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ASF Health Standards Version 11

Standard 33: Nutrition and Dietetics

Applies to services that provide nutrition care and food service

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01	1 November 2026	First version, from the Version 10 standard on nutrition and dietetics, renumbered as Standard 33. Approved.	Prof. Giorgi Pkhakadze, MD, MPH, PhD

APPROVAL

Approved on 1 November 2026. Approved for use in surveys.

APPROVED BY

Prof. Giorgi Pkhakadze, MD, MPH, PhD
President, Accréditation Sans Frontières

Date: 1 November 2026

Complete on its own, without internet access. References are listed in section 12. The current version is at france-asf.fr.

Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 33 at a glance: criteria, responsibilities, training

9 Criteria 33.1 to 33.5 (each on its own page)

10 Questions and answers

11 E-learning by standard

12 References

13 Document register

Criterion pages: 33.1 Nutrition Care Is Provided by a Qualified Dietitian or Trained Clinician · 33.2 Each Patient Has an Individual Nutrition Plan · 33.3 Malnutrition Is Identified, Monitored and Treated · 33.4 Diets and Texture Are Matched to the Swallowing Assessment · 33.5 Food Service Is Safe and Hygienic.

1 Introduction

This document is Standard 33 of ASF Health Standards. It sets out how a service that provides nutrition care and food service assesses and plans the diet of each patient, identifies and treats malnutrition, matches diet texture to the swallowing assessment, and keeps food safe and hygienic.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 33 protects patients from malnutrition, unsafe diets and unsafe food. Qualified nutrition care, an individual plan, monitoring against targets, safe textures and food hygiene keep each patient well and safe.

Who should read it. Dietitians and nutritionists, head nurses and ward managers, the catering manager, speech and language therapists, medical directors, quality and infection prevention leads, the secretary who keeps the registers, and the assessors who verify the service. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 33 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you manage or work in a service that provides nutrition care and food service, read section 4 to confirm that the standard applies to your service, then section 5 to find the rating for your setting. Read each criterion from 33.1 to 33.5, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, and standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example **NUT-POL-002** (nutrition, policy, 002). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 13.

4 Scope

Standard 33 covers nutrition care and food service: qualified nutrition care, individual nutrition plans, malnutrition identification and monitoring, diet texture matched to the swallowing assessment, and food safety and hygiene.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: humanitarian settings (emergency or crisis, very limited resources), transition and fragile settings (a health system in change or under strain), and standard settings (full resources).

WHERE STANDARD 33 APPLIES

Standard 33 applies to services that provide nutrition care and food service, including hospitals, long-term care and other settings where meals are prepared and served to patients. Each facility type is shown as Default (normally offered, so the standard applies), Optional (applies only if the facility offers the service), or N/A (not applicable). Default: Long-term care, Fitness and wellness. Optional: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care. N/A: Dental clinic, Aesthetic and procedure clinic.

Criterion	Applies to
33.1 Nutrition Care Is Provided by a Qualified Dietitian or Trained Clinician	Default: Long-term care, Fitness and wellness Optional: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care N/A: Dental clinic, Aesthetic and procedure clinic
33.2 Each Patient Has an Individual Nutrition Plan	Default: Long-term care, Fitness and wellness Optional: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care N/A: Dental clinic, Aesthetic and procedure clinic
33.3 Malnutrition Is Identified, Monitored and Treated	Default: Long-term care, Fitness and wellness Optional: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care N/A: Dental clinic, Aesthetic and procedure clinic
33.4 Diets and Texture Are Matched to the Swallowing Assessment	Default: Long-term care, Fitness and wellness Optional: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care N/A: Dental clinic, Aesthetic and procedure clinic
33.5 Food Service Is Safe and Hygienic	Default: Long-term care, Fitness and wellness Optional: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care N/A: Dental clinic, Aesthetic and procedure clinic

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ISCO	International Standard Classification of Occupations (ISCO-08), used to code each role
ISO	International Organization for Standardization
IDDSI	International Dysphagia Diet Standardisation Initiative
IPC	Infection prevention and control
WHO	World Health Organization

DOCUMENT CODE PREFIXES

Prefix	Topic
NUT	Nutrition and dietetics

7 Terms and definitions

Term	Definition
Validated tool	A screening or assessment tool with evidence of validity, named in the procedure, used to identify malnutrition or the risk of it.

