Clinical Task Instruction

Delegated Task

D-FC10: Support compression bandaging – foot ulcer

Scope and objectives of clinical task

This Clinical Task Instruction (CTI) will enable the Allied Health Assistant to:

- apply a compression bandage to support oedema maintenance of a foot with an ulcer that is awaiting a prescribed garment
- monitor circumferential measurement changes to the foot and lower limb.

VERSION CONTROL

Version:	1.0		
Reviewed: (Profession)	Directors of Occupational Therapy, Directors of Physiotherapy, Directors of Podiatry	Date:	14/08/2026
Approved: (Operational)	Chief Allied Health Officer, Queensland Health	Date:	28/10/2026
Document custodian:	Chief Allied Health Officer, Queensland Health	Review date:	28/10/2026
Acknowledgements:	Townsville Hospital and Health Service, South West Hospital and Health Service, West Moreton Hospital and Health Service		

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/ahwac/html/ahassist

Prior to use please check https://www.health.qld.gov.au/ahwac/html/clintaskinstructions for the latest version of this CTI.

© State of Queensland (Queensland Health) 2026

This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 4.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Queensland Health and authoring unit listed above and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/deed.en.

For further information contact the Office of the Chief Allied Health Officer, Queensland Health, PO Box 2368, Fortitude Valley BC QLD 4006, email allied_health_advisory@health.qld.gov.au, phone (07) 3328 9298. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au, phone (07) 3708 5069.

Disclaimer

Queensland Health has made every effort to ensure that the information in this resource, at the time of distribution, is correct. The information in this resource will be kept under review and future publications will incorporate any necessary amendments.

The information in this resource does not constitute clinical advice and should not be relied upon as such in a clinical situation. The information is provided solely on the basis that readers will be responsible for making their own assessment of the matters presented herein and readers are advised to verify all relevant representations, statements and information. Specialist advice in relation to the application of the information presented in this publication must be sought as necessary to ensure the application is clinically appropriate.

In no event, shall Queensland Health be liable (including negligence) for any claim, action, proceeding, demand, liability, costs, damages, expenses or loss (including without limitation, direct, indirect, punitive, special or consequential) whatsoever brought against it or made upon it or incurred by Queensland Health arising out of or in connection with a person's use of information in this publication.

- Note 1: This CTI is intended for clients awaiting a prescribed compression garment. It is not intended as a long-term management regimen for oedema. The task is to be delivered with the close monitoring of the delegating health professional via intermittent direct (in person) or remote (telehealth) monitoring e.g. review of applied bandages.
- Note 2: This CTI has been developed using two-layer compression bandaging system therapy (3M™ Coban™ and Jobst® Compri2) and short stretch (inelastic) compression bandages. The local service will determine which compression bandaging products are in the scope of this CTI for an individual allied health assistant and where required adjust the training, Learning resources and Performance Criteria Checklist

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Completion of CTI D-VO02 Circumferential measurements of the lower limb
- Completion of CTI D-FC01 Foot screening including pedal pulses and monofilament testing
- Mandatory training requirements relevant to Queensland Health clinical roles are assumed knowledge for this CTI

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
  - a basic understanding of the rationale for applying a compression bandage to support lower limb oedema maintenance of a foot with an ulcer, including common problems with wear such as slippage, moisture and compliance
  - risks for applying a lower limb compression bandage, including new wounds, ischemia and falls
  - basic foot anatomy to the extent required to undertake this CTI including names and locations of bony landmarks and areas of the foot and lower leg including head of fibula, dorsum of 5th metatarsal, popliteal crease
  - common signs and symptoms of infection, vascular insufficiency and neurological changes to the foot and lower limb
  - the purpose and rationale of monitoring oedema and circumferential measures of the foot and lower limb whilst awaiting a prescribed compression garment
  - client education resources for compression bandage wear including hygiene, process for removal and re-application
- The knowledge requirements will be met by the following activities:
  - completing the training program/s (listed above)
  - reviewing the Learning resource
  - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an allied health assistant delivering this task:
  - local training for wound management consistent with the allied health assistant role and relevant to the scope of this CTI.

- if using foam as part of the application process, experience in cutting and shaping foam or similar products for offloading purposes e.g. competence in CTI D-FC08 Supply, fit and review semi-compressed felt to off-load a high-risk foot.

