

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.

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

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.				
Redness Please circle most appropriate	0 no redness	1 small area of redness limited to sensitive areas i.e. around cuticles	2 moderate redness to include the cuticles and knuckles	3 severe redness which includes all areas
Swelling Please circle most appropriate	0 no swelling	1 mild swelling around cuticles only	2 moderate swelling all areas	3 severe swelling
Rash Please circle most appropriate	0 no rash	1 mild rash, a few small eruptions only	2 moderate finger and palm area involved	3 severe all areas of hands dry and rough to touch
Dryness/cracking Please circle most appropriate	0 intact skin	1 mild dryness/cracking, around cuticles and knuckles	2 moderate finger and palm area involved	3 severe involving all areas of hands

Total Score: (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?

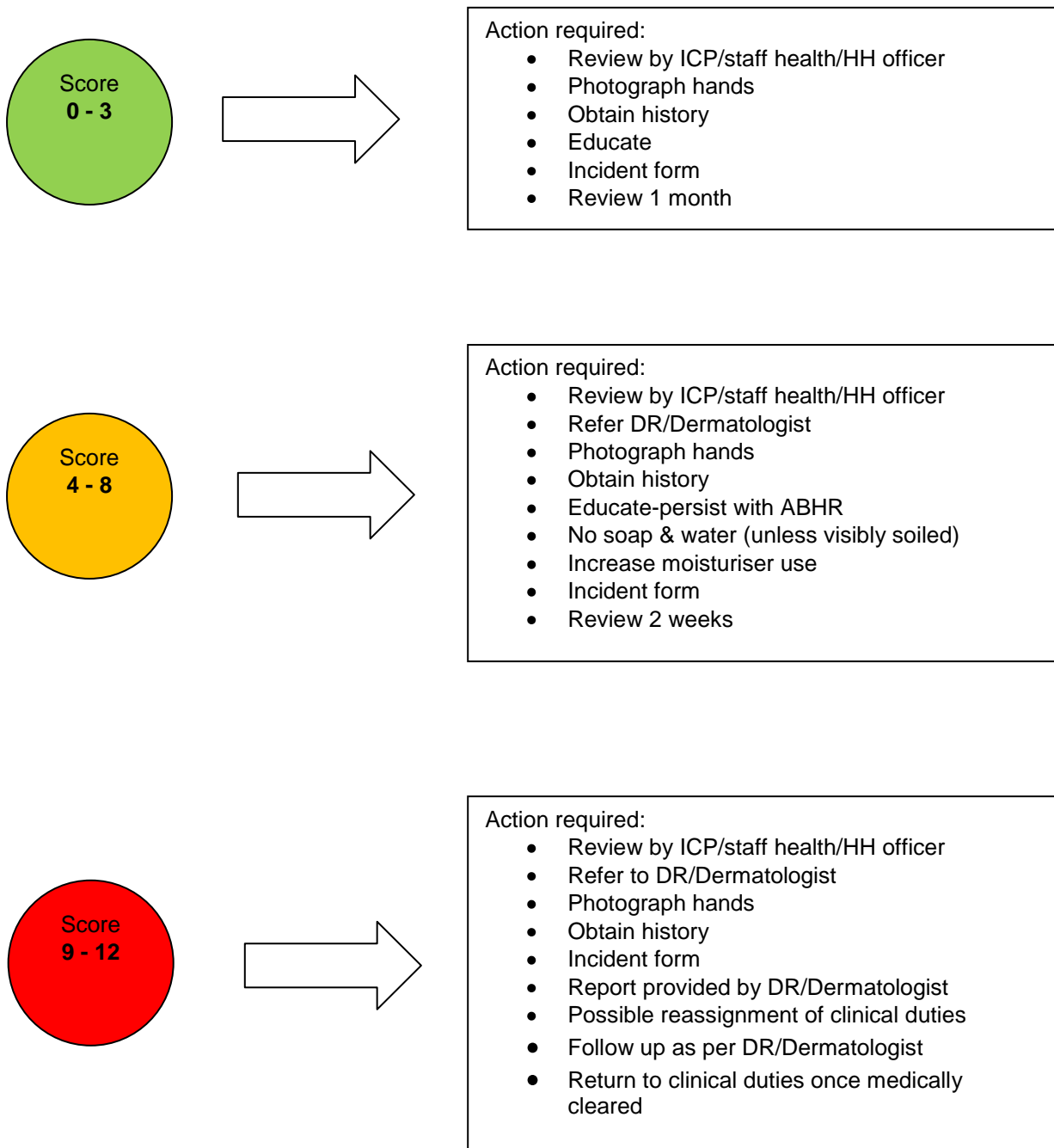
 - b. How you reported this?
 Yes. To whom? _____ No
4. Do you experience problems with your hands following the use of soap products?
 Yes **Go to Q4a** No **Go to Q.5** Unsure
 - a. How soon after the application of soap do you experience problems with your hands?

 - 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 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:
