NHS
Humber Teaching
NHS Foundation Trust

Standard Operating Procedure
Delegation of Administration of Insulin to a Health Care Support Worker

Document Reference	SOP21-031
Version Number	1.2
Author/Lead **Job Title**	Carol Wilson, Locality Matron Sadie Milner, Quality Standards Practice Development Nurse Elizabeth Harrison, Clinical Lead, Scarborough Community Services Sam Faine, Clinical Competency Programme Manager
Instigated by: **Date Instigated:**	Community Services Clinical Network August 2021
Date Last Reviewed:	14 February 2024
Date of Next Review:	February 2027
Consultation:	Community Services Clinical Network Group, Physical Health and Medical Devices Group
Ratified and Quality Checked by: **Date Ratified:**	Physical Health and Medical Devices Group 14 February 2024
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Insulin Administration and Blood Glucose Monitoring SOP

CHANGE RECORD

Version	Date	Change details
1.0	*August 2021*	*Changes following serious incident investigation. Merged elements of G403 and elements of SOP19-039 into one overarching SOP called Insulin Prescribing, Administration and Blood Glucose Monitoring Standard Operating Procedure and developed this new SOP for 'Delegation of Administration of Insulin' which aligns which the Diabete UK 'Delegation of Insulin Programme' This new SOP includes* • *Clear training pathway* • *Links to Patient safety alerts 2010 and 2016 and Never Events list* • *Link to the Insulin Never Event Practice note 2021* • *Inclusion and exclusion criteria* • *Procedure for undertaking delegation of adminsitration of insulin risk assessment* • *Definition of stable disease added to support appropriate delegation.*
1.1	*Jan-22*	*Reference links reviewed and obsolute links removed* *Approved at PHMD 9-Feb-2022*
1.2	*Feb-24*	*Review and changes to policy following SI. Approved at PHMD group (14 February 2024).*

Contents

1. INTRODUCTION 3
2. PURPOSE 3
3. SCOPE 4
4. DEFINITIONS 4
5. INCLUSION CRITERIA 5
6. EXCLUSION CRITERIA 5
7. DUTIES AND RESPONSIBILITIES 5
8. PRINCIPLES TO BE APPLIED: 6
9. DELEGATION, RISK AND PROFESSIONAL JUDGEMENT 6
10. RISK ASSESSMENT AND CARE PLAN 7
11. INFORMED CONSENT 7
12. EXPECTATIONS OF COMPETENCY 7
13. TRAINING – ESSENTIAL REQUIREMENTS 8
14. DIABETES EDUCATION PATHWAY FOR NON-REGISTERED PRACTITIONERS 8
15. ONGOING SUPERVISION AND SUPPORT 9
16. RELEVANT SUPPORTING DOCUMENTS 9
    - 16.1. Patient Safety 9
    - 16.2. Professional codes and standards 9
    - 16.3. Diabetes management and additional learning resources 9
    - 16.4. Delegation 10
    - 16.5. Information regarding nurse associates 10
    - 16.6. Medicines management: 10
    - 16.7. Acknowledgements 10

APPENDIX 1: RISK ASSESSMENT FOR INSULIN ADMINISTRATION BY HEALTH CARE ASSISTANTS/ SUPPORT WORKERS/OTHER NON-REGISTERED STAFF 11

1. INTRODUCTION

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

To enable community teams to manage the increasing demand for this service, the need for training is to complete academic learning via an online package, completion of competencies with live supervision with all patients that the non-registered staff will ultimately administer insulin to. With the completion of a risk assessment with the registered staff deeming this patient can have nonregistered staff administer their insulin. non-registered practitioners can administer insulin to those adults whose diabetes has not had any recent changes to glucose control, has remained in the blood glucose targets and have had little or no changes to their insulin doses within a 3-month period.

This standard operating procedure provides a framework for teaching and training of non-registered practitioners 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, however, where appropriate and following this SOP this ‘specialist task’ can be delegated to a non-registered practitioner.

This SOP has been developed based on best practice guidance and is aligned to the Diabetes UK ‘Delegation of Insulin Programme’.

This SOP must be considered alongside the following materials:

Trust Guidance
Insulin Prescribing, Administration and Blood Glucose Monitoring Standard Operating Procedure.

Training and competency assessment

- E-Learning available on ESR ‘Delegated Administration of Insulin’
- Insulin Administration for Unregistered Practitioners: Role Specific Competency available on the competency intranet page
- Record of practical assessment

Patient safety alerts

- NPSA 2016/011 Risk of severe harm and death due to withdrawing insulin from pen .
- The NPSA alert: Safer administration of insulin 2010 has been archived however see the Rapid Response Report NPSA

Practice Note

- PN 2021-12 - Insulin Never Event

Never Events

- 2018 Never Events List updated February 2021 (england.nhs.uk)

2. PURPOSE

To enable appropriately trained Health Care Support Worker to administer insulin using pre-filled insulin pens to adults in the community who have **Type 2 diabetes**. A registered nurse must assess the suitability for this delegation to the non-registered practitioner.

