NZNO coastn

COLLEGE of AIR & SURFACE TRANSPORT NURSES

E-Magazine

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NOVEMBER

2019 Edition

Photo taken by Carl—Hawkes Bay Flight team.

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

www.nzno.org.nz/groups/sections/flightnurses

:Facebook Page: NZNO COASTN

COASTN COMMITTEE

2019—2020

Left to Right Back Row: Lisa Black (outgoing), Toni Johnston, Diane Fuller , Helen Poole, Mutian Tait, Amanda Thompson, Anju Sethi (outgoing), Angela Coward.

Left to Right Front Row: Annie Bradley-Ingle, Joanna Knight, Lynette Will.

Chairperson	Toni Johnston	Antonia.johnston@southerndhb.govt.nz
Treasurer	Helen Poole	pooley-h@hotmail.com
Secretary	Amanda Thompson	amandathompson987@gmail.com
Magazine Editor	Angela Coward	angela@nzaas.co.nz
Deputy Chair	Joanna Knight	Joanna.Knight@wdhb.org.nz
Website/Facebook	Amanda Thompson	amandathompson987@gmail.com
Subcommittee Chair	Di Fuller	dianef@adhb.govt.nz
Committee Member	Mutian Tait	mutian.tait@waikatodhb.health.nz
Committee Member	Lynette Will	lynette.will@southerndhb.govt.nz
Professional Nursing Advisor	Annette Bradley-Ingle	AnnetteB@nzno.org.nz
Course Co-ordinator	Taz Irvine-Fynn	tazfynn@gmail.com

FROM THE EDITOR

Angela Coward

Hi All and welcome to the November edition of the E-Mag. Articles and submissions from the areas were all a little sluggish coming in this time around so the e mag is a little late being published and I do apologise to those that I hounded for days on end for submisions! Thanks to all of you that have contributed to this edition, without your collective input we would not have a magazine. I have included a couple of updates that are shared from our colleagues in Australia, you may be aware that we do circulate our EMag to our Australian colleagues at the FNA.

There are several upcoming conferences and symposiums around NZ that are included in the Emag, 2020 will be a big year for the organising committee here in New Zealand, with the ASA + COASTN conference being held in Wellington in late August. Look for details of the keynote speakers—this looks to be an exciting conference.

There continues to be some uncertainty over the proposed changes to interhospital transport, with Flight nurses wondering where this leaves them as paramedic registration comes into force, and there is a push to use paramedics for interhospital transports. This was discussed at the recent symposium and we have been provided with an update from the steering committee which is included in the magazine. We will attempt to get and share updates with you all as they become available.

Without further ado, I'll sign off and let you get into the interesting parts of the E-mag.

Thanks again, stay safe over the upcoming holiday time.

Angela

CHAIR REPORT

Toni Johnston

Christmas is fast approaching – so this this the last e-magazine for 2019. With summer fast arriving I hope everyone is able to plan time off with family & friends over the Festive season, or slightly delayed if your preference is to wait until the madness dies down. Thank you to all who journeyed South to attend this years' flight symposium & crew resource management workshop held in Dunedin. The AGM saw 2 vacancies on the national committee contested by 3 worthy candidates, and as we farewell previous secretary Anju Sethi from Waikato & current secretary Lisa Black from Whanganui and thank them for their hard work we welcome Mutian Tait from Waikato ICU & Lynette Will from Dunedin NICU to the committee. As outlined at the AGM the main concern of the committee is the current financial status of COASTN – in particular with 2020 being the year we co-host the Australasian aeromedical conference with ASA in Wellington, which proves to be a very expensive undertaking (despite the conference not being a profit-making venture). As per an MOU COASTN has with ASA the committee is exploring the possibility of achieving a reduction in registration costs for COASTN members (which are often ~ A$750 for the conference). The committee is committed to reducing costs of running both the committee & the subcommittee, seeking to reduce face-to-face meetings in an effort to control expenditure but would welcome further suggestions from membership in facing this challenge.

Along with the financial challenges members of COASTN – both the committee & general membership -continue to be involved nationally in restructuring of ambulance services in terms of interhospital / patient transfers (which are not just limited to air ambulance systems), and I urge anyone who has the opportunity to participate in information-gathering or planning meetings to strongly consider the position of nurses within the industry: we are the current regulated, skilled & knowledgeable clinical profession who are best-suited to accommodate the diverse needs of the patients we transport, an we also have the ability to lead and configure the teams incorporating the specifics some of our patients require (nurse/doctor, nurse/midwife, nurse/paramedic, nurse-only teams being some of the options to cover both local, national & international patient transports). COASTN representatives will continue to strongly advocate for our membership & align ourselves with likeminded medical specialty colleges (such as CICM) to enhance the strength of our voice & ensure our position is heard. Please don't hesitate to contact the committee if you become aware of issues that we may be unaware of, or if you want support to tackle specific issues in your area/service.

Be safe, enjoy the sunshine and better weather, have a well-deserved break if you have the opportunity, and for those working while others are off: take care & I hope you and the patients & families you are caring for have positive outcomes.

DUNEDIN SYMPOSIUM

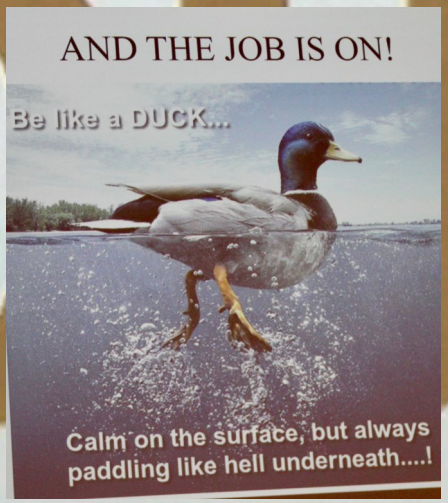
Amanda Thompson

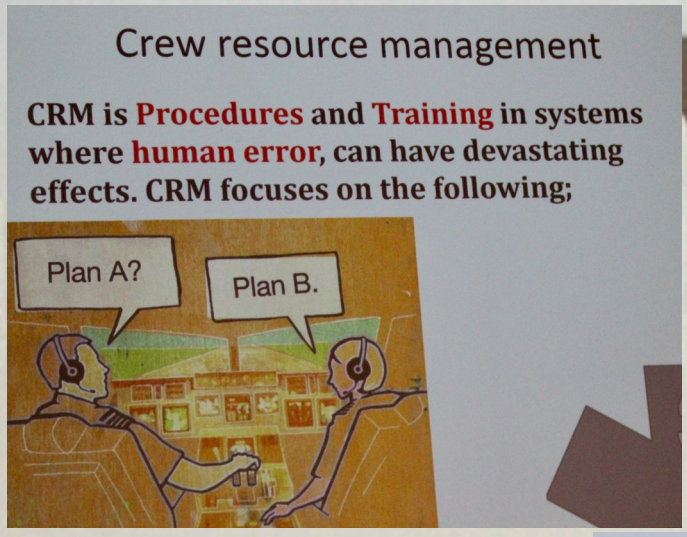
November 2019 saw our annual College of Surface and Transport Nurses (COASTN) symposium held in Dunedin entitled "Fly South." The usual one day symposium was extended for the first time this year with the addition of a Crew Resource Management (CRM) day being held the day before the symposium. Both days were well attended, especially with Dunedin being slightly further "south" than most of the flight team's routine flight paths.

