



## **CIVIL AVIATION ADVISORY PUBLICATION**

### **CAAP 10**

## **AVIATION SAFETY PROGRAMMES**

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### ***GUIDANCE INFORMATION REGARDING AVIATION SAFETY PROGRAMMES***

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#### **1. PURPOSE**

##### **1.1 General**

Good safety management is more than just a legal and moral requirement – it has always been common sense to operate aircraft safely. However, as a consequence of the increasing number of accidents involving human factors, it has been recognised that accident prevention practices must be expanded to include all persons involved with aircraft operations. One such method is the newly implemented ICAO Standard requiring the introduction of an accident prevention and flight safety programme. A safety programme identifies and monitors operational hazards and faults for the effective management of risk. The purpose of this CAAP is to provide guidance information to all operators of UAE registered aircraft, regardless of operating category, on the establishment of an aviation safety programme. It is intended as an introductory resource, providing the operator with the information needed to make a safety programme work for its organisation. All operators should be aware that aviation safety is an investment with a high return over the long term and it is management driven.

##### **1.2 Legislation**

ICAO Annex 6 requires international commercial operators to establish and maintain an accident prevention and flight safety programme. Due to the unique nature of general aviation in the UAE, the GCAA decided to expand this requirement. The Civil Aviation Regulations Part III, paragraph 2.8 (initial issue dated 01 March, 2002), requires *all* UAE commercial operators, and private category operators of UAE registered aircraft over 5700 kg, to establish and maintain an accident prevention and flight safety programme.

### 1.3 Implementation

With the exception of private aircraft under 5700 kg, every UAE operator shall establish an accident prevention and flight safety programme. All procedures, documentation and systems shall be formalised and for future operators, a safety programme shall be established prior to the issuance of an AOC, or private authorization.

## 2. STATUS OF THIS CAAP

This is A/L 1 dated 01 January, 2003 to the first issue of CAAP 10, AVIATION SAFETY PROGRAMMES, dated 01 July, 2000. It will remain current until withdrawn or superseded.

## 3. APPLICABILITY

With the exception of private aircraft under 5700 kg, this CAAP is applicable to all operators of UAE registered aircraft. Safety programmes are not just for the operators of large aircraft or major airlines and they can be tailored to meet the needs of all operators, regardless of size, complexity or type of operation. Responsibility for aviation safety begins at the top of an organisation. It is the accountable manager (Director, Chief Executive or Operations Manager), who is ultimately accountable for risk management within their organisation. The GCAA places the responsibility for safety management, and therefore the establishment of a safety programme, on the accountable manager. He/she may be the holder of the AOC for commercial operations, or for private operators, the holder of the operating authority.

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## 5. REFERENCES

The following references may be of assistance in the establishment of an aviation safety programme.

- (a) Richard Wood, Safety Programme Management Handbook
- (b) The International Civil Aviation Organisation (ICAO) Accident Prevention Manual
- (c) The Risk Management Standard AS/NZS 4360 (New Zealand)
- (d) NAV Canada Safety Management
- (e) Boeing Safety Programme Model
- (f) Australian Bureau of Air Safety Investigation “Indicate” Programme
- (g) Managing Engineering Safety Health (MESH), used at British Airways.

## 6. SAFETY PROGRAMME

### 6.1 Overview

A safety programme is essentially a coherent and integrated set of procedures for effectively managing the safety within an organisation. It is more than just safe operating practices. It is a total management programme. The outcome of a safety programme is an improvement in your organisation's ability to identify and track hazards, and to do something before they do any harm.

### 6.2 General Requirements

Regardless of the size of the organisation, all safety programmes have the four general requirements as follows.

6.2.1 Setting Standards. Top management sets the safety standards and the accountable manager should;

- (a) Specify the company's standards.
- (b) Ensure that everyone knows the standards and are encouraged to accept them.
- (c) Make sure there is a system in place so that deviations from the standards are recognised and reported.

6.2.2 Maintenance of Standards. The company maintains its standards with the support of its staff. This requires;

- (a) The right staff to be involved in developing the standards.
- (b) Responsibilities are made clear.
- (c) All staff consistently work to the standards.

6.2.3 Reporting System. Hazards must be identified and reported in a timely manner, which requires an efficient and effective hazard reporting system. This means;

- (a) All staff are encouraged to report hazards and safety concerns.
- (b) Procedures are in place to track significant events, and detect unexplained increases in safety related events.
- (c) There are processes to regularly review the effectiveness of your reporting system.

