



E-Magazine

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Edition



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



Left to Right Back Row: Rachel Pringle, Amanda Thompson, Annie Bradley Ingle (PN), Toni Johnston

Left to Right Front Row: Lisa Black, Anju Sethi, Di Fuller, Joanna Knight, Angela Coward., Insert: Helen Poole

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FROM THE EDITOR

Angela Coward



Hi All, and welcome to the first edition of the E-mag for 2019. Thank you to all who have contributed this time. We have a couple of case studies in this edition, it is great to see flight nurses sharing their experience and knowledge. The first case study is from Peter Daniels from the ChCh flight team and another from Emma Pountney of the NZAAS flight team in Auckland. It is excellent to see our magazine evolving and becoming more of a platform for sharing not only the social aspects of the job, but also some of the clinical and logistical challenges that we face from time to time. Transport nursing is a specialised role and is extremely autonomous. What other role has nurses working solo or with maybe one other medical professional at 25000ft+ in a pressurised tin can! As Critical care nurses we can often feel that our interaction with patients in the transport role is relatively short and often quite routine. I think that we are often unaware of the lasting impression that we make on our patients. As one of our patients put it—'I know that you are trained for the job, but it's not only what you do, it is how you do it that makes the difference.'

In Auckland we are enjoying the last of the long warm autumn evenings and I for one, am not really looking forward to winter approaching.

Along with the rest of the committee and nursing and medical colleagues from across the world, my thoughts are with the individuals, families and professionals who have been affected by the atrocity in Christchurch.

Angela

CHAIR REPORT



Toni Johnston



As this edition of the e-magazine goes to print New Zealand is reeling from tragedy originating once again in Christchurch - however this time it is not as a result of a natural disaster, but stemming from an unthinkable act of violence and terror aimed at the Muslim community & perpetrated by a disaffected individual who chose his targets based on his own personal beliefs & biases. As I was at work in the Southern Critical Care unit at Dunedin hospital & party to the initial national teleconferences held between representatives of 13 of the ICUS across NZ my thoughts turned again to the community of Christchurch - facing another challenge within their community. As it was early following the event & the full extent of casualty numbers was unknown, plus estimates and plans of resources required were constantly changing, colleagues from across the country became involved in how best we could support those working within Christchurch hospital in meeting the needs of the healthcare impact of such an horrific occurrence. I was mindful of the role flight/transport teams perform at times of crisis such as this (having also been involved with procuring both pre-hospital resources & ICU capacity/services immediately following the Christchurch earthquake in 2011) & how many of our services may be able to assist in the immediate aftermath & during the following 48 - 72 hours. Offers of assistance came from all over the country - specialty services such as paediatrics from Starship had already formed plans & had teams waiting to be tasked, as did services from Wellington, Dunedin & Hawkes Bay. Waikato's team were already in Christchurch awaiting a return & quarantined at the now-closed Christchurch airport, with the immediate response capability of transferring patients out if required. The logistical nightmare of the hospital initially being within the Police cordon (meaning the only access to the hospital was for Emergency Service & healthcare staff, & there was a ban on anyone leaving) in addition to the Hagley Park helipad also being inaccessible & the city's airport being closed just added to the challenges of decanting those who could be cared for elsewhere - enabling Christchurch to best manage their workload. To our colleagues in Christchurch we celebrate your strength & resilience, and you are constantly in our thoughts. Please take care of yourselves & your families, and if there is anything any of us can assist you with then don't hesitate to make contact.

