



Infection control in enteral feeding - policy for adults

Document Control Sheet

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Revision History

Revision Date	Summary of changes	Author(s)	Version Number
27/01/2011	Changes of pump contact details, and care of insertion site. Change of title removed "In patients". Update references	Infection Prevention and Control Team	3
17/09/2012	Logo changes and references to NHS GYW changed to ECCH	Infection Prevention and Control Team	4
16/07/2014	Reviewed	Infection Prevention and Control Team	5
27/09/2016	Minor changes to make of systems used	Infection Prevention and Control Team	6
14/12/2018	Reviewed and minor changes	Infection Prevention and Control Team	7
10/05/2021	Minor changes	Infection Prevention and Control Team	8

Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of Issue	Version Number
JICC		08/03/2011	3
IPACC		07/11/2012	4
IPACC		16/09/2014	5
IPACC		27/09/2016	6
IPACC		14/12/2018	7
IPACC		16/06/2021	8

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- Service developments
- Estates and facilities developments

Name of Policy / Procedure / Service	Enteral Feeding and Infection Control in Adults policy
Manager Leading the Assessment	Teresa Lewis
Date of Assessment	10/05/2021

STAGE ONE – INITIAL ASSESSMENT

<p>Q1. Is this a new or existing policy / procedure / service?</p> <p><input type="checkbox"/> New</p> <p>√ Existing</p>
<p>Q2. Who is the policy / procedure / service aimed at?</p> <p><input type="checkbox"/> Patients</p> <p>√ Staff</p> <p><input type="checkbox"/> Visitors</p>
<p>Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?</p> <p>Yes</p> <p>√ No Consideration should be given for which feed is given for religious reasons</p> <p>If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.</p>

Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

Adverse Impact Identified?

Age	No
Disability	No
Gender	No
Race/Ethnic Origin	No
Religion/Belief	No
Sexual Orientation	No

- Can this adverse impact be justified?
- Can the policy/procedure be changed to remove the adverse impact?

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome

What changes, if any, need to be made in order to minimise unjustifiable adverse impact?

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1 Introduction

The term enteral tube feeding describes the delivery of nutrition into an individual's gastro-intestinal tract via a number of devices. Examples include nasogastric tube (NGT), gastrostomy (including percutaneous endoscopic gastrostomy - PEG) and jejunostomy feeding.

Whilst enteral feeding is the preferred physiological method of artificial feeding, the potential for bacterial contamination and subsequent infection needs to be addressed. Every NHS body under The Health Act 2006 must ensure *'so far as is reasonably practicable, patients staff and other persons are protected against risks of acquiring HCAs...'*

2 Scope

The purpose of this document is to provide concise infection prevention and control instructions for all staff in enteral feeding to minimize the potential risks of infection and to ensure prompt recognition of those patients who are at risk of infection. This document applies to all staff either employed or contracted within East Coast Community Healthcare (ECCH).

This policy does not cover the insertion or removal of enteral tubes; the administration of medicines via enteral tubes; or how to deal with a blocked enteral tube. These issues will be dealt with in separate policies / guidance.

3 Policy Statement

This policy will be implemented to ensure adherence to safe practice.

4 Responsibilities

It is the responsibility of all staff to ensure that they adhere to best practice.

5 Policy monitoring

It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy. A monitoring tool is included in the document (Appendix 1). All staff who are involved in enteral feeding are required to complete the document yearly when encountering artificial feeding as part of ECCH commitment to Essential Steps to Safe Clean Care, DoH (2006).

6 Review

This policy will be reviewed by the Infection Prevention and Control Team.

7 Education

- Managers of staff dealing with enteral feeds must ensure that they are competent and properly trained to do so. The NMC (2018 revised), states that practitioners should always ensure that no action undertaken is detrimental to the interests, condition or safety of patients, and therefore it is important that nurses are able to justify the reasons for the procedure and it is essential that they have the appropriate knowledge and skills to undertake the role safely.
- Staff should ensure that patients and carers are educated in the techniques of hand decontamination, enteral feeding and the management of the administration system including how to recognise and respond to adverse changes when applicable to them.

