Acacium Group
Diabetes Management Policy

Policy Reference | CLIN 16

Version | 4.0

Policy Name	Diabetes Management Policy
Purpose of Document	To inform all Acacium Group staff of their responsibilities in regard to diabetes management. To ensure that healthcare staff understand the procedures to be followed for monitoring, the provision of ongoing care and the effective management of emergencies, such as hypoglycaemia or hyperglycaemia.
Target Audience	All Acacium Group nurses, support staff and carers
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Risk and Resource Implications	Training Management
Associated Strategies and SOPs	CLIN 03 Medicines Management Policy CLIN 06 Consent Policy CLIN 07 Infection Prevention Policy CLIN 12 Safe Use of Medical Devices. CLIN 13 Record Keeping Policy CLIN 14 Health Records Management Policy ORG 04 Incident Reporting Policy SOP GEN 01 Blood Glucose Monitoring SOP MEDS 04 Subcutaneous Administration of Medicines
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
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V1.1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
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V2	Apr 2020	3 yearly review	Clinical Advisory Group
V2.1	Oct 2020	Update re Rebrand	CCR/CC
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V2.3	Apr 2021	Added CHS Brand	CC
V3	Apr 2023	Reviewed and updated	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group

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1. Introduction

1.1 Diabetes is a long-term condition caused by too much glucose, a type of sugar, in the blood. It is also known as diabetes mellitus. There are three types: type 1, type 2 and type 3.

1.2 Type 1 occurs when the body produces no insulin so people with this condition depend on insulin being administered at regular intervals. This usually develops before the age of 40.

1.3 Type 2 diabetes occurs when not enough insulin is produced by the body for it to function properly, or when the body's cells do not react to insulin. This is called insulin resistance. This is usually managed by diet control, and tablets and later may need insulin. Type 2 occurs usually in those over the age of 40 and can be associated with obesity.

1.4 Type 3 diabetes is an extension of Type 1 and Type 2 and follows a similar pathophysiology as Type 2, but in the brain. Insulin is needed to help the neurons in the brain absorb glucose for healthy functioning and if the cells in the brain become insulin-resistant, it can lead to Alzheimer's. Diabetes Type 3 is not yet an officially recognized health condition.

1.5 The long-term complications of diabetes involve many different systems in the body. These may be found at the time of diagnosis of diabetes, or many years after the onset of diabetes. Many of the long-term complications of diabetes are thought to be due to persistently high levels of blood glucose (sugar) and it has been shown, that controlling blood glucose levels and blood pressure may minimise or prevent the onset of these complications.

1.6 Complications may be long term (chronic) or short term (acute). Acute is usually due to an acute illness such as an infection. Bearing all this in mind, it is clear that clients with diabetes require multi-disciplinary care and support to maintain good levels of diabetes control and to maintain a healthy lifestyle.

1.7 This policy sets out the requirements on Acacium Group healthcare staff to support clients with looking after their diabetes, working with partners and taking in to account any special situations e.g. how diabetes may be affected during religious festivals.

2. Purpose and Policy Statement

2.1 The purpose of this policy is to inform all Acacium Group staff of their responsibilities in regard to diabetes management, ensuring healthcare staff understand the procedures to be followed for monitoring the provision of ongoing care and the effective management of emergencies such as hypoglycaemia or hyperglycaemia.

2.2 The policy also aims to ensure that clients and their relatives or carers have confidence in how Acacium Group clinical staff will manage the clinical care of people with diabetes, including during an emergency.

2.3 Diabetes UK predict that 5.5 million people will have diabetes in the UK by 2030.

2.4 3.6 million people are now at increased risk of type 2 diabetes in the UK and More than 700 people with diabetes die prematurely every week.

2.5 All agencies and personnel caring for people with diabetes have a duty and responsibility to work with the client to provide effective diabetes care. Acacium Group aims to ensure that the care given is

consistent with national policy and guidelines, working with partners to fulfil requirements developed in care pathways.

2.6 All Acacium Group health professionals are expected to comply with this policy at all times and work with statutory partners in order to fulfil the requirements of the policy.

2.7 Acacium Group nurses and carers who are unsure at any time of what action to take should contact the Community Nurse immediately for advice.

3. Scope of Policy

3.1 This policy is to be followed by all staff working for Acacium Group and is in relation to diabetes management in children, young people and adults.

