

SBH SCHOOL TIPS

PRESSURE CARE

Pressure Injuries are areas of damage to the skin and the underlying tissue caused by constant pressure or friction. This type of skin damage can develop quickly in anyone with reduced mobility, such as kids with neurologic conditions or those who mobilise primarily using a wheelchair.

The skin over bony areas such as the heels, elbows, the back of the head and the tailbone (coccyx) is, particularly at risk. The lack of enough blood flow can cause the affected tissue to die if left untreated. Pressure Injuries can be difficult to treat and can lead to severe complications. Therefore, the best approach to this is prevention.

Teachers and teacher aids can help with that prevention by reminding students with reduced mobility to complete their pressure care regime at school.

Each student will have a different pressure care regime, depending on their age, skin condition, pressure injury risk, weight and overall health. The best way to learn about a particular student pressure risk is to consult with the allied health team supporting that student. SBH Occupational Therapists can help you gain that information and implement a student pressure care routine into their school day.

Pressure Injury and their impacts on education

What is a pressure injury?

A pressure injury or a pressure ulcer is a sore, an area of skin that has been damaged due to unrelieved and prolonged pressure. They are also known as pressure sores, pressure ulcers or bed sores. When people are in the same positioning for long periods, the areas of their skin directly in contact with the chair will start to discolour, which shows that the skin is in danger of ulcerating.

Stages of pressure injuries

Pressure injuries can be grouped into 4 stages, depending on how deep the wound is.

- Grade 1: Skin discolouration, usually red, blue, purple or black
- Grade 2: Some skin loss or damage involving the top-most skin layers
- Grade 3: Necrosis (death) or damage to the skin patch, limited to the skin layers
- Grade 4: Necrosis (death) or damage to the skin patch and underlying structures, such as tendon, joint or bone.

Complications that can arise from pressure injuries

Untreated pressure injuries can lead to a series of complications, including:

- Sepsis (bacteria entering the bloodstream)
- Cellulitis (Inflammation of body tissue, causing swelling and redness)
- Bone and joint infection
- Abscess (a collection of pus)

Those conditions can lead to long term hospitalisations, which can then impact a student's attendance to school.

Preventing pressure injuries at school

- Repositioning
- Continence care
- Looking after orthotics
- Careful with hot days

Preventing Pressure Injuries at school

Repositioning: Students who mobilise using a wheelchair are likely to have reduced sensation on their lower bodies. Therefore, for optimal skin health, it is essential that they are repositioning during their school day to allow for increased blood flow. Some ideas to improve positioning for pressure care are:

- Moving from the wheelchair into a school chair might be a great way to reposition while increasing peer interaction and participation.
- Improving seating posture: watch for students sitting in a slumped position. Ask them to sit with their back supported by the backrest, with their feet supported by the footrest, so their knees are in line with their hips.
- Bottom lifts: When sitting down, students can lift their bottom up from the chair for 15 seconds to relieve pressure in their bottom. This can be done a few times an hour. An excellent integrative strategy includes including bottom lifts as part of the whole class move break.



Please note: Some students might need to use a pressure-relieving cushion underneath their bottoms if they must sit on a school chair. Always chat with the occupational therapist before changing their seating surface.

Continence Care: Students that require support with their continence, such as pad changes and catheterisation, likely have an increased risk of pressure injuries. At school, it is vital that:

- Students are not left on wet or dirty pads for long – moisture is a big villain for pressure injuries, as wet skin is less resistant to impacts or other injuries
- Students complete their toileting routine as the family and allied health team instructed.

Looking after orthotics: Students who use orthotics, such as AFOs, need to take special precautions to ensure their feet and legs are kept safe during school hours.

- Sand Pit: If a sandpit is available at your school, ensure that students with AFO have their feet adequately cleaned after playing. This includes the removal of the AFOs, socks and shoes. All sand must be removed from the student skin, and skin must be dry before going back into AFOs. A good idea is to change into a clean sock.
- Hot days: On hot days, students might have increased sweat on their legs and feet. Ensure students socks are dry at all times.

Hot Days: Students with reduced sensation are more likely to experience skin burns on hot days.

- Playground: Students in wheelchairs can play with their peers if their mobility allows them to be out of their chair; however, it is essential to ensure that play surfaces (floor, climbing toys and others) are not exposed to constant sun. These students will not be able to feel burns, so ensure a skin check is completed after play
- Lunchtime: Like the playground, lunch areas might be exposed to the sun. Students with reduced sensation must be reminded not to sit on areas that might be hot. Instead, remind them to use their hands to check the temperature of a surface before seating.