Safety and quality

Client

- The allied health assistant will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the allied health assistant during the task:
  - if the client has signs of infection (redness, heat, swelling) and this was not included as part of the delegation instruction, or if signs and symptoms do not match the delegation instruction, liaise with the delegating health professional prior to recommencing the task.
  - clients may report or experience skin tears or reactions to wearing compression bandages e.g. allergies to synthetics, heat rash. If concerns are raised or observed, and strategies to support wear were not included as part of the delegation instruction, cease the task and inform the delegating health professional.
  - clients may experience changes in symptoms associated with compression bandage wear including new or increased pain, numbness or pins and needles. When re-applying bandages determine if the client has experienced any new or changed symptoms and if symptoms improve after 15 minutes of walking. If symptom episodes are increasing in frequency or duration and this does not match the delegating instruction, cease the task and inform the delegating health professional.
  - oedema may be exacerbated by acute systemic illness. If the client reports being currently unwell or having experienced a recent illness, liaise with the delegating health professional prior to commencing the task.
  - if the client reports a change to their medications, liaise with the delegating health professional prior to commencing the task.

Equipment, aids and appliances

- Compression bandages have a shelf life and may lose elasticity. Check the expiry. If the bandage is noted to be damaged including being frayed, faded or there is inconsistency with elasticity during application, discard and source a new bandage.
- Compression bandages come in a range of sizes. If the required size is not available, or stock levels are low, liaise with the delegating health professional.
- The safe working load of the plinth must be suitable for the client. If required equipment is unavailable, liaise with the delegating health professional prior to commencing the task.

Environment

- Ensure that an appropriate level of client privacy is maintained during the task e.g. door / curtains closed, draping of the client with a towel.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
  - positioning of the client e.g. supine on plinth, wheelchair
  - the limb that requires bandaging (left / right)
  - method for cleaning the limb e.g. soap and water, bed bath wipes
  - location, size and type of the foot ulcer/s, including any required wound dressings to be applied and local process for accessing would care e.g. wound care nurse, podiatrist
  - type of compression bandage planned for application, including size and amount of overlap. If using short stretch compression bandaging this includes the size and brand of the tubular stockinette for under and overlay (e.g. tubigrip®, tubifast®) and underwrap padded bandage (e.g. Artiflex®, Softban®).
  - if using foam for bony prominence protection, the location, size and thickness
  - baseline limb circumferential measurements for comparison, including any acceptable variance.

2. Preparation

- Collect the required compression bandage/s, including tape and tubular stockinette, underwrap padded bandage, foam if required
- Bolster to support the leg
- Donning aid e.g. spindle, EzyAs™
- Measuring equipment as per CTI D-VO02 Circumferential measurements of the lower limb

3. Introduce task and seek consent

- The allied health assistant introduces themself to the client.
- The allied health assistant checks three forms of client identification: full name, date of birth, plus one of the following: hospital unit record (UR) number, Medicare number, or address.
- The allied health assistant describes the task to the client. For example:
  - I am here to remove / apply your compression bandaging. This will help with your oedema. I am also going to re-measure your leg to check for any changes in size.
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).

4. Positioning

- The client's position during the task should be:
  - lying supine in bed or on a plinth
- The allied health assistant's position during the task should be:
  - standing beside the client in a position that allows observation and access to the limb with the foot ulcer. Adjusting the plinth height to avoid bending or awkward postures.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:

1. If compression bandages are insitu, remove the bandages and dispose in the receptacle.
2. Remove the wound dressing and observe the foot ulcer for signs of healing. If observations do not match the delegation instruction contact the delegating health professional. See Safety and quality.
3. Check the skin noting any signs of trauma, pressure, wounds and/or infection. Confirm signs align with the delegation instruction, and if signs do not match cease the task and liaise with the delegating health professional.
4. Clean the limb for hygiene.
5. If the delegation instruction includes wound dressings, use local processes to determine the timing of the application, noting this may be before or after step 6.
6. If the delegation instruction includes lower limb measurement, implement CTI D-VO02 Circumferential measurements of the lower limb. Note any variance with the baseline lower limb measurements and if required liaise with the delegation health professional prior to applying compression.
7. Check if the client has concerns with compression bandage wear. See Safety and quality.
8. Position the limb for compression bandaging, using a bolster if available. Apply the compression bandage.

    a. If applying 2-layer compression therapy

        i. Select the underwrap layer bandage (package labelled 1). Apply the bandage following the manufacturer's guide, including using enough tension to conform to the shape of the leg with minimal overlap.

        ii. Select the outer compression bandage (package labelled 2). Apply the bandage following the manufacturer's guide.

