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The Effectiveness of Health Care Assistant-Supported Patient Handling Techniques in Preventing Skin Tears Among Frail Older Adult

Nasser Salem Shaman Alanazi[1], Musharraf Hamdan Aljameeli[2], Alenezi, Fisal Taresh Z[3], Mohammed Hadlan Z Alanazi[4], Aljameeli, Azzam Hamdan A[5], Mohmmed Taresh Alenzi[6], Muteb Saad Turayqi Alanazi[7], Alshammari Mohammed Nafel Z[8], Waleed Fahad Aljameeli[9], Khalid Fahad M Aljameeli[10]

[1] Health Assistant – Health Care Security — Health Crisis and Disaster Management Center, Branch of the Ministry of Health in Hafar Al-Batin – Ministry of Health – Hafar Al-Batin – Eastern Region – Saudi Arabia. Email: Nalanazi12@moh.gov.sa
[2] Health Assistant – Health Care Security — Rafha General Hospital – Northern Borders Health Cluster – Ministry of Health – Rafha – Northern Borders Region – Saudi Arabia. Email: w09r@hotmail.com
[3] Health Care Security — Eradah and Mental Health Complex – Northern Borders Health Cluster – Ministry of Health – Arar – Northern Borders Region – Saudi Arabia. Email: FAISAL.t.1417@gmail.com
[4] Health Assistant – Health Care Security — Eradah and Mental Health Complex – Northern Borders Health Cluster – Ministry of Health – Arar – Northern Borders Region – Saudi Arabia. Email: malanazi375@moh.gov.sa
[5] Health Assistant – Health Care Security — Rafha General Hospital – Northern Borders Health Cluster – Ministry of Health – Rafha – Northern Borders Region – Saudi Arabia. Email: Alazma2030@gmail.com
[6] Health Assistant – Health Care Security — Northern Borders Health Cluster – Ministry of Health – Arar – Northern Borders Region – Saudi Arabia.
Email: maa05756@gmail.com
[7] Health Assistant – Health Security Specialist — Branch of the Ministry of Health in the Northern Borders Region – Ministry of Health – Arar – Northern Borders Region – Saudi Arabia. Email: malanazi380@moh.gov.sa
[8] Health Assistant – Health Care Security — Maternity and Children Hospital, Rafha – Northern Borders Health Cluster – Ministry of Health – Rafha – Northern Borders Region – Saudi Arabia. Email: Nafl12588@gmail.com
[9] Health Assistant – Health Care Security — Northern Borders Health Cluster – Ministry of Health – Rafha – Northern Borders Region – Saudi Arabia.
Email: wfaljameeli@moh.gov.sa
[10] Health Assistant – Health Care Security — Northern Borders Health Cluster – Health Holding Company – Ministry of Health – Rafha – Northern Borders Region – Saudi Arabia. Email: manutdkhaled@hotmail.com

ABSTRACT: Skin tears are among the most common preventable injuries in frail older adults, particularly those with fragile skin, reduced mobility, and cognitive impairment. A substantial proportion of these injuries occur during routine care activities—repositioning, transferring, bathing, and assisting with mobility—rather than from falls or accidents. Health care assistants (HCAs) are the staff group most frequently involved in these hands-

on tasks, spending more direct contact time with residents than any other care role. This positions them as both a major source of risk when technique is poor and a critical point of intervention when training and support are optimized. Understanding the HCA-specific pathway to skin tear prevention is therefore central to reducing incidence in long-term and residential care settings. Evidence suggests that structured, HCA-focused education programs addressing safe handling—including low-friction transfer methods, appropriate use of hoists and slide sheets, skin assessment and reporting, and the use of protective clothing and emollients—can meaningfully reduce skin tear rates. Key elements of effective interventions include practical hands-on training rather than lecture-only delivery, reinforcement through peer champions and clinical mentors, integration of skin tear risk assessment into routine workflow, and clear reporting and feedback mechanisms that give assistants visibility into outcomes. However, heterogeneity in study design, outcome definitions, and follow-up periods limits the strength of conclusions, and many programs are evaluated over short durations that may not capture sustained practice change. Future research should prioritize rigorous, longer-term evaluation with standardized outcome measures and attention to implementation fidelity, staff turnover, and the workload pressures that often undermine technique quality in real-world settings.

