

APPENDIX 2

PROTOCOL FOR A PRACTICE NOT TRADITIONALLY PERFORMED BY AN ALLIED HEALTH PROFESSIONAL IN A FACILITY/SERVICE

PROTOCOL FOR: Fiberoptic Endoscopic Evaluation of Swallowing (FEES) including passing and operating the nasendoscope.

- 1. Purpose:** This protocol states the circumstances in which, and the conditions under which, a speech pathologist from <enter facility> may perform Fiberoptic Endoscopic Evaluation of Swallowing (FEES) including passing and operating the nasendoscope / performing the role of the endoscopist.

- 2. Scope:** This protocol applies to speech pathologists at <enter facility> who will undergo extended training in order to perform FEES. This training includes completion of the statewide Queensland Health speech pathology Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Competency Program.

- 3. Authorizing Legislation:** N/A

- 4. Circumstances:** A speech pathologist may, with relevant approvals, undertake the components of a FEES assessment including passing and operating the endoscope <include only if applicable> after undergoing training in line with the facility, national clinical guidelines and the statewide competency program, in order to perform FEES.

- 5. Conditions:**

This practice will occur in business hours at the FEES Clinic.

This practice will occur at <insert facility>. The FEES clinic is currently located in the <enter location>.

Two speech pathologist need to be available to perform FEES. An Ear, Nose and Throat (ENT) doctor will be present at some stage during every assessment to sight the anatomy and make recommendations if needed.

In order to perform nasendoscopy / role of the endoscopist, a speech pathologist must complete training as per the statewide FEES competency program and as per the local facility.

The statewide FEES competency program has a section

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detailing training required of speech pathologists who have previously been trained in nasendoscopy and :

- have left the profession or taken leave for an extended period of time.
- Have been trained external to Queensland Health

6. Suspension or Cancellation:

A speech pathologist's authority to act under this protocol may be suspended or cancelled at any time as directed by the District CEO, or delegate.

7. Certification:

Certified at (place) this xx day of xxxx 20xx to take effect from (insert date).

Signed by District CEO (or delegate): _____

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