

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
WASHINGTON D.C. 20591

In the matter of the petition of

HELICOPTER ASSOCIATION INTERNATIONAL
and
ASSOCIATION OF AIR MEDICAL SERVICES

Regulatory Docket
No. 27491

for an exemption from §§ 135.213(a) and (b), 135.219,
and 135.225(a)(1), (a)(2), (f), and (g) of Title 14,
Code of Federal Regulations

PARTIAL GRANT OF EXEMPTION

By letters dated July 1, and August 30, Mr. Frank L. Jensen, Jr., President, Helicopter Association International (HAI), 1635 Prince Street, Alexandria, Virginia 22314-2818, and Ms. Nina Merrill, Executive Director, Association of Air Medical Services (AAMS), 35 South Raymond Avenue, Suite 205, Pasadena, California 91105, and September 5, 1995, by Nina Merrill, AAMS, petitioned the Federal Aviation Administration (FAA) for an exemption from §§ 135.213(a) and (b), 135.219, and 135.225(a)(1), (a)(2), (f), and (g) of Title 14, Code of Federal Regulations. The petition, on behalf of certificate holders that conduct emergency medical service (EMS) operations, would authorize these EMS operators to perform instrument flight rules (IFR) departures and to perform IFR instrument approach procedures (IAP) at airports and or heliports that do not have an approved weather reporting source.

The petitioners request relief from the following sections:

Section 135.213(a) states, in pertinent part, that whenever a person operating an aircraft under part 135 is required to use a weather report or forecast, that person shall use that of the U.S. National Weather Service (NWS), a source approved by the NWS, or a source approved by the Administrator. However, for operations under visual flight rules (VFR), the pilot in command (PIC) may, if such a report is not available, use weather information based on that pilot's own observations or those of other persons competent to supply appropriate observations.

Section 135.213(b) states, in pertinent part, that for the purposes of paragraph (a) of this section, weather observations made and furnished to pilots to conduct IFR operations at an airport must be taken at the airport where those IFR operations are conducted, unless the Administrator issues operations specifications (OS) allowing the use of weather observations taken at a location not at the airport where the IFR operations are conducted. The Administrator issues such OS when, after investigation by the NWS and the FAA Flight Standards District Office (FSDO) charged with the overall inspection of the certificate holder, it is found that the standards of safety for that operation would allow the deviation from this paragraph for a particular operation for which an air taxi/commercial operator (ATCO) operating certificate has been issued.

Section 135.219 states that no person may take off an aircraft under IFR or begin an IFR or over-the-top operation unless the latest weather reports or forecasts, or any combination of them, indicate that weather conditions at the estimated time of arrival (ETA) at the next airport of intended landing will be at or above authorized IFR landing minimums.

Section 135.225(a) states that no pilot may begin an IAP to an airport unless-

- (1) That airport has a weather reporting facility operated by the NWS, a source approved by the NWS, or a source approved by the Administrator; and
- (2) The latest weather report issued by that weather reporting facility indicates that weather conditions are at or above the authorized IFR landing minimums for that airport.

Section 135.225(f) states that if takeoff minimums are specified in part 97 of this chapter for the takeoff airport, no pilot may takeoff an aircraft under IFR when the weather conditions reported by the facility described in paragraph (a)(1) of this section are less than the takeoff minimums specified for the takeoff airport in part 97 or in the certificate holder's OS.

Section 135.225(g) states that except as provided in paragraph (h) of this section, if takeoff minimums are not prescribed in part 97 of this chapter for the takeoff airport, no pilot may takeoff an aircraft under IFR when the weather conditions reported by the facility described in paragraph (a)(1) of this section are less than that prescribed in part 91 of this chapter or in the certificate holder's OS.

The petitioners support their request with the following information:

HAI and AAMS state that the affected sections should be protecting EMS operators, but, instead are encouraging them to fly in marginal weather conditions under VFR because of the non availability of approved weather reporting sources.

