



# AMS

S.A. RED CROSS AIR MERCY SERVICE

*Changing lives. Saving lives.*



**SA Red Cross  
Air Mercy Service  
Annual Report 2009/2010**

# Contents

Purpose: Profile, Vision, Mission, Core Values	3
The South African Red Cross Society Creed	4
Introduction from the Chairman: Board of Trustees	5
Message from the Chief Executive Officer	6
Corporate Governance	8
Message from the Chief Operating Officer	9
Role and Services	10
Fleet	12
Employees	14
National Operations Overview	19
Regional Reviews:	
a) Western Cape: Cape Town & Oudtshoorn Satellite Base	20
b) KwaZulu-Natal & Mpumalanga: Durban, Richards Bay Satellite & Nelspruit Base	22
c) Northern Cape, Free State, Limpopo: Kimberley, Bloemfontein, Polokwane Base	26
National Operations Centre	30
Quality Management and Technical Support	30
Safety	32
Training	34
Chief Flight Instructors / Chief Pilots (Rotor Wing & Fixed Wing)	35
Aircraft Maintenance	36
Human Resources	37
Service Development	39
Tribute to Volunteers and Make a difference & donate	41
In Appreciation	43
Audited Financial Statements	44
Corporate Sponsor: AgustaWestland	65

contents

## Profile

In a land characterised by vast distances, the AMS has become a vital conduit for delivery of emergency and critical healthcare services to rural and urban areas. **We work closely with Provincial Departments of Health and health workers in the communities to assess needs and implement appropriate healthcare programmes.**

*Our commitment to saving lives and changing lives knows no boundaries.*

Established in 1966 by the SA Red Cross Society and formed into an Independent Trust in 1994. The SA Red Cross Air Mercy Service (AMS) is a non-profit organisation with bases in the Western Cape (Cape Town & Oudtshoorn), Northern Cape (Kimberley), KwaZulu-Natal (Durban & Richards Bay), Mpumalanga (Nelspruit), Limpopo (Polokwane) and the Free State (Bloemfontein) that

provide an air ambulance network, outreach and emergency rescue service to metropolitan areas and remote rural communities. With the expansion of AMS, we will soon be opening a base in the Gauteng Province. It is the mission of the AMS to contribute to the improvement in the quality of life of all communities, facilitate access to equitable and effective healthcare and the provision of aero-medical and other associated humanitarian services.

The AMS plays a vital role in providing not only **emergency rescue and air ambulance services** but also a **community outreach programme** taking critically needed healthcare to impoverished communities.

The AMS will provide help whenever and wherever it is needed. **The AMS is committed to Changing Lives, Saving Lives.**

## Vision

To be the most professional and effective aero-medical rescue, healthcare support and relief network to all communities in need.

## Mission

In accordance with the principles & objectives of the International Red Cross and Red Crescent Movement, and in support of the National Health Systems to:

- Contribute to the improvement in the quality of life of all communities
- Facilitate access to equitable and effective healthcare
- Provide aero-medical and other associated humanitarian services.

## Core Values

Our values are based on humanitarian principles. This is achieved by:

- Integrity
- Caring
- Commitment

purpose

# The SA Red Cross Society Creed

I believe in the service of mercy, wherever disaster calls, there shall I go to alleviate suffering and sorrow. I ask not who calls but go where I am needed.

I have no price for my service, but accept gratitude, that out of its largess I may expand my mission.

I have no barriers of race, class, creed or country, no barriers of ideology, no obstacles of rivers, mountains, continents or seas.

Wherever human beings are in need, there will I go to minister unto misery under my banner of merciful fraternal love.

Whether it be an earthquake, a landslide, fire or flood, ravages of war or disease, all these find me ready for service.

I serve all because I am of all, having been born of the finest instincts of mankind and having faith in God and His merciful love of all.

You who believe in me, you, so many of whom I have mothered in your sons and daughters, strengthen my hand and re-animate my courage, for I am the spirit of humanity marching beneath her cross.



## Introduction from the Chairman



On behalf of the Board of Trustees, I am pleased to present the Annual Report for the SA Red Cross Air Mercy Service (AMS) for the year ending 28 February 2010.

The past year can be best categorised as a year of preparation for the country and AMS. The Soccer World Cup and all the challenges it imposes upon our Society has been good in terms of our self evaluation process. AMS has had to benchmark our standards and procedures against international standards and we can safely say that we are prepared.

The World Cup is merely an event and the key focus of AMS has been to expand our successful efforts in a few provinces. This expansion is driven by a strong focus on equity and excellence. We believe that all South Africans irrespective of their social and economic status have a basic right to aero-medical services. We acknowledge that government experiences huge challenges in meeting the multitude of health challenges. We as a civil society are therefore willing to partner with government in making this possible. Setting up parallel structures is not a wise use of limited resources. While we welcome efforts of the private aero-medical sector we believe that AMS as a non-profit entity provides the social justice we need in providing healthcare in our country. Purely profit driven efforts are at risk of resulting in those who can provide revenue for hospitals and other initiatives getting preference. AMS provides services with no discrimination on any criteria and we are proud of such values that make our staff and board proud of our organisation.

We are committed to staff development and empowerment and have started seeing the benefits of our efforts. Most notably is the Pilot Development Programme (PDP) which has resulted in three qualifying as full time Captains and five candidates currently still in the programme.

We are on the threshold of dramatic changes in our health care system. Rather than look for negatives we should embrace this change and collectively work to making the National Health System (NHS) a successful one. I recall us marching as students demanding a NHS and promising this in a democratic South Africa. The time has come for us to now honour that commitment. AMS will do everything in its power to support the NHS so that all our people can access quality healthcare. We have no delusions

that this will be a challenge but we are ready to take on the challenge in partnership with government.

Our special thanks to all our partners in Government, civil society and the private sector. Your cooperation has helped us create a world class aero-medical organisation to the extent that other countries are requesting our assistance in setting up an aero-medical service. Most importantly you have allowed us to realise our goal of service through partnership. Finally to our management and staff who are always called upon to go beyond the call of duty we say you are the silent heroes in our country. The sacrifice that you and your families make is helping to make our country a better place.

Prof. Kovin Naidoo  
**Chairman, Board of Trustees**



## Message from the CEO

The Air Mercy Service (AMS) has enjoyed exponential growth over the past few years. It was recognised that the management structure of the AMS would need to be altered and strengthened in order to ensure that the AMS continued to develop with confidence to meet the growing need to serve all the communities in South Africa and possibly those of our less fortunate neighbours.

In order to address the current and future needs of the AMS a management restructuring process was initiated in 2009. The objective of this process was to strengthen the management structure and to provide a career path for AMS

personnel that in turn will provide a succession plan and ensure management continuity of the AMS for the future. The restructuring plan developed by the AMS management group was endorsed by the Trustees and enthusiastically embraced by the AMS team. It is gratifying to note that all the new management positions that emerged have been filled by internal promotions. This was made possible by the focus that the AMS has had on the development of its staff over the past years.

In February 2009 the AMS was awarded the national EMS contract by the National Treasury for all the Provinces, with the exception of the



Eastern Cape, with the understanding that the eight participating Provinces would all introduce a helicopter EMS programme. Unfortunately, by the end of the financial year (28 February 2010) only Limpopo and the Free State Province had signed the National Contract. There are existing agreements with the Province of the Western Cape and Mpumalanga Province which need to run their course before they can join the National Contract. Services continue in KwaZulu-Natal and the Northern Cape Province while negotiations surrounding the contract terms continue. Whilst we have a South African Civil Aviation Authority (SACAA) approved operational base at Lanseria Airport in Gauteng, we have been unable to make any progress with the introduction of a service in Gauteng Province.

The global financial crisis which started in late 2008 resulted in all funding for aircraft evaporating with all the financial institutions having little to no appetite for the funding of new aircraft acquisitions. Thankfully this situation is now changing with the funding institutions showing some interest in doing business again. We are highly appreciative of the support that AgustaWestland provided AMS during this period. Not only did they agree to buy three of our redundant helicopters from us after other international buyers could not find willing financiers, they agreed to provide bridging finance to the AMS to cover the deliveries of two new helicopters until the financial markets normalise. We thank them for the confidence they have shown in the AMS.

The low point of the year was the difficulties experienced with the SACAA. In resolving this matter with the SACAA absorbed an enormous amount of management time, energy and focus that should have been directed towards operational matters. This hugely damaged our relationship with the SACAA but thankfully, this matter has now been resolved and we once again have a good working relationship. Of general concern in the industry is the growing regulatory interference with management post holders of operators and how they are structured. We believe this to be counter productive. The SACAA should leave it up to the management of operators to comply with the relevant regulations and hold them accountable should they not do so.

Sadly, with a few exceptions, we have not had the level of engagement with our colleagues in Government that we would have liked. The AMS has made a significant capital investment in equipment and skills training to ensure that we are as prepared as we can be to play our role for the FIFA Soccer World Cup during June and July. In spite of the limited interaction, the AMS will be available to provide a world class EMS service for the duration of the event and beyond.

The Pilot Development Programme (PDP) continues to grow in stature. Pilots from previously disadvantaged backgrounds have graduated through this programme to become fully qualified Pilatus PC12 line Captains. At present there are five pilots participating in this two year programme, all of whom are committed and are making excellent progress. The willingness of all our pilots to sharing their skills and experience and their commitment to the programme are highly commendable and greatly appreciated.

The year ahead holds great promise as well as many challenges for the AMS. The AMS needs to fill the gaps in its National Emergency Medical Service (EMS) footprint and provide value-adding services to its network. Once the Soccer World Cup is behind us we can once again focus on expanding the Flying Doctor Service to ensure improved access to the healthcare system and the efficient use of scarce skills and other limited resources.

With the greater depth of management that the new management structure provides and with the absolute commitment and dedication of an innovative management group, together with the rest of the AMS team, the AMS can meet any challenge that comes its way. We look forward with confidence to building, what is an invaluable national asset, which makes a considerable contribution to the alleviation of suffering and the quality of life of all communities in South Africa.

