

Trust Guideline for the Management of Glove Usage

For Use in:	All clinical areas within the Norfolk and Norwich University Hospital, other healthcare premises and patients' homes
By:	All health care workers, other agency / contracted workers & students
For:	Patients and health care workers
Division responsible for document:	Corporate – Workplace Health & Wellbeing
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This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

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Version and Document Control:

Version Number	Date of Update	Change Description	Author
4.3	20/12/2021	Reviewed and amended, no clinical changes	Hilary Winch

This is a Controlled Document

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Quick Reference 1 - GUIDANCE FOR GLOVE USAGE

GOOD HAND HYGIENE PRACTICES MUST BE ADOPTED AT ALL TIMES

Gloves are not required for procedures where there is a minimal risk of cross infection between patients and staff e.g.

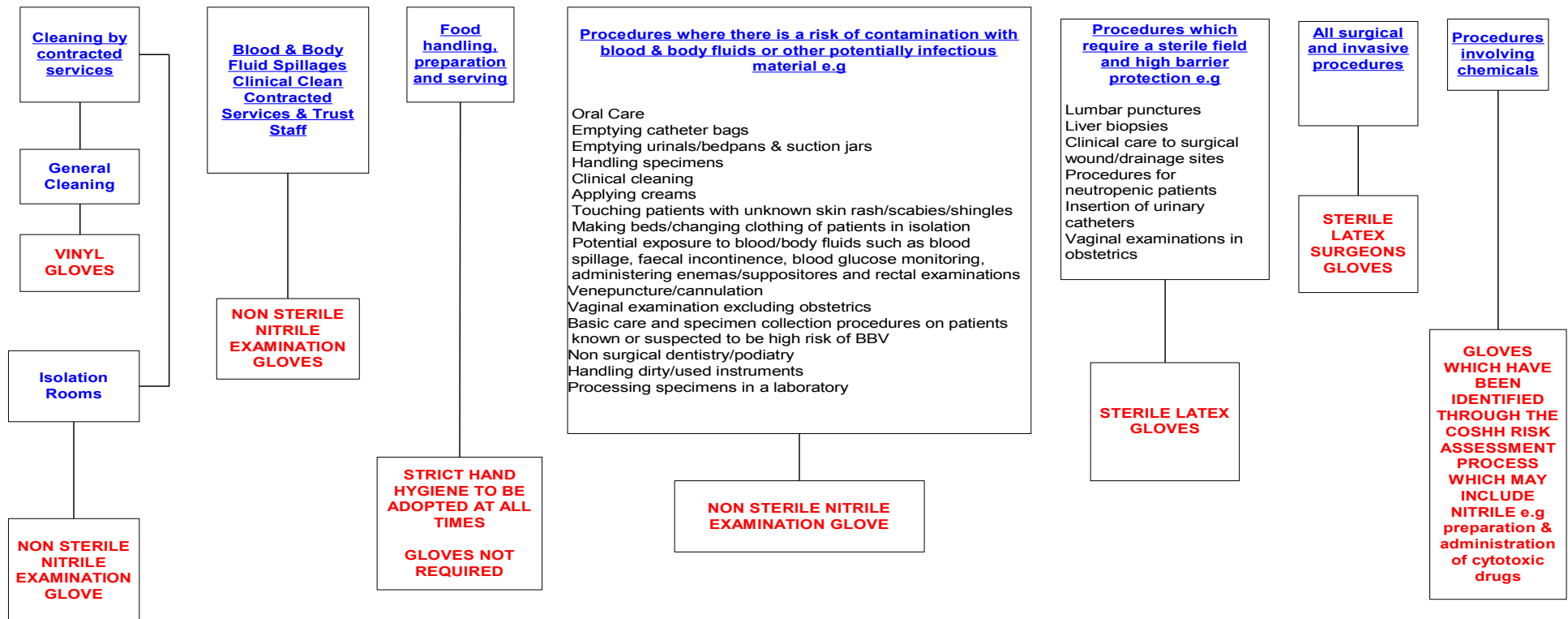
Basic care procedures without contact with blood or body fluids

Transferring food from food trolleys to the patients bedside

Making uncontaminated beds/changing or removing patients uncontaminated clothing

Taking and recording BP, temperature and pulse

Even though gloves may not be required hands must be decontaminated after completion of work tasks and between patients.



YOU MUST NOT WEAR ANY GLOVES WHICH HAVE NOT BEEN ASSESSED AND CLEARED BY THE PROCUREMENT DEPARTMENT

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Quick reference guideline –

- Risk Assessment for Glove Usage

2. Objective

To minimise the risk of an allergic reaction and dermatitis to staff and patients by reducing the use of latex and non-latex gloves.

