

April 2023

Cyclone Gabrielle



Awatoto – Hawkes Bay – Photo credit Kate Tweedie

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



Kia ora koutou katoa,

Welcome to the April edition of the COASTN emag.

Thoughts go out to those affected by cyclone Gabrielle, and the flooding in Northland, Auckland and Hawkes Bay. I hope things are starting to dry out, and clean ups, repairs and insurance claims can be settled quickly.

This emag has a strong focus around the effects of cyclone Gabrielle, with some great articles by flight teams who were in the air during the storms.

You will notice a save the date for the 2023 symposium, which is being held – quite fittingly – in the Hawkes Bay. Please make sure you request time off to attend the 2 day event on the 23rd and 24th November. If you are interested in presenting or speaking – Jackie would love to hear from you!

The committee had a face to face meeting at the end of February where we reviewed and updated the COASTN transport nurse standards, and as a committee we are looking to develop a national standard for documentation. – watch this space!

Taz has been working hard on coordinating the next Aeromedical Retrieval Course being held in April. I trust those who attend will come away with a wealth of knowledge, and new skills they can put into practice. Thank you Taz for all you do. It really is a mammoth task!

The winter chill seems to have arrived rather abruptly here in Nelson, and with daylight savings now ended, winter really is making its way. (A good time for some good photos to send me!!)

As always, I need your stories, case studies, photos – please forward these to me at any time – tania.parr@nmdhb.govt.nz

I hope you all have some time to enjoy an Easter egg or 2, and spend time with loved ones this Easter.

Ngā Mihi O Te Aranga (Easter Greetings)

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=>



It's hard to believe that a third of 2023 has already flown by, with all our services being increasingly busy there just does not seem enough time in each day.

I want to commend all our members who stepped up for those effected by the recent flooding as I am aware that for some services that meant that teams were not only dealing with the logistics of how to get an increased number of patients moved around an area because road access was not an option but also dealing with their own flooding issues. For our members effected by flooding our thoughts are with you and I hope you have the support you need and want to remind you that EAP is available through your workplace so if you please reach out if you need to.

The committee had a two day face to face meeting at the end of February and we reviewed and updated the Standards, Education and Annual plan all of which you can view on the NZNO website COASTN page along with the resources available to you as members [COASTN Publications \(nzno.org.nz\)](https://www.nzno.org.nz/coastn-publications). We also had a discussion on the data that each service collects and if we can recommend a standardised process that means we can use effectively when we represent our members on the national committees. Andy and Helen are putting together a proposed data collection plan that we will discuss further at our May meeting and then we will send it out to our membership for feedback and discussion.

The 2023 Aeromedical retrieval course is scheduled for 17th – 21st April, this course was impacted by the health sector's understaffing and the ability of managers to release staff for a week's training, we have twenty on the course and it will be an amazing experience for all those who attend. Part of our responsibility as a committee is to look at what education we provided and ensure that is continues to be fit for purpose, so we have begun looking at the aeromedical retrieval course and there may be some changes over the next few years as we strive to meet the needs of our members.

The symposium will be held in Napier on the 23-24th November with the title Soaring to clearer skies, recovery, and resilience. Let's make sure we support this region who are in the recovery phase following the cyclone flooding and have certainly shown resilience. Remember there are scholarships available to help with funding (information on website [COASTN Scholarship \(nzno.org.nz\)](https://www.nzno.org.nz/coastn-scholarship))

Mā te rongo, ka mōhio, Mā te mōhio, ka mārama, Mā te mārama, ka mātau, Mā te mātau, ka ora.

Through listening comes awareness, through awareness comes understanding, through understanding comes knowledge, through knowledge comes life and wellbeing.

