

15% (the average of the 3 elements of Table 7) to arrive at 3 accidents per year, thus arriving at $30 (27) \times 3 = 90$ saved non-victims. This cross pollination creates confusion indicating that cabin crew can save more people than are actually killed ?

What is the point of this argument ? It is accepted and recognised that Cabin Crew are needed for safety purposes, especially for evacuation. With the 90 human lives saved per year, EASA incorrectly attempts to justify the "raison d'être" of cabin crew, which is not questioned by industry.

The issue of the RIA is however the impact assessment of the additional EASA requirements. The 90 lives include to a far extent the lives are saved per the current requirements, i.e. without the EASA proposed additional requirements.

comment

275

comment by: *IACA International Air Carrier Association*Attachment [#1](#)

p.25 "...it is assumed that cabin crews can contribute to mitigate the consequences of around 15% of the accidents occurring to large aeroplanes..."

There is no justification for the 15% other than a very rough categorisation of accidents in categories such as post crash fire / runway excursion/ emergency evacuation difficulties.

A far better approach is to actually look at actual accidents and determine how many lives could possibly have been saved by cabin crew. This analysis has been done by Fons Schaefer (Director Safety and Security at Martinair) who has performed and published similar analyses before. This analysis is attached hereto in pdf-format.

comment

276

comment by: *IACA International Air Carrier Association*

p.33

Table 16: Consequences of accidents 1994-2003 (NTSB)

From the above data it can be observed that:

Aircraft were normally destroyed only in conjunction with a fatal accident;

A significant number of injuries occurred with no damage to aircraft: this is the typical case caused by turbulence in flight, this (159), due to OPS causes, represents 36 % of the total 436 accidents; It is assumed that this can be applied to the EU as well.

Observations include that where injuries occurred with no aircraft damage, caused by Turbulence for example. 159 events are quoted and attributed to OPS causes. However Turbulence is precluded from being an OPS causal factor on the table 5 on page 23

comment

277

comment by: *IACA International Air Carrier Association*

p.35 Table 18

With 0.9 fatal accidents per year, whereof Cabin Crew can mitigate 15% , and

considering 30 victims per fatal accident equates to 4 victims per year that can be saved by Cabin Crew. The statement at the bottom of page 35 shall read (according to the RIA methodology) "Cabin Crew can mitigate the consequence of accidents (no argument here) by saving not 90 but 4 lives a year."

The arguments in the RIA regarding Cabin Crew and victims saved do not stand up scrutiny.

What is the point of this argument ? It is accepted and recognised that Cabin Crew are needed for safety purposes, especially for evacuation. With the 90 human lives saved per year, EASA incorrectly attempts to justify the "raison d'être" of cabin crew, which is not questioned by industry.

The issue of the RIA is however the impact assessment of the additional EASA requirements. The 90 lives include to a far extent the lives are saved per the current requirements, i.e. without the EASA proposed additional requirements.

comment

313

comment by: *Deutsche Lufthansa AG***Relevant Text:**

2.3.2.2 Commercial Air Transport by large aeroplanes

The presented data are misleading, as they only refer to total numbers of accidents. In a proper risk assessment, occurrence data have to be put in relation to a statistical basis, like "per IFR flights", "per flight hours", "per passenger kilometers transported", or so. There is only one qualitative statement about this in the text (where it states that the number of IFR flights increased), but the figures and tables do neither contain any such rates nor accurate data at all. This misleads the reader because it appears that European CAT is not on a top safety level.

EASA even misses to incorporate its own Annual Safety Review into this RIA, where the excellent safety record of European aviation is presented properly and based on thorough data analysis.

Conclusion:

If EASA itself is not able to make cross-use of valuable work produced by different directorates, such an RIA is unacceptable and questions the whole capability of EASA to adequately evaluate and address the need for regulation of a certain subject. The Regulation Directorate seems to have worked in splendid isolation on the rule proposals.

comment

314

comment by: *Deutsche Lufthansa AG***Relevant text:**

2.3.2.3 Cabin crew contribution to safety

The presented argumentation perfectly describes why there is a current legislation on cabin crews. It perfectly cites two recent accidents where cabin crews were essential to mitigate the severity of the consequences – perfectly under the current legislation of EU-OPS.

There is no chain of arguments to explain why additional regulation (as

proposed by the NPA) is necessary. This paragraph simply describes that the current system is obviously working well.

Conclusion:

No justification for further regulation.

comment

318

comment by: *ETF*

Comment to point 2.3.2.3.

The numbers given on page 25 and 35 are probably too low.

To justify this the NTSB report on survivability of accidents from 1983 to 2001 outlines that in selected survivable accidents from 1970 to 1995 as many as 68 % of the occupants involved in aircraft accidents died as a result of injuries sustained during postcrash fires.

It has been argued by manufacturers that the 90 second evacuation test for certification is only a template. Nevertheless The ATSB report Evacuation Commands for Optimal Passenger Management of 2006 states: "If a fire enters the cabin, there is typically less than two minutes before conditions deteriorate to the extent that human life cannot be supported. Hence, it is essential that the surviving occupants can be evacuated efficiently and expeditiously."

G. 2. REGULATORY IMPACT ASSESSMENT - 2.3 Problem analysis - 2.3.3 Increase and diversification of air traffic

p. 36-37

comment

326

comment by: *AOPA UK*

The Agency accepts that General and Business Aviation is a very diverse sector of civil aviation and is, therefore, operationally complex by its nature. With this in mind, the Agency has concluded the new IRs bases on a 'one size fits all' is not the correct approach, and AOP A UK supports this.

The Agency has a larger role than safety and, therefore, it has to create a safety environment that enables the economic and sustained development of all civil aviation. Therefore the paragraph 2.4.2 detailing the Agency's objectives in Table 21 needs to be amended as it only deals with cost-efficiency in regulatory and certification processes.

Whilst it is not necessarily EASA's role to promote civil aviation, it must consider carefully the question of economics as it relates to SMEs.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.3 Problem analysis - 2.3.4 The Regulatory Framework

p. 37-39

comment

19

comment by: *Helicopter Club of Great Britain*

2.3.4.3 From JAR-OPS 3 to EASA rules

The statement is made that:

Currently, national rules apply for CAT with helicopters (based on JAR-OPS 3).

It should also be stated that private helicopters are currently subject to national regulations only, and that JAR-OPS for non commercial helicopters was never developed.

comment 28

comment by: *Mike Pascall***2.3.4.3 From JAR-OPS 3 to EASA rules**

The statement is made that:

Currently, national rules apply for CAT with helicopters (based on JAR-OPS 3).

It should also be stated that private helicopters are currently subject to national regulations only, and that JAR-OPS for non commercial helicopters was never developed.

comment 58

comment by: *Chris Fox*

Re Para 2.3.4.3.

JAR-OPS only applies to commercial helicopter operations. Private Helicopter operations have remained subject to national legislation.

It is not appropriate to apply CAT equipment and requirements to Private operations. This is recognised in NPA 2009-02b for fixed wing aircraft; it should also be recognised for helicopters.

comment 68

comment by: *Q Aviation Ltd*

The proposals to impose extra equipment such as floats, dingies, extra instrumentation and devices (eg heated pilot tubes, extra static ports) on small helicopters is a nonsense.

There's no room, or ability to carry the extra weight and the cost will be ridiculous with no benefit whatsoever.

Costs will run into tens of thousands of Euros, and in some cases it will render some helicopters obsolete.

The new Cabri 2-seater built in France will be one of these.

comment 80

comment by: *Duncan Lee*

Private helicopters should be subject to national rules only!

comment

135

comment by: *Richard Dawson*

2.3.4.3

The following wording should be added to the statement "*Currently, national rules apply for CAT with helicopters (based on JAR-OPS 3)*": It should also be stated that private helicopters are currently subject to national regulations only, and that JAR-OPS for non commercial helicopters was never developed.

comment

142

comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

Last sentence of paragraph ending,but also:

- Undermines the internal market, since operators in States w[h]ere the rules are more stringent may incur additional cost while other operators wil have a considerable advantage.
- Makes it more difficult for the labour to move freely across the 27+4 EASA Member States

Comment:

Basic Regulation Article 2 Objectives: 1 The principle objective of the Regulation is to establish and maintain a high uniform level of civil aviation **Safety** in Europe. The attached statement uses commercial advantage as an argument this, is not in accord with the Basic Regulation that is based upon **Safety**.

Movement across the Member States is not stated as a requirement in the Basic Regulation. Is this an EASA responsibility? It is the responsibility for EASA not to inhibit free movment across the Member States!

Free movement of CC is already achieved by utilising EU-OPS criteria as under EU-OPS 1.995. Should Member States decide to have more restrictive Medical requirements that is their choice, but not one that should be forced on other Member States that meet the basic requirements satisfactorily and **safely**.

comment

155

comment by: *Peter Waldron*

The statement is made that:

Currently national rules apply for CAT with helicopters (based on JAR-OPS 3)

It should be noted that private helicopters are currently subject to national regulations only and that JAR OPS for non commercial helicopters was never developed.

comment

183

comment by: *European Private Helicopter Alliance*

2.3.4.3 From JAR-OPS 3 to EASA rules

The statement is made that:

Currently, national rules apply for CAT with helicopters (based on JAR-OPS 3).

It should also be stated that private helicopters are currently subject to national regulations only, and that JAR-OPS for non commercial helicopters was never developed.

comment

278

comment by: *IACA International Air Carrier Association*

p.39 ...the requirements applicable to cabin crews vary significantly depending on the Member States and...

Undermines the internal market, since operators in States where the rules are more stringent may incur additional cost while the other operators will have an unfair commercial advantage;

Per Basic Regulation Article 2, the principal objective of the Regulation is to maintain a high uniform level of civil aviation **safety** in Europe. Here, the RIA uses commercial advantage as an argument, which is not in accordance with the Basic Regulation based on **safety**.

The proposed cabin crew attestation and regular assessment of medical fitness is based on unfair commercial advantages rather than safety considerations.

Basic Regulation Article 2 Objectives: 1 The principle objective of the Regulation is to establish and maintain a high uniform level of civil aviation Safety in Europe. The attached statement uses commercial advantage as an argument this, is not in accord with the Basic Regulation that is based upon Safety.

Movement across the Member States is not stated as a requirement in the Basic Regulation. Is this an EASA responsibility? It is the responsibility for EASA not to inhibit free movement across the Member States!

Free movement of CC is already achieved by utilising EU-OPS criteria as under EU-OPS 1.995. Should Member States decide to have more restrictive Medical requirements is their choice, but not one that should be forced on other Member States that meet the basic requirements satisfactorily and safely.

comment

279

comment by: *IACA International Air Carrier Association*

p.39 ...the requirements applicable to cabin crews vary significantly depending on the Member States and...

Makes it more difficult for the labour to freely move across the 27 + 4 EASA Member States.

Per the Basic Regulation Whereas (1) : "...the adoption of common **safety** rules and by measures...should contribute to facilitating the free movement of goods, persons and organisations in the internal market." This states clearly that it is not the responsibility of EASA to establish rules that are not based on safety. Free movement of crew could be achieved by utilising EU-OPS criteria

as under EU-OPS 1.995 (Minimum requirements Cabin Crew).

comment

315

comment by: *Deutsche Lufthansa AG***Relevant text:**

2.3.4.4 Cabin crews

The cabin crew contribution to safety has already been discussed in paragraph 2.3.2.3 **assuming** that there **may** still be room for improving their contribution to accident survivability rates.

Comment:

From the wording used, it clearly appears that there is no data based quantitative argumentation, but only a qualitative assumption.

Proposal:

There is no justification for further regulation of cabin crews. **Stick to EU-OPS.**

**G. 2. REGULATORY IMPACT ASSESSMENT - 2.3 Problem analysis - 2.3.5
Conclusions and justification for EU intervention**

p. 39

comment

97

comment by: *Francesco Lugli*

Art.84 : Consultations with helicopter experts involved in the drafting of this provision showed that this was directed to certain types and that it would depend on the discretion of the state. The final decision shall remain with the National Authority. Operations over a hostile environment outside a congested area shall be conducted with a Class A or equivalent and Class B helicopters, if the flight time over this area does not exceed 50% of total flight time, and the flight time over areas not enabling a safe forced landing does not exceed 5 minutes.

comment

307

comment by: *Aero-Club of Switzerland*

We fully agree with the statement "reasonably improve the safety of all air operations, including general aviation." We feel, however, that the adverb "reasonably" was sometimes forgotten by the writers of parts of the NPA 2009-02 b: Fire-extinguishers onboard light aircraft and ELT/PLB are our key-words.