4. Definitions

Term	Definition
Policy	A high level, overall statement of intent embracing general principles and the steps which the organisation expects to be followed to achieve them. Policies are enforceable and failure to comply may result in disciplinary action.
Procedure	A formal set of steps to follow in order to achieve specific outcomes, which are specifically agreed for designated staff. Any deviation from the steps is acceptable if this can be justified and the rationale for doing so documented appropriately.
Competence	Should be acquired through general professional training, attending educational workshops, observation and supervised practice in the clinical setting. Competence can be examined by questioning knowledge, observing practice and reflective practice journal.
Registered practitioner	Refers to nurses, midwives and specialist community public health nurses who are registered on the Nursing and Midwifery Council Register.
Carers	A trained care worker who has relevant, current experience in obtaining valid consent.
Healthcare professionals	All Acacium Group employed staff that provide clinical care to or come in to contact with children and young people and adults.
Hypoglycaemic attack, hypoglycaemia (hypo)	Blood sugar reading under 4 mmol/litre.
Hyperglycaemia	An excessive amount of glucose circulating in the blood plasma. Hyperglycaemia, or a hyper, can happen when your blood glucose (sugar) levels are too high – usually above 7mmol/l before a meal and above 8.5mmol/l two hours after a meal' Diabetes UK.
Diabetic ketoacidosis (DKA)	A lack of glucose enters the cells where it can be used as energy. The body begins to use stores of fat as an alternative source of energy, and this in turn produces an acidic by-product known as ketones. This is caused by consistently high blood glucose levels. This is most common in people who manage their diabetes with insulin however it can also happen in those controlling their condition with diet or tablets. This is most likely to occur during times of illness or poorly controlled diabetes.
Gestational diabetes	A form of diabetes that occurs during pregnancy that resolves once the client has had the baby. There is around a 50% chance of being diagnosed with diabetes later in life.

HbA1c	A blood test that measures the amount of glucose in the blood over an 8-12-week period. In the blood stream are the red blood cells, which are made of a molecule, haemoglobin. Glucose sticks to the haemoglobin to make a 'glycosylated haemoglobin' molecule, called haemoglobin A1C or HbA1C. The more glucose in the blood, the more haemoglobin A1C or HbA1C will be present in the blood. This is the blood test that is rountinely used for diabetes management/treatment.
Diabetic neuropathy	High blood glucose (sugar) levels (hyperglycaemia) are known to harm the nerves' ability to transmit signals and damage the blood vessels that carry oxygen and nutrients to the nerves. This can affect any of the nerves including those of the stomach, feet, skin and muscles.
Diabetic retinopathy	Retinopathy affects the blood vessels supplying the retina – the seeing part of the eye. Blood vessels in the retina of the eye can become blocked, leaky or grow haphazardly. This damage gets in the way of the light passing through to the retina.
Brittle diabetes	Diabetes where the client's life is constantly disrupted by episodes of hyper or hypoglycaemia.
Continuous Glucose Monitoring (CGM)	CGM is used in people who rely on insulin to control their diabetes. It involves use of a small device worn just under the skin; this measures interstitial glucose (sugar) levels continuously throughout the day and night, identifying trends in glucose levels. Some devices provide alerts for highs and lows to facilitate disease control. There are different types of CGM available: a. Real-time CGM (rtCGM) uniformly tracks glucose concentrations in the body's interstitial fluid, providing near real-time glucose data. There are different types of rtCGM, those that can be used independently (standalone) and those that are used with an insulin pump (insulin pump compatible). b. Intermittently scanned CGM (iCGM) uses similar methodology to show continuous glucose measurements retrospectively at the time of checking. This is also known as Flash Glucose Monitoring (FlashGM).
Staff training and continuing professional development	Acacium Group will enable staff to participate in training in diabetes management if they have been identified to work with a client requiring this care and where appropriate this will be included in the client specific training as part of the shadow shifts. The training will be proportionate and relevant to the roles and responsibilities of each staff member.
Supervision and support	Acacium group recognises the importance of providing supervision and support to staff.
Safe recruitment and vetting procedures	Acacium Group has in place robust recruitment and vetting procedures for all staff in line with national and local guidance. This includes thorough checks being carried out as part of the recruitment process. Gaps in employment history are checked and accounted for, qualifications checked with references always being taken up and followed up if necessary.
Robust complaints procedures	Acacium Group has in place robust complaints and whistle blowing procedures. Acacium Group guarantees that staff and vulnerable adults using

	these procedures appropriately will not prejudice their own position and prospects.

