

WEST LIMERICK INDEPENDENT LIVING CLG

Enteral Feeding Policy

Policy Reference	WLILP9
Category	Clinical & Care Practice — Specialist Physical Care
Version	2.1 (grounded in the HSE's own delegation model for community care staff)
Status	APPROVED — by the Board of Directors on 9 October 2026
Supersedes	WLILP9 - Enteral Feeding Policy; WLILP9 - Enteral Feeding Policy - DRAFT v2
Policy Owner	Board of Directors, West Limerick Independent Living CLG
Applies To	All WLIL staff who provide enteral feeding support to a service user
Related Policies	WLILP15/16 - Catheter and Stoma Care Policy; WLILP20 - Personal and Intimate Care Policy; WLILP38 - Infection Prevention and Control Policy; WLILP48 - Medication Policy for Personal Assistants
Review Cycle	Annually, or sooner if clinical guidance changes

1. Scope

All West Limerick Independent Living CLG ("WLIL") staff may be asked to support a service user with enteral feeding.

Do not put anything down the tube that has not been recommended by the Dietitian, apart from medications with approval from pharmacy.

Personal Assistants (PAs) do not give any medication via syringe through a feeding tube — see WLILP48 - Medication Policy for Personal Assistants for WLIL's boundaries on medication administration.

PAs may only administer an enteral bolus feed once they have been assessed as competent, with a copy of that competency assessment held on the PA's file — see Section 5.

2. Purpose

The purpose of this policy is to provide direction on good practice in the provision of enteral feeding to WLIL service users, to ensure nutritional and fluid requirements are met, to help prevent and treat disease-related malnutrition and its complications, and to ensure enteral feed is administered safely.

3. Professional and Regulatory Framework

There is no single piece of Irish legislation governing enteral feeding directly. This policy is instead grounded in established clinical guidance, the professional regulation of the staff who prescribe and oversee feeding regimens, and the delegation model HSE-funded community services in Ireland use for tasks of this kind:

- Health and Social Care Professionals Act 2005 — establishes CORU, the regulator for dietitians and other designated health and social care professions in Ireland; the Dietitian referred to throughout this policy is a CORU-registered professional
- HSE Best Practice Guidance for Health Care Support Assistants (Home Support Service) — the HSE's own community care guidance requires that any assistance with feeding be given only as directed by the line manager, following consultation with the relevant clinical professional(s), where training has been specifically facilitated for that task, and in line with an individual feeding guideline for that service user. This policy adopts the same delegation model: training and competency assessment for enteral feeding is outsourced to, and ongoing guidance is provided by, an external clinical professional, not delivered in-house, since WLIL does not employ clinical staff directly (see Section 5)
- NICE Clinical Guideline on infection prevention and control in enteral feeding, and the UK/Irish consensus reflected in ASPEN (American Society for Parenteral and Enteral Nutrition) and ESPEN (European Society for Clinical Nutrition and Metabolism) guidance — the basis for the water-type and flushing guidance in this policy, in the absence of Irish-specific technical guidance on these points
- HIQA Draft National Standards for Home Support Services (2024) — relevant to specialist physical care tasks such as this one, carried out in a home support setting

This policy should be read together with WLILP20 - Personal and Intimate Care Policy for the general principles of consent, dignity and staff gender preference that apply to any physical care task, including enteral feeding.

4. Responsibility

- It is the responsibility of all staff who manage enteral feeding to follow this policy
- It is the responsibility of Service Coordinators to ensure staff are familiar with this policy and to monitor compliance
- It is the responsibility of the General Manager to arrange outsourced training and competency assessment with an appropriate external clinical professional before a PA/HCA provides this support, and to ensure a nominated clinical contact for ongoing guidance is recorded in each relevant service user's care plan

5. Training and Competency

WLIL does not employ clinical staff directly. Consistent with the delegation model used elsewhere in HSE-funded community services (see Section 3), the role of a Personal Assistant (PA) or Health Care Assistant (HCA) in enteral feeding is a delegated clinical task, not a general part of the role, and depends on training and ongoing guidance from external clinical professionals arranged specifically for that purpose:

- Training and competency assessment for enteral bolus feeding is outsourced to a suitably qualified external clinical professional — typically the service user's Dietitian for the feeding regimen itself, and a Registered Nurse or other appropriate clinical professional (for example the service user's Public Health Nurse or Community Registered General Nurse) for the hands-on technique
- A PA/HCA must not administer an enteral bolus feed until this training has been completed and competency formally assessed, with a copy of the competency assessment held on the PA/HCA's file
- Beyond initial sign-off, the PA/HCA must work under the ongoing guidance and supervision of a nominated nurse, Dietitian, or other relevant clinical professional for this task — this is not a one-off assessment after which the PA/HCA is considered independent of clinical oversight. WLIL should record, in the service user's care plan, who that nominated clinical contact is and how the PA/HCA can reach them

- The first feed a newly-competent PA/HCA administers to a given service user should, where practicable, be supervised by the clinical professional who provided the training
- Competency should be reassessed, and retraining arranged with the relevant external clinical professional, if the service user's feeding regimen, tube type, or route changes significantly

6. Consent and Dignity

Enteral feeding is a physical care task and should be approached with the same principles of consent, privacy and dignity set out in WLILP20 - Personal and Intimate Care Policy — explain each step before and during the procedure, respect the service user's preferences on timing and privacy, and note any staff gender preference in their care plan.

