

ORDER

AM 1100.3F

OFFICE OF AVIATION MEDICINE ORGANIZATION



October 22, 1996

**DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION**

FOREWORD

This directive describes the organizational structure of the Office of Aviation Medicine. Organization and functions at division level and above are documented in FAA Order 1100.2D, Organization - FAA Headquarters, and FAA Order 1100.5C, FAA Organization-Field, and approved by the Administrator. Structure, functions, and responsibilities at branch level and below are prescribed by the Federal Air Surgeon and are documented in this order.



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CHAPTER 1. GENERAL

1. PURPOSE. This directive documents the organizational structure of the Office of Aviation Medicine (AAM) to the lowest formally organized element.
2. DISTRIBUTION. This directive is distributed to the Associate Administrator for Regulation and Certification and to all employees in AAM.
3. CANCELLATION. This directive cancels Order AM 1100.3E.
4. EXPLANATION OF CHANGES. This directive completely updates the organizational structure of AAM.
5. ORGANIZATION APPROVAL AUTHORITIES.
 - a. Organization and functions at division level and above are prescribed in FAA Order 1100.2D, Organization - FAA headquarters, and in FAA Order 1100.5C, FAA Organization - Field. They are approved by the Administrator and are repeated in this document only for ease of reference.
 - b. Authority to make changes in structure, authority, or responsibility at branch level and below in AAM is delegated to the Federal Air Surgeon by paragraph 10e of FAA Order 1100.1A, FAA Organization - Policies and Standards.
 - c. The Program Management Division, AAM-100, maintains this order and prepares changes as necessary.
- 6.-19. RESERVED

Office of Aviation Medicine

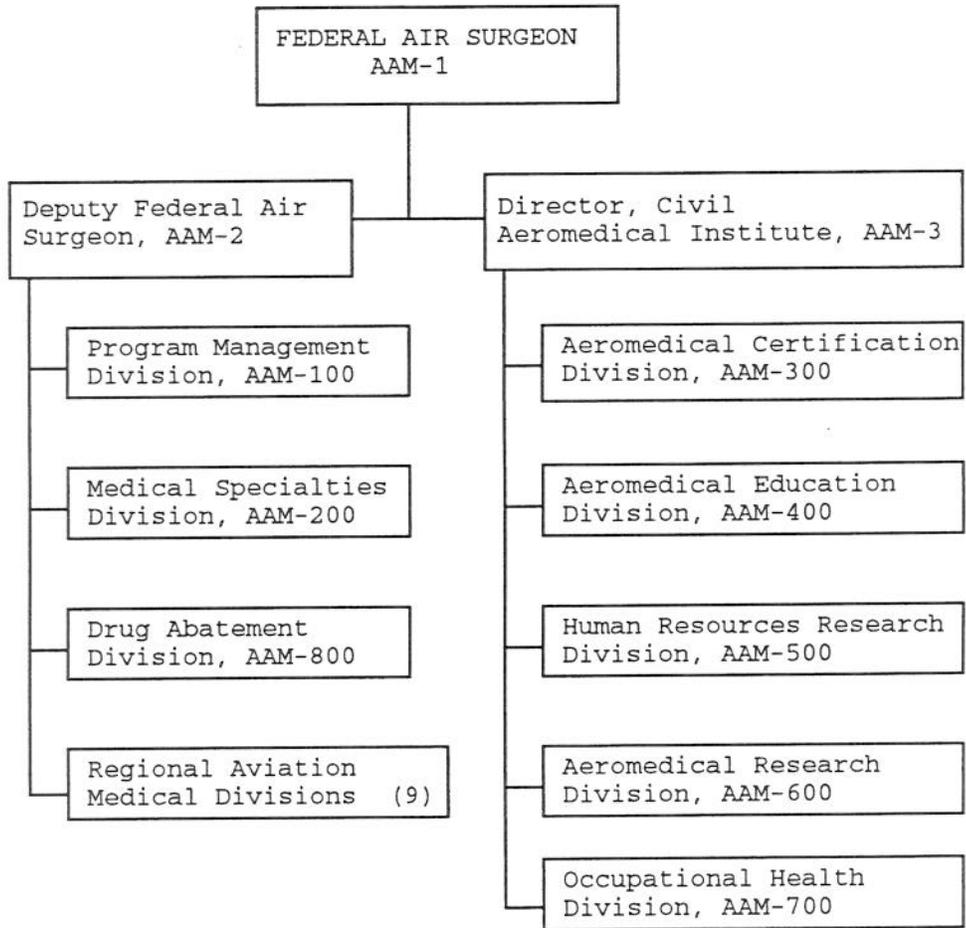


Figure 2-1

CHAPTER 2. OFFICE OF AVIATION MEDICINE

20. MISSION. To apply aviation medical knowledge and research technology to the safety and promotion of civil aviation.

21. STRUCTURE. The functional organization of AAM is shown in Figure 2-1.

22. FUNCTIONS.

a. Is the principal staff element of the FAA with respect to:

(1) Medical certification/qualification of airmen and other persons associated with safety in flight.

(2) Airman medical regulations, standards, policies, and procedures.

(3) FAA employee medical standards, policies, and procedures.

(4) Designated aviation medical examiner system.

(5) Occupational health programs of the agency.

(6) Aviation medical research.

(7) Aeromedical and human factors in civil aircraft accident investigations.

(8) Biometric and biostatistical data for use in human factors evaluations.

(9) Aeromedical education.

(10) Agency health awareness activities.

(11) Implementation and oversight of industry antidrug and alcohol misuse prevention programs.

(12) Medical review of all positive drug cases involving DOT employees.

(13) FAA employee substance abuse testing programs.

b. The Office of Aviation Medicine has the following responsibilities:

(1) Develops, recommends, and coordinates national policies for issuance by the Administrator.

(2) Develops and prescribes technical standards, systems, and procedures consistent with national policies.

(3) Prescribes national medical program goals and priorities for field guidance and execution.

(4) Maintains liaison with other governmental agencies and private, professional, and technical organizations to ensure maximum support of the national civil aviation medical effort.

(5) Evaluates the adequacy of, and coordinates policies, rules, regulations, procedures, and medical program execution in meeting agency goals and priorities.

c. Develops, prescribes, recommends, and evaluates medical regulations, standards, policies, and procedures for airmen and agency employees.

d. Coordinates with the National Transportation Safety Board (NTSB) and Office of Accident Investigation in providing professional medical services for the investigation of civil aircraft accidents.

e. Ensures that medical certification activities conform with international medical standards and policies.

f. Provides professional and technical medical advice and assistance to the Administrator and other officials and participates in all intra-agency deliberations which concern medical determinations.

g. Determines the medical qualifications of FAA employees in positions with medical qualifications standards, as well as applicants for these positions, and grants or denies medical clearances for employment or continued employment.

h. Exercises line authority over regional aviation medical divisions.

i. Develops, implements, and conducts compliance and enforcement inspections for the agency's aviation industry antidrug and alcohol misuse prevention programs.

23. SPECIAL DELEGATIONS. The Federal Air Surgeon is delegated authority to:

a. Determine the medical qualifications of applicants for airman medical certificates and to issue certificates to qualified applicants, bearing such limitations as may be required in the interest of safety.

b. Request additional medical information from applicants.

c. Deny applications for airman medical certificates.

d. Require medical reexamination or other investigation of the medical qualifications of holders of airman medical certificates as provided in 49 U.S.C. 44709.

e. Designate or terminate the designation of aviation medical examiners (AME) under the authority provided in 49 U.S.C. 44702.

f. Reconsider, reverse, or modify the medical certificate actions of designated AME's under the provisions of 49 U.S.C. 44702.

g. Ensure that all agency medical officers, scientists, and professional persons engaged in FAA aviation medical activities comply with medical standards, rules, regulations, and agency orders.

h. Issue notices of proposed rulemaking and hold public hearings in rulemaking proceedings pertaining to the establishment of medical rules and regulations.

i. Grant, deny, or terminate authorization for special issuance of airman medical certificates to applicants who do not meet standards prescribed in Part 67 of the Federal Aviation Regulations (FAR).

j. Review and authorize all aviation medicine research projects or tasks.

24. SPECIAL RELATIONS.

a. Aviation medicine research projects may be recommended by any FAA element and shall be approved by, and performed under the program guidance of, the Federal Air Surgeon.

b. The Federal Air Surgeon shall work closely with the Associate Administrator for Regulation and Certification (AVR-1) on matters of medical standards for airmen and airman medical certification and records and with the Associate Administrator for Air Traffic Services regarding medical standards for air traffic control specialists (ATCS).

25. THE FEDERAL AIR SURGEON. In matters related to aviation medicine:

a. Provides professional advice and assistance to the Associate Administrator for Regulation and Certification (AVR-1) and the Administrator in making and implementing executive decisions, in formulating and presenting budget and program plans, and in developing and maintaining productive relationships with the public, the aviation community, and other Government agencies.

b. Develops, coordinates, executes, and is accountable to the Associate Administrator for Regulation and Certification for the adequacy of: agency policies, standards, systems, and procedures; airman rules, regulations, and standards; and program plans issued by or on behalf of the Administrator.

c. Provides for program evaluation and undertakes action to correct deficiencies.

d. Manages and evaluates the agency's industry antidrug and alcohol misuse prevention programs and the agency's employee substance abuse testing programs.

e. Assures that all elements of AAM participate constructively in equal employment opportunity in FAA employment and in equal employment opportunity planning for the future.

f. Provides leadership and direction in the planning, management, and control of office activities.

26. DEPUTY FEDERAL AIR SURGEON. In the absence of the Federal Air Surgeon the Deputy Federal Air Surgeon assumes the duties and responsibilities of the Federal Air Surgeon. In addition, the Deputy Federal Air Surgeon oversees the daily operations of the Program Management Division, the Medical Specialties Division, the Drug Abatement Division, and the Regional Aviation Medical Divisions.