5. Roles & Responsibilities

Job Title	Responsibilities
Global Clinical Director/Group Chief Nurses	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision.
Senior management team	Ensure that the Directors have management and accountability structures that deliver safe and effective services
Team leaders and senior nurses / managers	Is responsible for: • Demonstrate leadership, be informed about and take responsibility for the actions of their staff • Demonstrate in-depth knowledge of diabetes and support healthcare staff with diabetes management • Recognise potentially life-threatening complications of diabetes and ensure prompt action to protect life • Lead on working with partners and agencies locally in order to provide timely diabetes care that meets the current needs of the client with diabetes; • Maintain confidentiality • Ensure their staff access training, supervision and support relevant to their roles and responsibilities • Ensure their staff are clear about their professional roles and responsibilities • Ensure their staff make comprehensive and accurate healthcare records • Ensure their staff work effectively with professionals from other relevant organisations • Facilitate and/or undertake regular audit of practices
Individual workers	Individual workers must: • Recognise potentially life-threatening complications of diabetes and ensure prompt action to protect life • Provide a consistently high standard of diabetes care that promotes quality of life for all people with diabetes • Be aware of and comply with Acacium Group policies procedures and guidance • Promote confidentiality, sharing information with partners on a need to know basis • Take part in training, including attending updates so that they maintain their skills and are familiar with procedures • All practitioners registered and non-registered should access regular supervision and support in line with local procedures • All staff should maintain accurate comprehensive and legible records, with records being stored securely in line with local guidance

General Practitioners	Medically manage all aspects of the client's diabetes in conjunction with specialist teams, where specialist teams have an input.
Adult and children social services	Support the client with any special social and/or educational needs in conjunction with partners providing healthcare.
Commissioners of healthcare	Ensure the effective commissioning of health and social care services to enable the client with diabetes to live a clinically safe and fulfilling life following national policy and guidance.
Clinical Advisory Group	Review polices and clinical documents for the Group in order to safeguard and improve quality in line with the Groups vision, strategic aims and in a context in which diversity is recognised and widely celebrated

6. Assessment of Risk

6.1 Assessment of risk and planning are integral to the effective management of diabetes and Acacium Group health staff will be expected to contribute to these processes.

6.2 Living with diabetes poses an increased risk to the client in terms of health. Special consideration of risk must be given in such circumstances as religious festivals such as Ramadan, travelling and pregnancy.

7. Monitoring Diabetes

7.1 Monitoring the control of a client's diabetes is important to help maintain day-to-day control, detect hypoglycaemia and hyperglycaeamia during an illness and helps to provide information that can be used in the prevention of long-term complications. It can also help inform lifestyle and treatment choices.

7.2 It is important that the blood glucose levels aimed for as near to normal as possible. There are national targets set:

7.3 **Children with Type 1 diabetes:**

- Before meals – 4 to 7 mmols/L
- Two hours after meals – 5 to 9 mmols/L

7.4 **Adults with Type 1 diabetes**

- When they wake up and before meals – 5 to 7mmols/L
- Before meals at other times – 4 to 7 mmols/L

7.5 **Type 2 and Type 3 diabetes**

- Before meals – 4 to 7 mmols/L
- Two hours after meals – less than 8.5 mmols/L

7.6 Targets are set for each individual client by the GP and/or diabetes team and these are the targets that Acacium Group healthcare professionals will help the client to achieve and maintain. Acacium Group nurses and carers must not encourage clients to achieve lower than the set targets as lowering blood sugars too quickly can increase some complications.

7.7 Blood glucose monitoring is the preferred method of testing in the home environment and urine testing is of limited value. However, the method used is determined by the specialist or GP providing the medical care with the client as there are several factors to take in to account. Frequency will also be determined by the clinical need, and the specialists, managing the medical care of the client.

7.8 Self -monitoring does not replace the need for HbA1c measuring which determines long term glycaemic control.

7.9 The role of Acacium Group health professionals in monitoring is to:

- Undertake the monitoring at determined intervals where the client is not able to do this or there is not a family member to do so
- Support the client or family member to undertake their own monitoring and where necessary help to educate them on safe techniques
- Support the client with taking the correct action once the monitoring results are known e.g. increasing insulin or having something to eat
- Undertake the monitoring of the client's sugar levels at times of concern and take immediate corrective action

7.10 Acacium Group healthcare workers must follow the blood glucose monitoring Standard Operating Procedure (SOP)

7.11 In order to promote client safety, all clients treated with insulin perform additional testing in the following circumstances:

- Before driving long distances
- If hypoglycaemia or hyperglycaemia is suspected
- If mental capacity is diminished and they have lost their hypoglycaemia or hyperglycaemia awareness
- Before and after exercise

7.12 During times of illness, the blood glucose may increase. The clients specific care plan should detail what action to take and the frequency that the blood sugar should be monitored, if their blood sugar is outside of the usual parameters.

