

## Tameside and Glossop ICOFT

### Policy for delegation of administration of insulin to adults

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## **Acknowledgements**

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### **Eight Exemplar Sites:**

Shropshire Community Health NHS Trust, Tameside and Glossop Integrated Care NHS Foundation Trust, Hertfordshire Community NHS Trust, Sirona Care and Health, North Tees and Hartlepool NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Barnet, Enfield and Haringey Mental Health NHS Trust, East Kent Hospitals University Foundation Trust.

## **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 need some 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 and care workers (HCWs), including health and 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 HCWs 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 – see appendix 1
  - E-learning (availability at: <https://portal.e-lfh.org.uk/>) – see appendix 4 for details
  - Insulin administration competency framework – appendix 5
  - Record of practical assessment – see appendix 2
  - Consent form – see appendix 3
  - Other relevant local policies and procedures
- 1.5 This document and supporting material is based on best practice, input from stakeholders and an expert working group, as well as the experience of eight exemplar sites.

## **2. Purpose of the implementation document**

- 2.1 To enable appropriately trained HCWs 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 CQC, NMC and 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 HCWs and support workers: HCWs 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.
- 3.3 To help prevent transmission of COVID-19: 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 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 HCWs who will assume delegated responsibility:
- Health Care Assistants, support workers and other similar roles in health and social care
  - Allied Health Professionals

4.2 It 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.

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 another HCW, 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 NMC. The registered nurse is professionally accountable for the delegation of the task. Alternatively, the task may be delegated and competency assessed by a member of the local MDT who is registered with the HCPC (e.g physiotherapists, dietitians and other AHP’s), 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 HCW.

**Healthcare worker (HCW):** 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 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, independent sector provider or provider of adult social care. Whilst this document uses the term Healthcare workers (HCW), this is a generic term assumed to include similar roles with differing titles such as Healthcare assistant, Health Care Support Worker etc.

**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 of this policy.

**Multidisciplinary Teams:** MDT's comprise, but are not limited to, nurses, doctors, pharmacists and AHP's such as occupational therapists, dietitians and physiotherapists who work together to deliver community health services to people in their own homes.

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

<sup>1</sup> <https://www.nmc.org.uk/standards/code/>

## 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 Team and/or District 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, 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 should be reviewed and updated every three months by either the Diabetes Specialist Nurse, the GP or a 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 identified relative or carer using the 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 with **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 two months.
- 7.1.3 Potential for self-care is evident
- 7.1.4 If insulin type has changed recently, until blood glucose levels are again deemed stable. Unit changes to current regimen are acceptable after senior review.
- 7.1.5 There is an imminent risk the persons diabetes could become unstable.
- 7.1.6 The person has diabetes alongside another chronic illness, indicating they have more complex health or care needs.
- 7.1.7 The person has diabetes alongside multiple other co-morbidities, indicating they have more complex health or care needs.
- 7.1.8 Injections via syringe and needle or insulin pump fall outside of 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 Healthcare workers/assistants/AHP's.

- 8.1.2 The employer of the HCW/AHP accepts vicarious liability for their employee undertaking this extended role. This may be the NHS Trust, Independent Sector Provider, Homecare provider or Residential Home.

## **8.2 Director of Nursing/Associate Director of Nursing or equivalent position**

- 8.2.1 Responsible for ensuring correct systems and processes are in place and relevant 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 competencies are implement and maintained
- 8.2.4 Provides protected time within working hours to complete the necessary training and competency assessment.

## **8.3 Service Leads/Matrons/Care Home Managers/ Home Care Manager or equivalent role**

- 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 HCW to administers insulin and that the task complies with all local policies, protocols and guidelines.
- 8.3.4 Responsible for ensuring that individuals competencies are implement, achieved and maintained.

## **8.4 Registered Nurse**

- 8.4.1 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/HCPC 2016<sup>2</sup>). This includes ongoing assessment and supervision of practice.

## **8.5 Healthcare Worker/Healthcare Assistants/support workers/other non-regulated staff/allied health professionals**

- 8.5.1 Delegation should only occur when the HCW is prepared to take on the extended role. Staff have a right to refuse to take on a delegated responsibility should they not feel confident or competent to do so. If delegation is not possible, the onus is on the organisation to ensure continuity of care.

<sup>2</sup> <https://hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>



## **9. Principles to be applied**

9.1.1 The delegation of insulin administration is voluntary:

- For registered nurses: this policy, e-learning and competencies provide a framework for registered nurses to exercise judgement about the suitability of delegation to other HCWs on a case-by-case basis.
- For HCW 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 eLearning and have been assessed as competent based on supervision of their practice before they administer insulin

### **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 HCW to carry out the task, including their pre-existing knowledge, should be determined by the registered nurse. 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.

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. 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 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 who is delegating the duty must complete the risk assessment for each person receiving care and a copy kept with the person's records.

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

9.2.6 The registered nurse 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 for advice and guidance if/when the person receiving the care's condition and blood glucose readings deviate from what is normal for them. Access may be via phone or telehealth methods.

### **9.3 Informed consent**

- 9.3.1 The registered nurse must obtain informed consent (see appendix 3) for the delegation of the task from the person receiving the care or where that person does not have capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed as set out in the Trust Policy to consent to examination or treatment (2019) and the Mental Capacity Act (2005).
- 9.3.2 The registered nurse must ensure that the person's mental capacity is kept under review. They must ensure that the HCW 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 concerns about the person's capacity to consent. The HCW is responsible for the duty to obtain ongoing consent every time insulin is 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 HCW has a duty to act in their best interests. An assessment of best interests should be undertaken by the registered nurse. Best interest's decisions should be evidenced and recorded as part of the risk assessment and care record in accordance with local policy.
- 9.3.4 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 on duty and the persons GP.

### **9.4 Expectations of Competency**

- 9.4.1 All HCWs who carry out a delegated task are expected to meet the same standard of practice as a competence professional, including infection prevention and control, consent, best interests and mental capacity and must have had training specific to the task and which conforms to current policies following evidence based practice.
- 9.4.2 The registered nurse must ask the HCW to confirm that they are willing to perform the task following the training and with ongoing support, monitoring and supervision.
- 9.4.3 The registered nurse is accountable for ensuring that the HCW 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 the policy. They must therefore ensure the delegated HCW is trained and has been assessed as competent. Competence should be reviewed on a six-monthly basis.
- 9.4.4 Where the HCW has already completed the 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 does need to complete a risk assessment for each new person receiving care.
- 9.4.5 In situations where the person receiving care requires a transfer e.g to another team/area, the accountability for the assessment of competence lies with the registered nurse who will have the ongoing responsibility for the delegation of care to the HCW. All information relating to the administration of insulin must be communicated to the new team.
- 9.4.6 A signed confirmation or verification of training (including eLearning) and competence assessment by the registered nurse must be obtained from the HCW as assurance that the training and assessment of competence was successfully completed. In addition, copies of these documents should be stored in the HCW personnel file.

- 9.4.7 All staff should be supported in reporting any errors, incidents or near misses 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 such situations occurring again and 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 etc).

## 10. Training – essential requirements

- 10.1 Delegated HCWs must be compliant with the mandatory training required by the organisation
- 10.2 To accept the delegated task of insulin administration the HCW must have completed the “Insulin Administration” e-learning module as outlined in this policy.
- 10.3 Furthermore, the task must only be delegated once competency is signed off by an experienced registered nurse who will then act as a mentor.
- 10.4 The registered nurse providing diabetes training or competency assessment for insulin administration to a delegated HCW must be able to demonstrate evidence of knowledge, skills and competence in the task being taught or have completed the eLearning module.

