

## ENTERAL FEEDING COMPETENCY ASSESSMENT

<b>Worker's Name:</b>	<b>Assessor's Name:</b>	<b>Date of Assessment:</b>
<b>Worker's Position:</b>	<b>Assessor's Position:</b>	<b>Date Worker Commenced:</b>
<b>Worker's Signature:</b>	<b>Assessor's Signature:</b>	
<b>Clinical Procedure being Assessed:</b>		<b>Assessed as Competent:</b> Yes / No / YWI

**Code (YWI) - Yes, With Instructions** indicates that although all components of the assessment may not have been achieved, the worker can demonstrate an understanding of the deficits identified and justify those deficits. This can also apply if the worker did not compromise the participant's safety or breach WHS and or Infection control guidelines. Competencies for YWI should be reviewed and reassessed within 3 months to demonstrate and attain full competency.

**Note:** *If there are any areas that are assessed as Not Competent, the worker must not perform these procedures until additional training has been undertaken and competency re-assessed.*

**“Competency”** is a measurable pattern of knowledge, skills, abilities, behaviours, and other characteristics that an individual needs to perform work roles or occupational functions successfully. Many factors must be considered when determining whether the worker has the specific competencies and skill sets necessary to care for a participant, as identified through assessment, participant-specific assessments, and as described in their *Support Plan*. All workers must also meet the specific competency requirements as part of their registration, license or certification requirements defined under federal and state law or regulations.

**Demonstration of Competency** - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A worker's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by a health professional already determined to be competent in these skill areas.

**Examples for evaluating competencies** may include, but are not limited to:

- Training followed by observation e.g., handwashing, donning a gown, etc.
- A pre and post-test for documentation issues
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for participants
- Reviewing adverse events that occurred as an indication of gaps in competency or
- Demonstrated ability to perform activities that is within the worker's scope of practice, or what the individual is registered, licensed, or certified to perform.