7.13 Clients with Type 1 Diabetes should also have a way of testing for ketones, either by urine testing or blood testing.

7.14 Increase frequency of testing during periods of deterioration in to monitor glycaemic control.

7.15 A clients care plan should detail teh frequency that blood sugard monitoring is required, this may include, but not be limited to, prior to any travel

7.16 Testing during pregnancy will be clearly monitored through specialist diabetes teams and the GP.

7.17 The client their family or the carer may be responsible for ensuring that any lancets are safely disposed of. The local council is usually responsible for the provision of sharps boxes to put used lancets in and for arranging the collection of full sharps boxes. Due care and attention must also be given to ensure that staff are not injured from any used needles. Where this occurs, the procedure for needle stick injuries in the infection prevention and control policy and the incident reporting policy must be followed. Please refer to Infection Prevention policy

7.18 All monitoring equipment must be carefully and appropriately maintained. Please ensure monitoring machines are calibrated and quality control checks are undertaken. Any not fit for purpose must be immediately removed from use and alternatives sought.

8. Management of Complications

8.1 In order to promote good health, maintain as high a quality of life as possible and promote client safety, specific care should be given to the following:

8.2 **Hypoglycaemia (hypo)**

8.2.1 Hypoglycaemia is classed as a blood sugar below 4 mmols/L. Hypoglycaemia can lead to diabetic coma therefore prompt action is required to bring the blood sugar level up to within normal limits.

8.2.2 It is important to be able to recognise the signs and symptoms of hypoglycaemia as it is not uncommon for people who have had diabetes for some time to not recognise the signs and symptoms for themselves and for those not long diagnosed, they also may not have the knowledge and experience of recognising them.

8.3 **Signs and symptoms of a mild hypo:**

- Feeling hungry
- Trembling or shakiness;
- Sweating;
- Anxiety or irritability
- Going pale
- Fast pulse or palpitations
- Tingling of the lips
- Blurred vision

8.4 **Signs of a more serious hypo:**

- Difficulty in concentrating;
- Vagueness or confusion
- Drowsiness
- Irrational behaviour

8.4.1 Some events may induce a hypo if they have not been properly planned for, e.g. exercise or the use of alcohol.

8.5 **Management of a hypo:**

8.5.1 Close monitoring is required during this period to determine next actions e.g. transfer to hospital via paramedic. If a client becomes unconscious, he/she should be placed in the recovery position.

8.5.2 Actions (in order):

8.5.3 If the patient/client is able to drink without risk of aspiration and is not NBM, **Immediately** treat with 10 - 20g of a short-acting carbohydrate such as:

- A glass of Lucozade or non-diet drink
- Three or more glucose tablets
- Five sweets, e.g. jelly babies

- A glass of fruit juice

8.5.4 **Follow with a** longer-acting carbohydrate such as:

- Half a sandwich
- Fruit
- A small bowl of cereal
- Biscuits and milk
-

8.5.5 If the patent/client is not fed orally

8.5.6 Follow escalation procedure and Nutrition & Hydration/Diabetes Care plan, for example, the client may receive energy drinks via a PEG

8.5.7 **If the hypo is more severe:**

Follow the escalation plan within the clients care plan, which may include

- Apply GlucoGel (or treacle, jam or honey) on the inside of the client's cheeks and gently massage the outside of his/her cheeks to assist with absorption
- If the client is unconscious, Glucagon can be injected if prescribed and you have been trained to use it. Call for an ambulance immediately.

8.5.8 If a client is having a hypo at the time when insulin administration is due, always rectify the hypo first and escalate as per the clients care plan.

8.6 **Diabetic ketoacidosis:**

8.6.1 Assess whether there are ketones in the urine if urinalysis sticks are available and the health of the client for such things as whether they have a temperature or are vomiting. If high levels of ketones are detected in the client's urine, **immediate** transfer to hospital should be arranged, as detailed within their care plan.

See also section 12: management during an emergency.

