

Frequently Asked Questions (FAQ) on Bath Basin Use in Long-term Care Facilities

Disclaimer: Some answers to the following FAQs are based on scientific evidence; others are based on practical hygiene issues of daily living and the expertise of the multidisciplinary National Project Team.

Updated on July 21, 2015

Historically, bathing residents in long-term care (LTC) facilities has been via the use of a bath basin with water and personal hygiene supplies or rinse-free disposable bath wipes. Front-line staff expressed concern about potential bath basin bacterial contamination, especially after providing resident care following fecal or other body fluid soiling.

A multidisciplinary team reviewed the medical literature to determine the optimal evidence-based bathing practices to prevent bath basin contamination. *Due to the lack of evidence-based literature¹, an optimal bathing method (reusable bath basin vs. disposable bath wipes) for resident hygiene and comfort could not be determined at this time.* Instead, the team recommends LTC facilities make decisions based on national recommendations, evidence-based practices and their own risk assessment.

1. Should bath basin use be discontinued?

There is no compelling evidence to recommend stopping the use of bath basins for bathing residents. To reduce the possibility of bath basin contamination, ensure that it is properly cleaned and disinfected after each bathing procedure. Facility policy on cleaning and disinfecting resident care equipment should include keeping the bath basin clean and dry when not in use and replacing basins if damaged.

2. How often should the bath basin be changed?

Bath basins, from a cleanliness perspective, should be changed per facility policy. A resident identifier (e.g., name, room number and basin date) should be clearly displayed. The bath basin should be discarded if it is heavily soiled and cannot be cleaned/disinfected or is damaged.

3. After use, how should the bath basin be cleaned and disinfected?

After use, bath basins should be cleaned/disinfected with a germicidal wipe, per manufacturer's instructions. Facilities may first want to conduct a risk assessment to determine ideal placement of the germicidal wipes within the resident care areas. Then, a policy and procedure should be developed to operationalize this recommendation. Please refer to [HICPAC/CDC Guideline on Disinfection and Sterilization](#) for additional guidance.

No recommendation can be made regarding the use of soap and water for cleaning/disinfecting the bath basin due to the various soap products (e.g., antibacterial vs. regular, liquid vs. bar) and their intended use on the skin, and not on bath basins.

4. How and where should the bath basin be stored?

After cleaning/disinfecting, bath basins should be air dried and then be stored upside-down, in the resident's room, to prevent airborne contamination.

Alternatively, due to space constraints, it's acceptable to store the dry basin right-side up and allow for storage of clean personal hygiene items within the container. Do not use the bath basin as a storage container for other items (e.g., shoes, hair brushes, combs, wet bars of soap).

ⁱThe literature review yielded multiple articles addressing resident bathing in acute care, with very few studies focused on the LTC environment. While some studies noted both gram-positive and gram-negative organisms were recovered on bath basins after resident use, there was no direct, infection causation link identified with these organisms. It is normal for organisms, including pathogens, to be shed in the environment and this is only a health safety issue if those organisms are shown to be directly causing infections in residents. The multidisciplinary team recommends additional bathing studies be conducted in the LTC environment.