

COMPETENCIES



SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a participant is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- Ensure appropriate clinical management strategies are applied to reduce complications and to improve outcomes for the health and well-being of Clients with diabetes.
- Providers manage the clinical governance requirements of diabetes and insulin management in clients.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery support
- To ensure early deterioration management in clients with diabetes.
- To ensure adequately competent personnel are managing insulin within their scope of practice and under the direction of appropriate health professional.

BACKGROUND

- Insulin is acknowledged as a high-risk drug and is managed with strict adherence to specified procedures during use to minimise the risk of error, which has the potential to result in serious harm.
- All clients with a diagnosis of diabetes are managed according to the documented directives of the Medical Practitioner and the appropriate procedures followed for clients identified with hypoglycaemia or hyperglycaemia.

DEFINITIONS & SUPPORTING INFORMATION

Community Supports and/or Services is defined as the provision of paid supports and services in a service user's home or community. It includes but is not limited to, the following activities of daily living:

- personal care or support
- housework or domestic assistance
- transport assistance
- community access
- social support
- nursing services
- clinical supports
- gardening and home maintenance
- palliative care
- respite care

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Competent means having been trained and assessed by a registered nurse or enrolled nurse or approved assessor as competent to safely and appropriately perform a specified task.

BGL- Blog Glucose Level

PRN – As needed medication

GUIDELINE

- All clients with Type 1 or Type 2 diabetes will have Care Directive (Diabetes) completed by their Medical Practitioner.
- Clients who are diagnosed with diabetes and receive insulin therapy shall have PRN orders for care in the event of a glycaemic emergency. These orders will be for Glucagon and/or PRN insulin and will include; instructions as to when PRN medication orders should be used, indication of frequency of BGL during diabetes emergency, indications for contacting the Client's Medical Practitioner.
- Competent and capable staff are able to undertake blood glucose monitoring within their scope and under the direction of a Registered Nurse or other appropriate health professional.
- All staff shall follow the manufacturer's written instructions in relation to the use of Glucometer devices; this includes compliance with recommended calibration frequency and record keeping.
- Support Workers are not to be administering insulin that is drawn up from vials, nor are they to managing insulin that is in a sliding scale regime where a Registered Nurse must use clinical decision making as to the treatment. The support worker may be used a second check where required, assuming they are competent and capable in being a witness to that task.

Hypoglycemia

- Signs and Symptoms of Hypoglycaemia- low blood glucose (BGL)) episode if a client is displaying these signs and/or symptoms:
 - Sweating
 - Dizziness
 - Trembling
 - Pallor
 - Hunger
 - Anxiety
 - Confusion
 - Difficulty concentrating
 - Blurred vision or vision changes
 - Tiredness/drowsiness
 - Slurred speech or difficulty speaking
 - Unconsciousness
 - Blood glucose level $< 4\text{mol/L}$
 - Tingling (especially hands, feet or tongue)
- Hypoglycaemia should be confirmed by blood glucose measurement; however, treatment is urgent and should not be withheld if undue delay is likely.

Managing Hypoglycaemia

- Ensure client's safety to prevent falls. Check capillary BGL. Check the Client's care plan and medication chart to determine if there is a standing order / medical directive for action to be taken in the event of a low BGL and contact the Medical Practitioner.
- If the Medical Practitioner has outlined a clinically appropriate plan for the management of the Client's hypoglycaemia implement that course of action. Refer to client's diabetes care directive.
- Mild and Moderate Hypoglycaemia; if a client is conscious and able to swallow:
 - Administer small amounts of glucose, such as fruit juice, sugar or honey, jelly beans, soft drink or chewable glucose tablets.
 - Re-test blood glucose level after 15mins.
 - If blood glucose level remains $< 4\text{mol/L}$ administer a further small amount of glucose.
 - Ensure client eats the next scheduled meal or snack. If meal is greater than 15 minutes away, provide a snack that includes complex carbohydrate and protein such as a slice of bread, a banana or apple, small dry biscuits and cheese, or a glass of milk.
 - If BGL stable continue Monitoring every 1-2 hours for the next 4 hours.
- Severe Hypoglycaemia; Client is unconscious and unable to tolerate oral glucose and BGL is below 3mol/L :
 - If there is no PRN order for glucagon or no medication supplies, call an ambulance.
 - Administer PRN order of glucagon. Re-test blood glucose level after 15mins.
 - If blood glucose level remains $< 4\text{mol/L}$
 - And the client is still unable to tolerate oral glucose, call an ambulance. If ordered and available a further PRN order of glucagon may be administered while waiting for emergency services.

- Contact the Client's Medical Practitioner for a comprehensive client review. Ensure the client's condition is documented in the progress notes and the event is communicated to other care staff according as per policy.