Talk of anything else in light of this tragedy seems insignificant, but it is important for us to acknowledge that life does carry on. As this goes to print the final draft of NZS8156 (Ambulance & paramedical services standard) is being prepared for committee approval prior to presentation to the New Zealand Standards Authority. The contentious section 9 - relating to IHT - has been extensively reworked since the last consultation & most of the specifics relating to the skills & training of medical staff involved have been removed (as agreement could not be reached across the various medical specialty colleges as to who had ownership of those performing the role - ACEN, CICM or ANZCA!). Nursing specifications added to section 9 are based on the proposed national framework that the COASTN subcommittee is currently working on, & much less trouble than the medical staff issues! Work also continues across the Air Ambulance sector with a meeting in Wellington a fortnight ago agreeing to formulate a smaller group of interested parties to continue work in regards to how a nationally structured & governed service may look (ideas such as the national tasking of teams from a centralised control point, more alignment of interchangeable equipment, issues such as bariatric transfer specialists, etc still require addressing). There has been & will remain nursing representation within these processes - to ensure the nursing voice continues to be heard.

CHAIR REPORT

Continued

Many challenges lie ahead, I am always grateful that the cohort of flight & transport nurses around New Zealand remains interested & invested enough to ensure nursing input is not forgotten about. Many roles are undertaken in addition to one's employment - so the sacrifice of spare time is greatly appreciated by your colleagues.

Please ensure you all take care of yourselves, your families & your colleagues during this period of national outrage, mourning & additional stress. And never hesitate to reach out to each other for assistance if you need some support - in addition to the other organisations that offer more formal support.

Take care,

Toni



SECRETARY REPORT

Lisa Black



Greetings to you all. I hope all of you have managed to have some time off and enjoyed the lovely hot summer we have all had. COASTN would like to say a big thank you to Waikato flight team and ICU for the November symposium in sunny Hamilton. We appreciate all the extra time and effort that goes into these events, but what a success it was. Now the baton moves to Dunedin with Toni and her team, with the date looking to be 14th-15th November 2019, with the inclusion of an education day to run the day before. This is to be managed by Di Fuller and Toni with more information to follow in upcoming months.

In the next two months the Aeromedical retrieval course will commence and run over a week with great speakers and everyone's favourite HUET training. Tamsin is in full swing to provide all 16 flight nurses with a very informative course not to mention the networking.

COASTN remains your advocate in the ongoing debate and ongoing media around flight nurses. Be assured that your voices are being heard. We are also about to start the rewrites on several flight documents, and these will be updated on the website shortly. The annual plan has just been completed for 2019-2021 and can also be found on the COASTN page of the NZNO website plus you can now follow us on Facebook.

Please be aware that we offer two \$500 scholarships towards flight education, with application forms found on the website.

Finally, we the COASTN committee would like to thank you for your hard work across flights and transport.

Happy flying

Lisa Black

COASTN Secretary

From your members on the Air and Surface Transport Working Group

Steph Boston HB

Greetings once again to all COASTN members throughout NZ and to our colleagues in Australia.

Twelve months in and the ongoing work by the group has seen some very solid steps toward ensuring that the voice of Flight Nurses in New Zealand is heard, is consistent and is based on strong recommended standards that will ensure we stand firm and together in the face of the ever-changing climate of aeromedical transports.

We especially would like to thank all of you who provided robust, positive and very valid feedback following initial presentation at the COASTN Symposium, Waikato, November 2018. I promise you – your comments have provided the basis of some very lively debate across the table as we develop and refine our work on your behalf. In follow-up to your feedback the working group revisited the wording and content of, in particular, the National Standards for Education, Training and Ongoing Competency Requirements for Flight Nurses. We also reviewed our vocabulary on introducing to you, the above document, the annual Aircraft Safety and Emergency Procedure Certification and the COASTN Passport. Your feedback has also set in motion some very innovative ideas to help services move towards being able to achieve the criteria.

As a group we remain strongly committed to the development of the National Standards for Education, Training and Ongoing Competency Requirement for Flight Nurses – developed with the understanding that resources, time and staffing models of services vary greatly throughout the country. While everything we bring to the table is **not** mandatory, we seek to give Flight Nurses and the work we do the foundation and recognition to achieve a stronger voice.

