

Competency framework and workbook

Blood glucose monitoring and Subcutaneous insulin administration

Published by NHSE, July 2020, Version 1
Ratified at ELFT Medicines Committee: March 2023

This framework and workbook has been adapted for use in ELFT from the published NHSE guidance. It should be used in conjunction with the ELFT policy for Policy for the delegated administration of Insulin in Adults in Community Health Services.

**This document is intended for use with health care practitioners including:
Healthcare Assistants, support workers, other non-regulated health and care roles,
and allied health professionals within ELFT.**

The content of this document has been generated independently in collaboration with eight exemplar sites and those companies referenced in the NHSE Policy acknowledgements (the 'parties').

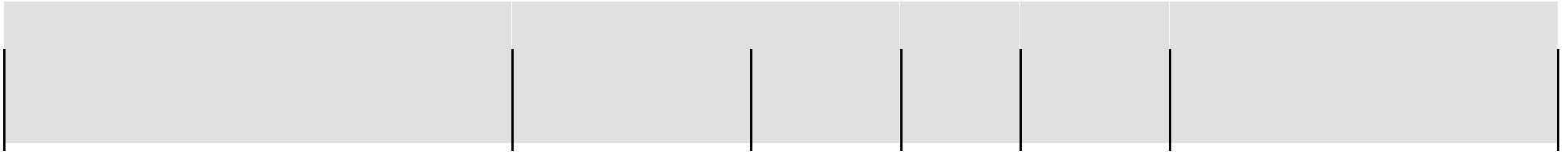
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Learner	HCP: Health or care assistant/ support worker/other non- regulated health and care role/allied health professional (delete as appropriate): (Print name)	Date of completion of e-Learning module:	Organisation:	HCP:Health or care assistant/ support worker/other non- regulated health and care role/allied health professional (delete as appropriate): (Signature)
Assessor	Registered nurse/registered practitioner (Print name)	NMC number:	Organisation:	Registered nurse/registered practitioner (Signature)
Competency achieved? (Blood glucose monitoring and subcutaneous insulin administration)			Yes	No
Date competency achieved:				
Date of review (in six months' time or sooner, as per policy):				

Rationale:		Rationale is discussed with each element of competency.
W	WITNESSED	Observe or witness the competency element- giving the learner the opportunity to observe the procedure before being supervised is considered good practice.
S	SUPERVISED	Practise under supervision to demonstrate understanding and skill: score as follows: 1 = Needs further practice 2 = Shows some competence but requires more confidence 3 = Ready to practise unsupervised
P	PROFICIENT	Competent in both the knowledge and skill elements of the competency framework.

Capillary blood glucose testing and monitoring competency

ELEMENT	RATIONALE	W	S	P	COMMENTS
HCP: Health or care assistant/support worker/other non-regulated health and care role/allied health professional is able to:		Dates witnessed	Score (1, 2, 3)	Dates proficient	Eg training need, reflections
<p>To assess the person receiving care you should be able to:</p> <ul style="list-style-type: none"> · Ensure the person has had a risk assessment and that this has been documented. · Undertake an initial visual and verbal assessment of the person receiving care to ascertain wellbeing and identify any signs/symptoms of hypoglycaemia/hyperglycaemia. · If the person receiving care is giving cause for concern, the health and care support work must contact the registered nurse/registered practitioner in charge immediately. · Ensure the consent of the person receiving care is obtained before any care is delivered. · Ensure dignity and privacy are always maintained. · Conduct correct safety checks by verbally confirming the full name, date of birth and any allergies of the person receiving care. If unsure whether to proceed, the registered nurse/registered practitioner should be contacted. 	<ul style="list-style-type: none"> · To ensure appropriate clinical care is administered during a time of abnormal test results. · To ensure patient safety. · To ensure consent is gained to undertake a procedure. 				



ELEMENT	RATIONALE	W	S	P	COMMENTS
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Dates witnessed

Score (1, 2, 3)

Dates proficient

Eg training need, reflections

<p>To ensure the safe and effective use of blood glucose monitoring and associated equipment, you should be able to:</p> <ul style="list-style-type: none"> · Demonstrate how to quality assure blood glucose monitoring equipment and explain rationale behind undertaking quality assurance. · Describe the normal range of glycaemia. · Perform the blood test according to manufacturer's instructions and local guidelines. · Document and report any results outside the agreed target range to the registered nurse/registered practitioner. · Follow local policy for the safe disposal of sharps. 	<ul style="list-style-type: none"> · To ensure safe practice. · To quality test the meter to ensure its suitability for use. · To ensure patient safety. · To identify the need for undertaking the procedure and factors that could influence the result. · To ensure patient and staff safety. 				
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Dates witnessed

Score (1, 2, 3)

