



Aspiration pneumonia

What is it?

Who is at risk?

What are my obligations as a provider?

What is aspiration pneumonia?

- Aspiration pneumonia is a lung infection caused by aspiration, which means inhaling things other than air into the airway, like saliva, food, liquid or stomach contents.
 - Aspiration happens when something you try to swallow accidentally ‘goes down the wrong way’ towards the lungs. It can also happen when something from your stomach goes back up to your throat.
 - Aspiration pneumonia is a bacterial infection, typically in one lung, but sometimes in both.
 - Aspiration pneumonia is usually confirmed with a chest x-ray.
- When aspiration (or an aspiration event) occurs, the body may react by coughing which can help clear the airway.
- Sometimes, there are no outward signs of aspiration, and the person may not know it has happened. This is called ‘silent aspiration’ and may still result in illness such as pneumonia. If a person is prone to many bouts of pneumonia throughout their lifetime, it could be that they’re silently aspirating.
- Symptoms of aspiration pneumonia include difficult or laboured breathing (dyspnoea), wheezing, coughing up phlegm that may be dark or contain pus or blood, fever, sweating, fatigue, chest pain and drowsiness.
- If a participant has suspected aspiration pneumonia, it’s important they see a doctor as soon as possible. Call 000 if urgent medical attention is needed.
- Treatment for aspiration pneumonia usually involves antibiotics and may also require hospitalisation, oxygen therapy, and mechanical ventilation.
- Health complications from aspiration pneumonia can be serious, and in some cases, fatal.

- While there may be signs of aspiration on assessment, the only way to definitively diagnose aspiration is with medical imaging such as a videofluoroscopic swallowing study (VFSS) or fiberoptic endoscopic evaluation of swallowing (FEES).

Who is at risk?

- Research commissioned by the NDIS Commission has shown that aspiration pneumonia is one of the most common causes of death for people with disability in Australia.¹
- People who have difficulties swallowing (dysphagia) are at higher risk of aspiration and therefore aspiration pneumonia. This could include those with progressive neurological conditions, stroke, dementia, epilepsy, respiratory diseases, those taking medicines that affect swallowing, and people with physical and/or intellectual disability.
- There are signs and symptoms associated with swallowing difficulties including feeling like something is stuck in the throat, watery eyes when eating or drinking, pain when swallowing, longer mealtimes or food refusal, unintended weight loss, changes to breathing, or having a ‘wet or gurgling’ sounding voice after eating or drinking.
- The risk of developing aspiration pneumonia may be reduced if participants receive support from those who are appropriately trained to support individuals with dysphagia.

This information sheet sets out obligations and recommendations for providers to reduce these risks.

Participant rights



Participants’ right to quality support and access to healthcare

People with disability have the right to support which can help them live and be included in their communities ([CRPD Art 19](#)). For people with swallowing difficulties this might include assistance with eating and drinking and with planning and preparing their meals.

People with disabilities also have the right to the highest quality of healthcare without discrimination ([CRPD Art 25](#)). If a person has difficulties swallowing this means they must be supported to get healthcare promptly if they become unwell due to their swallowing problems (for example if they are suspected of having developed aspiration pneumonia).

These rights are reflected in providers’ obligations in the NDIS Code of Conduct and NDIS Practice Standards set out elsewhere in this information sheet.

¹ NDIS Commission, Potentially avoidable deaths of people with disability in Australia in 2013-2018: Contributing causes and risk factors, <https://www.ndiscommission.gov.au/sites/default/files/2024-10/Potentially-avoidable-deaths-of-people-with-disability.docx>



Participants' right to choose and dignity of risk

Participants have the right to make their own choices about their life (CRPD [Art 1](#) and [Art 3](#)). For those with swallowing difficulties, this includes the right to decide what they eat and drink, and how they enjoy their mealtimes. Participants should be given the information they need to make an informed decision about their eating and drinking.

NDIS Providers are required by the [NDIS Code of Conduct](#) to respect participants' rights to make their own choices. This includes participants' choices about what they eat and drink.

