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Policy for the delegated administration of Insulin in Adults in Community Health Services

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* All procedures must be reviewed every three years. A director may decide to set a shorter review period, if appropriate/required. There may also be a need to review a procedure in advance of a planned review date, i.e. due to changes in national policy or legislation, changes in service provision, recommendation from internal or external review, change in local and national reporting requirement or targets.

Services	Applicable
Trust wide	
Mental Health and LD	
Community Health Services	√
Primary Care	

Version Control Summary

Version	Date	Author	Status	Comment
2.0	March 2023	Lead Pharmacist Tower Hamlets Community Health Service Professional Development Lead Nurse Locality Manager, Bedfordshire Community Services	Final	New Policy adapted from NHSE national sample policy for the delegation of administration of insulin to adults, applicable to: Healthcare workers/support workers/other non-regulated health and care roles, and allied health professional (Publications approval reference: 001559ls July 2020) ELFT Policy Alignment Group consensus that the term *'Health Care Worker*' as defined in the original NHSE policy should be replaced with *'Health Care Practitioner'* to refer to Healthcare workers/support workers/other non-regulated health and care roles, and allied health professionals within this policy.

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1. Introduction

1.1 Adults with Type 1 diabetes and some with Type 2 diabetes require insulin therapy to manage their condition. Many are able to self-administer insulin, but some need help with this. In community settings insulin is often (but not always) administered by a registered nurse.

1.2 To enable community teams to manage the increasing demand for this service, suitably trained health care practitioners (HCPs) [1], including health support workers and healthcare assistants (HCAs), could administer insulin to those adults whose diabetes is stable.

1.3 This document provides a voluntary framework for teaching and training HCPs to administer insulin to adults who are unable to perform this task themselves and have no family or unpaid carer who can do it for them. As insulin needs to be administered subcutaneously, this is defined as a 'specialist task' that has historically been undertaken by registered nurses or registered practitioners.

1.4 This document should be considered alongside the following materials:

- Risk assessment - Appendix 1
- Insulin e-Learning available on ELFT Learning Academy (also available at: https://portal.e-lfh.org.uk/) - see Appendix 4 for details
- Insulin administration competency framework – a separate attachment, but to be used in conjunction with this policy.
- Record of practical assessment - Appendix 2
- Consent form -Appendix 3
- HCP Checklist - Appendix 5
- Other relevant local policies and procedures.

1.5 This document is originally authored by NHSE and supporting material is based on best practice, input from stakeholders and an expert working group, as well as the experience of eight national exemplar sites in collaboration with NHSE and Diabetes UK. (Please note that this policy has been adapted in some areas to facilitate implementation at ELFT however largely remains the same as the original NHSE policy).

[1] Whilst NHSE use the term Healthcare Workers (HCW) in this document, which is a generic term assumed to include similar roles with differing titles such as Healthcare Assistant, Health Care Support Worker etc. the term Health Care Practitioner (HCP) has been used by ELFT to refer to these groups in this document

2. Purpose of the implementation document

2.1 To enable appropriately trained HCPs to administer insulin using pens to adults in the community who have Type 2 diabetes. A registered nurse or registered practitioner needs to deem they are suitable for this delegation.

2.2 To ensure that where administration of insulin to suitable adults in the community is delegated, this is done in a safe and consistent manner, in line with the Care Quality Commission (CQC), Nursing and Midwifery Council (NMC) and Health Care Professionals Council (HCPC)'s fundamental standards.

2.3 To ensure that staff who are deemed suitable to assume responsibilities delegated by a registered nurse/registered practitioner, have proven their proficiency through a common framework of e-Learning, competencies and supervised practise.

3. Aims of the policy

3.1 Personalised care and empowerment: We believe that by empowering a

wider range of staff to administer insulin (with the permission of the person receiving care) can improve continuity in the member of staff who provides this service, and as people will not need to wait until a registered nurse can get to where they live, they will receive injections at the time appropriate to their routine and care plan.

3.2 To support the development of HCPs and support workers:

HCPs and support workers, whether in health or social care, are vital members of multidisciplinary teams (MDTs). They already deliver essential care and have a lot more to offer. We want to formalise policies for those who have already developed their skills in the care of people with diabetes and provide a career progression pathway for those who wish to do so. Health Care Workers (HCWs) are referred to as 'Health Care Practitioner' (HCP) at ELFT and this term will be used throughout this document in most instances. Where reference to the term HCW is made, this should be assumed to mean 'Health Care Practitioner'.

3.3 To help prevent transmission of Infection: By minimising the number of different health and care professionals who enter vulnerable people's homes or adult social care settings, we can minimise the risk of transmission in those settings.

3.4 To support the resilience of our shared community workforce and reduce risk of harm: Absence rates among social care and NHS community staff during the COVID-19 pandemic and beyond may be high - and at a time of unprecedented demand on community-based care as we support beds to be available in hospitals for the most ill. If community nurses cannot get to those who need insulin injections in a timely fashion, there is a very real risk of harm. NHS England and NHS Improvement and partners are supporting the rapid roll out and training for this approach to mitigate against service interruption.

3.5 To provide a framework for safe delegation: Delegation of this responsibility is not new for many areas. This national guidance and support package seeks to ensure delegation of responsibilities around insulin injection is implemented safely and consistently around the country, with adequate structures and support for the staff involved.

