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## Air Medical Journal

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## Forum

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## AMPA

**A New Opportunity to Collaborate**

One of the greatest benefits of my AMPA membership is the opportunity to collaborate with a small and unique group of physicians. And while meeting members in person has created a great environment for this, it typically happens only a few times a year. We have struggled for so long to do this year round, despite technology that would permit it. I would like to take this opportunity to introduce 2 new enhancements to the AMPA website that, hopefully, will allow this to finally happen.

The first feature is related to the formation of the flight physician committee. There is now a dedicated discussion thread on the website to allow communication between physicians who directly care for patients in need of transport. This group of US and international physicians has a unique and highly specialized practice, and while I do not personally function in this role (I am primarily tasked with medical direction), I look forward to this perspective and anticipate learning from my colleagues. There are even a few audio discussions planned.

The second new item is the Medical Director's Toolkit. I remember often pondering how to write a guideline or introduce a new medication to my flight service and getting inspiration from AMPA members that had already implemented it. Now there is an online area to share some of the work we do every day and allow some of the knowledge and expertise so valued by myself and other members to be shared.

The website redesign was long overdue, and it is now up to us to make it the center of collaboration that all of us have been waiting for. As usual I and the board welcome suggestions to improve interaction between our members. So login and collaborate!

*Lauri Bolton, President*

## ASTNA

**Successes**

2017 is ending as I write my first letter as ASTNA President. This year has seen significant impacts from Hurricanes Harvey and Irma, forest fires, and loss of crew members from accidents in the line of duty. Throughout all the challenges the members of ASTNA have continued to care for patients with dignity and incredibly strong skill levels. I continue to be amazed daily by the number of lives we impact in our industry. The relief that the mother of an injured toddler has on her face when you and your team walk in the door, the smile from a frazzled nurse when your crew walks in the ED to pick up a septic geriatric patient, or the look from the first responders as an air medical transport team lands at the scene of 4 teenagers involved in a deadly crash. These are the members of ASTNA.

2017 has been a busy year for the ASTNA publications committee. Several books were slated for revision and have been completed successfully! These include *The ASTNA Principles and Practice*, the *Critical Transport Certification Exam Review Manual*, and the *Critical Care Transport Core Curriculum*.

2018 is slated as the year for educational opportunities. Plans include the new release of the Pediatric Advanced Transport Course and revisions for the Transport Professional Advanced Trauma Course. The ASTNA member survey completed earlier in the year also noted a high number of members asking for webinar-based educational opportunities, and we are planning to implement quarterly educational webinars in 2018 as a response.

We are looking forward to the opportunities to network with all health care professionals at CCTMC in San Antonio in April 2018, NTI in Boston in May 2018, and AMTC in Phoenix in October 2018.

Being an ASTNA member is more than just paying yearly dues. As we move forward into 2018, we have great plans for providing even more opportunities for ASTNA members. We would like to recruit our members to have a voice in the organization. We need help building more specialty training opportunities for transport professionals as well as general talent on our committees. ASTNA relies on its greatest asset you, the members—to advance. As a volunteer organization, we rely on each member to bring a skill to the table to enhance our overall system. What will you bring to ASTNA?

During this year as president, I hope to be able to meet as many of the members of ASTNA as possible. Please take the time to come visit us at the ASTNA booth during AMTC, CCTMC, or NTI and let us know how we can help you as a transport professional.

*Tina Johnson, President*

## NEMPSA

**Controlling Flight Risks: Tactics to Avoid Air Traffic Conflict**

Each change of season can present new hazards related to the potential for air traffic conflicts. Better weather means larger numbers of aircraft in the local operating area. Declining weather reduces visibility, which can shorten see-and-avoid response times. Many HAA programs, including our Boston MedFlight base at Plymouth Airport, operate from uncontrolled airports where there is no tower or air traffic control facility. Pilots are responsible for their own separation from other aircraft. Mitigating the risk of conflict between HAA aircraft and the large number of civil aircraft requires a systematic strategy and constant vigilance while in flight. The following are some tools to use before and during flight.

### Prior to Flight

This is an excellent opportunity to use real-world CRM in discussing the roles of medical personnel in maintaining situational awareness regarding air traffic deconfliction. This starts with training and tabletop discussions of your local airport operations and some common aviation terminology. When briefing with the crew, highlight the risk factors for potential traffic conflicts, particularly on departure from the airport. This is especially important at uncontrolled airports. Knowing the active runway and the structure of local traffic patterns will facilitate a strategy to identify potential traffic conflicts on departure.

For example, if the active runway is 24 at KPYM (our base airport), a direct south-bound departure would put us in conflict with fixed-wing traffic on the downwind leg. Likewise, when arriving back at KPYM from the north, there is minimal conflict with fixed-wing traffic using RW 24, while the use of RW 06 may lead to traffic conflicts. Crews should be familiar with traffic pattern terminology to direct their attention to traffic that has announced that they are on, or entering, a particular leg in the traffic pattern.

