

# 53. HIGH INTENSITY DAILY ACTIVITIES: Subcutaneous Injections Policy and Procedure

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<b>Approval Date:</b> 19 Dec 2024	<b>Review date:</b> 19 Dec 2025	<b>Version:</b> 1
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## Purpose

The aim of this policy and procedure is to detail subcutaneous injection procedures according to established performance standards and guidelines, to reduce risk and ensure participants receive appropriate support relevant and proportionate to their individual needs.

Supporting a participant who requires subcutaneous injection may apply when administering a range of medications, including supporting participants to manage their diabetes. Where a worker supports a participant to calculate the dose of diabetes medication, following detailed instructions outlined in the *Support Plan*, these arrangements should be overseen by a responsible health practitioner. Prior to injecting, the calculation and dose are to be double-checked, following arrangements established by a qualified health practitioner.

## Scope

The procedures in this document apply to all support workers and health practitioners providing subcutaneous injections and meets relevant legislation, regulations and Standards as set out in *Schedule 1 Legislative References*.

## Applicable NDIS Practice Standards and NDIS High Intensity Support Skills Descriptors

### **Outcome**

Each participant requiring subcutaneous injections receives appropriate support relevant and proportionate to their individual needs and specific subcutaneous injections and medication administered.

### **Indicators (NDIS Practice Standards)**

- Each participant is involved in the assessment and development of the support plan for their specific subcutaneous injections which includes dosage measurement and calculation (where required). With their consent, each participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- There are documented written or phone orders by the health practitioner prescribing the medication that trained workers may administer by subcutaneous injection.
- Appropriate policies and procedures are in place, including timely supervision and support resources and equipment and a training plan for workers, that relate to the support provided to participants requiring subcutaneous injections and related medication.
- All workers have completed training, relating specifically to the participant's injection and medication needs and high intensity support skills descriptor for subcutaneous injections, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for subcutaneous injections. Workers must also have a basic understanding of the

participant's related health condition.

### **Indicators (NDIS Skills Descriptors)**

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- Workers who support participants to manage their diabetes to complete participants specific training in the methods and related equipment required to administer diabetes medication including injectable medications devices, syringes, pens and pumps, responsibilities, and procedures to adjust and double-check medication dose, equipment and devices to use on how to monitor glucose levels, rotation of injection site and factors that affect blood glucose levels.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

## Definitions

**Subcutaneous** - the area just below the skin (fatty tissue).

**Injection** - the process of using a syringe with a needle and inserting it under the skin.

**Diabetes** - caused by insufficient or lack of production of insulin in the pancreas. Insulin is responsible for the absorption of glucose into the blood stream. If a normal person eats, the pancreas will automatically release the correct amount of insulin in the blood stream. However, for people with diabetes, the pancreas either produces too little or no insulin at all, or the body does not respond to insulin (refer to Appendices for types of Diabetes, Hyperglycaemia, and Hypoglycaemia).

**Hyperglycaemia** - occurs when the blood sugar level is too high and there is not enough insulin in the body. When this happens, fat is broken down as a source of energy, which produces ketones. When there is an accumulation of ketones in the body, this can make the person very ill, and it is called Diabetes Ketoacidosis.

**Hypoglycaemia** - occurs when the blood sugar level drops too low.

**Insulin** - a natural hormone made by the pancreas that controls the levels of glucose in the blood.

**Insulin Pen** - a reusable or disposable pen-like device that has a disposable needle attached for injecting a regulated dose of insulin to control blood glucose levels in participants with diabetes.

**Needlestick Injury** - wounds caused by needles accidentally puncturing the skin. They are a hazard for people working with needle equipment and can occur at any time when needles are used, disassembled, or disposed of. If an injury occurs, encourage the wound to gently bleed under running water, wash the wound site under running water and with plenty of soap, and don't scrub it. Dry the wound and cover with a dressing. Seek medical advice and follow incident reporting procedures.

## Policy

Australian Quality Care will ensure that each participant requiring subcutaneous injections receives the appropriate support for their medication management and skin integrity, provided with the required equipment, in a way that is relevant and proportionate to their individual needs.