The CRM day was held at Dunedin Hospitals amazing lecture theatre and had a firm focus on the team work and clear communication we need to have as part of our own flight teams to reduce the risk of human error. Speakers came from every part of the team including Toni Johnston (flight nurse at Dunedin Hospital), Graeme Gale and Marcus Evers-Swindel (Pilots from Otago Rescue Helicopter Trust) and Pete Walker-Nell (Intensive Care Paramedic Otago Rescue Helicopter Trust). There was also excellent discussion by Wendy Berg and Kate Stephens around the use of simulation (SIM) training for flight teams and finally Phil Hudson gave us all flash backs to our time spent upside in a helicopter frame in our local pools when he reiterated how important Helicopter Underwater Escape Training (HUET) is increasing survival in the unlikely event our aircraft ditches in water.

After the CRM day we jumped on a bus and were taken out to Otago Rescue Helicopters hangar where we were able to see their fantastic new H145 helicopter and the rest of their fleet. Whilst we were there the team were tasked to two separate jobs so we also got to watch the teams get mission ready and head off. Special mention needs to also go to the catering across the two days as it was a true show of southern hospitality and it truly kept us flight nurses fuelled (and maybe a few pounds heavier for the flight home).

The symposium was held at the Dunedin Art Gallery which was another amazing venue. Presentations from Mr Dennis Perazo, Dr Pragati Gautama, Gordon Speed, Graeme Gale, Suzi Rishworth and Kate Stark really highlighted the differences the Otago region face compared to many other areas of the country where there is a large geographical area with many people living remotely and quite far from essential services such as blood products, trauma services and tertiary level hospital care. Hearing about how aeromedical services begun from grass roots in Otago to where they are now was very interesting. The AGM for COASTN was held over the lunch break and was well attended. The committee were sad to see two long standing members stand down but were happy to have two new nurses be voted on to the committee. There was much discussion around the work the subcommittee are doing in relation to raising the professional profile of flight nurses through developing national entry, education, training and maintenance criteria for flight nurses in NZ. Rose Laloli from the DHB steering group for National Ambulance Sector Office (NASO) spoke after lunch which was very interesting as the aero medical industry continues to go through significant change with the nationalisation of air ambulance services. Key points here were that the steering group was maybe corresponding with the wrong people within the DHB's and information wasn't getting passed down to flight service level. Rose reiterated the DHB steering group would work to open those lines of communication and Karyn Hathaway who is a flight nurse for CCDHB is also a member of the steering group as a voice for flight nurses. The last speaker of the day was Robyn Hutchinson who gave an insightful case study that we could all take some learning from.


AND THE JOB IS ON!
Be like a DUCK...
Calm on the surface, but always paddling like hell underneath....!

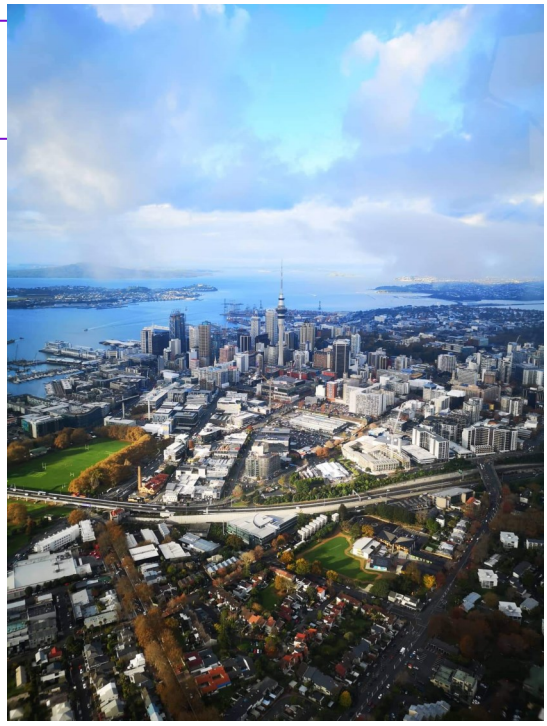

Crew resource management
CRM is Procedures and Training in systems where human error, can have devastating effects. CRM focuses on the following;
Plan A?
Plan B.


RESCUE


Investit

NORTHLAND

Regional Round Up.



REGIONAL ROUNDUP – NOVEMBER 2019

Gee these regional roundups seem to come around so quickly! No sooner is one magazine out and eagerly read from cover to cover when it is time to cobble something together for the next update!

As I write this I am hiding in the Educator's Office in the ICU so I don't get disturbed! Typically though, Helimed 2 is now landing on the hospital roof to pick up a CAT 2 transfer from our ED and apart from deafening me, I am now being gently pickled in the attractive smell of Jet fuel!! Funny to see most of the staff wrinkling their noses and complaining of the smell coming in through the air vents whilst the Flight Nurses inhale deeply and say "Aaaahhh!" LOL.

This particular patient has a time critical Inferior STEMI and is being transferred to Auckland for rescue PCI. He is stable and on no infusions so, as his chest pain has resolved, he has been categorised as a "CAT 2" transfer. Up here in Northland we have a group of Intensive care Paramedics (ICPs) who currently transport the time critical but stable inter-hospital transfers around the district, either from the smaller rural hospitals up North (Kaitaia, Kaeo, Kawakawa, Dargaville, Rawene) or down to the tertiary centres in Auckland. All inter-hospital flight requests are managed through the ICU with the Registrar fielding the initial call and categorisation being made in consultation with the ICU Specialist on duty. Once categorised the flights are booked and organised with the activation of the appropriate team. CAT ONE patients all have an ICU Flight Doctor & ICU Flight Nurse in attendance, whilst there is a range of CAT TWO options such as ICP alone, ICP plus Midwife or ICP plus Neonatal Team. In addition of course the ICPs also provide a Primary response to community based patients who require Air Transportation.

The Northland Flight Team will soon be saying farewell to many of our current Registrars and hallo to the next rotation of keen and eager Flight Doctors, who always arrive just in time for the busy summer season! We are also welcoming a new Flight Nurse to the fold. **LINELLE TEE** is about to complete her basic Flight Orientation and prepare for some buddy flights to ease her into the lifestyle! She is an experienced ICU nurse who has recently completed her Post Grad Cert and is itching to get airborne and put her new found knowledge and experience to the test! Her orientation and training is being facilitated by Becky Burley, the ICU's ACNM and long term member of the Flight Team. For the first time the orientation and training day is also being attended by two members of the Gisborne Flight Team. We welcome them to the experience and look forward to sharing stories and comparing notes along the way. It is great to be able to have such knowledge sharing opportunities.