A special word of thanks and appreciation to the Board of Trustees for their guidance and support during the past year. Their unwavering dedication and willingness to provide the AMS with their wisdom and invaluable experience on a fully voluntary basis is an outstanding example to all in our country.

Thank you to the management group and the entire AMS team for your support, dedication and commitment during what was an extremely difficult and challenging year. In spite of the many curve balls that came our way we were able to meet every challenge and have emerged stronger and better for the experience.

Let us all pledge our full support to Bafana Bafana for the Soccer World Cup. We wish them every success and may they be the best that they can be. Viva Bafana Bafana!

John Stone  
Chief Executive Officer

# Corporate Governance

Corporate Governance is a system by which organisations are directed and controlled which include strategic direction, executive action, supervision and accountability. Corporate Governance is aimed at promoting corporate fairness, transparency and accountability through policies and practices that further the fundamental duties of good faith, care, skill and diligence.

## Board of Trustees

*The Board of Trustees sets policy, and consists of eight trustees*



*First row from left to right:*

*Prof Kovin Naidoo (Chairman)*

*Alan Marshall*

*John Martin*

*Ray ka Msengana*

*Second row from left to right:*

*Dr Sam Gulube*

*René de Wet*

*Lwazi Mboyi*

*Blum Khan*

### Audit, Risk and Compliance Committee:

This committee comprises of trustees appointed by the Board of Trustees. The committee's role is to assist the Board of Trustees in overseeing and assessing the organisation's risk management process, legal and regulatory compliance, financial reporting, financial controls and internal and external audit processes, and to liaise between the Board of Trustees and the external auditors.

### Management and Administration

The CEO reports to the Board of Trustees and is responsible for the day-to-day management. medical and aviation decisions are taken in consultation with the Management Committee (MANCO) and the Quality and Safety Committee. Day-to-day financial administration is handled by management staff in accordance with the budget approved by the trustees. All meetings are minuted and conform strictly to the acceptable standards of corporate governance practice.

### Human Resources and Remuneration Committee:

The committee comprises of trustees appointed by the Board of Trustees. The committee assists the Board of Trustees to establish Human Resources strategies and policies as well as to ensure compliance with all applicable legislation and best practices.

### Management Committee:

MANCO comprises of the CEO, COO, CFO, and Corporate Development Manager. MANCO is a statutory meeting (chaired by the CEO). The committee aims to improve the communication flow and keep everyone abreast of developments in the organisation. MANCO is also a sounding board for the CEO.

### Quality and Safety Committee:

The Q & S Committee comprises of the CEO, COO, Operations Manager, Chief, Engineer (AMO), CFI / Chief Rotor Wing Pilot, CFI / Chief Fixed Wing Pilot, Safety Manager and Quality Manager. The committee meets weekly to address all matters pertaining to safety and the quality of services.

## Message from the COO



When being faced with the enormity of preparing a countrywide aero-medical network for the 2010 World Cup, committed to a legacy beyond, despite uncertainties about tender allocations, very limited reserve financial capacity, limited human capacity and a rapidly declining economic environment world wide, I am sure that I would be forgiven if at times I thought it would be impossible.

Barely twelve months later we are ready in all the Provinces except Eastern Cape and North West who elected not to opt for an aero-medical service. This was possible due to the tenacious spirit and ingenuity of our CEO and the commitment from our staff and the management team. It was enormously encouraging when our staff put up their hands and took on loads of additional responsibility without the expectation of additional compensation to make an interim management structure work. We are proud that virtually all the posts in the new management structure was filled by promoting from within the organisation. Our commitment to staff development is surely paying dividends.

Gauteng Department of Health withdrew from the tender process for a 24-hour aero-medical service just before the Award. A state of the art twin engine helicopter, fully medically equipped with a modern in-house developed medical interior (the only machine in the country that meets the stringent specifications of the Government 24-hour aero-medical service tender) ready for service with trained personnel, sitting at our base at Lanseria Airport with no commitment from the Province. At the time of writing, all our efforts to make contact and get a response from senior officials within the Department of Health were unsuccessful.

Despite all the intense preparation for the expansion and upgrades associated with the World Cup, our team managed to keep the eye on another ball and that is to ensure continued rendering of quality services through existing programmes. We were unfortunate to have had some significant downtime on our aircraft in the Western Cape, KwaZulu-Natal and the Free State Province due to a few unforeseen incidents. Our safety programme is fully implemented and working very well with commitment from every staff member. We must however remember that we operate in a marginal environment where things can and will go wrong from time to time. Our commitment to rendering a safe service with committed well trained staff and the best modern equipment that we can afford remains unwavering.

At our Durban base in KwaZulu-Natal situated at Durban International we are confronted with a very special challenge due to the airport being relocated

to the King Shaka International. Options are few and all presenting very real obstacles to overcome to be able to continue rendering services to the rural communities of KwaZulu-Natal in its present format. The rules and security regulations associated with operating from a major International Airport and national key point is very problematic for our type of operation. With the continued unwavering support received from Airports Company South Africa (ACSA) and the Department of Health in KwaZulu-Natal together with the dedication from our team in that region under the leadership of Afzal Khan we shall make it work.

We experienced many highlights during the year. The arrival of the two new Agustas, 119Ke single engine and the 109 Grand twin-engine provided for excitement but a lot of hard work for those associated with preparations. The upgrade of the Oudtshoorn Base to include technical mountain and shoreline aero-medical rescue, the opening of the Polokwane base; the development; manufacturing and certification of aircraft medical interiors; the development of the National Operations Centre (NOC) and its associated functions; the success of the Pilot Development Programme (PDP); the award of our operating licenses and Air Operator Certificate (AOC) by the South African Civil Aviation Authority (SACAA) are all to be commended. We have flown many hundreds of thousands of kilometers, quite often in trying conditions. It does however make no difference unless it directly supports the improvement of a service to make a difference in the life of a patient somewhere in need. Our outreach support, air ambulance and rescue services do just that to many thousands of patients every year as can be seen in the Regional Reviews in this Annual Report.

A special word of thanks and appreciation for the guidance and support received from our Trustees and CEO. The management team, staff, volunteers and our colleagues in Government who continue to show their commitment to making a difference to every person in need in this beautiful country of ours.

We are already planning for what is going to happen after the World Cup when budgets will be strained and some of the excitement from our fellow South Africans waning. For now let's enjoy the greatest event ever to reach our shores and may our team, our country and our people do us proud.

Dr. Philip Erasmus  
Chief Operating Officer

## Our Role

1. To manage and act as the overall coordinator of the aero-medical, emergency rescue service and rural health outreach in association with the provincial departments of health by assessing the needs, planning, day to day operations, monitoring and feedback to Provincial and National Health Authorities.
2. To manage the volunteer network (aero-medical) of the AMS to support the Provincial Departments of Health (DoH) by supplementing the skills pool.
3. To source funding to support the infrastructural development and expansion of the service.



## Our Services

### The Flying Doctor and Rural Health Outreach Service

- Provides delivery of appropriate and effective healthcare to rural communities, by flying specialists, many of whom are volunteers, as well as support personnel to outlying hospitals.
- Provides specialist support to district and secondary hospitals.
- Decreases elective referrals from district hospitals to higher level facilities.
- Addresses acute backlogs at district hospitals for patients in need of specialist care.
- Addresses important community primary healthcare needs.
- Improves rural skills by training local and medical personnel.
- The KZN service has been extended to include a ground support unit. The ground support unit has access to areas which are in close proximity to Pietermaritzburg.



### The Air Ambulance Service

- Compliments the local road ambulance services by providing rapid emergency aero-medical transportation of patients who are critically ill or injured.



### The Rescue Service

- Provides specialised medical, mountain and surf rescue services, working closely with local Metro and affiliated rescue organisations.



## Our Fleet

### Pilatus PC-12 Fixed Wing (single turbine):

- Fully equipped, 24-hour Air Ambulance, with a dedicated, medical intensive care interior.
- Nine seater with a capacity of up to three stretcher patients.
- Pressurised cabin.
- Cruises at  $\pm 450$ km/hr, can reach altitude of 30 000 ft, ideal operating range > 250km.
- Perfect for short strip-landings.
- Utilised for transporting personnel on the outreach service.

### Eurocopter AS 350 B2 & B3 Rotor Wing (single engine):

- Air Ambulance and Rescue
- Fully equipped with a dedicated, medical intensive care interior, with sling, winch capability and floatation gear for operations over the sea.
- Cruises at 226km/hr, operating radius of 200km, but can be utilised for further distances.
- Has a capacity for one pilot, two medical crew members and one stretcher.
- Can be utilised for mountain and surf rescues, as well as inter-hospital transfers and primary calls.

### Eurocopter EC130 B4 Rotor Wing (single engine):

- Air Ambulance
- Fully equipped with a dedicated, medical intensive care interior.
- Cruises at 200km/hr, operating radius of 200km.
- Has a capacity for two pilots, two medical crew members and one stretcher.
- Utilised for inter-hospital transfers and primary calls.

### AgustaWestland 109 Grand Rotor Wing (twin engine):

- Twin engine, single pilot certified for instrument flight for 24 hours a day operations.
- Fully equipped with a dedicated, medical intensive care interior.
- Cruises at 270km/hr, operating radius of 300km, but can be utilised for further distances.

- Has a capacity for two pilots, three medical crew members and one stretcher.
- Utilised for inter-hospital transfers and primary calls.

### AgustaWestland 119Ke Rotor Wing (single engine):

- Air Ambulance and Rescue
- Fully equipped with a dedicated, medical intensive care interior, with sling, winch capacity and emergency floatation gear for operations over the sea.
- Cruises at 250km/hr, operating radius of 200km, but can be utilised for longer distances.
- Has a capacity for two pilots, three medical crew members and one stretcher.
- Utilised for mountain and surf rescues, as well as inter-hospital transfers and primary calls.

