

INSULIN AND NON-INSULIN INJECTABLE THERAPY ADMINISTRATION POLICY

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Insulin and non-insulin injectable therapy administration policy
Version control sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1	New Policy Replacing G_CS_89.	V1 replacing G_CS_89 to separate into 3 policies. To incorporate the Nursing Associate role.	16.04.2020	Estelle Walden
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Insulin and non-insulin injectable therapy administration policy

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Insulin and non-insulin injectable therapy administration policy

Procedural document statement

Background

The purpose of this guidance is to implement a co-ordinated and uniform approach to the clinical management of insulin and non-insulin injectable therapy administration by registered nurses registered nursing associates and non-registered healthcare practitioners (senior health care support worker or allied health professional)

Statement

Lincolnshire Community Health Service will develop policies to fulfil all statutory and organisational requirements. These will be comprehensive, formally approved and ratified, disseminated through approved channels and implemented.

Responsibilities

Compliance with the policy will be the responsibility of all Lincolnshire Community Health Service staff involved in delivering direct patient care or responsible for supporting those to deliver patient care.

Training

Practitioners undertaking administration of insulin and non-insulin injectable therapy should have completed the appropriate training and competencies as identified in this document.

Dissemination

Websites
Training Website
Team Brief / Newsletter

Resource implication

Insulin and non-insulin injectable therapy policy

1. Scope and purpose

1.1 Objectives

The objective of this guideline is to ensure registered nurses, registered nursing associates, senior healthcare support workers and allied healthcare professionals, working in the community in Lincolnshire, undertake administration of insulin and non-insulin injectable therapy safely in accordance with Trust Policy. To reduce the risks associated with nurses administering insulin and non-insulin injectable therapy.

1.2 Patients covered

Adult patients, 18 and above, with diabetes who require the support of the Community Nurses/ in-patient community hospital staff for administration of insulin and non-insulin injectable therapy.

1.3 Target users

Registered Nursing Staff, Registered Nursing Associate staff and Senior Health Care Support workers and allied healthcare professionals working within the community and Lincolnshire Community Health Service (LCHS) hospitals in Lincolnshire.

1.4 Implementation of guideline

Guideline and procedure document to be followed by all staff undertaking administration of insulin and non-insulin injectable therapy.

Insulin and non-insulin injectable therapy policy

2.0 Insulin

Main types of diabetes

- Type 1 diabetes.
- Type 2 diabetes
- Gestational
- Diabetes with Type 1 phenotype (MODY, slowly evolving immune mediated diabetes)
- Drug-induced diabetes
- Endocrine disorders that cause diabetes
- Pancreatic diseases and diabetes

2.1 Indications for insulin initiation

Type 1 diabetes:

- Those diagnosed with Type 1 diabetes (insulin should be started within 24 hours of diagnosis (NICE 2015))

Type 2 diabetes:

- Those who fail to reach glycaemic targets using diet and non- insulin therapies
- Those who have a very high HbA1C > 97mmol/mol
- Those with symptoms or evidence of catabolism: weight loss, polyuria, polydipsia which suggest insulin deficiency (ADA/EASD 2018)
- If type 1 phenotype is suspected
- If patient has Gestational diabetes
- In those with steroid induced diabetes
- If the patient has acute neuropathies
- If the patient is post myocardial infarction
- Intolerance/contraindication to non-insulin therapies

2.2 Examples of commonly used insulin

- Fast acting insulin (clear) – e.g. Novorapid/ Apidra / Humalog -given immediately before, during or immediately after food
- Short acting Insulin (clear) – e.g. Actrapid / Humulin S -given 20 to 30 minutes before food
- Intermediate / medium acting Insulin (cloudy) – e.g. Insulatard / Humulin I given 30 minutes before food (breakfast or evening meal) or bed time.
- Premixed Insulin - Mixture of short and medium acting Insulin (cloudy) – e.g. Insuman comb25/ Humulin M3 given 20 to 30 minutes before food
- Premixed Analogue insulin -Mixture of fast and medium acting insulin (cloudy) – e.g. Novomix 30 / Humalog Mix25 given immediately before, during or immediately after food
- Long acting insulin (clear) – e.g. Detemir / Lantus/Abasaglar/ Semglee given at the same time each day (within an hour of usual time) (Detemir can be given twice daily).
- Ultra-long acting insulin -Degludec (Tresiba 100 unit/ml) - available in pen device/ cartridge, given once daily

- High concentration insulin: Long acting insulin- Toujeo(300 unit/ml)/ Tresiba (200 unit/ml)- Only available in pen device given once daily, and Short acting insulin- Humalog (200 unit/ml)- Only available in pen device.
- Ultra-Rapid-Acting insulin- Fiasp given 2 minutes before a meal or up to 20 minutes after a meal. Available in pen device, cartridge and 10ml vial.

2.3 Insulin Administration Devices.

- Insulin syringes (Unit 100 insulin syringes)
- Insulin Pen Device
- Continuous insulin pump (used in individuals managed by secondary care only)

3.0 Common insulin Errors

- Use of “U” when prescribing insulin can lead to dose error
- Wrong syringe used for administration of insulin (not insulin syringe)
- Incorrect insulin name
- Use of wrong insulin
- Omitted doses
- Inappropriate timing of insulin or meals.
- Inaccurate transcription or documentation

3.1 Important Points to Reduce the Risk of Errors When Administering insulin

- All LCHS staff must follow the 8 medicines rights when administering medication to individuals.
- All LCHS staff must follow Safe and secure handling of medicines policy.

Six categories for reducing the risk of making common errors with insulin:

- **The right person**-check with the patient or carer
- **The right insulin**-check the name, device, type of insulin
- **The right dose**-confirm the dose and ensure units is written in full
- **The right time**-ensure appropriate timing i.e. mealtime/ with food
- **The right device**-ensure insulin is administered using the appropriate delivery device
- **The right way**-inject insulin into subcutaneous tissue, rotate injection sites

Keeping safe with insulin therapy TREND UK (2017) can be downloaded from www.trend-uk.org

Other Important points to consider:

- **Insulin must never be completely stopped in someone with type 1 diabetes**
- All prescribed insulin must be recorded as units; no abbreviations to be used in any documentation
- Insulin should be prescribed by brand name
- **Insulin should never be drawn up from an insulin cartridge or pre-filled pen using a syringe as the dose would not be accurate**
- Due to the high risk of needle stick injuries, insulin pen safety needles should be used by community nurses to administer insulin from pen devices (BD Auto shield Duo)
- Insulin safety syringes should be used to withdraw insulin from vials.

- Pre-filled insulin pens and insulin vials that are in use can be kept out of the fridge in a small container at room temperature for 28 days, insulin remaining in the pen or vial after this date should be disposed of. Do not obscure insulin contained in a vial or pen device with labels.
- Insulin is affected by extremes of temperature, avoid storing insulin in contact with direct heat or sunlight or area at risk of freezing
- Spare insulin pens and vials of insulin that are not in use should be stored in a fridge.
- **Nursing notes must be checked to see if any other healthcare practitioner has administered the insulin dose already.**
- **The patient's prescription / Authority to administer form must always be checked before administering insulin to ensure the correct dose and type of insulin is given** (insulin doses may have been changed since the nurse last saw the patient), **recheck insulin prescription dose against the drawn up insulin/pen device prior to administration.**
- **Always** give rapid acting analogues, short acting human insulin and human biphasic and analogue biphasic insulin **with meals**
- **Always** give insulin Glargine (Lantus, abasaglar, semglee, Toujeo), Levemir, Tresiba, Humulin I, Insulatard and Insuman basal **at the same time each day irrespective of meals.**
- Ensure that following insulin administration all documentation is completed, to include name of insulin given, dose, site administered, batch number, expiry date.
- If insulin doses are changed ensure the previous prescription is removed from the patients record
- If insulin doses are delayed or missed please contact the Diabetes help line 01522 308838 or 111 for advice as the patient may require a reduction in their insulin dose.
- Healthcare professionals administering insulin should consult the Summary of product characteristics for the insulin administered.

4.0 Storage of insulin vial and pen cartridges

Action	Rationale
Unopened vials/ disposable pens/ cartridges should be stored in a refrigerator at 2-8 degrees and are safe to use until the expiry date on the vial/pen/ cartridge.	To ensure that the insulin remains effective stable and undamaged.
Vials/cartridges/ disposable pens that are in use may be stored at room temperature (<25 degrees) for up to 28 days. However after this time if any insulin is left it should be discarded.	To ensure that the insulin remains effective stable and undamaged.
Insulin should not be frozen, it should be kept out of direct sunlight and stored below 30 degrees	Breakdown of insulin is accelerated by exposure to heat.

5.0 Procedure for administration of insulin

Principle to ensure patient has the safe administration of insulin.

Action	Rationale
Preparation of equipment required for procedure- documentation (prescription and administration record), insulin pen and safety needle/ insulin vial and insulin syringe, sharps container.	To facilitate smooth procedure
Check Patients identity	To ensure insulin injection is not given to the wrong patient
Check documentation to ensure insulin injection has not already been given and to ensure correct dose is given	To prevent insulin overdose.
Staff to wash hands prior to procedure	To prevent contamination and reduce risk of cross infection.
Check patients' blood glucose prior to insulin administration. (Refer to blood glucose monitoring policy)	To monitor effectiveness of treatment and to ensure insulin is safe to be given at the time due.
Check the insulin against the prescription/authorisation and administration record to ascertain the following: <ul style="list-style-type: none"> • All service user identifying information • Their allergy/ sensitivity status • The appropriate signatures • Overall legibility • A correctly written prescription • Medication to be administered • Dose • Route and method of administration • Date and time of administration • Frequency • Authorisation/prescription signed by prescriber • Last site used 	To ensure patient is given the correct insulin and at the correct time.
Check the expiry date (check date insulin vial/pen device first used –discard if open for more than 28 days)	To ensure insulin is in date and safe to use.
Check the appearance of insulin- check vial/pen device is not damaged. Check insulin for clumping, frosting, precipitation or discoloration and for the presence of any foreign objects.	To ensure insulin is safe to use.
Re-suspension of cloudy insulin. (Humulin I/Insulatard/Pre mixed insulin) Gently roll and invert the vial/pen device (do not shake) 10 times until the crystals go back	Vigorous shaking produces bubbles which cause inaccurate dosing. To ensure correct mixture of insulin is given

into a suspension and the solution becomes milky white.	
<p>Injecting Process for insulin vial and syringe. When drawing up from an insulin vial, the air equivalent dose (or slightly greater) should be drawn up first and injected into the vial Ensure only insulin syringes are used If air bubbles are seen in the syringe, tap the barrel to bring them to the surface and then remove the bubbles by pushing up the plunger Injecting Process for insulin pen device</p> <p>Select new pen needle (use new needle for each injection) Peel off paper seal Apply new needle to the pen, screw on and remove safety cap. Perform test dose- dial up 2 units hold needle upright and depress the plunger Dial the required dose.</p>	<p>To facilitate insulin withdrawal. Use of any other type of syringe can cause dosing error and serious harm. Removal of bubbles ensures correct dosing.</p> <p>To ensure needle and pen are working correctly.</p>
Explain procedure to patient and gain consent	
<p>Injection sequence:</p> <ul style="list-style-type: none"> - Select injection site- Check injection site for presence of lipohypertrophy, inflammation, oedema, ulceration or infection. Also avoid nodules, scar tissue, tattoos, hernias and stoma - Lift a skin fold –if appropriate to do so - Insert needle/syringe into skin, inject slowly at ninety degrees to surface of the skin. - Leave the needle in the skin for a count of 10 after the plunger is fully depressed (when injecting with a pen device). - Withdraw needle from the skin at the same angle it was inserted - Release skin fold- if used - Dispose of syringe/ remove pen needle and dispose of in sharps container 	<p>Insulin should be injected into subcutaneous fat at a 90 degree angle. If the insulin is injected into the muscle or dermis it will not be absorbed correctly and its action profile will be altered</p>
Rotate injection sites to ensure they are spaced at 1cm from each other	To avoid repeat tissue trauma and development of lipohypertrophy which can result in erratic readings.
Wash hands	To prevent cross infection
Document procedure in patient notes and System One record. Record –type of insulin, dose (record in	To ensure correct documentation is completed and to avoid administration errors.

units), site of injection, batch number, expiry date and time of injection	
Ensure patient is comfortable	
Ensure any concerns are reported to appropriate health care professional	To maintain safety and communication

5.1 Rotation of Injection Sites and Needle length for those requiring insulin

Action	Rationale
Subcutaneous is absorbed at different rates from different anatomical sites of the body. It is absorbed more quickly by the abdomen, slower by the thighs/ buttocks and the arms are medium to fast absorption	Rotating injection sites may result in differing rates of absorption between sites, which should be taken into consideration
It is important not to mix site and time of day. For example administer morning insulin in abdomen and evening insulin in the thigh. Or quick acting insulin is given in the abdomen and intermediate/long acting insulin given in the thigh	In order to help predict the effect of a dose of insulin and have a smoother excursions in blood glucose levels.
If arms are used ensure fatty area's at the back of arms are used.	To ensure insulin is not given intramuscularly
Rotation of injection sites is important. Injections should be systematically rotated to ensure they are spaced at least 1cm from each other.	To prevent Lipohypertrophy, which can affect the absorption of insulin and lead to erratic glycaemic control. If a patient changes injection sites to avoid lumpy areas blood glucose should be monitored closely as a reduction in insulin may be required.
Needle size and technique	
4mm insulin pen needles should be used, and should be inserted at a 90° angle. 4mm pen needle may be used safely and effectively in all obese patients, a 5mm needle may also be acceptable	Longer needles increase the chance of injecting into muscle.
Insulin syringes should have 8mm needles In slim to normal weight adults (BMI 19-25) injections should be administered into a lifted skin fold.	To reduce risk of intramuscular injection.
Safety-engineered devices should be used when insulin injections are administered by a third party (BD Auto Shield Duo safety pen needle/ insulin safety syringe)	To minimize risk of needle stick injury and blood borne infection.

5.2 Disposal of sharps advice

Action	Rationale
Sharps containers should be easily accessible at the point of care beside the patient prior to injection.	To prevent risk of needle stick injury and blood borne infection
All sharps should be disposed of in sharps container. Under no circumstance should	To prevent risk of needle stick injury and blood borne infection to the public and refuse

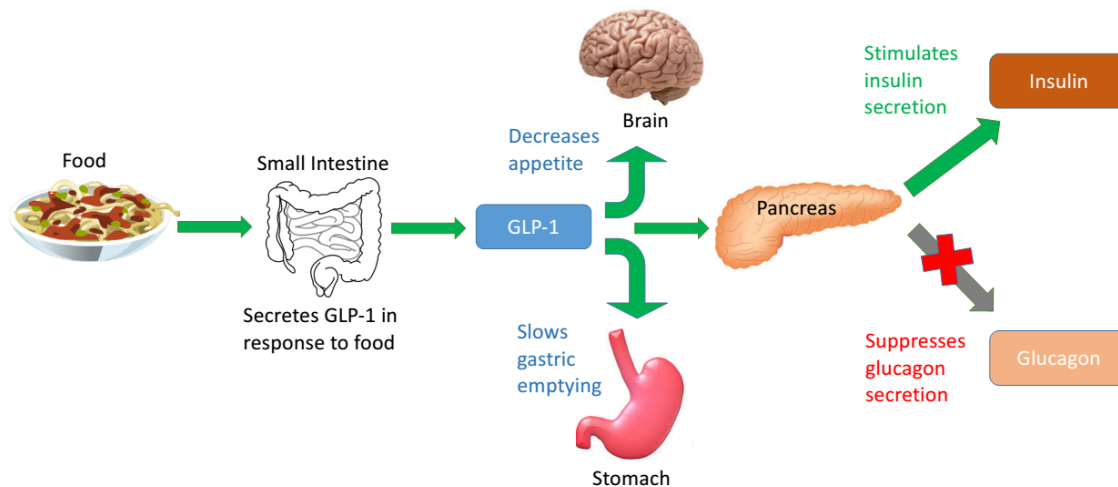
sharps materials be disposed of in the public refuse or rubbish system	workers
Never resheath an insulin pen needle or syringe	To prevent needle stick injury and blood borne infection
When a sharps bin is full the container should be locked and the patient advised to contact their local council who will arrange to collect the container	To ensure that sharps are disposed of safely.

6.0 Non-insulin Injectable Therapy

6.1 GLP1 RA (Glucagon like peptide 1 – Receptor Agonist)

A GLP1-RA is NOT insulin, when injected; a GLP1 stimulates the insulin response to glucose and prevent glucagon release after meals, due to the release of gut hormones, particularly glucagon-like peptide -1.