HAI and AAMS believe that it is safer to file an IFR flight plan and to operate under IFR than to conduct flight operations under VFR in marginal visual meteorological conditions (VMC). The petitioners state that their member operators are committed to the safe and successful completion of their EMS flights. The petitioners state that operating in marginal VMC weather conditions has been the single most frequent cause factor in EMS aircraft accidents.

The petitioners state that the proposed exemption would increase the level of safety that is now provided by giving operators the ability to operate in accordance with IFR more often. This would minimize the need for marginal VFR flight operations. HAI and AAMS state that a fully trained crew, following proper IFR procedures, in a properly equipped aircraft, can only enhance safety.

The petitioners state that granting the proposed exemption in regard to IAPs would not promote improper descent below minimums, because weather reporting is not needed once appropriate descent minimums are established for the specific IAP being used. HAI and AAMS state that the FAA's procedures for establishing IAPs, take into account the location of the nearest station for reporting barometric pressure readings when determining minimums. The petitioners state that a lack of weather reporting on the field warrants the establishment of higher minimums, but once established, the IAP can be used safely without local weather reporting. The petitioners propose that during an IAP the landing area would either be in sight at the missed approach point, or a missed approach would be performed.

HAI and AAMS state that Transport Canada regulations permit commercial operators to perform IFR IAPs based on area forecasts only. Transport Canada also permits alternate airport weather to be based on an area forecast by increasing the ceiling and visibility requirements for the alternate. The petitioners state that Transport Canada has not reported any problems with these regulations and that Canadian EMS operators have an excellent safety record under these regulations.

The petitioners state that the proposed exemption would be in the public interest. It would provide safer operations and increased EMS to more than 900 airports or heliports in the national airspace system that have approved IAPs, but do not have approved weather reporting sources. The proposed exemption would allow more patients to be moved safely and more efficiently within the parameters of the National Airspace and the Air Traffic Control System.

The petitioners point out the importance of time in saving lives. Emergency patient care is a continuum of discovery and treatment that includes the elements of: 1. dysfunction recognition, either anatomical or physiological, 2. assessment, 3. diagnosis, and 4. supportive interventions, all culminating in definitive medical and or surgical therapy.

The petitioners state that the continuum of critical and high-risk patients is usually time-dependent. The more time that elapses after the event, the less chance of recovery and survival, i.e., the "Golden Hour" of trauma. Non-trauma patients also must be treated within their disease specific "Golden Hour." Examples include the following conditions: cardiac patients who require thrombolysis, patients with dissecting aneurysms who require immediate surgery, neonates who require access to special care units to survive, hemorrhaging patients who require aggressive resuscitation and restoration of blood volume, and others.

Time affects survival. Inefficient transport times expose patients to an environment where the ability to respond to life-threatening complications is seriously hampered.

When air medical services can significantly reduce the time to deliver critical or high-risk patients to definitive care, they should be employed. Examples may include, but are not limited to: trauma victims, high-risk mothers, neonates, cardiovascular patients, and hemorrhagic states.

The petitioners state that the transportation of patients under the proposed exemption would be limited. The decision to transport would be made by medical personnel based on the patient's condition. If the patient is being transferred from one hospital to another, a physician is involved in the decision to transfer. For patients whose illness or injury occurs outside of a hospital, "on scene" medical personnel have a variety of tools to help them identify the appropriate method of transport. These include numerical evaluation systems which clearly identify when a total score indicates air or ground transport.

HAI and AAMS have proposed several conditions and limitations that would be included in the proposed exemption:

1. Authorization is limited to Air Ambulance flights.
2. Authorization is limited to IFR equipped and certified helicopters, and pilots with a current § 135.297 check.
3. Authorization is limited to pilots who annually complete an approved course on weather observation and instrument operating procedures for locations without weather reporting. The course will include, as a minimum, the following:

Ground School Course Curriculum

- a. FAR Review.

This section will include a review of parts 1, 61, 91, and 135 as they apply to flight under IFR.

1.5 hours

b. Airmen Information Manual (AIM) Review.

A review of the AIM with special emphasis placed on IFR operations as covered in Chapter 5 and the AIM Glossary.

1.0 hours

c. Interpreting Weather and Weather Reports/Forecasts.

A review of weather phenomenon and systems, as well as weather services available to the pilot such as sequence reports, area and terminal forecasts, pilot reports, and in-flight advisories.

2.0 hours

d. Instrument Chart Review.

Covers instrument flight planning, instrument procedures at both controlled and uncontrolled airports, and a review of instrument charts.

2.0 hours

e. Cockpit Resource Management (CRM).

A review of the key CRM concepts such as decision making and judgment, situational awareness, and management of flight resources.

1.5 hours

f. Methods for Determining Weather Observations by the Pilot.

Covers methods for determining present visibility (measured or estimated), methods for determining estimated ceilings, and the methods for weather observation used by the NWS.

2.0 hours

A total of 10.0 hours

4. Flight planning will include selection of an alternate airport with an approved weather reporting source in accordance with § 135.213.
5. A radar altimeter is installed and operating.
6. Severe weather detection equipment such as, airborne weather radar or lightning detection, is installed and operating.
7. The crews are tested and checked on IFR operations at uncontrolled airports.
8. Helicopters will fly all approaches using Category A approach speeds.
9. After completing a landing at the destination airport that does not meet the weather requirements of the affected sections, the PIC is authorized to determine if the weather meets the take-off requirements of part 97 or the certificate holder's OS as applicable.

HAI and AAMS also state that safety has always been the underlying cause for establishing regulations governing flight. Throughout the regulatory process, the FAA, in accordance with the aviation industry, has developed a comprehensive set of regulations unparalleled throughout the world. Sound, effective rules are validated by thorough accident analysis. Where regulations are insufficient to provide appropriate levels of safety, these regulations are rewritten, until this goal is achieved.

The petitioners state that regulations are also reviewed and revised to take advantage of ever changing and advancing technologies. Thirty years of industry growth has elapsed since the first regulations governing flight were enacted. The industry has matured from navigating by lighted beacons to navigating by satellites.

The petitioners state that just as the FAA, aviation, and the industry have evolved, so has the NWS. The weather gathering and dissemination system originally established was designated to support airplanes at airports providing commercial service to the public. HAI and AAMS believe that the initial needs of airlines dictated that, with the resources available, the safest and most feasible locations for data collecting would be at the airport. These terminal reports were then collected and analyzed by a trained forecaster to develop an area forecast which could be used for terminals which did not have a weather observation station. The petitioners believe that the safest and most practical weather gathering and communications procedures available were established, and now form the basis for the current procedures.

HAI and AAMS state that once the initial regulatory framework was established, the problem was one of keeping up with the rapid growth of the industry, and this problem persists today. The petitioners state that it was not, and still is not, within the FAA's budget to support weather observation stations for every new terminal, general aviation airport, or hospital heliport. The petitioners state that driven by cost and system limitations, the FAA has tried to keep pace with the growth of the industry by modifying the regulations to allow exceptions for weather reporting through OS. The petitioners state that by controlling flight operations through OS, an equivalent level of safety is maintained, flexibility is provided for the operator, and an impossible burden is removed from the FAA.

The petitioners state that OS approvals for deviation from the FARs are common practice within the industry. HAI and AAMS state that presently three of the largest helicopter operators are certified to operate under IFR without weather reporting at certain sites. This is permitted through their part 135 OS.

HAI and AAMS state that presently, the FAA, through these OS, issues approvals to conduct terminal IFR operations without weather observation facilities on the immediate site. Additionally, provisions exist which allow a pilot operating in certain areas, to expand the service area report from one station to include a block of air space 60 miles long by 80 miles wide. However, these procedures still do not provide enough flexibility to ensure the safest operations possible for the EMS industry.