It seems that for every nine flights we have that go to plan, the tenth one can often by a challenge. One recent, unstable cardiac patient kept the team on their toes and presented them with a full cardiac arrest just minutes before they landed at their home destination. Initiating and continuing CPR in the back of a helicopter is not as much fun as it sounds (!) and that team was very happy to finally get on the helipad and get out of the constraints of the aircraft so they could access the patient more easily. At least in our big choppers we can easily access both sides of the patient and have room to draw up drugs etc. CPR is generally the hardest thing to do, due to the low roof level – we all feel like we have had a good session at the gym after doing CPR in flight!

The attached photos were taken by Flight Nurse **EMILY WANG** recently when she had transferred a couple of patients to Auckland. The glorious sunshine present on the first transfer had morphed into a beautiful sunset by the time she returned with her next patient. A picturesque reminder of the amazing country we live and work in.

Until next time – best wishes to all of our Flight colleagues around the country, hoping for a peaceful Christmas and wonderful summer experiences spent with family, friends and colleagues. I am working nights over the Christmas period – must look out my jingle bells and flashing lights to wear as we fly into the Far North hospitals – they are a tradition now!

Fly safe, may your wings stay level and your rotors spin true!

From Janet and all of the Northland ICU Flight Nurses

(Sarah, Becky, Nina, Carmen, Chris, Amanda, Emily and Linelle)

WHANGANUI

Regional Round Up – Whanganui

As the year finishes up, the team at Whanganui were lucky enough to welcome our new King air 200, the newest addition to our service.

To coincide with the arrival of another aircraft, we are also now rostering a PM flight nurse during the week, as a way of addressing the increasing demand. This has been very successful. It enables us the ability to work in a more flexible and efficient way.

We were lucky enough to get most of our team to the COASTn symposium in Dunedin, and want to extend a huge thanks to Air Wanganui for transporting the team, and to the organising committee in Dunedin for organising a great event, that provides an opportunity for the flight nursing community to get together and network.

Wishing everyone a safe and happy holiday season, for those of us who are working, let's hope for a settled period filled with lots and lots of sunshine!

Happy flying

WAIKATO

Flight team safety by Pranay Nayak

Flight Ban ; Is there a need for this ?

A British woman recently (July 19, 2019), was fined 85,000 British Pounds and banned for life from flying a budget carrier Jet2. Chloe Haines, 25, was described as being "aggressive, abusive and dangerous" during the June 22 2019 Jet2 flight from London Stansted Airport to Dalaman, Turkey, when she tried to open the plane's doors mid-flight.(NBCnews.com; July 19,2019). Is this something that needs to be introduced in the flight nurse's domain is the question.

Recently I was personally involved is a situation where a fully coherent patient who was being flown for further medical interventions, became aggressive and physically assaulted a member of the crew. They further presented with significant aggression and threatening behaviour towards medical as well as the flight crew. Even though the patient showed nil signs of aggression or non-compliance pre-flight, their demeanour changed drastically during the flight without any identifiable reason and put the safety of medical and flight crew at risk.

The most frustrating part of this event for me was even though there were incident reports and documentation made of the patient's behaviour in flight there was no guarantee that the incident would be passed onto the next flight nurse or medical team that would be coming in contact with the patient in their future medical treatment and creating an unsafe and potentially dangerous environment which can be avoided or minimised in the future.

As a paramedic I have procedures and policies giving me the ability to sedate aggressive patients in order to maintain my safety and patient wellbeing. Do the standing orders of the nurse only flight cover sedation and aggressive patient management protocols? Are the standard operating procedures in place to safe guard my nursing colleagues, other patients and the flight crew in case such an event happens.

This experience left me wondering if we do operate in an environment that is safe or is it something which is not yet addressed. So the question that I ask; Is there a need for a ban list or maybe an alert system that goes across the country and not restricted by DHB limits ??

Pranay Nayak

RN Waikato Intensive Care Unit and member Waikato Flight Team

Intern Paramedic St John Ambulance

pranay.nayak@waikatodhb.health.nz

BAY OF PLENTY

Regional Round Up

BOPDHB ROUND UP

Tuesday 26th of November saw our flight nurse team celebrate one year as an established 7 day a week service. It has been a busy year with a significant increase in flights and a huge amount of positive feedback for the service we have been providing both in flights and when we resource in the ICU when we are not flying.

Highlights for the year have included our whole team being able to attend a trauma study day together which was great team building exercise and we gained lots of useful information for the clinical care we provide to trauma patients as we move them to our local trauma centres.

We have continued to be challenged by the lift to our helipad in Tauranga being non operational for moving patients to and from the helipad. Work on a replacement lift begun a few months ago and we have been told that in the next few days it should be up and running which will make our movement to and from the helipad much smoother. I don't think many of us will be sad to say goodbye to the "transport truck" which is an old ambulance we have been using to move patients to and from the hospital.

Happy holidays from all the team at BOPDHB

SERVICE ROUND UP

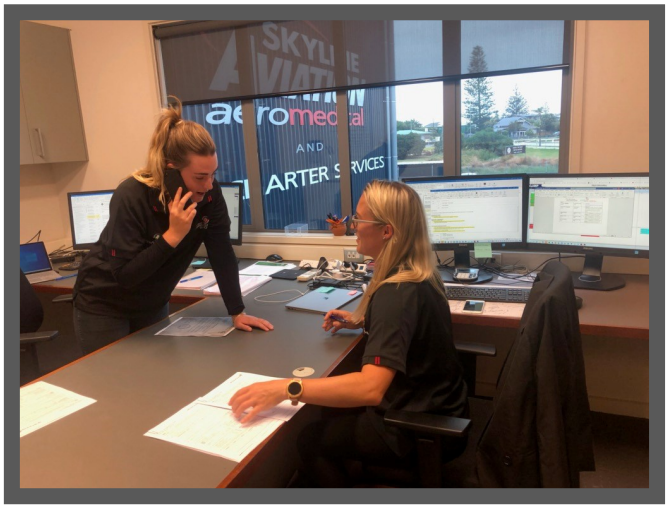
NZAAS AUCKLAND

The team at NZAAS have had a busy few months across all platforms and aspects of the business. Not only are our front line staff busy—pilots, flight nurses, crewmen and flight doctors but also the people behind those friendly voices that answer your calls 24/7 in our logistics team. Our mission coordination teams work tirelessly ensuring that the right team are sent to the right job by the right mode of transport in a timely manner—this is no mean feat when we consider that they are often tasking and/ or quoting on several jobs for multiple teams concurrently in multiple regions—a talented team.

Skyline Aviation are delighted to be providing Taranaki District Health Board with an air ambulance service in partnership with Taranaki Air Ambulance Trust. Skyline operate a King Air in Taranaki supporting the local community flying patients throughout New Zealand.

Wishing you all a safe and happy festive season.

The team at NZAAS and Skyline Aviation.



