

Nursing Home Name: _____ Date: _____

STAFF Skills Assessment: CHG Cloth 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 Resident received CHG cloth bathing handout
- Y N Resident told that bath is a no rinse cloth that provides protection from germs
- Y N Provided rationale to the resident 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)

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

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?

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

6. 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.