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Send contributions for the next issue by 4 January 2008 to the Editor:

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Letter from the Editor



Well, summer seems to have arrived finally, or at least it had on the day I was writing this! However the recent awful weather has in all likelihood

meant that people will have made last minute decisions to leave the country for their holidays. For us, as flight nurses, this has meant a busier time over the last few weeks.

In the past we almost seemed to be able to guarantee that the summer would be one of our busiest times, but the seasons seem to have got more blurred over recent years. I'm sure some of the causes of this are due to acts of terrorism and increased security at airports, but it also means that it is getting harder for flight nurses to predict when they may be "in demand".

This can put pressure on us to accept repats that may be pushed through with poor scheduling, limited rest times and so on. It can be difficult to turn down work when it is needed, but we often find ourselves in this situation.

We have started an Agony Aunt column in this issue as so many of us work alone and often have concerns or queries about situations we find ourselves in, but do not know who to ask for advice in confidence. Well, turn to page five and meet Aunt Madison! She will be able to give you advice based on her years of experience of in-flight nursing. Not only will you get the answer to your question, but you will be helping other flight nurses who may well have been in a similar situation.

The *International Travel Insurance Journal* (ITIJ) has also focused on the assistance industry this month and have issued a supplement to their magazine. Details of how to get your copy are on page 11.

To most of us, the mention of airports probably conjures up images of heavy traffic

to the airport, long queues at security and being surrounded by large numbers of "jovial" holidaymakers – certainly in my case! The new T5 terminal will be opening next year and it is supposed to be the answer to everyone's prayers to ease congestion in the other terminals. If you travel regularly to Heathrow, you will cheer in delight at this news! There's an article on page four on the T5 development.

There are so many flight nurses who work remotely and still keep up the high standards of our specialism. One group is that of the military. Bernie Cottam, RCN Nursing Adviser to the IFNA, spent time with flight nurses out in Iraq and you can read all about it on page five.

Finally, thanks to all those who have contributed to this bumper edition of your newsletter, either by giving me some verbal comments or forwarding me articles. My nagging (sorry, "persuasive") skills are improving and I hope to have even more for you in the next issue. Do feel free to send me anything you think will be of interest to flight nurses and I will find a place for it next time!

Rita Mody


Who says Americans aren't funny ...?

"Thank you for flying Delta Business Express. We hope you enjoyed giving us the business as much as we enjoyed taking you for a ride."



"Your seat cushions can be used for flotation. In the event of an emergency water landing, please paddle to shore and take them with our compliments."



Report from the Chair

The RCN is going through great changes. Currently there is a review of both the forums and the other services the RCN is delivering. This is to make the RCN more accessible and also to promote member involvement.

We recently contacted you for some feedback and ideas on what we, as your Forum Steering Committee, should deliver to you (see page six). We will be looking carefully at that information as we shape our plans for the coming year. Plans will be agreed with our adviser, Bernie Cottam, and also approved by the RCN. This is important, as to date our plans have been highly regarded by the organisation and this is owing to the excellent two-way working we have with you, our members

Furthermore, we are one of the few forums who have got contact with all of the boards of England, Wales, Scotland and Northern Ireland, and this both promotes the work we do and lets us engage with the board that runs services for each country.

If you receive this newsletter before RCN Council elections close, I encourage you to vote across the regions as by doing so you help elect the members you believe will be best to support, lead and shape the RCN for the next four years.

IFNA Study Days for 2008

- 14 March
- 12 July
- 15 November

IFNA Committee meetings for 2008

- 29 February
- 6 June
- 12 September
- 5 December

I leave you some key issues I want to draw to your attention:

Richard Hough In-Flight Nursing Bursary

The RCN In-Flight Nurses Association – IFNA – has established a bursary for in-flight nurses and forum members to pursue further educational interest.

The bursary has been established with funds from within the forum's operations budget and will be run to the benefit of members wishing financial support for a short course or personal development.

The bursary is available via written application only. The committee assesses the anonymised application against the criteria and if it meets this, they will award up to £250. Successful applicants agree to write a piece for *In-flight Nursing News* and/or give feedback on a study day.

To date there has been one successful application – this grant went support an individual on the clinical considerations in aeromedical transport (CCAT) course – and a written report will follow in the next edition.

We encourage you to apply for this funding as we want to support more nurses working in our area. If you would like more information or wish to apply, contact beverley.willie@rcn.org.uk

Professional membership services and the PDF

In my various briefings, I have updated you on a key piece of RCN transformational work known as the Professional Development Framework or PDF. The PDF consists of seven areas of work aiming to transform the RCN to meet members needs. It includes areas such as the website review, branch review and also the Professional Membership Services (PMS).

