

SUBCUTANEOUS INJECTIONS

Policy Code: 1140	SUBCUTANEOUS INJECTIONS
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Scope

The policy applies to all staff undertaking subcutaneous injections as part of a participant's care. This policy will be used in conjunction with the Management of Medication Policy and Procedure and the Diabetes Management Policy and Procedure and Diabetes Care Plan.

Definitions

Term	Definition
Subcutaneous	The area is just below the skin (fatty tissue).
Injection	Use a syringe with a needle and insert it into the skin.
Insulin	A natural hormone made by the pancreas controls glucose levels in the blood.
Insulin pen	A reusable or disposable pen-like device with a disposable needle attached is used to inject a regulated insulin dose to control blood glucose levels in people with diabetes.

Principles of subcutaneous injections

Injections are given via the subcutaneous route, meaning to deposit a drug dose into adipose tissue immediately below the dermal layer. Blood supply to this layer is lower than muscle tissue, so medication given this way is absorbed slower than via intramuscular injection.

Medications administered via subcutaneous injection include anticoagulants (e.g. heparin, tinzaparin, and insulin). Medications administered via subcutaneous injection must be watersoluble and low volume (typically below two millilitres).

Subcutaneous injections are only administered by a support worker who has completed the necessary training and competencies to administer medication via subcutaneous injection.

Support workers are trained to:

- follow personal hygiene and infection management procedures as per the Infection Management Policy and Procedure
- confirm the participant's details (using the 'Seven Rights' process) and their need for an injection
- follow safe injecting procedures when using pumps and pens
- monitor the participant for any adverse reactions
- dispose of medical waste appropriately as per the Management of Waste Policy and Procedure

- maintain accurate and safe records of medication administration.

Roles and responsibilities

The DS Executive Team and Clinical Management Team are jointly responsible for the overall clinical management of a high-intensity supported participant's care with health practitioners (e.g. general practitioner, registered nurse).

Any care required (outside of what is documented in the policy) must be performed by a qualified health practitioner (i.e. general practitioner, registered nurse). Sometimes, a support worker may respond when a participant requires emergency procedures to be implemented. However, a health practitioner will participate in active oversight.

Care plan

The Subcutaneous Injections Care Plan is developed in partnership with the participant, their family, carer or advocate, the DS Executive Team and Clinical Team and appropriate health practitioners (e.g. general practitioner, registered nurse).

The Subcutaneous Injections Care Plan is reviewed annually, or as required, to ensure appropriate strategies are in place to act on information received from the participant, their carer or advocate, our staff and health professionals (e.g. general practitioner, registered nurse).

Information in the Subcutaneous Injections Care Plan includes:

- written orders by the health practitioner (e.g. general practitioner)
- medication requirements, as noted on the Medication Administration Chart
- insulin medication and documentation procedures (refer to the Diabetes Management Policy and Procedure and Diabetes Care Plan)
- dose calculation, where required
- medication checks and records to be followed by staff administering subcutaneous injections
- the types of subcutaneous injections used (e.g. pens or pumps) which administer a pre-measured medication
- injecting procedure, including size and type of needle and injecting angle
- safe disposal of needles
- signs of adverse reactions
- actions required when dealing with common symptoms of overdose and withdrawal
- documents and records for subcutaneous injections to be retained in the participant's file
- incident and emergency management related to subcutaneous injection (see the Reportable Incident, Accident and Emergency Policy and Procedure).

A qualified health practitioner will regularly review the participant's medication/s (e.g. general practitioner, registered nurse). The Subcutaneous Injections Care Plan identifies how risks, incidents and emergencies are managed to ensure the participant's safety and wellbeing.

The Seven Rights process

CASS Care Ltd requires support workers who administer medications to follow the 'Seven Rights' process and confirm the below information:

1. Right participant.
2. Right drug.
3. Right route.
4. Right dose.
5. Right time.
6. Right documentation.
7. Right to refuse.

The support worker will confirm consent from the participant, their carer, or advocate before any subcutaneous injections.

Staff training

Cass Care Ltd's training system complies with the high-intensity support activities skills descriptor for providing subcutaneous injections, including how to follow procedures and exercise judgement regarding when to respond to problems or report them (e.g. adverse reactions, signs of deteriorating health or infection).

A Subcutaneous Injection Training Plan and individual Staff Training Plans are developed and delivered by an appropriately qualified health practitioner or the person who has the appropriate skills relevant to the participant's specific care needs. Staff Training Plans allow for ongoing training support and supervision for each support worker.

Support workers are trained to identify associated health conditions and complications impacting participants who require medication administration via subcutaneous injections. Support workers understand the basic anatomy of the integumentary system. Support workers are trained to identify injection site location, rotation, timing and adverse effects of medications.

