



coastn^{NZNO}

New Zealand College of Air, Surface & Transport Nurses Magazine

College of the New Zealand Nurses Organisation

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

COASTN Committee 2016



From Left to right: Delwyn Rattray, Gill Robertson Sheryl Gibbs, Toni Johnstone, Heather Stevenson, Anuju Sethi, Annie Bradley-Ingle, Joanna Knight, Kelvin Still.

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Welcome to the March 16 Edition

I'm sure that everybody has had a great summer of flying and hopefully had some time off to enjoy nice weather.

After a vote at the Tauranga AGM this will be the first of our digital only magazines. The cost of printing hard copies was becoming prohibitive and the monies saved can be put to better use supporting our members.

This does allow us to publish more information, longer articles and everything will be in colour. Feel free to download and print all or part of the magazine if you so wish.

With the last of the work now down to finalise the College status the committee is now focusing on new tasks.

Delwyn has elaborated on this in her chairpersons letter.

A timely reminder to consider joining us on the committee to help push items of national importance along from a flight nurses perspective.

The planning is well underway for the ASA Conference in Queenstown. The ASA committee and Kate Smith putting together what is shaping up to be another excellent event. Details on the ASA website and also the COASTN NZNO page

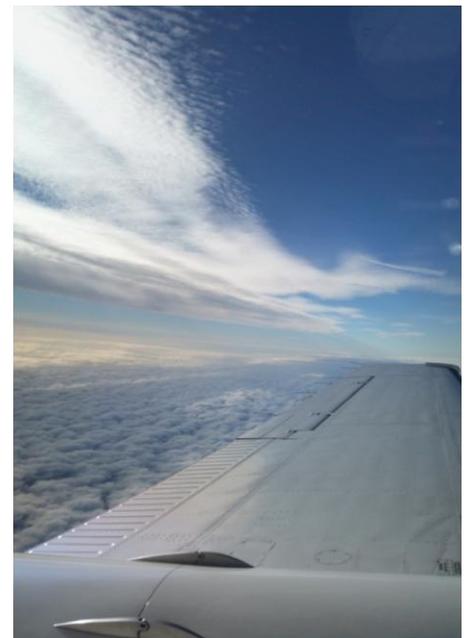
Lastly as usual I have struggled to fill the magazine with information on what is happening around the country. Please consider sending me updates and articles of interest. This is your magazine and I can only put together what you send me.

A special thanks to Eileen Smith Flight Nurse /Midwife from HBDHB who has sent in an exemplar of one her last days of flying. I guess it stays interesting to the very last day.

Happy and safe flying

Kelvin

(kelvin.still@gmail.com)



Chairperson's Report

Happy New Year everyone, isn't the year flying past so to speak. By the time this goes to press we will have had two committee meetings, one of which was a teleconference to finalise candidates for this year's flight nurse course in Auckland. Demand was so high for the April course we had to turn people away. This highlights how unique and valuable the week long course is, with increasing enquiries coming from Australia.

Planning is well underway for the combined Aeromedical Society of Australasia (ASA) and COASTN three day conference in Queenstown. It was 2010 when the ASA conference was last held in New Zealand so this is a great opportunity to get as many people along as possible, so get fundraising. This is COASTN's only conference this year so please support it (as you would if we were organising it ourselves), as this truly is a wonderful opportunity to show case New Zealand Flight Nursing and the uniqueness of our role. Call for abstracts and registrations are now open, and the initial key note speakers look excellent, so get online for more information and registrations.

On behalf of the committee I would like to give a big welcome to Jo Knight, Anju Sethi and Toni Johnston who have joined the COASTN committee this year. It is wonderful to have members from other regions with new ideas on the committee and I hope you get to "leave the jersey in a better place" as Richie would say.

Also a huge thanks to the Tauranga flight team for hosting last year's symposium and AGM, the day was a huge success and we acknowledge and greatly appreciate the time and effort that goes into planning such an event, so again on behalf of the committee and the membership, thank you for doing such a wonderful job!

The committee will be looking for two new members this August to replace Heather Dixon and myself, so if you or someone you know would like to have a go on the committee then please feel free to get in touch with either myself or any of the other committee members.



The committee will be sending out a survey in the near future to gauge members' interest in national flight nurse pay parity. After great debate the committee feels that to get the flight nurse position scoped nationally across all the DHB's would be an impossible task, and that getting flight nurses recognised as part of the community nurses and midwifery pay scale might be more attainable. This pay scale has eight steps so the individual employer would have more discretion about where an employee commenced on the scale according to experience. However we need your feedback so please complete the survey questionnaire.