27. DIRECTOR, CIVIL AEROMEDICAL INSTITUTE (CAMI). The Director, Civil Aeromedical Institute (CAMI), oversees the daily operation of the Aeromedical Certification Division, the Aeromedical Education Division, the Human Resources

Research Division, the Aeromedical Research Division, and the Occupational Health Division, all located at the Mike Monroney Aeronautical Center, Oklahoma City, Oklahoma. The director develops, maintains, and administers a system for the medical examination and certification of U.S. civil airmen; develops, maintains, and administers aviation medical education programs to meet the needs of the agency; conducts human factors and medical research projects applicable to the FAA's mission; provides research services related to the evaluation and validation of selection and training programs for ATCS's and other aviation personnel; and develops, maintains, and administers an occupational health program that includes occupational medicine and clinical activities. As noted specifically in the tenancy agreement with the Aeronautical Center, CAMI:

- a. Provides emergency medical advice for all agency personnel at the Aeronautical Center.
- b. Provides consultation advice and emergency treatment for on-the-job illness or injury for personnel located at the Aeronautical Center and provides medical services required to support the Aeronautical Center emergency operations program.

28.-29. RESERVED

PROGRAM MANAGEMENT DIVISION

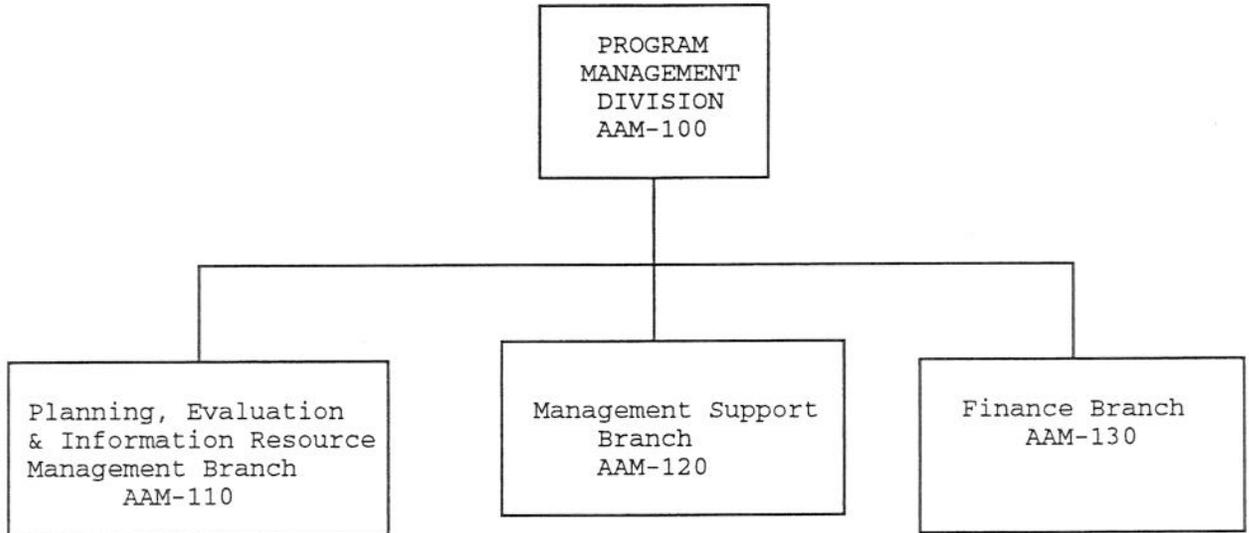


Figure 3-1

CHAPTER 3. PROGRAM MANAGEMENT DIVISION

30. PROGRAM MANAGEMENT DIVISION.

a. Structure. The functional organization of the Program Management Division is shown in Figure 3-1.

b. Functions. This division is the principal element of AAM with respect to all aspects of management operations and evaluation of the national medical program activities.

c. The division has the following responsibilities:

(1) Develops, coordinates, publishes, and distributes field guidance to accomplish AAM program goals.

(2) Recommends policy and develops plans and procedures for evaluation of national medical activities. Makes recommendations and coordinates action to correct deficiencies.

(3) Develops, recommends, and administers policies and procedures for the AAM in areas of:

(a) Budget and financial management.

(b) Organizational and program planning, including emergency readiness for all elements of the office.

(c) Information resource management.

(d) Organization and staffing.

(e) Human resource management, training, and utilization.

(f) Office physical security.

(g) Management analysis.

(h) Personnel management operations.

(i) Program evaluation.

(j) Directives management.

31. PLANNING, EVALUATION, AND INFORMATION RESOURCE MANAGEMENT BRANCH.

a. Develops and implements the AAM planning program by recommending planning standards, policies, and procedures to meet AAM management needs, complies with applicable FAA and Department of Transportation (DOT) planning requirements and policies and applicable Federal laws.

b. Facilitates development of AAM plans.

c. Develops emergency readiness plans for AAM personnel and facilities. Coordinates development of AAM's civil aviation defense readiness plans and programs to ensure continuity of civil aviation operations during a national

emergency. Provides for AAM representation on all medical matters relating to defense readiness.

d. Develops plans, and implements AAM evaluation program by recommending evaluation standards, policies, and procedures to meet AAM management needs and to comply with applicable FAA and DOT evaluation requirements and policies.

e. Evaluates AAM program management, operations, and functions nationwide.

f. Serves as the AAM focal point for all external audits or evaluations.

g. Coordinates and implements Office of Management and Budget (OMB) management programs.

h. Develops, implements, and manages the AAM Information Resource Management (IRM) program ensuring compliance with agency IRM policies and requirements. Budgets for IRM resources. Develops AAM IRM policies. Plans AAM IRM program, procuring hardware, software, maintenance, and IRM support services.

i. Manages and coordinates executive information systems and processes.

j. Plans, manages, establishes policies, and controls the headquarters AAM local area network (LAN) including all system management, procurement, usage, and maintenance requirements.

k. Coordinates and executes a variety of program and management analyses, studies, and special projects at the request of Congress, FAA and AAM management.

l. Plans, conducts, and supports organizational development and other efforts to promote effective work force utilization and productivity improvement; develops and administers system for using work measurement techniques in the formulation of criteria for evaluating staffing requirements.

m. Assists in the management of international activities within AAM and in coordinating the development of international policies and International Civil Aviation Organization (ICAO) standards and regulations.

n. Coordinates the review of Medical Guideline Letters (MGL).

32. MANAGEMENT SUPPORT BRANCH is responsible for the following functions:

a. Develops personnel programs within the framework of agency personnel policy and provides leadership in the development and implementation of a national program for AAM.

b. Represents AAM in the development of new agency personnel programs and administers AAM responsibilities under existing agency programs, including representation in the development of standards; administration of the incentive awards program, equal employment opportunity programs, the personnel security program, employee relations matters; and other agency personnel projects.

c. Develops and recommends national training objectives and programs for AAM within the framework of agency training policies. Reviews regional training plans to ensure consistency with national training objectives.

d. Directs the paperwork management program, providing control and coordination of publications, forms, reports, and records.

e. Maintains accountability records of assigned property and equipment throughout AAM headquarters and conducts annual inventory of such.

f. Manages office space and telephones for the AAM headquarters organization.

g. Develops and administers FAA's Physicians Comparability Allowance Plan.

h. Manages the office directives management program and coordinates the review of agency directives.

i. Develops workload staffing standards to determine the personnel requirements necessary to accomplish AAM's objectives.

33. FINANCE BRANCH is responsible for the following functions:

a. Plans and conducts a program to promote effective work force utilization and productivity improvement; develops and administers systems for using work measurement techniques in the formulation of criteria for evaluating staffing requirements.

b. Coordinates and evaluates the OMB Circular A-123 program (Federal Managers Financial Integrity Act) within AAM.

c. Manages and provides central coordination of all AAM research, engineering, and development (RE&D) resources.

d. Develops AAM's budgetary policies and procedures, guidance material, and such other instructions as may be required to ensure an effective, efficient administration of the budget and fiscal programs for the operations and RE&D appropriation as follows:

(1) Develops fiscal programs and budget estimates for headquarters.

(2) Allocates funds among AAM Washington headquarters, CAMI, and the regions; makes quarterly program reviews, and develops adjustments to allocations.

(3) Reviews and evaluates national aviation medicine program budget estimates, workloads, and fiscal programs to determine responsiveness to national program requirements and capability of execution within the funds and resources provided and makes appropriate recommendations.

(4) Develops the 5-year program for national AAM activities under the operations; research, engineering and development; and facilities and equipment appropriations.

(5) Develops and participates in the presentation and recommendations in defense of the national AAM budget during FAA, OST, OMB, and Congressional committee reviews.

(6) Provides financial management advice to the Federal Air Surgeon and staff regarding medical programs and projects.

34.-39. RESERVED

MEDICAL SPECIALTIES DIVISION

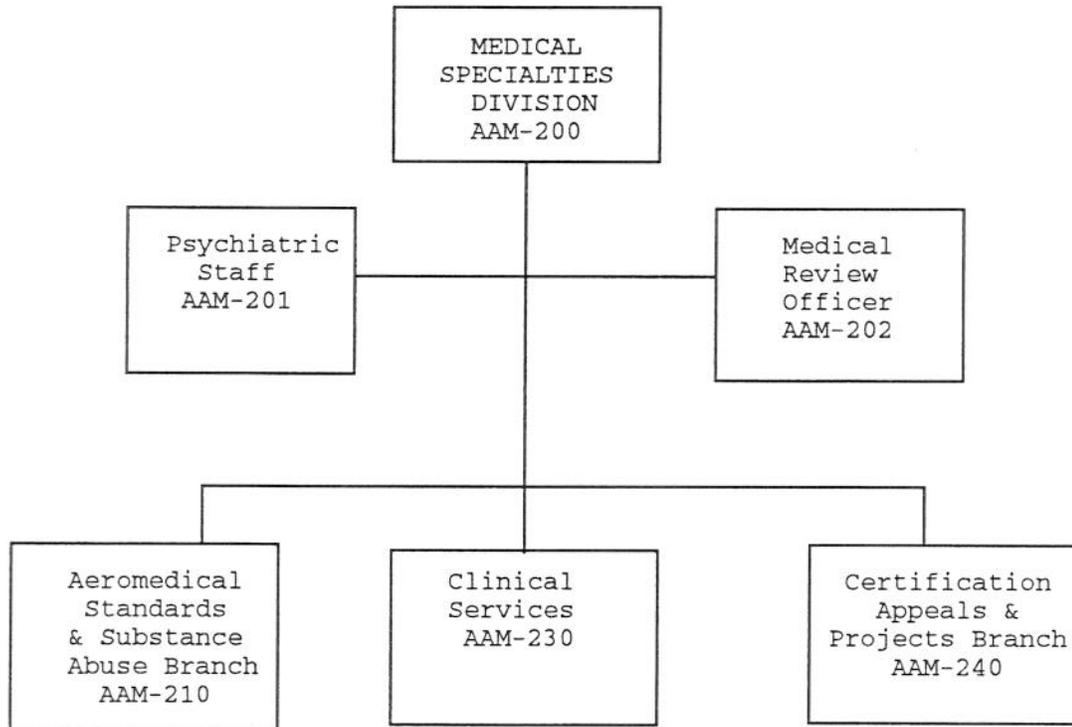


Figure 4-1

CHAPTER 4. MEDICAL SPECIALTIES DIVISION

40. MEDICAL SPECIALTIES DIVISION.

a. Structure. The functional organization of the Medical Specialties Division is shown in Figure 4-1.

