

<b>Status: Policy</b> - overall statement of the position, intention and direction of the organization anchored in the values and principles of the organization	<b>Policy No: AIP 01</b> <b>Version No: 0</b> <b>Date Approved: 01/03/11</b> <b>Review Date: 01/03/13</b>
<b>Title:</b> Policy on the Administration of Subcutaneous, Prefilled Syringes and Intramuscular Injections	
<b>Written by:</b> Clinical Practice Project Group	
<b>Approved by:</b> National Risk Management Committee Joe Wolfe and Associates	
<b>Cross Reference:</b> BPH 02, ICGO3, ICGO4	

### 1.0 Purpose

The purpose of this document is to describe the policy of Cheshire Ireland in relation to administration of subcutaneous and intramuscular injections to Cheshire service users.

### 2.0 Scope

All management and staff at all grades employed by or working within Cheshire Ireland services involved in the administration of subcutaneous and intramuscular injections.

- A structured and supportive supervision process in relation to clinical care should be put in place by management.
- There are clear lines of communication and agreed arrangements between the different healthcare professionals who may be required to provide care for the service user who requires injections.

### 3.0 Definitions

**Subcutaneous route:** Drugs administered via the subcutaneous route are deposited into the fatty layer of tissue just beneath the skin, where there is little blood flow. This ensures that the medication will be absorbed by the service user at a slow, continuous rate. Drugs that may be administered using this route include insulin, rebiff, heparin, oromorph and various other preparations.

**Intramuscular injection** is the injection of a substance directly into a muscle. It is used for particular forms of medication that are administered in small amounts. Intramuscular injections are often given in the deltoid, vastus lateralis, ventrogluteal and dorsogluteal muscles. Examples of medications that are sometimes administered intramuscularly are: codeine, olanzapine, streptomycin, diazepam and many vaccines.

**Training:** For the purpose of this document, training is a formal training course provided by Cheshire Ireland or by an outside agency approved by Cheshire Ireland.

#### 4.0 Policy Statement

It is the Policy of Cheshire Ireland that:

- All Cheshire service users will be supported to manage their own needs in relation to administration of injections. However, in circumstances where this is not possible or the service user chooses not to, Cheshire Ireland will provide support in line with a person centred approach, in line with the Best Possible Health care plan.
- In relation to administration of injections, staff will respect the rights of Cheshire service users to be treated with sensitivity and respect as individuals, and to have wishes and opinions considered fairly (Cheshire Ireland National Consumer Committee, 2004).
- Nursing staff administering injections will adhere to Cheshire Ireland standard procedures and guidelines.
- Care/support staff who have received training and instruction every two years may administer subcutaneous injections with the ongoing supervision and support of a registered nurse.
- Care staff administering Insulin will be supervised and monitored by a Community Diabetic Nurse Specialist / Diabetic Community Health team, or if administering Oromorph, by the Palliative Care Team.
- Care/support staff will adhere to Cheshire Ireland standard procedures and guidelines.
- Only nursing staff may administer intramuscular injections.
- All injection administration details of Cheshire service users will be managed confidentially with respect for the dignity and privacy of the person (Cheshire Ireland National Consumer Committee, 2004).

- Only in exceptional circumstances, should the policy/procedures not be adhered to, for example if a staff member was of the opinion that by following the policy/procedure that a service user would be harmed. In these circumstances the staff member should consult immediately with the service user and his/her doctor and follow any advice given, all actions should be noted. The service manager should also be informed as should those involved in the development of this policy, as the policy may require amendment. Please refer to the Best Possible Health Guideline on Managing Risk and Informed Consent.

## **5.0 Policy in Relation to Specific Responsibilities**

### **5.1 Cheshire Ireland**

- Cheshire Ireland is responsible for ensuring that all staff members involved in the administration of injections receives appropriate training, instruction, supervision and support.

### **5.2 Centre/Service Managers**

- **Policy Availability:** The centre/service manager is responsible for ensuring that a copy of this document is available to all nursing and care staff, and is available to service users and family members.

**Note:** All staff must sign the “Policy read and understood” sheet in their area.

- **Staff Management:** It is the responsibility of the service/centre manager to ensure the staff in the centre/service with responsibility for administering injections have received instruction, training, certification and refreshers as necessary. It is the responsibility of service managers (or delegated staff members) to maintain a record of care/support staff instructed in various clinical skills.
- **Incident Reporting:** In the event of an incident, the manager will ensure staff follow the Health and Safety guidelines for reporting Adverse Events and managers will conduct investigations where appropriate.

### **5.3 Nursing Staff**

In Cheshire Ireland Services where nurses are employed:

- The nurse has an obligation to practice according to the legislation and professional codes of practice governing nursing and midwifery practice, and to the current standards, policies and guidelines of An Bord Altranais and Cheshire Ireland.
- Nursing staff will lead the development, implementation, supervision and support of good practice in the administration of injections.
- As well as an obligation to practice according to legislation, nurses should have adequate knowledge of administration of injections, and should:
  - Ensure that their knowledge, skills and practices are up to date.
  - Acknowledge any limitations in competence, refusing in such cases, and accepting delegated or assigned functions.
  - Seek support and assistance from the Service, where necessary, for continued professional development to maintain competence in the administration of injections.

### **5.4 Care/Support Staff**

- **Administration of Subcutaneous Injections**

All Care Staff involved in the management of subcutaneous injections must undergo a programme of instruction before being expected to safely administer subcutaneous injections. This instruction must entail:

#### **1) Theory**

The theoretical aspect of the instruction programme will contain the following:

- Person-centred values and attitudes in line with the Cheshire Ireland ethos.
- Rationale for subcutaneous injections and prefilled syringes (pens).

## 2) Clinical Assessment

- Have a minimum of three Clinical Assessments to confirm the trainees' ability to administer subcutaneous injections and prefilled syringes (pens) in a safe and person-centred manner. The clinical assessments will occur in the care worker's place of work and will be carried out by a nurse with the permission of the resident. If either the assessor or care worker believe there to be a need for further clinical assessment, then this must be facilitated. All subcutaneous injections instruction and assessments must be recorded and counter signed by the trainer and trainee. Assessment is ongoing and training must be repeated every two years with competencies signed off.
- During all procedures care/support staff must adhere to Cheshire Ireland standard procedures and guidelines.
- Care staff are responsible for their own practice in regard to the administration of subcutaneous injections and prefilled syringes (pens) and for adhering to this policy.
- Where Care Staff have concerns regarding this document they should discuss those concerns with their line manager.

**Note: Policy for responsibilities for administration of injections for Care staff also encompasses Relief/Casual staff.**

### **5.5 Volunteers**

Volunteers will not be involved in the management of the administration of injections.

### **5.6 Personal Assistants**

Cheshire Ireland acknowledges that personal assistants employed by Cheshire service users or by other organisations may work within Cheshire Ireland centres/services. Personal Assistants will be familiar with the Cheshire Ireland policy, standard procedures and guidelines on administration of injections.

## **6.0 References**

*Cheshire Ireland National Consumer Committee (2004), Charter of Rights.*

[www.cheshire.ie](http://www.cheshire.ie)

Mallett, J. & Dougherty, L. (2000). *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*, Blackwell Publishing, Oxford.

Nicol, M., Bavin, C., Bedford-Turner, S., Cronin, P. & Rawlings-Anderson, K. (2004). *Essential Nursing Skills*. Mosby, United Kingdom.

*Choosing Your Subcutaneous Injection Site*, Nicole Galan, RN, About.com Guide 2009.

*WHO Best Practice for Injections and Related Procedures Toolkit 2010.*

## **7.0 Appendices**