Thank you in advance and safe flying.

Regards Delwyn

Upcoming Events

- **NZFNA Aeromedical Retrieval Course 2016 18-22 April 2016**
Location: Auckland AUT South Auckland Campus
Details on the NZNO NZFNA website.

AEROMED AUSTRALASIA + COLLEGE OF AIR AND SURFACE TRANSPORT NURSES
ASA + COASTN 28th Conference 2016
Queenstown, New Zealand 24-26 August 2016

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AMTCo16

Air Medical Transport Conference
September 26-28, 2016
Charlotte, North Carolina

A FLIGHT OF CHALLENGES

Exemplar

By Eileen Smith

It started out to be a relatively routine flight shift. I was taking a woman to Wellington for neurosurgery and I was to pick up two patients and bring them back to Hawkes Bay. One was a man, post neurosurgery, the other was a very elderly woman who had a fall and along with a fractured humerus and some cracked ribs, she had been to Hutt Hospital for a skin graft to a burn on her hip.

I delivered my first patient to her ward and met the returning patient, who was waiting in the Wellington Transit Care lounge. An ambulance officer was bringing the elderly woman from the Hutt to the Transit Care lounge.

When the ambulance officer arrived with my elderly patient Ruby, the officer was very distressed. She said Ruby had been upset and moaning, seemingly with pain throughout the entire trip. This was in spite of having subcutaneous Fentanyl before the transfer.

Unfortunately, we then had to transfer Ruby to another stretcher, which caused her more distress.

When we spoke to Ruby she was alert, articulate and would answer our questions rationally, then would revert to her distressed-sounding moaning.

I gave her another dose of sc Fentanyl and decided the best thing to do was continue with our transfer.

Less than five minutes after leaving Wellington Hospital, Ruby complained of tingling in her fingers on the side of the humeral fracture. I checked her fingers and the back slab. Her hand was warm and well perfused; the back slab seemed in its rightful position, so we carried on. Within a minute the next complaint came.

“I can’t breathe and my mouth is tingly! They gave me Cyclizine in the Hutt and I’m allergic to Cyclizine!”

Oh darn! What to do? The Ambulance Officer and I had a very quick conference. Was Ruby really having an anaphylaxis? Do we go back to Wellington Emergency Dept. or carry on? If we carried on, it would be the best part of two hours before I reached the safe haven of Hawkes Bay Hospital. If we went back, we could have a considerable delay in Wellington ED. We went back.

Once in ED, Ruby was taken into the system while I made several phone calls – to the pilot to say we were delayed, to the HB Duty Manager with the same message and to Ruby’s daughter in law with a brief description of the events so far.

Her daughter in law’s question mirrored my own thoughts. ‘Is she having a panic attack?’

I tracked down the nurse coordinator and asked if it would be possible for Ruby to be seen fairly quickly. Our pilot would be out of his hours if we weren’t airborne within one hour, then we would all have to stay.

Very shortly, a Registrar was examining Ruby and coming to the same conclusion I had – that this was a panic/distress reaction rather than an anaphylaxis.

During our wait, when I was on one side of her bed and a young trainee intern was at the other, Ruby asked if either of us went to church. The T I shook her head, while I said I did. Ruby then grabbed my hand and asked ‘My dear, would you pray for me?’ Well, that took me by surprise! In over 40 years of nursing, it was the first time I had been asked that. So, I took a deep breath, prayed for guidance to say the right words and spoke aloud.

‘Lord, Ruby is having a tough time at the moment and today is especially stressful for her. Please give her the strength and courage she needs to help her through. And please give those of us caring for her a little of that strength too.’

Ruby seemed to relax after that.

During all this time, my other patient, who as a coincidence had been a good friend of Ruby's son, was cared for by ED auxiliary staff. He was given a comfortable chair and provided with food and drink.

Shortly after this we were able to go and continue our aborted transfer. The ED Registrar said it was the fastest she had ever assessed and discharged any patient!

The phone calls were all repeated, with a positive message this time.

Ruby's flight home was as comfortable as I could make it, but she still groaned through it all.

Both Ruby and my other patient chatted to each other at times and were very happy to be back in Hawkes Bay!

On reflection, this day presented me with many challenges. I have always found transporting the very elderly quite difficult – they can't get comfortable, they wriggle and jiggle, try to undo seat belts and don't seem to

like any part of the transport. Ruby was no different in this instance.

Her near symptoms of anaphylaxis had me puzzled. There was no record in her drug chart of any Cyclizine, and the time line was a little too long for a reaction. If we had been further into the transfer, I probably would have continued, but as I was five minutes from a Tertiary hospital, I would have been stupid not to have Ruby checked.