    b. If applying short stretch (inelastic) compression bandage

        i. Confirm the correct size and number of short stretch (inelastic) compression bandages are available.

        ii. Measure and cut the tubular stockinette underlay to cover the foot and leg to the knee. Use the donning aid to fit the tubular stockinette underlay.

        iii. Check the foot is positioned in full dorsiflexion (90°). Reposition if required.

        iv. Apply the underwrap padded bandage, using circumferential layers, with minimal overlap. Commence at the toes and continue to 2cm below the popliteal crease.

        v. If the delegation instruction includes the application of foam, measure and cut the foam to the required size, applying to the requested bony prominence/s. Hold the foam in place using a finger during step vi.

        vi. Facing the rolled-up bandage outwards, place on the 5th metatarsal head / lateral foot. Pull the bandage to full stretch / maximum tension and cover the dorsum of the foot. Using the manufacturer's instructions, continue to circumferentially wrap the foot and lower limb towards the knee, overlapping the bandage as per the delegation instruction e.g. 50-70%. Guage the amount of overlap to finish the application 2cm below the popliteal crease, maintaining the tension throughout.

vii. Secure the end of the bandage with fixation tape.

viii. Turn the tubular stockinette underlay over to cover the bandage edges proximally and distally.

ix. Measure and cut the tubular stockinette to cover the bandaged foot and lower leg. Use the donning aid to overlay the bandages with the tubular stockinette.

9. Ask the client to stand up and take a short walk to confirm fit and comfort of bandaging. Adjust if required.
10. Provide education to the client for bandage removal including if they have new or worsening neurological or pain symptoms that do not resolve after 15 minutes of walking. Education should also include information on the local process for the re-application of the compression bandaging and reinforcement of other strategies to reduce oedema e.g. rest with legs elevated.
11. If bandaging was not provided using remote monitoring, contact the delegating health professional to inspect the compression bandage application.

- During the task:
  - provide feedback and correct errors in the performance of the task including:
    - if the client reports pain, discomfort or other symptoms due to their position (e.g. supine on plinth), pause the task and support adjustment to the position for comfort e.g. place a pillow behind the back, adjust the backrest angle. If unable to resume the task contact the delegating health professional.
    - some compression bandage products may include an indicator for tensioning. Follow the manufacturer's guidance for use.
    - creases during bandaging should be avoided as these create areas of pressure. If noted, unwrap the layer to the level of the crease and reapply. If creases cannot be avoided contact the delegating health professional.
    - if applying 3M™ Coban™
      - comfort layer (bandage 1) the foam side needs to be against the skin as an underlay and is coloured white.
      - 2nd layer Compression is designed to be applied at full stretch and will appear smooth and flat. If appearing crinkled and textured, increase tension. If creases persist, cut the bandage and cross over segments, pressing into place.
    - if applying Jobst® Compri2 outer layer tension indicators change from an oval to a circle indicating when correct tension is applied. Excessive stretch will be indicated by an oval shape reappearing.
    - for short stretch bandages:
      - if the tubular bandage underlay appears to be bunching, check the sizing is correct and re-adjust and smoothen. If bunching continues, contact the delegating health professional.
      - if the wool underlay is tearing or breaking, reduce tension during application. If appearing bulky or bunched, gently stretch the underlay.
      - if having difficulty maintaining the foam position during bandaging, consider requesting assistance e.g. client, carer or another health professional.
      - these are not designed to be cut. Re-adjust the bandage overlap to remain within the delegated % overlap range and finish at 2cm below the popliteal crease. If excess bandage remains at the popliteal crease height, continue to wrap the bandage with reduced / minimal tension.
      - for larger limbs a 2nd bandage will be required. Cover the end of the first bandage and continue application.

        - if a donning aid is unavailable to support tubular bandage overlay application, seek support from the delegating health professional.
    - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
    - encourage feedback from the client on the task.
    - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
    - the limb (left or right)
    - observations (e.g. skin, wound size)
    - circumferential measurements collected including any variation to baseline measurements and actions taken
    - the type and size of compression bandage applied, including the number of bandages if relevant
    - information provided, including resource used.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.
- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare.

Assessment: performance criteria checklist

D-FC10: Support compression bandaging – foot ulcer

Name: **Position:** **Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	*Date and initials of supervising AHP*	*Date and initials of supervising AHP*
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collecting required equipment and accessing baseline circumferential measurements.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Removes compression bandages if insitu, disposing appropriately. c) Removes wound dressings and observes the ulcer for signs of healing and skin for any new signs of injury or infection. d) Cleans the limb for hygiene. e) Accesses wound dressings and ensures timely application. f) Circumferentially measures and records lower limb measurements, comparing to baseline for variation. g) Checks and discusses any concerns with client for compression bandage wear. h) Positions the limb for compression bandaging. i) Applies compression bandage as per the manufacturer's instructions and the delegation instruction. j) If required for short stretch (inelastic) compression bandage correctly measures, cuts and applies foam to bony prominences. k) During the compression bandaging process regularly checks tension is correct and creases are minimised. l) Checks fit and comfort of bandaging during walking, makes adjustments as required. m) Educates the client using local resources.			

n) Contacts the delegating health professional to check application if monitoring occurred indirectly. o) During the task, maintains a safe clinical environment and manages risks appropriately. p) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Notes on the local service model:

The allied health assistant has been trained and assessed as competent to deliver the task for the following compression bandages:

2 layer compression system
□ 3M™ Coban™
□ Jobst® Compri2
□ Other _____

Short stretch (inelastic) compression
□ Comprilan®
□ Lymphlex® TLC
□ Other _____

□ including the use of measuring and fitting of foam for bony prominence protection at the following sites
_____

□ including the following resources to support client education (List)

Comments:

Record of assessment competence:

Assessor name:		Assessor position:		Competence achieved:	/ /

Scheduled review:

Review date:	/ /	

Support compression bandaging – foot ulcer: Learning resource

Required reading

- Lymphoedema Framework. Best Practice for the Management of Lymphoedema. International consensus. London: MEP Ltd (2006). Pages 17-37. Available at: https://www.lympho.org/uploads/files/files/Best_practice.pdf
- International Lymphoedema Framework (n.d.). Position document. Best practice for the management of lymphoedema – 2nd Edition. Compression therapy: A position document on compression bandaging. Available at: https://www.lympho.org/uploads/files/files/Compression-bandaging-final.pdf
  - p34. The therapeutic objective of bandaging within a lymphoedema strategy & Optimal level of pressure in lymphoeodema compression bandaging
  - p36. Characteristics of lymphoedema compression bandaging & Adapting LCB
  - p37. The use of elastic bandages, Frequency of bandage change & Using bandaging in lymphoedema management
  - p41. Figure7 & 8 Padding
  - p42. Figure 11 a-e Bandaging the lower leg and application of underpadding. Figure 12 a-f Spiral bandaging of the thigh with inelastic bandage
  - p43. Figure 13 Padding skin folds
  - p44. Figure 15 a-b Applying foam underpadding.
- Manufacturers information and instructions for the compression bandage used in the service and in the planned scope for the allied health assistant. For example:
  - 3M (2019). 3M™ Coban™ 2 layer compression therapy. Application and removal poster. Available at: https://multimedia.3m.com/mws/media/909089O/3m-coban-2-application-and-removal-poster.pdf
  - Essity (n.d) Jobst® Compri2 Application technique and video. Available at: https://www.jobst.com.au/professionals/product-resources/instructions-for-use
  - Jobst® Compression: Compression bandages. P170 Comprilan® and Comprilan® S Lower Limb Application techniques. Available at: https://medical-images.essity.com/images-c5/738/562738/original/s5-compression-bandages-v1b.pdf
  - Sentry Medical (n.d.) Lymphlex® Short stretch (inelastic) compression bandage. Instructions for use. Available at: https://www.sentrymedical.com.au/wp-content/uploads/2024/01/IFU-LOR-Lymphlex-Bandage-REV1.pdf

Example client handout (Queensland Health staff only)

- Queensland Health: Cairns Base Hospital (2015). Occupational therapy department. Venous insufficiency. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0037/597880/ot_venous_insuff.pdf
- Queensland Health: Darling Downs Hospital and Health Service (2020). Lower limb compression bandages for reducing oedema – fact sheet. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0035/2548277/fact-4971.pdf

Required viewing

For each compression bandage used in the service and in the planned scope for the allied health assistant.

- Essity Health and Medical USA (2017). Jobst® Compri2 2-Layer Bandaging System. Available at: https://www.youtube.com/watch?v=egKQt2LXND4
- Jobst (2016). Comprilan® Short Stretch Compression Bandage Application Technique. Available at: https://www.youtube.com/watch?v=El9aqsQH3Ek
- Health Products for You (2023). Why Choose 3M Coban Two Layer Lite Compression System? Available at: https://www.youtube.com/watch?v=kmcQPE3VLRc