7. Equipment

- Prescribed feed (at room temperature)
- 50 ml syringe
- Alcohol wipes
- Freshly drawn tap water for flushing — or cooled, freshly boiled water or sterile water from a freshly opened container for service users who are immunocompromised (see Section 8)
- Gloves and apron
- Clean jug

8. Procedure

- Wash hands in line with WLILP38 - Infection Prevention and Control Policy, then put on gloves and a plastic apron
- Flush the feeding tube with 30–50 ml of water before feeding, using the 50 ml syringe. Use freshly drawn tap water, unless the service user is immunocompromised, in which case use cooled freshly boiled water or sterile water from a freshly opened container, as specified in their care plan
- Check the expiry date of the feed and shake the container before opening
- Uncap the end of the tube
- Remove the plunger from the syringe and connect the syringe to the end of the tube
- Fill the syringe with feed, using gravity to allow the feed to flow. Open the clip on the PEG and allow the feed to flow through
- Before the syringe empties completely, top up with more feed until the full prescribed amount has been given. Hold the syringe so gravity delivers the feed into the stomach; lower the syringe if a slower delivery rate is needed. Do not allow the syringe to run completely empty before adding more feed, as this can introduce air
- Flush the tube with at least 30 ml of water (or as set out in the service user's regimen) after feeding, using the same water-type guidance as above
- Close the clip on the PEG tube, remove the syringe, and recap the PEG/NG tube end
- Clean the syringe if it is to be reused; otherwise discard it in clinical waste
- Store any unused feed in a refrigerator, labelled with the service user's name and the date and time it was opened, and use within 24 hours

- Record the amount of feed given and the volume of any flushes
- Ensure the service user is comfortable and observe for signs of feed intolerance, such as burping, hiccups or vomiting

Keep the service user's upper body at a minimum angle of 30 degrees (a 30–45 degree angle is the range most commonly recommended in clinical guidance) for at least 1 hour after feeding. Do not let them lie flat during this time — this significantly reduces the risk of reflux and aspiration.

9. PPE and Infection Control

- Wear gloves and an apron for the whole procedure; wash hands before putting them on and immediately after removing them
- Use a clean syringe and jug for each feed; single-use equipment should be discarded after use, and reusable equipment cleaned according to the manufacturer's instructions
- Discard used feed containers, syringes intended for single use, and other contaminated waste as clinical waste, not general household waste
- See WLILP38 - Infection Prevention and Control Policy for full hygiene requirements

10. Signs to Report — Do Not Ignore These

Contact the coordinator, the service user's PHN, or their GP promptly for any of the following:

- The feeding tube appears blocked, or feed will not flow through despite the clip being open and the tube not being kinked
- Leakage of feed or gastric contents around the PEG site, or redness, soreness or skin breakdown around the site
- Coughing, choking, breathlessness, or any other sign of possible aspiration during or shortly after a feed
- Repeated or severe vomiting, or marked abdominal distension
- The tube appears to have moved, come loose, or fallen out
- Any sign the feed given does not match what has been prescribed

Do not attempt to reinsert, resize, or otherwise fix a displaced or blocked feeding tube yourself — this is a clinical task. If in doubt, stop and contact the coordinator.

11. Documentation and Reporting

Record each feed given, including the amount of feed and flushes, and any observations, in the service user's notes or feeding chart. Report any concerns, adverse changes, or incidents to the Service Coordinator promptly, and in line with WLIL's Incident Reporting Policy where appropriate.

12. Review

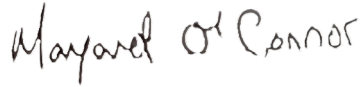
This policy will be reviewed annually, or sooner if clinical guidance changes.

This policy reflects current clinical guidance (NICE, ASPEN/ESPEN) as checked at the time of drafting, but is not a substitute for individual clinical advice. It should be reviewed and signed off by a Dietitian or other appropriate clinical advisor before Board approval.

Approval

Approved by the Board of West Limerick Independent Living CLG on 9 October 2026.

Signed on behalf of the Board, on its instruction, by the General Manager:



Margaret O'Brien O'Connor, General Manager

Date signed: 09-10-2026