

COMPETENCY TITLE – ADMINISTRATION OF INSULIN BY SENIOR HEALTH CARE SUPPORT WORKERS TO DEFINED PATIENTS AS DELEGATED BY A REGISTERED NURSE.			ESR CODE
<p>COMPETENCY STATEMENT The safe administration of insulin via a needle and syringe and/or pen device by a senior health care support worker to patients with stable insulin treated diabetes requiring long term support and who are unable to self-administer.</p>			
ELEMENT	COMPETENCY STANDARD	EVIDENCE TYPES	SUPPORTING DOCUMENTS
1	<p>Demonstrate a clear understanding of diabetes: Its causes, symptoms and associated risks including hypoglycaemia and hyperglycaemia.</p> <p>Understand the potential long term complications of diabetes</p> <p>Fully converse with the scope of practice within the Policy for Administration of Insulin – able to define inclusion and exclusion criteria and circumstances and respond appropriately</p>	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • Questions and answers • Reflective practice • Supervised practice • Witness statements • Competency achievement • Completion of blood glucose monitoring training • Completion of hand hygiene competency 	<p>LCHS Management of Diabetes Guidelines 2017-19 includes: LCHS Policy for Administration of Insulin by Senior HCSW LCHS policy for monitoring of blood glucose levels- CPS 030 ----- LCHS Infection Prevention policy – P_IPC01</p>
2	<p>Understand why medication has been prescribed and the side effects</p> <p>a) Describe the effect of insulin on blood glucose levels and have an understanding of the ongoing nature of the therapy.</p>		<p>Standards of Infection prevention and control precautions – G_IPC 26 LCHS Hand hygiene policy</p> <p>LCHS Infection and Prevention Control Guidelines - Sharps</p>

	<p>b) Be aware of the time interval required between injection and eating for the particular insulin being given</p> <p>c) Knowledge of common types of medication used in diabetes management and where to access information about these medications and effects/ side effects</p>		<p>safe handling and use – GuCPS035</p> <p>LCHS Infection and Prevention Control reporting – GulC003</p> <p>NICE guidelines type 2 diabetes management – CG 66</p>
<p>3</p>	<p>Able to demonstrate action needed if patient experiences any side effects of medications</p> <p>a) Signs, symptoms and treatment of hypoglycaemia (including if hypoglycaemia should occur at the same time injection due)</p> <p>b) Appropriate, reporting and treatment of hyperglycaemia</p> <p>c) Appropriate reporting and recording of identified adverse effects.</p>	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • DATIX training • Supervised practice • Question and answer 	<p>NICE guidelines long acting insulin analogues for the treatment of diabetes- insulin glargine (TA 53)</p> <p>NPSA Patient Safety First 2008</p> <p>NICE guidelines type 2 diabetes: management of type 2 diabetes 2008 – CG 87</p>
<p>4</p>	<p>Able to demonstrate the dietary advice and support appropriate for the patient, to include checking when the patient plans to eat in relation to the timing of the insulin and when it may be appropriate to check blood glucose (individual to the patient)</p> <p>Understand how the dietary needs of the diabetic patient may change during periods of illness and the potential for this to cause instability.</p>	<ul style="list-style-type: none"> • MUST training • Reflective practice • NVQ unit Level 3 CHS optional units 29 • Questions and Answers 	<p>DOH reference guide to consent for treatment of examination August 2009</p> <p>MCA act 2005</p> <p>MCA Code of Practice 2005</p> <p>LCHS MCA and safeguarding</p>

			policy 2014
5	Demonstrates the correct procedure for undertaking a finger prick blood glucose test as per LCHS policy (see competency)	<ul style="list-style-type: none"> • Blood glucose monitoring training • Blood glucose monitoring competencies achieved • NVQ Level 3 CHS optional units 47 	NMC Code of Conduct Medicines and Record Keeping
6	<p>Able to explain the procedure to the patient using an appropriate communication style.</p> <p>Gains patients consent to the procedure Identifies to delegating registered nurse that a 3 monthly review of patient inclusion is required</p>	<ul style="list-style-type: none"> • Information governance e training • NVQ unit Level 3 CHS optional units 29 • Can describe and provide examples of the MCA and safeguarding issues in practice. 	On-line BNF Medicine.org.uk
7	<p>Is able to demonstrate and describe the correct hand washing techniques and describe their understanding of sharps, waste, inoculation injury, personal protective equipment.</p> <p>Be able to understand their knowledge of what to do in the event of a sharps injury.</p>	<ul style="list-style-type: none"> • NVQ unit Level 3 CHS optional units 29 • Completion of LCHS hand hygiene assessment • Witness statement of practice • DATIX training 	Manufacturers specific product characteristics leaflet LCHS Safe and Secure Handling of Medicines 2012 - P_CIG_04
8	<p>Correctly demonstrates the preparation of equipment and the patient including choice of injection site (understand the need to refer to patient's records in relation to injection site and site rotation).</p> <p>In the event of lumps, atrophy and hypertrophy avoids area and reports to the registered nurse</p>	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • Questions and answers • Reflective practice • Supervised practice • Witness statements • Competency achievement • 100% accuracy in checking medication and 	LCHS :Policy for the Management of Medication Errors – P_CIG_15 Diabetes.org.uk