The petitioners state that during the last 34 years, the NWS has upgraded and implemented new equipment as new technologies have emerged. The weather community has gone from visual observations to radar surveillance, computer enhancement, computer gathering and satellite observations. The petitioners state that the FAA has also taken advantage of technology innovations, as evidenced by reducing the number of Flight Service Stations and weather reporting facilities around the country. The installation of Automated Weather Observation Station (AWOS/ASOS) systems, though good when available, cannot possibly provide coverage to every site. The petitioners state that Remote Flight Service Stations without windows, that rely totally on computers and satellites, do nothing to alleviate the need for on-site weather reporting.

HAI and AAMS state that the method of collection of weather information and weather forecasting has improved dramatically, but changes to operational procedures have not been implemented to take advantage of these improvements. To enhance the safety of IFR operations, particularly as it relates to EMS necessitates that operating procedures change to keep pace with system improvements.

The petitioners state that the proposed exemption request does not represent the seeking of a sanction by the FAA for a competitive edge. It represents an attempt

to extend medical services to areas that are poorly served using well considered concepts which the current rules do not allow. The affected flights would be made to outlying hospitals or rural areas that lack the level of medical care which can be realized at the hospitals operating helicopter air ambulance services.

The petitioners state that the FAA's study, Rotorcraft Low Altitude IFR Benefit/Cost Analysis: Conclusions and Recommendations, published October 1993, states:

"Effective EMS operations require that IAP capabilities are available at both the hospital where the patient is picked up and the hospital where the patient is delivered... Hospital heliports provide tremendous benefits to the nation in terms of providing EMS helicopters with rapid access to hospitals. Using these heliports, helicopter EMS services save lives and reduce morbidity (faster recovery from injury, decrease in long term disability, etc.) These benefits could be increased through the installation of non-precision IAPs at hospital heliports. This analysis indicates that, at many hospitals heliports, the benefit/cost ratio of a non-precision approach is very large. In a number of cases it is larger than 1,000 to 1."

The study also cites the crux of the problem with IFR operations to these facilities, "Currently, a major constraint to the mission is the lack of available weather information. This is particularly true in rural areas where weather observations are often lacking."

HAI and AAMS state that denying the utilization of helicopters to their fullest capabilities is killing people, both by forcing EMS operators to operate under VFR in marginal conditions and by denying safe IFR operations to move patients who truly warrant rapid transport. On January 8, 1993, a letter from the Assistant Secretary for Policy and International Affairs, Office of the Secretary of Transportation titled "Treatment of Value of Life and Injuries in Preparing Economic Evaluations" placed the current figure at \$2.5 million for FAA benefit/cost purposes. The petitioners state that at this rate, we are paying dearly for our limitations. The emergence of a national health plan with managed health care will also attempt to equalize services for rural Americans as well as those who live in close proximity to a major medical center.

HAI and AAMS note that there have been previous petitions for exemption that proposed similar relief to that now requested and that these petitions were denied. The petitioners state that the major difficulty cited consistently in the FAA denials of exemption refer to a NTSB study based on data collected between 1964 and 1975. The petitioners state that this study reflects no helicopter IFR data. HAI and AAMS state that before considering this exemption, it should be urged that criteria for judgment be based on appropriate helicopter operations data.

Rotorcraft Low Altitude IFR Benefit/Cost Analysis: Conclusions and Recommendations states:

"Rotorcraft have different flight capabilities and limitations than fixed-wing aircraft and often perform unique missions."

"When Rotorcraft conduct IFR approaches and departures, they have significantly more capability than fixed-wing aircraft."

"Rotorcraft approaches to heliports/vertiports free approach slots to a runway."

