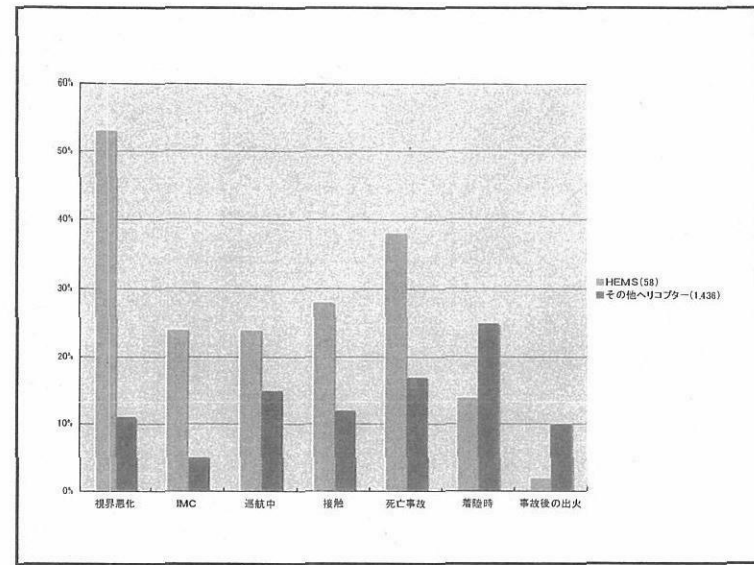


5



6

AIR MEDICAL ACCIDENT ANALYSIS: CONSOLIDATED PROBLEM STATEMENTS

<p>Pilot Performance Issues:</p> <ul style="list-style-type: none"> Loss of situational awareness Poor assessment of decision making Limited experience in make/land Pilot checks not conducted in appropriate type of aircraft Pilot disregard company policies Inadequate preflight planning Pilot failed to obtain weather briefing Pilot ignored weather briefing Pilot not wearing helmet Pilot consumed VFR flight into IMC conditions Pilot descending to avoid IMC Pilot fails to maintain safe altitude Pilot fails to conduct area scan Pilot fails to conduct pre-landing briefing Inspector response to in-flight emergency Inadequate N1 (over RPM) control Pilot failed to recognize and avoid power settings Inspector pilot technique Pilot took off with sun in eyes Distraction point not entered in exception response Pilot failed to use air speed warning to lower wings Pilot failed to hear or respond to ATIS special VFR clearance Pilot's attention is diverted to radio the cockpit 	<p>Aircraft Issues:</p> <ul style="list-style-type: none"> Aircraft not IFR certified No autopilot or second pilot Poor configuration of navigation equipment Pilot unable to determine altitude above LZ Pilot unable to detect weather Pilot unable to detect wires Misreading inaccurate fuel quantity gauge Aircraft fuel system inadequate for existing use conditions Unreliable fuel tank <p>Infrastructure Issues:</p> <ul style="list-style-type: none"> ATC unclear regarding pilot's request Inadequate vector by ATC to intercept location Pilot unable to obtain ATIS (Automated Terminal Information Service) information Airport uncontrolled Airport congested, requiring landing on ramp Helipad small Helipad surrounded by obstacles Towerlines did not meet marking criteria Powerlines not depicted on aeronautical charts <p>Landing Zone Issues:</p> <ul style="list-style-type: none"> Difficulty identifying landing zone No landing site supervisor Incomplete/adequate obstacle information on LZ Congested landing zone Obstacle-free environment <p>Corporate/Management Issues:</p> <ul style="list-style-type: none"> Corporate pressure to complete the mission Personal pressure to complete the mission "Standby Aircraft" change required equipment transfer Pre-flight preparations rushed
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Figure 1-26. Consolidated Problem Statements
Adapted from: Air Medical Accident Analysis, 2001

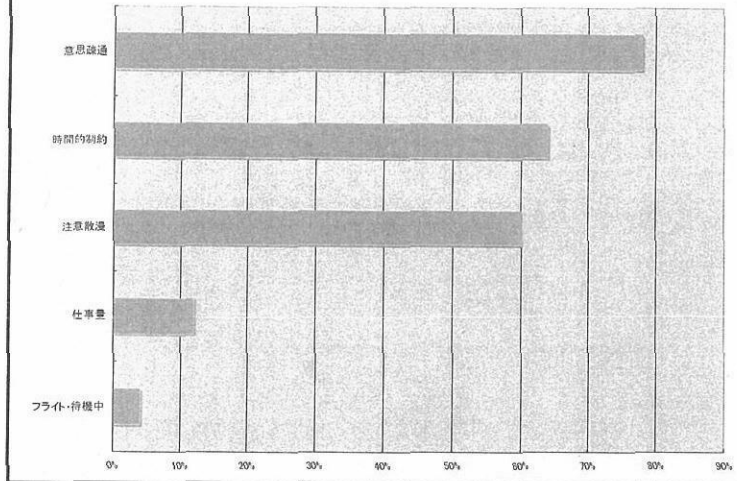
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事故要因 (NTSB1988)

人的要因	68%
天候要因	30%
(死亡率)	(61%)
機械的トラブル	25%
接触	20%

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人的要因の内容



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1988年のNTSBの勧告

- プログラムごとのマニュアルの整備(年次更新)
- 安全責任者などの役割の明確化
- フライトクルー訓練の実施
- 個人安全装備
- 勤務体制の基準設定(週48時間以内)
- 第三者機関の評価システム

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小児・周産期医療の崩壊と対策

- 世界的な流れ(歴史)
 - 米国・ヨーロッパ・オーストラリアなど
- 日本
 - 狭い地域内での医療システム
 - 広域搬送システムの欠如
- 欧米
 - 広域医療ネットワークの整備(人口300~1000万人対象)
 - 24時間搬送システムの整備

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今後の課題

- 安全性の確保と24時間体制の両立
 - 運航クルーの確保
 - 負荷のない勤務体制
 - 運航支援システムの確立
 - ヘリコプターIFR運航
 - GPS誘導システムの確立
 - 財政的な基盤の確立

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