GLP-1 therapy mechanism of action



6.2 Benefits of using a GLP1:

- Improve blood glucose levels
- Weight loss
- Cardiovascular protection
- Reduce hypo risk (when not used in conjunction with insulin or a sulphonylureas)
- Reduce injection requirement

6.3 Most common GLP1 RA's used in Lincolnshire:

- Liraglutide or Victoza (daily injection- prescribed for 0.6mg, 1.2mg or 1.8mg)
- Dulaglutide or Trulicity (weekly 0.75mg or 1.5mg)
- Semaglutide or Ozempic (weekly 0.25mg, 0.5mg or 1.0mg)

- Exenatide or Bydureon (weekly 2mg)
- Exenatide or Byetta (twice daily 5-10mcg given 60 minutes before the meal)
- Lixisenatide or Lyxumia (10-20mcg once daily 1 hour before first meal of the day or evening meal)

Combination therapy with insulin

- Xultophy is a combination of Tresiba insulin and liraglutide (once daily)

Doses are measured in steps rather than units

6.4 Precautions:

- Not licensed to be used in patients with type 1 diabetes. Only to be used for patients diagnosed with Type 2 diabetes.
- Not to be used in patients with past medical history of Pancreatitis.
- If a patient presents with severe abdominal pain with or without vomiting, the GLP1 should be STOPPED and investigated for the development of pancreatitis. Refer to GP or DSN for advice.
- Not recommended for use in individuals with severe renal failure
- Not recommended for use in individuals with severe gastro-intestinal problems
- Not recommended during pregnancy, Must inform female patients and document in System 1 following discussion.
- No restrictions for drivers.
- Individuals with retinopathy (semaglutide can cause changes in vision)

A GLP1 RA can be added in, along with insulin or sulphonylurea but the insulin or sulphonylurea dose would need to be reduced to prevent risk of hypoglycaemia. Refer to DSN for advice.

Diabetic ketoacidosis has been reported in patients with type 2 diabetes using a combination of GLP-1 receptor agonist and insulin who had concomitant insulin rapidly reduced or discontinued. Any reduction of insulin should be done in a stepwise manner with careful glucose monitoring. Abrupt discontinuation or reduction in insulin doses can result in poor glycaemic control with a risk of diabetic ketoacidosis (MHRA 2019).

6.5 Side effects of GLP-1 RA's:

Most common side effects include:

- Nausea
- Vomiting
- Diarrhoea
- Acute pancreatitis is listed as an adverse event for all GLP-RA's

Side effects diminish over time. Refer to the medications summary of product characteristics for side effects related to specific medication.

6.6 Storage of GLP1 RA devices:

- Unopened GLP1 pre filled pens should be stored in the refrigerator at between 2 and 8 degrees c.
- Do not freeze.
- GLP1 in use can be kept at room temperature but away from direct sunlight.

- It should be discarded after thirty days, even if there is some liquid left in the pen device.

6.7 Administration of GLP1 RA:

Action	Rationale
Preparation of equipment for procedure- Documentation, GLP 1, device, (needle if required), sharps bin.	For smooth procedure
Confirm the identity of patient	To ensure GLP1 is not given to the wrong patient.
Check documentation to ensure GLP1 has not already been given and is the correct dose prescribed.	To prevent drug error
Wash hands	To prevent contamination
<p>Check the GLP-1 against the authority to administer record/ prescription to ascertain the following:</p> <ul style="list-style-type: none"> • All service user identifying information • Their allergy/ sensitivity status • The appropriate signatures • Overall legibility • A correctly written prescription • Medication to be administered • Dose • Route and method of administration • Date and time of administration • Frequency • Authorisation/prescription signed by prescriber • Last site used 	To ensure the patient is given the correct GLP1.
<p>Check the expiry date</p> <p>Check the appearance of medication- check pen device is not damaged. Check for precipitation or discoloration and for the presence of any foreign objects.</p>	To ensure it is safe to use.
<p>Injection sequence:</p> <ul style="list-style-type: none"> - Select injection site- Check injection site for presence of lipohypertrophy, inflammation, oedema, ulceration or infection. Also avoid nodules, scar tissue, tattoos, hernias and stoma - Insert needle/syringe into skin, inject slowly at ninety degrees to surface of the skin. - Leave the needle in the skin for a count of 10 after the plunger is fully depressed (when injecting with a pen device). 	To prevent fatty lumps and give correct absorption of GLP1.

<ul style="list-style-type: none"> - Withdraw needle from the skin at the same angle it was inserted - Release skin fold- if used - Dispose of syringe/ remove pen needle and dispose of in sharps container 	
<p>Document procedure in patient notes and System One record. Record –type of GLP-1, dose, site of injection, batch number, expiry date and time of injection</p>	<p>To maintain accurate record keeping and maintain patient safety</p>

Reference: University Hospitals of Leicester, Department of Diabetes and Leicester Diabetes Centre: Type 2 Diabetes Therapies and Management: An Educational Tool Kit, 3rd Ed, 2018

7.0 Blood glucose monitoring

Refer to LCHS Blood glucose and blood ketone monitoring policy

Blood glucose should always be checked before insulin administration

8.0 Hypoglycaemia management

Refer to LCHS Blood glucose and blood ketone monitoring policy

9.0 Training of healthcare professionals to administer insulin and non-insulin injectable therapy

All healthcare professionals responsible for insulin administration should complete E-learning package, Six Steps to insulin safety available from:

<https://www.diabetesonthenet.com/course/the-six-steps-to-insulin-safety/details>

All healthcare professionals responsible for insulin administration should complete E-learning package, BD Auto Duo safety pen needle training available from:

<https://www.youtube.com/watch?v=mtzLM8-nX70>

- **LCHS training available through ESR includes:**
 - Basic Awareness training for Health care support workers
 - RGN Annual Update
 - Senior health care support worker insulin administration
- All healthcare professionals must work within the limits of their competence and should complete the necessary training before carrying out a new role.
- All healthcare professionals should keep their knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop competence and improve knowledge (NMC 2018).

Section 10 Delegation of insulin and non-insulin injectable therapy administration to a non-registered healthcare practitioner (senior health care support worker or allied health professional).

Administration of insulin may be delegated to a Senior healthcare support worker, Associate nurse or registered allied health care professional by the registered nurse band 5 or above responsible for the patient's care working in the community setting. This can be delegated providing the delegate has undertaken appropriate training and supervised practice and has successfully completed both the theory and practice summative assessments.

The registered nurse band 5 or above remains responsible for the care of the patient concerned although a Registered Nursing Associate

10.1 Responsibilities:

Registered nurse

- The registered nurse will be expected to support a healthcare practitioner to attain and maintain competence
- The registered nurse must prescribe, supply, dispense or administer medicines within the limits of their training and competence, the law, NMC guidance and other relevant policies, guidance and regulations
- The registered nurse must keep their knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop their competence and improve their performance
- The registered nurse is accountable for their decision to delegate tasks and duties to other people.
- The registered nurse must only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand their instructions
- The registered nurse must make sure that everyone they delegate tasks to is adequately supervised and supported to enable the provision of safe and compassionate care
- The registered nurse must confirm that the outcome of any task delegated to someone else meets the required standard (NMC 2018)
- The Registered Nurse will review their own competence (Appendix 1) before considering delegating administration of insulin to a non-registered practitioner.
- The registered nurse must complete a comprehensive assessment of the patient and ensure that they are medically stable. Day to day blood glucose levels stable within patient's agreed parameters, injection sites free from lipohypertrophy (assessed by registered nurse on monthly basis) HbA1C stable (within patient's agreed parameters).
- The registered nurse must explain to the patient when undertaking the initial supervised visit with the healthcare practitioner that as part of their role the healthcare practitioner will be undertaking administration of the patient's insulin or non-insulin injectable therapy, having undertaken training to enable them to do so. The nurse must clarify that the Healthcare practitioner will be fully supported by the registered nurse who will remain responsible for the patient's care and they will review this on a regular basis or should their medical condition change.

- The registered nurse will see and review the patient who has had their administration of insulin or non-insulin therapy delegated to a Healthcare practitioner at least once per week, ensuring an adequate supply of medication and equipment is in the home.