Term	Definition
Individual nutrition plan	The plan for a patient, based on a documented assessment, that records diagnosis, allergies, intolerances and cultural or religious needs.
Swallowing assessment	A documented assessment of how a patient swallows, used to set the diet texture and fluid consistency.
Diet texture	The consistency of food and fluid given to a patient, set from the swallowing assessment and reviewed as swallowing changes.
Malnutrition	A state of nutrient deficiency or excess that affects health, identified by a validated screen and monitored against documented targets.

8 Standard 33 at a glance: criteria, responsibilities, training

Standard 33: Nutrition and Dietetics is a standard of ASF Health Standards for services that provide nutrition care and food service. It covers qualified nutrition care, individual nutrition plans, malnutrition monitoring, texture matched to swallowing, and food safety.

The standard has 5 criteria. Each is shown below and explained on its own page in section 9. Each criterion states its own rating for each setting, its evidence and its pass rule.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
33.1	Nutrition Care Is Provided by a Qualified Dietitian or Trained Clinician	Must	Must	Must
33.2	Each Patient Has an Individual Nutrition Plan	Minimum	Must	Must
33.3	Malnutrition Is Identified, Monitored and Treated	Minimum	Medium	Must
33.4	Diets and Texture Are Matched to the Swallowing Assessment	Minimum	Medium	Must
33.5	Food Service Is Safe and Hygienic	Minimum	Must	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference.

No.	Criterion	Positions responsible or involved
33.1	Nutrition Care Is Provided by a Qualified Dietitian or Trained Clinician	**Manager** (ISCO 1342) · **Secretary** (ISCO 3344) · **Nurse** (ISCO 2221) · **Dietitian / nutritionist** · **General practitioner (GP)** · **Dietary aide (patient meals)**
33.2	Each Patient Has an Individual Nutrition Plan	**Nurse** (ISCO 2221) · **Manager** (ISCO 1342) · **Dietitian / nutritionist** · **Head nurse / ward manager** · **General practitioner (GP)**
33.3	Malnutrition Is Identified, Monitored and Treated	**Manager** (ISCO 1342) · **Dietitian / nutritionist** · **Head nurse / ward manager** · **General practitioner (GP)**
33.4	Diets and Texture Are Matched to the Swallowing Assessment	**Nurse** (ISCO 2221) · **Manager** (ISCO 1342) · **Speech and language therapist** · **Dietitian / nutritionist** · **Head nurse / ward manager**
33.5	Food Service Is Safe and Hygienic	**Manager** (ISCO 1342) · **Secretary** (ISCO 3344) · **Catering manager** · **Dietary aide (patient meals)** · **Infection prevention and control (IPC) lead**

Reporting lines. The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. For this standard the manager is the head of the service. A facility with a different structure records its own reporting lines in its organogram.

Role	Reports to	Supervises
Infection prevention and control (IPC) lead	Quality manager	IPC nurse
General practitioner (GP)	Medical director	None
Head nurse / ward manager	Director of nursing	Nurse specialist; Registered nurse; Nursing associate; Health care assistant / nursing aide
Speech and language therapist	Head of department (per specialty)	None
Dietitian / nutritionist	Head of department (per specialty)	None
Catering manager	Hotel services manager	Chef
Dietary aide (patient meals)	Dietitian / nutritionist	None

8.3 E-LEARNING

The e-learning courses for this standard, who must take each one, who is recommended to take it, and the criteria it supports, are listed in section 11.

8.4 RELATED COURSES IN THE GMJ ACADEMY

No related GMJ Academy courses are listed for this standard.

33.1 Nutrition Care Is Provided by a Qualified Dietitian or Trained Clinician

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: Default in: Long-term care, Fitness and wellness. Optional in: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care. **Not applicable to:** Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Nutrition assessment and planning are carried out by a qualified dietitian, or by a clinician trained in nutrition, as recognised by the professional body. Scope of practice is defined.

