

Photo supplied by the Nelson Flight Team.

www.nzno.org.nz/groups/sections/flightnurses
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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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Letter from the Editor



Hi all,

I hope you enjoy reading the July edition of the COASTN e-Magazine, which is dedicated to Shane McKerrow. Many of you will have known or at least heard of Shane, through her association with New Zealand flight nursing and through her work with establishing the Christchurch flight team. Sadly, Shane passed away suddenly in April and is greatly missed by all who had the privilege of working with and knowing Shane both professionally and personally. Thank you to the CHCH flight team and Delwyn Rattray for sharing such a fitting tribute to Shane in this magazine. Our thoughts are with her family, friends, and colleagues.

Thank you to our “guest” writer, Dr Maxime Tissot-Therrien who kindly agreed to share his personal reflections of working in a COVID-19 ICU during the height of the pandemic in Canada. I have the pleasure of working with Max while he completes his 12 months sabbatical with our service in Auckland, sharing his experiences and immersing himself in the kiwi way of life.

With winter upon us and the beautiful crisp clear days that make for some of the best above ground scenery in the world, it is also impossible to ignore some significant weather patterns with wind and rain that make our jobs and those of our flight crew and passengers a little less pleasant, and not forgetting can cause significant delays with local fog and cloud.

Thank you to all who have contributed to this edition of the e-mag, remember that you are welcome to submit your work at any time throughout the year and it will be included in the following edition of the mag.

Take care and stay safe and warm,

Angela



Greetings from the Chair

While it's a fabulous sunny day and I sometimes forget it's still July & technically winter the reality of the flight environment reminds us that the weather/season still brings us some challenges – not only in our work but if commercial aircraft are prevented from flying (such as fog/low cloud affecting a number of flights out of Auckland the other day) then we may have to switch to plans B, C or D to complete our IHTs. There's nothing like a 6.5hr trip in an ambulance with an acute neuro transfer from Dunedin to Christchurch to make us appreciate our technical flight crews even more!

Also, the amount of the current variant of RSV affecting not only children but making adult patients seriously ill too (along with cases of Covid-19 still appearing at our borders) reminds us that winter isn't yet over & some of the seasonal ailments can pose different challenges for flight/transport nurses, along with our Critical Care colleagues. I am aware that the huge increase in workload in Starships PICU as a result of the RSV has meant that transferring sick children to our national Paediatric critical care service has not been an option – so these children have been cared for in regional hospitals instead. Winter ills, in conjunction with injuries sustained from winter adventures (such as snow sports) has impacted our flight team & I'm sure we are not the only ones. This comes along with supporting our referring hospitals who are experiencing staffing difficulties – necessitating the transfer of patients out due to inadequate staff. Planned industrial action also has the potential to impact on IHT services as well – as some facilities plan & transfer out patients in preparation for a reduced workforce.

From a national point of view care pathways such as stroke & clot retrieval are continuing to be under review, with a meeting of clinicians from both hospital & IHT services planned for August/September gathering all those involved to discuss the best path for patients. This may result in changes to current protocols & procedures – such as responding a primary pre-hospital team in some circumstances where significant time benefits may occur for patients. There will be individual flight/IHT service team members representing flight nurse interests along with COASTN representation, and any changes will be disseminated through your own services if & when they occur.

The 2021 COASTN flight course will be undertaken November 8-12 and I would urge those services with successful participants to encourage those attending to share their experiences & knowledge with colleagues. COASTN is also very keen to receive feedback in order to ensure the education offered meets the needs of all of our teams undertaking interfacility transfers across New Zealand & beyond.

Take care, stay safe & well, and roll on the end of winter!

Toni

A Tribute to Shane McKerrow

Flight Liaison Officer

Canterbury Air Retrieval Service

By Delwyn Rattray



Shane McKerrow died unexpectedly at her home on the 19th of April 2021 two weeks after a brief hospital stay. On the 27th of April, family, friends and a large number of nurses, pilots and doctors who all shared her love of the aviation industry, gathered to honour her memory and her legacy that is the Christchurch Air Retrieval Service.