Safety of air operations is unfortunately not a synonym of safe air operations: The first sentence deals more with the technical aspects, the second with airmanship. The latter is the key-word for future improvement.

**G. 2. REGULATORY IMPACT ASSESSMENT - 2.4 Objectives and indicators -
2.4.2 General objectives and "weights"**

p. 41

comment 280 comment by: *IACA International Air Carrier Association*

The whole concept of the RIA is flawed. When assessing safety measures, the two basic factors should be safety and economics. Social, environmental and harmonization may also be considered but should not have the same weights.

comment 308 comment by: *Aero-Club of Switzerland*

In 2. (c) the Agency states that it wants to promote cost-efficiency.....at national end European level.

Does this mean that the Agency will compare the efficiency of the 27 + 4 member states and take or propose appropriate measures when an NAA increases fees and taxes in an unproportionate way?

**G. 2. REGULATORY IMPACT ASSESSMENT - 2.4 Objectives and indicators -
2.4.3 Specific objectives**

p. 41-42

comment 33 comment by: *Ian Evans*

The proposed regulations will not contribute significantly to safety and where non public transport operations are involved simply add an unacceptably onerous burden to operating costs.

This proposed legislation discriminates against non-complex helicopters many of which are privately owned and operated such that the legislation makes no contribution whatsoever to PUBLIC safety

comment 143 comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

Table 20: Specific objectives for air operations

SAF.1 With regard to CC the RIA does not prove that currently operations in the EU are unsafe nor does it prove that it will improve safety.
SAF.4 Using the criteria under EU OPS 1.995 there is a uniform level of medical fitness of cabin crews. Individual countries have more stringent requirements than EU OPS 1.995, this is by their internal National regulation or National Employment law and it has not been proven that this improved Safety.

SOC.1 Will not achieve a positive effect on the Aviation employment market, it will have a negative effect and create a barrier to entry for employment as CC because the initial cost and the unnecessarily unproven higher medical standard.

SOC.2 It is not the remit of EASA to promote high quality jobs in the private sector for aviation –The RIA implies that it does.

SOC.3 It is not the remit for EASA to facilitate free movement of cabin crew in the internal market –EASA's brief is establish and maintain a high level of Safety

REG.3 Ensure compliance with ICAO standards. There are no ICAO SARPS relating to CC medical requirements.
 REG.4 Achieve appropriate harmonisation with the FAA equivalent rules. The FAA has no medical requirements for CC

comment 281 comment by: *IACA International Air Carrier Association*
 SAF.1
 With regards to Cabin Crew, the RIA does not prove that currently operations in the EU are unsafe nor does it prove that the NPA will improve safety.

comment 282 comment by: *IACA International Air Carrier Association*
 SAF.4
 Using the criteria under EU-OPS 1.995, there is a uniform level of medical fitness of cabin crew. Individual countries have more stringent requirements than EU-OPS 1.995, under National regulation of National Employment Law, but never proved these improved safety.

comment 283 comment by: *IACA International Air Carrier Association*
 SOC.1
 Will not achieve a positive effect on the aviation employment market, on the contrary. The NPA will have a negative effect and creates a barrier to entry for employment as Cabin Crew because the initial cost and the unnecessarily unproven higher medical standard.

comment 284 comment by: *IACA International Air Carrier Association*
 SOC.2
 It is not the remit of EASA to promote high quality jobs in the private sector for aviation. The RIA implies it does.

comment 285 comment by: *IACA International Air Carrier Association*
 SOC.3
 It is not the remit of EASA to facilitate free movement of cabin crew in the internal market, by other means than common **safety** rules and measures. EASA's mission to maintain a uniform high level of aviation safety.

comment 286 comment by: *IACA International Air Carrier Association*
 REG.3
 Ensure compliance with ICAO Standards. There are no ICAO SARPS relating to Cabin Crew medical requirements.

comment 287 comment by: *IACA International Air Carrier Association*

REG.4
Achieve appropriate harmonisation with the FAA equivalent rules. The FAA has no medical requirements for Cabin Crew.

comment 309 comment by: *Aero-Club of Switzerland*

Regulatory harmonisation: REG.3: We think "...and recommended practice" is missing.

**G. 2. REGULATORY IMPACT ASSESSMENT - 2.4 Objectives and indicators -
2.4.4 Operational objectives**

p. 42-44

comment 150 comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

Page 42

2.4.5 Indicators, targets and summary of objectives

Comment:

When reviewing accident statistics (NTSB etc) rates are always presented in terms of accidents per seat mile, or accidents per flight hours flown etc.

This is a rate, and as such can be confidently used as a safety barometer.

The EASA NPA uses the number of fatalities as a measure of safety.

EASA should be striving for no **accidents not fatalities**. One accident (e.g. Tenerife where there are a very high number of fatalities), is, just that; one accident. If in 2010 we have one accident, 2010 is statistically safer than say 2009 that had [say]20 accidents – regardless of the number of fatalities.

This matter gets clouded by the fact that FAA NPRMs use financial considerations for safety measures and puts an economic value on passenger life; thus the number of fatalities is influential here in the rulemaking process.

So the bottom line is that justification for safety regulation must be based on statistical accident rates, and not the number of fatalities in isolation of the number of accidents.

Indicators being used are numbers of fatalities per year. If in one year only one aircraft crashes say with 250 fatalities, compared to another year with the loss of 3 aircraft but with a loss of only 200 passengers in total, the data would suggest the 3 crash year would be safer.

Rates would have a better value.

Proposal:

To use accident rate statistics to justify proposals for new regulations.

- b) Design, installation and modification approval of a pitot tube heater
- c) Design, installation and modification approval of an alternative static pressure source
- d) Design, installation and modification approval of emergency flotation equipment
- e) Design, installation and modification approval of an automatic ELT
- f) Design, installation and modification approval of a replacement ASI not calibrated in MPH, including Pilot Operating Handbook modifications.

For the most popular private non-complex helicopter, the Robinson R44, these costs would be approximately:

- a) €7,500
- b) €10,000 (this has never been done)
- c) €5,000
- d) €30,800
- e) €7,000

Total €60,300 per non-complex helicopter

There are approximately 1000 such helicopters in the UK and Ireland , so the total cost would be in excess of 60 million Euros (€60,000,000), just for these helicopters.

Should the suggestions given in our comments on NPA 2009-2b be implemented in full, including all the suggested AMCs, the costs would be:

- a) €0
- b) €0
- c) €0
- d) €0
- e) €0

The Year 2004 cost of emergency floatation equipment alone for various helicopter types is as follows:

Augusta 109	€73,333	Sloane Helicopters
Enstrom Piston Fixed floats only	€11,280	E. Atlantic Helicopters
Enstrom turbine	€26,460"	
Eurocopter AS350 and 355 Squirrel:	€49,155.	McAlpine Helicopters
Eurocopter EC120	€60,619."	
Eurocopter EC135	€102,358"	
Bell 206	€33,332	Sloane Helicopters
MD 500	€50,000	E. Atlantic Helicopters
MD 600	€85,999"	
MD 902	€100,000"	
Schweizer 300 & 330:	None available	CSE
Robinson R44:	€30,800	London Heli Centre

Robinson R22 Floats cannot be retro-fitted.

(Float equipped R22 helicopters are no longer manufactured).

Annual Costs: Floats must be test fired each year, have to be left inflated overnight and then repacked. There is a similar repacking error risk as in parachute repacking. The pressurised bottle has to be refilled, and all pipe and electrical connections inspected. There are considerable ongoing costs and aircraft down time incurred.

comment

31

comment by: *Mike Pascall*

2.9.5.6 Summary of economic impact

It is stated that:

'In summary, the option 4A would have a minor cost impact on operators (score -1).'

This is simply not true as regards non-complex private helicopters. The costs would be substantial as indicated above.

No consideration whatsoever has been given to the costs to non-complex private helicopters

There has been no 'tailoring' of these proposals to the low complexity of this sector.

Article 8(6) of the Basic Regulation specifies that the requirements and compliance

demonstration must be proportionate to the complexity of the operations and the risk

involved. This has not been considered for non-complex private helicopters.

comment

34

comment by: *Elfan Ap Rees*

I am trying to comment on proposals to require floats, liferafts, additional instruments and ELT to privately flown helicopters (NPA 2009-026). I own and fly a light helicopter (Brantly B2B) for which floats are not available, where there is no space for a liferaft and where the difficulties and costs of certifying and installing the other modifications (e.g. ASI calibrated in knots, automatic ELT, a second attitude indicator, heated ASI probe, steerable landing light) would be more than the value of the aircraft (EU 25,000), amounting to at least EU 40,000. Where the option exists, e.g. flying routes to avoid water, the additional fuel cost would also be prohibitive.

Please consider this objection in the consultation process that I understand expires 31st July.

Light private helicopters should be exempt from this proposal because the safety record shows it is not necessary.

Elfan Ap Rees

comment 37 comment by: *Des Russell*

In the world I live in 30,000 - 100,000 euros is not considered a "minor cost impact".

comment 40 comment by: *Peter Winslow*

2.9.5.6

To imply that there are no real cost consequences of this potential legislation to non-complex privately owned helicopters is simply untrue. The cost incurred seems to have no proportionality whatsoever.

comment 55 comment by: *JSLEE*

2.9.5.4 Regulatory cost for owners/pilots

I estimate the capital cost to implement the proposals contained in NPA 2009-2b to my B206.

Would be at least £80,000 and increase my annual cost by £2,000

comment 56 comment by: *JSLEE*

2.9.5.6 Summary of economic impact

EASA states the option 4A would have a minor cost impact.

The figures above indicate otherwise.

Before these proposals contained in NPA 2009-02b are adopted EASA should have to justify that the changes are necessary to improve the safety record of helicopters flying over water. They should have to justify that the considerable cost implications to owners and that they are not disproportionate to the safety benefits. In my own case I estimate the cost of these proposals would be in the region of £80,000. Which is approximately 1/3rd of the value of the helicopter? If I choose not to implement the proposals this may affect the resale value of my helicopter and considerably restrict its use.

comment 62 comment by: *Chris Fox*

Para 2.9.5.4. This takes no account of the very large expenditure required for non-commercial private helicopters, including:

- Fitment of floats (if possible at all)
- Fitment of second AI
- Fitment of heated Pitot
- Fitment of second static source
- Provision and stowage of life raft
- Replacement of MPH-calibrated ASIs

- Fitment of trainable landing light

These have be estimated elsewhere as amounting to some €60,000 for a Robinson R44.

comment

63

comment by: *Chris Fox*

Para 2.9.5.6

As commented elsewhere, to state that 'option 4A would have a minor cost impact on operators' is simply not true for private light helicopters.

It is not true to state that Option 4A would be proportionate in that it differentiates between complex motor-powered and other than complex motor-powered aircraft. In the case of helicopters, it makes no such distinction.

comment

70

comment by: *Q Aviation Ltd*

The proposals to impose extra equipment such as floats, dingies, extra instrumentation and devices (eg heated pilot tubes, extra static ports) on small helicopters is a nonsense.

There's no room, or ability to carry the extra weight and the cost will be ridiculous with no benefit whatsoever.

Costs will run into tens of thousands of Euros, and in some cases it will render some helicopters obsolete.

The new Cabri 2-seater built in France will be one of these.

comment

73

comment by: *Aeromega*

It is, at best, misleading and at worst, a blatant lie for EASA to state that there are only minor additional costs of compliance under option 4A - for an R44, the cost of additional equipment could run to £50,000 - equivalent to an additional 15% of the cost of a new aircraft. For other types it may not even be possible to fit the proposed additional equipment.

comment

77

comment by: *Tony Castro*

I think it is absolutely ludicrous to suggest the cost is not relevant or minimal. The cost is massive in my case - Hughes 500 - possibly over £55k tp £70k to fulfill the new rules in these documents. That is almost 20% of the value of the helicopter itself in my case!!

comment

82

comment by: *Duncan Lee*

Minimal economic impact depends on who's paying for it! ANY cost increase is massively significant to the bill payer, ME in this case!

comment

83

comment by: *Helifly (UK) Ltd*

Objection to 2.9.5.4

No account has been taken of the costs of implementing the proposals on light, non-complex helicopters. In this class of aircraft there are substantial compliance costs.

The estimated cost for the Robinson R44 that Helifly operates would be £50,000 to implement the proposals outlined in NPA 2009-2b. There would also be on-going maintenance costs for the proposed items. As a business Helifly could not afford to implement these disproportionate proposals and would lose the ability to operate its aircraft privately at night and over water. This seems economically unjustified when equipment related accident stats are very low (as EASA themselves accept in 2.9).

Objection to 2.9.5.6

It is not the case that these proposals would have minimal effect on operators. These proposals would cost Helifly £50,000 if the business wished to still operate private positioning flights at night and over water. They would also reduce Self Fly Hire revenues because the PPLs hiring the helicopter would be restricted in the flights they could plan.

By considering all helicopters equally these proposals ignore the fundamental differences between complex (primarily IFR equipped) helicopters and non-complex, light VFR helicopters. The accident statistics in relation to equipment failure do not justify the proposals and there is no parity between light fixed wing aircraft and light helicopters.

comment

110

comment by: *James Leavesley*

If the unwritten desire of this proposed legislation is to reduce the number of aircraft being operated by PPL owners/operators then it will succeed.

I have asked my maintenance engineer for estimated to comply and he considered the total cost for me to confirm would be in the region of £ 85,000 or 100,000 euro.

That is nearly one third of the value of my machine and more than half of older machines.

This legislation would cause me to sell the machine and stop flying. It will all be too expensive to continue. This comment does not take into the current economic climate which I don't believe will continue for much longer.

If these costs are to be imposed across the whole of Europe then, this legislation is either being sponsored by the maintenance companies who will be the only beneficiaries or the environmental extremists who want to reduce the

amount of PPL private flying.

If the person who believe that the option 4A will only have "minor cost impact on operators" ask them to purchase my machine, then spend the required amount on compliance and see if they can sell it or find someone willin to pay the rates required to cover the increased costs!! ps let them know it has been hanagered allits life so is in excellent condition

comment

127

comment by: *Ed Sturmer*

Small helicopters - costs astronomical for NO proven safety benefit.

Experience and statistics show no safety benefit to these expensive proposals.

Rough cost to modify helicopter (where that is even possible - where does EASA think a liferaft would go in a Robinson 22?) -
Approx £50,000.

Disproportionate and unnecessary!

comment

137

comment by: *Richard Dawson*

2.9.5.4

Under Option A, no account has been taken of the extensive costs to non-complex private helicopters, such as my R44.

To comply with NPA 2009-2b, it would be necessary to design, install and get approval for the modification for the following: :

- a) a second attitude indicator
- b) a pitot tube heater
- c) an alternative static pressure source
- d) emergency flotation equipment
- e) an automatic ELT.

I estimate that this could cost £50,000 and may not actually be possible. In addition, there would additional maintenance costs arising e.g. annual testing of flotation equipment, etc. This would have a massive impact on me as an owner and my ability to continue to own/operate the aircraft.

comment

138

comment by: *Richard Dawson*

2.9.5.6

With reference to the statement '*In summary, the option 4A would have a minor cost impact on operators (score -1)*'. ".....This is not true for non-

complex private helicopters, such as my R44. The costs would be substantial as indicated in previous comment.

It is clear that a whole community of helicopters have been ignored in these proposals - that it is non-complex private helicopters. The proposals MUST be amended to take account of this significant group of aircraft so that we, as owners, are forced to spend up to 25% of the value of the helicopter meeting these unnecessary proposals.

comment

157

comment by: *Peter Waldron*

Under Option A no account has been taken of the exorbitant costs to non-complex private helicopters.

Costs for a Robinson R44, one of the most popular private non-complex helicopters would total 60,300 Euros. There are approximately 1000 such helicopters in the UK and Ireland with the total cost for all these coming to 60 million Euros. Clearly an astronomical figure.

comment

158

comment by: *Peter Waldron*

The statement that 4A would have a 'minor' impact on operators, in terms of cost, is clearly false in relation to non-complex private helicopters.

comment

185

comment by: *European Private Helicopter Alliance*

2.9.5.4 Regulatory cost for the operators (non recurrent)

Under Option A, no account has been taken of the extensive costs to non-complex private helicopters.

No cost estimates are given in this RIA for private helicopters to comply with option 4A. Costs would be substantial, in some cases exceeding €100,000.

The costs of a non-complex private helicopter complying with NPA 2009-2b would be:

- a) Design, installation and modification approval of a second attitude indicator
- b) Design, installation and modification approval of a pitot tube heater
- c) Design, installation and modification approval of an alternative static pressure source
- d) Design, installation and modification approval of emergency flotation equipment
- e) Design, installation and modification approval of an automatic ELT
- f) Design, installation and modification approval of a replacement ASI not calibrated

in MPH, including Pilot Operating Handbook modifications.

For the most popular private non-complex helicopter, the Robinson R44, these costs would be approximately:

- a) €7,500
- b) €10,000 (this has never been done)
- c) €5,000
- d) €30,800
- e) €7,000

Total €60,300 per non-complex helicopter

There are approximately 1000 such helicopters just in the UK and Ireland, so the total cost would be in excess of 60 million Euros (€60,000,000), just for these helicopters.

In Europe with over 2000 helicopters the total cost would be over 120 million Euros (€120,000,000)

Should the suggestions given in our comments on NPA 2009-2b be implemented in full, including all the suggested AMCs, the costs would be:

- a) €0
- b) €0
- c) €0
- d) €0
- e) €0

The Year 2004 cost of emergency floatation equipment alone for various helicopter types is as follows:

Augusta 109 Helicopters		€73,333	Sloane
Enstrom Piston Helicopters	Fixed floats only	€11,280	E. Atlantic
Enstrom turbine		€26,460	"
Eurocopter AS350 and 355 Squirrel: Helicopters		€49,155.	McAlpine
Eurocopter EC120		€60,619.	"
Eurocopter EC135		€102,358	"
Bell 206 Helicopters		€33,332	Sloane
MD 500 Helicopters		€50,000	E. Atlantic
MD 600		€85,999	"
MD 902		€100,000	"
Schweizer 300 & 330:		None available	CSE
Robinson R44:		€30,800	London Heli

Centre
 Robinson R22 Floats cannot be retro-fitted.
 (Float equipped R22 helicopters are no longer manufactured).

Annual Costs: Floats must be test fired each year, have to be left inflated overnight and then repacked. There is a similar repacking error risk as in parachute repacking. The pressurised bottle has to be refilled, and all pipe and electrical connections inspected. There are considerable ongoing costs and aircraft down time incurred.

comment

186

comment by: *European Private Helicopter Alliance*

2.9.5.6 Summary of economic impact

It is stated that:

'In summary, the option 4A would have a minor cost impact on operators (score -1).'

This is simply not true as regards non-complex private helicopters. The costs would be substantial as indicated above. The total costs for helicopters alone would be 2000 x €60,300 = over €120 million.

This justifies a score of -3

No consideration whatsoever has been given to the costs to non-complex private helicopters

There has been no 'tailoring' of these proposals to the low complexity of this sector.

Article 8(6) of the Basic Regulation specifies that the requirements and compliance

demonstration must be proportionate to the complexity of the operations and the risk

involved. This has not been considered for non-complex private helicopters.

comment

202

comment by: *AS Miller*

This RIA is based on many assumptions that are false.

2.9.5.2 Oversight cost

Same error as 2.9.2.1

2.9.2.1 Competent Authorities "*The Agency assumes that Member States already have non-commercial operations with other than complex motor-powered aircraft included in their oversight programme. Therefore, Article 10 may not have any impact on NAAs"*

With regret, this is not correct.

Within the UK, the CAA delegates most of the oversight functions for gliding to the British Gliding Association. This body has a very small professional staff; volunteers shoulder much of the workload and so keep cost low. This has

worked well for 60 years. Any requirement for increased NAA oversight would mean higher costs, to be borne by either tax payer or operators.

2.9.5.3 Regulatory cost for the operators (recurrent)

"... As a result, the total regulatory cost of aero clubs is assumed to be 3.4M€ per year and the total regulatory costs of owner/pilots would amount to 10M€ per year.

The Agency assumes that Member States already have non-commercial operations with noncomplex aircraft included in their oversight programme. Therefore, no additional costs are assumed for operators."

With regret, this is not correct.

These are massive sums, yet because a false assumption is used in the second sentence, a completely wrong conclusion is asserted.

2.9.5.4 Regulatory cost for the operators (non recurrent)

"In case of option 4A, 26,000 motor-powered aircraft would need to be equipped with an ELT. The Agency estimates that installing an ELT may cost on average around 2,000 €. The total investment cost would amount to 52M€.

Assuming that this investment would be depreciated over a period of 5 years, the annual total depreciation costs would amount to 13.0M€."

With regret, this is not correct.

Owner/pilots may not be able to apply accounting methods such as depreciation; most simply would have to meet the price in full from their own funds.

2.9.5.6 Additional demand

"Conversely, option 4A will create an additional demand of 13.0M€ per year, and a related additional tax of (20 %) 2.6M€ per year."

With regret, this is not correct.

Aeroclubs and owner/pilots are not cash cows, available to be milked as the Commission directs. Each extra € spent on additional equipment on board means one fewer € to be spent on something that actually improves safety, like flying practice. The related additional tax would be €0 per year.

comment

216

comment by: *Aero-Club of Switzerland*

Where do the figures of 2.9.5.3 come from? May we use these figures to "guide" our NAA?

In our view, the oversight of 1 owner/pilot must not exceed 1/2 day, under normal circumstances!

The last sentence of the Agency's text is only correct when the figures used are based on facts and not on assumptions.

comment 218 comment by: *Aero-Club of Switzerland*

To the last sentence in 2.9.5.4: We do not think that private pilot/owners can apply the proposed depreciation rule.

Justification: They have to pay all equipment by themselves.

comment 221 comment by: *William Harford*

All three of these options cannot generate a score of -1 given that options 4B and 4C have no additional cost.

comment 224 comment by: *William Harford*

Surely it is not within EASA's remit to recommend, or seek to justify, a course of action by commending it's tax raising potential.

comment 225 comment by: *William Harford*

This ignores the recurring annual costs of maintaining and recertification of the additional equipment proposed.

The real costs would be greater.

comment 226 comment by: *William Harford*

Additional equipment would create additional and recurring annual costs of maintenance.

comment 227 comment by: *William Harford*

2.9.5.6 cannot be correct as stated. If option 4A is deemed, to have a minor cost impact, an assumption which I would challenge, and so score -1 then options 4B and 4C which are stated to have no cost impact cannot have the same score of -1. Options 4B and 4C must have a score of 0.

comment 228 comment by: *William Harford*

There is no justification for scoring 2 on the "Level Playing Field" item as if all three items are deemed to be identical then logically they should be removed from the equation. Including them has the effect of distorting the Rounded Weighted Average in Table 56 in favour of option 4A, the Agency's preferred option.

This item to be used inconsistently and arbitrarily.

comment

229

comment by: *William Harford*

The real world, first year cost is 52M€, ignoring the recurrent annual costs which the NPA does. It is therefore disingenuous to state the annual cost as only 13M€ when it should be stated as the full 52M€ plus whatever other costs result from the installation of additional equipment.

comment

230

comment by: *William Harford*

Table 56 has been distorted by the inclusion of;

- 1) The "Contain costs" item.
- 2) The "Level playing field" item

If 1) above has been based on the annualised depreciated costs of 13M€, as stated in 2.9.5.4 of the NPA, then this figure is incorrect and should be based on the full amount of cost falling on the Operator/Owner in year 1 when they have to pay for the cost of the equipment being installed. The correct figure to use would be 52M€, ie 4 times the 13M€ annualised cost, the resulting score should there be -3.

2) Different criteria have been selected for Table 56 when compared with Table 49 on page 75, dealing with the Non Commercial Operation of Complex Motor Powered Aircraft. Table 49 only uses the Costs and Proportionality as criteria to assess economic impact. Therefore the "Level playing field" item should be removed from Table 56.

If the "Contain costs" item is scored as -3, see above, and the "Level playing field" item is removed entirely then the results of Table 56 would show a very different picture. The items in the Column 4A would then read as follows;

Contain costs	-3
Proportionate rules for SMEs	0
Total	-3
Average Score(total/ quantified parameters)	-1.5
Weighted Average(score x 1 for economy)	-1.5
Rounded Weighted Average	-2

Column 4B would read;

Contain costs	0
Proportionate rules for SMEs	2
Total	2
Average Score(Tot/ quantified parameters)	1

Weighted Average (score x 1 for economy)	1
Rounded Weighted Average	1

Column 4C would read;

Contain costs	0
Proportionate rules for SMEs	2
Total	2
Average Score (Tot/2 quantified parameters)	1
Weighted Average(Score x 1 for economy)	1
Rounded Weighted Average	1

Thus columns 4B and 4C Rounded Weighted Averages remain the same at 1 but column 4A shows a completely different picture with a Rounded Weighted Average of -2.

comment

242

comment by: *European Private Helicopter Alliance*

2.9.5.5.

