

## INCIDENT

<b>Aircraft Type and Registration:</b>	Airbus A319-111, G-EZGR
<b>No &amp; Type of Engines:</b>	1 x CFM56-5B5/3 and 1 x CRM56-5B5/P turbofan engines
<b>Year of Manufacture:</b>	2011 (Serial no: 4837)
<b>Date &amp; Time (UTC):</b>	30 September 2018 at 1830 hrs
<b>Location:</b>	Glasgow International Airport
<b>Type of Flight:</b>	Commercial Air Transport (Passenger)
<b>Persons on Board:</b>	Crew - 6                      Passengers - 148
<b>Injuries:</b>	Crew - None                      Passengers - None
<b>Nature of Damage:</b>	None
<b>Commander's Licence:</b>	Airline Transport Pilot's Licence
<b>Commander's Age:</b>	50 years
<b>Commander's Flying Experience:</b>	13,855 hours (of which 7,762 were on type) Last 90 days - 120 hours Last 28 days - 6 hours
<b>Co-pilot's Flying Experience:</b>	686 hours (of which 512 were on type) Last 90 days - 186 hours Last 28 days - 68 hours
<b>Information Source:</b>	Aircraft Accident Report Form submitted by the pilot and further enquiries by the AAIB

## Synopsis

The co-pilot experienced anxiety which developed into an anxiety attack during the approach to Glasgow. He could not continue to operate the aircraft and left the flight deck. The anxiety was triggered by a go-around the day before and built up over the course of his duty the next day.

The commander, ATC and cabin crew worked together to achieve a safe single pilot landing and to get medical help for the co-pilot.

Pilot peer support programmes and employee assistance programmes are now widely offered by operators. They provide the opportunity to talk about any issue in confidence to a trained person. This can have a benefit to emotional wellbeing and can provide a route to accessing further assistance if needed.

## History of the flight

On 29 September 2018, the day before the incident flight, the commander and co-pilot had flown together from Glasgow to Palma de Mallorca and back. The co-pilot was pilot flying

for the Glasgow to Palma de Mallorca sector. During the approach to Palma de Mallorca, at approximately 30 ft, a change in the wind displaced the aircraft towards the runway edge. The commander took control during the flare and executed a go-around.

On 30 September 2018, the same commander and co-pilot flew together from Glasgow to Stansted with the commander as pilot flying. The return flight to Glasgow proceeded normally with the co-pilot as pilot flying. Over the course of this flight the co-pilot began to suffer from anxiety. During the approach, the commander mentioned windshear. Immediately after this, the co-pilot felt unable to continue to operate the aircraft and left the cockpit.

The commander took control, checked the flight instruments and decided to continue the approach. He instructed the Senior Cabin Crew Member (SCCM) to assist the co-pilot.

The commander declared a PAN<sup>1</sup> to Glasgow RADAR, advising that the aircraft was being operated by only one pilot. The ATCOs assisted the commander by minimising the frequency changes required and arranging medical assistance to meet the aircraft. The commander completed the landing successfully.

The ambulance crew concluded that the co-pilot had suffered an anxiety attack<sup>2</sup>.

### **Peer support and employee assistance programmes**

The operator provided a peer support programme intended to support flight crew with “any issue”. To access the service, pilots would use a website to request a call from one of the trained volunteer pilots. There was an opportunity to indicate a level of urgency, with the most urgent option requesting a call back within 12 hours.

The operator launched the peer support programme for its UK-based pilots in December 2017. Pilots were informed of this “soft launch” via an “Administration Notice”. A full launch occurred in October 2018, after the occurrence involving G-EZGR.

The operator also offers an employee assistance programme which includes a 24-hour phone service to discuss situations and feelings confidentially. Details of this programme are given to all new employees as part of their induction training.

### **Commander’s comments**

The commander considered that the co-pilot seemed “fine” during the debrief after the go-around and nothing that the co-pilot said alerted the commander that there could be an issue. Later, on the return flight to Glasgow, the commander recalled that the co-pilot seemed “subdued” and “annoyed with himself” but the commander did not feel that there

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#### **Footnote**

<sup>1</sup> Urgency call.