Domain	Principles	Requirements / Procedures	Competent
<b>1. Roles and Responsibilities</b>  <b>(NDIS Code of Conduct)</b>	Can describe role, responsibilities and expectations when delivering Enteral Feeding.	1. Able to describe and understand how to undertake the required support in a safe and competent manner with care, skill, and compassion (checks and confirms <i>Support Plan</i> correct and current).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Demonstrates respect and participant-centred care as per requirements of the <i>Support Plan</i> (involves participant in the delivery of supports to the extent they choose).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Demonstrates effective communication (speaks clearly, explains the supports in words the participant can understand, re-assuring, allows time for a response, provides positive feedback, includes use of assistive technologies and alternative communication devices as required).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Aware of scope of responsibilities including supervision and any delegation arrangements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Prepares for procedure and assembles required equipment and any consumables.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Provides support that fits into participant's daily routines and preferences, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Ensures support provided meets with required timing, frequency, and types of support, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Knows when and how to seek advice from health practitioner and when to escalate to emergency services to maintain participant safety and well-being.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Aware of reporting responsibilities, including handover, recording observations, and incident reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent	
		10. Ensures the participant's privacy and dignity, as well as a safe environment, prior to commencing support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI	
<b>2. Hygiene and Infection Control Measures</b>	Can describe hygiene and infection prevention and control strategies	1. Able to describe principles and requirements of infection control (handwashing, disinfecting, use of appropriate PPE – gloves, gown, masks, when to use and disposal).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI	
		2. Handwashing (to be observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI	
		3. Disinfecting (to be observed or worker to describe).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI	
		4. Able to describe personal hygiene requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI	
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI	
<b>3. Potential Risks/Complications and Risk Management</b>	Can describe potential risks or complications.	1. Able to describe health conditions and complications that interact with enteral feeding (e.g., reflux, constipation, breathing difficulties, diarrhoea, vomiting, bloating, etc.) and required actions to take (e.g., immediately reporting to health practitioner).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI	
	Can describe how to prevent and manage risks.		2. Knowledge of common alarms and actions required to deactivate alarms related to, for instance, kinked or blocked feed in the tube, or a dislodged tube.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
			3. Understands need for monitoring weight gain or weight loss, changes in bowel habits, allergic reactions, and wet cough, as well as actions to monitor and reporting requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		4. Understands the risks of poor oral health (e.g., dry mouth, infection, general oral discomfort) and required actions for oral hygiene.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Able to describe tube integrity and tube cleaning requirements to maintain patency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Able to describe stoma care management requirements, (e.g., cleaning to maintain a healthy stoma) and indicators to respond to stoma problems (e.g., infection, or inflammation) as well as reporting requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Able to describe why correct and appropriate positioning is required for safe enteral feeding. Knows to <b>NOT FEED WITH PARTICIPANT LYING FLAT.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Understands safe storage, handling, preparation, and dispensing of enteral feed formula, as contamination of enteral feed can cause serious infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Can describe administering medications through an enteral tube and the requirement to flush the tube before and after.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		10. Understands adverse reactions, including reactions to medications and dosage errors, as well as reporting requirements and when to escalate to emergency services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		11. Can describe safe handling and disposal of sharps and other consumables.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>4. Equipment Required</b>	Can describe what equipment is required	1. Able to describe different feeding tubes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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	(including PPE) to perform procedures.  Can describe how to: - set-up - maintain and - troubleshoot.	2. Able to describe when and if gloves and other PPE are required to be used for enteral feeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can describe water flushing requirements (as per <i>Support Plan</i> ).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Can describe giving sets and extension sets, as well as pumps and connectors and their setup and use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>5. Precautions / Considerations</b>	Can describe any precautions or considerations when performing the procedure.	1. Checks <i>Enteral Feeding Support Plan</i> and enteral feeding regime are current, prior to proceeding with procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Understands hygiene and infection control procedures, e.g., use of gloves and other required PPE.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can describe regular weight monitoring (as clinically indicated, including appropriate referral to health professionals to review feeding plan for weight gain or loss).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Understands the required oral hygiene specific to the participant as per their <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Can describe how to manage behaviours where feed tube is frequently dislodged.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Able to describe actions to take and signs and symptoms to be aware of for high-risk aspiration in participants with severe epilepsy, complex physical disabilities, and complex communication.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		7. Can describe first aid techniques to undertake in case of emergency, e.g., aspiration.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Knows how to clean and maintain the integrity of the stoma site and skin condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>6. Demonstrate Procedures</b>	Can describe how to perform each step of the procedure correctly.	1. Checks the <i>Support Plan</i> is correct and current and understands any participant-specific requirements before commencing support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can demonstrate each step of the procedure.	2. Checks any specific factors, adjustments, or positioning required at time of support provided with participant, including expectations and preference for involvement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Undertakes the required hygiene and infection control procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Checks and prepares the required equipment and components as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Observes and regulates feeding, e.g., rate, flow, and volume of formula as per feeding regime.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Able to describe and / or demonstrate actions to take in response to feeding equipment alarms or malfunctions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Able to describe emergency procedures for high-risk indicators e.g., aspiration.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Cleans and maintains healthy condition of the stoma.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		9. For participants with a gastrostomy: <ul style="list-style-type: none"> <li>- maintains integrity of stoma site and</li> <li>- can describe immediate actions to take in response to dislodged PEG tube.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		10. For participants requiring medication through an enteral tube: <ul style="list-style-type: none"> <li>- undertakes support requirements, e.g., medication preparation, dosage, delivery, procedure, and timing and</li> <li>- understands reporting procedures for adverse reactions or dosage errors.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		11. Supports participant's oral hygiene consistent with the <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		12. Demonstrates safe handling of sharps and other consumables.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		13. Records information as per <i>Support Plan</i> requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		14. Communicates and reassures the participant and involves the participant to the extent they choose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		15. Supports participant to communicate and report concerns to the responsible health practitioner	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		16. Demonstrates teamwork to ensure continuity and effective delivery of support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>7. Emergency Escalation / Seeking Help</b>	Can explain when to seek further help and from who	1. Able to describe first aid knowledge and techniques to undertake for reflux, breathing difficulties, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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	(including general observations).  Can explain when the situation is an emergency and what to do.	2. Able to describe emergency actions associated with aspiration, respiratory distress, and shortness of breath, e.g., hospital transfer when interventions are not successful, to ensure participant health, safety, and wellbeing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Can place a person in the recovery position.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>8. Documentation</b>	Can describe documentation that must be completed, including case notes	1. Able to describe daily reporting requirements as per <i>Support Plan</i> e.g., recording observations in the case notes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Fulfills food and fluid chart requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Fulfills weight chart requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Undertakes temperature monitoring (to check for aspiration, pneumonia, or infection).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Able to describe documentation and reporting pathways where the <i>Support Plan</i> is not meeting participant's needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
<b>9. Participant-focussed needs</b>	Can describe any specific requirements unique to the person receiving supports	1. Describes positioning requirements and manual handling needs (for participants with complex physical disability to avoid aspiration or reflux risk).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Checks with participant to discuss any changes needed to their enteral feeding support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Undertakes oral hygiene as per requirements in <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI



Domain	Principles	Requirements / Procedures	Competent
		4. Refers to Medication Plan (if relevant) and undertakes medication administration through enteral tube as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Maintains stoma care integrity as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Follows <i>Support Plan</i> requirements for participant's routines and preferences, including their choice of environment and social company.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Supports participant to provide feedback and support changes to their <i>Support Plan</i> as required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

**Assessor's Recommendations / Comments**

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**Additional Training Action Plan**

Domain Area	Requirement / Procedure	Person Responsible	Due Date	Status/Comments	Additional Training Completed Date

## Document Control

Version No.	Issue Date	Document Owner
1	09/01/2025	Elizabeth Bradshaw
<b>Version History</b>		
Version No.	Review Date	Revision Description