

Document Details		
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Who is the document aimed at?		All Staff
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## 1 Introduction

Insulin therapy is used in the management of type 1 and type 2 diabetes and is administered via subcutaneous injection.

Most individuals can self-administer their insulin, but some patients/clients require their insulin to be administered by a registered nurse or non-registered practitioner such as a health care assistant and carers. The role of the non-registered practitioner is vital in supporting individual patient management and enabling the interdisciplinary teams to manage increasing numbers of patients/clients requiring support with insulin administration.

As recommended by the Nursing and Midwifery Council (NMC 2018) safe evidenced based practice will be underpinned with local training.

## 2 Purpose

This policy describes the roles and responsibilities and processes for ensuring that patients/clients on insulin who require support from a non-registered practitioner are managed safely by registered nurses employed by Shropshire Community Health NHS Trust.

## 3 Definition & Abbreviations

**Registered Nurse:** is defined as the professional accountable for the delegation of the task.

**Non-registered practitioner** is defined as a health care assistant (HCA) or a health care support worker who are either employed by the Trust or by an external social care provider.

**Insulin Administration:** An injection of insulin given subcutaneously via an insulin pen device.

**Community Nursing Teams:** Community nursing teams comprise of Community or District Nurses, Nurse Associates, Assistant Practitioners and Health Care Assistants.

### Abbreviations:

HCA: Health Care Assistant

NMC: Nursing and Midwifery Council

RCN: Royal College of Nursing

NRP: Non-Registered Practitioner

SCHT: Shropshire Community Health Trust

e-lfh: NHS Health Education England e-learning for health

CGM: Continuous glucose monitoring

SOP: Standard Operating Procedure

## 4 Duties

### 4.1 Director of Operations / Director of Nursing, Deputy Directors, and Divisional Managers

Directors, Deputy Directors, and Divisional Managers of Services are responsible for ensuring the safe and effective delivery of services they manage; this includes securing and directing resources to support the implementation of this best practice guidance and therefore must ensure that all staff have access to this document.

### 4.2 Clinical Service Managers and Team Leads

Managers will ensure that a system is in place within the services they are responsible for, for the implementation of this guidance and for monitoring its effectiveness.

Individual line managers are responsible for informing staff of this guidance and any raising awareness of associated policies, guidelines, and documents. They must also ensure that

the appropriate education, supervision, and mechanisms are in place to ensure safe practice. Any training requirements must be raised and addressed via appraisal or supervision and a record of competencies kept for audit purposes.

#### **4.3 Diabetes Specialist Nursing Staff**

The Adult Diabetes Specialist Nursing Service supports the Community Nursing teams whose role is and is responsible for giving specific specialist advice, guidance and support to staff as required. They are also responsible for monitoring their areas of expertise and advising staff of any changes to national guidelines and best practice to ensure the documentation being used is kept up to date.

#### **4.4 Registered Nursing Staff**

It is the responsibility of registered nurses within the community nursing teams to determine which non-registered practitioners are put forward for the insulin administration programme. This decision needs to be made in the light of potential benefits for patients and local NHS needs. It is the responsibility of the Registered Nurse to identify patients who are stable/predictable for delegation of insulin administration to a Non-Registered Practitioner. The Registered Nurse remains accountable for the delegation process ensuring adequate support, supervision, and review of competence of the non-registered practitioner (NMC, RCN 2018).

The nurse is responsible for developing their own competency through attending continuous professional development sessions for diabetes mentorship of a Non-Registered Practitioner

They must ensure they work within this guidance and associated Trust Policies and guidelines.

#### **4.5 Non-Registered Practitioners**

The Non-Registered Practitioner is responsible for their actions and to work within their scope of practice. To support the increasing demand for insulin administration, SCHT Non-Registered Practitioners and Social Care Non-Registered Practitioners are responsible for developing their competencies in a timely manner to administer insulin in line with this policy. Social care providers are encouraged to support the clients to whom they provide social care to, with the inclusion of administration of their insulin medication and ensure their staff develop competency in a timely manner with the support of the Community Registered Nurse, in the role of Diabetes Mentor.

This policy has been developed to provide support, guidance, and assurance to social care providers for social care non-registered staff to become competent in the administration of insulin to their patient/client under the delegation from register nursing staff who remain accountable for reviewing the patient and supporting the non-registered staff with any patient/client concerns.

## **5 Procedure for the Safe Administration of Insulin by a Non-Registered Practitioner**

### **5.1 Assessment**

The following actions must be completed by the registered nurse when considering the training of non-registered practitioners to administer insulin:

- The registered nurse must complete the NHS Health Education England e-learning for health (e-lfh) module for Delegation of Insulin Administration and the SCHT Mentor Training and complete the declaration (Appendix 3). Copies should be retained in their personal file.
- The registered nurse must have ensured that all steps have been taken to maximise and support the patient's/client's independence including the involvement to the family or informal carers in the administration of insulin.

- A risk assessment must be undertaken by the registered nurse who will be taking responsibility for the delegation of the task before a decision is made to allow the administration of insulin by a non-registered practitioner (Appendix 1).
- The assessment must be completed for each individual patient/client, non-registered practitioner and the tasks required (Appendix 1) and the mentor agreement signed (Appendix 3).
- Teams leads within the Community Nursing Teams are to maintain a register on a Teams page with the date of completion, for all Registered Nurses who have completed training for Delegation of Insulin administration and for Non-registered Practitioners who have completed training and assessment of competencies for administration of insulin and a copy to be held in the personal file for each member of staff.
- The registered nurse must complete a comprehensive nursing assessment and care plan and the patient's/client's condition is identified as being stable/medically predictable (Appendix 2) and client consent obtained (Appendix 3)
- Before delegation can occur, the registered nurse must ensure that the non-registered practitioner has completed the module, NHS Health Education England e-learning for Health Delegated Administration of Insulin and successfully passed the knowledge test at the end of Module and be willing to undertake the training in full and undertake the assessments pertaining to this policy.

#### **5.1.2 Exclusions**

- Patient/client consent declined.
- Patient/ client assessed as not suitable for capillary blood glucose monitoring or Continuous Glucose Monitoring by community nurse as per Capillary blood glucose monitoring and Continuous Glucose Monitoring Policy 2019, revised 2023.
- Non-registered practitioner has not completed the NHS Health Education England e-lfh Delegated Administration of Insulin module.
- Patient's/client's individualised blood glucose target range is exceeded or evidence of recurrent hypoglycaemia.
- If the patient's/client's condition deteriorates reassessment of the suitability for the delegation of insulin administration must be reassessed by the registered nurse.

#### **5.2 Consent**

- The registered nurse must obtain consent from the patient/client for the delegation of insulin administration by non-registered practitioners as per Shropshire Community Health NHS Trust Consent Policy and in accordance with the mental capacity act (2005) and mental capacity act guidance (2007). This consent must be documented and kept in the patient's/client's notes (Appendix 3).
- The registered nurse must ask the non-registered practitioner working for a Care Organization (that is not SHT) for confirmation that they are willing to perform the task on a Named Patient/Client only basis, following successful completion of the approved training programme and receive on-going assessment and supervision to complete the competency frameworks supporting this programme (Appendices 3-7).
- The duty to obtain on-going consent for insulin administration is the responsibility of the non-registered practitioner every time insulin is to be administered and this should be documented in the patient's/client's records. Failure to do so could amount to assault.

### **5.3 Equipment**

The registered nurse must ensure that the patient/client has their own insulin pen device and automatic re-sheathable needles, blood glucose meter and test strips and where appropriate Continuous Glucose Monitoring System and that arrangements are in place for the resupply of this equipment and medication. Suitable storage facilities for the insulin must also have been assessed.

Continuous Glucose Monitoring (CGM) devices measure glucose in the interstitial fluid (as opposed to the blood with capillary blood glucose test from finger-pricking test) via a sensor inserted under the skin. The sensor is worn as per manufacturer's guidance in the arm or the abdomen and in addition may be connected to a transmitter. The sensor sends continuous glucose results to a receiver device when scanned over the sensor, or mobile phone with appropriate app to read the device. It can produce a near continuous record of measurements for the last eight hours which can be accessed on demand. These results are presented as continuous values and trends over time. They allow for glucose values to be visible continuously, enabling immediate therapeutic adjustments based on 'real time' glucose results. The real-time monitor shows trends in glucose levels on a display and indicates the rate of glucose change using arrows. They have predictive alarms for low or high glucose levels and warn of impending hypoglycaemia or hyperglycaemia.

### **5.4 Education**

The registered nurse is accountable for the delegation of any aspects of the administration of insulin and must ensure the non-registered practitioner is competent to carry out the task using the competency assessments (NMC 2018). This includes an on-going assessment and supervision of practice with annual reassessment.

#### **5.4.1 Competency Assessment**

The registered nurse must assess the non-registered practitioner's competencies using the trust competency assessment documents (Appendices 3-7).

The registered nurse must send a copy of these completed competency assessments documentation for both insulin administration & blood glucose monitoring (Appendices 3-7) along with the registration document to their employing care organisation/agency (Appendix 8) and include the recall date for reassessment.

The registered nurse must complete with the non-registered practitioner a signed 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 3) and obtain a declaration of accountability from the non-registered practitioner's employer (Appendix 3).

Following competency assessment, the registered nurse will complete the registration documentation for those non-registered practitioners that they have delegated insulin administration to. This registration form should then be sent to their employing organisation/agency (Appendix 8).

The community nursing team should maintain a live digital record of those non-registered practitioners who have been delegated to, to maintain competence with annual review (Appendix 7).

Any non-registered practitioner who has not administered insulin to a patient/client for a period greater than 3 months must be reassessed as competent to do so before re-administering insulin.

### **5.5 Documentation**

Patients must have an **individualised diabetes care plan** which states blood glucose parameters and who to contact when levels are outside of these parameters.

The Diabetes care plan must be **reviewed monthly by the delegating Registered Nurse or Community Nursing Team Lead or Band 6 Caseload Holder**.

Glucose monitoring and insulin administration records must be completed by the non-registered practitioner and kept in the patient/client notes.

Patient/client notes should be completed following the NMC record keeping guidance.

## 6 Consultation

This Guideline has been developed by the Diabetes Specialist Nursing Service in consultation with:

- Susan Watkins Chief Pharmacist, (SCHT)
- Sharon Toland (SCHT) and the Infection Prevention and Control Team
- Georgina English Clinical Lead for Community Nursing and Practice Teacher (SCHT)
- Shropshire Community Diabetes Specialist Nurses: Noreen Eccles, Michelle Griffin, Sarah Hudson, Holly Wingrove, Julia Morgan-Williams (SCHT)
- Sally Stubbs Clinical Services Manager Specialist Services and Donna Jones Locality Clinical Manager North-West
- Emma Parker Community Nursing Team Leader South-East
- Alan Ferguson Record Manager & Quality Facilitator, (SCHT)
- Julie Roper, Clinical Service Manager for MIU and DAART

## 7 Dissemination and Implementation

### 7.1 Dissemination

These guidelines will be disseminated by the following methods:

- Managers Informed via DATIX system who then confirm they have disseminated to staff as appropriate
- Staff Via Inform
- Community Nursing Team meeting
- Published to the staff zone of the trust website

### 7.2 Implementation

Implementation will be following identification of non-registered practitioners by Care organizations/agency and the completion and assessment of module of Delegated Insulin Administration diabetes training, delivered by NHS England e-learning for Health in association with the individual non-registered practitioner and supervision by registered nurses acting as a Registered Nurse Diabetes Mentor.

#### 7.2.1 Non-Registered Practitioner Training

The non-registered practitioner must have attended the approved diabetes training programme Module <http://portal.e-lfh.org.uk/Component/Details/623288>

before being able to undertake the administration of insulin (Appendix 3-8).

The non-registered practitioner must be trained to administer insulin following standard procedure (Appendix 4).

The non-registered practitioner will receive support and supervision in their workplace until both they and the registered nurse are satisfied that the non-registered practitioner has the necessary training, confidence, skills to undertake the procedure unsupervised and knowledge to report and escalate, with taking appropriate action, in the event of any untoward events, including errors of insulin administration.



## 7.2.2 Registered Nurse Training

Must have completed the NHS Health Education England e-lfh module as above and attended the Diabetes Mentor Training Course.

Registered Nurses acting as Diabetes Mentors must ensure that have up to date knowledge and skills relating to blood glucose monitoring and insulin administration (NMC 2018), by completing the Diabetes Mentor programme and attending for an annual update.

Outside of the annual update training for Abbott blood glucose monitoring can be accessed via Point of Care.

## 8 Monitoring Compliance

Compliance of this Guideline will be carried out by:

- Monitoring of related Datix incident reports carried out by service managers
- Following incident reporting follow up actions will be coordinated by service managers and the Community Trust Safety Manager.
- Mentor Register and non-registered practitioner training records/databases held by employing organisations

## 9 References

- NMC (2018) The Code: Professional standards of practice and behaviour for Nurses, Midwives and Nursing Associates. NMC: London
- Royal Pharmaceutical Society (2021) A Competency Framework for All Prescribers prescribing-competency-framework.pdf (rpharms.com) accessed 26 June 2023
- NMC Accountability and Delegation: NMC London. Available online from: delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf accessed 26 June 2023
- <http://portal.e-lfh.org.uk/Component/Details/623288>
- RCN (2018) Accountability and Delegation: A Guide for the Nursing Team Available online from <http://www.rcn.org.uk> (accessed 26 June 2023 - under review)
- RCN Accountability and delegation in practice | Professional Development | Royal College of Nursing (rcn.org.uk) (accessed 26 June 2023)
- RCN First Steps | Professional services | Royal College of Nursing (rcn.org.uk) (accessed 26 June 2023)
- Great Britain Department for Constitutional Affairs (2007) Mental Capacity Act 2005 Code of Practice, The Stationary Office [www.tsoshop.co.uk](http://www.tsoshop.co.uk) (accessed 26 June 2023)
- National Patient Safety Agency (2010): Rapid Response Report NPSA/2010/RRR013: Safer administration of insulin

## 10 Associated Documents

This Policy and Guidelines should be used in conjunction with the following Documents:

- Hypoglycaemia Management Guideline
- Prevention and Management of Needlestick Injuries: including Inoculation Incidents and Exposures to Blood Borne Viruses
- Consent to Examination or treatment Policy
- Hand Hygiene Policy
- Incident Reporting Policy

- Standard Precautions Policy

## **11 Additional Resource**

GlucoRx Safety Pen Needles (<https://www.glucoRx.co.uk/>) or equivalent.

## **12 List of Appendices**

Appendix 1: Risk assessment for administration of insulin by a non-registered practitioner

Appendix 2: Patient's/Client's Care Plan

Appendix 3: Declarations and consent

Appendix 4: Procedure for the Administration of Insulin

Appendix 5: Summative Assessment of capillary blood glucose monitoring

Appendix 6: Summative assessment of insulin administration

Appendix 7: Annual Assessment

Appendix 8: Registration Form

Appendix 9: Quick Reference Guide to Insulin Administration by Non-Registered Practitioners

Appendix 10: Toolkit link for forms for Delegation of Insulin to a Non-Registered Practitioner

**Appendix 1: Risk assessment for administration of insulin by a non-registered practitioner**

A risk assessment must be undertaken by the registered nurse who will take responsibility for the delegation before a decision is made to allow administration of insulin by a non-registered practitioner.

The assessment must be completed for each individual patient/client for the non-registered practitioner administering the insulin with all below 'yes'.

<b>1.</b>	<b>Patient/Client</b>	<b>Yes/No</b>
	A nursing assessment and individualised care plan has been completed by the registered nurse which specifies the accepted blood glucose target range for the patient/client and what to do if blood glucose levels are outside of the target range	
	The patient/client requires insulin	
	The patient/client is unable to self-administer insulin	
	The patient/client has no family or informal carers able to administer insulin	
	The patient's/client's blood glucose remains in their individualised target range	
	The patient/client consent to the delegation of insulin to a non-registered practitioner or where the patient/client lacks capacity to give consent the principles of the Mental Capacity Act (2005) should be followed	
	The patient/client has their own insulin administration pen device, insulin pen safety needles and suitable storage facilities	
	There are no safeguarding adult concerns	
<b>2.</b>	<b>Non-registered Practitioner</b>	
	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 administration by subcutaneous injection to the required standard following training	
	Completion of NHSE e-lfh delegated administration of insulin, understood and that they will comply with the insulin administration protocol/standard operating procedure	
	Completion of NHSE e-lfh delegated administration of insulin and understood regarding the use of sharps, safe disposal of sharps and avoidance of needlestick injuries	
<b>3</b>	<b>Task</b>	<b>Yes/No</b>
	Written Medical authorisation is required which includes date, patient/client name, date of birth, NHS Number, insulin type and strength, insulin dose written out in full using the word <b>UNITS</b> (NPSA 2010), 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	
	Administration of insulin by non-registered practitioner is to a named patient/client only	

If the answer is NO to any of these statements above the non-registered practitioner cannot administer

Non-Registered Signature:	
Name in Capitals:	
Designation	
Date:	
Nurse Signature:	
Name in Capitals:	
Designation:	
Date:	

**Appendix 2: Patient's/Client's Care Plan for Insulin Administration by Delegation****(To be completed for each client and non-registered practitioner)**

**Please note:** Date and time of insulin administration should be documented immediately in patient's/client's records.

Name	Date of Birth	NHS Number
Current Address		
GP Details		Care Plan Review date
Details of lead contact – Community nursing team		
Name of Staff Member to administer insulin		
Blood glucose targets (mmols/l)	Before a meal _____ mmols/l Before bed _____ mmols/l	
When to contact GP/Registered Nurse when blood glucose targets are breached	If blood glucose targets are above the patient's individual target range for more than 5 days and the patient is not unwell  If the patient is unwell contact the GP if blood glucose levels are above target range for 2 days	
Times for blood glucose monitoring		
Name of Insulin and strength	Insulin Dose (dose must be written in 'units' no abbreviations)	Time of Injection
Insulin injection site	'Lift up' of injection site only if advised by DSN	Size of insulin pen needle

**In case of illness or any untoward events please contact \_\_\_\_\_ for advice and support**

**Appendix 3: Declaration**

## Declarations

I \_\_\_\_\_ (Print Name) Non-Registered Practitioner confirm that:

I have completed the NHS England e-learning for Health Module, Delegated Administration of Insulin and passed the Module Assessment and received training in the administration of insulin. I understand and will comply with the guideline for the administration of insulin.

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 and understand all the terms and meanings in this document

I have received a copy of NMC record keeping standards (NMC2018) and confirm that I understand the need for good record keeping

Signature	
Name in Capitals (Please Print)	
Designation	
Date	

I \_\_\_\_\_ (Print Name) Employing Manager confirm that:

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

Signature	
Name in Capitals (Please Print)	
Designation	
Date	

I \_\_\_\_\_ (Print Name) Registered Nurse confirm that:  
 I am trained and competent to delegate, supervise, support, and assess the  
 administration of insulin and blood glucose monitoring

Signature	
Name in Capitals (Please Print)	
Designation	
Date	

### Patient/Client Consent

#### Either

I, \_\_\_\_\_ (patient/client name) agree that the named non-registered practitioner may administer my insulin injection(s) as per my care plan.