Julia and Jess, 2 of our MC team.

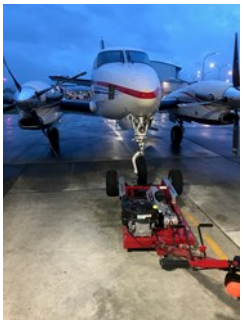
And a Christmas time photo from the northern Hemisphere.

SERVICE ROUND UP

HAWKES BAY

REGIONAL ROUND UP

Kia Ora from the Bay – THE SUNNY HAWKES BAY THAT IS!



Phew what a massive busy year yet again that we have all been having here in the bay –

carrying out a record breaking number of flight transfers once again!

Sadly we said farewell to our loved flight boss Jackie Akuhata - Brown early October as she left us return home and spend time with her family in Christchurch as she suffers from terminal cancer. Our thoughts and love remain with her at this time.

We welcomed *Jackie Hardy* from across the ditch! She joins us with a wealth of knowledge, experience and skills used in Royal Flying Doctors and the military. Jackie has worked in a management role within flight and midwife services.

We wish Ross Imlay, one of our ICU anaesthetic techs all the best in his transfer to Christchurch. Lots of changing constantly happening in our Flight Team - we thank Bill for his service to our team, he will remain as a casual on our roster, so I am sure we will be seeing him again. Welcome newer members to our team throughout the year - Shantelle, Ann, Mark and Georgia, a sure sign of how busy we are! They bring a combination of experience, talents and good looks to the team!

We will be joining together for some festive celebrations at Tim and Jo's for collegial fun and games and hope there are not too many callouts!

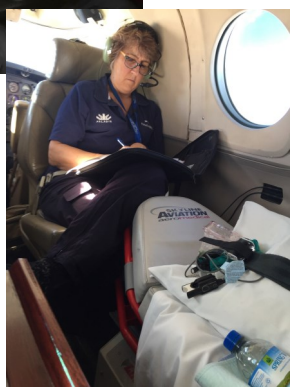
Developments in our flight team include the inclusion of having a ICU Flight Nurses on-call during the weekends, new tugs; all part of health and safety when transferring patients, new and improved uniforms, new look rosters and hours and trials being scheduled for early next year. Never a dull moment in the team here in the Bay!

Ange Russell and Michelle Bain have flown out middle of November as part of our NZ MoH team deployed to Samoa to assist with the measles outbreak dilemma.

Meri Kirihimete – have a safe festive season with whanau and friends.

Carl Allen

Flight Nurse / ICU Senior Nurse



NEWS FROM THE SUB COMMITTEE

DI FULLER AND TEAM.

November 2019

Dear COASTN membership

The following is to be read in conjunction with the document: *National Entry, Education, Training and Maintenance Criteria for Aeromedical Nurses in NZ.*

Although it may feel like a long time coming, we have finally completed the above named document. The process has taken into account what District Health Board flight services already had in place. Additionally we consulted similar international documents. Along the way we have sought your feedback.

This completed document takes into account your feedback and also acknowledges the diversity of DHB aeromedical services in NZ.

This document was first released at the COASTN Dunedin symposium, 15th November 2019.

Acknowledging the unique requirements of aeromedical nursing including the environments we work in – fixed wing, rotary wing and altitude, the aim of this document is to provide a solid starting point for setting minimum standards for aeromedical nursing in NZ. It is there to support us and the type of work we do; to mitigate risk for the patients and families we care for, our fellow crew members and our employers.

COASTN however is not in a position to be able to enforce any part within it.

COASTN Clinical Crew Passport

The COASTN Clinical Crew Passport remains in the process of development. We are hoping to be able to eventually release this in the form of an app. This obviously has costs associated with it which COASTN is needing to reconcile. Within this financial restraint we continue to work towards being able to produce it.

Having already established what potential costs are, we are going back to the design company with an outline of the Passport in its most basic form which will reflect parts of what are contained in the *National Entry, Education, Training and Maintenance Criteria for Aeromedical Nurses in NZ.*

If we can achieve production and release of the app and start embedding the use of it into our practice, once COASTN has re-established a more stable financial base we would like to develop the app more.

Eventually we would like *some* of the information to feed into a national database that will provide robust statistics and data on flight nurses and flight nursing in NZ that will help unite us and support what our role involves and the training and education requirements we need.

YOUR FEEDBACK IS NEEDED

STAY ENGAGED WITH US

The National Criteria document will be emailed out to all COASTN members. **We would like your final round of feedback**.

In addition, we would also like you to comment on whether you would be prepared to pay a nominal fee for purchasing the COASTN Clinical Crew app. This would assist the sub-committee in making a decision about what we can financially afford in the app development. The app would become your property, containing all your supporting evidence of becoming, being and continuing to train, educate and develop into an experienced competent flight nurse. It remains with you, going where you go.

Please send all feedback:

(a) regarding the National Criteria document
(b) if you would be prepared to pay a fee for the app and how much

to:

dianageerling@nzno.org.nz.

Diana will then pass your feedback onto the COASTN sub-committee who are specifically working on this.

Could all feedback please be submitted by December 20th 2019.

In the meantime, have a safe and happy Christmas and New Year. If flying…..fly safe.

Thank you.

COASTN Sub-committee

- Rebecca Burley – Whangarei
- Di Fuller – Auckland
- Jo Knight – Whanganui
- Karyn Hathaway – Wellington
- Alex Thomas – Nelson
- Patrice Rosengrave – Christchurch
- Toni Johnston – Dunedin

National Entry, Education, Training & Maintenance Criteria for Aeromedical Nurses in New Zealand

Purpose

(1) Based on collated information obtained from international and national flight services standards and policies:

- To define the *entry criteria* recommended by the New Zealand College of Air and Surface Transport Nurses (COASTN).
- To define the *minimum training* required on entry into the New Zealand aeromedical nursing role.

(2) To provide a suggested framework for the education, training and re-certification pathway for aeromedical nurses with the view to establishing and maintaining a national standard of knowledge, skill and training for all aeromedical nurses across New Zealand (NZ).

(3) To support district health boards (DHBs') and private employer's compliance with Ambulance, Paramedicine and Patient Transfer Services (NZS 8156: 2019) and Ambulance NZ: NZ Aeromedical & Air Rescue Standard Version 3.0 (2018).

(4) To provide a framework for DHBs' and private employers to mitigate identified risks involved in air ambulance operations through a standardised training and re-certification process.

(5) To highlight the occupational health and safety legislative and training responsibilities of DHBs' and private employers whose employees perform their clinical duties in the high risk environments of helicopter and fixed-wing aircraft and road ambulance (Appendix 1: The Health and Safety at Work Act 2015, & subsequent relevant amendments to the Act; NZS 8156:2019 and Ambulance NZ: NZAARS Version 3.0:2018).

There are some components of this document that will be applicable to surface transport nurses, however COASTN does wish to acknowledge that this work concentrates on aeromedical nursing.

