

August 2025

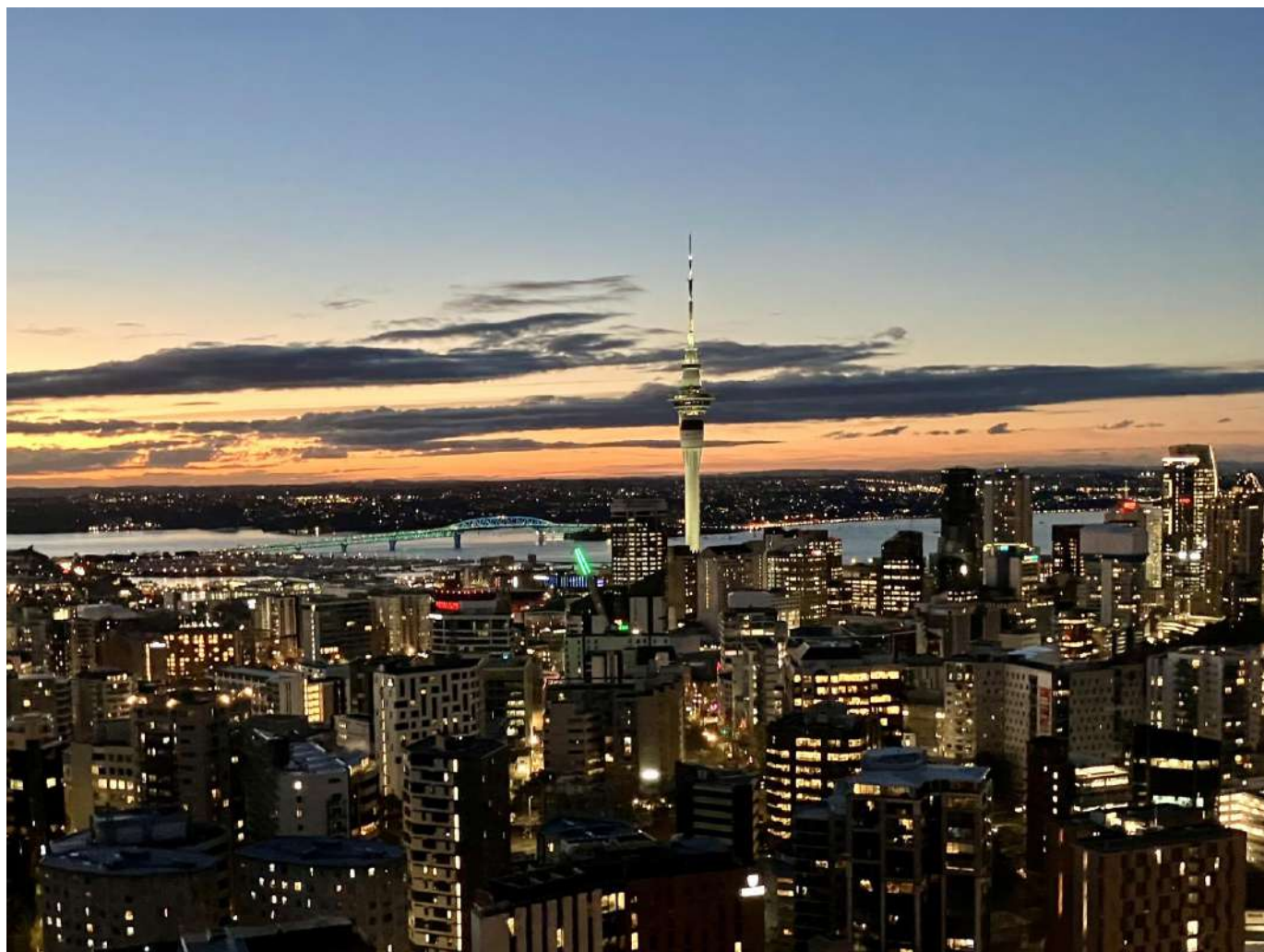


Photo Credit: Dianna Keys – Tauranga Flight Team.

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

www.nzno.org.nz/groups/sections/flightnurses

From the Editor – Tania Parr



Kia ora koutou katoa,

Welcome to the August 2025 edition of the COASTN e mag, and my final one as editor. Thank you to everyone for your photos, and stories. I really enjoy finding out what you have all been up to, and sorry for the nagging for your stories – but I think you will agree, its worth it, lots of great photos, and really good updates from the top of the North to the bottom of the South.

This edition also includes an update from our friends over the ditch. Speaking of over the ditch, I hope some of you are able to attend the Aeromed conference in Hobart – if you do, please send us photos or a story - we would love to hear your perspective for those of us not lucky enough to attend.

Closer to home remember our Symposium coming up in October in Dunedin. This is looking to be a fantastic 2 day event filled with exciting presentations. Make sure you register now www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses/coastn_conference

This edition features a couple of interesting stories about road transfers, which is great to see – do you have colleagues both flight and road nurses who are not members of COASTN? Please encourage them to sign up – its free and easy for NZNO members just click this link [Join the College now](#)

Being part of the COASTN committee has been a very fun and rewarding time for me. I have enjoyed connecting and finding out more about other flight teams and building professional relationships around the country. Sadly, I am stepping back from the committee in October to focus on growing family commitments. If you have ever considered joining the committee I would highly recommend it. Such a great bunch of knowledgeable and passionate flight nurses from all over NZ. The committee has 3 positions available coming up, and we welcome your nominations for members of your team to join the committee.

[2025 COASTN AGM Committee nomination form.pdf](#)

We don't quite know who will be taking over creating the e mag, but do keep taking those spectacular photos, and write those amazing articles we will keep you posted when the new editor is announced.

Ka kite anō

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=>



Kia Ora

As we move towards spring it is lovely to see the days drawing out and the spring flowers making an appearance. In light of spring the college is looking a “spring cleaning” or relooking at revamping some of our activities such as the symposium and the aeromedical course. The symposium is being run over two days this year and will not have dedicated day of CRM as we have had in the past, this year we have a number of amazing speakers details of which will be on the COASTN website. The College of Air and Surface Transport Nurses (COASTN) continues to champion excellence in transport nursing across Aotearoa, with a strong focus on professional development, collaboration, and innovation in 2025. As we move through the year, COASTN is excited to share several key updates, including the upcoming symposium, committee opportunities, and developments in our aeromedical education programme.