<p>9</p>	<p>Makes checks which include:-</p> <ul style="list-style-type: none"> a) Checking of the prescription for the dose required b) The insulin vial/pen for correct type of insulin c) Manufacturers expiry date d) Recording the date when the dial was first opened e) To discard after 28 days of first use f) Ensure no foreign particles apparent g) For pre-mixed insulin roll vial x 10 times and invert x 10 times for solution to appear milky. 	<p>administration</p> <ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • Questions and answers • Reflective practice • Supervised practice • Witness statements • Competency achievement • 100% accuracy in checking medication and administration • BD Autosshield Duo Safety Needle training – face to face and eLearning module. 	
<p>10</p>	<p>Draw prescribed dose of insulin into correct needle and syringe or pen device with safety needle (BD Autosshield Duo needles) – using safe handling techniques:</p> <p>Via needle and syringe -</p> <ul style="list-style-type: none"> a) Remove white plunger guard, then carefully remove orange needle cap b) Pull back plunger of the syringe to measure amount in units of air equivalent to the amount of insulin required c) insert needle into vial and push plunger in d) Pull plunger back to dose of units prescribed e) ensure no air bubble in syringe f) check correct dosage <p>Via pen device and safety needle –</p> <ul style="list-style-type: none"> a) Remove pen cap b) Wipe the tip of the pen where the needle will attach with an alcohol swab c) Remove protective pull tab from needle and screw on to pen d) Remove plastic outer cap 		

	<p>e) Look at the dose window and turn to 2 units</p> <p>f) Holding the pen with the needle pointing upwards, press the button until a drop of insulin appears – this is the air or safety shot.</p> <p>g) Dial the number of units required</p> <p>h) Decide where the injection is to be administered (site)</p> <p>i) Insert the needle at 45 -90 deg (patient dependent) and maintain pressure throughout the injection</p> <p>j) Press the button all the way returning to zero and continue to press for 10 seconds. Withdraw from skin</p> <p>k) Remove needle and discard</p>		
<p>11</p>	<p>Demonstrate safe administration of insulin:</p> <p>a) Senior HCSW checks site is clean</p> <p>b) Correctly administers insulin subcutaneously at an angle of 90 degrees, injecting insulin slowly leaving the needle in the skin for a slow count for ten, withdrawing at 90 degree angle</p> <p>c) Demonstrates application of pressure to bleeding point if appropriate</p> <p>d) Safely disposes of used insulin needle as per LCHS Policy</p>		
<p>12</p>	<p>Can describe why accurate and timely documentation is important</p> <p>Correctly records insulin administration including dose, site, expiry date and route in the patients records/ System One</p>	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • Questions and answers • Reflective practice • Witness statements • 100% accuracy in recording medication administration 	

COMPETENCY ASSESSMENT FORM FOR SENIOR HCSW

Summative assessment form for subcutaneous insulin administration by non-registered practitioner.

Name of non-registered practitioner -

Name of the mentor -

Date Assessed -

Reassessment date -

The senior health care support worker must be able to :

Describe the effects insulin has on blood glucose levels	Yes / No
Show an understanding of the ongoing nature of the therapy	Yes / No
State how to correctly store insulin when in use and not in use	Yes / No
Identify three factors that can damage insulin	Yes / No
Have an awareness of the different types of insulin and how they may appear	Yes / No
Identify the name and dose of the prescribed insulin preparation on a named patient basis only	Yes / No
Name two potential side effects of insulin	Yes / No
Identify how and who to contact in case of queries or untoward events	Yes / No
Identify two potential problems with injection sites and their likely causes	Yes / No
Describe the procedure for obtaining insulin supplies	Yes / No
Describe the LCHS sharps disposal policy and describe the course of action in the event of a needle stick injury	Yes / No
Name four symptoms of hypoglycaemia and possible causes	Yes / No
Identify appropriate treatment and action in the event of hypoglycaemia following LCHS policy	Yes / No