Born in Dundee (Scotland) in 1955 to two military parents Nancy (RAF) and Jim (Army), Shane developed an early appreciation for 'plane spotting' as she liked to call it. She was brought to New Zealand as a toddler, and returned to the UK in 1972 where she completed her training as a nurse in Ninewells, Dundee in 1974/75. She returned to NZ in 1980 to work: first in Auckland Hospital as an Emergency Department nurse, before moving to Christchurch in 1984 where she worked in the ED, and afterwards in the Neonatal Intensive Care Unit.

It was while working in NICU that Shane started transferring babies around New Zealand, flying predominately in helicopters owned and operated by Garden City Helicopters (now Garden City Aviation). Shane built a strong working relationship with GCA owner John Currie, and his two sons (whom she used to baby sit), who are now CEO's for GCA.

Garden City Aviation owned a Cessna, and after the Cave Creek disaster in 1995 it was adapted and equipped to transport patients from outlying hospitals to Christchurch Public Hospital.

Over the following years, Shane and a small number of nurses carried out retrievals with Dr Terry Richards, while fittings were manufactured to meet Civil Aviation Authority standards, which allowed monitors, ventilators and infusion pumps to be protected and safely carried on board. During this time the capacity to execute transfers depended on the readiness of aircraft and pilots, and the availability of medical staff. It was not until 2001 that Shane and Dr David Bowie (ICU Intensivist) sought funding to establish a dedicated 24/7 Canterbury District Health Board operated service in partnership with GCH.

While a small number of generic nurses and registrars initially undertook the transfers, these relocations demanded a huge number of 'coordination' hours by Shane to ensure the service ran 24/7. Only in later years did the ICU Registrar training program incorporate 'air retrieval' as part of its curriculum.

Thus, after an initial penchant for 'plane spotting' during her early life, Shane's interest in aviation developed into her passion for creating an air retrieval service. Whilst supervising its increasing demand, Shane was instrumental in growing the Christchurch Air Retrieval Service from 100 to 600 transfers per year.

Although Shane's well-earned retirement was cut short, she will forever be remembered as a dedicated Flight Liaison Officer whose far-sightedness guided the Canterbury Air Retrieval Service. Well done, Shane, your legacy will continue into the future; we are all beneficiaries of your vision and dedication.

Shane McKerrow

25 February 1955 - 19 April 2021



Garden City Aviation CEO Andrew Currie, Shane McKerrow and Dr David Bowie both receiving awards for outstanding service on their retirement in February 2020.

NELSON REGION UPDATE

Tania Parr

Hi from Nelson!



It's been a while since we have contributed here, hoping to keep in more contact from now on.

We've had a few changes here in the Top of the South. I've stepped in as temporary Flight Coordinator since February, and it's been a bit of learn as I go! Thank you all for your patience in your dealings with me over the past few months, I hope it hasn't been too painful!! We also have a new CNM of ICCU, Fiona Simmons, who is managing Flights as well, and is helping us make some improvements to our service. Currently I'm doing short days finishing at 1430hrs, so our lovely ICCU team hold the flight coordinator phone after this.

We've been running fairly thin on the Flight nurse front with a couple of nurses leaving or reducing hours with our service, so it has been a challenge to cover some days, so we have been very grateful to the support we have had from in particular Wellington, Christchurch and Whanganui teams for helping pick up the slack! We have been given permission to fill our required FTE finally, so looking at spreading the coordinator load over a couple of flight nurses so we can coordinate and fly, and train up some new flight nurses so we have the ability to cover those who are sick/on leave more easily. We currently only have 1 flight nurse shift 0800-1630hrs which also poses many challenges with lots of late referrals coming in.

We have exciting changes coming with us moving in a few months to a new hangar at Nelson Airport! The Rescue Helicopter will stay where it is on McLaren Drive, but the Nelson Flying Drs team will be shifting to the Southern end of the Airport to a much bigger hangar which will allow for space for training days and perhaps a couple of planes in the future. We are looking forward to holding our annual training day in the new hangar in October.