#### Or

I, \_\_\_\_\_ give consent in my capacity as \_\_\_\_\_ for  
 \_\_\_\_\_ (patient's/client's name) to receive insulin according to  
 their care plan via the insulin delegation scheme described to me by  
 \_\_\_\_\_ ( name of health care professional), as I am acting in the best  
 interests of the patient/client as per Mental Capacity Act 2005

Signature	
Name in Capitals (Please Print)	
Patient/Client or Advocate	
Date	

As the manager for the \_\_\_\_\_ Care Home/ District Nurse team,  
 I acknowledge the decision by \_\_\_\_\_ (patient/client name /GP) to  
 accept the insulin delegation plan.

Signature & Designation \_\_\_\_\_ Date \_\_\_\_\_

## **Appendix 4: Procedure for the Administration of Insulin**

The registered nurse will identify non-registered practitioner who have successfully completed and passed the NHS England e-learning for Health Module of the diabetes training programme and deem them suitable to enter the Summative Assessment of competencies for administration of insulin and blood glucose monitoring.

The registered nurse will assess the suitability of stable patients for administration of insulin by a non-registered practitioner. A patient/client's care plan, delegation documents and agreements will be completed.

The non-registered practitioner will contact the registered nurse when there are any deviations from the patient's/client's individualised care plan or in the event of a drug error. The registered nurse will review the patient's care plan monthly.

Subcutaneous insulin administration will be on a named patient/client basis only.

The Module and Summative Assessment will focus on insulin administration using an insulin pen with EU directive 2010/32 compliant safety insulin pen needles. The non-registered practitioner is responsible for their actions whilst the Registered Nurse remains accountable for the delegation of care (NMC 2018).

The non-registered practitioner must meet the initial educational requirements and must be willing to undertake the training and undertake the assessments pertaining to procedure.

### **Equipment**

- Clean tray or receiver in which to place equipment
- Patient's/client's Insulin Pen and Safety Pen needle
- Cotton wool/tissues
- Care Plan
- Patient's/client's Insulin Authorisation
- Personal Protective Equipment (PPE) e.g., disposable nitrile gloves, disposable apron
- Alcohol hand rub
- Blood Glucose Meter & Test Strips
- If appropriate CGM Reader or patient/client mobile phone to check glucose level from CGM sensor
- Single use lancet device
- Sharps Container
- Documentation/Diary

### **Procedure**

- Read and check care plan and the Insulin Authorisation (patient/client name, insulin dose written in units, date and time of administration, route, and method of administration).
- Correct identification of client (client unique identifier e.g., photo, date of birth).
- Explain procedure to client.



- If the person withholds consent and has the capacity to do so, seek advice immediately from registered nurse/mentor or General Practitioner.
- If the person is unable to give consent, then a decision about treatment must be made in their best interests with a registered nurse/mentor or General Practitioner.
- To perform hand hygiene and don appropriate PPE (disposable nitrile gloves and disposable apron). To risk assess if apron is required. If low risk of bodily fluid contamination, no apron required for procedure.
- Perform capillary blood glucose test or check glucose from CGM Sensor prior to procedure as per Capillary Blood Glucose Policy/Guidelines). Ensure patient's/client's blood glucose level is within individual parameters as specified on care plan.
- To remove the blood glucose test strip.
- Demonstrate safe disposal of sharps and blood-stained equipment.
- To doff disposable gloves and perform hand hygiene.
- Check name of insulin, strength of insulin, expiry of date of insulin and ensure insulin has not been opened at room temperature for more than 4 weeks.
- Attach GlucoRx safety needle (or other prescribed safety needle device) disposable safety pen needle to the insulin pen device.
- Prepare insulin pen following correct procedure and Insulin Authorisation.
- Prepare patient/client, select site for injection and perform injection.
- Demonstrate safe disposal of sharps.
- Document Insulin dose administration in Rio and paper home-based records for all SCHAT Staff but in paper home-based records only for Social Care Staff.
- When procedure complete perform hand hygiene.

**Appendix 5: Summative Assessment of Capillary Blood Glucose Monitoring**

<b>Name of Non-Registered Practitioner</b>	
<b>Name of Assessor</b>	
<b>Date Assessed</b>	
<b>Annual Reassessment Date</b>	

<b>Demonstrates knowledge of Capillary Blood Glucose Monitoring</b>				
<b>Performance Criteria</b>	<b>Assessment Method</b>	<b>Achieved Y for Yes or R for reassessment required</b>	<b>Date</b>	<b>Assessor signature</b>
Why it is essential to ensure that the patient/client and operator's hands are clean prior to testing?	Questioning			
How to conduct quality control testing	Questioning			
How to identify the expiry date of the quality control test solution and its life once opened?	Questioning			
How often the QC test should be performed and where the results are recorded?	Questioning			
How to correctly insert a blood testing strip?	Questioning			
The correct way to obtain a blood drop sample and where it should be applied on the test strip	Questioning			
How to set the time and date on the meter?	Questioning			
How to identify that the batteries require changing and how to change them if required?	Questioning			

