



E-Magazine

Online Publication

**APRIL 2021
Edition**



Photo supplied by Charmaine Le Roux, Christchurch

www.nzno.org.nz/groups/sections/flightnurses
:Facebook Page: NZNO COASTN

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

COASTN Committee 2021



Left to Right: Mutian Tait, Angela Coward, Annie Bradley-Ingle, Joanna Knight, Helen Poole, Patrice Rosengrave, Lynette Will, Avryl Way, Toni Johnston.

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Welcome to the April edition of the COASTN online magazine, it is hard to believe that it is April already and the summer months have drawn to a close. For those flight teams and individuals who have contributed to this edition, thank you, your submissions certainly makes for some interesting reading. Remember you can submit articles at any time during the year and they will appear in the following edition.

As you will see from Toni's chair report and the flyers later in the e mag, there have been changes to dates and planned symposiums, conferences and the 2021 COASTN transport course. Applications for the COASTN course open on 10th May 2021 and close on 30th July 2021. Remember to check the website for the online link to apply from 10th May 2021.

Some of you will know Diana Geerling from her role as administration Officer, NZNO colleges and sections. Diana is leaving her role at the end of the week to take up a new position. On behalf of the COASTN committee I would like to thank Diana for her assistance, support and commitment to our committee ensuring things run smoothly always. Her knowledge, skills and cheerful disposition will ensure that she will be greatly missed in the role. We wish Diana the very best in her new role, and look forward to meeting her successor.

I hope you enjoy the April edition of the E-mag,

Safe travels,

Angela



Hi from the South – as the days begin to get shorter & the weather slightly less tropical. Any hopes that life was to return to normal in the New Year have continued to be challenged in view of a steady stream of Covid-19 cases continuing to be seen in MIQ along with the limited community outbreak that saw Auckland revert to Level III lockdown. Any dreams of overseas travel & large celebrations have sadly had to be put on hold, until the time that mass vaccination has been achieved and the global pandemic is somewhat more under control.

The specialty of flight and transport nursing, like all aspects of healthcare, has been challenged in the light of the ongoing global pandemic – especially in the realm of international repatriations. Handovers occur on the plane, clinical staff do not de-plane & are subject to 48hrs isolation post commercial flights, undergoing regular Covid swabs (usually at days 7 & 14) post flight. Gone are the days where after the patient was delivered to the receiving facility the flight team had the opportunity to explore their destination a little – now an overnight stay means strict quarantine procedures where all there is to be explored is the interior of a hotel room. And whoever thought the role of a flight nurse was glamorous needs only to look at images of teams dressed head-to-toe in PPE for an entire international transfer! Not very attractive, or comfortable one might imagine.....

The rolling lockdowns, instituted to keep all New Zealanders safe & well, have also affected the world of IHT – with Covid screening considerations being added to the standard MRSA precautions upon transferring patients from one NZ healthcare facility to another. This even extends to potential organ donors as I found out recently – despite the very low likelihood of any exposure. Covid has also meant national IHT work has been somewhat overtaken but work remains quietly ongoing in this area. Standardising some documentation, equipment & agreed procedures/protocols, etc. across the varying services would be a great idea, but will take time, patience, and a degree of flexibility and collaboration as no one service has the perfect solution for all the issues IHT providers face.

The ongoing consequences of potential exposure and infection have led to ASA & COASTN postponing their joint scientific meeting/conference again this year – something not undertaken lightly but deemed necessary during current trans-Tasman restrictions, as offering a less than optimal programme of speakers and activities really isn't an option. With this in mind ASA are proposing an Australian Eastern seaboard – based conference for next year, with the hope of hosting a joint conference with COASTN in Wellington in 2023. The COASTN committee, along with ASA, recognise the disappointment this may cause, but realistically postponement is the fiscally & morally responsible course of action to take. This may spur on the development of webinars/Zoom teaching sessions that might involve a number of different COASTN members from across New Zealand if there is an appetite for shared educational opportunities.