Registered Nursing Associates are accountable for their practice under the Code of professional standards of practice and behaviour for Nurses, Midwives and Registered Nursing Associates of The Nursing and Midwifery Council (NMC)

Procedural competencies required for administering medicines safely

- Exercise professional accountability in ensuring the safe administration of medicines to those receiving care
- Administer medications using subcutaneous routes and manage injection equipment
- Recognise and respond to adverse or abnormal reactions to medications, and when and how to escalate concerns
- Undertake the safe storage, transportation and disposal of medicinal products

(Standards of proficiency for registered nursing associates NMC 2018)

Non Registered Healthcare Practitioner

Each individual non-registered healthcare practitioner remains responsible for their own actions and omission. No individual should undertake the administration of insulin and non-insulin injectable therapy without recognized training after which knowledge and skills should be assessed and signed off using an acknowledged competency tool.

- The Healthcare practitioner must revisit and have competences signed off every year
- Evidence competence for each patient for whom the care has been delegated
- Access in house Senior Healthcare Support worker and diabetes training every 2 years
- The Healthcare practitioner recognises that the training programme will focus on insulin administration using an insulin pen with EU directive 2010/32 compliant safety insulin pen needles or with U100 insulin syringes and insulin vials
- The non-registered healthcare practitioner will require the support of a Registered Practitioner, this relationship is formalised using a mentor consent form (Appendix)
- The non-registered healthcare practitioner is also required to complete a declaration of consent (adherence to policies including management of sharps) and a registration form (Appendix 2).
- An Employers Accountability Form is also required (Appendix 2)
- The completed forms will be processed by Integrated Community Team Administrator who will file on j drive and log details of the Healthcare practitioner and reassessment dates.

10.2 Consent

The registered nurse must obtain consent from the patient for the delegation of insulin administration by non-registered healthcare practitioners as per Lincolnshire Community Health Services consent policy and in accordance with the mental capacity act (2005) and mental capacity act guidance (2007). This consent must be documented and scanned onto the patient's notes (appendix 2).

All staff delivering insulin and non-insulin injectable therapy must do so in accordance with the

organisations policy on consent. Before any treatment or intervention is carried out the individual concerned must provide their consent. In order for consent to be valid an individual must have the mental capacity to make that decision.

Staff to Refer to:

LCHS (2019) Policy for consent to examination and treatment

LCHS (2019) NHS Lincolnshire Mental capacity act including deprivation of liberty safeguards policy and procedure for LCHS

The registered nurse must ask the non-registered practitioner for confirmation that they are willing to perform the task on a **Named Patient only** following successful completion of the approved training programme and receive on-going assessment and supervision in order to complete the competency frameworks supporting this programme.

10.3 Prescribing of medication

The medication will be prescribed by the patient's general practitioner, hospital doctor or qualified prescriber.

Ensure all of the relevant information is visible on the prescription/ authority to administer record and patients System One record:

- The patients full name, including aliases
- Date of birth
- Address
- NHS Number
- Full name of insulin/non-insulin injectable therapy
- Dose of medication
- The words "units" is written in full (for insulin doses)
- Time of each injection or required time frame
- Route (subcutaneous)

11 Procedure for administration of insulin and non-insulin injectable therapy by Non-Registered Healthcare practitioners

The non-registered healthcare practitioner must have attained the appropriate competency level in order to administer insulin and non-insulin injectable therapy.

11.1 Inclusion criteria:

- The patient has type 2 diabetes
- Patient is 18 years or over
- The patient must be delegated on a named patient only
- The patients diabetes is deemed to be stable for that individual
- The patients' blood glucose range and HbA1C range will be documented in the care plan
- Following hospital discharge a reassessment of the patient must be performed by the registered nurse before delegation to Healthcare practitioner can occur.

11.2 Exclusion criteria:

- Patient consent declined
- Patients with Type 1 diabetes
- Patients with unstable Type 2 diabetes

- Client assessed as not suitable for capillary blood glucose monitoring by community nurse as per current LCHS capillary blood glucose monitoring guidance and procedures.
- The non-registered healthcare practitioner has not completed the designated Training programme that includes diabetes awareness, blood glucose monitoring and insulin administration training programme modules
- If the patient's condition deteriorates the suitability for the delegation of insulin administration must be reassessed by the registered nurse.

If all of the above criteria are met:

- The non-registered healthcare practitioner must be assessed as competent by their Registered nurse mentor to undertake the procedure for the named patient.
- The delegating case manager / clinical team lead will retain overall responsibility and accountability for the safety of the named patient.

11.3 Relevant training

Thenon-registered healthcare practitioners will attend and have successfully completed and passed a Trust based training session covering the following aspects of the administration of insulin and non-insulin injectable therapy:

- Diagnosis and treatment of type 1 and type 2 diabetes
- Dietary recommendations for people with diabetes
- The action of insulin, the different types of insulin and their duration of action
- The action of GLP-1 receptor agonists, different types of GLP-1 receptor agonists and their duration of action
- The causes, signs, symptoms and treatment of hypoglycaemia
- The causes, signs, symptoms and treatment of hyperglycaemia
- How insulin and GLP-1 receptor agonists should be stored, and equipment used.
- The preparation of insulin and GLP-1 receptor agonist using a pen device
- The preparation of insulin using a vial and syringe
- Preparing the patient for the injection of insulin or GLP-1 receptor agonist
- How to perform the injection
- How to dispose of sharps/syringes, according to LCHS policy
- The procedure for recording and reporting needle stick injuries
- Demonstrate accurate legible documentation and record keeping in line with LCHS Policy
- How to report identified problems to the appropriate persons

Non-registered Healthcare practitioners should complete the following training:

- Basic diabetes awareness and blood glucose monitoring
- Senior healthcare support worker insulin administration
Both access via ESR

All healthcare professionals responsible for insulin administration should complete E-learning package, Six Steps to insulin safety available from: <https://www.diabetesonthenet.com/course/the-six-steps-to-insulin-safety/details>

-
- All healthcare professionals responsible for insulin administration should complete E-learning package, BD Auto Duo safety pen needle training available from:

<https://www.youtube.com/watch?v=mtzLM8-nX70>

11.4 Competency

The non-registered healthcare practitioner should observe the administration of insulin or GLP-1 receptor agonist by a registered nurse on a minimum of 2 occasions.

The non-registered healthcare practitioner will undergo a period of supervised practice and be directly observed administering insulin or GLP-1 receptor agonist on at least 3 occasions for each patient before final assessment of competency.

The competency document is patient specific.(see Appendix 1)

Therefore insulin and GLP-1 receptor agonists are only to be administered on a named patient basis only.

Competency should be assessed and met within 3 months of completion of training. If not achieved then refresher training by the Diabetes specialist nurse will be required.

The non-registered healthcare practitioner must participate in ongoing supervision and assessment by the mentor/registered nurse and complete reassessment of competence yearly.

11.5 Procedure

See section 5.0 for administration of insulin.

See section 6.7 for administration of GLP-1 receptor agonist.

12.0 Significant events

Any significant event which occurs during or as the result of administration of medication must be reported to the delegating registered nurse or general practitioner and the incident reported via the Datix incident reporting framework.

Should a medication error occur, or the competency of the Healthcare practitioner is in question the administration of insulin or non-insulin injectable therapy must stop.

Refer to LCHS (2018) Management of medication errors policy.

13.0 References

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Available at: www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management (accessed 6 November 2018) (Planned withdrawal of standards at the end of January 2019).

Parliament (1968) Medicines Act 1968, London: Stationery Office.

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Orange juice Communications. Available at: <http://trend-uk.org/resources> (accessed 6 November 2018)

Appendix One

Learning Outcomes and Competency Assessment- Guidelines for Administration of insulin/ GLP-1 RA by Registered and non-registered practitioners (Appendix One)

By the end of this Module activity the non-registered practitioners should be able to:

- Define the term Diabetes and name the different types
- List the signs & symptoms of diabetes
- Identify screening opportunities for diagnosis of diabetes
- Briefly discuss the potential short & long term complications of diabetes State normal blood glucose levels & targets for diabetes management State diagnostic blood glucose levels & targets
- Understand the role of carbohydrates in the Nutritional & Lifestyle Management of Diabetes
- Understand how oral blood glucose lowering agents used to manage diabetes
- Understand the role of non- insulin injectable therapies (GLP-1 RA (Receptor Agonist) in the management of type 2 diabetes
- Understand the role of insulin and insulin regimens in the management of type 1 and type 2 diabetes
- An appreciation of aims of treatment
- Understand the role of blood glucose monitoring and how to perform this task in relation to insulin administration
- Understand how to prevent and treat hypoglycaemia
- Be able to define hypoglycaemia and its treatment
- Understand how to prevent and treat hyperglycaemia
- Explain the role of insulin therapy in the management of Type 1 and Type 2 diabetes
- Awareness of illness management for those patients with type 1 diabetes
- An awareness of the insulin pens devices used
- Be familiar with the equipment used to administer insulin
- Receive training on the safe administration of insulin (to include practical)
- To be aware of the CQC requirement and legal responsibilities associated with the administration of insulin by unregistered staff
- Be aware of your roles and responsibilities pertaining to insulin administration
- Be familiar with the Diabetes competency Frameworks used in the summative assessments of blood glucose monitoring and insulin administration
- To be aware of the patient consent documentation and care plans