## Risk Analysis

### Identified Risks

Risks associated with subcutaneous injections include:

- lack of knowledge of why medications are subcutaneous, safe injecting procedures, calculations, how to manage a related incident (including escalation), and reporting requirements
- lack of understanding of participants' related health conditions
- staff not following participants' *Medication Plans* and *Subcutaneous Injection Support Plans*
- discomfort at the injection site, such as pain, bleeding, redness, swelling, tenderness, haematoma, leakage, and signs of infection and
- needlestick injury.

Risks associated with diabetes include:

- Hypoglycaemia and Hyperglycaemia
- lack of sufficient knowledge, understanding and skills in responding to emergencies related to Hypoglycaemia and Hyperglycaemia
- poor circulation and
- ulcers.

### Risk Management Strategies

Strategies to reduce risks for subcutaneous injections include:

- support worker training and education on subcutaneous injection administration and timely reporting of any participant discomforts to the Registered Nurse and health practitioner
- support workers to have their competency technique reviewed to ensure safe practice
- support workers to demonstrate current skills, knowledge, and required competency to undertake their role safely prior to undertaking support
- support workers know where to find information quickly, as well as relevant emergency numbers
- alterations to medications and administration to only occur with a written or documented phone order from the health practitioner, and carried out under supervision
- appropriate policies, procedures, and response plans in place and readily available to support workers for participants requiring subcutaneous injections or diabetes management
- *Subcutaneous Injection Support Plans* written by a health professional in consultation with other relevant health professionals involved in the participant's care
- staff to strictly follow expert advice and *Subcutaneous Injection Support Plans* to avoid hazards, risks, and adverse events
- *Subcutaneous Injection Support Plans* to be readily accessible and available where support is provided
- regular review of *Subcutaneous Injection Support Plans* and when changes occur, including regular medication reviews as required and
- support workers to be up to date with emergency First Aid knowledge.

## Roles and Responsibilities

To ensure Australian Quality Care's standards and commitments are met and delivered, the following actions are taken, and responsibilities assigned for subcutaneous injections:

1. A *Subcutaneous Injection Support Plan* has been developed and is overseen by a relevant health practitioner, and each participant is involved in the assessment and development of their *Support Plan*.
2. *Subcutaneous Injection Support Plans* are up-to-date, readily available, clear, and concise, and clearly identify and describe the support needs and preferences of participants.
3. Participants are supported to seek regular and timely reviews of their health status and *Subcutaneous Injection Support Plan* by an appropriately qualified health practitioner.
4. Each participant's *Subcutaneous Injection Support Plan* is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies.
5. Workers understand the support needs outlined in *Subcutaneous Injection Support Plans* such as:
  - medication requirements
  - dose calculation (where required)
  - injecting procedure
  - what risks to look for and
  - action required to respond to risks, incidents, and emergencies.
6. Policies, procedures, and plans are in place and easily accessible to workers, including a training plan for workers that relates to the specific needs of each participant receiving subcutaneous injections.
7. Documented procedures for written or phone orders are included on participants' *Medication Plan* by the health practitioner prescribing the medication that is being administered by subcutaneous injection.
8. Skilled, trained, and experienced workers are allocated to manage participants who need subcutaneous injections, as support provided is high risk and complex, and can be life threatening if not effectively managed. Workers must also have a basic understanding of the participant's related health condition. Workers who hold relevant additional qualifications, are experienced, and who have had additional clinical training will be the preferred option to undertake subcutaneous injection support.
9. Where supports are delivered by a competent worker who is not a qualified health practitioner, the Registered Nurse ensures:
  - the worker is suitably trained and equipped with the skills and knowledge required for safe service delivery and maintains currency of skills and knowledge
  - competency of workers' skills and knowledge is assessed annually
  - refreshers are completed when participants' needs change, best practice requirements change, or when the worker has not provided the required support in the last three (3) months
  - supports are not provided until workers have successfully completed competency assessments and refresher training and
  - competency assessments are documented and regularly audited, with audit records and a *Training and Development Register* maintained.
10. The *Subcutaneous Injection Support Plan* is signed by the health practitioner and participant, agreeing and confirming the need and consent for support.
11. Support workers who are deployed to provide support for participants who need subcutaneous injections have completed training delivered by an appropriately qualified health professional, and receive regular supervision, support, equipment, and consumables required to provide the support.

