

Protocol for the administration of Insulin by Healthcare Assistants to Adults with Diabetes.

Ref. A10/01/1

April 2010

Policy Reference Information

Policy Reference Number	A10/10
Title of Policy	The administration of Insulin by Healthcare Assistants to Adults with Diabetes.
Summary	A Protocol for the administration of Insulin BY HCA's training, and associated competencies.
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Approved By	Policies Signoff Group
Distribution	
Related items	
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Further Information	
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Protocol for the Administration of Insulin by Healthcare Assistants to Adults with Diabetes

Introduction

Clients who have type 1 Diabetes Mellitus and some type 2 Diabetes Mellitus require insulin to manage their condition. There are an expanding number who, because of increasing age or infirmity, are unable to administer their own insulin.

To enable the District Nursing teams to manage this increase in work with Diabetes Mellitus it has been identified that with training Healthcare Assistants (HCA's) could administer Insulin to those stable Diabetes Mellitus Housebound patients in the community.

In line with the Nursing & Midwifery Council (NMC) safe evidence based practice will be underpinned with local training developed, delivered and recorded by Diabetic Specialist Nurses. Each identified 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.

This document will follow good practice as identified in the Guidelines for Administration of Medicines (NMC 2006). Other papers identified to support this document are NHS Plan (DoH 2000), NSF for Older people (DoH 2001), Making a difference DoH 2001) and the NSF for Diabetes (DoH 2002).

This protocol applies to staff that have been identified to undertake the appropriate training in the skills and knowledge of safely and correctly administering insulin to an identified client with the diagnosis of Diabetes Mellitus.

1. AIMS

To standardise the procedure for Health for HCA's working for NHS Newham health and care services, enabling them to safely administer insulin to specific patients as identified by each localities Team Leaders.

To provide a structured training programme for the safe administration of insulin's by HCA's

2. OBJECTIVES

At the end of the Mandatory education programme the HCA will be able to:

- 2.1 Have knowledge of Diabetes Mellitus and the treatments for both type 1 & 2 Diabetes Mellitus.
- 2.2 Establish the correct procedures of blood glucose monitoring and quality assurance according to local Trust policy.
- 2.3 Describe the effect of insulin on blood glucose levels
- 2.4 Manage insulin in a safe way
- 2.5 All HCA's will have knowledge of hypoglycaemia and hyperglycaemia and how to respond in the event of such events.
- 2.6 Demonstrate an understanding of the ongoing nature of therapy for Diabetes Mellitus
- 2.7 Report problems in a timely way to District Nurse Team Leaders in change of shift

The HCA who has been identified and has undergone the appropriate training for Insulin administration will be responsible for their own actions. He or she should ensure that he or she has undertaken the appropriate training and had supervised practice to demonstrate their competency and confidence in the procedure. The HCA is also responsible in ensuring this competency is maintained. As stated by the NMC the delegating Registered Nurse will remain accountable for the appropriateness of delegation ensuring adequate support and supervision is available. It will also be the responsibility of the SCPT overseeing all mandatory training for staff to ensure that the HCA remains up to date and is checked regularly for safety and competency. (NMC code of conduct 2008)

3. ONGOING ASSESSMENT

3.1 Continuous monitoring of HCA competencies should be undertaken by the Health care assistant's assigned mentor. The individual undertaking the procedure should demonstrate evidence of working to the policy. This should be done every three months. A record of this should be kept by the SCPT in that locality. It is the responsibility of the HCA wishing to continue to undertake this procedure to keep up to date. A record of this must be kept in that individual's port folio. It is the responsibility of the delegating nurse to ensure that the staff member is up to date before delegating the said task.

4. POLICY

4.1 The HCA must have attended approved diabetes care study sessions and be able to demonstrate competent clinical skills to undertake the procedure. He/she will receive ongoing three monthly support and supervision from the Registered Nurse who will have a recognised teaching/mentorship qualification e.g. ENB998 or NM3272.

4.2 Before being able to allow a HCA to administer insulin they need to have knowledge of

- Type 1 & 2 Diabetes Mellitus
- Blood glucose monitoring
- hypo/hyperglycaemia (causes, features and treatment)
- Various Type's of insulin's.
- Injection techniques and sites for injections.
- Equipment and storage Of insulin and needles etc
- Sharps disposal and needle stick injuries.
- Documentation & record keeping

4.3 The Registered Nurse/Mentor should support and supervise the HCA in practice until both are satisfied that the HCA has had adequate training, that they are confident and possess the skills to carry out this procedure. The HCA is responsible for their own actions but the Registered Nurse remains responsible for the delegation of this care.(NMC 2008)

4.4 The HCA must have been assessed and signed as competent to carry out all aspects of the task. The HCA must be re-assessed every three months and a record of this must be entered into the HCA staff file.

5. COMPETENCIES FOR HEALTHCARE ASSISTANTS TO ADMINISTER INSULIN:

<ul style="list-style-type: none"> Describe what Diabetes Mellitus is, and the action insulin has on blood glucose levels. Be able to state what the normal range of Blood glucose levels are in line with new values in mmol/ml. 	
<ul style="list-style-type: none"> Be able to give dietary advice on carbohydrates, low sugar and low fat and be able to identify a suitable diet as basic advice for the client in managing diabetes Mellitus. 	
<ul style="list-style-type: none"> Know the correct procedure for Blood Glucose monitoring, according to local guidelines. They must demonstrate evidence based practice. 	
<ul style="list-style-type: none"> Know how to maintain and store a Blood Glucose meter and the strips. All should ensure regular quality testing according to local guidelines 	
<ul style="list-style-type: none"> Be able to identify at least three reasons as to why a patient may get false readings from their meter. 	
<ul style="list-style-type: none"> Should be able to identify what is a false reading and how to report this in the correct through their DN or nurse in charge. 	
<ul style="list-style-type: none"> List various types of insulin and their different functions/ways of working. 	
<ul style="list-style-type: none"> Identify various insulin delivery systems and demonstrate competency. 	
<ul style="list-style-type: none"> Identify injection sites that according to local guidelines can be used, and be able to state what problems can occur with injection sites and how to report them. 	
<ul style="list-style-type: none"> Be able to demonstrate the correct procedure for the administration of insulin according to local guidelines, they must have observed at least three and be observed delivering three with their mentor. 	
<ul style="list-style-type: none"> Describe how insulin should be stored, know how to check expiry dates, appearance of insulin. 	
<ul style="list-style-type: none"> Understand how to dispose of sharps safely according to local policy and know what to do in the event of a needle stick injury. 	
<ul style="list-style-type: none"> List three possible complications in diabetes Mellitus and the use of insulin for this condition and who to report to if these develop. 	
<ul style="list-style-type: none"> Be able to discuss signs and symptoms of Hypoglycaemia and how these can occur. Know how to treat the symptoms or who to contact or report to. Know when to 	

withhold treatment and seek immediate advice or clarification	
<ul style="list-style-type: none">• Discuss the signs and symptoms of hyperglycaemia and how this can happen and what treatment can be done and who to seek for immediate advice or clarification.	
<ul style="list-style-type: none">• Demonstrate accurate concise record keeping and to keep up to date record of own practice.	

Competencies to be Assessed for HCA to safely administer Insulin

Name of HCA _____

Name of Mentor _____

Date _____

ACTION :

SIGNED by Mentor and HCA

<ul style="list-style-type: none"> Describe what Diabetes is, and the action insulin has on blood glucose levels. Be able to state what the normal range of Blood glucose levels are in line with new values in mmol/mol. 	•
<ul style="list-style-type: none"> The Healthcare assistant should be able to give dietary advice on carbohydrates, low sugar and low fat and be able to identify 	•
<ul style="list-style-type: none"> All HCA's should be assessed and know the correct procedure for Blood Glucose monitoring, according to local guidelines. 	•
<ul style="list-style-type: none"> All HCA's must know how to maintain and store a Blood Glucose meter and the strips. All should ensure regular quality testing according to local guidelines 	•
<ul style="list-style-type: none"> HCA should be able to identify at least three reasons as to why a patient may get false readings from their meter. 	•
<ul style="list-style-type: none"> Should be able to identify what is a false reading and how to report same. 	•
<ul style="list-style-type: none"> List various types of insulin and their different functions/ways of working. 	•
<ul style="list-style-type: none"> Identify various insulin delivery systems. 	•
<ul style="list-style-type: none"> Identify injection sites that according to local guidelines can be used, and be able to state what problems can occur with injection sites and who to report them to. 	•
<ul style="list-style-type: none"> Be able to demonstrate the correct 	•

procedure for the administration of insulin according to local guidelines, they must have observed at least three and be observed delivering three.	
<ul style="list-style-type: none"> Describe how insulin should be stored, know how to check expiry dates, appearance of insulin and times of specific insulin's. 	•
<ul style="list-style-type: none"> Understand how to dispose of sharps safely according to local policy and know what to do in the event of a needle stick injury. 	•
<ul style="list-style-type: none"> List three possible complications in diabetes and the use of insulin and who to report o if these develop. 	•
<ul style="list-style-type: none"> Be able to discuss signs and symptoms of Hypoglycaemia and how these can occur. Know how to treat the symptoms or who to contact or report to. 	•
<ul style="list-style-type: none"> Discuss the signs and symptoms of hyperglycaemia and how this can happen and what treatment can be done and who to report the problem to. 	•
<ul style="list-style-type: none"> To demonstrate accurate concise record keeping and to keep up to date record of own practice. 	•

