

Commentary

Trained, ready but under-utilised: Using student paramedics during a pandemic

Steve Whitfield BParamedPract, GradDipStrategicLeadership, DipSecurityRiskMgt, is Lecturer and Course Convenor in Paramedicine¹; Alexander MacQuarrie PhD, CCP, BSc, MBA is Senior Lecturer¹; Malcolm Boyle PhD, is Academic Lead in Paramedic Education¹

Affiliation:

¹Griffith University, School of Medicine, Queensland

<https://doi.org/10.33151/ajp.17.799>

Abstract

The aim of this commentary is to outline a case for student paramedics as a potential solution to the operational resource issues ambulances services and other healthcare institutions are expected to experience during high demand situations, such as pandemics.

Keywords:

student paramedic; pandemic; ambulance service; paramedic education

Corresponding Author: Steve Whitfield, s.whitfield@griffith.edu.au

Introduction

Ambulance services are the primary providers of urgent out-of-hospital healthcare services. They form part of an organised system with frontline paramedics providing a timely response to a range of situations, often in challenging environments. Collectively, paramedics form an integral part of the healthcare continuum. Often the first point-of-contact for the healthcare system, paramedics provide both out-of-hospital and in-hospital (situation dependant) care with a continually evolving and expanding scope of practice. With advances in Australia of professional registration under a national board, paramedicine continues to establish itself as a healthcare profession. There are currently over 18,000 registered paramedics in Australia, the majority of whom work for state or territory ambulance services (1).

Internationally, coronavirus disease 2019 (COVID-19) and the virus that causes it, SARS-CoV-2, has placed a strain on operational resourcing of ambulance services, hospitals and other healthcare facilities globally. Innovative strategies seeking novel changes in policies and processes are emerging in response to this unprecedented demand. By 3 April 2020, the total worldwide number of confirmed cases is 1,015,850 with over 53,216 deaths to date (2).

In response to the increased demand that COVID-19 has had on existing international healthcare systems, student nurses have recently been considered an asset by multiple governments to be utilised during this pandemic (3), however student paramedics are yet to be formally considered for inclusion to the broader healthcare response. In a recent development, New South Wales Ambulance has established an Expression of Interest to have second and third year paramedic students become employed as casuals. However, as far back as 2010, Cusack and colleagues were suggesting that Australian nursing students be considered in the overall response to nursing workforce shortages during a disaster (4).

The aim of this commentary is to provide an overview of the proposed engagement of healthcare students in times of crisis and discuss the potential roles of student paramedics in the face of increased operational demand on health services such as pandemic. The intent is to outline a case for student paramedics as a potential solution to the operational resource issues ambulances services and other healthcare institutions are expected to experience during high demand situations, most specifically the COVID-19 pandemic.

Discussion

Recently in Canada, the United Kingdom and Australia, retired nurses and student nurses are being equally considered and

included as part of the strategies to meet the increased human resource demand on the healthcare institutions by COVID-19 (5,6). The Australian government's recent decision to engage 20,000 international nursing students to attenuate the impact of COVID-19 on the health system is a controversial but potentially viable solution given the level of training student nurses possess (7). However, with thousands of nursing and paramedicine graduates in Australia currently unemployed, and thousands of paramedicine students enrolled in tertiary education institutions, Australian students and graduates should be given the first opportunity to be utilised before international students are considered for this strategy. This reflects both the proximity of these students, their requisite skill and knowledge set and, for most, embedded workplace learning experiences already accrued as part of their education.

When comparisons are drawn between nursing and paramedic university programs in Australia and the UK, they mutually comprise a 3 or 4 year program that covers legal, ethical and clinical content. Internationally, student nursing programs produce safe, adaptable and ethical graduate nurses who are able to work in a diverse profession. By way of comparison, university paramedicine programs also produce safe, adaptable and ethical clinicians who can analyse situations and react appropriately in a dynamic and continually changing environment. These education programs meet the standard, and were previously accredited by the Council of Ambulance Authorities, and now the Australian Health Practitioner Regulation Agency.

Recently in Australia, the Federal Government announced that the administration would work to modify policies and conditions that would allow nursing students to work in excess of 40 hours a fortnight as part of the response to the COVID-19 pandemic (3). Following this announcement, the General Secretary of the NSW Nurses & Midwives' Association, Brett Holmes, stated that, "there is absolutely going to be the need for extra pairs of hands. Skilled hands are best, but lesser skilled hands with a high level of education because they've undertaken part of a nursing course is the next best thing" (5).