Rating rule. Must in every setting. Nutrition care is never delegated to staff without the training for it, whatever the resources.

GUIDANCE

Nutrition assessment and planning need the right skill. A qualified dietitian, or a clinician trained for the task, carries them out, and the scope of practice of each role is written down.

The competence of each author is checked against the nutrition staff competence register (**NUT-REG-001**). Dietitian input is recorded in every complex case, so that a plan that goes beyond routine care has a qualified review.

> **Good practice.** Every nutrition assessment and plan is written by a qualified or trained clinician, each author is on the competence register, and dietitian input is recorded in complex cases.

> **Partial because.** Most assessments are by qualified staff, but some authors are not on the register, or complex cases have no dietitian input recorded.

WHAT GOOD LOOKS LIKE

- A nutrition care policy (**NUT-POL-001**) defining who may assess and plan.
- A nutrition staff competence register (**NUT-REG-001**) with a current qualification for each author.
- Dietitian input recorded for each complex case.
- Scope of practice written for each nutrition role.

COMMON MISTAKES

- A feeding plan written by a care aide who has not been trained for it.
- Authors who are qualified but not on the register.
- Complex cases with no record of dietitian review.
- Scope of practice left undefined, so that roles overlap.

> **Why it matters.** Nutrition care needs the right skill. A qualified dietitian, or a clinician trained for the task, assesses and plans the diet, so that the plan is safe and effective.

WHAT THE ASSESSOR CHECKS

Sample. Review nutrition assessment and plan records for 20 patients, and staff competence records for those who wrote them.

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1 Nutrition assessment is carried out by a qualified dietitian or a trained clinician.

Method. Check each assessment for the author and their qualification.

Evidence to show. Nutrition care by qualified staff (**NUT-POL-001**).

Pass when. Every assessment is by a qualified or trained clinician.

2 The author's qualification is on the competence register.

Method. Check each author against the register.

Evidence to show. Nutrition staff competence register (**NUT-REG-001**).

Pass when. Every author is on the register with a current qualification.

3 Dietitian input is recorded where the plan is complex.

Method. Check each complex case for the dietitian review entry.

Evidence to show. Individual nutrition plan record (**NUT-FRM-001**).

Pass when. Every complex case has dietitian input recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. A feeding plan written by an untrained aide with no dietitian input. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NUT-POL-001	Nutrition care by qualified staff	Chief executive (ISCO 1120)	Governing body members	Chief executive (ISCO 1120)
NUT-REG-001	Nutrition staff competence register	Secretary (ISCO 3344)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the nutrition care by qualified staff policy	Nutrition Care by Qualified Clinicians (NUT-01) Essential
Secretary (ISCO 3344)	Keeps the nutrition staff competence register	Nutrition Care by Qualified Clinicians (NUT-01) Essential
Nurse (ISCO 2221)	Completes the individual nutrition plan record	Nutrition Care by Qualified Clinicians (NUT-01) Essential
Dietitian / nutritionist	Responsible for the nutrition assessment and plan	Nutrition Care by Qualified Clinicians (NUT-01) Essential
General practitioner (GP)	Supports the nutrition assessment	Nutrition Care by Qualified Clinicians (NUT-01) Essential
Dietary aide (patient meals)	Supports the day-to-day delivery of diets	Nutrition Care by Qualified Clinicians (NUT-01) Essential

REFERENCES FOR THIS CRITERION

No external reference is cited for this criterion. Its requirements are set out in the criterion, the checks and the evidence listed.

33.2 Each Patient Has an Individual Nutrition Plan

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: Default in: Long-term care, Fitness and wellness. Optional in: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care. **Not applicable to:** Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Each patient has a nutrition plan based on a documented assessment of their needs, including any diagnosis, allergy, intolerance, and cultural or religious requirement.

Rating rule. Minimum in humanitarian settings. Must in transition and standard settings: every patient has an individual plan.

GUIDANCE

Each patient has different nutritional needs. The plan is built from a documented assessment, and it records the diagnosis, any allergy or intolerance, and any cultural or religious requirement before a diet is set.