Upcoming Symposium: Synergy in Motion October 16–17 at Fable Dunedin

One of the highlights of the year is the **COASTN Symposium - Synergy in Motion**, taking place on **16th and 17th October 2025 at Fable Dunedin**. This two-day event promises to bring together transport teams from across the motu to share knowledge, explore emerging trends, and strengthen professional networks.

The symposium will feature a diverse programme of speakers, focused on the unique challenges and innovations in air and surface transport nursing. We are excited to announce our Key note speakers Alex Psirides (intensive care specialist Wellington regional hospital) Di Fuller (Clinical nurse specialist PICU), and Worldwide Mosaic (Cultural awareness). Further information and the program will be uploaded on the website shortly.

Registrations are now open via the **New Zealand Nurses Organisation (NZNO) website**, and we encourage all members and interested professionals to secure their place early. Whether you're a seasoned transport nurse or new to the field, this symposium offers valuable insights and opportunities for growth.

Annual General Meeting and Committee Nominations

The **Annual General Meeting (AGM)** will be held on the **17th October**. This is a vital opportunity for members to engage in the governance of the college, reflect on the year's achievements, and help shape the future direction of COASTN.

We are currently **seeking nominations for three committee vacancies**. Serving on the committee is a rewarding way to contribute to the advancement of transport nursing, influence educational initiatives, and support your peers across the country. If you are passionate about the profession and keen to make a difference, we warmly invite you to put your name forward.

Further information regarding nominations, remits and timing of AGM will be sent to all members over the next few weeks.

Aeromedical Course: Review and Future Planning

The **COASTN Aeromedical Nursing Course**, successfully completed in 2024, continues to be a cornerstone of our educational offerings. This comprehensive programme equips nurses with the critical skills and knowledge required for safe and effective patient transport in aeromedical environments.

Looking ahead, **dates for the 2025 course will be released soon**, and we encourage interested nurses to keep an eye on the NZNO COASTN website and COASTN communications for updates.

In preparation for the next iteration of the course, the **COASTN committee is currently undertaking a thorough review of the course content** with the course facilitator Helen Poole. This review aims to ensure the curriculum remains relevant, evidence-based, and responsive to the evolving needs of transport services across Aotearoa.

To support this process, the committee has **reached out to transport services nationwide** to gather input on current challenges, skill gaps, and emerging priorities. This collaborative approach reflects COASTN's commitment to delivering education that is both practical and future-focused.

Strengthening Our Community

At the heart of COASTN's work is a commitment to fostering a strong, connected community of transport nurses. Whether working in helicopters, fixed-wing aircraft, ambulances, or other transport modalities, our members share a dedication to delivering high-quality care in dynamic and often unpredictable environments.

Through events like the symposium, ongoing education, and active engagement with services, COASTN continues to support nurses in developing their expertise, advocating for best practice, and building resilience in the face of complex demands.

We also recognise the importance of celebrating the achievements of our members. If you or a colleague have recently completed a significant project, received an award, or contributed to research in the field, we'd love to hear from you. Sharing these stories helps inspire others and highlights the incredible work being done across the country.

Stay Connected

As we move toward the second half of 2025, we encourage all members to stay engaged with COASTN activities. Whether through attending the symposium, nominating for the committee, or participating in the aeromedical course, your voice and involvement are vital to the strength of our college.

For updates, registration links, and nomination forms, please visit the **NZNO COASTN website** or reach out to the committee directly. We look forward to seeing many of you in Dunedin this October and continuing to grow together as a vibrant and skilled community of transport nurses.

As always be safe out there and I look forward to seeing many of you at the Symposium

Lynette

Lynette Will COASTN Chair

Aeromedical Commissioning Programme

A message from Kate Randhawa and the Air Ambulance Team:

We would like to thank all of those that took the time to engage and share their view on the future of air ambulance. A Detailed Business Case is now being developed to enable delivery of the future operating model for the air ambulance sector over a ten-year horizon. The sector engagement will inform the Detailed Business Case.

For more information on the ACP and the next phase, please see the July ACP newsletter at [July 2025 \[PDF, 221 KB\]](#)

COASTN Award

Do you know an outstanding transport nurse who deserves recognition and to be celebrated?

Please get your nominations in for the 2025 COASTN Transport Nurse of the Year award. This award celebrates excellence in nursing in the field of air and surface transport.

We want to know who you think is going above and beyond, and we want to know why you think they deserve to win this special award. Nomination forms can be found on the COASTN website

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



Regional Updates



New Zealand
Air Ambulance
Service

Life saving care in the air

Kia Ora from the teams at NZAAS,

It's been a full and busy month across the country. Our July mission report shows NZAAS teams completed over 400 air ambulance flights and around 60 road PTS transports, supporting patients throughout the regions where we have clinical teams and/or aircraft and flight crews based. NZ winter weather has been a hinderance from time to time, as is often this case at this time of year.

Our Taranaki team of nurses are now all flying independently on the after-hours service, and we have also welcomed three new nurses in Auckland – Mark, Helen and Lee-Anne. Supporting new nurses as they transition their ICU / ED expertise into aeromedicine – through ground school, mandatory modules and orientation flights is always a highlight of the job.

In other areas of the service, we have recently taken delivery of a new B200C, that our Napier team of engineers and others behind the scenes are working to bring into service by later this year. This aircraft will be a great addition to the fleet and enhance our capability and reach especially with bariatric patients.

Looking forward to seeing some of you at ASA in September.



Whangarei Flight Team

Kia Ora from the Whangārei ICU Flight Team,

A short, sharp from us in the North this time – and a couple of photos from our time at altitude...

Our retrieval service continues to keep us busy through the cooler winter months as we endeavour to do our part in providing equitable healthcare access for our Te Tai Tokerau communities.

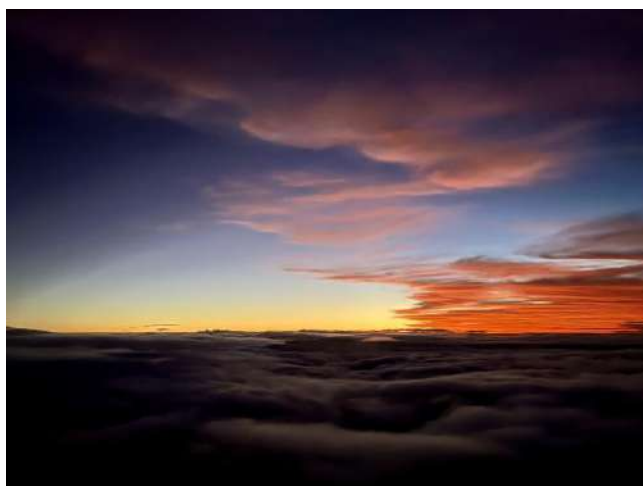
Orientation is currently ongoing for several new fixed-wing flight nurses to help meet the growing demand for the service, with July seeing nearly a 40% increase in transfers compared to March.

A major transition for our rotor-wing service has been Northland Rescue Helicopter's relocation of its Whangārei base from Kensington to Onerahi Airport.

Hope you all stay warm and well through these winter months.

Ngā Mihi,

Jason Wordsworth
Flight Nurse



Evening sunset over the clouds en route to Kaitiā Hospital.



A 'glory' is an optical phenomenon that appears as one or more concentric rings of coloured light surrounding the shadow of an observer or object (like an aircraft), on a cloud or mist. In this case the glory surrounds the shadow of Helimed.

Waikato NICU Retrieval Team

After 2.5 years of planning and preparation, the Waikato NICU Retrieval Team is excited to bring into service two new Transport Rigs.

These upgraded Rigs mark a significant step forward in the care we can provide during neonatal transports. Team members have been working hard to familiarise themselves with all the new equipment.

Key advancements include the ability to deliver High Frequency Oscillation Ventilation (HFOV), and initiate controlled therapeutic cooling, using the new Criticool Mini machine – critical intervention for babies requiring specialised support following prolonged asphyxiation.

Exciting times lie ahead for the Waikato NICU Retrieval Team as we continue to enhance our service and deliver the highest stand of care to our most vulnerable patients.

Kerryn Schaab

Nurse Lead

Waikato NICU Retrieval Team



Hawke's Bay Flight Team

Jackie Hardy, CNM Flight and Transport, Hawke's Bay

Here we are in August already—time seems to be flying faster than we are! Life and work continue to ramp up, and the pace doesn't appear to be slowing anytime soon.

One initiative that's proven particularly successful is the 0900-morning catch-up run by Wellington. It's a great way for the Central region—and occasionally Nelson (sorry, Tania!)—to share daily plans and coordinate resources. These briefings have helped us better utilise empty legs and streamline inter-hospital transfers.

Some interesting proposals have come our way recently, including a suggestion for a 24-hour central coordination service between Hawke's Bay and Wellington. We were given just three weeks' notice to implement it, which sparked some lively discussions with Wellington's flight team—especially Sara, Andy, and myself. We quickly realised the scale of the challenge. Considering the Aeromedical Commissioning Programme (ACP) is working on a 10-year timeline for such coordination, launching it in three weeks was simply not feasible.



Bariatric transfers have also presented new challenges. One patient, six weeks pregnant and weighing 200 kg, will only grow in size and complexity. Another, at 197 kg, was able to walk up the aircraft steps and sit for the flight—but required two extension belts and two very slim Flight Nurses. As many of you know, it's not just weight that matters—height and body habitus play a significant role in determining flight feasibility. Sometimes, we simply have to say no and arrange for bariatric ambulance transport instead. What would normally be a two-hour transfer (including flight and ambulance) can quickly become a 4½-hour drive each way, requiring at least 24 hours' notice

to coordinate.

We were honoured to attend a small gathering celebrating one of our pilots who has completed 20 years of flying for Skyline/NZAAS—a remarkable milestone. It was a wonderful opportunity for current and former Flight Nurses to reconnect and reflect on the legacy of those who've come before.

As for our day-to-day operations, we continue to face challenges—whether it's complex tasks, bed block, or weather disruptions. From April through July, we've flown 583 patients. Of those, 53 were by helicopter and 530 by fixed wing. A Registrar was present on 5.5% of missions. We're still averaging just over two people per flight, doing our best to maximise aircraft utilisation. Despite the hurdles, the team remains resilient, resourceful, and committed to delivering high-quality care in the air.



Check out these fun pics from the evening! The girls proudly wore moustaches in honour of Guys' impressive handlebar moustache.



Tauranga Flight Team

Lots of flying on these beautiful clear winter days. We enjoy the H145 aircraft but the aerolite stretcher system has had its challenges- hopefully things improve when our new aerolite bridge arrives next month from Switzerland.

(Tauranga also supplied the front cover photo for this edition)



Whanganui Flight Team

Winter greetings from Whanganui

Much like everyone, while the scenery in winter can be spectacular, we are all looking forward to some warmer temperatures!

We have been going about our business-as-usual similar transfer numbers with a slight increase in the road portion of our work across to the mighty Manawatu.

Nothing new to report here, just looking forward to the longer warmer days, and the upcoming symposium which is always a good chance to catch up with those from around the regions

Fly safe

Whanganui



Wellington Aeromedical Retrieval Service or WARS!

Hello from the not so windy Wellington,

It has been a busy few months with winter hitting us hard. We have had a lot of flu and paed bronch transfers. In general we have had more paed transfers than usual, some very challenging and not quite in our comfort zones but the flight nurses have done an amazing job with support from the regional hospitals, flight coordinators and the ICU teams.