I was delighted with Wellington ED's reception and treatment of us. They went out of their way to assist and because of this, we were able to get out of their way fairly promptly.

Ruby's request for a prayer showed another side of her, as well as giving me another challenge! I was happy to oblige. The Trainee Intern who was present during my prayer session told me that what I had done was amazing. She found it hard to believe I had not done this before 'in all your years of nursing'.

Communication is always vital, so talking to the pilot, Duty Manager and Ruby's family kept them involved. They were also able to provide me with support and advice as well.

So, there we go. So much for a 'routine' flight shift.

Eileen Smith

Flight Nurse

Midwife

August 2015

Footnote:

This was one of the last flights I did before I finished flight nursing, so it is particularly memorable. E.S.

Ed Note: Eileen has been a member of the HBDHB Flight team for as long as I can remember. She has provided a huge contribution over the years and will be greatly missed.

Regional

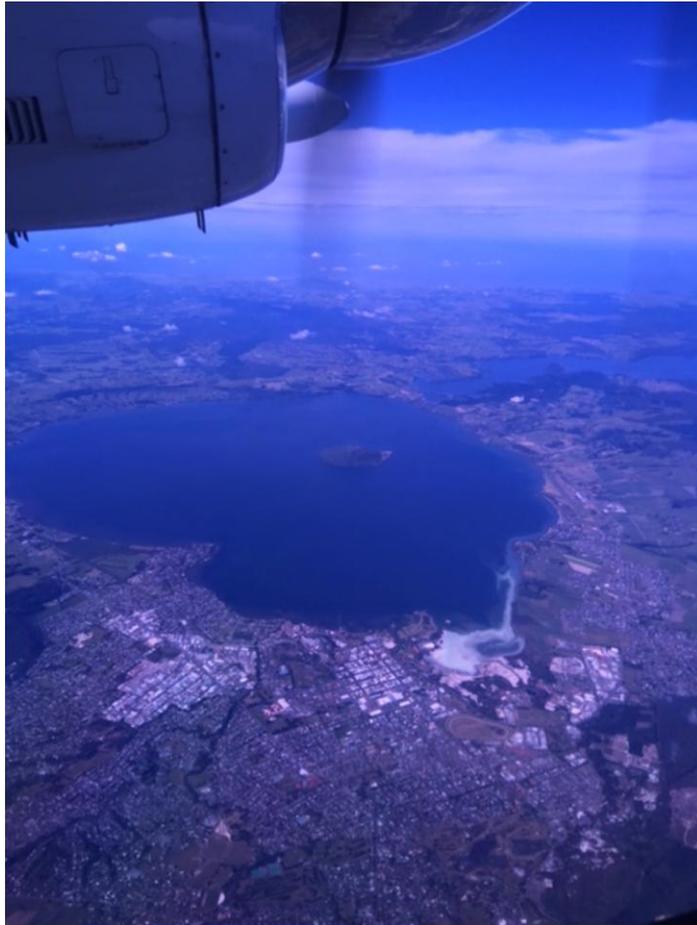


Photo from a recent flight by Leanne Stokes.
Overlooking Rotorua and the lakes.

Roundups

2016 has started off in a rush for the team at NZAAS, in January we recorded our busiest flying month to date. And in a first for the service we accompanied the CVICU ECMO team on two ECMO transfers in less than 24hours.

We are happy to have welcomed Zac Burton as a full time flight nurse in October last year. Zac comes to us most recently from PICU where he was a member of the flight team, he also has experience in adult critical care.

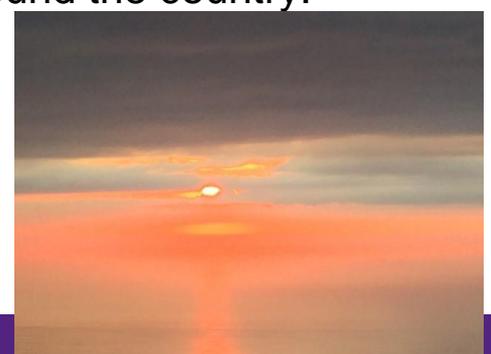
More recently Jess Birchall has commenced in the role of mission coordinator. Jess is a registered nurse and she has previously worked in coordination with SOS in the UK, so we are delighted to have her joining NZAAS.