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

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

3. SCOPE

This SOP covers:

- Those who will delegate tasks and responsibility, i.e. registered nurses
- Non-registered practitioners who will assume delegated responsibility i.e. Health Care Assistants, Clinical Support Worker and other similar roles.

4. DEFINITIONS

Registered nurse: The person who delegates the task of administering insulin to a non-registered practitioner based on their professional judgement, and acts as their assessor. As this will be a nurse, their name will be listed on Part 1 of the register of the Nursing and Midwifery Council. The registered nurse is professionally accountable for the delegation of the task (NMC 2015). The assessor acts as an ongoing source of advice and guidance to the HCW.
www.nmc.org.uk/standards/code.

Nursing Associates: Whilst Nursing Associates can administer insulin, they are will not assume responsibility for the delegation of administration of insulin to a non-registered practitioner or undertake delegation risk assessments or plan care.

Non-registered practitioner: The person to whom the task of administering insulin is delegated, either a non-regulated role Band 3 HCA, HCSW or equivalent.

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: For this SOP insulin administration refers to the administration of insulin using a pre-filled insulin pen and with the correct competency and training can administer insulin via a Pen device and Cartridge. Non-registered practitioner must never administer insulin using a vial and syringe.

Insulin Pen: All regular and single insulin (bolus) doses will be measured and administered using a disposable prefilled insulin pen device. A disposable pen contains a prefilled amount of insulin. When this type of pen is empty, it is thrown away.
If this first choice is not available, then a Pen device and Cartridge can be used. The Expiry Date and Batch number can be found on the cartridge and needs to be documented on the insulin chart at every change of cartridge.

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

Stable diabetes: 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 three months, with none or very little insulin adjustments. Small adjustments and titration, if the patient remain stable and with only minimal fluctuations of glucose control.

5. INCLUSION CRITERIA

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

- The person has a diagnosis of Type 2 diabetes managed with insulin.
- The person's diabetes is deemed 'stable' either by their GP, the diabetes specialist nursing team and/or community nurse/advanced clinical practitioner. See section on what is deemed stable. This can be also confirmed by the DSN or GP.
- The person's prescription, as deemed 'stable', is reviewed and updated every three months by a community diabetes nurse specialist, GP or suitably competent prescriber within their scope of prescribing. The insulin chart glucose range needs to be reviewed, signed and dated.
- Every opportunity has been given for the person to manage their own care either with or without family/carer support.
- Verbal consent has been obtained from the person or appropriately appointed relative or carer for the task to be delegated to a non-registered competent practitioner and this is documented in the clinical records

The decision to delegate care remains the responsibility of the registered nurse, in accordance with the NMC Code (2018).

6. EXCLUSION CRITERIA

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

- 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.
- Insulin treatment was initiated in the past three months, or the person has been discharged from hospital due to a diabetes related event within the last three weeks.
- Potential for self-care is evident.
- If insulin type, regimen or dose has changed recently due to unstable blood glucose levels e.g., hypoglycaemic episode, and confirmed but the DSN or Band 6. The patient will remain with registered staff until reviewed and the glucose levels are again deemed stable.
- There is an imminent risk the person's diabetes could become unstable. E.g., acute infection or started on oral steroids.
- The person has diabetes alongside an unstable chronic illness, indicating they have more complex health or care needs.

7. DUTIES AND RESPONSIBILITIES

Matrons

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

Service Managers/Clinical Lead and Team Leaders

- Responsible for ensuring that staff have access to this SOP and other relevant SOPs and policies, as well as training and support.
- Ensures the provision of training and support to the non-registered practitioner to administer insulin and that the task complies with all relevant trust policies and SOPs.
- Responsible for ensuring that individual's competencies are implemented, achieved and maintained.

Registered Nurse

- 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). This includes ongoing assessment and supervision of practice.
- Will ensure that their knowledge and skills are maintained and be responsible for maintaining standards of practice.

Health care worker/health care assistants/support workers/other non-regulated staff

- The non-register practitioner must not administer insulin until they have been assessed as competent by the named registered nurse and completed the required e-Learning, live supervision and competency assessment.
- All learning and live supervision needs to be recorded by the Band 6/5 community nurse and overseen by the Clinical Lead of the overall team.
- Once trained and assessed as competent will undertake the delegated task as per this SOP.
- Will ensure that their knowledge and skills are maintained and be responsible for maintaining standards of practice.
- Will undertake the trust approved training and meet the competencies required in blood glucose monitoring and insulin administration.
- Will be up-to-date at all times with basic life support and anaphylaxis training.
- Will participate in ongoing clinical and management supervision and assessment by a registered nurse, including observed practice.
- Will escalate concerns such as out of range glucose readings, hypoglycaemia and hyperglycaemia, relating to a registered nurse, who will be always accessible.

8. PRINCIPLES TO BE APPLIED:

For registered nurses
The SOP, e-Learning and competencies provide a framework for registered nurses to exercise judgement about the suitability of delegation to other non-registered practitioners on a case-by-case basis.

For non-registered practitioners assuming delegated responsibility
Staff have a right to refuse to take on a delegated responsibility should they not feel confident or competent to do so. They must be enabled to undertake the e-Learning and have been assessed as competent based on supervision of their practice before they administer insulin.

9. DELEGATION, RISK AND PROFESSIONAL JUDGEMENT

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

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. Under the NMC code the registered nurse remains accountable for the tasks they delegate.

10. RISK ASSESSMENT AND CARE PLAN

A fully completed risk assessment for each person receiving care is essential. The registered nurse who is delegating the duty must complete this risk assessment for each person receiving care (Appendix 1). This can be found on SystmOne. The name of the unregistered staff needs to be added to the risk assessment.

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

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

There must be clear arrangements for timely access to the registered nurse for advice and guidance if/when the person receiving care's condition and blood glucose ranges deviate from what is normal for them.

11. INFORMED CONSENT

The registered nurse/registered practitioner must obtain informed verbal consent to the delegation of the task from the person receiving care, or where that person does not have the capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed as set out in the Consent Policy (N-052) and Mental Capacity Act (2005).

The registered nurse/registered practitioner must ensure that the person's mental capacity is kept under review. They must ensure that the non-registered practitioner has an awareness of the Mental Capacity Act, can recognise when mental capacity may have been lost, and are obliged to liaise with them if they have any concerns about the person's capacity to consent. The non-registered practitioner is responsible for the duty to obtain ongoing consent every time medicines (in this case insulin) are administered.

Where a person receiving care lacks capacity, the non-registered practitioner has a duty to act in their best interests. An assessment of best interests should be undertaken by the registered practitioner.

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 person's GP (or prescriber) informed.

12. EXPECTATIONS OF COMPETENCY

All non-registered practitioners who carry out a delegated task are expected to meet the same standard of practice as a competent professional, including for infection prevention and control, consent, best interests and mental capacity, and must have had training specific to the task, which conforms to the Trust's policies and procedures and SOPs, and follows evidence-based practice.

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

The registered nurse is accountable for ensuring that the non-registered practitioner to whom they are delegating an insulin administration task is competent based on their professional judgement and supported by the framework of e-Learning, supervision and competency assessment tools, which accompany this SOP. They must therefore ensure the delegated non-registered practitioner is trained and has been assessed as competent. Competence should be reviewed on a 12 monthly basis through live supervision.

Where the non-registered practitioner has already completed initial training and demonstrated competence in practice, assessment of competence does not need to be repeated for each new person receiving care. However, the delegating registered nurse does need to complete a risk assessment for each new person receiving care, and each non-registered practitioner taking on new responsibilities.

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

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

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

13. TRAINING – ESSENTIAL REQUIREMENTS

Delegated non-registered practitioner must be compliant with the approved training required by the trust.

To accept the delegated task of insulin administration the non-registered practitioner must have completed the ‘Delegated administration of Insulin’ e-Learning module as outlined within this document.

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

The registered nurse providing diabetes mentorship or competency assessment for insulin administration to a delegated non-registered practitioner must be able to demonstrate evidence of knowledge, skills and competence in the task being taught or have completed the e-Learning module 338: Insulin Safety Training as outlined in the Insulin prescribing, administration, and blood glucose monitoring SOP.

14. DIABETES EDUCATION PATHWAY FOR NON-REGISTERED PRACTITIONERS

Element	Method/frequency
Proven competence with blood glucose/ketone monitoring	Assessment within workplace as per the competency assessment tool
Infection control training and hand hygiene	As per local policy and statutory/mandatory training requirements
Basic life support and anaphylaxis training	Annually
‘Delegated Administration of Insulin’	Three-yearly on ESR
View Safety Alert on insulin pens including video:	Once only as part of the initial training and competency assessment. View online.
Practical assessments with mentor	Live supervision with mentor. Minimum of five assessments as per the ‘Record of practical assessment’ form.
Final assessment and sign off	By mentor, then ongoing support and supervision within practice

15. ONGOING SUPERVISION AND SUPPORT

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

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

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Insulin administration competency assessment/ observation including Blood glucose/ketone monitoring assessment/ observation	Registered Nurse	Competency assessment	Five times as part of initial training/ assessment, then at 12-month intervals through live supervision	Report to line manager and log on ESR
Competency verification	Line manager	Appraisal	Annual	Appraisal by line manager

Where there is a break in practice, e.g. an individual has not been using their skills for more than three months, for example during a career break or maternity leave, they require a period of live supervision, before the delegation of duties to the non-registered practitioner can recommence.

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

16. RELEVANT SUPPORTING DOCUMENTS

16.1. PATIENT SAFETY

- NPSA 2016/011 Risk of severe harm and death due to withdrawing insulin from pen
- Rapid Response Report NPSA
- 2018 Never Events List updated February 2021 (england.nhs.uk)
- PN 2021-12 - Insulin Never Event

16.2. PROFESSIONAL CODES AND STANDARDS

- Nursing and Midwifery Council (2018) The Code: www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf
-
- Royal College of Nursing (RCN) Accountability and delegation: Information on accountability and delegation for all members of the nursing team: www.rcn.org.uk/professional-development/accountability-and-delegation

16.3. DIABETES MANAGEMENT AND ADDITIONAL LEARNING RESOURCES

- Diabetes UK (2016) Insulin delegation in the community: Toolkit and resources: https://www.diabetes.org.uk/About_us/News/Insulin-delegation-guide
- Trend diabetes. Resources to support good injection technique, spread good practice, achieve the best blood glucose control possible and avoid complications from poor injection technique: https://trenddiabetes.online/injection-technique-matters/

16.4. DELEGATION

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

16.5. INFORMATION REGARDING NURSE ASSOCIATES

Nursing associates are registered with the NMC and are able to administer medicines (including insulin), without delegation, as a taught skill, but are not able to delegate this task to others - see Standard 10.5: www.nmc.org.uk/globalassets/sitedocuments/education-standards/nursing-associates-proficiency-standards.pdf

Nursing associates - information for employers: www.nmc.org.uk/standards/nursing-associates/information-for-employers

CQC (2019) Briefing for providers: Nursing associates, provides information on what tasks nursing associates may and may not undertake as part of wider teams in residential care homes (without a Registered Nurse deployed) and in nursing homes (homes with a deployed Registered Nurse or equivalent): https://www.cqc.org.uk/news/providers/briefing-providers-nursing-associates

16.6. MEDICINES MANAGEMENT:

The NMC Standards for Medicines Management were withdrawn last year and replaced: www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management

16.7. ACKNOWLEDGEMENTS

This SOP is based on the best practice guidance as defined by Diabetes UK, Trend UK, Royal College of Nursing (RCN), NHS England and Improvement (NHSEI) Delegation of Insulin Administration | Diabetes UK

APPENDIX 1: RISK ASSESSMENT FOR INSULIN ADMINISTRATION BY HEALTH CARE ASSISTANTS/ SUPPORT WORKERS/OTHER NON-REGISTERED STAFF

NHS
Humber Teaching
NHS Foundation Trust

Risk assessment for insulin administration by health care assistants/ support workers/other non-registered staff

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

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

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

Name of person receiving care	
NHS number	

Person receiving care	YES/NO
1.1 An assessment and individualised care record / care plan has been completed by a registered practitioner.	
1.2 The person receiving care requires insulin medication by prefilled insulin pen	
1.3 The person receiving care is unable to self-administer (Please state reason why)	
1.4 The person receiving care has no family or informal carers able to administer insulin (where appropriate)	
1.5 The person receiving care is stable (Refer to SOP)	
1.6 The person receiving care consents to the delegation of the administration of insulin to the health and care worker, or where they lack capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed (Consent to Treatment (2015) and Mental Capacity Act 2005)	
1.7 There are no safeguarding issues	
Health care worker	
Name: Name: Name: Name: Name: Name:	
2.1 Administration of insulin is within the health care assistants/ support workers/other non-registered staff job description/ competencies	
2.2 The health care assistants/ support workers/other non-registered staff employer will have access to the individualised support plan/care plan for the named person	
2.3 health care assistants/ support workers/other non-registered staff	

accepts responsibility to perform the task of administration of insulin to the required standard following training and assessment	
2.4 The health and health care assistants/ support workers/other non-registered staff signs to confirm that training was received, understood and that they will comply with the relevant policy and procedures	
2.5 Health care assistants/ support workers/other non-registered staff signs to confirm that they understand the necessity of good record keeping	
Delegated TASK	
Medication (name): Medication (name): Medication (name): Medication (name):	
3.1 Administration of insulin by health care assistants/ support workers/other non-registered staff is to a named person receiving care only	
3.2 There is a suitable supply and adequate storage for insulin	
3.3 There are suitable disposal facilities for medication	

All aspects of the risk assessment have been completed and control measures achieved
To be completed by registered nurse/registered practitioner:

Name	
designation	
Signature	
date	
Review date/rationale	