Regional Updates



Kia Ora from NZAAS and Skyline Healthcare Group,

What a start to 2023 for our teams throughout the North Island, with flash flooding affecting Auckland and North at the start of Auckland Anniversary weekend followed closely by cyclone Gabrielle that caused such widespread devastation throughout the upper North Island with the most profound affect being in Hawkes Bay, Wairoa, Gisborne, and surrounding areas. This has rightly taken much of our attention in recent weeks. It is difficult to fully comprehend the consequence of these weather events and even more so the ongoing and lasting effect this will have on the communities as a whole and the individuals whose lives have been impacted. Our thoughts remain with these people and communities as they recover.



Despite losing all power and most communication (certainly any reliable communication), for many days in Hawkes Bay our teams continued to provide a full aeromedical service, relying on generators for power supply and Starlink for communications. At times road transport was completely cut off between Napier (the airport) and Hastings (the hospital), we overcame this by positioning an aircraft at Bridge Pa in Hastings until the road transport situation became more certain. In the ensuing days NZAAS and SHG assisted with relocating several at risk patients from cyclone damaged areas to safety and ferried medical supplies and provisions to those who needed it most.

Meanwhile back in Auckland, our teams have been keeping busy and we have welcomed several new staff members throughout the service. Jen commenced with us in the role of flight nurse manager in January and Georgia also joined our team as a flight nurse at the same time. James, David, and Paul have all joined our Auckland loadmaster/PTS team.

Ka kite anō,
The team at NZAAS

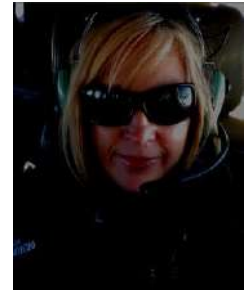


Cargo flights to support communities in the aftermath of cyclone Gabrielle

Hawkes Bay Flight Team - Te Matau a Māui Hawke's Bay

Kia ora to all from the Hawkes Bay flight team,

2023 has been an extremely busy and trying time for our team so far. As everyone is aware we have been dealt the fury of a cyclone. This had a large impact on our daily busy flights. As a flight nurse coming up 16 years, I have learned that anything classed as routine can go belly up, as was the case with the cyclone. I recall going out in the helicopter on the morning of impact and how our packed helicopter was speechless as we flew over the damage. That flight was to Wairoa who became very isolated with no cell phone or road cover. I felt very privileged to be able to help. Our team was involved with moving people who had been affected in some way. Some had lost loved ones and others had injuries sustained during the floods.



While working the day after, I went to help Triage on the ambulance bay as police bought carload after car load of impacted people. I recall an elderly gentlemen with 2 young children who had been stranded on a roof top for hours. All were hypothermic and fixable. However, it was the trauma in their expressions that was not so fixable and heart-breaking to see.

On a positive note, our team continued to safely transport many patients around the Motu. We love to see our flight colleagues from other regions.

Keep up the good work!

Haere ra Krystyna.



Whanganui Flight Team



Greetings from Whanganui, hoping this finds everyone has had enough sun and warmth as we head into the cooler months.

Hopefully you all got to have a nice summer break at some time in the last few months.

We have been going about our work as usual, but I thought I would focus this update on our now 6-month-old PTS (patient transfer service). We have been lucky enough to launch a PTS service with our air provider (Air Whanganui), this service now takes care of all our road / airport transfers in our region, and has been a huge success in reducing the wait times for our flight team / patients alike.

The collaboration has been hugely successful, meaning that our patients have faster access to the care they require.

Hospital wide there has been a reduction in wait times for patient movements, increasing access to beds, as there is increased flow / and efficiencies able to be gained using this new service.

This service now transfers our hospital discharges to rest homes, airport transfers, and transfers patient to neighbouring Palmerston North, a large proportion of our urology, oncology and renal patients are treated at Mid Central, so access to the local PTS service now means that patients are more seamlessly moved between these 2 locations.

Pictured above is one of the 2 brand new vehicles used for PTS.

Happy flying!

Life Flight Wellington - Te Whanga-nui-a-Tara



Kia Ora from Wellington!

Things have fortunately settled down here after a chaotic start to the year with an extremely high amount of acute referrals. Our flight coordinators were also dealing with extraordinarily high numbers of IHT referrals, reflecting high hospital occupancies around our region.

