

Nursing Home 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 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?

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?

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

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