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</td>
</tr>
<tr>
<td>Mobile:</td>
<td>worked consecutively:</td>
</tr>
<tr>
<td>Email:</td>
<td>Campus:</td>
</tr>
<tr>
<td>Ward/Dept:</td>
<td></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>Skin Condition</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Redness</strong></td>
<td>0 no redness</td>
<td>1 small area of</td>
<td>2 moderate redness</td>
</tr>
<tr>
<td>Please circle</td>
<td></td>
<td>redness limited</td>
<td>to include the</td>
</tr>
<tr>
<td>most appropriate</td>
<td>no redness</td>
<td>to sensitive</td>
<td>cuticles and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>areas i.e.</td>
<td>knuckles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Swelling</strong></td>
<td>0 no swelling</td>
<td>1 mild swelling</td>
<td>2 moderate swelling</td>
</tr>
<tr>
<td>Please circle</td>
<td></td>
<td>around cuticles</td>
<td>all areas</td>
</tr>
<tr>
<td>most appropriate</td>
<td>only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rash</strong></td>
<td>0 no rash</td>
<td>1 mild rash, a</td>
<td>2 moderate finger</td>
</tr>
<tr>
<td>Please circle</td>
<td></td>
<td>few small</td>
<td>and palm area</td>
</tr>
<tr>
<td>most appropriate</td>
<td></td>
<td>eruptions only</td>
<td>involved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dryness/cracking</strong></td>
<td>0 intact skin</td>
<td>1 mild dryness/cracking, around cuticles and knuckles</td>
<td>2 moderate finger and palm area involved</td>
</tr>
<tr>
<td>Please circle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>most appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Score:**
(refer to flow chart for management):

Comments:

Review Date:
General Questions

1. Have you had skin problems previously?
   - Yes.
   - 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)?
   a. How soon after the application of ABHR do you experience problems with your hands?
      - Yes
      - No
      - Unsure
   b. How you reported this?
      - Yes. To whom?

4. Do you experience problems with your hands following the use of soap products?
   a. How soon after the application of soap do you experience problems with your hands?
      - Yes
      - No
      - Unsure
   b. How you reported this?
      - Yes. To whom?

5. Do you experience problems with your hands following the use of moisturiser?
   a. How soon after the application of moisturiser do you experience problems with your hands?
      - Yes
      - No
      - Unsure
   b. How you reported this?
      - Yes. To whom?

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?
   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?
   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?
    a. At home how often would you wear gloves for these tasks?
       - Rarely
       - Sometimes
       - Frequently
    b. At home do you wash your hands in a 24hr period?
       - Never
       - Yes. Indicate an approximate number:

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.

Score 0 - 3

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

Score 4 - 8

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

Score 9 - 12

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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</thead>
</table>

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

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

Please provide staff member with photocopy of this document.

Signature: staff member:

Signature: ICP/OHS

Outcome: