Policy for Selection and Use of Bandages

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1. INTRODUCTION

Bandages come in a variety of sizes, classifications and provide a number of functions from simple retention to graduated compression systems. It is important that the selection of the bandage is suitable for the application required.

2. PURPOSE

The purpose of this policy is to:-

- To set out the framework for the selection of an appropriate bandaging system and competent application.

- To prevent bandage trauma.

- This policy recognises the importance of consistent individualised care and the need to include the latest evidence based techniques and wound management products and bandages that are clinically effective (NMC 2008).

- This policy recognises the role of Healthcare Assistants who have received formal training and are competent to apply therapeutic bandaging regimes under the delegated supervision of a registered nurse.

3. SCOPE

This policy applies to those members of staff that are directly employed within the Trust. For those staff covered by a letter of authority/honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of the Trust or working on Trust premises and forms part of their arrangements with the Trust. As part of good employment practice, agency workers are also required to abide by the Trust policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for the Trust.

This policy is intended for use predominantly in the community, Tickhill Road Hospital site in-patient services and in-patient services for older people. However, it may also be relevant for all other In-patient services and the need will be determined by the physical assessment on admission, in line with the Policy for the Physical Assessment, Examination and Ongoing Care of In-patient Service Users.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 The Trust

The Trust has responsibility to ensure that a comprehensive policy for bandage application is developed, agreed and reviewed in accordance with best
practice guidelines.

4.2 Chief Executive

The Chief Executive has responsibility for there being a structured approach to procedural document development and management in place. Although responsibility for procedural document development may be delegated to other officers, accountability remains with the Chief Executive.

4.3 Directors and Senior Managers

Will make arrangements for the effective implementation and monitoring of the policy.

4.4 Tissue Viability Nurse Specialist

These staff are employed within RDaSH. Their role is:

- To provide expert professional advice and education on the prevention and control of infection to other professionals, multi-disciplinary groups, patients and carers.
- To lead in the investigation of identified breaches of Tissue Viability
- To advise on treatments and interventions, delegating responsibility to Trust staff as appropriate.
- To give advice on complex issues relating to Tissue Viability and report findings to the relevant Business Divisions.
- To report any breaches in policy compliance through the IR1 system and to the Health, Safety and Security Forum.

4.5 Matrons and Clinical Team Leaders

Modern Matrons and Clinical Leads will be responsible for :

- Raising awareness of the policy and for its implementation and monitoring adherence to it.
- Will identify training needs and ensure staff are appropriately trained in bandage application and will record all training.
- Will incorporate bandage application into staff performance review and the knowledge and skills framework relevant to their practice area
- Will ensure compliance with the Audit requirements of the policy

4.6 Registered Healthcare Professional

Qualified nursing staff will be competent in and responsible for the application of bandages relevant to their practice area. The qualified nurse has a duty to ensure that any care delegated to the Health care assistant is in line with the training the Health care assistant has received and the competencies the Health care assistant has achieved and demonstrated. The qualified nurse will remain accountable for the care delivered and will continue to reassess the bandages regularly.
4.7 Health Care Assistants

- Health care assistants may contribute to application of a bandage regime where competencies have been completed under the supervision of a registered nurse.

4.8 All staff members

- All staff have a responsibility to work on in line with Trust procedural documents and should:
  - Be aware of how to access them
  - Be aware of those which are relevant to their work
  - Act in accordance with them
  - Attend any training which is offered in relation to them
  - Report to their manager any issues affecting compliance with them in other that these may be taken in to account.

5. PROCEDURE/IMPLEMENTATION

5.1 Determine the purpose of bandage:

- Retention of dressing taking into account the location and size of the wound.
- Support limb after soft tissue injury.
- Support joint after strain.
- Compression therapy.

5.2 Determine the length of time the bandage is require to stay insitu.

Determine the width of the bandage to be applied:

- 2.5cm bandage for digits
- 5.0cm bandage for hands
- 5.0cm – 7.5cm bandages for head/ears/eyes
- 7.5cm – 10cm bandage for arms
- 10cm bandage for lower legs
- 10cm – 15cm bandage for thigh/trunk

Ensure the bandage bulk is compatible with maximum comfort, mobility and protection.

5.3 Bandage Classification

According to the structure and performance bandages are allocated classifications.