Entry criteria to become a New Zealand Aeromedical Nurse

- NZ Registered Nurse/NZ Registered Comprehensive Nurse/NZ Registered Nurse Practitioner
- Current NZ Registered Nurse practicing certificate
- Minimum of five years post-graduate high acuity experience, with at least 3 years recent cumulative nursing in emergency, high dependency or critical/intensive care nursing in a secondary or tertiary hospital (appendix 2).
- For adult services, current NZ Resuscitation Council CORE advanced rescuer certification.
- For paediatric and neonatal services currency in APLS/neonatal resuscitation or equivalent.
- To have a level of physical capability commensurate to the unique demands of aeromedical nursing, including safe egress in an emergency situation.

Prior to entering the aeromedical nursing role, COASTN recommends the following are completed:

- Baseline auditory testing
- Medical check

Introductory training & orientation to aeromedical nursing in New Zealand

Successfully fulfilling the requirements of clinical support crew as defined by:

- Ambulance NZ: NZ Aeromedical and Air Rescue Standard (NZAARS) Version 3.0: 2018
- Successful completion of flight service specific requirements to enter into aeromedical nursing

COASTN acknowledges that the various flight services throughout NZ will have service and aircraft specific emergency procedure training, service specific orientation programmes and service specific competencies.

Aim to complete and pass a structured, formal aeromedical training course that meets the current NZ industry standards.

Maintenance Criteria

- Ongoing employment in a high acuity setting (Appendix 2)
- Minimum of 80 hours clinical practice over the previous 12 months

Aeromedical Mandatory training

- Annual service specific emergency procedure training
- Two yearly HUET for services with rotary wing operations
- Two yearly land and water survival training
- Maintain a level of physical fitness that is commensurate to the unique demands of aeromedical nursing and safe egress in an emergency situation
- Crew resource management and human factors training
- Education pertaining to altitude physiology and effects on crew and patient

Clinical Mandatory training

- To successfully complete relevant resuscitation courses as scheduled by their DHB, relevant to their scope of practice within their flight service
- To complete and maintain any service specific clinical competencies as defined by individual flight services

Recommended aeromedical safety training/health and fitness

- Annual “Fit to fly’ medical, auditory and physical fitness baseline check

Recommended clinical training

- Certifications or training applicable to role e.g. simulation, Trauma Nursing Core Course (TNCC); Early Management of Severe Trauma (EMST); Early Management Severe Burns (EMSB); Management of Obstetric Emergency Trauma (MOET); Practical Obstetric Multi-professional Training (PROMPT); Neonatal Basic Life support (NBLS), Advanced Paediatric Life Support (APLS)

New Zealand aeromedical nursing ongoing education

- Refer education calendar on COASTN website

32ND ASA + COASTN CONFERENCE

WELLINGTON 2020.

32nd ASA + COASTN CONFERENCE
31 August - 2 September 2020 Te Papa, Wellington, New Zealand

Keynote Speaker

We are pleased and proud to announce the first of our Keynote Speakers to the ASA+COASTN Conference 2020 in Wellington, New Zealand

Captain Priya Adhikari

Helicopter Pilot | High-altitude Captain | Nepal

I started my flying career as cabin crew back in 2006 when I was just out of college... spurred by my dream and passion, I knew I needed to choose a career which would make me happy and that I enjoyed at the same time.

I had always wanted to go down the medical path - which I did - BUT then there was something else written for me!

I was studying Environmental Science and after completing my BSC, was looking for further study aboard, until a joy ride in a helicopter changed everything! I asked the captain right after taking off "how can I be a helicopter pilot?" and within four months, I found myself in the Philippines undergoing training.

I continued to study and completed my MBA as my mom always said, 'education will give you right way and will always remain with you; education is the most important thing!'

Here I am 10-years later as the one and only Nepali lady helicopter pilot. I've proven myself, having become not only a captain but a high-altitude captain as well. I spend my days in a rescue chopper, carrying out search and rescue operations in the Himalayas, rescuing countless injured climbers from Mount Everest.

I hope to pave the way for future female captains in Nepal - it will not be questionable again about whether women can do it or not - because I did it!

I really look forward to meeting you at the ASA+COASTN Conference in Wellington, New Zealand in 2020!

32nd ASA + COASTN CONFERENCE

31 August - 2 September 2020

The Museum of New Zealand Te Papa Tongarewa - Wellington, New Zealand

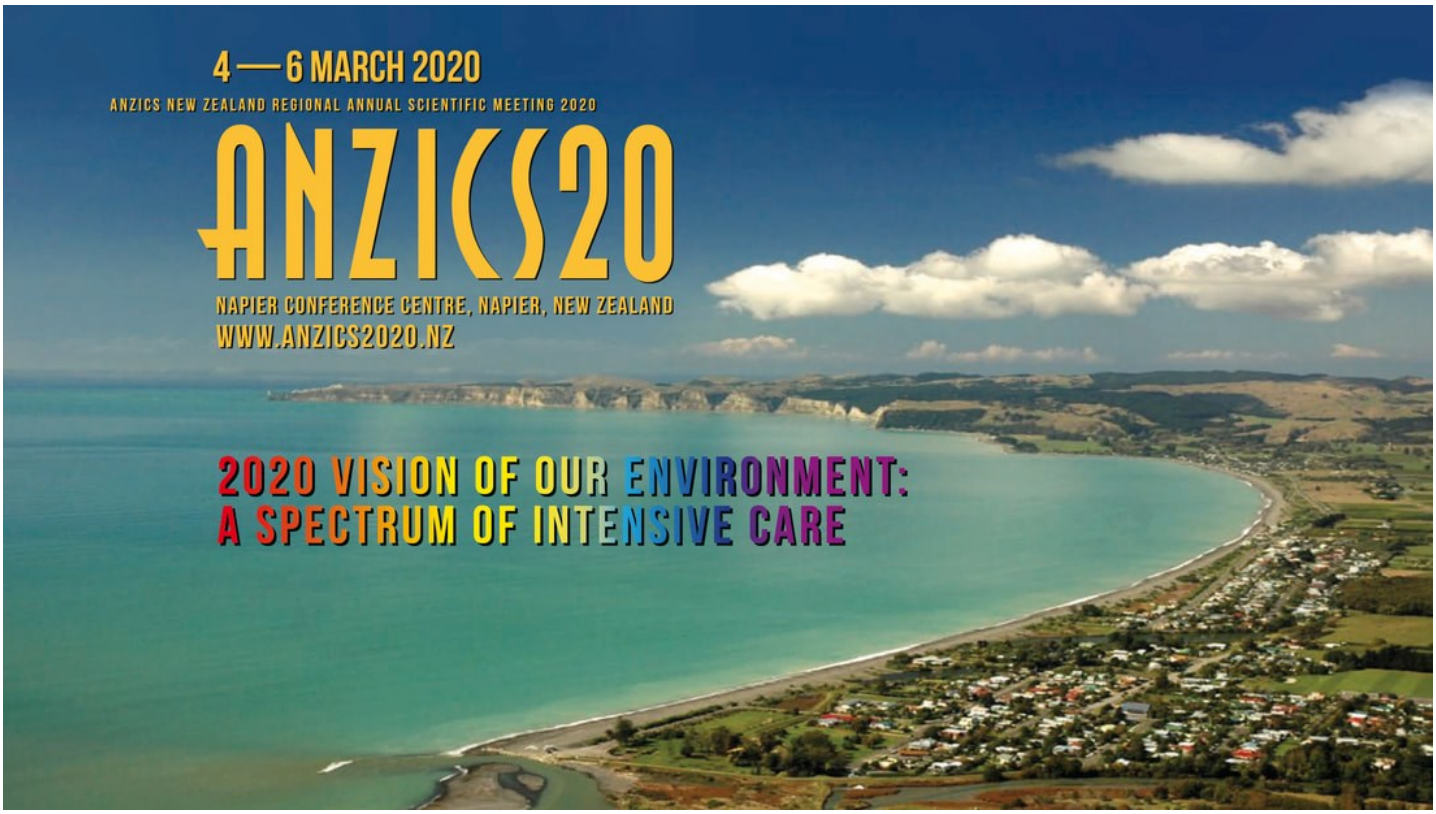
Save the date and keep up with developments on our Conference website at

www.aeromedconference.com

or follow us at www.facebook.com/AeroMedAustralasia

ANZICS

NAPIER 2020



NZNO coastn
COLLEGE of AIR & SURFACE TRANSPORT NURSES

Aeromedical Retrieval Course 2020

23-27 March

AUT South Campus

Applications available online:

nzno COASTN aeromedical retrieval course

AUT

WHAT WOULD YOU DO?

Emma Pountney

WHAT WOULD YOU DO? Making decisions on the fly

MISSION

Urgent request to retrieve a teenage boy with congenital cardiac single ventricle anatomy who had presented with new onset of chest pain. He was known to have aberrant coronaries, so it was deduced he was having ischaemic cardiac pain, which was worse on exertion (he'd failed a recent cow chase test).

The patient was at a smaller regional hospital and so to facilitate logistics, the referring hospital decided to road transfer him 2 hours by road to the airport at the nearest main centre. This was helpful as with the longer runway there, we could use the jet rather than fixed wing aircraft, saving time as we were delivering another patient on the inbound leg.

On phone hand-over the day before, I was informed dad was flying with his son, on calling the morning of the transfer I was advised the boy had had more chest pain overnight. The team had allowed extra time for roadworks and would arrive before we returned at the hangar.

At handover with the hospital nurse, she highlighted that she had some concerns about Dad's behaviour today, as he had seemed preoccupied with his own issues quite a bit during the drive.

After introductions, I proceeded to complete a Consent to fly with the boy and his Dad and started to outline the logistics of the transfer. At this point the Dad who was restless anyway stated that he was terrified of flying, hadn't flown for 13 years and last time had to be restrained. This is truly the last thing any flight nurse wants to hear.

THE PROBLEM

This was clearly a major issue for the team, usually a support person with these sorts of issues are identified by the nurses early on, and an alternative family member would fly. I would have certainly denied him to fly if I had met him on the ward. However, that information was not disclosed to the referring team, Dad had only just gained day to day parenting of his son and I presume felt overwhelming need to travel with him.

Transferring an agitated and fearful patient requires a lot of planning and risk mitigation with usually judicious use of sedation, and occasionally with restraints. With an open cockpit and easy access to the aircraft door, the risk of harm to crew and pilots is considerable. Often referred to as low risk (statistically) and high consequence (plane crashing). The advantages are if it is the patient is that they will most often have IV access and be restrained by the 4point seatbelt on a stretcher. When a passenger becomes agitated the risks are obviously greater, as they are more mobile, aren't incapacitated by illness in any way, and don't have IV access to allow fast administration of sedatives as needed.

OUR DILEMMA

The boy needed cardiology assessment and treatment at Starship urgently, so needed to fly as soon as possible. The Dad had stated that if he didn't fly his son wasn't going either. It was also clear if we

chose the path of denying him to fly Dad would most likely become more agitated and aggressive. In turn this could upset his son greatly putting undue stress on a suboptimal heart, and ultimately could cause an MI.

Distance was an issue as we were 2 hours drive from the referring hospital and the ambulance had left. I thought returning a stressed parent and child with his condition by road was unsafe.

We could have sent him into the nearest city hospital and let the referring hospital sort it out, delaying the flight by another day.

WHAT DID WE DO?

The flight Dr and I discussed our concerns with the pilots who have ultimate say over who flies and who doesn't. Dad agreed to have oral sedation on ground, and we promised that we would support him throughout the flight, effectively becoming our second patient. On pilot advice we seated him as usual in the rear of the jet and moved the front seat partially across the aisle and with the bridge on the stretcher effectively blocking easy egress from his seat into the front of the aircraft.

We drew up ketamine to administer IM if needed and had pull ties (that we carry routinely) to restrain him if came to that.

Dad consented to fly and to have an oral sedative and he was seated with his seatbelt on and pre-flight safety talk given. The flight Dr sat immediately in front of him (no way I was sitting there!) which put her of risk of being grabbed by the neck if he panicked, though as an anaesthetist was able to calmly talk to dad constantly, and redirect his attention when necessary.

I was rear facing so had a view of all three passengers and managed our patient throughout the flight. He was unfazed by Dad's behaviour which made me wonder if his behaviour wasn't new to him. I was mindful that it was his Dad who was struggling with overwhelming emotions and was mindful to acknowledge this with the patient in a supportive respectful way and that his Dad's feelings were valid considering his experiences in the past.

HOW DID IT GO?

Once the aircraft reached cruising altitude Dad had calmed considerably and was almost dozing. However, the calm wasn't to last, as we began our descent into Auckland Dad became agitated, hyperventilating and swearing. To his credit he never tried to undo his seatbelt, and though swearing like a trucker it was never directed at us personally. On landing he admitted chest pain, was given GTN and transferred to a stretcher in the ambulance for an ECG (no ECG changes).

Throughout our patient remained unfazed and happy playing with his rubiks cube, chatting about all the sports he liked to do, and how he was worried the Doctors might stop him from being active.

At the hospital Dad was delivered to ED and I handed over our number one patient to the ward.

RISK VS BENEFIT

This was a high-risk transfer, one I would've/ could've /should've avoided at all costs. Yes, the patient was transported to his cardiologists safely, but without pre flight planning it could have gone terribly wrong.

However, in assessing the Dad and his mental status pre-flight I decided that ultimately the risk of harm for the patient to not fly and the ensuing consequences was greater than allowing Dad to fly and managing his anxiety.

Should I have asked the referring patient nurse if dad was happy to fly? Something I always ask when meeting patients and support persons.

Were we right? What would you do differently? Should we have inserted an IV pre-flight? (yes probably, though we only had one stretcher and one monitor.)

