

Bathing Protocol for Prevention of Transmission of  
Methicillin-Resistant *Staphylococcus aureus* and Vancomycin-Resistant *Enterococci* Colonization

**Purpose**

- Bathing is aimed at reducing bacterial load on the skin to reduce the risk of nosocomial spread.

**Exclusion Criteria**

- Patients with hypersensitivity to chlorhexidine.

**Treatment Protocol**

- All patients to receive daily body wash with **2% chlorhexidine foaming skin cleanser**.
- Apply from chin to toes as toxic effects on eyes and ears have been reported. Apply the **2% chlorhexidine foaming skin cleanser** to the moistened washcloth about a quarter size. Rub the cloth gently in a back-and-forth motion on the skin. Rinse after each application. A separate washcloth should be used for the perineum.
- CHG may cause skin irritation such as temporary itching sensation and/or redness. Showering or shaving immediately before applying CHG may enhance this effect. If itching or redness persists, rinse affected areas and discontinue use.

**Documentation**

- Document the bathing protocol in the CCTC nursing flowsheet under hygiene and in the patient's Kardex under "hygiene". In bath tick box mark CHG.

**Infection Prevention and Control Recommendations**

- Any patient identified as MRSA and/or VRE positive is to remain on precautions regardless of treatment protocol.

**Approved by:** Dr. M. John, May 2008

Clinical Director, City Wide Infection Prevention and Control

**References**

Provincial Infectious Diseases Advisory Committee, Best Practices for Infection Prevention and Control of Resistant *Staphylococcus aureus* and *Enterococci* in all Health Care Settings. Ministry of Health and Long-Term Care – March 2007