

Skin Health and Hygiene: Keeping Skin Healthy

A guide for home care in Alberta with a focus on Indigenous health.

This guide is to be used as a prompt to the user in assessing and managing skin health and hygiene. The goal is to provide support through the provision of care and information to patients to help them maintain healthy skin, especially in the face of social, physical and emotional challenges.

It is important to remember that care is to be collaborative, using a patient-centred approach based on respect, dignity, empathy, compassion, cultural appropriateness and shared decision making.

This document uses the Wound Prevention and Management Cycle (WPMC) (see Figure 1)¹ as the basis for clinical decision making.

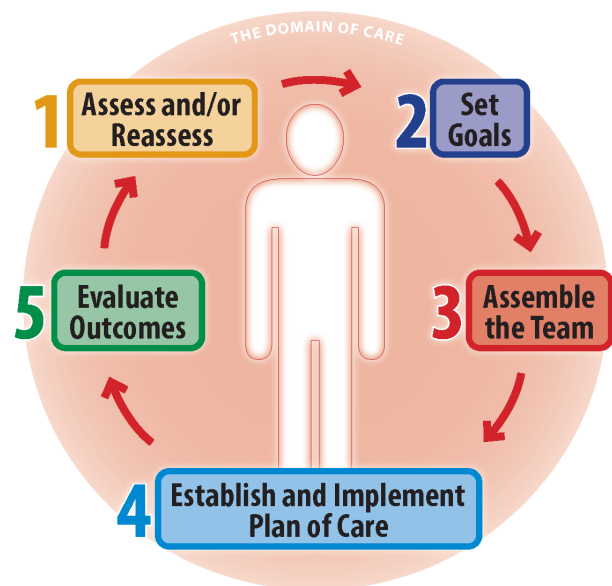
Introduction

Basic skin health and hygiene are generally not complex but do require daily attention by the patient, family members and health-care providers. Skin health can be an indicator of underlying health issues and/or inadequate care or self-management. Poor skin hygiene can lead to other health complications, including wound infection, eye problems, respiratory illnesses and gastric issues.

Step 1: Assess and/or Reassess

1. Prepare for the home visit by allowing for adequate time to properly assess the patient as well as reading the chart and gathering resources you may need.
2. Assess skin for changes:
 - Use a skin assessment tool and document findings.
 - Report any concerning skin changes to the appropriate professional.
3. Identify risk factors:
 - Patient: underlying disease (e.g., diabetes mellitus), history of skin sensitivity or allergies (local or systemic), altered mental status, weight loss, dehydration, incontinence (urine, feces or both), poor dentition or difficulty swallowing (makes nutritional input suboptimal), poor hygiene knowledge and/or habits
 - Environment: risk of falls, lack of bathing or toileting spaces and equipment, lack of funds for food and fluids, unclean or unsafe spaces
 - Health-care system: funds for products such as cleansers and moisturizers, availability and accessibility of services and health-care providers

Figure 1: The Wound Prevention and Management Cycle



4. Instruct the patient and/or their family members on how to assess skin daily and how and to whom to report any skin-related changes or concerns.

Step 2: Set Goals

Goals for skin health need to be specific for the patient and involve the patient and care partners in the processes of setting and achieving them. Meeting goals will depend on the interplay of the patient's health status, lifestyle and environment, the availability of resources and the knowledge and ability of the patient, care partners and health-care providers.

1. Set practical goals for addressing daily and weekly skin health and hygiene: routine self-care, family, community bathing program, day care or home support worker. Examples might include: bathe every three days in warm, not hot, water; use only non-scented soap for hand washing; moisturize skin twice daily.
2. Set hydration and nutrition goals. Examples might include: drink a minimum of 1 L (approximately 4 cups) of plain water each day, consume a minimum of 7 servings of fruits and/or vegetables. See the [Indigenous FN Canada Food Guide](#) for more on nutrition.
3. Set psychosocial and lifestyle goals. An example might include: make a referral to a mental health professional to screen for and address skin-picking behaviours.
4. Set goals for long-term IPAC (infection prevention and control) and skin health. Examples might include: always have soap available at the sink in the bathroom, change bedding a minimum of every two weeks, limit skin's sun exposure to low-risk hours.

