Glove Policy

V2.2

December 2016
Summary

Are Gloves Really Necessary:

Gloves are **not required** for procedures where there is minimal risk of cross infection between patients and staff. Examples:
- Basic care procedures with no risk of contact with body fluids or infected patients
- Transferring food trays from trolley to patient bedside
- Changing/making uncontaminated beds
- Recording patient observations, eg, BP, temperature, pulse.
- Mobilising patients

Gloves are **required** for procedures where there is a risk of cross infection between patients and staff. Examples:
- Care procedures where there is potential contact with body fluids
- Contact with patients in isolation
- Direct contact with chemical substances
- Cleaning body fluid spillage.

**Glove Choice:**

**Nitrile** (acrylonitrile) Gloves

Nitrile gloves provide an excellent biological and chemical barrier and are effective when handling body substances and chemicals / chemotherapy medications. **These are the first line glove choice within Royal Cornwall Hospitals NHS Trust**

**Vinyl** (Polyvinyl Chloride – PVC: synthetic copolymer)

Vinyl gloves have a lower tensile strength than NRL and therefore are more prone to splitting. The material shows an increased permeability to blood borne viruses, making these gloves unsuitable for handling blood and blood stained fluids. Vinyl gloves are relatively rigid, inflexible and prone to leaking and should therefore only be used for low risk activity i.e. routine cleaning.

**Natural Rubber Latex**

Must not be used without a Full Risk Assessment, agreed and signed by Divisional Management Team and only if all alternatives have been considered and investigated first.
Table of Contents

1. Introduction ......................................................................................................................... 4
2. Purpose of this Policy/Procedure .......................................................................................... 4
3. Scope .................................................................................................................................... 4
4. Definitions / Glossary ............................................................................................................ 4
5. Ownership and Responsibilities ........................................................................................... 5
   5.1. Role of the Chief Executive .............................................................................................. 5
   5.2. Role of the Risk Management Team ................................................................................. 5
   5.3. Role of Ward Sisters/Charge Nurses and Heads of Departments ................................... 5
   5.4. Role of Divisional Management Teams ........................................................................... 5
   5.5. Role of Individual Staff .................................................................................................... 5
   5.6. Role of the Occupational Health Department ................................................................. 5
   5.7. Role of the Infection Prevention and Control Team ......................................................... 5
6. Standards and Practice ........................................................................................................ 6
   6.1. Statutory Requirements .................................................................................................... 6
   6.2. Purchase ............................................................................................................................ 6
   6.3. Selection ........................................................................................................................... 6
   6.4. Risk Assessment ............................................................................................................... 7
   6.5. Type of Gloves ................................................................................................................ 7
   6.6. Care of Gloves ................................................................................................................. 8
   6.7. Glove Disposal ................................................................................................................ 8
7. Dissemination and Implementation ..................................................................................... 10
8. Monitoring compliance and effectiveness .......................................................................... 10
9. Updating and Review .......................................................................................................... 10
10. Equality and Diversity ....................................................................................................... 10
    10.2. Equality Impact Assessment ........................................................................................ 10
Appendix 1. Governance Information ......................................................................................... 11
Appendix 2. Initial Equality Impact Assessment Form ............................................................... 13
Appendix 3. Glove Selection .................................................................................................... 16
1. **Introduction**

1.1. The Hands of health care workers remain the most common means of transmission of Healthcare Associated Infection (HCAI). By selecting and wearing gloves appropriately, health care staff can:

- Reduce the risk of hands becoming contaminated with body substances and Micro-organisms.
- Minimise the transfer of organisms from person to person.
- Protect their hands from chemicals that may adversely affect the skin.
- The key to appropriate glove usage is careful risk assessment.

*It is essential that a risk assessment be carried out to establish whether or not gloves are required to be worn for each individual task to be undertaken.*

2. **Purpose of this Policy/Procedure**

2.1. The Trust is committed to the protection of staff and patients from the transmission of blood borne viruses and to the prevention and reduction of adverse reactions to glove usage.