We recently had our annual core competency day out at the Life Flight base. It's always great to get the whole team together and get aircraft safety under our belts as well as the annual team photo and a few other training bits and bobs. We would be interested in finding out what other services are doing to meet survival training and water safety standards.

Life Flight also held their annual open day that had been missing the last few years with covid. It was great to have a number of our nurses representing our service during the day. Around 8000 people visited the base and were able to check out our jet streams and king air aircraft. The heli unfortunately got called away on an acute transfer but this did mean the fixed wing aircraft got to shine. Many friends and family were able to join in the day with plenty of grandkids enjoying the sights.

From April 22 our service is trialling weekend flight coordination 0800-1630 (public holidays excluded) and also having a 2nd flight nurse rostered 11-7. This will be a 6 month trial to hopefully improve our both our ability to provide acute responses and non-acute patient flow in the region. We also welcome our new flight nurses Jenny and Nancy.



Happy Easter to everyone,

From the Wellington flight team

New Zealand Flying Drs Service – Nelson/Whakatū

Kia Ora from Nelson,

We continue to be very busy, with too many jobs for our 1 flight nurse to do. Thank you as always to our colleagues in Whanganui, Wellington and Christchurch who help support us daily to get patients where they need to be in a timely manner! We really couldn't do it without you.

Currently over the hill in Blenheim, we have no road nurse to staff the PTS vehicle that helps out with transfers between Nelson and Wairau hospitals, this is having an impact on our service as those patients who could travel by road are needing to be flown. We are hoping to attract some takers to the road team soon. – *Anyone fancy a relocate to sunny winery filled Marlborough??*

Flight nurse wise, we have been lucky to welcome Mark onto the team who brings a wealth of knowledge and experience from flight nursing in the US. We are now a team of 9 flight nurses, and recently have been looking at celebrating our team by recognising the number of missions that they have each undertaken. Most have surpassed the 300 mission mark, with 1 of our nurses flying past 2000 missions! I'm so lucky to work with such a fantastic team of nurses who really make a difference in patients' lives every day.