To promote good practice and appropriate glove usage through increased knowledge and understanding of risks.

To raise awareness of the effects of latex sensitisation on the healthcare worker.

This guideline should be used in conjunction with the Trust Guideline for the Prevention and Management of Latex Allergy and Occupational Health Skin Disorders.

3. Rationale for the recommendations

The introduction of standard precautions in order to prevent the transmission of blood borne viruses has resulted in a significant increase in the use of natural rubber latex gloves (NRL). This has resulted in greater occupational exposure to latex amongst health care workers and subsequently to the patients they care for. For some health care workers exposure to latex and chemicals used in the production of non-latex gloves may result in a reaction ranging from skin rashes (urticaria or “hives”) “hay fever” like symptoms and asthma through to anaphylaxis.

It is essential that a correct diagnosis is made when staff exhibit skin problems which may be related to latex or chemicals used in the production of non-latex gloves. It is important for staff to seek advice from Workplace Health & Wellbeing in order to establish whether the problem is associated with poor hand washing/care techniques which is usually the case (producing irritant dermatitis) rather than being directly due to exposure to latex or chemicals used in the production on non-latex gloves.

It is therefore important that the risks related to glove associated allergies and costs relating to increased use are managed effectively by making informed, cost effective decisions on the selection, use and purchase of gloves within the Trust.

Legislation relating to glove usage

- Health & Safety at Work etc Act (1974)
- Personal Protective Equipment (1992)
- COSHH (2002)
- RIDDOR (1995)

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4. Broad recommendations

4.1 When gloves should be used

Gloves should only be worn when it has been identified that this type of Personal Protective Equipment (PPE) is necessary for the task being undertaken.

Gloves should **not** be worn when performing procedures or work tasks that do not involve contact with blood and body fluids, other potentially infectious material or harmful chemicals.

Gloves should not routinely be worn when transferring patients between hospital sites but may be carried where a risk assessment has identified a potential risk from contact with blood and body fluids or potentially infectious material.

Gloves are not required for procedures where there is a minimal risk of cross infection between patients and staff and include the following: -

- Basic care procedures without contact with blood and body fluids (including bathing/washing).
- Making uncontaminated beds/changing or removing patients uncontaminated clothing.
- Taking recordings of blood pressure, temperature, pulse.
- Moving patients around the hospital unless a specific infection control risk has been identified.

NB: Where the above procedures are conducted on patients in isolation refer to the Management of Isolation Procedure, [Trustdocs Id: 614](#)

The wearing of gloves is not a substitute for thorough hand decontamination (see Hand Hygiene [Trustdocs Id: 613](#)).

- Gloves should be changed after contact with each patient and after different procedures undertaken on the same patient carrying a risk of cross infection.
- Gloves should only be worn when necessary and following an assessment of the risks involved.
- Hands should be decontaminated after gloves have been removed.
- All gloves must be purchased through Procurement and must comply with British Standards and Department of Health specification.
- All gloves in use must be “non powdered”.

It is essential that gloves are not used inappropriately and that all gloves used are within their use by date.

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4.2 Glove Storage

It is important that gloves are stored appropriately as follows: -

- Do not store gloves in areas where there are extremes of temperature.
- Do not store near sterilisers, heaters or air conditioners or where exposed to sunlight, ultraviolet light, and fluorescent light or X - Ray machines. These conditions promote glove breakdown and may compromise barrier protection.
- If you have staffs that are latex sensitive working in your ward or department ensure that **latex free** gloves are not stored where there could be cross contamination with latex gloves.

5. Guidelines on Glove Selection

5.1. Risk Assessment

A suitable and sufficient assessment of the risk to staff and patients must be carried out as part of the risk assessment process.

An informed risk assessment should be undertaken to ensure that an appropriate glove choice is made for the specific procedure or work task. The following factors should be borne in mind when undertaking a risk assessment as follows: -

- The activity or task where there is likely to be possible exposure to NRL.
- The risk of contamination.
- Barrier efficacy of the glove.
- Sterile or non-sterile gloves required.
- Patient/user sensitisation to natural rubber latex (NRL).

In addition to considering risks to themselves the healthcare worker must consider the risks to patients with latex sensitivity in line with the Trust Policy - Latex Allergy and Occupational Skin Disorders (Prevention and Management) [Trustdocs Id: 1231](#).

Before selecting a glove, staff should ask themselves “are gloves really necessary for this task?”

See quick reference chart 1 on page 2

5.2. Before Using Gloves

Always cover any broken skin, cuts or grazes with a waterproof plaster before putting on gloves.

Decontaminate hands before putting on gloves.

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If hands washed with soap and water ensure they are rinsed and dried well as soap held against the skin by a glove may cause irritant dermatitis.

