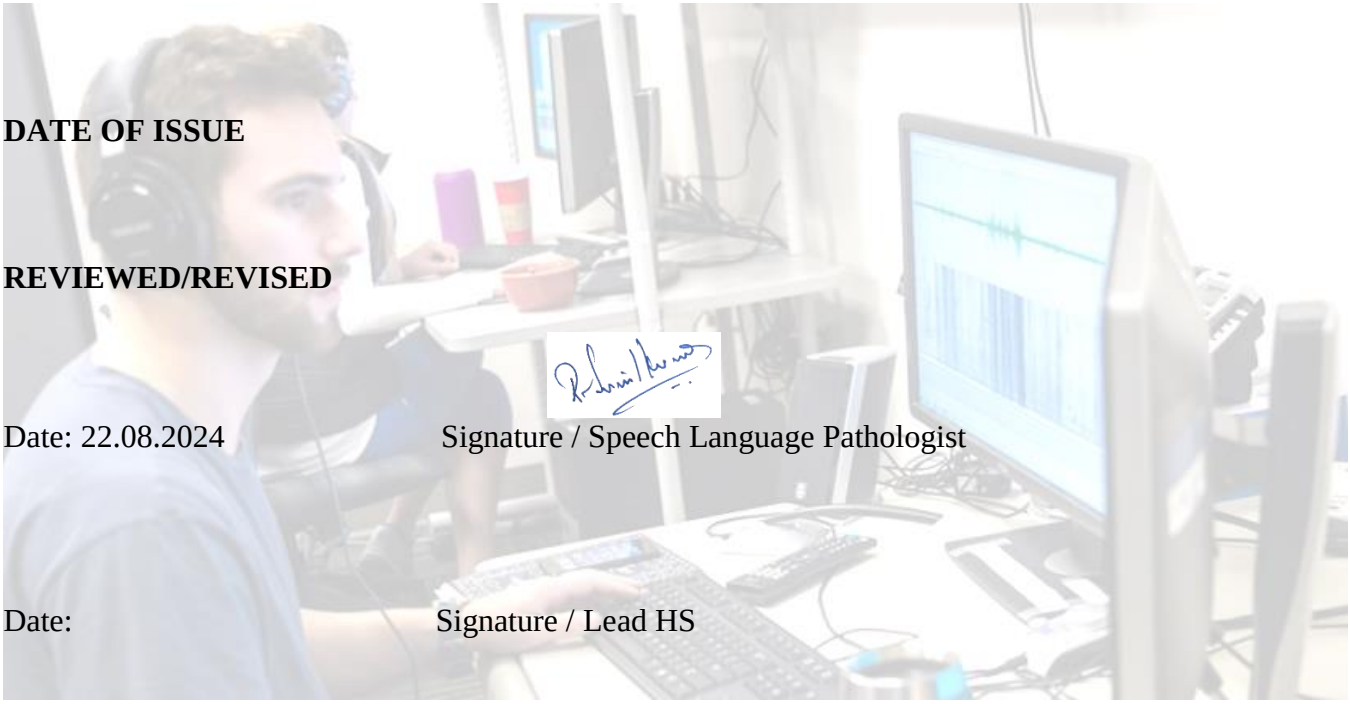
King Khalid University
College of Applied Medical Sciences
Department of Medical Rehabilitation Sciences
Program of Speech-Language Pathology

Labs and Clinics Manual



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LABS AND CLINICS MANUAL

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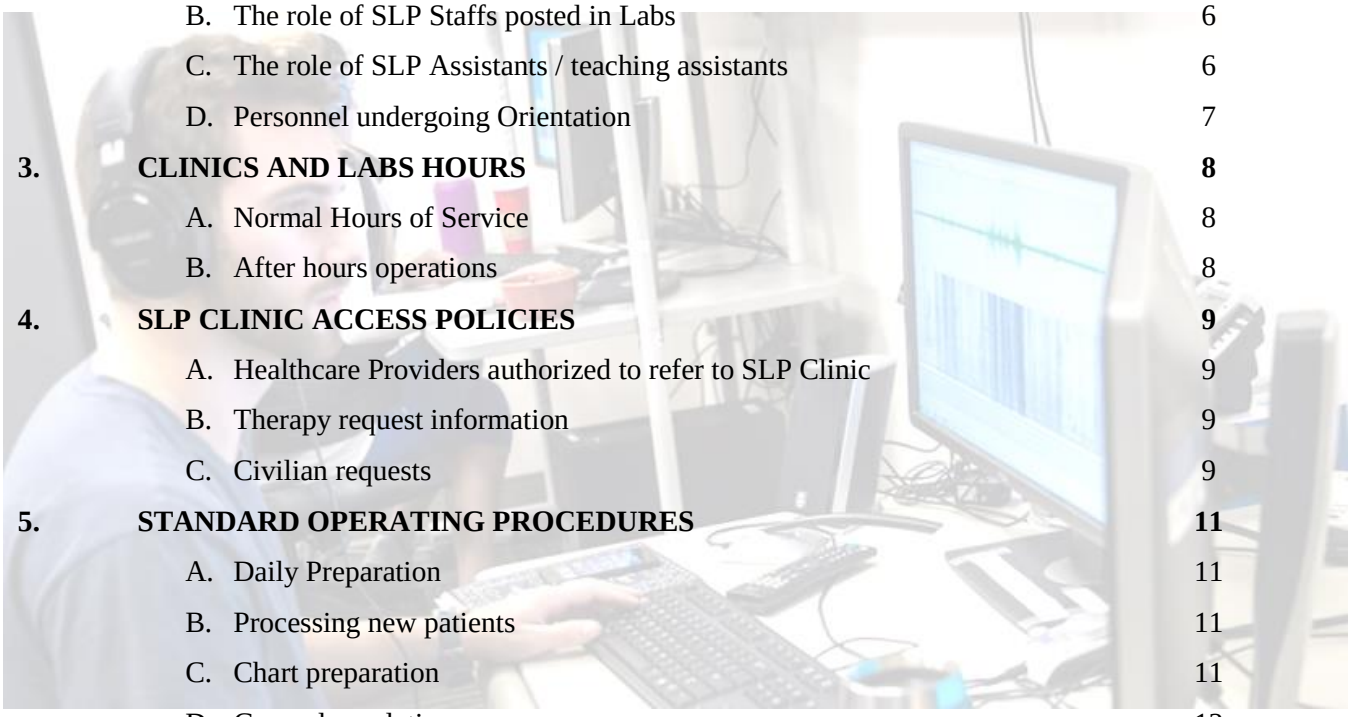