b. Functions. This division provides professional advice and technical support to the Federal Air Surgeon, other AAM divisions, and agency and DOT elements with respect to medical rulemaking, research, psychiatry, airman medical certification, agency employee medical clearance, employee health awareness activities, and occupational health. The division performs the following functions:

- (1) Develops, recommends, and promulgates medical standards and regulations for airmen as well as medical elements of rules, orders, policies, and procedures for other FAA programs.
- (2) Plans, develops, and administers the agency national Health Awareness Program (HAP).
- (3) Operates the FAA headquarters health clinic.
- (4) Develops, recommends, and promulgates standards, rules, policies, and procedures for agency employee-related medical programs.
- (5) Reviews, evaluates, and makes recommendations related to the AAM research program.
- (6) Serves as focal point for all medical certification and research oriented international aviation medicine activities and ensures compliance with international medical agreements.
- (7) Provides medical review of all positive drug test cases involving DOT employees.
- (8) Monitors postrehabilitation status of agency employees in safety-and security-sensitive positions.
- (9) Provides professional advice and technical support to the Federal Air Surgeon.
- (10) Participates in the identification of research requirements and the coordination of research with other FAA offices.
- (11) Provides expert consultation to FAA offices regarding research results.
- (12) Develops, recommends, and promulgates medical standards for ATCS personnel; and develops, recommends, and promulgates agency orders, policies, and procedures for the Air Traffic Control Specialist health program of the agency.
- (13) Develops and recommends policies, directives, standards, and procedures, and implements FAA Employee Substance Abuse Programs.

41. PSYCHIATRIC STAFF is the principal element of AAM which provides professional clinical advice and technical knowledge to the Federal Air Surgeon and other agency elements with respect to psychiatric and related conditions. It is responsible for the following:

1. Develops and coordinates with the Certification Appeals and Projects Branch responses to issues involving human factors in aviation safety, particularly in the areas of psychiatry and psychology.
2. Participates with the Aeromedical Education Division in the development and presentation of AME training relating to the screening and evaluation of civil airmen.
3. Provides expert advice and support in the area of alcoholism and substance abuse.
4. Reviews results of psychiatric and psychological evaluations performed outside AAM and makes recommendations to the Federal Air Surgeon.
5. Performs clinical psychiatric examinations of selected airmen, ATCS's, and other agency employees as required and recommends action on individual cases.
6. Supports agency legal counsel in case development and arranging for and/or providing expert testimony concerning the relationship between an individual's psychiatric-medical condition and aviation safety and supports the agency position in medical-legal matters.
7. Provides clinical psychiatric advice and assistance to the Associate Administrator for Civil Aviation Security.

42. DEPARTMENTAL MEDICAL REVIEW OFFICER (MRO) provides professional advice and technical support to the Federal Air Surgeon and other agency and departmental elements with respect to the Departmental Substance Abuse Program. The MRO is responsible for the following functions:

- a. Review and interpretation of all confirmed positive drug test results reported by the laboratory.
- b. Medical interview of the employee to determine if an alternative explanation exists, and consideration of quality control documentation regarding the collection, transmission, and testing of the urine specimen assuring that sufficient scientific evidence exists to establish proof of the report's validity.
- c. General oversight and coordination with the Employee Assistance Program (EAP) to assure that any DOT employee required to enter into a substance abuse rehabilitation program has the opportunity to receive appropriate treatment.
- d. Guidance, policy direction, and oversight of Field Medical Review Officers (FMRO), Drug Program Coordinators, EAP managers, and service providers in areas of recognition, diagnosis, intervention, treatment, and medical practice factors in substance abuse.
- e. Advice and assistance for management in planning and overseeing the substance abuse program.

43. AEROMEDICAL STANDARDS AND SUBSTANCE ABUSE BRANCH develops and promulgates airman medical standards, certification policies and procedures, and other special projects which facilitate the medical certification of airmen in the National Aviation System. In addition, the branch develops, administers, and manages the FAA's drug/alcohol abuse program that implements DOT's Drug and Alcohol-Free Workplace Program.

Responsibilities include the following:

- a. Develops, recommends, and promulgates medical standards for airmen and non-FAA ATCS personnel as well as rules, regulations, agency orders, policies, and procedures relative to medical programs of the FAA.
- b. Develops, recommends, and promulgates medical standards for FAA ATCS personnel as well as orders, policies, and procedures relative to the ATCS health program of the agency.
- c. Reviews all medical regulations programs, standards, orders, policies, procedures, and related activities of the AAM.
- d. Provides management for, and support to, the Federal Air Surgeon on one time special projects (e.g., forms, contract management, instructional manual revision, presentations, briefing and issue papers).
- e. Serves as the AAM's liaison to other Federal or State agencies in matters related to medical standards.
- f. Responsible for the following in the development, implementation, administration and management of the substance abuse programs:
 1. Develops, recommends, and coordinates national goals, directives, plans, policies, and procedures as they relate to the implementation of the FAA employee drug/alcohol abuse program.
 2. Develops, recommends, and coordinates new program initiatives to deter drug/alcohol abuse.
 3. Provides guidance and policy direction to regional and center drug program coordinators (DPC).
 4. Develops, analyzes, and reports on FAA employee drug/alcohol abuse statistics.
 5. Serves as the FAA's liaison to the DOT in matters related to the FAA employee drug/alcohol abuse program.
 6. Develops, conducts, and monitors training of managers, supervisors, and employees regarding the drug/alcohol abuse program.
 7. Evaluates program implementation for operational efficacy and standardization.
- g. Provides professional advice and technical support to the Federal Air Surgeon, other aviation medical divisions, and agency elements regarding aeromedical certification, congressional inquiries, and aviation medicine research including the following functions:

1. Evaluates and recommends disposition of medical certification appeals cases.
 2. Reviews, evaluates and makes recommendations regarding medical programs, including the aviation medicine research program.
 3. Represents the Federal Air Surgeon in Aviation Medical Seminar Programs and other forums when requested.
44. CLINICAL SERVICES provides a broad range of health services to employees of the agency at various sites with regard to the foregoing:
- a. Provides coordination and central management of the FAA HAP.
 - b. Provides staffing and management of the FAA headquarters health clinic.
 - c. Provides staffing and management of the FAA headquarters HAP covering all metropolitan Washington, D.C. work sites and certain details of HAP activities at the Technical Center in Atlantic City, NJ.
 - d. Provides services to employees of other Federal agencies pursuant to memoranda of understanding approved by the Federal Air Surgeon.
 - e. Represents the Federal Air Surgeon in meetings with representatives of other FAA offices dealing with environmental issues affecting employees nationally and internationally.
 - f. Represents the Federal Air Surgeon on task forces set up by OST to resolve issues with health-related components.
 - g. Advises various elements of Human Resource Management on the health-related aspects of personnel issues.
 - h. Advises employees who visit the various clinic sites for assistance in managing personal health problems.
 - i. Advises headquarters EAP manager.
 - j. Advises the Federal Air Surgeon regarding appeals from medical clearance decisions made by Regional Flight Surgeons on employees who perform their duties in the National Airspace System (NAS).
 - k. Provides emergency first aid to sick and injured employees and arranges transfers of sick or injured employees to hospitals when indicated.
 - l. Organizes the screening programs sponsored by the FAA headquarters HAP.
 - m. Provides diagnostic health services in emergencies or potential emergencies as indicated.
 - n. Offers medical consultations to employees presenting medical administrative problems or questions.

45. CERTIFICATION APPEALS AND PROJECTS BRANCH provides professional advice and technical support to the Federal Air Surgeon, aviation medical divisions, and other agency elements regarding aeromedical certification, Congressional inquiries, and aviation medicine research. In the area of certification appeals, the following functions are performed:
- a. Evaluates and recommends disposition of medical certification appeals cases.
 - b. Reviews, evaluates, and makes recommendations regarding medical programs, including the aviation medicine research program.
 - c. Serves as focal point for all medical certification and research oriented international aviation medicine activities and ensures compliance with international agreements.
 - d. Provides professional advice and technical support to the Federal Air Surgeon.
 - e. Provides expert consultation to operational elements based on research results.
 - f. Provides technical editing and review for AAM reports and presentations.
 - g. Represents the Federal Air Surgeon in Aviation Medical Seminar Programs and other forums when requested.
 - h. Research and special projects functions include providing expertise in the medical, physiological, psychological, biochemical, and human engineering sciences to define the aeromedical requirements concerned with human performance, health, safety, and protection in the National Airspace System, as well as monitoring, coordinating, and accomplishing the research studies necessary to meet those requirements. Particular emphasis is placed on determining the effects of human behavior on system operations. Specific program areas that address these requirements include medical standards, human performance, accident prevention, and protection and survival. With respect to these functions, the following responsibilities are performed:
 1. Represents the Federal Air Surgeon with agency and nonagency individuals, organizations, committees, panels, professional societies, research organizations, regulatory groups, international organizations, etc., providing expert biomedical and behavioral information on a wide variety of topics.
 2. Develops budget and planning strategy related primarily to the Aeromedical Research Program (ARP).
 3. Writes advisory circulars, medical guideline letters, and professional journal articles and makes presentations of these efforts in appropriate forums.
 4. Responds to public and Congressional inquiries on biomedical and behavioral topics especially in areas of AAM interest or ongoing activity.
 5. Reviews and edits technical reports and presentations produced in the ARP.