Training Element	Method/Frequency
Proven competence with blood glucose/ketone monitoring	Assessment within workplace
Infection control training and hand hygiene	Quarterly
Basic Life Support and Anaphylaxis training	Annually
E-Learning module	Annually
Practical assessments with mentor	Five assessments (or more as required)
Final assessment and sign off	Registered nurse and then ongoing supervision within practice

## 11. Ongoing supervision and support

- 11.1 It is vital that the registered nurse makes sure the HCW has the ability to access advice and guidance from them on a regular basis (e.g monthly clinical supervision and regular safety 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.
- 11.2 When there is a break in practice – e.g no patients requiring insulin administration for more than three months or an individual has not used their skills for more than three months, then a refreshed certificate of eLearning and updated competency assessment is required, before the delegation of duties to the HCW can recommence.
- 11.3 Should there be an incident, error or near miss, the registered nurse should consider what training and further supervision the HCW may require or if the frequency of monitoring/reassessment should increase.
- 11.4 Registers must be maintained to record the following:
- A register of registered nurses willing and able to delegate administration
  - A register of HCW deemed competent and confident
  - Records of eLearning completion and competency assessment
  - Annual review of all registers must occur

## **12. Review of Policy**

12.1 Review of this policy must occur at least every year and updated on changes.

## Appendix 1: Risk assessment for insulin administration by Health care support workers/other non-regulated staff

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

*The assessment must be completed for each person receiving care.*

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

<b>Name of person receiving care</b>	
<b>NHS Number</b>	

This form should be left in the patients care records.

<b>PATIENT RECEIVING CARE</b>	<b>YES/NO</b>
1.1 An assessment and care plan has been completed by a registered nurse/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	
1.5 The person receiving care consents to the delegation of insulin to the care worker or where they lack capacity to give consent, the principles of the Mental Health Capacity Act (2005) should be followed	
1.6 There are no safeguarding issues	
<b>HEALTH AND CARE WORKER</b>	<b>YES/NO</b>
NAME:	
NAME:	
NAME:	
NAME:	
2.1 The care workers employer will hold a copy of the individualised care plan for the named patient	
2.2 The care worker accepts responsibility to perform the task of administration of insulin to the required standard following training and assessment	
2.3 The care worker signs to confirm that training was received, understood and that they will comply with the relevant policy and procedures	

2.4 The care worker signs to confirm that they understand the necessity of good record keeping	
<b>TASK</b>	<b>YES/NO</b>
MEDICATION NAME:	
MEDICATION NAME:	
MEDICATION NAME:	
MEDICATION NAME:	
3.1 Administration of insulin by a care worker 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	

<b>NAME</b>	
<b>DESIGNATION</b>	
<b>SIGNATURE</b>	
<b>DATE</b>	
<b>REVIEW DATE</b>	
<b>REVIEW DATE</b>	

## Appendix 2: Record of practical assessment by the registered nurse

DATE/TIME	CRITERIA	REGISTERED NURSE SIGNATURE	CARE WORKER SIGNATURE	ASSESSOR COMMENTS
	Introduction and consent			
	Infection prevention and control			
	Checks relevant documentation (authorisation, 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 5 separate occasions as part of the overall assessment.***

***The assessor will need to evaluate the learner's competencies and sign off final assessment.***

**FINAL ASSESSMENT AND SIGN OFF DATE:** .....

I ..... (Registered Nurse) can confirm that.....(Care Worker) is now considered safe and competent to administer insulin injections in the community.

Signature of Health Care Support Worker .....



### **Appendix 3: Agreement form to consent to administration of insulin**

#### **Details of patient receiving care:**

**Name:**

**NHS number:**

#### **Statement of Registered Nurse:**

I have explained to the patient that the health care support worker .....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 from Tameside and Glossop ICOFT District Nursing Service

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 individuals medical condition changes in anyway, care will be given by the registered nurse
- The individual has the right to withdraw consent at any time

**SIGNED:**

**DATE:**

**PRINT NAME:**

**DESIGNATION:**

#### **Consent of patient receiving care:**

I.....understand the statement above, have received sufficient information, have had the opportunity to discuss any questions and consent for the health care support worker specified above to complete the insulin injections.

**SIGNED:**

**DATE:**

## **Appendix 4: E-learning module**

Available at <https://portal.e-lfh.org.uk>

The health care support worker must have completed the eLearning module and achieved the pass mark of 80% and be able to demonstrate competent clinical skills to undertake the procedure.