Dates proficient

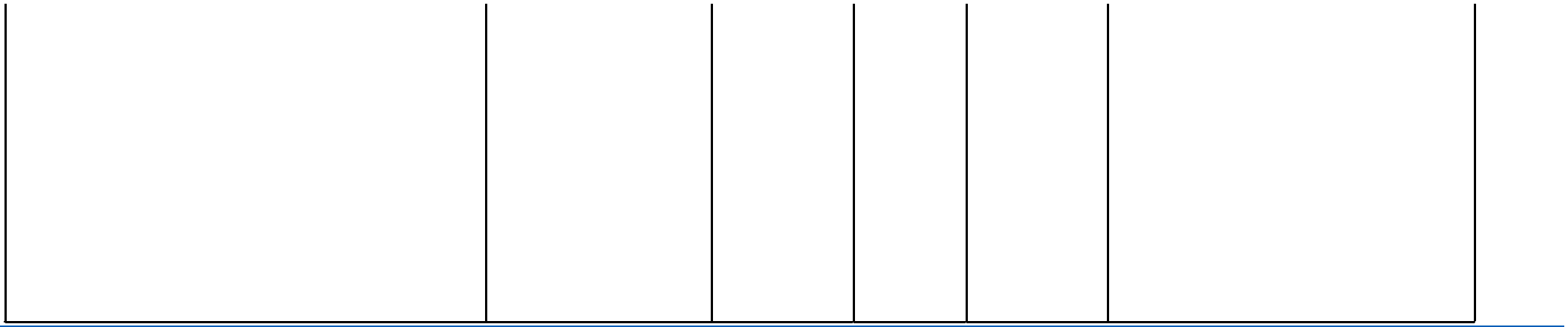
Eg training need, reflections

<p>To ensure the essential resources for blood glucose monitoring are prepared and ready for use before starting of the procedure.</p> <p>Prepare resources ready for use before starting the procedure, including:</p> <ul style="list-style-type: none"> · blood glucose meter, safety lancet, cotton wool and a sharps bin · checking expiry dates of test strips · patient notes · wash your hands and use personal protective equipment (PPE). 	<ul style="list-style-type: none"> · To ensure the procedure is completed in one attempt, rather than having to stop to collect more equipment, helping to: <ul style="list-style-type: none"> - reduce the risk of sharps injury - ensure accurate readings - ensure continuity of care - ensure patient and staff safety. 				
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To select the patient's hand and finger to be used for the test:

- Wash the hand/finger with warm, soapy water and dry thoroughly.
- Always use a new safety lancet.
- Only the side of the finger should be used for the test.

- To ensure clinical reading is not affected by contamination.
- Warm water will help to perfuse finger to increase blood flow.
- To ensure safe practice.



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Score (1, 2, 3)

Dates proficient

Eg training need, reflections

<ul style="list-style-type: none"> Perform the test according to the manufacturer's instructions and the trust, CCG or care home policy. 					
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To document the results:

- Clearly document the result from the test, including signing and printing their name, and the date and time of administration.
- Recognise any results outside appropriate ranges for the person receiving care, and ensure these are documented and acted on immediately in line with local policy and guidance.
- Escalate any out-of-range results to the appropriate registered nurse/registered practitioner.

- To ensure clear documentation and that no errors are made.
- To ensure patient safety.

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Administration of subcutaneous insulin therapy

ELEMENT	RATIONALE	W	S	P	COMMENTS
HCP: Health or care assistant/support worker/other non-regulated health and care role/allied health professional is able to:		Dates witnessed	Score (1, 2, 3)	Dates proficient	Eg training need, reflections
<p>To ensure the safe administration of insulin, you should be able to:</p> <ul style="list-style-type: none"> · Describe the effect of insulin on blood glucose levels. · Show an understanding of the ongoing nature of the therapy. · Be aware of the normal blood glucose range and the person's target. · Administer insulin injections using a safety-engineered device, where supported by local policy. · Report identified problems appropriately. · Follow local sharps disposal policy. · Be aware of the European Directive on prevention of sharps injuries in the hospital and healthcare sector. · Demonstrate how to access appropriate policies and guidelines, and can name policies relevant to administering insulin. 	<ul style="list-style-type: none"> · To minimise any risk of error of wrong drug or wrong person. · To ensure patient and staff safety. · To reduce the risk of sharps injury. · To ensure understanding of policies underpinning clinical practice. 				



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<ul style="list-style-type: none"> · Discuss the procedure with the person receiving care prior to the administration of insulin. · Ensure the consent of the person receiving care is obtained before any insulin administration (if not already obtained as part of blood glucose monitoring). · Recognise when mental capacity may have been lost and understand when to liaise with the registered nurse/registered practitioner if you have any concerns about the person's initial and ongoing capacity to consent. 	<ul style="list-style-type: none"> · To put the person receiving care at ease before the procedure and ensure any concerns are addressed. · To ensure consent is gained to undertake a procedure. · Promoting person-focused and centred care. 				

Review the person's notes including the prescription.

- Ensure both the prescription and the medication administration record/ administration chart are legible and written in accordance with current guidelines or local organisational policies, and that insulin names are not abbreviated.
- Ensure appropriate prescriptions to be generated with sufficient information to ensure clear, unambiguous labelling or instructions. In addition, suitable care plans are generated with the support of the delegating registered nurse/registered practitioner.

- To reduce the risk of any medication errors and not being in line with local medicine management policy and procedure.
- To ensure patient safety and reduce the risk of accidental insulin overdose.