5.3.1 Class 1: Lightweight conforming bandage

These bandages are used for dressing retention, with the aim of keeping the dressing close to the wound without inhibiting movement or restricting blood
flow and not apply compression e.g. K band (Parema).

5.3.2 Class 2: Light support bandage

These bandages are used to provide support for mild sprains and joints and used in the prevention of oedema they are not suitable for applying compression e.g. K Lite (Parema) Crepe, Cotton short stretch e.g. Actico (Activa).

5.3.3 Class 3: Compression bandages

These bandages are used to provide the high compression needed for the management of gross varicose, post-thrombotic venous insufficiency, venous leg ulcers and gross oedema.

NB – compression should only be applied when suitably of circulation has been determined.

- **Class 3a: Light compression**
  
  Able to provide and maintain low level of pressure up to 14-17mmHg at the ankle. Suitable for the management of superficial or early varies and varicosis formed during pregnancy e.g. K Plus (Parema) Elset (SSL), equivalent to class 1 compression hosiery light support.

- **Class 3B: Cohesive bandage**
  
  Able to apply in the order 18-24mmHg at the ankle. Suitable for treatment of varicosis formed during pregnancy, varices of medium severity, prevention and treatment of ulcer and the control of mild oedema e.g. Coban (3M) Ko-Flex (Parema). Equivalent to class 2 compression hosiery medium support.

- **Class 3c: High compression**
  
  Able to apply in order of 40mmHg. Suitable for the management of gross varices, management of leg ulcers and gross oedema e.g. Tensopress (Smith & Nephew) Surepress (ConvaTec). Equivalent to class 3 compression hosiery strong support.

- **Class 3d: Extra high compression**
  
  These bandages are capable of applying pressure in the order of 50mmHg. Suitable for the management of gross leg oedema e.g. blue line bandage.

- **Short stretch bandage**
  
  Classified as Class 2 support, not compression bandage. Made from 100% cotton and inelastic giving high sub-bandage pressures on exercise and low resting pressure. Suitable for patients with latex
allergy e.g. Actico (Activa) Comprilan.

5.3.4 Tubular Bandages

Tubular bandages are available in different forms, according to the function required of them.

- Used under orthopaedic casts.
- Protecting areas to which cream or ointments (other than those containing potent corticosteroids) have been applied.
- Retaining dressings in difficult parts of the body e.g. abdomen.

5.3.5 Sub-compression Wadding Bandage

- Absorbent padding and protection to bony prominences and gives shape for application of compression bandages e.g. Soffban, Velband.
- Apply additional layers for absorbent padding until ankle circumference measures at least 18cm.
- For legs presenting as inverted champagne bottle shaped limb, apply layers of absorbent padding to the narrow part of the leg to make the leg more cone shaped.

5.4 Application Technique

5.4.1 Simple Spiral

All bandages are applied in a simple spiral with 50% overlap unless stated otherwise by the manufacturers.

- The first turn, starting at the base of the toes, encircles the ball of the foot and anchors the bandage in place.
- The next turn takes the bandage to the point of the heel and back to the front of the foot, ready to cover the arch of the foot in turn 3.
- The third turn encircles the rest of the foot and returns to the Achilles tendon from where the straight part of the leg can be approached.
- The bandage is then applied by unrolling the bandage to a length suitable for wrapping around the leg in a simple spiral, extending it to the required extension and then placing it on the leg so that 50% of the previous turn is covered.
- Bandage is passed from one hand to the other to achieve an even extension and overlap up the leg as far as the tibial plateau, where the bandage is finished so that the knee joint is not impeded. In obese patients the knee joint may be difficult to locate and it may help to ask the patient to bend the knee in order to determine its position.
- Any excessive bandage should be cut off rather than wound around the
legs, since extra layers can cause a tourniquet effect.

- Pins or metal fasteners should not be used to secure the bandage due to the possibility that they may damage the skin, either the bandaged leg or the unbandaged leg. Adhesive tape should be used to secure the bandage effectively.

5.4.2 Figure of Eight Spiral

For figure of eight application the foot is covered in the same way as for the spiral bandage they proceed up the leg with the first turn of the bandage above the ankle applied up the lateral aspect of the leg, straight along the back of the leg and then downwards along the medial aspect. The next turn along the back of the leg is offset by half a bandage width and following the turns is placed accordingly. The pattern repeats up the leg to the tibial plateau.

<table>
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<th>Ankle Circumference</th>
<th>Bandage Regime</th>
<th>Rationale</th>
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<tr>
<td>Under 18cm/champagne bottle limb</td>
<td>2 or more layers of wool padding the narrow part of the leg to make the leg more cone shaped and ankle measures 18cm (apply in simple spiral at 50% overlay)</td>
<td>Laplaces Law states that the sub-bandage pressure is inversely proportional to the circumference of the limb. Therefore it is necessary to measure the ankle circumference in order to ensure that appropriate therapeutic compression is achieved in relation to the size of the patients’ ankle. Healing may not be</td>
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<td>1 light compression (Class 3a) K-Plus (apply in figure of eight spiral at 50% extension and 50% overlay)</td>
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<td>1 cohesive bandage (Class 3b) Coban (apply in simple spiral at 50% overlay)</td>
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</table>
| Up to 18cm | 2 or more layers of wool padding until ankle measures 18cm *(apply in simple spiral at 50% overlay)*  
1 light support bandage (Class 2) K-lite *(apply in simple spiral at 50% overlay)*  
1 light compression (Class 3a) K-Plus *(apply in figure of eight spiral at 50% extension and 50% overlay)*  
1 cohesive bandage (Class 3b) Coban *(apply in simple spiral at 50% overlay)* | achieved if an inappropriate bandaging regime is used. Conversely on smaller limbs, trauma can occur if the size is not considered when applying multi-layer compression (RCN Guidelines 2006). |
| 18 – 25cm | 1 layer of wool padding *(apply in simple spiral at 50% overlay)*  
1 light support bandage (Class 2) K-Lite *(apply in simple spiral at 50% overlay)*  
1 light compression (Class 3a) K-Plus *(apply in figure of eight spiral at 50% extension and 50% overlap)*  
1 cohesive bandage (Class 3b) Coban *(apply in simple spiral at 50% overlay)* |
| 25 – 30 cm | 1 layer of wool padding *(apply in simple spiral at 50% overlay)*  
1 high compression (Class 3c) Tensopress *(apply in simple spiral using tension guide for overlap at 50% overlay)*  
1 cohesive bandage (Class 3b) Coban *(apply in simple spiral at 50% overlay)* |
Greater than 30cm

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<th>1 layer of wool padding <em>(apply in simple spiral at 50% overlay)</em></th>
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- Compression bandage systems should not be changed more than weekly. Reasons for renewing the bandages more frequently can include:-
  - Patient reports discomfort
  - Slippage of the bandages
  - Strike through of exudates

- Both the primary dressing and padding wool should be sufficient to manage the exudates. More frequent changes expose the wound increasing the risk of infection.

### 5.4.3 Tension Guide Application

- For class 3c high compression bandage, ensure therapeutic levels of compression use the tension guides:
  - Surpress – ankles 18cm – 26cm the small rectangular extension indicator becomes square, ankles over 26cm the large rectangular indicator becomes square
  - Setopress – ankles 18cm – 26cm the green rectangles to squares, ankles over 26cm brown rectangles to squares.

- Apply primary dressing as per wound management guideline.

- Apply absorbent padding in a loose simple spiral from base of toe to tibial plateau.

- Apply high compression bandage at 50% overlap with 50% extensive

### 5.4.4 Short Stretch

- Short stretch bandages are applied at full stretch over padding, which
protects areas of high risk of pressure.

- Apply primary dressings as per wound management guidelines.

- Apply absorbent padding in loose simple spiral from base of toe to tibial plateau.

- Short stretch bandages are applied at full stretch over absorbent padding, holding the bandage close, start at the base of the toes and bandage up the leg following the contours of the leg up to the tibial plateau.

- For ankles measure over 28cm apply a second short stretch bandage from ankle to tibial plateau in a simple spiral at full stretch in the opposite direction to the first bandage layer.

- Bandages should be applied in a simple spiral, with 50% overlap unless otherwise instructed in manufacturers guidelines.

### 5.4.5 Medicated Bandage

Cotton fabric bandaged impregnated with medicated paste for treatment for certain conditions.

- Zinc impregnated bandage – general purpose treatment for leg ulcers, venous statis and varicose eczema e.g. Viscopaste (S&N).