Skills for Health /KSF Dimension covered by training

- HA1 Assess the health care needs of individuals with diabetes and agree care plans (KSF HWB6)
- HA2 Work in Partnership with individuals to sustain care plans to manage their diabetes (KSF HWB7)
- HA5 Help an individual understand the effects of food, drink, and exercise on their diabetes (HWB4)
- HA6 Help individuals with diabetes to change their behaviour to reduce the risk of complications and improve their quality of life
- HA7 Develop agree and review a dietary plan for an individual with diabetes (HWB6)
- HA9 Help an individual with diabetes to improve blood glucose control (HWB6)
- HWB6 Assessment and treatment planning
- HA1 Assess the health care needs of individuals with diabetes and agree care plans (KSF HWB6)
- HA2 Work in Partnership with individuals to sustain care plans to manage their diabetes (KSF HWB7)
- HD3 Help individuals with type 2 Diabetes continue insulin Therapy (KSF HWB4)

Competency Assessment

The registered nurse must assess the practitioner's competencies using the trust competency assessment documents

-Summative Assessment of Competence to Carry Out Blood Glucose Monitoring Appendix

-Summative Assessment of Competence to Administer Subcutaneous insulin/ GLP-1 RA / Annual

Summative Assessment to demonstrate ongoing competence to Administer Subcutaneous insulin/ GLP-1 RA

Following completion of competency assessment Registered Nurses should record this on ESR and retain a copy of the completed competency assessments for their revalidation portfolio.

For Non-Registered staff completion of training is also registered on ESR but they will be required to complete a Registration Form and sign a declaration agreeing to follow the standard operating procedure for the administration of insulin & received training on the use of sharps and safe disposable and avoidance of needle-stick injury (appendix). This along with the declaration of accountability from the non-registered practitioner's employer (appendix) should be submitted to the Integrated Clinical Team Administrator locally. The ICT Administrator will enter the Non-Registered Practitioner's details onto secure j drive alongside the name of the mentor and the date for re-assessment.

Any non-registered practitioner who has not administered insulin to a patient for a period greater than 3 months must be reassessed as competent to do so before being delegated any further insulin/ GLP-1 RA administration duties

Competency Framework

<p>COMPETENCY TITLE — ADMINISTRATION OF INSULIN AND NON-INSULIN INJECTABLE THERAPIES (GLP-1 RA) BY SENIOR HEALTH CARE SUPPORT WORKERS TO DEFINED PATIENTS AS DELEGATED BY A REGISTERED NURSE.</p>		<p>ESR CODE</p>	
<p>COMPETENCY STATEMENT</p> <p>The safe administration of insulin or GLP-1 RA via a needle and syringe and/or pen device by a senior health care support worker to patients with stable insulin/ GLP-1 RA 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 and GLP-1 RA— 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 	<p>LCHS Administration of insulin Policy 2020-2022 includes:</p> <p>LCHS Policy for Administration of insulin by Senior HCSW</p> <p>LCHS policy for monitoring of blood glucose levels- CPS 030</p> <p>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 or GLP-1 RA on blood glucose levels and have an understanding of the ongoing nature of the therapy.</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>	<ul style="list-style-type: none"> • Completion of hand hygiene competency 	<p>Standards of Infection prevention and control precautions — G_IPC 26 LCHS Hand hygiene policy</p> <p>LCHS Infection and Prevention Control Guidelines - Sharps safe handling and use — GuCPS035</p> <p>LCHS Infection and Prevention Control reporting — GuIC003</p> <p>NICE guidelines type 2 diabetes management — CG 66</p> <p>NICE guidelines long acting insulin analogues for the treatment of diabetes-</p>
3	<p>Able to demonstrate action needed if patient experiences any side effects of medications</p>	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of 	<p>NICE guidelines long acting insulin analogues for the treatment of diabetes-</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>	<p>Diabetes</p> <ul style="list-style-type: none"> • DATIX training • Supervised practice • Question and answer 	<p>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>DOH reference guide to consent for treatment of examination August 2009</p>
4	<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 or GLP-1 RA 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>MCA act 2005</p> <p>MCA Code of Practice 2005</p> <p>LCHS MCA and safeguarding policy 2014</p> <p>NMC Code of Conduct Medicines and Record Keeping</p>
5	<p>Demonstrates the correct procedure for undertaking a finger prick blood glucose test as per LCHS policy (see competency)</p>	<ul style="list-style-type: none"> • Blood glucose monitoring training • Blood glucose monitoring competencies achieved • NVQ Level 3 CHS optional units 47 	<p>On-line BNF</p> <p>Medicine.org.uk</p> <p>Manufacturer's specific product characteristics leaflet</p> <p>LCHS Safe and Secure Handling of Medicines 2012 - P_CIG_04</p>
6	<p>Able to explain the procedure to the patient using an appropriate communication style.</p> <p>Gains patient's consent to the procedure</p> <p>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. 	<p>LCHS: Policy for the Management of Medication Errors - P_CIG_15</p> <p>Diabetes.org.uk</p>
7	<p>Is able to demonstrate and describe the correct hand washing techniques and describe their understanding of sharps, waste, inoculation injury, personal protective</p>	<ul style="list-style-type: none"> • NVQ unit Level 3 CHS optional units 29 • Completion of LCHS hand hygiene assessment 	

	<p>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"> • Witness statement of practice • DATIX training 	
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 administration 	
9	<p>Makes checks which include:</p> <p>a) Checking of the prescription for the dose required</p> <p>b) The insulin vial/pen for correct type of insulin or GLP-1 RA</p> <p>c) Manufacturer's expiry date</p> <p>d) Recording the date when the dial was first opened</p> <p>e) To discard after 28 days of first use</p> <p>f) Ensure no foreign particles apparent</p> <p>g) For pre-mixed insulin roll vial x 10 times and invert x 10 times for solution to appear milky</p>		
10	<p>Draw prescribed dose of insulin/ GLP-1 RA into correct needle and syringe or pen device with safety needle (BD Autosheild Duo needles) — using safe handling techniques:</p> <p>Via needle and syringe -</p> <p>a) Remove white plunger guard, then carefully remove orange needle cap</p> <p>b) Pull back plunger of the syringe to measure amount in units of air equivalent to the amount of insulin required</p> <p>c) Insert needle into vial and</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 	

	<p>push plunger in</p> <p>d) Pull plunger back to dose of units prescribed</p> <p>e) Ensure no air bubble in syringe</p> <p>f) check correct dosage</p> <p>g) Via pen device and safety needle -</p> <p>h) Remove pen cap</p> <p>i) Wipe the tip of the pen where the needle will attach with an alcohol swab</p> <p>j) Remove protective pull tab from needle and screw on to pen</p> <p>k) Remove plastic outer cap</p> <p>l) Look at the dose window and turn to 2 units</p> <p>m) 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>n) Dial the number of units required</p> <p>o) Decide where the injection is to be administered (site)</p> <p>p) Insert the needle at 45 - 90° (patient dependent) and maintain pressure throughout the injection</p> <p>q) Press the button all the way returning to zero and continue to press for 10 seconds. Withdraw from skin</p> <p>r) Remove needle and discard</p>	<p>and administration</p> <ul style="list-style-type: none"> • BD Autosield Duo Safety Needle training - face to face and eLearning module 	
11	<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°, injecting insulin slowly leaving the needle in the skin for a slow count for ten, withdrawing at 90° angle</p> <p>c) Demonstrates application of pressure to bleeding point if appropriate</p>		