I confirm that I have achieved competency in line with the contents specified above and am happy to undertake the role of administration of insulin as delegated by a Registered Nurse. If my level of proficiency falls I will immediately seek re-training. I confirm I understand the need for 3 monthly reassessments.

Signed _____ Date _____

Observed:

1. _____
2. _____
3. _____

Delivered:

1. _____
2. _____
3. _____

1. Appendix 1: Equality Impact Assessment Initial Screening Form

<p>Directorate</p> <p>Provider Services – Community and care services NHS Newham</p>	<p>Name of Function or Policy or Major Service Change</p> <p>HCA insulin policy</p>		
<p>Manager responsible for assessment</p> <p>Yvonne Fenn, Lead Nurse for District Nursing</p>	<p>Date of assessment</p> <p>04/11/09</p>	<p>New or existing?</p> <p>New</p>	
<p>Defining what is being assessed</p>			
<p>1. Briefly describe the purpose and objectives</p>	<p>The HCA insulin policy is to build up our workforce to aid education and mentoring support with minimal risk to patients in the administration of Insulin.</p>		

2. Who is intended to benefit, and in what way?	The District nursing teams and service users of Newham – with emphasis on HCA’s operating in community settings as defined above as a lone worker in a patient’s home.
3. What outcomes are wanted?	A set standard/procedure for: <ul style="list-style-type: none"> • Identifying issues of safety around the administration of insulin. Through education and mentoring to minimise risk to patients. • To ensure procedures for this new way of working for the community nursing teams are robust in relation to the service need with clear and accessible guidance on the procedures. • To up skill our workforce to be safe in administration of insulin and to be able to utilise our workforce in a cost effective way.
5. Who are the main stakeholders?	The Community Based Nursing Teams e.g. District Nursing and Community Matrons. These teams which are associated with adult health.
6. Who implements this and who is responsible?	The responsibility for implementation is devolved from the clinical governance and Nursing Development Steering Group, Lead nurses for Adults and Children’s services and on a cooperate level.
Assessing impact	
7. Are there concerns that there <u>could</u> be a differential impact	Brief statement of main issue

due to <i>racial groups</i> ?	NO	
What evidence exists for this?		
8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i> ?	NO	
What evidence exists for this?		
9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i> ?	NO	Brief statement of main issue
What evidence exists for this?		
10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i> ?	NO	Brief statement of main issue
What evidence exists for this?		
11. Are there concerns there <u>could</u> be a have a differential impact due to <i>faith or belief</i> ?	NO	Brief statement of main issue
What evidence exists for this?		
12. Are there concerns there <u>could</u> be a differential impact due to people's <i>age</i> ?	NO	Brief statement of main issue
What evidence exists for this?		
13. Are there concerns that there		Brief statement of main issue

could be a differential impact due to <i>being trans-gendered or transsexual</i>?	NO	
What evidence exists for this?		
14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. people with caring responsibilities or dependants, location or those with an offending past)?		If yes, which group(s)?
	NO	
What evidence exists for this?		
15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. disability and age)?		Brief statement of main issue
	NO	
What evidence exists for this?		

Conclusions & recommendation		
16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact?		Brief statement of main issue
	NO	
17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason?	YES	Please explain
	NO	N/A
Recommendation to proceed to a full impact assessment?		

NO	This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.	
NO, BUT ...	What is required to ensure this complies with the requirements of the legislation? (See EIA Guidance Notes)?	Minor modifications necessary (e.g. change of 'he' to 'he or she', re-analysis of way routine statistics are reported) N/A
YES	Give details of key person responsible and target date for carrying out full impact assessment (see EIA Guidance Notes)	

Action plan to make Minor modifications		
Outcome	Actions (with date of completion)	Officer responsible

Planning ahead: Reminders for the next review		
Date of next review	January 2011	
Areas to check at next review (e.g. new census information, new legislation due)	Ensure staff are re-assessed regularly as per policy to ensure patient safety.	
Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?	EHCC in patient unit	
Signed (completing officer/senior manager)	Date	
Signed (completing manager/Assistant Director)	Date	