5.3. Type of glove

Make sure the right type of glove is selected for the procedure to be undertaken. Only wear the glove for the duration of the procedure and remove once this has been completed.

Change gloves between different tasks involving risk of contamination on the same patient.

See quick reference chart 1 on page 2

5.4. Size

It is important that the glove fits the user correctly. The correct size glove should have a comfortable close fit against the fingers of the healthcare worker. A glove that is too tight can cause skin rashes and is liable to tear in use. If the health care worker has to noticeably hold their fingers against the pull of the glove then it is too small. Gloves prevent the evaporation of sweat, which can build up when gloves are used for long periods and predispose the healthcare worker to irritant dermatitis

A loose fitting glove may interfere with the ability to grip and affect the healthcare workers ability to perform the procedure or work task.

5.5 After Use

Care must be taken when removing gloves to ensure the outer surface is not touched. The first glove should be pulled off so it turns inside out and then the clean inner surface can be used to hold the second glove while it is pulled off.

Gloves must be discarded into the correct waste stream, all gloves should be disposed of as clinical waste.

6. Hand Care – see Hand Hygiene Policy [Trustdocs Id: 613](#) IP&C

By undertaking a consistent, effective hand care regimen, healthcare workers will maintain the integrity of their skin and their first line of defence against blood borne viruses and other infectious materials. It is important to be aware that damaged skin can become colonised with infection (including MRSA).

A hand care protocol should address the following

- Hand Decontamination – see Hand Hygiene policy, [Trustdocs Id: 613](#), IP&C
- Emollient hand creams
- Appropriate glove usage

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6.1. Emollient Hand Cream

Regularly use the emollient hand cream provided by the Trust.

Do not use highly fragranced hand care products, as these may be a source of irritant dermatitis or contact allergic dermatitis.

Do not use communal or refillable containers of hand cream since these easily become contaminated?

Do not use commercial hand lotion because Hydrocarbon based products are not compatible with latex gloves. Products containing mineral oil, petroleum or lanolin should not be used when wearing latex gloves.

7. Clinical audit standards / audit standards / monitoring compliance

To ensure that this document is compliant with the above standards, the following monitoring processes will be undertaken:

All staff will receive induction and annual training on occupational skin disorders (which will include latex allergy awareness) and glove usage.

See Effectiveness Table (appendix 1).

8. Summary of development and consultation process undertaken before registration and dissemination

The authors listed above drafted this document on behalf of Workplace Health & Wellbeing who has agreed the final content.

This version has been endorsed by the Clinical Guidelines Assessment Panel

9. References/ source documents

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HSE (1991) **Medical aspects of occupational skin diseases**, Guidance note 24 (second edition)

Royal College of Physicians & NHS Plus (2008) **Latex Allergy, Occupational aspects of management**, a national guideline.

Royal College of Physicians, Faculty of Occupational Medicine & NHS Plus (2009) **Dermatitis, Occupational aspects of management**, a national guideline , p7.

Health & Safety Executive (2005) **About Latex Allergies** www.hse.gov.uk.

NHS Employers (2005) **The management of health, safety and welfare issues for NHS staff**, 21.

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Royal College of Physicians & NHS Plus (2008) **Latex Allergy, Occupational aspects of management**, a national guideline.

Royal College of Physicians, Faculty of Occupational Medicine & NHS Plus (2009) Dermatitis, Occupational aspects of management, a national guideline

Source Documents

Hand Hygiene policy, [Trustdocs Id: 613](#)

Management of Isolation Procedure, [Trustdocs Id: 614](#)

Latex Allergy and Occupational Skin Disorders (Prevention and Management) [Trustdocs Id: 1231](#).

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Monitoring Compliance / Effectiveness Table				Appendix 1		
<i>Element to be monitored</i>	<i>Lead Responsible for monitoring</i>	<i>Monitoring Tool / Method of monitoring</i>	<i>Frequency of monitoring</i>	<i>Lead Responsible for developing action plan & acting on recommendations</i>	<i>Reporting arrangements</i>	<i>Sharing and disseminating lessons learned & recommended changes in practice as a result of monitoring compliance with this document</i>
All staff will receive induction and annual training on occupational skin disorders (which will include latex allergy awareness) and glove usage	Senior OH Nurse Adviser	Review of training syllabus / audit of training record compliance	3 yearly	Senior OH Nurse Adviser	Workforce sub board	The Lead responsible for developing the action plans will disseminate lessons learned via the most appropriate committee e.g. Clinical Safety Executive Sub-Board, Non-Clinical Safety Executive Sub-Board, Workforce Executive Sub-Board, Executive Board or Trust Board.