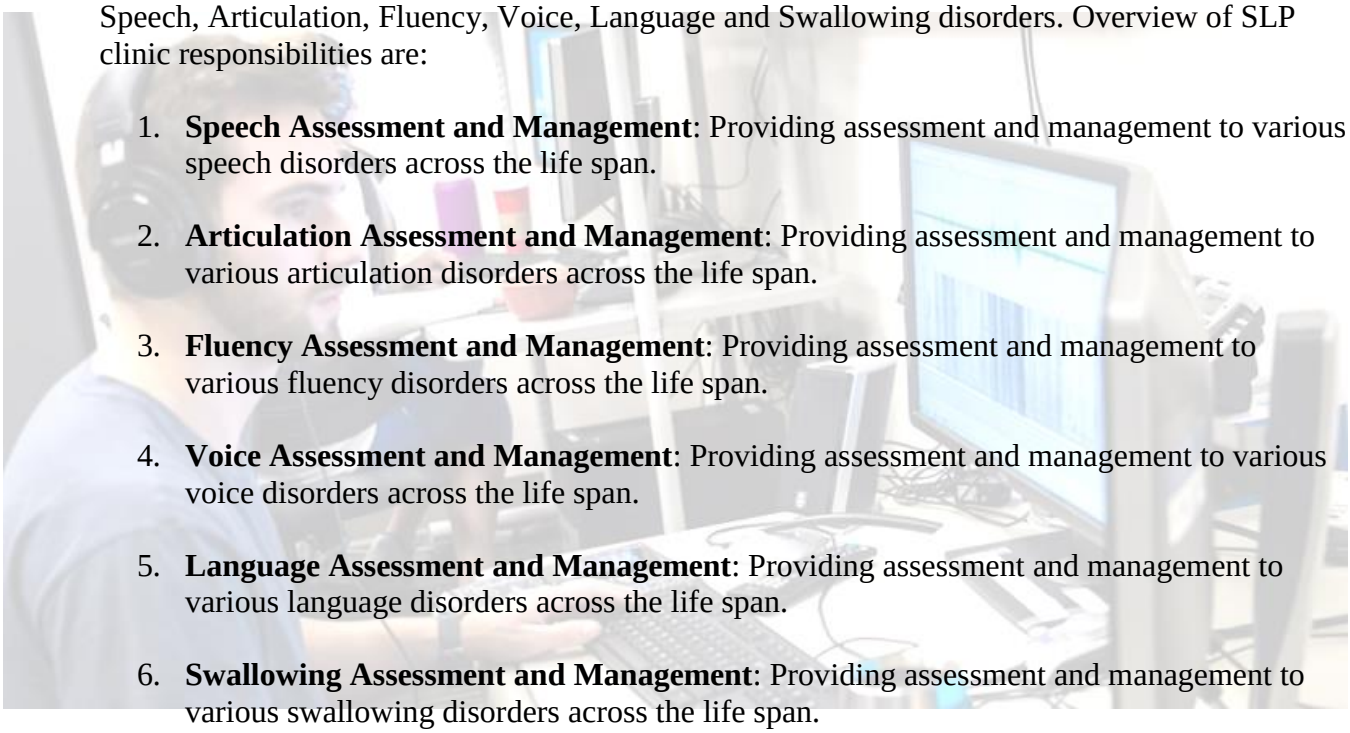
CHAPTER 1: INTRODUCTION

A. Description of Responsibility for Speech-Language Pathologist

This manual is to be used for training personnel in SLP program standard operations and as a source of information when the assigned SLP staff and is not available. Direct questions regarding this manual or SLP program policy to HEAD OF THE DEPARTMENT AT **0503748747**. The alternate information source is PROGRAM COORDINATOR at **0538901083**.

B. SLP Clinic Responsibilities

SLP clinics has a range of responsibilities focused on diagnosing, treating, and managing Speech, Articulation, Fluency, Voice, Language and Swallowing disorders. Overview of SLP clinic responsibilities are:



1. **Speech Assessment and Management**: Providing assessment and management to various speech disorders across the life span.
2. **Articulation Assessment and Management**: Providing assessment and management to various articulation disorders across the life span.
3. **Fluency Assessment and Management**: Providing assessment and management to various fluency disorders across the life span.
4. **Voice Assessment and Management**: Providing assessment and management to various voice disorders across the life span.
5. **Language Assessment and Management**: Providing assessment and management to various language disorders across the life span.
6. **Swallowing Assessment and Management**: Providing assessment and management to various swallowing disorders across the life span.
7. **Aural Rehabilitation**: Providing therapy and training to help individuals improve their communication skills in children with hearing impairment.
8. **Counseling and Education**: Offering support and education to patients and their families about communication disorders, treatment options, and communication strategies.
9. **Record Keeping**: Maintaining detailed patient records, including test results, treatment plans, and progress notes.
10. **Research and Continuing Education**: Staying up-to-date with the latest advancements in Speech language pathology and incorporating new research findings into practice.

11. **Follow-up and Monitoring**: Regularly monitoring patients' progress, adjusting treatments as necessary, and ensuring ongoing satisfaction with speech & language interventions

CHAPTER 2: SLP PERSONNEL RESPONSIBILITIES

A. The role of Head of Labs and clinics committee:

1. Develop written administrative and patient care policies and procedures.
2. Provide direct patient care including evaluation, rehabilitation, follow-up.
3. Delegate duties to other staff consistent with their education and experience.
4. Maintain appropriate patient and administrative records.
5. Report and interpret Diagnostic and rehabilitation reports.
6. Perform administrative, supervisory, in-service education and instructional duties.

B. The role of SLP staffs posted in labs and clinics

SLP staff in labs and clinics play crucial roles in diagnosing and managing speech and language disorders. Their responsibilities can vary based on their specific positions, but here's a general breakdown of the roles of different SLP staff members:

1. **Speech Language Pathologist:**

1. **Assessment and Diagnosis**: Perform detailed speech and language assessments to diagnose speech and language disorders and related conditions.
2. **Treatment Planning**: Develop individualized treatment plans, including recommendations for speech language therapy.
3. **Patient Education**: Educate patients and their families about speech and language disorders, available treatments, and communication strategies.
4. **Rehabilitation**: Provide rehabilitation to help patients adapt and improve communication skills.
5. **Follow-up Care**: Monitor patient progress and make adjustments to treatment plans as needed.

C. The role of SLP Assistants/ teaching Assistants:

1. **Support:** Assist SLPs with patient testing and management tasks.
2. **Pre-testing:** Conduct preliminary tests such as case history, oral speech mechanism evaluation and selecting appropriated diagnostic tool.

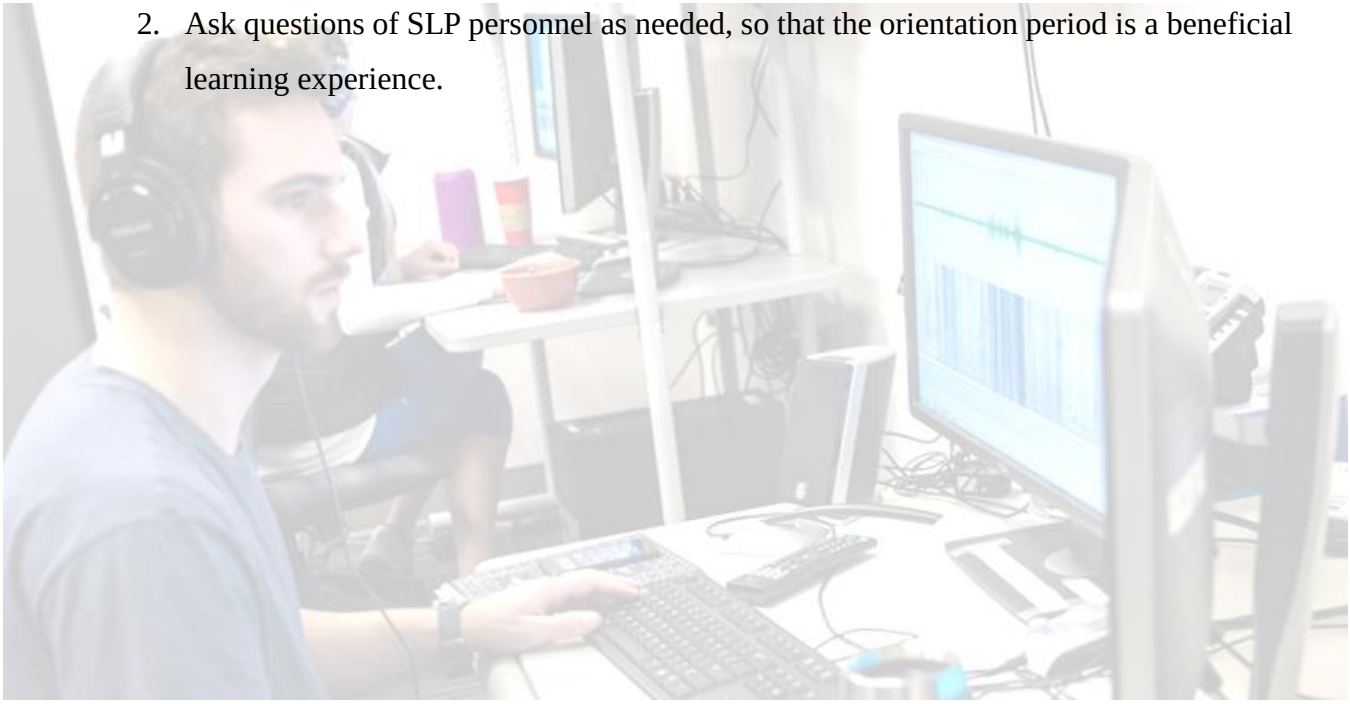
3. **Equipment Maintenance:** Ensure that Speech & Language equipment is properly maintained and calibrated.

4. **Patient Preparation:** Prepare patients for testing and assist with the collection of case histories.

5. **Prepare a weekly order for replenishing supplies.**

D. Personnel undergoing orientation are responsible for:

1. Reviewing and understanding the contents of this manual and the detailed policies and procedures manual (if applicable).
2. Ask questions of SLP personnel as needed, so that the orientation period is a beneficial learning experience.



CHAPTER 3: CLINICS AND LABS HOURS

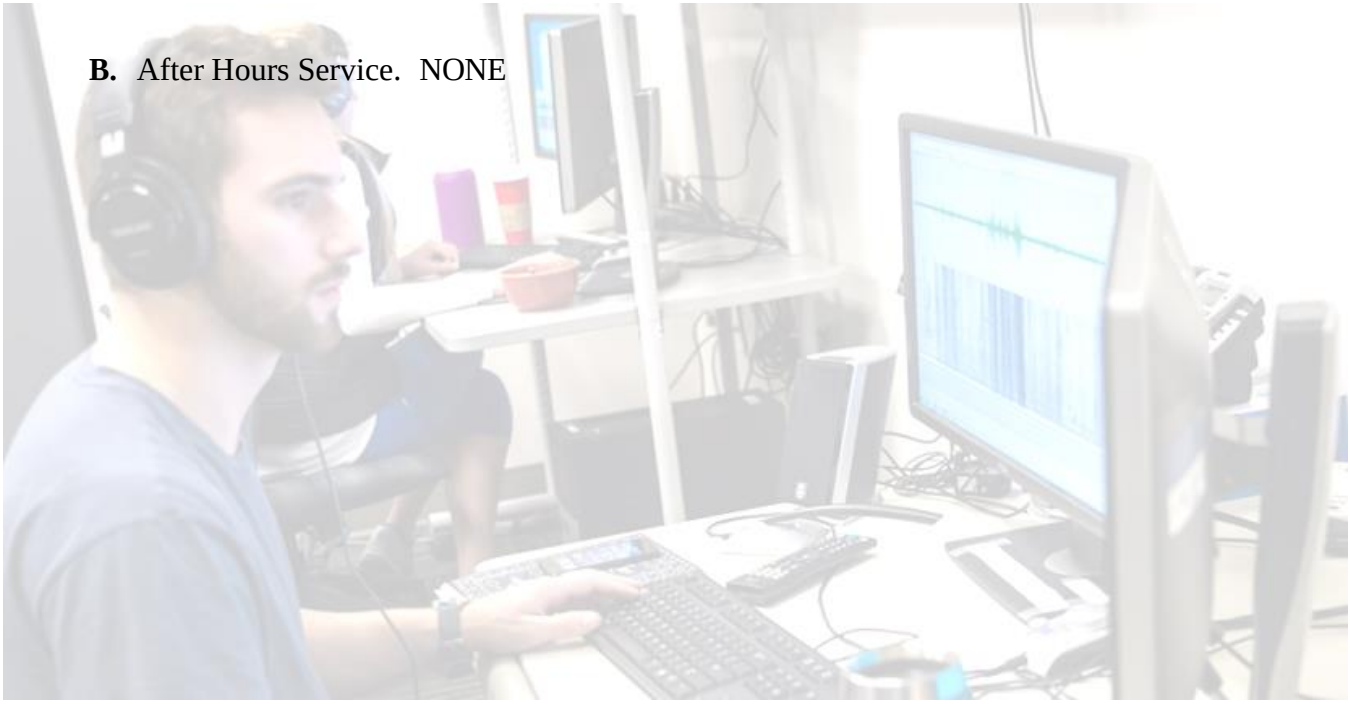
A. Hours of Service

a. The SLP services are provided during the following hours:

Sunday to Thursday: 8.00 am – 4.00 pm

2. The SLP clinic will be closed:

a. On governmental holidays
b. Weekends as specified by the university (Friday-Saturday)
c. University Holidays in the schedule

