
2060 Version 2

Clinical Skills Assessment: Capillary Blood Glucose Monitoring for Non TSDFT staff

CANDIDATE: _____

ASSESSOR: _____

DATE COMMENCED: _____ **DATE COMPLETED:** _____

The client, or client's representative, should consent to the assessed individual undertaking this intervention by signing below: (Please indicate role)

Signature and role

_____ Date _____

N.B: The client or their representative can withdraw consent for any individual undertaking this procedure at any time.

2018

CANDIDATE ADVICE:

It is your responsibility to ensure you are assessed in this area of practice. This assessment book should be kept as evidence of training. If you or the assessor, feel you need further practice, to improve skills or gain confidence, please document this in the “needs practice” boxes. **You must attend a Roche Diagnostics or TSDFT recognised training session in Capillary Blood Glucose monitoring prior to using this document.**

ASSESSOR ADVICE:

Prior to the assessment taking place, it MUST be established that the glucose monitor being used in the home, has under gone up to date (bi monthly) quality assurance.

This assessment book is aimed to break down the skills, and identify any areas of practice which may need development or improvement. You should complete the assessment by ticking the competency and signing in the relevant assessor box i.e. 1st or 2nd

If you feel further practice is required, please detail the specific areas requiring improvement the candidate needs to focus on.

A minimum of 2 assessments **in practice** should be undertaken for all new skills.

This document has been compiled in line with:

-
- *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* 9th Ed. (2015)
 - *DIABETES - TREATING HYPOGLYCAEMIA IN ADULTS WITH DIABETES FOR IN-PATIENT AND COMMUNITY SETTINGS* [0269 v7 appendix 8](#)
 - *Diabetes – Capillary Blood Glucose Monitoring* [2346](#)

Competency sheet for:

CANDIDATE:

DATE:

PROCEDURE	RATIONALE	Date 1 st practice	1st Assessor Signature	Date 2 nd practice	2 nd Assessor Signature
Identify patient using Name, Date of Birth, NHS number.	To ensure correct patient is identified.				
Seeks consent from the patient or undertakes MCA and best interest assessment if appropriate.	To seek informed consent in line with TSDFT policies.				
Prepares safe, clean environment.	To maintain safety.				
Gathers and prepares correct equipment as identified in training and care plan.	To ensure correct equipment is used and care plan is followed.				
Prepares the patient maintaining privacy and dignity.	To maintain patient privacy and dignity.				

PROCEDURE	RATIONALE	Date 1 st practice	1st Assessor Signature	Date 2 nd practice	2 nd Assessor Signature
Gather correct equipment, check glucometer is working, is clean and test strips are in date.	To ensure accuracy of the result and ensure patient safety.				
Check glucometer has been tested with the control solution at the start of the day per TSDFT policy.	To ensure accuracy of the machine and ensure patient safety.				
Demonstrates how to check glucometer using control solution. Records results in machines log book. Checks control solution is within 3 month expiry date.	To ensure accuracy of the machine and ensure patient safety.				

PROCEDURE	RATIONALE	Date 1 st practice	1st Assessor Signature	Date 2 nd practice	2 nd Assessor Signature
Explains procedure to patient and asks them to sit or lie down.	To seek consent for procedure and for patient safety in case of fainting.				
Wash and dry own hands and apply gloves, using donning and doffing procedure.	To prevent contamination of sample and as per Infection Control guidelines.				
Wash and dry patients hands, with soap and water, not hand gel	To prevent contaminants transferring to test strip.				
Insert test strip into glucometer, checking code matches strip. Wait for indication machine is ready for blood.	Initiate machine and ensure calibration.				

PROCEDURE	RATIONALE	Date 1 st practice	1st Assessor Signature	Date 2 nd practice	2 nd Assessor Signature
<p>Hold the Unistik 3 pre-set comfort lancet and twist of the sterility cap by twisting it in either direction. Hold the Unistik firmly against the side of the finger, no lower than the nail bed and avoiding the tip.</p> <p>Use the side of the finger not the pad. Avoid thumb and index finger.</p> <p>Prick patients finger using Unistik 3 pre-set comfort lancet by pressing the purple button down.</p> <p>Allow 5 seconds then milk blood down the finger to form a drop.</p>	<p>Safety of Unistik non sharp. Side of finger less painful than pad.</p>				

PROCEDURE	RATIONALE	Date 1 st practice	1st Assessor Signature	Date 2 nd practice	2 nd Assessor Signature
Dispose of Unistik in sharps bin.	Reduce needle stick injury.				
Put blood onto strip and wait to read result.	Indicate that the sample analysis is taking place.				
Record results in patient's community nursing notes. Report any unexpected or out of range readings.	Ensure accuracy. Allow nurse to review readings.				
Demonstrates an understanding of what action to take if blood glucose reading indicates hypoglycaemia. Uses Diabetic algorithm outlines in appendix 4 in document 0269 V8 .	To ensure patient safety, as per TSDFT insulin administration policy.				

POST PROCEDURE	RATIONALE	Date 1 st practice	1st Assessor Signature	Date 2 nd practice	2 nd Assessor Signature
Decontaminates glucometer as per manufacturer's instruction. i.e remove any blood from monitor with clinell wipe. Any residue wiped off with dry paper towel	As per TSDFT and manufacturers infection prevention guidelines.				
Ensures glucometer accuracy is checked bi-monthly by returning sample to biochemistry quality assurance scheme.	Maintaining accuracy of machine and patient safety				

If the assessor, or yourself, consider you need more practice, this should be documented in the comments box below: Further sign off sheets are available on the Community Resource page on the HIVE if required

PASS:
Assessors Signature: _____ Date: _____

NEEDS PRACTICE: Comments: Please detail specific areas requiring improvement

Assessors Signature: _____ Date: _____

PASS:
Assessors Signature: _____ Date: _____

NEEDS PRACTICE: Comments: Please detail specific areas requiring improvement

Assessors Signature: _____ Date: _____

I confirm I have been competency assessed following training and feel confident to undertake this Procedure.

Candidates Signature:

Date:

Reassessments

Date	Competency Achieved	Assessor Signature

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2060		
Document title:	Capillary Blood Glucose Monitoring for Non TSDFT Staff		
Purpose of document:			
Date of issue:	24 January 2020	Next review date:	24 January 2023
Version:	2	Last review date:	
Author:	Education Facilitator		
Directorate:	Community		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group		
Date approved:	18 July 2018		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	<i>Please select</i>	
	Yes	No
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another?	<input type="checkbox"/>	<input type="checkbox"/>

If yes please state which documents are being replaced:

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
19 August 2016	1	New	Care and Clinical Policies Group
10 May 2019	1	Withdrawn	
24 January 2020	2	Reinstated and Revised – Version 2 uploaded to ICON	Care and Clinical Policies Group Education Facilitator

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/>	Staff <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	

Validated by (line manager)		Signature	
-----------------------------	--	-----------	--

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdht@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net.
- See TSDFT's [Data Protection & Access Policy](#).
- Visit our [Data Protection](#) site on the public internet.