



A practical guide to waterless bathing in healthcare

Prevent more with every wash

The patient wash is a daily opportunity to support **cleanliness, comfort and infection prevention**. For people in critical care or with limited mobility, how that wash is carried out can also affect their experience of care and the time and equipment staff need at the bedside.

This guide looks at water-related risk, explains the evidence for preventive washing and compares a bowl-and-water routine with ready-to-use wash mitts.

It then sets out the different roles of antimicrobial washing and gentle daily hygiene.

For UK healthcare professionals involved in infection prevention, critical care, nursing and patient hygiene decisions.

Product choice and use should follow local policy, patient needs and current product information.



Why look again at the patient wash?

Washing helps to maintain hygiene and comfort. It's also a close-contact part of care for patients who may be vulnerable to infection, reliant on staff for washing or recovering enough to begin doing more for themselves.

A conventional bedside wash requires a bowl of water, cleansing products,

washcloths and towels. Staff must prepare the equipment, carry out the wash and manage the items afterwards.

Ready-to-use wash mitts change that sequence: **the mitt is prepared for use**, the patient is washed and no separate rinsing is required.⁴

Three considerations

1 Prevention

In settings where antimicrobial washing is indicated, a suitable wash mitt can form **part of the wider infection prevention programme**. It doesn't replace hand hygiene, environmental controls or other established measures.

2 The person receiving care

A shorter routine with less handling may help preserve warmth, privacy and comfort. For some patients, **a mitt may also make it easier** to participate in their own washing as they recover.³



3 The team delivering care

Fewer preparation and clean-up steps **may simplify the daily routine**. The impact on staff time depends on the setting and how washing is currently carried out.



The overlooked risk: water

Hospital water systems, sinks and drains need active management. **Water can carry organisms that present particular risks** to vulnerable patients, and splashes from contaminated drains can spread droplets into patient care areas.¹

Waterless washing removes the bowl of water from the bedside wash. It can reduce one route of exposure during that activity, although it doesn't remove the need for safe water management elsewhere in the hospital.

Questions for a local review

- **Where** does the water for bedside washing come from?
- **How** are bowls, washcloths and towels handled between patients?
- **Which patients** may need additional protection or assistance?

These are **useful questions for infection prevention** and nursing teams to consider together.

A decision to change washing practice should be made alongside local infection prevention policy and the needs of each patient.



What is preventive washing?

Preventive washing uses an antimicrobial product as part of a **planned infection prevention approach**. Its purpose differs from cleansing with a non-antimicrobial

product for everyday hygiene.

The appropriate choice depends on the patient, the care setting and the local protocol.

What the evidence tells us

17% lower risk of primary bacteraemia acquired in an intensive care unit (ICU)²

In the multicentre EFFECT study, daily bathing with octenidine-impregnated washcloths was associated with a **17% reduction in ICU-acquired primary bacteraemia** compared with placebo washcloths. The study did not show a reduction in ICU-acquired multidrug-resistant organisms.²

The finding supports consideration of octenidine-based bathing within ICU infection prevention. It shouldn't be read as a 17% reduction in every type of infection, or as an effect established for all waterless wash mitts.



For teams reviewing practice, two questions can help:

- 1** Which outcome are you trying to improve?
- 2** What evidence applies to the product and patient group you're considering?

What changes at the bedside?

The practical difference lies in the steps and equipment involved. **This comparison is an overview**; staff should follow local procedures and product instructions.

Bowl-and-water washing	Ready-to-use wash mitts
Gather water, bowl, cleansing product, washcloths and towels.	Select and prepare the appropriate pack of mitts.
Wash, rinse and dry as required by the routine.	Wash using the mitts; the listed schülke products require no rinsing. ⁴
Manage used water and reprocess or dispose of equipment and linen.	Dispose of the single-use mitts in line with local policy.

A change in method should still allow time for explaining the wash, checking comfort, maintaining privacy and inviting the patient to participate where appropriate. These elements of care remain central whichever product is used.



Care that does more

Dignity and comfort

Patients with limited mobility may find repeated repositioning and lengthy washing uncomfortable. **A ready-to-use mitt can simplify handling** and, when appropriate, can be warmed or cooled according to the relevant product information.^{3,4}

Participation in care

For a patient regaining independence, **being able to wash part of their own body can be meaningful**. The critical care example on the next page describes how some patients could use wash mitts to take part in their hygiene when a bowl, water and towel would have made this difficult.³

Staff time and resources

A waterless routine removes bowls and separate washcloths or towels from the wash. This can **reduce preparation and handling**. The amount of time saved will vary; the following case study reports the result from one unit rather than a universal estimate.³

In practice: an adult critical care unit

An adult critical care unit replaced traditional soap-and-water washing with a waterless system for patient hygiene. Patients used octenidine-containing mitts for five days under the trust's MRSA protocol, followed by a non-antimicrobial wash mitt. **A planned three-month trial was extended to one year following positive outcomes.**³

10 minutes saved per patient per day

The unit reported this saving compared with bowl-and-water washing. Patients and staff gave **positive feedback**, and some patients were able to take part in their own washing. **No waterborne bacteraemia was recorded** during the evaluation.³

These findings reflect the experience of one critical care unit. The published case study does not give a patient count or explain how the time saving was

measured, so the results may not apply in every setting. It also cannot establish that the wash mitts alone accounted for the absence of recorded waterborne bacteraemia.³



Choosing the right approach

Waterless bathing isn't one treatment for every patient. schülke offers different mitts for antimicrobial washing and gentle daily hygiene. Teams should **select a product**

according to the patient's needs, the local care protocol and its current instructions for use.⁴

Product		Role in patient washing
	octenisept® wash mitts	Octenidine-based whole-body antimicrobial washing for intensive and infection-sensitive settings.
	primasept® 2% CHG wash mitts	A chlorhexidine-based option for antimicrobial whole-body washing where chlorhexidine is specified in the local protocol.
	esemtan® wash mitts sensitive	Unperfumed, pH-skin-neutral cleansing and care of intact, sensitive skin for daily hygiene.
	esemtan® fresh mitts	Fragranced wash mitts for cleaning and care of intact skin.

Questions to take back to your team

- Which patients need antimicrobial washing?
- Which need gentle daily hygiene?
- Does the proposed routine fit local protocols and available staff training?
- How will you assess patient comfort, staff experience and use of time and equipment?

Explore the schülke wash mitt range or speak to the team about the options for your setting. [<https://www.schuelke.com/en-uk/contact/>]

References

- 1 Centers for Disease Control and Prevention. Considerations for Reducing Risk: Water in Healthcare Facilities. 2026. <https://www.cdc.gov/healthcare-associated-infections/php/toolkit/water-management.html>
- 2 Schaumburg T, et al. EFFECT of daily antiseptic bathing with octenidine on ICU-acquired bacteremia and ICU-acquired multidrug-resistant organisms. Intensive Care Medicine. 2024. doi:10.1007/s00134-024-07667-2. <https://link.springer.com/article/10.1007/s00134-024-07667-2>
- 3 schülke. Preventive washing in ICUs. Case Study – Waterless Care, p. 10. schülke brochure. **Available on request.**
- 4 schülke. Washing without Water, perfected. Wash mitt portfolio brochure, 2026. schülke brochure. **Available on request.**