Subcutaneous Injection training must include:

- understanding the reason subcutaneous medication is required, and when the need for it was last reviewed
- understanding of the purpose of the medication and related storage requirements
- purpose and methods of hygiene and infection control

- the specific needs of each participant including their related health condition, the purpose of their medication, the appropriate use of equipment, and medication to be injected
- identifying participant-specific risks of complications, with strategies in place including timing of intervention
- administration of pre-dosed medication, using pens and pumps
- how to calculate and draw up required variable doses under clinical supervision (the *Subcutaneous Injection Support Plan* will identify the health practitioner responsible for overseeing the injecting process and describe the checking procedures to be followed, so that the worker confirms calculations and dose measurement prior to any injection administration)
- different injection methods and related equipment
- medication equipment (and checking accuracy, calibration, and checking schedule)
- the impact of variables that affect take up of medication, for example, injection site location, rotation, and timing
- signs of adverse reactions and action required, including common symptoms of overdose and withdrawal
- indicators and action required for common problems, including signs of infection at the site of injection (such as change in skin colour, swelling, itchiness, or pain), side effects from medication, and reactions to incorrect medication dose
- common risks of injections and related control methods
- use and disposal of sharps
- reporting pathways for needlestick injury
- quality checking protocols, e.g., recording when calculating and delivering a variable dose
- administration of high-risk medications (e.g., Insulin). Note that workers must be provided with extra training on the related health condition
- when and how to involve or get advice from the appropriate health practitioner and
- procedures and responsibilities for reporting and documentation, including handover, recording observations, and incident reporting.

For workers who support participants to manage their diabetes, training is to include:

- basic understanding of Type 1 and Type 2 Diabetes
  - common health-related risks and complications associated with diabetes including reduced ability to heal from cuts or wounds, changes in behaviour, weight fluctuation, and deteriorating eyesight
  - common complications of diabetes, and signs and symptoms to look for
  - methods of managing participants' insulin levels
  - different types of Insulin (fast / slow release)
  - diabetic medication and what can affect the delivery, e.g., timing, site selection, and rotation
  - basic understanding of different types and purpose of diabetes medication
  - risks associated with different methods of delivering diabetes medication
  - factors that can affect blood glucose levels, for example, food and drink amount and type, stress, illness or infection, physical activity, and some types of medication symptoms of low or unstable blood sugars (Hypoglycaemia / Hyperglycaemia) and how to manage these episodes (refer to Appendix 3)
  - understanding the relationship between glucose levels, nutrition, physical activity, weight, stress, and diabetes
  - short- and long-term impact of low or high blood glucose levels and related action required
  - medication equipment (and checking accuracy, calibration, and checking schedule)
  - risks associated with incorrect medication dosage
  - how to use sliding scale charts to calculate medication dose where required.
12. In addition to the above, workers must also complete all relevant eLearning modules available on the NDIS Commission's website, keep their first aid knowledge and CPR training up-to-date, and be trained on the specific needs of each participant, the type of subcutaneous injections required and appropriate use of equipment.
13. Australian Quality Care accesses appropriate equipment for participants who require subcutaneous injections and provides staff with the required training on equipment use and maintenance.

14. Workers communicate with participants using their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.
15. Referrals are facilitated as required by the Registered Nurse to other health providers, in collaboration and with consent from the participant.
16. The Registered Nurse monitors compliance with the NDIS Practice Standards and High Intensity Support Skills Descriptors through internal audits and stakeholder feedback, to ensure service provision is appropriate and effective.
17. The Registered Nurse:
  - ensures all support workers undertake the necessary training
  - maintains training records and appropriate registrations and
  - monitors staff compliance.
18. *Subcutaneous Injection Support Plans* are to be reviewed by a suitably qualified Health Practitioner, evaluated, and updated regularly as changes occur to subcutaneous injection needs, to ensure appropriate subcutaneous injection care is provided.
19. All health professionals and consulting Health Practitioners are accountable for their own practice and are aware of their own legal and professional responsibilities within the Code of Practice of their professional body.

## Precautions/Considerations

Ensure the participant has received information and understands any intended procedure and has given appropriate consent.

All participants to have relevant assessments undertaken for Subcutaneous Injection and Diabetes Management.