Similarly, in Canada, the provincial and territorial governments are considering marshalling student nurses during a public health emergency (such as a pandemic) as a viable solution. For example, in Manitoba, if the Ministry believes that an immediate threat to public health exists, they have explicit powers to authorise student nurses to perform tasks to deal with the threat (8,9). While not explicitly excluding student paramedics from this, it fails to explicitly identify student paramedics. A recent study examining Canadian student nurse willingness to volunteer and work during a pandemic found that student nurses overwhelmingly supported the suggestion that they respond accordingly during future pandemics (10).

There is a lack of literature examining student paramedics involvement in any form of response to a health crisis of this magnitude. Student paramedics, especially in their final year of education, would be able to provide a reasonable level of healthcare in a range of settings, from in-hospital to community healthcare settings. Paramedicine education is about them working independently as a team guided by knowledge, skills and a set of clinical practice guidelines. This makes them suitable to work across a range of different healthcare settings.

Given the impact of COVID-19 on the healthcare system in Australia, the healthcare system will require additional resources and staff in the days, weeks and months to come. Pandemic response planning notes that a large percentage of current healthcare providers will become sick and unable to work. While the actual number is difficult to predict, the footprint of COVID-19 in other countries paints a graphic picture. Of note, remote and rural areas often stretch the health system resources as a normal part of the geographical challenges to healthcare delivery. Strategies to support service delivery often involve volunteers and community first responders who only receive very basic training not that far above advanced first aid. In fact, every state service in Australia relies on volunteers to support the service delivery in remote and rural areas. Based on this concept, minimally trained volunteers routinely support the healthcare system. However, in times of increased demand such as a disaster or pandemic, a trained clinical student or graduate would be far more versatile and useful than a standard basic volunteer. These volunteers may also be needed to undertake their normal job which may also be deemed 'essential'.

If a volunteer can routinely respond to community health issues, a discussion supporting the usage of student paramedics during increased demands such as a disaster or pandemic needs to be accelerated. Although the community need and deserve the protection of a fully qualified and trained clinician assisting them, in times of increased demand such as disasters and pandemics, innovative strategies such as the use of healthcare students needs to be managed. Supervision of students ensures that a qualified mind is mitigating potential risk, however in instances of potentially unsupervised practice, reduced scopes of practice such as basic life support would likely mitigate risk while managing the approach.

Conclusion

While thousands of Australian student paramedics are undergoing extensive clinical training, and thousands of paramedic graduates are currently not yet employed post-graduation, the government should genuinely consider them both a viable asset to the community during times of a disaster/pandemic. This conversation must take place with a strategy

that mirrors that of other health professions such as nursing. Australian ambulance services, in concert with state, territory and the federal government must include this valuable resource of 'just in time' paramedicine students in a disaster/pandemic response.

Conflict of interest

The authors have no competing interests. Each author of this paper has completed a conflict of interest statement. Malcolm Boyle is Editor-in-Chief of the *Australasian Journal of Paramedicine*.

References

1. Paramedicine Board of Australia. Paramedicine Board of Australia Registrant Data. 2019. Available at: www.paramedicineboard.gov.au/News/Statistics.aspx
2. Worldometer COVID-19 CORONAVIRUS PANDEMIC. Available at: <https://www.worldometers.info/coronavirus/>
3. Nursing and Midwifery Board of Australia. Fact Sheet - COVID-19 Employment of students in NMBA-approved nursing programs of study: Australian Health Practitioner Regulation Agency; 2020. Available at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/COVID19-guidance.aspx [Accessed 1 April 2020].
4. Cusack L, Arbon P, Ranse J. What is the role of nursing students and schools of nursing during disaster? A discussion paper. *Collegian* 2010;17:193-7.
5. Wootton H. Student nurses could be 'a great asset' when virus peaks. *Financial Review* 2020. Available at: www.afr.com/politics/federal/student-nurses-could-be-a-great-asset-when-virus-peaks-20200318-p54bdz
6. Canadian Nurses Protective Society. Legal considerations when nursing in a pandemic. Canadian Nurses Protective Society; 2020. Available at: www.cnps.ca/index.php?page=82 [Accessed 1 April 2020].
7. Australian Nursing and Midwife Journal. Nursing students are only one solution in responding to covid-19 pandemic. 2020. Available at: <https://anmj.org.au/nursing-students-are-only-one-solution-in-responding-to-covid-19-pandemic/> [Accessed 1 April 2020].
8. Canadian Nurses Association. Policy and Advocacy: Canadian Nurses Association; 2020. Available at: www.cna-aiic.ca/en/policy-advocacy [Accessed 1 April 2020]
9. The Legislative Assembly of Manitoba. Bill 21 Public Health Act. The Legislative Assembly of Manitoba; 2019. Available at: <http://web2.gov.mb.ca/bills/38-4/b021ei.php>
10. Yonge O, Rosychuk R, Bailey T, Lake R, Marrie T. Willingness of university nursing students to volunteer during a pandemic. *Public Health Nurs* 2010;27:174-80.