6. Manages a psychiatric and psychological testing program for air traffic control specialist and federal air marshal applicants.
7. Prepares a variety of administrative reports, e.g., annual reports to Congress concerning various AAM activities, particularly those related to the ARP.
8. Provides advice and counsel in coordination with AAM-100 for international aviation medicine activities and helps ensure compliance with international agreements.
9. Provides professional advice and technical support to the Federal Air Surgeon.
10. Provides expert consultation to operational elements based on research results.
11. Provides technical editing and review for AAM reports and presentations.
12. Conducts independent research projects either in-house or through contract in response to sponsor requests. These research projects are to be accomplished as part of the ARP. Participates in joint research programs/projects with other organizations including international organizations.
13. Provides expert biomedical and behavioral advice and assistance to internal and external elements, e.g., Office of Human Resource Management, Transport Canada, ICAO, and Flight Standards Service, etc., on their programs which have biomedical and behavioral components.

DRUG ABATEMENT DIVISION

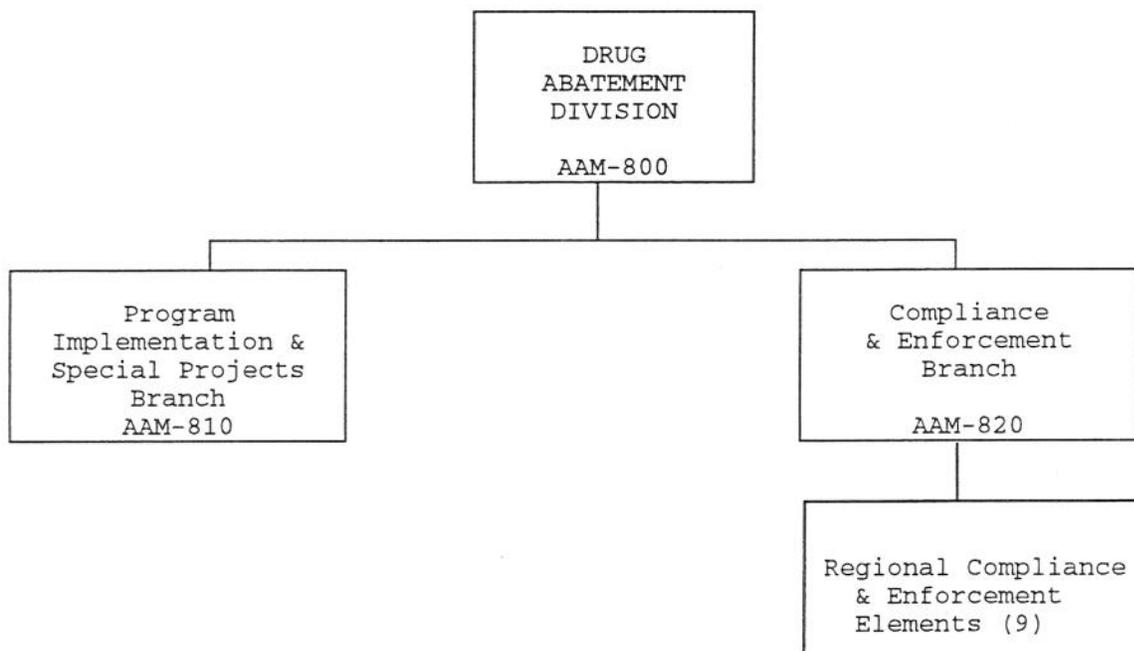


Figure 5-1

CHAPTER 5. DRUG ABATEMENT DIVISION

46. DRUG ABATEMENT DIVISION.

a. Structure. The functional organization of the Drug Abatement Division is shown in Figure 5-1.

b. Functions. The division is the principal agency element responsible for the development, implementation, administration, evaluation, and compliance monitoring of the aviation industry antidrug and alcohol misuse prevention programs as set forth in 14 CFR part 121, appendices I and J and other relevant regulations. The regulations require air carriers, air taxi/commuters, and certain other aviation employers to implement programs. The division is responsible for other related programs as required by statutes or national, DOT, or FAA initiatives.

c. The division has the following responsibilities:

(1) Establishes, coordinates, and communicates national policy, goals, objectives, and plans related to the implementation and compliance monitoring of the division's programs.

(2) Develops, recommends, coordinates, and implements new programs which will reduce drug or alcohol misuse in the aviation industry and improve safety.

(3) Serves as principal agency contact point and liaison with the OST, DOT modal administrations, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of National Drug Control Policy, and other Federal agencies on all matters relating to the industry antidrug and alcohol misuse prevention programs.

(4) Serves as principal agency contact point and liaison for aviation trade associations, airlines, labor organizations, and other aviation elements affected by the industry antidrug and alcohol misuse prevention programs.

(5) Develops and coordinates rulemaking actions required to change existing division programs or to implement new programs. Processes petitions for exemption from the division's programs.

(6) Develops and disseminates guidance material and technical information to assist the aviation industry in complying with the regulations. Conducts or participates in informational conferences on program requirements.

(7) Develops and maintains a computer database which includes the names and other identifying information of employers subject to the division's programs and statistical information on testing performed by the employers.

(8) Evaluates program implementation to determine operational effectiveness and to identify problem areas for correction. Evaluates overall effectiveness of the industry antidrug and alcohol misuse prevention regulations.

(9) Coordinates and integrates program activities with other affected operational elements within the agency.

(10) Anticipates and plans for future operational requirements for headquarters and field elements.

47. PROGRAM IMPLEMENTATION AND SPECIAL PROJECTS BRANCH. This branch is responsible for the following functions:

(a) Reviews and approves/disapproves all antidrug plans and amendments and all alcohol misuse prevention program certification statements and amendments submitted by aviation industry employers.

(b) Develops and maintains a computer database which includes information about and the current status of aviation industry employer antidrug plans and alcohol misuse prevention program certification statements.

(c) Processes all antidrug program management information system (MIS) reports. This includes review and quality control of the information submitted by employers, entry of the information into a computer database, generation of statistical reports and development of press releases and other documents related to the data. Problem reports or failures of employers to submit reports which cannot be resolved by the branch are forwarded to the Compliance and Enforcement Branch for appropriate actions.

(d) Develops and distributes guidance documents to assist the aviation industry in the proper implementation of antidrug programs. This includes the production of newsletters, guidance letters, regulatory or policy determinations, and the conduct of or participation in informational conferences, meetings, and training sessions.

(e) Provides initial review of and quality control for reports of alcohol or drug rule violations by Part 67 medical certificate holders. This includes obtaining additional or missing information and documentation from medical review officers and/or employers and ensuring that the reports are promptly forwarded to the Aeromedical Certification Division in Oklahoma City for action.

(f) Evaluates existing policy positions and interpretations to determine continued appropriateness and develops and recommends policy initiatives which reduce the programmatic burden on aviation employers, employees, and the FAA while considering potential safety implications.

(g) Uses information obtained from aviation employers and service providers to assist other branches in improving guidance materials and to ensure maximum employer compliance with program regulations.

(h) Initiates administrative actions to address program issues and problems identified in program evaluation through interaction with the aviation industry and other governmental entities.

(i) Conducts special studies to support development of program strategies and initiatives, resolution of policy issues, rulemaking, and projection of resource requirements.

(j) Analyzes program data and prepares reports on program status and results, in response to requests from FAA offices, OST, Congress, and other organizations.

(k) Develops or coordinates the preparation of program strategies, goals, and objectives as required for AAM, FAA, and DOT planning efforts in coordination with the other branch in the division.

(l) Provides technical advice on drug and alcohol testing issues by responding to correspondence on program issues; researching and preparing interpretations and guidance on program regulations; contributing technical articles for publication; preparing briefing, position, and options papers for senior level FAA management; and participating in the development of overall division policy and direction.

(m) Facilitates implementation of the FAA industry alcohol misuse prevention program, which requires developing and disseminating guidance material to facilitate aviation employer and consortia compliance; participating in FAA, OST, and industry conferences, seminars, and briefings; ensuring telephonic and written inquiries receive timely, accurate, and consistent responses; developing, scheduling, and providing training on the regulations to headquarters and FAA field personnel involved within the program; monitoring implementation to identify problems and recommend and pursue appropriate solutions or mitigating actions; and coordinating and cooperating with OST and other DOT modal operating administrations to ensure the most effective implementation.

(n) Develops and coordinates all division rulemaking activities within the time frames set by DOT, FAA, the division manager or as needed to meet program objectives in a timely manner and ensures that adequate consideration and proper disposal is given to all FAA input and public comments submitted.

(o) Serves as the division's focal point for Freedom of Information Act and Congressional inquiries concerning the industry antidrug and alcohol misuse prevention programs and for program issues pertaining to release of information to the public and privacy rights.

(p) Monitors international antidrug and alcohol misuse issues, and serves as liaison on such issues with other agencies and international organizations.

(q) Develops and maintains the division's Internet Web Site "home page" to provide information for use by the aviation industry.

(r) Provides special services as necessary to the other branch within the division including identifying resources to meet organizational needs; providing informal technical guidance; and notifying compliance and enforcement personnel of possible violations of the rules.

48. COMPLIANCE AND ENFORCEMENT BRANCH. This branch is comprised of staff in both Washington, D.C. and other locations, and is responsible for the following functions:

(a) Formulates national policies and procedures relating to the industry antidrug and alcohol misuse prevention programs' compliance functions.

(b) Develops compliance monitoring procedures and methods, including onsite inspections, records review, reporting, and legal enforcement activities.

