Healthcare Infection Prevention Advisory Group (HIPAG)

Interim Considerations for Supply Disruptions Affecting Chlorhexidine (CHG) Skin Cleansing and Decolonization Products for the Prevention of Healthcare-Associated Infections

Contents

Purpose 1

Immediate actions for healthcare facilities 2

Clinical considerations for conservation and prioritization 2

Table 1. Clinical considerations for CHG use 3

Ethical allocation 3

Important considerations for conservation of CHG products 4

Potential alternatives to CHG wipes or aqueous CHG 4

Communication, monitoring, and reassessment[4,13] 4

References 5

Purpose

The Healthcare Infection Prevention Advisory Group (HIPAG), established by the Association for Professionals in Infection Control and Epidemiology (APIC) and the Society for Healthcare Epidemiology of America (SHEA) to coordinate national infection prevention expertise, is responding to supply disruptions following a pause in production of 2% chlorhexidine gluconate (CHG) bathing cloths (also called CHG wipes) announced in November 2026. The disruption has increased demand for other aqueous CHG formulations, particularly liquid and foam products. It remains uncertain when normal supplies of CHG wipes will be restored.

These interim considerations provide evidence-informed strategies for conserving CHG bathing (called CHG treatment in some facilities) and decolonization products and emphasize the importance of following manufacturers' instructions for use (MIFUs).

CHG-alcohol preparations used for procedural skin antisepsis and device care, as well as CHG-impregnated dressings, are outside the scope of this initial resource. Facilities should continue established practices for those indications and monitor product availability. Some manufacturers have reported periodic backorders and allocations for these products as well.

This resource supports local decision-making. It does not establish new recommendations or endorse specific replacement products as clinically equivalent to CHG.

Last updated: November 25, 2026. HIPAG will update these considerations as more information becomes available, including additional conservation strategies and guidance on prioritizing patient populations.

Immediate actions for healthcare facilities

Facilities should tailor conservation measures to the products affected, preserve evidence-based infection prevention practices, and use approved, facility-supported alternatives based on recommendations from infection prevention and control (IPC) teams.

1. **Maintain adherence to established infection prevention practices**, including hand hygiene, appropriate device use, proper device insertion and maintenance, and prompt removal of devices that are no longer clinically indicated, as well as environmental cleaning and other relevant prevention bundles.[1,2]
2. **Assess current supply and anticipated use** of CHG wipes and aqueous CHG across units and settings, as well as projected replenishment.
3. **Avoid unnecessary waste.** Review CHG bathing practices, including the number of wipe packets opened per bath, storage practices, and the quantity of CHG wipes placed in warmers. Follow MIFUs, including applicable limits on warming and storage times.
4. **Coordinate supplies** across the facility or healthcare system.[3,4]
    a. Avoid stockpiling beyond projected needs.
    b. Obtain products through authorized distributors.
5. **Consider how to source alternative products** before CHG supplies are depleted. Assess the availability of supplies, equipment, and infrastructure needed to implement alternative bathing methods, including access to water and appropriate bathing materials.
6. **Designate a multidisciplinary team** that includes IPC, nursing, pharmacy, supply chain, relevant clinical services, and leadership to develop temporary conservation strategies, communicate practice changes to staff, and plan for the possibility of further restrictions in CHG cleansing product availability.
7. **Review CHG bathing and decolonization protocols** by strength of evidence, clinical indication, and patient risk.
8. **Document** dates and details of temporary protocol changes, supply usage, and impact on relevant infection prevention outcomes (e.g. device- and procedure-associated HAIs).

Clinical considerations for conservation and prioritization

These considerations do not establish a prioritization hierarchy. They are provided to help facilities plan for CHG use while supplies are limited.

Facilities should consider the strength of evidence, clinical indication, patient-specific infection risk, and the availability of alternative approaches. In particular, facilities may consider preserving CHG bathing and decolonization products for patients with accessed central venous catheters (CVCs) and immunocompromising conditions (e.g., oncology patients), and patients undergoing orthopedic, spine, or cardiothoracic surgery. Among surgical patients, especially consider patients undergoing total or partial joint arthroplasty, coronary artery bypass grafting (CABG), or cardiac surgery involving prosthetic material.

