescue and firefighting personnel had an impact on the execution of their duties. Nevertheless, ICAO having recognised the role of rescue and firefighting personnel in ensuring the rapid evacuation of aircraft occupants following an accident and the creation of survival conditions, thereby mitigating the consequences of an accident, included in Doc 9137 ‘Airport Services Manual’ – Part 1 ‘Rescue and Firefighting’ guidance material on the physical and medical fitness assessments for rescue and firefighting personnel.

EASA, following an impact assessment which was conducted based on the responses of the Member States and the industry to three different questionnaires, has decided that the most appropriate option is to issue GM instead of taking any regulatory action.

EASA, when drafting the GM, together with the RMG considered that rescue and firefighting personnel when responding to an accident need to be capable of withstanding physically aggressive conditions whilst performing efficiently. Additionally, managing life-threatening situations which put at risk aircraft occupants’ safety require also mental fitness, thus ensuring that decision-making and stress management are not impaired.

The objective of the GM is to maintain and enhance the key fitness components, e.g. aerobic and anaerobic fitness, flexibility and medical fitness of rescue and firefighting personnel in order to carry out rescue and firefighting activities safely, successfully and without undue fatigue.

**GM1 ADR.OPS.B.010(a)(4)**

The GM refers to the establishment of a system for the medical assessment of rescue and firefighting personnel. It is based on the system used for flight, cabin crew and ATCOs medical assessments, taking also into consideration the essential requirements of the Basic Regulation.

In detail, guidance is provided on the following:

— medical confidentiality;

— medical advice that needs to be provided to rescue and firefighting personnel when there is a decrease in medical fitness for various reasons;

— medical staff, who may conduct medical assessments, as well as guidance in regard to the communication with the rescue and firefighting personnel prior to the medical assessment and the results of the medical assessment;
2. In summary — why and what

— the establishment of a medical assessment programme for rescue and firefighting personnel, which includes an initial assessment and re-examinations at regular intervals depending on certain criteria established by the organisation;

— the contents of the initial assessment and of the re-examination. Specifically, for the re-examination, clinical tests maybe necessary depending on the assessment of the medical history and any other indication, based on the medical best practices;

— medical reports, taking also into consideration confidentiality issues; and

— the introduction of operating limitations, if the medical and physical condition of a rescue and firefighter prevents the execution of all operational duties.

**GM2 ADR.OPS.B.010(a)(4)**

The GM refers to the medical criteria for rescue and firefighting personnel, and more specifically to the various abnormalities to human organs that could impair a person from performing their activities. The medical criteria are based on the medical best practices and they contain the conditions under which a re-assessment may be possible.

**GM3 ADR.OPS.B.010(a)(4)**

The GM refers to the physical fitness evaluation of rescue and firefighting personnel, and provides details on the following:

— the development of a physical fitness evaluation programme which provides for regular evaluations;

— the cases where a non-regular physical fitness evaluation may be necessary;

— the pre-evaluation procedure; and

— the methods that may be used to assess the physical fitness of rescue and firefighting personnel.

2.4. What are the stakeholders’ views

EASA received 147 comments in total. The majority of the comments supported the EASA decision to propose GM only, instead of taking regulatory actions. Very few commenters asked for regulatory actions, because they considered important to be able to enforce these medical and physical fitness requirements. Nevertheless, based on the outcome of the regulatory impact assessment, the development of GM is the preferred option at this stage; therefore, the comments were not accepted. The rest of the comments were either asking for some clarifications or were supportive of the EASA proposals. For the individual responses to the comments placed on the NPA, please refer to CRD 2018-15.

2.5. What are the benefits and drawbacks

EASA assessed four different options to address the medical and physical fitness of rescue and firefighting personnel and concluded that the best option was to provide guidance only instead of taking regulatory actions. This is also supported by the fact that there is no evidence that the physical and medical fitness of the rescue and firefighting personnel has contributed to a degraded response or increase to the casualties following an accident. The publication of the GM may only have an impact when the Member States and the aerodrome operators consider that their medical and physical
fitness requirements are not adequate enough and a change is required based on the content of this GM. Therefore, administrative cost and social impact will only exist in case of revision of the national medical and physical fitness requirements in accordance with the guidance provided by EASA.
3. How do we monitor and evaluate the rules

Monitoring and evaluation will be conducted as follows:

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<th>How to monitor</th>
<th>Who should monitor</th>
<th>How often to monitor</th>
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<td>Application of medical requirements by aerodrome operators</td>
<td>Through standardisation inspections</td>
<td>EASA</td>
<td>On a recurrent basis</td>
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4. References

4.1. Related regulations

4.2. Related decisions

4.3. Other reference documents
5. Related document

CRD 2018-15