A hazy Marlborough sounds day

New Zealand Flying Drs Service – Christchurch/Ōtautahi

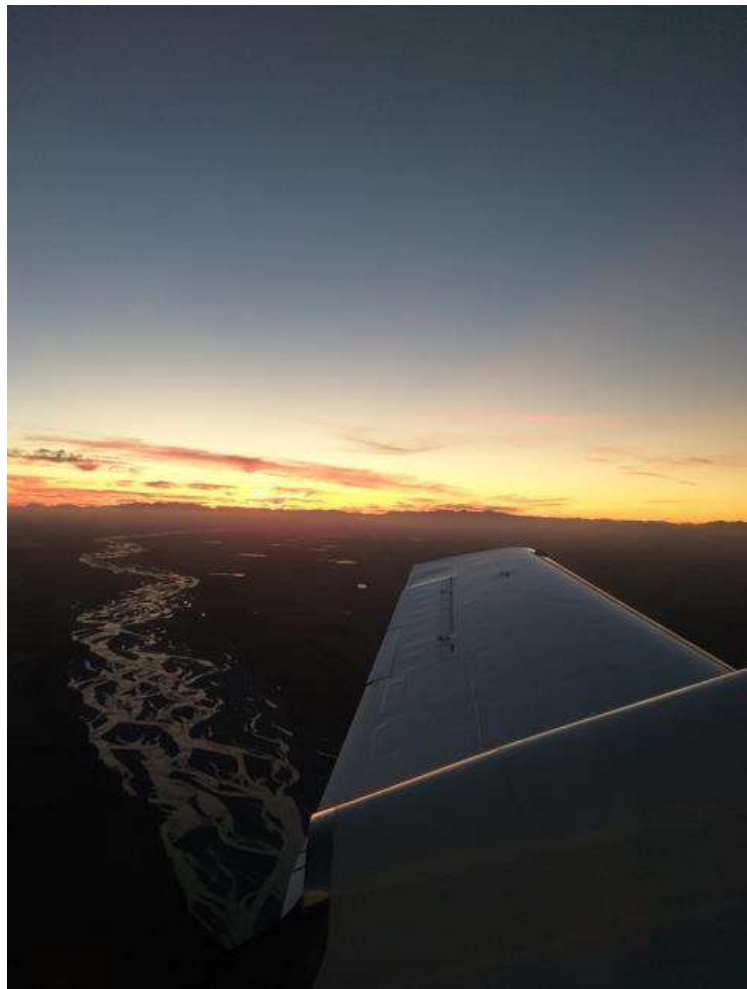
Kia ora from Canterbury Air Retrieval,

We have had a positive start to the year here in Christchurch with good weather for plenty of flying. Our thoughts go out to those teams in the north island managing workloads in the recent storms. 2023 looks to be a year of developing and growing our team. After some sad goodbyes to colleagues last year and with some exciting times ahead with staff heading off on maternity leave, we have been welcoming new flight nurses into our team. We now have a total of 19 flight nurses, all of whom work part time in ICU. This has meant a focus on staff training and orientation – as well as plans to increase the frequency of flight study days, with two planned for the first half of this year. We have also welcomed ICU ACNM Jess Doney into the role of air retrieval ACNM. With her previous experience as a flight nurse within our team and having completed a post graduate certificate in Aeromedical Retrieval and Transport, she is well placed to take on this portfolio.

Another major change for us this year is that our night time flight co-ordinator will now be based in ICU – rather than on-call from home. This change has come from feedback from staff for strategies to improve our roster and so far feedback has been positive. Hopefully we will also sound more awake when we answer the phone!

Take care out there,

The CARS team.



Waimakariri River

Cyclone Gabrielle

Flying after Gabrielle – Kate Tweedie – Hawkes Bay Flight Nurse

It was a cyclone like no other. It thundered through Hawkes Bay like Ben-Hur. Far bigger and more destructive than anyone could have imagined. The stories that emerged have been incredible, some so so heart breaking and some of astonishing survival and miracles among the wreckage.

The most touching scene for me was in ED. A triage nurse had her arms wrapped around a man in a wheelchair, both weeping. His wife had just been swept away after their house was submerged in water.

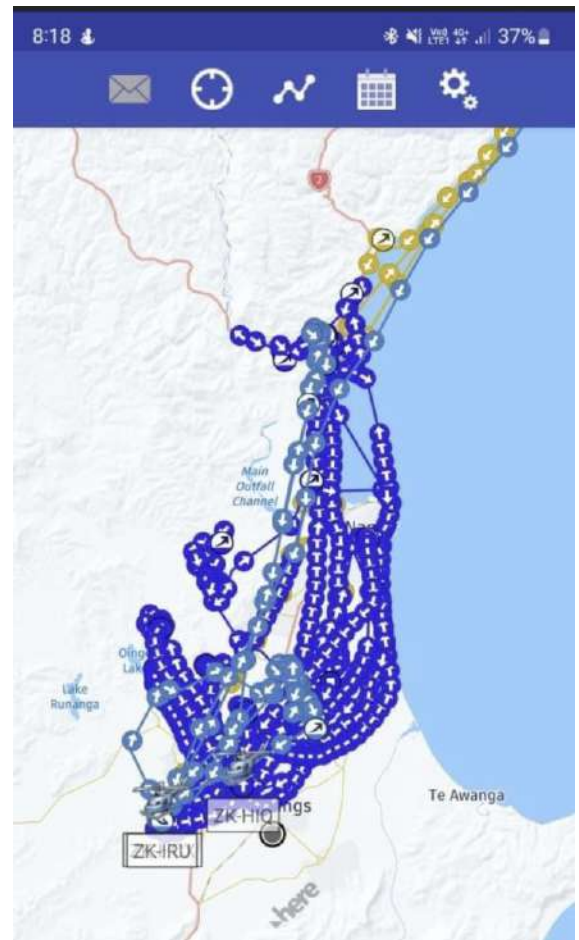
There are many true Hawkes Bay heroes out there who risked their own lives to save others. Some used jet boats, tractors, kayaks, and jet skis. The days that followed were surreal. The rivers started to recede leaving behind debris as if a bomb had gone off.