HAI and AAMS state that as we approach the dawn of the 21st century, IFR helicopter operations are being reconsidered and reshaped. Projects like the Extremely Low Visibility IFR Rotorcraft Approach (ELVIRA) workshop are drawing the lines to this future. Considerations such as maximum speed limitations on approaches for helicopters of perhaps 70 knots indicated air speed (KIAS), might give the operators an even wider margin of safety. The petitioners state that first and foremost, we must enable EMS Helicopters to utilize the capabilities that have not been fully realized.

Finally, the petitioners state that the National Transportation Safety Board's (NTSB) Safety Study on Commercial Emergency EMS Helicopter Operations recommends the following: Review Title 14, Code of Federal Regulations Part 135, Instrument Flight Rules (IFR): Alternate Airport Requirements, to determine the feasibility of allowing the helicopter pilot, without designating an alternate airport, to file IFR with a lower destination weather forecast than is currently specified (Class II, Priority Action)(A-88-5).

A summary of the petition was published in the Federal Register on August 22, 1995, (60 FR 43643) and no comments were received.

The FAA's analysis/summary is as follows:

The FAA understands the problems that are faced by EMS operators, has fully evaluated the supportive information presented by HAI and AAMS concerning whether the proposed exemption provides a level of safety that is equivalent to the affected regulations, and whether the proposed exemption is in the public interest, and has also considered all of the other material submitted by the petitioners.

The FAA notes that the petitioners have proposed two distinct areas of relief. The first is to permit IFR departures at airports and or heliports that do not have an approved weather reporting source. The second is to permit IFR IAP at airports and or heliports that do not have an approved weather reporting source. The FAA has evaluated each proposal in regard to the level of safety that it would provide.

The FAA finds that a partial grant of exemption, from § 135.213(a), to permit only IFR departures at airports and or heliports that do not have an approved weather reporting source, subject to certain conditions and limitations, would not reduce the level of safety that is currently provided.

Similarly, the FAA finds that the petitioners have failed to show how an equivalent level of safety would be maintained under an exemption that would permit performing IFR IAPs at airports and or heliports that do not have an approved weather reporting source.

EMS operators are not prohibited from operating under part 91 to an airport where a patient will be picked up. Any person, including EMS operators, conducting operations under part 91 may perform an IAP under IFR to an airport that is not served with an approved weather source. Thus, it is possible for EMS operators to find themselves in the situation in which they are located at an airport, with a patient on board, and are then not be permitted to depart that airport under IFR, because the airport does not have an approved weather reporting source.

In such a case, if the pilot determines that the current weather at the airport is at least equal to VFR minimums, the flight may depart from that airport under VFR and either continue flight under VFR or attempt to obtain an IFR clearance enroute.

The FAA finds that because it is safe to depart an airport under VFR, in weather conditions that are at least equal to VFR minimums, that same VMC weather is sufficient to permit a departure from that same airport under IFR, and to conduct the flight under IFR. Thus, subject to the conditions and limitations of this exemption, EMS operators may depart an airport under part 135 in VMC under IFR and conduct the flight under IFR.

In contrast to IFR departures, the FAA finds that the petitioners have failed to show how their proposed exemption from § 135.213(b) which requires that weather observations must be taken at the airport where the IFR operation is conducted, and from § 135.219 which requires that weather conditions at the ETA at the next airport will be at or above IFR landing minimums, and from §§135.225(a)(1) and (2) which require that no IAP may be begun unless there is an approved weather reporting source which indicates that the weather conditions are at or above IFR landing minimums, would provide a level of safety that is equivalent to the affected regulations.

The petitioners have proposed to conduct look-see IFR IAPs as allowed under part 91. This type of operation does not provide a level of safety that is equivalent to the standards for part 135 operations. This is especially so when compared to receiving the latest weather report issued by an approved weather reporting

source. These reports indicate whether weather conditions are at or above authorized IFR landing minimums for that airport. They also provide the latest information on any weather hazards in the area.

