

## Generic Skin Care Questionnaire and Assessment

This questionnaire is to be completed in conjunction with a visual assessment of the healthcare worker's hands by the infection control practitioner, staff health nurse or hand hygiene program coordinator. Where possible the assessment should be completed after at least 1-2 days at work not immediately after days off.

Name:		Date initial visit:	
Employee No.:		Occupation:	
Work Phone: Mobile:		Number of days last worked consecutively:	
Email:			
Ward/Dept:		Campus:	

<b>Skin Assessment</b>				
Please organise photographs of both hands and all surfaces (include "close ups" of inflamed areas). Repeat if condition worsens. Photographs must be dated and signed.				
<b>Redness</b> Please circle most appropriate	<b>0</b> no redness	<b>1</b> small area of redness limited to sensitive areas i.e. around cuticles	<b>2</b> moderate redness to include the cuticles and knuckles	<b>3</b> severe redness which includes all areas
<b>Swelling</b> Please circle most appropriate	<b>0</b> no swelling	<b>1</b> mild swelling around cuticles only	<b>2</b> moderate swelling all areas	<b>3</b> severe swelling
<b>Rash</b> Please circle most appropriate	<b>0</b> no rash	<b>1</b> mild rash, a few small eruptions only	<b>2</b> moderate finger and palm area involved	<b>3</b> severe all areas of hands dry and rough to touch
<b>Dryness/cracking</b> Please circle most appropriate	<b>0</b> intact skin	<b>1</b> mild dryness/cracking, around cuticles and knuckles	<b>2</b> moderate finger and palm area involved	<b>3</b> severe involving all areas of hands

<b>Total Score:</b> (refer to flow chart for management):	
Comments:	

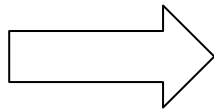
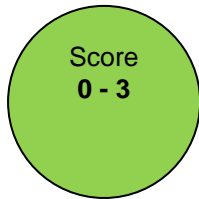
**Review Date:**

### General Questions

1. Have you had skin problems previously?
  - Yes. Please describe:
  - No
2. Can you use all the healthcare supplied hand hygiene products without pain or restrictions?
  - Yes
  - No
  - Unsure
3. Do you experience problems with your hands following the use of alcohol based hand rub (ABHR)?
  - Yes **Go to Q3a**
  - No **Go to Q.4**
  - Unsure
  - a. How soon after the application of ABHR do you experience problems with your hands?  
\_\_\_\_\_
  - b. How you reported this?
    - Yes. To whom? \_\_\_\_\_
    - No
4. Do you experience problems with your hands following the use of soap products?
  - Yes **Go to Q4a**
  - No **Go to Q.5**
  - Unsure
  - a. How soon after the application of soap do you experience problems with your hands?  
\_\_\_\_\_
  - b. How you reported this?
    - Yes. To whom? \_\_\_\_\_
    - No
5. Do you experience problems with your hands following the use of moisturiser?
  - Yes **Go to Q5a**
  - No **Go to Q.6**
  - Unsure
  - a. How soon after the application of moisturiser do you experience problems with your hands?  
\_\_\_\_\_
  - b. How you reported this?
    - Yes. To whom? \_\_\_\_\_
    - No
6. During a shift how many times do you use an ABHR?
  - Never
  - Yes. Indicate an approximate number: \_\_\_\_\_
7. During a shift how many times do you wash your hands?
  - Never **Go to Q.8**
  - Yes. Indicate an approximate number: \_\_\_\_\_
  - a. Do you thoroughly dry your hands with paper towel after each wash?
    - Yes
    - No
    - Sometimes
  - b. Do you wet your hands before applying soap?
    - Yes
    - No
    - Sometimes
8. During a shift do you wear gloves?
  - Yes **Go to Q8a**
  - No **Go to Q.9**
  - Sometimes **Go to Q8a**
  - a. During a shift how often would you wear gloves
    - Rarely
    - Sometimes
    - Frequently
9. During a shift how many times do you use a hospital supplied moisturiser?
  - Never
  - Yes. Indicate an approximate number: \_\_\_\_\_
10. At home how many times do you use an ABHR in a 24hr period?
  - Never
  - Yes. Indicate an approximate number: \_\_\_\_\_
11. At home how many times do you wash your hands in a 24hr period?
  - Never
  - Yes. Indicate an approximate number: \_\_\_\_\_
12. At home do you wear gloves for wet or abrasive tasks e.g. washing up, gardening?
  - Yes **Go to Q12a**
  - No **Go to Q.13**
  - Sometimes **Go to Q12a**
  - a. At home how often would you wear gloves for these tasks
    - Rarely
    - Sometimes
    - Frequently
13. At home how many times do you use a moisturiser in a 24hr period?
  - Never
  - Yes. Indicate an approximate number: \_\_\_\_\_
14. Does your skin condition improve during days off &/or holidays?
  - Yes
  - No
  - Sometimes

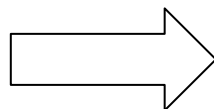
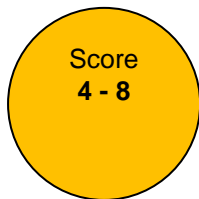
### Flow Chart for Management of HCWs with hand/skin concerns

All HCWs are to notify their immediate manager of any concerns they have with the hospital supplied hand hygiene products. Facilities that have access to a dermatologist should ideally have prior agreement as to the preferred course of action.



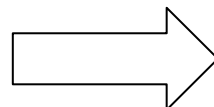
**Action required:**

- Review by ICP/staff health/HH officer
- Photograph hands
- Obtain history
- Educate
- Incident form
- Review 1 month



**Action required:**

- Review by ICP/staff health/HH officer
- Refer DR/Dermatologist
- Photograph hands
- Obtain history
- Educate-persist with ABHR
- No soap & water (unless visibly soiled)
- Increase moisturiser use
- Incident form
- Review 2 weeks



**Action required:**

- Review by ICP/staff health/HH officer
- Refer to DR/Dermatologist
- Photograph hands
- Obtain history
- Incident form
- Report provided by DR/Dermatologist
- Possible reassignment of clinical duties
- Follow up as per DR/Dermatologist
- Return to clinical duties once medically cleared

**ACTION PLAN**

<b>Name:</b>	<b>Date:</b>
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Do not substitute hand hygiene products from the approved hospital supplied products without prior permission.

<b>ACTION</b>	<b>Commencement Date:</b>	<b>Review date</b>	<b>Review date</b>	<b>Review date</b>
Continue work and monitor				
Continue work and avoid soap/water unless indicated				
Continue work persist using approved ABHR -if too painful return for immediate review				
Cover skin splits with occlusive dressing/replace as required -if skin deteriorates return for immediate review				
Medical Review required				
Regular use of supplied moisturiser				
Home: use only dermatological products for hands/showering/shampoos				
Home: use approved moisturiser				
Remove from current position until further review				
Other(please describe)				

Please provide staff member with photocopy of this document.

Signature: staff member:

Signature: ICP/OHS

<b>Outcome:</b>
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