Step 3: Assemble the Team and Resources

An integrated team is necessary for case management, to implement, adjust and sustain a plan to meet the goals that have been established. The team should include the relevant health-care professionals and other service providers as required by the patient's needs and must include the patient, family and whoever is in their support system.

- Identify and engage responsible health-care professionals and service providers.
- Enlist the patient and family/care partners and ensure they have the necessary education and training.
- Create skin-health resource packages (information, materials, tools) for the patient and their care partners.
- Ensure organizational and systems support. Examples might include: giving community-based information sessions about skin health, ensuring the local pharmacy carries the required skin-care products.

Step 4: Establish and Implement a Plan of Care

- Establish and implement a care plan that addresses:
 - Skin health and hygiene
 - Supply and procurement of products
- Ensure meaningful communication among all members of the team.
- Ensure consistent and sustainable implementation of the plan of care.

The plan of care should reflect both short- and long-term goals for maintaining good skin health and hygiene and revolve around the following:

- **Cleanse:** using appropriate cleansers (see Wounds Canada [Product Picker Skin Hygiene: Cleanse, Moisturize, Protect](#) for help in choosing appropriate skin management products) and drying thoroughly

- but gently, with special attention paid to skin folds and creases
- **Moisturizing:** using unscented, hypoallergenic products
 - **Protecting:** from mechanical and thermal trauma (scrapes, cuts, burns, punctures, pressure, friction) (see Foundations of Best Practice for the Skin and Wound Management: [Best Practice Recommendations for the Prevention and Management of Pressure Injuries](#), Foundations of Best Practice for the Skin and Wound Management: [Best Practice Recommendations for the Prevention and Management of Burn](#): and Foundations of Best Practice for the Skin and Wound Management: [Best Practice Recommendations for the Prevention and Management of Skin Tears](#)) and too much moisture (see Foundations of Best Practice for the Skin and Wound Management: [Best Practice Recommendations for the Prevention and Management of Moisture-associated Skin Damage](#))
 - **Nourishing:** via hydration and healthy food intake using culturally appropriate foods and dietary restrictions (see Professional Guide . . . at a Glance: [Nutrition for Wound Prevention and Healing and Eating Well with Canada's Food Guide in English, Inuktitut, Ojibwe, Plains Cree, or Woods Cree](#))
 - **Addressing internal factors:** for example,
 - Arterial blood flow (see Foundations of Best Practice for the Skin and Wound Management: [Best Practice Recommendations for the Prevention and Management of Peripheral Arterial Ulcers](#))
 - Venous leg disease (see Foundations of Best Practice for the Skin and Wound Management: [Best Practice Recommendations for the Prevention and Management of Venous Leg Ulcers](#))
 - Quitting smoking: For patient-focused information see [MyHealthAlberta.ca](#) website.
 - Foot neuropathy: The Wounds Canada [Diabetes, Healthy Feet and You](#) program has resources for clinicians and patients; information for health-care providers is available at Foundations of Best Practice for the Skin and Wound Management: [Best Practice Recommendations for the Prevention and Management of Diabetic Foot Ulcers](#).
 - **Preventing infection:** hand and environmental hygiene (see Professional Guide . . . at a Glance: [IPAC: Focus on Wound Care](#))

A plan of care that addresses skin health and hygiene includes home visits as well as activities performed by the patient and/or family members/care partners. See Table 1: The Home Visit: Managing Your Patient's Skin Health and Hygiene for an example of the steps to take during a home visit.

