



Somerset
NHS Foundation Trust



Delegated administration of

Liz Jones *insulin*

03/10/2023

Kindness, Respect, Teamwork
Everyone, Every day

Insulin Administration via Pen

*for Health Care Workers supporting clients
with insulin administration in
Care Homes*



The administration is delegated by a registered nurse who is accountable for the delegation



In the best interest of the patient
Not simply to save time or money



the role should be within the support worker's job description



- Training for carer
- Training records



- support workers must have ongoing development and supervision to make sure their competency is maintained



- evidence of competency assessment should be recorded,



- there should be clear guidelines and protocols in place so that the support worker is not required to make a stand alone clinical judgement

Delegation of insulin administration

Only for those who have type 2 diabetes and are stable and well.

Insulin to be administered using a pen only



In practice

Carers need to complete [Delegated administration of insulin or Safe administration of insulin](#) on:-

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

For organisations who wish to register their staff they will need to use an Organisational Data Service code. Please contact the [NHSE elfh Support Team](#)

Attend face to face training including practice of administration on dummies

Assessment on a client by trainer or DN of the skill (usually between 2-5 assessments)

and competency sign off

On-going supervision



Weekly phone call to DN team by clients RH to check diabetes records ensure delegation is safe.



3 monthly competency assessment of their knowledge of hypoglycaemia (this can be extended to six monthly at the DN's discretion),



6-monthly competency assessment of administration of insulin and



yearly assessment of all the competencies and repeat of the online training.



The delegation is voluntary so the carer can opt out at any time.



The carer will also require the ability to access the DN hub for ad-hoc advice when needed

Carers break in practice

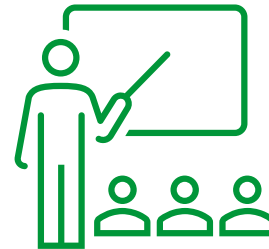
If carers has a 3 month or more break from administrating insulin
must repeat and pass e-Learning
Redo competency assessment
,before recommencing administration.



Incidents



Should there be an incident,
error or near miss,



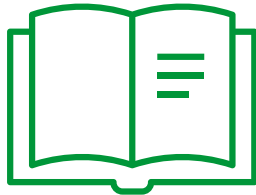
DN should consider training and
further supervision of carer .

Each client needs a risk assessment,
a care plan
and consent form prior to the carers administering insulin.

the risk assessment has space for each carer's name who are
competent to administer insulin

The care plan can be provided by the DNs from the RIO care
plan database with the title Diabetes- Delegated insulin
administration.

Information for carers

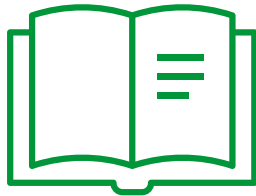


There is additional information in the Competency booklet for the carers, an insulin administration rotation chart, contact information for DNs and, Hypo treatment information.



You may have this information already in your home documentation

Prescription

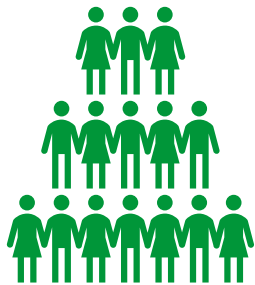


It is hoped that a Trust MAR chart will be written with the same prescription as the one at the home so that DNs can administer insulin if required.



Please try to give as much notice as possible to the hub for if DNs are required to administer the insulin

Suggestion for ongoing supervision



Consideration would need to be given to restricting the number staff in a home who are trained to administer insulin under the delegation. To make the delegation safe and provide adequate supervision



This may have the consequence of increasing the likelihood of having to refer back to the DNs for administration if there is no one at the home able to administer.

Going forward



I will provide training
until April next year.



I am not sure what
will happen then



This a QI project so is
subject to change

Questions?





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