

April 2026



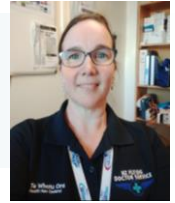
COASTN
Providing Excellence in Transport Nursing
NZNO



NZFDS at Sunset – Kier Escario Nelson Flight Nurse

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

From the Editor – Tania Parr



Kia ora koutou katoa,

Welcome to the April edition of the COASTN E mag. Once again we find the year whizzing by, with Easter upon us, and Autumn well and truly making itself known.

This edition features an introduction of our current committee members, where we are from, and who we are.

We are trying to reach out to more of our road nurse teams as we recognize they are a large part of Inter hospital transport and need to be heard and supported alongside our nurses in the air. If you know a road nurse, can you please make sure they know about COASTN, show them how to join, and let them know I want to hear their stories and updates too.

We are looking forward to this year's Symposium in Hamilton on the 3rd and 4th September which is shaping up to be a great couple of days. We would love to see you there, so get talking to your managers, and start planning.

Remember, you are welcome to send me your stories, photos, articles anytime.

Tania.parr@nmdhb.govt.nz – I'd love to hear from you!!!

Please take note, the next edition is due out in August.

Wishing you all a very happy Easter! I hope the Easter bunny delivers a lot of chocolate for all of your hard work over the past year!

Nga Mihi

Tania

Did you know that COASTN is on social media?

Find us on Facebook <https://www.facebook.com/groups/250823442046051/?ref=share>
and on Instagram <https://instagram.com/nznocoastn?igshid=YmMyMTA2M2Y=>



Autumn Update and Committee Progress Report

As we enter the second month of autumn, the days are still filled with sunshine and warmth, yet the mornings now carry a distinct chill, marking the subtle transition into cooler weather. It feels as though time is flying by, and the days seem shorter as we move through the seasons. Many members are likely looking forward to the upcoming school holidays, a much-needed opportunity to rest and recharge. At the time of writing, New Zealand is beginning to feel the effects of the ongoing conflict in the Middle East, with rising costs in travel and everyday expenses. For many, this may mean considering a staycation instead of travel. My thoughts go out to those with family, friends, and whānau overseas, who must be experiencing worry and concern during these difficult times.

Committee Update

Earlier this month, the committee held its first face-to-face meeting of the year. It was a pleasure to welcome new members to the team: Rose from Dunedin NICU, Kylie from Waikato NICU, and Jo, the Flight Nurse Manager from Whanganui, who is returning to the committee after several years away. This meeting provided an excellent opportunity to connect with our new members and set the direction for the year ahead. Each committee member has written a short introductory paragraph, which you'll be able to read further on in this edition of the magazine.

A key topic of discussion was the plan to review and update the COASTN resources to ensure they remain aligned with current practices and guidelines. This is a substantial undertaking, and we anticipate seeking assistance from members nationwide to contribute to the effort. Committee members are each working on specific sections, and we plan to reconvene for an online meeting in late April to discuss progress. Additionally, we continue to collaborate with our colleagues in Flight Nurse Australia to support this important project.

COASTN Annual Plans & Publications

The NZNO College and Section Annual Plan has been revised to a new format, and we are currently awaiting approval from the National Executive. Once this is finalized, the updated plan will be uploaded to the COASTN website, along with our other publications.

COASTN Aeromedical Course Review

The COASTN Aeromedical Course is undergoing significant changes following valuable feedback from course participants, members, and managers. Helen, Avryl, and I recently met in Auckland to review the course content and explore potential future directions. Our goal is to ensure the curriculum remains evidence-based, relevant, and responsive to the evolving needs of transport services across Aotearoa. After careful consideration, we have made the decision to not run the course this year. Instead, we will complete the review and present an updated version of the

course in early 2027. We look forward to sharing the new course details with members later this year.

30 Years: Past, Present and Future Symposium

Plans are well underway for the 30th Anniversary Symposium to be held in the sunny Waikato on 3-4 September 2026. Avryl and Kylie are leading the charge to ensure it will be an event to remember. This symposium will also feature the presentation of the COASTN Nurse of the Year Award, which includes a \$1000 scholarship. It's never too early to start thinking about potential nominations, so please consider submitting a candidate for this prestigious award.

Farewell to Annie, Our PNA

Lastly, I would like to take a moment to acknowledge and thank Annie, our Professional Nurse Advisor (PNA), who will be retiring soon. Annie has been an invaluable member of our team for many years, serving as the professional link with NZNO and helping to keep our enthusiasm in check while ensuring alignment with NZNO responsibilities. She has been an ever-present support to the committee, and we will deeply miss her presence at the table. We wish Annie all the best in her retirement—enjoy the time with your grandchildren and the travel you have planned. Take care, Annie, and thank you for everything.

We hope you find this update informative and look forward to sharing more with you in the upcoming months. Please stay safe and enjoy the rest of autumn!

Andy Gibbs

Aeromedical Commissioning Programme

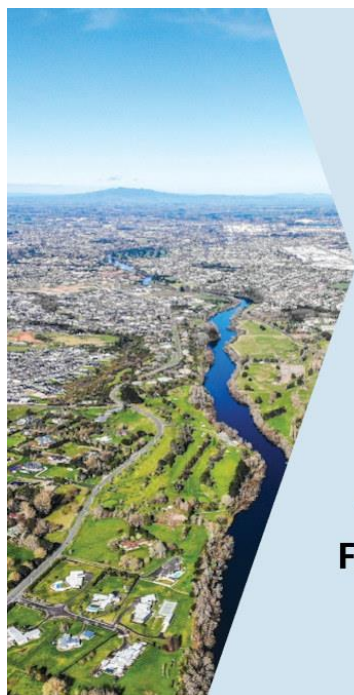
The Aeromedical Commissioning Programme Update for December 2025 has updates on the:

- detailed business case
- future operating model
- Clinical and Technical Advisory Group
- fleet replacement.