The COASTN Passport is ready to be piloted. We are excited that the Whangarei Flight Nurses have agreed to this and look forward to their feedback which will be presented at the COASTN symposium in Dunedin on November 15th. This feedback will look at content, functionality, practicality and how the Passport can contribute to your professional development and act as a professional record for yourselves. Retrieval nurses from other services will be asked at random to participate to provide a wider spread. Exciting!

The envisaged national database promises to also support Flight Nursing. Anonymity is a prime focus and access will be secured by COASTN. The aim is to have a wealth of up-to-date national evidence and data about our profession. This anonymised data will help provide the national authorities with a greater understanding of the depth of the aeromedical role we all perform, including the need for appropriate skill sets for interhospital transfers within New Zealand. Whilst contributing to this is also optional, we all understand that the ability to produce such information will allow for a greater understanding of our profession and a more substantive impact when working with those agencies who seek less than optimal changes within the industry.

COASTN SUB GROUP REPORT

Continued ...

Some exciting and positive reassurance is our representation at National level, and we thank Toni Johnston, Angela Coward and Karyn Hathaway for their work and advocacy on our behalf. They have been able to provide close monitoring and input toward the proposed changes in the NZ Aeromedical industry that may affect inter-hospital transfers and help mitigate any possible impact on Air and Surface Transport Nurses.

When finalised the proposed EPC template, Passport and Education, Training and Competency Requirements will become available on the COASTN website. As mentioned, whilst not mandatory, the more widespread the use of these documents is, the more cohesive we will be as group working from a strong common foundation. It is hoped that the finalised versions will be presented at this years COASTN symposium and will then become available on the COASTN website.

Meanwhile, watch the COASTN website for the Educational Calendar! This calendar will alert you to national and international educational opportunities. If your service can offer places in any educational forums that you provide, please let us know and we will put this on the calendar. It will become an exciting forum for sharing information. Keep a watch for the CRM/Human Factors Study Day that will be run on November 14th in Dunedin – the day before the COASTN symposium.

I would like to take this opportunity on behalf of everyone to thank the working group for their incredible work, passion and commitment to Flight Nursing. They are absolutely awesome and have been a wonderful group of nurses to work with. I personally am moving on to new adventures but will monitor developments and wish you all well in the ever-evolving environment of Aeromedicine and Flight Nursing.

The working party remains committed to your involvement and comments. They are happy to provide and receive information that will help support your future development and recognition as flight and transport nurses throughout NZ. Contact us at -

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CHRISTCHURCH

Case Study—by Peter Daniels.

Christchurch to Greymouth by

ROAD

On a dark a dreary November morning after a restful night in bed (of checking my phone every few hours to make sure I hadn't missed a call from the flight coordinator) I was having breakfast and had a call from the coordinator asking the question "do you fancy a job? It could be a long one". It was a bit of a shock as my shift had finished at 0600 but didn't have anything planned for the day so said "ok". I then found out that due to the weather being terrible over most of the South Island it was going to be a Road Transfer from Christchurch to Greymouth to pick up a patient then Road Transfer back, with the added bonus of the potential of Arthurs Pass being shut due to the weather and getting stuck on the coast.

The patient was a male who was on holiday and had sustained a potentially unsurvivable traumatic brain injury This had occurred the previous night and the plan had been to travel as soon as possible. However bad weather had continuously prevented both fixed wing and helicopter flight. It was decided that morning to go by road.

Initially he had been hard to ventilate and prior to our team setting off had been on 80% FiO₂ so it was decided to take the newer Hamilton T1 transport ventilator, opposed to the Drager Oxylog 3000.

At 0830 we set off in an ambulance with the plan to meet a Greymouth vehicle at Arthurs Pass, who would take us the rest of the way. A long and slow 4 hours later we arrived at Greymouth Hospital. It was at this time when we were just walking into their Critical Care Unit that I had a quick glance at the gear I had brought and realised that I had forgotten one of the high pressure oxygen hoses for the ventilator. After a few panicked seconds and a few inner expletives, I thought about how am I going to fix this problem. Once we arrived the patient appeared a lot more stable. He was now on 40% FiO₂ and ventilating well (I think a lot of this may be due to an increase in his sedation), tachycardic at 110 but hypertensive up to 220 systolic. He had a fixed dilated left pupil. CT Head showed 17mm herniation to the right with Cerebellar herniation.

On discussion with the onsite Anaesthetist it was agreed that I could take their one and only ventilator with me to transport the patient back to Arthurs Pass. With the weather now improving I would be picked up by the rescue helicopter there and they would bring the missing hose with them. This meant that within 3 hours Greymouth would have their ventilator back. I was able to do this as it still left them their Theatre Anaesthetic machine as a backup.

So, a few hours later we left Grey Base to travel back to Arthurs Pass and hopefully meet the Helicopter. After that trip I now have a new appreciation of how the ambo crews work in the back of those vans whilst travelling. The road from Greymouth to Arthurs Pass is not the straightest road in the world and after the recent bad weather a few sections of the road had been washed out. I admit I felt more than a bit queasy, so much so that towards the end of the 90-minute trip I resorted to taking photos of the vital signs and the ventilator settings with the plan to fill in the paperwork when we stopped moving.

At 1630 we arrived at Arthurs Pass with a very nice-looking rescue helicopter waiting for us, with a very useful O2 hose. It was then a very joyous 40-minute flight (as opposed to a two-and-a-half-hour van ride) to Hagley park and then onto Christchurch ICU.

We used this case study as an example at one of our study days. It highlights the problems that sometimes come up when we do jobs out of the ordinary. Mixing and matching gear can be troublesome and sometimes even the simplest things we usually do can get missed. In the end we are all only human and as highly trained nurses we can usually problem solve and get the right outcome.

As a final note the patient went for Donation After Cardiac Death two days later and donated both kidneys to two very appreciative recipients. The family were also very appreciative that we pulled out all the stops to get him back home to Christchurch, where all his family and friends were.

SOUTHERN

Regional Round Up



Regional Round-up - Southern DHB Retrieval Service

Hello from the South, where the days are getting noticeably shorter & the air is definitely becoming chillier! But the weather is still good enough to attract plenty of tourists - especially into Central Otago & cruise boat season continues. Actually cruise boats have been a bit of an issue lately - with Dunedin being the first port of call for boats crossing the Tasman there have been some interesting patients turning up at the wharf with very little clinical information prior to their arrival. This has meant that some of the ambulance crews have been ill-equipped to transfer these patients from the ships hospital (i.e. the patients have been intubated, ventilated, with inotropic infusions in progress) - necessitating some hurried phone calls to the Dunedin Hospital ICU for assistance! This seems to stem from some poor communication: from the ships medical staff to the shipping agent, & then from the shipping agent to the ambulance call centre (where maybe the call taker hasn't asked quite the right clinical questions to elicit the complete scenario), with a lack of understanding of the consequences of incomplete patient profiles. While flying into Milford Sound to retrieve a patient is always something to look forward to the poor flight nurse is the team member most likely to miss the trip due to restrictions on crew as a result of often requiring 2 pilots.

On another note the establishment of a permanent full-time rescue helicopter base in Queenstown there is discussion around whether Air 1 Queenstown can and should be performing an IHT role & if so how would the clinical crew be configured. This discussion is timely given the current publicity around the NA-SO review of New Zealand's air ambulance services & the debate that has been generated over nurses versus paramedics on IHT teams. This would involve education of and skill acquisition for those Lakes District hospital nurses (who currently undertake road-based transfer work) in the aeromedical environment. Given the locale of Queenstown and the physical environment challenges it presents (in terms of altitude & access restrictions) flight physiology education would need to underpin any teaching. Small rural hospitals do a fantastic job of caring for the patients that cross their threshold - usually with less resource than what is available to those of us in metropolitan settings.