At the same time, providers also have obligations to provide safe supports to participants to reduce the chances of choking, aspiration pneumonia and associated health complications. You must refer participants to appropriately qualified health professionals, such as speech pathologists, as required.

Every person's risks will be different, and understanding them can help you support participants to make informed choices. You must support participants in managing these risks, but participants ultimately have the right to choose how they manage their mealtimes.

People with disability have the right to make decisions that involve risks or consequences. Participants should be provided with information about their individual risks and the pros and cons of different choices. This is known as supported decision making.

Providers should be considerate of the person's individual circumstances, including the nature of their disability and any existing mealtime complications.

Should a participant make a decision that increases their risk – also known as 'eating and drinking with acknowledged risk' (EDAR) – the participant's care team, including a speech pathologist, should work collaboratively with the participant to develop an EDAR management plan. This may include mutually agreed risk-mitigation strategies and processes for escalation to a healthcare professional for review to support the participant's decision. It is important that the participant's decisions are always considered when determining how to mitigate risks while respecting a person's autonomy.

Discussions around EDAR require a multidisciplinary approach and the speech pathologist will contribute valuable knowledge and information around risks associated with eating or drinking outside of recommendations. EDAR management plans belong to the participant, as a record of their informed consent to eat/drink with acknowledged risk. It should detail support actions to be undertaken across the support team. Documentation of the process undertaken to reach an EDAR decision as well as the documentation of the EDAR plan itself is vital. Signed disclaimers on their own without the above documentation will not be enough.



Mealtimes and Informed choice

Providers have a legal responsibility to provide support in a safe and competent manner with care, skill, and respect. This includes working with a participant to ensure that they understand their options, risks, and the potential consequences of their decisions. The participant needs to be involved and give informed consent in each step of the process when creating a mealtime management plan. Providers must get the consent of the participant to action their decisions.



If the participant chooses to follow the recommendations of the provider and relevant health professional(s), the support worker should:

- show respect for the participant's decision.
- stick to the mealtime management plan developed by relevant health professionals (such as speech pathologists) along with the participant and the people well-known to them.
- monitor whether the participant is happy with their decisions and provide feedback to relevant health professionals.
- ensure the participant's mealtime management needs are regularly reviewed by a qualified health professional, such as a speech pathologist.



If the participant makes an informed choice NOT to follow the recommendations of the provider and relevant health professionals, the support worker should:

- show respect for the participant's decision.
- ensure the participant's preferences are considered.
- check that the participant understands the potential risks and consequences of the decision.
- provide the participant with options and suggestions to manage risks according to advice (including development of an EDAR plan by participant's care team where relevant).
- ensure the participant knows they can change their mind.
- ensure that the participant's mealtime management needs are regularly reviewed by a qualified health professional, such as a speech pathologist.

What are some practical steps providers should take to reduce the risk of aspiration pneumonia?

There are several steps you can take to provide safe and skilled supports to participants with dysphagia to try to reduce the risks of choking or aspiration pneumonia.

While every participant will have different support needs for their dysphagia, there are some steps the NDIS Commission recommends, detailed below.

1. Ensure staff know dysphagia symptoms and risks

Your staff should have training to improve their knowledge and develop skills so they can support participants who may have dysphagia.

Staff should understand how to identify and respond to early signs and symptoms of dysphagia and how to support the person to have safe and enjoyable meals.

For more information, refer to the training resources and information materials listed below in the “Where can I find out more?” section.

2. Support participants with possible swallowing difficulties to be assessed for dysphagia

If a participant shows any sign or symptom of swallowing difficulty, you should support them to consult a GP and a speech pathologist promptly. The GP can assess their swallowing and mealtime assistance needs as well as review their general health.

3. Support participants with dysphagia to have a mealtime management plan

Participants with signs of dysphagia should be supported to develop a mealtime management plan written by a health professional. A speech pathologist can prescribe and recommend specific actions for a person to eat and drink safely and develop a mealtime management plan for their needs. They will also specify when plans need to be reviewed and when the input of other members of the healthcare team is indicated.

