



**NHHI**

National Hand Hygiene Initiative

Reviewed by:	
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## 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 professional, 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