

Assessment Tool for Health Care Provider* Hands

This form is intended for use to identify hand skin problems so that a proactive approach is used to protect hands from skin breakdown.

It is intended for use:

- a) At the initial assessment of hands of new health care providers
- b) For assessment of hands of employed health care providers (e.g., this can occur with TB skin testing, fit testing or other mandated programs)
- c) For those who have developed skin problems

Name:		Date:	
Birthdate:	Telephone:	Job Title:	Employee Number:
Department:	Number of years in current position:		

Health care provider[†] is to complete Sections 1, 2, 3, prior to Occupational Health assessment

Section 1

Assessment	Yes	No
Do you have healthy hands with intact skin that are free of irritation at all times? <i>If answer is "no" please continue questionnaire. If answer is "yes" proceed to Section 2.</i>		
What climate conditions adversely affect your hands? <input type="checkbox"/> Dry <input type="checkbox"/> Humid <input type="checkbox"/> Cold <input type="checkbox"/> Hot		
Do you have a chronic or recurrent skin condition (e.g., eczema, psoriasis, hives)? <i>If yes, provide details.</i>		
Do you have a history of allergies? <i>If yes, please specify type, onset period and symptoms.</i>		
Are you asthmatic?		
List any medications being used (oral and topical – e.g., steroid cream):		



* The Ministry of Health and Long-Term Care acknowledges St. Michael's Hospital and the provincial hand hygiene pilot hospitals for their active participation in developing this material and the WHO World Alliance for Patient Safety for sharing their "Clean Care is Safer Care" materials.

[†] Any person who delivers care to a patient or works within the patient environment or is involved in food handling (examples but not all inclusive are physicians, nurses, respiratory therapists and other allied health care professionals; cleaning staff; food services staff).



Section 1 (cont'd)

Assessment	Yes	No
Do you have non-work-related activities likely to cause damage to your hands? Example:		
Gardening <i>(if yes, provide details)</i>		
Mechanics <i>(if yes, provide details)</i>		
Taking care of small children <i>(if yes, provide details)</i>		
Hands frequently in water and detergents <i>(if yes, provide details)</i>		
Smoking outdoors <i>(if yes, provide details)</i>		
Don't usually wear gloves in the winter <i>(if yes, provide details)</i>		
List any other activities and provide details:		
Have you a history of work involving "wet work or wet gloves"? <i>If yes, provide details.</i>		
Do you use a protective hand lotion/cream?		
a) At home? <input type="checkbox"/> Greater than 5 times/day <input type="checkbox"/> 2-5 times/day <input type="checkbox"/> 1/day <input type="checkbox"/> Rarely <input type="checkbox"/> Never b) At work? <input type="checkbox"/> Greater than 5 times/day <input type="checkbox"/> 2-5 times/day <input type="checkbox"/> 1/day <input type="checkbox"/> Rarely <input type="checkbox"/> Never		

Section 2

Evaluation of Frequency of Hand Hygiene Practices
Average number of hours worked per week:
For how long have you been using alcohol-based hand rub at work? <input type="checkbox"/> It's the first time <input type="checkbox"/> Less than 1 year <input type="checkbox"/> Greater than 1 year/less than 5 years <input type="checkbox"/> Greater than 5 years

Hand Cleaner <i>(Please indicate all used)</i>	Number of times/day	Number of months used
Alcohol-based hand rub	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> Over 20	
Water and antimicrobial soap	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> Over 20	
Water and liquid/foam/gel non-antimicrobial soap	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> Over 20	
Water only	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> Over 20	
Brush	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> Over 20	
Antimicrobial impregnated sponge	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> Over 20	
How many times do you wash/clean your hands during a working day? <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> Greater than 20		
Did you receive workplace training on how to protect and care for your skin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exposure Assessment		
Gloves <i>(please indicate which glove types you use)</i> :		
<input type="checkbox"/> Latex	<input type="checkbox"/> Powdered	<input type="checkbox"/> Non-powdered
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Powdered	<input type="checkbox"/> Non-powdered
<input type="checkbox"/> Nitrile	<input type="checkbox"/> Powdered	<input type="checkbox"/> Non-powdered
<input type="checkbox"/> Glove liners <i>(plastic/vinyl)</i>	<input type="checkbox"/> Powdered	<input type="checkbox"/> Non-powdered
<input type="checkbox"/> Glove liners <i>(cotton)</i>		
<input type="checkbox"/> Other, <i>please specify</i> :		