<sup>2</sup> An anxiety or panic attack is “a feeling of sudden and intense anxiety” where a person “experiences a rush of intense mental and physical symptoms”. These can include: racing heartbeat, feeling faint, shortness of breath, nausea and needing to go to the toilet. <https://www.nhs.uk/conditions/panic-disorder/> and <https://www.nhs.uk/conditions/stress-anxiety-depression/coping-with-panic-attacks/> [Accessed on 15 February 2019].

was cause for concern. The commander stated that on the morning of the incident flight he enquired about the co-pilot's wellbeing, intending to reassure him but to keep the conversation light. At this point and during the flights on the day of the incident the commander did not observe any signs that the co-pilot was becoming distressed.

The commander did not recall what prompted him to mention windshear during the approach to Glasgow. He stated it was probably turbulence, which is often encountered at Glasgow in that position and at that altitude.

The commander praised the ATC at Glasgow and the cabin crew for helping to minimise his workload during the single pilot approach and landing.

### **Co-pilot comments**

The co-pilot reported that the wind change and go-around at Palma de Mallorca was the first time he had experienced this in the aircraft and he found it frightening. He did not feel able to make control inputs towards the centre of the runway while floating in the flare and was afraid the aircraft would touch down at the edge of the runway.

There were several conversations with the commander about the go-around before they flew again. The co-pilot said that he told the commander he had felt frightened and attempted to discuss the event with him. He also informed the commander he had not slept well. He did not feel able to discuss it further with him. The co-pilot felt that some of the commander's comments reinforced his impression that the go-around was a frightening and serious event.

On the night before the incident the co-pilot was thinking about the go-around and slept for approximately four hours. He was aware of the procedures for reporting sick or fatigued but as his report time was not early in the morning, he felt well enough to fly.

The co-pilot reported that he felt increasingly nervous during the flights to and from Stansted and was "over-thinking" the need to do a good approach. He felt it was critical to get his confidence back for a task that he knew he was capable of. Eventually, his emotions and associated physical symptoms overwhelmed him.

At the time of the incident, the co-pilot was not aware of the peer support or employee assistance programme offered by his employer.

### **Analysis**

The co-pilot was experiencing anxiety caused by the wind change and go-around event at Palma de Mallorca the previous day. This is a normal event and manoeuvre that is practised regularly in the simulator, but the co-pilot had not experienced it in the aircraft before. He reported that he was frightened by the event and it triggered self-criticism and performance pressure.

The commander made a comment about windshear during the approach which suggests the aircraft encountered turbulence during the approach to Glasgow. This may have caused the co-pilot's anxiety to develop into panic. His ability to cope effectively with his emotions would have been reduced by his lack of sleep the night before.

The commander and the co-pilot had different recollections of the interactions between them prior to the co-pilot's incapacitation. The difference between the two pilots' impressions of their conversations suggests they did not communicate effectively regarding the emotional issues the co-pilot was experiencing.

It was the co-pilot's responsibility not to fly if he was unfit and to advise the commander if he felt he was becoming unfit at any point during the flights. In practice this can be a difficult judgement for pilots to make. At the reporting time, the co-pilot felt well enough to report for duty and had informed the commander that he had not slept well. The co-pilot also hoped that if he could perform a good approach and landing his confidence would be restored, so he was motivated to continue as usual.

The co-pilot was not aware of the programmes offered by the operator that he could have used to discuss the go-around event anonymously and confidentially. The peer support programme would have enabled him to talk to another pilot who may have understood the issues well. However, this programme was new and had not yet been fully publicised by the operator. The co-pilot also had the option to discuss his concerns with someone in the management of his employer, or a trusted peer.

Experiencing a panic attack does not necessarily preclude someone from holding an aviation medical but, once known, the condition must be declared and adequately controlled. After support from the operator, his AME and other medical professionals, the co-pilot was assessed as fit to return to flying.

When the co-pilot became incapacitated, the commander, ATC and cabin crew worked together effectively to minimise the risk from the single pilot landing and to give the emergency services access to the co-pilot without delay.

## **Conclusion**

The co-pilot experienced anxiety which developed into an anxiety attack during the approach to Glasgow. The commander, ATC and cabin crew worked together effectively to achieve a safe single pilot landing and to get medical help for the co-pilot. The opportunity for the incident to occur might have been reduced by the co-pilot reporting unfit for duty, more effective communication between the co-pilot and the commander, and use of support available from peers or one of the official assistance programmes.