- Icthammol impregnated bandage – general purpose treatment for phlebitis areas and sensitive skin surrounding leg ulcers e.g. Icthopaste

#### Application of Medicated Bandages

- The bandage is applied from toe to knee

- Two methods of application
  1) apply in strips with cut edges at side of leg – ensuring they overlap by at least 5cm
  2) at every turn the bandage should be folded back on itself in pleats at the side of the leg

- Bandage should be smoothed and moulded around the leg.

- Once the paste bandage has been applied the leg should be covered by layer of wool padding and a retention bandage to prevent soiling to clothes or compression if indicated.

- After the first application nurse should check the patient after 24 hours to ensure there is no sensitivity reaction
5.4.6 Good Practice Guidance for Bandage Applications

- Bandages should be changed weekly or as frequently as exudate levels dictate.
- Bandages should only be applied by appropriately trained staff.
- Examination of limb checking for distortion of the natural limb contour or bony prominences.

When bandaging legs:-

- Measure ankle circumference to establish bandage regime.
- Bandage placement from base of toes to level of tibial tuberosity.
- Flex the foot slightly to avoid excessive layer around the ankle – e.g. ask patient to point their toes towards their nose throughout the application.
- Use tension guides lines or symbols to ensure bandage extension at correct tension.
- Patients wearing bandages should be encouraged to take exercise and when resting high elevation of legs.

Recognition of impaired circulation initially:-

- Swollen or congested limbs
- Blue skin with prominent veins
- Feeling of painful distension

Recognition of impaired circulation later:-

- Pale, waxy skin and cold numbness
- Tingling followed by deep pain
- Inability to move fingers or toes

5.4.7 Appendix 1 Compression monitoring form

Check the circulation by applying light digital pressure on the nail or skin until it is pale then release the pressure. If the colour does not return or returns slowly indicates the bandage is too tight. Loosen the tight bandage by unrolling until warmth and colour returns to extremities.

Bandages should be checked 24 hours after application. Graduated compression will reduce oedema and it is often necessary to re-apply the
bandages 24 hours after first application.

In the community the patient must be left with a contact telephone number. If the patient finds the bandages are causing circulation problems or they appear to tight the patient should contact the District Nurse. The patient should remove the compression layers of bandages – top layer for 3 layer systems, top 2 layers in a 4 layer system – and sit with legs elevated.

Supplies of dressing pads and retention bandage (Class 1) K-band should be left with the patient / carer so an outer layer can be applied to provide a physical barrier if strikethrough until the Nurse/District Nurse can attend to re-new the complete bandage regime.

For leg ulceration with differential diagnosis of moderate arterial disease when reduced compression is used, in the absence of medical contraindications and under monitor. If mutli-layer bandage regime is appropriate the top layer of cohesive bandage (Class 3b) Coban is omitted leaving figure of eight application of light compression (Class 3a) K-Lite the top layer.

If there are issues with the bandage regime staying in-situ the 3rd layer light compression (Class 3a) K-plus is omitted and cohesive bandage (Class 3b) Coban is the top bandage layer in simple spiral application.

If the patient requests that the bandage regime is complainant with wearing their regular footwear then the wool padding can be applied to protect the vulnerable areas of the leg – around the maleolus, dorsal of foot and shin in preference to full toe to knee application.

If short stretch bandage regime is the appropriate bandage regime for management of chronic oedema with or without ulceration the wool padding can be applied to in simple spiral toe to knee or to protect the vulnerable areas of the leg.

5.4.8 Bandage Evaluation

Evaluate performance of bandage application:-

- Patient reports no discomfort
- Bandages have stayed in place
- On removal of bandages there is no oedema, redness or ridging noted and no breaks in the skin.

Patients unable to tolerate compression:-

- Reconsider diagnosis
- Check for infection
- Consider compression hosiery instead of bandaging.
6 TRAING IMPLICATIONS

- Education is provided to support this document locally by the Clinical Nurse Specialist in Tissue Viability and supported by Tissue Viability Outreach Service team or Community Practice Educator team or externally through courses in partnership with local universities.

- It is each person’s professional responsibility to ensure their knowledge is updated accordingly as part of his/her personal professional development plan. Training should be updated on at least 3 yearly basis.

- Nursing staff should ensure and document they are competent to undertake bandaging regimes.