4. Scope

4.1 This document covers:

4.1.1 Those who will delegate tasks and responsibility: registered nurses/ registered practitioners

4.1.2 HCPs who will assume delegated responsibility:

- Health Care Assistants, Health Care or Rehab Support Workers and other similar roles in health and social care
- Allied Health Professionals and Pharmacy Technicians (where applicable).

4.2 This NHSE policy is relevant to NHS trusts, community interest companies (CICs), social enterprises, independent sector providers, adult social care providers that have staff caring for adults who require insulin administration by pen and have voluntarily agreed to take part in a delegation scheme. This policy applies to everyone that is contracted to work with ELFT staff in the delivery of diabetic care.

4.3 Nursing associates fall outside the scope of this policy. Although they can administer insulin, they cannot delegate the task to others - see Section 14: Information regarding nurse associates.

5. Definitions

Registered nurse/registered practitioner: The person who delegates the task of administering insulin to a healthcare practitioner (HCP), based on their professional judgement, and acts as their assessor. If a nurse, their name will be listed on Part 1 of the register of the Nursing and Midwifery Council. The registered nurse is professionally accountable for the delegation of the task (NMC 2015[2]). Alternatively, the task may be delegated and competency assessed by a member of the local MDT who is registered with the 'Health and Care Professions Council' (HCPC) (e.g. physiotherapists, dietitians and other AHPs), has expertise in insulin administration and is demonstrably competent to delegate their duties. The assessor acts as an ongoing source of advice and guidance to the HCP.

Healthcare Practitioner (HCP): The person to whom the task of administering insulin is delegated, either a non-regulated role (e.g. an AfC Band 3 HCA or equivalent, or health care assistant or healthcare support worker with NVQ level 3 or equivalent health support worker in social care settings) or an AHP. The HCW may be employed by an NHS trust, CIC, social enterprise, independent sector provider or provider of adult social care. Whilst this document uses the term Healthcare Practitioners (HCP), this is a generic term assumed to include similar roles with differing titles such as Healthcare Assistant, Health Care Support Worker etc. and includes registered Pharmacy technicians.

Specialist task: Defined as any task involving medicines administration (in this case insulin) that has been deemed appropriate for a non-registered practitioner to undertake, following a risk assessment and with adherence to the principles set out in this document.

Insulin administration: A subcutaneous injection of insulin using a pen.
Note: Injections via syringe and needle or insulin pump fall outside this policy.

Multidisciplinary teams: MDTs comprise, but are not limited to, nurses, doctors, pharmacists and AHPs, such as occupational therapists, dietitians and physiotherapists, who work together to deliver community health services to people in their own homes.

[2] https://www.nmc.org.uk/standards/code/

HbA1c: Refers to glycated haemoglobin, which forms when haemoglobin, a protein within red blood cells that carries oxygen around the body, joins with glucose in the blood.

6. Inclusion criteria

6.1 Adults receiving care are only to be considered suitable for delegated administration of insulin in the following circumstances:

6.1.1 The person has a diagnosis of Type 2 diabetes managed with insulin.

6.1.2 The person's diabetes is deemed 'stable' by either their GP, the diabetes specialist nursing team and/or community nurse/advanced clinical practitioner. A person's diabetes is defined as stable if their HbA1c and/or blood glucose level is within the agreed target range as agreed by their clinician , the treatment regimen has not changed substantially within the last two months, and frequent insulin dose adjustments due to hypoglycaemia/ hyperglycaemia are not required.

6.1.3 The person's prescription, as deemed 'stable', is reviewed and updated every three months by a community diabetes nurse specialist, GP or suitably competent prescriber within scope of practice.

6.1.4 Every opportunity has been given for the person to manage their own care either with or without family/carer support.

6.1.5 Written consent has been obtained from the person or appropriately appointed relative or carer using the standard trust/organisational consent form - see Appendix 3.

6.1.6 The above list is not intended to be prescriptive. The decision to delegate care remains the responsibility of the registered nurse, in accordance with the NMC Code (2018).

7. Exclusion criteria

7.1 Adults receiving care will not be considered suitable for delegated administration of insulin if:

7.1.1 They have a type of diabetes other than Type 2 diabetes, including Type 1 diabetes, steroid-induced diabetes and gestational diabetes, or are receiving insulin on a sliding scale.

7.1.2 Insulin treatment was initiated in the past three months or the person has been discharged from hospital within the last three weeks.

7.1.3 Potential for self-care is evident.

7.1.4 If insulin type/GLP-1 regimen has changed recently, until blood glucose levels are again deemed stable. Unit changes to current regimen are acceptable after review.

7.1.5 There is an imminent risk the person's diabetes could become unstable.

7.1.6 The person has diabetes alongside another chronic illness, indicating they have more unstable complex health or care needs.

7.1.7 The local nursing team is unable to support the delegation of care every day because, for example, it does not have a suitably qualified and competent registered nurse on duty each day.

7.1.8 Injections via syringe and needle or insulin pump fall outside this policy

8. Duties and responsibilities

8.1 Chief Executive

8.1.1 Has overall responsibility for the strategic and operational management of the Organisation including ensuring all relevant policies comply with all legal requirements for the administration of subcutaneous insulin by Health Care Workers / Healthcare Assistants / Support Workers / Other Non-Regulated health and care staff / Allied Health Professionals, Pharmacy Technicians.

8.1.2 The employer of the Health Care worker / Healthcare Assistants / Support Workers / Other Non-Regulated health and care staff / Allied Health Professional) Pharmacy technicians, accepts vicarious liability for their employee undertaking this extended role.

8.2 Director of Nursing - Quality and Governance

8.2.1 Responsible for ensuring correct systems and processes are in place and relevant trust/organisational policy is followed in relation to governance.

8.2.2 Responsible for providing assurance that the selection, training and assessment was robust to deliver competent practitioners.

8.2.3 Responsible for ensuring that the individual's competencies are implemented, achieved and maintained.

8.2.4 Provides protected time within working hours to complete the necessary training and competency assessment.

8.3 Service Managers / Lead Nurses/ Lead Pharmacists/Therapist

8.3.1 Responsible for ensuring that staff have access to this document and relevant local policies, as well as training and support.

8.3.2 Supports and enables operational clinical leads to fulfil their responsibilities and ensure the effective implementation of this document.

8.3.3 Ensures the provision of training and support to the HCPs to administer insulin and that the task complies with all local policies, protocols and guidelines.

8.3.4 Responsible for ensuring that individual's competencies are implemented, achieved and maintained

8.4 Health care assistants / Health care Support workers / other non-regulated staff / Allied Health Professionals / Pharmacy technician

8.4.1 Delegation should only occur when the HCP is prepared to take on the extended role. Although staff will be supported with competency to take on the delegated task, staff will have a right to refuse to take on a delegated responsibility should they not feel confident or competent to do so. Where delegation is not possible, the onus is on the community health provider to ensure continuity of care.

8.4.2 Once trained and assessed as competent will undertake the delegated task as per this document.

8.4.3 The HCP must not administer insulin until they have been assessed as competent by the named registered nurse/ registered practitioner and completed the e-Learning, and supervision has been recorded.

8.4.4 Will ensure that their knowledge and skills are maintained and be responsible for maintaining standards of practice.

8.4.5 Will maintain records in line with local policy.

8.4.6 Will participate in the mandatory organisational (trust/provider of adult social care) training and meet the competencies required in blood glucose monitoring and insulin administration (see separate document on Future NHS - Insulin Administration workspace https://future.nhs.uk/Insulin/grouphome).

8.4.7 Will be up-to-date at all times with basic life support and anaphylaxis training.

8.4.8 Will co-operate with and participate in ongoing clinical and management supervision and assessment by a registered nurse/ registered practitioner, including observed practice.

8.4.9 Will escalate concerns relating to the delegated insulin administration tasks to the registered nurse/registered practitioner or deputy, who will be accessible at all times.

8.5 Registered Nurse

8.5.1 Will be accountable for the delegation of any aspects of the task and ensuring the individual is competent to carry out the task (NMC 2018[3]/HCPC 2016[4]). This includes ongoing assessment and supervision of practice.

9. Principles to be applied

9.1 Voluntary

9.1.1 The delegation of insulin administration is voluntary:

- At a system and organisational level: Local systems should collectively agree their approach to implementation, based on what is beneficial and feasible in the context of their local health and care workforce and provider landscape, and demands on services. This includes consultation and agreement with adult social care providers to ascertain if implementation of the policy for their staff is desirable at this time.
- For registered nurses and registered practitioners: The policy, e-Learning and competencies provide a framework for registered nurses and registered practitioners to exercise judgement about the suitability of delegation to other HCPs on a case-by-case basis.
- For HCPs assuming delegated responsibility: Staff have a right to refuse to take on a delegated responsibility should they not feel confident or competent to do so. They must be enabled to undertake the e-Learning and have been assessed as competent based on supervision of their practise before they administer insulin.

[3] https://www.nmc.org.uk/standards/code/

[4] https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

9.2 Delegation, risk and professional judgement

9.2.1 The delegation of clinical interventions should not be considered an alternative to provision by statutory services.

9.2.2 The ability of the HCP to carry out the task, including their pre-existing knowledge, should be determined by the registered nurse/ registered practitioner. Delegation is not mandatory at either an organisational or individual level, and choosing to delegate duties to an individual is subject to the discretion and judgement of the registered nurse/registered practitioner.

9.2.3 The NMC Code is clear that registered nurses can delegate activities to another person, provided they are satisfied that the person has received adequate training and are assured that they are competent to perform the task. The NMC code does not dictate which tasks may or may not be delegated, or the nature of the training required. This is to allow nurses to use their professional judgement within their scope of practice, and coupled with the ability for decisions to be made locally to suit local circumstances, allows sufficient flexibility to meet people's needs in a range of different situations. This flexibility includes delegation to non-regulated staff such as care assistants working in social care. Under the NMC code the registered nurse remains accountable for the tasks they delegate. Likewise, the HCPC standards of conduct, performance and ethics make clear that registered practitioners (often called AHPs) can delegate tasks, but only to someone who has the knowledge, skills and experience needed to carry them out safely and effectively, and when appropriate supervision and support is provided on an ongoing basis.

9.2.4 A fully completed risk assessment (see Appendix 1) for each person receiving care is essential to meet legal requirements. The registered nurse / registered practitioner who is delegating the duty must complete this risk assessment for each person receiving care, and a copy kept with the person's care record.

9.2.5 Insulin must not be administered without the completion of a risk assessment, an individualised care plan/support plan and evidence that the delegated HCP has been assessed as competent to undertake the delegated task

9.2.6 The registered nurse/registered practitioner must complete a comprehensive assessment and record of care, and identify the condition of the person receiving care as predictable.