Planning is also underway for holding the annual COASTN Flight Nurses course (which was postponed last year) – with the dates of 8-13 November 2021 locked in at this stage. Please refer to the course flyer found a little further on in this publication for more details. Applicants who had successfully secured a place on the 2020 course will be asked to reapply, and if still meeting course eligibility criteria will receive preferential selection, but there will be the opportunity for other flight nurses to secure places (as the potential places set aside for our Australian counterparts will now be open to NZ flight nurses – given travel restrictions in place at this stage, and course participant numbers have been increased). If services/individual COASTN members would like some shared educational opportunities then please feel free to talk to your service leaders or contact a member of the committee directly with your thoughts/requests. If there is enough interest the committee may be able to arrange some sessions – with willing COASTN members assisting in terms of presentations. Such teaching & learning opportunities are a useful addition to personal portfolios, so don't be afraid to volunteer to assist!

The next COASTN AGM is proposed to be held on Friday February 25th 2022 in Wellington – potentially with some form of educational day attached, so please save-the-date for you potential attendance.

Stay safe, and keep doing the fantastic job you always do in the name of flight & transportation nursing.

Toni

DUNEDIN NICU REPORT

Rose Gilbert

It was a “Dunner-Stunner” of a morning when me and a colleague took to the skies last week to do a secondary transfer of a set of twins from Invercargill to their home-base. Before the recent addition of Skyline to our DHB’s transport arsenal, this trip would have been a long day via ambulance to Invercargill and back. Instead, it took us two short thirty minute flight from Dunedin airport to Invercargill and back. (Plus on road time between airports and hospitals, but who’s counting?)

We landed in Invercargill to find we had left the sun behind us and were glad for jackets that we weren’t going to bring. Despite St John being inundated with jobs that morning they still managed to meet us within ten minutes of our landing (kudos!) and took us and our Load Master (more on that later) through to the Invercargill NICU to collect our precious cargo before bringing us all back to the airport. Then another short flight back to Dunedin to meet the Mosgiel frontline truck to take us back in record time to our own NICU. Just in time for the Twin’s lunch. And mine for that matter.

Used to doing fixed winged transfers in the back of a semi converted Piper Chieftain, I found the Beechcraft King Air wonderfully spacious. It is able to hold two stretchers and seat four medical crew. With a purpose-built interior there is easy access to life saving equipment such as suction and oxygen, a pressurised cabin and a much smoother loading process. All this combined with my all-time favourite “twisty window shields” means that my little patients can have a safer and less stressful transport.

Skyline is a new provider for us, and with that have been some booking changes. When a flight needs to be booked, we contact their flight coordinator who then ensures that the plane and crew are available and books our transport to and from the hangar. Gone is the juggle of booking ambulances as well as the flight making organising a transport just a little easier for our already busy ACNs.

As most of you old-timers know, there isn’t just the new aircraft and transport provider to get used too but also some new lingo and equipment. No longer talking in the sparse language of the Stryker stretcher, such things as sky-decks, sleds, skybridges and life-ports have broadened my vocabulary. To help me navigate these changes is another one of my new favourite things, a Load Master. All hail the Load Master! This handy person not only assists with loading and unloading, as the name suggests, but also contacts ground-based transport when landing is imminent to ensure a smooth and quick transition from airport to hospital. And if that in itself is not impressive enough, the Load Master dished out lollies when we started descending. All we need now is the wine and cheese and we could have our own Koru hour!

I am looking forward to further flights with the Skyline crew, and the challenge of ironing out the logistical wrinkles that the new equipment has brought. Ten out of ten would recommend to a friend.