(c) Provides program direction and oversight for compliance activities for the industry antidrug and alcohol misuse prevention programs.

(d) Provides direction, training, and supervision to antidrug and alcohol misuse prevention program personnel nationwide.

(e) Evaluates the compliance and enforcement efforts to determine program effectiveness and implements corrective actions for problems which are identified.

(f) Conducts onsite inspections of regulated companies to determine compliance with applicable regulations and such enforcement and follow-up efforts as may be required.

(g) Provides technical assistance to aviation employers regarding their industry antidrug and alcohol misuse prevention programs to correct problem areas which are identified during compliance monitoring and investigates complaints about rule violations.

(h) Participates with the other branch within the division in informing and educating the aviation industry on aviation drug and alcohol regulations, policies, and guidance.

(i) Develops and encourages the implementation of self-evaluation programs by aviation employers to promote voluntary compliance.

(j) Participates with the other branch within the division in special information collection or dissemination efforts relating to the operation of the programs.

49.-54. RESERVED

REGIONAL MEDICAL DIVISION

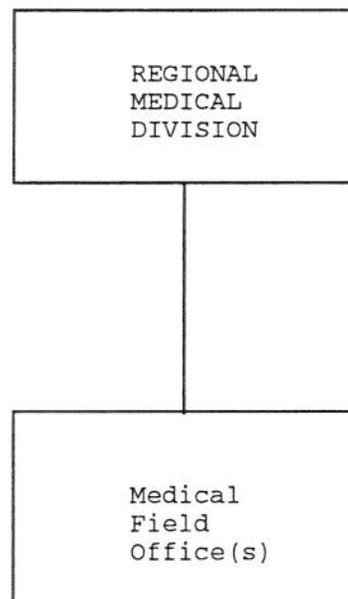


Figure 6-1

CHAPTER 6. REGIONAL MEDICAL DIVISIONS

55. REGIONAL AVIATION MEDICAL DIVISIONS.

a. Structure. The functional organization of the Regional Aviation Medical Divisions is shown in Figure 6-1.

b. Functions. These divisions manage and direct regional aviation medical programs under the executive direction of the Deputy Federal Air Surgeon. They administer and direct the airman medical certification, occupational health, and AME programs throughout the region. They investigate and evaluate the human factors aspects of civil aircraft accidents, conduct and participate in medical educational programs for airmen and agency employees, and administer the FAA employee substance abuse program. The Regional Flight Surgeons represent the Federal Air Surgeon on all medical matters within their geographic area. The regional aviation medicine divisions have the following responsibilities:

(1) Plan and administer a medical certification program for airmen, including professional review and adjudication of cases involving medical pathology and other problems requiring resolution at the regional level.

(2) Administer and operate regional programs which determine the medical fitness and clearance of agency employees for duty, (e.g., ATCS Health Program).

(3) Administer the regional AME program, including selection, training, designation, redesignation, or termination or nonrenewal of designation.

(4) Direct, coordinate, and participate in the program of human factors evaluation in aircraft accident investigation of those accidents occurring within the region (or elsewhere, upon request of higher authority), and perform collaborative accident research with CAMI.

(5) Provide medical services (e.g., medical examinations, emergency medical assistance) to agency field employees who are within commuting distance of FAA medical field offices (normally located in Air Route Traffic Control Centers).

(6) Provide professional advice and guidance to the regional administrator on all aviation medical matters and arrange for the provision of such advice and guidance to other officials throughout the region.

(7) Conduct periodic visits to field offices and facilities to advise and assist on medical matters.

(8) Support selected aviation medicine research and medical standards validation efforts.

(9) Participate in aviation and medical education programs for airmen and agency employees and participate in international airman medical education programs, as opportunities arise.

(10) Exercise line authority over the medical field offices.

(11) Manage the FAA Employee Substance Abuse Program in the region.

(12) Provide health and medical advice to regional occupational health and safety personnel for the evaluation and monitoring of agency personnel under the OSHA rules and regulations, e.g., asbestos abatement, hazardous noise areas. Provide medical evaluations, monitoring, and support as required by agency occupational safety and health policy.

(13) Implement the agency's national HAP in the region.

c. Special Relations. Keep their respective regional administrators informed of all significant issues within their purview and with the regional administrator's approval, participate on the regional management team in support of the Region's input to the agency's mission and goals.

d. Medical Field Offices.

(1) The Flight Surgeon shall perform all of the functions assigned to the Aviation Medical Division except those formally restricted or reserved to the Regional Flight Surgeon.

(2) The medical program responsibilities delegated to the flight surgeon shall include:

- (a) The ATCS health program.
- (b) Airman medical certification.
- (c) Designated AME program.
- (d) Medical investigation of aircraft accidents.
- (e) Airman and employee health education.
- (f) Employee drug and alcohol testing.

(g) Health and medical advice to the regional occupational health and safety personnel for the evaluation and monitoring of the work site and monitoring of agency personnel under the OSHA rules and regulations, e.g., asbestos abatement, hazardous noise areas. Provide medical evaluations, monitoring, and support as required by agency occupational safety and health policy.

- (h) Health awareness program.

CIVIL AEROMEDICAL INSTITUTE

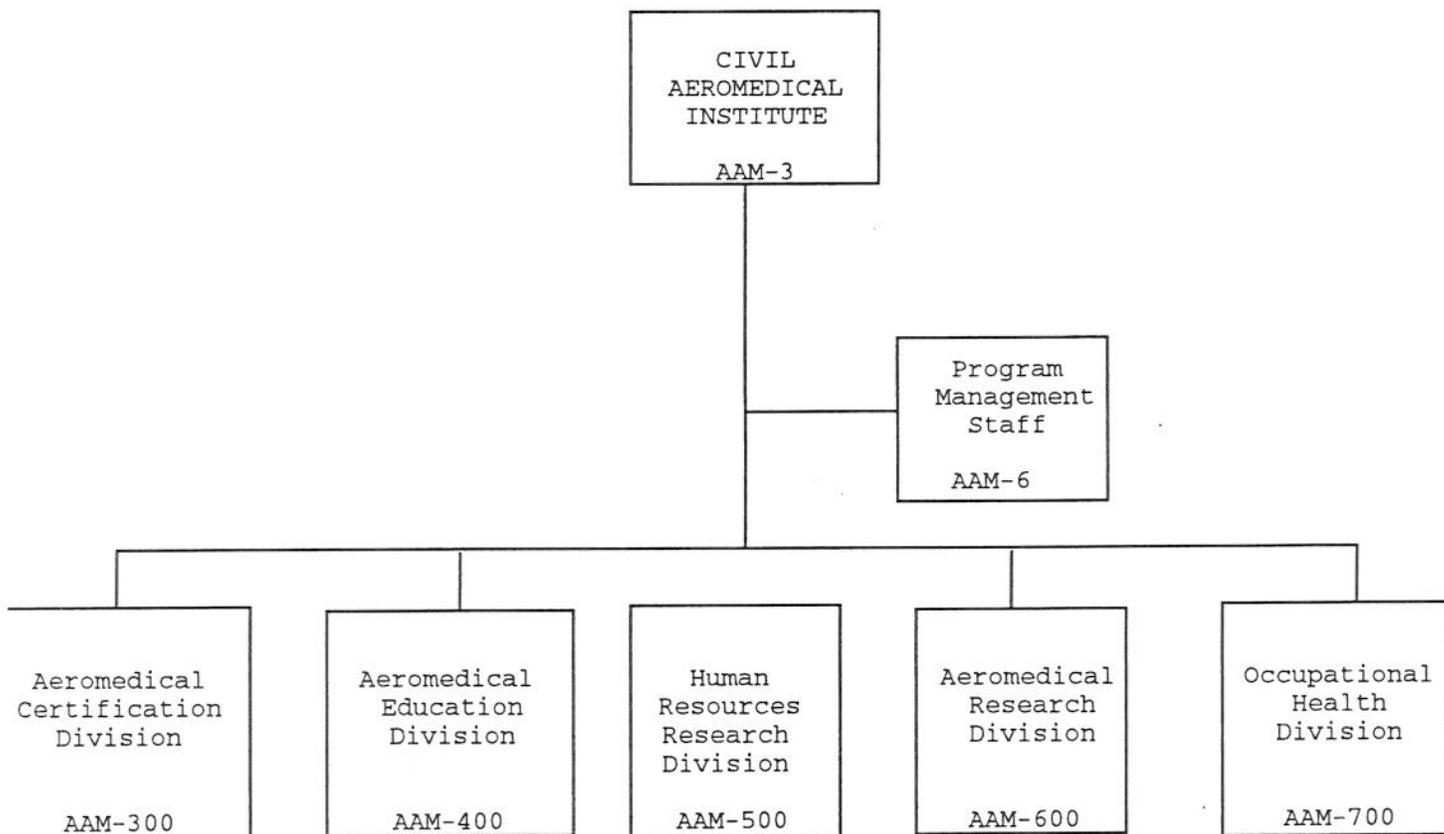


Figure 7-1

CHAPTER 7. CIVIL AEROMEDICAL INSTITUTE

56. CIVIL AEROMEDICAL INSTITUTE.

a. Structure. The functional organization of the Civil Aeromedical Institute (CAMI) is shown in Figure 7-1.

b. Functions. CAMI develops, maintains, and manages a system for the medical examination and certification of U.S. civil airmen; conducts medical and related human factors research projects applicable to the FAA's mission; develops, maintains, and administers aviation medical education programs to meet the needs of the agency; administers occupational health programs for agency employees; operates a medical clinic for the Mike Monroney Aeronautical Center; and provides professional advice and technical knowledge to the Federal Air Surgeon and other agency elements. Responsibilities related to these functions include the following:

- (1) Conducts aeromedical certification, research, education, and occupational health activities.
- (2) Administers a program for the selection, training, and management of physicians designated to conduct aviation medical examinations of civil airmen throughout the United States and abroad.
- (3) Administers a review system for the processing, professional evaluation, and disposition of applications for medical certification.
- (4) Manages a national repository of airman medical records.
- (5) Develops and publishes biostatistical data from airman medical records.
- (6) Evaluates and recommends to the Federal Air Surgeon appropriate revisions of the airman medical certification standards.
- (7) Evaluates human performance in aviation and air traffic controller environments, both simulated and actual, by conducting and applying the results of multidisciplinary medical, physiological, biochemical, human factors and psychological studies; initiates both in-house and contractual research related to improving performance; and participates in select on-site visits to investigate and analyze major problem areas.
- (8) Participates in national and international research programs in support of the selection and training of aviation personnel. This includes job-task analyses, the development, validation, and evaluation of selection tools and methods, and the development of valid job performance measures.
- (9) Conducts research into the pharmacological, biochemical, and psychological aspects of human interactions with civil aviation environments.
- (10) Plans and executes in-flight studies to determine the effects of the civil aviation environment, flight procedures, and equipment upon the human body.
- (11) Utilizes general aviation simulators to conduct research that assesses the human factors associated with pilot performance and provides

recommendations regarding enhancements in procedures and systems technology that reduce error prone conditions and improve aviation safety.