How to identify what action to take if the meter displays an error message	Questioning			
Describe what diabetes is, and the action insulin has on blood glucose levels. State normal blood glucose levels.	Questioning			
State how to maintain and store the blood glucose meter and test strips, and to perform quality assurance test according to manufacturer's guidelines	Questioning			
Identify 3 factors that may give rise to inaccurate blood glucose readings.	Questioning			
Identify 4 factors that could result in low blood glucose readings	Questioning			
Identify correct action to take in the event of 3 successive high blood glucose readings	Questioning			
Identify 4 factors that could result in high readings	Questioning			
Identify where to record blood glucose results & explain action in event of readings outside the client's individual targets	Questioning			
Describe the procedure for obtaining supplies	Questioning			

Non-Registered Practitioner demonstrates practical skills regarding Capillary blood glucose monitoring				
Performance Criteria	Assessment Method	Achieved Y for Yes or R for reassessment required	Date	Assessor
Inform the patient/client of need for blood glucose test	Observation	1. 2. 3.	1. 2. 3.	
Verifies patient/client ID and appropriately gains patient consent	Observation	1. 2. 3.	1. 2. 3.	

Check expiry date on test strips	Observation	1. 2. 3.	1. 2. 3.	
Follow manufacturer's procedure for use of meter.	Observation	1. 2. 3.	1. 2. 3.	
Prepare area for blood glucose test	Observation	1. 2. 3.	1. 2. 3.	
Prepare safe sharps device- single lancet for test	Observation	1. 2. 3.	1. 2. 3.	
Performs correct hand hygiene technique before and after the application of Personal Protective Equipment	Observation	1. 2. 3.	1. 2. 3.	
Accurately perform blood test	Observation	1. 2. 3.	1. 2. 3.	
Demonstrate safe disposal of sharps and blood-stained equipment	Observation	1. 2. 3.	1. 2. 3.	
Accurately record blood glucose result in Community nurse documentation and Rio if SCHAT staff or Client care records & cleaning of meter	Observation	1. 2. 3.	1. 2. 3.	

<b>Non-Registered Practitioner Name:</b>		<b>Signature:</b>	
<b>Status:</b>		<b>Date:</b>	

I confirm that I have assessed the above-named individual and can verify that he/she demonstrates competency in capillary blood glucose monitoring.

<b>Mentor Name:</b>		<b>Signature:</b>	
<b>Status:</b>		<b>Date:</b>	

### Appendix 6: Summative Assessment for Subcutaneous Insulin Administration by a Non-Registered Practitioner

<b>Name of Non-Registered Practitioner</b>	
<b>Name of Assessor</b>	
<b>Date Assessed</b>	
<b>Reassessment Date – Annual or if not administered insulin for 3 months</b>	

Demonstrates knowledge of Subcutaneous Insulin Administration				
Performance Criteria	Assessment Method	Achieved Y for Yes or R for reassessment required	Date	Assessor signature
Can describe the action insulin has on blood glucose levels.	Questioning			
Can state how to correctly store insulin (in use) and (not in use)	Questioning			
Can identify 3 factors that may damage insulin	Questioning			
Can state how prescribed insulin should appear prior to injection	Questioning			
Can identify the name and dose of the prescribed insulin preparation	Questioning			
Can name 2 potential side effects of insulin	Questioning			
Can identify how and who to contact in case of queries or untoward events	Questioning			
Can identify 2 potential problems with injection sites and their likely causes	Questioning			
Can describe procedure for obtaining insulin and insulin needle supplies	Questioning			

Can describe course of action in the event of needlestick injury	Questioning			
Can name 4 symptoms of hypoglycaemia & possible causes	Questioning			
Can identify appropriate treatment/action in the event of hypoglycaemia (including fast & slow acting carbohydrate)	Questioning			
Can describe the process to follow in event of a medication error	Questioning			

Demonstrates practical skills of Subcutaneous Insulin Administration				
Performance Criteria	Assessment Method	Achieved Y for Yes or R for reassessment required	Date	Assessor signature
Verifies patient/client ID and appropriately gains patient/client consent for administration of insulin.	Observation	1. 2. 3	1. 2. 3.	
To check expiry date on insulin cartridge/insulin pen (if expired or damaged, to be discard).	Observation	1. 2. 3	1. 2. 3.	
Checks patient/client insulin authorisation for insulin type and pen device, strength of insulin, time & dose of insulin.	Observation	1. 2. 3	1. 2. 3.	
Prepares insulin pen device as per Trust Guidelines (Insulin mixes need to be resuspended by rotating but not shaking)	Observation	1. 2. 3	1. 2. 3.	
Performs correct hand hygiene	Observation	1. 2. 3	1. 2. 3.	
Correctly selects insulin injection site & examine for lipohypertrophy/bruising/inflammation	Observation	1. 2. 3.		
Performs insulin injection correctly as per Trust Guidelines Observed on at least 3 occasions.	Observation	1. 2. 3	1. 2. 3.	

