**Generic Skin Care Questionnaire and Assessment**

This questionnaire is to be completed in conjunction with a visual assessment of the HCWs hands by the ICP, staff health nurse or HH program co-ordinator. Where possible the assessment should be completed after at least 1-2 days at work not immediately after days off.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date initial visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee No.:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>Number of days last worked consecutively:</td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Ward/Dept:</td>
<td>Campus:</td>
</tr>
</tbody>
</table>

### Skin Assessment

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.

<table>
<thead>
<tr>
<th>Component</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Redness</strong></td>
<td>no redness</td>
<td>small area of redness limited to sensitive areas i.e. around cuticles</td>
<td>moderate redness to include the cuticles and knuckles</td>
<td>severe redness which includes all areas</td>
</tr>
<tr>
<td><strong>Swelling</strong></td>
<td>no swelling</td>
<td>mild swelling around cuticles only</td>
<td>moderate swelling all areas</td>
<td>severe swelling</td>
</tr>
<tr>
<td><strong>Rash</strong></td>
<td>no rash</td>
<td>mild rash, a few small eruptions only</td>
<td>moderate finger and palm area involved</td>
<td>severe all areas of hands dry and rough to touch</td>
</tr>
<tr>
<td><strong>Dryness/cracking</strong></td>
<td>intact skin</td>
<td>mild dryness/cracking, around cuticles and knuckles</td>
<td>moderate finger and palm area involved</td>
<td>severe involving all areas of hands</td>
</tr>
</tbody>
</table>

**Total Score:**

(refer to flow chart for management):

**Comments:**

**Review Date:**

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Reviewed by: [Blank]
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?
   □ Yes. To whom?___________________________  □ No
   b. How you reported this?

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?
   □ Yes. To whom?___________________________  □ No
   b. How you reported this?

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?
   □ Yes. To whom?___________________________  □ No
   b. How you reported this?

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