9.2.7 There must be clear arrangements for timely access to the registered nurse/registered practitioner for advice and guidance if/when the person receiving care's condition and blood glucose ranges deviate from what is normal for them. Access may be virtual e.g. via phone, Skype or other telehealth methods.

9.3 Informed consent

9.3.1 The registered nurse/registered practitioner must obtain informed consent from the patient (see Appendix 3) to allow administration to be preformed by the delegated HCP or where that person does not have the capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed as set out in the Consent to Treatment Policy (2015) and Mental Capacity Act (2005).

9.3.2 The registered nurse/registered practitioner must ensure that the person's mental capacity is kept under review. They must ensure that the HCP has an awareness of the Mental Capacity Act, can recognise when mental capacity may have been lost, and are obliged to liaise with them if they have any concerns about the person's capacity to consent. The HCW is responsible for the duty to obtain ongoing consent every time medicines (in this case insulin) are administered. Administration of medicines without the consent of a person receiving care could amount to a charge of battery or assault.

9.3.3 Where a person receiving care lacks capacity, the HCP has a duty to act in their best interest. An assessment of best interests should be undertaken by the registered practitioner on behalf of their employing organisation (in association with a care co-ordinator where applicable). The registered nurse/registered practitioner as the decision-maker has a duty to consult with a consultee (e.g. family members) to ascertain the desires, wishes and feelings of the person receiving care, and to take these into account. 'Best interest' decisions should be evidenced and recorded as part of the risk assessment and care record in accordance with local policy.

9.3.4 The patient/carer must give valid consent on initial assessment; and ongoing consent to the procedure. It may be verbal or implied (Refer to the Trust's Consent to Treatment Policy and the Mental Capacity Act Policy). Where an adult patient lacks mental capacity (temporarily or permanently) to give or withhold consent, no one else can give consent on their behalf unless there is an identified Lasting Power of Attorney for concerning health and financial matters. Lasting Power of Attorney must be registered with the Court of protection and must have valid documentation to show this. However, treatment may be given in the patients' best interest except where there is valid evidence of advanced decision to refuse treatment.

9.3.5 If consent is refused, the administration of insulin should not be delegated. The refusal should be documented and reported immediately to the delegating registered nurse/registered practitioner on duty, and the person's GP (or prescriber) informed. Patients must be given sufficient information to enable them to decide whether or not they wish to proceed with treatment. It should include the benefits and possible risks of the procedure

9.4 Expectations of competency

9.4.1 All HCPs who carry out a delegated task are expected to meet the same standard of practice as a competent professional, including for infection prevention and control, consent, best interests and mental capacity, and must have had training specific to the task, and which conforms to their organisation's current policies, and follow evidence-based practice.

9.4.2 The registered nurse/registered practitioner must ask the HCP to confirm that they are willing to perform the task following training and with ongoing monitoring and supervision.

9.4.3 The registered nurse/registered practitioner is accountable for ensuring that the HP to whom they are delegating an insulin administration task is competent, based on their professional judgement and supported by the framework of e-Learning and supervision which accompanies this policy. They must therefore ensure the delegated HCP is trained and has been assessed as competent. Competence should be reviewed on a six-monthly basis.

9.4.4 Where the HCP has already completed initial training and demonstrated competence in practice, assessment of competence does not need to be repeated for each new person receiving care. However, the delegating registered nurse/registered practitioner does need to complete a risk assessment for each new person receiving care (see paragraph 9.2.4), and each HCP taking on new responsibilities.

9.4.5 In situations where the person receiving care transfers, e.g. to another team, the accountability for the assessment of competence lies with the registered nurse who will have ongoing responsibility for the delegation of care to the HCP. All information relating to the administration of insulin must be communicated to the new team. Where the registered nurse leaves their post, the responsibility for assessment/reassessment of the HCP transfers to their replacement, i.e. the registered nurse/registered practitioner who will have ongoing responsibility for the person receiving care (and thus the delegation of care provided to that person).

9.4.6 A signed confirmation or verification of training (including e-Learning) and competence assessment by the registered nurse/registered practitioner must be obtained from the HCP as assurance that the training and assessment of competence was successfully completed.

9.4.7 All staff should be supported in reporting any error, incident or near miss in the knowledge that it will be investigated, and appropriate action taken. This will ensure that any lessons learnt can be fed back into the risk management process to prevent any such error, incident or near miss occurring again and to make sure similar incidents do not re-occur, and that lessons learnt can be shared.

9.4.8 Staff must always dispose of sharps in a sharps bin which should be kept safely in the home of the person receiving care (own home, residential home). For further information, see Section 14.

10. Training - essential requirements

10.1 Delegated HCPs must be compliant with the mandatory training required by their employer organisations.

10.2 To accept the delegated task of insulin administration the HCP must have completed the 'Insulin Administration' e-Learning Module as outlined within this document.

10.3 Furthermore, the task may only be delegated once competency is signed off by an experienced registered nurse/registered practitioner who will then act as a mentor.

10.4 The registered nurse/registered practitioner providing diabetes training or competency assessment for insulin administration to a delegated HCP must be able to demonstrate evidence of knowledge, skills and competence in the task being taught or have completed the e-Learning module.