We have been working on a lot of quality improvements, and guidelines for our service as we have been lacking in a lot of these documents for some time. We have just developed some patient information brochures about IHT both nationwide and a specific Wairau to Nelson as we transport a large number of patients between these 2 hospitals, sometimes by road. We are also working on a Maternity/ Neonatal transfer pathway document to try and make these transfers and the process simple for our maternity units to follow and ensure early referral and safe transport of these patients especially after hours.

Lately we've been joining the Heli team for monthly hangar breakfasts as time allows, and in June we took some chilly morning photos of 5 of our 8 flight nurses and pilots on what was a stunning Nelson morning!

Hope you are all keeping warm (and dry!)





Hullo once again from the NZAAS team in Auckland, and our logistics and auxiliary teams in the head office in Hawkes Bay who play a very important part in keeping our missions running safely and smoothly and the company aircraft flying. We have been kept reasonably busy over the late Autumn/early winter season, and are currently seeing the impact on the national health boards of the wave of RSV infections that are gripping the paediatric wards throughout the country.

Recently our medical teams got together with our Clinical governance team led by Dr Shay McGuinness for a clinical skills day held at the NZAAS hangar. It was a lot of fun and a great opportunity to refresh those vital sole practitioner skills that are often spoken of, forever in the forefront of our minds... but (thankfully) seldom used!. Everyone, including Quinn the resident mannikin had a great day, and there were some happy household pets at the end of the day that enjoyed the spoils of the EZ-IO training. The day also included discussion around an interesting 'out of the box' case study and use of the transport ultrasound in the search for difficult veins and pneumothorax.



Clinical Skills Training Day @ the Hangar

Wishing you all safe and successful transports and looking forward to the warmer drier spring days—yep... I hear the laughter of those of you from much cooler climes than we have in Auckland, but believe me we fully appreciate just how cold it is down south when we are called to collect a critically unwell patient in the early hours of any winter morning!



A beautiful morning for a helo flight over Auckland City.

Photo taken by Karla Martin

WAIKATO NICU INTRODUCTION

Chad Pagdanganan



Kia Ora Team!

We are Waikato District Health Board NICU Retrieval Team. Our NICU is considered as one of the biggest tertiary newborn centres in New Zealand with 41 cots that offers highly specialised care to all babies and their whanau across the country. Per year we have an average of 80-100 retrievals and transports across the country. Our team consists of 14 senior nurses, Neonatal Nurse Practitioners/Specialist, and Registrars who are highly trained to do both land and air transports and retrievals.

We do retrievals of extremely premature neonates to medical and surgical babies who need further specialised management in a tertiary centre. We have two transport incubators which are fully equipped to facilitate the safe retrieval and transports of both stable and critically ill babies.

Here are some snippets of our scenic flights across the country.

Chad Pagdanganan (ACNM, Flight Team Lead).



WHANGANUI

Joanna Knight

Greetings from Whanganui



As we are all gearing up for the changes to DHB's next year, and with current MECA negotiations, and the unsettled period that change and potential change can bring, flying around the country is definitely the preferred option for most! The consensus from our team is that getting out and about around the place, is a nice break from the hustle and bustle of many units. We're so fortunate that we have the freedom to move around this country without the restrictions of many other countries.

We continue to see increasing numbers of transfers, and have expanded the team to accommodate, exciting times ahead for the new staff, who bring a fresh perspective and enthusiasm.

Looking forward to seeing the warmer months, and longer days.



WELLINGTON

Nikki Joseph

It's hard to believe it is less than 6 months until Christmas!

About a month ago we were informed by Karyn Hathaway (CNM & flight nurse of 20 years) that she was leaving us! We were flabbergasted! Whatever would we do! Karyn joined our flight service in 2002, with involvement in the NZFNA/COASTN, the Otago University Aeromedical papers, NASO and discussions with all the other stakeholders that a busy tertiary service has. We all felt like adolescent chicks left in the nest. Who would we ask all those tricky and delicate questions of!

Never fear she ensured she had built a strong team of flight coordinators Becky, Alex, Annie & Sarah (on mat leave), with another starting soon. Also core senior flight nurses, many with coordination experience. Tracy Klap senior Flight Nurse and experienced ICU Nurse Educator will take over the interim CNM role for the next year. Karyn moves into the Strategy Planning and Performance Directorate within the DHB we wish her all the best.

Our team currently comprises of around 18 – 20 Flight Nurses. We welcome Hélène and Erin to the team

Our plane had the unfortunate experience of being bumped by an ambulance on the tarmac a few weeks ago. Fortunately Life Flight had it back quick smart - nice work! This has led to a review around SOPs of ambulances driving and parking around planes on the tarmac.

We have recently been trialling a second flight nurse for Saturdays and Sundays to be of further assistance to those of you who need us. Occasionally we ARE needed ALL at one time.

In case anyone has forgotten, you can reach us on 0508 935 535. This is the best number. It reaches the flight coordinator during the day and switches over to the ICU flight phone after 1630. If you use any other number you may have been given (most usually attached to a flight phone) we can not guarantee your call will be answered -especially after 1630.

I will leave with pictures of our outgoing CNM Karyn (& Fernah) and our incoming CNM Tracy Klap

Nikki Joseph

Flight nurse Wellington ICU



DUNEDIN NICU

Lynette Will.



The Dunedin NICU transport team has completed 17 retrievals/transports during July, these have ranged from picking up distressed critically unwell neonates and premmies to returning babies to their home base hospital once they have recovered and/or grown. We have a small team of transport nurses and are lucky to have some new members join the team this year as we are in the same position as many other teams with some older staff looking to step down. Our mode of transport is either heli for our retrievals or fixed wing for our transfers with the now occasional ambulance trip (thanks to the sky-line service!) and we cover a large area of Otago and Southland and Central Otago.

Kind Regards

Lynette

The photos attached were taken by Rose Bryant who is one of our transport team members

*“Te tiro atu to kanohi ki tairawhiti ana tera whiti t era kite ataata ka hinga ki muri kia koe”
(turn your face to the sun and the shadows fall behind you)*