Report to and liaise with the Health Practitioner and Registered Nurse, if any of the following conditions, signs and symptoms are identified:

### Diabetes

- Hypoglycaemia
- Hyperglycaemia or
- Poor Circulation.

### Diabetes Complications

- Blindness
- Poor Wound Healing
- Stroke
- Heart Disease
- Kidney Failure or
- Nerve Damage.

## Subcutaneous Injection Sites

Observe for pain, bleeding, redness, swelling, warmth, tenderness, leakage, signs of infection, haematoma, or abnormalities in participants' health.

Infection control considerations – support workers are to comply with the specific requirements for hand hygiene, personal hygiene, and PPE in line with the *Infection Prevention and Control Policy and Procedure*.

## Equipment Required

- Specific equipment as identified for each participants' individual needs:
  - blood glucose monitoring equipment
  - equipment and consumables required when giving subcutaneous injections, e.g., injectable devices, syringes, needles, swabs, gloves, and sharps containers and
  - pre-filled pens and pumps and any related equipment to administer medications.
- Equipment must be checked, serviced, and calibrated in accordance with manufacturer requirements to ensure reliability and accuracy.

## Procedures

As subcutaneous injection support is highly personal in nature and high risk, workers need to maintain communication and work closely with participants to understand their specific needs, and when and how to best deliver supports that meet the participant's preferences and daily routines.

### Subcutaneous Injections Support Procedures

**NOTE: Specific procedures for Subcutaneous Injections are covered in Appendices (1 - 4).**

1. Check and confirm the *Subcutaneous Injection Support Plan* and consent are current.
2. Read and understand the *Subcutaneous Injection Support Plan* and perform duties and procedures only within scope of practice.
3. Understand emergency escalation requirements in the event of an emergency, specific to the participant's particular circumstances.
4. Ensure the participant's privacy and dignity, as well as a safe environment, prior to commencing support.
5. Check for any specific issues, or adjustments needed, at the time of support being provided.
6. Check the required injecting equipment (including pre-filled pens and pumps), medication (including medication order), and related consumables are available and ready for use.
7. Communicate with participant as per their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.
8. Follow strict personal hygiene and infection control procedures before and after attending to subcutaneous injections.
9. Discuss and ensure the participant understands any intended procedure and consent is obtained before proceeding.
10. Ensure medications are safely stored as per medication storage instructions.
11. Observe the participant before, during and after the injection and immediately inform an appropriate health practitioner in response to any signs of an adverse reaction or infection.
12. Safely handle and dispose of sharps and other consumables.
13. Rotate the injection site to avoid injecting into any bruised areas.
14. Maintain participants' personal hygiene and skin integrity.

15. Where there is an incident (including needlestick injury), emergency, or associated risk, follow the *Management of Medication Policy and Procedure* and the *Reportable incident, Accident and Emergency Management Policy and Procedure*. Following the incident, ensure the participant's *Subcutaneous Injection Support Plan* is reviewed and updated, and information communicated to all staff involved in their support.
16. Alterations to medication and administration are only to occur with written orders from the health practitioner on the *Medication Plan* and carried out under supervision. All changes are to be documented and recorded in participant notes.
17. Medication orders and changes to medications by health practitioners are to be taken in writing and communicated to the dispensing pharmacy.
18. Actively involve the participant to the extent they choose, check any changes to support they are receiving, and any other areas where the *Subcutaneous Injection Support Plan* is not meeting participant needs.
19. Encourage feedback from the participant and request changes from attending health professionals to the *Subcutaneous Injection Support Plan* as required.
20. Identify, document, and report information where *Subcutaneous Injection Support Plans* are not meeting participants' needs.
21. Undertake on-going training and education and maintain up to date First Aid knowledge and participate in regular competency assessments to ensure practices are safe and up to date with current best-practice guidelines for supporting participants with subcutaneous injection support.
22. Monitor and record information required by the *Subcutaneous Injection Support Plan*.
23. Work collaboratively with others to ensure continuity and effective delivery of support.