[Aeromedical Commissioning Programme Update - December 2025 \[PDF, 218 KB\]](#)

COASTN Symposium 2026

30 Years: Past, Present, Future



COASTN CONFERENCE 2026

30 Years: Past, Present, Future

Hamilton, Novotel Hamilton Tainui

3–4 September 2026

Thursday 3rd: Pre-Symposium

Afternoon Presentations & Welcome Evening

Friday 4th: Full-day Symposium



Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

COASTN Award 2026



It's never too early to have a think about the 2026 Transport Nurse of the Year. Do you know a transport nurse who has gone above and beyond and displays excellence in the field of transport nursing? Then why not look at nominating them for this prestigious award. [Nurse of the Year](#)

Regional Updates



New Zealand
Air Ambulance
Service

Life saving care in the air

The team at NZAAS have continued to remain busy over recent months, supporting patients and communities across the country and in the Pacific. As always, the dedication of our clinical teams, pilots, mission coordinators, PTS and Loadmaster teams and engineers ensures that patients are transported safely and in a timely manner whether by road and air.

We are pleased to have welcomed several new members to the team, including flight nurses and pilots, along with those people behind what are often the voices people hear first when they contact NZAAS to organise a transfer – our mission coordination team.

Another exciting addition to the service is our B200C aircraft registration ZK-RFB. Along with expanding our operational capability, the aircraft carries a special story. The name and striking Māori artwork featured on the aircraft reflect the cultural heritage of Aotearoa and the communities we serve. ZK-RFB is the third aircraft in the fleet to carry specially commissioned Māori artwork and story telling.

Below is a photo of Te Manu Karanga : ZK-RFB and the story behind the artwork.



Te Manu Karanga : ZK-RFB

When Māui took the form of the kāhu to escape Mahuika's wrath, his feathers caught the sacred flames, transforming from ordinary brown to the rich amber and copper that marks the hawk's breast today. Burning, and in his desperate flight skyward, he cried out to his atua whānau for help. As his voice pierced the smoke-thick air, Tāwhirimātea heard his nephew's call and sent forth his swiftest winds. These weren't mere breezes, but karere - divine messengers that carried Māui's plea across all the heavens. And they answered the call – with rains and winds to douse the fire. Like our air ambulance, this wind-spirit races between earth and sky, carrying urgent words that can mean the difference between life and death. The name speaks to speed, communication, and the sacred duty of carrying hope on the wind.

Te Manu Karanga: The Bird who arises to the Call

Take Care,

Safe flying from the team at NZAAS.



Whangarei Flight Team

Kia Ora from the Whangārei ICU Flight Team,

As Te Tai Tokerau moves into autumn, March brings with it the first hints of seasonal change — though the warm, wet, and humid conditions that characterised much of February linger on. This is a short update, with relatively little to report.

Our fixed-wing service has continued to be busy. Over the first four days of March, our fixed-wing nursing team completed 13 transfers, reflecting the ongoing demand for access to specialist care and the importance of repatriating patients back home to the North.

On the rotor-wing front, the helicopter pad on the roof at Whangārei Hospital remains closed as the extension project is ongoing. The wet and humid conditions of recent weeks have at times further restricted our ability to fly, and a number of transfers have consequently needed to go by road. We are grateful to our ambulance colleagues for their continued support in facilitating these journeys.

We look forward to sharing more news in the months ahead.

Ngā Mihi,

Jason Wordsworth
Flight Nurse

Photo: Aerial view of Moturekareka Island in the Hauraki Gulf en-route home. The wreck of the four-masted 1889 English-built ship the *'Rewa'* is visible.



Waikato Intensive Care Unit Transport Team

The summer is over and here we are in autumn. In the Waikato we have not had much of a summer but we have been busy.

Life Flight has been operating in New Zealand for the past 50 years and like most of our patient transport services has grown 'organically'.

The Hamilton base started operations in February 2024 after taking over the fixed wing service from the Phillips Trust. At the moment we have one aircraft but plans are underfoot (in the air) or having another aircraft operational later in the year as demand increases.

After introducing Life Flight in Hamilton we had to find a new home and this took a little while and a lot of discussions with Hamilton airport and now we are settled in our new home.

On the 18th February, just two years of the service being in operation, and a new hangar built for two aircraft, we had our official opening. This was well attended by mayors of the region and members of charities.



The Minister of Health, Hon S Brown, unveiled the plaque and the guests stayed for snacks and a catch up.

Air and road patient transports are increasing and we see this throughout the various services. The Hamilton base flies across the whole country taking patients to hospital where they can receive the best care. We have been transferring quite a number of high risk pregnant women from smaller centres to any hospital that has a NICU, even having to go to Dunedin and then later on when there is a space at a facility in the North Island transferring the mother and baby back to be closer to home.

The Waikato Hospital had a NICU and an ICU flight nurses team that cover the transports that require their expertise. Life Flight Hamilton base supplies nurses for the nurse only flights.

As we all know the work is always varied and you never know what to expect when you go on a retrieval as the stories never quite match. That is what makes it exciting but the service is always to transport the patient in as much comfort and safely as possible in all circumstances, be it pain relief, support during those very bumpy flights or just being a comforting presence.

I sincerely hope that your flights are smooth and you manage to get your patients to their destinations without too much difficulty during the winter months ahead.

Take care and remember you do make a difference as always and look after your colleagues who have had a rough flight.

John Jenje
Life Flight Nurse

Hawkes Bay Flight Team

Does anyone else feel like 2026 is moving at double speed? One minute we're easing into the new year, and suddenly Easter is practically on the doorstep. Maybe that's just what happens when you work in a job where the days are full, the pace is consistent, and the work never really pauses long enough for you to catch your breath.