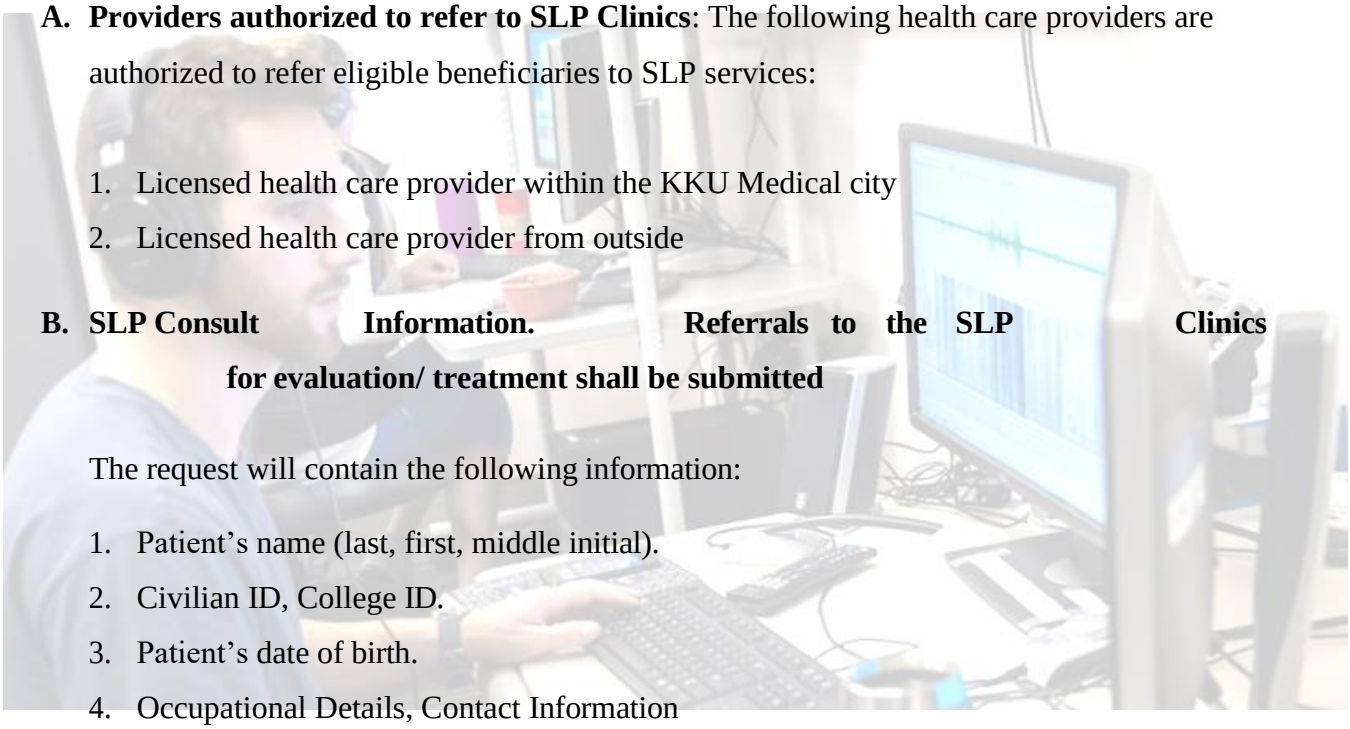


B. After Hours Service. NONE

CHAPTER 4: SLP ACCESS POLICY

The qualified Speech-Language pathologist, must evaluate, assess and establish appropriate rehabilitation plan for clinical conditions. SLP services will be provided only upon referral from a licensed health care provider. The patient must be referred back to the appropriate medical provider, after diagnosis before starting the rehabilitation.

The SLP assistant report any changes (adverse or beneficial) after initial management. The SLP must perform a follow up evaluation every three months.



A. Providers authorized to refer to SLP Clinics: The following health care providers are authorized to refer eligible beneficiaries to SLP services:

1. Licensed health care provider within the KKU Medical city
2. Licensed health care provider from outside

B. SLP Consult Information. Referrals to the SLP Clinics for evaluation/ treatment shall be submitted

The request will contain the following information:

1. Patient's name (last, first, middle initial).
2. Civilian ID, College ID.
3. Patient's date of birth.
4. Occupational Details, Contact Information
5. Complaints, medical findings, and reason for referral
6. Pertinent medical history
7. Date of referral
8. Referring Provider's legible signature along with typed, stamped or printed name.

NOTE: It is the responsibility of the referring provider to advise the S L P Department of all conditions that might affect the treatment.

C. Civilian Requests. Request by non-medical or non-dental providers for eligible

beneficiaries to receive SLP services will normally be honored if:

1. The treatment is available or offered by this clinic.
2. There are no budgetary constraints which make it necessary to suspend or limit this service.

CHAPTER 5: STANDARD OPERATING PROCEDURES

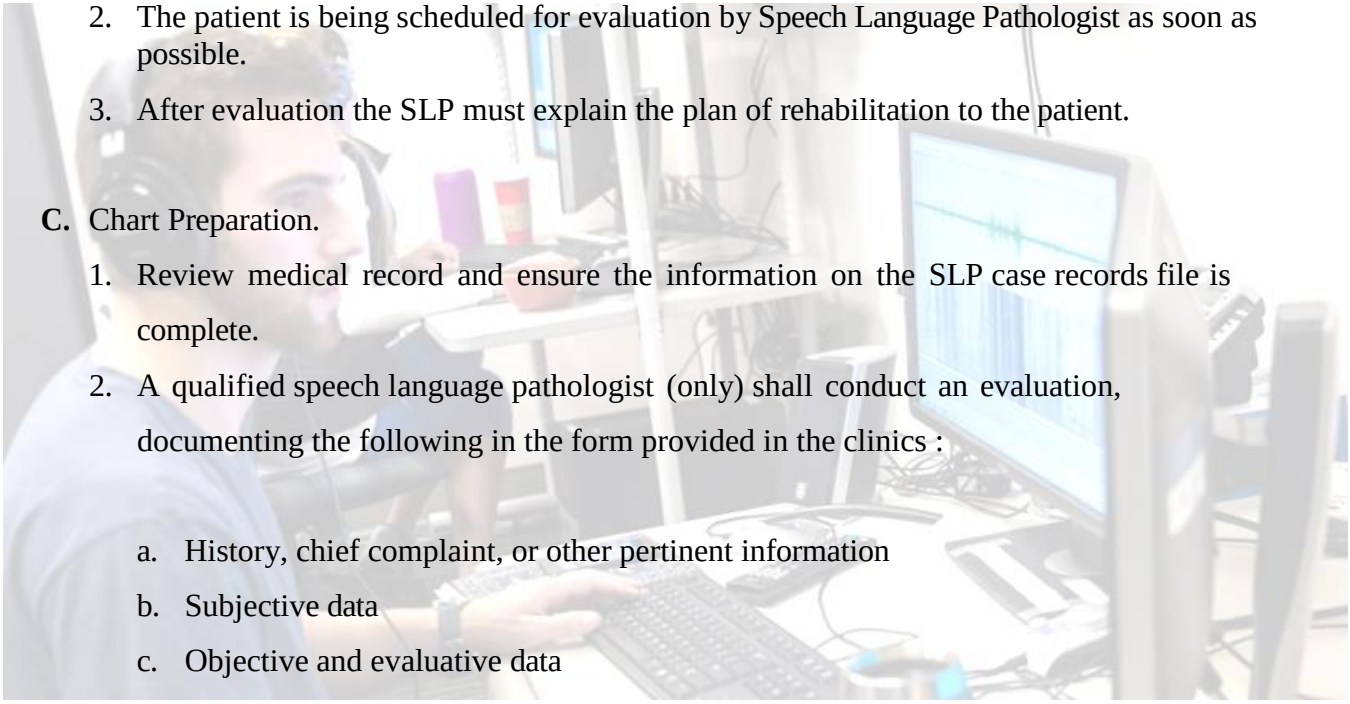
A. Daily Preparation.

1. Turn on and check all necessary SLP equipment.
    a. Voice, Swallowing and Nasalence equipment, check all connections of microphones, rigid & flexible scopes and calibration of the same.
    b. Test material: Check all test material, recording sheets and keep them replenished if required.

B. Processing New Patients.

1. Greet the patient and receive the speech and language evaluation request form.

   Ensure that ID information on chit is complete.
2. The patient is being scheduled for evaluation by Speech Language Pathologist as soon as possible.
3. After evaluation the SLP must explain the plan of rehabilitation to the patient.