The PMS is where the RCN will focus on how professional services will be delivered to members and it's made up of several workgroups. It is fair to say that there is some interest and anxiety among forums as to how this will be delivered and what it will mean for you, as an individual member.

At Council's last meeting it was agreed to look again at the frameworks and

governance around structures and we will update you on this, as and when there are developments.

As part of the PDF our externally managed website will come "in house". We will make sure you are aware of when this happens and we will maintain the current www.rcn-ifna.org.uk link, redirected to the new pages. However, this will mean that only RCN members can access this.

NHS pay award

It would have been hard not to notice that the RCN has held an indicative ballot around NHS pay. While to many of our members who work in the independent sector this may not appear to be of interest, it is important that organisations mirror NHS pay uplifts and increases. By accepting a staged award in England, nurses will be worse off. Furthermore the fact that three out of the four UK countries have adopted the 2.5 per cent figure also puts pressure on NHS Employers and the Department of Health in England to follow suit. As we went to press, the outcome of the indicative ballot was not yet available so be sure to check it out on the RCN website at www.rcn.org.uk/pay2007

MDA alerts

The Medicines Healthcare products Regulatory Agency alerts health care providers on issues around both medicines and devices. Information is cascaded out on a monthly basis and will be sent to members when available. There's also news of recent medical device alerts on page 11.

NICE guidance

The National Institute for Health and Clinical Excellence has issued guidance recently on recognising and managing acutely ill patients. The guidance advocates "track and trigger" systems and stresses the importance of physiological observations such as blood pressures, respiratory rates, pulse rate and urine output to determine subtle but significant changes – as well as having processes and systems to manage them. This is important especially for aeromedicine as such early recognition can support early management for patients. See www.nice.nhs.uk

Gerry Bolger

Here's news of a disturbing investigation by an assistance company in Egypt.

Hurghada International Hospital: Sounds great, but does it actually exist?

Hurghada International Hospital! Does it ring a bell?

We received a new file from one of our clients in Hurghada for a lady treated in this hospital, which is totally unknown there!

By investigating the situation, we found out that there is a small flat under construction in Hurghada, owned by the infamous doctor Abd El Bar Gawish and a colleague-partner, Dr Abd El Salam Abd El Mienam.

We contacted the phone number that was written on this hospital's medical report in order to get any information, but nobody answered. We also tried to get any other numbers for this hospital, but to no avail.

We sent one of our doctors in Hurghada to the address mentioned on the hospital medical report to find out more about "Hurghada International Hospital" and this is what he found out: this hospital does not exist! It is just residential flat, under construction, containing a few beds and a very small room presumed to be the operating theatre. There are no patients, no doctors and no equipments at all there.

This hospital does not have any sign, name tag, legal license or legal documents. During our doctor's visit, they informed him at the "hospital" that the patient had been discharged earlier that same day. She had been there because she had a cast, but it was painful so they changed it!

Finally our doctor saw that the medical expenses mentioned in their invoice were not reasonable at all for the

medical service and the treatment that the patient received at this facility.

Do not hesitate to contact us in case of any further queries regarding this "hospital"!

Contact Shaymaa at CONNEX Assistance Egypt on 002 02 33360005 or email: feedback@connexassistance.com

On the other hand, you can see what the hospital has to say for itself at www.hurghadainternationalhospital.com

T5: Just how super is BAA's superterminal going to be?

It's now less than nine months till BAA's eagerly awaited "baby" arrives, but will T5 really turn out to be the saviour of Heathrow?

Matt Rudd, writing in the *Sunday Times*, gives us a glimpse into the future, including the Lean Methodology, Gordon Ramsay and baggage-collection hall screens that accurately track the progress of your luggage ... "And when the last bag comes out, it will say 'That's the last bag', so you'll know immediately that you're a loser, rather than waiting for ages like a chump until you finally accept it."

Not a small consideration, given that 7,000 British Airways passengers were left empty-handed over a single weekend last summer!

As you will gather, the article is both enlightening and entertaining. It's at http://travel.timesonline.co.uk/tol/life_and_style/travel/news/article1590902.ece

IFNA Study Day

Saturday, 17 November 2007
RCN Headquarters, Cavendish Square, London

We have a really interesting line-up, including presentations on unusual retrievals, orthopaedic and post abdominal surgery transfers, and taxation – plus the Metropolitan Police are joining us for a session on personal safety awareness.

Details from Caroline Carter
Telephone 020 7624 0132
Email carolinecarter1@tiscali.co.uk

Who says Americans aren't funny ...?

Southwest has no assigned seating – you just sit where you want. On a SW flight 245 passengers were apparently having a hard time choosing when a flight attendant announced: "People, people, we're not picking out furniture here – just find a seat and get in it!"