*Top: Pilatus PC-12 Fixed Wing (single turbine)*

*Middle left: Eurocopter AS 350 B2 & B3 (Squirrel) Rotor Wing (single engine)*

*Middle right: Eurocopter EC130 B4 Rotor Wing (single engine)*

*Bottom left: AgustaWestland 119Ke Rotor Wing (single engine)*

*Bottom right: AgustaWestland 109 Grand Rotor Wing (twin engine)*

*The latest addition to the Air Mercy Service fleet.*





# Employees

We have full time staff members supported by seconded staff from the Provincial Departments of Health, Volunteers & adhoc staff in medical, aviation and rescue disciplines.

*Head Office*



John Stone  
Chief Executive Officer



Dr. Philip Erasmus  
Chief Operating Officer



Farhaad Haffejee  
Service Development Manager



Gadija Ryklief  
PA to CEO & COO



Sizeka Mvunge  
Receptionist



Ashwin Krishna  
Operations Manager



Catherine Brown  
Human Resources Manager



Deswina Aspeling  
Human Resources Assistant



Venessa Horn  
Public Relations & Fundraising Officer



Rushana Karriem  
Public Relations Assistant



Kevin Donnellan  
Safety Manager



Carlo Kok  
Aviation Maintenance Engineer



Jan Badenhorst  
Aviation Maintenance Engineer



Mark Allan  
Aviation Maintenance Engineer



Karl Bulow  
Aviation Maintenance Engineer



Eugene Muramutsa  
Aviation Maintenance Engineer



Edmond Renton  
Aviation Maintenance Engineer



Lunga Sityebi  
Storeman



Lucinda Holmes  
Technical Document Controller



Ismail Kabley  
Aviation Maintenance Engineer



Annemarie Kellerman  
Financial Manager



Moses Yoli  
Accountant



Dorothea Zimba  
Accounts Clerk



Carina Lingenfelder  
Creditors Clerk

*Head Office  
continued...*



Gary McCormick  
Quality Manager



Siyabonga Ngqumba  
Hangar Attendant



Nozibongo Nopote  
General Assistant



Cheryl Pedersen  
Training Manager



Gerald McCarthy  
Chief Flight Instructor / Chief Pilot  
Fixed Wing



JR Redelinghuys  
Chief Flight Instructor / Chief Pilot  
Rotor Wing

*National  
Operations Centre*



Garth Moys  
NOC Supervisor



Candice De Waal  
Service Coordinator



Lee Brett  
NOC Coordinator



David Carelse  
NOC Coordinator



Monique Niehaus  
NOC Coordinator



Rashied Norris  
NOC Coordinator



Mark Sutton  
NOC Coordinator

*Cape Town Base*



Andre Oliphant  
Base Manager



Noorunissa Bassier  
Administrative Assistant



Iefan Blake  
Snr Pilot



Ian Howard  
Flight Paramedic



Michael Moerdyk  
Flight Paramedic



Marius Le Grange  
Fixed Wing Pilot



Donovan Köhl  
Rotor Wing Pilot



Bees Marais  
Rotor Wing Pilot



Richard Tungana  
Hangar Attendant

Oudtshoorn Base



Chris Broomhead  
Base Supervisor / Flight  
Paramedic



Graham Archibald  
Rotor Wing Pilot



Moses Jaers  
Hangar Attendant



Stephan Rossouw  
Rotor Wing Pilot

Durban Base



Afzal Khan  
Regional Manager



Kogie Naidoo  
Base Manager



Yolanda Huri  
Administrative Assistant



Nokuthula Mchunu  
Receptionist



Jerusha Dorasamy  
FDS Assistant



Dave Doull  
Aviation Pool Captain



Hayden Ford  
Rotor Wing Pilot



Shelley Ann Gould  
Rotor Wing Pilot



Mark Hansen  
Fixed Wing Pilot



Lebogang Manganye  
Fixed Wing Pilot



Lucky Mbele  
Hangar Attendant



Martin Meyer  
Fixed Wing Pilot



Nomkhosi Msimango  
FDS Assistant



Simphiwe Mthethwa  
Hangar Attendant



Nivendren Naidu  
Pilot: Development Programme



Meshach Nehemiah  
Driver



Pamela Ngidi  
General Assistant



Shirley Odendaal  
Snr Service Coordinator



Dave Solomon  
Fixed Wing Pilot



Felix Thoma  
Fixed Wing Pilot

**Richards Bay  
Satellite Base**



Jeremy Skeeles  
Base Supervisor / Rotor Wing  
Pilot



Msizi Magwaza  
Service Coordinator



Lee-Anne Niemand  
Rotor Wing Pilot



Monica Cebekhulu  
Hangar Attendant

**Nelspruit Base**



Neels Van Eijk  
Base Supervisor / Rotor Wing  
Pilot



Petrus Nel  
Snr Flight Paramedic



Goldrick Nkosi  
Hangar Attendant



Johann Pretorius  
Rotor Wing Pilot



Gregory Wilcox  
Flight Paramedic

**Kimberley Base**



Alett Vermeulen  
Base Manager



Cheryl Pelster  
Administrative Assistant



Cynthia Motingwe  
General Assistant



Lucky Cwaile  
Hangar Attendant



Danie Du Toit  
Fixed Wing Pilot



Nabuweya Riddles  
Service Coordinator



Marizanne Esterhuysen  
Service Coordinator



JC Linde  
Snr Fixed Wing Pilot



Johan Morasui  
Fixed Wing Pilot



Jesse Pillay  
Pilot: Development Programme



Tebogo Qabaza  
Pilot: Development Programme



Koketso Ramakolo  
Pilot: Development Programme



Sifanele Mncube  
Pilot: Development Programme



Tamryn Damon  
Pilot: Development Programme

*Kimberly Base  
continued...*



Zane Schamrel  
Fixed Wing Pilot



Pieter Venter  
Fixed Wing Pilot

*Bloemfontein Base*



KV Naidoo  
Regional Manager



EJ Swart  
Base Supervisor / Snr Service  
Coordinator



Anusha Kuppan  
Administrative Assistant



Francois Du Toit  
Rotor Wing Pilot



Isiah Pethu  
Hangar Attendant



Wian van Zyl  
Rotor Wing Pilot



Dr. Ilse von Watzdorf  
Service Coordinator

*Polokwane Base*



Eugene Schreiber  
Base Supervisor / Flight  
Paramedic



Benjamin Halala  
Hangar Attendant



Dave Petersen  
Rotor Wing Pilot



Gregg Potter  
Rotor Wing Pilot

**We bid farewell to the following staff members. We thank you for your contribution to our organisation and wish you well in your future endeavours.**

Carike Peens, Flight Paramedic  
Charmaine Palm, Technical Controller  
Glenhael Carolus, Flight Paramedic  
Greg Jonsson, Rotor Wing Pilot  
Hannes Roux, Rotor Wing Pilot  
Kathleen Hill-Jowett, NOC Coordinator

Mangolo Masenya, PDP Pilot  
Mico Mienie, Rotor Wing Pilot  
Richard Aschenborn, Aviation Manager  
Sharleen Sumadraj, FDS Assistant  
Theresa De Lilly, NOC Coordinator  
Thomas Shields, Fixed Wing Pilot

# Operations Overview



This report covers air operations in our regions during the last financial year. During the period that I have been part of the AMS team, I have observed with awe the incredible dedication of people committed to serving the South African community. It is this dedication that has contributed to the rapid expansion of AMS operations in many new parts of the country. I would like to thank the incredible team of managers and supervisors, and also each and every staff member for their support in enabling me to operate in my new portfolio.

The AMS is now on the brink of yet more exciting new developments and I am certain that we will soon be a well recognised and a respected brand in the International aero-medical environment. To our partners in the Department of Health, I would like to congratulate you on the sterling work that we have achieved together over the past year. The Cape Town operations managed to reduce the overall number of flights undertaken, but simultaneously increased the number of patients transported, making this one of the most efficient and productive years for the Western Cape Department of Health. Congratulations to the Oudsthoorn team for the successful introduction of a rescue service to the Eden District / Central Karoo.

KwaZulu-Natal and Kimberley operations have surpassed themselves in terms of service delivery to the community with the Flying Doctor and Rural Outreach Service, as this is evident in the statistics.

The two latest helicopter bases in Polokwane and Bloemfontein started with incredible achievements in the number of lives saved and changed, but this unfortunately slowed the pace. We are confident that these operations will revert back to peak utilisation as we have developed a mutually beneficial relationship with the Department of Health and the community in these areas.

AMS Gauteng eagerly awaits the involvement of the Department of Health in initiating a state of the art 24 hour helicopter and fixed wing service. We had placed a great deal of effort on rolling out the foundations of what would form a solid infrastructure that would facilitate access to the healthcare needs of all communities in South Africa post the tender process. This was far more challenging and meant dealing with matters beyond our control which led to a compromised rollout.

Despite these challenges, the AMS was able to rise to the occasion, meet and exceed the service delivery requirements in the various Provinces that we currently service.

We look forward to continue to provide a world class service to the communities in which we operate.

Ashwin Krishna  
**National Operations Manager**



# Regional Reviews

## Western Cape: Cape Town and Oudtshoorn Satellite Base



*From left to right:*

*Ashwin Krishna, Operations Manager*

*Andre Oliphant, Base Manager - CT*

*Chris Broomhead, Base Supervisor - ODN*

The 2009/10 reporting period was filled with challenges for the Cape Town and Oudtshoorn Base. The addition of the Agusta 119Ke helicopters stood up to the challenges presented. Like any new aircraft there were some teething problems but with a dedicated team of engineers, pilots and medics no problem seemed too large.

Positive feedback from pilots and medical crew regarding the aircraft and its abilities, were received. A special word of thanks to Precision Aviation Services (PAS) for providing us with engineers for servicing of the AW119 while our own engineers were being rated on the aircraft.

The long awaited helicopter rescue service in the Eden District / Central Karoo was launched in November. Pilot sling and hoist ratings were done by JR Redelinghuys (Chief Pilot Rotor Wing) and training of hoist operators completed by myself. Both the aviators and medics excelled in their tasks and it was easy to see that we would have a safe and competent crew conducting rescues in Oudtshoorn and the surrounding areas in this region.

