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Concern Network

The Concern Network shares verified information to alert medical transport programs when an accident/incident has occurred. Both air and ground programs are encouraged to participate. The reports are shown here verbatim as they were filed. If you have questions, contact CONCERN Coordinator David Kearns at (800) 332-3123 or coordinator@concern-network.org.

1/1/2017 0237 EST
Program: MedFlight
2827 W Dublin Granville Road
Columbus, OH 43235
Type: EC130 B4
Tail #: N130MU
Operator/Vendor: Metro Aviation, Inc
Weather: Ceilings 4000-5000 and 10+ miles visibility with occasional rain shower.

Team: Pilot, Flight Nurse, Flight Paramedic. No injuries reported. No patient.

Description: On the night of January 1, 2017, the team was requested to transport a patient from Belpre, OH to Columbus, OH. Prior to departure, the weather was reviewed and found to be currently reporting and forecasted to remain within company minimums throughout the duration of the flight. Metro Aviation's OCC also analyzed the weather and other risk factors and concurred with the pilot's assessment. While en route to Columbus, visibility was variable from 6-10 miles due to occasional mist. After the patient was delivered, the aircraft was re-fueled and weather was again checked and all reporting stations along the route and near the destination indicated ceilings of 2200-2300 ft and 9-10 miles visibility. While enroute to base, the team experienced a few small pockets of reduced visibility, but conditions remained within company weather minimums. As the flight approached the New Lexington, OH area, the weather rapidly deteriorated, reducing flight visibility to less than 2 miles. The pilot assessed the situation, knew the aicraft was at a safe altitude to clear terrain, and quickly made the decision to commit to executing the Metro's IIMC procedure. With the autopilot already engaged, the pilot set the instruments and initiated a climb while he called ATC and requested the nearest precision approach procedure. The pilot was cleared to the Initial Approach fix for the ILS approach into the Zanesville, OH airport. The procedure was executed successfully and the flight landed safely.

Additional Info: Metro Aviation training includes regular IIMC recovery techniques annually using full motion simulators and quarterly in the aircraft. Pilots also discuss and talk through the process with the medical teams. The medical teams in this case were involved in assuring the pilot in command was keeping the aircraft level and not descending during the initial stages by monitoring the instrumentation as well while the pilot made his radio calls and set all his inputs. The main reason for a successful outcome here was the ongoing training the pilots and crew perform and the pilot's quick response to committing to going IIMC and not trying to maintain VFR in the rapidly deteriorating situation.

Source: Bill Fauconneau, MedFlight Safety Officer

1/15/2017 PM EST
LifeFlight of Maine
13 Main St.
Camden, ME 04843
Type: A109E
Tail #: N901CM
Operator/Vendor: SevenBar Aviation
Weather: Clear. Not a factor

Team: Pilot, Flight Nurse, Flight Paramedic, Orienting Flight Paramedic. No injuries reported. No patient.

Description: In the early afternoon of January 15, 2017, LifeFlight2 departed Maine Medical Center in Portland, ME, en route to Oxford Airport (81B) on a non-patient repositioning flight which was the fourth flight leg of the day. Approximately 8 minutes after departure, while in cruise flight at 2000 feet MSL and 130 knots, the pilot encountered severe lateral and vertical vibrations through the airframe. The pilot immediately lowered the collective and identified a suitable landing zone 20 degrees to the right of the flight path. A radio call was made to MedComm advising of an emergency. MedComm immediately activated the PAIP.

Upon entering autorotation the pilot noted that the vertical vibration subsided somewhat which made the aircraft easier to control. The HIGH RPM warning sounded during the decent, however, when attempting to reduce the RPM with collective the severe vibration returned. The pilot elected to keep collective input at a minimum for as long as possible. The aircraft landed safely in an open field in a very rural area. Upon exiting the aircraft, the crew noted that the tip cap on one of the main rotor blades had departed the aircraft inflight.

No injuries or secondary aircraft damage resulted from the event. The NTSB and FAA were notified immediately of event and rated incident as non injury, non damage.

Additional Info: The cause of the rotor tip departure remains unknown. All of the main rotor blades on the aircraft were current for inspections and preflight had not identified any abnormalities.

Pilot airmanship proficiency, altitude, and SevenBar's training program were all identified as critical elements in the safe landing of the aircraft.

LifeFlight and SevenBar conducted a full all hands meeting within 24 hours to debrief the event and support team members. These actions are ongoing.

Other than the damaged main rotor blade, a thorough field inspection did not identify any additional problems with the control systems or rotors. The nature of the autorotation maneuver, however, and the data available on this aircraft's systems made determining the possibility of an over-speed occurrence difficult.

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Using the most conservative response rule, LifeFlight, SevenBar, and Leonardo concurred the most conservative approach to recovering the aircraft was appropriate. The aircraft was transported to the program's main maintenance base via ground transport for inspections and repairs.

The blade has been sent for failure analysis.

Source: Sean Mulholland, SevenBar Director of Safety; Tom Judge

1/6/2017 1630 MST
University of New Mexico Hospital - Lifeguard

2211 Lomas Blvd NE
Albuquerque, NM 87106
Type: A119Kx
Tail #: N306LG
Operator/Vendor: SevenBar Aviation
Weather: Localized rain showers.

Team: Pilot, Flight Nurse, Flight Paramedic. No injuries reported. Patient on board.