On a Continental flight with a very "senior" flight attendant crew, the pilot said: "Ladies and gentlemen, we've reached cruising altitude and will be turning down the cabin lights. This is for your comfort and to enhance the appearance of your flight attendants."



Heard on a Southwest flight: "Ladies and gentlemen, if you wish to smoke, the smoking section on this airplane is on the wing and if you can light 'em, you can smoke 'em."





BERNIE COTTAM, RCN Professional Nurse Adviser, reports on daily life for nurses in war-torn Basra.

Frontline nursing in Iraq

You may be aware that I recently had the privilege of accompanying the General Secretary, Dr Peter Carter, on a visit to British troops serving in Iraq. The main reason was to visit our nurses who are working in this area of combat, but moreover we wanted to demonstrate our support for their outstanding contribution to the profession.

One of the only ways I am able to describe the whole operation is as “*a fine clock where each cog moves gracefully and purposefully into the next*”.

The visit was quite overwhelming and certainly demonstrated the qualities, integrity and outstanding contributions our nurses are delivering to their colleagues in this highly dangerous combat zone. Being RCN Professional Nurse Adviser gave me the opportunity to engage with nurses, doctors and allied health professionals, and to see at first hand what a difference they are making.

What’s more, the valour and dignity with which they undertake this role is truly admirable. They also demonstrated the finest of teamwork and leadership skills which we strive to develop here in the NHS.

The 60-plus nurses and health care assistants work tirelessly in a tented hospital two kilometres from Basra City in southern Iraq. The facilities are amazing, but they are merely surroundings in which dedicated teams deliver high quality, highly technical and skilled care.

The facilities include diagnostics, X-ray and CAT scanner, laboratory, operating theatres, sterilisation unit, medical and surgical wards, accident & emergency, critical care, mental health, a medical centre (run very much like a GP practice or NHS walk-in centre) and all the administrative services to support them.

We had the opportunity to visit all the facilities and talk to patients and staff – a very humbling experience. Morale of the staff was unbelievable and I congratulate their leadership for this.

Not one person I spoke to was downbeat or reticent – in fact it was quite refreshing to see that they were able to maintain their sense of humour, even in the darkest hours and the most difficult times. Those who know me well will know that’s a quality I believe is an essential part of the personal toolkit for any nurse.

Respect and dignity – for each other, for patients and for their less fortunate colleagues – was yet another quality which shone through and was so apparent in all they did.

Home from home

One of the final visits we made was to the immediate response team, a crucial cog in the wheel. It was quite amazing. We had the opportunity to visit the Merlin helicopter and see the equipment that the teams have to take with them, often into the most dangerous of locations.

I was so pleased and surprised to meet the newly promoted officer who, when I was on sabbatical with the Princess Mary



Some of the military nursing staff with Bernie Cottam and Dr Peter Carter (in flak jackets) and (seated) Group Captain Wendy Williams and Major Jan Pilgrim

“The visit was quite overwhelming and certainly demonstrated the qualities, integrity and outstanding contributions our nurses are delivering to their colleagues in this highly dangerous combat zone.”

Royal Air Force Nurses at RAF Lyneham, put me through my paces on the aero medical course. How proud I felt!

I also recognised a very northern accent and it was a wonderful surprise to meet a nurse on the team who had trained at Hope Hospital, here in the northwest where I live. She had done her A&E training on the unit at Hope Hospital and I'm sure the staff there must feel proud of preparing her for the work she is doing now.

Indeed, I believe the staff at many other NHS hospitals should feel proud of the investment they have made in training of our nurses because, be assured, they are delivering the highest quality of care and they are also building on those skills which are transferable back to the NHS.

I have always believed that military personnel have outstanding leadership and team working skills, but I have only previously seen small snapshots. However, on this occasion I was so privileged to see what I believe were these qualities at their optimum. I firmly believe that the NHS has much to gain from their integration into the service.

The Defence Nursing Service is unique and I can say that they are providing the best standards of care to our armed forces in extremely dangerous and austere environments. I also believe that military nurses are one of the most flexible workforces I have ever seen, adapting and changing as circumstances demand, and we were so privileged to experience this at first hand.

I want to say to the family of nursing and the general public, the vision I came away with was one of total pride in being British but moreover, outstanding pride in being a nurse.

Who says Americans aren't funny ...?

On landing, the stewardess said: “Please be sure to take all of your belongings. If you're going to leave anything, please make sure it's something we'd like to have.”

Part of the safety announcement: “There may be 50 ways to leave your lover, but there are only four ways out of this airplane.”

If you can't ask your auntie, what's a body to do? Here, in her first outing as our regular columnist, Agony Aunt Madison deals with when you cross the line between simply being tired and being unsafe to practise.