A dietitian may contribute to the mealtime management plan to ensure participants are meeting their nutrition needs, and an occupational therapist may contribute to the mealtime management plan to ensure the participant’s equipment, seating, and sensory needs are met.

The provider is responsible for implementing the mealtime management plan and its associated recommendations.

Mealtime management plans may include recommendations to:

- alter the person’s seating and positioning supports during meals

- modify food and/or fluid textures
- provide specific mealtime assistance techniques
- respond to coughing or choking, and make sure risks are monitored while a person is eating or drinking
- use equipment such as spoons, plates, cups and straws, and tube-feeding equipment for those who require non-oral feeding.

4. Support people with dysphagia to eat and drink safely during mealtimes

You should ensure that:

- staff have the necessary training, knowledge and support to identify swallowing difficulties and to implement mealtime management plans or other mealtime recommendations
- meals for participants with dysphagia, and medication taken orally, are prepared as directed and that mealtime supports and assistance are provided as recommended by health professionals
- trained staff are available to monitor people with dysphagia during mealtimes
- staff know how to respond if a participant starts to choke during mealtimes, including when they should call an ambulance
- mealtime safety issues for people with dysphagia are regularly considered in staff meetings and addressed in day-to-day procedures, participants' documentation, and plans for transition to hospital.

5. Ensure mealtime management plans are regularly reviewed

Mealtime management plans need to be reviewed regularly by a speech pathologist and any other member of the healthcare team who has had input into the existing plan. You should support a participant with dysphagia to arrange this.

The speech pathologist who develops a mealtime management plan will specify how often it should be reviewed and the circumstances in which you should request a review.

6. Ensure medications are regularly reviewed

You should support a participant with dysphagia to have their medications regularly reviewed by a GP, the prescribing medical practitioner or a pharmacist to assess whether the medications may affect their swallowing. Medications may also at times need to be reviewed to suit the person's swallowing abilities.

The review can also determine if the medications are suitable when managing risks around swallowing. Several medications have impacts on swallowing, particularly medications for epilepsy or mental health conditions.

7. Seek medical attention promptly where there are signs of respiratory infection

There can be a short window of time between a respiratory infection and severe illness, so it is important that providers support participants to access medical review if they observe any signs of respiratory infection.

What are my obligations as a provider?

NDIS Code of Conduct

The [NDIS Code of Conduct](#) requires all NDIS providers and workers who deliver NDIS supports to, among other things:

- provide supports and services in a safe and competent manner with care and skill to meet individual needs.
 - This NDIS Commission online learning module is available to help NDIS workers understand how to best support safe and enjoyable mealtimes: [Supporting safe and enjoyable meals | NDIS Quality and Safeguards Commission](#)
- where relevant, refer to other qualified professionals to ensure high quality support (such as doctors, speech pathologists). For guidance on when this is appropriate, refer to this NDIS Commission document: [Policy guidance: Working within your skills knowledge and experience](#)
- promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability.

Providers have an obligation to ensure supports provided to participants with dysphagia accord with their needs. This includes ensuring support staff have the skills and knowledge to implement prescribed mealtime assistance strategies and stick to mealtime-management plan recommendations.

There are significant risks associated with dysphagia, including choking or aspiration pneumonia, which could lead to a participant's death or serious health complications.

Providers should implement policies and procedures according to the NDIS Practice Standards and Quality Indicators to try to avoid this.

NDIS Practice Standards and Quality Indicators

If you are a registered NDIS provider, you also have specific obligations under the NDIS Practice Standards for those requiring support with mealtimes and dysphagia. The Quality Indicators provide further detail on how to meet the standards.

The NDIS Practice Standards and Quality Indicators may also be used by unregistered providers to assess the quality of their service delivery.

They are available here:

- [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#) (Practice Standards Rules)
- [National Disability Insurance Scheme \(Quality Indicators for NDIS Practice Standards\) Guidelines 2018](#) (Quality Indicators Guidelines)
- [NDIS Practice Standards and Quality Indicators](#) (combined)

The **NDIS Practice Standard** for **mealtime management** specifies that:

“Each participant requiring mealtime management receives meals that are:

- (a) nutritious, and of a texture that is appropriate to their individual needs; and
- (b) appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences; and
- (c) delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.”

