



*Hongihongi te rangi hou'  
'Smell the fresh air'*

## Newsletter of the College of Respiratory Nurses (NZNO)

### August 2020

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## Note from the Chairperson

Kia Ora Koutou

Welcome to our Winter edition of AIRWAYS, July 2020. Phew, and what an Autumn and winter it has been. The impact of the pandemic put a lot of pressure on the committee's ability to function with most of its members actively engaged in planning the DHBs and PHO's responses and implementing those plans. We, the committee congratulate all nurses working on the frontline over the lockdown period for their time, effort and their commitment. You have shown New Zealand that nurses have been the backbone in the fight against the Covid-19 infection.

The theme for this edition is....

The 2020 Respiratory Symposium "Bronchiectasis Atu Mai Atu Awhi" was planned for April in Whangarei but was cancelled much to the disappointment of the planning team and the committee but it will be going ahead again in 2022.

The New Zealand Adult Respiratory Knowledge and Skills Framework has been reviewed and updated by a committee of very experienced Respiratory nurses from throughout New Zealand. The New Zealand Adult Respiratory Knowledge and Skills Framework has been endorsed by the Thoracic Society of Australia and New Zealand, Nurses Special Interest Group and the National Nursing Consortium and will be promoted at the 2020 Asthma and Respiratory Conference in Wellington. It is a living document which nurses who are caring for adults living with a respiratory condition, may use as a benchmark for their practice. With all the changes happening in the management of Respiratory conditions, the College of Respiratory Nurses congratulate the committee on completing the update and review of the amazing resource. The challenge now is to embed this framework into our practice. You will be able to view the framework of the College Website. <https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Respiratory%20Nurses/2020%20Respiratory%20KSF-FINAL.pdf>

The New Zealand COPD Guidelines have been formulated specifically to suit New Zealand chronic Disease. The guidelines will also be presented at the 2020 Asthma and Respiratory Conference in Wellington.

With the cancellation of the Respiratory Symposium, the College AGM was unable to be held at that time. Recently, the College held a successful virtual AGM. With 3 committee members retiring and 3 new Respiratory nurses joining the committee, we continue to work through this challenging time to ensure you are kept up to date with the latest relevant information, research and resources.

This year is election year and we will be voting on 2 referendums. The Legalizing Cannabis bill and the Life Choice Bill, both of which are very important particularly for the nurses of New Zealand they will be part of the effects if the referendums are past. The Cannabis Bill is of great relevance to us, as it relates to the Respiratory health of New Zealand. The College of Respiratory Nurses will be putting out a statement relating to the Cannabis Bill prior to the election.

Looking ahead to Springtime, hopefully the fear and anxiousness of the pandemic will have subsided. We will still need to be vigilant with social distancing and cross infection. Continue to keep yourselves safe and well.

As always, much gratitude to all members for your continued support. Continue to forward all your comments, suggests and any research you have found that you feel is relevant to the Respiratory health of New Zealand as this keeps the College aware of what is happening out there.

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Smell the fresh air

Noho ora mai

Marilyn Dyer  
Chairperson

## Editor's Report

As March has morphed into August, the New Zealand narrative around COVID – 19 has gone from preparation, emergency measures, pandemic management to a coveted “no community transmission” country. The extreme measures taken by the government, health sector and community is reflected in this outstanding result.

Nurses have stepped up, adapted, covered many shifts, educated colleagues and cared. As respiratory nurses, our knowledge and skills have enabled used to facilitate the care that was essential during this time.

I am proud to be a part of this group of nurses who continue to champion respiratory nurses. I wish you well for 2020 and look forward to hearing your celebrations.



## COVID: Experience during Lockdown as an Outreach Nurse

Overview of COVID nurse's experience during lockdown from Northland:

My Region is very big and vast. I have Whangarei City and outlying areas - 1-hour trip out to Dargaville in the west and north 4 hours return to Kaitaia and east out the Whangarei Heads and south as far as Ruakaka.

Veteran clients: We had to pull all Support workers from home help with our veteran clients as 98% of our clients are over 70 years young. Each week I rang them with a questionnaire to make sure they were well and safe at home in their bubble.

Our short term ACC client referrals were asked to be taken care of by their own family within their bubble unless they needed personal cares then we got in a support worker to work the hours allocated. Our long term clients with traumatic brain injuries or wheelchair bound had full time care with their support carers or family as required.

Many of our support workers were isolated at home. some chose to self-isolate others were asked to step down. Transport was reduced as much as possible but all those that were working had a travel exemption and ID they needed to carry on themselves at all times.