The senior health care support must be able to:

OBSERVATION

Gain patient consent for administration of insulin	Yes / No
Check expiry date on insulin vial/pen and date opened. (If damaged or expired discard)	Yes / No
Check patient prescription for type and dose of insulin	Yes / No
Prepare insulin syringe and vial/insulin pen as per LCHS policy (mixed insulin to be rotated 10 times)	Yes / No
Correct select inject site and examine for Lipohypertrophy/bruising/inflammation	Yes / No
Perform insulin injection correctly as per LCHS policy (Can refer to FIT Injection technique, must be observed for a minimum of 3 times or until competent)	Yes / No
Observe injection site following insulin administration for leakage and act accordingly	Yes / No
Correctly record administration dose and site together with any untoward events that will need reporting on patients paper record and system one.	Yes / No
Correctly dispose of needles and syringe/insulin pen as per LCHS sharps disposal policy	Yes / No
Describe the procedure for obtaining insulin and supplies if stock low.	Yes / No

1. Signature of Mentor Date

2. Signature of Mentor Date

3. Signature of Mentor Date

ANNUAL COMPETENCY ASSESSMENT FOR SENIOR HEALTH CARE SUPPORT WORKERS

Annual summative assessment form for subcutaneous insulin administration by non – registered practitioners.

Name of non-registered practitioner -

Name of the mentor -

Date Assessed -

Reassessment date -

The senior health care support worker must be able to :

Describe the effects insulin has on blood glucose levels	Yes / No
Show an understanding of the ongoing nature of the therapy	Yes / No
State how to correctly store insulin when in use and not in use	Yes / No
Identify three factors that can damage insulin	Yes / No
Have an awareness of the different types of insulin and how they may appear	Yes / No
Identify the name and dose of the prescribed insulin preparation on a named patient basis only	Yes / No
Name two potential side effects of insulin	Yes / No
Identify how and who to contact in case of queries or untoward events	Yes / No
Identify two potential problems with injection sites and their likely causes	Yes / No
Describe the procedure for obtaining insulin supplies	Yes / No
Describe the LCHS sharps disposal policy and describe the course of action in the event of a needle stick injury	Yes / No
Name four symptoms of hypoglycaemia and possible causes	Yes / No
Identify appropriate treatment and action in the event of hypoglycaemia following LCHS policy	Yes / No

The senior health care support must be able to:

OBSERVATION

Gain patient consent for administration of insulin	Yes / No
Check expiry date on insulin vial/pen and date opened. (If damaged or expired discard)	Yes / No
Check patient prescription for type and dose of insulin	Yes / No
Prepare insulin syringe and vial/insulin pen as per LCHS policy (mixed insulin to be rotated 10 times)	Yes / No
Correct select inject site and examine for Lipohypertrophy/bruising/inflammation	Yes / No
Perform insulin injection correctly as per LCHS policy (Can refer to FIT Injection technique, must be observed for a minimum of 3 times or until competent)	Yes / No
Observe injection site following insulin administration for leakage and act accordingly	Yes / No
Correctly record administration dose and site together with any untoward events that will need reporting on patients paper record and system one.	Yes / No
Correctly dispose of needles and syringe/insulin pen as per LCHS sharps disposal policy	Yes / No
Describe the procedure for obtaining insulin and supplies if stock low.	Yes / No

4. Signature of Mentor Date

5. Signature of SHCW Date

CLIENT CONSENT

Client consent for Insulin administration by delegation

“A person’s capacity or lack of capacity refers specifically to their capacity to make a particular decision at the time it needs to be made. Carers/Health care professionals must start with a presumption of capacity”.

Do you have any concerns about the person’s capacity to make an informed decision regarding insulin delegation? Yes / No

Please complete relevant capacity assessment if deemed appropriate.

Either

I, _____ (patient name) agree that
_____ (staff members name) may administer my insulin injection (s)
as per this care plan.

Signature _____ Date _____

Or

I, _____ in my capacity as _____ to
the above patient give consent for _____ (patients name) to
receive insulin according to their care plan via the insulin delegation scheme described to be by
_____ (Name of health care professional), as I am acting in the best
interests of the patient as per Mental Capacity Act 2005.

As the health care professional responsible, I confirm that I have provided all the essential
information to enable _____ to make an informed decision to accept
the insulin delegation plan.

Signature & Designation _____ Date _____