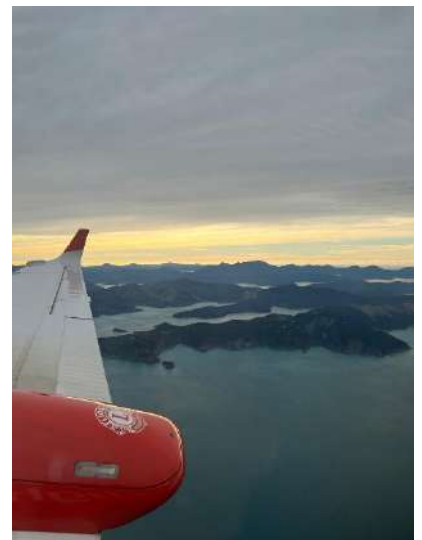
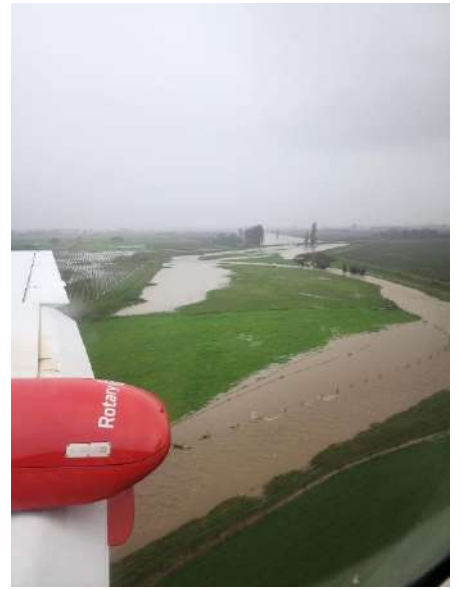
Life Flight has just rolled out another king air aircraft and so we are now able to have 3 fixed wing aircraft operating most days. Alongside this we have been trialling a 3rd day nurse (weekdays only) which has been of great benefit during these busier months. We are also expecting the arrival of a 145 Helicopter in Wellington in the next month. The pilots and crew have been busy training away and so we have had a number of stand in SRS crew and pilots. The 145 is not able to take the NICU transport incubators at this stage and so work arounds are being looked at which may cause some issues and delays for a while unfortunately.

We welcome Rosa to our team, undertaking a flight rotation for the next 6 months. Our new run of registrars has also just begun, many keen to experience flights.

We are lucky to be sending a small contingent to the Dunedin symposium "Synergy in Motion" and look forward to seeing many of you there.

We have an array of photos from the last couple of months.

Spot: The Interislander, Mt Taranaki, flooded Blenheim, Karori wind turbine farm, a FN pissed off with the ratchets (again), our new FN Rosa, the inaugural ventilated transfer in our newest plane, Mt Ruapehu & Mt Ngauruhoe, the Marlborough sounds, a romantic sunset refuel



New Zealand Flying Doctors Service – Nelson/Whakatū

Kia Ora from what has been a far from Sunny Nelson!

As I'm sure you are aware, we have had an incredibly wet winter here at the Top of the South. Our Tasman communities are still trying to dry out, and work to repair damage to roads, bridges, cycleways, farmland, houses, campgrounds, beaches, rivers and decimated hillsides of forestry is underway, but expected to take years to fix.

I live in the Tasman District and found myself stranded at home after the first flooding. It was a real eye opener to how reliant we are on cell phone towers being in full working order, power and internet for communication. I was due to work in the morning, of the worst of it, and after a night of torrential rain and strong winds, found that the road out of our village was submerged, and there was no way out. We had no power, and the Spark cell phone tower cable had been damaged by treefall and slips meaning we had no way of communicating with the outside world! It did make me worry about the vulnerable in our community who would have been in the same predicament, no way to call for help, or receive help – some in the community pulled out radio communications to connect with others. Maybe the old copper plug wired phones weren't the worst in an emergency?

Transport wise, we have continued to be busy and are happy to say we now have a permanent Monday-Friday road nurse team in Wairau to assist us with Tarmac transfers to Woodbourne, and transfers between Wairau and Nelson hospitals. Tania Nelson Transport Coordinator.



Wai iti River vs soccer field/BMX park (and Wakey Bakey) – Wakefield



Road closures around the district



Kaiteriteri golden sands hidden beneath forestry slash



View of Havelock from Rescue Heli

New Zealand Flying Doctors Service – Christchurch/Otautahi

Kia ora from Otautahi and the Canterbury Air Retrieval Service (CARS),



In the thick of Winter and it's brrrrrr cold here in Christchurch. In true Canterbury fashion we have had all seasons in one.

Over these cold winter months, we have pleased to have welcomed and orientated 3 new Flight Nurses to the team. So, you may bump into Sam, Jasmine and Alex flying around the country, on both Heli and Fixed Wing missions. Our last, but not least, new flight nurse is Katie, who joins us in August.

We have had plenty missions to keep us all busy and for the new nurses to have thorough orientations. Since the end of April, we have completed approximately 150 missions, moving patients from the top of the North Island and

bottom of the South Island, with a flurry of trips to the Chatham Islands and back.

Our Flight Co-ordinators have recently started meeting, bi-monthly, both face to face and online, to discuss and learn from complex missions, to discuss new and changing policies and receive any important updates from the Flight ACNM. So far it is working well as an outlet for any issues arising from this role.

Thanks to the NZFDS Trust, one of our Flight Nurses can attend the upcoming Aeromed conference in Hobart. We look forward to hearing all about it upon her return.

We also anticipate the COASTN conference in October in sunny Dunedin. Hoping to hear lots of informative and inspirational presentations from the flight services across Aotearoa New Zealand.

Keep Warm and Safe flying.

CARS

Dunedin Critical Care Flight Team



Greetings from Southern NZ!

Hello to our colleagues from across the country. Can I say that we down here eagerly await the onset of spring so we can wave goodbye to the winter! However cold & miserable we think it is let's be honest – it's not as bad as it used to be, with minimal visible snow on Dunedin's hilltops this year.