(12) Conducts research into the capabilities and limitations relating to the effectiveness and reliability of personnel in the National Airspace System.

(13) Investigates the effects of drugs, toxic chemicals, and certain practices peculiar to civil aviation on the human body, its tissues, and normal functions.

(14) Maintains experimental animal facilities to perform laboratory tests in support of assigned research projects.

(15) Monitors cabin safety problems and conducts research into on-board equipment and procedures to identify potential safety and efficiency improvements.

(16) Investigates select general aviation and air carrier accidents and searches for biomedical and psychological causes of the accidents, including evidence of disease and chemical abuse; analyzes the accident data for select aviation populations; and studies accident survival.

(17) Studies survivability factors in aircraft accidents.

(18) Serves as the agency central repository for reports and data concerning the medical and human engineering design aspects of specific aviation accidents.

(19) Disseminates medical education information through reports, booklets, films, and lectures to FAA components and the aviation public.

(20) Administers programs of professional seminars and training for FAA pilots, inspectors, and medical personnel in aviation physiology, global survival, and medical aspects of aircraft accident investigation.

(21) Administers a centralized national medical education program for airmen, including medical exhibits, in support of the FAA National Aviation Safety Program and the National High-Altitude Indoctrination Program under agreements between the FAA and the United States Air Force.

(22) Plans, develops, and delivers professional seminars for the Aviation Medical Examiner (AME) program and other FAA programs as required.

(23) Serves the civil aviation community as a centralized national resource for aeromedical and scientific data.

(24) Develops, recommends, administers, and evaluates policies, standards, regulations, and procedures for all FAA occupational health activities for agency employees.

(25) Manages assigned portions of the agency Air Traffic Control Specialist (ATCS) Health Program, including the ATCS Health Information System.

(26) Provides a Health Awareness Program (HAP) for Federal employees at the Mike Monroney Aeronautical Center.

(27) Provides a medical clinic in support of the Mike Monroney Aeronautical Center and its tenants.

(28) Conducts pre-employment, preappointment, and pilot medical examinations and provides industrial hygiene services for personnel located at the Mike Monroney Aeronautical Center.

(29) Conducts a Hearing Conservation Program for the Mike Monroney Aeronautical Center.

57. PROGRAM MANAGEMENT STAFF.

a. The staff provides budget/financial, procurement, information resource management, and administrative/management services for all elements of CAMI.

b. The staff is responsible for the following functions:

(1) Develops and coordinates local guidance and ensures implementation of AAM policies to accomplish program goals.

(2) Develops, consolidates, and coordinates information required for budget submissions and other reports. Provides guidance, analyses, and preparation of assigned fiscal requirements on issues pertaining to staffing and funds.

(3) Develops, recommends, and implements policies and procedures for CAMI in the areas of:

(a) Program planning.

(b) Budget execution and financial management of the direct and reimbursable program activities.

(c) Management information.

(d) Organization and staffing.

(e) Human resource management, training, utilization, and security.

(f) Management analysis, communications, and facility support operations.

(g) Automation and information resource management including centralized computer system management.

(h) All procurement actions for supplies, equipment, and contracted services.

(i) Monitoring of contractual services for equipment maintenance, research support, contract research studies, personal services, and reimbursable agreements for CAMI.

58.-64. RESERVED

AEROMEDICAL CERTIFICATION DIVISION

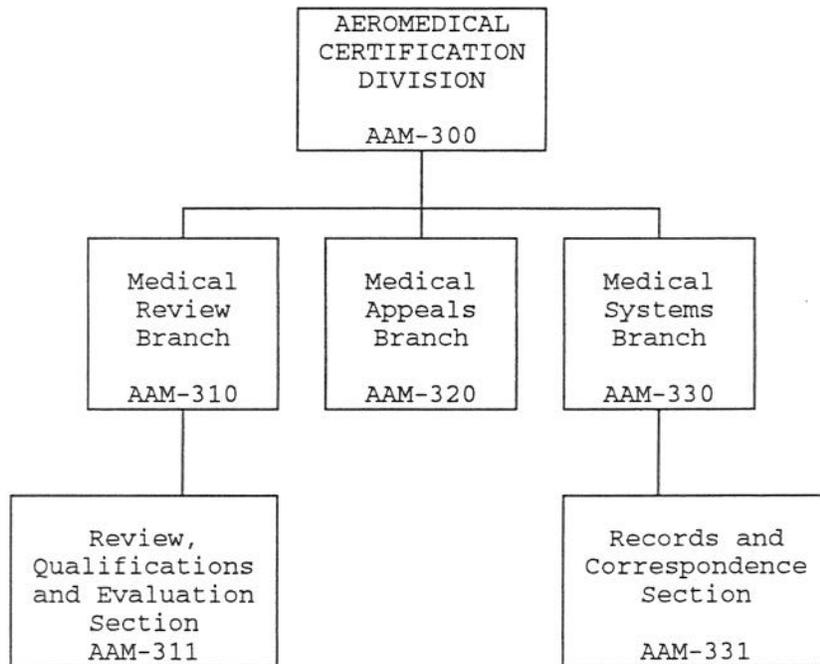


Figure 8-1

CHAPTER 8. AEROMEDICAL CERTIFICATION DIVISION

65. AEROMEDICAL CERTIFICATION DIVISION.

- a. Structure. The functional organization of the Aeromedical Certification Division is shown in Figure 8-1.
- b. Functions. This division administers the national program for airman medical certification.
- c. With respect to the foregoing, this division:
 - (1) Develops, recommends, administers, and evaluates standards and procedures for all FAA airman medical certification activities and associated recordkeeping systems; provides professional and technical guidance to all elements of the agency engaged in such certification and recordkeeping activities.
 - (2) Manages a national repository of airman medical records and a system for processing medical applications and issuing or denying medical certification.
 - (3) Administers review systems for the professional evaluation and disposition of applications for medical certification.
 - (4) Makes recommendations to the Federal Air Surgeon on the disposition of referred airman medical qualification cases and operates a system for the processing and disposition of requests for special issuance.
 - (5) Provides evaluation data and recommendations to the Federal Air Surgeon in the development of airman certification regulations, standards, rules, orders, policies and procedures.
 - (6) Evaluates the effectiveness of national, international, and field administration of medical certification and related aeromedical activities.
 - (7) Provides evaluation data and recommendations to the Federal Air Surgeon in the development of minimum medical standards for airmen, for certain (non-FAA) ATCS's, and for others concerned with flight activities.
 - (8) Develops and furnishes biostatistical data from airman medical records.
 - (9) Develops and recommends rules, orders, policies, and procedures necessary to administer the medical certification program.
 - (10) Establishes and maintains operating standards and procedures to ensure an effective and efficient medical certification automated processing system.
 - (11) Monitors performance of AME's and provides statistical data to the Aeromedical Education Division (AAM-400) for efficient management of the AME program.
 - (12) Establishes, administers, and maintains standards and procedures to ensure an effective and efficient system for the electronic transmission of FAA Form 8500-8, Application for Airman Medical Certificate or

Airman Medical and Student Pilot Certificate, medical data, and required electrocardiograms.

(13) Develops and administers the medical elements of the Driving Under the Influence/Driving While Intoxicated (DUI/DWI) Program. Under the program, AAM determines whether an airman who has a DUI/DWI conviction or administrative action is eligible for medical certification.

(14) Develops and administers internal operating directives and procedures for the industry antidrug and alcohol misuse prevention programs as they pertain to holders of medical certificates issued under Part 67 of the regulations.

(15) Participates with AAM-400 in the development and delivery of training for AME's and FAA personnel.

66. MEDICAL REVIEW BRANCH. Determines the medical qualifications of airmen based on available information and initiates appropriate action; reviews controversial cases regarding issuance or denial of certification; develops national program guidance on matters regarding airman medical certification.

* a. Review, Qualifications, and Evaluation Section. Analyzes and identifies incomplete or problematic applications for airman medical certification and initiates appropriate resolution action(s). Evaluates medical information and reports as they relate to medical applications, determines their responsiveness and relevance under established certification policies and procedures, and takes appropriate action. *

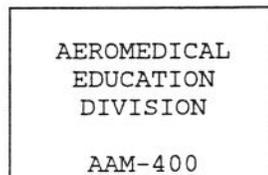
*67. MEDICAL APPEALS BRANCH. Determines the disposition of special issuance and appeal cases; evaluates and processes new and recertification cases; evaluates follow-up reports; and issues medical certificate when appropriate. Manages the automated Special Issuance Tracking System. Convenes and conducts consultant panel meetings as required to review and recommend disposition of special issuance cases.

68. MEDICAL SYSTEMS BRANCH. Provides clerical, statistical, and automation support for the division. Manages the automated system for collection and dissemination of medical data for the aeromedical certification program and international repository of airman medical certification records. Manages the international repository of electrocardiograms (EKG) and the automated EKG system. Manages the medical elements of the DUI/DWI Program. *

a. Records and Correspondence Section. Maintains medical certification records and provides search, retrieval, and duplication services in support of the airman medical certification program. Provides clerical support to the division, including composing and preparing correspondence to airmen regarding aeromedical certification.