Description: A patient transport from the Northern Navajo Medical Center (Shiprock, NM) to UNMH ABQ performed a precautionary landing upon encountering unforecast weather. The flight departed in VFR conditions. The ceiling was approximately 2000', temperature 6C, with winds out of the southwest at 25-30 knots. The planned time en route was approximately 45 minutes. At the halfway point, the flight encountered heavy rain in twilight lighting conditions. While maintaining VFR, the pilot slowed to 80 knots and descended to 500 feet AGL seeking better flight visibility. The pilot was not able to divert or return to the point of departure due to the length of the trip and no availability of fuel along the route. As the pilot entered conditions for an En route Decision Point (EDP) and with no signs of improvement in ceiling and visibility, the pilot elected to make a precautionary landing along the highway.

The pilot contacted the Comm Center via satellite telephone to apprise them of the situation, after which the PAIP was activated. Arrangements were made for ground transport to meet the aircraft, transporting the patient and physician the remainder of the trip. Although conditions improved shortly after the precautionary landing, the aircraft remained there until the already en route ambulance met the aircraft. After the patient was transferred with the physician, the aircraft with the flight paramedic still onboard continued on to base without incident.

Additional Info: EDP: En route Decision Point process outlined in company SOP

Source: Sean Mulholland, Director of Safety — SevenBar Aviation

1/26/2017 2130 Cen
Avera Careflight

1325 South Cliff Ave.
Sioux Falls, SD 57117
Type: EC-145 [BK-117C2]
Tail #: N911MK
Operator/Vendor: MRIS, LLC [Own Part 135]
Weather: VFR -SN

Team: Pilot, Flight Nurse, Flight Paramedic. No injuries reported. No patient.

Description: Interfacility transfer. Cruise flight. #2 Engine "Twist Grip" annunciator illumination on CAD. The PIC confirmed the twist grips were in the "Fly" detent. Lanes 1 & 2 of the VEMD were cross-checked with no abnormal indications.

Seconds later, the #1 and #2 "ENG PA DIS" annunciator illuminated on the CAD. Lanes 1 & 2 of the VEMD were again cross-checked with no abnormal indications. Shortly after the "ENG PA DIS" illuminated, the crew heard what can be described as a winding down sound.

Following that, the crew heard a hissing sound and the smell of exhaust in the cabin. The PIC immediately reached up and turned off the cabin heat, then started lowering the collective and began a turn to return to the home airport.

During the turn, the "FIRE" warning light illuminated on the #2 ENG. OEI flight power settings were established and once below 100 knots, the #2 ENG EMER shut-off guard was raised and the EMER Off switch was activated. The FLI needles split and subsequent lights illuminated along with the ACTIVE and BOT 1 lights. The PIC pressed the BOT 1 push button and continued to trim the RPM up. The PIC started the clock, but was unsure how much time had passed. The BOT 2 light illuminated and since the FIRE light was still illuminated the PIC pressed the BOT 2 push button. Two seconds after pressing the BOT 2 push button, the FIRE light extinguished.

The PIC then handed the flight paramedic the Emergency checklist and asked him to open it to the Engine Fire page. Once he found the correct page, he handed the Emergency Checklist back to the PIC and the procedure was confirmed to ensure completion of all the proper steps.

The PIC was talking throughout the procedure and alerted the crew of what had happened and the appropriate response. The PIC informed them that the FIRE light had gone out and believed the condition had been resolved. They were also informed by the PIC of the destination airport as the most suitable landing area, with an emergency landing with one engine inoperative. The flight paramedic handled all the communication with the Communications Center.

Aircraft completed and uneventful OEI approach and landing. Emergency shutdown and egress performed. No injuries or further damage to the aircraft. FAA FSDO and NTSB notified.

Source: C. Skip Barthle, SMS/Flight Safety Manager

2/14/2017 1055 CST
AirMed Regional-McAlester

123 Airport Road, Hanger #30
McAlester, OK
Type: Beech C90A
Tail #: N1551C
Operator/Vendor: EagleMed
Weather: IFR Conditions

Team: Pilot, Flight Nurse, Flight Paramedic. No injuries reported. No patient.

Description: At about 1055 CST, a Beech C90A airplane, N1551C, was substantially damaged during a forced landing following a loss of engine power during cruise flight near Rattan, Oklahoma. The pilot and two medical crew members on board were not injured. Instrument meteorological conditions prevailed for the flight, which was operated on an instrument flight rules flight plan. The flight originated from the McAlester Regional Airport (MLC), McAlester, Oklahoma, at 0806. The intended destination was the McCurtain County Regional Airport (4O4), Idabel, Oklahoma for an inter-facility patient transport.

Shortly after takeoff, while established in cruise flight, the airplane experienced two "quick" electrical power fluctuations. The airplane subsequently lost all electrical power. There was an associated loss of communications & navigation capability in addition to operating in instrument meteorological conditions. The crew declared an emergency at the time of the initial power loss, notifying the communications center in that process via cell phone. The PAIP was activated at that time.

During the effort to find a suitable hole in the clouds to descend through under visual conditions, the left engine lost power. The pilot ultimately located a field through the cloud cover and executed a single engine precautionary landing. The nose landing gear collapsed and the radome separated during the landing. The airplane sustained substantial damage to the right engine mount and firewall. The crew followed emergency egress procedures and made notification to the communications center once on the ground. Local fire & rescue were dispatched to the scene. The incident has been reported-as required-to the FAA and NTSB who are investigating.

Additional Info: The patient was ultimately transported to the destination hospital by ground ambulance.