It does still impact our transport workload though – mainly the inversion layer that happens in pockets across our region (especially Dunstan hospital nestled outside of Clyde in Central Otago), plus all the Neurosurgery transfers to Christchurch where the onset on fog may alter our chosen mode of transport, or even mean an overnight stay (so the clean undies & toothbrushes are often packed in gear bags just-in-case). Our lack of Neurosurgical services mean a significant number of patients are being flown from Dunedin or even bypassing Dunedin completely & going direct to Christchurch from the place of referral. This is undertaken by a mix of Paramedical IHTs and transfers involving our Southern Critical Care flight team..... and being a strong advocate for keeping us flying to maintain currency I often suggest the SCC team would be a fantastic option 😊. There is significant time incurred with these transfers – as retrieving a patient from Southland & transferring them to Christchurch takes on average >6 hours, even for the least complicated of cases. Things such as inclement weather necessitating IFR flights means a fuel stop on the longer Southland – Christchurch leg, in case we need to continue to an alternate landing destination if the weather deteriorates en route.



(Somewhere buried under here are the Canterbury Plains.....)

October is rolling around fast & we're excited at the prospect of welcoming you all to the COASTN symposium being held Oct 16 & 17 @ The Fabel hotel. The organizers are working hard to ensure there's something on the programme that will hold everyone's interest. And being in the beautiful South your attendance would also afford you the opportunity to further explore the wonders of Dunedin – take a break in scenic Queenstown or Wanaka, check out Uni of Otago if you're considering further study.....

I'm sure most teams are busy onboarding new medical staff with the 6-monthly turnover of RMO staff - & there'll be a mix of those who want to fly vs. those who couldn't think of anything worse, plus a variety across levels of skill & knowledge. It's always interesting to see the enthusiasm new team members can bring to a situation – and sometimes a challenge trying to corral that enthusiasm into a safe & productive practitioner. However, most of us can probably empathise with the excitement felt when experiencing first flights on purpose-built aeromedical helicopters & planes, balanced by the less joyful experiences of road transfer by ambulance because the weather does not allow us to fly.

Here's to the end of the cold, & the welcoming of more sun & fun!

Travel safe, & we look forward to seeing you in our patch in October!

Toni Johnston – Nurse Practitioner, Southern Critical Care Unit flight team



COASTN



Providing Excellence
in Transport Nursing
NZNO



We are seeking 3 dedicated road or air transport nurses to join our dynamic committee. This is a great opportunity to represent your peers, contribute to the advancement of transport nursing in Aotearoa New Zealand, and help shape the future of our profession.

If you would like further information about the role please either speak with one of the current committee members or email your queries to the email below.

Nomination forms can be accessed using this [link](#) and email to coastncommittee@gmail.com

[2025 COASTN AGM Committee nomination form.pdf](#)



Photo by Kier Escario – Nelson Flight Team

Articles

It's 17:30, I'm nearing the end of a 12-hour day and there's been no flights all day – I've been wanting to go flying all day, it's been a while! The ICU Consultant comes to the desk to talk to the ACNM (Associated Charge Nurse Manager), I overhear, 'there's a retrieval, we could do it now, or it could wait till night staff come on', or something to that effect. My ears prick up, then I say, 'I'm happy to go now, come on, let's go now?' He agrees, it's only a quick flight there and back, the ACNM is happy, off we go. We're on the roof at 18:00 and taking off shortly after.

To begin with, the skies are clear, we fly north, low cloud starts to accumulate, the further north, the more the low cloud cover. We're approaching the referring hospital, there's a huge circle of clear sky around the cities centre and we can see our way in no trouble. We land, go into the hospital, prepare and package the patient for travel and load into the helicopter. It's cold, really cold, I only wore my flight t-shirt and pants, it was going to be a quick flight up and back, remember?

We take off, we hover for a moment at about 60 metres or so? We move around at a fixed altitude, we circle, I can see the pilot looking through the top window of the helicopter at the sky above, we carry on doing this - the pilot is looking for a hole of clear sky to manoeuvre us out of here and home. We start descending, and we land back where we started on the ground. Over the comm's the pilot says, sorry but we're clouded in, we can't fly out of this, it's just moved in over us while we were on the ground. We didn't muck around getting prepared to go, even if we'd been 5 minutes quicker, we'd still have been stuck...



The doctor leaves the helicopter, someone outside wants to talk. I sit with the patient in the helicopter, out of the cold, and chat, and wait. He comes back, opens the door and jumps back in with us. There's another patient in the referring hospital that was meant to be transferred by road, but there's no road ambulance and they've asked if we can take him. There's a patient transport service (PTS) ambulance due back in about 20 minutes, that we've been told we could use. We have a discussion that includes our current patient. The doctor explains to her that she could safely stay here the night, as her current level

of care can be provided here, whereas the other patient needs care that he can only get back where we're heading. She understands and thanks us, as well as making a joke about nearly going for a ride in a helicopter, I joke back that she did, only a short one.



We unload our patient, move her back inside, clean our gear and get ready to go to the other patient. Discussions start, the PTS has two stretchers, we could take both patients. As I help settle our previous patient back to bed, the doctor goes to assess the other patient. He returns, he's low acuity and currently stable with no acute concerns. We chat, we talk about the risks, our concerns and our assessment

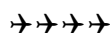
of the situation - we decide we'll take both patients; we're going that way anyway, and both *do* need to go where we're headed.

The PTS arrives back, and with the help of the lovely local staff, I prepare our first patient for transfer by helping her on to the stretcher while the doctor goes to do the same for our second patient. We meet at the PTS and load up. We very gratefully accept the coffee, biscuits and lollies that a local St John staff member went to get for us (including a sandwich for me at my request, by this time I can feel myself feeling weary and in need of some decent food and energy). The helicopter paramedic joins us, he'd like to get home too, why not, there are plenty of seats in this thing! Off we go with two patients, a paramedic, a doctor, myself and two St John's staff on board, off we go.

The trip goes quicker than I thought it would, or at least it felt that way. We're back where we started, it's 23:00 and our patients have travelled well. We hand over to the emergency department after a little wait (it's exceptionally busy). The doctor and I hand over a patient each and meet back in intensive care where I finish my paperwork, and finish my shift, 17 hours later.

I love retrieval nursing; it's one of the favourite parts of my job. One aspect of what I love about it, is the unpredictability, not knowing what you'll face, where you might end up or who you might meet. Just a short trip huh? Still didn't pack that jacket, lesson learnt...