Should we have sent them both to the local city hospital instead?

What are the chances of injecting ketamine in the right person in a confined space?

How does time pressure affect decision making?

DHB AMBULANCE STEERING GROUP

Report

The DHB Air Ambulance Steering Group was established in June 2018 on the approval of the 20 DHB chief executives, in response to the national procurement for inter-hospital transfer (IHT) by air ambulance helicopter services. DHBs and the National Ambulance Sector Office (NASO) agreed that the baseline requirement for a post 1 November 2018 operating environment for IHT by air ambulance helicopter service would not create any increase in clinical and safety risk for patients.

The DHB Steering Group's mandate has evolved from providing oversight, risk management and advice to the national procurement process to establishing an integrated whole-of-system approach for the provision of ambulance services that meet the needs of all New Zealanders. The Steering Group's objectives to ensure that IHTs by air ambulance services are clinically safe, operationally effective and sustainable for DHBs underpin the annual programme of work.

The 2019-2020 work programme includes:

- Working with NASO, ACC and MoH to establish a clinical governance framework for ambulance services in New Zealand (including IHT, road and air)
- Supporting national and regional collaboration and clinical networks
- Identifying a sustainable model for clinical workforce capacity and capability
- Audit of clinical flight equipment across DHBs and services and future capability requirements
- Financial considerations for DHBs, ensuring financial and key performance indicator reporting is provided

The DHB Ambulance Steering Group has clinical, operational and planning and funding representation from DHBs around the country and is supported by a lead DHB Chief Executive, and two DHB General Manager sponsors. There is a Flight Nurse clinical representative and a lead Director of Nursing on the Steering Group and there is a commitment to ensure the current IHT workforce, both nursing and medical, are represented in this forum.

Recently, the Ministry of Health, ACC and DHB executive leaders approved the establishment of an Ambulance Service Collaboration for a tripartite partnership governance model. The DHB Steering Group terms of reference will be reviewed in the New Year to align with the purpose and principles of the Ambulance Service Collaboration. The Steering Group will expand to cover all of IHT and patient transfer service by road and air (helicopter and fixed wing) ambulance services.

The DHB Ambulance Programme will continue to work closely with NASO and to date have helped to develop an escalation pathway to ensure concerns, issues and incidents are reported and reviewed. Your service managers within your DHB will have received information about this and we hope this will be a useful way to establish a national view of the issues for IHT services.

We also want Flight Nurses to feel they have a voice and a way to contribute their views, concerns and ideas as we look towards the future model for IHT in New Zealand.

Rose Laloli, the DHB Ambulance Advisor/Programme Manager, and I are both happy to be contacted if you would like to raise any concerns. Our contact details are below. We also encourage you to ensure these are raised through your own DHBs reporting and operational processes and through your COASTN committee.

Please get in touch if you have any questions.

Karyn Hathaway

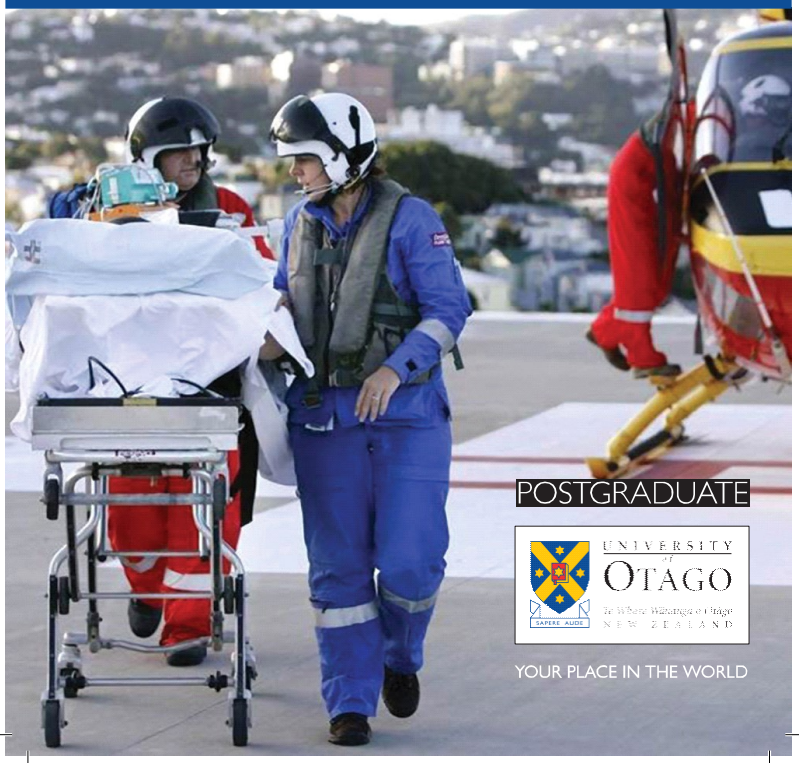
DHB Air Ambulance Project DHB.Air.Ambulance@tas.health.nz

Rose Laloli, DHB Ambulance Advisor, TAS Rose.Laloli@tas.health.nz

DISTANCELEARNING

UNIVERSITY OF OTAGO, WELLINGTON

Postgraduate Certificate in Health Sciences (Aeromedical Retrieval and Transport)



The goal of the Postgraduate Certificate endorsed in Aeromedical Retrieval and Transport (AeroRT) is for graduates to develop an understanding of the aviation environment and its physiological implications; gain knowledge of aeromedical and aviation procedures and be able to utilise current best practice to safely plan and complete aeromedical retrievals and transfers.

In 2013, the PGCertHealSc(AeroRT) underwent a comprehensive review and the curriculum was re-written after wide consultation. The result is an exciting new programme that is tailored to specifically meet the needs of nurses and paramedics working in the specialist area of aeromedical retrieval.

Graduates of AVME719 and AVME720 will have met the educational requirements set out in the NZ Air Ambulance/Air Search and Rescue Standard, the NZ Standard for Ambulance and Paramedical Services (NZS8156:2008), the educational requirements of the NZFNA and the educational standards for the Aeromedical Society of Australasia (ASA).

Graduates will also have the opportunity to continue studies towards a Post Graduate Diploma or Masters in Health Science endorsed in Aeromedical Retrieval and Transport (AeroRT).

AVME719 Operational Aspects of Aeromedical Retrieval

The focus of AVME719 is on the aeromedical environment and the operational aspects that patients and clinical personnel are exposed to.

- General organisation and structure of retrieval systems
- Aeromedical environment and physiological implications
- Aeromedical aircraft and aviation processes
- Safety and survival

AVME720 Clinical Aspects of Aeromedical Retrieval

The focus of AVME720 is to expand on the knowledge gained in AVME719 and incorporate this into clinical practice.

- Crew Resource Management, human factors and the impact on safe aeromedical practice and patient care
- Fatigue and systems for identification and management
- Clinical considerations and constraints
- Specialist clinical retrievals
- Integration of theory into independent clinical practice

For further details please contact:
oamu@otago.ac.nz or check out the website: otago.ac.nz/aviation_medicine

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NEW ZEALAND
WELLINGTON

UPDATE FROM THE FNA

John Howes and Louise Burton

From the Cabin.