February was a perfect example of that tempo. On the 28th, we were at the Lowe Corporation Rescue Helicopter Open Day, and it turned out to be one of those genuinely uplifting days. There's something special about watching people step into our world—seeing their curiosity, their surprise at the equipment we use, and their appreciation for the care we provide. The flight nurses were in their element, chatting with families, demonstrating gear, and giving people a glimpse of what clinical care looks like outside the walls of a hospital. It was a reminder of just how much skill and heart flight nurses bring to every interaction, whether it's with a patient or a member of the public.

A week later, we were back together for the Beta electric aircraft demonstration. And while the aircraft itself was impressive, what struck me most was the conversation it sparked. Not about engines or range or specs—but about the future of healthcare delivery. About how our work might evolve. About how we adapt, learn, and stay ready for whatever comes next. Wendy captures that beautifully in her article.



We've also welcomed a new aircraft into our fleet—RFB—which has brought its own set of challenges. A different configuration, new loading considerations, and a fresh fit-out always mean a period of adjustment. But, as always, the team has taken it in stride, working through the quirks and finding the best ways to deliver safe, seamless care in a new environment.

Meanwhile, the Hawke's Bay Flight Team continues to operate at a pace that reflects both the needs of our region and the capability of our staff. Last year we completed **1,051 missions**, transported **1,852 patients**, and averaged **1.76 patients per mission**. Those numbers tell a story of rising acuity, increasing demand, and a team that continues to show up with skill, compassion, and resilience.



Some of the team with the transport minister and Beta aircraft

Because at the heart of flight nursing isn't the aircraft—it's the care. It's the moment you step into a scene and instantly shift into clinical mode. It's the quiet reassurance you offer a frightened patient. It's the teamwork that happens without words because everyone knows exactly what needs to be done. It's the ability to deliver high-quality care in environments that are unpredictable, cramped, noisy, or emotionally charged.



Heli Open Day Fiona, Krystyna and Ange in action

As we move further into 2026, I'm reminded again and again that our profession is built on adaptability, connection, and clinical excellence. Technology will change, systems will evolve, and new challenges will emerge—but the heart of what we do remains the same.

Here's to the months ahead—whatever they bring, I know we'll meet them with the same strength, skill, and heart that define the Hawke's Bay Flight Team.

Whanganui Flight Nurse Team

Kia ora from the Whanganui flight nurse crew!

We've wrapped up a warm summer here. A recent highlight for us was our annual Flight Nurse Study Day — always a great chance to get together, learn a few new things, share stories, and have a laugh along the way. The team really enjoyed it, and it set a positive tone heading into the next stretch of the year.

We have welcomed new flight nurses to the team, which always a highlight welcoming new members to our team and seeing the excitement of new team members.

We're looking forward to the cooler months and whatever comes our way. Sending good vibes to all our fellow flight nurses around the motu — stay safe and keep doing the amazing work our teams do.



Wellington Aeromedical Retrieval Service or WARS!

Hi from Wellington,

It is the land of 3 seasons in 1 day of late. We have had days of no flying with storms lashing at us and then days of getting sunburnt on the tarmac! The usual weather challenges sit alongside having to navigate overnight runway closures in Wellington as well as other centres around the motu. Hopefully these will be coming to an end soon. We are fortunate to have Paraparaumu airport to use during this time, albeit meaning a longer road transfer component.

It's busy busy busy. On more than one occasion clearing the drug bag cabinet, leaving our equipment bag shelf empty and one day covering from the top of the North Island to the bottom of the South with 4 teams out. One flight nurse did a return home of a TBI patient to a rural town in Tasman which was very special and rewarding with welcome home signs festooned up on trees to the farm entrance. Another had a horse meet her and the ambulance team on a rural road in Blenheim in the middle of the night. It is just as well Jenny has been keeping us supplied with cokes in our flight fridge to keep our energy up!

The A145 has also been getting a good work out. Quieter, faster and smoother. We like it! We have spent the last few months working out just where we like things.

Following a trial of having extra flight resource in the afternoons we have secured permanent fte to allow this to continue. All those who were on fixed term positions for the role are now in permanent positions. We are grateful to have been able to keep all these nurses flying!

Life flight had a celebration of 50 years in service recently. As a part of this there was a celebration at government house with the Governor-General Cindy Kiro. It was lovely to see familiar faces and to share stories. The macaroons were not bad either!

Please continue to call 0508 935 535 our "hotline" for any acute referrals 24/7. Calling the hotline number ensures your call is answered out of office hours. 027 297 2549 (flight coordinator) is only manned 0800-1630 Monday-Sunday – though this will extend to 0730-1730 from April 13th for a trial period. Please delete any other numbers which may be on your phone as they are likely from generic flight phones which we cannot guarantee will be answered.

Safe flying out there!

From the Wellington Aeromedical Retrieval Service



New Zealand Flying Doctors Service – Nelson/Whakatū

Kia Ora from Sunny Nelson!

Not a lot to report from us in Nelson, with us continuing to be busy busy. We are preparing for our annual flight training day later in the year, and this year plan to mix it up a bit, with most of us not having done any sort of water safety and survival training, and the fact we often cross the strait in rough weather, we have decided to team up with our local coast guard group to run through some survival training on the rough sea in our local wave pool – which should serve as a great team building exercise as well as brushing up on these skills that most of us have not done since beginning flight transfers.

We have had interest from Registrars who want to find out more about what we do, and some of the challenges we face with inter hospital transport. Tania did a presentation to the new Registrars joining Nelson Marlborough, and from this, we have had 2 ICU registrars come and fly for the day, with a 3rd scheduled to fly with us.

They have seen first hand how Inter Hospital Transports can start with a clear, quick plan, that quickly unravels with ambulance delays or weather issues, and patients not ready due to paperwork etc. We are hoping this insight will help with preparedness on the wards for patients expecting to transfer.

Wishing you all a safe Happy Easter! From the Nelson Flight Team.



New Zealand Flying Doctors Service – Christchurch/ Ōtautahi

Kia ora from Ōtautahi,

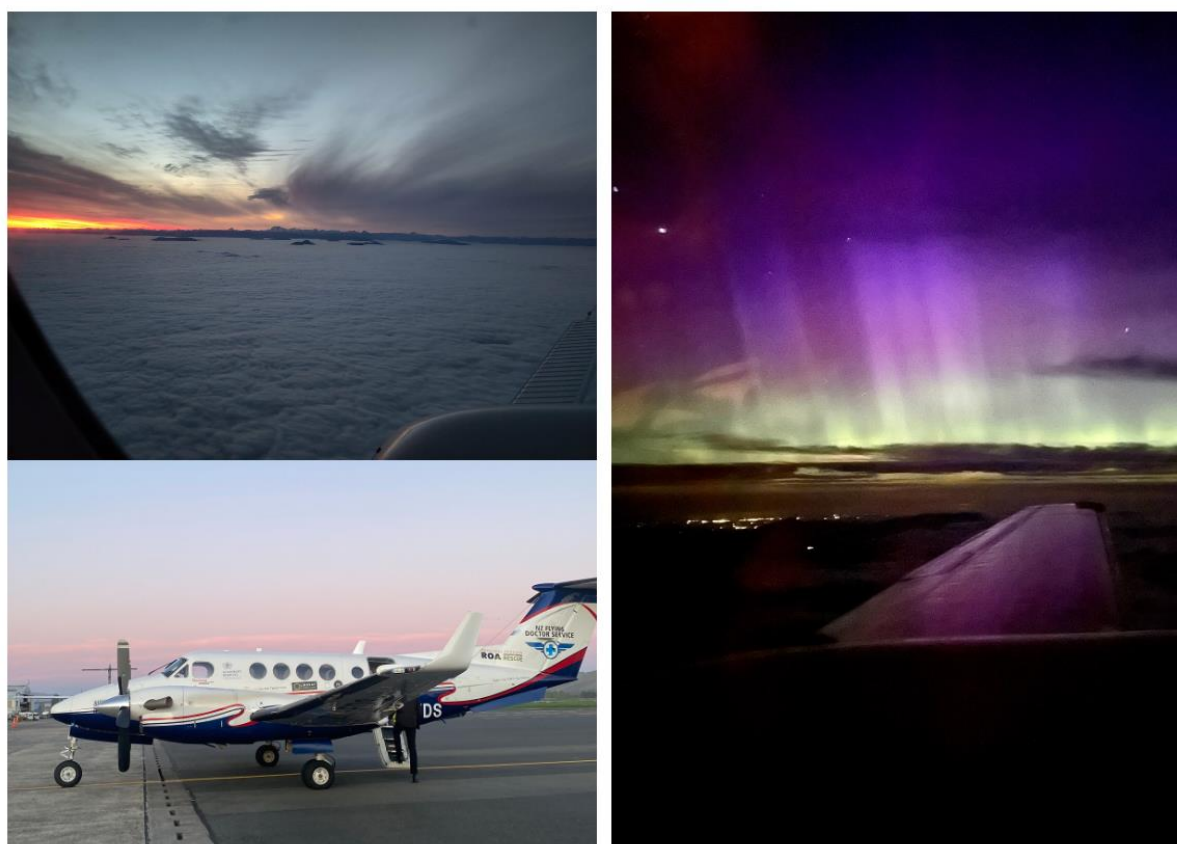
2026 has started off as a steady year for the Canterbury Air Retrieval Service (CARS). Plenty of work has meant that we have recently recruited within our ICU for more flight nurses, and will look to train up more flight co-ordinators during the year. We look forward to welcoming Carrie-Ann into the team in May. Sadly we say farewell to Charmaine, but wish her luck taking on an exciting role with the University of Otago.

The January skies provided some spectacular views of the aurora for those on the night shift! During the day, 2026 has seen CARS regularly have access to two aircraft and crew. This has been greatly appreciated by our team and the benefits to our patients has been clear, both in regards to the ability to conduct simultaneous jobs as well as to fit a greater number of retrievals into each day.

CARS is looking forward to several educational opportunities this year. Our annual team study days are coming up in May, and funding is available to enable our flight nurses to attend and maintain their HUET certification. Two of our flight nurses have also received funding to complete post-graduate aeromedical papers through Otago.

Safe flying

CARS



Sunset over Aoraki, Aurora Australis (photo credit Katie G, Jasmine B)

Dunedin – Southern Critical Care Flight Team

Salutations from southern New Zealand!

Reality is setting in that the summer we never had is over, autumn is well established, & we're staring down the barrel of the oncoming winter.

Which in our flight world in the south brings a few extra challenges.....

We continue (like the other services across the motu) to be fairly busy – for us lately impacted by the ongoing challenges around lack of Neurosurgical service cover compounded by some equipment failure in Interventional Radiology leading to some busy weeks transporting acutely unwell patients north to Christchurch for assessment & treatment (sorry to our Christchurch Critical Care colleagues for increasing



your already busy workloads). We've broken records in terms of numbers of patient transports – such as 22 patients moved in 20 days, and a 5-leg 5-patient fixed wing flight day too! With this we continue to prove our worth & showcase the role of the SCC flight service across our cohort of HNZ patients.



March saw our annual FN update / training day – encompassing all the mandatory training required to meet CAA requirements for flight service personnel (across both rotary & fixed wing airframes). For our team it's one of the few opportunities we actually have to get together as a cohort, to train alongside our team colleagues who are not part of the HNZ workforce (such as our amazing HEMS paramedics), and to stretch our brains as well as our legs getting outside the ICU environment.

This year the team organising training (Flight service coordinators Amie & Esther, plus FN Alicia) had been liaising with our helimedical colleagues plus one of our SMOs (Ziv) and came up with a challenging clinical simulation scenario that was run in 3 parts – getting us to think about how we would manage being tasked with being diverted to an unplanned acutely unwell paediatric patient (when our flight RMO was incapacitated with severe motion sickness). The “patient” was an asthmatic child, who went on to deteriorate significantly requiring intubation & mechanical ventilation for resp failure, then developed issues with being able to adequately ventilate them post intubation. It was a fabulous opportunity to revisit some of the skills we don't utilise that often – starting with being terrified it was a paediatric patient for a start. Calculating drug doses & infusion requirements (whilst the Starship

calculator is unavailable), and generally how to manage the ventilated asthmatic patient & troubleshoot issues had us all busy. The positive feedback at the end of the day really supported the benefit of well-run simulation training, and the team participating were very appreciative of the effort & hard work the organising team put into the day.



The cohorts of patients that we transfer continue to be varied – although there appear to have been less visits into Milford to retrieve cruise ship passengers this season..... however in the past month there seems to have been an increase in trauma across the region requiring (mainly) primary transfers for neurosurgical care, secondary transfers to accommodate other specialist care (such as burns, SCR), then the usual requirement for repatriating these patients that have been “shipped out” to be returned to their domiciled hospital. There continues to be a degree of boundary creep in terms of who is tasked to undertake IHT (SCC flight team vs. HEMS pre-hospital teams) – and our flight nurses frequently need to advocate for SCC team involvement (sometimes encompassing teams consisting of HEMS & SCC flight NP/FN when resources are scarce). For us in the south we have a tendency to run out of clinical staff resource before we run out of vehicles (helicopters) or technical flight crew, so this allows some opportunities for creative team management & maybe shaking things up a little (for me it’s the opportunity to push the case for involving the flight nurses more!). Our flight nurse team is awesome (like our f/n colleagues from across NZ) & are an amazing resource available to enhance the care & recovery of our patients.

Toni Johnston – NP, Southern Critical Care Flight Team

Dunedin NICU

Kia Ora from the deep south!

We have had a lively holiday season with very little sunshine and more than our fair share of babies on the unit. Our flight team has had a little bit of a change with Rose Bond covering Alex while she is on parental leave. Rose will be joining Tracy co- filling the role team lead/coordinator.

Our team has had a record number of flights to the North Island in the last three months with four flying visits to Starship and one to Wellington. As always, it is sunny above the clouds, and this has allowed our team to rack up their sunshine hours despite the weather. And let's not forget the moonshine hours with a few nighttime heli retrievals.

Thanks to the annual turnover of medical staff we have been blessed with five new registrars, and are looking forward to three (?) new SMOs, all of which will need a bit of education and rounding off.

All in all, it has been a great start to the year with 26 (and counting) flights for our team so far. The only true grey cloud on our horizon is the beautiful new flight incubator collecting dust that we still cannot use because of ongoing certification issues. If you know, you know.

I'll leave you with a picture of the early morning sun on the tarmac at Dunedin Airport,

Ta Ta for now

Rose



A Stormy Night for a Neonatal Transport

On a storm-lashed evening, our neonatal retrieval team was tasked with transporting a vulnerable infant from the Taranaki region. The baby, estimated to be between 32 and 36 weeks' gestation, required specialist care beyond the transport capabilities of the referring ambulance service and local hospital. With limited resources available to safely return the infant to Taranaki Base Hospital, our team was mobilised.

The weather was unforgiving. Torrential rain and dense fog grounded all flight services, ruling out air transfer. The only viable option was a four-and-a-half-hour road journey by ambulance. Equipped with a newly commissioned transport incubator — yet to be used in a live retrieval by the consultant accompanying me — we set out into the worsening conditions.

On arrival, we found the neonate stable but reliant on respiratory support, receiving 6 cm CPAP with an oxygen requirement fluctuating between 21 and 25 percent. After a thorough assessment confirmed the infant's stability, we carefully transferred the baby into the travel incubator, maintaining identical ventilatory settings. With monitoring secured and equipment checked, we began the long return journey toward Waikato.

As we approached the remote and winding Awakino Gorge, the severity of the weather became increasingly apparent. The narrow road was slick with rain, littered with debris from multiple slips and flooding. At one point, our driver narrowly avoided colliding with a large mound of earth that had fallen across the roadway — a stark reminder of how precarious the journey had become.

Further along, we encountered a complete standstill. Several heavy trucks and a police patrol car blocked the road ahead. A large tree had fallen across both lanes, making passage impossible. Roding contractors had been dispatched from both the northern and southern sides, but there was no clear indication of how long clearance would take.

Fortunately, we had just enough mobile reception to coordinate with local police, nursing managers, and the pilots from Westpac Rescue Helicopter and Life Flight. Various contingency plans were discussed, including the possibility of a helicopter landing in a nearby cemetery. However, after further assessment, that option proved unworkable.

Stranded in treacherous conditions with a premature infant in our care, we were reminded that neonatal retrieval is as much about adaptability and teamwork as it is about clinical expertise. The elements had tested every layer of our planning — and the night was far from over.

With the road ahead impassable and no certainty as to when contractors would clear the fallen tree, it became clear that waiting was not in the baby's best interests. Time and stability are critical in neonatal retrieval, and prolonged delay on a remote highway posed unnecessary risk. We made the decision to carefully turn the ambulance around on the narrow stretch of road and

return toward Taranaki Airport, where the Life Flight team would attempt to retrieve us — weather permitting.

This alternative, however, presented its own logistical challenges. The transport incubator we were using was not compatible with the configuration required for the Life Flight fixed-wing aircraft. To proceed, the aviation crew needed to collect our older, aircraft-compatible incubator from Waikato Hospital before flying to meet us. Coordination across regions was now as critical as the clinical care we were providing inside the ambulance.

Turning the vehicle around on the rain-soaked highway required patience and precision. A police officer on scene guided us manoeuvre by manoeuvre and then escorted us out of the winding Awakino Gorge to ensure our safe exit. Yet the challenges were far from over. Further along, another significant slip had come down — massive rocks strewn across the road, water cascading from the cliff face. We waited an additional two hours while emergency crews cleared a path.

By the time we finally reached Taranaki Airport, exhaustion was beginning to set in. The Life Flight aircraft attempted to land, but thick fog blanketed the runway. Three separate approaches were aborted as visibility remained too poor to safely sight the landing strip. From the ground, we watched each attempt, willing the weather to lift.