The audit tool Appendix 1, must be completed by ECCH clinical staff carrying out enteral feeding of a patient yearly, a copy must be sent to ECCH infection prevention and control team.

8 Procedure

PPE must be worn and changed for all procedures and disposed of as clinical waste.

8.1 Preparation and storage of feeds

- a) Wherever possible pre-packaged ready to hang feeds should be used in preference to feeds that require decanting, reconstitution or dilution.
- b) The system used should require minimal handling to assemble and be compatible with the patients feeding tube.
- c) Unopened feed should be stored in a clean, cool, dry place away from a heat source.
- d) Feed expiry dates must be checked before use. Stock rotation procedures must be followed to avoid feeds exceeding their expiry dates.
- e) Check that the correct prescribed feed is being given to the patient.
- f) Effective hand hygiene must be carried out prior to feed preparation.
- g) Feeds must not be decanted unless absolutely necessary.
- h) If the feed requires decanting, reconstituting or diluting, a clean work area should be prepared and equipment dedicated for enteral feed use only should be used.
- i) Powdered modular feeds must be mixed using utensils which have been thoroughly washed and dried and designated for this use only.
- j) Feeds should be mixed using cooled boiled water or freshly opened sterile water and a no-touch technique.
- k) Before opening, the outside surface of bottles, cans or cartons should be wiped clean if necessary.
- l) Ready to hang feeds must be stored in a refrigerator once opened and must be used or discarded within **24** hours.
- m) Water, medication or other substances must not be added directly into the feed container.
- n) Check the position of all nasogastric tubes before each use, using aspiration and pH indicator paper as advised by the NPSA 2005, and The Royal Marsden Manual of Clinical Nursing Procedures 8th Edition.

8.2 Administration of feeds

- a) Minimal handling and an aseptic no-touch technique should be used to connect the administration system (giving set) to the enteral feeding tube. Once the giving set is attached do not open again.
- b) All feeds and administration sets must be labelled with the start date and time.
- c) Shake the feed container gently
- d) Once opened ready to hang feed must be used or discarded within 24 hours
- e) To minimise infection risk, reconstituted feeds must be labelled with the date and time of reconstitution. This feed has to be used within 4 hours. Only mix 4 hours volume of feed at the one time.
- f) Administration sets (giving sets) and feed reservoirs (hydro bags) are for single use only and must be disposed of within **24** hours.
- g) Appropriate documentation must be completed e.g. date and time of feed, volume administered.

8.3 Flushing the feeding tube

- a) The tube must be flushed with clean freshly drawn tap water, at room temperature, before and after feeding and before, between and after administration of medication. For jejunostomy tubes or if immunosuppressed either cooled freshly boiled water or sterile water from a freshly opened container
- b) Only EnFit compliant products will be used within this organisation for administering water or medications. The enteral syringes have purple plungers and are labelled oral/enteral use only and they meet all the requirements of the NPSA guidelines No 19 issued in March 2007.
- c) Only 60ml enteral syringes are to be used for flushing. Smaller syringes can exert excessive pressures which can result in the tube rupturing.
- d) Enteral syringes are deemed as single use items when used for in-patients. They must be discarded after each use.
- e) Sterile water must be used if the patient is immunosuppressed and is recommended for patients with jejunostomy tube.
- f) Hand hygiene must be observed both before and after the procedure. See Hand Hygiene Policy.

8.4 Care of the insertion site

- a) The site must be cleaned with soap and water on a daily basis.
- b) The site must be thoroughly dried after cleaning using low lint gauze.
- c) The PEG tube should be advanced about 5cms and rotated 360 degrees and returned to its original position daily to prevent adherence. '*Buried bumper syndrome*' (where the internal disc becomes buried into the stomach lining). This should be recorded in the patients care plan.
- d) Do not advance and rotate jejunostomy tubes.
- e) If the site shows any sign of infection and if infection is indicated, a swab must be sent for culture and sensitivity, treat with an appropriate ointment and document in the care plan.
- f) Advise not to use creams, ointments or talc as these may loosen the fixation device and can affect the tube material.