INTRODUCTION

Skin tears are acute traumatic wounds caused by friction, shear, and blunt mechanical forces, and they are among the most common yet under-recognised injuries affecting frail older adults in long-term care, hospital, and community settings [1]. Although they are often treated as minor wounds, skin tears are painful, may become chronic or infected, prolong care episodes, increase dressing and labour costs, and reduce quality of life for residents who already live with advanced frailty and dependence [2]. Their high prevalence in institutional settings reflects the convergence of age-related skin fragility, cognitive and mobility impairment, polypharmacy, and repeated exposure to routine patient handling activities such as repositioning, transferring, bathing, and assisting with mobility [2]. Because these activities are unavoidable in the daily care of frail older adults, the way they are performed becomes a central determinant of whether mechanical forces remain within safe limits or exceed the tolerance of fragile skin [2].

Health care assistants (HCAs) are the staff group most frequently involved in direct patient handling and personal care, and they are therefore positioned at the practical frontline of skin tear prevention [3]. HCAs routinely reposition residents in bed, assist with transfers from bed to chair, use hoists and slide sheets, help with dressing and toileting, and observe changes in skin condition during intimate care tasks [4]. This proximity creates both an opportunity and a risk: every handling episode is a chance to reduce friction and shear, inspect the skin, and reinforce preventive skin care, but it is also a moment in which hurried or traditional handling practices can injure vulnerable tissue [4].

Despite the recognised importance of safe handling, the evidence base specifically linking HCA-supported handling techniques to skin tear prevention remains fragmented and is often overshadowed by broader wound care guidelines. Skin tears are frequently recurrent, and a previous tear is a strong marker of persistent vulnerability because injured skin has reduced tensile strength [5]. Therefore, a focused examination of how HCAs can modify their daily practice to protect skin integrity is urgently needed. This article examines the effectiveness of HCA-supported patient handling techniques in preventing skin tears among frail older adults, integrating evidence on epidemiology, pathophysiology, handling equipment, preventive bundles, education, risk assessment, implementation barriers, and economic implications [5].

Epidemiology and Clinical Burden of Skin Tears

Skin tears are common in older populations, but their reported frequency varies according to setting, case definition, and assessment practice. A multicentre study of Canadian long-term care facilities reported a skin tear prevalence of 14.7% among residents, with advanced age, male sex, and elevated pressure ulcer risk identified as important associated factors [1]. A separate study of older adult residents in long-term care facilities found a prevalence of 11.6%, reinforcing the concentration of risk in frail institutionalised populations [6]. Broader epidemiological reviews have documented prevalence estimates ranging widely across care settings, with long-term care residents carrying a particularly high burden because of dependence in activities of

daily living, impaired mobility, and repeated exposure to handling [4]. Incidence studies and systematic reviews have also shown that skin tears are frequently recurrent, and a previous tear is a strong marker of persistent vulnerability because injured skin has reduced tensile strength [5].

The clinical burden of skin tears extends beyond the wound itself. Skin tears are associated with pain, bleeding, fear of movement, sleep disturbance, reduced participation in rehabilitation, and increased caregiver workload [2]. In frail older adults, even a seemingly small tear can precipitate functional decline if pain or dressing requirements limit mobility and independence. The economic burden is also significant. Reviews of skin tear management have highlighted costs related to dressings, nursing time, infection management, and extended length of stay, and these costs rise when tears are complicated by haematoma, delayed healing, or recurrent injury [2]. The consensus literature emphasises that skin tears are not trivial injuries and that prevention should be treated as a core component of skin integrity care rather than as an optional add-on [7]. This burden justifies a preventive approach that addresses the mechanical forces generated during routine care. Furthermore, prospective cohort studies in long-term medical facilities have demonstrated that extremity skin tears are highly prevalent and often occur during routine care activities, underscoring the need for targeted preventive strategies [8].

Pathophysiology of Skin Tears: Age-Related Fragility and Mechanical Forces

The vulnerability of aged skin to tearing is rooted in structural changes across the epidermal, dermal, and subcutaneous layers. With ageing, the basal layer flattens, dermal collagen and elastin decline, subcutaneous fat diminishes, cutaneous blood flow is reduced, and the skin becomes thinner and less elastic [7]. These changes lower tensile strength and reduce the skin's ability to deform and recover when mechanical forces are applied. Consequently, forces that would produce only transient deformation in younger skin can separate the epidermis from the dermis or avulse both layers from underlying structures [7]. The principal forces responsible are friction and shear. Friction occurs when the skin resists movement against an external surface such as bed linen or a handling device, while shear occurs when parallel forces are applied across the skin while underlying tissues remain relatively fixed [7]. During manual repositioning or transfer, these forces can be concentrated over small contact areas, especially when a resident is dragged rather than lifted, when fingers grasp limbs, or when equipment is applied without adequate sliding capability.