Hello from the bottom of the South Island – where the SDHB team are pleased to announce that we have finally secured a dedicated fixed wing in order to expand out aeromedical service! Skyline Aviation have been contracted to supply an aircraft and technical operations staff in order to make this happen & ZK-SDH arrived at the end of January. Clinical support was provided by Angela Coward from New Zealand Air Ambulance Services as the incumbent ICU-based AME nursing team needed time for hurriedly composing protocols & procedures in order to undertake nurse-only IHTs for category C&D Patients on the IHT matrix – as our service operated primarily as a nurse-doctor team. Starting to formulate service governance & clinical procedures from scratch is a big undertaking and those from the SDHB team involved (ICU CNM Shayne Wylie, along with ACNM & Flight nurse Rodney Bowen & myself) are extremely grateful to the services who have generously shared their documents with us (so we had a starting point from which to begin with our own service-specific needs) – NZAAS, the Wellington ICU & Hawkes Bay flight teams have been a great source of knowledge & support for us. We wish to acknowledge the teachings/learnings from the Hawkes Bay incident investigation in terms of helping management understand the crucial importance of sound SOPs (and the training that surrounds them & their implementation) and the need for certain elements of governance to be in place *prior to* undertaking this new iteration of IHT.

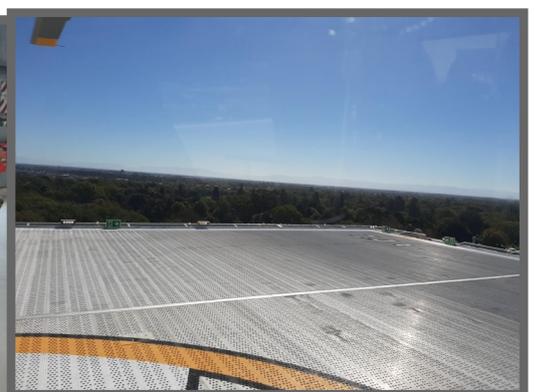


The addition of the fixed wing element to our service has secured some additional AME/IHT service specific funding (for both nursing & medical coordination/governance) – something we have not had for the entire 29 years of our operation as the nursing component of the team was sourced from the ICU floor. Ring-fenced FTE for fixed wing IHT has meant the ability to roster a flight nurse specifically for flights/transfers and has meant this additional service remains under the umbrella of the well-established rotary wing service.

As you can well imagine there was the need for education around the differences in transport modes (especially for our newer team members who may not have transferred patients by fixed wing before) and physical orientation to the new aircraft. The tech crew have been fantastic in terms of our education & willingness to help us adapt processes utilised in other parts of their operations to meet our specific needs. And Angela has been amazing with helping us source equipment and set up the plane in addition to covering the clinical component of our service until the team was ready to take over. Its not perfect and there remains a large volume of behind-the-scenes work still to be undertaken, but we relish the opportunity to expand our service and provide for the population of patients across the lower South Island in terms of access & equity of healthcare.

Ground school training at the Hangar and in the classroom (above)

View from the CHCH hospital Helipad



WELLINGTON REGION

Nikki Joseph

Hello from Wellington

Thanks to our CNM Karyn Hathaway and Dr Alex Psirides we recently produced our flight workload data for the period 2014 – 2020. Like for many of us 2020 proved to be a less busy than previous years due to the impact of COVID-19. In fact our lowest number of transfers since 2015! This was preceded by a steadily growing number of transfers from 2014 – 2019.

Our Flight Coordinator role continues to work well and has enabled some rotation in and out of the role while Becky, Sarah and Annie remain permanent. Having a few senior flight nurses skilled up certainly helps with cover for sickness, annual and study leave. When you call us during office hours you will hear the friendly voice of Becky Leach, Annie Allison, Sarah Rodgers or Alex Batchelor answer the phone for your coordination needs.

We recently sent out some updated information for referring hospital SMOs to clarify what service we provide and most importantly how to get hold of the Wellington ICU SMO and ICU Flight Service - very important information for Doctors new to your areas. Please continue to call 0508 935 535 (our acute referral line) day/night to alert the Coordinator or ICU ACNM of a retrieval.

We are now a team of 24 flight nurses! Here we are in front of our newly painted fixed wing below, both painted EXACTLY the same. This has caused consternation when documenting call signs!



We are ecstatic that the Wellington airport runway closures are finally over. We continue with the challenge of gaps in our interventional radiologist roster which has led to some long trips to Auckland and Christchurch. Thank you so much to the teams and providers who have supported us through this time with both of these issues. We do not miss roading out to Paraparaumu airport!

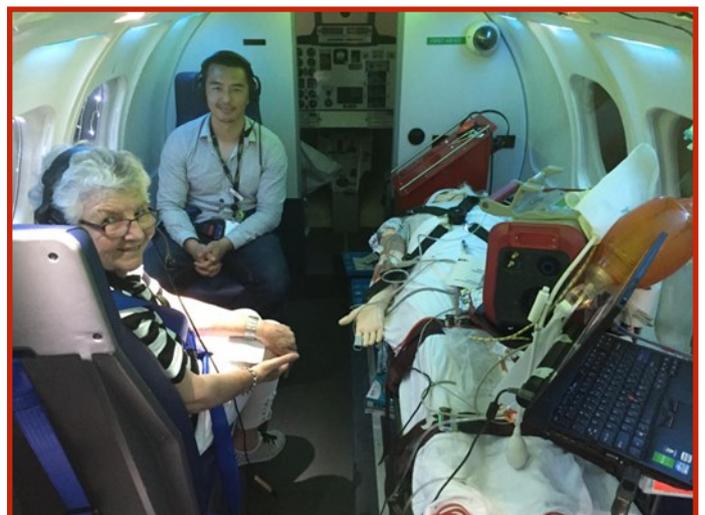
We will leave you with a couple of pictures from our flight sim plane of a certain VIP patient we had over Christmas, Nick with a AAA and his wife Mary Christmas. Simulations using the realistic fuselage and cockpit of our air ambulance simulator were run for the CCDHB Flight Course in March which was again very successful. Thanks to all our fantastic presenters and all of you who attended.

Nikki Joseph

CCDHB Flight Nurse

WELLINGTON REGION

Continued.



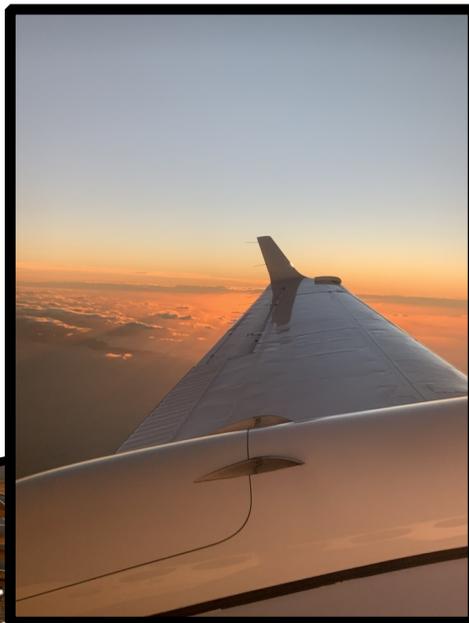


Greetings from the team at NZAAS in Auckland where we have had a busy few months despite the region bouncing in and out of lockdowns earlier in the year. It will be interesting to see how the 'flu season plays out this year. With 'flu vaccination programmes in some centres delayed in due to COVID vaccination rollouts coupled with a population who may be less mindful of physical distancing and hand hygiene than they would have been this time last year at the height of national lockdowns and uncertainty surrounding the pandemic. We are fortunate that the majority of our staff have already received both doses of the Pfizer vaccine, although this does not change the need and frequency for routine Covid testing at this stage.