C. Chart Preparation.

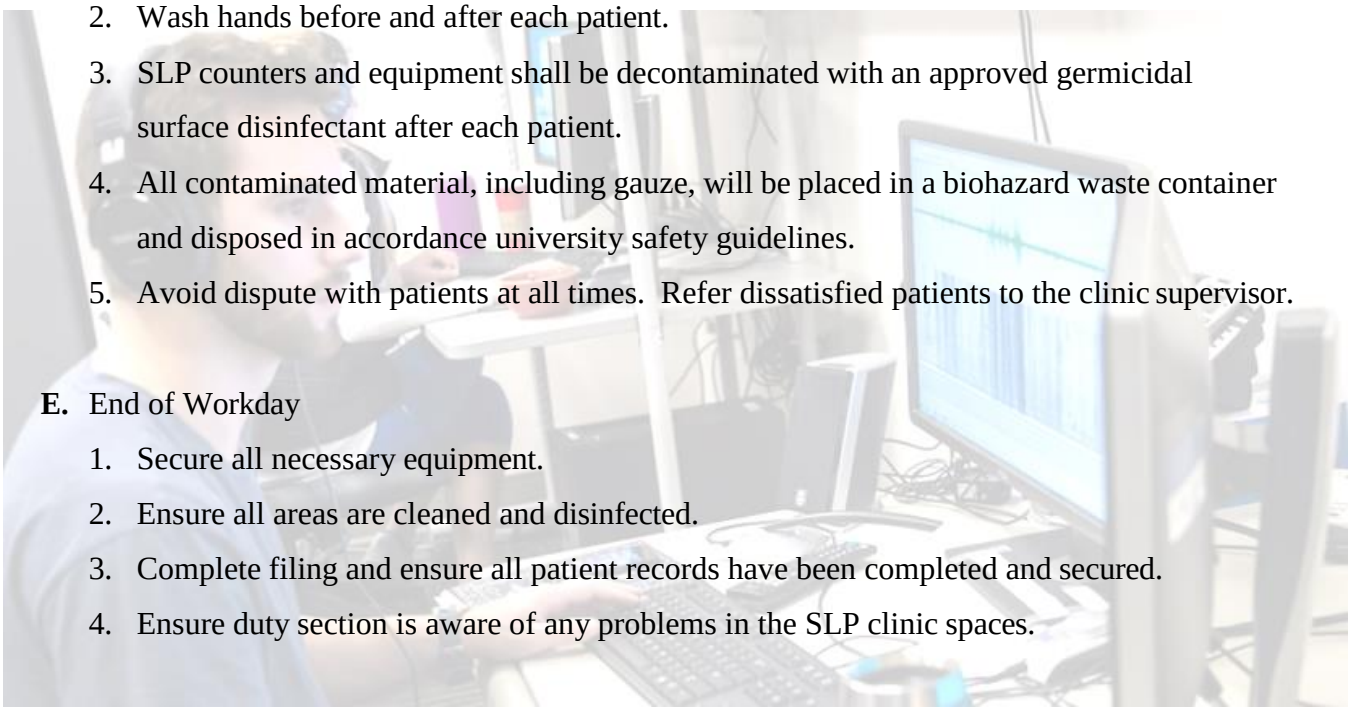
1. Review medical record and ensure the information on the SLP case records file is complete.
2. A qualified speech language pathologist (only) shall conduct an evaluation, documenting the following in the form provided in the clinics :
    a. History, chief complaint, or other pertinent information
    b. Subjective data
    c. Objective and evaluative data
    d. Assessment
    e. Plan of treatment
    f. Frequency and duration of treatment and follow-up plan
3. Follow-up SLP clinics visits will be documented in the following ways:
    a. Current subjective and objective status
    b. Current level of function
    c. Change in patient's symptoms

d. Changes in treatment plan
e. Further follow-up visits required

4. When indicated, communication with the referring provider shall be made by the SLP staff and documented in the file.

D. General Regulations.

1. All personnel working in the SLP department will wear protective garment (Lab coat for therapists and scrubs for technicians). The protective garment must be removed when leaving the clinic. Gloves will be worn when performing any wound care.
2. Wash hands before and after each patient.
3. SLP counters and equipment shall be decontaminated with an approved germicidal surface disinfectant after each patient.
4. All contaminated material, including gauze, will be placed in a biohazard waste container and disposed in accordance university safety guidelines.
5. Avoid dispute with patients at all times. Refer dissatisfied patients to the clinic supervisor.



E. End of Workday

1. Secure all necessary equipment.
2. Ensure all areas are cleaned and disinfected.
3. Complete filing and ensure all patient records have been completed and secured.
4. Ensure duty section is aware of any problems in the SLP clinic spaces.

CHAPTER 6: EMERGENCIES

A. Management of medical emergencies:

1. Provide First Aid
2. Activate the emergency helplines **997**.

B. Fire:

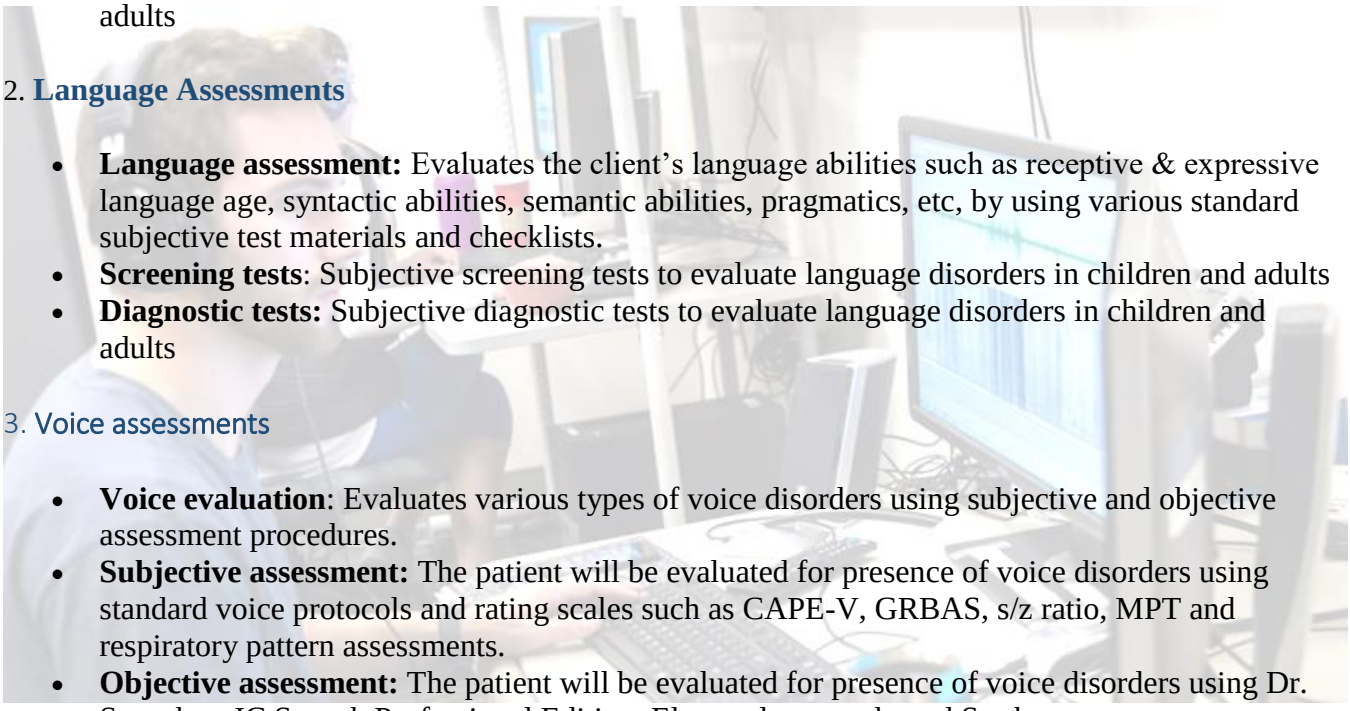
1. Evacuate patients from the SLP department / SLP Labs to the designated safe area outside the clinic following the safety exits as designated in clinics.
2. Follow clinic fire and safety procedures.
3. Activate the emergency helplines **998**.