Public Law 103-272, Codification of Certain U.S. Transportation Laws as Title 49, United States Code, which replaced the Federal Aviation Act of 1958, as amended, states that in providing standards, rules and regulations and issuing certificates, the FAA shall give full consideration to the duty resting upon air carriers to perform their services with the highest possible degree of safety in the public interest. It would be inconsistent and clearly imprudent for the FAA to allow part 135 operators to initiate IAPs and permit them to look-see, without those operators having the latest reported weather for the airport of intended landing.

The FAA notes that while look-see IAP are prohibited under part 135, they are not prohibited under part 91. On April 6, 1982, the NTSB issued recommendation A-83-30 which proposed that the FAA take action to amend § 91.116 to provide that takeoffs cannot be initiated or an IAP continued past the final approach fix or into the final approach segment of an IAP unless the latest weather report for that airport issued by the NWS, a source approved by the NWS, or a source approved by the Administrator reports the visibility to be equal to or greater than the visibility minimums prescribed for that procedure. In its recommendation, the NTSB cited 19 fatal accidents where the pilot descended below minimums during the IAP when the weather was below minimums. Six of these flights involved air taxis that were evidently operating in violation of § 135.225. The other 13 accidents occurred during part 91 operations. In 11 of these accidents, the FAA review and analysis revealed extenuating and invalidating circumstances. Only the two remaining accidents involved controlled collisions with the ground during IAPs where the reported weather was below the IFR approach minimums. Accordingly, the FAA found that it was unable to justify amending part 91 as recommended by the NTSB, i.e. prohibiting look-see IAPs under Part 91.

In evaluating HAI's and AAMS's petitions for an exemption from §§ 135.225(f) and (g), the FAA finds that an exemption that would authorize IFR departures in weather conditions that are below those specified in part 91, part 97, or the certificate holder's OS, would not provide a level of safety that is equivalent to that provided by the FAR. Further, the FAA finds that IFR departures that are conducted in weather conditions that are at least equal to VFR minimums, under this exemption, do not require an exemption from these sections, if the actual weather conditions are determined to be at least equal to VFR weather minimums, by the PIC as specified in § 135.213(a).

In addition to the level of safety that would be provided, the FAA has also evaluated HAI's and AAMS's proposals to see if they would be in the public interest. The FAA finds that because HAI's and AAMS's proposal for an

exemption from §§ 135.213(b), 135.219, 135.225(a)(1), (a)(2), (f), and (g) would not provide a level of safety that is equivalent to the affected sections, an exemption from these sections would not be in the public interest.

The FAA finds that an exemption from § 135.213(a) that authorizes IFR departures at airports and or heliports that do not have an approved weather reporting source, only for a limited number of helicopter EMS flights, would be in the public interest

The FAA finds that operations under an exemption would be in the public interest only for those flights on which there is a patient who has a medical condition that requires, and is appropriate for, transportation by EMS helicopter. The FAA finds that each patient who would be transported will have previously been evaluated by a medical provider. This may range from specialist medical doctors capable of the most complex medical procedures to emergency medical technicians who are authorized to provide first aid. In every case, before the EMS helicopter is summoned to provide transportation, an evaluation of the patient's condition will have been made and a decision reached that the patient has a medical condition that requires, and is appropriate for, transportation by EMS helicopter. Each patient may be different and specific medical guidelines are made by the medical providers.

This exemption is thus limited to flights on which there is a patient who has a medical condition that requires, and is appropriate for, transportation by EMS helicopter. Similarly the FAA finds that an exemption that would authorize the transportation of patients who do not have such a condition would not be in the public interest.

Finally, the FAA finds that the affected EMS operators, performing the limited number of flights that would be conducted under this exemption, who are departing under IFR from airports and or heliports that do not have an approved weather reporting source, transporting only patients who have a medical condition that requires, and who is appropriate for, transportation by EMS helicopter are unique from the general class of regulated person who conducts operations under part 135. Other types of operators and or operations would not be similarly situated. The FAA also finds that the relief from the affected sections to any further extent would constitute relief that would be appropriate to the general rulemaking process rather than to an exemption.