Section 3

Evaluation of Skin Condition		
Self-assessment of the skin on hands:		
Appearance <i>(supple, red, blotchy, rash)</i>	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal
Intactness <i>(cracks, open areas)</i>	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal
Moisture content <i>(dryness)</i>	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal
Sensation <i>(itchy, burning, soreness)</i>	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal
How would you assess the overall health of the skin on your hands? <input type="checkbox"/> Very bad <input type="checkbox"/> Good <input type="checkbox"/> Perfect		

Occupational Health Professional to complete Sections 4, 5, 6 & 7

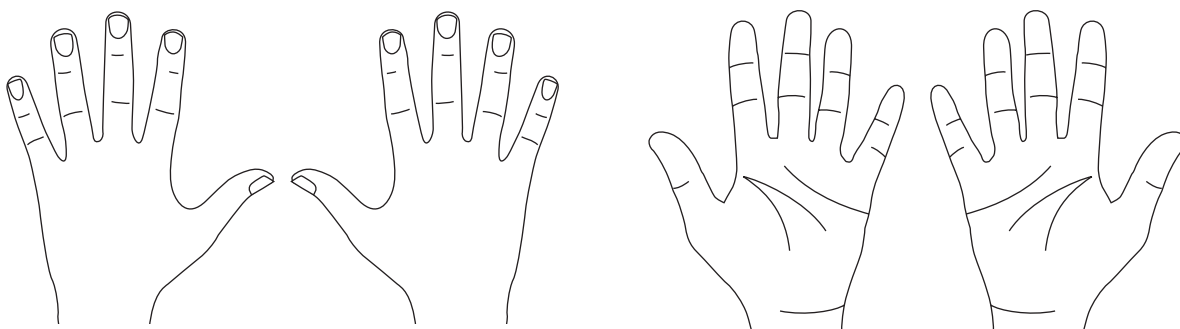
Section 4

Objective Evaluation of Skin Condition by the Occupational Health Professional

Check box reflecting skin condition at the date observed.

Dates				
Normal				
Dryness:				
Mild				
Moderate				
Severe				
Abnormal				

Identify size and area of irritated skin:



Section 5

Hand Washing Technique

Observe hand washing technique, list any improvements in technique recommended:

Verify the Ministry of Health and Long-Term Care hand hygiene interactive education module has been completed: ☐ Yes

Section 6

Further questions to be asked if there is any hand skin irritation.

Assessment	Yes	No
List any chemical exposures to hands including cosmetic products that may be an irritant:		
Are you exposed to any new products at the workplace? <i>(This could be chemicals or materials being used.) If yes, list what they are.</i>		
Has your job or work done as part of your job changed recently? <i>If yes, what?</i>		
Have there been any changes in the hand hygiene products used in the workplace? <i>If yes, list.</i>		
Does the dermatitis improve after being away from work <i>(i.e., improves on days off and becomes worse when working)?</i>		
Have you changed any personal care products at home such as soap, lotions, sunscreen, laundry detergent/softening agents, etc.? <i>If yes, list.</i>		
Have you done anything different outside of work recently <i>(e.g., yard work, travel, hiking, contact with poison ivy)?</i>		

Section 7

Outline Action Plan	Yes	No
List recommendations:		
a) Work restrictions		
b) Hand care counseling		
c) Was a referral made? <i>If yes, where?</i>		
If yes, note that if this is work-related dermatitis, WSIB is to be notified. Was notification done? www.wsib.on.ca		
d) Other, list:		
Follow-up visit date, if indicated:		