CHAPTER 7: A S S E S S M E N T S / TREATMENTS

SLP clinics offer a range of basic modalities to address speech, language and swallowing disorders. Here are some of the fundamental services and modalities typically provided:

1. Speech Assessments

- **Speech Assessment**: Measures an individual's ability to speak on parameters of articulation, fluency and intonation by using standard subjective and objective measures.
- **Screening tests**: Subjective screening tests to evaluate various speech disorders in children and adults
- **Diagnostic tests:** Subjective diagnostic tests to evaluate various speech disorders in children and adults



2. Language Assessments

- **Language assessment:** Evaluates the client's language abilities such as receptive & expressive language age, syntactic abilities, semantic abilities, pragmatics, etc, by using various standard subjective test materials and checklists.
- **Screening tests**: Subjective screening tests to evaluate language disorders in children and adults
- **Diagnostic tests:** Subjective diagnostic tests to evaluate language disorders in children and adults

3. Voice assessments

- **Voice evaluation**: Evaluates various types of voice disorders using subjective and objective assessment procedures.
- **Subjective assessment:** The patient will be evaluated for presence of voice disorders using standard voice protocols and rating scales such as CAPE-V, GRBAS, s/z ratio, MPT and respiratory pattern assessments.
- **Objective assessment:** The patient will be evaluated for presence of voice disorders using Dr. Speech or IC Speech Professional Edition, Electroglottograph, and Stroboscope.
- **Nasalence assessment:** The patient will be evaluated for presence of any resonance disorders such as hypernasality or hyponasality using nasometer software.

4. Swallowing assessment

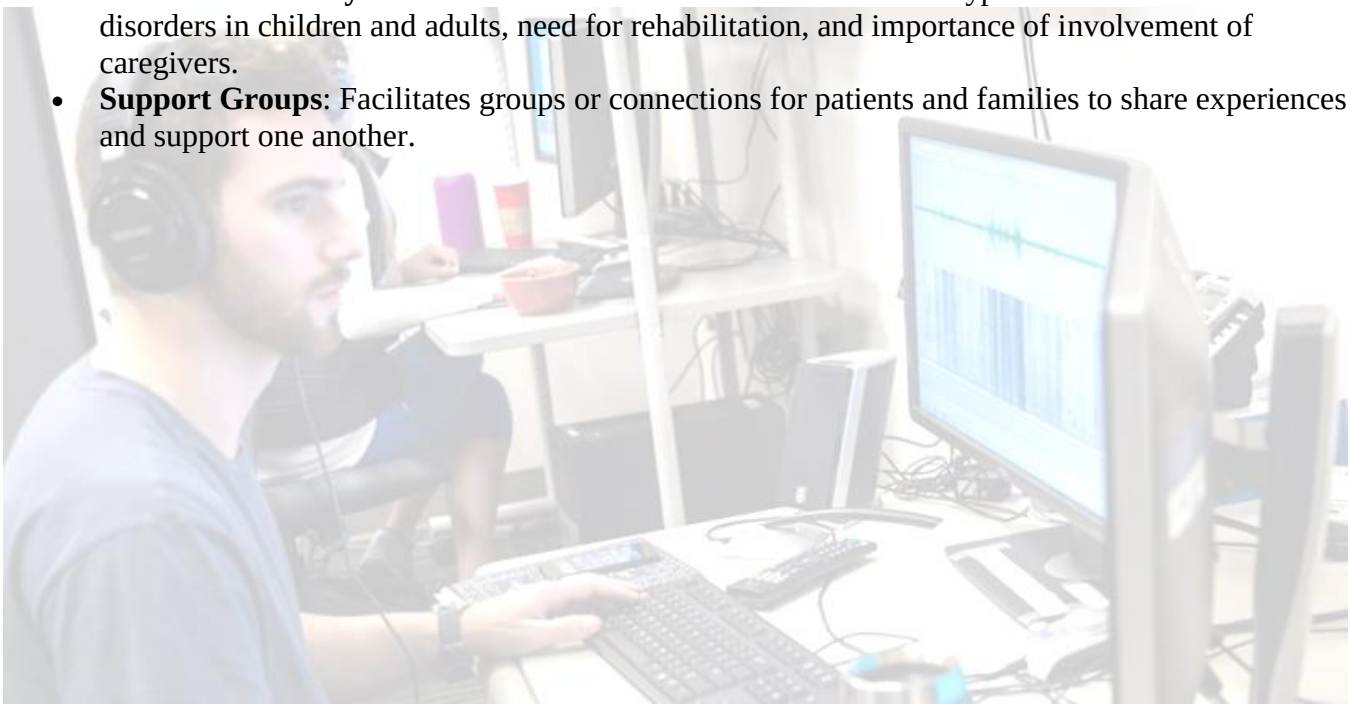
- **Swallowing evaluation**: Evaluates various types of swallowing disorders using subjective and objective assessment procedures.
- **Subjective assessment:** The patient will be evaluated for presence of swallowing disorders using standard swallowing assessment protocols and rating scales such as GUSS, Water intake tests, & aspiration scales.
- **Objective assessment:** The patient will be evaluated for presence of swallowing disorders using endoscopic examination.

5. Speech & Language Rehabilitation

- **Counseling**: Provides support and strategies for coping with speech and language disorders and improving communication.
- **Speech & Language Therapy**: Helps patients improve their language abilities, fluency, articulation, voice and swallowing abilities through intensive speech & language therapy for clients with communication disorders.
- **AAC Strategies**: Teaches techniques to enhance communication by using AAC methods such as PECS, communication boards, etc for patients with severe communication disorders.

6. Educational and Support Services

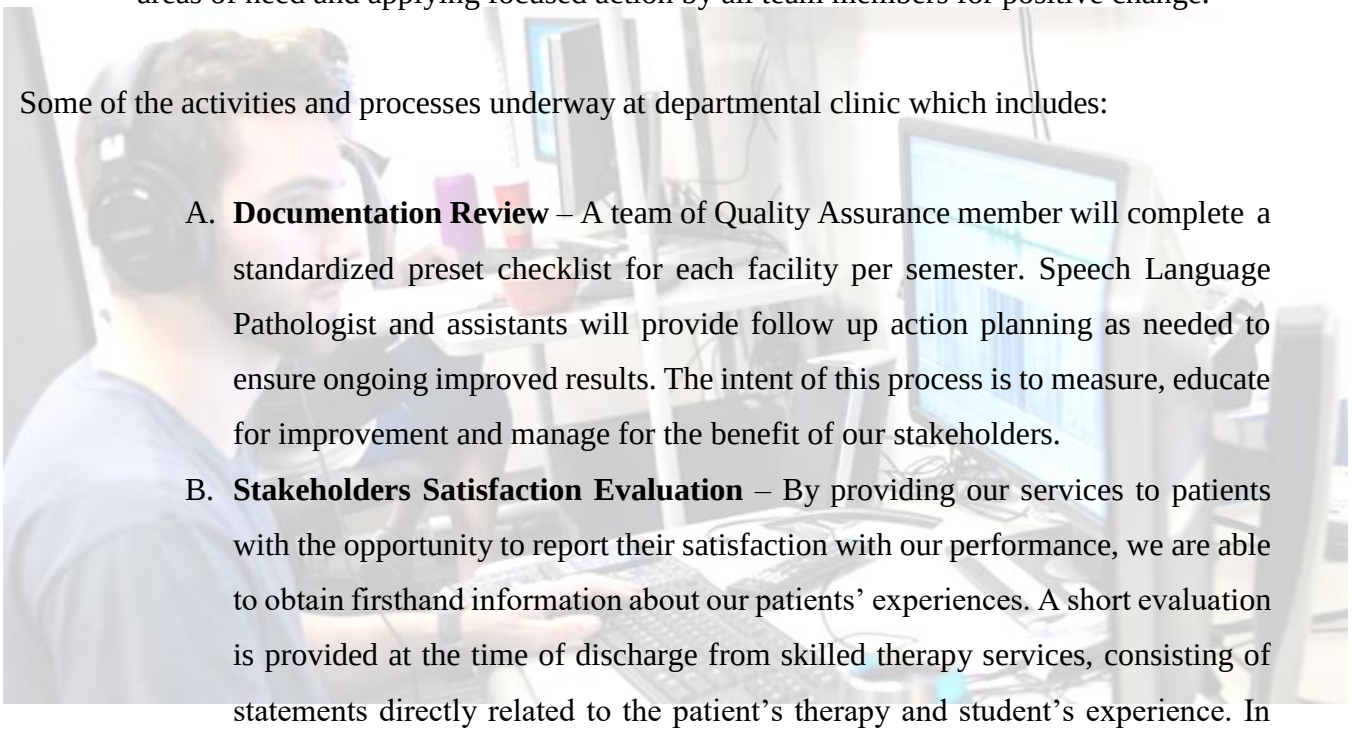
- **Patient and Family Education**: Offers information about various types of communication disorders in children and adults, need for rehabilitation, and importance of involvement of caregivers.
- **Support Groups**: Facilitates groups or connections for patients and families to share experiences and support one another.



