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# FLIGHT NURSING FAQ

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On 15 October 2020 the popular Flight Nursing Webinar was held;  
Medical travel in the COVID-19 era: Where we are and where we're going on  
We received a range of questions on the three areas; commercial air travel,  
medical assistance and air ambulance. These questions have been collated  
and posed to our expert speakers to produce this document.

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RCN CRITICAL CARE AND FLIGHT NURSING FORUM

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## 1.0 Commercial air travel

Answered by Marlize Kuhn - MedAire Nurse Manager, Johannesburg

### Q 1. What are the requirements to become a commercial flight nurse?

MedAire requirements: At present MedAire requires their nurses to have a strong Accident & Emergency background with at least 2 years post qualification exposure. A post graduate specialisation would be beneficial. Post graduate experience in Intensive Care Nursing would be considered as well, however the focus is on triage and the ability to recognise an emergency. Prospective nurses should show a keen interest in aviation physiology and medicine. Nurses should also have a good understanding of Primary Health Care, due to the limitations experienced by our maritime clients. They do not always have access to a higher level of care out at sea, resulting in a delay in care. Although they may have medical equipment on board, this may not be sufficient to treat all eventualities.

### Q 2. Are there safe spaces for passengers who report ill in flight?

Yes, MedAire recommends that the passenger is isolated from other passengers where possible, by means of immediately securing a face mask, as well as at least 3 open rows between the passenger and other travellers. A dedicated bathroom will be assigned to them. Passengers that were in close contact with the ill passenger are alerted and advised to self-monitor and be tested should they show any symptoms.

### Q 3. What's the mask policy?

Currently the CDC and ECDC guidelines are being followed when making assumptions on low or high-risk exposure. The principle applies both ways, if both of the parties were wearing masks, thus reducing the spread or chances of being infected, the distance and time spent in each other's company is also taken into consideration. So a collective review of exposure, rather than merely if the parties have been wearing masks. At present there is no differentiation between which face covering is being used, however a face mask is preferred over a visor, by some airlines. If medically justified i.e. mental illness, COPD, etc. the visor may be acceptable.

### Q 4. How often are HEPA filters changed?

HEPA filters are changed depending on the manufacturer's specifications. During the COVID-19 pandemic these filters are changed more frequently. The filters are also checked for visible damage which will hamper the filtering abilities. It is important to note that even though the filter change may be overdue, it will not hamper the filter capabilities, but rather the airflow through the filter. Airlines are currently vigilant in ensuring functional HEPA filters in order to ensure safe travel as business is crucial.

## 2.0 Medical assistance

Rachel Benbow – European Chief Nursing Officer, International Medical Group (IMG)

### Q 1. Do you recognise other health professionals like HCPC registered paramedics?

The assistance industry uses a range of clinicians to complete commercial transfers. It is each individual assistance organisations decision as to which professionals they recruit for commercial medical escort roles. Many assistance companies do recruit Paramedics but it is true to state not all do yet! In my experience it is not that the profession is not recognised, far from it, what is not mapped out by many organisations is how that qualification skills and experience fits into the needs of the business, particularly as even most paramedics would recognise that the profession has changed drastically in the last 20 years. At IMG we are working at mapping the role into our business and ensuring we have the relevant insurances to enable recruitment of paramedics.

### Q 2. How do you keep your critical care/clinical skills current?

For those internal staff who work as case managers, they all have bank or agency nursing arrangements in their local hospitals. For those who fly for IMG regardless if they are internal or external staff, clinical currency is an expectation. IMG works hard to provide as many opportunities for learning as possible within the business. IMG aims to provide opportunities for sharing knowledge on clinical issues, preparing educational material and presenting is not everyone's forte, therefore IMG make these as flexible as possible from full recorded educational sessions lasting around 45 minutes to small soundbite sessions lasting no longer than 15 minutes. We support staff with offering some paid study days per year and funding some essential courses.

### Q 3. How are patients referred to an assistance company?

Assistance companies' patients are essentially insured persons, regardless if they are a leisure traveller or corporate traveller they are covered by some form of insured policy. Like all health/travel insurance policies there are contact details to notify the assistance company if you are sick or injured. In addition to the patient themselves or family member providing notification IMG are often informed by the hospital when an insured is admitted, or the employer may contact us to notify us of the admission. We are listed on the Foreign Commonwealth Office website for repatriation services for those who are uninsured.

### Q 4. Is the repatriation network back up to the same speed as it was pre-Covid?

I'm assuming you mean are we doing as many repatriations now as we were pre Covid! The answer is no. The commercial repatriation sector is suffering from the effects of limited air travel, there are very few commercial repatriations going ahead globally at present.

### Q 5. What are the generic requirements to work in commercial repatriation?

Again all assistance companies will have their own essential and desired specifications. Rather than describe what these may be its more relevant to explain the context of the role.

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Flight nurses encounter a wide range of conditions and complications, while one can never know everything about everything it's important to have had a career that has exposed the nurse to a varied range of conditions and clinical situations. It is also important for the nurse to assert the integrity required to acknowledge their own limitations and decline a repatriation if they feel the clinical context of the patient is out of their scope.

Flight nurses largely work alone, while they are supported by their assistance company, they are in practice working alone, they must be able to think on their feet, with conviction and confidence, managing difficult situations and making challenging and often unpopular decisions.

It is important that the flight nurse has experience of overseas travel and or work. This is a difficult one to quantify! What is enough and what type of travel does one need to be a flight nurse? There simply is no answer to this, it is not where one has travelled, or how many flights one has taken, but rather what you have experienced and most importantly learned along the way. I do not believe that a one-week holiday in Cyprus every year since childhood will prepare one for flight nursing, but neither do I believe that dodging landmines while trekking in the Congo will prepare one either. My advice would be travel as much as you can, doesn't matter where, travel alone, and try things and travel to places that put you out of your comfort zone.

An aspiring flight nurse must have varied clinical experience, have the clinical and personal ability to independently make measured & robust decisions. The nurse must have integrity. The nurse must be adaptable, flexible and calm in challenging times.

## 3.0 Air ambulance

Dominic Rose – Clinical Services Manager, Gama Aviation

### Q 1. How do I get into flight nursing?

Medical care in the air is very different to nursing in a hospital or in the community. The environment is unique and can often present challenges that are not experienced outside of an aviation environment which, in terms of flight nurse suitability, requires a dynamic personality with sound experience of complex, critical care cases.

Each organisation has a different minimum requirement to engage in employment in relation to the setting you are experienced in, and the length of service in those specialties.

It is often a pre-requisite that nursing staff would have extensive experience (3 – 5 years) in specialties such as intensive care or emergency medicine. Additionally, experience in transport medicine, prehospital care and remote medicine would also be an advantage.

Advanced resuscitation qualifications and post graduate qualifications in critical care specialties would also be of benefit.

### Q 2. What advice would you give about getting into flight nursing at this current time?

Having the right experience, as described previously, is absolutely essential.

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Demonstration of critical care nursing in a COVID-19 positive setting and a clear understanding of infection control and mitigation of risk of transmission will also be something that air ambulance companies will be looking for.

Traditional international volumes are seeing a huge decrease for commercial air ambulance operators, that managed a principally leisure travel patient profile. There are also currently restrictions around quarantine rules that are causing difficulty for some operated routes, but it is hoped that as international traveller volumes begin to recover organisations will begin to look to recruit additional personnel.

## Q 3. Can you safely transport COVID-19 positive patients?

Yes, it is possible to transport COVID-19 positive patients, in a way that is responsible and mitigates risk as far as possible for the patient and all crew by in an air ambulance setting.

Very often the most important consideration for the safe transfer of the critically ill is, is it clinically appropriate and necessary? This is absolutely true when considering a patient with infectious diseases, especially when such transportation requires a specific environment to ensure safety and appropriate care of the whole team involved, including the patient.

If the decision to move a COVID-19 positive patient is confirmed, there are many aspects to be considered to ensure patient safety and mitigate the risk of transmission.

Currently across organisations there are variable policies and procedures around transfer protocols.

At Gama Aviation we mitigate risk through training of clinical staff and flight crew, high quality PPE and fit testing, and use of a portable isolation unit and a clear and well-rehearsed SOP for COVID-19 positive and symptomatic patients.

## Q 4. Where is the most challenging repatriation you've had to deal with and what made it challenging?

Interestingly, personally my most challenging repatriation was not during the COVID-19 pandemic.

The case involved a patient experiencing alcohol withdrawal with a large aortic arch aneurysm, requiring surgical input at a tertiary centre. The small confines of an aircraft made the situation hugely more complex. The patient history and alcohol dependency had been concealed by the patient, at the local facility. The patient whilst initially calm and orientated became extremely objective and actively in flight, was trying to leave the stretcher and aircraft. He removed all his IV access and labetalol infusion. This presented huge risks for the patient, the flight crew, the medical crew, and the aircraft.

With limited resource and space, the patient was able to be sedated and conveyed to hospital for surgery, however it was a very challenging transfer.

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Q 5. Do the operators listen to feedback from the staff working in the planes for improvements?

Professional air ambulance operators will have a governance structure and quality improvement programme that interlink.

The clinical staff are an integral part of the overall operation and feedback from all levels of employees is generally well received and considered. Feedback should be evidence based and solution oriented, to provide an appropriate context for consideration.

Each case has a formal and final review and all feedback is captured at Gama Aviation. There is additionally a 4 weekly Quality and Effectiveness Meeting. This enables medical staff to feedback on all aspects of a transfer formally on case closure document, and any themes are identified and addressed. Any such matters are discussed cross functionally with representation from senior management, operations, Health and Safety and the medical department.