It should not be within EASA's remit to recommend, or seek to justify, a course of action by commending it's tax raising potential.

This consultation is about aircraft operating rules, not about raising tax.

comment

243

comment by: *European Private Helicopter Alliance*

2.9.5.6

This cannot be correct as stated. If option 4A is deemed, to have a minor cost impact, an assumption we strongly dispute, and so score -1, then options 4B and 4C which are stated to have no cost impact cannot have the same score of -1. Options 4B and 4C must have a score of 0.

comment

244

comment by: *European Private Helicopter Alliance***2.9.5.6**

There is no justification for scoring 2 on the "Level Playing Field" item as if all three items are deemed to be identical then logically they should be removed from the equation. Including them has the effect of distorting the Rounded Weighted Average in Table 56 in favour of option 4A, the Agency's preferred option.

"Level Playing Field" is not an item in table 49, the criteria for non commercial complex aircraft, and therefore there is no justification for it in table 56. Indeed "Level Playing Field" only has relevance in commercial operations, not non-commercial.

comment

245

comment by: *European Private Helicopter Alliance***2.9.5.4****2.9.5.6**

The real world, first year cost is 52M€, ignoring the recurrent annual costs which the NPA does. It is therefore disingenuous to state the annual cost as only 13M€ when it should be stated as the full 52M€ plus whatever other costs result from the installation of additional equipment. In our view this is a high negative impact, and therefore should score -3 in column 4A of table 56.

For helicopters alone the cost would be $2000 \times €60,000 = 120 \text{ M€}$. This is undoubtedly a high negative impact.

A separate table 56 for helicopters would unquestionably score -3 in "Contain Costs" column 4A of table 56.

comment

246

comment by: *European Private Helicopter Alliance***2.9.5.6**

Table 56 has been distorted by the inclusion of;

- 1) The "Contain costs" item.
- 2) The "Level playing field" item

If 1) above has been based on the annualised depreciated costs of 13M€, as stated in 2.9.5.4 of the NPA, then this figure is incorrect and should be based on the full amount of cost falling on the Operator/Owner in year 1 when they have to pay for the cost of the equipment being installed. The correct figure to use would be 52M€, ie 4 times the 13M€ annualised cost, the resulting score should therefore be -3.

2) Different criteria have been selected for Table 56 when compared with Table 49 on page 75, dealing with the Non Commercial Operation of Complex Motor Powered Aircraft. Table 49 only uses the Costs and Proportionality as criteria to assess economic impact. Therefore the "Level playing field" item should be removed from Table 56.

If the "Contain costs" item is scored as -3, see above, and the "Level playing field" item is removed entirely then the results of Table 56 would show a very different picture. The items in the Column 4A would then read as follows;

Column 4A

Contain costs	-3
Proportionate rules for SMEs	0
Total	-3
Average Score(total/2 quantified parameters)	-1.5
Weighted Average(score x 1 for economy)	-2
Rounded Weighted Average	-2

Column 4B

Contain costs	0
Proportionate rules for SMEs	1
Total	1
Average Score(Tot/2 quantified parameters)	1
Weighted Average (score x 1 for economy)	1
Rounded Weighted Average	1

Column 4C

Contain costs	0
Proportionate rules for SMEs	2
Total	2
Average Score (Tot/2 quantified parameters)	1
Weighted Average(Score x 1 for economy)	1
Rounded Weighted Average	1

Thus columns 4B and 4C Rounded Weighted Averages remain the same at 1 but column 4A shows a completely different picture with a Rounded Weighted Average of -2.

A separate helicopter version of table 56, with "Level Playing Field" removed would undoubtedly result in a similar result

Rounded weighted average:

4A: -2 4B 1 4C 1

comment

250

comment by: *Helicopter Club of Great Britain***2.9.5.5.**

This consultation is about aircraft operating rules, not about raising tax. It should not be within EASA's concern to recommend, or seek to justify, a course of action by commending it's tax raising potential.

comment

253

comment by: *Helicopter Club of Great Britain***2.9.5.6**

There is no justification for scoring 2 on the "Level Playing Field" item as if all three items are deemed to be identical then logically they should be removed from the equation. Including them has the effect of distorting the Rounded Weighted Average in Table 56 in favour of option 4A, the Agency's preferred option.

"Level Playing Field" is not an item in table 49, the criteria for non commercial complex aircraft, and therefore there is no justification for it in table 56. Indeed "Level Playing Field" only has relevance in commercial operations, not non-commercial.

comment

254

comment by: *Helicopter Club of Great Britain***2.9.5.4****2.9.5.6**

The real world, first year cost, including helicopters at €120M is 172M€, ignoring the recurrent annual costs which the NPA does. It is therefore wrong to say the annual cost is only 13M€ when it should be stated as the full cost.

In our view this is a high negative impact, and therefore should score -3 in column 4A of table 56.

For helicopters alone the cost would be $2000 \times €60,000 = 120 \text{ M€}$. This is undoubtedly a high negative impact.

A separate table 56 for helicopters would unquestionably score -3 in "Contain Costs" column 4A of table 56.

comment

255

comment by: *Helicopter Club of Great Britain***2.9.5.6**

Table 56 has been distorted by the inclusion of;

- 1) The "Contain costs" item.
- 2) The "Level playing field" item

If 1) above has been based on the annualised depreciated costs of 13M€, as stated in 2.9.5.4 of the NPA, then this figure is incorrect and should be based on the full amount of cost falling on the Operator/Owner in year 1 when they have to pay for the cost of the equipment being installed. The correct figure to

use would be 172M€, with a score of -3.

2) Different criteria have been selected for Table 56 when compared with Table 49 on page 75, dealing with the Non Commercial Operation of Complex Motor Powered Aircraft. Table 49 only uses the Costs and Proportionality as criteria to assess economic impact. Therefore the "Level playing field" item should be removed from Table 56.

If the "Contain costs" item is scored as -3, see above, and the "Level playing field" item is removed entirely then the results of Table 56 would show a very different picture. The items in the Column 4A would then read as follows;

Column 4A

Contain costs	-3
Proportionate rules for SMEs	0
Total	-3
Average Score(total/2 quantified parameters)	-1.5
Weighted Average(score x 1 for economy)	-2
Rounded Weighted Average	-2

Column 4B

Contain costs	0
Proportionate rules for SMEs	1
Total	1
Average Score(Tot/2 quantified parameters)	1
Weighted Average (score x 1 for economy)	1
Rounded Weighted Average	1

Column 4C

Contain costs	0
Proportionate rules for SMEs	2
Total	2
Average Score (Tot/2 quantified parameters)	1
Weighted Average(Score x 1 for economy)	1
Rounded Weighted Average	1

Thus columns 4B and 4C Rounded Weighted Averages remain the same

at 1 but column 4A shows a completely different picture with a Rounded Weighted Average of -2.

Helicopters Only Table 56

A separate helicopter version of table 56, with "Level Playing Field" removed would undoubtedly result in a similar result

Rounded weighted average:

4A: -2 4B 1 4C 1

comment

263

comment by: *William Harford*

Why does table 56 scoring the economic impact of non complex, non commercial motor powered aircraft contain an additional criterion, namely the Level playing field, when compared with table 49 scoring the non commercial operation of complex motor powered aircraft?

Given that the operation of the aircraft considered in table 56 are non commercial I can not see the relevance of including the Level playing field criterion.

The only effect of including this item is to skew the resultant the un rounded weighted average from a small minus score to a small positive score. The use of criteria to be included or excluded seems entirely arbitrary and without any logic or transparency.

comment

295

comment by: *William Harford*

The "Contain costs" criterion is here made up of an estimated average cost per aircraft using the total number of 52,000 non complex non commercially operated aircraft as stated in 2.9.2.2 pages 81 and 82.

However a significant number 5,200 of these are helicopters and once again an arbitrary and discriminatory position has been taken with regard to helicopters and the true additional costs remain un identified.

In order for me to continue to fly my helicopter in the way that I am currently permitted to do so, ie day and night VFR flight and flight over water (usually the 20 nautical mile stretch between Dover and cap Gris Nez), I estimate that it would cost in excess of €40,000 or 10% of the original helicopter purchase price. This can hardly be judged as proportionate.

The scoring of Option 4A for many helicopters would thus read;

Specific Objectives	Scoring of Options		
	4A ICAO SARPS	4B sub ICAO	4C only ERs
Contain Costs		-3	0
Level Playing Field – not included, see my previous comment		0	0

Proportionate rules for SMEs	0	1	2
Total	-3	1	2
Average Score (total / 2)	-1.5	0.5	1
Weighted Average	-1.5	0.5	1
Rounded Weighted Average	-2	1	1

A substantially different result for option 4A with 4B and 4C remaining unchanged.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.9 Non-commercial air operations with other than complex motor-powered aircraft - 2.9.6 Social Impact p. 86

comment

71

comment by: *Q Aviation Ltd*

The proposals to impose extra equipment such as floats, dingies, extra instrumentation and devices (eg heated pilot tubes, extra static ports) on small helicopters is a nonsense.

There's no room, or ability to carry the extra weight and the cost will be ridiculous with no benefit whatsoever.

Costs will run into tens of thousands of Euros, and in some cases it will render some helicopters obsolete.

The new Cabri 2-seater built in France will be one of these.

comment

203

comment by: *AS Miller*

This RIA is based on many assumptions that are false

2.9.6 Social Impact

"Option 4A may have a minor positive social impact resulting from the need to invest in retrofit equipment."

With regret, this is not correct.

Option 4A would have a distinctly negative social impact on the aeroclub or owner/pilot required to fund this retrofit equipment. Where is the measure of this?

comment

213

comment by: *Aero-Club of Switzerland*

But be assured "they" will find reasons to increase taxes or fees!

And: It just depends on the position we have ourselves to declare what is a positive or a negative impact. A need to invest in retrofit is not positive for most of the members of an aero-club, but very positive for the seller of avionics or fire-extinguishers or any other equipment becoming mandatory.

comment 214

comment by: *Aero-Club of Switzerland*

Another social impact we experienced: Too many regulations, high licencing requirements, complicated airspace structures and high cost contributed to a significant decline in glider flying in our country. This is not directly related with this NPA, but we have to consider it when dealing with new requirements.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.9 Non-commercial air operations with other than complex motor-powered aircraft - 2.9.7 p. 86-87 Regulatory harmonisation

comment 215

comment by: *Aero-Club of Switzerland*

Option 4A may be compatible with ICAO SARP. The question is: Are ICAO SARP always reasonable? We think, for private helicopter operations they are not.

May we propose to the Agency to undertake the necessary measures to change this?

G. 2. REGULATORY IMPACT ASSESSMENT - 2.9 Non-commercial air operations with other than complex motor-powered aircraft - 2.9.8 Multi Criteria Analysis (MCA) and recommended option p. 88

comment 23

comment by: *Helicopter Club of Great Britain*

2.9.8 Multi Criteria Analysis (MCA) and recommended option

Option 4A would create very high costs for non-complex private helicopters. Such costs are not proportionate to the low risks of visual flight over water and at night.

The preferred option of the Helicopter Club of Great Britain is option 4C or 4B, the continuance of national regulation. There are no competition considerations as regards private flight.

Option 4A is not proportionate, reasonable or safety indicated.

comment 32

comment by: *Mike Pascall*

2.9.8 Multi Criteria Analysis (MCA) and recommended option

Option 4A would create very high costs for non-complex private helicopters. Such costs are not proportionate to the low risks of visual flight over water and at night.

The preferred option of the Helicopter Club of Great Britain is option 4C or 4B, the continuance of national regulation. There are no competition considerations as regards private flight.

Option 4A is not proportionate, reasonable or safety indicated.

comment

64

comment by: *Chris Fox*

Adoption of Option 4A would result in very significant costs for private operators of light helicopters.

These are not supported by any safety case, and is disproportionate to any perceived risk.

My preferred option for this class of aircraft is Option 4C - continued national regulation.

comment

111

comment by: *James Leavesley*

If the unwritten desire of this purpose dlegislation is to reduce the number of aircraft benig operated by PPL owners occupiers then it will succeed.

I have asked my maintance engineer for estimated to comply and he considered the total cost for me to confirm would be in the region of £ 85,000 or 100,000 euro.

That is nearly one third of the value of my machine and more than half of older machines.

This legislation would cause me to sell the machine and stop flying. It will all be too expensive to continue. This comment does not take into the current economic climate which I don't believe will continue fro much longer.