69.-74. RESERVED

AEROMEDICAL EDUCATION DIVISION



CHAPTER 9. AEROMEDICAL EDUCATION DIVISION

75. AEROMEDICAL EDUCATION DIVISION.

a. Structure. The functional organization of the Aeromedical Education Division is shown in Figure 9-1.

b. Functions. This division develops policies, procedures, and practices with respect to aeromedical education, and administers aviation medical education programs to meet the needs of the agency and the civil aviation community.

c. The division has the following responsibilities:

(1) Plans, develops, and administers the Aviation Medical Examiner (AME) Program.

(2) Plans and develops standard criteria, and administers a centralized program for the selection, designation, training, and management of AMEs who are authorized to conduct aviation medical examinations of civil airmen throughout the United States and abroad. Ensures that the approved standard criteria for selection, designation, and training are applied equitably in all areas.

(3) Determines in coordination with the Regional Flight Surgeons, the geographical distribution of designated AMEs (including senior AMEs) to ensure adequate coverage to serve the needs of the pilot population. Takes action to correct any existing discrepancies nationally and internationally.

(4) Plans, develops and administers a uniform AME performance evaluation program that provides information as to the quality of examinations conducted and medical certification decisions made by each AME. Ensures the accuracy and timeliness of the computerized AME performance evaluation reports which provide the Regional Flight Surgeons a meaningful statistical analysis for their consideration of the AMEs' re-designation.

(5) Administers the process to renew the designation of all active AMEs by issuing a current ID card and recording in the AME Records System the signed IDs.

(6) Selects, designates, re-designates, and terminates designation of military/federal (Department of Defense (DOD), Coast Guard, National Aeronautics and Space Administration (NASA), and other federal agencies), and international AMEs.

(7) Coordinates with the offices of the Surgeons General of the Armed Forces, and with appropriate representatives of the Coast Guard, NASA, and other federal agencies, in the designation of flight surgeons and federal civilian physicians as AMEs to conduct aviation medical examinations and issue airman medical certificates to government personnel needing FAA medical certification.

(8) Coordinates with the State Department (through the FAA Office of International Aviation) in the designation of international AMEs to conduct aviation medical examinations and issue FAA medical certificates to US airmen in foreign countries, in accordance with Title 14 of the Code of Federal Regulations Section 67.5, Certification of Foreign Airmen.

(9) Distributes FAA medical forms, stationery, and aeromedical publications to all AMEs. Initial supplies (upon AME designation) are provided by regional personnel and subsequent supplies are provided by AAM-400.

(10) Operates and maintains the computerized AME Records System which is the central repository of all of the information on the AMEs. Maintains hard copy master files for all AMEs. Coordinates with regional personnel the timely reporting of relevant AME information to update the AME Records System. Compiles, publishes, and distributes the annual AME directory based on information from the AME Records System. Provides management data for evaluation of the AME Program.

(11) Ensures that all medical education programs comply with the essentials, guidelines, and standards of the Accreditation Council for Continuing Medical Education (ACCME) in order to maintain CAMI's ACCME accreditation.

(12) Analyzes, designs, develops, conducts, evaluates and administers nationwide AME education programs (existing and new) required to fulfill the aeromedical training needs of all AMEs as outlined in FAA Order 8520.2D, Aviation Medical Examiner System. Ensures that AME education programs are designed to enable AMEs to make the correct aeromedical certification decisions and to communicate their findings appropriately. Optimizes procedures and/or methodologies to evaluate AMEs' knowledge and understanding of aeromedical certification standards and procedures and how to effectively apply them in the certification of airmen.

(13) Plans, designs, develops, conducts, evaluates, and administers professional and/or technical training for FAA personnel including pilots, inspectors, accident prevention program personnel, and medical personnel in the areas of aviation physiology, global survival, medical and human factors aspects of aircraft accident investigation, aviation medicine, occupational/environmental medicine, cardiopulmonary resuscitation, and first aid.

(14) Plans, designs, develops, conducts, evaluates, and administers nationwide aeromedical education programs for airmen focused on aviation safety (including aeromedical exhibits) in support of the FAA National Accident Prevention Program. Coordinates the development of aeromedical training agreements (existing and new) between the FAA and the U.S. Air Force, Navy, and Army.

(15) Develops physiological and global survival training standards for FAA flight crews. Reviews existing standards periodically and, when necessary, recommends updates for publication in FAA Order 4040.9, FAA Aircraft Management Program.

(16) Plans, designs, develops, conducts, evaluates, and administers altitude chamber training for FAA flight crews (to meet regulatory requirements) and civilian airmen at CAMI and at military installations across the country. Optimizes procedures and/or methodologies to evaluate FAA flight crew's knowledge and understanding of aviation physiology and global survival and how to effectively apply this knowledge to their day-to-day job-related activities.

(17) Operates and maintains CAMI's altitude chambers, thermal chamber, spatial disorientation trainers (Vertigon and Gyro-1), and the emergency ditching simulator. This equipment is used in support of physiological and global survival training programs as well as research projects.

(18) Develops and maintains a database on altitude (hypobaric) chamber operations for the purpose of assessing the prevalence of adverse individual reactions to chamber flights, evaluating the long-term effects of repeated

chamber flight exposures among instructors, and monitoring chamber workload or usage.

(19) Plans, develops, and conducts nationwide education/training activities (using all available delivery media and/or methods) to disseminate aeromedical information and scientific data to FAA personnel, AMEs, airmen, aviation industry, aviation organizations, academic institutions, and the general public in support of the agency's mission of promoting aviation safety.

(20) Designs, develops, and distributes didactic audiovisual materials (slides, transparencies, videos, handouts, multimedia presentations, etc.) and publications used in support of all aeromedical education programs. These educational aids are designed to support the dissemination of aeromedical information that promotes aviation safety.

(21) Serves as a centralized national resource of aeromedical information and scientific data for the civil aviation community. Manages and maintains the CAMI Aeromedical Library. Establishes and maintains close liaison with other government and private organizations (national and international) that represent the interests of the civil aviation pilot population in order to disseminate aeromedical information that promotes aviation safety.

(22) Supports international exchange programs, such as the International Exchange Visitor Program, that facilitate interaction between aviation medicine professionals, enable the exchange of scientific information, and promote the FAA's international leading role in aviation medicine.

76. RESERVED.

HUMAN RESOURCES RESEARCH DIVISION

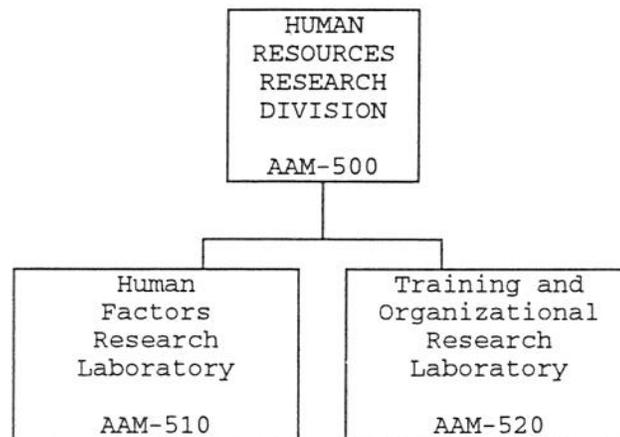


Figure 10-1

CHAPTER 10. HUMAN RESOURCES RESEARCH DIVISION

77. HUMAN RESOURCES RESEARCH DIVISION.

a. Structure. The functional organization of the Human Resources Research Division is shown in Figure 10-1.

b. Functions. This division conducts an integrated program of applied field and laboratory performance research on organizational and human factors aspects of aviation work environments. Guidance for program development is obtained from the National Plan for Civil Aviation Human Factors, the FAA Strategic Plan, and senior agency management. Emphasis is placed on improving human performance through enhanced human machine/systems interfaces, equipment design, selection, training, operating procedures, and business practices. Research products will improve individual and system effectiveness, efficiency, and safety. Research is carried out in the following two laboratories:

78. HUMAN FACTORS RESEARCH LABORATORY. This laboratory plans and conducts a broad-based program of applied research in human factors issues in the design, operation, and maintenance of components of the National Airspace System (NAS). Research includes assessing the impact of advanced technology, enhancing information transfer, evaluating effects of stressors on human performance, and quantifying the effects of equipment, procedures, and task design on pilot-controller communications, air traffic control/management systems, and general aviation aircraft cockpit design. Research is carried out in the following areas:

a. Advanced ATC Systems Research. Performs research on the impact of advanced technologies on ATCS performance and the implications of advanced automation for information transfer and human/machine design. Develops metrics of performance and workload. Assesses alternative concepts for use of automation in information transfer. Identifies and evaluates applications of intelligent systems and innovative control/display concepts. Utilizes rapid prototyping techniques with advanced real-time ATC simulation capabilities.

b. Behavioral Stressors Research. Conducts research on stressor variables and conditions which could impact safety by impairing an individual's readiness to perform. Considers work environment issues involving ATCS and pilot job performance such as workload, shift management, age, fatigue, adverse physical conditions, stressors involving drug and alcohol usage, and color perception. Assesses the effectiveness of remedial actions, procedural or policy steps, or individual strategies and countermeasures to reduce performance decrements and enhance individual performance readiness.

c. Performance Assessment Research. Conducts aviation human factors research on the design of hardware, software, and procedures with emphasis on general aviation applications. Focus is on objective, human performance data which will aid in identifying affordable initiatives for enhancing aircrew performance and reducing accidents and incidents. This includes (a) design of cockpit controls and displays associated with emerging technologies; (b) development of performance-based criteria for use in certification and regulation; and (c) the effective use of training devices integrated with existing instructional systems.