	d) Safely disposes of used insulin needle as per LCHS Policy		
12	<p>Can describe why accurate and timely documentation is important</p> <p>Correctly records insulin GLP-1 RA administration including dose, site, expiry date and route in the patient's 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/ GLP-1 RA 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 or GLP-1 RA 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 or GLP-1 RA when in use and not in use	Yes / No
Identify three factors that can damage insulin or GLP-1 RA	Yes / No
Have an awareness of the different types of insulin or GLP-1 RA and how they may appear	Yes / No
Identify the name and dose of the prescribed insulin or GLP-1 RA preparation on a named patient basis only	Yes / No
Name two potential side effects of insulin or GLP-1 RA	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 and GLP-1 RA 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
Gain patient consent for administration of insulin or GLP-1 RA	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 OR GLP-1 RA	Yes / No
Prepare insulin syringe and vial/insulin pen or GLP-1 RA 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 or GLP-1 RA 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 or GLP-1 RA administration for leakage and act accordingly	Yes / No
Correctly record administration dose and site together with any untoward events that will need reporting on patient's paper record and System One	Yes / No
Correctly dispose of needles and syringe/insulin pen or GLP-1 RA pen as per LCHS sharps disposal policy	Yes / No
Describe the procedure for obtaining insulin or GLP-1 RA 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 or GLP-1 RA when in use and not in use	Yes / No
Identify three factors that can damage insulin and GLP-1 RA	Yes / No
Have an awareness of the different types of insulin and GLP-1 Ras and how they may appear	Yes / No
Identify the name and dose of the prescribed insulin or GLP-1 RA preparation on a named patient basis only	Yes / No
Name two potential side effects of insulin or GLP-1 RA	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 or GLP-1 RA 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
Gain patient consent for administration of insulin or GLP-1 RA	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 or GLP-1 RA	Yes / No
Prepare insulin syringe and vial/insulin or GLP-1 RA 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 or GLP-1 RA injection correctly as per LCHS policy (Can refer to FIT Injection technique, must be observed for a minimum	Yes / No

of 3 times or until competent)	
Observe injection site following insulin or GLP-1 RA administration for leakage and act accordingly	Yes / No
Correctly record administration dose and site together with any untoward events that will need reporting on patient's paper record and System One	Yes / No
Correctly dispose of needles and syringe/insulin or GLP-1 RA pen as per LCHS sharps disposal policy	Yes / No
Describe the procedure for obtaining insulin or GLP-1 RA and supplies if stock low.	Yes / No

1. Signature of Mentor _____ Date _____

2. Signature of SHCW _____ Date _____

CLIENT CONSENT

Client consent for insulin or GLP-1 RA 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 or GLP-1 RA 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 or GLP-1 RA 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 or GLP-1 RA delegation plan.

Signature & Designation _____ Date _____

Registered Practitioner Self-Assessment of Diabetes Competency (Appendix 7)

For Completion by Delegating Nurse
Diabetes Management Self-Assessment Competency Framework
Maintenance of Patients on insulin Therapy

Name	Signature
Designation	Date

The following document is designed to:

- Allow you to assess your competence in managing your patients on insulin therapy in line with the KSF and Skills for health Competency Framework
- To identify your own educational needs
- To ensure your own competency before delegation of insulin administration to non-registered practitioners

Please tick the boxes that best describes your current practice in each competency assessment statement
A competency defines the knowledge understanding and skill required to perform a specific task (Skills for Health 2005)

Are you competent in the following?	Yes	No	More Support Required
Involving the patient in goal planning and promoting their empowerment (HA11) (HWB6 4)			
Assessing physical and psychological barriers to insulin treatment (HA11)			
interpreting blood glucose results and identifying blood glucose targets (HA11)			
Teaching blood glucose monitoring to your patients (HA11)			
Teaching blood glucose results interpretation to your patients (HA12) (HWB6 4)			
Teaching choice of injection site & injection technique (HA12)			
Supporting your patient in selecting the appropriate insulin or GLP-1RA device (HA12)			
Advising your patient on how to obtain their insulin or GLP-1 RA prescription in routine and non-routine situations (HA12)			
Advising your patient on the basics of hypoglycaemia recognition & treatment (HA12) (HWB6 4)			
Advising your patient which authorities they need to inform about their diabetes medication (HA12)			
Identifying the patients on-going support needs from all health care professional and carers and agree how to meet them (HD3) (HWB6 4)			
Advising you r patient who to contact for routine advice and for emergency out of hours support (HD3)			
Supporting your patient with injection problems, insulin or GLP-1 RA storage and safe sharps disposal (HD3)			
Setting individual targets for home blood glucose monitoring and HbA1c (HD3)			

Are you competent in the following?	Yes	No	More Support Required
Setting individual wellbeing targets (HD3)			
Advising your patient on general diet principles and considerations with insulin treatment (HD3)			
Advising your patient of the general exercise principles and consideration with insulin treatment (HD3)			
Advising your patient of the effect of illness on insulin or GLP-1 RA requirements and sick day rules (HD3)			
Assessing the need for a change in insulin or GLP-1 RA regimen (HD3)			
Teaching & reviewing your patient s understanding of hypoglycaemia recognition, treatment and prevention (HD3)			
Identifying potential fears & anxieties and how to support your patient (HD3)			
Recoding care to communicate to other care providers and facilitate continuity of care (HD3)			
Advising your patient on the safe storage of insulin or GLP-1 RA and disposal of insulin or GLP-1 RA & hypodermic equipment (HA12)			
Advising and completing the patient's insulin or GLP-1 RA passport (HA12)			

Mentor Delegation Agreement: Blood Glucose Monitoring and insulin Administration

Mentor Agreement
TO BE SIGNED PRIOR TO TRAINING

Name of Registered Nurse (please print)	
Work address	
Telephone number	
Email address	

"I confirm that I wish to delegate, supervise, support and assess the administration of insulin or GLP-1 RA and blood glucose monitoring"

Name (print)	
Signature	
Date	

Name of non-registered practitioner (please print)	
Work address	
Telephone number	
Email address	

Risk assessment for administration of insulin or GLP-1 RA by a non-registered practitioner (Appendix 9)

A risk assessment must be undertaken by the registered nurse who will take responsibility for the delegation of the task, before a decision is made to allow administration of insulin by a non-registered practitioner. The assessment must be completed for each individual patient, non-registered practitioner and task required

1	Patient	Yes / No
	A nursing assessment and individualised care plan has been completed by the registered nurse which specifies the accepted blood glucose levels for the patient and what to do if blood glucose levels are outside	
	The patient requires insulin or GLP-1 RA	
	The patient is unable to self-administer insulin or GLP-1 RA	
	The patient has no family or informal carers able to administer insulin/ GLP-1 RA	
	The patient is medically predictable, and their diabetes is stable	
	The patient consent to the delegation of insulin or GLP-1 RA to a non-registered practitioner or where the patient lacks capacity to give consent the principles of the mental capacity act (2005) should be followed	
	The patient has their own insulin or GLP-1 RA or, insulin administration pen device, insulin or GLP-1 RA pen safety needles and suitable storage facilities	
	There are no safeguarding adult concerns	
2	Non-registered Practitioner	Yes / No
	The non-registered practitioners job description and scope of practice allows for the delegation of insulin administration	
	The non-registered practitioner accepts responsibility to perform the task of insulin or GLP-1 RA administration by subcutaneous injection to the required standard following training, including blood glucose monitoring and documentation of care	
	The non-registered practitioner agrees to assessment of competence by direct supervision on the named patient following training and on-going supervision and monitoring	
	Non registered practitioner signs to confirm that:	
	Training was received, understood and that they will comply with the insulin/ GLP-1 RA administration protocol/standard operating procedure	
	Training was received and understood regarding the use of sharps, safe disposal and avoidance of needlestick injuries	
	They have received a copy of the record keeping advice sheet (NMC 2009) and confirm they have understood the necessity of good record keeping	
3	Task	Yes / No
	A completed medication administration form is required which includes date, patients name, date of birth, NHS Number, insulin or GLP-1 RA, insulin dose written	

	out in full using the word UNITS (NPSA 2010) or for GLP-1 RA In mg , route of administration, frequency of administration, and duration of treatment.	
	The registered nurse delegating the task must ensure that arrangements can be made for the supply of insulin/ GLP-1 RA	
	Administration of insulin or GLP-1 RA by non-registered practitioner is able to a named patient only	

If the answer is NO to any of these questions an alternative strategy for the administration of insulin or GLP-1 RA is required

Nurse Signature: _____

Name in Capitals: _____

Designation: _____

Date: _____

Declaration of consent by non-registered practitioner: insulin Administration (Appendix 10)

Declaration of consent by non-registered practitioner

I _____ (Print Name) conform that:
I have attended the LCHS diabetes education programme and received training in the administration of insulin or GLP-1 RA. I understand and will comply with the guideline for the administration of insulin or GLP-1 RA.
I have received training and understand the use of sharps, their safe disposal and how to avoid injury.
I will follow the standard operating procedure for the administration of insulin or GLP-1 RA and understand all the terms and meanings in this document
I have access to a copy of NMC record keeping standards (NMC 2009) and confirm that I understand the need for good record keeping