Hay bales and dead animals wedged in trees, cars and houses filled to the brim with silt. Contact with the outside world was cut off with no power or mobile phone reception, just an eerie silence. And so much water. If it wasn't for my trusty little transistor friend, I would have felt very isolated.

I began having survival guilt as the devastating stories started emerging. I was actually grateful to be able to get back to work at the hospital.

Flying patients in and out of Hawkes Bay didn't stop. The most challenging place to retrieve from was Wairoa. It was completely isolated following the impact, with a loss of lifelines to Napier and Gisborne, including power, phones, internet, and roads. The only communication we had with the hospital was Sat phone to Sat phone. On the hour the Wairoa GP would contact the ED SMO with an update. We would gather round the ED desk and listen in for news of patients needing to be transferred and what supplies they needed. We did numerous flights out of Wairoa and even evacuated residents from a rest home to one in Rotorua.

Many of my colleagues couldn't travel to work at Hawkes Bay hospital and were worried, if they did, they wouldn't get home. For weeks to follow the remaining two bridges between Napier and



Hawkes Bay Helicopter Tracker the morning of the cyclone

Hastings bridge were often closed for repair or inspection. This sometimes meant a 20 min run to the airport could take up to 2 hours. Therefore, our fixed wing service started to run out of the Bridge Pa aerodrome, only a 10-minute run from the DHB. The aerodrome was a hive of activity with dozens of helicopters including Airforce helicopters, buzzing about like bees, operating search and rescue, transporting supplies and accounting for people living in rural areas.

A small sinkhole appeared on the Wairoa runway. This wasn't a quick fix with a wheelbarrow of shingle, it required engineers and more engineers with clipboards to assess the damage and took days to repair. During this time, we used Heli's. We also had Waikato, Palmerston North and Taupo rescue helicopters available to us based at HBDHB. They hardly had their skids on the ground. If they weren't out winching people from the flood waters and doing supply drops, they were flying us up and down the coast to Wairoa hospital to do medical retrievals. They also flew a group of stranded anxious nurses from the DHB home to their families in Napier when they closed the bridge. They were fantastic.

Flying up the coast you could see the horrific damage Gabrielle's violence had caused. Vast areas, particularly the Esk Valley, looked like a colourless desert as it was covered in silt.



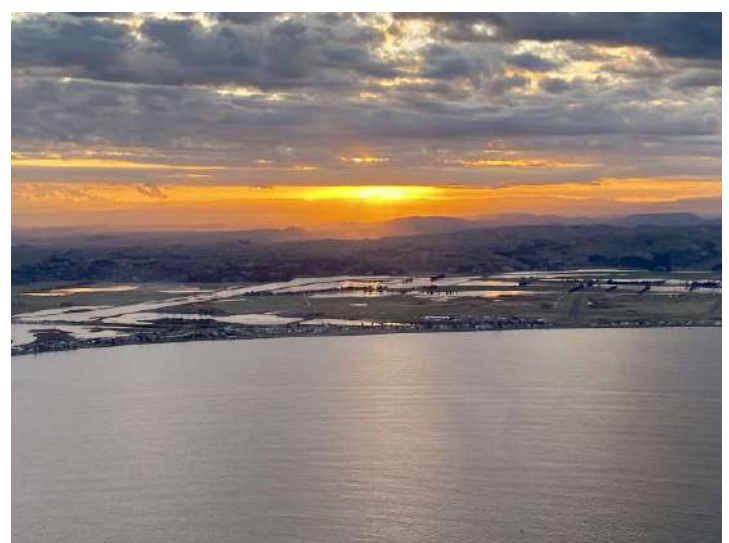
Esk Valley

There are hundreds of farmers between Napier and Wairoa who are still without power, and roads are still inaccessible (unless you have a horse or 4 wheel drive). Slips have taken a large percentage of farmland and stock have been killed or lost as fence lines have been destroyed. Some farmers have had to dry up their dairy cows because milk tankers aren't able to get through.

It will take months to know the true extent of the physical damage. The toll on mental health will be more insidious. Many may struggle with a range of emotions from anxiety, sadness, grief and despair, particularly tamariki. Hawkes Bay has been scarred tremendously but the courage and goodwill of many has brought new hope and a closeness in our communities.

I'd sincerely like to thank the Wellington Flight team for their support, patience and thoughtful gift of goodies.

Kate Tweedie



Bay View

Gabrielle's Influence – Sheree Gare – Waikato Flight Team

Coming to work. I remember thinking "thank goodness I am not on transports tonight". The night was only young but the predictions of the cyclone getting worse only made me feel better as I entered my place of work.

It wasn't until after handover that I was told that the rostered transport nurse was off sick and I was covering. Damn!! At that time I brushed it aside, thinking the possibility of a transport was quite minimal. It would need to be an urgent if they were going to send the team out.

I took over the care of a cardiac patient and settled into his routine care post operatively. Our Waikato ICU is situated in the middle of the building with no windows or contact with the outside world. In our "protected" environment we are not aware of the weather conditions outside.

Then came that dreaded call that there was a patient to pick up in Rotorua. And guess what.... The weather was not conducive to flying so we would need to go by road!! My mind went into auto, handing over my patient, getting all the necessary equipment and drugs ready. I had no idea how bad the weather was outside but it did go through my mind that they wouldn't send us if it was that bad!!!

As my colleague and I went to the ambulance bay outside ED, we were met with howling winds and torrential driving rain. Nothing prepared us for this. This was by far the worst weather that the Waikato region had had over the past few days.

We met up with our lovely ambulance officer who was to brave these terrible elements and drive us to Rotorua. Having loaded the stretcher with the equipment, we then found out that state highway 1 was closed at Tirau for fallen trees and that we would need to take an alternative route. This would take us down the back country roads.

Enroute the ambulance was being buffered by the strong winds and the rain drove fiercely onto the windscreen. As we turned off the main highway. I realised how extreme the weather had been.

The road was covered in debris. Broken branches, leaves and other debris strewn across the road. In some places so thick that the painted lines were not visible in the middle of the road. The branches were being flicked up by the ambulance tyres and hitting the side panels. Lucky there was no other traffic on this back road, as we travelled straddling the mid line. We were travelling at a speed of 70 – 80 kph. I remember thinking how fast it felt in these conditions, not knowing what could be just around the corner. Another fallen tree, or branches too big to transverse over. The wind continually buffered the ambulance.

I had an uneasy feeling about travelling in these conditions. It wasn't a 'scared' feeling, as I realised that if it was totally unsafe, we would not have been sent. It probably was around the 'unknown'. I knew I needed to have faith in the driving abilities of the ambulance officer, but at times that was difficult as, even with the seat belt on, I was being rocked from side to side. I don't suppose sitting in a rear facing seat was helping much either as I swivelled sideways to look out the windscreen at where we were going.

It brought me to the realisation that there were several people in our community out in this atrocious weather, just 'doing their job'. Linesmen, contractors, police, firemen and other ambulance officers. It gave me a different perspective and I have great admiration for all those braving this cyclone.

We got to the top of the Mamakus, nearly at our destination, when there were red flashing lights ahead. This could only mean one of two things. Either an accident or further trees over the road. Yip, more trees blocking state highway 5. A U turn and then off on another back road, adding another 25 kms to the trip. This time the road was narrower and twistier, but didn't seem to have as much debris. We finally got to our destination, which seemed to take forever and unloaded the stretcher under the eaves out of the pouring rain.

