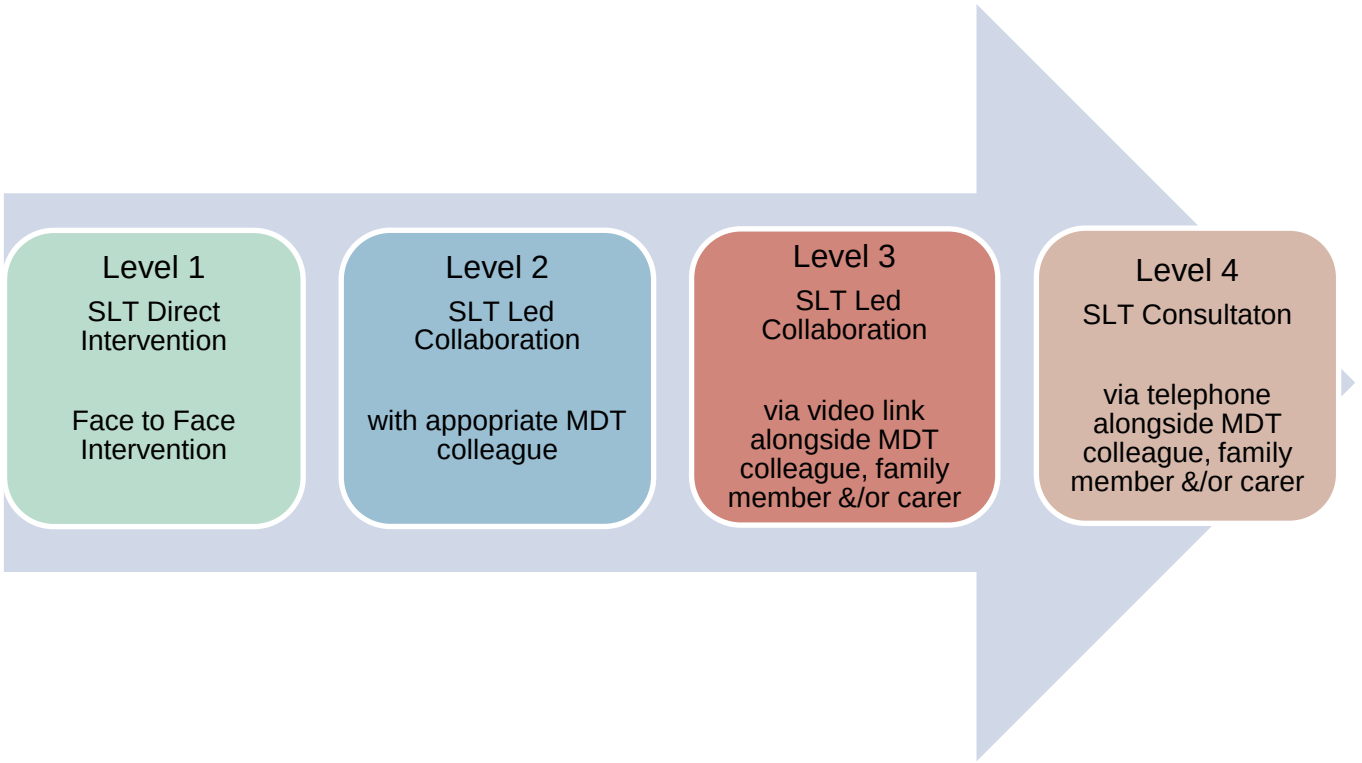
Appendix 4: Speech and Language Therapy Levels of Intervention



This document is intended to help you consider the most appropriate delivery method, exploring the risks and benefits of each Level of Intervention

All interventions must be in line with relevant NHS Ayrshire and Arran Policy and SoP
Speech and Language Therapists must always work within the scope of their knowledge and experience, and consult with a more experienced colleague when appropriate

Please refer to HPS for details of recommended for each Level of Intervention. Do not complete an Intervention if you cannot source the appropriate PPE for the task and environment

<table>
<tr><th>Description</th><th>When</th><th>Rationale</th></tr>
<tr><td rowspan="3">Level 1
SLT Direct
Intervention</td><td>This Level of Intervention should be used when

» collaborative or consultative interventions do not mitigate clinical risk and no other delivery method is possible
or
» collaborative or consultative interventions increase clinical risk</td><td>SLTs should carefully consider the risk vs benefit of a face to face intervention.