11. Diabetes education pathway

Element	Method/frequency
Proven competence with blood glucose/monitoring	Assessment within workplace
Infection control training and hand hygiene	According to trust policy
Basic life support and anaphylaxis training	According to trust policy
e-Learning module	Annually
Practical assessments with mentor	Five assessments
Final assessment and sign off	By registered nurse/registered practitioner, then ongoing monthly supervision within practice

12. Ongoing supervision and support

12.1 It is vital that the register nurse/registered practitioner make sure the HCP has the ability to access advice and guidance from them on a regular basis (e.g. monthly clinical supervision and regular huddles to discuss diabetes cases) as part of a mentoring relationship - and the ability to access ad-hoc advice when needed so they can provide safe and compassionate care.

12.2 Suggested arrangements for formal ongoing supervision and monitoring are set out below:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Insulin administration competency assessment/ observation	Registered nurse/ registered practitioner	Competency assessment	Five times as part of initial training/ assessment, then at six-month intervals	Report to line manager
Competency verification	Line manager	Appraisal	Annual	Appraisal by line
Blood glucose/ketone monitoring assessment/ observation	Registered nurse/ registered practitioner	Competency assessment	Annual	Report to line manager
Hypoglycaemia awareness and management	Registered nurse/ registered practitioner	Competency Assessment	Annual	Report to line manager

12.3 Where there is a break in practice - e.g. no service users requiring insulin administration for more than three months, or an individual has not been using their skills for more than three months - e.g. during a career break or pregnancy, then a refreshed certificate of e-Learning and updated competency assessment is required, before the delegation of duties to the HCP can recommence.

12.4 Should there be an incident, error or near miss, the registered nurse/ registered practitioner should consider what training and further supervision the HCP may require or if the frequency of monitoring/reassessment should increase.

12.5 Registers must be maintained to record the following:

- A register of registered nurses and registered practitioners willing and able to delegate administration
- A register of HCPs deemed competent (HCAs/support workers/other non-regulated staff/AHPs/technicians)
- Records of e-Learning completion and competency assessment (see Appendix 2 for template)
- Annual review of all registers.

13. Document review

13.1 Review this document or local versions at least every three years or if national guidance/local incidents dictate otherwise.

14. Relevant policies from other organisations

Professional codes and standards

- Nursing and Midwifery Council (2018) The Code: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf
- Health and Care Professionals Council (2016) Standards of conduct, performance and ethics: https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/ - see in particular number four.
- Skills for care: The care certificate: https://www.skillsforcare.org.uk/Learning-development/inducting-staff/care-certificate/Care-Certificate.aspx

- Competency framework and workbook: Blood glucose monitoring and subcutaneous insulin administration

Diabetes management and learning resources

- Please refer to the Integrated Career and Competency Framework for Diabetes Nursing at: www.trend-uk.org
- Diabetes UK (2016) Insulin delegation in the community: Toolkit and resources: https://www.diabetes.org.uk/About_us/News/Insulin-delegation-guide
- Trend UK. Resources to support good injection technique, spread good practice, achieve the best blood glucose control possible and avoid complications from poor injection technique: https://trend-uk.org/injection-technique-matters/

Care homes

- LGA/ADASS statement: https://nationalcareassociation.org.uk/content/images/uploads/headers/Provider-fees-summary-of-the-approach-proposed-by-local-government-ASC-final.pdf
- Transition to care home nursing learning resource and rapid training plans: https://www.qni.org.uk/nursing-in-the-community/care-home-nurses-network/coronavirus-information-centre/

Delegation

- Care Quality Commission (CQC) Guidance on delegating medicines administration: https://www.cqc.org.uk/guidance-providers/adult-social-care/delegating-medicines-administration

For registered nurses

- Royal College of Nursing (RCN) Accountability and delegation: Information on accountability and delegation for all members of the nursing team: https://www.rcn.org.uk/professional-development/accountability-and-delegation
- NMC (2012) Regulation in practice topics: Delegation: www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-inPractice-Topics/Delegation
- RCN (2011) The principles of accountability and delegation for nurses, students, health care assistants and assistant practitioners. www.rcn.org.uk
- RCN (2011) Accountability and delegation checklist. Available from:

http://www.rcn.org.uk/support/rcn_direct_online_advice/az2/health_care_assistants_hcas_and_assistant_practitioners_aps/accountability_and_delegation

- RCN (2011) Delegation Information Sheet. Available from: http://www.rcn.org.uk/development/health_care_support_workers/professional_issues/accountability_and_delegation

For health and care professionals/allied health professionals

- HCPC (2016) - https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/ - See in particular number four.
- NHS England (2020) - https://www.england.nhs.uk/coronavirus/publication/letter-supporting-allied-health-professionals-and-allied-health-professional-support-workers-during-the-covid-19-epidemic-in-the-uk/
- Chartered Society of Physiotherapists (2016) expectations of educational programmes in Injection Therapy for physiotherapists (2nd Edition) - https://future.nhs.uk/Insulin/view?objectId=68097189
- Chartered Society of Physiotherapists (2016) - Information Paper: The use of medicines with injection-therapy in physiotherapy services: https://future.nhs.uk/Insulin/view?objectId=68097157

Delegated nursing tasks in social care

- NMC (2020) - A letter from the Nursing and Midwifery Council (NMC) to Skills for Care confirming the NMC position on delegation of nursing tasks in Social Care: https://future.nhs.uk/Insulin/view?objectId=68056421

Information regarding nurse associates

- Nursing associates are registered with the NMC and are able to administer medicines (including insulin), without delegation, as a taught skill, but are not able to delegate this task to others - see Standard 10.5: https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/nursing-associates-proficiency-standards.pdf
- Nursing associates - information for employers: https://www.nmc.org.uk/standards/nursing-associates/information-for-employers/
- CQC (2019) Briefing for providers: Nursing associates, provides information on what tasks nursing associates may and may not undertake as part of

wider teams in residential care homes (without a Registered Nurse deployed) and in nursing homes (homes with a deployed Registered Nurse or equivalent): https://www.cqc.org.uk/sites/default/files/20190123_briefing_for_providers_nursing_associates_0.pdf

Document management and record keeping:

- RCN (2012) Health Care Assistants (HCAs) and assistant practitioners (AP's) health records & record keeping. Available online at http://www.rcn.org.uk/__data/assets/pdf_file/0005/486662/004337.pdf
- Record Keeping: Guidance for Nurses & Midwives. NMC (2009): London. Available Online from http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Record-Keeping-Guidance.pdf

Medicines management:

- Care Quality Commission (CQC) - Guidance on High Risk Medicines - https://www.cqc.org.uk/guidance-providers/adult-social-care/high-risk-medicines-insulin
- Safety alert on insulin pens including video: https://www.england.nhs.uk/2016/11/risk-severe-harm-and-death-withdrawing-insulin-pen-devices/
- The NMC Standards for Medicines Management were withdrawn last year and https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management/
- Royal Pharmaceutical Society (RPS) - Professional guidance on the safe and secure handling of medicines - guidance for all healthcare professionals covering areas such as the storage, transportation and disposal of medicines https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines
- Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN) - Professional guidance on the administration of medicines in healthcare settings - principles-based guidance to ensure the safe administration of medicines by healthcare professionals - https://www.rpharms.com/Portals/0/RPS document library/Openaccess/Professional standards/SSHM and Admin/Admin of Meds prof guidance.pdf?ver=2019-01-23-145026-567
- Health Education England (HEE) - Advisory guidance on administration of medicines by nursing associates - https://www.hee.nhs.uk/sites/default/files/documents/Advisory guidance - administration of medicines by nursing associates.pdf

- Royal College of Nursing (RCN), Medicines Management: Professional resources https://www.rcn.org.uk/clinical-topics/medicines-management/professional-resources

Avoidance of sharps injuries:

- See the 2010/32/EU Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector 10/05/2010 converted to UK law in 2013: http://data.europa.eu/eli/dir/2010/32/oj
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: https://www.hse.gov.uk/pubns/hsis7.htm#
- Guidance for employers and employees at http://www.hse.gov.uk
- CQC handling sharps in adult social care - CQC ASC medicines FAQ https://www.cqc.org.uk/guidance-providers/adult-social-care/handling-sharps-adult-social-care

Appendix 1: Risk assessment for insulin administration by health care assistants/ support workers/other non-regulated staff/allied health professionals

This is a two page document. **For information about risk assessment, see Section 9.2: Delegation, risk and professional judgement.**

A risk assessment must be completed by the registered nurse/registered practitioner who will take responsibility for delegation of the task, before a decision is made to allow the administration of insulin by pen by a delegated health or care worker.

The assessment must be completed for each person receiving care, health or care worker and each new task required.

If the answer is 'no' to any of these questions an alternative strategy for administration is required.

Name of person receiving care	
NHS number	

This form should be left in the person receiving care's home notes and a copy scan and uploaded to their electronic clinical care record.

Person receiving care	Yes/No
1.1 An assessment and individualised care record / support plan has been completed by a registered practitioner.	
1.2 The person receiving care requires insulin medication by insulin pen	
1.3 The person receiving care is unable to self-administer	
1.4 The person receiving care has no family or informal carers able to administer insulin (where appropriate)	
1.5 The person receiving care is stable	
1.6 The person receiving care consents to the delegation of the administration of insulin to the healthcare Practitioner, or where they lack capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed (Consent to Treatment (2015) and Mental Capacity Act 2005)	
1.7 There are no safeguarding issues	

Healthcare Professional	Yes/No

Name:		
Name:		
Name:		
Name:		
2.1	Administration of insulin is within the healthcare Professionals job description	
2.2	The healthcare professionals clinical lead/team lead will hold a copy of the individualised support plan/care plan for the named person	
2.3	The healthcare professional accepts responsibility to perform the task of administration of insulin to the required standard following training and assessment.	
2.4	The healthcare professional signs to confirm that training was received, understood and that they will comply with the relevant policy and procedures	
2.5	The healthcare professional signs to confirm that they understand the necessity of good record keeping	
	Task	Yes/No
	Medication (name): Medication (name): Medication (name): Medication (name):	
3.1	Administration of insulin by healthcare Practitioner is to a named person receiving care only	
3.2	There is a suitable supply and adequate storage for insulin	
3.3	There are suitable disposal facilities for medication	

All aspects of the risk assessment have been completed and control measures achieved

To be completed by registered nurse/registered practitioner:

Name	
Designation	
Signature	
Date	
Review date/rationale	

Appendix 2: Record of practical assessment by the registered nurse/registered practitioner acting as assessor

Date and time	Criteria	Registered nurse/ registered practitioner assessor's signature	Healthcare Practitioner signature	Assessor's comments
	Introduction and consent			
	Infection prevention and control			
	Checks relevant documentation (medication chart, last documentation, last injection site)			
	Checks that it is the: • right person • right site • right time • right insulin • right dose • right route • signature signed by prescriber • right needle length			
	Check that the person receiving care's next meal is Readily available.			
	Administers subcutaneous insulin			
	Document care given			

Practical assessment is to be completed on five separate occasions as part of the overall assessment.