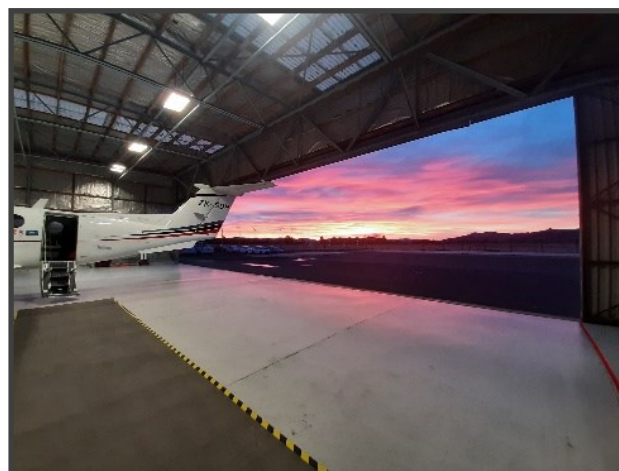


SOUTHERN CRITICAL CARE

Toni Johnston

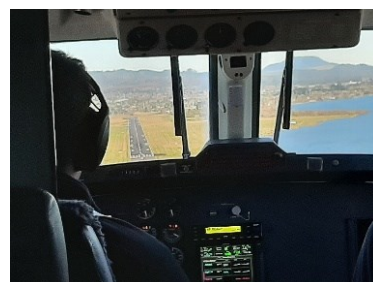


Hi from the Southern Critical Care Flight Service. We're loving having the opportunity to mix-&-match our 2 service components: the acute heli-based full ICU retrieval service (28 years & counting....) and our more recent nurse-only fixed wing service. Having the fixed wing has meant we as nurses have seen a lot more of the country..... I think the longest trip was Dunedin-Whangarei-New Plymouth-Invercargill-Dunedin, which is a pretty full day! As the service develops we are getting better with planning our trips & enabling backloads as & where possible (reducing the number of empty legs undertaken in an effort to make the service more cost-effective) – to achieve this it requires a fair degree of education amongst our referring hospitals as to the appropriate vehicle & team for transfer. The flight service documents created to ensure that nurse-only transfers apply to the correct cohort of IHTs seem to work with all of us becoming more familiar with the green/red flag system helping define whether a patient fits within the boundaries of nurse-only care. Work is underway to obtain all the necessary equipment, protocols and procedures to undertake full critical care (Doctor-nurse team) transfers on our fixed wing aircraft – ensuring the patient is moved to the appropriate place/level of care within the most expedient timeframe in context of any constraints (such as infrastructure – like airfields).



Winter has brought its challenges – with adverse weather (mainly fog, low cloud and the resulting poor visibility & low freezing levels) requiring the occasional alternative to our instantly dispatched heli team. Road transfers between Dunedin & Christchurch - particularly with the ongoing lack of Neurosurgical services in Dunedin – or

journeys where the team is dropped somewhere as flying is no longer safe & achievable add an element of complexity to the trip & support the idea that members of the team need to possess the ability to think “outside the square” in order to complete the trip safely & effectively for all involved. We have a fantastic group of both heli & fixed wing pilots and crew who do a remarkable job of getting us to where we need to be, or wrangling the logistics of having to change plans mid-transfer and conjuring up road ambulances to meet us when required. One of our heli paramedics – Doug Flett, who has been with the service since its inception 28 years ago – is moving back to a clinical role within St John in a road-based Tango unit (a first response/ non-transport pre-hospital Intensive Care Paramedic crewed vehicle). He will be sorely missed, but we look forward to sharing stories and tales at his farewell being planned to celebrate the incredible impact he has had both locally & nationally in developing the rotary wing capabilities within our service.



Tales from COVIDLAND

The author is an anesthesiology and intensive care consultant from Canada currently training as an aeromedical transport medicine fellow with New Zealand Air Ambulance Service in Auckland.

When I was asked by the journal editor, Angela Coward, to share my experience with the pandemic in Canada, I first felt like a war veteran recalling his time at the frontline; reliving the occasional fears, the everlasting fatigue and more importantly the enormous pride to have worked with nurses, respiratory therapists, and orderlies in such difficult times.

Now, I see it as a way to share what it was like to live and work in the bizarre environment that was the lock down city of Montreal in 2020 to 2021 to people who were actually blessed to have the chance to live almost normal lives since COVID hit a year ago.

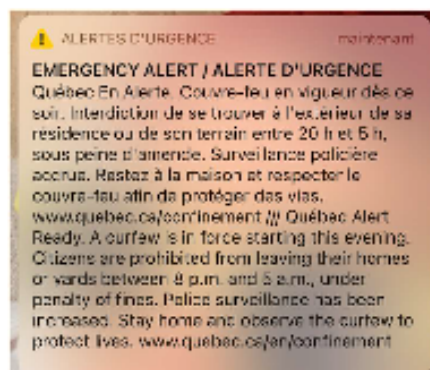
The first Wuhan covid-19 case was reported in December 2019 for those, like me, who didn't remember. At that time, I was finishing my last year of training as a senior fellow in critical care in Montreal. During the Christmas holidays, Covid seemed nothing more than a regional problem in a land far far away. It wasn't before March 2020 that any step to manage it was undergone by federal or provincial authorities in Canada. In a matter of four weeks, international travel was forbidden (sadly too late for the returning March break travellers), USA land border was closed, and Easter was plainly cancelled. The PM was addressing the public daily on television and the army deployed in the battlefield that was becoming the elderly homes across the province. Plagued by policies that allowed personnel to work in multiple facilities at the same time, the virus spread rapidly everywhere. We were under siege, and we could see it in the makeshift plastic walls made of tape that were appearing in our ICU. Things evolved at a vertiginous pace. Our 30 beds unit (one of the five major ICUs in Montreal) became almost exclusively taken by intubated Covid patients. Many of them developed a severe form of respiratory failure and needed to be flipped in prone position twice a day, making the whole unit look like a very sketchy Mexican beach. Welcome to *playa del Covid*, a nickname ironically given when people needed a little bit of positivity. Speaking of positivity, that was also



when rainbows made their way into windows and on TV. Everyone was repeating the Quebecer national motto of the time: *Ça va bien aller...It's going to be alright.*

But it was not alright yet...It was a season of extending intensive care units (Covidland 1 had now 3 sister units), mass hand washing and world war-esque lines at the grocery stores. We were supposed to be done with the freezing cold of the Canadian January and February months, but winter was again coming our way.