CHAPTER 8: QUALITY IMPROVEMENT FOR LABS AND CLINICS

Quality Assurance Process

Quality Assurance encompasses any activity that is concerned with assessing and improving the merit or the worth of an intervention or its compliance with given standards. It is a systematic process for checking that services developed and delivered meet or exceed expectations. A successful quality assurance program will result in increased customer confidence and company credibility, improved processes and efficiency and a strong competitive advantage. Quality assurance allows for identifying areas of need and applying focused action by all team members for positive change.



Some of the activities and processes underway at departmental clinic which includes:

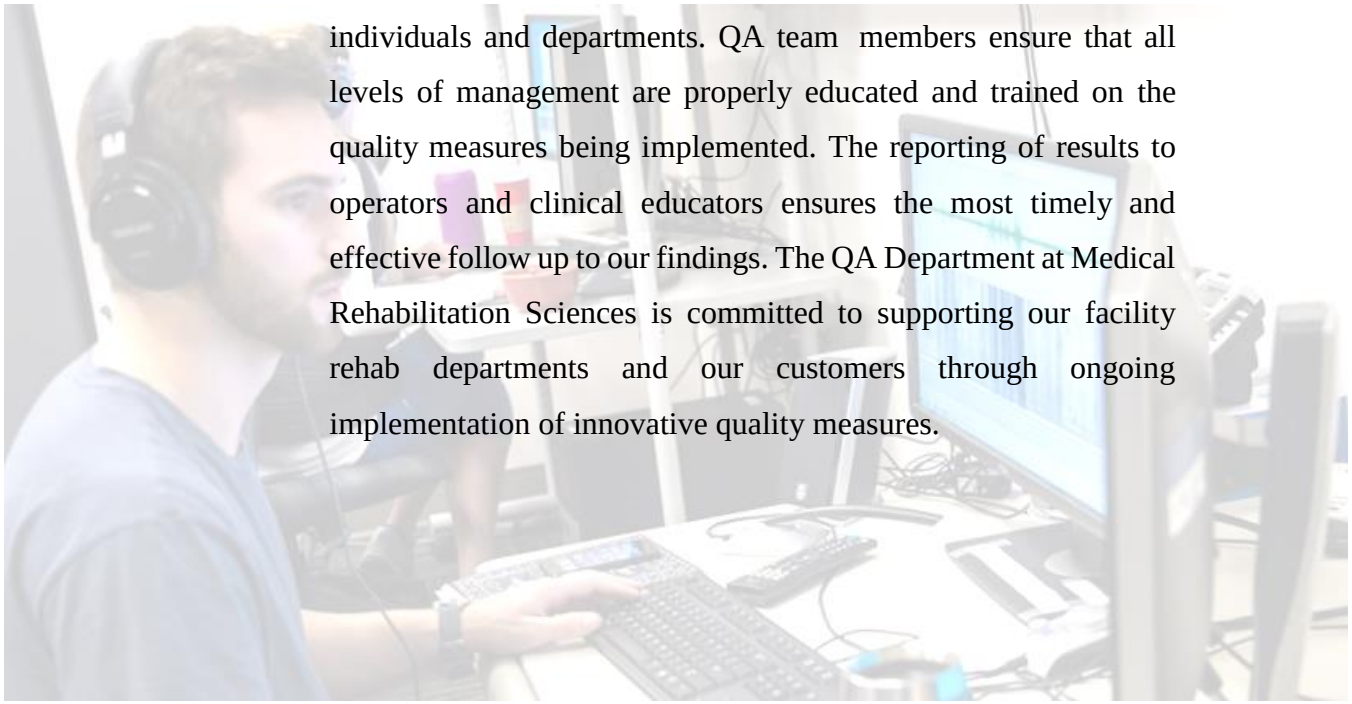
A. **Documentation Review** – A team of Quality Assurance member will complete a standardized preset checklist for each facility per semester. Speech Language Pathologist and assistants will provide follow up action planning as needed to ensure ongoing improved results. The intent of this process is to measure, educate for improvement and manage for the benefit of our stakeholders.

B. **Stakeholders Satisfaction Evaluation** – By providing our services to patients with the opportunity to report their satisfaction with our performance, we are able to obtain firsthand information about our patients' experiences. A short evaluation is provided at the time of discharge from skilled therapy services, consisting of statements directly related to the patient's therapy and student's experience. In addition to obtaining specific facility responses, our data is collected and reported in a format that compares individual facilities to others within college, therefore being of greater value to our stakeholders.

C. **Facility Self-Assessment** – HOD and Program coordinators and committee heads are provided a self-assessment tool that allows them to monitor and check

their compliance with key variables for maintaining quality and meeting regulatory guidelines. Each month they complete a different checklist of rehab related criteria which is then submitted to the QA Department. This ensures survey readiness and efficient and effective rehab department organizational management.