Our PPE gear arrived in the 5th week but however ACC did supply their long-term clients with resources. All staff worked from home and went out only if necessary.

Many thanks

Mary Cox



Photo from TVNZ:

<https://www.tvnz.co.nz/one-news/new-zealand/far-north-town-steps-up-covid-19-testing>

## COVID-19 Experience: Secondary Care Respiratory NP

Overview of COVID nurse's experience during lockdown from Auckland: Middlemore. March 2020. I planned to be on leave for almost a month celebrating a personal milestone and anticipated spending some of that time overseas on a tropical paradise. News from around the globe was starting to infringe on my travel plans, so I delayed and then finally decided to travel locally. Who knew that in the space of 3 weeks things could change so rapidly?

Returning to work (slightly early) felt like entering a new world, as I came to terms with a different way of doing things. 5 km power walks each evening became a necessary part of stress management – very odd for someone who is only marginally interested in personal exercise. The communication void where new information was constantly being unearthed, mulled over, disseminated (or not) and then promptly replaced required extra flexibility and internal resources to manage this uncertainty.



The global situation suddenly had a very real local impact when trying to source filters, non-vented masks, tubing, monitors, exhalation ports with emails, phone calls and endless internet searches to try to source local equivalents and then have them delivered. The sense of the global village was incredible with day-by-day updates from respiratory colleagues in the UK, US, Europe, Asia and Australia all wanting to share their experience and consider different ways to manage usual problems. It felt very humbling being the recipients of some great practical advice and learning.

For the most part, the patients seemed to have a “Keep Calm and Carry on” attitude. There had been some panic-stricken people who had missed out on the flu vaccine, or who could not get hold of their doctor in those early days. Providing reassurance and the odd prescription helped. Finding shower facilities in the middle of lockdown for the patient who lives in a caravan on someone's section – he used to use the local gym.

Technology is the new black. Doing patient assessments by telephone has been an interesting learning curve. We have stretched the boundaries of the technology – I had a 5-way assessment last week with a physio, myself, patient, patient's family and an interpreter – the patient was very satisfied with the outcome. Taken Zoom meetings to places they should not go – in the car travelling, walking down the corridor, into the garage and under a desk– thank goodness for video off function! So, what do I take into the future? I do not have to see everyone face-to-face. We can pare back some of our services to work more efficiently. Collaborative innovative solutions are the way forward and everyone has a potential solution. Value your team. Communicate well – even when you do not think that you have anything to share, share that. And finally, some things do not change – I organised the shower facilities discussed above at 4pm on a Friday afternoon on my half day off!

Nicola Corna Nurse Practitioner | Respiratory Team, Middlemore Hospital

## COVID: Primary Care in Horowhenua

Overview of COVID nurse's experience during lockdown from Horowhenua.

Respiratory nursing in primary care during the COVID pandemic in New Zealand required an integrative team approach. In Horowhenua, like much of New Zealand, we were challenged with the fast-moving changes that were inherent with level 4 "lockdown". Entrance to practices were screened, Personal Protective Equipment (PPE) became essential and virtual consultations were initiated. Nurses adapted efficiently and quickly, changing practice as Ministry of Health (MOH) guidelines updated, sometimes multiple times a day.

Moreover, clients understood the need for a different approach to care. As per MOH guidelines, those with respiratory symptoms, sore throat; coryza; headache; fever; cough and breathlessness, phoned the Healthline before being directed to a COVID swab clinic. Clients were seen in designated areas, independent of the primary consultation rooms. Triage became an essential prerequisite to ensure clients who would benefit a "face to face" consult, received optimal care. Virtual consults were offered by phone, providing a non-contact treatment. The Multi-disciplinary team provided evidence and protocols to support virtual consultations and these were generally, well received by clients.

