

Novel Coronavirus: Allied health workforce involvement in COVID-19 testing

Purpose

Hospital and Health Services (HHSs) preparing for and responding to the novel coronavirus (COVID-19) pandemic may seek to increase the availability and flexibility of the allied health workforce to support critical service delivery. This may include the use of the allied health workforce as surge workforce for COVID-19 screening / fever clinics.

The purpose of this document is to support HHSs using the allied health workforce in COVID-19 screening / fever clinics. Recommendations may be applied at the discretion of HHSs and should be based on individual HHS requirements.

Background

A number of health services, both in Queensland and in other jurisdictions, have deployed allied health staff to support staffing requirements of disaster response COVID screening / fever clinics. This includes allied health staff conducting tasks such as nasopharyngeal and oropharyngeal swabbing.

While nasopharyngeal and oropharyngeal swabbing is a procedure not traditionally undertaken by allied health staff, both physiotherapists and speech pathologists have knowledge of the anatomy of the head and neck and perform a range of other similar procedures, including nasopharyngeal suctioning and fiberoptic evaluation of swallowing, as part of their usual scope of practice.

As a technical skill that can be taught, other allied health professions may also be trained to perform nasopharyngeal and oropharyngeal swabbing if required. These staff may require upskilling or revision of head and neck anatomy as part of their training.

Training and competency assessment

Allied health professionals undertaking nasopharyngeal and oropharyngeal swabbing within the COVID screening / fever clinics will require training in the procedural technique and infection control.

Once the allied health practitioner has successfully undergone the appropriate training and competency assessment to the satisfaction of the clinical lead of the screening clinic, conducting nasopharyngeal and oropharyngeal swabbing may be considered part of the allied health practitioner's scope of clinical practice while the practitioner maintains recency of practice in the procedure.

As allied health practitioners will likely be part of a surge workforce, refresher training may be required. The clinical lead of the clinic will determine the length of absence after which refresher training is required.

Clinical governance

Staff working within Queensland Health services must practice in accordance with the [Credentiaing and defining the scope of clinical practice Health Service Directive](#) (#QH-HSD-034:2013).

Credentiaing is the process of verifying an individual's qualifications and experience to form a view about their competence, performance and professional suitability to provide a high level of care within their given scope of practice.

Credentiaing of allied health staff undertaking nasopharyngeal and oropharyngeal swabbing can occur at the service level (sign off by the clinical lead of the screening clinic and does not require individual credentiaing via a credentiaing committee).

Allied health staff working within the COVID screening / fever clinics will operate within the existing clinical governance arrangements for the clinic and under the direction of the clinical lead for the service.

Reference documents

1. Queensland Health, 2014. Credentiaing and Defining the Scope of Clinical Practice Health Service Directive (#QH-HSD-034: 2014), 2014 at https://www.health.qld.gov.au/__data/assets/pdf_file/0021/155505/qh-hsdgdl-034-1.pdf.