[On March 6th](#) we have a team of Flight Nurses, pilots, mission coordinators taking part in the Auckland Round the Bays fun run with our chosen charity being StarShip Children's Hospital. As I see it there are 2 challenges here - firstly to find the fun in running 8.4km and secondly to complete it. Thankfully we have our own full time mission coord so we should at least be able to organise a successful post race BBQ.

On [March 30-31st](#) we will have a display stand at the Rotorua ANZICS conference, so please come and introduce yourselves if you are attending the meeting, we always enjoy putting faces to names and meeting our colleagues from around the country.

Wishing you all happy and safe flying, Annabel, Angela and the NZAAS team.



WAIKATO ICU TRANSPORT TEAM REPORT

Kia Ora and happy new year from the Waikato! I hope this finds everyone safe from the festive season.

Since our last update we have had our annual training day for the flight nurses. For our new ACMN, Chris, this was the first time running the day and I'm sure I can speak for everyone, it was a great day! It saw the introduction of some new hands on based training that got us all involved and thinking! We also had presentations from three nurses who had recently done the Aeromedical Retrieval Course which was well received and gives those who are yet to do the course a little insight into how beneficial the course is. I look forward to this year's study day!

We also had some of the team attend the symposium at the end of the year in Tauranga. I heard good things from the day and I'm sure they would all like to thank

those hard working organisers for their efforts to produce the day.

The team continues to have a steady number of retrievals since our last update using all our vehicles, whether that is rotary wing - BK117 or Bell 222, fixed wing - MU2, or by road. Within the next couple of months the team looks forward to the new addition to the service of another MU2. This new plane will offer a bigger access door and easier loading mechanisms. It will also reduce our flight times and increase our flight range.

Not only do we welcome a new plane, we have also recently welcomed a new flight nurse onto the team. Sally has worked in the ICU for a number of years and brings with her some valuable skills. I know she is looking forward to the challenge as she starts her orientation. I wish her the best of luck!



Our next event is the hangar open day on the 13th March at our base at Waikato Hospital. Our team will have a stand showcasing our work to the public. If you happen to be in the area, please drop in and say 'hi', it's always great to meet flight nurses from other services.

Until next time. Fly safe everyone.

From Leanne and the Waikato ICU flight team.



Hawkes Bay Flight Team

Hi all

Once again it is has been an extremely busy few months with flights continuing around the country. Summer has been kind with few days spent on the ground due to weather.

As a team, we are recruiting at present with the opportunity to welcome some new people in the near future. This has meant some changes as we wish Kerri a wonderful and exciting 12 months on maternity leave, Chantel has stepped back from actively flying but continues to hold the EPC training portfolio and we sadly farewell Mere

who has been part of our team since inception. We pay a special tribute to Mere for her contribution to the people of Hawkes Bay and beyond, ensuring an amazing personalised service to those in her care in this challenging environment. Mere, we hope your retirement continues to be full of wonderful adventures.

The Symposium 'Whats the Plan' held in Tauranga in November was excellent and Hawkes Bay congratulates the Tauranga organizing committee for putting together a wonderful programme. NZFNA's successful move to college status, now COASTN, was announced after many years of hard work.

Talking to some NZFNA foundation members on the day and afterwards, highlights to us what an amazing foundation we started with and just how far we have come. Congratulations to all involved over the years.

I hope we hear some amazing stories from some of these pioneers in the future

Until next time, enjoy the views from the window and fly safe

From Steph and the HB Flight Team



Thanks again Kate Tweedie for your wonderful photo's

Wellington

Kia ora from Wellington!

With Christmas well behind us Wellingtons team continues to be very busy with record numbers of referrals and flights. We have had up to three teams out simultaneously and we are continuing to utilise a second plane, as well as the heli. We have been trialling an extra flight nurse shift from 12.30 until 21.30 which has represented faster client retrievals, hospital cost saving and will allow us to take on a further 1.0 FTE of new flight nurses.

We have been lucky to be shown around the brand new Flight Simulator. This aircraft looks identical to the inside of our current plane, and can simulate takeoff, turbulence and landing. We hope to be able to use the aircraft for new Registrar and flight nurse training, for our training practices and for some current research on fatigue in the aeromedical industry.

I have attached a photo, and here is some more information from the website:

Simulation offers a unique opportunity to enhance clinical training and Crew Resource Management training of all staff in the aviation environment.

Medical and Nursing staff are able to work through possible scenarios in the air and establish best practice, best positioning and access to equipment and their patient.

The simulator allows medical staff to experience working in a small area without the luxury of multiple staff to assist.

A range of scenarios can be developed and programmed to our wide range of high fidelity manikins, especially tailored to meet your training needs.