If these costs ere to be imposed accross the whole of Europe then, this legislation is either beign sponsored by the maintance companies who will be the ony beneficieries or the enviromental extreemests who want to reduce the amount of PPL private flying.

If the person who believe that the option 4A will only have "minor cost impact on operators" ask them to purchase my machine, then spend the required amount on compliance and see if they can sell it or find someone willin to pay the rates required to cover the increased costs!! ps let them know it has been hanagered allits life so is in excellent condition

comment 139 comment by: *Richard Dawson*

2.9.8

Option 4A would result in significant cost for non-complex private helicopters, such as my R44. This cost however is not proportionate to the low risks of flying VFR over water or flying visually at night.

It would be better to adopt Option 4C or 4B i.e. for regulation to be administered in the national regulations.

comment 159 comment by: *Peter Waldron*

The Option 4A would create extremely high costs for non-complex private helicopters and would be disproportionate. These costs are not proportionate to the low risks of visual flight over water at night.

The preferred option would be 4C or 4B the continuance or national regulation. There can be no competition considerations as regards private flight.

comment 187 comment by: *European Private Helicopter Alliance*

2.9.8 Multi Criteria Analysis (MCA) and recommended option

Option 4A would create very high costs for non-complex private helicopters. Such costs are not proportionate to the low risks of visual flight over water and at night.

The preferred option of the European Private Helicopter Alliance is option 4C or 4B, the continuance of national regulation. There are no competition considerations as regards private flight. Option 4A is not proportionate, reasonable or safety indicated.

comment 204 comment by: *AS Miller*

This RIA is based on many assumptions that are false.

2.9.8 Multi Criteria Analysis (MC) and recommended option

"From Table 58 above it can be observed that option 4C is clearly negative, in particular, from the safety perspective. Among the remaining two, option 4A scores significantly higher than 4B.

4A is therefore the preferred option."

With regret, this is not correct.

The 'safety' issues have the greatest weighting, yet are the most flawed.

This RIA attempts to justify the imposition of unnecessary spending by aeroclubs and owner/pilots - millions of Euros of unnecessary spending, yet it is based on nothing more than suppositions and assumptions that are clearly wrong.

No credible conclusion can be drawn from this work.

comment 220

comment by: *Aero-Club of Switzerland*

We take note of the figures in table 58. And we see, that the Agency writes of "ICAO Standards AND RECOMMENDED PRACTICES".

G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness

p. 89

comment 131

comment by: *AEA*

Risk Assessment

The NPA lacks a data based risk assessment. This should determine the probability of an incapacitation of cabin crew caused by constitutional (i.e. not unforeseeable) medical condition during an occurrence, which would have ended up with less serious consequences if exactly this cabin crew member would have remained fit. The NPA only claims a safety benefit by a very simple qualitative and subjective scoring. We therefore like to complement the RIA as follows.

For accident statistics and trends we refer to an EASA presentation held on 17th April 2008 during the coordination meeting of EASA with the national accident investigation boards (AIBs).

Pages 3 and 4 show that from 2002-2007 EASA-Europe had 2.8 accidents with fatalities on 10 mio flights, i.e. $2.8 \times 10E-7$: this is global top level. Though for 1998-2007, page seven shows the causes of these accidents. In an even generous approach, about 15% of these accidents are from a nature, where cabin crew potentially could have contributed to less serious consequences (e.g. F-POST fire/fumes after impact, RE runway excursion, EVAC evacuation, F-NI fire/fumes no impact, USOS under/overshoot etc.). An incapacitated cabin crew member will however change nothing during a controlled flight into terrain (CFIT) or loss of control inflight.

In result, $[15\% \times 2.8 \times 10E-7] \sim [4 \times 10E-8]$ is the potential contribution of cabin crew to safety. Now, how many of these accidents would have ended up with more serious consequences, if a cabin crew member was incapacitated? We assume every 10th, so the probability of such an accident is $4 \times 10E-9$. **10E-9 is already a level, which according to ICAO standards is classified as being "extremely improbable", thus denying the need for further regulation.**

But let us furthermore assume, cabin crew members are only as healthy as an average German (at this point we only have German statistics on hand, which we consider however to be also a good first approach to the European average). So it is assumed that cabin crews do only follow average society values about health awareness and care, which is considered to be a conservative approach. In 2002, according to the Statistical Yearbook of Health of the German ministry of health, 59,036 people out of a population of 55.862 mio in the age segment of 15-65 have died by causes from the 3 major disease classes cardiovascular, respiratory and digestive systems. These are typical diseases, which may be potentially identified during a medical, but do not necessarily lead to permanent unfitness to fly under current legislation for cabin crews.

So, 1 in 1000 dies from that. Let us assume that 10 in 1000 are suffering so chronically from such a disease that they are anyway considered to be not employable as cabin crew. Let us further assume that 100 in 1000 are suffering more or less, occasionally, from such a disease, but are generally employable. Within these 100 we suppose 10 reporting for duty already not feeling ultimately well or sensing upcoming uncomfort.

How probable is now that a cabin crew member who a) belongs to the 100 in 1000 suffering from such a disease, and b) does not notice an acut or upcoming unfitness before duty to report sick, and c) actually becomes unfit during flight duty, and d) performs flight duty exactly on that working position on that flight where he/she can contribute to a less serious consequence of an accident?

Lufthansa assigns more than 9000 daily „shifts“ for cabin crew members, on about 1000 flights. Let us assume accoring to 5. above that 900 in 9000 suffer from one of the mentioned diseases. Considering an average sickness quota of 4% (German population, according to Statistical Yearbook of Health of the German ministry of health), 36 per day will report sick due to such a disease. These are however only 90%, because 1 in 10 of the sick, i.e. 4, report for duty despite not feeling ultimately fit. Let us further assume that another 4 cabin crew members report for duty without having any reasonable indication of an upcoming unfitness, but who may become unfit under stress, e.g. emergency. In total, it can be assumed that 8 out of 9000 daily shifts are performed by a cabin crew member possibly becoming unfit due to constitutional impairment. 8 in 1000 flights means a probability of $8 \times 10E-3$.

The probability results in $4 \times 10E-9 \times 8 \times 10E-3 = 3,2 \times 10E-11$ for the combined case of an accident with a cabin crew member being unavailable due to unfitness. Even under conservative assumptions, this case is definitively less probable than $10E-9$.

In real life, the level of safety will most probably be even higher:

- a. It can be assumed that cabin crew members have a higher level of health than the average population due to their self-image and due to the fact that they need to pass their annual safety training excercise.
- b. Even without the requirement of a class 2 medical, there are regular medical assessments in place throughout Europe. Even without being harmonized, these regular assessments also cater for a higher than average level of health, as the rest of the population not subject to any such a professional requirement can be considered to care less for their health (in

average).

c. The a.m. statistics aggregate the age segment from 15-65. The same source offers a split into 15-45 and 45-65. The diseases mentioned only cumulate in the latter. The majority of cabin crew members however belongs to the younger age segment.

The real life risk of an occurrence combining an accident with a cabin crew member being incapacitated by an impairment of physical constitution that was potentially predictable during a medical, and where this missing cabin crew member leads to more severe consequences of that occurrence, can be assumed between 10E-12 and 10E-13. This is based on current legislation and is therefore far beyond the need for additional regulation.

Additionally, it should be noted that the EASA presentation quoted under 2. shows on page 10 that 87% of all accidents with fatalities occur in **general aviation**, 67% of all fatalities are in this segment. Commercial air transport only caters for 6% of all accidents with fatalities, though with 28% of all fatalities due to the higher average number of passengers on board.

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Additionally, the proposals would result in an economic impact on operators due to the higher costs of the medical and the costs associated with the consequences of permanent unfitness to fly of a cabin crew member.

The level of safety would not be increased, incurring on additional cost.

This is unacceptable.

comment 160

comment by: Deutsche Lufthansa AG

1. **A. Risk Assessment**

2. The NPA lacks a data based risk assessment. This should determine the probability of an incapacitation of cabin crew caused by constitutional (i.e. not unforeseeable) medical condition during an occurrence, which would have ended up with less serious consequences if exactly this cabin crew member would have remained fit. The NPA only claims a safety benefit by a very simple qualitative and subjective scoring. We therefore like to complement the RIA as follows.
3. For accident statistics and trends we refer to an EASA presentation held on 17th April 2008 during the coordination meeting of EASA with the national accident investigation boards (AIBs).
4. Pages 3 and 4 show that from 2002-2007 EASA-Europe had 2.8 accidents with fatalities on 10 mio flights, i.e. $2.8 \times 10E-7$: this is global top level. Though for 1998-2007, page seven shows the causes of these accidents. In an even generous approach, about 15% of these accidents are from a nature, where cabin crew potentially could have contributed to less serious consequences (e.g. F-POST fire/fumes after impact, RE runway excursion, EVAC evacuation, F-NI fire/fumes no impact, USOS under/overshoot etc.). An incapacitated cabin crew member will however change nothing during a controlled flight into terrain (CFIT) or loss of control inflight.
5. In result, $[15\% \times 2,8 \times 10E-7] \sim [4 \times 10E-8]$ is the potential contribution of cabin crew to safety. Now, how many of these accidents would have ended up with more serious consequences, if a cabin crew member was incapacitated? We assume every 10th, so the probability of such an accident is $4 \times 10E-9$. **10E-9 is already a level, which according to ICAO standards is classified as being "extremely improbable", thus denying the need for further regulation.**
6. But let us furthermore assume, cabin crew members are only as healthy as an average German (at this point we only have German statistics on hand, which we consider however to be also a good first approach to the European average). So it is assumed that cabin crews do only follow average society values about health awareness and care, which is considered to be a conservative approach. In 2002, according to the Statistical Yearbook of Health of the German ministry of health, 59,036 people out of a population of 55.862 mio in the age segment of 15-65 have died by causes from the 3 major disease classes cardiovascular, respiratory and digestive systems. These are typical diseases, which may be potentially identified during a medical, but do not necessarily lead to permanent unfitness to fly under current legislation for cabin crews.
7. So, 1 in 1000 dies from that. Let us assume that 10 in 1000 are suffering so chronically from such a disease that they are anyway considered to be not employable as cabin crew. Let us further assume that 100 in 1000 are suffering more or less, occasionally, from such a disease, but are generally employable. Within these 100 we suppose 10 reporting for duty already not feeling ultimately well or sensing upcoming uncomfort.
8. How probable is now that a cabin crew member who a) belongs to the

100 in 1000 suffering from such a disease, and b) does not notice an acute or upcoming unfitness before duty to report sick, and c) actually becomes unfit during flight duty, and d) performs flight duty exactly on that working position on that flight where he/she can contribute to a less serious consequence of an accident?

9. Lufthansa assigns more than 9000 daily „shifts“ for cabin crew members, on about 1000 flights. Let us assume according to 5. above that 900 in 9000 suffer from one of the mentioned diseases. Considering an average sickness quota of 4% (German population, according to Statistical Yearbook of Health of the German ministry of health), 36 per day will report sick due to such a disease. These are however only 90%, because 1 in 10 of the sick, i.e. 4, report for duty despite not feeling ultimately fit. Let us further assume that another 4 cabin crew members report for duty without having any reasonable indication of an upcoming unfitness, but who may become unfit under stress, e.g. emergency. In total, it can be assumed that 8 out of 9000 daily shifts are performed by a cabin crew member possibly becoming unfit due to constitutional impairment. 8 in 1000 flights means a probability of $8 \times 10E-3$.
10. **The probability results in $4 \times 10E-9 \times 8 \times 10E-3 = 3,2 \times 10E-11$** for the combined case of an accident with a cabin crew member being unavailable due to unfitness. Even under conservative assumptions, this case is definitively less probable than $10E-9$.
11. In real life, the level of safety will most probably be even higher:
 1. It can be assumed that cabin crew members have a higher level of health than the average population due to their self-image and due to the fact that they need to pass their annual safety training exercise.
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16. **B. Conclusion**

17. As the safety data clearly indicate **no** need to stricter regulate cabin crew medicals, the only *raison d'être* for further regulation may be

1. provision of a level playing field for fair competition
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18. At first, EASA has been tasked with safety. At second, aviation is a global industry, where a European level playing field alone is not sufficient but may lead to even more disparities to the rest of the world. This puts European air operators at disadvantage. In Europe, many concepts exist on form and conditions for cabin crew medicals. Even society and culture specific aspects play a role in that. Prescriptive rules are therefore supposed to be less effective than a flexible approach.