Michael Sutton, Dunedin



When the Unexpected Happens in Transit – and Not to Your Patients

By Karen Thompson Emergency Flight Nurse – Hawkes Bay

It was supposed to be just another busy flight day. My colleague and I had transported two critically ill patients to a tertiary hospital for specialised care. We were now heading home with three stable patients—each medically treated but still requiring nursing support. We loaded into the ambulance, confident that the most challenging part of our day was behind us. We were wrong.



The Unexpected Stop

On our way back, we hit a complete standstill on the highway. It was too early for rush hour, and from the back of the ambulance, I couldn't see the cause. The Patient Transport Services (PTS) driver came into the back and calmly told us there'd been a motorbike accident just two cars in front.

There wasn't a moment of hesitation. My ICU-trained colleague agreed to stay behind with our patients while I grabbed one of our gear packs and headed to the scene with the driver. We each had a phone and enough supplies to make it work. That alone gave us confidence to split up.

First to Respond

Apart from a few bystanders, we were the first responders on site. The motorcyclist lay in full gear across the road. His legs twisted awkwardly over his bike—clear femur fractures, even without the X-ray. His boots had come off in the impact, a small but haunting detail.

I wasn't in an ED. There were no trauma teams to call in, no rapid-response overhead pages. It dawned on me quickly: I was the most qualified person at that scene.

I had the PTS driver connect with ambulance comms by radio while I scanned the small crowd for any fellow clinicians. None. I approached the man—alert, conscious, able to speak. We gently removed his helmet and administered methoxyflurane from the ambulance pack. Thankfully, the ambulance emergency kit provided the inhaled pain relief I needed, and I was grateful to have something to give him since no other pain relief was available at the time.

I instructed a bystander to position themselves behind the patient's head to help maintain spinal alignment. The man kept asking me to straighten his legs. I reassured him, but knew we had to wait until better pain control arrived.

Field Trauma, Flight Style

We began cutting his jacket open. Thank goodness our flight packs included trauma shears—I used to think they were overkill. His skin was pale and clammy, and the pain was excruciating. I knew those fractures were unstable, and I could feel his body starting to lose compensation. I quickly gained IV access—another step closer to stabilising him.

Finally, CCP and ambulance reinforcements arrived. Fire trucks and police, too. When I saw them, a wave of relief hit me. I handed off leadership, helped sedate and move him onto the stretcher, and assisted in splinting his legs.

Back to My Patients—And Another Challenge

Once he was en route to ED, I returned to our ambulance. Our original three patients were still stable, but the scene behind us had changed. The police had blocked the entire road. Ahead of us: a barrier. Behind us: a parade of logging trucks and commercial carriers.

We couldn't move. We also needed to get our patients back to the hospital.

So we improvised. One of our patients was mobile enough to cross the median into another ambulance at the scene. From there, we took a back-road route to the hospital, and the other patients waited in the ambulance until they were given the all clear to travel.

Reflection: Always Ready, Never Expected

The whole ordeal lasted more than an hour—though at the time, it felt like minutes. We train for when our patients become unstable mid-air. But sometimes, it's not your patients who need you. Sometimes the worst-case scenario isn't in your plan at all—and you still answer it.

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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A promotional poster for the Aeromed Conference 2025. The background is dark green with a circular inset showing a man with a mustache, Doug Kamo, speaking into a microphone on stage. Text on the poster includes: 'AEROMED CONFERENCE 2025', 'WE HEARD YOU!', 'EMCEE DOUG KAMO WILL BE JOINING US TO CELEBRATE 40 YEARS OF ASA!', 'WWW.AEROMEDCONFERENCE.COM', '24 - 26 SEPT 2025', 'HOTEL GRAND CHANCELLOR HOBART', and logos for 'AeroMed AUSTRALASIA' and 'Flight Nurses AUSTRALIA'.

SYNERGY IN MOTION



#COASTN2025

National Flight &
Patient Transport
Symposium



🕒 16-17 October 2025

📍 Fable **dunedin**

REGISTRATIONS NOW OPEN!

SCAN THE QR CODE TO
REGISTER AND LEARN
MORE



COASTN Committee 2025



Back Row: Sam, Andy, Patrice, Lynette, Tania and Jackie. Front Row: Avryl and Jodie (absent: Annie)

| | | |
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Not yet a member of COASTN and want to join? [Join the College now](#)

The following section is from our friends in Australia – please note this is an abridged version, if you would like the full newsletter please get in touch and I can forward it to you.



Welcome to your Winter FNA Newsletter

President Hayden's Yarn

Dear Members,

As winter settles in, I want to take a moment to reflect on the exciting progress we've made this year and share a few important updates with you all.

Firstly, what a fantastic webinar series we've had so far in 2025! From clinical research insights and the important topic of mental health to haemorrhage management inflight, the sessions have been packed with knowledge and inspiration. A huge thank you to our Education Lead, Bree Spring, and all our presenters who have generously shared their time and expertise. Stay tuned for next month's announcement shortly.

Looking ahead, we're thrilled that planning for **Aeromed 2025** in Tasmania is well underway. The line-up of keynote speakers is nothing short of incredible, and it's shaping up to be an unmissable event. We strongly encourage as many FNA members as possible to join us, there's nothing quite like connecting in person with our vibrant community. We're especially excited to be holding our **Annual General Meeting (AGM) in person** this year during the conference, marking our first face-to-face AGM since the Brisbane conference. We hope to see you there.

As the **End of Financial Year** approaches, it's also a timely reminder that **membership renewals are just around the corner**. Renewing now is a great way to stay connected, continue accessing our member benefits, and support the important work of the Association.

Don't forget the **Kaye Melmeth Professional Development Grant** closes on **June 30th!** This is a **reminder** to submit your application for funding to support conference attendance or other development opportunities. It's a fantastic initiative that helps us grow professionally and deliver even better care in our roles.

A heartfelt **shout out to our amazing committee members**—your hard work and dedication behind the scenes are what keeps Flight Nurses Australia going strong. Thank you for all that you do.

And of course, to **you, our valued members**, thank you for your continued support. FNA is a volunteer run organisation, and we exist for you and because of you.

If you have any new ideas, thoughts, or feedback on how we can serve you better and advance the profession, please don't hesitate to reach out.

Stay warm out there, take care of each other, and of course **happy flying!**

Warm regards,
Hayden Wilson NP, RM
President, Flight Nurses Australia



From the Editor - Jacinta Jones

Hello Hayden,

I hope everyone is keeping warm in this cooler weather. For us in Queensland, it is a comparatively mild winter compared to some other member locations and means smoother flying conditions but with the strong winter winds at altitude. This equals a slower journey westward but faster journey eastward with the strong tailwinds. Headwinds is not something of concern in a hospital setting but becomes important for us in the aeromedical environment when calculating oxygen requirements for a high flow patient or fluid requirements for a burns patients. But that is why we fly!! Nursing in an aircraft is an adventure with the added logistics and aviation considerations coupled with critical care nursing and midwifery in the air.

In this newsletter I would like to share some thoughts on the concept of Leadership & Followership and how in our environment every team member must have the ability and readiness to step into both a leader and a follower role to ensure our aeromedical team is effective and safe. As the situation in aeromedical retrievals can change quickly, it is important for our team, made up of differing disciplines, to seamlessly switch between leadership roles and members readily accept and operate in a followership role as required. This is fairly obvious with our pilots leading the aviation and logistics components and flight nurses and medical officers leading the clinical components. However, this switching of roles is not just dependent on the discipline of the team member but also the experience level.

There is a safety concept, or rather a risk concept, known as 'Green on Green' in aviation safety that is not related to sustainability, although another important topic. Green on Green for us means a new aeromedical pilot working with a new flight nurse and as long as there are clear and accessible support and escalation methods with line managers we can continue to operate safely. In the instance of a new pilot working with an experienced flight nurse, the flight nurse may take the leadership role in organising the logistics of a primary response, ground lift and loading etc. If the reverse was true, an experienced aeromedical pilot working with a new flight nurse, the pilot will lead the team (obviously following a comprehensive orientation and onboarding so the staff have the required skills to apply, just not the experience of applying these skills as yet).

Being an effective leader is a skill but so is being an effective follower - both are equally as important.

In the military this can literally mean life and death, and the same could be said for aviation and medicine.

An ineffective team is dangerous in all environments.

Some food for thought.



SIMON SINEK

Author & Optimist



Great leaders see themselves as followers & are always loaded with courage

Simon Sinek - The best leaders are the best followers

https://www.youtube.com/watch?v=V5wtzze9L_M



Liz Crowe - Leadership and Decision Making - Intensive Care Annual Scientific Meeting 2018



Australian and New Zealand Intensive Care Society (ANZICS)
1.11K subscribers

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https://www.youtube.com/watch?v=b4Waz_DAf7E





LESSONS IN FOLLOWERSHIP: GOOD LEADERS AREN'T ALWAYS OUT FRONT

<https://www.ausa.org/articles/lessons-followership-good-leaders-arent-always-out-front>

In order to be a well-rounded leader, military leaders must know how to be better followers and know how to best lead and manage followers. If there are leaders and managers, there must be followers.

To best articulate the dynamics between the leader, manager and follower, let's define what these words mean, based on their roles and the processes:

- **Follower:** A person who accepts guidance, command or leadership to assist in achieving goals and accomplishing tasks.
- **Manager:** A person charged with impersonally enabling task execution or subsets of an organization.
- **Leader:** Anyone who by virtue of assumed role or assigned responsibility inspires and influences people by providing purpose.
- **Followership:** A reciprocal process of leadership. This term refers to the capacity or willingness to follow within a team or organization.
- **Management:** An impersonal functioning process that controls and synchronizes internal structures, processes, procedures and systems.
- **Leadership:** The activity of influencing people by providing purpose, direction and motivation to accomplish the mission and improve the organization.

Being a great follower is having appropriate situational awareness of priorities and how to best support those efforts. The follower must be able to collaborate and have the ability to maintain good relationships with others up and down the leadership chain.

Lt. Col. Amelia Duran-Stanton is chief of the Ready and Resilient Integration Branch and deputy surgeon at Headquarters, U.S. Army Installation Management Command, Joint Base San Antonio-Fort Sam Houston. She has deployed to Kosovo, Iraq and Afghanistan. She holds a doctor of philosophy degree in postsecondary/adult education and a doctor of science degree in physician assistant studies (orthopedics).

Col. Alicia "Ali" Masson is commander of the U.S. Army Environmental Command stationed with Headquarters, U.S. Army Installation Management Command. She has deployed to Kuwait, Iraq and Afghanistan.

Text taken from Internet Source of Article <https://www.ausa.org/articles/lessons-followership-good-leaders-arent-always-out-front>

The Value of Consumer Feedback

- to the Clinician and the Consumer

I recently had the rather unfortunate opportunity to experience healthcare from the consumer side with a close family member requiring emergency cardiothoracic surgery and intensive care.

From this experience, I gained an insight into the value of feedback for our consumers that I had not previously considered. As clinicians we are very familiar with the concept of patient feedback and how it is used to improve services and practices. The NSQHS standards require healthcare organisations to actively seek feedback from consumers and as professionals we receive and utilise this feedback constructively to further develop and reflect on our practice.

My recent experience on the consumer side has taught me that feedback not only benefits our clinicians and future patients but also our patients who provide the feedback. The outcome of my recent consumer experience was very positive and as part of our healing from the traumatic experience we actively thanked those that literally saved the life of our family member. We should recognise, as professional clinicians, that the feedback we receive from our patients, both negative and positive, can be part of their continued healing from their often traumatic health experience, so even after discharge we continue to care for our patients by acknowledging and responding to the feedback providing benefits to all involved.



[Home](#) > [Standards](#) > [The NSQHS Standards](#) > [Patient safety and quality systems](#) > Action 1.13

Action 1.13

Feedback and complaints management



Action 1.13 states

The health service organisation:

- a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care
- b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems
- c. Uses this information to improve safety and quality systems

<https://www.safetyandquality.gov.au/standards/nsqhs-standards>

FNA Member Profile

Meet Audrey Taula

Manolos Nurses Papua New Guinea



Hi My name is Audrey Taula

A flight nurse for Manolos Aviation Ltd and now it's called MAMA FOUNDATION which stands for Mountain Area Medical Airlift.