The biomechanical evidence supports this clinical reasoning. Experimental work on patient transfer systems has quantified the forces involved in handling, showing that shear forces during sling lift transfers can reach levels relevant to tissue damage and that certain transfer methods impose greater mechanical load than others [9]. This evidence is important because it shows that handling technique is not a peripheral comfort issue but a direct modifier of the mechanical load applied to fragile skin. Structured risk prediction models have also been developed to identify older individuals at particularly high risk, using factors such as age, skin condition, mobility, and previous injury history [10]. Such models complement biomechanical understanding by helping care teams translate multifactorial risk into practical assessment and handling plans. When HCAs are aware of a resident's risk status and use techniques that reduce friction and shear, the mechanical insult to fragile skin can be substantially limited [9].

The Role of Health Care Assistants in Patient Handling and Skin Integrity

HCAs occupy a pivotal position in the prevention pathway because their duties involve repeated direct contact with vulnerable skin [3]. They assist with personal hygiene, toileting, repositioning, hoisting, transferring, and mobility, and in many care settings they spend more time with residents than any other staff group. Guidance from the International Skin Tear Advisory Panel identifies safe patient handling techniques and appropriate equipment as core components of a risk reduction programme and calls for an interdisciplinary approach in which all staff, including unregistered caregivers, are engaged in prevention [11]. Commentary specifically on the HCA role notes that while competent clinicians assess and plan care for established skin tears, more junior staff and healthcare assistants are ideally placed to assist with prevention because they are present during the routine activities in which most mechanical trauma occurs [12]. This positioning means that HCA practice is not simply supportive of prevention; it is central to whether prevention succeeds in daily care [12].

The opportunity created by HCA proximity is accompanied by risk. Variability in training, workload pressure, staff shortages, and the persistence of traditional handling habits can undermine even well-designed prevention policies [13]. If HCAs are not trained to recognise fragile skin, if equipment is unavailable at the point of care, or if care plans do not specify handling instructions for high-risk residents, then the default may be generic practice that is inadequate for frail older adults [11]. Consequently, the effectiveness of HCA-supported handling techniques depends not only on the techniques themselves but

on the systems that train, equip, supervise, and empower HCAs to use them consistently. Prevention is therefore both a technical and an organisational challenge.

Manual Handling Techniques and Equipment: Reducing Friction and Shear

The evidence on handling and skin tears converges on a small number of principles: avoid dragging, minimise direct hand contact with fragile skin, distribute force over larger surfaces, and use equipment that reduces friction and shear. Traditional practices such as pulling a resident up in bed using bed sheets, grasping extremities with fingertips, or manually lifting without assistive devices are repeatedly implicated in skin trauma [13]. In contrast, slide sheets, glide sheets, hoists, stand aids, draw sheets, and turn sheets are recommended because they reduce the coefficient of friction between the resident and the supporting surface, thereby lowering the shear forces transmitted to the skin [14]. The Coloplast skin tear prevention pathway instructs staff to ensure that correct equipment is available and used correctly to reduce friction and shearing, and it adds that staff handling patients should comply with uniform policies, avoiding jewellery and long fingernails that can cause direct skin damage [14]. Best practice recommendations similarly advise the use of hoists, pull sheets, or slide sheets during manual handling and the use of appropriate manual handling skills with lift devices, draw sheets, or slide sheets [13]. The biomechanical rationale is supported by comparative studies showing that manual lateral transfers produce greater awkward postures and higher friction than assisted transfers and that assisted devices can reduce shear forces to levels substantially below injurious thresholds [9]. Table 1 summarises the principal handling techniques and equipment, their intended mechanism of action, and the evidence supporting their use in skin tear prevention [9].