8.5 Care of equipment

- a) The pump must be cleaned daily according to manufacturer's guidelines while in use.
- b) Each pump is labelled with a date for its next service. Contact Fresenius Kabi on 0808 100 1990 to arrange service of pump.
- c) When pump is no longer in use contact Fresenius Kabi on 0808 100 1990 to arrange collection of the clean pump and drip stand.

9 References

Anderton A (1995) Reducing bacterial contamination in enteral tube feeding. British Journal of Nursing. 4:368-376

Clinical Resource Efficiency Support Team (CREST) (2004) Guidelines for the management of enteral tube feeding in adults. CREST. Stormont

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No longer supported by DOH

Department of Health (2010) revised 2009 The Health Act. DoH London 285524

Department of Health (2010) the Health and Social Care Act 2012. DoH London 13072

Dougherty, L. Lister, S. (2015) The Royal Marsden Hospital Manual of Clinical Nursing Procedures ninth edition. Blackwell: Oxford

Infection Control Nurse Association (2003) Enteral Feeding. Infection control guidelines. ICNA/Nutricia

National Institute for Health and Care Excellence (2017) Nutrition support in adults: Oral nutrition support, enteral tube feeding and parenteral nutrition. NICE Clinical Guideline 32. London

National Institute for Health and Care Excellence (2017) Infection prevention and control of healthcare-associated infection in primary and community care. NICE Clinical Guidelines 139. London

National Institute for Health and Care Excellence (2016) Prevention infection related to enteral feeding. NICE Pathway. London

Nursing and Midwifery Council. (NMC). (2008) Code of Professional Conduct.

National Patient Safety Agency (2018) Patient Safety Alert 19 Promoting safer measurement and administration of liquid medicines via oral and other enteral routes

<https://pathways.nice.org.uk/pathways/nutrition-support-in-adults> (accessed 10/05/2021)

<http://stayconnected.org/enteral-enfit/> (accessed 10/05/2021)

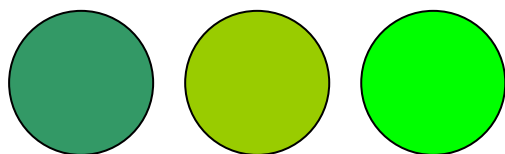
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Accessed from <http://www.gut.bmj.com> on 02/02/2011

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Please complete details:

Name	
Designation	
Place of work	
Task/tasks being performed	

Essential Steps to safe, clean care



Enteral Feeding

Aim: To reduce the risk of infection associated with enteral feeding

Risk elements

- Preparation and storage of feeds
- Administration of feeds
- Care of insertion site and enteral feeding tube
- Preventing the spread of infection

Knowledge Skills Framework

Enteral feeding –Trained Staff band 5 and above

Observation	Enteral Feeding Review Tool		Skill successfully performed			Comments
			Yes	No	N/A	
Preparation and Storage of Feeds	<ul style="list-style-type: none"> Are feeds stored according to manufacturer's instructions and, where applicable food hygiene regulations? 	25%				Skills successfully demonstrated -----
	<ul style="list-style-type: none"> Pre-packaged, ready to use feeds are used in preference to feeds requiring decanting, reconstitution or dilution. 	25%				
	<ul style="list-style-type: none"> Clean working area is prepared and only equipment dedicated for enteral feed are used when decanting, reconstitution or dilution. 	25%				
	<ul style="list-style-type: none"> Additions to sterile feeding containers are made when there is no alternative and a risk assessment is carried out. 	10%				
	<ul style="list-style-type: none"> Check correct prescribed feed and within expiry dates 	15%				
Infection Control Hand Hygiene	In accordance with the ECCH hand hygiene policy, have hands been:					Skills successfully demonstrated -----
	<ul style="list-style-type: none"> Decontaminated prior to each episode of care, using the seven step hand washing technique with soap and water? 	20%				
	<ul style="list-style-type: none"> Decontaminated after each episode of care, using the seven step hand washing technique with soap and water? 	20%				
	Are Hands/wrists free from:					
	<ul style="list-style-type: none"> Jewellery other than a plain wedding band? 	5%				
	<ul style="list-style-type: none"> Watches/bangles? 	5%				
	Are nails:					
<ul style="list-style-type: none"> Short and clean Free from nail varnish and false nails? 	5%					
Personal Protective Equipment	Does the staff member wear the appropriate protective equipment?					Skills successfully demonstrated -----
	<ul style="list-style-type: none"> Single use, plastic aprons? Gloves when carrying out invasive procedures, eg contact with sterile sites, non-intact skin or mucous membranes, any area where there is a risk of exposure to blood, bodily fluids, secretions or excretions? 	20%				

