



# WOUNDS AND SKIN CONDITIONS

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- The primary function of the skin is to reduce water loss, provide protection against abrasive action and microorganisms, and act as a permeability barrier to the environment.
  - Health Care Workers with certain skin conditions or breaks in their skin may be temporarily unable to work.
  - Notify Occupational Health if you have a skin condition and/or questions.

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- All Health Care Workers (HCWs), regardless of whether they perform invasive procedures should:
  - (1) Wear gloves for direct contact with mucous membranes (eyes, nose, mouth, etc.) or non-intact skin of all patients
  - (2) Refrain from all direct patient care and from handling patient-care equipment if they have lesions with drainage or weeping dermatitis until the condition resolves.

# SCABIES

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- HCWs with scabies should not have contact with patients until the lesions are treated and then re-evaluated by medical personnel to determine if the treatment was effective.

# HERPETIC WHITLOW

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HCWs should not have contact with patients or the patient's environment until the lesions are healed.

# HERPES SIMPLEX (FACIAL)

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Health Care Workers with lesions that cannot be covered with a protective dressing should not be in contact with high-risk patients, such as burn patients or immuno-compromised patients until lesions are healed.

# STAPHYLOCOCCUS AUREUS AND STREPTOCOCCAL GROUP A SKIN INFECTIONS:

(including boils, abscesses, impetigo, carbuncles, furuncles)

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- HCW's with active draining skin lesions should not be in contact with patients and the patient's environment until lesions have no drainage. Contact your medical provider for antibiotic treatment. If you have had a positive swab for streptococcal infections you may return to work after 24 hours of appropriate antibiotic treatment.



# SURGICAL WOUNDS (unhealed)

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- Please contact Occupational Health Nurses to discuss.
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# ECZEMA/DERMATITIS

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- HCWs, especially those providing direct patient care, are more susceptible to hand irritation because of the need to frequently clean their hands. Symptoms include dry, chapped, raw, itching, burning, stinging and irritated skin.
  - HCWs should practice prevention and seek early treatment should dermatitis occur. Employee Health will work with the HCW with severe dermatitis who, because of their condition are unable to properly clean their hands and are at risk of becoming infected and transmitting infection to patients and other staff.



## Prevention tips:

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- Use alcohol gels when hands are not visibly soiled or if *C. difficile* is not an issue. Although alcohol may be perceived as a harsh chemical, alcohol based skin sanitizers are gentler on hands than soap and water because washing with soap and water involves friction from drying or irritation from chronically damp hands if they are not dried well.
- When washing with soap and water, use warm, not hot or cold water.
- Hands should be dry before gloves are put on.
- Gloves should be worn only as long as necessary.



# PREVENTION TIPS CON'T

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- Try different gloves that are available in your work area to see which ones feel best. Use the largest glove size that will conform sufficiently to allow dexterity to minimize irritation from pulling gloves off and on.
- Wear gloves when hands are exposed to cold weather and wind.
- Moisturize hands frequently at work, and more intensely on days off. Consider moisturizing while sleeping. Apply a thick layer of moisturizer and cover your hands with a cotton glove.