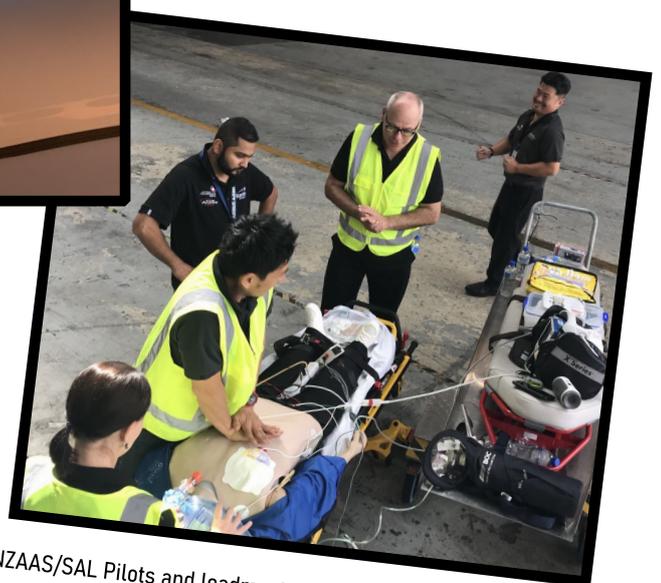
NZAAS has recently welcomed some new staff members—Rachael has joined our flight nurse team and Louise has joined the mission co-ordination team, I am sure many of you will meet or speak with them over the next few weeks if you haven't already. Both are fitting in seamlessly and enjoying their new roles.

Wishing you safe travels and clear skies,

From the team at NZAAS



EPC training days for PICU and NICU teams at the Auckland Hangar.



NZAAS/SAL Pilots and loadmasters learning the 'stayin' alive' principles of resuscitation in their down time.



Regional Round up April 2021 - Whanganui

Things are looking markedly different than this time last year! I hope that everyone has managed some well-deserved sun and a summer holiday, before the dreariness of winter sets in.

Like everyone our service continues to grow, and with that the expansion of our team, we are very lucky to have a pool of 15 nurses, who are willing to go above and beyond to get people where they need to be, this group certainly make flying in our hospital a great job to have.

As we head into winter and dust off the thermals, and into the flying more frequently in the dark, it's a timely reminder to ensure that we are taking care of the teams as they face some no doubt challenging weather conditions.

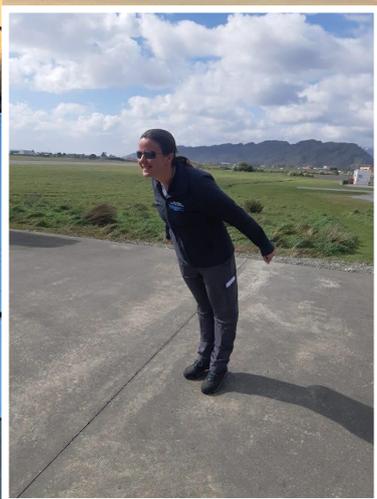


WHEN FLYING DREAMS COME TRUE

Becoming a New Flight Nurse by Charmaine Le Roux, Christchurch

Starting a new role is always challenging, especially when it is a role you have wanted for a long time, something you have great respect for, something that you believe is very important. The night before I started my role at the Christchurch Air retrieval Service with NZ Flying Doctor service, I could not sleep. Even though I have been a Registered Nurse for almost 20 years, 10 of which has been in ICU, and I have worked in different countries, and on a cruise ship for a few years, I have never been so nervous to start something new. The flight team is a very special group of people, who take the service so seriously, who value excellent nursing care and are committed to providing a life saving service. I felt the weight of responsibility, and the excitement of a new and challenging job.

From the first moment of arriving at Garden City Aviation, I was welcomed and supported, and the path to being a flight nurse started. The path to being in a fantastic team started.



There are things, I'm sure one gets used to, with time. But, flying over the still snowy Southern Alps to retrieve a patient from Greymouth for the first time, was a spectacular view. On the way back, the sun was just starting to set, and the sky was all shades of orange and red. The patient we were transporting could see out of the window, and despite being rather sick and in some pain, he was as overwhelmed by the sight of the red sky and golden clouds as I was. He expressed his gratitude to us the the service multiple times, and commented on if his treatment in Christchurch did not go as well as he hoped, he was grateful to have seen that sky, and feel that safe.

