NHS
Herefordshire
Clinical Commissioning Group

Blood glucose monitoring (BGM) for care home providers
Update February 2019

Care homes should only perform blood glucose monitoring (BGM) where there is a clinical need or testing has been requested by a registered practitioner (such as a GP or Nurse) and documented in the care plan. Some care home residents may be more prone to hypoglycaemia due to variable dietary intake, dementia, poor hypoglycaemic awareness and mental health conditions.

Each care home patient identified for blood glucose monitoring will have their own individual meter and related equipment e.g. test strips, lancet device & lancets.

(a) It is the responsibility of the registered practitioner to ensure each diabetic care home patient should have a detailed care plan covering when to monitor blood glucose levels, with set targets for the normal range and guidance on interpreting results e.g. the action to be taken if values are outside this range. Monitoring and glycaemic goals should be established on an individual basis. The exception to this is in an emergency e.g. hypoglycaemia (hypo).

(b) It is the responsibility of care home manager to ensure that any member of staff undertaking BGM must have completed training in the correct procedures and have been assessed as competent by a designated registered practitioner. It is essential that staff responsible for blood glucose monitoring are aware of what to do in the event of high or low readings and the symptoms of hypoglycaemia. It is also essential the manufacturer's instructions / SOPs should be available to the user and kept with the equipment.

(c) It is the responsibility of the operator to ensure the blood glucose meter is being used according to the care plan and manufacturer's recommendations and in line with Health and Safety procedures relating to safe disposal of sharps and infection control. The operator must follow the SOP which must include the manufacturer's instructions for use. It is also the responsibility of the operator to obtain consent prior to BGM as it is an invasive procedure. The operator must record and the results and take action if required. Operators should use a safety lancet when performing BGM on others. There have been four Safety Alerts highlighting lancing devices are for single patient use only. Even when a new lancet is used for every use, it is the end cap which can be contaminated with blood and is the potential source of cross infection.

(d) Quality Control procedures as recommended by the manufacturer should be followed and recorded: Regular Internal Quality Control IQC testing is required as recommended in manufacturer instructions and should be recorded. It provides reassurance that the device is working correctly and assures the operator of the reliability of patient results.

For any Care Home BGM testing outside of individual patient care plans please see below
CQC state- Regulation 15: Premises and equipment
https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-15-premises-equipment

Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained.
Note there is separate guidance for health care providers using BGM which includes the need for both Internal Quality Control (IQC) and External Quality Assessment (EQA): It is advisable that all sites performing blood glucose analysis also undertake EQA which is the analysis of samples with an undisclosed value from an external source.