Signature _____

Name in Capitals _____ (Please Print)

Designation _____

Date _____

Appendix 11: Declaration of accountability by employing manager

Declaration of accountability by employing manager

I _____ (Name) Confirm that:

I agree to ensure that staff will not carry out the administration of insulin or GLP-1 RA until they have been trained and individually assessed as competent by a registered nurse

The registered nurse must be employed by Lincolnshire Community Health Services NHS Trust and is following the policy & guideline for the administration of insulin or GLP-1 RA by non-registered practitioners

I agree that staff can be trained and assessed in the administration of insulin or GLP-1 RA to a named patient only and I understand that they must comply with the procedure & guideline for insulin or GLP-1 RA administration

Signature _____

Name in Capitals _____ (Please Print)

Designation _____

Date _____

COMPETENCY TITLE – ADMINISTRATION OF INSULIN/GLP-1 RECEPTOR ANTAGONIST BY A REGISTERED NURSE AND REGISTERED NURSING ASSOCIATE			ESR CODE
COMPETENCY STATEMENT			
The safe administration of subcutaneous injections of insulin /GLP-1 receptor agonists to patients with type 1 & type 2 diabetes by a Registered Nurse and Registered Nursing AssociateC			
ELEMENT	COMPETENCY STANDARD	EVIDENCE TYPES	SUPPORTING DOCUMENTS
1	<p>Demonstrate a clear knowledge and understanding of diabetes:</p> <p>a) Its causes, symptoms and associated risks including hypoglycaemia and hyperglycaemia</p> <p>b) Demonstrate a knowledge of national and local guidelines (NICE, policy)</p> <p>c) Able to discuss the care pathway for individuals with newly diagnosed diabetes.</p> <p>d) Understand the potential long term health complications of diabetes i.e. retinopathy, neuropathy, nephropathy and cardiovascular disease</p> <p>e) Able to describe the links between diabetes and other conditions (e.g. cardiovascular disease)</p> <p>f) Have an awareness of how poor mental health, such as depression, anxiety and schizophrenia, affects people with diabetes and be able to report any changes to appropriate health care professional.</p>	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • Completion of E- Learning • Safe use of insulin <p>https://www.diabetesonthenet.com/course/the-six-steps-to-insulin-safety/details</p> <ul style="list-style-type: none"> • Questions and answers • Reflective practice • Supervised practice • Witness statements • Competency achievement • Completion of blood glucose monitoring training • Completion of hand hygiene competency <ul style="list-style-type: none"> • Passport to the safer use of insulin, NPSA (2010) 	<p>LCCHS Administration of insulin 20-20-2022 Including:</p> <p>Administration of insulin Injections: Guidelines and Procedures –</p> <p>GuCPSO24 LCCHS Policy for Administration of insulin by Senior HCSW</p> <p>LCCHS policy for monitoring of blood glucose levels- CPS 030 LCCHS Hypoglycaemia, Recognition and Treatment Guidelines – GuCPSO25</p> <p>LCCHS Infection Prevention policy –</p>

	<p>g) Identify common signs of intercurrent illness and have an awareness of the impact on glycaemic control. Recognise when to seek urgent medical advice or when referrals to specialists required.</p> <p>h) Fully converse with the scope of practice within the Administration of insulin Injections, guidelines and procedures</p> <p>Provide evidence of insulin safety training https://www.diabetesonthenet.com/course/the-six-steps-to-insulin-safety/details</p> <p>i)</p> <p>j) Understanding the importance of an annual review. To ensure all relevant 15 healthcare essential checks are completed. To liaise with the multidisciplinary team.</p>		<p>P_IPC01 Standards of Infection prevention and control precautions – G_IPC 26 LCHS Hand hygiene policy LCHS Infection and Prevention Control Guidelines - Sharps safe handling and use – GuCPS035 LCHS Prevention and Management of Inoculation Injuries G_IPC_18 LCHS Infection and Prevention Control reporting – GuIC003</p>
2	<p>Able to assess the ability of the person with diabetes to self-care and work with them or their carer to optimise self-care skills.</p> <p>Demonstrate and be able to teach the correct method of insulin or GLP-1 receptor antagonist self-administration including:</p> <p>a) Correct choice of needle type and length for the individual</p> <p>b) Appropriate use of lifted skin fold, where necessary</p> <p>c) Correct method of site rotation and acknowledge the importance of this</p> <p>d) Storage of</p>		<p>NICE guidelines type 2 diabetes management – CG 66 NICE guidelines long acting insulin analogues for the treatment of diabetes- insulin glargine (TA 53) NPSA</p>

	<p>insulin</p> <p>e) Single use of needles and safe sharps disposal.</p> <p>Demonstrate an ability to give correct information to patients during intercurrent illness i.e. when to seek medical advice and continuation of treatment for diabetes and testing of blood glucose.</p> <p>Be able to direct people to information and support to encourage informed decision-making about living with diabetes and managing life events (e.g. structured education programmes).</p>		<p>Patient Safety First 2008</p> <p>NICE guidelines type 2 diabetes: management of type 2 diabetes 2008 – CG 87</p> <p>DOH reference guide to consent for treatment of examination August 2009</p>
3	<p>Understand why medication has been prescribed and the side effects</p> <p>a) Describe the effect of insulin / GPL on blood glucose levels and the mode of action and an understanding of the ongoing nature of the therapy.</p> <p>b) Be aware of the time interval required between injection and eating for the particular insulin being given and the need for planning the appropriate administration time.</p> <p>c) Knowledge of common types of medication used in diabetes management, different strengths and regimes and where to access information about these medications and effects/ side effects</p> <p>d) Demonstrate a knowledge of common insulin and management errors and identify the correct reporting system</p>		<p>MCA act 2005</p> <p>MCA Code of Practice 2005</p> <p>LCHS MCA and safeguarding policy 2014</p> <p>NMC Code of Conduct</p> <p>Medicines and Record Keeping</p> <p>On-line BNF Medicine.org .uk</p> <p>Manufacturer's specific product characteristics leaflet</p> <p>LCHS Safe and Secure Handling of Medicines 2012 - P_CIG_04</p>

	<p>for injectable therapy errors</p> <p>e) Demonstrate a knowledge of insulin and GPL-1 receptor agonists (e.g. drug type, action, side-effects) and administration devices used locally</p> <p>f) Demonstrates knowledge of the potential side effects of insulin / GPL-1 agonists</p> <p>g) Demonstrates knowledge of factors that increase insulin absorbency.</p> <p>h) Demonstrate an understanding of circumstances which insulin use might be initiated or altered and make the appropriate referral.</p>		<p>LCHS :Policy for the Management of Medication Errors – P_CIG_15</p> <p>Diabetes.org .uk</p>
4	<p>Able to demonstrate action needed if patient experiences any side effects of medications</p> <p>a) Recognise and provide appropriate treatment for the different levels of hypoglycaemia:</p> <ul style="list-style-type: none"> - List possible causes of hypoglycaemia, including alcohol consumption and physical activity. - Describe methods of hypoglycaemia avoidance - Identify medications most likely to cause hypoglycaemia - Demonstrate awareness that some mental health medication can have a 	<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>detrimental effect on glycaemic and lipid control.</p> <ul style="list-style-type: none"> - Describe what should be done if hypoglycaemia is not resolved and blood glucose remains low. <p>b) Recognise and provide appropriate treatment for the different levels of hyperglycaemia.</p> <ul style="list-style-type: none"> - List possible causes of hyperglycaemia, including non-adherence with current medication and inter-current illness or addition of steroid therapy. - Able to make appropriate referral - Support self-management where possible - Administer or advise treatment to resolve hyperglycaemia in accordance with local policies or individual care plans. - Demonstrate knowledge of the long-term impact of hyperglycaemia <p>c) Appropriate reporting and recording of identified adverse effects.</p>		
5	<p>Able to list the principles of a healthy balanced diet and the ability to provide dietary advice and support appropriate for the patient:</p> <p>a) Understand which foods contain carbohydrate and how these affect blood</p>	<ul style="list-style-type: none"> • MUST training • Reflective practice • Questions and Answers 	