RCLST guidance recommends that “prior to considering PPE, SLTs carefully weigh the risk-benefit of face-to-face assessments and consultations. Such contact should only be undertaken for urgent care where no alternative is possible, or the alternative places the patient at higher risk of a new serious adverse event”</td></tr>
<tr><td colspan="2">Decision Support</td></tr>
<tr><td colspan="2">Consider the risk of COViD-19 transmission from
» health professional to service user, when the health professional may be COViD019 +ve and asymptomatic
» service user to health professional, when the service user is confirmed or suspected to be COViD-19 +ve, or asymptomatic
»
Examples of when Level 1 Intervention is indicated are
» new stroke, or other new neurological event/diagnosis
» unmanaged or increasing dysphagia
» intervention that avoids admission or support discharge
» informing medical management and differential diagnosis
» crisis intervention or vulnerable person support

After completing a Level 1 Intervention, consider
» Does a Level 1 Intervention remain the most appropriate delivery method if further review is required?
» When initial clinical risk is managed, consider if any remaining risk could be mitigated by completing a Level 2, 3 or 4 Intervention?</td></tr>
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<table>
<tr><th>Description</th><th>When</th><th>Rationale</th></tr>
<tr><td rowspan="3">Level 2
SLT Led
Collaboration
with appropriate MDT colleague, family member and/or carer</td><td>This Level of Intervention should be used when

» the SLT cannot provide direct intervention
and
» other collaborative or consultative interventions do not mitigate risk
and
» an appropriate MDT colleague can collaborate
and
» dynamic risk assessment supports this intervention</td><td>In an acute hospital setting, SLTs may not have access to PPE to enter high risk areas. RCSLT guidance states that it is critical for SLTs to work alongside MDT colleagues and consider if there are any tasks that can be undertaken with SLT guidance by another colleague who has access to appropriate PPE

In other settings it may be more appropriate for a collaborative approach for a number of reasons including dynamic risk assessment, person distress, or preference</td></tr>
<tr><td colspan="2">Decision Support</td></tr>
<tr><td colspan="2">Consider the risk of COViD-19 transmission from
» health professional/family member &/or carer to service user, when the health professional/family member &/or carer may be COViD019 +ve and asymptomatic
» service user to health professional/family member &/or carer, when the service user is confirmed or suspected to be COViD-19 +ve, or asymptomatic

Examples of when Level 2 Intervention is indicated are
» in a high risk area or situation not accessible to SLT where clinical risk can be mitigated by another health professional working in collaboration with the treating therapist (e.g. ICU, service user preference, challenging behaviour)
» when it is clinically indicated and deemed appropriate for another health professional, family or carer to directly support assessment or review
» support for service users, family member &/or carer, where knowledge, skills and environment has been considered. When working with others, additional time should be allocated to ensure a thorough preparation, discussion and liaison required before the Intervention

After completing a Level 2 Intervention, consider
» Has clinical risk has been mitigated as a result of the Level 2 Intervention?
» If clinical risk has not been mitigated, is it clinically indicated to proceed with a Level 1 Intervention? You must discuss this with a senior colleague
» When initial clinical risk is managed, consider if any remaining risk could be mitigated by completing a Level 3 or 4 Intervention?</td></tr>
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<table>
<tr><th>Description</th><th>When</th><th>Rationale</th></tr>
<tr><td rowspan="3">Level 3
SLT Led
Collaboration
via video
Telepractice

In real time
alongside MDT
member, family
member &/or carer</td><td>This Level of Intervention should be used when