6.2.4 Resolution. Once a hazard has been identified, action is required to defend your operation from the risk involved. You can do this in three ways;

- (a) Eliminate the hazard completely. This is the most effective defence, but is sometimes not practical.
- (b) Change your operational procedures to work around the hazard.
- (c) Warn people about the hazard. By itself, this is the least effective action.

### 6.3 Elements

There are 12 elements that should be considered in building your safety programme;

1. Senior management commitment.
2. Responsibility for the safety programme by the appointment of a Safety Officer.
3. Establishment of a safety action group.
4. Hazard identification and risk management.
5. Ongoing hazard reporting system.
6. Encouragement of a positive safety culture.
7. Safety induction, recurrent, and human factors training.
8. Safety audit/assessment.
9. Accident and incident reporting and investigation.

10. Regular evaluation and ongoing fine tuning of the programme.
11. Emergency response plan.
12. Documentation.

## **7. SENIOR MANAGEMENT COMMITMENT**

The ultimate responsibility for safety rests with the directors and management of the company. The whole ethos of a company's attitude to safety, that is, the company's safety culture, is established from the outset by the extent to which senior management accepts responsibility for safe operations, particularly the proactive management of risk. Regardless of the size, complexity or type of operation, there is no doubt that senior management determines the company's safety culture. Without senior management commitment, any safety programme will be ineffective. Therefore a written safety policy signed by the accountable manager, should be published indicating to the staff that there is an appropriate reporting chain for safety issues, and reports are encouraged. Senior management must be confident that their staff understand and accept they must perform their roles in the company's safety programme. Management should also consider a non penalty policy to ensure that inadvertent safety incidents are identified and not covered up by staff.

## **8. RESPONSIBILITY FOR THE SAFETY PROGRAMME**

### **8.1 Safety Officer**

8.1.1 Designation. There needs to be one person within the organisation who is responsible for managing the safety programme. For convenience, let's call this person the 'Safety Officer'. Larger organisations may have a Director of Safety or a Safety Manager. The point is, there must be someone appropriately tasked to run the safety programme. Ideally, Safety Officers should report directly to the accountable manager on safety matters, because in this way the safety reports and recommendations can be assured of the proper level of study, assessment and implementation. The Safety Officer needs to have the accountable manager's respect in order to discuss safety problems without fear of retribution. Depending on the size of the organisation, the responsibilities of the Safety Officer may require a full-time appointment, or they may be added to someone's normal duties. This person needs to be respected throughout the organisation, enthusiastic and have the accountable manager's full support.

8.1.2 Qualifications. The Safety Officer should be technically competent in one or more of the functional areas of the company's operations. He or she could be, for example, a senior pilot or engineer. Experience has shown that the most effective Safety Officer is interested in the task and is enthusiastic about the role. In a large organisation, the Safety Officer may require the assistance of other people qualified in other areas, who are equally dedicated to the task.

8.1.3 Responsibilities. The Safety Officer's responsibilities must be clear. The appointment of a Safety Officer does not relieve the organisation's "key personnel" (ie. Directors, Chief Executive, Chief Pilot or the head of operations, the head of training and checking and the head of maintenance) from their legal obligations under the CARs. The Safety Officer is not a statutory position and is appointed to administer the safety programme.

The responsibilities include the identification and reporting of safety hazards, but may not include operational or engineering authority. The responsibilities and authority of the Safety Officer and other operational and engineering appointments must be clear and understood to prevent conflict. For very small organisations, the Safety Officer's role may be part of the duties of the Operations or Engineering Manager, Chief Pilot, or other line manager. The Safety Officer is responsible for, amongst other things;

- (a) Maintenance, review and revision of a published safety programme.
- (b) Timely advice and assistance on safety matters to managers at all levels.
- (c) Establishment and maintenance of a reporting system for hazards.
- (d) Investigating incidents and accidents.
- (e) Distribution of safety information.
- (f) Briefings and training of staff.
- (g) Retention of documentation and data.

## **8.2 Staff**

All staff must be aware of the standards and consistently work to those standards. Hazards, which are identified, must be reported in a timely manner through the established and appropriate mechanism.