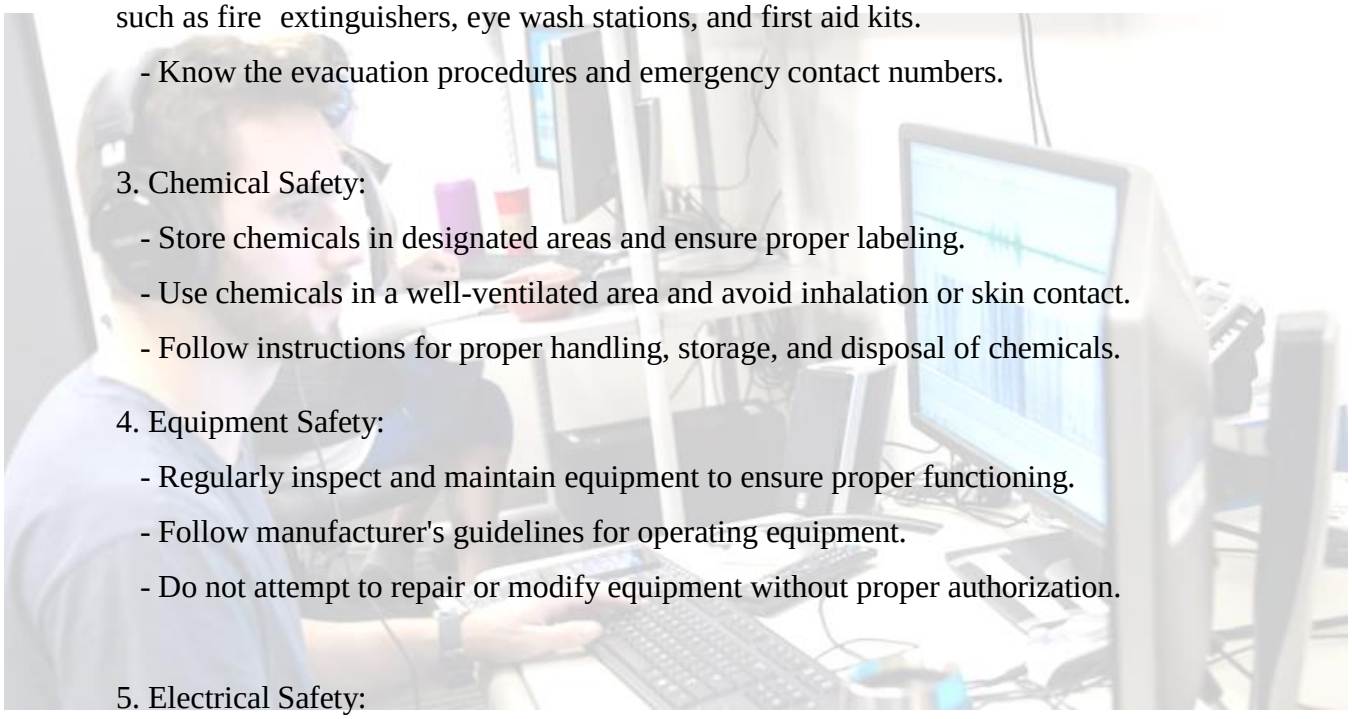
D. **An Integrated Approach to Quality Assurance** is of utmost importance for all of us at Medical Rehabilitation Sciences. All processes and systems implemented, measured and monitored by our QA Department include the involvement and expertise of all individuals and departments. QA team members ensure that all levels of management are properly educated and trained on the quality measures being implemented. The reporting of results to operators and clinical educators ensures the most timely and effective follow up to our findings. The QA Department at Medical Rehabilitation Sciences is committed to supporting our facility rehab departments and our customers through ongoing implementation of innovative quality measures.



CHAPTER 10: SLP Lab Safety Guidelines:

1. Personal Protective Equipment (PPE):
   - Wear appropriate PPE, including lab coats, gloves, goggles, and closed-toe shoes.
   - Ensure PPE is in good condition and fits properly.

2. Emergency Preparedness:
   - Familiarize yourself with the location and proper use of emergency equipment, such as fire extinguishers, eye wash stations, and first aid kits.
   - Know the evacuation procedures and emergency contact numbers.



3. Chemical Safety:
   - Store chemicals in designated areas and ensure proper labeling.
   - Use chemicals in a well-ventilated area and avoid inhalation or skin contact.
   - Follow instructions for proper handling, storage, and disposal of chemicals.

4. Equipment Safety:
   - Regularly inspect and maintain equipment to ensure proper functioning.
   - Follow manufacturer's guidelines for operating equipment.
   - Do not attempt to repair or modify equipment without proper authorization.

5. Electrical Safety:
   - Avoid overloading electrical outlets and use surge protectors when necessary.
   - Keep cords and cables away from walkways to prevent tripping hazards.
   - Report any damaged electrical equipment or cords to the appropriate personnel.

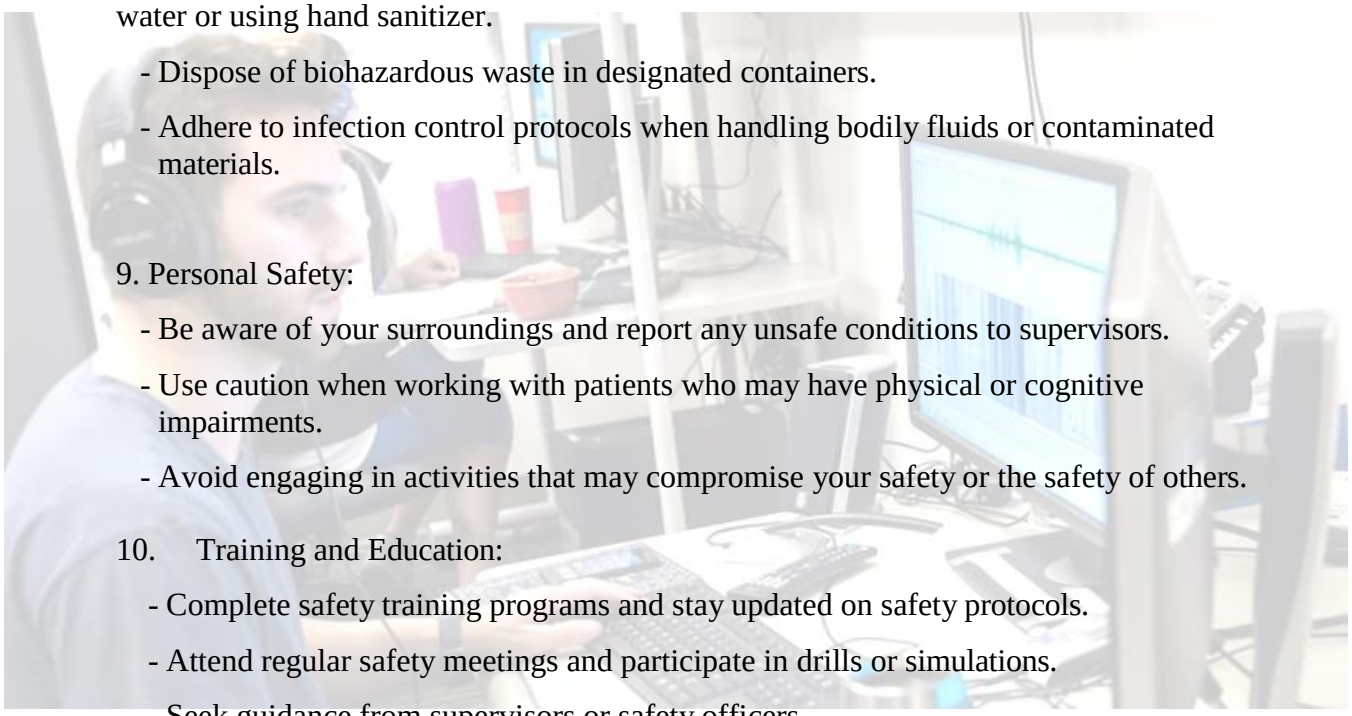
6. Fire Safety:
   - Know the location of fire exits and evacuation routes.
   - Keep flammable materials away from heat sources.
   - Do not block fire extinguishers or emergency exits.

7. Ergonomics:

- Maintain proper body mechanics and posture when lifting or moving patients or heavy objects.
- Adjust workstations and equipment to ensure proper alignment and minimize strain.
- Take regular breaks and stretch to prevent repetitive strain injuries.

8. Infection Control:

- Follow proper hand hygiene protocols, including washing hands with soap and water or using hand sanitizer.
- Dispose of biohazardous waste in designated containers.
- Adhere to infection control protocols when handling bodily fluids or contaminated materials.



9. Personal Safety:

- Be aware of your surroundings and report any unsafe conditions to supervisors.
- Use caution when working with patients who may have physical or cognitive impairments.
- Avoid engaging in activities that may compromise your safety or the safety of others.

10. Training and Education:

- Complete safety training programs and stay updated on safety protocols.
- Attend regular safety meetings and participate in drills or simulations.
- Seek guidance from supervisors or safety officers