» delivering services remotely is an appropriate choice for the person and their family or carer
and
» the treating therapist has clearly communicated right to refuse, and gained informed consent</td><td>The RCSLT requires that services offered through telehealth are of an equivalent standard to those offered face-to-face, whether assessment or delivery of therapy

Any dysphagia advice being provided via video Telepractice must be in line with a local dysphagia Telepractice management standard operating procedure (SoP), and alongside local and national policy, and professional guidance.</td></tr>
<tr><td colspan="2">Decision Support</td></tr>
<tr><td colspan="2">Consider the risk of COViD-19 transmission from
» health professional/family member &/or carer to service user, when the health professional/family member &/or carer may be COViD019 +ve and asymptomatic
» service user to health professional/family member &/or carer, when the service user is confirmed or suspected to be COViD-19 +ve, or asymptomatic
Examples of when Level 3 Intervention is indicated are
» routine review of existing recommendations or continuation of therapy plan
» support for services users who are well known to the treating therapist
» routine voice therapy
» delivery of universal or targeted support and intervention

After completing a Level 3 Intervention, consider
» Has clinical risk has been mitigated as a result of the Level 3 Intervention?
» If clinical risk has not been mitigated, is it clinically indicated to proceed with a Level 2 Intervention? If you suspect a Level 1 Intervention may be required to mitigate clinical risk, you must discuss this with a senior colleague.
» When initial clinical risk is managed, consider if any remaining risk could be mitigated by completing a Level 4 Intervention?
» If a Level 3 Intervention has not mitigated risk, and it is not possible to proceed with either a Level 1 or Level 2 Intervention, you must discuss and agree a plan to safety manage our Duty of Care with a senior colleague</td></tr>
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<table>
<tr><th>Description</th><th>When</th><th>Rationale</th></tr>
<tr><td rowspan="3">Level 4
SLT Consultation
via telephone

Consultation with MDT member, family member &/or carer</td><td>This Level of Intervention should be used when
» video link Telepractice is not a viable option, for any reason
and
» face to face intervention has been declined by the person, their family, or carer (e.g. due to shielding)
and
» due consideration given and action taken on vulnerable adult or child protection issues
and
» the SLT can evidence that the risk of not accepting this referral is greater than the risks associated with the delivery of a Level 4 Consultation</td><td>This is not an assessment intervention and must not include potentially life-changing decisions.

RCSLT guidance states that where Telepractice is not an viable way to offer or deliver therapy, SLTs can still offer a supportive service indirectly, through those who remain physically close to the person, with for example; coaching, training, advice and support. It may also include additional dietary/fluid modification measures with close monitoring.

Any dysphagia advice being provided over the telephone must be in line with a local dysphagia telephone management standard operating procedure (SoP). This delivery method may include advice about safe positioning, pacing, extra 1:1 support, etc.</td></tr>
<tr><td colspan="2">Decision Support</td></tr>
<tr><td colspan="2">Examples of when Level 4 Intervention is indicated are
» dysphagia or communication support
» routine review of existing recommendations, continuation of therapy plan or support for services users who are well known to the treating therapist
» functional practice of routine voice or communication therapy goals
» delivery of universal or targeted support and intervention
» palliative support and advice

After completing a Level 4 Intervention, consider
» Has clinical risk has been mitigated as a result of the Level 4 Intervention?
» If clinical risk has not been mitigated, any unmitigated risk is highlighted to the appropriate professionals, including when any advice is pending an arranged assessment through collaboration
» Is it clinically indicated to proceed with a Level 3, or Level 2 Intervention? If you suspect a Level 1 Intervention may be required to mitigate clinical risk, you must discuss this with a senior colleague.
» If a Level 4 Intervention has not mitigated risk, and it is not possible to proceed with either a Level 1, Level 2 or Level 3 Intervention, you must discuss and agree a plan to safety manage our Duty of Care with a senior colleague</td></tr>
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