## **9. ESTABLISHMENT OF A SAFETY ACTION GROUP**

### **9.1 Role**

Depending on the size of the organisation, the Safety Officer may be supported by a safety action group. An active safety group or committee is invaluable in creating and fostering a positive safety culture, that is, the behaviour and attitudes that company management and staff have about safety. The role of the safety action group could include the following:

- (a) Act as a source of expertise and advice.
- (b) Encourage lateral thinking about safety issues.
- (c) Help identify hazards and defences.
- (d) Make safety recommendations.
- (e) Prepare and review reports to the accountable manager.
- (f) Research incidents, accidents and technical data.
- (g) Participate in investigations and enquiries.

## 9.2 Composition

There should be a safety action group comprising representatives from flight operations, maintenance and engineering, ground handling, dispatch and other functional areas. The group should be chaired, preferably by a senior manager. The membership should be appointed by the accountable manager. The Safety Officer should keep all records for the group and should prepare agendas and minutes in cooperation with the chair. The action group should meet at the call of the chair, but in any case not less than quarterly. The group may approve, reject or recommend action on any matter brought before it. Review of the minutes and signature by the accountable manager, constitutes approval. The minutes then become directive. Safety action group records should be maintained by the Safety Officer and kept for three years.

## 9.3 Safety Action Group's Functions

- (a) Review status of incidents/accidents, and review actions taken.
- (b) Review status of hazard/risk reports, and review actions taken.
- (c) Review internal audit reports (if applicable).
- (d) Review and approve audit response and actions taken.
- (e) Review and resolve any safety matters, which are brought before the group.

# 10. HAZARD IDENTIFICATION AND RISK MANAGEMENT

## 10.1 General

An effective hazard identification system is characterised as being non-punitive, confidential, simple, direct and convenient. It should have an identifiable process for both action and feedback. A good hazard identification and risk management system will provide a mechanism to highlight the hazards associated with the operation, and will provide information which will enable strategies to be developed to prevent harm or damage resulting from the hazards. A hazard can be defined as an event or situation, which has the potential to result in damage or injury. The degree of risk is based on the likelihood that damage or harm will result from the hazard and the severity of the consequences. A formal system of hazard identification and risk management should be undertaken;

- (a) during implementation of the safety programme and then annually.
- (b) when major operational changes are planned.
- (c) if the organisation is undergoing rapid change, such as rapid growth and expansion, new route structures or acquisition of other aircraft types.

## 10.2 Risk Management

The process of risk management can be divided into the following five steps;

10.2.1 Identify the hazards. There are many ways of identifying hazards, but success requires lateral thinking by people, who are unencumbered by past ideas and experiences. The hazards of an operation may be obvious, such as lack of training, or they may be subtle, such as the insidious effects of long-term fatigue. Each hazard, once identified, should be recorded without fear or favour. Depending on the size and complexity of your operation, there are several useful methods of identifying hazards;

- (a) Discussion groups meet to generate ideas in a non-judgmental way. Establishing discussion groups with as many staff and line managers as practical is a good method to identify hazards. The group discussions will also encourage staff to become more actively involved in establishing the safety programme. The purpose of the discussion groups is to provide a structured method of identifying those hazards, which are most likely to cause injury or damage. The number of participants will depend on the size of the organisation. It is a good idea to have a number of groups each representing the various functional areas, ie. flight operations, ground crew, maintenance and engineering, pilots and cabin crew. Each group should run with participants from the same functional area, eg. all pilots or all engineers, and so on. Discussion groups have several main advantages. They can;
  - (i) Provide the airline with a current assessment of its safety performance.
  - (ii) Encourage staff to report safety problems.
  - (iii) Encourage staff participation in safety management.
  - (iv) Reaffirm that the company is committed to safety.
  - (v) Make staff more aware of the safety implications of their jobs.
- (b) Formal review of standards, procedures and systems.
- (c) Surveys or questionnaires of staff.
- (d) One person standing back from the operation and critically watching (QA).
- (e) Internally or externally conducted safety assessments.
- (f) Confidential reporting systems.

10.2.2 Assess the hazards. The next step in the process is to critically assess the hazards and rank them, as far as possible, in order of their risk potential. Factors to consider are the likelihood of the occurrence and the severity of the consequences. For example, an in-flight fire may be an unlikely occurrence, which could be catastrophic if it were to occur. It would rank above a bird strike which, although much more likely to occur, is much less severe. However at certain aerodromes the likelihood of a bird strike may be high thus increasing the risk of operations out of there. There are various ways of doing this type of assessment. They range from the subjective to the very analytical and objective.