The valuable input and commitment of the Western Cape Emergency Medical Services (EMS), National Sea Rescue Institute (NSRI) and Wilderness Search and Rescue (WSAR) members ensured training was continuous. Most of the members are volunteers who give up their valuable time at the ring of a phone to assist with critical rescues.

Even though we have seen our flying hours reduced, we have moved more patients in the 2009/2010 period than any other year. Excellent team work between AMS and the Provincial Government of the Western Cape has ensured that the aircraft transports at least two patients per flight, with patient discharged being returned to the Eden District / Central Karoo.

All staff once again stepped up to the plate when the Agusta 109 Grand aircraft arrived. The experienced staff input was valuable in getting the aircraft serviceable in no time at all. We were all sad to see her leave our shores for duty in the Gauteng Province.

Our heartfelt thanks to all the volunteer pilots and medics on the fixed wing programme. These dedicated souls have moved many patients in less than favorable conditions between towns and facilities within the Western Cape. Your valuable input, experience and dedication to our cause are well noted.

Andre Oliphant  
**Base Manager: Cape Town**

***we have moved more patients in the 2009/2010 period than any other year***

Cape Town base has once again excelled in doing the first cross border flight to Namibia since receiving our International Air Operations Certificate license from South African Civil Aviation Authority (SACAA). The National Operation Centre (NOC) staff left no stone unturned in ensuring that the flight went off without a hitch.

## Cape Town Base & Oudtshoorn Satellite Base Statistics

### Emergency Aero-Medical Services

<b>Cape Town Fixed Wing</b>	<b>2009/2010</b>	<b>2008/2009</b>
FW CT Patients	490	420
FW CT Flights	307	248
<b>FW CT total km's</b>	<b>184307</b>	<b>162915</b>

<b>Cape Town Rotor Wing</b>	<b>2009/2010</b>	<b>2008/2009</b>
RW CT EMS requests	315	400
RW CT EMS patients	235	330
RW CT EMS hours	270.3	445
RW CT EMS mission time	1014	1071.6
RW CT rescue patients	35	27
RW CT rescue non-call (training)	39.1	33.4
RW CT rescue hours	80.5	92.2
<b>RW CT Rescue mission flying time</b>	<b>80.5</b>	<b>92.2</b>

<b>Oudtshoorn Rotor Wing</b>	<b>2009/2010</b>	<b>2008/2009</b>
RW Oudts request	346	431
RW Oudts EMS patients	253	285
RW Oudts EMS hours	365.1	472.2
<b>RW Oudts EMS mission flying time</b>	<b>905.9</b>	<b>1065.5</b>
RW Oudts rescues	9	-
RW Oudts rescue non-call (training)	44.8	-
RW Oudts rescue hours	18.1	-

## KwaZulu-Natal & Mpumalanga Province: Durban, Nelspruit & Richards Bay Satellite Base



*From left to right:*

*Afzal Khan, Regional Manager*

*Kogie Naidoo, Base Manager: Durban*

*Neels van Eijk, Base Supervisor: Nelspruit*

*Jeremy Skeeles, Base Supervisor:*

*Richards Bay*

### **KwaZulu-Natal Flying Doctor Service**

The KwaZulu-Natal team have produced the results once again. More than 32 500 patients and health care practitioners in the outlying areas of the province have benefitted from the Flying Doctor Service. The KwaZulu-Natal model of creating access to healthcare by taking specialists out to communities in their hometowns to conduct specialist consultations, surgery, teaching ward rounds and other capacity building efforts proved to be a winning formula. The health drainage system is also being strengthened with more appropriate referral of local patients to tertiary centres being evident.

This initiative being undertaken in partnership with the KwaZulu-Natal Department of Health since 1998 is yielding the desired results and is gaining momentum year on year. The Flying Doctor Service only exists because of the great people that make up the system. The provincial doctors, specialists & allied healthcare workers, private practitioners, religious medical groups (Ramakrishna, Sathya Sai and Islamic Medical Associations) and other NGO's (ICEE, hospice etc.) make up the Flying Doctor Service. Beyond the direct medical interventions assistance is also provided in engineering, technical support to hospitals to ensure continuity of medical services in the far flung areas of the Province. On behalf of AMS and the KwaZulu-Natal Department of Health we acknowledge and thank the participants of the Flying Doctor Service for their time, expertise and continuing support to the programme. Without these great souls the Flying Doctor Service would not exist.

In the year ahead, the programme is set to include new initiatives like the circumcision programme and emergency care training among others. Expanding existing programmes are also on the cards like psychology clinics, cataract surgery and the HIV counselling and testing that will be intensified.

### **KwaZulu-Natal Air Ambulance Service**

The emergency aero-medical service operated with three dedicated aircraft between Durban and Richards Bay have clocked-up 1 395 flying hours on emergency missions and moved almost a thousand critically ill or injured patients in the last year. This service that is run in partnership with KwaZulu-Natal Emergency Medical & Rescue Services (EMRS) provides access to first World Technology and Advanced Life Support Levels of Medical Care.

Partnerships with local Accident & Emergency Trauma Centres have been fostered in the 2009 year both in Durban and Richards Bay. With emergency medicine specialists, quality & safety review mechanisms in place and regular interaction with EMRS Management there is also collaborative effort to refine the aero-medical system. It is anticipated that the reviewed call out process will result in more appropriate and efficient use of the aero-medical system.

The role of KZN EMRS management, trauma centre managers, pilots, medical crews and service coordinators need to be acknowledged for their great sacrifices in making the system work. The night landings using vehicle lights in rural air strips and rallying the emergency community together to save a life are things that you see in movies; these brave individuals make this happen on a regular basis. Although, strict rules, safety measures and training make safe operations in adverse conditions, the people involved in this line of work have to be of a special calibre.

In the year ahead the KZN aero-medical operations are looking forward to an upgrade of aircrafts, better facilities and flying, above all to render assistance to more patients.

## KwaZulu-Natal & Richards Bay Satellite Base Statistics

	2009/2010	2008/2009
Orthopaedic surgeons	1358	1181
Surgery (all specialists e.g. Obstetric & Gynaecology, Ear Nose & Throat, Orthopaedic.)	1228	1041
Physician Consultation	1930	2117
Ear, nose and throat	4319	3419
Obstetrics & Gynaecology Patients	401	705
Paediatric Patients	1891	1677
Ophthalmology (cataract operations)	760	596
Ophthalmology (screening)	1346	363
Anaesthetics	63	108
Specialist surgery performed (total hip replacements)	8	16
Psychiatry	1899	1267
Psychologist	1059	696
Radiology	136	11
NICU SR	259	-
General surgeon Consultations	1614	1381
Optometric consultations	5004	5058
Spectacles dispensed	1679	1427
Dental consultations	5	274
Orthotic and prosthetic patients treated	2617	2440
Occupational therapist Consultations	7	-
General Practitioner Consults	2096	8
	<b>29679</b>	<b>23785</b>

	2009/2010	2008/2009
Total patients transported both FW and RW	670	991
Total patient flights both FW and RW	692	943
Total patient flying hours both FW and RW	1032.9	1395.35
Total provincial patients transported both FW and RW	657	974
Total private patients transported both FW and RW	13	17
Total provincial patient flying hours both FW and RW	1005.4	1365.45
Total private patient flying hours both FW and RW	27.5	29.9
Total Hrs on RW for both Durban and Richards Bay	575.9	793.15
Total Hrs on FW for KZN both Province and Private	457	602.2

	2009/2010	2008/2009
Cardio-pulmonary resuscitation course (attendants)	4	-
Special lectures (attendants)	4335	4981

### Mpumalanga Aero-Medical Operations

The aero-medical service based at Nelspruit is operated with a Eurocopter EC 130 B4 helicopter that provides a great platform for medical care operations. However, adverse weather conditions are proving to be a challenge for local operations. Despite these limitations 193 missions have been embarked on and more than 400 hours have been flown for the year under review. A small but dedicated aero-medical team from AMS and the local health emergency services have faced many hurdles in keeping the aircraft in the air but still pull together to deliver the essential service to the community of Mpumalanga. In a province where there is a huge need for medical support the aero-medical system can be of great benefit if used appropriately. We believe that engaging with our Department of Health partners and exploring other avenues of income generation may help in sustaining this vital service.

The future operation in Mpumalanga is anticipated to include a full rescue service. If this programme is implemented and an appropriate rescue aircraft is used then serviceability can be significantly improved.

The health outreach service is also an extended service that can be provided with existing resources but a champion is needed to drive this initiative. The Mpumalanga province has great people, a well structured management team and the ingredients for a comprehensive service delivery model. We are optimistic that together with the Department of Health partners the programme can be a huge success.

Afzal Khan  
 Regional Manager: KwaZulu-Natal and Mpumalanga Province

### Mpumalanga: Nelspruit Base Statistics

	2009/2010	2008/2009
Total number of patients flown	195	163
Total number of EMS hours flown	420.4	347.55
Average flight time per mission	2.15	2.1
% aircraft unserviceability	5.5	1.12
% primary and secondary responses	15.9	22.16
% inter-facility transfers	84.1	77.84





## Northern Cape, Free State & Limpopo Province: Kimberley, Bloemfontein and Polokwane Base



*From left to right:*

*KV Naidoo, Regional Manager*

*Alett Vermeulen, Base Manager: Kimberley*

*EJ Swart, Base Supervisor: Bloemfontein*

*Eugene Schreiber, Base Supervisor:  
Polokwane*

### Northern Cape: Kimberley Base

The Northern Cape operations has been operating for 14 years, providing health services to the rural people of the Northern Cape Province. The Northern Cape Province, the biggest of all nine provinces stretches from Sutherland in the south to Askham and Mier in the north, from Alexander Bay and Port Nolloth against the Atlantic Ocean to Kimberley on the eastern border.

Three different health related programmes, aero-medical emergency services, specialist outreach programme and planned patient transport for clinic patients assured that our services make a difference to those in need. Although AMS mainly delivered a service to the Department of Health of the Northern Cape Province, private and medical aid flights were also done.

The specialist outreach service was rendered adhering as close to schedule times as possible. Unfortunately due to a shortage of specialists in almost all the departments, this programme was not utilised to the optimum. Specialists doing outreach services include the following: paediatrics, physicians, orthopaedics, oncologists, ophthalmologists, maxilla-facial, chiropractitioner, psychiatrist, orthotist and speech therapist. Medication, orthopaedic aids, wheelchairs and blood were flown to rural areas to ensure a comprehensive service to the people of the Northern Cape.

Kimberley base is also proud of the successful continuation of the Pilot Development Programme (PDP). Three of the cadets who completed the programme are currently Captains in the organisation; two at Kimberley base and one in Durban. To be more cost-effective, we are planning together with the Department of Health to do more clinics in the rural hospitals to reduce the amount of incoming outpatients. Specialists in the following fields are needed: oncology, ear, nose and throat, urology and surgery. Plans to revive the optometry and ophthalmology outreach services are also under discussion. Assistance is needed to obtain necessary equipment for an ENT clinic in Upington where patients from Calvinia and Springbok can be referred to.

All the wonderful work would not be possible without the assistance, support and dedication of healthcare practitioners, pilots and support staff who want to be part of a team making a difference in the lives of people in need. Our success was only possible due to your enthusiasm, dedication and hard work. Thank you for your interest, support, commitment, time and dedication.

A very special thank you to our Regional Manager, all AMS staff and the three EMS staff permanently based at Kimberley base. You are really making a difference to the lives of many.

## Northern Cape: Kimberley Base Statistics

<b>Specialist Services</b>	<b>2009 / 2010</b>	<b>2008 / 2009</b>
Physician	191	84
Paediatrics	284	403
Surgery	-	59
Anaesthetics	5	-
Orthopaedics	1288	613
Psychiatry	2184	2411
Oncology	37	342
MDR (Multiple drug resistant TB)	121	-
Maxilo-Facial	92	173
ENT	40	32
Chiropractitioner	6	102
Audiology	271	248
Speech therapy	28	-
Orthotist	25	102
<b>Total</b>	<b>4572</b>	<b>4569</b>

<b>Passengers</b>	<b>2009 / 2010</b>	<b>2008 / 2009</b>
Admin staff	354	635
<b>Emergency aero-medical services</b>		
Stretcher cases -emergencies and repatriations	340	368
Clinic patients -non emergencies	6018	6215
Escorts - parents/caregivers	1383	1113
Medical crew attending to patients	2183	2352
Medical crew doing outreach clinics	550	671
<b>Total Passengers</b>	<b>10828</b>	<b>11354</b>

	<b>2009 / 2010</b>		<b>2008 / 2009</b>	
	Kilometres	Hours	Kilometres	Hours
<b>Summary of Flights</b>				
Air Ambulance Service Provincial	111556.6	274.3	108050.4	258.1
Air Ambulance Service Private	2151.2	5.4	8879	22.2
Clinic Patient Flights	855393.6	2010	783075	1871.6
Flying Doctor Flights	109579.2	263.4	133501.1	334.2
Admin Flights	32466.3	78.6	43073.3	106.4
Training	6460.2	18.1	8412	25.4
Maintenance	14639.6	34.2	6903	16.4
<b>Total</b>	<b>1132246.7</b>	<b>2684</b>	<b>1091893.8</b>	<b>2634.3</b>

### Free State: Bloemfontein Base

The year 2009/2010 was both an exciting period as well as a challenging one. The provincial 18 month pilot aero-medical programme ended in July and there was a smooth transition into the national aero medical contract. The Free State Department of Health was the second province to adopt the national aero medical contract. Despite adopting the national tender, it became very clear that there were new responsibilities and expectations that both the AMS and Provincial Departments had to satisfy.

Most of our missions serviced were inter facility transfers of critically injured or sick patients as compared to primary and secondary aero medical calls. Some of the reasons associated to this is as follows:

The Free State Province has their regional hospitals in their peripheral areas feeding into the tertiary hospitals based in Bloemfontein. Most of these patients flown require an Advanced Life Support (ALS) level of care which there is a limited expertise allowing AMS the ability to maximise the use of this type of clinician. Most of the motor vehicle accidents occur after dark because of the N5, N1 and the N3 are arterial routes and it is preferred by heavy motor vehicle transporting cargo between the major metropolitan areas to drive at night. We committed ourselves to optimising the existing aero-medical services. The following initiatives were taken to render the best level of care possible to our patients in the province.

The Free State was the only AMS operation to have a doctor permanently employed as flight crew.

We made arrangements to have blood products, thrombolytic and rapid sequence induction agents

available to our operation. Access to the above is not restrictive to our flight doctor.

Our crew component comprises of a doctor/ ALS paramedic or an ALS/ALS paramedic or neonatal nurse combination.

We communicate directly to specialist in the trauma units and tertiary hospitals. This enables us to consult with regards to advanced treatment or to discuss the prognostic value of transport.

The Free State AMS team established the provinces first aero-medical training, Aviation Health Care Provider (AHCP), which was identified as a niche and a void in the Free State system. We anticipate that this training would gain AMS Free State academic recognition in the aero-medical field and be in alignment with AMS core values. The training was structured with specific and pertinent information to the inland areas of South Africa. To maintain authenticity and quality of the course, we involved two highly respected specialists from Cape Town – Dr John Roos and Dr Sharadh Garach. There were seven ALS AHCP candidates, two of whom were doctors from the Northern Cape who attended the above training.

The programme is not without challenges that the operational team is working on. Our future plans for the region is to concentrate on training and educating healthcare practitioners on the benefits of recognition and effective patient packaging. We would also like to evolve our service to a 24hr service through the appropriate usage of aircraft.

In conclusion, I would like to express my gratitude to my team, without their perseverance and commitment we would not have succeeded.

### Free State: Bloemfontein Base Statistics

	2009 / 2010	2008 / 2009
Total number of patients flown	599	339
Total of Hours flown	615.4	736.45
Average flight time per mission (Hrs)	2	1.96
% of aircraft unserviceability	3.5	0.37
% of primary and secondary responses	21.04	22.12
% of inter-facility transfers	78.96	77.58

## Limpopo: Polokwane Base

Limpopo Province was the first Province to adopt the National aero-medical contract. This contract provided guidelines to Provincial Departments of Health regarding the aircraft specifications and the responsibilities of the relevant parties to render an aero-medical service.

The AMS previously had an established service which was based at Gateway International Airport. The Limpopo Department of Health acceptance of the above contract lead to the re-establishment of the Limpopo/ AMS service in May 2009. This programme became the third AMS base which utilised a Eurocopter EC130 B4 Helicopter for its operation. This programme is strictly a daylight service although the current aircraft is equipped with the necessary avionics for night flying.

Limpopo Province is flanked by Zimbabwe and the Kruger National Park hence road traffic volumes involving cargo and visitors passing through Limpopo is high. The road carnage often produces many fatalities. Since the activation of the programme, the service has responded to many of these accidents.

Majority of the calls serviced in Limpopo Province are inter-facility transfers. This is a common trend in areas devoid of adequate resources or logistical support. Other Provinces with a similar utilisation trend are Free State and Mpumalanga. Most of the inter-facility transfers in Limpopo are transported to the Polokwane Provincial hospital or Manqweng hospital and rarely go to Gauteng. The programme is not without challenges, our operational team is working hard on resolving these.

Since the reactivation in May, we have managed to recruit the majority of our previous base staff. This was an achievement for AMS as our crew are professionals committed to making a difference.

It is often a challenge to employ professionals for Provinces like Limpopo therefore AMS looks forward to identify and develop individuals locally. We have trained two doctors to work in the aero-medical environment; Dr Ralph Tracy, Dr Smit van Zyl and one provincial paramedic Mr Jaco Reineke as primary crew. Dr Tracy relocated to Mpumalanga where he actively flies on the Nelspruit AMS aircraft. Dr Smit Van Zyl and Mr Reineke provide monthly crew relief to Eugene Schreiber the AMS flight paramedic and base supervisor.

The short term goal is to appoint appropriately skilled staff to enhance service delivery to the people of Province.

In conclusion, I would like to express my heartfelt appreciation to the Polokwane team who continue to provide a service despite the challenges they face. It is rare to find individuals, who have such commitment and pride as the Polokwane team.

Our heartfelt thanks to the Free State Department of Health; Gateway Airport; St. Andrews School of Management; Volunteers; AMS Staff and individuals who have contributed to the programme.

KV Naidoo

**Regional Manager: Northern Cape, Free State and Limpopo Province**

## Limpopo: Polokwane Statistics

	May 2009 - Feb 2010
Total number of patients flown	139
Total of Hours flown	247.7
Average flight time per mission (Hrs)	3.52
% of aircraft unserviceability	1.8
% of primary and secondary responses	13.67
% of inter-facility transfers	86.33

## National Operations Centre



The National Operations Centre (NOC) has evolved from small beginnings to become an essential part of AMS Operations. The NOC provides a single access point to national aero-medical services, support for aero-medical crews, co-ordinators and keeping clients and management informed of operational issues.

During the last financial year the NOC has focused on implementing centralised flight following of all AMS aircraft, increasing the utilisation of satellite tracking and an in-house developed flight following programme. The NOC is continually increasing its capacity for supporting all bases with regard to mission co-ordination, in-flight and after-hours communication support. We have increased the automation of the aero-medical quotation process, reducing the time required to produce a mission cost estimate. The NOC has implemented a daily summary of operational capacity: service and fleet status, alerting managers via SMS to changes in operational status and providing a weekly and monthly summary of national operational statistics to senior management. The NOC has also been instrumental in facilitating the resumption of international flights.

The NOC processed an average of 3 500 telephone calls per month and 25 511 aircraft

position and take-off and landing messages. The NOC has actively tracked 5 178 aircraft flight sections, and generated 541 quotations for private emergency medical service providers and private individuals.

The challenges for the year ahead include increasing the NOC's involvement in mission co-ordination, providing greater logistical and communications support for all AMS operational crews and our provincial partners. We are also striving to strengthen our relationship with the private sector emergency medical service providers to increase their access to AMS resources throughout the country.

A word of thanks to the dedicated NOC staff who have worked hard to create a new entity, to the regional managers for their support and commitment in assisting the NOC help their regions. Thank you to the operational manager and management team for their support and guidance.

Garth Moys  
**National Operations Supervisor**

## Quality Management & Technical Support



This past year has been a challenging one with a variety of quality & technical matters ranging from critical new projects and ongoing improvements of existing items.

The critical matters were accomplished with much effort and the input from many levels within the AMS, from base level through to Regional Management, the Department Managers, the Chief Operating Officer and the Chief Executive Officer.

My thanks to each for their valuable contribution to the matters below:

1. Development and realignment with aviation regulation of various AMS documents:
  - Aviation management plan regulated by the aviation act, including the required post holders
  - AMS operations manuals:

- Helicopter services (Part 127),
- Aeroplanes (Part 135)
- Aero-medical (Part 138) services.
- National operational Standard Operational Procedure (SOP)

2. The annual renewal processes for our:
  - Part 127 & 135 Air Operating Certificates, endorsed for Part 138 operations
  - Aviation Training Organisation (ATO)
3. Domestic Air Service Licence applications
4. Compliance audits both externally by the South African Civil Aviation Authority (SACAA) and internally conducted on our service delivery bases.

Other activities conducted throughout the year included:

1. Clinical Quality Assurance programmes and clinical matters arising either internally via our clinical practice review or externally by client queries.
2. Expansion of the number of AMS medical interior kits through the development and commissioning of the AgustaWestland A109 Grand aircraft and the conceptualisation of the AMS fixed wing medical interior kit, which is currently under development.
3. Hand over of a number of projects and areas of responsibility previously bundled into this department, to the respective responsible persons – aircraft and flight operations, training manager and NOC supervisor.
4. Rendering technical support internally in support of the management team across the board from the CEO, COO, Aviation Manager, Operations Manager, Safety Manager and Training Manager.
5. Involvement with a few projects:
  - The build up and opening of three services across two new bases, Polokwane (127) and Gauteng (127 and 135)
  - Coordination of the AMS input towards the AMS Risk Management Register and Plan
  - The continued development (by Garth Moys) of the management information system

Since the commencement of the AMS Quality Audit Programme approximately 46 months ago, there have been 91 flight operations related quality audits. Last year there was an average of 2.3 per month, due largely to a dramatic increase in the number of SACAA audit oversight.

Below is a summary table of the quality audit activities per year across the organisation:

<b>Total</b>	Internal	SACAA	External	Supplier	<b>Annual</b>	Ave per month
Audits:	Service	Service	Service	Depot	<b>Total</b>	
2006	10	4			<b>14</b>	2.3
2007	17	1	3		<b>21</b>	1.8
2008	11	9	4		<b>24</b>	2.0
2009	8	<b>19</b>		1	<b>28</b>	2.3
2010		4			<b>4</b>	1.0
<b>Total</b>	<b>46</b>	<b>37</b>	<b>7</b>	<b>1</b>	<b>91</b>	2.0

The above audit numbers are calculated as follows:

Internal Audits - per base per service rendered (FW / RW Aeromedical & FHOS).

SACAA audits - per base per Part (127/135/138 & annual 145 Air Operations Certificate audits)  
Supplier audits – per service per depot.

In addition to the above audit numbers, there have been a number of internal base safety audits and a few internal Aviation Maintenance Organisation (AMO) audits and SACAA AMO audits over the same period.

For the coming year, this department will be focusing on, improving the quality management system, its implementation and the process of internal education. A particular focus will be on aviation compliance as well as the refinement and documentation consolidation of the various medical kit projects.

In conclusion, I would like to thank my colleagues for their support & ongoing commitment to quality service delivery. As I look back over my ten year involvement with the AMS, it is incredible how much can be achieved through the collective team effort and buy-in to the AMS vision.

Gary Mc Cormick

**Quality Manager & Technical Support**

# Safety



While the previous year saw the upgrading of the safety programme to a Safety Management System (SMS), this year saw the implementation of the SMS as required by the South African Civil Aviation Authority (SACAA). In this regard the AMS was the launch customer of Litson and Associates' eSMS, a web based system of safety management, in which we were integral in the development and which is now one of the preferred web based systems in use in South Africa.

The emergency response plans developed in the previous year were implemented and tested, both at national and a base level in the year. Nationally this was done with the holding of a major table top exercise (Zulu Fire) which simulated our response to an overdue aircraft while smaller emergency exercises were held individually at all bases, often in conjunction with the local airfield emergency services. These provided valuable feedback.

No category A, hull loss or fatal accidents were reported in the year, although with the introduction of a web based system of safety occurrence reporting, a fourfold increase in the total safety reports received was recorded. This significantly increased the workload on the various base safety representatives, with numerous safety representatives introducing innovative solutions to various problems. The manner in which base safety representatives rose to the task of dealing with the increased awareness of safety issues was commendable, since these representatives were full time rostered pilots.

The addition of some senior airforce and civilian pilots into the AMS team and the safety roles in particular, resulted in many improvements in risk reduction and mitigation, all are thanked for their contributions. Special mention should be made to the Durban safety representative, who amongst other innovations, developed and provided an in-house flight duty monitoring spreadsheet, used to track and monitor duty periods and thus help with compliance, but more importantly in preventing crew fatigue. He also filled in as a capable Safety Manager in my absence.

Base safety representative training for all bases was conducted in Cape Town, by Litson and Associates. Although this has been complicated by internal movements of staff between bases, further safety staff training shall be required in the year ahead.

Safety oversight improved considerably in the year with a total of eleven internal aviation safety audits being conducted, with all bases and the Aviation

Maintenance Organisation (AMO) being audited. Feedback from most bases regarding audit findings was positive and timely. Special mention should be made of the Bloemfontein base, in its level of compliance to both internal and national regulation, the limited number of findings and the time taken to rectify and respond in writing to safety suggestions. Oversight was further assisted in the financial year when Gary McCormick also qualified as an Aviation Auditor and conducted various quality audits of selected bases. Monthly base inspections forms and aircraft inspection checklists have also been used with differing measures of success to further improve the safety oversight of all operations.

In-house safety capabilities were also improved when the AMS applied and successfully acquired the addition of dangerous goods to our Aviation Training Organisation (ATO) approval from SACAA. Training Manager, Cheryl Pedersen's assistance, experience and support were key to the success of this application on first attempt. Subsequent to approval, three courses have been held, one in Cape Town and two in Kimberley during the financial year. The course attempted to add value, save cost but specifically focusing on the dangerous goods witnessed in the aero-medical environment and feedback, including suggestions for improvement has been positive.



In line with improving in house safety capability, Crew Resource Management (CRM) training was also provided in the year after successful completion of the instructor training, with Global Air Training, conducted in the UK. Two CRM courses were provided in Kimberely and the course focused on aero-medical resource management making use of our own AMS database of safety incidents as reference material for training purposes.

### *Introducing innovative solutions*

Safety equipment provided continued to improve with the further role out of another eight survival kits in the financial year bringing the total number to thirteen kits. This was accompanied by a policy on utilisation and basic theory training was conducted at all bases on the survival equipment provided. Safety equipment was further enhanced with both the role out of AMS flight helmets for helicopter crews, as well as the provision of a subsidy to those wishing to acquire their own helmets for use. A total of nine AMS helmets have been acquired to date with a further roll out planned for all helicopter bases in the year ahead. Safety capabilities also improved with the provision of Garmin 695, which was tested as an

aid to night flying on some of the earlier model aircraft. The equipment was found to be beneficial and further units will be acquired to supplement systems in earlier models of the Pilatus PC-12's.

Safety continues to be enhanced by the introduction of state of the art aircraft keeping the fleet at the leading edge of capability and technology. A structured approach to the integration of new assets and bases continued to be followed in risk mitigation. Various investigations, case studies and papers were conducted by the Safety Department during the year with specific assistance being provided with the night flying and flight duty submissions to SACAA.

Safety and risk reduction in the work environment is best achieved through a concerted effort by all members and I take the opportunity to thank all staff for the considerable support rendered in the year and acknowledge the improvements that many have made in this field. Thank you for your efforts in looking out for each other.

Kevin Donellan  
**Safety Manager**



# Training



The AMS Training Department oversees the training aspects for aviation regulatory and mandated training, as well as aero-medical and ancillary training requirements. It enters the second year of existence. This training can be divided into aviation operations, which consist of air crew, ground crew, engineers, rescue crew, operational support personnel and medical operations, with their highly skilled medical crew. Training ranges over regulatory, legislative and recurrent requirements as stipulated by the various departments and authorities involved.

This past year activities included updating the Aviation Orientation including Part 138 training courses, manuals and curriculum which is in line with the new Part 138 Flight Operations Manual and includes Safety Emergency Procedures Training. This training is mandatory for anyone who works as crew on our aircraft. Numerous Part 138 courses were held country wide. Three Advanced Life Support (ALS) Flight Medical Attendant/Aviation Health Care Providers Courses (FMA/AHCP) were presented, two in Cape Town and one in Bloemfontein. This course, attended by mainly doctors and paramedics, equips medical personnel with advanced aero-medical skills and included AMS crew as well as crew from our Provincial Partners.

Various other training presentations were produced, among them, safety kits, survival training, fire training, oxygen refill, oxygen dangers, aviation legislation and regulations, aero-medical crew selection and duties and responsibilities, new flight operations manuals awareness presentations, management motivational presentations, crew resource management and just culture.

All our base safety representatives attended safety officer courses. Others attended auditors training and safety management system courses.

***We have in-house capability and certification to conduct Crew Resource Management (CRM) and Dangerous Goods courses, both which are mandatory training for pilots.***

All our engineers attended human factors in maintenance course in Cape Town. One of our fixed wing engineers attended a PC-12 factory course in Stans, Switzerland. A hoist maintenance course was held attended by pilots, engineers and paramedic hoist men. In the coming year the training department will concentrate on document control and reporting

systems. We will be offering specialist medical and aviation training courses and the complete rewrite of our Part 141 Training Procedures Manual. AMS trained 2,045 people during this period. This excludes pilot training.

Thanks to the following, who in one way or another, were and continue to be, most helpful and inspiring to the AMS Training Department:

- Mike Litson & Associates for his kind donation of Safety Management System (SMS) training courses to PDP AMS staff.
- Question Writer USA for donating a license for online quizzes.
- Dr John Roos for his ongoing support and donation of specialised training courses
- Stellenbosch University Language Centre
- The Bloemfontein team and Garth Moys for organising and presenting the AHCP courses
- AMS Safety Manager, Kevin Donellan for his initiative in obtaining CRM and Dangerous Goods qualifications
- To every person in the organisation who has helped ensure that training is presented professionally, consistently and effectively. A special mention to Shirley Odendaal from our Durban Base for her contribution.

I consider working with AMS as a privilege and it has been an absolute pleasure and a whole lot of fun to be part of the AMS team.

Cheryl Pedersen  
**Training Manager**

# Chief Flight Instructors & Chief Pilots

## Rotor Wing



The Rotor Wing Operation consists of seven fully operational and one non operational base; eight helicopters and 16 permanent pilots. Polokwane base opened during the middle of last year and initially operated with a Eurocopter AS350 helicopter, but was replaced with a Eurocopter EC130 B4 helicopter. We have also opened a base at Lanseria in preparation for a Gauteng service. This is a non operational base and will only be activated after service level agreements with the Provincial Government are finalised.

The Bloemfontein base received a new EC130 B4 helicopter in August last year and has already done more than 400 hours without any technical problems.

The AgustaWestland 119Ke helicopters are now fully integrated into our system and are operated in Cape Town and Oudtshoorn. Turnover of personnel was not an issue during the past year. We only had two resignations and thus reduced training hours and stability inside the rotor wing department considerably. Well done to the rotor wing department who completed nearly 2 800 hours without major incidents or accidents,

although two bird strikes caused major damage and down time to our helicopters. All helicopter instruction is kept in-house except for the South African Civil Aviation Authority (SACAA) license renewals where we use dedicated and approved SACAA designated examiners. We also qualified three helicopter instructors in-house to spread the workload among each other in the instruction line.

During the past year the Oudtshoorn base became a full rescue base. Both pilots and two paramedics were qualified as rescue pilots and hoistmen. They have already done a few successful rescue missions.

In the year ahead another challenge for us will be the incorporation of the Agusta 109 Grand twin engine helicopter with a full 24-hour operation and the Soccer World Cup.

JR Redelinghuys  
*Chief Flight Instructor / Chief Pilot Rotor Wing*

## Fixed Wing



Yet again another year has flashed by where I can look back and acknowledge that the AMS Fixed Wing team has made a difference. We are blessed to have the calibre of permanent and volunteer pilots that are always willing to go the extra mile for our noble cause - I commend you all. We are also backed by an excellent team of engineers, flight coordinators, medical crews and a passionate management team.

We currently have a total of 36 Fixed Wing Pilots, comprising of 14 volunteer pilots, eight South African Airways (SAA) Cadet Pilots on our Pilot Development Programme (PDP), and 14 permanent pilots. Three of the eight PDP's are now fully fledged Captains. I would also like to take this opportunity to thank the volunteer pilots who not only apply their aviator skills, but also contribute their business skills to help streamline the AMS.

After quite a few years with fixed wing bases only in Cape Town, Kimberley and Durban, we are excited by the prospect of opening a new base in Lanseria. We will be privileged to get a new

PC12 New Generation (NG) which will be based in Lanseria. We are developing our own medical interior in conjunction with Robin Coss Aviation which will be fitted to the new aircraft. Having done the first cross border flight after a few years we are hoping that the new Lanseria based service will have many of these flights.

We are looking forward to an exciting 2010 with continued excellent service and many a thousand safe flying hours over our beautiful country and that of our neighbours.

Gerald McCarthy  
*Chief Flight Instructor / Chief Pilot Fixed Wing*

# Aircraft Maintenance



What an incredible eventful year. The Aircraft Maintenance Organisation (AMO) has had another year of daunting and challenging tasks. These not only tested our capabilities and skills but also taught us patience during some rough and stressful periods. We are proud to report that despite pushing ourselves to the limit and beyond, the AMO still ensured safety and serviceability - as per our commitment.

Training is of utmost importance in the life of an engineer and we had the opportunity to broaden our knowledge by successfully completing a couple of courses. Carlo Kok, Mark Allan, Eugene Maramutsa as well as Karl Bulow and Ismail Kabley attended Agusta Maintenance Type training at Precision Aviation Helicopters (PAH). Jan Badenhorst attended the PC12 Series Maintenance Course in Switzerland. We also made use of the opportunity to attend a Turbomeca 2nd Line Maintenance Course. This was a free of charge course organised by Eurocopter in the interest of their product interface.

The most challenging occurrence was the completion of two Agusta 119Ke's currently doing duty in Cape Town and Oudtshoorn. We found ourselves becoming students again, studying maintenance manuals, Illustrated Parts Catalogue (IPC) and wiring diagrams, having to adjust to and get to know the differences in on-board and other systems. Every day we face a new opportunity or challenge, which serves to make us more knowledgeable.

We had the opportunity to assemble both test flights, whilst the one was used for pilot training, the second one has undergone a complete facelift. Instrumentation, radios, GPS and the ALS medical kit developed in conjunction with Robin Coss aviation was built into the aircraft.

We are awaiting another Agusta 119Ke to be added to the current fleet. A New Generation PC12 is also on the horizon. A new base has opened at Lanseria Airport where we have introduced the service with an Agusta A109 Grand twin engine helicopter. This will enhance our capabilities to be able to render night operations.

We are serving eight bases with a total of 13 operational aircraft at present, but as we are expanding rapidly, new challenges and ventures will be at the order of the day in the near future. Travelling and suitcases are no more a rare occurrence. This department deserves to be commended on their excellent service and commitment to go the extra mile.

Without the support of family and friends, our mission would prove far more difficult.

We would like to thank the following companies and individuals who assisted in the smooth running of our daily tasks:

Jannie Mathysen (P.A.H), for the use of his facility during the Agusta assemblies and training. Janine Trollip – PAH, deserves special thanks for all her support and documentation assistance during the assembling and delivery of the third Agusta and special thanks to Travis and Jaco from PAH for their support and maintenance assistance. We thank Pilatus for their support and dedication to supply spares as quickly as possible. Thank you to Turbomeca Africa for their excellent support whenever they were called upon

We are grateful to Robin Coss Engineering and Mineral Service Engineering for their timely response to our sometimes very hasty requirements. A special and sincere thank you to Eurocopter for the customer support, which we have become accustomed to. Their dedication and helpfulness, even offering engineering support was leaned on heavily during these tiring times as good engineers are hard to come by these days.

Last but not least, the engineers keeping the AMS aircraft flying, thank you for your dedication and long hours you have worked to maintain the aircraft in such a manner that safety was never in question.

Carlo Kok  
**AMO Accountable Manager**

# Human Resources



United by a common vision and shared values, our people are the main resource of the AMS. Everyday, 90% of our 109 permanent, 40 adhoc employees and hundreds of volunteers nationally are in personal contact with our clients and customers, providing aero-medical services as part of our mission to improve the quality of life of all communities. Quality of life is a key focus in our approach to human resource management. The performance of the organisation is closely linked to the motivation of our employees which in turn is influenced by their degree of empowerment, development opportunities and day-to-day satisfaction in their working environment. To be the benchmark for all of our operational activities, our human resource management must combine the progression of our people with economic performance.

Our equal opportunities approach means that everyone can become part of the team, build their expertise, expand their skill set, assume new responsibilities, perform better and enjoy a fulfilling professional life and career.

The diversity of origins, cultures and expertise of our employees is also a driver of progress and growth for the AMS. It is one of our greatest strengths, providing a basis for developing synergies to serve our clients, our customers, our patients and the community better. The organisation's **employment equity** status shows satisfactory progress towards achieving the equitable representation of designated groups across all occupational levels and categories of the workforce, as required by the Employment Equity Act. Quarterly monitoring and evaluation continue at board level.

The "war" for talent and the scarcity of skills has introduced a high fluctuating labour market, making it necessary for the AMS to implement various initiatives in order to manage this problem and retain skills. During the reporting period, we were faced with a high percentage of staff mobility, presenting a challenge for the **recruitment and selection** in certain key categories, such as helicopter pilots and paramedics. Filling of these vacant positions was crucial in ensuring that the strategic plans of the organisation were operationalised. As part of the AMS commitment to the upliftment of its employees, preference is given to internal appointments and/or promotions.

AMS is committed to effective employee **performance management**, through regular formal and informal feedback reviews and open communication. Our aim is to ensure that every employee has a face-to-face meeting with a

direct line manager bi-annually, during which performance targets are agreed and performance and development needs are reviewed. Feedback and discussions on performance assist employees to work more effectively by building on strengths and identifying ways to address any performance related shortcomings.

The organisation benefited from sound employer-**employee relations** during the year under review, indicating a constant maturing relationship indicative of parties committed to a common cause. In day-to-day management, there were cases that led to both disciplinary and grievance hearings. None of these warrant mention other than indicating there were cases referred to the dispute resolution agencies, which were successfully defended. The emphasis on, on-going performance assessment ensures that poor performance is managed in line with the provisions of the Labour Relations Act.

Integration of the new **HR system** is in the "implementation phase". The payroll system has migrated into the new system and the additional HR components will be phased in during the period ahead.

In implementing the new HR system, the HR department has evaluated all of its current processes and is streamlining a number of these which will result in reduced administration and improved data accuracy. The overall objective of the system is to provide a meaningful mechanism to effectively manage information for decision making, planning and employee development.

Upon joining the AMS, employees, at all levels receive **extensive training**. A positive learning culture is embraced with the determination towards the practical application of the theoretical knowledge and skills learned. Approximately 85% of all training is conducted in-house, by suitably qualified subject matter experts.

