Safety Corner

Organization Responsibilities of Risk Management

By Dave McClurkin

Most of the previous Safety Corner articles deal with risk management from an individual standpoint. What aspects of the IMSAFE, PAVE or 5P checklists did the individual pilot not follow? What hazardous attitude(s) did the individual pilot display that led to the accident or incident? When it comes right down to it, the buck stops with the pilot in command. It is a significant responsibility which should never be taken lightly. But what role does the management in an organization play in risk management? It should be no surprise that in small and large organizations alike the leaders have significant positive or negative impact on the safety culture of an operation.

For example, a several years ago a flight school tasked its pilots to provide an orientation flight for a group of children attending an aviation camp. The weather for the entire week had been marginal at best with low ceilings and rain showers. The flight had been postponed a few times. There was one last opportunity to fly the mission, but once again conditions were IMC. Management was under pressure to not disappoint all the eager campers. After a few hours the conditions lifted to marginal VMC, with a forecast of intermittent IMC. Management decided conditions were "good enough" for the short flight and four aircraft, each carrying three children, launched into the marginal VMC conditions. Not wanting to miss out on all the fun the chief flight instructor captained one of the flights. The other three pilots were also experienced in flying this mission. Everything was going OK and the children were getting a great lesson on the fine art of scud running. As Airplane 1 re-entered Class D airspace the ceiling dropped to 900 feet. Tower advised that the field was IMC and told this aircraft to leave the airspace. Airplane 1 did an immediate 180, increasing the risk of collision with the other inbound aircraft. Airplane 2 sailed by Airplane 1 and requested Special VFR and was granted permission to land. Airplanes 1 and 3 orbited under the low ceilings in Class G airspace trying not run into each other or the ground and waited their turn to request Special VFR. Meanwhile Airplane 4 turned south, contacted approach control for a "pop-up" IFR clearance and shot an instrument approach into the airport. In the end everybody made it safely back to the airport.

Although the operation described above was "legal" in terms of compliance with the FAR's, the low ceilings had increased the risk to the operation. Management made an informal risk assessment which resulted in a "go" decision. What decision might have been made if they had taken a systematic approach to assessing the risk of this mission? This involves the use of the Risk Assessment Matrix.

First, what level of risk is management willing to accept on this mission? It's a precious cargo. Most of the parents probably want to see their children at the end of the day. The impact of not completing the mission is "disappointed children." Given this, management should rate the acceptable risk as LOW. With marginal VMC ceilings management is presented with the hazard of collision with other aircraft or even ground based obstacles. The severity of a collision is CATASTROPHIC. Now let's look at the likelihood of the event occurring. The flight would be made by seasoned pilots, who had flown this mission numerous times before. Given the experience level the likelihood of occurrence is IMPROBABLE to REMOTE. Many aviation safety experts might not be so generous in their assessment. In many cases a "go" decision is made based only on the likelihood of the event occurring. But, when we use the Risk Assessment Matrix to factor in the severity if the

event does occur, the level of risk is rated between MEDIUM and SERIOUS. Should management have made a “go” or “no go” decision?

Most of you aspire to earn your living as a commercial pilot. You will be flying for somebody else. This “somebody” could be an individual with a light twin that is not that well maintained. This “somebody” could be a small charter operation operating on the thinnest of profit margins. Or, the “somebody” could be a major airline with a modern fleet. The safety culture of these “somebody’s” could range from pathological to generative. When you go to work for one of these “somebody’s” there will be some type of interview process – very informal to very formal. It would behoove YOU to ask what type of safety culture is in place. Why? Well, if the safety culture is pathological or reactive, at some point a manager is going to tell you to fly a mission with unacceptably high risk (to you). You need to decide up front whether you want to work for that company in the first place (is the coveted multi time worth it?). If you do decide to go to work for this individual or company you need to be prepared to say no and suffer the consequences of losing your job and even getting informally “black listed,” or sucking it up and flying the mission.

So, how would you describe the safety culture of the OU Aviation department