

WELLNESS CHECKS FOR FLIGHT NURSES

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Fit to Fly

POLICY DEVELOPMENT

- Background
- Purpose
- Scope
- Issues
- Conclusion

Geographical Challenges



Background

- HB flight nurses are unique
- Home ward commitments
- High workloads
- Multiple missions
- Different flight modalities
- Autonomous practice

These factors create high demands on physical, mental and emotional health of flight nurses

Background

- Stressors of flight for staff
- NZFNA course
- NZ Standards NZS 8156:2008
- NZFNA standards refer to 'safe to fly'
- Post Grad Cert Learning contract

Purpose

- To help promote and maintain a high standard of health and wellness for flight nursing
- Determine consistency and appropriateness in health screening for flight nurses
- To ensure health issues are addressed in a timely and appropriate manner
- Ensure nurse and patient safety is maintained in the aero-medical environment
- Ensure that work conditions for flight nurses are not undermined
- To ensure flight nurses are 'fit to fly'

Issues

- Nothing available within civilian services in NZ and possibly Australasia
- Requirement to meet needs for staff wellbeing, patient safety and management needs.
- Requirement to reach consensus from NZNO, Occupational Health Service, Human Resources and flight nurses themselves

Scope

- 1,000 missions over 12 months
- > 1,900 patients over 12 months – average of 5.2 patients per day
- Patient loading average 1.8 - 2.00 patients per mission
- 90% of missions are nurse only
- HB Team consists of 20 permanent and up to 15 casual/specialist Flight Nurses

Development of Policy as follows

HAWKE'S BAY DISTRICT HEALTH BOARD	Manual:	Patient Transport Unit Policy & Procedure Manual
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	Approved:	Associate Director of Nursing
	Signature:	Chris McKenna
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Wellness Check for Flight Nurses

PURPOSE

To outline the processes for Nurses entering the annual Wellness Health Checks for Flight Nurses in HBDHB.

SCOPE

All flight Nurses employed by the Hawkes Bay District Health Board.

PRINCIPLES

- To help promote and maintain high standard of health and wellness for Flight Nurses working in the HBDHB Flight Team.
- To help ensure health issues are addressed in a timely and appropriate manner for individual Flight Team members.
- To help ensure nurse and patient safety is maintained in the aeromedical environment.
- To maintain the HBDHB commitment to safety management practices.

ROLES AND RESPONSIBILITIES

- Clinical Nurse Manager (CNM)
- Flight Nurses
- Occupational Health Nurses
- Occupational Health Doctor
- Human Resources (HR)

PATHWAY

- All new staff joining the Flight Team will automatically have the initial pre-employment health check to determine 'fitness to fly'. They will then be enrolled into the Annual Wellness Health Programme for Flight Nurses.
- Existing Flight Nurses can join the programme immediately.
- If an existing Flight Nurse does not wish to join immediately on implementation of the Wellness Programme they can then opt for a three year joining time before this becomes compulsory.
- Individual members of the Flight Team may choose to have an equivalent wellness check completed by Specialist or another Occupational Physician of their choice and who has knowledge of aeromedical environment. If this pathway is chosen the medical practitioner

- will be able to declare the Flight Nurse medically fit/unfit to fly with recommendations as required.
- Confidentiality between Occupational Health Staff (OHS) and the Flight Nurse is ensured at all times and recommendations only from OHS with pre-determined period will be issued to the CNM of the Flight Team.
 - The HBDHB Occupational Health Doctor will refer the Flight Nurse through to appropriate follow-up care if required and as agreed between OHS and the Flight Nurse.
 - If recommendations for stand-down occur it is the responsibility of the CNM and HR to ensure the appropriate redeployment, in consultation and agreement with the Flight Nurse, for the recommended period so that there is no disadvantage in employment status for the Nurse concerned.

MEASUREMENT CRITERIA

- All new staff are automatically enrolled into the programme.
- Existing staff are all enrolled into the programme by June 2012.

REFERENCES

Inaugural policy for Flight Transport

RELATED DOCUMENTS

- Standards New Zealand
- New Zealand Flight Nurses Organisation Standards
- Civil Aviation Authority NZ

KEYWORDS

Aeromedical
Flight
Health Checks
Wellness

For further information please contact Clinical Nurse Manager, Patient Transport.

Development Wellness Questionnaire

- Questionnaire development based on CAA checks for pilots
- Reworked in conjunction with Occupational Health doctor and nurses and flight team
- Voluntary trial run

Questionnaire as follows



HAWKE'S BAY DISTRICT HEALTH BOARD
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PRE-EMPLOYMENT / ANNUAL WELLNESS CHECK FOR FLIGHT NURSES

Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

- I declare to the best of my knowledge that the information given is correct.
- I understand that withholding information or supplying incorrect or misleading information on this questionnaire may result in my being disqualified for appointment or, if appointed, my subsequent dismissal from the Flight Team*.

Cardiovascular Status

1. Have you ever had, or have now, any of the following?

- | | | |
|---|---|---|
| 1.1. High blood pressure | Y | N |
| 1.2. Heart disease or heart surgery | Y | N |
| 1.3. Angina or chest pain | Y | N |
| 1.4. Irregular heart beat or palpitations | Y | N |

Respiratory Status

2. Have you ever had, or have now, any of the following?

- | | | |
|---|---|---|
| 2.1. Abnormal shortness of breath | Y | N |
| 2.2. Wheezing or asthma | Y | N |
| 2.3. Pneumothorax or other chest problems | Y | N |

Neurological Status

3. Have you ever had, or have now, any of the following?

- | | | |
|--|---|---|
| 3.1. Head or spinal injury | Y | N |
| 3.2. Seizure, fit, convulsion or epilepsy | Y | N |
| 3.3. Persistent headaches or migraine | Y | N |
| 3.4. Blackouts or fainting | Y | N |
| 3.5. Stroke or cerebrovascular disease (TIA, migraine) | Y | N |
| 3.6. Psychiatric illness or nervous disorder | Y | N |
| 3.7. Sleep problems or sleep apnoea | Y | N |

Endocrine Status

4. Have you ever had, or have now, any of the following?

4.1. Diabetes or other metabolic or endocrine disorders Y N

Musculoskeletal System

5. Have you ever had, or have now, any of the following?

5.1. Hernia, major gastrointestinal or abdominal disorder Y N

5.2. Major muscle, bone or joint injury or disorder or surgery Y N

5.3. Significant back injury, sciatica, more than 4days off work Y N

5.4. Xray, MRI of the spine Y N

Visual Status

6. Have you ever had, or have now, any of the following?

6.1. Double vision or difficulty seeing (e.g. wearing lenses) Y N

6.2. Colour blindness Y N

Ear, Nose, Throat, & Sinus Status

7. Have you ever had, or have now, any of the following?

7.1. Ear or balance problems (dizziness, vertigo) Y N

7.2. Hearing difficulty Y N

7.3. Significant hayfever or sinusitis Y N

Skin

8. Have you ever had, or have now, any of the following?

8.1. Dermatitis or eczema Y N

General Health & Well-Being

9. Have you ever had, or have now, any of the following?

9.1. Substance (drug, alcohol or smoking) dependence or abuse Y N

9.2. Are you are on any prescribed medications Y N

9.3. Significant family history: _____

If you answered "Yes" to any of the previous questions, please provide details.

Signed: _____ Date: _____

Physical Examination

Surname: _____ First Name: _____

1. General

Weight: _____ Height: _____ BMI: _____ Colour: _____

2. Cardiovascular

BP: _____ HR: _____ Regular / irregular

Heart sounds: _____

Comments _____

3. Respiratory

Lung sounds: _____

Comments _____

4. Abdomen

Comments _____

5. Neurological

Co-ordination and balance: _____

Gait : _____

Reflexes: _____

Spinal Mobility: _____

Comments _____

6. Hearing / Audiogram results : _____

7. Vision

Acuity (distance) R _____ L _____

Corrected R _____ L _____

Acuity (near) R _____ L _____

Corrected R _____ L _____

Visual fields Normal / abnormal

Colour perception Normal / abnormal

8. Further Investigations as required - eg

- 1. Urinalysis: _____
- 2. ECG (12 LEAD) _____
- 3. Spirometry: _____
- 4. Other: _____

9. Summary

NAME:.....

This candidate is:

Fit for employment as a Flight Nurse

Or

Unfit for employment as a Flight Nurse

Or

Temporarily unfit to continue Flight Nurse duties until

____/____/____ (dd/mm/yyyy) / pending further review

Signed: _____ Date: _____

Uptake

- 24 flight nurses initially offered the opportunity in May 2010
- Uptake of 14 = 58% with 5 more booked
- Issues identified to date
 1. 1 only issue addressed by the Occupational Health Doctor of previous existing episode of arrhythmia
 2. Occupational Health Nurse has used the opportunity to discuss BMI, diet and fitness

Feedback

➤ Staff

1. Feel valued
2. Need to checklist for dental checks
3. ECG annually for those nurses over 45

➤ Occ Health

1. Positive value in the process
2. Mitigates risk
3. Knowledge of work place & job specifics
4. Positive spin-offs
5. Time taken = total 20 mins

Recently Developed

- Guidelines for Safe Hours/Staffing

- to fight fatigue
 - stress
 - long hours
 - adverse events

Development of Safe Hours Policy

HAWKE'S BAY DISTRICT HEALTH BOARD	Manual:	Patient Transport Policy & Procedure Manual
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	Approved:	Clinical Nurse Manager
	Signature:	Stephanie Boston
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Safe Hours

PURPOSE

To maintain patient and staff safety within the aeromedical environment.