79. TRAINING AND ORGANIZATIONAL RESEARCH LABORATORY. This laboratory conducts a broad, integrated program of research examining ways to enhance workforce performance. Research is focused on improved person-job fit through valid selection, classification, and training of personnel; and improved organizational

business practices through reengineering and organizational climate and culture interventions such as forming workteams, realigning procedures with changing agency customer needs, structural streamlining, and personal empowerment. This program of research is carried out in the following areas:

a. Selection and Validation Research. Research is focused on the validation and evaluation of aviation workforce selection and placement systems, including job analyses, component measures and tests, and performance criteria. Explores the relationship between aviation workforce attributes, aviation job/task requirements and demands, and individual and team performance, primarily in applied, field settings. Establishes scientific evidence of the job relatedness of aviation selection systems and utility in achieving agency and NAS operational objectives. Results will enable the agency to identify and use cost effective hiring, training, and promotion systems and to demonstrate procedural fairness when challenged

b. Training and Performance Research. Performs laboratory and field research focused on aviation training and on identifying and measuring job performance competencies and related knowledge, skills, and abilities that impact individual and workteam safety, efficiency, and effectiveness. Results of research provide job-relevant criteria used to validate selection systems, and identify optimum person/team-job interface to guide training enhancements and job/task design.

c. Organizational Effectiveness Research. Performs primarily field research to determine the effectiveness of organizational and technological innovations intended to optimize workforce and organizational performance. Determines the relationship of workforce psychological characteristics (attitudes, temperament, behavioral preferences) and the work environment (e.g., organizational climate, culture, structure, and business practices). Results of research provide guidance to senior agency management on the relative merits of various innovations intended to enhance safety, efficiency, and effectiveness, workforce health, quality of employee worklife, agency customer satisfaction, and agency mission accomplishment.

AEROMEDICAL RESEARCH DIVISION

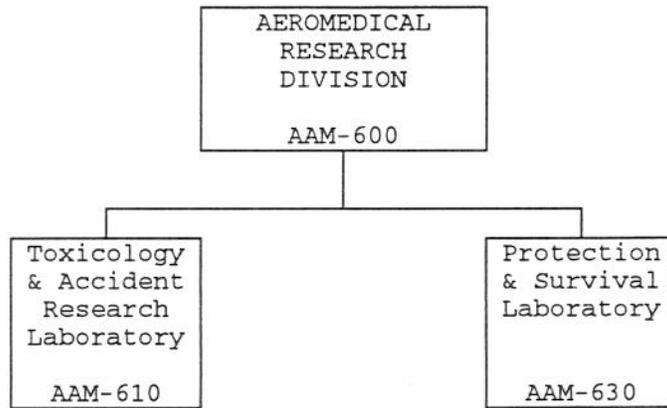


Figure 11-1

CHAPTER 11. AEROMEDICAL RESEARCH DIVISION

80. AEROMEDICAL RESEARCH DIVISION.

a. Structure. The functional organization of the Aeromedical Research Division is shown in Figure 11-1.

b. Functions. The Aeromedical Research Division evaluates human performance in aviation and air traffic controller environments, both simulated and actual, by applying multidisciplinary medical, physiological, and biochemical studies; conducts protection and survival research; initiates both in-house and contractual research related to improving performance; and participates in select onsite visits to investigate and analyze major problem areas.

c. The division has the following responsibilities:

(1) Plans and executes studies to determine the effects of the civil aviation environment, flight procedures, and equipment upon the human body, and conducts research into the clinical and biomedical capabilities and limitations relating to the effectiveness and reliability of personnel in the National Airspace System.

(2) Investigates selected general aviation and air carrier accidents and searches for biomedical and clinical causes of the accidents, including evidence of disease and chemical abuse; analyzes the accident data for selected aviation populations; and studies accident survival. Maintains a central repository for reports and data concerning the medical and human factors aspects of specific accidents that are investigated.

(3) Maintains a core clinical consultative and research capability to evaluate static and potentially unstable medical conditions that affect function and performance in flight and air traffic control scenarios.

81. TOXICOLOGY AND ACCIDENT RESEARCH LABORATORY. Studies medical findings in aircraft accidents and defines relationships between those findings and the safe operation of aircraft.

a. The laboratory has the following responsibilities:

(1) One technical team conducts medical and laboratory studies of aircraft accident victims, including onsite participation in selected cases, to analyze medical, engineering, and human factors findings gained from such cases, and conducts appropriate research into the relationships of such findings to the safe operation of aircraft. Develops methods for the better understanding of such factors in aircraft accidents. Studies performance decrements resulting from disease processes to determine their effects on aviation safety.

(2) A second technical team detects and measures drugs, alcohol, toxic gases, and toxic industrial chemicals in victims of fatal aircraft accidents as a contribution to the analysis of accident causation, and adapts or develops improved methods for making such measurements. Deoxyribonucleic acid/ribonucleic acid (DNA/RNA) analyses are undertaken both to specifically identify tissue sources and to document biochemical processes such as postmortem alcohol generation.

(3) A third technical team conducts research into problems that affect the aviation industry and that depend primarily on biochemical factors.

Performs analytic procedures at a reference laboratory level and contributes to the quality assurance programs required by CAMI.

(4) A fourth technical team performs research on the effects of radiation (both ionizing and non-ionizing) on living systems with particular attention to the characteristics of radiosensitive tissue, identifies radiation hazards within the aviation environment, and studies methods of protection from such hazards.

82. PROTECTION AND SURVIVAL LABORATORY. Conducts studies and research pertaining to the human aspects of protection and survival from exposure to hazardous conditions relative to civil aviation. Research includes, but is not limited to, methods of attenuating or preventing crash injuries, devising concepts and evaluating survival equipment used under adverse environmental and emergency conditions, and establishing human physical limitations of civil aviation operations. Conceives, plans, and accomplishes imagery support for aeromedical research projects in the division using multidisciplinary techniques and acquired skills in imagery technology.

a. The laboratory has the following responsibilities:

(1) One technical team evaluates the injury potential of new materials and structures by utilizing animate and inanimate test subjects under simulated crash environments and supports other FAA elements in conducting dynamic tests. Develops new methods, techniques, and equipment for reevaluating injury potential.

(2) A second technical team monitors aircraft cabin safety problems and conducts research studies and tests pertaining to the emergency evacuation of aircraft and water survival. Studies emergency situations to determine adequacy of survival equipment and procedures based on human requirements.

(3) A third technical team conducts research into environmental factors that detrimentally influence human functioning and physiology in aviation environments. Studies emergency situations to determine adequacy of aircraft protective breathing devices.

OCCUPATIONAL HEALTH DIVISION

OCCUPATIONAL
HEALTH
DIVISION

AAM-700

CHAPTER 12. OCCUPATIONAL HEALTH DIVISION

83. OCCUPATIONAL HEALTH DIVISION.

a. Structure. The functional organization of the Occupational Health Division is shown in Figure 12-1.

b. Functions. This division administers agency occupational health programs for agency employees pursuant to PL 91-596, the Occupational Safety and Health Act; Executive Order 12196, Occupational Safety and Health Programs for Federal Employees; and provides professional advice and technical knowledge to the Federal Air Surgeon and other agency elements. The division manages a professional, technical, and clerical staff with programs in occupational medicine, clinical services, and industrial hygiene.

c. The division has the following responsibilities:

(1) Occupational Medicine Program.

(a) Provides professional and technical guidance and evaluation for all elements of the agency concerning occupational medicine. Acts as consultant to the Federal Air Surgeon (FAS), Regional Flight Surgeons (RFS), and Flight Surgeons (FS).

(b) Manages assigned portions of the FAA ATCS Health Program. Acts for the Federal Air Surgeon by reviewing employee appeals of medical disqualifications made by RFS's. Develops and maintains a current group of medical specialists to act as a consultant panel to assist in medical decisions of appeal cases, as needed.

(c) Manages the agency electronic medical records system which contains all data from periodic physical examinations of ATCS's. Ensures that the system operates in such a manner that accurate data can be extracted that meets the needs of AAM.

(d) Develops and recommends minimum medical standards for agency ATCS's, air marshals, and other employees, as required by the Office of Personnel Management (OPM) or the FAA. Recommends to the Federal Air Surgeon those FAA positions which should have medical standards. Reviews and prepares FAA orders which contain medical standards for all positions requiring such standards.

(e) Provides technical guidance, reviews results of supplemental medical evaluations performed by medical specialists outside the agency on agency employees covered by medical standards when requested by the RFS, and makes recommendations to the Federal Air Surgeon on the disposition of these specially referred problem cases.

(f) Assists in the development of plans to validate and properly control Office of Workers' Compensation Program (OWCP) chargeback payments to the Department of Labor for on-the-job medical disability cases. This includes the prevention of on-the-job disabilities through the application of sound occupational medicine preventive measures, and the review and evaluation of medical factors in cases applying for OWCP disability retirement, or, when appropriate, cases already granted OWCP disability retirement.

(g) Provides the CAMI Emergency Readiness Officer.

(h) Maintains liaison with the medical elements of major air transport entities.

(2) Clinical Services Program.

(a) Provides clinical support to the Mike Monroney Aeronautical Center and its tenants.

(b) Provides consultation, advice, and emergency treatment for on-the-job illness or injury for agency personnel located at the Mike Monroney Aeronautical Center.

(c) Plans and administers medical services to support the Mike Monroney Aeronautical Center emergency operations program.

(d) Conducts a medical monitoring program for Mike Monroney Aeronautical Center employees who are potentially exposed to recognized health hazards.

(e) Develops, conducts, and coordinates, with the Aeromedical Research Division (AAM-600) projects involving clinical factors in aviation safety.

(f) Performs the clinical functions associated with all FAA Employee Substance Abuse Programs at the Mike Monroney Aeronautical Center.

(g) Physician in charge serves as Medical Review Officer (MRO) for the Mike Monroney Aeronautical Center.

(h) Provides a HAP available to all Federal employees at the Mike Monroney Aeronautical Center.

(i) Physician in charge of the clinic serves as clinic team coordinator.

(3) Industrial Hygiene Program.

(a) Provides consultation in industrial hygiene for the Federal Air Surgeon, RFS's, FS's, and other agency officials.

(b) Provides industrial hygiene services to the Mike Monroney Aeronautical Center as outlined in the Mike Monroney Aeronautical Center/CAMI Tenancy Agreement.

(c) Provides the coordinator for the CAMI Safety Education Program.

