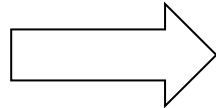
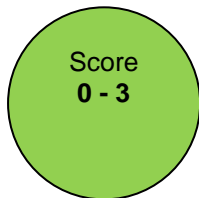


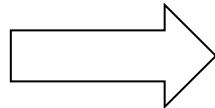
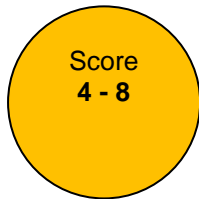
Flow Chart for Management of HCWs with hand/skin concerns

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.



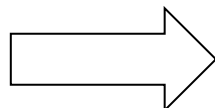
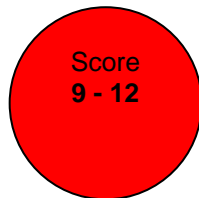
Action required:

- 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

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

ACTION	Commencement Date:	Review date	Review date	Review date
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

Outcome:
