

Assistant Practitioner and Health Care Assistants Administration of Insulin, via Pen device, by Delegation – Training and competency Toolkit

Document Summary

The purpose of this policy is to guide and promote awareness and management of key risks associated with the administration of insulin

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Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

Here for you

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1 SCOPE

This toolkit specifically applies to non-registered staff who have been identified to undergo appropriate training in the skills and knowledge of correctly administering insulin, using Insulin pens, to an identified patient with diabetes, and to the registered professional staff who will be delegating responsibility for this task.

The policy is a supplement to the Trust Medicines policy and is to be read in conjunction with that policy, and with the Trusts Toolkit for the Safe and effective use of insulin for adults in community and inpatient settings.

Safe and Effective Use of Insulin in the Community and Inpatient Setting Toolkit
POL/001/013/007
Self-Administration of Medicines Policy
POL-001-013-001

Insulin administration by health care support workers will be carried out on identified patients only following a review of the patient, an individualised patient risk assessment and development of a care plan.

2 INTRODUCTION

As outlined in the Trusts policy for the Safe and Effective Use of Insulin, in general, insulin is safe. However, there is a potential for serious harm if it is not administered and handled correctly. Insulin is frequently included in the list of top 10 high-alert medicines worldwide. A high-alert medicine is defined as a medicine that has the highest risk of causing patient injury when misused.

Deaths and severe harm incidents have resulted from administration errors with insulin products. Wrong administration of insulin, leading to patient harm, is a 'never event' within the NHS.

Non-registered staff should always ensure that they are working to the Golden Rules / 5 Rights when administering insulin:

- **The RIGHT patient**
- **The RIGHT product**
- **The RIGHT dose**
- **Via the RIGHT route**
- **At the RIGHT time**

Including the 6th RIGHT monitoring to check effect

In the UK, diabetes affects approximately 2.3 million people. Many people with diabetes require insulin on a daily basis. Implementation of the toolkit will enable patients with diabetes to remain safely within the community setting by receiving evidence based care by health care staff in the administration of insulin under the direction of the District Nursing team. This will develop the Assistant Practitioners'

and health care assistants' competency and so extend the services to meet the varied needs of individuals cared for in the community setting.

The administration of insulin is an important element of health care within the community setting which is identified as the patient's/carers, home or a residential environment.

In order to enable patients with diabetes to remain in their home setting, promote their own health and wellbeing through medication compliance, it is vital that care is delivered by staff who understand their roles and responsibilities.

3 STATEMENT OF INTENT

This document will facilitate the provision of high quality of care to people with diabetes by ensuring that named and specifically trained Assistant Practitioners / Health Care Assistants have received additional training and have the competence to perform the skills necessary for this procedure.

This document describes the training to be provided by the Trust and the circumstances in which administration of insulin, by pen, can be delegated by a registered nurse.

When nurses and midwives are considering tasks and activities to delegate, they should consider:

- The needs of the patient in their care
- The stability of the people being cared for
- The complexity of the task being delegated
- The expected outcome of the delegated task
- The availability of resources to meet those needs
- And the judgement of the nurse or midwife

4 DEFINITIONS

Delegation The transfer to a competent individual, the authority to perform a specific task in a specified situation that can be carried out in the absence of that nurse or midwife and without direct supervision. The Registered nurse will remain responsible for that delegated patient care and administration of the medication

5 DUTIES

Refer to Medicines policy and in addition:

5.1 Team Leaders and Registered nurses with delegation responsibility:

Where delegating administration of insulin to non-registered staff (in community settings) they need to have evidence that the member of staff has met the standards of the policy, including training and competencies.

Review the Assistant Practitioner / Health Care Assistants practice on a monthly basis, 6 monthly review of care plan and clinical supervision notes; (it

is expected this can be addressed in the expected staff 6 weekly management supervision with their line manager).

5.2 Assistant Practitioners and Health care assistants working in Community Nursing teams need to be able to demonstrate adherence to the standards in appendix 2

They will administer insulin only to clearly identified patients within the team who require insulin from a pen device; they must not draw up insulin solutions.

6 DIABETES CARE WHICH CAN BE PROVIDED BY TRAINED ASSISTANT PRACTITIONERS / HEALTH-CARE ASSISTANTS

6.1 Details of care – Indications and exclusions for delegation of insulin injections

Clinical condition to be treated	Diabetes Mellitus
Criteria for inclusion	<ul style="list-style-type: none"> • Diabetic patients on District Nursing caseload who are assessed as being stable by the Registered Nurse • Insulin treatment via Insulin pen device ONLY • The individual with diabetes is unable to safely prepare and administer their own insulin independently or with supervision. • District nurse considers the ready and safe to extend their skills. • The Assistant Practitioner / Health Care Assistant is ready to take on extended role. • The procedure best meets the needs of the person with diabetes.
Criteria for exclusion including contra-indications	Patients with any of the following: <ul style="list-style-type: none"> • Aged under 18 years • Current acute febrile illness • Previous severe reaction to medication • Pregnancy • Diabetic unstable and complex patients
Circumstances for further advice/action	Blood Glucose Levels 4mmol/L or below 13mmol/L or above If the patient is unwell Report these findings promptly to the Registered Nurse on duty for further advice
Recommended treatment, route and legal status	Insulin administered via a pen device ONLY in preferred sites (thighs and abdomen) refer to the Safe and Effective Use of Insulin for Adults in the Community and Inpatient Setting Toolkit POL/001/013/007 Prescription Only Medicine (POM)

Dosage	As prescribed (must be clear and written as Units, not abbreviated) adherence to POL/001/013/007
Frequency of administration	As prescribed
Follow-up & advice	Advice to be given on hypoglycaemia/hyperglycaemia as per care plan
Side effects & their management	Local side effects: Redness, swelling, pain, bruising, hardness at injection site
Special considerations/Concurrent medication	Rotation of sites, disposal of sharps safely , quality assurance of blood glucose monitoring equipment

6.2 Clinical Aspects & Record Keeping

The following are required:

1. **Patient identification** – required prior to the administration of medication
2. **Consent** –must be obtained from the patient. Assistant Practitioners/ Health Care Assistants must follow Trust Consent Policy
3. **Check** that the insulin has not already been administered
4. **Check** the prescription is accurate and complete (ref Medicines policy and Safe and effective administration of insulin policy)
5. **Check** Batch number and expiry date
6. **Check** Blood glucose level before administration
7. **Record Keeping** – The following must be recorded in the patient’s notes
 - a. Name of drug, number of units and site of administration
 - b. Date and time administered
 - c. Batch number and expiry date
 - d. Signature of person administering.
 - e. Blood glucose level before administration
 - f. If the patient has declined the injection and any alternative action taken
 - g. Any reaction should be recorded in the clinical record

Adverse Reactions

If a general adverse reaction does occur:

- Record in patients notes
- Inform Registered Nurse immediately
- Local reactions should be reported to Registered Nurse

Significant Events

Any significant event which occurs during or as a result of administration of medication must be reported to the Registered Nurse and the incident reported via the incident reporting framework (Ulysses system).

6.3 Review of Assistant Practitioner/ Health Care Assistant Practice

A qualified member of the District Nursing team should review the

Assistant Practitioner Health Care Assistants practice on a monthly basis and record on management supervision record.

6.4 Follow Up

The District Nurse should review the Patient Care Plan 6 monthly (minimum).

7 TRAINING, ASSESSMENT AND COMPETENCY CHECK

As stated in the NMC Standards for medicines management (2010) (accessed April 2017).

A registrant is responsible for the delegation of any aspects of the administration of medicinal products and they are accountable to ensure that the patient, carer or care assistant is competent to carry out the task'.

This will require education, training and assessment of the patient, carer or care assistant and further support if necessary. The competence of the person to whom the task has been delegated should be assessed and reviewed periodically. Records of the training received and outcome of any assessment should be clearly made and be available.

In line with the Nursing & Midwifery Council (NMC) safe evidence based practice will be underpinned with local training as outlined in the section below. Each identified Assistant Practitioner / Healthcare Assistant will undertake the training which will be supported by a Registered Nurse. All attendance of such training will be documented by the means of an attendance certificate and local staff record.

7 Training

7.1 Staff Characteristics

Staff group	Assistant practitioners/ Health Care Assistants, working for Cumbria Partnership NHS Foundation Trust
Additional requirements	<p>Completion of Assistant Practitioners/ Healthcare Assistants training on administration of Insulin given via pens to adults, including:</p> <ul style="list-style-type: none"> • Appropriate anatomy and physiology • Correct procedure for the administration of the insulin via insulin pens • Delivery, storage and stock control requirements • Cautions and side effects related to the administration • Documentation • Legal aspects of drug administration • Knowledge of Trust Safe and Effective administration of insulin policy <p>Training and competence in the correct procedure of administering insulin given via pen</p> <p>Completion of period of supervised practice and completion of</p>

	assessment of competence, including direct observation of administering injections of insulin via a insulin pen by a mentor
Continuing training requirement	<ul style="list-style-type: none"> • Annual update in Basic Life Support • Demonstration of competence in relation to this medication within the PDP and appraisal process. • Evidence of Annual Diabetes update

7.2 Training and competency assessments

1. Assistant Practitioner/ Health Care Assistant identified by the district nurse.
2. Completion of NHS Diabetes Safer Use Of Insulin on-line training http://www.diabetes.nhs.uk/safe_use_of_insulin/safe_use_of_insulin_elearning_module/elearning_course/
3. 1 day diabetes training to include :-
What is diabetes? Hypoglycaemia, Hyperglycaemia, 'Sick day rules', reading and understanding of prescription, handling of Insulin pen, injection technique, complications, storage of insulin, health and safety issues including needle stick injuries
Blood glucose monitoring
4. Following the teaching session arrange with Community Nursing Team for patient assessment and individual patient care plan to be developed (see page 13)
5. Health Care Assistant / Assistant Practitioner to read and discuss with the assessing Registered Nurse the:
 - CPFT Medicines Management Policy
 - Safe and effective use of insulin in community and inpatient settings Policy
 - Health Care Support Worker Administration of Insulin, via Pen device, by Delegation Policy
6. Health Care Assistant/Assistant Practitioner to be supervised by a registered nurse until both agree that the Health Care Assistant/Assistant Practitioner is competent (Supervision record Appendix 1)
7. Appropriate registered nurse to carry out assessments (Assessment competency Appendix 2)

All parameters should be positive for the Health Care Assistant/Assistant Practitioner to undertake the skill unsupervised



If all parameters are met, the Health Care Assistant / Assistant Practitioner is then deemed competent to undertake the individual patient's diabetes care.



If all parameters are not met - further training by an appropriately registered nurse to take place and assessment repeated

7.3 Documentation of competency check

The Assessment of Competency to give insulin injection form, including Outcome section (Appendix 2) should be copied:

Copy 1 → the Registered Nurse who completed the assessment

Copy 2 → Health Care Assistant / Assistant Practitioner

Copy 3 → Manager of DN team

8 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Competence of health care support worker	Check of personal files	Team leader	Annual Appraisal	Network Clinical Governance Meeting	Network Clinical Governance Meeting
Incidents involving the administration of insulin by assistant practitioners and healthcare assistants	Monitor and review incident forms	Team leader / Quality and Safety Leads	ongoing	Network Clinical Governance Meeting	Network Clinical Governance Meeting

9 REFERENCES/ BIBLIOGRAPHY

Royal Marsden Guidelines for Subcutaneous injections via Trust Intranet

NMC Guidelines for the Administration of Medication

NMC Guidelines for Records and Record Keeping

RCN Accountability and Delegation: what you need to know. Available on:

http://www.rcn.org.uk/_data/assets/pdf_file/0003/381720/003942.pdf

National minimum standards and core curriculum for immunisation training of healthcare support workers (HCSWs) Health Protection agency April 2012

NMC Advice on delegation for registered nurses and midwives 2012

<http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Delegation/>

[Nursing Midwifery Council Standard of medicine management 2010.](http://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/)

<https://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/>

10 RELATED TRUST POLICY/PROCEDURES

- Safe and Effective use of insulin for adults in community and inpatient settings toolkit – POL/
- Medicines Policy - POL/001/013
- Consent Policy- 001/010
- *Health Records Management Policy – POL/002/008*
- *Incidents and Serious Incidents that require investigation (SIRI) Policy- POL/002/006/001*
- Resuscitation Policy- POL/001/002
- Clinical Supervision Policy and Peer review policy- POL/001/052
- Delegation Guidelines for Registered Nurses and Allied Health Professionals working with Non-registered clinical support staff

APPENDIX 1 – INSULIN & BLOOD GLUCOSE MONITORING SUPERVISION RECORD

Name of HCA:	Registered Nurse:
Patients Name:	Patients Address:
DOB: NHS Number:	Tel no:

Time of Day	Insulin Type	Dose	Site
Before Breakfast			
Before Lunch			
Before Tea			
Before Supper			
Pen Device			
Needle Length			

EXAMPLE

Date/time	Details of Injection given	Signature
5.3.05 0830 hours	Random blood sugar 6.9 mmols/l 25u Mixtard 30 insulin given in left side of abdomen with a pinch	HCA JBond
	Comments Good technique	RN MSwan
Date/time	Details of Injection given	Signature
5.3.05 1730 hours	Random blood sugar 7mmols/l 30u Mixtard 30 insulin given in right side of abdomen	HCA JBond
	Comments Procedure carried out safely	RN MSwan
Date/time	Details of Injection given	Signature
6.3.05 0830 hours	Random blood sugar 7.1mmols/l 25u Mixtard 30 insulin given in left side of abdomen	HCA JBond
	Comments Demonstrated knowledge of checking injection site	RN MSwan

Date/time	Details of Injection given	Signature
	Comments	RN
Date/time	Details of Injection given	Signature
	Comments	RN
Date/time	Details of Injection given	Signature
	Comments	RN
Date/time	Details of Injection given	Signature
	Comments	RN
Date/time	Details of Injection given	Signature
	Comments	RN
Date/time	Details of Injection given	Signature
	Comments	RN

Practical competency attained (date)	
RN Signature, NMC number & Print name	

APPENDIX 2 – ASSESSMENT OF COMPETENCY TO GIVE INSULIN INJECTION

To Be Completed By Registered Nurse

Name of HCA:

Name of Assessor:RCN number.....

Designation:

Date:

Section A - INSULIN The Health Care Assistant/Assistant Practitioner will:	
Be able to name and identify specific insulin preparation	Y/N
Be aware of how and who to contact in case of queries or untoward events	Y/N
Be able to identify potential problems with injection site and their likely causes	Y/N
Be aware of potential side effects of insulin	Y/N
Be aware of factors that increase insulin absorbency	Y/N
Section B	Y/N
Insulin preparation and dosage checked against medication record	Y/N
Expiry date on insulin checked that it is in date (if expired – discard according to Cumbria PCT guidelines)	Y/N
Insulin not in use stored in fridge. Insulin in use stored at room temperature	Y/N
New needle attached	Y/N
Correct insulin dosage dialled	Y/N
Dosage rechecked against medication record prior to administration	Y/N
Patient made aware/informed of need for insulin injection. Consent obtained according to trust policy	Y/N
Site observed for lumps/inflammation/bruising prior to injection, insulin not injected into area with any of above problems	Y/N
Appropriate injection site identified (as detailed in patients care plan) Change cartridge if appropriate	Y/N
Insulin injected using correct injection technique –follow Royal Marsden guidelines via trust intranet	Y/N
Needle left in skin for approximately 10 seconds following injection	Y/N

Following injection site observed again for insulin leakage	Y/N
Injection dose and site recorded in Community Nursing notes, together with any untoward events such as leakage/bruising/lumps.	Y/N
Used pen needle disposed of safely (according to Cumbria PCT Infection Control Policy)	Y/N
Section C - BLOOD GLUCOSE MONITORING The Health Care Assistant/Assistant Practitioner will:	Y/N
Be able to identify factors which may lead to false blood glucose readings	Y/N
Be able to identify correct action to take in the event of a low reading	Y/N
Be aware of normal blood glucose levels	Y/N
Be able to identify levels at which the Registered Nurse should be contacted	Y/N
Be able to identify factors likely to result in low readings	Y/N
Be able to identify factors that may result in cross infection	Y/N
Be able to identify factors likely to result in high readings	Y/N
Be able to identify correct action to take in the event of a high reading	Y/N
Section D	Y/N
Patients consent obtained	Y/N
Patients and Health Care Assistant/Assistant Practitioner hands cleaned prior to test	Y/N
Blood glucose monitoring strips stored in correct manner according to manufacturer's guidelines	Y/N
Meter calibrated (coded) to match test strips	Y/N
Expiry date checked on test strips prior to use	Y/N
Appropriate lancet device used	Y/N
Manufacturers procedure followed for use of meter	Y/N
Results recorded accurately in patient records	Y/N
Section D: Policy	

Has read and understood the following <ul style="list-style-type: none"> • Medicines Policy • Policy for the Safe and effective use of insulin in community and inpatient settings • Policy Health Care Support Worker Administration of Insulin, via Pen device, by Delegation – Training and competency 	Y/N
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ANY LEARNING OUTCOMES NOT MET SHOULD BE COMMENTED ON. ALL LEARNING OUTCOMES MUST BE MET IF THE HCA IS TO UNDERTAKE THESE SKILLS UNSUPERVISED

OUTCOME – (please sign against appropriate outcome)

A) CONFIRMATION OF COMPETENCY

The Assistant Practitioner / Health Care Assistant is competent in terms of clinical ability, knowledge and understanding of the patient’s condition, to undertake insulin injection and blood glucose monitoring safely.

Registered Nurse

Signature:
 Designation:RCN number.....

Health Care Assistant/Assistant Practitioner

Signature:
 Designation:
 Date: Date for re-assessment:

B) NOT YET COMPETENT

The Health Care Assistant/Assistant Practitioner was unable to demonstrate competency in all areas and therefore is to undergo further training prior to reassessment

Registered Nurse

Signature:
 Designation:RCN number.....

Health Care Assistant/Assistant Practitioners

Signature
 Designation
 Date: Proposed re-assessment date:

COMMENTS:

Please keep a copy of this assessment in the Staff member's Personal file

INSULIN INJECTION GIVEN VIA PEN ADMINISTERED BY ASSISTANT PRACTITIONERS/HEALTH CARE ASSISTANTS (Who have completed training & maintained annual competencies) **COMMUNITY NURSING SERVICES CARE PLAN**

NHS Number		CHI Number				
Forenames		Surname		Address		
DOB		GP		Post Code		

DATE & TIME	PROBLEM	AIM	ACTION TO BE TAKEN
	<p>Patient requires Insulin Therapy due to Diabetes Mellitus Type:</p> <hr/>	<p>Patient will receive medication as prescribed</p> <p>Blood glucose Levels will vary from day to day, due to exercise, stress, illness, carbohydrate intake. Good glycaemic control is achieved with Blood glucose levels between _____mmol/L before meals, and _____mmol/L after meals.</p> <p>Hypoglycaemia occurs when blood glucose levels are below 4mmol/L. Hyperglycaemia which may require treatment occurs when blood glucose rises above 15mmol/L.</p> <p>Family/carer will be aware of the symptoms of hypoglycaemia/hyperglycaemia and the appropriate treatment if the patient is in the home setting.</p>	<p>Patient has been assessed by registered nurse as able to have their insulin administered by an Assistant Practitioner/ Health Care Assistant</p> <p>Insulin doses should not be omitted. If blood glucose levels are less than 4mmol/L, treatment for hypoglycaemia should be given. This should be 15-20g fast acting carbohydrate, such as 5-6 dextrose tablets, 150mls non-diet fizzy drink, 200ml fruit juice, 4 large jelly babies, 100ml Lucozade or 2 tubes of glucogel.</p> <p>Blood glucose levels should be re-checked in 10 minutes and further carbohydrates given as before if BG remains below 4 mmols. Repeat in 10 minutes cycles, maximum x3 cycles if BG remains below 4 mmol.</p> <p>Once the blood glucose level is above 4mmol/L, a carbohydrate containing snack (such as a sandwich or a banana) should be eaten, if a meal is not due. If a meal is due, insulin should be taken/given as prescribed and the meal eaten as normal</p> <p>If the patient does not recover after x3 cycle of rapid glucose treatment an emergency ambulance should be called for urgent treatment. Record in the patient's notes and report to the nurse in charge</p> <p>The Health Assistant Practitioner / Care Assistant will:</p> <ol style="list-style-type: none"> Gain consent and provide privacy and maintain dignity. If deemed to lack capacity to consent, care plan to be delivered in best interest as per the Mental Capacity Act Blood glucose Levels should be checked before insulin administration. If the level is below 4mmol/L, hypoglycaemia should be treated. If blood glucose level is below 4mmol/L or above 13mmol/L seek advice from registered Nurse prior to administering insulin for further instruction and to see if ketone testing (blood or urine) is required. Follow Trust policy for Assistant Practitioner / Care Assistant for administering insulin injections via a pen Adhere to CPFT Guidelines for infection control

			<ol style="list-style-type: none"> 5. Administer Insulin injections Sub-cutaneously as prescribed, following Royal Marsden Guidelines for Sub-Cutaneous injections (Procedure 12.18) 6. Rotate site as guided in insulin prescription chart 7. Record on CPFT Documentation 8. Ensure that Patient has access to food within an appropriate time frame- please refer to insulin information on prescription chart (page 2) 9. Monitor patients' general health and report changes to the appropriate clinician. 10. If patient is unresponsive or unable to take anything orally dial 999 for assistance
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	Name	Designation	Signature
Care Plan discussed and agreed by patient			

