CAAS
Civil Aviation Authority of Singapore

Advisory Circular

GUIDANCE ON AIRLINE ALCOHOL MANAGEMENT PROGRAMME (AAMP)

GENERAL
Advisory Circulars (ACs) are issued by the Director-General of Civil Aviation (DGCA) from time to time to provide practical guidance or certainty in respect of the statutory requirements for aviation safety. ACs contain information about standards, practices, and procedures acceptable to CAAS. An AC may be used, in accordance with section 3C of the Air Navigation Act (Cap. 6) (ANA), to demonstrate compliance with a statutory requirement. The revision number of the AC is indicated in parenthesis in the suffix of the AC number.

PURPOSE
This AC provides guidance on the implementation of an Airline Alcohol Management Programme (AAMP).

APPLICABILITY
This AC is applicable to the operator holding an Air Operator Certificate (AOC) under Air Navigation (119 – Air Operator Certification) Regulations (ANR-119).

RELATED REGULATIONS
This AC relates to Air Navigation (91 – General Operating Rules) Regulations (ANR-91) and the Air Navigation (99 - Breath Testing for Alcohol) Regulations (ANR-99).

CANCELLATION
This is the first AC issued on this subject.

EFFECTIVE DATE
This AC is effective from 10 April 2019.

OTHER REFERENCES
Nil.

1 INTRODUCTION

1.1 Under regulation 9 of the ANR-99, the holder of an AOC must **implement an Airline Alcohol Management Programme (AAMP)** that aims to identify and manage pilots with problematic consumption of alcohol. An AOC holder is to ensure that such pilots do not operate aircraft until such time as they are no longer engaging in the problematic consumption of alcohol.

1.2 In addition, CAAS has introduced an Airport Alcohol Testing Programme (AATP) at the civil airports in Singapore under ANR-99. Under the ANR-91, pilots are prohibited from consuming any food or substance containing alcohol, and from using psychoactive substances, within a period of eight (8) hours before a flight duty period. At any time during his flight duty period, a pilot must not have more than 0.02 grams of ethanol in 210 litres of his breath.

2 REGULATORY APPROACH

2.1 CAAS takes a holistic approach in the management of consumption of alcohol by pilots. CAAS advocates collective responsibility, with multiple parties –pilots, CAAS, AOC holders and pilots' unions, each playing their part as key stakeholders. The AATP aims to prevent and deter pilots from operating aircraft while under the influence of alcohol while the AAMP aims to identify and address the problematic use of alcohol among pilots. The effective reduction of this aviation risk depends significantly on the collective efforts of every stakeholder:

> **AOC holder**: Singapore AOC Holders must develop an AAMP, ideally with its pilots' union, that include measures to manage pilots identified with problematic use of alcohol.

> **Pilot**: All pilots must adhere to the requirements in ANR-91 to abstain from consuming alcohol for a period of at least 8 hours before the pilot's flight duty period. Beyond the abstention period, pilots should also exercise discipline in alcohol consumption. A pilot is expected to self-report if he/she fails to adhere to the requirements prior to, or during, a flight duty period, or if he/she is engaging in the problematic consumption of alcohol.

> **CAAS**: CAAS adopts a zero tolerance on the misuse of alcohol by pilots. Random alcohol testing at Singapore airports are carried out as an enforcement measure to deter and prevent pilots from operating a flight while under the influence of alcohol.

3 AIRLINE ALCOHOL MANGEMENT PROGRAMME (AAMP)

3.1 The purpose of the AAMP is to identify and manage pilots who are engaging in the problematic consumption of alcohol. Every Singapore AOC Holder is required to implement an AAMP. The AAMP documentation will constitute part of an AOC Holder's suite of approved documentation.

3.2 Successful implementation of the AAMP would ensure that affected pilots are provided with the necessary support and rehabilitation, to enable them to return to flying fitness in the most efficient and effective manner. The AAMP should include the following elements:

a) **Reporting and Testing.** An AOC Holder should implement the following measures to identify pilots with problematic use of alcohol:

    i.   <u>Confidential peer and self-reporting system.</u>
A peer and self-reporting system, based on Just Culture principles, with trained and designated persons to handle and respond to such reports. The protocol, accessibility and confidentiality of this reporting system including the utilisation of this information should be explained to pilots. The AOC holder should also encourage self-reporting by affected pilots and peers.

    ii.   <u>Risk-based alcohol testing.</u>
The testing programme should be based on careful use of procedures that respect the privacy and dignity of the pilot tested, and ensure a high standard of accuracy. The AOC holder should define the test equipment used for the AAMP, as well as the allowable alcohol consumption limit by the AOC holder.