Appendix 2 – Self Assessment for Bandage Application

7. MONITORING ARRANGEMENTS

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<tr>
<th>Area for monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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<td>Safeguard IR1 Reporting of incidents regarding woundcare/Bandaging</td>
<td>Number of IR1 reports</td>
<td>Matrons Nursing Staff CNS in Tissue Viability</td>
<td>Business Divisions</td>
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8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organize care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat
everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

9. **LINKS TO OTHER TRUST PROCEDURAL DOCUMENTS**

This policy should be read in conjunction with the following Trust Policies:

- The most recent edition of the Royal Marsden NHS Trust Manual of Clinical Procedures
- Wound Management Policy
- Leg Ulcer Policy
- Wound Management Guidelines
- Doncaster District Dressing Formulary
- Integrated Care Pathway for the Management of Leg Ulcers
- Infection Prevention and Control Policy

10. **REFERENCES**


Callum MJ, (1994) the nursing management of leg ulcers in the community: a critical review of research Liverpool. University of Liverpool, Department of Nursing.


Feber K (2003) how effective is training in compression bandaging techniques. Br J community nurse 8(20) pp80-4

Lay-Flurrie (2011) Venous ulceration and graduated compression.BJNVol20 No15S4 –S8


11. APPENDICES

Appendix 1 Compression Monitoring Form

Appendix 2 Self assessment for Bandage Application
## Monitoring Compression Therapy

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Application of Compression Bandage Therapy
Self-assessment Competency Statement

Name: _______________________________  Job Title/Designation: ______________________

Ward/Locality: _________________________

Self-verification of competence is undertaken by assessment against the statements below. These statements are designed to indicate competence to undertake this skill. If you are in any doubt regarding your competence, you should seek education (consider self-directed learning, coaching and formal training) to bring about improvement. Your statement of competence will provide evidence towards the following dimensions in the knowledge and skills framework:

- Core Dimension 1: Communication Level 2 a, c, d, e
- Core Dimension 3: Health, Safety & Security Level 3 a, b, c, e, f
- Core Dimension 5: Quality Level 2 a, b, e, f

Carry out an initial assessment. You must be able to answer ‘yes’ to all the questions before considering yourself to be competent. If you are not competent, instigate learning and then repeat self-verification.

<table>
<thead>
<tr>
<th>Ask yourself the following questions</th>
<th>Initial Assessment Date:</th>
<th>Final Assessment Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have I undergone a programme of education to apply compression therapy?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Have I applied compression bandages with the supervision of a competent nurse?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Do I understand my accountability within the Code of Conduct (NMC 2008)?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Can I describe the Trusts guidelines for the application of compression therapy?</td>
<td>Yes / No</td>
<td>Yes / No</td>
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<tr>
<td>Can I prescribe the contra-indications/precautions for compression therapy?</td>
<td>Yes / No</td>
<td>Yes / No</td>
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<tr>
<td>Which bandages are applied using a figure of eight and which bandages are applied using a spiral technique?</td>
<td>Yes / No</td>
<td>Yes / No</td>
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<tr>
<td>Can I explain to the patient why they are having compression therapy?</td>
<td>Yes / No</td>
<td>Yes / No</td>
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<tr>
<td>Can I explain the causes of venous hypertension?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Do I understand the need to gain consent and maintain privacy and dignity throughout the application of compression bandaging?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Do I know:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What Laplaces Law is?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Why the ankle circumference should always be measured prior to application of compression bandages?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>When it is not appropriate to apply compression therapy?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>The difference between short stretch and long stretch bandages?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>How much overlap is required and what is the significance of this?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>What is reduced compression and why might you use this?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>What to do if the ulcer has not improved/healed within 12 weeks?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Why is it important to always apply padding prior to applying compression bandaging?</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
I certify I am aware of my professional responsibility for continuing professional development and that I am accountable for my actions. With this in mind I make the following statement. 

I am competent to undertake …………………………………………………………………………………………………….
without further training.

Signature:                      Date:

I require further training before I can undertake……………………………………..
in a competent manner.

Signature:                      Date:

Keep this form in your personal portfolio or training record. Ensure your manager has seen the form when completed.

Indicate how you plan to meet your learning needs:                  By when:

Yearly Statement of Competence

I have re-assessed my competent against the statements overleaf and I certify that I am aware of my professional responsibility for continuing professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent to undertake …………………………………………………………………………………………………….
without further training.

Signature:                      Date: