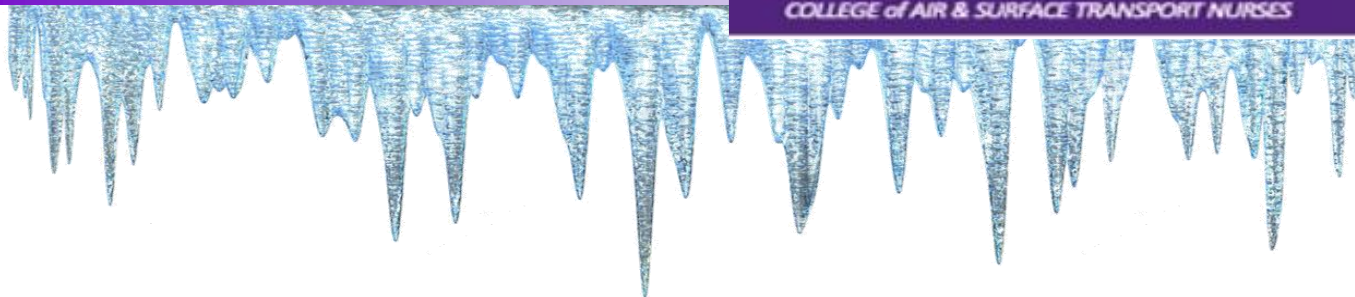


August 2023



Winter wonderland in the Southern Alps – Photo Credit Mark Geikenjoyner Nelson

College of Air and Surface Transport Nurses
Section of the New Zealand Nurses Organisation

From the Editor – Tania Parr



Kia ora koutou katoa,

Welcome to the August edition of the COASTN emag.

I hope this finds you all warm and healthy! Winter flying always makes for some spectacular scenery with those snowy mountain ranges, and cool, crisp mornings and evenings. As I write this, the met service has issued heavy snow fall warnings for much of the country for tonight and tomorrow. It certainly was a chilly start to the day today.

In this article, be sure to check out the exciting education opportunities, including the Save the Date for the 2024 Aeromedical Course, and check out the exciting line up for the Symposium in Napier in November.

Speaking of the Symposium, you should have received an email with a link to register for this or head to the website [COASTN Conferences \(nzno.org.nz\)](https://nzno.org.nz) where you can also find the link to register. I hope you can join us for what is looking to be a great couple of days, and some meeting and mingling.

The Symposium will include our AGM, and we will also be looking to award our COASTN Award for Outstanding Achievement in Transport Nursing Aotearoa, if you haven't already, we need your nominations for this.

We've got a couple of interesting educational articles, and some great photos from around our beautiful motu.

As always, I need your stories, case studies, photos – please forward these to me at any time – tania.parr@nmdhb.govt.nz

Ngā Mihi

Tania

Did you know that COASTN is on social media?

Find us on Facebook <https://www.facebook.com/groups/250823442046051/?ref=share>
and on Instagram <https://instagram.com/nznocoastn?igshid=YmMyMTA2M2Y=>



As I sit here with the rā (sun) on my back I am reminded that kōanga (spring) is on its way, My Father who was born on the 2nd of August always insisted that spring begins in August as when he was growing up his birthday was always in spring. My garden seems to agree with him as we have daffodils and lilies out and all the trees have been in bud for some time now. I think our seasons have got a bit crazy and with our relatively mild winter the poor garden does not know what it is meant to do. The nights are drawing out and the days getting longer so we will definitely notice a difference soon, but those of us from the south know that the start of spring always brings worse weather so we won't get too excited yet.

COASTN has had a successful year to date with a great aeromedical retrieval course run by Taz and her team. I have just finished marking my share of the assignments and it never ceases to impress me how much the participants learn from the course. Having said that it has been noted over the last two years that there has been some difficult behaviour from a small number of participants which reflects badly on the course. We have sent out information to all charge nurses and flight team leaders that this behaviour will not be tolerated in future courses. There is usually a waiting list to attend this course and it is a privilege to be selected to attend. All participants will get an agreement they must sign prior to final acceptance on the course which will outline the expectations of the course and failure to abide by this will result in them being removed from the course. We do not take this step lightly, but we must preserve the integrity and professionalism of the course and we expect the participants to represent their profession appropriately.

We also celebrate the appointment of Tania Parr to the ACP advisory group, she joins Avry Way in making sure that flight nurses are heard when new policies are being developed at a national level. This is an exciting step and was a result of a meeting the committee had with Jon Gaupset who leads this group. We felt during the meeting that he heard our concerns regarding the lack of nursing representatives on the group and we were reassured that they are committed to making sure that they understand the environment our members work in, the challenges they face and the impact change will have on the services they provide. We were also encouraged to hear that they were visiting as many areas as possible so that they have a clear understanding of the current state of transport services.

The symposium is coming up on the 23rd and 24th November in Ahuriri (Napier), this will be a great opportunity for akoranga (learning), networking and enjoying ourselves. You could even stay on and enjoy Te Matau A Māui (Hawkes Bay) for the weekend! Jackie and the Hawkes Bay team has worked hard to bring us a great program that will mean that everyone will get something out of the two days. Registrations are open so get your teams booked in.

Don't forget to get your nominations in for the COASTN nurse of the year which is an award to recognise an individual transport nurse and the contribution they have made in the field of transport nursing, within their organisation and local, national and international committees. Details are on the website and the link to the application form is [COASTN nurse of the year application](#), nominations close on the 6th October.

Keep up the amazing mahi (work), hākari (celebrate) your successes and ako (learn) from those that do not end so well, you are all amazing and provide a service to your communities that is second to none.

Ko te pae tawhiti, whāia kia tata Ko te pae tata, whakamaui kia tina.
Seek out distant horizons, and cherish those you attain.

Regional Updates

Kia Ora from all of us at New Zealand Air Ambulance Service,



It is with great sadness that we share news of the recent passing of our dear friend and colleague King Air 350 captain Kuni Kitamura. Kuni was a much-loved and respected member of our team in Auckland and our wider team throughout New Zealand. He will be greatly missed not only by our teams but by the Starship PICU and NICU teams who were lucky enough to be flown to sick children throughout NZ by Kuni, and by the COASTN committee members who enjoyed having Kuni taking part in the SIM training for new flight nurses throughout New Zealand. Among his many qualities Kuni will be remembered for his professionalism and diligence, his kind and compassionate nature, his sense of humour and his ever-present smile. Kuni flew 777 flights with NZAAS from 2019-2023. Our thoughts are with Kuni's wife, their two young boys and Kuni's family in Japan at this difficult time.

Rest in Peace Kuni.



Waiho i te toipoto, kua i te toiroa

The team at NZAAS.

Hawkes Bay Flight Team - 6 months on

Jackie Hardy: CNM Flight and Transport Hawkes Bay

It's 6 months since Cyclone Gabrielle hit, recovery continues and we are now getting used to our new norm and I am now able to reflect on what we have done over the past 6 months.

Extended travel times from Napier to Hastings, a once 20 min journey is now taking up to an hour plus, staff still waiting for insurance claims to be actioned and still evidence of the impact of the cyclone every where you go and especially so when you are flying.



We became a 'commercial airline' Hawkes Bay Flight / Travel Services, (though received no commissions) in that we were working in consultation with over 20 bookers, CNS, Primary Health, Midwives, Wairoa Hospital and GP's to transfer people to and from Wairoa because of no road access. This was incredibly challenging, as we had limited seats and everybody thought that they had the priority.

A van was hired and we were doing shuttle runs with an orderly to and from the airport, finding that it was much easier to get patients (i.e. outpatients) to their flights than some of the staff. We had an upset Doctor who failed



to turn up on time only to see his flight taking off into the distance, fortunately there was a second run, so he only had to wait 30 minutes for the return flight. Lesson learnt, as he was notorious for holding up and delaying flights.

We couldn't afford to do this as this was also our primary aircraft for aeromedical transfers.

SH2 Between Wairoa and Napier

We initially started with Air Napier but quickly realised that their service would not be able to meet all the needs, we had the use of the Seneca and / or the Cherokee.

- We were restricted greatly by weight,
- Nothing more than 300kg in total the back,
- Patients not greater than 120kg and
- patients that were fully mobile who could step up and into the aircraft.

So we were often restricted to 3 passengers.

Skyline stepped in and we were able to use the B200, so up to 6 pax, larger patients, and those with reduced mobility were also able to be transferred.



Air Napier – Piper Cherokee



2 x B200 Wairoa airport

So we became the travel agents (bookers, flight coordinators, shuttle coordinators, mothers ie (reminder and follow ups) and travel arrangers inclusive of overnight accommodation in Hastings and Wairoa, inclusive of raising vouchers, PO, couriers inclusive of several whenua and on the odd occasion the flight attendant.

We also had to coordinate this at the same time as organising aeromedical transfers with the same aircrew and aircraft, so no patients were compromised with the possible delays. On the odd occasion the return flights in the afternoon were delayed due to taskings and weather, but all in all patients and staff were transferred safely.

We took over control of this service on the 17 Mar and stopped on the 2 Jun 23, 2 weeks after the road to Wairoa opened.

Hawkes Bay Flight Team Stats Wairoa – Napier Flights

During this time

Total of 709 passengers transferred

This was made up of 514 individuals

- 195 required return flights
- 288 Outpatients
- 48 Support people
- 178 Staff

These figures don't include discharged patients that would have normally been driven home, but were able to be transferred on opportunistic air ambulance flights to Wairoa.

Hawkes Bay Flight Team Stats 1 Jan – 30 Jun 2023

Simultaneously we continued our BAU and over the first 6 months of this year we have transferred 1065 patients, 91% as flight nurse only, 9% required a Doctor and 1.4% were intubated.



Waikato Flight Team

Waikato ICU transport team has been anything but business as usual, with lots of exciting changes slowly coming into effect all while continuing to provide transports throughout the horrid weather we have been having, including that typical Waikato fog that means we have to favour ground over sky - thanks to those who have helped us out when we haven't been able to get out.

We have recently reviewed our transport packs and after a considerable amount of consultation with the team we have tasked NEANN to build customised modular bags that are both lightweight and easy to use, making it easier to get access to medications and equipment while out and about. We are all looking forward to the final design and being able to use these after they arrive in the coming months after seeing how good the prototypes looked in April.

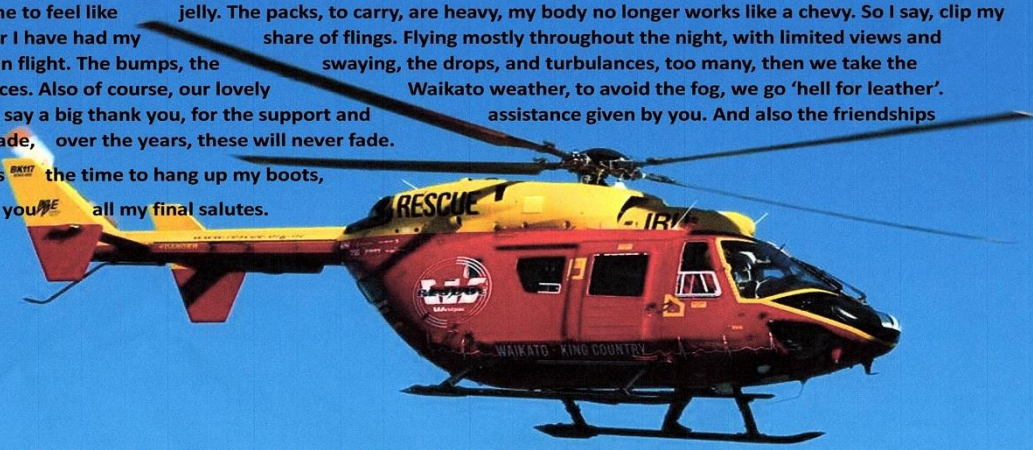
Our colleagues at Phillips Search and Rescue have recently had their delivery of a new helicopter and aeroplane which we are looking forwards to seeing in service in the coming months once the pilots and crew have completed their training, it has also meant that we have had to look at new stretcher and bridge to suit, we have joined forces with a Swiss company who has custom built us a new stretcher bridge to go along side our new aero-light stretcher which is also on the way and our team are hoping to complete training on the use of this soon also.

We have also said farewell to Sheree who after 12 years of service has decided to clip her wings and enjoy supporting the team from the background by continuing to collect our data and provide us junior flight team members with her wisdom and covering us so we can get off the floor to fly when we are busy. She informed the team of her resignation by poem which I have included below.

With that we have advertised for a few more members to join our team, that recruitment process is happening at the moment and our co-ordinator will hopefully announce the successful members soon.

Safe flying all.

Jordan



My flying days are coming to an end, this aging body is struggling to bend. Maneuvering in and out of the heli, a mission leaving me to feel like jelly. The packs, to carry, are heavy, my body no longer works like a chevy. So I say, clip my wings, for I have had my share of flings. Flying mostly throughout the night, with limited views and services in flight. The bumps, the swaying, the drops, and turbulances, too many, then we take the ambulances. Also of course, our lovely Waikato weather, to avoid the fog, we go 'hell for leather'. I need to say a big thank you, for the support and assistance given by you. And also the friendships I have made, over the years, these will never fade.

So now is the time to hang up my boots,
And give you all my final salutes.

I am retiring from the ICU Transport team. Not completely giving up work though. But just wanted to say a very big thank you to all for making my experiences in this team over the past years enjoyable, and yes, sometimes very challenging. I wish you all safe flying and will forever remember the comradeship and friendships I have made over this time.

Sheree

Whanganui Flight Team



Beautiful sunsets, in cool weather is a sure sign that the warmer weather is on the way!

One of the benefits of this job is the stunning scenery we get to see from above. Hope that everyone is surviving the cooler winter months.

Here in the River City, we are eagerly awaiting the opening of our new hanger facility. Will be nice to have a brand-new facility for the transfer of our patients.

As with everyone, our transfer numbers continue to steadily increase, luckily for us, our patient transfer service allows us increased efficiencies when on the ground here, meaning that we can turn around much faster and without delay.

Looking forward to seeing as many of you as we can all muster at the COASTN symposium and AGM in the beautiful Hawkes Bay in November.

Life Flight Wellington - Te Whanga-nui-a-Tara

Kia Ora from Wellington!

While the country has had awful weather of late we seem to have been escaping most of it until this week! We have had numerous occasions of severe turbulence in flight and on landing to then offload into calm conditions. The pilots report 100 knot cross winds in the air and then 4 knots on the ground.

We are again busy with record requests and transfers completed. The winter season or respiratory illnesses has taken off with a lot of paediatric and flu transfers.

We are half way through our trial of a dedicated weekend coordinator and having a second flight nurse rostered on. We have definitely noticed an improvement in our ability to carry out non-acute transfers in the weekends and are enjoying being able to help out instead of just loading up other services when we only have acute availability. It is a bit feast or famine at time but that seems to be the flight world in general! It makes such a big difference having a flight coordinator to manage all the referrals, particularly when the flight nurse is out flying, also taking the pressure off the ICU ACNMs and DNMs.

We had our inaugural king air flight into Greymouth a couple of weeks ago and since have returned several times, assisting the Christchurch service. It is great being able to land so close, now if only those pesky runway lights could stay turned on later in the day. Great seeing the new CCU in action there too (or not so new but new to us!)

We welcome Mel and Dani our newest nurses to join the flight team.

Look forward to seeing some of the flight community at the Symposium in Hawkes Bay in November.

A wee shot below of Nikki, one of our flight ACNMs/Nurse and 2 of our lovely Life Flight crew Jo and Helena. They took the chance to enjoy the fine freezing weather in the Tararua's over the weekend. There was some disappointment voiced that the heli didn't drop them off some dry fire wood.

The other shot is of the Marlborough sounds, lovely view after a clot retrieval to Auckland that saw the team landing back at 10am. Long night...



New Zealand Flying Doctors Service – Nelson/Whakatū

Kia Ora from Nelson,

We've just been chugging along here as usual, and enjoying the snowy landscapes along the way. Its been a very dry winter here this year, with rivers looking alarmingly low for the time of year.

We are looking forward to the arrival of our new plane in September, and will be so good for Christchurch to have 2 planes for their use again.

Planning is underway for our annual flight training days that we will hold in October. We split the team into 2 to be able to keep the service running, and we include our flight midwives for part of the day to go over some scenarios, and how we all work together.



A perfect evening for a flight home from Christchurch – Photo Delwyn Lovell

New Zealand Flying Doctors Service – Christchurch/Ōtautahi

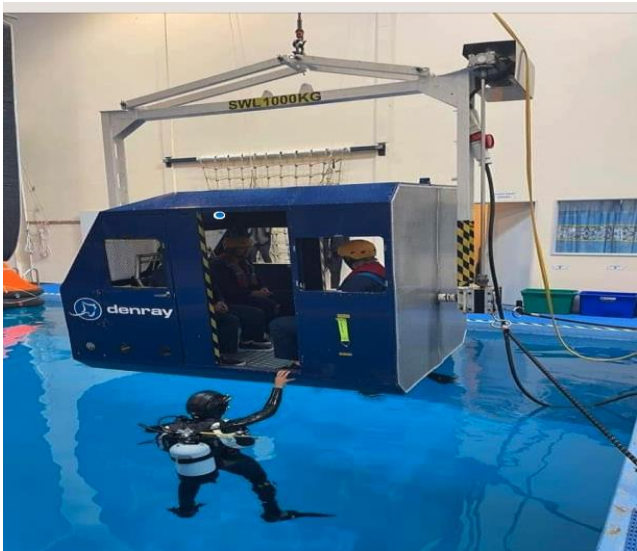
We've had a busy time in Christchurch these last few months!

In June and July 10 of our flight nurses attended the HUET training, with the remaining 12 going in October and November. By the end of the year we will all be up to date with our HUET training. The feedback was positive. It sounds like it was almost equal parts fun and fear! See the attached photos of some of the activities during the day.



We have made some changes to our roster, with our coordinators now working 12 hours shifts from the hospital (we used to have nights on call)

New Zealand Flying Doctors (Garden City Helicopters) has also acquired a new King Air 200 (ZK-FDT) that will be stationed in Nelson, meaning the two other King Air 200's will both be available for work in Christchurch.



A big thank you to everyone who participated in Charmaine's Flight Nurse Professional Quality of life survey for her Master's degree. The results are being analysed and the final report will be available by the end of the year, and she will share some of the results in the next COASTN update.

Three of our Flight Nurses will go to the conference in Adelaide in August.



Happy flying everyone!

The CARS team

F.O.D.

By Kelvin Still
NZ Flight Nurse
Hawkes Bay Transport Team

What is FOD?

Anybody who has been in an Airforce or around commercial aviation will be able to tell you that it is Foreign Object Damage or Foreign Object Debris.

“Foreign Object Debris (FOD) is a substance, debris or article alien to a vehicle or system which would potentially cause damage.”¹

“Foreign Object Damage (also abbreviated FOD) is any damage attributed to a foreign object (i.e. any object that is not part of the vehicle) that can be expressed in physical or economic terms and may or may not degrade the product's required safety or performance characteristics. FOD is an abbreviation often used in aviation to describe both the damage done to aircraft by foreign objects, and the foreign objects themselves.”¹

The term “damage” was coined by the military and since 2009 has become interchangeable with debris. As Iain McCreary of Insight SRI put it in a presentation to NAPFI (August 2010), “You can have debris present without damage, but never damage without debris.”¹

During my career as a Flight Nurse I have attended courses and conferences, read widely about Flight Nursing but never in all of these, has “FOD” been mentioned. This article was first published Nov 2012 so I thought it would be good to remind ourselves about FOD and it's potential effects.

We do discuss loose clothing and equipment around helicopters, caution against losing items in strong winds on tarmacs (Yes, I go to Wellington regularly).

I started my life with aircraft in the RNZAF, and from the beginning of my technical training “FOD” has been incorporated into just about every aspect of that training. The RNZAF have a very robust and effective FOD awareness program. Testament to the fact that they have had very few “FOD” related accidents.

There are many types of FOD. There is FOD found on tarmacs and runways.



The most infamous FOD incident being the crash of Air France Flight 4590 “Concorde” Tuesday 25 July 2000



A different type of FOD event.

US Airways Flight 1549 landed on the Hudson river after Geese (FOD) were ingested by the engines.⁵

But FOD is not just the stuff on tarmacs. In the aeromedical environment we probably carry more objects and equipment that can potentially “FOD” an aircraft than normal passengers.

It includes all those everyday things we take for granted whilst performing our jobs.

Paper clips pens drink cans not to mention the
syringes and syringe caps amongst other things.



Foreign Object Debris (FOD) is a substance, debris or article alien to the vehicle or system which would potentially cause damage.²

This also includes all fluids that could find their way under floor boards, onto aircraft framework or into/onto flight control equipment and possibly cause corrosion that may not be seen / found for years to come.



Upon review of this article it appears that internationally, FOD continues to cost the aviation industry US\$13 billion per year in direct plus indirect costs. The indirect costs are as much as ten times the indirect cost value, representing delays, aircraft changes, incurred fuel costs, unscheduled maintenance, and the like for a total of \$13 billion per year.³ This does not take into account the cost in lives lost in the catastrophic events and the flow on effects associated with such events.

Pilot Russell Harris, “I have in the past recovered at least five pens, glasses, a watch pin, an earring, and others have recovered a head set cord. “Trust me when I say that any one of these items has the potential to kill you, even a plastic pen stuck in the small gap that allows the elevator arm to swing will stop it from functioning.”⁴

If our “Theatre Nursing” colleagues do swab counts and cavity checks before closing, surely we should be as conscientious in our environment.

It really is as simple as picking up the pen you dropped under the seat, or accounting for all the equipment used and checking the aircraft when you get out that you have left nothing behind.

As we are all aware in the aviation environment it is not a matter of “if” but “when.” It is imperative that we as crew members are as FOD aware as the Engineers who perform the maintenance, and the Pilots who fly us.

Remember to "Pick it up before it brings you down."

References

- 1) http://en.wikipedia.org/wiki/Foreign_object_damage Retrieved 14 Aug 12, Reviewed 18 Jul 23
- 2) <http://www.fodnews.com/fod-defined.html> Retrieved 18 Jul 23
- 3) "Runway Safety - FOD, Birds, and the Case for Automated Scanning". *Insight SRI Ltd.*
Retrieved 14-Aug -12. Reviewed 18 Jul 23
- 4) CAA Vector Magazine "FOD for thought" pg 20-21 Jan-Feb 2012
- 5) https://en.wikipedia.org/wiki/US_Airways_Flight_1549 Retrieved 18 Jul 23



MURPHY’S LAW-TAKING FLIGHT-Paul Radcliffe RN

Comparisons are often drawn between ER and aviation. In either case, Murphy’s Law-if it can go wrong it will, usually at the worst time-has got plenty of evidence to back up the theory. It is not so often the One Big Mistake as the cumulative result of a number of smaller ones. On one air medical flight I undertook in New Zealand, Murphy was so much in evidence he should have been on the manifest. Unfortunately, the funny part ended there...

We were tasked to retrieve a ventilated patient from an ICU about 100 miles away. The 18 year old man had driven his motorbike at speed into a tree. It was unwitnessed, so no time could be accurately placed on the incident. He had a head injury and possible chest injuries. He needed a CT scan of his head to ascertain the nature of the presumed injury and-enter Murphy-the scanner in the admitting hospital was ‘down for maintenance.’ The patient at this stage was relatively stable. The plan was helicopter pick up. We were advised no helicopter-weather issue. The option was fixed wing pilots had to be called in, flight plan lodged, medical crew to airport. Time going by while all this is happening. Helicopter would have been returning by now but....we take off, and at the other end unload stretcher, monitoring and ventilator...15 minute drive to hospital. The patient was now on a small amount of an infusion to maintain his blood pressure-you really do not want a combination of low blood pressure and shortage of oxygen-but was still basically stable by ICU standards. As is often the case, he had a line placed in his radial artery to monitor his blood pressure. Murphy again-the infusion set in the hospital was not compatible with our monitor, so there goes the best part of 10 minutes replacing it. Transferred to stretcher and monitoring applied, we descended in the lift and loaded.15 more minutes to the airport. Load, crew on and start up-patient still ok.15 or so minutes into flight his oxygen levels

start to drop, because of noise we cannot listen to his chest. We turn up his oxygen and adjust the ventilator. Oxygen still drops. To compound this, we notice blood pressure is falling-we turn up his blood pressure medication and give a litre of fluid. This, by the way was in high winds in the very narrow Fairchild Metro, a decent platform but not ideal now.

There is an obvious and serious problem going on in his chest-we call ahead for cardiothoracic surgeons to meet us in ICU. Spoke to the pilots and we were given medical priority for landing.

We unload, and he is increasingly resistant to the breaths the ventilator is giving. We disconnect the ventilator and try to ventilate manually with an oxygen reservoir bag-little success. In the hospital, we wait for the lift designated patients only, it arrives, and a group of visitors get out.

As soon as we get to ICU, we lift the patient to their bed. Before they can attach their monitoring-and detach ours-he loses output, ie he has no pulse but he still has a cardiac rhythm on the monitor-this is called Pulseless Electrical Activity. Not good at all.

The cardiac surgeon opened his chest, there and then, but there was nothing he could, nor us, and despite protracted efforts the 18 year old died..

Here are the Murphy influences...

- Accident was unwitnessed in rural area-lengthy retrieval to get to initial hospital
- Bad weather-no helicopter-up there with Act Of God.
- Prolonged fixed wing transfer.
- Incompatible kit.
- Scanner down for maintenance

The patient had pulmonary contusions-essentially bruising and swelling of the lung tissue rendering perfusion-absorption of oxygen into the blood-reduced greatly. Nothing we could have done. Murphy

At his spiteful best that night.

Te reo Māori

COASTN would like to encourage you to incorporate te reo into your everyday. Try using some of these simple words/phrases at work and home.

Takurua/Hōtoke – Winter

Hukarere – Snow (falling)

Maunga – Mountain

Koanga - Spring

Reme – Lamb

Hōhipera – Hospital

Waka tūroro – Ambulance

Rere – Fly

COASTN Award 2023



COASTN Award for Outstanding Achievement in Transport Nursing Aotearoa
Leading in Care, Soaring in Practice

Do you know a transport nurse who goes above and beyond (not just literally!!) for their patients everyday? Do they deserve to be formally recognised and celebrated?

We welcome nominations for the 2023 COASTN Award for Outstanding Achievement in Transport Nursing Aotearoa. This award will be presented to a transport nurse at the COASTN Symposium in Hawkes Bay in November.

Symposium 2023

November is fast approaching and we hope you are all making plans to join us on the 23rd and 24th for the COASTN Symposium in the beautiful Hawkes Bay. Attached is the program for the 2 days and what you can expect.

Remember, COASTN does have scholarships available for assistance with funding. See the website for details

www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses/scholarships

TE MATAU A MĀUI, HAWKE'S BAY

SOARING TO CLEARER SKIES RECOVERY & RESILIENCE



CALLING FOR
ABSTRACTS

NOV 23-24, 2023
NAPIER



Crew Resource Management

Thurs 23 Nov 23

Topic

Presenter

09:30 – 10:00	Registrations and Welcome	
10:00 – 10:15	Welcome – Karakia	
10:15 – 10:45	NZNO Maranga Mai	
10:45 – 12:45	Crew Resource Management	Dave Greenberg – Trainer / Consultant / Author
12:45 – 13:30	Lunch	
13:30 – 13:50	Where are we at with Aeromedical Commissioning Project?	Jon Gaupset NASO
13:50 – 14:50	CAA Dangerous Goods	Jim Finlayson Chief Advisor Dangerous Goods CAA
14:50 – 15:10	Learning from that Incident...	Lynette Will and colleague
15:00 – 15:30	Afternoon Tea	
15:30 – 16:30	Keynote Speaker – NZ's Bionic Woman	Korrin Bennett – Motivational Speaker and Resilience coach
1700 - 1900	Function at Skyline NZAAS Hanger	

Keynote Speaker Korrin Bennett

"My strength did not come from lifting weights. My strength came from lifting myself up when I was knocked down"

- Dale Gribble



Raw and Inspirational

Korrin's story is remarkable. It's real, it's raw, and takes you through her journey of extreme lows to extraordinary highs, leaving you with a realisation that no matter what is thrown at you, you too can overcome and conquer anything.

korrin's story →

Soaring to Clearer Skies



Friday 24 Nov 23

08:00 – 08:30	Registrations and Welcome	
08:30 – 09:00	In the Community – response post Gabrielle	Penita Davies Consumer Engagement
09:00 – 09:30	No hospital no power – what we did	Sharon Payne – Nurse Practitioner
09:30 – 10:00	In deep but not over our heads	DR Ross Freebairn Clinical Director Flight Hawkes Bay
10:00 – 10:20	Morning Tea	
10:20 – 10:50	St John – response Cyclone Gabrielle	Brendan Hutchinson - District Operations Manager
10:50 – 11:20	Napier CFA response Cyclone Gabrielle	Dan Nesbit – CFA Napier
11:20 – 11:50	Look right – Look left – look right again (TBC)	HBHRT – Heli response
11:50 – 12:20	Flight Team perspective -	Hawkes Bay Flight Team
12:20 - 1300	We head in when everyone is heading out	Maj Buffy Little
13:00 – 14:00	Lunch & COASTN Annual General Meeting	
14:00 – 14:20	Doing things, a bit different in Hawkes Bay	Bev Mead Anaesthetic Tech
14:20 – 14:40	Aeromedical Retrieval adult requiring ECMO	Crissy Hathaway Flight Nurses NZAAS
14:40 – 15:00	Implementation of Flight Nurse Practitioner RFDS QLD	Hayden Wilson RFDS Nurse Practitioner
15:00 – 15:20	Island Time	Angela Coward DON NZAAS
15:20 - 15:30	Break	
15:30 – 15:45	NICU Case study	Fiona Dineen, Nurse Practitioner Wellington
15:45 – 16:30	Award - Concluding remarks and Farewell	

We would love to see you there!

2024 COASTN AEROMEDICAL RETRIEVAL COURSE

SAVE THE DATE



12TH - 16TH
FEBRUARY
2024




PRICE:
\$1950
EXC GST




LOCATION:
AUT, SOUTH
AUCKLAND

INFO:

Applications and further
information will be
available soon on the NZNO
website.

 nzno.org.nz

 coastncourse@gmail.com



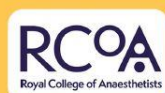
A Journey Through Transfer Medicine

This MOOC looks at the transfer of critically ill patients across the globe with contributions from an expert international faculty.



Launching 9th Jan 2023

Free access



COASTN Committee 2023



Lynette Will, Patrice Rosengrave, Taz Irvine-Flynn, Avryl Way, Andy Gibbs, Helen Poole, Jacki Hardy
Tania Parr and Annie Bradley-Ingle

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