On a sad note, our wonderful flight co-ordinator is leaving us

in a few months. Henny is renowned for her dedication, passion for flying and hard work. Our service would not be as it is today without her enthusiasm and love for the job. Her shoes will be very hard to fill. We wish you well Henny, and hope you enjoy more time with your family and friends. If any of you are down in Wellington on Thursday 2nd of June, we will be having a send off for her at Lifelight and you would be most welcome to attend.

Happy flying! From Becky and the team at Wellington.





HOSPI'S AIR AMBULANCE

Hospi's Air Ambulance Simulator

Advancing flight nursing and medical care through simulation

Simulation offers a unique opportunity to enhance clinical training and Crew Resource Management training of all staff in the aviation environment.

Medical and Nursing staff are able to work through possible scenarios in the air and establish best practice, best positioning and access to equipment and their patient.

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A range of scenarios can be developed and programmed to our wide range of high fidelity manikins, especially tailored to meet your training needs.

Category A - Intensive Care Patients requiring ventilation +/- multi organ support.

Category B - High dependency patients requiring single system support and are at risk of deterioration.

Category C - Transit patients returning home or being transferred for elective surgery.

About us

The Wellington Regional Centre for Simulation & Skills Education was established in 1997 and we are the longest established centre of its kind in NZ.

We have the largest supply of patient simulators of any centre in NZ, including the only Heartworks echocardiography simulator in the country and a fully operational operating theatre.

Our simulation team are highly experienced and have technical specialty in high end scenario programming.

The centre provides a **safe place** for health practitioners to learn **without the fear of harming patients** and helps health practitioners to achieve the **best possible outcomes** when dealing with high risk situations.

Example hire charges per day (exclusive of GST)

The air ambulance can be hired for as little as \$3000 per day. This includes 2 technicians, a high fidelity simulator manikin, consumables and a debrief room, which includes live streaming and video debriefing. The centre can provide catering for an additional \$30 per person.

Other options available

Pre-flight scenarios in a 2nd simulation room \$700 per day

Administrative support & stationery \$32 per person

Presentation rooms with data presenter \$400 per day



Regional Round Up Canterbury

The Christchurch Air Retrieval Service has been busy as usual with a continued increase in the number of jobs each year, with this year being no different.

Since July the Chatham Islands have now come under the Canterbury District Health Board umbrella from Hawkes Bay, requiring many hours of planning and preparation by our chief pilot to ensure the appropriate safety infrastructures were in place. This included, stored fuel supplies on Chatham Island itself, purchasing of a newer and bigger life raft and extra emergency locator beacons and equipment.

As a flight nurse, I didn't fully appreciate the pre flight planning that goes on for every flight until last Friday when I happened to already be at the hangar, when we received a call to fly out to the Chatham Islands at 15:30 hours. As per CAA flight rules only jobs saving life and limb permit landing and taking off after dark, so it was with great haste that the necessary equipment was loaded and secured on board and we were taking off. I was having flashbacks of my bursary calculus exam watching Sam our pilot

calculate the Point of Safe Return (PSR) which is defined as the last point on a route where it is possible to return to the departure airfield; arriving back with the required fuel reserves still available. Continuing past this point you are committed to land at your destination. Equal Time Point (ETP) is the calculation along the route, at which it will take you equal time to return to your departure airfield or to continue to your destination. This is in case you need to get on the ground ASAP such as in case of smoke or other onboard emergencies. This ETP calculation can change depending on wind speed, and is calculated from both destinations. With such long distances, the quickest time to an airfield may not necessarily be the closest airfield.

Unfortunately, when doing the Chatham Islands trip, the reality is there are only two alternative destinations, returning to NZ or ditching in the South Pacific Ocean. With this in mind we are planning our next study day with a water survival theme in mind. This will be held at the local pool which is a balmy 26 degrees compared to the South Pacific Ocean which averages between 10-15 degrees Celsius. This low temperature equates to a time period of 1-2 hours before

becoming exhausted and unconscious, with a survival time of between 1-6 hours. Something to keep in mind next time I consider jumping on board in just trousers and a t-shirt!

So for our pilots, who I often enjoy a joke and a laugh with en route, I am eternally grateful for your professionalism, planning and precision, and I pray you did better at calculus than me!



By Delwyn Rattray

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Wanted desperately

Articles, items of interest,
& photos!

Have you got an article or update
that could go on this page. Photos
always appreciated.

Send it to the magazine editor

Kelvin Still

C/o Transport Team

Hawkes Bay DHB

or email kelvin.still@gmail.com



Just remember not even pilots are perfect.
CRM helps even on the ground.