

NZSTA Endorsement:

*Residential Care Facilities Oropharyngeal

Dysphagia Standards in Aotearoa/New Zealand



Status of this document

The New Zealand Speech-language Therapists' Association (NZSTA) **endorses this guidance** for dysphagia care in residential settings as relevant and useful for practice in Aotearoa New Zealand. Endorsement means NZSTA recognises the quality and usefulness of the content; it **does not** make this a mandatory NZSTA practice standard and **does not** create obligations on residential care providers.

Applicability

- This document contains a mix of speech-language therapist (SLT)- **level expectations (what individual SLTs do)** and **facility-level** expectations (what organisations put in place).
- NZSTA **cannot require** residential care homes to adopt facility-level elements. Facility adoption remains the responsibility of each organisation and/or purchaser.

Professional judgement

SLTs should apply this guidance with professional judgement, cultural safety, and in alignment with local policy, service specifications, and whānau preferences.

Vendor-neutrality

NZSTA is vendor-neutral and has **no financial interest** in the authors' services or specific products, platforms, training, or tools referenced.

Te Tiriti o Waitangi

Endorsement is given with a commitment to **honouring Te Tiriti o Waitangi**. Services should enable Māori tino rangatiratanga, uphold Māori data governance, and address equity in dysphagia care and mealtime safety for tāngata whaikaha Māori and their whānau.

Review

This endorsement will be reconsidered on a **three-year cycle** or earlier if the authors make substantive changes or relevant NZ regulations/standards change.

Contact

Questions or feedback: admin@speechtherapy.org.nz

Whakapapa (Authorship & Acknowledgements)

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- **Contributors:** NZSTA Aged Residential Care working group members (voluntary input).
- **NZSTA role:** Independent contextual review and **endorsement** for NZ relevance and best practice. **Not** the author or publisher.

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*Residential Care Facilities Oropharyngeal Dysphagia Standards in Aotearoa/New Zealand

To date, there has not been a standalone standard for oropharyngeal dysphagia of speech-language therapy (SLT) provision, which encompasses specific dysphagia care within residential facilities. This has been broadly identified under the “nutrition” category or “communication” category.

One third of residents in long-term residential care facilities in Aotearoa/ New Zealand suffer from oropharyngeal dysphagia, all of whom are at risk of secondary complications and increased morbidity and mortality.

The standards outlined in this document are considered ‘best practice’ and are evidence-informed.

This document should be interpreted with the unique New Zealand context in mind, which requires upholding our obligations to Te Tiriti O Waitangi and reducing health inequities. Facilities and staff utilising this resource should ensure their practices are culturally appropriate and that tikanga is upheld. They should also demonstrate the importance of holistic views of health and wellbeing that include physical, mental, social, and spiritual elements, especially with persons who identify as Māori.

Aim

The purpose of this standard is to:

Reduce patient/whanau Risk:

- Maximising safety and enjoyment of eating and drinking:
 - Reducing the risk of choking episodes, which can lead to death
 - Reducing aspiration pneumonia, which can lead to death
 - Enhancing patient/whānau satisfaction.

Reduce Organisational risk by:

- Ensuring all staff (nurses, healthcare assistants, chefs/cooks) are working within their scope of practice
- Allocating appropriate personnel to residents with special swallowing requirements
- Ensuring a robust swallowing risk assessment process is in place
- Creating clear referral and escalation pathways for at-risk residents
- Ensuring risk management reporting and analysing processes are in place
- Meeting industry and government standards.

We recommend that all Long-Term Residential Care Facilities, from frontline caregivers and management to the governing directors, embrace and implement these standards to support their residents, personnel, and community.

1. The residential care facility has clearly documented policies and procedures to assess and manage dysphagia and choking risk.
2. The residential care facility's patient management systems use the International Dysphagia

Diet Standardisation Initiative (IDDSI) nomenclature.

3. The residential care facility uses the IDDSI framework classification of modified food textures to ensure swallowing recommendations are consistent and interpreted correctly.
4. The residential care facility team provides access to speech-language therapist (SLT) services for all residents who require them to ensure that care and advice are appropriate to their needs.
5. All new residents are screened for dysphagia with a validated dysphagia screening tool, unless they have a known dysphagia, and swallowing recommendations are already in place.
6. All residents are screened after any new medical event that could impact their swallowing.
7. All Residents who have screened positive for dysphagia require an immediate, documented, individualised food plan, developed by appropriately qualified personnel and/or based on established 'Standing Orders'
8. An appropriately qualified SLT must review all residents who have screened positive for a previously unidentified oropharyngeal dysphagia in a timely manner.
9. The residential care facility has a standardised referral and handover of care policy to SLT services
10. All SLTs providing independent care within the residential care facility must hold a valid, unrestricted annual practising certificate with the NZSTA.
11. The residential care facility assures that Māori residents receive equitable care in a culturally safe environment.
12. All personnel are trained in cultural safety
13. The residential care facility team displays a culture of continuous quality improvement (CQI), which includes documented incidences of choking and or aspiration-related complications or deaths.
14. The residential care facility has infection control policies in relation to eating and drinking, and SLT access to facilities during periods of lockdown that assure resident and personnel safety
15. All staff members must have task-specific competencies related to dysphagia within their relevant roles.
16. The residential care facility has processes for monitoring, evaluating, and providing feedback on resident/whānau satisfaction with the food they are given and any SLT service provided to them.
17. All personnel who are in contact with residents must be trained to respond to manage choking emergencies.

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