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Dates witnessed

Score (1, 2, 3)

Dates proficient

Eg training need, reflections

<ul style="list-style-type: none"> · The doctor or nurse prescriber’s signature, along with their GMC or NMC number, should be on the prescription. · Units should be written in full and not abbreviated. · Ensure the prescribed insulin has not already been given. 					
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Injection procedure

- Ensure the person receiving care is in the appropriate position. Assist them in removing the appropriate garments to expose the chosen site.
- Identify a suitable, healthy injection site.
- Check site of the previous injection
- Identify new injection site as per the [Injection technique matters guideline](#).
- Ensure correct rotation of sites.
- Always use an insulin pen.
- Use the appropriate length of needle for the person receiving care. A lifted skinfold may be required for very slim adults even when using 5mm safety needles. **NB. All users must have been trained in the correct use of safety-engineered insulin pen needles.**
- Insert the needle at an angle of 90 degrees.
- Inject insulin slowly.

- To reduce risk of lipohypertrophy, bruising and discomfort.
- To follow correct administration guidelines.
- To ensure the full dose is delivered.
- To reduce the risk of a duplicate injection.
- To ensure patient and staff safety.
- To reduce the risk of sharps injury.
- To be aware of the trust, CCG and care home policies.

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Dates witnessed

Score (1, 2, 3)

Dates proficient

Eg training need, reflections

<ul style="list-style-type: none"> · Ensure the pen dial is back at zero and then count to 10 before smoothly withdrawing the needle. · Apply pressure to any bleeding point. · Dispose of used sharps in a sharps bin in accordance with locally approved procedures. · Remove PPE and wash hands with soapy water. · Accurately record the administration - include the date, time, dose and injection site used. · Describe steps to avoid sharps injury, including the use of safety insulin syringes or insulin pen safety needles. · Describe the course of action in the event of a sharps injury. 					
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Dates witnessed

Score (1, 2, 3)

Dates proficient

Eg training need, reflections

<ul style="list-style-type: none"> · Demonstrate awareness of when to contact the registered nurse/registered practitioner in charge if there are concerns regarding potential non-administration of insulin, ie (illness, person receiving care refusing, and/or hypoglycaemia). · Understand the impact of not administering insulin. · Demonstrate awareness of correct storage of insulin and insulin pens, and the effects of incorrect storage. 	<ul style="list-style-type: none"> · To ensure patient safety. · To ensure insulin is stored correctly and has not lost its effectiveness . 				
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- State what procedure is followed in the event of an insulin error, in accordance with local policy guidelines.
- State what action is required in the event of a diabetes emergency, eg a severe episode of hypoglycaemia or hyperglycaemia.

- To ensure open and honest reporting of any errors, including appropriate management.
- To ensure appropriate care can be delivered in emergency situation.

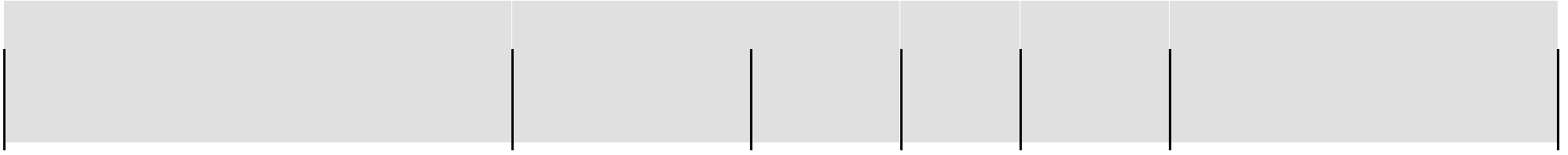
For the identification and treatment of hypoglycaemia, you should be able to:

- To ensure the identification of hypoglycaemia and that the

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<ul style="list-style-type: none"> · State the normal blood glucose range and describe the level at which it would be appropriate to treat it as hypoglycaemia. · List the signs and symptoms of hypoglycaemia and describe what is defined as mild and what as severe. · Recognise that some people may not recognise symptoms of hypoglycaemia (eg older people, those with a long duration of diabetes, and those who have experienced frequent episodes of hypoglycaemia). · Measure the blood glucose to confirm hypoglycaemia. · Know how to access and give appropriate treatment for hypoglycaemia. · Ensure appropriate hypoglycaemia treatments are accessible and within the expiry date. · Document and report the hypoglycaemia event to a registered nurse/registered practitioner. · If the person is unresponsive, ensure their airway is clear and call emergency services. · Recognise hyperglycaemia and when to seek urgent advice, eg if the person is vomiting or unable to take fluids. 	<p>appropriate treatment is given.</p> <ul style="list-style-type: none"> · To ensure patient safety. · To ensure the person is assessed to reduce the risk of a second episode. · To ensure timely assessment of the person by a registered healthcare professional. 				



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<ul style="list-style-type: none"> Discuss health promotion advice to be given to people receiving care and the healthcare support worker's role in helping promote healthy eating and lifestyle. 	<ul style="list-style-type: none"> To promote the health and wellbeing of the person receiving care to help them self-manage their condition. 				

