**STAFF Skills Assessment:**

**CHG Cloth Observation Checklist**

**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 received CHG cloth bathing handout**

**Y**  **N Patient told that bath is a no rinse cloth that provides protection from germs**

**Y**  **N Provided rationale to the patient for not using soap at any time while in unit**

**Y**  **N Massaged skin *firmly* with CHG cloth to ensure adequate cleansing**

**Y**  **N Cleaned face and neck well**

**Y**  **N Cleaned between fingers and toes**

**Y**  **N Cleaned between all folds**

**Y**  **N**  **N/A Cleaned occlusive and semi-permeable dressings with CHG cloth**

**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, rash, 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 cloths in trash /does not flush**

**Query to Bathing Assistant/Nurse**

**1. How many cloths were used for the bath? (1 cloth set = 3 cloth packs with 2 cloths each, 1 single cloth pack = 2 cloths)**

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**2. If more than 1 cloth set (6 cloths) was used, provide reason.**

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**3. Do you reapply CHG after an episode of incontinence has been cleaned up?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**6. Do you ever wipe off the CHG after bathing?**

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