2.2. This policy aims to ensure therefore that the purchase, selection and usage of gloves comply with all relevant legislative requirements and follows available expert guidance (Occupational Health and Infection Prevention and Control)

3. **Scope**

3.1. This policy applies to all employees and contracted staff working at Royal Cornwall Hospitals Trust.

3.2. This policy applies to all managers of staff who in the course of their work may need to use PPE.

3.3. This policy applies to the procurement/supplies department who are involved in the purchase of PPE.

4. **Definitions / Glossary**

- **Glove** – garment which covers the hand.
- **Risk assessment** – method used to quantify risk to human health and the environment.
- **Extractable protein** – naturally occurring protein used to bind rubber molecules.
- **Residual chemicals** – chemicals which enhance and stabilise the natural properties of rubber; left over during the manufacturing process.
5. Ownership and Responsibilities

5.1. Role of the Chief Executive
The Chief Executive has overall responsibility and is accountable for providing a safe working environment for patients, visitors and staff and for ensuring the adoption of safe working practices.

5.2. Role of the Risk Management Team
The Trusts Risk Management Team is responsible for reporting all adverse incidents to the appropriate agencies under statutory regulations noted in the body of the policy and in appendix 1.

5.3. Role of Ward Sisters/Charge Nurses and Heads of Departments
Ward Sisters/Charge Nurses and Heads of Department are responsible for ensuring that risk assessments are carried out for glove usage, and for ensuring that the safe working practices advocated by this policy are being followed by all staff within their area of responsibility. They are responsible for the notification of adverse incidents arising from glove use to the Trusts Risk Management Team using the Datix reporting route.

They are responsible for ensuring the provision of approved alternative gloves as directed by Occupational Health.

5.4. Role of Divisional Management Teams
Divisional Management Teams are responsible for ensuring that this policy is understood and implemented by all staff within their Directorate / Division.

5.5. Role of Individual Staff
All staff are responsible for ensuring that they practice according to Trust policies. Staff are also responsible for reporting adverse incidents to their line manager according to the Trust’s incident reporting system.

Staff are responsible for attending Occupational Health appointments when these are due, and contacting OH to rearrange when unable to do so.

There are many situations where it is not necessary to wear gloves, and all staff should feel able to challenge inappropriate or over use of gloves.

5.6. Role of the Occupational Health Department
The Occupational Health Department will assist and advise individual managers regarding assessment of risks to health in the workplace. Pre-employment health surveillance is carried out and this is on-going as appropriate. Occupational Health will provide employees with any appropriate information on any hazards or risks. Guidance will also be given on the protective measures required when using gloves.

5.7. Role of the Infection Prevention and Control Team
The Infection Prevention / Control Team are responsible for ensuring that this policy is up dated as necessary and will support managers and other staff in
assessing the need for gloves and in ensuring that staff have appropriate training on glove use to enable them to practice safely.

6. Standards and Practice

6.1. Statutory Requirements

6.1.1. Health and Safety at Work etc Act 1974
The Health and Safety at Work Act 1974 identifies the responsibilities of both employers and employees to protect the health and wellbeing of all employees as far as is reasonably practicable. Regulations supporting this act and relevant to the use of gloves in health care include the following:
- Personal Protective Equipment at Work Regulations 1992.
- Personal Protective Equipment Regulations 2016
- The Control of Substances Hazardous to Health (CoSHH) Regulations 2002.
- Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 2013.

6.1.2. Medical Devices Regulations
Examination and Surgical gloves are categorised as medical devices and are subject to European Community Medical Devices Directives regulating the safety and marketing of all Medical Devices (MDA2000).

6.2. Purchase
The Trust will evaluate, and purchase gloves in accordance with all available evidence, guidance, national and international standards. Latex Gloves will not be ordered without authorisation from Senior Management and only for specific circumstances.