At 5:30 a.m., after nearly nineteen hours on the road, we were faced with another decision. The flight crew offered two options: return to Taranaki Base Hospital and await the incoming day retrieval team, or drive two hours south to Whanganui, where a guaranteed pickup could occur on the other side of the ranges. With our ambulance driver approaching her maximum safe driving hours, the safest course was to return to Taranaki Base Hospital and regroup.

The reception from the Taranaki team was nothing short of exceptional. They assisted with reassessment, ongoing observations, and blood work, allowing us a brief but much-needed break. After nearly a full day in transit, even a short pause made a difference. They also provided a hot cooked breakfast — a small but deeply appreciated gesture of collegial support. An added comfort was that the baby's mother was admitted to the obstetrics ward, enabling a brief reunion between mother and child during the delay.

As morning progressed, the weather finally cleared. The Life Flight team successfully landed at the hospital and transferred us safely back to Waikato. What began as a straightforward retrieval had evolved into a twenty one-hour test of endurance, adaptability, and teamwork — a powerful reminder that in neonatal transport, clinical skill must often be matched by resilience in the face of the unpredictable.

Karise Neems Waikato NICU Transport Nurse

ELECTRIC AIRCRAFT SHOWCASE



On 2nd March BETA Technologies invited us to view their new ECTOL (Electric Conventional Take-off and Landing) Aircraft at Napiers Skyline Aviation in anticipation of the equally impressive two newly purchased Aeromedical EVTOL which has vertical take off capability!

With many spectators present, including the Napier Mayor, it buzzed the Air Ambulance Service Hanger before touching down at Napier airport, taxiing over looking like an extreme version of 'The Jetsons' plane. The 75kg engine and propellor were mounted at the rear which was the first thing one noticed. The anticipated EVTOL also have 4 propellers on top that give it the vertical lift like a drone or a helicopter.

The two seater opened its cockpit glass nose to reveal a very stealthy hi-tech cockpit with touch screens and joysticks. Flight Nurses are not shy and never ones to miss an opportunity, Jenny and I called 'shotgun' and carefully folded ourselves in to it carefully avoiding the start button. There was great visibility and low entry height-no need for a ladder or steps.

The presentation from BETA revealed it is manufactured in the US, with approx 1000 employees. It is non-pressurised and therefore flies with a flight ceiling to 7,000 feet-a bit less than the Westpac Rescue Helicopter. It's solely electric and takes an hour to charge, currently with a range that would get from Napier/Hastings to Wairoa and back. Specs say tested to 336 nautical miles (622km).

This particular cargo hold was empty so we had to imagine where and how we would arrange a medical transfer with its required modifications. It has a large side cargo door and is far lower than a Beechcraft King Air, making patient loading far easier. This had no side windows but we were assured the aeromedical one would! The load capacity was in two parts for mid and rear and totaled approx 450kg. This of course sparked an interesting conversation about bariatric patients.

With vertical take-off and landing the aeromedical EVTOL would be able to land directly at a hospital eliminating the need for ambulance road transfer-a great advantage especially with a transplant team.

Some fabulous photo opportunities were had, along with chances to talk to the proud pilots, the Mayor Richard Mcgrath and local MPs to speculate on what the future of Aeromedical Transfers would look like.

Written by Wendy Shelley, Flight RN, Hawkes Bay Flight Team



Some fabulous photo opportunities were had and chances to talk to the proud pilots, the Mayor Richard Mcgrath, MP James Meager and MP Katie Nimon to speculate about the future of Aeromedical Transfers.

Absolute Altitude

Absolute Altitude is the vertical distance between an aircraft and the ground.

Hospitals can save your life or at least prevent it getting worse. But you have to get there first. So, it is a good thing we have an air ambulance service, which doesn't stop for the traditional holiday months of January and February. It doesn't ever stop, as a matter of fact, and I was a flight nurse for many years. We would bring people in from places like Masterton and Blenheim, Nelson and take them to places such as Auckland and Christchurch for the specialised facilities there. It was a great job, but like everything to do with hospitals there was sometimes a degree of sadness involved.

But there was one evening which I remembered more clearly than most. I saw something of one of the greatest mysteries in New Zealand history, and what I saw only served to add to it. It was late January. Warm weather and holidays and a lack of thought, a moment of which has lifetime implications. I was on call. There was a patient in Emergency. He had dived into shallow water and put simply, he had broken his neck and he was paralyzed. That simple. And that permanent.

It is an unfortunate reality that bones can be fixed but nerves cannot, nor do they regenerate. When such injuries occur, it is necessary to get the patient to a specialist centre. In this case it was Christchurch. The flight was arranged and I went to Emergency. The young boy was there, and I completed an assessment as I had done so many times before. He didn't ask me about why he couldn't move but I knew, as any fool would, that that would be a question that would be dealt with later by those best fitted to that conversation. And we loaded him on an ambulance and transferred to the airport. The aircraft was waiting, and for once the Wellington wind had subsided. And we took off, heading out across Cook Strait. The Interislander was a toyboat far below, and the evening stars were slowly coming out.

The South Island rolled away below us. I checked blood pressure, checked the boy's oxygen readings, watched his heart rhythms. All stable. And he slept. An uneventful flight for us and for the young boy whose life had changed forever. We handed him over to the staff of the unit. They, like us, would do their job. But it was the return flight that I really remember. We had flown over Cook Strait many times, but the Tasman Sea was another matter. Now, it is no big deal to fly across the body of water that separates us from Australia. We accept flying, and the safety of flying, as everyday taken for granted and hardly worth mentioning. It wasn't always this way, as I later found out. But I just loved flying.