Our Conference 2019 wash-up leads the November edition of the newsletter voted by more than one reader to be the quirkiest newsfeed in the industry [citation needed]. (More likely the only newsfeed in the industry). Anyway, we have the photos. We have the goss. We had the numbers. "And they danced until their feet did hurt sorely!"

This was a conference to remember for all the right reasons. We had eight flight nurses present papers at Conference 2019. (Let's aim higher). We held the FNA AGM. We had an interesting meeting with the ASA committee to discuss our relationship and the memorandum of understanding between ASA and FNA. All welcome developments. Well done one and all!

Today we're publishing a few photos that have been sent in to us. But please, please send in any photos you wouldn't mind included in the December newsletter.

Amanda Quinn's photograph won the photo comp. It's a cracker! Can we get that one sent to the editor for publication here for all to admire?

And now for some announcements. We've had a bit of a changing of the guard here at FNA. All good things come to an end. They must. We know that. We know we have to keep reinventing ourselves, look for the next adventure to challenge ourselves. And so it is with our leader, and with FNA itself.

So the editorial staff have asked the out-going President, Louise, to pen her last President's missive. And it's a ripper. Well done Louise, you've done us all very proud, again.

"And you give yourself away" so Bono sings as I type. Take your meaning.

admin@flightnursesaustralia.com.au

Enough for now.

John Howes

EDITOR

It has been a privilege to hold the position of **FNA President** for the last two years and I am proud of what our very small committee achieved. I have been very fortunate to have had such an active team and would especially like to thank **John, Adam, Colleen, Judi** and **Marg** for their contributions. All our committee are volunteers and it is enormously appreciated that they take on these roles on top of busy professional lives. I did only recently realise that this was one of the longest 2 year President terms, as I took over in August 2017 and only handing over in October!! (And still holding the secretary role until I can organise for paid support and hand that over too).

Great to have our new committee members come on board at the AGM - **Ellie Davies** (Townsville RFDS), **David Carpente**r (Alice Springs RFDS) and **Libby Stearne** (RFDS Perth). Welcome!

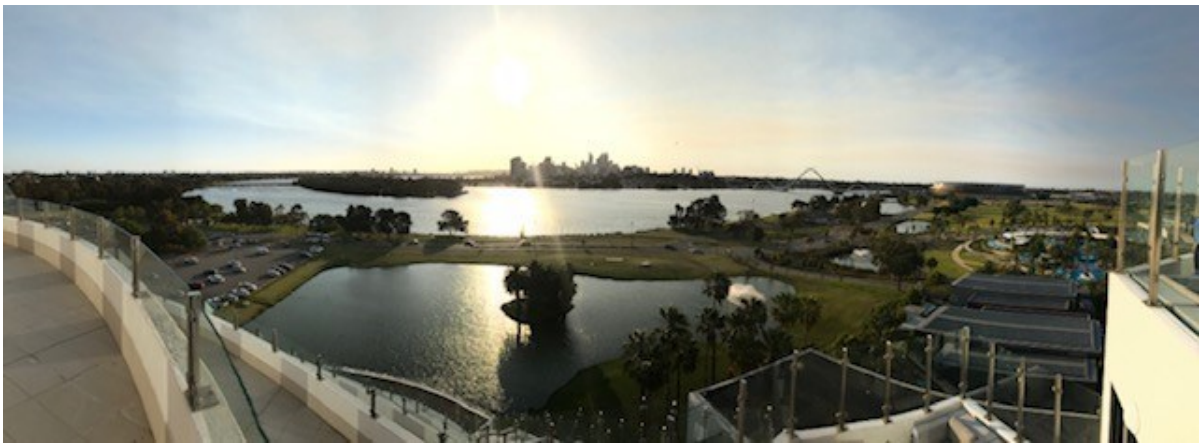
One of the great challenges for such small organisations is around sustainability and **I believe FNA is now well positioned to make some strategic changes to ensure the success and continuity of the organisation** with some paid executive support. **I am proud that over the past few years we have increased our membership** to sit back around 100 members, **our finances are in much better shape**, we have **embraced social media** to promote flight nursing, **formed partnerships to gain opportunities with our COASTN colleagues** and **continued to have a presence at national forums**.

Personal highlights for me have definitely been the opportunity to be **interviewed for both the CRANAplus** and **QNMU magazine** features around Flight Nursing and the invitation to be **part of a documentary featuring Women in Aviation** (watch this space). Lowlights?? Well… I am hoping 2020 gives me a wee bit more "Louise" time!!

So as I handover to our new President **John Howes,** it is see you later from me.

Thank you all and safe flying, Louise.

Perth



RECIPE SHARED BY CLAIRE STANAWAY NZAAS.

FREEKEH & QUINOA TABBOULEH WITH ROASTED CAULIFLOWER

1 Cup of Quinoa, cooked

1 Cup cracked freekeh, cooked

1 Cauliflower, chopped into small florets

2 TBSP EVO oil

1/4 Cup toasted almonds

1/2 bunch flat leaf parsley—finely chopped

1 bunch of coriander - finely chopped

1 pomegranate, seeds removed.

Dressing:

1 TBSP pomegranate molasses

2 TBSP apple cider vinegar

3 TBSP Flaxseed oil

1/2 TSP sea salt

1/2 TSP pepper.

Preheat oven to 180C

Place cauliflower in a bowl and stir through the olive oil, salt and pepper, pour onto a baking tray and cook until golden brown, approx 15mins.

In a large mixing bowl add the cooked freekeh, quinoa, cauliflower, almonds, chopped herbs and pomegranate seeds.

In a small bowl combine the dressing ingredients, whisk well. Pour over the salad and serve.

New Zealand Flight Services Contact List

Northland	Sarah.Pickery@northlanddhb.org.nz	
Auckland NICU	shirleyw@adhb.govt.nz	Ph: 021 713 000
Auckland NZAAS	assistance@nzaas.co.nz	Ph: 0800 111 400
Starship	dianef@adhb.govt.nz	Ph: 021 1951 720
Waikato ICU	Christine.craig@waikatodhb.health.nz	
Tauranga	Dianna.Keys@bopdhb.govt.nz	
Gisborne (tairawhiti)	Jacqueline.Johnson@tdh.org.nz	
Hawkes Bay	Maatje.Hiko@hawkesbaydhb.govt.nz	
Whanganui	joanna.knight@wdhb.org.nz	
Wellington ICU	karyn.hathaway@ccdhb.org.nz	Ph (04) 385 5999 ext 7216
Nelson	alex.thomas@nmdhb.co.nz	Ph 022 468 0548
Christchurch	shane.mckerrow@cdhb.govt.nz	
Christchurch NICU	Sue.Moore@cdhb.health.nz	
Dunedin	Antonia.Johnston@southerndhb.govt.nz	