8.7 **Feet (diabetic neuropathy)**

8.7.1 Encourage the client to:

- Have their feet examined once a year as part of their annual diabetes review
- Inspect their feet every day for sores or other foot problems such as pain and to see their GP and/or podiatrist if there are concerns as soon as possible
- Take any medications as prescribed such as antibiotics
- Stop smoking (if relevant)
- Maintain diabetic diet
- Achieve blood sugar levels as recommended by their diabetes team or GP
- Maintain good foot hygiene – paying particular attention to dry between the toes
- Care for the skin and nails as advised by a podiatrist or toe nail cutting service
- Wear specialist footwear if advised
- Cover any minor cuts or blisters with a sterile plaster and keep covered until healed
- Do Not use home remedies such as corn plasters or verruca removers without advice from the specialist diabetes team
- Always wear well-fitting shoes with soft uppers and no hard or bulky seams. ace ups are best
- Have feet measured before buying shoes
- Wear socks made from cotton or wool and those that have non-elastic tops and no seams
- Treat dry skin with a moisturiser such as hydromol (not aqueous cream as it has a drying affect). Do not use it between toes

- Advise the client NOT to use foot spas unless advised by the diabetes specialist as these may increase the risk of foot health complications;
- Acacium Group personnel ***must not*** cut nails or remove hard skin – this MUST be attended by a podiatrist

8.8 **Eye care (Diabetic retinopathy)**

8.8.1 Diabetes can cause complications with the small blood vessels of the eyes leading to diabetic retinopathy. This can lead to partial or complete loss of sight. Early detection and treatment can help delay the onset and therefore promote a better quality of life. Where possible, all people over the age of 12 with Type 1 and Type 2 diabetes must be screened annually.

8.8.2 The role of the Acacium Group healthcare professional is to:

- Encourage the client to achieve and maintain blood glucose levels to target
- Where possible, Encourage the client to have their annual retinal screening, reminding them where necessary that eye drops to dilate the pupils will be required
- Assist the client to attend an optometrist if they have any concerns over their eyes such as they lose their central or peripheral vision or see floaters or anything unusual
- Assist the client to monitor their diabetes and to make healthy lifestyle choices

9. Medication Administration

9.1 Insulin administration is often the cause of patient safety incidents. In particular, clinical staff using syringes marked in mls instead of insulin units. All staff must be trained and competent. Please ensure the following when administering insulin:

- Please ensure that the medical specialist prescribing insulin has written the word, "Unit" in full and ***not*** "U" or "IU";
- **Right insulin** – check the name and expiry date. This is especially important in the home environment where the client may be on two different types of insulin, which have different actions and are therefore prescribed for certain parts of the day
- **Right dose** – check strength and how much insulin to give. Check the numbers very carefully. Remember the same insulin may be in use for different times of day but there may be different doses. ***Remember to only use insulin syringes that are marked in insulin units***
- **Right time** – with food? At bedtime?
- **Right way** – via syringe, pen or pump? Only give insulin in a syringe, pen or pump designed solely for insulin. Never use any other syringe or device
- Always ask the client – show them the insulin and what you are about to do. Most clients and/or their family will know the insulin to be used and the dose
- In most cases, unless they are too ill or confused, the client is the best person to inject their own insulin
- ***Double check before you inject***

9.2 Acacium Group healthcare workers can access an online e learning course via espirita

9.3 When administering tablets use the same principles as above, i.e. check the name of the drug(s), doses, times of administration, allergies, expiry date(s) and if there are any concerns about whether to give or not because of health reasons, check with the GP and/or specialist diabetes team or your line manager. Check prescription and BSL.

10. Management during an Emergency

10.1 During any emergency the priority is to get immediate treatment in order to achieve timely blood glucose and possibly ketones control in an acute setting so that the client returns to optimal health as soon as possible. All observations and any actions taken must be documented and this information provided to the paramedics.

10.2 The following constitutes a diabetic emergency where immediate transfer to hospital should be arranged:

- Blood glucose >35mmol/L or 'Hi' with no urine ketones **and/** dehydration
- High levels of ketones in the urine; If dipsticks are available
- The client is not able to tolerate diet or fluids and blood sugars are difficult to maintain and there is early presence of ketones
- Hypoglycaemic attack that is not responding to the administration of sugar based and carbohydrate foods
- Moderate ketonuria (ketones in urine) or blood ketone level 1.5 mmol/L or greater **and/or** unable to tolerate oral intake, abdominal pain, breathlessness.