Schedule 1, section 26A, Practice Standards Rules

The **Quality Indicators** for [mealtime management](#) contain indicators that providers can demonstrate to show they meet the standard. This includes processes for referral to specialists (including speech pathologists) training for workers, ensuring worker competency and how mealtime plans should be developed and reviewed. See [section 26A of the Quality Indicator Guidelines](#).

The **NDIS Practice Standards** also include an additional standard for providers who are registered to support participants with **severe dysphagia**, delivered as part of high intensity daily personal activities:

“Each participant requiring severe dysphagia management receives appropriate support that is relevant and proportionate to their individual needs and preferences.”

Schedule 2, section 4A, Practice Standards Rules

The **Quality Indicators** for [severe dysphagia](#) contain indicators that providers can demonstrate to show they meet the standard. This includes appropriate worker training by qualified health practitioners with relevant skills in severe dysphagia management. See [section 30A of the Quality Indicator Guidelines](#).

When a provider is supporting participants who rely on high intensity daily personal activities, they need to make sure their workers have the skills and knowledge described in the [high intensity support skills descriptors](#).

There are also some general Quality Indicators that apply to participants who are supported with dysphagia and mealtime management including:

Requirements to avoid delays in treatments for participants:

- protocols are in place for each participant for how to respond to medical emergencies; and
- each worker providing support to them is trained to respond to emergencies (including how to distinguish between urgent and non-urgent health situations).

The NDIS Workforce Capability Framework is a useful resource that describes the attitudes, skills and knowledge expected of all workers funded under the NDIS. Further detail can be found on [the Workforce Capability section of our website](#).

How does the NDIS Commission ensure provider compliance with practice standards on dysphagia and mealtime management?

Providers, including sole providers or workers, that do not comply with their requirements as a NDIS registered provider or do not stick to the NDIS Code of Conduct may be subject to compliance and enforcement action. The NDIS Commission uses a range of compliance tools to prevent and address breaches of the *National Disability Insurance Scheme Act 2013* (NDIS Act), including education, banning orders, compliance notices, court-based outcomes and working closely with other complaints and regulatory bodies.

The NDIS Commission publishes compliance and enforcement action under Part 2 of the NDIS Provider Register including provider specific information on banning orders, compliance notices, and suspensions of registration.

Detail on our approach can be found in our [Compliance and Enforcement Policy](#).

Also, our Regulatory Approach outlines how we use our regulatory capabilities and resources to ensure the quality and safety of services delivered to NDIS participants.

Information on making complaints to the NDIS Commission is available on: [Making a complaint | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)

Where can I find out more?

NDIS Commission Practice Alerts

- [Practice Alert: Dysphagia, safe swallowing, and mealtime management](#)
 - [Practice Alert \(Easy Read\): Managing Dysphagia](#)
- [Practice Alert: Prevention of respiratory infections](#)
 - [Practice Alert \(Easy Read\): Prevention of respiratory infections](#)
- [Practice Alert: Medicines associated with swallowing problems](#)
 - [Practice Alert \(Easy Read\): Medicines associated with swallowing problems](#)
- [Practice Alert: Oral Health](#)
 - [Practice Alert \(Easy Read\): Oral Health](#)

NDIS Commission eLearning

- Supporting Safe and Enjoyable Meals -
[NDIS Quality and Safeguards Commission: All courses \(ndiscommission.gov.au\)](#)

NDIS Commission Practice Standards, Quality Indicators and Skills Descriptors

- NDIS Commission Practice Standards and Quality Indicators -
[NDIS practice standards | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)
- [NDIS Commission - skills descriptors](#)

Other resources

- Australian Commission on Safety and Quality in Health Care -
[Selected best practices and suggestions for improvement for clinicians and health system managers – Hospital-acquired complication 6: Respiratory complications \(safetyandquality.gov.au\)](#)