I joined the Foundation in January 2020 as a general registered nurse.

I graduated from Lae Nursing School in 2004. I have worked as a general registered nurse for twenty (20) years.

I love my job as a flight nurse, reaching out to the remote, rural where no road links in my country Papua New Guinea.

As we are a developing country, we are not to the same level of high quality healthcare in terms of technology and medical flight equipments but I have compassion, empathy, love to care for my patients onsite at arrival, in flights during flights.

With the little we have, and giving my best nursing care wholeheartedly to see my patients, giving them hope is a job satisfaction for me.

I am now forty three (43) years old and I still want to do more in nursing the neediest.

Yours In Health,

Audrey. Taula



<https://www.mamamedevac.org/>

WHO WE ARE

Mountain Area medical Airlift (MAMA) Foundation is a Not-For-Profit Organization whose primary objective is to offer a complete medical evacuation (medevac) solution for Papua New Guinea.

MAMA Foundation was incorporated on the 1st of September in 2020. The Foundation is focused on Helicopter Emergency Medical Service (HEMS), providing medevac services for partner districts, provincial health authorities (PHAs), and the public and private sectors. The Foundation supports the provision and extension of health services to remote and rural Papua New Guinea (PNG) which are inaccessible by road.

Medical Evacuations which were formerly done under Manolos Aviation Ltd were officially managed by MAMA Foundation since January 2021.

In 2021 alone, more than 130 patients benefited from this medevac service that was successfully carried out by MAMA Foundation.



Mountain Area Medical Airlift (MAMA) Foundation maintain a fully staffed Medevac Department with Flying Nurses, Pilots and a Doctor. MAMA is proud to be the only aviation operator in Papua New Guinea to employ a full-time medevac team and equipment on standby 24/7 for any medevac call out, and is amongst the most experienced in the country.

Our Medevac Operation is on standby in Lae and Kokopo, 7 days a week, with the ability to deploy a medevac team within 20 minutes of a call-out and reach the furthest patients within 2 hrs.

Our helicopters are fitted with emergency equipment suitable to stabilize and monitor patients in-flight. The helicopters can be configured to carry up to two stretcher patients or up to seven sit-up patients at any one time.



Text and images taken from MAMA website with permission and thanks

<https://www.mamamedevac.org/>

Audrey is attending the Aeromedical Conference in Hobart this year and is incredibly appreciative of any support our members can provide.

Read about the amazing work Audrey and her team have done below!!



[Mama Foundation saves mothers - Post Courier](#)



[MAMA Foundation rescues mothers on Mother's Day](#)



[Medevac saves snakebite victim - Post Courier](#)



[Pregnant mother airlifted after GBV incident in remote Morobe - Post Courier](#)

Membership

Refer A Flight Nurse for FNA Membership

Have a Friend or Colleague who is not yet a FNA Member?

Please forward this newsletter to them and let us know

If they join, you will both receive 10% off your membership fee**.

admin@flightnursesaustralia.com.au

Membership

Conditions apply

Please - Share Your Shots



Photo supplied by Hayden Wilson

The FNA committee are excited to continue our photo competition with grand prizes to be announced.

Your aircraft, view from your aircraft 'office' window, your team or flight nurse training are just some ideas!

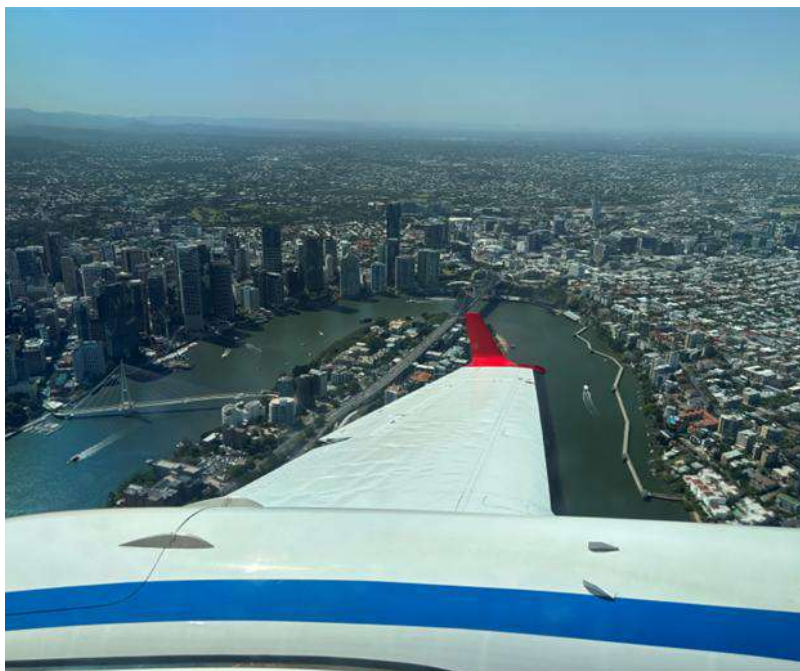
Please email your photos to be added to the FNA website gallery.

admin@flightnursesaustralia.com.au



Photo supplied by Jacinta Jones

Thank you Lauren Bugler (RFDS QLD Flight Nurse/Midwife/Nurse Educator) for your submission below



Neonatal Training Bundaberg
Flight Nurses Yvette, Sabrina, Robyn



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CALLING ALL FLIGHT NURSES:

Do you have something to contribute? You'd better!

Send it to admin@flightnursesaustralia.com.au to be included in the next newsletter.

Missed a Newsletter? Catch Up on the News site of Member Jungle

HAVE WE MADE A MISTAKE?

Please let us know if you spot any issues: Attention Jacinta. admin@flightnursesaustralia.com.au.

Flight Nurses Australia acknowledges the Traditional Custodians throughout Australia and their connections to land, sea and community.

We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

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Thank you for reading.