A comprehensive induction is facilitated for all new employees, which covers extensive product knowledge, financial management, quality and safety systems, public relations and employee handbook training. Training interventions range from new skill training, product knowledge and refresher training.

We are once again proud to make reference to our **Pilot Development Programme (PDP)**. Since launching the programme in October 2007, AMS has recruited 11 cadets, of which, two have become line captains within the AMS family. This 24 month programme develops

young South African Airways cadet pilots and their competencies on our Pilatus PC12 fleet, to prepare them for a career as commercial and airline pilots.

Employment **expenditure** across the organisation for the period amounted to R28 441 913 (2009: R22 221 601) an increase of 27.99%. This includes salaries for permanent, ad-hoc and casual employees as well as the cost of all employee benefits, recruitment and termination costs. The increase in employment costs is attributed to the structured expansion of the organisation, necessitated by the award of the national aero-medical tender and preparation for the 2010 Soccer World Cup event.

Through our ability to identify, train and develop talent, and to draw strength from our tremendous diversity, collectively we can harness the power to build the AMS of tomorrow: the leader in aero-medical services.

“Expanding our reach and relationship”

Catherine Brown  
*Human Resources Manager*

### Employee Profile

Group	Staff Compliment as at Feb 2010			New Engagements (Mar 09 - Feb 10)			Resignations (Mar 09 - Feb 10)			Promotions (Mar 09 - Feb 10)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
African	17	9	26	4	2	6	1	0	1	0	0	0
Coloured	5	7	12	1	2	3	1	3	4	1	0	1
Indian	7	5	12	0	1	1	0	1	1	3	0	3
White	45	14	59	9	3	12	4	2	6	6	0	6
	<b>74</b>	<b>35</b>	<b>109</b>	<b>14</b>	<b>8</b>	<b>22</b>	<b>6</b>	<b>6</b>	<b>12</b>	<b>10</b>	<b>0</b>	<b>10</b>



# Service Development



2010, Lexicon that has become commonplace and has come to mean and represent so much for South Africa and its wonderful people has finally arrived! The 2010 FIFA World Cup will no doubt bring many challenges, opportunities and even more successes for our beautiful country as it unfolds over the next few months. In fact, the very same can be said for the AMS.

2009 Unfolded as a year of great opportunity, even greater challenges and many different successes for the AMS. Potential presented itself with the award of the aero-medical EMS contract to the AMS for eight of the nine Provinces (the Eastern Cape did not participate in the tender). The challenges arose in implementation of the contract with various Provinces who, for different reasons have not taken up the contract even though they had indicated that they would do so when the specifications for the contract were drafted. This has had an enormous impact on the AMS as the organisation had based its tender submission on the premise that all the Provinces would participate and that economies of scale would play a role. Nevertheless we have continued to provide an unparalleled, professional aero-medical service in the six Provinces where we currently operate.

As a proud partner of Government, the AMS has continued, at an operational level, to work as closely as possible with our colleagues from the Provinces. We continue to believe that in order to build a sustainable aero-medical system for our country there has to be a strong partnership between the AMS and Government. The continued challenge of not being able to meet with some of the relevant senior people within the various Departments of Health has a direct effect on services in terms of its refinement, its improved efficiencies and of course, very importantly, its cost effectiveness. This is not a new challenge for us and we continue our attempts to increase communication between the AMS and our partners.

***In terms of our Corporate Governance, we have yet again managed to achieve all the principles of good governance as is required.***

Another major test that has presented itself is the relocation of Durban International Airport to the new King Shaka International Airport (KSIA) at La Mercy. The AMS has a sizeable operation in Durban and the planned move has created many challenges. Our erstwhile supporter, the Airports Company of South Africa (ACSA) has generously given us a piece of land at KSIA on which to

develop our new base. However KSIA has no general aviation area and the land that we have been given is on the airside. Operating from the airside presents huge operational challenges for us because of the strict security regime which is the norm for airside access control and operations at all airports around the world. Because the AMS has such a large outreach programme with over 500 volunteers on this programme alone, the challenge of moving doctors and other support personnel (besides patients, ambulances, EMS workers, etc) through a strict security structure on a daily basis will need some lateral thinking to arrive at a workable solution.

In addition to the operational challenges there is also the issue of finding the funding for developing a new hangar and offices. We have completed the planning phase and will now be looking for a construction partner to help with this development. In the meantime, we have been given a reprieve until the end of the Soccer World Cup to continue to operate at our current site at Durban International Airport while we are exploring alternatives for interim accommodation.

The year has also provided many successes for the AMS. Many of our loyal funders and benefactors have continued to support us even through these difficult times. We have continued to receive funding from the National Lottery Distribution Fund, Anglo American Chairmans Fund, De Beers, Discovery Fund, and The DG Murray Trust. The support that we continue to receive from Airports Company South Africa

(ACSA), Air Traffic and Navigation Services (ATNS), Katanga Executive Parking and our numerous other supporters is invaluable. We thank you all for your continued, unwavering support. It is because of your faith in the AMS that we are able to continue our task of Changing Lives and Saving Lives!

Our Board of Trustees have continued to provide us with the necessary guidance to manage the organisation with incredible achievement. Special thanks must also be given to our CEO and COO for their continued support which has helped shape our new management structure over the last year.

We have also received funding for our new head office building in Cape Town during the last year. The building was designed to give a comfortable yet simple working environment for our staff with open space and natural light used to maximum effect. Head Office staff moved into the new building in February and we are all loving our new

workspace. There have been many contributors who have assisted us with this building and we would like to thank you for your valuable contributions. There is no doubt that our already wonderful staff will be inspired to even greater heights in these new offices!

Despite the many challenges mentioned above, the AMS has also made great strides in preparing our organisation, our people, our fleet and most importantly, our operations for the greatest sporting spectacle on earth. Our aircraft are ready, our people are primed and we are ready to continue delivering to the best of our ability.

We are looking forward to 2010 with great enthusiasm and hope. We have been given a once in a lifetime opportunity to host the largest sporting event in the world. It is our time to shine. Let us all do our bit to welcome the visitors to our beautiful country, to support Bafana Bafana with indescribable passion and to help make the first Soccer World Cup on African soil the greatest ever.

Halala 2010 Halala!!

Farhaad Haffejee  
**Service Development Manager**



# Tribute to Volunteers

Our heartfelt thanks to all our devoted, committed unsung heroes – **our volunteer paramedics, doctors, nurses, healthcare professionals, pilots and rescue crew.** Thank you for your dedication and support in helping us to continue to contribute to the improvement in the quality of life of all communities. We thank you and your

families for giving us your most precious asset – your time. You are truly valued.

We trust that you will continue to assist us to facilitate access to equitable and effective healthcare to all those in need.

# Make a Difference

From airlifting a patient that was injured on a mountain, to lowering an AMS paramedic to plucking someone from the waves of danger, to bringing health specialists to the communities in rural areas, the AMS is a comprehensive non-profit aero-medical organisation that provides support to all communities in need.

*While we recover most of our operational costs from provincial departments of health and other associated medical aid organisations, our expansion and development relies heavily on corporate and public donations. These donations, whether in kind or financial, are crucial for purchasing medical and aviation equipment and developing infrastructure and services.*

*There are various ways of giving, ranging from monthly donations to once-off annual contributions. Individuals can also donate by leaving a bequest or legacy in their will. Corporates are encouraged to include us in their Corporate Social Investment Programmes. Naming rights are available depending on the size of the donation as well as a Section 18A tax certificate for donations received.*

*Bank account details  
Account Name: SA Red Cross Air Mercy Trust  
Account Number: 01133820210  
Bank: ABSA, Parow  
Branch Code: 502110*

*Thank you for helping us changing lives and saving lives.*





# In Appreciation

*Our heartfelt thanks to the following organisations and individuals whose support whether financial or “in kind” is much appreciated.*



## R 2 million and above

National Lottery Distribution Trust Fund

## R 500 000 and above

Anglo American Chairmans Fund

De Beers

## R 300 000 and above

DG Murray Trust

Discovery Fund

ACSA

ATNS

## R 50 000 and above

AgustaWestland

## R10 000 and above

Jordaan Family

## R5 000 and above

Metropolitan Health, L Visser

MJ Harding, S Frew, I Jordaan

## R 1 000 and above

Aurecon, Welch Allyn, M & F Business Furniture

Coronation Fund, Y Ferreira, Dr. Kriel

## Photographs courtesy of:

Roger Sedres Photography,

Michael Walker - Independent Newspapers,

Andrew Ingram, Paul Job, Chad Chapman

## Gifts in kind

Newsclip Media Monitoring

Katanga Executive Parking

Roger Sedres Photography

Paul Job

Coca-Cola South Africa

Red Bull South Africa

Waltons

High Angle

Tromp Restoration

Cango Wild Life Ranch

Oudtshoorn Municipality

Kango Winery

Kannaland Municipality

Oudtshoorn Courant

Oudtshoorn Aero Club

Cango Model Flying Club

Jan Kraitsinger

Gawie Swart

Rob Hall

Matt Schoeder

Johan Kriegler

John Minnie

Fanies Bakwerke

Chad Chapman

Henk Kruger – Independent Newspaper

Michael Walker – Independent Newspaper

DivPac Packaging

Ginkgo Landscaping

Toyota Forklift

Carte Blanche Medical

Collect Cellular

Media Machine

African Survey

Alexander McCabe

Ysterplaat Medical Supplies





This Annual Report was proudly sponsored by:



**National Emergency Number** 0801 AMS AMS (267 267)

**National Number** 085 11 MERCY (83728)

**International Number** +27 21 685 6800

**Head Office**

P.O. Box 93, Cape Town International, 7525

**Telephone:** 085 11 MERCY (83728)

**Email:** [info@ams.org.za](mailto:info@ams.org.za)

**Website:** [www.ams.org.za](http://www.ams.org.za)

**Trust Reg. No.** T3404/94

**NPO Reg. No.** 017-180 NPO



**Saving lives. Changing lives.**