10.2.3 Identify the defences. Once the hazards are identified and approximately ranked, the defences, which exist to protect against the hazards, should be identified. For

example, a defence against an in-flight fire in a toilet waste bin may involve a combination of a fire detection system, an automatic fire extinguishing system, hand held extinguishers, a non smoking policy, greater awareness by flight attendants, depending on the risk identified. A defence against particular hazards would be to ensure that operating procedures are properly documented and implemented and a mechanism to insist on compliance.

10.2.4 Assess the Defences. The defences to each of the identified hazards are then assessed. How effective are they? Would they prevent the occurrence (ie. do they remove the hazard), or do they minimise the likelihood or the consequence? If the latter, to what extent is this true? An example of determining the effectiveness of a defence in the above example would be to ask the question: Do the crew know how to use the fire extinguishers, and are the extinguishers correctly maintained?

10.2.5 Examination of Hazards and Defences. Finally, each hazard and its defences need to be critically examined to determine whether the risk is appropriately managed or controlled. If it is, the operation may continue. If not, then steps should be taken to increase the defences or to remove or avoid the hazard. For the above example, an operator may provide recurrent training for crew in the correct use of fire extinguishers. In some instances, a range of solutions to a hazard problem may be available. Some are typically engineering solutions (eg. redesign) which are generally the most effective, but may be expensive; others involve control (eg. operating procedures) and personnel (eg. training) and may be less costly. In practice, a balance needs to be found between the cost and practicality of the various solutions. At this point, all the Safety Officer or the safety action group may be able to do is to recommend change or action to the accountable manager. Whether or not the recommendation is acted upon needs to be monitored and a further cycle of risk management carried out.

## **11. HAZARD REPORTING SYSTEM**

### **11.1 General**

Staff must be able to report hazards or safety concerns as they become aware of them. Like the hazard identification system, the ongoing hazard reporting system should be non-punitive, confidential, simple, direct and convenient. Once hazards are reported they must be acknowledged and investigated. Recommendations and actions must also follow to address the safety issues. There are many such systems in use, but ensuring a confidential and non-punitive system will encourage the reporting of hazards.

It should also allow for the reporting of hazards associated with the activities of any contracting agency where there may be a safety impact. This hazard reporting system should not be used to report safety deficiencies to the GCAA and it should remain an in house system.

### **11.2 Reportable Hazards**

All staff should know what hazards are required to be reported. This should be identified as any hazard, which has the potential to effect safety or cause damage or injury. For example;

- (a) High workload during passenger boarding.

- (b) Poor communication between operational areas.
- (c) Inadequate checklists or documented procedures.
- (d) Poor communication between Air Traffic Services.
- (e) Flight crew stress or fatigue.
- (f) Failure to follow standard procedures.
- (g) Unsafe ground traffic movements or practices.
- (h) Failure of passengers or agents to listen to and follow instructions.
- (i) Lack of retraining in any related discipline.
- (j) Poor communication within the maintenance department/contractor.
- (k) Time pressure during aircraft turn around.
- (l) Lack of up-to-date maintenance or operational manuals.
- (m) Poor cross-checking or quality control.
- (n) Lack of emergency equipment, procedures and training.

### 11.3 Reporting Process

Reports should always be in writing, either by e-mail or even existing paperwork, such as the pilot's voyage report for flying operations. Make the reporting system simple and easy to use. It is easy to provide a dedicated reporting form for other functional areas. Make sure that reports are acted upon in a timely manner by the person responsible for your safety programme. The reporting system should maintain confidentiality between the person reporting the hazard and the Safety Officer. Any safety information distributed widely as a result of a hazard report should be de-identified.

## 12. SAFETY CULTURE

An organisation's safety culture can be defined as the behaviour and attitudes that the people in the organisation show about safety. It is "how things are done around here". A safety culture is very slow to mature and difficult to change. It cannot be changed simply by company directives, so general instructions like 'you will operate safely' will not, of themselves, change the safety culture. Some key aspects of safety culture are;

- (a) Does management practice what it preaches? The values and expectations of management—created and communicated over time - most strongly affect the safety culture. Actions speak louder than words.
- (b) Does the operator allocate sufficient resources? Safety measures need not be expensive, but they do require the allocation of sufficient resources—even if it is

only in employees' time. There are also likely to be costs in record keeping and safety related literature. The extent to which you are prepared to allocate appropriate resources to establish and maintain a safety programme will have a direct impact on its effectiveness and, ultimately, on your company's safety culture.

