



Managing the risks of providing essential allied health primary care during the COVID-19 pandemic

Research in brief

We aimed to inform evidence-based guidance for allied health service providers in Australia to minimise the risk of COVID-19 transmission while providing essential in-person care.

We co-developed, piloted, and evaluated a risk management model of care (checklists) in use by a local allied health service clinic, the Canberra City Health Network (CCHN), to see how allied health care providers could safely and effectively treat

patients during the COVID-19 pandemic in clinical and home care settings. Our study focused on the provision of osteopathy, physiotherapy, and exercise physiology services delivered by the CCHN clinic.

The study was lead by ANU in collaboration with CCHN, the offices of the Australian Capital Territory Chief Allied Health Officer, South Australian Chief Allied and Scientific Health Officer, and the Australian Government Department of Health.

A need for allied health care during COVID-19

Allied health services are a core component of primary health care in Australia. Their services range from physiotherapy, optometry, dietetics, podiatry, occupational therapy, chiropractic, osteopathy, exercise physiology, and more. They help enhance and maintain the function, health, and quality of life of patients in a range of primary care settings, including private practices, community health facilities, hospitals and in-home care. Patients receiving remedial and preventative treatment through allied health care are far less likely to require hospitalisation and emergency care.

As Australia responds to the COVID-19 pandemic, it is essential that in-person allied health primary care services continue to be available to the community. At the same time, the risks of COVID-19 transmission need to be minimised while providing safe and culturally inclusive in-person care. This research considered the potential risks of COVID-19 transmission during allied health in-person service provision and aimed to inform effective options for minimising and mitigating these risks.

What research activities were undertaken?

- Rapid evidence review of national and international guidelines and policies on maintaining allied health services during the COVID-19 pandemic. The review informed the development of a risk-management checklists for in-clinic and in-home settings, based on tools in use by CCHN (April 2020);
- Piloting the application of the checklists in the CCHN clinic (May 2020);
- Direct observations of practitioner consultations with patients and staff infection control procedures to assess overall adherence to the checklists;
- Interviews with staff and practitioners on the feasibility and usefulness of the checklists, and changes to their work resulting from COVID-19.
- Review of reception notes on patient screening processes to inform how risks were managed through screening and triaging policies.

Implementing partner



Findings and results

High adherence to protocols

Practitioners and staff had consistently high adherence to the risk-management protocols. We observed rigorous implementation of infection control protocols, including enforcing appropriate physical distancing measures in the clinic and fastidious routine cleaning procedures. The clinical environment was further adapted to enhance infection control measures, such as installation of reception desk sneeze guards and replacement of linen with medical grade plastic bedding surfaces. Rigorous, routine patient screening processes had also been implemented to filter patients who may be experiencing COVID-19 symptoms and determine the level of risk in providing in-person care in each case.

Usefulness of protocols – staff and practitioner perceptions

All practitioners and staff interviewed found the checklist useful and appropriate in the current context. Respondents considered the checklist an imperative tool to mitigate the risks of COVID-19 transmission.

Context of COVID-19

Respondents noted that community transmission context was an important factor when considering the feasibility and efficacy of the risk-management protocols. They considered the guidelines to be effective and appropriate in the ACT setting where there has been little to no community transmission of COVID-19. Respondents agreed that protocols would need to be revised in a context in which community transmission was high, or where there

was a greater risk of community transmission occurring due to increased rates of transmission in other areas of the country (i.e., hotspots).

Increased need for allied health care

Interviews with practitioners and staff highlighted the important role that allied health primary care



Image caption: CCHN made changes to strengthen infection control in the clinic. Sneeze guards were installed at the reception desk, and masks and hand sanitiser are available for patients upon entry. Educational COVID-19 resources are clearly displayed. Credit: CCHN

services play in supporting and maintaining both the physical and mental health and wellbeing of the population. Provision of such care was found to be particularly critical during the current COVID-19 pandemic as people experience lower overall health and wellbeing, and where the public health system is under significant strain.

How will the research help?

This research will help ensure that those who need essential allied health care can continue to receive this care during the COVID-19 pandemic, while minimising the risks to patients, staff, and the community.

Findings and checklists provide critical evidence and tools to policymakers and health professionals on how best to mitigate the risks of COVID-19 while ensuring the community can receive essential care.

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