PRINCIPLES

Outline the principles and processes for ensuring that flight nurses maintain full clinical safety when transporting patients by road/air ambulance

ROLES AND RESPONSIBILITIES

- Clinical Nurse Manager (CNM)
- Clinical Nurse Coordinator (CNC)
- Flight Nurses
- Director of Nursing (Hospital)
- Occupational Health Services
- Clinical Director Patient Transport Service
- Duty Managers

GUIDELINES

- Flight Nurses have a duty of care to firstly bring potential issue/event to the attention of the CNC (during working hours Monday – Friday) and then to the CNM or Duty Manager after hours. If potential issue/event cannot be resolved through these processes then further assistance can be sought from the Clinical Director Patient Transport Service, the on-call ICU Consultant or DON Hospital.
- Flight Nurses have, at all times, the right to refuse to carry a patient, support person or other e.g. (observer) if they feel that this is beyond their clinical expertise or has the potential to cause danger/adverse event in the air or violates other patients safety and privacy.
- Flight Nurses are responsible for reporting any adverse event during transport immediately to the CNC/CNM/DM and follow through with the HBDHB Event Reporting System (as per Event Reporting Policy HBDHB/OPM/022).
- Following any adverse event the CNM will be responsible for organising a debriefing meeting with the Flight Nurse, their support person and any other appropriate staff.
- The Flight Nurse will also be offered assistance through HBDHB Occupational Health Services and/or the Employee Assistance Programme HBDHB/PPM/028.
- The CNM will undertake a root cause analysis and review of all reported events and follow through the Event Reporting System within the required time frame.

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- Flight nurses have at all times the right to ask to stand down from further aeromedical flights or transports following an adverse event which may have occurred during a patient transport.
- If a Flight Nurse works greater than six hours transporting patient/s that Flight Nurse has the right to ask not to undertake a further mission if this will result in a shift time of greater than ten hours or they feel their practise will be compromised.
- Flight nurses must maintain patient and event confidentiality at all times as per Privacy Policy HBDHB/OPM/033.

DEFINITIONS

An **adverse event** is an incident that has resulted in unanticipated death or major loss of function not related to the natural cause of the consumer's illness or an underlying condition while a **near miss** is an incident that did not cause harm (WHO, 2007 – 2008). In the context of this policy these may be an unexpected/unforeseen event that affects either the patient, pilot, ambulance officer or nurse during a transport either by road or air ambulance causing undue distress or injury e.g., MVA, cardiac arrest, sudden death, injury from turbulence or aircraft emergency.

MEASUREMENT CRITERIA

- All near miss/adverse events are reported in an appropriate and timely manner
- All Flight Nurses are supported through a near miss/adverse event

REFERENCES

Holleran: R; (2010) ASTNA: Patient Transport: Principles and Practice (4th ed)
World Health Organisation: (2007 – 2008). The Conceptual Framework for the International Classification for Patient Safety (version 1.0).

RELATED DOCUMENTS

HBDHB/OPM/033 Privacy Policy
HBDHB/PPM/028 Employee Assistance Programme
HBDHB/OPM/022 Event Reporting Policy

KEYWORDS

Adverse event
Aeromedical
Event
Near miss
Safety

For further information please contact Clinical Nurse Manager, Patient Transport.

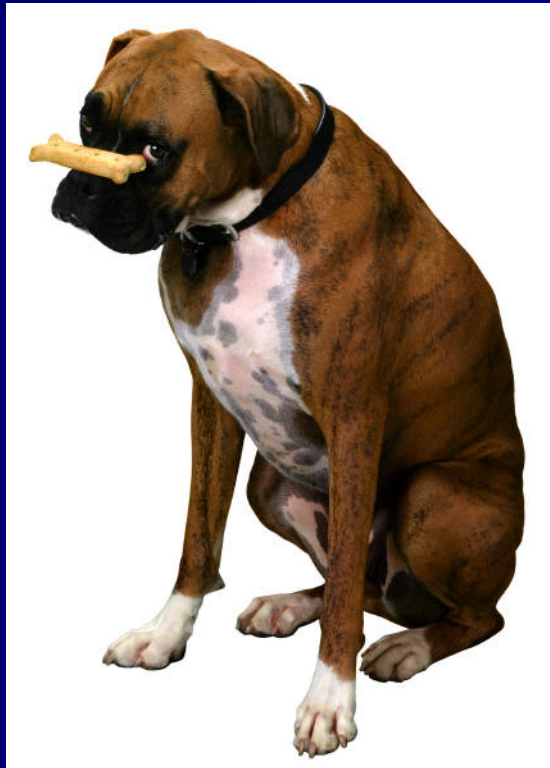
Childcare Facilities

- Issues arising from current services

Childcare Facilities



Conclusion



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Thank you
Travel Safe – and wherever you are - enjoy
the view from the window.



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