### Supporting participants with diabetes

24. Check support plan requirements re: type of medication, delivery procedures, and timing.
25. Check methods and related equipment to administer diabetes medication e.g., syringes, pens, and pumps, as per *Subcutaneous Injection Support Plan*.
26. Follow procedures to adjust and double check medication dose as per *Subcutaneous Injection Support Plan*.
27. Ensure participant has access to glucose monitoring equipment and associated devices, as documented in their *Subcutaneous Injection Support Plan*.
28. Make sure the participant is ready to receive support and assist them to position themselves to ensure the injection site location is accessible.
29. Support the participant to actively monitor and document blood glucose levels routinely, as per the *Subcutaneous Injection Support Plan*.
30. Follow procedures to identify and respond to low or high glucose levels (hypoglycaemic / hyperglycaemic).
31. Support the participant to administer insulin throughout the day as described in their *Subcutaneous Injection Support Plan*.
32. Recognise and take immediate action in response to signs of illness, infection, other health issues, or an adverse medication reaction, or indicators of incorrect medication dose.



33. Follow procedure established by the relevant health practitioner for calculating, drawing up, and double checking the required dose prior to injecting.
34. Actively involve the participant in managing their diabetes, as outlined in their *Subcutaneous Injection Support Plan* and to the extent they choose.
35. Refer to the Registered Nurse and health practitioner if there are signs of abnormalities in participants' health, e.g., blurry vision, frequent urination, skin infection, feeling lethargic, constant hunger and unexplained weight loss.
36. Maintain monthly *Weight Chart*, if not managed by the treating General Practitioner.
37. Promote and assist with healthy eating, and regular physical exercise (where able).
38. Where the participant requires assistance with the administration of oral hypoglycaemics or insulin, the drug order must be clearly documented in the participant's *Medication Plan* as per Australian Quality Care's *Management Policy and Procedure*. Record medications administered in the electronic medication system, Scriptrite+.

**NOTE: For fixed insulin doses, a trained, qualified support worker can provide support. For variable doses, only a qualified health professional (RN / EN) can provide support. This will be documented on the participant's *Subcutaneous Injection Support Plan*.**

39. BGL testing
  - only competent and trained workers can undertake this procedure and
  - frequency should be as-directed by a health practitioner and if participant is on insulin, should be done before each insulin injection (refer Appendix 3 for procedures on BGL testing and BGL range).
40. Maintain detailed records, including BGL level, amount of insulin administered, and outcome of administration in participant notes.

## Supporting documents

Procedural guidelines for subcutaneous are covered in the following documents for support workers and can be used for participants' reference where subcutaneous injection support is provided.

Documents relevant to this policy and procedure include:

- *Infection Prevention and Control Policy and Procedure*
- *Management of Medication Policy and Procedure*
- *Management of Waste Policy and Procedure*
- *Appendix 1 – Procedure for Subcutaneous Injections for Insulin*
- *Appendix 2 – Types of Diabetes, Complications of Diabetes, Signs and Symptoms of Diabetes and Diabetes Management*
- *Appendix 3 – Hypoglycaemia and Hyperglycaemia – Causes, Signs and Symptoms, and Treatment*
- *Appendix 4 – BGL (Blood Glucose Level) Testing, BGL Range and Insulin*
- *Appendix 5 - Management of Diabetics – Use of Insulin*
- *Subcutaneous Injection Support Plan*
- *Staff Training Plans*
- *Staff Performance Reviews*
- *Staff Training and Development Register*
- *Subcutaneous Injection Competency Assessment*
- *Incident Forms*
- *Continuous Improvement Plan*

## References

- *Clinical Protocol: Subcutaneous Insulin Administration in Hospital and Aged Care*, CHSALHN Diabetes Service, Country Health SA Local Health Network, December 2018
- *NDIS Practice Standards: Quality Indicators: High Intensity Support Skills Descriptors December 2022*, NDIS Quality and Safeguards Commission, December 2022

## Monitoring and review

This Policy and Procedure will be reviewed by the Board annually, or sooner if changes in legislation occur or new best practice evidence becomes available. Reviews will incorporate staff, participant, and other stakeholder feedback, and identified continuous improvement as relevant.

Review of procedures will assess if the implementation is efficient, effective, and able to be actioned.

Australian Quality Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Australian Quality Care's future service planning and delivery processes.

## Document Control

Version No.	Issue Date	Document Owner
1	19/12/2024	Kelly Masterton
Version History		
Version No.	Review Date	Revision Description