- (c) Does the operator give staff access to safety information and training? The safety health of an organisation is enhanced by the availability and distribution of safety-related literature, magazines, periodicals, textbooks, posters and memos, as well as the provision of safety courses, seminars and crew resource management training.
- (d) Are suggestions acknowledged and decisions communicated? The transparency of the work of the Safety Officer and the safety group is a vital factor in establishing a good safety culture. Safety suggestions and initiatives arising from any level within the company should be acknowledged. Any decision made in relation to them, even if the decision is to do nothing, should be widely communicated and explained. Feedback must be clear, timely and relevant.

### **13. SAFETY INDUCTION AND RECURRENT TRAINING**

New employees of an organisation should be trained in the operation of its safety programme and encouraged to adopt the safety practices and philosophy of the company. Regardless of the regulatory requirements imposed on some classes of operations for specific training and checks, ongoing technical training in the employee's own discipline should be accorded a high priority. The commitment to provide relevant induction, refresher and human factors training to all staff is an essential element of any safety programme. Small operators need to outline the safety programme to all new staff. New staff should know what is required of them and how the safety programme functions. If any changes are made to the safety programme, then all staff must be informed. For larger organisations, the Safety Officer should develop a training course on the safety programme for all new staff. This could be part of existing induction programmes or given separately by the Safety Officer or other safety specialists. Records of participation should be maintained.

### **14. SAFETY AUDIT/ASSESSMENT**

Internal safety audits/assessments should be carried out as part of your safety programme so that a system exists to check and report on whether company activities are being performed as required. These assessments check that correct procedures are being followed, and resolve any problems. Any safety assessment should also include the activities of contracting agencies employed by the operator where these might affect the safety of your operation (eg. maintenance organisations, persons accepting cargo on behalf of the operator, aerodrome operators). Obviously, the small operator doesn't need a quality or inspection department to plan and conduct regular internal audits, but needs to constantly know what is going on in the organisation. For larger organisations, the Safety Officer or the quality/inspection department should be made responsible for planning and conducting regular safety audits/assessments. Each functional area should receive a safety audit/assessment at least annually. The areas to be addressed in the safety programme include the following;

- (a) Who carries out an audit/assessment?

- ♦ Safety Officer
  - ♦ Representative of the safety action group
  - ♦ An external safety consultant.
- (b) How should the audit/assessment be done?
- ♦ Annual assessment plan for all functional areas
  - ♦ Checklists to be used
  - ♦ Reports are sent to accountable manager for further action.
  - ♦ A check on follow-up action.

## **15. ACCIDENT/INCIDENT REPORTING AND INVESTIGATION**

Legislation already requires certain incidents and accidents to be reported to the GCAA. While the GCAA conducts accident and incident investigations, it is clearly in the interests of the operator to do so as well. Fortunately accidents occur infrequently; however, incidents are much more common. Any incident reported should be investigated by a responsible and technically competent person from within the company, and a report furnished to the Safety Officer and the accountable manager. Incidents not formally investigated by the GCAA should get special attention. Your company learns from investigating incidents and is able to remove hazards or strengthen defences as required.

## **16. SAFETY PROGRAMME REVIEW AND EVALUATION**

It is likely that a new safety programme will begin with enthusiasm. However, once the initial interest has worn off, the programme may begin to wind down. It is the joint responsibility of the accountable manager and the Safety Officer to ensure that this doesn't happen. The accountable manager, in particular, needs to ensure that the programme has both the status and the resources required for it to continue. The accountable manager and the Safety Officer should also take steps to ensure that the work of the programme is properly evaluated at regular intervals. As part of any evaluation you should provide some kind of opportunity for staff to request changes to the safety programme. The objective is to have a regular review of the safety programme to ensure that the programme remains effective and relevant to your operation.

## **17. EMERGENCY RESPONSE PLAN**

### **17.1 General**

Fortunately, the aviation accident rate involving UAE registered aircraft is low. Unfortunately, one result of this is that very few organisations are prepared for an accident should one occur. Whether a company survives commercially can depend on how it handles the first few hours and days following an accident. An emergency response plan outlines in writing what should be done after an accident occurs, and who is responsible for each action. When the plan is first released, relevant staff should be briefed about the plan. Appropriate staff should receive training in emergency response procedures.

The plan should be readily available and a copy of it should be next to the work station of the person who answers the company's telephone, as this person is most likely to be the first notified of the event.

### **17.2 The Plan**

The plan should;

- (a) be relevant and useful for the people, who are likely to be on duty at the time of an accident; and
- (b) include checklists and quick reference contact details of relevant personnel; and
- (c) be updated when contact details change.