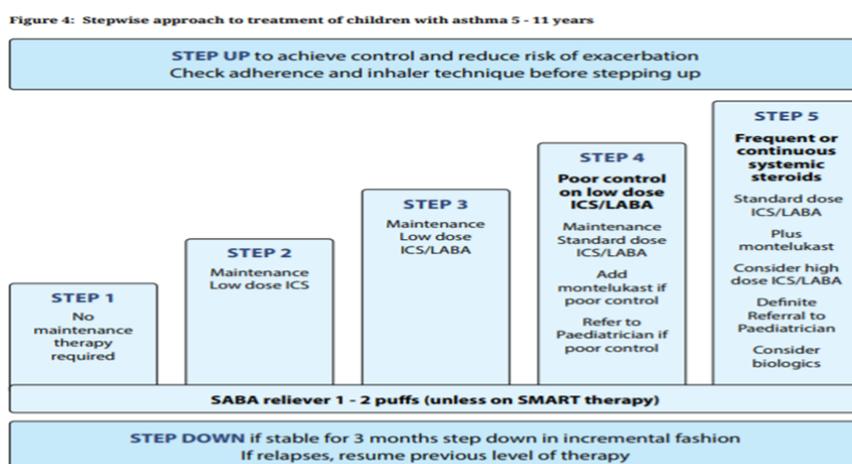
In our practice, I was able to take our first COVID-19 swab, which was done in separate area of the practice with a work colleague, following regional protocol. The client had been seated near a person who tested positive for COVID in a recent flight. Thankfully, the result came back negative. As with the rest of NZ, taking COVID swabs quickly became managed in a structured, formal clinic. In Horowhenua, a designated clinic and staff was set up alongside a CBAC (Clinical Assessment Priority Clinic). Furthermore, nurses volunteered extra shifts to man regional COVID clinics, to ensure the population needs were being met.

As we have progressed down to level 1, at HCP, clients with respiratory symptoms continued to be seen in a separate area. As a Nurse Practitioner, I was asked last week to review a 10-year-old boy who had a worsening wheeze over the last two weeks. He had a strong family history of asthma and had used a salbutamol inhaler with good effect. The history of night and morning cough with exercise and cold, alongside the family history and response to SABA strongly suggested asthma. The respiratory rate and recordings were normal. Because we were level one with no community transmission and no NZ cases, I used peak flow in my assessment. On examination, there was a bilateral inferior wheezing, but otherwise normal examination.

Using the updated Child Asthma Guidelines (2020), I started him on an Inhaled Corticosteroid (ICS), Fluticasone. I was able to teach spacer-inhaler technique as well as peak flow technique, to support self-management. Because of restrictions in this COVID/ Respiratory clinic, an Asthma Action Plan was deferred to a review visit in four weeks' time. Doing a respiratory assessment in full PPE, without full equipment, was optimised by access to the updated Child Asthma Guidelines.



Some great outcomes were established during COVID “lockdown”, in our practice. Not the least being the comradery amongst the mutli-disciplinary team, including staff who worked remotely. Another achievement was the “drive through” influenza vaccinations, which saw about 800 clients being vaccinated at level 4. Virtual consults and electronic prescriptions are exciting practice changes that will be revisited post “lockdown”. Respiratory nursing during this pandemic has had many challenges, yet as nurses (as well as teams and clients) have stepped up and new models and practices have emerged that will enable us to move nursing care forward for our communities.



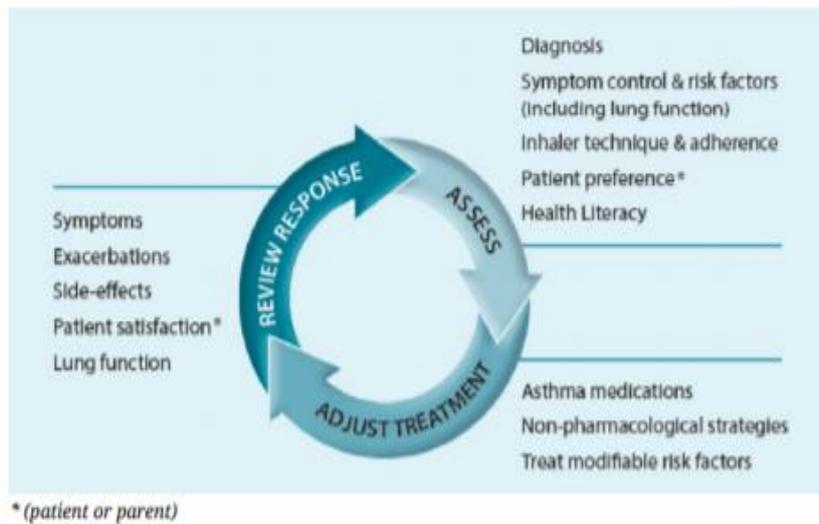
<https://s3-ap-southeast-2.amazonaws.com/assets.asthmafoundation.org.nz/documents/ARF-NZ-Child-asthma-guidelines-update-30.6.20.pdf>

## NEW ZEALAND CHILD ASTHMA GUIDELINES 2020

An exciting achievement during COVID level 1 was The Asthma and Respiratory Foundation release of both the updates Child Asthma Guidelines June 2020 and the Adolescent and Adult Asthma Guidelines July 2020.

The Child Asthma Guidelines include 1 – 4 years as well as 5 – 11 years age algorithms for asthma management. The updated guidelines include the current evidence. In addition, according to Dr McNamara they are aimed at reducing disparity and improving outcomes for both children and Whanau (The Asthma and Respiratory Foundation, 2020). Nonpharmacological aspects of asthma management are directed towards education, adherence, inhaler technique follow up and motivation (2020). The easy access and simplicity of these guidelines facilitate their use in practice. As nurses the re-emphasis of the non-pharmacological, holistic approach is well suited to nursing models of care.

Figure 2: Asthma management as a continuous cycle of monitoring and reassessment, adapted from GINA (1)

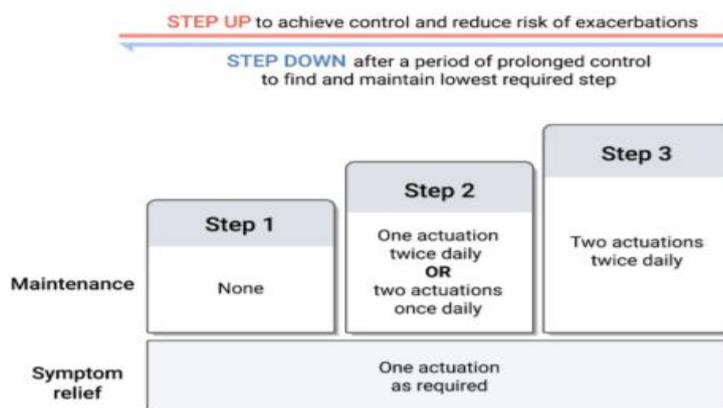


The Asthma and Respiratory Foundation (2020). New Zealand child asthma guidelines 2020. A retrieved <https://s3-ap-southeast-2.amazonaws.com/assets.asthmafoundation.org.nz/documents/ARF-NZ-Child-asthma-guidelines-update-30.6.20.pdf>

## NZ ADOLESCENT & ADULT ASTHMA GUIDELINES 2020

The updated adolescent and adult guidelines were published late June 2020 (Beasley, Lutz, Fingleton, Hancox, Harwood, Hurst, Jones, Jones, Kearns, McNamara, Poot and Reid, 2020). A major change in these guidelines is the use of ICS/ LABA combination inhaler as reliever therapy. (New Zealand Doctor, 2020). AIR Therapy (Anti-inflammatory Reliever therapy) is outlined in this update. AIR therapy considers the use of ICS/ LABA (Budesonide/Formoterol 200ug/6ug) as a reliever, with or without maintenance ICS.

Figure 3: Stepwise anti-inflammatory reliever (AIR) based algorithm.  
**Anti-Inflammatory Reliever therapy based algorithm using Budesonide/ Formoterol 200µg/6µg**



Asthma Action plans are included and updated to reflect AIR therapy and the focus on ICS/LABA combination.

In addition, non-pharmacological asthma care is also highlighted including self-management, adherence, education and warm dry housing. These guidelines are aiming to achieve the NZ Respiratory Strategy and improve outcomes for people with asthma in NZ.

Beasley, R., Beckert, L., Fingleton, J., Hancox, J., Harwood, M., Hurst, M., Jones, S., Jones, S., Kearns, C., McNamara, D., Poot, B. and Reid, J. (2020). Asthma and Respiratory Foundation NZ Adolescent and Adult Asthma Guidelines 2020: a quick reference guide. As Retrieved <https://www.nzma.org.nz/journal-articles/asthma-and-respiratory-foundation-nz-adolescent-and-adult-asthma-guidelines-2020-a-quick-reference-guide>

The Respiratory and Asthma Foundation, 2020. NZ adolescent and adult guidelines. As retrieved <https://s3-ap-southeast-2.amazonaws.com/assets.asthmafoundation.org.nz/documents/ARFNZ-Adolescent-and-Adult-Asthma-Guidelines.pdf>

The New Zealand Doctor: Rata Aotearoa (2020). New Guidelines bring fundamental changes to asthma management. As Retrieved <https://nzdoctor.co.nz/article/undoctored/new-guidelines-bring-fundamental-changes-asthma-management>

## Meet Your Committee



**College of Respiratory Nurses Committee, April 2019**

**Standing L-R:** Moira Haycock, Jill West, Marilyn Dyer (Chairperson), Nicola Corna, Vineeta Prasad

**Sitting L-R:** Carol George, Annie Bradley-Ingle, Mary Cox, Dawn Acker

We have three new wonderful committee members: Teresa Chalecki, Karen Vis and Sue Jones

Photos to follow next edition.

## Contact us

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