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20. **The level of safety would not be increased, incurring on additional cost. This is unacceptable.**

comment 171

comment by: KLM

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comment

174

comment by: *AUSTRIAN Airlines*

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comment

189

comment by: *Swiss International Airlines / Bruno Pfister*

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comment

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comment by: TAP Portugal

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The NPA lacks a data based risk assessment. This should determine the probability of an incapacitation of cabin crew caused by constitutional (i.e. not unforeseeable) medical condition during an occurrence, which would have ended up with less serious consequences if exactly this cabin crew member would have remained fit. The NPA only claims a safety benefit by a very simple qualitative and subjective scoring. We therefore like to complement the RIA as follows.

For accident statistics and trends we refer to an EASA presentation held on 17th April 2008 during the coordination meeting of EASA with the national accident investigation boards (AIBs).

Pages 3 and 4 show that from 2002-2007 EASA-Europe had 2.8 accidents with fatalities on 10 mio flights, i.e. $2.8 \times 10E-7$: this is global top level. Though for 1998-2007, page seven shows the causes of these accidents. In an even generous approach, about 15% of these accidents are from a nature, where cabin crew potentially could have contributed to less serious consequences (e.g. F-POST fire/fumes after impact, RE runway excursion, EVAC evacuation, F-NI fire/fumes no impact, USOS under/overshoot etc.). An incapacitated cabin crew member will however change nothing during a controlled flight into terrain (CFIT) or loss of control inflight.

In result, $[15\% \times 2,8 \times 10E-7] \sim [4 \times 10E-8]$ is the potential contribution of cabin crew to safety. Now, how many of these accidents would have ended up with more serious consequences, if a cabin crew member was

incapacitated? We assume every 10th, so the probability of such an accident is $4 \times 10E-9$. **10E-9 is already a level, which according to ICAO standards is classified as being "extremely improbable", thus denying the need for further regulation.**

But let us furthermore assume, cabin crew members are only as healthy as an average German (at this point we only have German statistics on hand, which we consider however to be also a good first approach to the European average). So it is assumed that cabin crews do only follow average society values about health awareness and care, which is considered to be a conservative approach. In 2002, according to the Statistical Yearbook of Health of the German ministry of health, 59,036 people out of a population of 55.862 mio in the age segment of 15-65 have died by causes from the 3 major disease classes cardiovascular, respiratory and digestive systems. These are typical diseases, which may be potentially identified during a medical, but do not necessarily lead to permanent unfitness to fly under current legislation for cabin crews.

So, 1 in 1000 dies from that. Let us assume that 10 in 1000 are suffering so chronically from such a disease that they are anyway considered to be not employable as cabin crew. Let us further assume that 100 in 1000 are suffering more or less, occasionally, from such a disease, but are generally employable. Within these 100 we suppose 10 reporting for duty already not feeling ultimately well or sensing upcoming uncomfot.

How probable is now that a cabin crew member who a) belongs to the 100 in 1000 suffering from such a disease, and b) does not notice an acut or upcoming unfitness before duty to report sick, and c) actually becomes unfit during flight duty, and d) performs flight duty exactly on that working position on that flight where he/she can contribute to a less serious consequence of an accident?

Lufthansa assigns more than 9000 daily „shifts“ for cabin crew members, on about 1000 flights. Let us assume accoring to 5. above that 900 in 9000 suffer from one of the mentioned diseases. Considering an average sickness quota of 4% (German population, according to Statistical Yearbook of Health of the German ministry of health), 36 per day will report sick due to such a disease. These are however only 90%, because 1 in 10 of the sick, i.e. 4, report for duty despite not feeling ultimately fit. Let us further assume that another 4 cabin crew members report for duty without having any reasonable indication of an upcoming unfitness, but who may become unfit under stress, e.g. emergency. In total, it can be assumed that 8 out of 9000 daily shifts are performed by a cabin crew member possibly becoming unfit due to constitutional impairment. 8 in 1000 flights means a probability of $8 \times 10E-3$.

The probability results in $4 \times 10E-9 \times 8 \times 10E-3 = 3,2 \times 10E-11$ for the combined case of an accident with a cabin crew member being unavailable due to unfitness. Even under conservative assumptions, this case is definitively less probable than $10E-9$.

In real life, the level of safety will most probably be even higher:

- a. It can be assumed that cabin crew members have a higher level of health than the average population due to their self-image and due to the fact that they need to pass their annual safety training excercise.
- b. Even without the requirement of a class 2 medical, there are regular

medical assessments in place throughout Europe. Even without being harmonized, these regular assessments also cater for a higher than average level of health, as the rest of the population not subject to any such a professional requirement can be considered to care less for their health (in average).

c. The a.m. statistics aggregate the age segment from 15-65. The same source offers a split into 15-45 and 45-65. The diseases mentioned only cumulate in the latter. The majority of cabin crew members however belongs to the younger age segment.

The real life risk of an occurrence combining an accident with a cabin crew member being incapacitated by an impairment of physical constitution that was potentially predictable during a medical, and where this missing cabin crew member leads to more severe consequences of that occurrence, can be assumed between 10E-12 and 10E-13. This is based on current legislation and is therefore far beyond the need for additional regulation.

Additionally, it should be noted that the EASA presentation quoted under 2. shows on page 10 that 87% of all accidents with fatalities occur in **general aviation**, 67% of all fatalities are in this segment. Commercial air transport only caters for 6% of all accidents with fatalities, though with 28% of all fatalities due to the higher average number of passengers on board.

Page 12 concludes that EU commercial air transport fixed wing operations shows a "downward trend of accident numbers and rates, in line with rest of the world", and this is based on "Relatively complete data". General aviation Europe however caters for "Majority of the fatal accidents (87%), Majority of the fatalities (65%)", and this only based on "No complete accident data at hand, Causal information incomplete, No historic trends at hand".

Despite all this, cabin crew members in commercial air transport shall be levied now to the same medical level like a PPL holder. On top of this, with the LPL concept, general aviation receives a new element which potentially will further decrease the safety level of general aviation.

Conclusion

As the safety data clearly indicate no need to stricter regulate cabin crew medicals, the only raison d'être for further regulation may be

- a. provision of a level playing field for fair competition
- b. harmonization of social standards

At first, EASA has been tasked with safety. At second, aviation is a global industry, where a European level playing field alone is not sufficient but may lead to even more disparities to the rest of the world. This puts European air operators at disadvantage. In Europe, many concepts exist on form and conditions for cabin crew medicals. Even society and culture specific aspects play a role in that. Prescriptive rules are therefore supposed to be less effective than a flexible approach.

Additionally, the proposals would result in an economic impact on operators due to the higher costs of the medical and the costs associated with the consequences of permanent unfitness to fly of a cabin crew member.

The **level of safety would not be increased, incurring on additional cost.**
This is unacceptable.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness - 2.10.1 Options

p. 89

comment

42

comment by: *British Airways*

Comment:

Option 5A is the only option which does not create an additional regulatory burden. In the absence of any evidence of a safety risk which would be mitigated by additional medical fitness requirements, this is the only justifiable option.

Justification:

Compliance with basic EASA 216/2008 Regulation

The intent of the EU legislator has not been to change the cabin crew medical fitness requirements of EU-OPS when migrating to EASA-OPS.

International requirements

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.

Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or its occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit

comment

144

comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

- 5A: requirement for regular medical assessments of medical fitness but no detailed common criteria (same rules for all cabin crew, in CAT and in non-commercial operations): i.e. no common rules on the medical examiners; no fixed periodicity; no description of medical conditions, analysis or examinations to be checked;

Comment:

The procedure according to procedure [EU OPS 1.995] has not been proven as unsafe. The RIA has provided no evidence to show that the proposals will improve safety

comment

172

comment by: *British Airways Flight Operations*

British Airways completely concurs with the AEA comment (#131), and the

data analysys undetaken by Lufthansa. The inevitable conclusion is that there is no safety justification for routine medical assessment of cabin crew, by AMEs, to Class II medical standards. Therefore, any such requirement must be withdrawn.

General Comment:

NPA 2009-2 in its entirety is unfit for the purpose for which it is intended and must be withdrawn and reconsidered.

comment

291

comment by: *IACA International Air Carrier Association*

p.89 5A: requirement for regular medical assessments of medical fitness but no detailed common criteria (same rules for all cabin crew, in CAT and in non-commercial operations): i.e. no common rules on the medical examiners; no fixed periodicity; no description of medical conditions, analysis or examinations to be checked;

Has this procedure – EU-OPS 1.995 – proved unsafe ? The RIA provides no evidence to demonstrate that the NPA will improve safety.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness - 2.10.2 Target group and number of entities concerned

p. 90-94

comment

43

comment by: *British Airways*

Comment:

The fact that a number of countries choose to have more stringent national regulations on cabin crew medical standards (and this therefore impacts on operators, cabin crew, AMEs etc) cannot be used to justify imposing an additional regulatory burden unless there is evidence of a risk to safety that would be mitigated by such additional regulation.

comment

117

comment by: *UK CAA*

Paragraph No: 2.10.2.1

Comment: Text at option 5B states this option would only affect one authority, which is clearly the UK CAA.

Justification: Whilst this may be true, the cabin crew in the UK (just over 31,000) represent 25% of all cabin crew in Europe so the impact is much larger than suggested.

Proposed Text (if applicable): Consideration should be given to the financial impact on the operators who employ 25% of all Community cabin crew.

comment

119

comment by: UK CAA

Paragraph No: 2.10.2.5

Comment: Text states that the preferred option 5C would affect 18 competent authorities.

Justification: This implies an equivalent effect on those 18 authorities. This is not the case. The UK CAA would bear 50% of the effect.

Proposed Text (if applicable): Consideration should be given to the impact on one competent authority, which is disproportionate to the remaining 17 competent authorities.

comment

145

comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

Page 91 Option 5A would maintain the requirements presently established by EU-OPS. However, EUOPS related requirements for cabin crew are considered "minimum" requirements while the EASA OPS rules will become common requirements with no possibility for additional rules adopted at national level since this would distort competition. Therefore, for the operators established in the 18 States where today there are no detailed requirements, option 5A would be very flexible and open to different implementations including "self assessment": in the end the impact on them would be negligible. On the contrary for the CAT operators established in the 12 Member States where detailed rules are in force today, the "light" common requirements would represent a smaller burden although a reduced medical follow-up could have secondary effects but hard to quantify such as increased sick leaves. Since these States represent around 48 % of the population, the "lighter" requirements would apply to 48 % of the 570 CAT operators = 274.

Comment:

Uses the number of population to decide the number of affected CAT operators. The argument should be more weighted to the number of CC per member state/requirements. Currently the UK complies with EU OPS 1.995 and has 25% of the CC population of the EU States. There is no record of a reduction of Cabin Safety in this country [which complies with Option 5a] as there is no record of an improvement in Cabin Safety with those countries with more stringent requirements.

comment

292

comment by: *IACA International Air Carrier Association*

p.91

Option 5A... 18 States where today there are no detailed requirements... 12 Member States where detailed rules are in force today... Since these States represent around 48 % of the population, the "lighter" requirements would apply to 48 % of the 570 CAT operators = 274.

In option 5B... Since that Member State represents around 12 % of the EU 27 + 4 population, but is one of the most developed States in respect of aviation

and has roughly 25 % of the cabin crew, it is assumed that 20 % of the 570 EU CAT operators (scheduled and non-scheduled) by large aeroplanes would be affected by said option 5B in that State = 114 CAT operators.

In case of option 5C, for the 12 Member States where medical certification of cabin crew is required today... these 12 States represent around 48% of the EU population...for the remaining 52 % operators (i.e. 296) established in States with no detailed requirements...

The RIA uses the number of population to decide the number of affected CAT operators. The argument should be more weighed to the number of Cabin Crew per Member State. Currently, the UK complies with EU-OPS 1.995 and has 25% of the EU Cabin Crew population. Like there is no decrease in Cabin Crew safety in the UK (complying with Option 5A), there is no record of an improvement in cabin safety in those countries with more stringent requirements.

comment

320

comment by: *ETF*

Option 5C is what most of the MS that certify or license their crew have in place. The new standard should not be significantly lower.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness - 2.10.3 Safety impact p. 94-96

comment

44

comment by: *British Airways*

Comment:

In this section it is stated that: "In conclusion, option 5A not only does not comply with the Essential requirements set in the Basic Regulation, but has also to be considered negative in qualitative safety terms, although it is very hard to make any quantitative estimation in relation to it."

There is no evidence to support this statement.

Justification:

The intent of the EU legislator has not been to change the cabin crew medical fitness requirements of EU-OPS when migrating to EASA-OPS.