Gloves approved for purchase will be:
- Low in extractable protein.
- Low in residual chemicals.
- Powder free.
- Compliant with Directive 2007/47/EC – providing a barrier against blood-borne pathogens and also fulfil the relevant basic health and safety requirements of Directive 89/686/EC on personal protective equipment.
- Any trial of alternative gloves will need to be undertaken in line with the Trust’s policy for the Trial and Evaluation of Medical Devices

6.3. Selection
It is recommended that gloves are worn whenever direct contact with body substances is likely. Unnecessary / inappropriate use of gloves must be avoided in order to protect the wellbeing and safety of patients and staff.

6.3.1. Sterile Surgical Gloves
To achieve asepsis, sterile gloves must be worn and appropriate selection should follow a local risk assessment.
6.3.2. Examination Gloves

Non-sterile examination gloves may be selected for non-aseptic procedures where there is potential exposure to blood and other body fluids and to protect the skin from other harmful agents i.e. chemicals. To facilitate appropriate glove selection and use, each practitioner / health care worker must make a thorough risk assessment prior to undertaking any aspect of work in the clinical area / work place.

6.4. Risk Assessment

6.4.1. Gloves should be worn if there is a risk of exposure to:-
- Blood / body fluids.
- Non-intact skin.
- Mucous membranes.
- Chemicals / hazardous substances (after COSHH assessment).

6.4.2. The risk assessment prior to glove selection should include the following considerations: -
- The nature of the task.
- Avoiding Latex wherever possible.
- The likelihood of contact with body substances.
- Sterile or non-sterile gloves required.
- Patient or user sensitivity to natural rubber latex.
- It must be remembered that gloves can fail and it is therefore most important that hands are washed thoroughly and dried before putting on gloves and after removing them.
- An incident involving potential reaction to the type of glove used must be reported using the Trust’s incident reporting system.

6.5. Type of Gloves

6.5.1. Nitrile (acrylonitrile) Gloves

Nitrile gloves provide an excellent biological and chemical barrier and are effective when handling body substances and chemicals / chemotherapy medications. These are the first line glove choice within Royal Cornwall Hospitals NHS Trust

6.5.2. Natural Rubber Latex (NRL) Gloves

Due to the risk of using any Latex to sensitisation for the user, Latex gloves will only be used when the following criteria are all met:

(a) There is a clear medical reason for using Latex gloves as opposed to non-Latex alternatives.
(b) The user of the gloves has been assessed to ensure they have no sensitivity to Latex and this is recorded in a register.
(c) There is a risk assessment in place for the use of Latex gloves that has been agreed by Senior Management.
(d) The usage of the Latex gloves is controlled.
(e) There is no clinical risk to patient due to sensitivity.

Alternatives to Latex Gloves must be considered and fully investigated before resorting to their use, following the above criteria is met. NRL
provides excellent protection against blood-borne viruses. Only gloves which are powder free, low in extractable proteins and residual accelerators should be used in order to minimise the risk of sensitivity.

6.5.3. **Vinyl** (Polyvinyl Chloride – PVC: synthetic copolymer)
Vinyl gloves have a lower tensile strength than NRL and therefore are more prone to splitting. The material shows an increased permeability to blood borne viruses, making these gloves unsuitable for handling blood and blood stained fluids. Vinyl gloves are relatively rigid, inflexible and prone to leaking and should therefore only be used for low risk activity i.e. routine cleaning.

6.5.4. **Polythene** (ethylene co-polymer/plastic)
These gloves have heat sealed seams which predisposes them to splitting. They are thin and have a tendency to tear. Polythene gloves are often ill fitting, making dexterity difficult and therefore this does not comply with expert guidance on personal protective equipment. These gloves should not be used in the clinical area. If a department needs to use these gloves for a specific purpose, consult with the infection control team.

6.6. **Care of Gloves**
- Gloves are classified as single use medical devices and therefore must not be re-used; they must be changed between patients / activities. Glove integrity can be damaged if in contact with certain chemicals such as isopropanol, oils, silicone based substances and disinfectants. Many gloves develop microscopic punctures during use and cannot then provide an effective barrier.
- Jewellery may damage the integrity of the glove and therefore must not be worn with the exception of a single plain wedding band.
- Long nails may also puncture the glove, so nails must be kept short, smooth and clean. False nails are not to be worn by staff working in any area of clinical practice.
- Gloves must be stored as per manufacturer’s recommendations.

6.7. **Glove Disposal**
All gloves used for handling body fluids or management of an infectious patient should be disposed of as infective waste. Gloves used for other general activities can be disposed of in household waste. Gloves **MUST NEVER** be disposed of in a macerator or in a sharps bin due to the risk of sustaining an injury whilst doing so.
6.8. Size of Gloves
It is important to ensure that all gloves fit correctly. Poor fitting gloves can interfere with dexterity and performance, exposing the wearer and receiver of care to potential risks.

6.9. Double Gloving
6.9.1. Double gloving is advocated by the Expert Advisory Group on AIDS and Hepatitis as a means of protecting surgeons from exposure to blood borne pathogens, even though it is accepted that sensitivity and dexterity may be reduced. Staff should inspect their gloves frequently throughout the procedure and change the gloves whenever damage or defects are suspected.

6.9.2. Double gloving should be considered for all procedures but is recommended in all orthopaedic procedures where the risk of glove perforation is high. The use of an indicator under glove is recommended to support the early identification of outer glove puncture. When a puncture is indicated the outer glove should be changed immediately.

6.10. Safe Practice (when using gloves)
- Check gloves for apparent tears and / or defects before use.
- Wash and thoroughly dry hands prior to the application of gloves.
- Never wear gloves for periods longer than absolutely necessary.
- Remove gloves (with care) immediately after activity, and dispose of into a clinical waste bag. Wash and dry the hands thoroughly after use.
7. **Dissemination and Implementation**

This policy will be implemented via the following routes:
- The policy will be included in the Trust's Document Library
- The policy will be circulated to all Link Practitioners, Ward Sisters, Departmental leads and Matrons

8. **Monitoring compliance and effectiveness**

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Appropriate wearing of gloves in the clinical setting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Louise Dickinson, Consultant Nurse/Joint DIPC</td>
</tr>
<tr>
<td>Tool</td>
<td>Infection Prevention and Control Departmental Audit tool – personal protective equipment section.</td>
</tr>
<tr>
<td>Frequency</td>
<td>This will be monitored in each ward area annually</td>
</tr>
<tr>
<td></td>
<td>A report will be completed for each ward area annually</td>
</tr>
<tr>
<td></td>
<td>This report will be forwarded to the Ward Sister/Charge Nurse annually.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Progress on the actions identified in the audit will be monitored via the Infection Prevention and Control Committee via the Divisional Report. This will be recorded in the minutes of the committee meeting.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>This infection prevention and control team will make initial recommendations at the time of audit. If following, the Divisional response to the audit at the HICC, it is deemed necessary to make further recommendations, the Committee will be responsible for this and will determine the specified time scale.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within a month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

9. **Updating and Review**

9.1. This policy will be reviewed within 3 years

10. **Equality and Diversity**

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

10.2. **Equality Impact Assessment**

10.3. The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Glove Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>December 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>December 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>December 2019</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Louise Dickinson, Consultant Nurse/Joint DIPC</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254969</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This policy provides guidance to ensure that the purchase, selection and usage of gloves comply with all relevant legislative requirements and follows available expert guidance.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Gloves</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT √</td>
</tr>
<tr>
<td></td>
<td>CFT</td>
</tr>
<tr>
<td></td>
<td>KCCG</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Nurse Executive</td>
</tr>
<tr>
<td>Date revised:</td>
<td>7th December 2016</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Glove Policy v2.1</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Health &amp; Safety Committee</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Director of Estates</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Name: Estates Governance Lead</td>
<td>Name: Estates Governance Lead</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet √ Intranet Only</td>
</tr>
</tbody>
</table>
Related Documents:

- The Control of Substances Hazardous to Health (COSHH) Regulations 2001.
- Reporting of Injuries, Diseases and DangerousOccurrences (RIDDOR) Regulations 1996.