Ask Aunt Madison

Dear Aunt Madison

I had repatriated a young female patient from Marmaris, Turkey. She was a stretcher patient with an unfixed trimalleolar fracture.

We had left Marmaris at 02:00 and our journey back to the UK was via Istanbul and Frankfurt with long transit times between our connecting flights as well as significant delays. We eventually arrived at Gatwick at 20:00. From there the patient was to be taken by road ambulance to Sheffield.

I called the assistance company on arrival at Gatwick to check if it would be okay to hand the patient over to the ambulance crew, one of whom was a fully qualified paramedic. The patient was in good shape and the ambulance crew were perfectly capable of continuing the patient's care until her final destination.

I was told this was unacceptable and, despite my long duty time and associated fatigue, I was told to continue to Sheffield where a taxi would be arranged to return me from Sheffield to my car at Gatwick. I got back to Gatwick at 04:00. My opinion was that this was unnecessary and forced me to work feeling over-tired.

What do you suggest when assistance companies put this sort of unnecessary demand on us and refuse to discuss issues of fatigue?

Aunt Madison writes:

I agree this appears to be poor practice on behalf of the assistance company as the hours you had worked were unnecessarily extended beyond reason and in reality rendered you unsafe to practice.

My advice is to always carefully consider all the information, including the duty times, before you accept a repatriation and discuss any issue that concerns you well in advance.

If you could see you would be fatigued and unsafe to practice, but the company still insisted on your unnecessarily extended duty time, you should not accept the trip. You owe it to yourself to protect your registration.

If you have a question for Aunt Madison, email it to ritamody@hotmail.com

YOUR OPINION MATTERS!

We sent a questionnaire out to all members via the last newsletter and also emailed it to the 150 or so members who have supplied their email addresses. The response wasn't great, but we did receive some good suggestions and positive feedback. We will be repeating the survey at our next study day in November, hoping to get more suggestions of how the IFNA can work best for you. Meanwhile here's a précis of the replies thus far.

Thanks to all who contributed – and do make sure you take part in the next survey at our autumn study day. Your opinion matters!

NEWSLETTER

How regular do you think it should be?

Three-quarters said four times a year, with the rest split between twice a year and every two months.

ANY COMMENTS?

"I don't seem to get the newsletters – not sure why."

What (if any) regular features should it have?

- Airline news: changes in aviation legal requirements and airlines regulations pertinent to repatriation ... medical clearance, stretchers
- Readers' stories
- Equipment testing – new equipment and how to use it
- Book reviews
- Features on assistance companies.
- Vacancies and ads for nurses in offices
- Case studies, reflections
- Updates on any issues concerning repatriations
- Special pages for letters (anecdotes, tips etc), Q&A or problems
- Changes to cardiopulmonary resuscitation, basic and advanced life support protocols

Results from the

- Feedback from a particular trip / learning experiences
- Useful study opportunities and/or courses
- Medical updates

ANY COMMENTS?

"Clinical stuff is always good ..."

"There's a rumour that Iberia is going to stop doing stretchers."

Would you like to contribute to the newsletter? If so, how?

- Book reviews and stories
- An account of a particularly unusual repat – either difficult or delightful
- Enlightening crews about the harsh commercial realities of repat work!
- Technical articles
- An article on transporting for extracorporeal membrane oxygenation (ECMO) experiences
- A piece about the great reading and reference books from the USA

ANY COMMENTS?

"Sorry, I'm already overloaded."

"Could we have an email address for passing on any interesting items or comments?" "I'll be the agony aunt!"

"I've downloaded excellent reference books which are enjoyable to read from the laptop when time and electricity allow!"

If you could change one thing about the newsletter, what would it be?

Gratifyingly, most said they like it as it is (one wanted it even longer), although a couple had had problems receiving it.

ANY COMMENTS?

"More articles about clinical things, less about sightseeing."

"Maybe a regular 'real life' amusing letter or comment."

Would you prefer receiving your newsletter electronically (as an email) rather than a printed version?

Opinions were fairly evenly divided between print and electronic, with a slight bias towards the printed version.

ANY COMMENTS?

"Love the idea of electronic – more environmentally friendly."

RCN IFNA spring 2007 survey

"I'm afraid I'm not a fan of sitting at the computer so I would prefer the printed option."

Do you know any RCN members not receiving the newsletter, but who would like to?

If yes, please do not provide details but instead recommend they contact RCN Direct or join online.

ANY COMMENTS?

"Yes – me!"

"Copy should be sent to the assistance companies."

STUDY DAYS

Where is your preferred venue?

Overwhelmingly, London was the choice, most mentioning RCN headquarters in Cavendish Square.