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.

Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or it's occupants.

comment

45

comment by: *British Airways*

Comment:

It is claimed that introducing higher medical standards for medical assessment of cabin crew (options 5C and 5D) would enhance the level of safety. There is no evidence to substantiate this claim.

Justification:

International requirements

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.

Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or its occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

No safety justification for a detailed medical for cabin crew

Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of minor illness such as gastroenteritis, or accidental injury due to burns/scalds or other trauma e.g. as a result of turbulence (none of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety. One AEA member reported 676 events over a 3-year period to 31 Dec 07, a rate of 1.27/10,000 sectors. One of these events, the result of an acute traumatic incident, resulted in a diversion. There were no other operational / safety implications

A survey of 4 international airlines (one from Europe) identified 3 diversions following incidents of cabin crew incapacitation in 2007, none of which could have been prevented by periodic medical screening. The total rpk for the 4 airlines was 305.1 billion, giving a rate of 0.01 diversion per billion rpks.

This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements, such as for example the Class 2 medical used for the private pilot licence.

comment

46

comment by: *British Airways*

Comment:

Table 62 presents an apparently objective assessment to demonstrate a negative safety impact for options 5A and 5B and a positive safety impact which would result from options 5C and 5D. There is no evidence to support either the scoring system or the scores which are claimed.

Justification:

International requirements

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to

operators. The FAA has no regulatory requirements for cabin crew medical fitness.

Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or its occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

No safety justification for a detailed medical for cabin crew

Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of minor illness such as gastroenteritis, or accidental injury due to burns/scalds or other trauma e.g. as a result of turbulence (none of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety. One AEA member reported 676 events over a 3-year period to 31 Dec 07, a rate of 1.27/10,000 sectors. One of these events, the result of an acute traumatic incident, resulted in a diversion. There were no other operational / safety implications

A survey of 4 international airlines (one from Europe) identified 3 diversions following incidents of cabin crew incapacitation in 2007, none of which could have been prevented by periodic medical screening. The total rpk for the 4 airlines was 305.1 billion, giving a rate of 0.01 diversion per billion rpk.

This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements, such as for example the Class 2 medical used for the private pilot licence.

comment

146

comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

Page 95 para 3 In other words, option 5A could lead to spreading the practice of "self assessment" by cabin crew of their medical fitness since this is the cheapest solution for the entrepreneurs. In turn, cabin crew, besides not necessarily being totally aware of their health status, may be tempted to declare themselves fit in order not to risk consequences on their job. Furthermore, option 5A would maintain the present situation of non-uniformity of safety levels across the EU 27 + 4 States in relation to the topic under consideration. In conclusion, option 5A not only does not comply with the Essential requirements set in the Basic Regulation, but has also to be considered negative in qualitative safety terms, although it is very hard to make any quantitative estimation in relation to it.

Comment:

This implies that a Cabin Crew medical certificate would improve Cabin Safety and that the current system under EU-OPS 1.995 is unsafe. This neither statements are proven by the RIA.

comment

147

comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

Page96 Therefore in qualitative terms, option 5C would enhance the level of

safety in the EU 27 + 4 by introducing clearer and higher requirements for medical assessment of cabin crew in CAT, thus minimising the potential risk of degraded performance particularly in case of adverse conditions and of possibly more cabin crew becoming inoperational/incapacitated in case of emergency evacuation.

Comment:

This statement implies that EU OPS 1.995 is unsafe – this is not proven. There have been no reported cases of CC incapacitation affecting Cabin Safety [reference the IATA CC Safety Conference Geneva 2008]

There are no UK MORs [Mandatory Occurrence Reports] that CC health affected flight safety.

comment

293

comment by: *IACA International Air Carrier Association*

p.95

In other words, option 5A could lead to spreading the practice of “self assessment” by cabin crew of their medical fitness... not necessarily being totally aware of their health status, may be tempted to declare themselves fit in order not to risk consequences on their job...option 5A not only does not comply with the Essential requirements set in the Basic Regulation, but has also to be considered negative in qualitative safety terms...

...option 5B, in terms of uniformity, would be negative as 5A.

This implies that a Cabin Crew medical certificate would improve Cabin Safety. This statement is not proven by the RIA.

comment

294

comment by: *IACA International Air Carrier Association*

p.96 “...it has been estimated that today cabin crew save in average 90 human lives/year...”

Table 6 Primary Causal Factors

This table produces an argument that there are 9.2 accidents/year. 10% are assumed to be fatal, which produces 27 victims per year. The narrative beneath Table 7 now makes the leap mixing total accidents (around 20/year) x 15% (the average of the 3 elements of Table 7) to arrive at 3 accidents per year, thus arriving at 30 (27) x 3 = 90 saved non-victims. This cross pollination creates confusion indicating that cabin crew can save more people than are actually killed ?

What is the point of this argument ? It is accepted and recognised that Cabin Crew are needed for safety purposes, especially for evacuation. With the 90 human lives saved per year, EASA incorrectly attempts to justify the “raison d’être” of cabin crew, which is not questioned by industry.

The issue of the RIA is however the impact assessment of the additional EASA requirements. The 90 lives include to a far extent the lives are saved per the current requirements, i.e. without the EASA proposed additional requirements.

comment 296 comment by: *IACA International Air Carrier Association*

p.96

Therefore in qualitative terms, option 5C would enhance the level of safety in the EU 27 + 4 by introducing clearer and higher requirements for medical assessment of cabin crew in CAT...

This statement implies that EU-OPS 1.995 is unsafe, this is not proven. There is absolutely no justification offered in the RIA that substantiates this statement.

There have been no reported cases of Cabin Crew incapacitation affecting Cabin Safety that could have been prevented by a medical certificate, refer to the IATA Cabin Crew Safety Conference, Geneva 2008. There are no UK Mandatory Occurrence Reports regarding Cabin Crew health affecting flight safety.

There is no recorded evidence whatsoever of degraded performance of cabin crew due to pre-existing medical conditions. Obviously, such degraded performance may well be the result of the same reason that the cabin crew must perform their duties. i.e. an accident. In the Turkish accident in Amsterdam on 25 FEB 2009 all cabin crew became inoperational/incapacitated.

comment 297 comment by: *IACA International Air Carrier Association*

p.96 In quantitative terms it is estimated that this could contribute to 0.5% improvement in terms of reduction of the severity of possible aviation accidents. Since in paragraph 2.3.2.9 above it has been estimated that today cabin crew save in average 90 human lives/year.

If the figure of 90 would be true (which it is not, see other comment), then 0.5% of that would amount to the saving of less than half a live/year. This is not a significant safety benefit and warrants the conclusion that in Table 62 all options should be scored equally.

comment 298 comment by: *IACA International Air Carrier Association*

p.96 Table 6.2

Scores in para 2.10 are very subjective and very biased.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness - 2.10.5 Economic Impact p. 97-100

comment 47 comment by: *British Airways*

Comment:

Paragraphs 2.10.1, 2.10.5.2 and 2.10.5.1 evaluate the costs for each aspect of

the economic impact, i.e. rulemaking and standardisation, oversight and operator costs. The costs are summarised in Table 64 and clearly demonstrate that Option 5A offers substantial cost saving relative to all other options.

Table 65 introduces an arbitrary scoring system which allows "level playing field" to offset this impact. There is no evidence that those authorities which currently require higher medical standards achieve higher levels of safety. It is therefore reasonable to anticipate these authorities could adopt the requirements of Option 5A, thereby achieving a level playing field with no increase in safety risk.

Justification:

International requirements

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.

Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or its occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

comment

120

comment by: UK CAA

Paragraph No: 2.10.5.2

Comment: Text shows cost analysis for the 18 competent authorities that do not have medical examinations for cabin crew.

Justification: The cost shown is divided by 18, which gives a distorted figure. The UK CAA would bear 50% of that cost.

Proposed Text (if applicable): The financial impact is not clearly justified.

comment

121

comment by: UK CAA

Paragraph No: 2.10.5.3

Comment: The regulatory cost to operators in terms of visits and loss of labour is divided between the numbers of cabin crew in the 18 Member States affected by the proposals.

Justification: This minimises the overall impact as it does not show the impact on the Member State operators who will bear 50% of this cost and loss of labour.

Proposed Text (if applicable): The financial impact is disproportionate.

comment

122

comment by: *UK CAA*

Paragraph No: 2.10.5.4

Comment: Table 64 shows costs to operators and taxpayers and these are 1,4 M Euros per year to taxpayers and 4 M Euros per year to operators.

Justification: The UK CAA and UK operators would bear 25% of this cost for no justified improvement in safety standards. There is no evidence that cabin crew fitness has had a detrimental effect in an emergency situation. Financial impact of this magnitude should not be considered until the result of the research commissioned by EASA into the Scientific and Medical Evaluation of EU OPS Provisions for Cabin Crew have been made available.

comment

299

comment by: *IACA International Air Carrier Association*

p.100 Table 6.5

Scores in para 2.10 are very subjective and very biased.

comment

300

comment by: *IACA International Air Carrier Association*

p.100 Table 6.5

EASA concludes that options 5A and 5B would not result in a level playing field. This is not correct. All options will by definition result in the same level playing field for all 27 EU members as they are all bound by the same Implementing Rules.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness - 2.10.6 Social Impact p. 100-101

comment

48

comment by: *British Airways*

Comment:

This paragraph claims that Options 5C and 5D would facilitate free movement of cabin crew by providing clear common requirements and that regular aero-medical checks would improve the level of cabin crew fitness. It also describes the negative employment effects, i.e. loss of job due to unfitness assessment as "extremely limited".

Option 5A (and 5B) would also facilitate free movement of cabin crew by providing clear common requirements - authorities would be required to accept crew from another EASA state. There is no evidence to support the claim that regular medical checks improve fitness. Any negative employment effects -

both in current cabin crew and future applicants - is unjustifiable unless there is clear evidence of safety enhancement as a consequence of the medical requirement.

Justification:

Social Impact

Although not part of the remit of EASA, one could consider assessment of cabin crew medical fitness from the perspective of occupational health (as many airlines do, in some instances as part of a national requirement).

A fundamental principle of 'best occupational health practice', and also such social legislation as EU disability discrimination legislation, is that individuals should only be excluded from the workplace where there is objective evidence of risk and no suitable accommodation can be made. Cabin crew with a range of medical conditions which would lead to an 'unfit' classification under the proposed medical standards are currently operating in many airlines without problems. Examples include insulin dependent diabetes, treatment with systemic anticoagulants and treatment with a wide range of antidepressants.

There is no justification for the grounding of existing crew, or preventing the recruitment of individuals with such conditions. An extensive medical requirement for cabin crew would therefore have significant social implications since it would be likely to mean that a number of existing cabin crew would be deemed not to meet the medical standard and therefore unable to continue in the role.

comment

148

comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

Page 101 Para 2

Options 5C and 5D by providing clear common requirements for all should facilitate the free movement of cabin crew, and the regular aero-medical checks improve their level of fitness. Positive impact may also be expected in terms of legal certainty for these personnel required to be fit for their job, clear medical criteria possibly allowing access to provisions compensating the imposed professional limitations.

Comment:

1. It is not the responsibility of EASA to facilitate free movement of CC; this however is currently provided by EASA OPS 1.995. Notwithstanding, all cabin crew changing jobs have to complete an 'OCC' [Operators conversion course] which obviates the need of a certificate and formal Regulated attestation
2. It is not the remit of the Agency to improve levels of fitness – it is the Agencies remit to set the minimum level that meets the Safety requirements.
3. The level of fitness for CC set out in this NPA is the equivalent to a Class 2 Pilot medical, but there is no evidence that such a high level of medical fitness would improve flight safety.

- (a) The Group 2 medical fitness for HGV drivers required by the UK DfT is less stringent
- (b) The LPL is less stringent and here a single pilot can carry up to 4 passengers.
- (c) Group 1 drivers [normal car drivers] do not require a medical examination but only a self declaration. A similar standard applied to CC should be adequate.
- (d) The frequency of the proposed medical examination has been set arbitrarily.
- (e) In the UK with the existing 3 yearly declarations, there have been no cases identified by these that were not already referred to the company doctor by other established routes of referral
- (f) Best Occupational Health Practice is responsible for looking after CC's general health not the regulator
- (g) This NPA would expose EASA to the Disability Discrimination Act.
- (h) Currently the UKCAA and The FAA are deciding to allow Pilots with a degree of colour blindness to fly Public Transport aircraft.
- (i) Many existing competent and highly experienced CC with proscribed conditions would have to be medically retired.
- In the UK there are a significant number of Type 1 diabetics treated with insulin and there are no known reports of sudden incapacitation
 - It is currently being considered to approve Type 1 diabetics to exercise the privileges of a PPL.
 - The UK Airline Medical Advisor's Committee [UKAMAC] have recently issued guidance on the employment of CC withy stable Epilepsy – "Fit free for 12 months on or off medication is acceptable".

comment

301

comment by: *IACA International Air Carrier Association*

p.101

Options 5C and 5D by providing clear common requirements for all should facilitate the free movement of cabin crew, and the regular aero-medical checks improve their level of fitness.