The Dunedin team are busy organising this years flight nurse symposium - so please place a Save-the-Date reminder in your diaries for November: 14th for the CRM workshop with the 15th for the symposium. We would love to have you come visit our fantastic city & new ICU while you are here, or take advantage of the opportunity to head across to beautiful Central Otago & spend an extended weekend enjoying the adventures & activities on offer.

SERVICE ROUND UP

NZAAS AUCKLAND



Greetings from the team at NZAAS in Auckland and Wellington.

Our team have had a consistently busy summer season across all platforms, which includes our national fixed wing critical care service and our core work in Auckland which is providing the aircraft, pilots and crewmen for PICU and NICU, as well as the Auckland CVICU ECMO service for which we also provide the nursing support. We transport approximately 12-14 Adult ECMO patients per year and these patients are now tending to be spread across the year rather than being primarily in the winter 'flu season.

We have recently welcomed Lauren Bugler to our flight nurse team. I am sure that Lauren will meet many of you in the next few months working in our aircraft and also at the upcoming COASTN course. Jess March has also commenced with us, joining our mission coordination team and is base at our Napier facility.

Aleks and our team of crewmen have been busy assisting Di Fuller and the StarShip teams with the annual EPC training courses for the PICU and NICU flight crews. Our crewmen are passionate about their role in aeromedical transport and they really enjoy contributing to what is always a collaborative, informative and enjoyable day for all. There are a couple of photos from 2 of those days below.



Along with the rest of the country, our thoughts are with our Christchurch colleagues, friends and families who have been through a tough time and will no doubt still be processing the events for a long time to come. As with Toni's chair report, please know that we are all here to offer support to you, our colleagues in the coming days and weeks both on a personal and professional level.

Take care everyone, safe flying.

Angela and the NZAAS team.

SERVICE ROUND UP

Nelson Marlborough



Firstly, we send our best wishes and condolences to our family in Christchurch. We work closely and have enduring support from CDHB which is never forgotten. Our region is with you and will assist in any way we can.

The Nelson Marlborough Health (NMH) flight team is currently under development. It is an exceptionally exciting time for our team as we have a DHB that is focused on our service. We have had three new flight nurse's join our team (and our profession); it is fantastic to welcome Delwyn, Sharon and Rachel. Over the past year we have had staff attend the CCDHB flight course and more recently we have had six staff complete the HUET training with Garden City Aviation in Christchurch.

Over the summer and due to staff shortages we had senior flight nurse Lara Millar step up and cover most of the service. From coordination to flight nurse and policy developer she has been keeping the service going. Thanks Lara.

The road transport team has farewelled both senior staff members, Nigel and Bobby, who had been with us since the inception of the service. Although a huge loss we still have Jody, Anisha, Bronwyn, Mike and Diane who provide inter-district flow.

Over the next month we hope to trial telemedicine in both Wairau and Nelson and follow CCDHB into the electronic world with an electronic request system. Paper-lite may take some time but is the goal, as it is for most.

Sadly in Nelson it has been an extremely difficult time with the loss of Dr John Foy (anaesthetist/ intensivist/aeromedical supporter). A great friend and an incredible clinician who was one of our biggest advocates. Our condolences to his friends and family.

Lastly, we would like to thank the other flight services for their support. Obviously we lean on our tertiary partners CCDHB and CDHB who provide such incredible support but also to the other teams around the country. We look forward to working closely with you in the future and wish you all the best.

Alex Thomas

Road and Flight Manager

SERVICE ROUND UP

Wanganui

Hi all,

As the long lazy days of summer fall into the cold crazy days of winter, it's time to start planning for all the challenges winter brings And the pressure that the change in weather means for beds and the challenges of transferring patients during the cold months.

Like everyone the workload in Wanganui has increased, so therefore we welcome 4 new members to our team bringing us to 13, hardworking, ever flexible, I'm very grateful to work with a group of nurses who are always willing to assist our patients to get the best journey.

Like everyone, we are watching with interest what's happening with NASO and the potential changes that will bring.

Fly safe all.



SERVICE ROUND UP

Wellington

Hello from Wellington

First up, we would like from our hearts to thank all of you for the kind tributes, gifts sent to us after the sudden loss of our Clinical leader, my partner Peter Hicks. He is greatly missed by everyone. Peter has kept our IT department and Co-Clinical lead Alex Psirides busy transferring his flight and ICU database to a more stable platform that someone besides Peter can fix! We will provide a summary of his involvement with our service next issue.

Congratulations to Alex Psirides being our new CCDHB representative on the board for Life Flight Trust.

Sarah Rodgers (Flight Coordinator) is now on maternity leave. We have Becky Leach and Annie Locke, two of our flight nurses covering her role. Nikki Joseph, Lois Roberts continue in the role along with Fernah Peaceys invaluable support.

To remind everyone:

- Hotline number for acute retrievals 24 hours is 0508 935 535 **use this number regardless of the time of day for any flight retrieval**
- At times we will have given you 027 297 2549 number. This is the flight coordinator phone UNTIL 4.30 on week days. Outside of this time we can not guarantee it will be answered. We use this number for non-urgent flight business that we do not want ICU to be troubled with after hours.
- We no longer receive or send faxes. We now email all IHT forms. Our photocopier has been moved to an area out of regular attendance, so faxes will not be picked up. You can send them, but we can not guarantee to receive them.

We had a very successful Life Flight open day with 4000 people in attendance and \$32,000 raised.

Thank you to the services dependant on us for your understanding on Friday, while we were assisting Christchurch ICU with logistics after the shooting. Our thoughts and love are with Christchurch and the Muslim community at this time.

Nikki Joseph
ACNM Flight Coordinator/Wellington ICU Flight Nurse



CASE STUDY

Emma Pountney—NZAAS Auckland

Vanuatu Retrieval NZAAS

In July of 2017 NZ Air Ambulance received a request from an Assistance company to retrieve a NZ resident from Port Vila in Vanuatu which lies 2930km north of NZ. The patient was a 60 year old NZ man who was suspected of a GI bleed following his presentation that day with sudden onset of dizziness, orthopnea, tachycardia and epigastric pain with a history recent stenting of his coronary vessels in NZ. An acute coronary event was excluded and urgent transport to Auckland was requested for ongoing assessment and treatment.

Post stent anticoagulants and signs and symptoms of anaemia meant he was at risk of a life threatening haemorrhage if an ulcer continued to erode the lining of his stomach. The patient required medication to reverse the anticoagulants, promote clotting, protect the lining of the stomach, blood transfusion to support the oxygen carrying capacity of the circulation and perfusion of vital organs, and urgent endoscopy. The risk of life threatening haemorrhage being higher if it occurs in such remote locations as Vanuatu far from tertiary hospital level care where drugs such as TXA, blood products, and endoscopy are not available.

Mission Coordination

Mission control notified the flight and medical teams on-call and liaised with the company's medical director based at Auckland City Hospital. the patient had It was planned to take Tranexamic acid (TXA) which has been shown to be useful in the management of upper GI bleeding, and 4 units of O negative rbc which would be collected from the blood bank immediately prior to departure, in a refrigerated bag which could maintain a stable temperature for 24hours if unopened to minimise waste. The administration of packed cells is essential treatment for haemorrhage, as crystalloids even when judiciously administered can dilute the important clotting factors further which in turn exacerbates the bleeding.

Early the next morning the team were activated and the blood products were collected from the blood bank by the Flight Dr who then met myself at the NZAAS base to review our plan of care, assemble all required supplies and equipment, and receive a final update via conference call from the referring Dr in Vanuatu on the patient's condition.