ANY COMMENTS?

"I don't have too much trouble coming up to London. I guess as people are coming from so many different locations that it would be unfair to favour any one member's local area."

"One in the midlands would be good."

"RCN London HQ is great and easy to get to."

Do you prefer a weekday or a Saturday?

No strong opinions from anybody – perhaps it's just the nature of in-flight nursing that availability is unpredictable.

ANY COMMENTS?

"Saturday is cheaper and less congested on the train, but a weekday is better from a social point of view. I don't feel strongly opinionated either way."

"Saturdays are as good as any day. We are never sure when we will be working."

How many study days would you like to see per year?

Half said two would suffice – the rest favoured three or even four to increase the likelihood of being able to attend at least one.

ANY COMMENTS?

"I would like to do (if possible) three a year ... helps with the re-registration and portfolio."

"Depends on cost, content, location."

"Three or four – simply because I find it hard to attend every time due to the nature of our work."

What topics you would like to see covered?

Lots of suggestions and comments here!

- More A&P refreshers
- Some life stories from members
- Changes in physiology at altitude and other topics covered in the in-flight course
- Updates on work in progress
- Clinical learning topics
- PT assessment
- Avian flu and US Immigration
- Practical, legal issues
- Range of clinical issues including cardiac assessment
- Equipment update

ANY COMMENTS?

"Following the Chairman's update, I'd like an open forum at the beginning of each day to discuss problems with airlines."

"Airbus 380...how will they manage a diversion for medical emergencies as they can only use certain airports etc?"

"Critical care stuff – it's my thing!"

"More medical topics related to travel. The diabetes one was brilliant – similar would be good ... things that help you in the job"

"Why don't you approach airlines for information on their on-board medical kits, SEP methods etc?"

"Why not run further education updates regards in flight nursing from other angles, both hospital and flight nursing practices?"

"Often the most interesting topics are those relating to people's personal experiences, but as I would not be confident enough to stand up and make a presentation, I don't expect others to do the same – unless there are any natural performers out there!"

Do you think teaching resuscitation and manual handling is part of the IFNA's role?

There was a slight bias towards "yes".

YOUR OPINION MATTERS!

ANY COMMENTS?

“Both subjects are relevant and can never be repeated too many times so yes, please!”

“It’s much easier to get our yearly update on M & H and life support from the IFNA than to source it outside – and cheaper!”

“Not necessarily as courses for both are available through the NHS and they welcome outsiders.”

“Definitely not! It should be an optional extra for those who can’t get regular training. Although some useful tips for manual handling are helpful as NHS manual handling trainers have no concept of the job or the related problems.”

“I consider it invaluable. I particularly enjoyed a lecture not that long ago where you were shown a video of resuscitation on a commercial aircraft. I personally feel that as these skills are rarely put to the test, visual info of that nature is really useful.”

What do you feel is a reasonable cost per study day?

Suggestions ranged from £25 to £100, with most clustered round the low to middle side of that spectrum.

ANY COMMENTS?

“If food is included then £50 is a good price.”

“Very difficult – depends on content.”

“Current prices are really, really good. I would think up to £90 would still be okay though.”

“I guess whatever IFNA feels is appropriate to cover costs. I doubt many of us are so well off that we could afford for it to be much more than it currently is – particularly as there is pressure to book in advance (understandably) and therefore the risk of losing your payment in the event you have to work at short notice. I wonder how ever body else manages this difficult aspect of trying to keep commitments.”

Should lunch be provided?

With just a couple of exceptions, “yes”!

ANY COMMENTS?

“They provide a very good lunch and it’s good to have a chance to chat to people we don’t see very often.”

“A good opportunity to network.”

“Not really if this would reduce costs.”

“Just sandwiches or light salad meals.”

“Yes, as many of us travel distances to attend.”

“Well, if arranging food is an issue or a significant cost that could be saved, then I wouldn’t care at all if it was dropped. I don’t mind bringing a sandwich, but a hot drink is nice to keep us going.”

Would you pay for lecture notes if unable to attend?

Overwhelmingly “yes”, so long as the topic is of interest.

ANY COMMENTS?

“I would like to receive notes if unable to attend.”

“I might not attend if I knew I could just get the notes ...”

“No...I would expect them to be available online.”

“Definitely – especially if you could be selective about which specific lectures you were interested in and they made sense in the absence of attending the lecture.”

IFNA WEBSITE

Do you have access to the Internet?

“Yes” – 100 per cent.

ANY COMMENTS?

Enough said!

What content should be on the IFNA website?