### **17.3 Notification**

Specify, who in the company will be notified in the event of an accident or serious incident, and who will make external notifications. Consider the notification needs of;

- (a) Search and rescue authorities, ambulance, and police, as appropriate.
- (b) The nearest district office of the GCAA.
- (c) The executive and operational management team.
- (d) Relatives of victims or injured persons—a sensitive issue that may better be handled by police or trained counsellors.
- (e) Legal and accounting advisers.
- (f) Insurance company.
- (g) All company staff.

### **17.4 Responsibilities**

One person should be responsible. This could be the Safety Officer or a designated management appointment. There must be clear responsibilities on other matters, such as;

- (a) Who will talk to the media?
- (b) Who will log the events?
- (c) Who will coordinate with the authorities?
- (d) Who will represent the company at the accident/incident site?
- (e) What assistance should be provided for staff involved in an accident?

## **18. DOCUMENTATION**

### **18.1 General**

The safety programme should be formally documented in appropriate policy and procedures manuals. You should include;

- (a) A policy statement by the accountable manager.
- (b) The reporting chain and responsibilities of the Safety Officer.
- (c) The reporting chain and responsibilities of the safety action group.
- (d) The company's hazard identification and risk management system.
- (e) Any other activities of the programme.

## **18.2 Records**

Safety policy, responsibilities and procedures of your organisation's safety programme must be comprehensively documented. In addition, all activities involving the identification and assessment of hazards and their defences, including accidents and incidents, must also be recorded, including any reports issued or received, safety recommendations made, and management action.

## **19. COST BENEFITS**

### **19.1 General**

Safety makes economic sense. Few organisations can survive the economic consequences of a major accident, or even a serious incident, which causes damage and takes the aircraft out of operational service. Hence, there is a strong economic case for safety. Safety programmes require energy and persistence, but not a large budget. Around the world, there is a growing recognition that proper safety programmes can improve a company's operating performance and profits as well as its safety defences. There are three types of costs associated with an accident or incident; direct, indirect and industry/social costs.

### **19.2 Direct Costs**

These are the obvious on-the-spot costs, which are easily measured. They mostly relate to physical damage, and include rectifying, replacing or compensating for injuries, aircraft equipment and property damage.

### **19.3 Indirect Costs**

Indirect costs are usually much higher than the direct costs resulting from an accident, but are sometimes not as obvious and are often delayed. Even a minor accident or incident may incur a range of indirect costs, such as;

- (a) Loss of business and damage to the reputation of the organisation. Many large organisations will not charter an aircraft from an operator with a questionable safety record and passengers react to perceived safety issues.

- (b) Legal action and damages claims. While it is possible to take out insurance for public liability, it is virtually impossible to cover the cost of lost time taken up handling legal action and damages claims. You must take action to protect your interests, and to do so will cost you time as well as money.
- (c) Surplus spares, tools and training. If you have a spares inventory and people specially trained for a one-of-a-kind aircraft, which is involved in a serious accident, the spares and training become surplus overnight. In many cases, this is a substantial cost, particularly because the sale value of the spares is often below the original purchase cost.
- (d) Increased insurance premiums. An accident may push your organisation into a higher risk category for insurance purposes, and therefore could result in increased premiums. By the same token, the implementation of a safety programme may result in a lower premium.
- (e) Loss of staff productivity. Crew may not be able to exercise the privileges of their licence after an accident or serious incident until the subsequent investigation is complete. Also if people are injured in an accident, and are unable to work, under UAE law they must be paid. They will need to be replaced in the short term - again a substantial cost in terms of wages (and possibly training) as well as management time.
- (f) Aircraft recovery and clean up. This is usually an uninsured cost and has to be met by the operator. It should be noted that the authorities usually undertake aircraft removal or clean up at the operator's expense.
- (g) Cost of investigation. This is a cost to the operator and may be uninsurable. The GCAA normally undertakes investigation of UAE registered accidents/incidents at operator's expense.
- (h) Loss of use of equipment. Loss of an aircraft without a replacement immediately available means that the operator may lose revenue.
- (i) Cost of short-term replacement equipment. Short-term hire is usually far above the cost of operating company-owned equipment.

Consider the potential savings by reducing these typically uninsured costs. The simplest way to do so is, of course, not to have the accident in the first place.

***“An ounce of prevention is worth a pound of cure”***

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