The assessor will need to re-evaluate the learner's competencies and sign off final assessment or re-enter for further training.

FINAL ASSESSMENT AND SIGN-OFF DATE

I: (REGISTERED NURSE/ REGISTERED PRACTITIONER PLEASE PRINT NAME I BOX)

Can confirm that

(HEALTHCARE PRACTITIONER PLEASE PRINT NAME)

Is now considered safe and competent to administer insulin injections in the community.

SIGNATURE OF HEALTHCARE PRACTITIONER:

Date:

The assessor MUST ensure a copy of this final assessment and sign off is communicated to the HCP's Line manager in writing and retained in electronic form by the team/Clinical/Service Lead on the HCP HR file. When requested, this document should be retrievable.

Appendix 3: Agreement form to consent to administration of insulin

For guidance see Section 9.3 of the sample policy document. This is a two page document. **Please ensure you print both pages.**

A copy of this document MUST be kept in the service user's home notes and a copy uploaded to the service user electronic clinical record.

Details of person receiving care:

Name of person receiving care……..

ID/NHS no……

Statement of registered nurse:

I have explained to the person receiving care that the healthcare Professional

SPECIFY AS APPROPRIATE:

Assigned to complete this task:

- Has undergone a rigorous training programme and is competent in the administration of insulin
- Will be fully supported by the registered nurse/registered practitioner from

ENTER SERVICE NAME:
East London Foundation Trust

I have also explained to the person receiving care that:

- The team of registered nurses will remain responsible for their nursing care and will review this on a regular basis.
- If the individual's medical condition changes in any way, care will be given by the registered nurse
- The individual has the right to withdraw consent at any time.

Print Nurse Name	
Nurse Signature	
Designation	
Date	

Consent of person receiving care:

I [INSERT PATIENT NAME]

Understand the statement above, have received sufficient information, have had the opportunity to discuss any questions and consent for the delegated healthcare practitioner [SPECIFY AS APPROPRIATE]

To complete the above indicated routine task/tasks

Patient Signature	
Date	
Print Name	

Appendix 4: e-Learning module

This training is mandatory on the ELFT Learning Academy (ELA) for all nursing and staff profiles who are involved in supporting the administration of Insulin. If the 'Safe Use of Insulin' e-learning module does not appear on ELA, managers should contact the ELFT Learning Academy to ensure this added to staff profiles. For reference this e-learning module is also accessible at https://portal.e-lfh.org.uk/

Aims

1. To standardise the procedure for delegated healthcare practitioner (HCPs) working in NHS trusts, community interest companies, social enterprises, independent sector providers, learning disability providers, adult social care providers - enabling them to administer insulin to specific individuals receiving care as identified by the registered nurse/registered practitioner supporting management of diabetes in the community in their area.
2. To provide a structured training programme for the safe administration of insulin by HCPs.

Learning objectives

At the end of the education programme the HCP will be able to:

- Have knowledge of the diagnosis and treatment of both Type 1 and Type 2 diabetes
- Demonstrate the correct procedures for blood glucose/ketone monitoring and quality assurance according to the individual local NHS trust or community provider policy
- Describe the effect of insulin on blood glucose levels
- Administer insulin using the correct injection technique
- Have knowledge of hypoglycaemia and hyperglycaemia, and their appropriate treatment
- Show an understanding of the ongoing nature of therapy and the progression of the disease
- Report identified problems appropriately and in a timely fashion
- The individual member of staff who has been identified and undergone the training is responsible for their own actions.

They should ensure that they have undertaken the appropriate training and supervised practice to demonstrate individual competency and confidence.

The registered nurse/registered practitioner remains accountable for the appropriateness of delegation, ensuring adequate support and supervision is available (NMC The Code 2018).

Review

Continuous monitoring of competence of practice should be undertaken by the HCP's mentor/team leader. The individual undertaking the procedure should demonstrate evidence of adhering to the information in the implementation document. It is the responsibility of the individual undertaking this procedure to keep up to date and to keep a record of this in their personal portfolio.

Assessment

- The HCP must have completed the e-Learning module and achieved the pass mark of 80%, and be able to demonstrate competent clinical skills to undertake the procedure.
- The HCP and the mentor will then complete a two-part assessment (see pages 11 and 13 of the competency framework and workbook). These will be kept by the caseload manager in the appropriate format. A practical assessment will be undertaken on five separate occasions (see Appendix 2 herein) by the registered nurse or registered practitioner acting as an assessor.
- When deemed competent by the mentor, page 2 will be completed.
- A copy of the completed assessments will be sent to the lead nurse who will check that the paperwork has been correctly completed. The team leader will then keep a copy of these assessments in the HCP's file.
- They will receive ongoing support and supervision from the registered nurse/registered professional.