The succeeding months were different of what we first experienced. The initial blitz of March and April became more like a waiting game where public patience for restrictions and healthcare workers' stamina were up against not one, but two succeeding waves of sicker and younger patients. The COVID population was no longer dominated by elderly people who often had a pre-existing limited level of care. It was now more healthy patients who would have long and tumultuous stay in ICU with profound loss of quality of life for a long time afterwards.



Then came Winter 2021 (summer for you southerners) and it was peculiar to say the least. I was starting my practice as a consultant in critical care amid the second wave. The risk for bed capacity rupture was so high that authorities imposed a strict curfew for a limited period of 20 days that finally lasted four months. I will always remember being pulled over by a police officer coming back from the hospital because I was out after eight o'clock in the evening!

It was in every way a mad year.

We rotated sedation medication to limit shortages of drugs.

We wore ice hockey equipment maker face shields (surely it can stop covid if it's made by a company that aims to stop 100km/h pucks).

I quarantined my 30th birthday card for a week because it went into the hands of a whole COVID-ICU shift team.

One hour of traffic to get to the hospital transformed into empty streets for the better part of the year.

I became a father. Our daughter saw her grandparents only once.

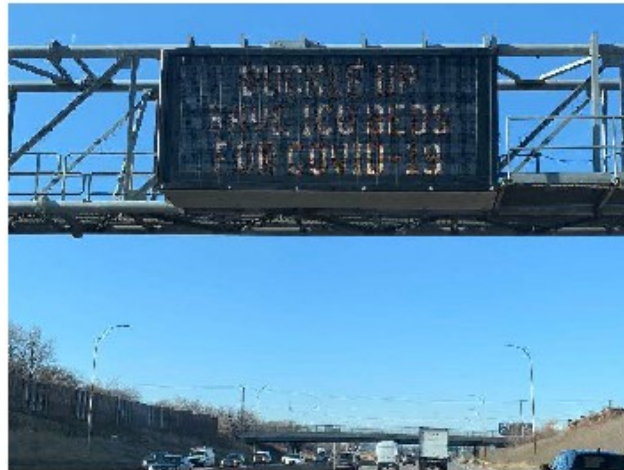
One of the first event of my new consultant job became the review of an advanced triage protocol (that basically decides who is thrown out of the ICU if the bed capacity is overrun).

And yes, I forgot... schools and on-site office work were closed for pretty much a whole year!

The enormous load on the Canadian healthcare system had good and terrible side effects. On the bright side, a desperate sense of urgency made the Canadian vaccination campaign one of the most effective in the world. As I write these lines, 73.1% of the province of Quebec population (about 8 million people) has received one dose. On the other hand, that stress made problems long ignored resurface. Burned out personnel left their jobs, surgeries were indefinitely postponed and appointments canceled. Our system is slowly recovering, but the extent of the impact in the care of patients with other diseases has yet to be determined.

In April 2021, I was given the chance to cross half the world and a whole lot of time zones to land in Auckland to complete a transport medicine fellowship with New Zealand Air Ambulance Services. The reality difference was striking. I might as well have landed on Mars. Malls were full, restaurants were open, and people were shaking hands.

Hopefully, that's where the bulk of the pandemic ends for me. Looking back at what happened home in the last year and a half urges me to share how fragile the current situation really is. As well prepared we thought we were, we sure weren't.



That photo is not from Quebec but from Northern USA, still funny though!



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WELLINGTON



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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 rectangular box.



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.



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