Similarly, the FAA finds that relief under this exemption be limited to part 135 helicopter EMS operators who are members of both the HAI and AAMS. Similarly situated part 135 helicopter EMS operators may petition the FAA for similar relief under this exemption.

In consideration of the foregoing, I find that a partial grant of exemption would be in the public interest. Therefore, pursuant to the authority contained in 49 United States Code, Sections 40113 and 44701, formerly Sections 313(a) and 601(c) of the Federal Aviation Act of 1958, as amended, part 135 certificate holders conducting helicopter emergency medical service operations, who are members of both the Helicopter Association International and the Association of Air Medical Services, are granted an exemption from Section 135.213(a) of Title 14, Code of Federal Aviation Regulations to the limited extent necessary to permit helicopter EMS departures, under IFR, in weather that is at or above VFR minimums, from airports or heliports at which a weather report is not available from the U.S. National Weather Service, a source approved by the NWS, or a source approved by the Administrator. The petition for exemption from Sections 135.213(b), 135.219, 135.225(a)(1) and (2), 135.225(f), and 135.225(g) is hereby denied. This exemption terminates on September 30, 1997, unless sooner superseded or rescinded, and is subject to the following conditions and limitations:

1. Only departures are authorized under this exemption. IAPs are not authorized under this exemption.
2. Use of this exemption is authorized only at airports or heliports at which a weather report is not available from the NWS, a source approved by the NWS, or a source approved by the Administrator. IFR departures at such airports or heliports are authorized only after the PIC of the affected flight determines that the weather conditions at the departure airport or heliport are at or above VFR minimums. This may be determined by the PIC's own observation or that of another person competent to supply appropriate observations.

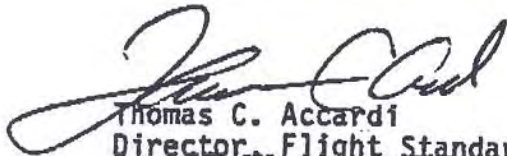
At any airport or heliport at which there is a weather report from the NWS, a source approved by the NWS, or a source approved by the Administrator, that weather report will be the controlling weather report. Thus, this exemption does not give the PIC or anyone else the authority to substitute his or her opinion as to the weather conditions if the airport or heliport has a weather report from the NWS, a source approved by the NWS, or a source approved by the Administrator.

3. Departures under this exemption are authorized only for flights on which there is a patient who has a medical condition that requires, and is appropriate for, transportation by EMS helicopter. This medical determination will be made by the medical provider who has evaluated the patient, and must be made known to the pilot prior to departure. Departures are not authorized under this exemption for the transport of patients who do not require transportation by EMS helicopter, nor for the routine transport of patients, nor for any other type of transportation or operation.
4. Each pilot who conducts operations under this exemption must be:
 - a) certificated to conduct the IFR operations permitted,

- b) trained in accordance with the certificate holders approved training program,
- c) qualified in accordance with qualification requirements of part 135, and
- d) current in all requirements to perform operations under IFR, in the model of helicopter that is being utilized.

5. Each helicopter operated under this exemption must be fully equipped and certified to conduct IFR operations under part 135. Each helicopter operated under this exemption must be equipped with an approved and operable radar altimeter, and either an approved and operable weather radar or approved and operable lightning detection equipment.

6. Before conducting any operation under this exemption, each certificate holder must submit to, and have approved by the FAA Principal Operations Inspector assigned to the certificate holder, an amendment to the certificate holders approved training program. The amendment must include, as a minimum, the items proposed by HAI and AAMS on pages 4 and 5 of this exemption, under item no. 3., Ground School Course Curriculum.



Thomas C. Accardi
Director, Flight Standards Service
Issued in Washington DC on September 29, 1995