Table 1: The Home Visit: Managing Your Patient's Skin Health and Hygiene

Prepare	Wash your hands following infection prevention and control practices.
Assess	Look at your patient's skin at every home visit. The best time to do this is during personal care. Be thorough and look at all their skin, from between the toes to in and under any skin folds. Look for and note any discoloration, rashes, lesions, bruising or any sign of trauma.
Wash or bathe skin	Not everyone needs a bath every day, but key skin areas need to be cared for, especially if the patient is diaphoretic (sweaty) or incontinent of urine, feces, or both. Make sure the water is warm, not hot, and choose non-perfumed, pH-balanced soap or skin cleansers.
Pat skin dry	Pat, don't rub, dry with a soft, absorbent towel. Moisture under skin folds, in the groin area or between the toes can lead to fungal or yeast infections, so pay special attention to these areas.

Moisturize	Use or encourage your patient to use moisturizer twice per day, especially after bathing or showering. For the best effect, apply moisturizer while skin is still slightly damp. If skin is dry, use a non-scented moisturizer. Do not use lotion between the toes or under skin folds.
Protect	Protect against injury such as that from urinary or fecal incontinence, moisture, pressure, thermal injuries, skin tears, inappropriate clothing and/or poor-fitting footwear.
Shaving tips	Protect and lubricate skin through the application of shaving cream, lotion or gel before shaving. Use a clean, sharp razor and shave in the direction the hair grows.
Nail care: hands and feet	Assess nails on the hands and feet for broken, ragged or damaged nails as they can cause skin tears. Discuss nail care with the patient and family and make a referral as needed.

Patients and their families/care partners may need education, training and access to resources they can refer to when implementing and maintaining the care plan. The following patient-centred resources from Wounds Canada can help:

- [Caring for Your Wound at Home: Changing a Dressing](#)
- [Caring for Your Swollen Legs at Home: Preventing and Managing Venous Leg Ulcers](#)
- [Caring for Pressure Injuries at Home: Preventing and Managing Pressure Injuries](#)
- [Caring for Your Feet: Safe Foot Care if You Have Diabetes](#)
- [Diabetic Foot Complications: When is it an emergency?](#)
- [Caring for Yourself After Surgery: Preventing Surgical Site Infections](#)
- [Caring for Easily Injured Skin: Preventing and Managing Moisture-associated Skin Damage](#)
- [Preventing and Managing Skin Injuries: Minor Trauma \(Cuts, Scrapes and Bruises\)](#)
- [Burns: Preventing and Managing Skin Injuries](#)
- [Keeping Your Home Safe: Preventing Skin Injuries for the Whole Family](#)

Uncontrolled stress can make skin more sensitive and trigger skin problems. Ensure patients get adequate sleep and help them manage their to-do list to allow sufficient time to do enjoyable things. If necessary, consider a stress management program (see [MyHealth Alberta, Stress Management](#)).

Step 5: Evaluate the Outcomes

Evaluation of the skin health and hygiene plan should be routine and ongoing to identify whether the plan is effective in meeting the goals the team has set. If, after the steps above have been completed, and the skin health and hygiene goals have not been fully met, go back to the assessment step and then repeat the rest of the steps, incorporating any new information you have discovered during assessment into a revised plan of care. The skin health and hygiene plan of care needs to be revisited at discharge to ensure self-management strategies, through adequate educational/informational materials for patients and their care partners—and any other necessary resources—are in place to support the patient once they are no longer in care.

Additional Resources

The following resources provide additional information about keeping skin healthy.

- [Skin: Anatomy, Physiology and Wound Healing BPR Brief](#)
- [Professional Guide . . . At a Glance: Nutrition for Wound Prevention and Healing](#)

Smoking Cessation Resources

- Alberta Quits
- My Health Alberta Quit-Smoking Programs
- Alberta Health Services: Substance Management
- Alberta Tobacco Reduction Strategy 2012-2022: The strategy outlines a long-range plan to help Albertans avoid and quit using tobacco products in the next 10 years.

Wound Care Canada

- What is the cause of new skin breakdown?
- Xerostomia: It's a Desert in There
- Small Red Spots on the Lower Legs

References

1. Orsted HL, Keast DH, Forest-Lalande L, Kuhnke JL, O'Sullivan-Drombolis D, Jin S, et al. Best practice recommendations for the prevention and management of wounds. In: Foundations of Best Practice for Skin and Wound Management. A supplement of Wound Care Canada. 2017.

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