# Administration of Injectable Medication by Healthcare Assistants (Band 3)
## Standard Operating Procedure

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1. Introduction

The development of the Band 3 healthcare practitioners within the community will incorporate the administration of Insulin, Hydroxocobalamin and Low molecular weight heparins.

The administration of insulin, hydroxocobalamin and low molecular weight heparins is an important element of health care within the community setting which, for the purpose of this Standard Operational Procedure (SOP), is identified as the patient’s own home or residential care setting.

Because of increasing age, infirmity and complexity of disease pathways patients need the assistance of healthcare staff to administer injectable medications to them; therefore to meet these service demands it is imperative that staff are utilised and trained accordingly to provide excellent patient care within community settings.

Healthcare assistants within Doncaster Care Group will be enabled to administer insulin, hydroxocobalamin and low molecular weight heparins through the use of this SOP.

2. Purpose

This Standard Operating Procedure (SOP) aims to provide a framework for non-registered practitioners to use in order to administer Insulin, Hydroxocobalamin and Low molecular weight heparins.

This SOP will ensure that the delivery of care meets the standards required by CQC and to the professional standards of the NMC as would be the expectation of all competent practitioners.

The non-registered practitioner would be expected to adhere to the policies and clinical skills package relevant to the administration of Insulin Hydroxocobalamin and Low molecular weight heparins.

This SOP is used in conjunction with the:

- Injectable Medications Policy
- Safe and Secure Handling of Medications
- Standards Infection Prevention and Control Precautions
- Waste Management and Risk Management Policy

3. Scope

The SOP applies to Health Care Assistants (HCA) Band 3 within Doncaster Care Group (Non Mental Health Community Teams) who have undertaken training and development in order to attain the knowledge and skills required to safely administer Insulin, Hydroxocobalamin and Low molecular weight heparins.
A delegating and accountable registered nurse will identify the patients who are appropriate for this service. Taking into account stability of disease process, Mental capacity and an identified need for a practitioner to administer the prescribed treatment on behalf of the patient who has given consent.

3.1 Link to overarching policy and/or procedure

This SOP is overarched by the Safe and Secure Handling of Medicines Policy

4. Responsibilities and Accountabilities

4.1 Registered Practitioners with delegating responsibility

The Registered Practitioner is accountable for the delegation of any aspects of the task and to ensure that the individual is competent to carry out the task – including the assessment and supervision of practice (NMC, 2010). The Registered Practitioner must complete a comprehensive assessment of the patient and ensure that they are medically stable.

Day to day blood glucose levels stable within patients agreed parameters, injection sites free from lipohypertrophy (this will need to be assessed by Registered Practitioner on a monthly basis) HbA1c stable within patients agreed parameters)

Hydroxocobalamin can be administered by the HCA Band 3 once the patient is on a stable regular dose. This must be reviewed by the registered practitioner at alternate doses administered by the HCA Band 3 to ensure patient stability and suitability.

Low molecular weight heparins can be administered by the HCA Band 3 once the patient is on a therapeutic dose. Patients on the bridging protocol for low weight molecular heparin will be required to be visited by a registered practitioner.

4.2 Health Care Assistants

Each individual Health Care Assistant remains responsible for their own actions and omissions as per Rotherham, Doncaster and South Humber Foundation Trust (RDASH) Code of Conduct for Health and Social Care Support Workers in RDASH. No individual should undertake the administration of Insulin, Hydroxocobalamin or low weight molecular heparin without the appropriate knowledge and skill. Competency assessed using an acknowledged tool.

5. Prescribing of medication

The Insulin will be prescribed by the patients’ general practitioner, hospital doctor or a trust employed non-medical prescriber.
Relevant data including the prescriber’s signature is visible on SystmOne

1. The patients full name, including aliases
2. Date of birth
3. Address
4. NHS number
5. Full name of Insulin,
6. Dose of medication
7. The word ‘units’ written in full (for insulin doses)
8. Time of each injection or required time frame
9. Route (subcutaneously )

The Health Care Assistant must have attained the appropriate competency level in order to administer Insulin.

This competency level must encompass community life support and anaphylaxis. The policies aforementioned in 2 must be understood and adhered to.

6. **Procedure for administration of Insulin**

Ensure prescription of Insulin is completed as per policy.

Prior to administration the HCA must ensure;

a) The correct patient  
b) The correct drug  
c) The correct dose  
d) The correct date and time  
e) The correct route and method of administration  
f) The validity and legibility of the prescription  
g) The signature of the prescription/instruction

The HCA will explain the procedure to the patient and obtain consent. The HCA will accurately draw up the correct Insulin safely and appropriately.

The HCA will safely and accurately administer the medication by the route intended following infection control and the safe disposal of sharps policies.

The HCA will record batch numbers and expiry dates of medications used within the patient record as per Record Keeping Standards. *Also required to record dose of insulin administered and blood glucose level. *note amendment

7. **Procedure for administration of Insulin**

The administration of insulin should be completed once an accurate blood glucose sample has been obtained.
7.1 Blood Glucose Monitoring for diabetic patients

An agreed target range for blood glucose will be on the patients care plan within SystmOne.

Targets will differ for individual patients with diabetes, but the following is the recommended guide determined by the Diabetic specialist team for most patients:

- Fasting: 5-7mmol/L
- Pre-lunch or Pre-teatime 5 -7mmol/L
- Post-meal (1 to 2 hours) < 10mmol/L
- Bedtime 6-10mmol/L

Blood glucose results outside of the patients target range should be reported to the Registered nurse responsible for the patients care.

Blood glucose results persistently outside of the patients target range should be reported to the appropriate prescriber to review the patient’s insulin regime.

7.2 Hypoglycaemia - Blood glucose 4mmols/l or less

If the patient’s blood glucose is 4mmols/l or less, insulin administration should be withheld and the hypoglycaemia managed according to the trusts guidance.

The HCA MUST contact a Registered Practitioner immediately, ensuring that patient safety is prioritised, to seek further support.

Once the blood glucose is within the patients target range their insulin can be administered as agreed by the Registered Practitioner.

7.3 Hyperglycaemia – Blood Glucose 10mmols/l or higher

Insulin should be given as prescribed.

Episodes of hyperglycaemia should be reported to the registered nurse responsible for the patients care within the same working day.

7.4 Frequency of administration by HCA

A Registered Nurse is required to visit a patient on a weekly basis to assess the patient and the stability of their diabetes. This assessment should indicate whether the patient is suitable for administration of insulin by a HCA. Has the patient has been unstable i.e. hypoglycaemic or hyperglycaemic which is outside of their agreed ‘acceptable’ parameters then the RGN should administer the insulin until deemed ‘stable’

8. Prescribing of Medication

The Hydroxocobalamin will be prescribed by the patients’ general practitioner, hospital doctor or a trust employed non-medical prescriber.
Relevant data including the prescriber’s signature is visible on SystmOne

1. The patients full name, including aliases
2. Date of birth
3. Address
4. NHS number
5. Full name of Hydroxocobalamin
6. Dose of medication
7. Time of each injection or required time frame
8. Route (Intramuscular )

The Health Care Assistant must have attained the appropriate competency level in order to administer Hydroxocobalamin.

This competency level must encompass community life support and anaphylaxis. The policies aforementioned in 2 must be understood and adhered to.

9. **Procedure for administration of Hydroxocobalamin**

Ensure prescription of Hydroxocobalamin is completed as per policy.

Prior to administration the HCA must ensure;

a) The correct patient  
b) The correct drug  
c) The correct dose  
d) The correct date and time  
e) The correct route and method of administration  
f) The validity and legibility of the prescription  
g) The signature of the prescription/instruction

The HCA will explain the procedure to the patient and obtain consent.

The HCA will accurately draw up the hydroxocobalamin safely and appropriately.

The HCA will safely and accurately administer the medication by the route intended following infection control and the safe disposal of sharps policies.

The HCA will record batch numbers and expiry dates of medications used within the patient record as per Record Keeping Standards.

10. **Prescribing of Medication**

The Low molecular weight heparin will be prescribed by the patients’ general practitioner, hospital doctor or a trust employed non-medical prescriber.

Relevant data including the prescriber’s signature is visible on SystmOne
1. The patient’s full name, including aliases
2. Date of birth
3. Address
4. NHS number
5. Full name of Low molecular weight heparin
6. Dose of medication
7. Time of each injection or required time frame
8. Route (subcutaneously)

The Health Care Assistant must have attained the appropriate competency level in order to administer low molecular weight heparin.

This competency level must encompass community life support and anaphylaxis. The policies aforementioned in 2 must be understood and adhered to.

11. **Procedure for administration of Low molecular weight heparins.**

Ensure prescription for Low molecular weight heparin is completed as per policy.

Prior to administration the HCA must ensure;

a) The correct patient
b) The correct drug
c) The correct dose
d) The correct date and time
e) The correct route and method of administration
f) The validity and legibility of the prescription
g) The signature of the prescription/instruction

The HCA will explain the procedure to the patient and obtain consent.

The HCA will safely and accurately administer the medication by the route intended following infection control and the safe disposal of sharps policies.

The HCA will record batch numbers and expiry dates of medications used within the patient record as per Record Keeping Standards.

**The HCA Band 3 will attain competency in all elements of medication administration by:-**

- Attending a HCA B3 training day delivered by the trusts CPEs.
- Completion of HCA B3 competency assessment booklet for which the B3 will be assigned a mentor.
- Completion of The six Steps to Insulin Safety Online course.
References

RDASH policies as below

- Injectable Medications Policy
- Safe and Secure Handling of Medications
- Standards Infection Prevention and Control Precautions
- Waste Management and Risk Management Policy
- Standard Operating procedure For the Safe Administration of Dalteparin (Fragmin),Tinzaparin (Innohep) and Enoxaparin (Clexane) In the Community
- Intramuscular Injection policy