The evening had turned to a clear night. The stars were pinpoints of lights sprinkled across the sky. The Strait was dark below us. I was looking down when I saw a blur of light. An aircraft. An old aircraft with a single engine. Much as I loved the air ambulance work, I was no aviation expert. But it was old and I only saw it for a few seconds. It glowed as if caught in a searchlight beam. But there was no cone of light that speared upward. The plane seemed to waver for a moment, but I remember, clearly, the letters on the fuselage. They read G-AUNZ. And it dipped downward. I had my headphones and voice activated microphone. I could see the glow of the aircraft as it plunged downward. The pilots and crewman heard my yell and I recovered my voice. And no one saw, or could see, the aircraft as it headed toward the darkness of the Strait. My pilots had completed the courses on Total Crew Management, which meant they listened to all flight input from whoever was part of the crew. So they listened. And none of them had seen anything. The falling aircraft was a fading low as the sea loomed up toward it. And the light disappeared. I thought I might have seen a blur of white as it hit the water.

That, I think, was imagination. The fact that I had seen the aircraft was not, whether or not anyone else had. As calmly as I could-which was not very calm-I asked the crew to contact air traffic control and-you guessed it-no distress signals, no other aircraft over the Strait, no signals received. But I had seen it and I remember the letters. I had only had the briefest of glimpses of them, but I did remember the crew just thought I was mistaken, or perhaps I had fallen asleep and was dreaming. No big deal. But I knew what I had seen. But as I said, this was January. The next day was January 11th. I was in a cafe in Wellington near the hospital. There was an article that described a first trans-Tasman flight. The aircraft had lost radio contact and despite reported sightings-Paekākāriki and from Mount Victoria among others-it was never seen again, and no wreckage was ever found.

There was a photograph below the article headline. Black, white and grey shades, a monoplane on a runway in Australia on January 10th, 1928. On the fuselage, the letters I remembered -G-AUNZ. It was the aircraft that I had seen plunge into the sea. As everyone who has ever been in love will confirm, there are some things you just know.

The story described the failure of an attempted trans-Tasman flight. The first, and it failed. And what I think happened was this. The plane most likely got lost and ran out of fuel. The crew on board must have known they were doomed as the plane-I learned it was called *Aotearoa*-and there was some dreadful energy that never left.

Why I saw it, and no one else did, I don't know. I was not superstitious beyond checking my horoscope, as everyone else does. It was the anniversary of the loss of the *Aotearoa*, not just to the day but to the hour. Or the minute.

Something remained in the air. Nothing was ever found of the *Aotearoa*. The sightings were mistaken, no wreckage or debris ever found. The Cook Strait, like all oceans, does not give up its secrets, but I think I know the answer to one mystery at least.

I can never prove it. It is memory, nothing tangible. But sometimes, in Lyall Bay when the wind settles and the lights of the airport glitter, I look up. I never saw *Aotearoa* again, but I am sure it returns for a few moments on the anniversary. The wreck may be found one day. But I doubt it.

The Strait knows how to keep a secret.

Paul Radcliffe ED RN, Former Flight RN



Aeromedical Retrieval Course Update

Kia Ora

Myself and the committee met last week to discuss the next Flight Course. We are super excited to let you all know there are some big changes coming to the course. However, in order to provide the best possible course for you all, we need to take extra time to 'polish' it to perfection. As a result we have made a decision to run the next Aeromedical Flight Course next year - February or March 2027.

Please watch out for updates on the COASTN website. If you are a member you will be emailed with course dates etc. If you're not a member please sign up or encourage other flight nurses to join - it's really easy via the COASTN website. Also to note, you must be a COASTN member in order to be considered for the course. Thanks 😊

Helen

Aeromedical Flight Course Coordinator

Education



EPICCNZ is the first interactive eLearning resource accessible to staff new to critical care working within Health New Zealand Te Whatu Ora. EPICCNZ has a range of modules including core knowledge needed to work in the speciality, body system modules to help manage and care for those with critical illness and speciality modules where needs of specific populations are covered.

The IHT module has been developed with the expert input from many IHT teams across the motu. This module is intended to be undertaken alongside practical education and competency development so that every person new to IHT, can access the same high-level induction.

The IHT module is accessible across all three LMS platforms, located within the EPICCNZ homepage. It will take approximately 1-2 hours to complete.

Connect Me - [EPICCNZ Programme](#)

Ko Awatea - [EPICCNZ Programme](#)

HealthLearn - [EPICCNZ Programme NAEC100](#)

For more information please contact:

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National Trauma Symposium 2026

Towards Excellence

Thursday 5 November 2026

Intercontinental Hotel, 2 Grey Street, Wellington 6011, New Zealand

<https://www.traumasymposium.nz/>

Nau mai haere mai ki tenei Hui a Tau ki te Hononga Whētuki ā-Motu

On behalf of the Organising Committee, we would like to invite you to attend the National Trauma Symposium 2026 to be held on Thursday 5th November 2026 at the Intercontinental Hotel, Wellington, New Zealand.

The programme consists of scientific presentations, facilitated debate on hot topics & wānanga spaces for all trauma practitioners to share lessons learnt.

Come to Wellington and share your story from roadside to rehab and beyond. All practitioners involved in Trauma Care are welcome and all those who are curious about a career in trauma are welcome also.

We look forward to welcoming you to this exciting event.

National Trauma Symposium Organising Committee
Trauma National Clinical Network

For more information and to register visit the conference website www.traumasymposium.nz.

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We wanted to take the time to introduce to you our 2026 COASTN committee members.

Andy Gibbs - Flight Associate Charge Nurse Manager, ICU Clinical Nurse Specialist, Wellington Hospital.

I am one of the Flight ACNM coordinators for the Wellington Aeromedical Retrieval Service (WARS) and CNS for the Wellington ICU. I trained Christchurch and started my nursing career in the Burwood Spinal Unit. From there I started working in ICU and have worked in a variety of units in both New Zealand, London and some contract work in rural Australia. My interest in flight nursing and transport developed here when RFDS teams would swoop in and take away our most unwell patients. Upon returning to Wellington, I managed to get a position on the flight team.