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Feb 12</td>
<td>V1.1</td>
<td>Initial Issue</td>
<td>Louise Dickinson Consultant Nurse/Joint DIPC</td>
</tr>
<tr>
<td>02 Oct 15</td>
<td>V2</td>
<td>Revised and updated</td>
<td>Louise Dickinson Consultant Nurse/Joint DIPC</td>
</tr>
<tr>
<td>09 Feb 16</td>
<td>V2.1</td>
<td>Updated from comments at H&amp;S Committee</td>
<td>Robin Gatenby, Health &amp; Safety Manager</td>
</tr>
<tr>
<td>09 Feb 16</td>
<td>V2.2</td>
<td>Update to reflect glove usage in response to new trials.</td>
<td>Phil Bond, Governance Lead, Estates</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
# Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy)</th>
<th>Provide brief description: Glove Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area: Corporate – Infection Prevention &amp; Control</td>
<td>Is this a new or existing Policy? Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment: Louise Dickinson</td>
<td>Telephone: 01872 254969</td>
</tr>
</tbody>
</table>

1. **Policy Aim***
   **Who is the strategy / policy / proposal / service function aimed at?**
   To protect staff and patients from the transmission of blood borne viruses and to the prevention and reduction of adverse reactions to glove usage.

2. **Policy Objectives***
   This policy provides guidance to ensure that the purchase, selection and usage of gloves comply with all relevant legislative requirements and follows available expert guidance.

3. **Policy – intended Outcomes***
   Safe use of gloves.

4. *How will you measure the outcome?*
   Via the annual Infection Prevention and Control Departmental audit

5. **Who is intended to benefit from the policy?**
   Patients and Staff

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
   No

   b) If yes, have these *groups been consulted?

   C). Please list any groups who have been consulted about this procedure.
   Occupational Health Department
   Health and Safety Department
   Procurement Department

7. **The Impact**
   Please complete the following table.

<table>
<thead>
<tr>
<th>Are there concerns that the policy could have differential impact on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality Strands:</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Sex</strong> (male, female, transgender / gender reassignment)</td>
</tr>
<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
</tr>
<tr>
<td><strong>Disability - Learning disability, physical disability, sensory impairment and mental health problems</strong></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. No

9. If you are not recommending a Full Impact assessment please explain why.

None of the equality strands have been identified in the initial impact assessment

Signature of policy developer / lead manager / director

Date of completion and submission

Names and signatures of members carrying out the Screening Assessment

1. Louise Dickinson

---

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed __________________

Date __________________
Appendix 3. Glove Removal Technique
Appendix 4. Glove Selection

ARE GLOVES REALLY NECESSARY

Gloves are not required for procedures where there is minimal risk of cross infection between patients and staff. Examples:
- Basic care procedures with no risk of contact with body fluids or infected patients
- Transferring food trays from trolley to patient bedside
- Changing/making uncontaminated beds
- Recording patient observations, eg, BP, temperature, pulse.
- Mobilising patients

Gloves are required for procedures where there is a risk of cross infection between patients and staff. Examples:
- Care procedures where there is potential contact with body fluids
- Contact with patients in isolation
- Direct contact with chemical substances
- Cleaning body fluid spillage.

DO NOT WEAR GLOVES

TYPE OF ACTIVITY

WEAR GLOVES

Possible contact with chemicals
- Nitrile Non-sterile

Food preparation (not taking a plate or tray to patient)
- Nitrile Non-sterile

Tasks involving risk of exposure to blood or body fluids or infected patients
- Nitrile Non-sterile

Aseptic non touch technique
- Nitrile Non-sterile

Sterile procedures eg epidural
- Nitrile sterile (latex sterile with full risk assessment)

Surgical procedures
- Sterile Surgical Gloves