Then came the first helicopter job, and my first time in a helicopter for any reason. I learned about time critical jobs, where it is not only the patient's condition, but also the weather that come into the decision making. Flying at night, flying in deteriorating weather, flying when you know there is someone who needs a more advanced service in a larger hospital urgently.

There are so many new things to learn, so many experiences and case studies that make up the life of a flight nurse, so many interesting and nerve wracking moments that make up any given week. But to me, I think I will always remember that beautiful sky, and just take a moment before every job to reflect on how lucky New Zealand is to have this service, and how very fortunate I am to be part of it.



Aeromedical Retrieval Course 2021

8th -12th November

Due to the COVID 19 Global Pandemic, COASTN sadly had to postpone the 2020 course. The new date has been decided (as above). As always we are busy behind the scenes designing an excellent 2021 course for you all. More details will be posted on the web page (link below) as they become available so keep an eye on that page.

Applications will be open online from the beginning of May.

At present we aim to run this course as a face to face, but obviously this may have to change if there are changes with COVID within New Zealand.

Price \$1850.00 exc GST.

Applications and information can be found on the NZNO website:

https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses/aeromedical_retrieval_course

AUT South Campus

The logo for AUT (Auckland University of Technology), featuring the letters 'AUT' in a bold, white, sans-serif font inside a black square.



Update on planned ASA conference – Wellington 2021

Due to the on-going unpredictability that COVID-19 continues to inject into everyday life, the ASA committee has collectively made the decision to cancel this year's face-to-face conference in Wellington. A core reason for this decision is to ensure the health and safety of everyone, and to continue to provide a stimulating & engaging conference programme that is not hampered by current travel restrictions.

ASA are planning for a face-to-face conference in 2022 and this will be on the Eastern Seaboard of Australia (most likely either Sydney or Melbourne), with the hope that they will be able to bring the conference back to Wellington in 2023.

For ongoing information please continue to check the ASA website for regular updates.

New Challenges in a COVID world

Continuing to Care for our Pacific Patients throughout the pandemic

Angela Coward, Director of Flight Nursing, NZAAS.

Throughout 2020 and through to today NZAAS continues to provide a vital aeromedical service to our neighbours in the Pacific Islands. This role is not new to us, we know the island communities and their peoples well, and over the years we have built a strong rapport with the Pacific island treating teams, ground support and government officials and ministries of Health both in New Zealand and the islands. What is new to us is the model of care that is guided by strict border rules both in New Zealand and in the Islands, the catalyst for these changes is of course none other than the COVID-19 pandemic. I have been asked many times over the past year how things have changed for our service, and have often been eyed with suspicion or sometimes envy when I say that we continue to travel throughout the region, while travel for most New Zealanders has been restricted to our own (very beautiful) backyard. I will attempt to explain the changes in a nutshell, and I am sure most will agree that this new phase of international medevacs makes our job somewhat less enviable than it used to be, but somehow all of our teams remain committed and strangely enjoy working through the challenges that have been added. Whilst acknowledging that our mission coordination team work tirelessly prior to, during and after the transport, and our pilots are also working along side us I will focus primarily on the challenges that we as a medical team face.