- Urgent changes to flight regulations
- Study day info, course links
- Members’ forum
- Case studies
- Adverts, vacancies, details of medass cos
- Updates on current issues (as happens now)
- Trends in the field of practice, how to access relevant courses, equipment/drug alerts, assistance companies recruiting
- Preventive medicine – jobs required for foreign countries, advice for visiting specific countries
- Relevant news from both the RCN and from repat companies
- Useful info and links to medical recommendations, protocols

ANY COMMENTS?

“I have not had much success working my way through the RCN website – maybe that’s something we technophobes could have some guidance on.”

“The only problem is the user (me), but you have been helpful – thanks! I think you have got the format right for the website – now if only I could get myself around it ...”

“Oh dear, I’m not sure. I haven’t looked on the site – sorry! – but I will now ...”

Have you noticed the website's discussion zone? Would you use this or have you already?

Almost half said they had noticed it. Slightly more said they might consider using it in future – especially if they could figure out how to go about it!

ANY COMMENTS?

"I don't enjoy web chats so I don't use it."

"I have had difficulty accessing it."

"Maybe, but I have not done so yet. Cannot quite work out how it works."

"When I have a look, I may very well use it."

IFNA COMMITTEE

What do you think are the IFNA's priorities?

- Keeping members informed of events, planning events, giving opportunities to network
- Keeping up to date with NMC guidelines
- Reflecting the view of the membership to the governing body
- Ensuring best practice, setting/recommending standards of practice – promoting excellence in the provision of care for repatriated patients
- Keeping members informed of all industry changes and important issues
- Safeguarding the specialism of in-flight nursing, raising the profile of flight nurses
- Providing a conduit for education/study days, alerts to unsafe trends and suggested solutions

ANY COMMENTS?

"We are an odd bunch, having no power to make changes except through the committee, and although we have different pay scales and working conditions, we still like to feel we are part of nursing as a whole."

"The committee should continue to provide the opportunity for members to meet up, continue with the study days and continue to work towards analysing and improving the industry."

"It should act as a resource for education, help, information, protection and understanding – not much then!"

What would you like the IFNA to achieve?

- Recognition that in-flight nursing is highly specialised
- Standardisation of pay rates across all companies with

higher rates of pay in recompense for our level of autonomy, responsibility and specialist knowledge

- Keeping members up to date with developments
- Have IFNA suggestions accepted, especially by travel insurers who keep imposing tighter standards
- Autonomy in protecting the patient's priorities versus constricting economies of the insurance companies
- Empowerment to make standards more uniform within the industry, address pay scales
- Greater cohesion between the members and their individual diversities within the industry

ANY COMMENTS?

"Just keep up your good work for our members!"

"I like the clear career pathway – thanks."

"I would like to see the standards raised although I think a lot of my colleagues may not have the same motivation or enthusiasm to either do the initial training or keep updated. This is improving though."

Would you like to be involved in the IFNA? If so, what would you like to do?

More than half said they would not be able to help directly, primarily because of work and other commitments, but several said they would like to help in future.

ANY COMMENTS?

"I would have difficulty finding time so I do appreciate very much those who are involved."

"I would be happy to assist the committee in any way they wish, but being lazy would need to be asked to do so!"

"Sorry no, full time job."

"Apologies, but I am currently struggling to cope with my existing work and personal commitments."

"Yes, but not sure what I could do."

ANY OTHER SUGGESTIONS

- A list of employers and maybe a way for the companies to contribute and advise
- A bulletin board for job adverts, courses ... with prices

ANY COMMENTS?

"On the whole I am happy with the way the IFNA works and find the study days useful and stimulating. "

"I am very grateful for all the hard work of everyone involved in the running of the IFNA. In an industry as unique and isolated as ours, the IFNA provides its members with an invaluable lifeline."

Here's an introduction from Bernie Cottam, our RCN Professional Nurse Adviser, to the author of the next article.

PROFILE: Jane Lynch

Since our successful Congress fringe event, I have had the opportunity to speak to Jane Lynch, a solicitor and a specialist in clinical negligence law.

Jane is a lecturer who provides specialist legal training for all health care professionals. You may remember that she wrote an article for this newsletter last year which was very well received by our members and subsequently she agreed to do another article for us, which we are delighted to publish here.

Jane has also written a series of practical books on medico-legal topics including ***Health records in court***. Dr Peter Carter, RCN General Secretary, wrote the foreword for the book, saying "... in my view, this book is both timely and welcome. Well written, clear and concise, this book provides useful and practical advice by highlighting real-life case studies and workplace examples. It therefore provides a much-needed guide for navigating the complexities and intricacies of medico-legal processes, practices and obligations.

"Engaging with the wider factors and issues that shape and influence patient care is essential for all those involved in the delivery of health care. So I believe that this book will not simply provide a practical workplace tool, it will also help to enhance good practice."