	<p>glucose</p> <p>b) Identify people at risk of malnutrition and situations where healthy eating advice is inappropriate</p> <p>c) 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>d) Understand how the dietary needs of the diabetic patient may change during periods of illness and the potential for this to cause instability.</p> <p>e) Calculate and interpret BMI</p> <p>f) Able to refer the person to the dietician where appropriate</p>		
6	<p>Have an awareness of policies relating to end of life care. Be able to assess the person's needs and ensure they are pain free, adequately hydrated and symptom free from their diabetes.</p> <p>Be aware that palliative care may vary in time, and diabetes control needs to be assessed on an individual and daily basis.</p> <p>Demonstrate knowledge of appropriate blood glucose targets and liaise with GP/DSN to ensure targets avoiding hypo/hyperglycaemia.</p> <p>Understand the aim of diabetes care in the last few days of life is to prevent discomfort from hypoglycaemia, hyperglycaemia, DKA and HHS.</p>		

	Recognise that insulin regimes may need to be changed for both type 1 and 2 diabetics and to ensure liaising appropriately with GP/DSN and that where possible these changes must be discussed with the patient, relative and/or carers.		
7	Demonstrates the correct procedure for undertaking a finger prick blood glucose test as per LCHS policy (see blood glucose competency)	<ul style="list-style-type: none"> • Blood glucose monitoring training • Blood glucose monitoring competencies achieved 	
8	<p>Able to explain the procedure to the patient using an appropriate communication style.</p> <p>Understand your accountability when administering medicines</p> <p>Demonstrates the correct procedure for informed consent / consent obtained according to Trust policy</p>	<ul style="list-style-type: none"> • Information governance e training • NMC Standards for Medicines Management (2010) • The Code: Standards of conduct, performance and ethics for nurses and midwives (April, 2010) • Can describe and provide examples of the MCA and safeguarding issues in practice. 	
9	<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>Demonstrates safe disposal of sharps immediately after use. Has knowledge of the Trust Prevention and Management of Inoculation Injuries</p>	<ul style="list-style-type: none"> • Completion of LCHS hand hygiene assessment • G_IPC_18 Prevention and Management of Inoculation Injuries • Witness statement of practice • DATIX training 	
10	<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>Demonstrates examination of injection sites for lipodystrophy and a knowledge of site</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 	

	rotation.	<ul style="list-style-type: none"> • Witness statements • Competency achievement • 100% accuracy in checking medication and administration 	
	<p>Makes checks which include:</p> <p>a) Checking of the prescription for the dose / strength required</p> <p>b) The insulin vial / pen device / GPL -1 agonist (pens may have replaceable cartridges or maybe no-replaceable).</p> <p>c) Manufacturers expiry date</p> <p>d) Recording the date when a vial was first opened</p> <p>e) To discard vial after 28 days of first use / pen is specific to insulin being used and therefore appropriate checks are required.</p> <p>f) Ensure no foreign particles apparent</p> <p>g) For pre-mixed insulin roll several times for solution to appear milky</p> <p>h) Able to describe the correct storage of insulin/ insulin pen device and GPL-1 agonist.</p>		
12	<p>Insulin vial</p> <p>Draw prescribed dose of insulin into correct needle and syringe – using safe handling techniques:</p> <p>a) Remove white plunger guard, then carefully remove orange needle cap</p> <p>b) Pull back plunger of the syringe to measure amount in units of air equivalent to the amount of insulin required</p> <p>c) Insert needle into vial and push plunger</p>		

	<p>in</p> <p>d) Pull plunger back to dose of units prescribed</p> <p>e) Ensure no air bubble in syringe</p> <p>f) Check correct dosage</p>		
13	<p>Demonstrate safe administration of insulin:</p> <p>a) Checks site is clean and check injection sites for evidence of Lipo hypertrophy, atrophy etc.</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 quickly</p> <p>c) Demonstrates application of pressure to bleeding point</p> <p>d) Safely disposes of used insulin needle</p>		
14	<p>Insulin Pen Device</p> <p>a) Remove pen cap</p> <p>b) Wipe the tip of the pen where the needle will attach with an alcohol swab</p> <p>c) Remove protective pull tab from needle and screw on to pen</p> <p>d) Remove plastic outer cap and inner needle cap</p> <p>e) Look at the dose window and turn to 2 units</p> <p>f) Holding the pen with the needle pointing upwards,</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 	

	<p>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)</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>		
15	<p>Can describe why accurate and timely documentation is important:</p> <p>a) Correctly records insulin administration including dose, site, expiry date and route in the patients records/ Systm One</p> <p>b) Records any untoward events, i.e. leakage / bruising / lumps</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 	

Appendix Two SELF ASSESSMENT OF DIABETES COMPETENCY FOR COMPLETION BY THE REGISTERED NURSE AND REGISTERED NURSING ASSOCIATE

Diabetes Management Self – Assessment Competency Framework

Maintenance of patients on insulin therapy

Name:	Signature:
Designation:	Date:

The following document is designed to:

- a) Allow you to assess your competence in managing your patients on insulin therapy in line with “*An integrated Career and Competency Framework for Diabetes Nursing 5th Edition 2019 – Trend UK* to identify your own educational needs and therefore support with development of training package
- b) To ensure your own competency before delegation of insulin or GLP-1 RA administration to non-registered practitioners.

Please tick the box that best describes your current practice in each competency assessment statement.

A competency defines the knowledge, understanding and skill required to perform a specific task (Skills for Health 2005)

Are you competent in the following?	Yes	No	Identify support/training required
Involving the patient in goal planning and promoting empowerment			
Assessing physical and psychological barriers to insulin or GLP-1 RA treatment			
Interpreting blood glucose results and identifying blood glucose targets			
Teaching blood glucose monitoring to your patients with diabetes and/or their carers/family			
Teaching blood glucose results interpretation to your patients			
Teaching choice of injection sites and injection technique – being aware of the importance of site rotation and use of lifted skin fold where appropriate.			
Supporting your patients with injection sites problems, insulin or GLP-1 RA storage and safe sharps disposal			
Advising your patients on the safe storage of insulin or GLP-1 RA and disposal of insulin or GLP-1 RA and hypodermic equipment.			
Supporting your patient in selecting the appropriate insulin or GLP-1 RA device.			

Are you competent in the following?	Yes	No	Identify support/training required
Discussing whether self-administration is appropriate for your patient.			
Advising your patient on how to obtain their insulin or GLP-1 RA prescription in routine and emergency situations.			
Advising your patients on the basics of hypoglycaemia recognition and treatment			
If appropriate advising your patients which authorities they need to inform about their diabetes medication i.e. DVLA regulations			
Identifying the patients ongoing support needs from all health care professional and carers and agree how to meet them			
Advising your patient who to contact for routine advice and for emergency out of hours support			
Being aware of patient's individual targets for home blood glucose monitoring and HbA1c with the support of GP/DSN.			
Advising your patients on general diet principles and considerations with insulin treatment.			
Advising your patient on the general exercise principles and consideration with insulin or GLP-1 RA treatment when appropriate			
Advising your patients of the effect of illness on insulin OR GLP-1 RA requirements and sick day rules			
Awareness of the needs for a change in regime and being aware of who to contact for support.			
Teaching and reviewing your patients understanding of hypoglycaemia, recognition, treatment and prevention.			
Identifying potential fears and anxieties and how to support your patient			
Recording care to communicate to other care providers and facilitate continuity of care			
Aware of the common insulin and GLP-1 RA and management errors			

Are you competent in the following?	Yes	No	Identify support/training required
National patient safety suite – completion of safe use of insulin module (e-learning).			

Appendix 6 - Equality Analysis

<p>Name of Policy/Procedure/Function*</p> <p>Equality Analysis Carried out by: Estelle Walden</p> <p>Date: 16.04.2020</p> <p>Equality & Human rights Lead: Racheal Higgins</p> <p>Date:</p> <p>Director\General Manager:</p> <p>Date:</p>
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***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	Key Objective: To outline good practice for all aspects of management of injectable medicines in clinical areas. Intended Outcome: To avoid harm to patients and ensure compliance with relevant legislation and best practice. Beneficiaries: Patients receiving subcutaneous injections in an LCHS setting. LCHS staff		
B.	Does the policy have an impact on patients, carers or staff or the wider community that we have links with? Please give details	:Non known		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected?	No		
		Yes	No	
	Disability		x	
	Sexual Orientation		x	
	Sex		x	
	Gender Reassignment		x	
	Race		x	
	Marriage/Civil Partnership		x	
	Maternity/Pregnancy		X	
	Age		x	
	Religion or Belief		x	

	Carers		x	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Estelle Walden		
Date:		16.04.2020		