For anyone who has not had the pleasure of doing an ambulance transfer, despite all the firm strapping of the patient onto the stretcher, there is still a fair bit of rock'n'rolling that goes on in the back. And that is in good weather. And the bigger the patient, the more the ROCK! No matter how firm the straps are, every bump, every corner, produces the swaying of the patient. One of my goals for the patient was to prepare him for the rough journey back to Waikato Hospital especially as we travelled back through Gabrielle.

However, I was pleasantly surprised that by the time we went to load into the ambulance, the wind had subsided a little. It was still raining quite hard, but not having the strong winds buffeting the ambulance certainly made a big difference to the transfer.

Again there were some road closures that required detours, but shorter ones that were far more manageable. To my amazement, I found some common interests with this man, so we talked all the way back. Actually, he did most of the talking. My aim being to completely distract him from the atrocious weather we were driving through.

Sitting side saddle, on a very old style ambulance stretcher, lap seat belt on, leaning forward to support the patient, was to be my position for the next hour or so. Not the most comfortable position to be in, but as flight nurses we understand that comfort often doesn't come into the equation in our flight nurse role.

Nearly back to Waikato Hospital only to be put onto another detour. This time around by the airport. I travel this road frequently, and yet I didn't realise how rough the road really was. Every bump, every corner... we felt it all. It was a great relief to be driving up the slight rise towards the hospital.

On return to my unit, as I was cleaning the equipment, I reflected on my travels. It made me realise how lucky I was, travelling in an ambulance, dry and warm, and having protection from the elements of nature, whilst contractors were out in the pelting rain and swirling winds savagely causing havoc around the country.

Sheree Gare

Waikato Flight Team

Te reo Māori

COASTN would like to encourage you to incorporate te reo into your everyday. Try using some of these simple words/phrases at work and home.

Ngā Mihi O Te Aranga – Easter Greetings

Hukarere – Snow (falling)

Rapiti – Rabbit

Maunga – Mountain

Hua manu – Egg

Rangi – Sky

Tiakarete – Chocolate

Kapua – Cloud

Ngahuru – Autumn

Hau - Wind

Takurua/Hōtoke – Winter

Ua - Rain

COASTN Award 2023



COASTN Award for Outstanding Achievement in Transport Nursing Aotearoa
Leading in Care, Soaring in Practice

Do you know a transport nurse who goes above and beyond (not just literally!!) for their patients everyday? Do they deserve to be formally recognised and celebrated?

We welcome nominations for the 2023 COASTN Award for Outstanding Achievement in Transport Nursing Aotearoa. This award will be presented to a transport nurse at the COASTN Symposium in Hawkes Bay in November.

Symposium 2023

Planning is underway for the 2023 Symposium, please save the date, and join us for another exciting chance to network, share ideas, learn and catch up.

Remember COASTN offers scholarships to help with costs. See the website for details:

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



The poster features a light blue background with a collage of images on the right side. The images include an aerial view of a coastal town, a helicopter in flight, and a white ambulance plane on a tarmac. The text is arranged in a clean, modern layout with various font sizes and weights.

coastn NZNO
COLLEGE of AIR & SURFACE TRANSPORT NURSES

NEW ZEALAND NURSES ORGANISATION | TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

TE MATAU A MĀUI, HAWKE'S BAY

SOARING TO CLEARER SKIES RECOVERY & RESILIENCE

 SAVE THE DATE !
DETAILS TO COME

NOV 23-24, 2023
NAPIER

We welcome Expressions of Interest for guest speakers to present at this year's COASTN symposium. Please contact Jackie on Jackie.hardy@hbdhb.govt.nz

Did you know NZNO has an NZNO Supervisors List available to all members on request?

So what is supervision and why the emphasis on it? Supervision is one of the most effective instruments to improve the competence of health workers, according to the World Health Organization. It is recognised as a critical component of nursing and midwifery practice and NZNO supports access to supervision in all areas of nursing and midwifery.

Definition:

A formal process that provides professional support to enable practitioners to develop their knowledge and competence, be responsible for their own practice, and promote service users' health outcomes and safety.

