

Facility Name: _____ Date: _____

STAFF Skills Assessment:

CHG Liquid Basin Bath Observation Checklist

INSTRUCTIONS: Please complete for THREE different staff every week*

Individual Giving CHG Bath

Please indicate who performed the CHG bath.

Nursing Assistant (CNA) Nurse LVN Other: _____

Observed CHG Bathing Practices

Please check the appropriate response for each observation.

- Y N Patient told that the basin bath is “no rinse” and CHG protects from germs
- Y N Patient told that soaps and lotions from home can prevent CHG from working
- Y N Correctly diluted CHG for basin bath (one 4 oz bottle of 4% CHG plus 4 oz of water)
- Y N Massaged skin *firmly* with disposable wipes to ensure adequate cleansing
- Y N Cleaned face and neck well, avoiding eyes and ears
- Y N Cleaned between fingers and toes
- Y N Cleaned between all skin folds
- Y N N/A Cleaned occlusive and semi-permeable dressings with CHG
- Y N N/A Cleaned 6 inches of all tubes, central lines, and drains closest to body
- Y N N/A Used CHG on superficial wounds, rashes, and stage 1 & 2 decubitus ulcers
- Y N N/A Used CHG on surgical wounds (unless primary dressing or packed)
- Y N Allowed CHG to air-dry / does not wipe off CHG
- Y N Disposed of used wipes in trash /did not flush

Query to Bathing Assistant/Nurse

1. Were at least 6 cloths used to perform the basin bed bath?

2. How much water did you add to the 4 oz bottle of CHG?

3. Are you comfortable applying CHG to superficial wounds, including surgical wounds?

4. Are you comfortable applying CHG to lines, tubes, drains and non-gauze dressings?

5. Do you ever wipe off the CHG after bathing?

*Three assessments per week are recommended during the first month of CHG bathing launch, or until high compliance is achieved. Then, transition to 3 assessments per month for maintenance.