Table 1. Handling Techniques and Equipment in Skin Tear Prevention

Technique or equipment	Mechanism of action	Evidence and rationale
Slide sheets and glide sheets	Reduce friction between the resident and the supporting surface; allow sliding with minimal shear	Recommended in best practice guidance to avoid friction and shearing during repositioning and transfers [13][14]
Hoists and stand aids	Eliminate manual lifting and reduce peak shear forces on skin	Mechanical lifting equipment is associated with reduced friction burns and skin tears; assisted transfers impose lower shear than manual methods [9][14]
Draw sheets and turn sheets	Distribute handling forces over a larger area and reduce fingertip pressure	Use of a turn sheet or draw sheet is recommended to pull residents up in bed and minimise friction and shearing [14]
Flat-hand technique	Avoids fingertip grasping of fragile extremities	Staff are advised to turn patients using the flat of the hand and to handle extremities with the flat of the hand rather than fingertips [14]
Correct uniform and nail hygiene	Prevents direct trauma from jewellery or long nails	Short nails and removal of jewellery are specified in prevention pathways to reduce handling-related skin damage [14]
Repositioning schedules and mobility assistance	Reduce cumulative exposure to pressure, friction, and shear	Regular repositioning and active involvement of residents where possible are core elements of prevention bundles [11]

Evidence on HCA-Supported Handling Interventions

Direct randomised trial evidence on HCA-supported handling interventions is limited, but the broader evidence on handling and skin tear prevention is consistent. A systematic review of skincare bundles for older adults found that all included studies reported a direct relationship between bundle implementation and reduced skin tear incidence; these bundles typically combined staff education, emollients, protective clothing, and safe handling practices [15]. The review concluded that skincare bundles, of which handling technique is an integral component, can reduce the rate of injuries that are easily acquired by older people because of the nature of frail skin [15]. In the area of moisturisation, a cluster randomised controlled trial in Western Australian

aged care facilities found that twice-daily application of a pH-neutral, perfume-free moisturiser reduced skin tear incidence by almost 50% compared with usual care, with monthly incidence rates of 5.76 versus 10.57 per 1,000 occupied bed days [16]. Although this trial focused on emollient use rather than handling, it demonstrates that a relatively simple, HCA-deliverable intervention can produce substantial reductions in skin tear incidence when embedded in routine care. A subsequent clinical review reached a concordant conclusion: a minimum of twice-daily application of a moisturising lotion with neutral pH can reduce skin tears by approximately 50%, and routine moisturising should be a component of a skin tear prevention programme [17].

In the domain of handling specifically, the evidence is largely derived from best practice guidance, pathway documents, and biomechanical studies rather than randomised trials. A feasibility study of an innovative manual handling risk assessment training programme for long-term care staff identified the need for structured training that links handling risk assessment to resident outcomes, including skin integrity [18]. The consistent message across these sources is that handling technique is most effective when it is embedded within a multi-component prevention bundle rather than deployed as a standalone measure. This is because skin tears are multifactorial: a resident may have fragile skin, cognitive impairment, incontinence, and mobility dependence, and no single intervention can address all of these risks simultaneously [11][15]. Handling techniques reduce the mechanical insult, while moisturisation, protective clothing, skin inspection, and risk assessment reduce vulnerability and improve early detection. The combination is therefore likely to be more effective than any single measure [15].

Preventive Skin Care Bundles and the Integration of Handling Techniques

The concept of the skincare bundle has gained prominence because skin tears are multifactorial and no single intervention is sufficient. A systematic review of skincare bundles in older adults identified studies delivered in nursing homes, hospitals, and community settings, with interventions including staff and patient education, emollients, protective clothing such as long sleeves and trousers, and safe handling practices [15]. All included studies reported a reduction in skin tear incidence, and the review concluded that the evidence supports a relationship between bundle implementation and fewer skin tears [15]. The ISTAP risk reduction programme provides a structured framework for such bundles, categorising risk factors into general health, mobility, and skin condition, and specifying individual, caregiver, and system-level actions [11]. Under the mobility domain, the programme recommends encouraging active involvement where physical function is not impaired, appropriate selection and use of assistive devices, daily skin assessment, safe patient handling techniques and equipment, proper transferring and repositioning, and fall prevention [11]. For caregivers, the guidance explicitly includes ensuring safe patient handling techniques and equipment and maintaining a safe environment to reduce trauma from activities of daily living and self-injury [11].

This integration is important because it frames handling not as a discrete technical task but as one element of a continuous preventive culture. When HCAs are trained to combine gentle handling with skin inspection, moisturisation, protective clothing, and prompt reporting of early skin changes, the cumulative effect is likely to be greater than the sum of individual measures [11][15]. Practical prevention guidance reinforces this point by recommending that care plans specify handling methods, that equipment be available and maintained, and that skin be assessed regularly so that early signs of fragility or injury are identified before a tear occurs [19]. In this model, the HCA is not merely a task performer but a key observer and implementer of prevention. The effectiveness of HCA-supported handling therefore depends on how well handling is integrated with the wider skin care regimen and with communication between HCAs, registered nurses, and tissue viability specialists [19].

