



## POLICY ON EXTENDED ROLE NURSING & ALLIED HEALTH PRACTITIONERS WORKING IN EMERGENCY DEPARTMENTS

### 1. PURPOSE AND SCOPE

This document is a policy of the Australasian College for Emergency Medicine (ACEM), and provides a clinical governance framework for Australasian Emergency Departments (ED) relating to extended role nursing and allied health practitioners<sup>1</sup>.

### 2. INTRODUCTION

A health practitioner with an extended role is one who undertakes clinical tasks traditionally associated with another profession. In an ED setting, this may include investigation ordering, investigation interpretation, diagnosis, procedures, prescribing and patient discharge.

### 3. POLICY

Extended role nursing and allied health practitioners work with increased clinical autonomy within their scope of practice, however remain within the ED collaborative model of care.

An ED collaborative model of care must occur with a framework of ongoing education, training, credentialing, audit and quality improvement. In addition, qualification, experience and scope of practice should define the role of team members in the ED collaborative model of care. Clear guidelines should also be in place which defines when there is a need to escalate the involvement of other members of the ED collaborative team.

Emergency department collaborative teams require a defined leader who has ultimate responsibility for decision making and accountability for patient care. The leader is chosen by virtue of his/her qualifications and experience in the field of emergency medicine, and is not necessarily the case coordinator of each patient episode.

### 4. PROCEDURE AND ACTIONS

- The ED collaborative team is led at any point in time by the duty Fellow of ACEM (FACEM), (or in Level 1 and some Level 2 EDs by the duty senior medical officer [1]) and that person is responsible to the Director of Emergency Medicine.
- Extended role nursing and allied health practitioners must have a clearly defined scope of practice that is negotiated with and agreed to by the ED collaborative team and endorsed by the Director of Emergency Medicine.

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<sup>1</sup> Extended role nursing and allied health practitioners can include, but is not limited to, the following professions: nurse practitioner, physiotherapist, psychologist, occupational therapist, radiographer, dietician, pharmacist, social worker, exercise physiologist, speech pathologist, genetic counsellor, counsellor, welfare officer, podiatrist, nuclear medicine technologist, audiologist, radiation therapist and orthotist and prosthetist.

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- The scope of practice of extended role nursing and allied health practitioners must be clearly delineated and be known to all members of the ED collaborative team.
  - The scope of practice, registration, credentialing and re-credentialing of extended role nursing and allied health practitioners must comply with local and jurisdictional regulations and requirements.
  - Clinical education, training, audit, risk management and quality improvement activities should be inclusive of extended role nursing and allied health practitioners.
  - Extended role nursing and allied health practitioners must work within their agreed scope of practice and consult with senior medical staff when there is any clinical uncertainty or patient deterioration.
  - As a member of the ED collaborative team, extended role nursing and allied health practitioners must comply with all local and departmental policy, guidelines and procedures.
  - Within the ED collaborative model of care the extended role nursing and allied health practitioner is ultimately responsible to the Director of Emergency Medicine for clinical activity within his/her extended scope of practice.

## **5. REFERENCES**

1. ACEM. S12 – Statement on the delineation of emergency departments. Melbourne: Australasian College for Emergency Medicine; 2012.
2. Committee of Presidents of Medical Colleges. Strategic Position Statement Interprofessional Collaboration.

## **6. DATES AND NOTES**

*Approved by Council: March 2014*

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