Challenges

One of the challenges of healthcare in the Pacific is the limited financial and medical resources in many of the islands, so we take everything with us to avoid depleting their stock in any way but without overloading the jet. This includes all syringes, needles, dressings, gloves, medications, monitors, portable ultrasound and ISTAT blood testing equipment, infusion pumps and intra-osseous drill. As there is literally nowhere else to acquire forgotten or extra supplies and equipment.

Another challenge of flying in the Pacific is the long distances between the islands, over a lot of ocean, and alternate landings are few and far between. Predicting weather patterns accurately is also difficult due to the vast ocean and often suboptimal technology in some of the islands, where calling by phone and asking what the weather is out the window can be more useful.

In Port Vila the drive to the clinic is short, and the team arrived 30 mins after landing. In other islands the drive to the hospital can be long, travelling over potholed roads at high speed with sirens blaring and loud disco music playing. Though Port Vila is fortunate to regularly have Australian paramedics on placement who work alongside the local teams.

Patient Management

On arriving at the clinic we received handover and an update on our patient's condition, transferred him onto our monitoring, made a full physical assessment, and obtained consent from the patient to fly and receive blood products before administering the TXA. The first unit of blood was given, intra-arterial line placed for continuous monitoring of his BP and repeat of blood tests done. Throughout the patient remained haemodynamically stable and denied any pain. 55 minutes after arriving we were able to leave the clinic, departing Port Vila less than an hour later. Due to weight restrictions and fuel capacity as alternate landing sites can be a considerable distance away, the patient's wife flew commercially later that day.

During the flight the patient remained relatively asymptomatic but his Hb and hct continued to fall and he received a total of 4 units of rbc. The return flight was slightly quicker due to the nature of winds in the Pacific, arriving in Auckland 3 hours later and at Auckland Hospital ED department 10 hours after leaving NZ in the morning. For the doctor and myself it would still be another 2 hours of handover, return travel to the hangar, and restocking and putting away our gear before we can head home, starting the mission around 0800 finishing about 2200, not including the considerable time setting up the mission and managing logistics pre takeoff.

In Auckland hospital the patient received an endoscopy which confirmed a gastric ulcer most likely compromised by the anticoagulants. On follow-up the patient says that he had recovered very well, though his Hb took 5 months to recover to previous levels but is extremely grateful for his travel insurance and the service provided by Dr King at the Medipole Clinic, the Assistance company, and our retrieval team.

Conclusion

Medical retrievals in the south pacific involve considerable risk due to their isolated nature, vast ocean expanses, and unpredictable weather, however with expert co-ordination, collaboration and communication within the NZAAS team the injured and unwell can safely be treated on site and evacuated to tertiary care.

The Southern Critical Care (Dunedin ICU) Flight team invite you to join us for:



FLY SOUTH



2019's COASTN 1-day symposium

(following the CRM workshop to be held the previous day)

Where? Dunedin Public Art Gallery

When? November 15th 2019

Initial enquiries can be made to Antonia.johnston@southerndhb.govt.nz

Further information will be distributed to workplaces as it becomes available



FLIGHT NURSING EDUCATIONAL HOURS!!

CRM - HUMAN FACTORS EDUCATION DAY

WHEN

**Thursday November 14th
2019**

WHERE

**Helicopters Otago Hangar
Stedman Road
Mosgiel 9024**

TIME

10:00 – 17:00

Evening social event late afternoon to early evening

COASTN SYMPOSIUM NEXT DAY - FRIDAY 15TH NOVEMBER

Early bird rates: (date TBC)

CRM/Human factors day only: \$120.00

Symposium only: \$150.00

CRM/Human Factors & symposium: \$250.00

Enquiries to:

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Followed by a weekend away in Dunedin!!

ASA+FNA 31st Conference | 15-17 October 2019 | Crown Perth | WA

Call for Abstracts NOW OPEN

ABSTRACTS
CLOSE
29 March 2019

We invite you to submit your Abstract for presentation at one of Australasia's premier aeromedical industry events for 2019.