NZNO outlines the benefits of professional supervision as:

- Better collegial relationships.
- Improved clinical and cultural skills.
- Greater awareness of work practices.
- Improved job satisfaction.
- Reduced stress and sick leave.
- Improved retention and recruitment.
- Improved motivation and commitment, bringing a positive work culture.
- A small body of evidence suggests better patient satisfaction.

In short, supervision is a negotiated relationship where both/all parties have roles and responsibilities; ethical and confidential; usually ongoing and regular; relates to clinical, professional and organisational standards but is not managerial or an appraisal; educational and supportive; and focused on supervisees' agendas. Ultimately, it is about supporting nurses to provide the best care for patients.

"Supervision is not about being given the answers, it is about being helped to find our own solutions to our own problems."

Any nurse with supervision qualifications who wish to be included in the NZNO list should contact Annie on: Annette.bradley-ingle@nzno.org.nz

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To register head to: www.aeromedconference.com

UCL **Future Learn** **TRANSFER MEDICINE**

A Journey Through Transfer Medicine

This MOOC looks at the transfer of critically ill patients across the globe with contributions from an expert international faculty.

Launching 9th Jan 2023
Free access

Sign up

RCOA Royal College of Anaesthetists **NAEMSP** **BAICN** British Association of Critical Care Nurses **paramedics**

The banner features a background image of a paramedic in a red uniform pushing a gurney with a patient. The layout includes logos for UCL, Future Learn, and Transfer Medicine at the top. The central text describes the MOOC's focus on global patient transfers. Below this, there are two QR codes, a YouTube play button icon, and a 'Sign up' button with a staircase icon. The bottom section displays logos for the Royal College of Anaesthetists (RCOA), the National Association of Emergency Medical Service Paramedics (NAEMSP), the British Association of Critical Care Nurses (BAICN), and the Paramedics Association of New Zealand (paramedics).

DISTANCELEARNING

UNIVERSITY OF OTAGO, WELLINGTON

Postgraduate Certificate in Health Sciences (Aeromedical Retrieval and Transport)

The goal of the Postgraduate Certificate endorsed in Aeromedical Retrieval and Transport (AeroRT) is for graduates to develop an understanding of the aviation environment and its physiological implications; gain knowledge of aeromedical and aviation procedures and be able to utilise current best practice to safely plan and complete aeromedical retrievals and transfers.

In 2013, the PGCertHealSc(AeroRT) underwent a comprehensive review and the curriculum was re-written after wide consultation. The result is an exciting new programme that is tailored to specifically meet the needs of nurses and paramedics working in the specialist area of aeromedical retrieval.

Graduates of AVME719 and AVME720 will have met the educational requirements set out in the NZ Air Ambulance/ Air Search and Rescue Standard, the NZ Standard for Ambulance and Paramedical Services (NZS8156:2008), the educational

requirements of the NZFNA and the educational standards for the Aeromedical Society of Australasia (ASA).

Graduates will also have the opportunity to continue studies towards a Post Graduate Diploma or Masters in Health Science endorsed in Aeromedical Retrieval and Transport (AeroRT).

AVME719 Operational Aspects of Aeromedical Retrieval

The focus of AVME719 is on the aeromedical environment and the operational aspects that patients and clinical personnel are exposed to.

- General organisation and structure of retrieval systems
- Aeromedical environment and physiological implications
- Aeromedical aircraft and aviation processes
- Safety and survival

AVME720 Clinical Aspects of Aeromedical Retrieval

The focus of AVME720 is to expand on the knowledge gained in AVME719 and incorporate this into clinical practice.

- Crew Resource Management, human factors and the impact on safe aeromedical practice and patient care
- Fatigue and systems for identification and management
- Clinical considerations and constraints
- Specialist clinical retrievals
- Integration of theory into independent clinical practice

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otago.ac.nz/aviation_medicine*

POSTGRADUATE



YOUR PLACE IN THE WORLD



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