Medico-legal essentials: Health records in court will be available later in the year and is being published by Radcliffe Publishing Limited. Other books in the series to be released include ***Clinical responsibility*** and ***Consent***. More titles will be released early next year.

I do hope that you find this article interesting and useful in your daily practice.

If a patient sues for compensation, would your health records stand up to legal scrutiny?

HEALTH RECORDS AND THE LAW:

'If it is not recorded, it has not been done.'

For health professionals the law has become an everyday concern. The ethos has changed. Gone are the days when the doctor was put on a pedestal, not to be challenged ... when health records were marked "not to be handled by the patient".

Patients are much more aware of their rights and litigation is increasing. If a patient sues for compensation, would your health records stand up to legal scrutiny?

The NHS Litigation Authority (NHSLA) annual report (July 2006) estimated that it had potential liabilities of £8.34 billion relating to clinical negligence claims. This did not include the cost of staff and management time in dealing with these complaints or the additional cost of bed space so the true cost is far higher.

One of the most common causes of a legal claim arises from a breakdown of communication, usually through poor documentation. That's why it is so important for us to run specialist training courses on health records to improve standards.

Record keeping is an integral part of care

Care is shared between a number of health professionals and the records provide an effective means of communication. A health professional has both a legal and professional duty of care. If a health professional failed to maintain adequate records, and thus did not communicate it to a colleague who then acted in a way that was detrimental to the patient, this would give rise to a legal claim and would also constitute professional misconduct.

Record keeping is often seen as a chore amid the demands of pressures and a busy working day, which can get in the way of the hands-on tasks of direct contact with the patient. This view is clearly wrong and shows a lack of

understanding of the nature of the health professional's responsibility.

The NMC guidelines state that record keeping is a tool of professional practice and one that should help the care process. It is not separate from this process and it is not an optional extra to be fitted in if circumstances allow.

Good record keeping is a mark of the skilled and safe practitioner. Good records help to protect the welfare of patients by promoting a high standard of clinical care, continuity of care, better communication, an accurate account of treatment and care, planning and delivery, and the ability to detect problems, such as changes in the patient's condition, at an early stage.

Patient records are sometimes called in evidence in order to investigate a complaint, a legal claim for criminal proceedings or by the NMC's Fitness to Practice committees.

The approach to record keeping that courts of law adopt tends to be that "if it is not recorded, it has not been done, has not been considered or was not said".

Good record keeping is an essential tool for managing risks. The records should accurately reflect the care given, otherwise there is a danger the entries will become routine and meaningless, which will result in a breakdown of communication. Entries should be clear, meaningful and unambiguous.

The difficulty often facing health professionals is "what do I write, how much do I write and how do I write it?" All health professionals should receive training and guidance on good record keeping. This will promote consistency and will improve and maintain standards that are essential for risk management.

For specialist medico-legal training on health records and other topics, contact Jane Lynch by email at: Janelynch1000@yahoo.co.uk

If you work in the offices of assistance companies and/or deal with the ordering of medical supplies for repatriation work, these medical device alerts (MDAs) issued by the Medicines and Healthcare products Regulatory Agency may come in handy.

On the alert!

MDA/2007/047

(Gateway reference number: 8402)
Device: IV solution administration set: models 3101-PNOY, 3101-PVJ and 3101-PN3 manufactured by Arcomedical Infusion Limited. This MDA was issued on 5 June 2007 to NHS trusts for action.

MDA/2007/048

(Gateway reference number: 8403)
Device: Devices for securing lines, tubes and drains: Drain-Fix 680M and 685M; Central-Gard 667M and 668M; Epi-Fix 670M. All manufactured by Unomedical Limited. This MDA was issued on 5 June 2007 to NHS trusts for action.

MDA/2007/049

(Gateway reference number: 8404)
Device: Single-use capillary blood sampling device: Microtainer(r) Safety Flow Lancets manufactured by BD Preanalytical Systems. Product codes 366354, 366355 and 366358. This MDA was issued on 11 June 2007 to NHS trusts and social services for action.

MDA/2007/050

(Gateway reference number: 8405)
Device: Homecraft Rolyan bath lift hand controls for the Bathmaster 2000, Bathmaster Classic, Bathmaster Xtra and Bathmaster Reclina. This MDA was issued on 11 June 2007 to NHS trusts and social services for action.

MDA/2007/051

(Gateway reference number: 8406)
Device: All brands of needle-free intravascular connectors. This MDA was issued on 11 June 2007 to NHS trusts for action.

Further information on any of these alerts can be found at www.mhra.gov.uk

ITIJ Assistance and Repatriation Supplement

The latest issue of the International Travel Insurance Journal (ITIJ) will have a supplement focusing on the day-to-day issues of the assistance industry.