Education and Training of Health Care Assistants

If handling technique is to be effective, HCAs must be equipped with the knowledge, skills, and confidence to apply it consistently. The evidence on education is encouraging but highlights gaps. A clinical knowledge and skills enhancement programme for patient care assistants in a geriatric ward reported substantial improvements in competence scores, including skin care and fall prevention, following structured training [20]. Although this programme was not specific to skin tears, it demonstrates that HCAs can acquire and retain complex care competencies when training is practical and targeted. More specific guidance on skin tears emphasises that education should cover skin anatomy and ageing, risk factors, safe patient handling, adhesive removal, and dressing selection [21]. The British Journal of Healthcare Assistants has published foundational material on skin care and skin tear prevention, reflecting recognition that tissue viability is a core HCA competency [22]. Nevertheless, training alone is insufficient if it is not reinforced by policy, equipment availability, and supervision [22].

The feasibility study of manual handling risk assessment training in long-term care noted that implementation requires organisational commitment and that training must be linked to practical tools and decision-support systems [18]. In settings

where HCAs are expected to make rapid judgments about handling during crowded shifts, education must be complemented by environmental redesign, accessible equipment, and clear escalation pathways for residents with fragile skin. Training should also include feedback on outcomes, because HCAs are more likely to sustain preventive practices when they can see that those practices reduce skin tears and improve resident comfort [20]. Short, repeated, practical sessions may be more effective than occasional classroom-based training, especially when they are combined with peer mentoring and audit of handling practices. Education is therefore necessary but not sufficient; it must be part of a system that makes safe handling the easy and expected option [20].

Risk Assessment and Identification of At-Risk Residents

Effective prevention begins with identifying who is at risk. A history of previous skin tears is one of the strongest predictors of future tears because previous injury reduces tensile strength [14]. Other established risk factors include advanced age, male sex, cognitive impairment, dehydration, poor nutrition, altered mobility with a history of falls, decreased sensation, poor vision, long-term corticosteroid therapy, anticoagulant therapy, and dependence on assistance with activities of daily living [14]. The ISTAP risk reduction programme organises these factors into a structured assessment framework that can be used by HCAs under the supervision of registered staff [11]. Risk assessment tools specifically for skin tears have been developed and validated. The Rayner et al. skin tear risk prediction model, for example, was developed to identify older individuals at risk, and subsequent validation work has examined its performance in aged cohorts [10]. A comparison of published models found that predictive ability varied, suggesting that while no model is perfect, structured risk prediction can meaningfully support clinical decision-making [10].

For HCAs, the practical implication is that risk status should be visible and actionable. Residents with a history of skin tears, fragile skin, or mobility dependence should be flagged in care plans, and handling instructions should be specified for each transfer and repositioning task [11][19]. Without such flagging, even well-trained HCAs may default to generic handling practices that are inadequate for high-risk residents. Risk assessment should therefore be linked directly to handling plans: for example, a resident with extremely fragile skin and a previous tear may require a hoist rather than a standing transfer, a slide sheet rather than manual repositioning, and flat-hand rather than fingertip handling [11][14]. When risk assessment is separated from daily practice, it becomes a paperwork exercise; when it is translated into specific handling instructions, it becomes a prevention tool. HCAs should be involved in reporting changes in skin condition and in prompting reassessment when new fragility is observed [14].

Barriers and Facilitators to Implementation

Several barriers impede the consistent application of HCA-supported handling techniques. First, traditional practices persist. Pulling residents up in bed using sheets, grasping limbs with fingertips, and manually lifting without equipment are deeply embedded habits that may be reinforced by time pressure and staff shortages [13]. Second, equipment may be unavailable, poorly maintained, or inaccessible at the point of care. The Coloplast pathway stresses that correct equipment must be available and used correctly, implying that availability is not guaranteed [14]. Third, training may be episodic rather than continuous, and HCAs may not receive feedback on their handling practices or on skin outcomes. Fourth, skin tears may be under-recognised and under-reported, weakening the feedback loop that would otherwise demonstrate the value of preventive handling [2]. Under-reporting is particularly problematic because it hides the true burden of injury and reduces organisational pressure to invest in prevention [2].