Hyperglycaemia

- Signs and Symptoms of Hyperglycaemia - Check for hyperglycaemia (high blood glucose (BGL)) if a Client is displaying these signs and/or symptoms:
 - Excessive urination
 - Excessive thirst
 - Dry Mouth
 - Tiredness/ fatigue
 - Blurred vision
 - Pre-prandial blood glucose level > 11mol/L
 - In severe hyperglycaemia, nausea and vomiting
- Hyperglycaemia is of particular concern for older adults with diabetes as symptoms may present differently to those in a younger person. The reasons for this are:
 - In normal ageing there may be reduction in thirst and increase in renal glucose tolerance, therefore excessive thirst and/or urination may not occur;
 - Signs and symptoms may be masked by other conditions such as urinary incontinence; and
 - Signs and symptoms may be considered by the client or carers to be due to normal ageing.

Managing Hyperglycaemia

- Check the client's plan of care and medication chart to determine:
 - If there is a standing order for action to be taken in the event of a high BGL.
 - If the client's Medical Practitioner has outlined a clinically appropriate plan for the management of the client's hyperglycaemia then implement the documented course of action.
- Implement the following guidelines when the Client is symptomatic, has a BGL > 11mol/L and there is no documented appropriate management strategy in the Client's care plan, progress notes or medication chart:
 - If the Client has a high BGL, is symptomatic and is vomiting or unconscious, call an ambulance.
 - If the Client is symptomatic, has a BGL > 11mol/L and there is no documented strategy of care in the Client's care plan or medication chart, contact the Client's Medical Practitioner or locum Medical Practitioner.
 - Document the event and the Medical Practitioner's instructions in the Client's care plan and notes.

Diabetic Management

- Nursing and lifestyle interventions for clients with Diabetes are aimed at maximising quality of life for the client, and minimising the risk of diabetic related complications; taking into consideration the life stage of clients and the likely progressed nature of diabetic complications.
- Ensure clients with Diabetes have a management plan developed by the Medical Practitioner in consultation with staff, the client and/or his or her support decision maker.
- Ensure that all clients with Diabetes have a care plan which reflects the aspects of care eg. Diet, foot care, sensory loss etc which are required to address the complications of diabetes.
- Staff will perform and practice in accordance with the following procedure and as per regulatory requirements.
- All staff that assist in Diabetic management is fully qualified and works within their scope of practice or has completed appropriate competency tests.
- Referral to an allied health professional will be attended as required in consultation with the medical practitioner. This includes podiatry, dietetics and speech pathology.
- Management of client's hypo/hyper glycaemia will be according to medical directive and facility protocol.
- Each client who requires blood glucose Monitoring will have their own Monitor to reduce the risk of cross infection, which is labelled with the clients name.
- The diabetic Monitors will be maintained according to manufacturer guidelines.
- Blood Glucose levels to be taken as per Diabetic Management plan and recorded on appropriate form.
- Medical practitioner is to complete a Diabetic Management Plan for the client and should be reviewed regularly, at least six Monthly. The Diabetic Management Plan indicates:
 - Frequency of BGL Monitoring
 - Acceptable BGL range
 - What to do if BGL out of acceptable range (Hypo/Hyper)
 - Indicate the time that Diabetic medications to be given. Eg. Insulin

- When to notify Medical Practitioner: eg: BGL out of range, client unwell
- Type of diet to be given

Insulin Management

- Each insulin pen/vial is individually labelled by the pharmacy as part of safe procedures to enable administering staff to correctly identify the right insulin for the right client at the time of administration.
- Insulin is stored in the refrigerator prior to opening of each pen/vial, then stored out of the refrigerator in an appropriate storage location during use. The date of opening or discarding is recorded on the label of the pen/vial when first taken out of the refrigerator and use is commenced.
- If assessed as competent to do so, clients may self-administer insulin in accordance with the procedure for “Self-Administration”. Some clients may require staff to assist with self-administration, and the degree of assistance is to be specified in the diabetic management plan. For example, staff may be required to prime the needle and dial or draw up (that is, prepare) the dose.
- If a client is unable to manage and administer their own insulin, only staff authorised to administer insulin may carry out the administration.
- A second-person check of the insulin dose should be considered best practice (the client may be the second person) is required by another staff member authorised and trained to carry out the check, and the staff member checking to sign the administration record as the person checking.
- Only the Registered Nurse may adjust doses or withhold doses of insulin according to the blood glucose level and the Medical Practitioner’s verbal directions or documented diabetic directives or PRN insulin order.
- Blood glucose levels are measured and recorded in accordance with the medical officer’s instructions and as specified on the diabetic management plan for the client.
- Blood glucose level is always measured prior to administration of insulin.

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- External ACIA Guidelines 003 – Medication Management in the Community
- External ACIA Guidelines 005 – Administration of Non-Oral Medications and Non Injectable Medications
- External ACIA Guidelines 013 – Communication between Providers and Allied Health Professionals
- External ACIA Guidelines 027 – Clinical Governance in the Community
- Australian Community Industry Standards ACIS