Observes injection site following insulin administration for leakage and acts accordingly.	Observation	1. 2. 3	1. 2. 3.	
Correctly disposes of needle & syringe/insulin pen as per Trust Sharps policy equipment.	Observation	1. 2. 3.		
Correctly records administration (dose, site, pre or post meal, expiry date) together with any untoward events which should be reported.	Observation	1. 2. 3	1. 2. 3.	
Performs correct hand hygiene.	Observation	1. 2. 3	1. 2. 3.	
Can describe procedure for obtaining insulin and insulin needle supplies	Observation	1. 2. 3	1. 2. 3.	

<b>Non-Registered Practitioner Name:</b>		<b>Signature:</b>	
<b>Status:</b>		<b>Date:</b>	

I confirm that I have assessed the above-named individual and can verify that he/she demonstrates competency in insulin administration.

<b>Mentor Name:</b>		<b>Signature:</b>	
<b>Status:</b>		<b>Date:</b>	

## Appendix 7: Annual Assessment of Capillary Blood Glucose Monitoring

<b>Name of Non-Registered Practitioner</b>	
<b>Name of Assessor</b>	
<b>Date Assessed</b>	
<b>Reassessment Date</b>	

Demonstrates knowledge of Capillary Blood Glucose Monitoring				
Performance Criteria	Assessment Method	Achieved Y for Yes or R for reassessment required	Date	Assessor signature
Why it is essential to ensure that the patients and operator's hands are clean prior to testing?	Questioning			
How to conduct quality control testing	Questioning			
How to identify the expiry date of the quality control test solution and its life once opened?	Questioning			
How often the QC test should be performed and where the results are recorded?	Questioning			
How to correctly insert a blood testing strip?	Questioning			
The correct way to obtain a blood drop sample and where it should be applied on the test strip	Questioning			



How to set the time and date on the meter?	Questioning			
How to identify that the batteries require changing and how to change them if required?	Questioning			
How to identify what action to take if the meter displays an error message	Questioning			
Describe what diabetes is, and the action insulin has on blood glucose levels. State normal blood glucose levels.	Questioning			
State how to maintain and store the blood glucose meter and test strips, and to perform quality assurance test according to manufacturer's guidelines	Questioning			
Identify 3 factors that may give rise to inaccurate blood glucose readings.	Questioning			
Identify correct action to take in the event of a low blood glucose reading	Questioning			
Identify 4 factors that could result in low blood glucose readings	Questioning			
Identify correct action to take in the event of 3 successive high blood glucose readings	Questioning			
Identify 4 factors that could result in high readings	Questioning			

Identify where to record blood glucose results & explain action in event of readings outside the patient's/client's individual targets	Questioning			
Describe the procedure for obtaining insulin and insulin needle supplies	Questioning			
Can describe the process to follow in event of a medication error	Questioning			

<b>Non-Registered Practitioner demonstrates practical skills regarding Capillary blood glucose monitoring</b>				
<b>Performance Criteria</b>	<b>Assessment Method</b>	<b>Achieved Y for Yes or R for reassessment required</b>	<b>Date</b>	<b>Assessor</b>
Inform the patient/client of need for blood glucose test.	Observation			
Gain patient/client consent.	Observation			
Check expiry date on test strips.	Observation			
Follow manufacturer's procedure for use of meter.	Observation			
Prepare area for blood glucose test.	Observation			
Prepare safe sharps device- single lancet for test	Observation			
Performs correct hand hygiene technique before and after the application of Personal Protective Equipment	Observation			
Accurately perform blood test	Observation			
Demonstrate safe disposal of sharps and blood- stained equipment	Observation			

Accurately record blood glucose result in Community Nurse documentation & cleaning of meter	Observation			
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<b>Non-Registered Practitioner Name:</b>		<b>Signature:</b>	
<b>Status:</b>		<b>Date:</b>	

I confirm that I have assessed the above-named individual and can verify that he/she demonstrates competency in capillary blood glucose monitoring.

<b>Mentor Name:</b>		<b>Signature:</b>	
<b>Status:</b>		<b>Date:</b>	

#### Annual Assessment for Subcutaneous Insulin Administration by a non-registered practitioner

<b>Name of Non-Registered practitioner</b>	
<b>Name of Assessor</b>	
<b>Date Assessed</b>	
<b>Reassessment Date</b>	

Demonstrates knowledge of Subcutaneous Insulin Administration				
Performance Criteria	Assessment Method	Achieved Y for Yes or R for reassessment required	Date	Assessor signature
Can describe the action insulin has on blood glucose levels.	Questioning			
Can state how to correctly store insulin (in use) and (not in use)	Questioning			
Can identify 3 factors that may damage insulin	Questioning			