11. Management during Pregnancy

11.1 When a person is known to have diabetes and is pregnant, they will be closely monitored by the specialist diabetes team. Acacium Group healthcare professionals will need to ensure they are fully informed after a client has an appointment with the specialist team to ensure they are complying with any care requirements. Care plans must be updated immediately there are changes to ensure all personnel provide a consistently high level of care according to need.

11.1.1 **Gestational Diabetes**

- Fasting:below 5.3mmols/l
- One hour after meals: below 7.8mmol/l
- If they are not able to check until two hours – rather than one hour – after a meal, they should aim for below 6.4mmol/l

11.2 Acacium Group healthcare staff will need to be aware that maintaining blood glucose levels to target may be a challenge and that the client may be more at risk of hypo and hyper-glycaemia. Monitoring should be modified according to need and advice from the specialist diabetes team, GP Ensure the family and client are educated re management of hypos and hypers.

11.3 Some people who previously did not have diabetes can develop diabetes during pregnancy. This is known as gestational diabetes and tends to be temporary. 50% of people with gestational diabetes tend to develop diabetes later in life so clients should be observed for potential signs and symptoms and the client should be on the at risk register so that the GP can regularly screen the client for diabetes.

12. Management during Fasting

12.1 Fasting may occur for medical or religious reasons such as Ramadan.

12.2 Diabetic clients wishing to fast should seek medical advice regarding their regular diabetic medications. They may also wish to discuss this with their religious leaders

12.3 **Exceptions to religious fasting may include:**

- Children under the age of puberty
- Those with learning difficulties
- The old and frail
- The acutely unwell
- Those with chronic illnesses for whom fasting may be detrimental to health. Clients with diabetes fall into this last category but may prefer to meet their religious obligations by fasting.

12.4 **The following clients with diabetes should be encouraged not to fast for health reasons:**

- Those with "brittle" type 1 diabetes
- Type 1, type 2 and type 3 clients with poor glycaemic control
- Clients known to be non-compliant with diet or medication
- Clients with a history of recurrent DKA
- Pregnant women
- Clients with current infections
- Clients with kidney impairment of any severity (risk of dehydration and uraemia)
- Elderly clients with reduced alertness
- Those who have previously experienced severe deterioration in glycaemic **control**

12.5 **Hazards of fasting**

12.5.1 The alteration of eating pattern without appropriate adjustment to the dosage and timing of insulin and/or oral medication may result in deterioration of glycaemic control. Insulin or sulphonylurea-treated clients run the risk of hypoglycaemia and some type 1 clients may risk DKA. When a religious festival occurs during the summer months prolonged fasting may create greater potential hazards. It is important therefore to discuss the management of hypo and hyperglycaemia. Clients must be advised to break their fast if there is severe deterioration in glycaemic control. It may be necessary for the GP to prescribe Hypostop (glucose gel) and/or Glucagon. Seek medical advice

12.6 **Precautions for those who fast**

14.6.1 The importance of continued compliance with dietary recommendations should be emphasised. Breaking a fast should not result in over eating. Healthy eating guidelines should be followed - foods high in sugar and fats should be avoided. Regular meals/snacks with complex carbohydrate/starchy foods should be eaten. Blood glucose needs to be monitored with adjustment of medication as needed.

14.6.2 Clients who are treated with diet alone should not experience any problems with fasting.

12.7 **Clients on oral medication**

14.7.1 Clients taking Metformin alone are at no risk of hypoglycaemia and fasting poses little hazard. If a dose is usually taken at lunchtime it can be taken with the sunset meal.

14.7.2 Clients on a once-daily agent such as Glimepiride with breakfast, should be advised by GP to take it with the sunset meal.

14.7.3 Clients taking a sulphonylurea should use a short acting agent as advised by Dr i.e. Glicazide and the morning and evening doses reversed during the fast. Long acting agents such as Glibenclamide are hazardous and should be avoided.

14.8 **Clients on insulin**

14.8.1 There should be no need for a drastic reduction in the total dose of insulin. Many clients are insulin resistant and will still require large doses.

14.8.2 Many clients normally use pre-mixed insulin (Mixtard, Humulin, Humalog Mix). It is advisable to reverse the morning and evening dose, if the doses are the same, the morning dose should be reduced by about 50% and a corresponding larger dose taken before the sunset meal. This is to be advised and prescribed by GP or Diabetic specialist team

14.8.3 Clients who are on a basal bolus regime should reverse their bedtime intermediate acting insulin (Insulatard, Humulin I) to the pre-dawn meal and then take their short acting insulin (Actrapid, Humulin S, Novorapid, Humalog) before each meal taken. Further adjustment to insulin dosages are likely to be needed after these initial suggestions have been instituted.

14.8.4 All adjustments to medication must only be made after prescribing by the GP or the specialist diabetes team.

14.8.5 All clients being fasted for medical reasons will be cared for in the acute setting until the procedure has been completed and blood sugars are stabilised. When the client returns to the community setting, close monitoring of the client is required to ensure the client remains stable.

13. Travelling such as Day Trips, Holidays

13.1 All trips should be well planned, especially those that are long distance or are abroad and where insulin is required. Contact details in case of emergency must be taken of the specialist teams that look after them and local hospitals near to the destination should be confirmed in case of emergency.

13.2 The blood sugar must be checked before departure and any action taken to improve the blood glucose level if low, before the journey commences.

13.3 **The following guidelines will help ensure adequate preparation:**

15.3.1 If travelling abroad, take:

- Twice as much insulin, syringes or pens, needles or tablets as will be needed, plus extra to support any delays
- If travelling with a companion, advise to split the amount between each passenger's hand luggage
- A cool bag for storing insulin
- Blood glucose monitoring equipment - along with adequate supplies of strips, lancets and a spare battery for the meter
- High altitude, heat and humidity can sometimes affect meters and test strips. Beware of false readings
- Dextrose tablets, Hypostop, Glucagen injection and Ketostix if appropriate
- A diabetes identity card or jewellery
- Carbohydrate, in the hand luggage to cover any travelling delays
- Do not order a special "Diabetic" meal on the plane, as these often contain very little carbohydrate. Instead, carry extra carbohydrate in the form of sandwiches, fruit, cereal bars etc
- A letter, from either a GP or Hospital Diabetes Team, with a contact telephone number and address confirming the need to carry needles and syringes;
- A basic first aid box
- A list of all current medication - e.g. a copy of up to date repeat prescription request

13.4 **Using insulin abroad:**

- Clients should find out what types and strengths of insulin are available in the area in which they will be travelling (refer to Diabetes UK or the relevant pharmaceutical company)
- Insulins used in the UK and many other countries are of the strength U-100. In some countries insulin may come as U-40 or U-80 strengths. These insulins are not interchangeable. If they are to be used, the appropriate syringes are required
- Insulin should be kept out of direct sunlight and kept cool
- Insulin should never be allowed to freeze, therefore when travelling by air, insulin should always be carried in the hand luggage
- Insulin may be absorbed faster in warmer climates. Regular glucose monitoring is important, to allow any adjustments in dose to be made safely

14. Involvement of the Client and their Family

14.1 Diabetes is a long term which at times can be difficult to manage, this is especially so during times of illness. The involvement of the client and their family if applicable can help with monitoring the diabetes and help maintain a high level of support to the client. Time must be taken to involve the client and family if applicable in day to day decision making and management and the provision of ongoing care.

14.2 Where possible, the client and their family must be given the knowledge and skills to undertake monitoring for themselves, recognising the importance of documenting the results and subsequent actions for their own peace of mind. Clients must be enabled to understand what care can be provided by them but also what should not be provided unless they have had appropriate training from the relevant health professional e.g. podiatrist.

15. Record Keeping

15.1 All records must be kept in accordance with national requirements such as the Data Protection Act 2018 and with Acacium Group information governance and records management policies.

15.2 All aspects of care provided must be thoroughly documented along with the actions taken and rationale for the actions taken.

16. Reporting Incidents

16.1 Acacium Group supports the use of a thorough, open and multi-disciplinary approach to investigating adverse events where improvements to local practice can be discussed, identified and disseminated.

16.2 It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents.

16.3 All errors and incidents require a thorough and careful investigation at a local level, taking full account of the context and circumstances and the position of the practitioner involved. Such incidents require sensitive management and a comprehensive assessment of all the circumstances before a professional and managerial decision is reached on the appropriate way to proceed.

16.4 If any Acacium Group staff member makes or identifies an error or incident, they should inform their line manager and the Global Clinical Director as soon as possible after the event. (Datix)

16.5 All errors (patient safety incidents) and near misses should be reported through the Acacium Group incident reporting system.

16.6 The Clinical Director would then make the decision to report the incident to the National Patient Safety Agency (NPSA) through the National Reporting and Learning System (NRLS).

16.7 When considering allegations of misconduct, the Clinical Director will identify if the error was the result of reckless or incompetent practice and/or was concealed. If identified, this may result disciplinary action and external reporting to the professional bodies.

16.8 Those that result from other causes, such as serious pressure of work, and where there was immediate, honest disclosure in the patient's interest, Acacium Group may still suspend and take local disciplinary action where it is considered to be necessary.

16.9 All lessons learned from errors and incidents will be reviewed by the Governance committee and disseminated across the organisation.

Please refer to the Acacium Group Incidents Reporting Policy for further direction.

17. Training

17.1 Acacium Group will enable staff to participate in training in effective diabetes management and where appropriate this will be included in local induction programmes. The training will be proportionate and relevant to the roles and responsibilities of each staff member. The Clinical Governance Committee will be responsible for ratifying the Policy, Standard Operating procedures and levels for competency. The delivery of training is the responsibility of the operational teams. It is the responsibility of the central training team to organise and publicise educational sessions and keep records of attendance. All training provided will be mapped to the requirements of individual care packages, the appraisal process, and noted in the personal development plan.

17.2 All personnel caring for clients with diabetes will need to have at least a basic understanding of diabetes and the complications it can cause, along with the lifestyle that can help minimise these, the importance of screening, be able to recognise a hypoglycaemic attack and when urgent medical care is required, be able to administer insulin and medications (where appropriate) and be able to undertake blood and urine glucose monitoring (where appropriate) and be able to understand the role of the district nursing team and other professionals involved in the management of diabetes.

17.3 Staff must attend training to ensure that they are competent and have reached an agreed standard of proficiency in the management of diabetes management.

17.4 The CAG will be responsible for ratifying the Policy, Standard Operating procedures and levels for competency. The delivery of training is the responsibility of the operational teams. It is the responsibility of the central training team to organise and publicise educational sessions and keep records of attendance.

17.5 All training provided will be mapped to the requirements of individual care packages, the appraisal process, and noted in the personal development plan.

18. Audit / Monitoring

18.1 **Processes for monitoring the effectiveness of the policy include:**

- Assessment of compliance with policy
- Management of hypoglycaemia according to policy and SOP
- Monitoring of uptake of training
- Evidence of learning across the organisation
- Incident reporting procedure and incident analysis
- Appraisal and Personal Development Plan (PDP).

19. Associated Policies / SOPs

Policies

CLIN 03 Medicines Management Policy
CLIN 06 Consent Policy
CLIN 07 Infection Prevention Policy
CLIN 12 Safe Use of Medical Devices.
CLIN 13 Record Keeping Policy
CLIN 14 Health Records Management Policy
ORG 04 Incident Reporting Policy

SOPs
SOP GEN 01 Blood Glucose Monitoring
SOP MEDS 04 Subcutaneous Administration of Medicines

20. References

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- International Diabetes Foundation, 2010. *Morbidity and Mortality.*
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- National Screening Committee. *Preparing for laser treatment for diabetic retinopathy and maculopathy.*
- NHS Diabetes, July 2019.
- National Patient Safety Agency, 2010. *Rapid response report: safer administration of insulin.* NPSA.
- DOH A Diabetes Strategic Framework; November 2016
- National Service Framework for Diabetes
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- Diabetes the Basics. Diabetes UK - https://www.diabetes.org.uk/diabetes-the-basics?gclid=EAIaIQobChMIg_e7mvS1_QIVievtCh1h7AglEAAYASAAEgJI4fD_BwE

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

GP World Part of Acacium Group	pulse Part of Acacium Group	Proclinical Part of Acacium Group
Bank partners	espirita	INGAGE multistaffing | one solution
Liquid Healthcare Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Hobson Prior Part of Acacium Group	maxxima Part of Acacium Group
xyla health & wellbeing Part of Acacium Group	xyla health & social services Part of Acacium Group	xyla elective care Part of Acacium Group
xyla digital therapies Part of Acacium Group	CHS Healthcare Part of Acacium Group	DRA DUNN REGULATORY ASSOCIATES Part of Acacium Group

Appendix B: Legislation

1 This policy complies with all legislation in relation to the Human Rights Act, Disability Discrimination Act and all relevant Health & Social Care Acts.

2 As a result, Acacium Group endeavours to challenge discrimination, promote equality and respect human rights, and aims to design and implement services policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

3 The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.

4 Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.

5 There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.

6 **Equality and diversity**

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.