The aim of the supplement is primarily to further educate insurance carriers as to the more intricate aspects of international repatriation as well to encourage increased interaction on a global scale between:

- assistance companies
- air ambulance operators
- international funeral directors
- airlines
- dedicated repatriation specialist companies across the globe.

This will be the definitive information source for the industry in 2007 and a valuable reference tool for the future, written by the ITIJ team and various leading industry contributors. Some of the current topics covered in this publication include:

- “The evolution of repatriation” – ITIJ
- “Commercial repatriations” – Voyageur Travel & Aeromedical
- “What is behind the rising cost of repats?” – Mondial/EuropAssistance/ITIJ

- “Why use specialist providers?” – Rowland Brothers International
- “The importance of accurate medical reporting” – European Air Ambulance
- “Commercial carriers are not always the best choice” – Air Med Limited
- “Specialist assistance supporting remote areas” – Netcare 911
- “Russian challenges and developments” – Global Voyager Assistance
- “PTC justification of cost” – Lufthansa German Airlines
- “Mass evacuations” – Sky Service Air Ambulance
- “Empty legs” – Europ Assistance/Skyservice Air Ambulance
- “Lack of appropriately qualified staff” – Medcall GmbH
- “Flyover issues/visa issues Russia/Pakistan” – ITIJ/various
- “The engine room of the assistance centre” – ITIJ/various
- ... and much, much more.

If you are interested in receiving a hard copy of the supplement, you will need to register online. Alternatively it can be downloaded from the website at: www.itij.co.uk

Who says Americans aren't funny ...?

During his welcome message the pilot announced: “Delta Airlines is pleased to have some of the best flight attendants in the industry. Unfortunately, none of them are on this flight!”



A plane was taking off from Kennedy Airport. After it reached a comfortable cruising altitude, the captain made an announcement over the intercom, “Ladies and gentlemen, this is your captain speaking. Welcome to Flight Number 293, non-stop from New York to Los Angeles. The weather ahead is good and, therefore, we should have a smooth and uneventful flight. Now sit back and relax ... *oh my God!*”

Silence followed and after a few minutes, the captain came back on the intercom and said, “Ladies and gentlemen, I am so sorry if I scared you earlier. While I was talking to you, the flight attendant accidentally spilled a cup of hot coffee in my lap. You should see the front of my pants!”

A passenger in coach yelled, “That’s nothing. You should see the back of mine.”



Online and on the ball

There are many clinical websites out there that can help with our repatriation work, even if they are not specific to aviation.

Some of the more common ones are listed here and are probably already familiar to many of you. They may be useful as a resource prior to a repatriation or even just for brushing up on the latest guidelines in these areas should your patients have a related condition.



www.epilepsy.org.uk/info



www.altitude.org

A high altitude resource run by the Apex team at the Royal Infirmary of Edinburgh

www.eyecasualty.co.uk

Most common ocular problems and prioritises for treatment



www.stroke.org.uk



www.bhf.org.uk



www.brit-thoracic.org.uk



www.dtb.bmj.com



www.emedicine.com

This American site is the largest online clinical knowledge base for physicians, nurses, and optometrists

www.cdc.gov

Centers for Disease Control and Prevention (US site)

BULLETIN BOARD

New! Enhanced electronic library service for RCN members

In response to demand from members for more electronic full text information, the RCN launched an enhanced electronic library service in June. Better access to full text information makes it quicker and easier for you to find information to support both your practice, and your learning and development.

New features include access to:

- more than 400 full text electronic journals
- over 200 electronic books
- easy search tools to help you find information on general nursing and your own specialist nursing area.

The enhanced e-library is available at www.rcn.org.uk/library. If you have any queries about the changes, contact 0845 337 3368 or email rcn.library@rcn.org.uk

What do you mean, it's impolite to point?

Some of us have managed to fly halfway round the world without learning a second language, but still manage to get understood. However, for those times when you may be struggling, take a look at a book from Graf Editions called

Point it. It's a pocket sized book with pictures of everything you might need abroad and includes food items, transport (an ambulance is in there) and even a section on parts of the body! More at www.graf-editions.de

And you thought it was just PMT!

According to a report in the *Metro* (30 March), research carried out at Liverpool John Moores University confirms that air crews who repeatedly work on long haul flights can suffer ill health related to jet lag and those worst hit are on flights heading east. The research has shown that the circadian rhythms are disrupted to an extent that crew may suffer menstrual difficulties and even psychotic disorders.

Who says Americans aren't funny ...?

Part of a flight attendant's arrival announcement:
 "We'd like to thank you folks for flying with us today. And the next time you get the insane urge to go blasting through the skies in a pressurized metal tube, we hope you'll think of US Airways."



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