Observation	Enteral Feeding Review Tool		Skill successfully performed			Comments
			Yes	No	N/A	
Administration of Feeds	In accordance with the ECCH enteral feeding policy:					Skills successfully demonstrated -----
	<ul style="list-style-type: none"> Checking the position of all nasogastric tubes before each use, using aspiration and pH indicator paper 	30%				
	<ul style="list-style-type: none"> use a non-touch aseptic technique following the Royal Marsden Aseptic Technique guidelines when handling lines or administering feed, medicines or flushing 	30%				
	<ul style="list-style-type: none"> Line should be labelled, dated, signed and changed every 24 hours 	10%				
	<ul style="list-style-type: none"> Once opened feed must be used or discarded within 24 hours (If reconstituted must be used within 4 hours) 	10%				
	Has reusable equipment (syringes can be reused for 24 hrs):					
<ul style="list-style-type: none"> Been risked assessed and documented? 	10%					
<ul style="list-style-type: none"> Been cleaned and dried and stored appropriately? 	10%					
Care of Insertion Site and Enteral Feeding Tube	<ul style="list-style-type: none"> Site should be cleaned daily with soap and water and dried thoroughly 	15%				Skills successfully demonstrated -----
	<ul style="list-style-type: none"> No creams, ointments or talc to be used around the area. 	10%				
	<ul style="list-style-type: none"> Is the feed tube flushed with freshly drawn tap water (sterile water from a freshly opened container if immunocompromised or jejunostomy) before and after feeding or administration of medicines? 	20%				
	<ul style="list-style-type: none"> Is an enteral syringe used to administer water or medicines? Only a 60 ml enteral syringe should be used for flushing 	20%				
	<ul style="list-style-type: none"> PEG tube should be advanced 5cm, rotated 360 degrees and returned to original position daily from 10 days post insertion. Jejunostomy tubes and Radiologically Inserted Gastrostomies (RIG's) should not be advanced or rotated 	15%				
Safe Disposal of Waste	<ul style="list-style-type: none"> Is all waste disposed of correctly in accordance with the PCT Waste Policy? 	10%				Skills successfully demonstrated -----
	<ul style="list-style-type: none"> Is all documentation completed accurately including care plan and review? 	10%				

Shaded areas are high risk sections and must be complied with.

**Healthcare Assistants need to do care of insertion site, hand hygiene and PPE sections
Add up total percentage and divide by number of section applicable, to give final percentage figure.**

Preparation and storage of feeds	-----%	(Qualified Staff carrying out insertion would be all 4 sections)
Hand Hygiene and PPE	-----%	(Deep green areas Healthcare Assistants band 2 and above)
Administration of feeds	-----%	
Care of insertion site and feeding tube	-----%	
=	-----%	Divide by number of sections. Final percentage -----%

Signature of Clinician being assessed:

Name Block Capitals:

Designation:

Date:

Assessor Signature:

Name Block Capitals:

Designation:

Date:

Adapted from Essential Steps to Safe Clean Care enteral feeding audit tool developed by Bradford and Airedale PCT.

East Coast Community Healthcare Infection Prevention Policies on Enteral Feeding, Hand Hygiene, Standard Precautions, Aseptic Technique, and Waste are to be found on <https://www.ecch.org/our-services/infection-prevention-and-control/>