### Prior to Takeoff

Identify potential conflicts using these four tactics:

- LISTEN to the radio for traffic in the pattern, inbound or outbound. (Make sure the volume and your switch to monitor that radio are up!)
- LOOK on the TCAS (Traffic Collision Avoidance System). Get the big picture of what aircraft are where on the display (eg, GMX 200). Have the scale set to where you clearly identify separate targets. Set the display background and brightness/contrast for maximum clarity.
- LOOK again. All crewmembers practice using a thorough scan during hover/taxi out to runway and on takeoff.
- PLAN your departure to avoid the flow of fixed-wing traffic. This may include departing below the normal fixed-wing flow or departing in an entirely different direction, even if it is less direct to your destination.

### En Route

- Make your aircraft visible—use strobes or fixed lights whenever possible.
- If so equipped, understand how TCAS operates and utilize it to enhance your situational awareness of displayed targets. Advanced TCAS display targets visually and add an audio alert with guidance on target azimuth, distance,

and altitude. The audio alert allows the pilot and crew to focus outside on the announced target, not inside on the TCAS display. Understand the concept of “sterile cockpit” while acquiring and avoiding the target.

- Be aware of environmental conditions (eg, haze and solar glare) that limit your ability to spot other aircraft visually. Consider slowing down and making more frequent announcements of your position on CTAF (common traffic advisory frequency) under conditions that diminish your ability to “see and avoid.”
- Listen up and broadcast on appropriate CTAF frequencies as you pass by uncontrolled airports. Where available, consider flight-following with ATC “Approach” for radar separation.
- Consider avoiding known busy areas that might increase the potential for traffic conflict, for example along the beach on a busy summer weekend.

### Near the Destination

- Switch to destination ATC tower frequency sooner rather than later, in order to monitor other traffic and to receive radar separation advisories.
- Monitor CTAF for other possible rotor-wing traffic in the area.
- Have each crewmember scan your entire sector of visibility as much as possible to spot other aircraft. Use accepted terminology to alert the pilot of the relative position and flight path of any conflicting traffic that you see.

*John Bevilacqua, Boston MedFlight, NEMSPA Board of Directors*

### AAMS

#### Kudos and a Farewell

At the time of writing this article, Texas is recovering from Hurricane Harvey, while Florida and the Caribbean are feeling the full brunt of Hurricane Irma. It always amazes me to see the response to these disasters from EMS, fixed wing, and HEMS crews. While many of us are competitors, we still come together to ensure our patients are taken care of when they are most vulnerable.

In other news, Rick Sherlock, Johnny Delgado, and I recently had the opportunity to attend the Aeromedical Society of Australasia and Flight Nurses Australia conference in beautiful Sydney, Australia. This international conference was well attended, with delegates from Australia, New Zealand, Asia, Europe, Canada, and the United States, among others. During this time, we were also able to welcome the China Air Medical

and Rescue Alliance into the Cairns Accord. The accord is essentially a partnership between AAMS and the MedEvac Foundation, The Society of Aeromedicine Malaysia, European HEMS and Air Ambulance Committee (EHAC), and now China to work together and learn from each other through information sharing, participation in education, collaborative research, consultation on strategic priorities, and issues of common interest and participation in training initiatives and events. The next conference is scheduled for September 26-28, 2018, in Hobart, Tasmania.

During this year's AAMS Membership Meeting, I had the honor of giving out 3 2017 Board Chairman's Awards to AAMS volunteers who have gone above and beyond.

My first AAMS Board Chairman's Award went to Peter Brust, RN, MSN, CCRN, CMTE, from Nemours Children's Hospital in Delaware for his leadership of the AAMS KIDS SIG Bedside Times Project. Interfacility providers of neonatal and pediatric transport often experience delays in the amount of time that their medical crews spend at the bedside of a patient due to various factors caused by referral facilities throughout their healthcare networks. Conversely, many referral facility medical staff do not understand the amount of time needed by neonatal and pediatric medical transport teams at the bedside of a patient before they can be safely transported to their Children's Hospital destination. A year ago, Peter and his team did an extensive literature review that has resulted in the creation of the AAMS KIDS SIG Bedside Times Working Group. Led by Peter, Nemours Hospital created a Red Cap Survey for the KIDS SIG Working Group's members to report bedside times data for the group to evaluate. In the short term, the hope is that this survey will produce a white paper with bedside time benchmarking data that the KIDS SIG members can then promote to their hospital referral communities. They hope that the data will allow them to show how their medical transport team's bedside times compare to other neonatal/pediatric transport providers. In the long term, the group hopes that the data will lead to the identification of common causes of bedside time delays and work to address those causes with referral hospital community nationwide.

My second AAMS Board Chairman's Award went to Stacy Fiscus, FP-C, CCP-C, MTSP-C, from Haiti Air Ambulance Service for her commitment to air medical services in Haiti and her leadership of the AAMS Vision Zero safety initiative. In recent years, both Haiti Air Ambulance and the AAMS Vision Zero Safety Initiative had key

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