I joined the COASTN committee in 2022 post COVID and have this year taken on the position of Chair and with a wonderful committee beside me am looking forward to the next 12 months.

Avryl Way - I have worked as a neonatal nurse for many years in both the UK and Aotearoa. In that time, I have been privileged to care for babies and whānau through some of their most vulnerable moments. Over the past couple of years, I've been part of a small team developing the Te Manawa Taki Transport Service, which aims to support transfers for patients of all ages, with the first phase focused on establishing a coordination hub. I look forward to connecting with many of you in Hamilton at the conference in September. Stay safe!

Patrice Rosengrave - Currently works in Canterbury/Waitaha and has been a flight nurse with the Christchurch Air Retrieval Team since 2003. She is an ICU nurse with international experience, having worked in Australia, the United Kingdom, and Bermuda.

Jackie Hardy - brings more than 30 years of aeromedical experience to her role as Clinical Nurse Manager for Flight & Transport in Hawke's Bay. A former Royal Australian Air Force Squadron Leader and flight nurse, she has operated in some of the world's most demanding environments, including Rwanda, East Timor, and the Bali bombing response. She also led the Australian Defence Force's aeromedical training school, overseeing preparation for both fixed-wing and rotary-wing evacuation crews. Her civilian career includes senior nursing leadership and flying with the Royal Flying Doctor Service across remote Queensland.

Today, Jackie leads one of New Zealand's busiest aeromedical teams, combining frontline expertise with operational leadership. Her career reflects a lifelong commitment to advancing safe, effective patient transport by air.

Jo Knight - I am excited to be back on COASTN, I have been involved with flight nursing on and off for 20 years

I'm currently the flight team CNM and flight co-ordinator for Whanganui, I enjoy the collaboration of working with other teams and am looking forward to what this committee can produce.

Kylie Stevens - I'm a registered nurse working in the NICU at Waikato and am part of the transport/retrieval team. I'm excited to be a new member of the COASTN committee. Outside of work, I enjoy spending time with my family, reading, and going for walks.

Tania Parr - I have been on the COASTN committee since 2022 Being editor for the emag. I'm from sunny Nelson and work predominantly as the transport coordinator (for both the Nelson flight team and the Wairau Road nurse team). I still manage to fly once a fortnight – which are of course my favourite days!! I began flying back in 2010 while working in ICCU Nelson and we would be pulled from the floor to go and fly when needed. I now still do the occasional ICCU casual shifts to keep my clinical skills current.

Rose Bond - I am one of the newest members on the committee. I work in the Dunedin NICU and have done since 2018. I have been on the flight team here since mid 2019, but my passion for flight nursing started many years earlier while I was still a nursing student. I don't know if you have ever read the Cherry Aimes series. They were written decades ago and are from another era... They were written to encourage young girls to pursue nursing as a career. Surprisingly (once you look past the propaganda and the many romances) they are medically quite accurate and don't gloss over the difficult parts of our jobs too much. Anyway, the first book is Cherry as a first-year nursing student and as the series progress she graduates and does war time nursing, district nursing, cruise ship nursing and of course flight nursing. And there we have it, the secret is out. I chose flight nursing because of a children's book, and I haven't regretted it. I have gone on to study a post grad dip endorsed in aeromedical transport and retrieval and highly recommend the course run by the Otago university. Outside of NICU/Flight nursing I'm pretty passionate about bringing quality healthcare to people in low access countries, and have volunteered in Uganda, Zambia and Madagascar doing just that.

When I'm not nursing, I'm gardening or sewing or wishing I was out sailing.

Annette Bradley-Ingle - My name is Annie, I am a registered nurse working for the New Zealand Nurses Organisation (NZNO) and based in Hamilton.

After too many years to mention working mostly in CCU (with excursions into ICU, ED, Orthopaedics and Surgery via Nursing Agency as it was then known) I moved to the UK. There I worked for a Primary Care Trust as a Cardiology Nurse Advisor to a large number of GP practices, the DN services, the Community Heart Failure Service (which I established) and worked part time in the CCU of the hospital in the region.

On returning to Aotearoa I worked as a rural nurse liaison for the then Waikato DHB. The aim of that new role was to identify non-domiciled patients in Waikato Hospital who were clinically

appropriate to transfer back to their domiciled (usually rural) hospitals. In that role I gained experience of the logistics and clinical considerations involved in a vast range of land based transfers and when added to some experience of air transfers I was considered the right fit to take up the role of Professional Nurse Advisor, NZNO to the Flight Nurse Section when I joined the NZNO professional team eleven years ago.

It was my privilege to support the national committee of the time to move the Section into the new era of formally being recognised as a College -The College of Air and Surface Transport Nurses or COASTN as they are known today.

Since then I have had the delight of working with the COASTN Committee members, all of whom have been strong, dynamic, extremely knowledgeable nurses. The Committee has worked to develop and maintain the foundation documents of the College, regularly provide fantastic and highly informative symposiums and develop and grow vital stakeholder relationships (regional, national and international) to promote the work of transport nursing. The Committee members have necessarily changed over time and in accordance with NZNO constitutional requirements but all who have come and gone during my time have taken up the mantel with real passion. These dedicated, focussed and selfless nurses have been and will continue to be on the COASTN Committee to achieve the Committee goals, your goals.

Sadly for us, Annie is retiring from NZNO in July which will be a huge loss for the COASTN committee – Annie has been a wealth of knowledge and has guided us through the professional side of Do's and Don'ts and advised us on the how, the what and the why when it comes to updating documents, to running symposiums, to connecting us with the right people in NZNO to help sort GST!! And other important matters that we as nurses don't usually have to think about, all while feeling like a close friend or part of our whanau, we really are going to miss you.

Annie, we wish you all the best for a happy, healthy retirement.





Pictured from Left: Avryl Way, Jo Knight, Patrice Rosengrave, Annie Bradley-Ingle, Andy Gibbs, Jackie Hardy, Tania Parr, Kylie Stevens, Rose Bond

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