Our Conference theme is 'Wild Extremes— aeromedical retrievals which include overcoming the extremes in clinical, aviation, resources, coordination and logistics.'

ABSTRACT THEMES

- **Environment**—extremes in climate, hostility or altitude
- **Geography**—extremes in remoteness, distance or accessibility
- **Human Factors**—extremes in fatigue, crew resource management or psychological exposure
- **Physiological**—extremes in clinical condition, size or age
- **Resources**—extremes in non-dedicated platforms, triage coordination or telemedicine
- **Safety**—operating in an extreme or unpredictable situation or violent and aggressive patients
- **Other**—extreme ideas or thinking for the future

ASA+FNA 31st Conference
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POSTGRADUATE



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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 PG Cert HealSc (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



WELLINGTON

UPCOMING CONFERENCES

2019



**INJURY
2019
CONFERENCE**

THURSDAY 8 AUGUST 2019
EDEN PARK, AUCKLAND, NEW ZEALAND

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Remember you may be eligible to apply for a grant towards study or conferences through COASTN. Apply online at: https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses/scholarship



NZNO/COASTN SCHOLARSHIP

Letter of Thanks from 2018 Recipients

13 March 2019

Dear COASTN Committee

I am happy to report that Helen and I successfully completed PARA801 Aviation Physiology with Auckland University (AUT) in December last year, and many thanks go to you all for your contribution towards funding for the course.

The paper was fully online learning with some amazing resources to assist with our learning. Each week we had approximately 4-6 articles to read around the weekly topic with an online quiz to take every 4 weeks.

The final assessment comprised of a 5000 word literature review; no mean feat for two middle aged nurses who last wrote assignments back in the 1990's! The support for us, however was awesome, providing us with much needed guidance on how to write a literature review.

The learning we have gained was very interesting and extremely pertinent for our jobs and there has been much sharing amongst fellow colleagues. The Christchurch flight service hold at least two, eight hour study days per year and we look forward to sharing our new knowledge with our colleagues by means of a formal power point presentation. We look forward to starting PARA 803 in semester 2 of this year. Many thanks again.

Kind regards

Rachel Pringle and Helen Poole

NZNO/COASTN offers 2 x \$500 scholarships per year .

*Please see web site for terms and conditions and how to
apply.*

*Scholarships may be used for conference attendance, study,
and courses.*

CRM/SMS QUICK QUIZ



- 1: CRM training originated from a workshop run by _____ in 1979, which found the cause of most aviation accidents was human error.
- 2: CRM training focusses on improving interpersonal communication, _____, and _____.
- 3: CRM training design attempts to
 - A) Capitalize on human limitations and compensate for human abilities
 - B) Capitalize on human capabilities and compensate for human limitations.
- 4: CRM was initially referred to as Cockpit resource management., it has since been changed to _____ in order to reflect the importance of the entire crew being trained and involved in the safety of the flight.
- 5: Which if the following is NOT part of CRM's three pronged approach to 'error management'
 - Avoid Errors
 - Trap Errors
 - Mitigate errors
 - Eliminate Errors
- 6: Anthropometrics is the study of _____
- 7: A culture in which front-line operators and others are not punished for actions, omissions or decisions taken by them which are commensurate with their experience and training, but where gross negligence, willful violations and destructive acts are not tolerated is called _____

Answers:
1: NASA

2: Leadership. Decision making.

3: B

4 Crew Resource Management

5: Eliminate Errors

6: Measurement of Human physical attributes

7: Just Culture.

RECIPE

Miso Kale and Avocado Lunchbox

Ingredients:

40g of Kale, sliced
1 can lentils, drained
1/2 avocado, sliced
50g sun-dried tomatoes, sliced
50g Olives
3 Tbsp pumpkin seeds

Dressing:

1 tbsp miso paste
1/2 juiced lime
2 tbsp sesame oil

Directions:

Mix dressing ingredients together and toss over salad ingredients.



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