**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 Resident told that the basin bath is “no rinse” and CHG protects from germs**

[ ]  **Y** [ ]  **N Resident told that soaps and lotions from home can prevent CHG from working**

[ ]  **Y** [ ]  **N Correctly diluted CHG for basin bath ( ½ cup water, ½ cup 4% CHG liquid)**

[ ]  **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 disposable wipes**

[ ]  **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 wipes in trash /did not flush**

**Query to Bathing Assistant/Nurse**

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

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**2. How much water did you add to ½ cup of CHG?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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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