Before being able to undertake the administration of insulin the HCP needs to have a working knowledge of:

- Diabetes - the condition
- Types of diabetes
- Blood glucose monitoring [see guidelines]
- Insulin therapy including:
    - Types of insulin
    - Time/action profile of insulin
    - Injection technique sites, rotation and lipohypertrophy
    - Equipment
    - Storage

- Sharps disposal, needle stick injury recording and reporting
- Documentation
- Hypo/hyperglycaemia, including signs and symptoms, treatment and prevention.

As provided in the eLearning module which supports this initiative.

- The registered nurse should support and supervise the HCP in practice until both are satisfied that the HCP has the necessary training, confidence, and skills to undertake the procedure unsupervised. The HCP is responsible for their actions, while the registered nurse or registered practitioner remains accountable for the delegation of care (NMC 2018, HCPC 2016).
- The HCP must have been assessed and signed off as competent to carry out all aspects of the task.
- The HCP must be reassessed six-monthly.

Appendix 5: HCP Checklist

ELFT Checklist for health care practitioners (HCPs) who are delegated responsibility to administer insulin to adults in CHS.

Health and care workers, healthcare assistants, support workers, other non-regulated health and care roles, allied health professionals.

This NHSE document has been adapted for use in ELFT

Original document NHSE Publications approval reference: 001559

The content of this document has been generated independently in collaboration with eight exemplar sites and those companies referenced in the NHSE Delegated Administration of Insulin Sample Policy acknowledgements (the 'parties').

While the parties have made every effort to check that no inaccurate or misleading data, opinions or statements appear in this document, they wish to make it clear that the material represents a summary of the independent evaluations and knowledge of the authors and contributors. As such, the parties accept no responsibility for the consequences of any such inaccurate or misleading content, or no pilots being undertaken. Nor do they endorse the use of any drug or device in a way that lies outside its licensed application in any territory.

Checklist

This checklist is for use when training non-regulated health and care staff and allied health professionals (AHPs) to administer insulin.

Definitions

Healthcare Practitioner (HCP): The person to whom the task of administering insulin is delegated, either a non-regulated role (e.g. an AfC Band 3 HCA or equivalent, or health care assistant or healthcare support worker with NVQ level 3 or equivalent health support worker in social care settings) or an AHP. The HCW may be employed by an NHS trust, CIC, social enterprise, independent sector provider or provider of adult social care. Whilst this document uses the term Healthcare Practitioners (HCP), this is a generic term assumed to include similar roles with differing titles such as Healthcare Assistant, Health Care Support Worker etc. and includes registered Pharmacy technicians.

Registered nurse/registered practitioner: The person who delegates the task of administering insulin to a healthcare practitioner (HCP), based on their professional judgement, and acts as their assessor. If a nurse, their name will be listed on Part 1 of the register of the Nursing and Midwifery Council. The registered nurse is professionally accountable for the delegation of the task (NMC 2015[2]). Alternatively, the task may be delegated and competency assessed by a member of the local MDT who is registered with the 'Health and Care Professions Council' (HCPC) (e.g. physiotherapists, dietitians and other AHPs), has expertise in insulin administration and is demonstrably competent to delegate their duties. The assessor acts as an ongoing source of advice and guidance to the HCP.

[1] https://www.nmc.org.uk/standards/code/

Checklist for health care practitioners who are delegated responsibility to administer insulin

HCP Name		Department & Designation	

Requirements for the extended role	Evidence	Sign
Will have completed the e-Learning programme and passed the assessment as per mandatory training on ELFT Learning Academy (ELA) or via https://portal.e-lfh.org.uk/	Provides the registered nurse/registered practitioner assessor with a signed and dated certificate.	
Once trained and assessed as competent will undertake the delegated task as per the Policy for delegation of administration of insulin to adults in CHS.	Provides a signed competency document as agreed by the registered nurse/registered practitioner assessor.	
Ensures their knowledge and skills are maintained and is responsible for maintaining standards of practice for non-regulated health care practitioners/workers and allied health professionals (AHPs).	Shows evidence of adherence to trust policies through the competency assessment process.	
Maintains records in line with trust policy.	Registered nurse/registered practitioner to audit a selection of records, initially monthly and then 3 monthly.	
Participates in the mandatory organisational training requirements and maintains the competencies required in blood glucose monitoring and insulin administration.	Provides dated certification.	
Up-to-date at all times with basic life support and anaphylaxis training.	Attends all training and provides dated certification.	
Co-operates with and participates in ongoing clinical and management supervision and assessment by a registered nurse/ registered practitioner, including observed practice.	Shows evidence of adherence to Trust policies through the competency assessment process. Registered nurse/registered practitioner records.	
Knowledgeable about the trust lone worker policy.	Registered Nurse to assess through Questions and answers about the lone worker policy	
Attends the mandatory training on personal protective equipment (PPE).	Can describe trust policy on PPE.	
Attends delegation of insulin administration training on an annual basis to maintain competency.	Proven attendance record.	

Requirements for the extended role	Evidence	Sign
Understands injection technique matters guidance https://portal.e-lfh.org.uk/	Questions/answers.	
Agrees to follow organisational/local procedure for reporting errors, incidents and near misses.	Questions/answers.	

Appendix 6: Competency Framework

NHSE have published a Competency framework and workbook for Blood glucose monitoring and subcutaneous insulin administration.

The framework and workbook is a separate attachment to this policy and can be found on the Trust Intranet. It is for use with Health Care Practitioners including health care workers, healthcare Assistants, support workers, other non-regulated health and care roles, and allied health professionals within ELFT

---------- **END OF POLICY** ----------