CHG procedural skin antisepsis and device care and CHG-impregnated dressings are outside the scope of this initial resource. Facilities should continue established practices for those indications and monitor product availability.

Table 1. Clinical considerations for CHG use

Use	**Considerations** (*NOTE*: this is not a prioritized list)
Intensive care unit (ICU) bathing	Consider prioritizing available CHG supplies for daily ICU bathing based on the strength of evidence, patient risk (e.g., patients with accessed CVCs), and local supply constraints. Reinforce other infection prevention measures.[1,5]
Non-ICU high-risk patients	Consider maintaining established CHG bathing protocols for non-ICU high-risk patients (e.g., patients with accessed CVCs) based on available supplies and local risk assessment. Give particular consideration to patients who also have immunocompromising conditions (e.g., oncology patients).[2,6]
Preoperative bathing	Distinguish routine skin cleansing from targeted decolonization. Consider preserving CHG for established preoperative decolonization protocols, particularly for orthopedic, spine, and cardiothoracic surgeries, or other procedures associated with a high risk of staphylococcal surgical site infection – especially those involving placement of artificial implants. Patients not undergoing targeted *S. aureus* decolonization may use antimicrobial or non-antimicrobial soap instead of CHG for routine preoperative bathing.[7,8]
Other targeted decolonization	Evaluate the purpose of decolonization, patient risk, and available alternatives before modifying established protocols.[2,8]
Routine non-ICU bathing	Reassess routine use where benefits are less clearly established, while considering individual patient risks.[1,6]
Neonatal ICU (NICU)	Review CHG bathing practices with neonatal clinical teams, considering gestational and chronological age, clinical indication, and potential adverse effects.
Post-acute and long-term care	Include post-acute and long-term care settings in allocation planning. Evaluate whether to continue established decolonization programs based on patient or resident risk.[1,9]

Ethical allocation

Facilities should use a structured, transparent, and documented process for prioritization and allocation decisions, applying clinically based criteria consistently across patient populations. The APIC/IPAC Canada *Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework* provides one approach for these decisions.[4,10]

Important considerations for conservation of CHG products

- In all cases, **the MIFU governs product use and application:**
  - **CHG wipes:**
    - Follow the MIFU regarding the number of CHG wipes needed for bathing. Do not attempt to extend supplies by using fewer wipes than specified for a complete bath, as this may result in inadequate application or coverage.
    - Minimize waste by limiting the quantity of CHG wipes placed in warmers to the anticipated use within the warming time specified in the MIFU.
  - **Aqueous CHG:**
    - Do not improvise replacement formulations or assume that other antiseptics, cleansing products, or CHG formulations not specified by the MIFU provide equivalent infection prevention benefits.[11]
    - Do not dilute CHG products, unless permitted by the MIFU.
    - If the MIFU permits dilution, consult with pharmacy and IPC to establish safe preparation, handling, and storage practices, including selection of the appropriate type of water for dilution and measures to prevent contamination.

Potential alternatives to CHG wipes or aqueous CHG

- **CHG wipe alternatives:**
  - When CHG wipes are unavailable and an appropriate aqueous CHG product is available, consider applying the product using a cloth or non-antiseptic disposable wipe, in accordance with the product's MIFU.
  - Use a product-specific protocol reviewed and approved by the facility's IPC, clinical, and pharmacy teams before implementation.[12]
- **Non-CHG alternatives:**
  - When CHG products are unavailable, consider using a facility-approved non-CHG product for routine bathing in consultation with the facility's IPC team.
  - Routine cleansing has not been established as equivalent to CHG decolonization for its associated infection prevention benefits. Non-CHG antiseptic bathing products marketed as alternatives have limited comparative evidence for HAI prevention.

Communication, monitoring, and reassessment[4,13]

- Inform affected healthcare personnel which practices are changing, which products or methods are approved, how to use them, and where to report concerns.
- Explain relevant changes to patients and families.
- Monitor product availability, implementation, and relevant infection prevention outcomes.
- Document the dates of temporary protocol changes and reassess conservation and substitution strategies as supply conditions and evidence evolve.

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