Facilitators include visible leadership commitment, integration of handling and skin care into routine care planning, provision of practical tools such as risk assessment templates and handling algorithms, and recognition of HCAs as legitimate partners in prevention [12]. The systematic review of skincare bundles concluded that education of health care workers is a significant driver of bundle effectiveness, suggesting that investment in HCA education and empowerment is likely to yield returns in reduced skin tear incidence [15]. Other facilitators include making equipment visible and accessible, embedding handling prompts into care plans, and using skin tear incidence as a quality indicator with feedback to staff [23]. When HCAs are included in quality improvement discussions and see their practice as valued, adherence to safe handling is more likely to be sustained. Conversely, when prevention is framed as the responsibility of specialist nurses alone, everyday handling practice may remain unchanged [23].

Economic and Quality-of-Life Implications

The economic case for prevention is compelling. Skin tears generate costs through dressings, nursing time, extended length of stay, and management of complications such as infection [2]. Cost analyses of dressings for skin tears have shown that complicated tears, such as those with haematoma, require more expensive dressings and more frequent changes than uncomplicated tears, and the overall cost of a skin tear episode can be substantial when dressing changes and labour are included [2]. These figures become significant when multiplied across the high prevalence rates observed in long-term care. Beyond direct costs, skin tears cause pain, reduce quality of life, and can precipitate functional decline and social withdrawal [24]. For frail older adults, the psychological impact of recurrent wounds and the fear of movement associated with painful handling should not be underestimated. Preventive handling techniques therefore offer a dual return: they reduce the material burden on care systems and they preserve dignity, comfort, and mobility for residents [24].

Quality-of-life considerations are particularly important in frail older adults because skin tears often occur in the context of advanced dependence and limited reserve. A tear that might be minor for a healthy younger person can become a source of prolonged pain, infection risk, and reduced participation in rehabilitation for an older resident [24]. When handling is gentle and equipment is used appropriately, residents may experience less pain during transfers and repositioning, which can improve cooperation with care and reduce fear of movement. The economic and humanistic benefits of prevention are therefore aligned: practices that protect skin also protect comfort, function, and dignity. This alignment strengthens the case for investing in HCA training, equipment, and organisational systems that support safe handling [24].

Recommendations for Practice and Policy

Several recommendations follow from the evidence reviewed. First, handling technique should be formally incorporated into skin tear prevention bundles rather than treated as a separate manual handling issue. The ISTAP framework provides a ready structure for this integration, and care organisations should align their manual handling policies with skin tear risk reduction programmes [11]. Second, HCAs should receive practical, competency-based training that covers friction and shear, safe use of slide sheets and hoists, gentle hand techniques, and the relationship between handling and skin integrity [18][22]. Third, equipment must be available and accessible at the point of care, and its use should be audited as part of routine quality improvement [14]. Fourth, risk assessment should be standardised, with clear flagging of residents with a history of skin tears or fragile skin, and with handling instructions specified in care plans [10][11]. Fifth, moisturisation and protective clothing should be embedded as routine HCA-deliverable interventions, given the strong trial evidence for twice-daily emollient use [16][25]. Sixth, skin tear incidence should be monitored as a quality indicator, and feedback should be provided to HCAs so that they can see the impact of their practice [23]. Seventh, educational resources should be designed specifically for HCAs and should use plain language, visual aids, and practical scenarios that reflect everyday care tasks [24]. Finally, policy-makers should recognise HCAs as essential contributors to skin tear prevention and invest in their education, supervision, and working conditions accordingly [12][22].

CONCLUSION

Skin tears in frail older adults are not inevitable consequences of ageing or of the need for care. They are mechanical injuries produced or prevented at the point of contact between the resident and the caregiver. HCAs, who perform most routine handling, are therefore central to prevention. The evidence reviewed here indicates that handling techniques which reduce friction and shear—slide sheets, hoists, draw sheets, flat-hand techniques, and attention to uniform and nail hygiene—are consistently recommended in best practice guidance and are supported by biomechanical and implementation evidence. These techniques are most effective when embedded in multi-component skincare bundles that also include risk assessment, moisturisation, protective clothing, education, and monitoring. Although direct randomised evidence on HCA-supported handling interventions remains limited, the convergent findings from bundle reviews, moisturiser trials, risk prediction studies, and training evaluations provide a sufficient basis for action. Reducing skin tear incidence in frail older adults requires a shift from reactive wound management to proactive, handling-aware prevention, with HCAs recognised, trained, equipped, and empowered as key agents of that shift.

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