The plan is recorded on the individual nutrition plan record (**NUT-FRM-001**) and checked at each review, so that a change in the patient's condition changes the diet.

> **Good practice.** Every patient has a documented nutrition plan that records diagnosis, allergies, intolerances and cultural or religious needs, and the plan is reviewed when the patient's condition changes.

> **Partial because.** Plans exist for most patients, but some do not record every item, or are not reviewed when the condition changes.

WHAT GOOD LOOKS LIKE

- An individual nutrition plan record (**NUT-FRM-001**) for each patient.
- Diagnosis, allergies, intolerances and cultural or religious needs recorded in every plan.
- Plan checked at each review.
- Allergy check made before the first meal is served.

COMMON MISTAKES

- A standard tray given to a patient with a known diagnosis.
- Allergies recorded in the nursing notes and not in the plan.
- A plan written once on admission and never reviewed.
- Cultural or religious diet not asked about.

> **Why it matters.** Each patient has different nutritional needs. An individual plan, based on an assessment of their needs, is what keeps them well.

WHAT THE ASSESSOR CHECKS

Sample. Review nutrition plans for 20 patients, including those with diagnoses, allergies or cultural or religious dietary needs.

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1 The plan records diagnosis, allergies, intolerances and cultural or religious needs.

Method. Check each plan for the four items.

Evidence to show. Individual nutrition plan record (**NUT-FRM-001**).

Pass when. Every plan records all four items.

Pass. The criterion is met when every check above is passed.

Immediate fail. A diabetic patient given a standard tray with no nutrition plan and no allergy check. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NUT-FRM-001	Individual nutrition plan record	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the individual nutrition plan record	Individual Nutrition Planning (NUT-02) Essential
Manager (ISCO 1342)	Checks the criterion at each review	Individual Nutrition Planning (NUT-02) Essential
Dietitian / nutritionist	Responsible for the individual nutrition plan	Individual Nutrition Planning (NUT-02) Essential
Head nurse / ward manager	Supports the plan at each ward review	Individual Nutrition Planning (NUT-02) Essential
General practitioner (GP)	Supports the plan for patients with a medical diagnosis	Individual Nutrition Planning (NUT-02) Essential

REFERENCES FOR THIS CRITERION

- WHO (2024). Long-term care for older people: package for universal health coverage. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/

33.3 Malnutrition Is Identified, Monitored and Treated

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: Default in: Long-term care, Fitness and wellness. Optional in: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care. **Not applicable to:** Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Malnutrition and risk of malnutrition are identified with a validated tool. Weight and intake are monitored against documented targets, and treatment is adjusted when targets are not met.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings.

GUIDANCE

Malnutrition slows recovery, weakens the immune system and can kill. Each patient is screened with a validated tool, and the tool and score are recorded.

Weight and intake are monitored against documented targets, recorded under the malnutrition identification and monitoring procedure (**NUT-SOP-001**). Where a target is not met, treatment is changed and the change is recorded.

> **Good practice.** Every patient is screened with a named validated tool, weight and intake are monitored against targets, and treatment is adjusted and recorded when targets are missed.

> **Partial because.** Screening is done for most patients, but some screens do not name the tool, or missed targets are not followed by a change in treatment.

WHAT GOOD LOOKS LIKE

- A malnutrition identification and monitoring procedure (**NUT-SOP-001**) naming the validated tool.
- A validated screen recorded for each patient.
- Weight and intake recorded against documented targets.
- Treatment changed and recorded when a target is missed.

COMMON MISTAKES

- A screen done once and not repeated.
- A screen with no tool and no score recorded.
- Weight loss recorded but no action taken.
- Targets set on paper but not used in practice.

> **Why it matters.** Malnutrition slows recovery, weakens the immune system and can kill. Identifying it with a validated tool, and treating it, prevents harm.

WHAT THE ASSESSOR CHECKS

Sample. Review malnutrition screening and monitoring records for 20 patients admitted in the last 3 months.

1 Each patient is screened for malnutrition with a validated tool.

Method. Check each record for the named tool and its score.

Evidence to show. Malnutrition identification and monitoring (**NUT-SOP-001**).

Pass when. Every patient has a validated screen recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. A patient losing weight for six weeks with no screen and no monitoring. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NUT-SOP-001	Malnutrition identification and monitoring	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Chief executive (ISCO 1120)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the malnutrition identification and monitoring procedure	Personal Care & Daily Living (LTC-03) Essential
Manager (ISCO 1342)	Checks the criterion at each review	Personal Care & Daily Living (LTC-03) Essential
Dietitian / nutritionist	Responsible for the malnutrition assessment and treatment	Personal Care & Daily Living (LTC-03) Essential
Head nurse / ward manager	Supports the monitoring on each ward	Personal Care & Daily Living (LTC-03) Essential
General practitioner (GP)	Supports treatment changes	Personal Care & Daily Living (LTC-03) Essential

REFERENCES FOR THIS CRITERION

- WHO (2024). Long-term care for older people: package for universal health coverage. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/
- WHO (2020). Paediatric emergency triage, assessment and treatment: care of critically-ill children. https://news.gmj.ge/guideline/paediatric-emergency-triage-assessment-and-treatment-care-of-critically-ill-children/
- WHO (2020). Standards for improving the quality of care for small and sick newborns in health facilities. https://news.gmj.ge/guideline/standards-for-improving-the-quality-of-care-for-small-and-sick-newborns-in-health-facilities/

33.4 Diets and Texture Are Matched to the Swallowing Assessment

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: Default in: Long-term care, Fitness and wellness. Optional in: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care. **Not applicable to:** Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Diet texture and fluid consistency are set from a documented swallowing assessment. The texture is reviewed as the patient's swallowing changes.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings.

GUIDANCE

A patient with swallowing difficulty who is given the wrong texture can choke or breathe food into the lungs. The diet must be matched to a documented swallowing assessment, and the texture is set from that assessment.

The swallowing assessment and texture record (**NUT-FRM-002**) is dated before the texture order. The texture is reviewed whenever the patient's swallowing changes, and each change is recorded.

> **Good practice.** Every texture order follows a dated swallowing assessment, matches it, and is reviewed and recorded when swallowing changes.

> **Partial because.** Assessments are on file for most patients, but some texture orders are not dated after an assessment, or changes in swallowing are not followed by a review.

WHAT GOOD LOOKS LIKE

- A swallowing assessment and texture record (**NUT-FRM-002**) dated before each order.
- A diet texture procedure (**NUT-SOP-002**) linking texture to the assessment result.
- Texture reviewed and recorded when swallowing changes.
- Staff trained to recognise swallowing difficulty.

COMMON MISTAKES

- Thin fluids given with no swallowing assessment.
- A texture order copied from the previous patient.
- A change in swallowing noticed but the texture not reviewed.
- Assessment dated after the first meal.

> **Why it matters.** A patient with swallowing difficulty who is given the wrong texture can choke or breathe food into the lungs. The diet must be matched to a documented swallowing assessment.

WHAT THE ASSESSOR CHECKS

Sample. Review swallowing assessments and texture orders for 15 patients with a swallowing concern.

1 A documented swallowing assessment is on file before the texture is set.

Method. Check each texture order for an assessment dated before it.

Evidence to show. Swallowing assessment and texture record (**NUT-FRM-002**).

Pass when. Every texture order follows an assessment.

2 Diet texture and fluid consistency match the assessment.

Method. Check each order against the assessment result.

Evidence to show. Diet texture from swallowing assessment (**NUT-SOP-002**).

Pass when. Every order matches its assessment.

3 The texture is reviewed as swallowing changes.

Method. Check each record for the review and any change made.

Evidence to show. Swallowing assessment and texture record (**NUT-FRM-002**).

Pass when. Every change in swallowing is followed by a texture review.

Pass. The criterion is met when every check above is passed.

Immediate fail. A patient with a swallowing problem given thin fluids with no assessment. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NUT-SOP-002	Diet texture from swallowing assessment	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Chief executive (ISCO 1120)
NUT-FRM-002	Swallowing assessment and texture record	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the swallowing assessment and texture record	Diet Texture and Swallowing Safety (NUT-04) Essential
Manager (ISCO 1342)	Maintains the diet texture procedure	Diet Texture and Swallowing Safety (NUT-04) Essential
Speech and language therapist	Responsible for the swallowing assessment	Diet Texture and Swallowing Safety (NUT-04) Essential
Dietitian / nutritionist	Supports the choice of diet texture	Diet Texture and Swallowing Safety (NUT-04) Essential
Head nurse / ward manager	Supports the review on each ward	Diet Texture and Swallowing Safety (NUT-04) Essential

REFERENCES FOR THIS CRITERION

- What is the IDDSI Framework (International Dysphagia Diet Standardisation Initiative, 2016 (framework finalised November 2015)).

33.5 Food Service Is Safe and Hygienic

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: Default in: Long-term care, Fitness and wellness. Optional in: Hospital, Ambulatory clinic, Primary health clinic, Telemedicine, Home care. **Not applicable to:** Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Food is prepared, stored and served under documented food safety rules. Staff who handle food are trained, and temperatures and hygiene are checked on a recorded schedule.

Rating rule. Minimum in humanitarian settings. Must in transition and standard settings: documented food safety rules and recorded checks are always in place.

GUIDANCE

Food that is not stored, prepared and served safely causes outbreaks of illness, and vulnerable patients are the most at risk. Documented food safety rules are the basis of safe food, and staff who handle food are trained in them.

Temperatures and hygiene are checked on each shift and recorded in the food temperature and hygiene check register (**NUT-REG-002**). Checks are reviewed by the manager, so that a failed check leads to action.

> **Good practice.** Food is prepared, stored and served under the documented rules, all food handlers are trained, and temperatures and hygiene are recorded on every shift.

> **Partial because.** Rules are documented, but some shifts have no temperature or hygiene entry, or some food handlers are not trained.

WHAT GOOD LOOKS LIKE

- A food safety and hygiene policy (**NUT-POL-002**).
- A food temperature and hygiene check register (**NUT-REG-002**) completed on every shift.
- Training recorded for every person who handles food.
- A failed check followed by a recorded action.

COMMON MISTAKES

- Food left at room temperature for hours before service.
- Temperature checks written up at the end of the week.
- Food handlers without training.
- Hygiene checks done but failures not acted on.

> **Why it matters.** Food that is not stored, prepared and served safely causes outbreaks of illness, and vulnerable patients are the most at risk. Documented food safety rules are the basis of safe food.

WHAT THE ASSESSOR CHECKS

Sample. Review food safety records, temperature logs and staff training for the last 3 months.

1 Food is prepared, stored and served under documented food safety rules.

Method. Check the rules against the practice records sampled.

Evidence to show. Food safety and hygiene (**NUT-POL-002**).

Pass when. Every sampled practice follows the documented rules.

2 Temperatures and hygiene are checked and recorded on each shift.

Method. Check each shift for the temperature and hygiene entries.

Evidence to show. Food temperature and hygiene check register (NUT-REG-002).

Pass when. Every shift has temperature and hygiene checks recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. Food kept at room temperature for hours and served without hygiene checks. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NUT-POL-002	Food safety and hygiene	Chief executive (ISCO 1120)	Governing body members	Chief executive (ISCO 1120)
NUT-REG-002	Food temperature and hygiene check register	Secretary (ISCO 3344)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the food safety and hygiene policy	Food Safety & Hygiene Fundamentals (FOOD-01) Essential
Secretary (ISCO 3344)	Keeps the food temperature and hygiene check register	Food Safety & Hygiene Fundamentals (FOOD-01) Essential
Catering manager	Responsible for food service and its checks	Food Safety & Hygiene Fundamentals (FOOD-01) Essential
Dietary aide (patient meals)	Supports the safe delivery of meals	Food Safety & Hygiene Fundamentals (FOOD-01) Essential
Infection prevention and control (IPC) lead	Supports the hygiene checks and training	Food Safety & Hygiene Fundamentals (FOOD-01) Essential

REFERENCES FOR THIS CRITERION

- Five keys to safer food manual (World Health Organization, 2006).

10 Questions and answers

The criterion text is the authority. These answers summarise it.

Who does Standard 33 apply to?
Services that provide nutrition care and food service, including hospitals, long-term care and other settings where meals are prepared and served to patients.

What do the colours mean for this standard?
Red (Must) is required. Yellow (Medium) is recommended. Green (Minimum) is the lowest acceptable level in humanitarian settings. Standard setting is Must on every criterion.

Who can provide nutrition care?
Under 33.1 nutrition assessment and planning are carried out by a qualified dietitian, or by a clinician trained in nutrition, and scope of practice is defined.

Does every patient have a nutrition plan?
Yes. Under 33.2 each patient has a nutrition plan based on a documented assessment, including any diagnosis, allergy, intolerance, and cultural or religious requirement.

How is malnutrition handled?
Under 33.3 malnutrition and the risk of it are identified with a validated tool, and weight and intake are monitored and treatment is adjusted when targets are not met.

How is the texture of food chosen?
Under 33.4 diet texture and fluid consistency are set from a documented swallowing assessment and reviewed as swallowing changes.

What makes food service safe?
Under 33.5 food is prepared, stored and served under documented food safety rules, staff who handle food are trained, and temperatures and hygiene are checked on a recorded schedule.

11 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Nutrition Care by Qualified Clinicians (NUT-01)	Manager; Nurse	None	33.1	GMJ Academy, course code NUT-01
Individual Nutrition Planning (NUT-02)	Manager; Nurse	None	33.2	GMJ Academy, course code NUT-02
Personal Care & Daily Living (LTC-03)	Manager; Nurse	None	33.3	GMJ Academy, course code LTC-03
Diet Texture and Swallowing Safety (NUT-04)	Manager; Nurse	None	33.4	GMJ Academy, course code NUT-04
Food Safety & Hygiene Fundamentals (FOOD-01)	Manager; Nurse	None	33.5	GMJ Academy, course code FOOD-01

12 References

CITED FOR CRITERIA

1. WHO (2024). Long-term care for older people: package for universal health coverage. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/ (criterion 33.2)
2. WHO (2024). Long-term care for older people: package for universal health coverage. https://news.gmj.ge/guideline/long-term-care-for-older-people-package-for-universal-health-coverage/ (criterion 33.3)
3. WHO (2020). Paediatric emergency triage, assessment and treatment: care of critically-ill children. https://news.gmj.ge/guideline/paediatric-emergency-triage-assessment-and-treatment-care-of-critically-ill-children/ (criterion 33.3)
4. WHO (2020). Standards for improving the quality of care for small and sick newborns in health facilities. https://news.gmj.ge/guideline/standards-for-improving-the-quality-of-care-for-small-and-sick-newborns-in-health-facilities/ (criterion 33.3)
5. What is the IDDSI Framework (International Dysphagia Diet Standardisation Initiative, 2016 (framework finalised November 2015)). (criterion 33.4)
6. Five keys to safer food manual (World Health Organization, 2006). (criterion 33.5)

13 Document register

Every document code used in Standard 33, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	What it is for	Criteria
NUT-POL-001	Nutrition care by qualified staff	Policy	To set who may assess and plan nutrition care, and the scope of practice of each role.	33.1
NUT-REG-001	Nutrition staff competence register	Register	To record the qualification of each person who assesses or plans nutrition care.	33.1
NUT-FRM-001	Individual nutrition plan record	Form (record)	To record each patient's nutrition plan, its basis and its reviews.	33.2
NUT-SOP-001	Malnutrition identification and monitoring	SOP	To set the validated screen, the monitoring against targets and the treatment changes.	33.3
NUT-FRM-002	Swallowing assessment and texture record	Form (record)	To record the swallowing assessment and the diet texture set from it, and each review.	33.4
NUT-SOP-002	Diet texture from swallowing assessment	SOP	To set how the diet texture and fluid consistency are chosen from the assessment.	33.4
NUT-POL-002	Food safety and hygiene	Policy	To set the food safety rules for preparing, storing and serving food.	33.5
NUT-REG-002	Food temperature and hygiene check register	Register	To record the temperature and hygiene checks made on each shift.	33.5