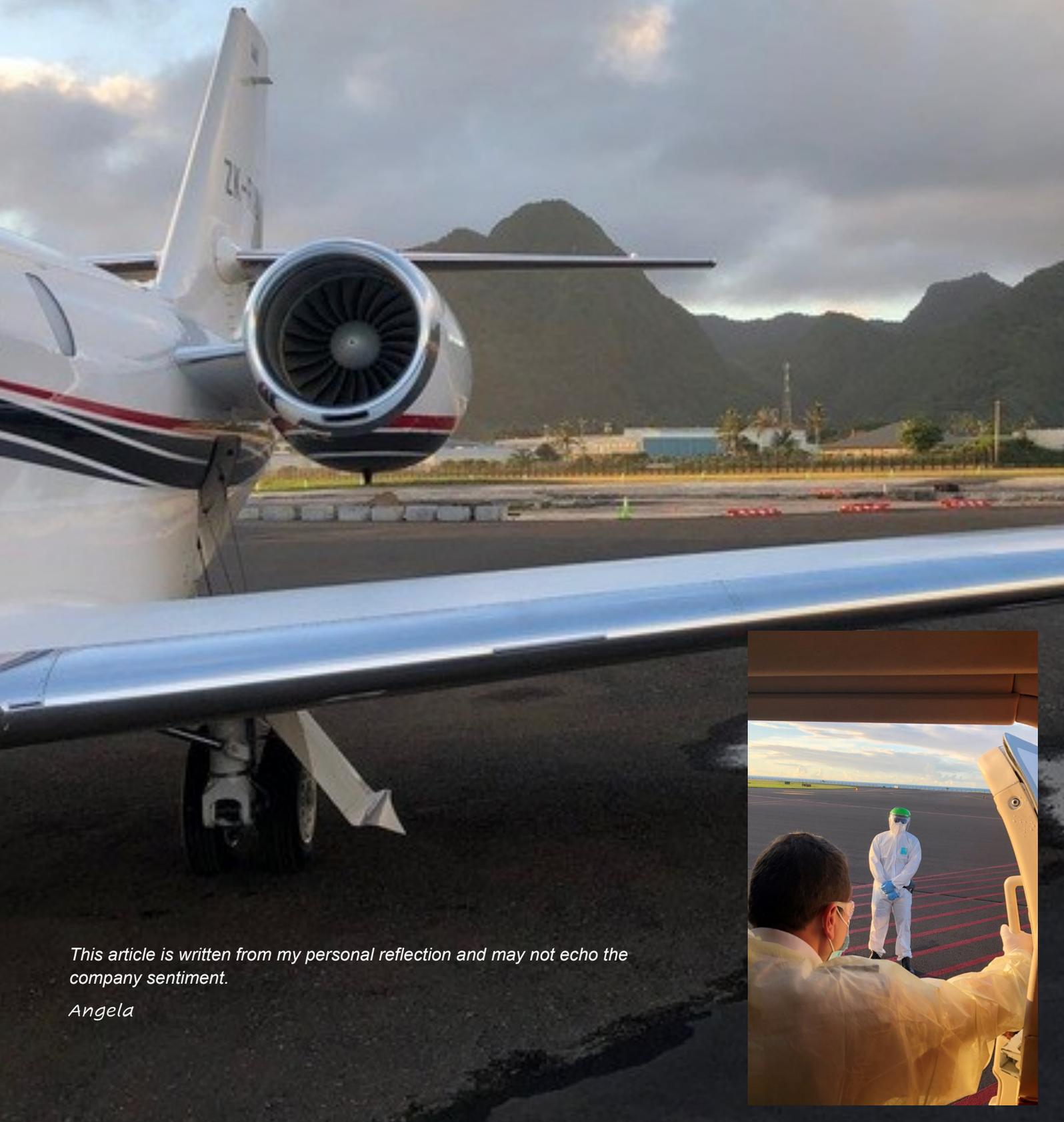
Prior to leaving New Zealand all of our teams must produce evidence of a negative COVID-19 swab within 48-72 hours of arrival at a foreign port. Teams are also required to repeat these on arrival back to NZ on day 7 and day 14, depending on the country and arrangements there may also be a day 3 test added in here.

On arrival at the destination a carefully planned customs, immigration and patient handover protocol takes place. Flight documents are placed on a table or spot on the ground by the crew, who step back to allow the authorities to step forward to receive the paperwork whilst maintaining physical distancing before the rest of the crew are able to disembark the aircraft. All foreign patients, medical teams and crew are considered as potential COVID-19 cases regardless of country of origin and therefore all crew from both sides will have donned full PPE – including gowns, gloves, goggles or shields and face masks and will adhere to 2m physical distancing rules where ever possible.

Medical teams are facing the added challenge of being required to receive handover, assume patient care and perform interventions for many of the Pacific island facilities outside of the hospital environment. This is most often on a tarmac or in an ambulance and will frequently be regardless of the clinical condition of the patient. Not only does this add complexity to a basic patient assessment due to the design of transport stretchers and transport platforms but this can also occur under any environmental condition – our teams will be in impervious PPE gowns, N95 masks, and gloves in high humidity, tropical rain and winds, with outside noise that may be other aircraft departing or arriving. These conditions are certainly not a feature of any New Zealand hospital intensive care or emergency department. They are a point of difference in the out of hospital situation encompassing the multifaceted air ambulance and transport environment. Some of the patients we meet on tarmacs are complex and critically unwell requiring respiratory or ventilatory intervention and haemodynamic support, invasive line insertion, point of care testing. Although we acknowledge that tarmac transfers are not our usual standard practice and these environmental conditions have the potential to pose unwanted distractions and intricacies, the changes have been forced upon us by the COVID-19 pandemic and we must observe any border and health guidance that is enforced by the countries that we are landing in. Our teams work in collaboration with referral and receiving facilities from acceptance to completion of mission to ensure that any potential complications are considered and in the most part mitigated by keeping open lines of communication and discussing treatment and transport planning requirements with the referral teams. This may be as simple as ensuring the patient arrives at the aircraft with medications, discharge letters and a passport.

On arrival into New Zealand Immigration formalities and health checks take precedence and often a relative is whisked away into 14 days managed isolation while the patient is taken into hospital to receive urgent treatment. If the patient is a child, then the parent will usually accompany them to hospital and their isolation will be managed by the facility in accordance with the guidelines.

Always, the patient and their family are grateful to have the opportunity to receive vital medical care and interventions that are not available to them in their own country, just as always our teams understand that is a privilege and not a right to be travelling between countries in these times, and therefore we adhere strictly to robust infection control and prevention policies in order to keep ourselves, our patients, NZ and the countries that we visit safe.



This article is written from my personal reflection and may not echo the company sentiment.

Angela

L'Inconnue de la Seine

The unknown woman of the Seine.

In the early 19th century the lifeless body of a young woman, estimated to be around 16 years of age was pulled from the muddy waters of the Seine River in Paris. To this day no one knows her name, her age or why she came to be in Paris and how she drowned in the Seine River. Her body was taken to the Paris morgue and put on public display along with bodies of other unidentified dead for the purpose of identification as was common during that time, no one came forward to identify her. Her story captivated the world and was the source of much speculation. The fact that her body bore no sign of injury led many to believe that she had taken her own life.

The face of the young woman enthralled people because she was said to look so serene even in death. The pathologist who performed her autopsy was so taken by her face that he had a plaster cast made of it. The cast became a death mask that was sold to hang on walls all over the country. She became the most famous person to ever drown in the Seine although she has no identity at all as no one ever came forward that recognised the young woman.

In 1958 an Austrian physician by the name of Peter Safar, an American physician James Elan and Asmund Laerdal, a Norwegian toymaker, were asked to make the first CPR mannequin. According to popular legend, a mask of L'Inconnue de la Seine was hanging on the wall of Laerdal's parents' house, he was captivated by her and that is how the unknown woman of the Seine became the face of Resusci—Anne.



References:

https://en.m.wikipedia.org/wiki/resusci_anne

<https://www.sciencealert.com/how-dead-girl-paris-ended-up-most-kissed-lips-in-history-l-inconnue-de-la-seine-resusci-anne-cpr-annie-death-mask/amp>

<https://www.bbc.co.uk/news/magazine-24534068.amp>



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