The AOC holder should also determine the criteria for its risk-based random testing and the factors that could trigger such testing, such as:
(a) During periods of anticipated increase in alcohol use.
(b) At overseas stations that are assessed to have a higher risk of alcohol misuse.
(c) If a pilot displays signs of intoxication when reporting for duty.
(d) When a whistle-blower report has been received.

The process for managing a pilot found to have exceeded the allowable alcohol consumption limit should also be developed and shared with pilots.

b) **Medical intervention and rehabilitation programme**. An AOC Holder should formalise, preferably with its pilots' unions, an alcohol treatment programme that should be administered by a multidisciplinary team of experts and peer support network. The treatment programme should aim to solve the root problem and prevent recurrent problematic alcohol misuse, and should provide the pilot a path back to flying status.
    i.   An AOC Holder should discuss and work with the pilots' unions to develop and implement a treatment programme to ensure the successful development and implementation of the treatment programme.

ii. Explain the treatment and rehabilitation pathway.
iii. Identify and recommend the medical institution conducting the assessment and rehabilitation.
iv. Cost of rehabilitation.
v. Post-rehabilitation requirements, if any.

c) **Education and Communication.** An AOC Holder should develop an effective training and education package to ensure that its pilots understand the AOC Holder's policy, procedures and rules pertaining to the misuse of alcohol. This should be jointly developed by the AOC Holder and the pilots' union to foster a culture of shared responsibility on the use of alcohol among all stakeholders within the organisation. The training package should also encourage peer and self-referral to either the AOC Holder or the Civil Aviation Medical Board (CAMB) for help. The training and education materials should cover at least:

i. The AOC Holder's policy on the use and/or misuse of alcohol.
   (a) The company's alcohol consumption policy, including the professional roles and responsibilities of their pilots pertaining to alcohol consumption while discharging their duty, should be clearly explained.
   (b) The difference between social alcohol consumption and addiction should be explained.

ii. An overview of alcohol management programme and its operating philosophy.
   (a) Explain the alcohol management programme of the AOC Holder and its administrative actions.
   (b) Detailed process and procedure on how the company could identify and subsequently manage pilots identified as having problematic use of alcohol.

iii. Rules on the misuse of alcohol, e.g. allowable alcohol limits.
   (a) Pre-employment alcohol testing requirement
   (b) Post-incident alcohol testing requirement
   (c) Risk-based random alcohol testing
   (d) State testing regimes, including the AATP

iv. Responsibilities of a pilot in the organisation.
   (a) What it means to be an ambassador for safety
   (b) Branding of the pilot as a professional

v. Pilot peer support networks within the AOC Holder and pilot union.
   (a) The detailed setup of the pilot peer support network
   (b) Resources available to pilots
   (c) Who and how to access the pilot peer support network

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(d) Confidentiality within the pilot peer support network

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vi.   Testing procedure.
- (a) When would the test be conducted. i.e. both at local and overseas stations
- (b) Where and how would the test be conducted
- (c) The management of a pilot(s) tested positive during AAMP by the AOC holder.
- (d) Rehabilitation programme including duration and cost
- (e) The path to return a pilot back to flying status

vii.   Peer and self-reporting process and just culture.
- (a) Explain the Just Culture
- (b) Explain and emphasize the benefit of an effective peer and self-reporting process
- (c) Build on the trust and encourage the self-reporting system

4   APPROVAL OF AAMP

4.1   CAAS's approval must be obtained for each AOC Holder's proposed AAMP. The description of the AAMP in the AOC Holder's safety management system and Operations manual should include:

- a) The AOC Holder's policy on its pilots' use and/or misuse of alcohol.
- b) Details of the training and education communication package.
- c) Information on the peer and self-reporting system and the means to evaluate its effectiveness.
- d) Details of measures to identify pilots who engage in the problematic use of alcohol.
- e) Test process and procedure including at both local and overseas stations.
- f) Testing rates.
- g) Information and communication plan when a pilot returns a positive result.
- h) Designated treatment facility and programme.
- i) Performance monitoring plan for post return-to-service pilot.

4.2   The AOC Holder should maintain details on tested pilots and the results of the tests conducted, and submit de-identified quarterly alcohol management reports to CAAS. This report should include the following information:

- a) The period of the report.
- b) Total number of alcohol tests conducted both at local and overseas stations.
- c) Total number of personnel tested.
  - i. Number of personnel tested below the stipulated alcohol limit.
  - ii. Number of personnel tested above the stipulated alcohol limit.

iii. Number of personnel undergoing assessment by addiction specialist.
iv. Number of personnel undergoing rehabilitation.
v. Number of personnel successfully rehabilitated.
vi. Trend analysis.
vii. Follow-up actions, if any.