It is not the responsibility of EASA to facilitate free movement of Cabin Crew, currently provided by EU-OPS 1.995. Notwithstanding, all Cabin Crew changing jobs have to complete an OCC Operators Conversion Course, which obviates the need of a certificate and/or formal regulated attestation

comment

302

comment by: *IACA International Air Carrier Association*

p.101

Options 5C and 5D by providing clear common requirements for all should facilitate the free movement of cabin crew, and the regular aero-medical checks improve their level of fitness.

It is not the remit of EASA to improve levels of fitness. It is the remit of EASA to set the minimum level that meets the safety requirements.

comment	303	comment by: <i>IACA International Air Carrier Association</i>
	<p>p.101</p> <p>Options 5C and 5D by providing clear common requirements for all should facilitate the free movement of cabin crew, and the regular aero-medical checks improve their level of fitness.</p> <p>The level of Cabin Crew fitness set out in this NPA is the equivalent of a Class 2 Pilot medical, but there is no evidence that such a high level of medical fitness would improve flight safety.</p> <p>(a) The Group 2 medical fitness for HGV Heavy Goods Vehicle drivers required by the UK DoT is less stringent.</p> <p>(b) The LPL is less stringent and here a single pilot can carry up to 4 passengers.</p> <p>(c) Group 1 drivers (normal car drivers) do not require a medical examination, but only a self-declaration. A similar standard applied to Cabin Crew should be adequate.</p> <p>(d) The frequency of the medical examination has been set arbitrarily.</p> <p>(e) With the existing three-yearly declarations, there have been no cases identified but the ones already referred to the company doctor by other established routes of referral.</p> <p>(f) Bes Occupational Health Practice is responsible for looking after Cabin Crew, who are less than A1, not the regulator.</p> <p>(g) This NPA would expose EASA to the Disability Discrimination Act.</p> <p>(h) Currently UK-CAA and US-FAA are deciding to allow Pilots a degree of colour blindness to fly public transport aircraft.</p> <p>(i) Many existing competent and highly experience cabin crew would have to be medically retired.</p> <ul style="list-style-type: none"> · There a significant number of Type 1 diabetics in the UK being treated with insulin and there are no known reports of sudden incapacitation. · It is currently being considered to approve Type 1 diabetics to exercise the privileges of a PPL. <p>The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance upon the employment of Cabin Crew with stable epilepsy – "Fit free for 12 months on or off medication is acceptable."</p>	

G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness - 2.10.7 Regulatory harmonisation	p. 101-102
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comment	49	comment by: <i>British Airways</i>
	<p>Comment:</p> <p>This section is headed 'regulatory harmonisation'.</p> <p>It is claimed that only Options 5C and 5D contribute to the construction of the internal market. A common regulatory standard would contribute to the construction of the internal market regardless of whether 5A, B, C or D were adopted, as authorities would be obliged to recognise assessments conducted</p>	

by other authorities in compliance with the standard.

It also claims that:

- the proposals would be neutral with regard to ICAO standards - whereas this would represent a clear move away from harmonised standards
- that the options would not compromise the possibility for operators from the EU 27 + 4 to fly to/from the USA - whereas this would represent a clear move away from harmonised standards and represent an additional regulatory burden and cost on the EU 27 + 4 airlines.

Table 67 is another arbitrary scoring system which cannot be justified, for example with regard to consistency with EU Rules (BR) or compliance with ICAO standards.

Justification:

Compliance with basic EASA 216/2008 Regulation

The intent of the EU legislator has not been to change the cabin crew medical fitness requirements of EU-OPS when migrating to EASA-OPS.

International requirements

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.

Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or its occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

comment

123

comment by: UK CAA

Paragraph No: 2.10.7.2

Comment: It is stated that ICAO does not require medical examinations therefore regulatory harmonisation is considered neutral. In fact, the requirement applies an additional burden on operators which goes beyond ICAO. The application of a "gold standard" of additional requirements is something which EASA seeks to address as part of its Standardisation procedure. Member States are criticised for applying national requirements which go beyond EASA rules. Therefore it is inconsistent for EASA to describe Community rules which go beyond ICAO as being "neutral".

Justification: There is a lack of consistency and it would be preferable to aim for ICAO harmonisation rather than differences.

comment 124

comment by: UK CAA

Paragraph No: 2.10.7.3

Comment: Text states that any option will not comprise EU operators from flying to or from the USA. However, text does not explain that FAA does not require medical examinations and therefore harmonisation will not be achieved.

Justification: Harmonisation with the FAA is being proposed in many other areas therefore it is preferable for this area to also be considered.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness - 2.10.8 Multi Criteria Analysis (MCA) and recommended option p. 102-103

comment 50

comment by: British Airways

Comment:

The multi criteria analysis for cabin crew medical assessment is used to justify assertions that Options 5A and 5B are negative "largely due to safety considerations" and that Options 5C and 5D are positive with "in particular identical high scores for safety aspects".

No evidence has been provided to justify the assertion that the proposals for cabin crew medical assessment contained in Options 5C, 5D or even 5B would have any impact in enhancing safety.

This scores in this table for economic and social impact have also been compiled in a manner which is biased towards Options 5C and 5D.

Justification:

International requirements

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators. The FAA has no regulatory requirements for cabin crew medical fitness.

Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or it's occupants. Imposition of the proposed requirements would therefore expose EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

No safety justification for a detailed medical for cabin crew

Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of minor illness such as gastroenteritis, or accidental injury due to burns/scalds or other

trauma e.g. as a result of turbulence (none of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety. One AEA member reported 676 events over a 3-year period to 31 Dec 07, a rate of 1.27/10,000 sectors. One of these events, the result of an acute traumatic incident, resulted in a diversion. There were no other operational / safety implications

A survey of 4 international airlines (one from Europe) identified 3 diversions following incidents of cabin crew incapacitation in 2007, none of which could have been prevented by periodic medical screening. The total rpk for the 4 airlines was 305.1 billion, giving a rate of 0.01 diversion per billion rpk.

This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements, such as for example the Class 2 medical used for the private pilot licence.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.11 Attestation process for cabin crew competence - 2.11.2 Target group and number of entities concerned p. 105-107

comment 321

comment by: *ETF*

Option 6C or preferably 6D is preferable as this would uphold the current level in half of the MS.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.11 Attestation process for cabin crew competence - 2.11.3 Safety Impact p. 107-108

comment 125

comment by: *UK CAA*

Paragraph No: 2.11.3

Comment: Text takes a simplistic view that the attestation process will improve compliance with requirements together with the standardisation of levels of training. It is not explained how this is to be achieved.

Justification: Clear requirements, properly implemented within States and checked through a standardisation process improves standards, not a system to issue cabin crew with an attestation. The draft Implementing Rules do not contain any more detail of content of training so the attestation cannot be justified on the grounds of standardisation of levels of training.

Proposed Text (if applicable): Clarification required as to how the attestation process can be seen to improve levels of safety.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.11 Attestation process for cabin crew competence - 2.11.4 Economic Impact p. 108-111

comment 126 comment by: UK CAA

Paragraph No: 2.11.4.3

Comment: Text states that mutual recognition of attestations will reduce training and associated costs for operators.

Justification: This is likely to be correct but a reduction in training cannot be quantified as an automatic improvement.

Proposed Text (if applicable): Clarity required on how reduced training improves standards.

comment 304 comment by: IACA International Air Carrier Association

Table 72

EASA concludes that options 6A and 6B would not result in a level playing field. This is not correct. All options will by definition result in the same level playing field for all 27 EU members as they are all bound by the same Implementing Rules.

G. 2. REGULATORY IMPACT ASSESSMENT - 2.11 Attestation process for cabin crew competence - 2.11.7 Regulatory harmonisation p. 112-113

comment 305 comment by: IACA International Air Carrier Association

2.11.7.2.

It is unfair to say that all options are neutral. In fact they would score negative. The more stringent the option is, the more negative the score would be.

comment 306 comment by: IACA International Air Carrier Association

2.11.7.3

Statement is incorrect. The FAA Certificate of competence (actually: Certificate of demonstrated proficiency) is similar to option 6A and is without any medical assessment.

G. 2. REGULATORY IMPACT ASSESSMENT - 3. Conclusions p. 115

comment 38 comment by: Richard Paul Bateman

There is no evidence base that this - which despite the impact assessment -

will be a massive expense to the operator will save lives. The regulation is not supported.

comment

112

comment by: *James Leavesley*

If the unwritten desire of this porpose dlegislation is to reduce the number of aircraft benig operated by PPL owners occupiers then it will succeed.

I have asked my maintance engineer for estimated to comply and he considered the total cost for me to confirm would be in the region of £ 85,000 or 100,000 euro.

That is nearly one third of the value of my machine and more than half of older machines.

This legislation would cause me to sell the machine and stop flying. It will all be too expensive to continue. This comment does not take into the current economic climate which I don't believe will continue for much longer.

If these costs ere to be imposed accross the whole of Europe then, this legislation is either being sponsered by the maintance companies who will be the ony beneficieries or the enviromental extreemests who want to reduce the amount of PPL private flying.

If the person who believe that the options will only have "minor cost impact on operators" ask them to purchase my machine, then spend the required amount on compliance and see if they can sell it or find someone willing to pay the rates required to cover the increased costs!! ps let them know it has been in a hanager all its life so is in excellent condition !!

These proposals do not have an acceptable cost to benefit outcome for the PPL owners.

comment

199

comment by: *DGAC*

Proposal: Choose option 5D instead of 5C.

Justification :

There is no reason for distinguishing two categories of cabin crew members. More over on non commercial aircrafts, cabin crew are often alone on board the aircraft and can have a big impact on safety. For example, in case of sudden incapacity of one pilot, to help the other pilot to keep out the cockpit the **[???** incapacitated pilot. = "extracting the incapacitated pilot from the cockpit" ?

It is also difficult to introduce different periodicity of examination.

comment

219

comment by: *Aero-Club of Switzerland*

Looking non-commercial operations with other than complex motor-powered aircraft 4A is only the best option, when the private use of helicopters is

brought in line with the private use of fixed wing aircraft.

Justification: This is not the case today, measures should be taken as soon as possible to change this.

The positive social impact will, we think, not be situated where it should be.

Justification: A flow of money to the equipment manufacturers will be the result, not a flow in the direction of the flying schools or clubs, but in any case the flow of money will have one clearly defined source: The pockets of the private pilots.

We also question the statement, that there will be positive impacts in safety: Money spent on equipment will normally not be spent in flying, hence safety will not increase.

Justification: Individuals normally cannot increase their income because there is no tax to be levied or price to be increased, tax and price paid by someone else.

comment

247

comment by: *European Private Helicopter Alliance*

Conclusions

Regarding non commercial air operations with other than complex motor-powered aircraft

Option 4B or 4C should be selected, as they both score 1, as against option 4A which scores -2, according to our argument above.

Certainly for helicopters the result is unquestionably 4B or 4C

comment

256

comment by: *Helicopter Club of Great Britain*

Conclusions

Regarding non commercial air operations with other than complex motor-powered aircraft

Option 4B or 4C should be selected, as they both score 1, as against option 4A which scored -2, according to our argument above.

Helicopters

Certainly for helicopters the result is unquestionably 4B or 4C

comment

259


comment by: *William Harford*

The stated preferred option 4A for non commercial operation of other than complex motor powered aircraft is the most prescriptive and draconian of all the options listed and yet for the operation of complex motor powered aircraft the

least prescriptive option, 3C, is your preference. The assessment of the preferred options as shown in tables 49 do not share the same parameters as those shown in table 56 thus no valid direct comparison is possible.

What option 4A is saying in effect is that my very simple non complex R44 helicopter will have to operate under a stricter and more prescriptive regime than my friend's Dauphin helicopter, a large complex IFR helicopter.

Appendix A – Attachments to comments received on NPA 2009-02g

 [Accidents where cabin crew made the difference.pdf](#)

Attachment #1 to comment [#275](#)