Only suitably qualified and trained staff may administer medications using subcutaneous injections as additional training, clinical reporting, and oversight are necessary due to the calculation and measurement of medication dosages. Appropriately qualified and trained staff will:

- administer medicines with pens and pumps
- understand different injection methods and related equipment
- check medication and recording requirements
- evaluate the impact of variables that affect take-up (e.g. site location and rotation related to specific medication and timing)
- dispose of needles safely
- identify signs of adverse reactions and action required, including common symptoms of overdose and withdrawal
- understand the common risks of injecting and related control methods
- implement quality check protocols when calculating and delivering a variable dose.

Safe care

CASS Care Ltd ensures support workers have specific knowledge and training in subcutaneous injections. Our staff are trained to identify and minimise participant exposure to risk factors (e.g.

safe needle disposal, site rotation, adverse reactions, risk of infections, safe documentation). The support worker consults with the participant, their carer, or advocates to identify and remove or minimise exposure to infection.

Each support worker has their subcutaneous injection technique reviewed annually by a suitably qualified clinical supervisor to ensure continued safe practice.

In an incident, accident, emergency or identified risk, our staff follow the Reportable Incident, Accident and Emergency Policy and Procedure, the Risk Management Policy and Procedure and the Subcutaneous Injections Care Plan, as required. DS Executive Team and Clinical Team is responsible for ensuring the Medication Incident Report Form is completed in an incident involving medication. The Management of Medication Policy and Procedure, Diabetes Management Policy and Procedure and Diabetes Care Plan will be referred to as required. Staff will exercise their judgement in each situation.

Alterations to medications and medication administration can occur only when an order is received in writing by a health practitioner (e.g. general practitioner) or over the phone (Subcutaneous Injection Doctor's Order and Administration Record must be completed). Changes are then carried out under appropriate supervision. All changes are documented and recorded according to the participant's Subcutaneous Injections Care Plan and the Information Management Policy and Procedure (this includes the order and administration of PRN medications documented in the Variations to regular medications administration form).

All waste will be disposed of safely and appropriately per the Infection Management Policy and Procedure and the Management of Waste Policy and Procedure.

1. Equipment in the home

Equipment in the home required to deliver subcutaneous injections may include, but is not limited to:

- appropriate personal protective equipment
- disposable gloves (powder free)
- insulin pen
- insulin vial/ampule
- lancet or needled device for finger pricking
- glucometer
- test strips
- tissues
- other medications, as authorised and required
- needles and syringes (for insulin administration)
- clinical sharps container.

2. Medication preparation and injection (insulin)

Insulin is a medication administered via subcutaneous injection into a participant's hypodermal layer of their skin. Insulin assists the body in metabolising the glucose in the blood after consuming foods. Some participants will fall into a coma without this medication and die without intervention.

3. Pen devices

Support workers follow the participant's Care Plan to ensure the correct injection technique and medication quantity are applied. Staff will use pen devices for individual use only and will not administer through clothing. When using a pen device, the following process is followed by the administering staff member:

1. Wash hands.
2. Wear appropriate PPE.
3. Fit a new needle to the top of the pen.
4. Resuspend cloudy insulin, if applicable.
5. 'Prime' the pen ensures it works correctly and has no air bubbles.
6. Dial-up the required dose of insulin.
7. Insert the needle and push down the plunger to administer the insulin dose.
8. Leave the pen needle in situ after injecting the medicine for 10 seconds (or as per the manufacturer's instructions) to allow the medicine to inject fully.
9. Counting past 10 seconds may be required for higher doses.
10. Remove the pen needle and discard it safely.
11. Replace the cap on the pen.
12. Remove PPE.
13. Wash hands.

4. Injecting technique

The injecting technique and site will be pre-assessed by a health practitioner (e.g. registered nurse) when developing each participant's Subcutaneous Injections Care Plan. When choosing an injection site, staff will consider the requirements of the injectable medications specified in the Care Plan.

The abdomen is the preferred injection site for most participants due to the convenience, consistency and reproducible absorption rates of injectable medications.

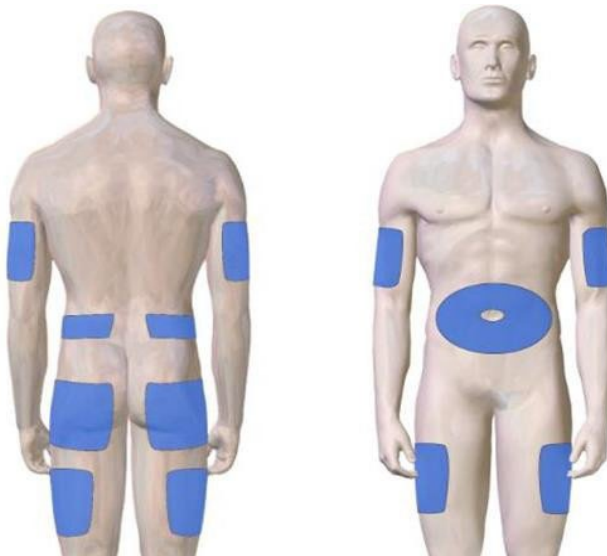
Below are the general guidelines staff follow when administering a subcutaneous injection:

1. Wash hands.
2. Wear appropriate PPE.
3. Clean the injection site with soap and water or an alcohol wipe.
4. Use thumb and index finger (or middle finger) to lift gently (not grab) the skin fold and avoid lifting the accompanying muscle.
5. Inject into the raised tissue at 90 degrees.
6. Keep the skin fold raised as the medication is administered.
7. Maintain a steady rate in injecting the solution.
8. Hold the needle in situ for 10 seconds per the Care Plan instructions.
9. Withdraw the needle and release the skin fold.
10. Observe for trauma, leakage or pain at the site.

11. Dispose of the needle as per the Cass Care Ltd Management of Waste Policy and Procedure and Infection Management Policy and Procedure.

Diagram 1. Possible subcutaneous injection sites

Note: Blue indicates the possible injection sites



5. Variable dose context

The Care Plan allows the support worker to calculate and draw up the required dose under clinical supervision. The plan identifies the health practitioner responsible for overseeing the injecting process. It outlines the procedure to be followed so the support worker can confirm the correct calculations and dose measurements before administering an injection.

Support workers responsible for administering high-risk medications need an understanding of the purpose of the medication. For example, staff who give insulin injections require appropriate diabetes awareness and management training.

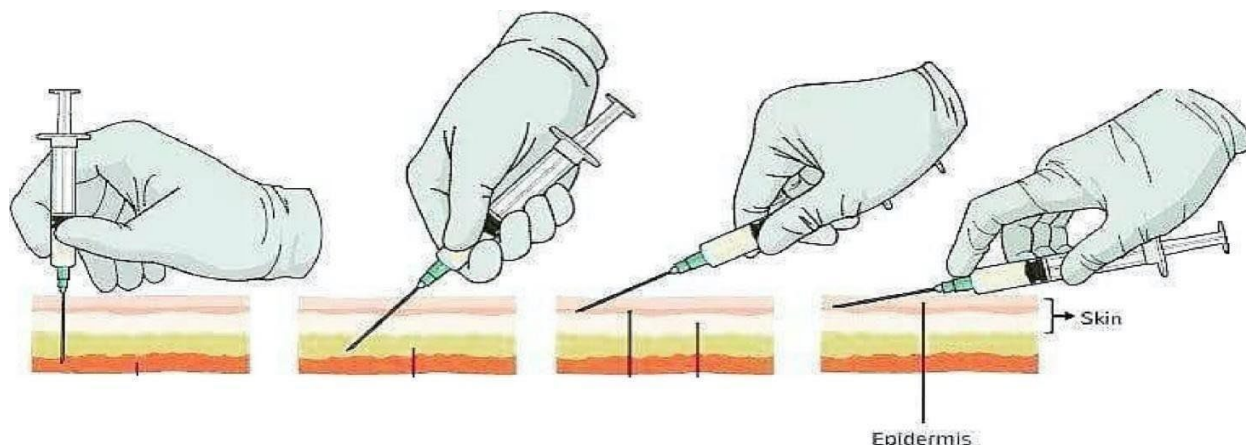
6. Assessment, plan development and review

If a participant requires subcutaneous injections, they will undergo an assessment with an appropriately qualified health practitioner. In consultation with the participant, the health practitioner must develop an accurate Subcutaneous Injection Care Plan that can be utilised by the Cass Care Ltd to guide support.

The Subcutaneous Injection Care Plan will address any incident or emergency concerning the injection. The plan will also promptly identify a clear path for escalating an incident or emergency.

7. Injection techniques

Intramuscular 90 degrees	Subcutaneous 45 degrees	Intravenous 25 degrees	Intradermal 10 to 15 degrees
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References

- NDIS (Quality Indicators) Guidelines 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS Practice Standards Skills Descriptor - High-intensity Skill Descriptor
- NDIS Practice Standards and Quality Indicators 2021

Documents related to this policy	
Related Policies	• Waste Management Policy and Procedure • Medication Management Policy and Procedure • Infection Control Policy and Procedure • Risk Management Policy and Procedure
Forms, record keeping or other organisational documents	• Subcutaneous Injections Care Plan • Diabetes Care Plan • Staff Training Plan • Injection Record Form • Insulin Administration Form • Medication Administration Chart • Subcutaneous Injection Doctor's Order and Administration Record • Medication Incident Report • Risk Assessment • Consent Form

Reviewing and approving this policy



CASS - Disability Services

Frequency	Person responsible	Approval
3 years	Unit Head	HAS & DS Committee

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review due
Version 1	May 2025	RACS & DS Committee	May 2028