Can state how prescribed insulin should appear prior to injection	Questioning			
Can identify the name and dose of the prescribed insulin preparation	Questioning			
Can name 2 potential side effects of insulin	Questioning			
Can identify how and who to contact in case of queries or untoward events	Questioning			
Can identify 2 potential problems with injection sites and their likely causes	Questioning			
Can describe procedure for obtaining insulin supplies	Questioning			
Can describe course of action in the event of needlestick injury	Questioning			
Can name 4 symptoms of hypoglycaemia & possible causes	Questioning			
Can identify appropriate treatment/action in the event of hypoglycaemia (including fast & slow acting carbohydrate)	Questioning			
Can describe the process to follow in event of a medication error	Questioning			

Demonstrates practical skills of Subcutaneous Insulin Administration				
Performance Criteria	Assessment Method	Achieved Y for Yes or R for reassessment required	Date	Assessor signature
Appropriately gains patient/client consent for administration of insulin.	Observation			
To check expiry date on insulin cartridge/insulin pen (if expired or damaged, discard).	Observation			

Checks patient/client insulin authorisation for name, strength & dose of insulin.	Observation			
Prepares insulin pen as per Trust Guidelines (Insulin mixes need to be resuspended by rotating but not shaking)	Observation			
Performs correct hand hygiene	Observation			
Correctly selects insulin site and examine for bruising/ inflammation/ lipohypertrophy	Observation			
Performs insulin injection correctly as per Trust Guidelines.	Observation			
Observes injection site following insulin administration for leakage and acts accordingly	Observation			
Correctly disposes of needle as per Trust Sharps policy	Observation			
Correctly records administration (dose & Site) together with any untoward events which should be reported	Observation			
Perform Hand hygiene	Observation			

<b>Non-Registered Practitioner Name:</b>		<b>Signature:</b>	
<b>Status:</b>		<b>Date:</b>	

I confirm that I have assessed the above-named individual and can verify that he/she demonstrates competency in insulin administration.

<b>Mentor Name:</b>		<b>Signature:</b>	
<b>Status:</b>		<b>Date:</b>	

**Appendix 8: Registration Form****Registration form of reassessments of blood glucose monitoring and insulin administration competencies by Non-Registered Practitioners**

<b>Name of Non-Registered Practitioner</b>	
<b>Workplace Address</b>	
<b>Date of reassessment for blood glucose monitoring</b>	
<b>Date of reassessment for Insulin administration</b>	
<b>Reassessment Due Date</b>	

<b>Registered Nurse Signature</b>	
<b>Name in Capitals (Please Print)</b>	
<b>Designation</b>	
<b>Date</b>	

Please ensure that the Non-registered Practitioner Declaration, Employer's Declaration and Registration Form are kept by the Care organization/Agency and are available for Inspection and copies uploaded via Rio Document upload to the SCHAT patient notes

## Appendix 9: Quick Reference Guide

### Quick Reference Guide to Insulin Administration by Non-registered practitioners

This policy & guidance should be used by a registered nurse who is competent in insulin management and who will be accountable for the delegation of insulin administration.

#### Identification of Need

- Patient/client requires insulin administration.
- Patient/client unable to self-administer.
- No family or informal carers available.
- Non-registered practitioner identified who meets definition within policy.

#### Risk Assessment Completed (Appendix 1)



- **Patient (Client)** Comprehensive nursing assessment & care plan **completed & reviewed monthly.**
- Patient medically predictable/stable.
- Patient consents to delegation to non-registered practitioner.
- Patient has insulin administration device & automatic re-sheathable safety needles.
- No vulnerable adult issues

#### Non-Registered Practitioner

- Provides Consent to delegation & training.
- Completes NHS England e-lfh Delegated Insulin Administration Module Assessment.
- Does not administer until signed competent by RN.

#### Task

- Insulin Prescribed.
- Administration on a named patient/client basis only.
- Adequate supply of insulin.
- Insulin storage arrangement in place.

#### Training and Assessment of Non-Registered Practitioner



- Non-Registered Practitioner completes e-learning Delegated Insulin Administration and passes Module Assessment
- Assessment of Non-Registered practitioner's competence for blood glucose monitoring and insulin administration completed following a period of supervision. Competency Frameworks completed and annual reassessment date logged, and Employer/Care Organization/Care Agency informed.
- Appendix 6 completed by Non-Registered Practitioner Annual Assessment



- Non-Registered Practitioner administers insulin to a named patient/client only.
- **Monthly** monitoring of patient by registered nurse and review of care plan.
- **Annual reassessment** of Non-Registered Practitioner (NRP) or sooner if patient's/client's condition changes.
- If insulin type is changed, NRP must be mentored with new insulin type.

## **Appendix 10**

**Toolkit Link below with forms for Delegation of Insulin to a Non-Registered Practitioner for Policy Administration of Insulin by Non-Registered Practitioners to Adults with Diabetes**

**Policy - 1864**

**Appendices 1-9**



Toolkit with forms  
for Delegation of In