

Glove Policy

Unique Identifier:	CORP/POL/410				
Version Number:	3				
Type of Update / Status:	Ratified with Minor / No Technical Changes				
Divisional and Department:	Occupational Health, Workforce and Organisational Change				
Author / Originator and Job Title:	Kerrie Chesters- OH Nurse Manager Clare Partington- OH Nurse Advisor				
Replaces:	CORP/POL/410, Version 2.1, Glove Policy				
Description of amendments:	Minor changes to Appendix one to reflect changes in glove supplies in the Trust				
Approved by:	Whole Health Infection Prevention & Control (WHIPC) Committee Meeting				
Approved Date:	8 th February 2022				
Issue Date:	08/02/2022				
Review Date from Date of Approval:	1 Year <input type="checkbox"/>	2 Years <input type="checkbox"/>	3 Years <input checked="" type="checkbox"/> 08/02/2025	4 Years <input type="checkbox"/>	5 Years <input type="checkbox"/>

Version Control Sheet			
This must be completed and form part of the document appendices each time the document is updated and approved			
Date dd/mm/yy	Version	Author	Reason for changes
08/02/22	3	Kerrie Chesters, Clinical manager, Occupational Health Clare Partington Sister, Occupational Health	Minor changes to Appendix one to reflect changes in glove supplies in the Trust

Consultation / Acknowledgements with Stakeholders		
Name	Designation	Date Response Received
All clinical team	Occupational Health Governance meeting	13 th October 2021
Patricia Cross	Infection Prevention Team	22/11/2021
John Mannion	Infection Prevention Team	13 th October 2021

1 Introduction / Purpose

The hands of health care workers remain the most common means of transmission of healthcare associated infections (HCAs).

By selecting and wearing gloves appropriately, health care staff can;

- Reduce the risk of the 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.

A risk assessment is beneficial to establish whether gloves are required to be worn for each individual task to be undertaken.

THE WEARING OF GLOVES IS NO SUBSTITUTE FOR GOOD HAND HYGIENE.

The policy, based upon current evidence aims to inform health care staff on all aspects of glove usage in order to afford appropriate choices to be made in clinical practice whilst ensuring the safety and protection of both patients and staff.

2 General Principles / Target Audience

The policy applies to all staff, students, contractors, agency workers, clinical and non-clinical working within Blackpool Teaching Hospitals NHS Foundation Trust.

3 Definitions and Abbreviations

COSHH Control of Substances Hazardous to Health
EPP Exposure Prone Procedure
HCAI Healthcare Associated Infection

4 Policy

4.1 Introduction

Gloves should be worn for:

- All Exposure Prone Procedures (EPPs)
- Contact with sterile sites and non-intact skin or mucous membranes during general care and invasive procedures
- Contact with patients being barrier nursed
- Where there is a risk of exposure to blood, body fluids, secretions or excretions
- When handling contaminated dressings / instruments / equipment
- When handling chemicals / drugs (hazardous substances) after Control of Substances Hazardous to Health (COSHH) assessment

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- 4.1.1 Gloves are not necessary for activities such as the administration of simple vaccines; taking / recording the patient's vital signs; bed making, assistance with mobility; and the feeding of patients, who have no known infection risk. Hands are less likely to become heavily contaminated during these activities and a micro-organism that is picked up is easily removed with a correct hand hygiene technique.

4.2 Risk Assessment

To facilitate appropriate glove selection and use, a thorough risk assessment must be made prior to undertaking any aspect of work in clinical area / work place.

Risk assessment should include the following considerations:

- The nature of the task
- The likelihood of contact with body substances
- Sterile or non-sterile

Gloves should not be worn unnecessarily as their prolonged and indiscriminate use may cause adverse reactions and skin sensitivity.

Refer to Appendix 1 for help with appropriate gloves selection.

5 References and Associated Documents

1. **BTHFT - Procedure.** Performing Control of Substances Hazardous to Health (COSHH) Assessments. [Online] 11 03 2020. [Cited: 08 11 2021.] <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-429.docx>. CORP/PROC/429.
2. **BTHFT - Policy.** Risk Management Policy. [Online] 04 03 2021. [Cited: 08 11 2021.] <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-547.docx>. CORP/POL/547.
3. **BTHFT - Procedure.** Hand Hygiene Procedure. [Online] 10 05 2019. [Cited: 03 11 2021.] <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-418.docx>. CORP/PROC/418.
4. **BTHFT - Policy.** Hand Hygiene. [Online] 10 05 2019. [Cited: 08 11 2021.] <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-056.docx>. CORP/POL/056.

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Appendix 1: Risk Assessment and Glove Selection

RISK ASSESSMENT

ARE GLOVES REALLY NECESSARY?

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

Examples:

- Administration of simple vaccines
- 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's obs, eg. BP, temp, pulse

DO NOT WEAR GLOVES

Gloves are required for procedures where there is a risk of cross infection between patients and staff

Examples:

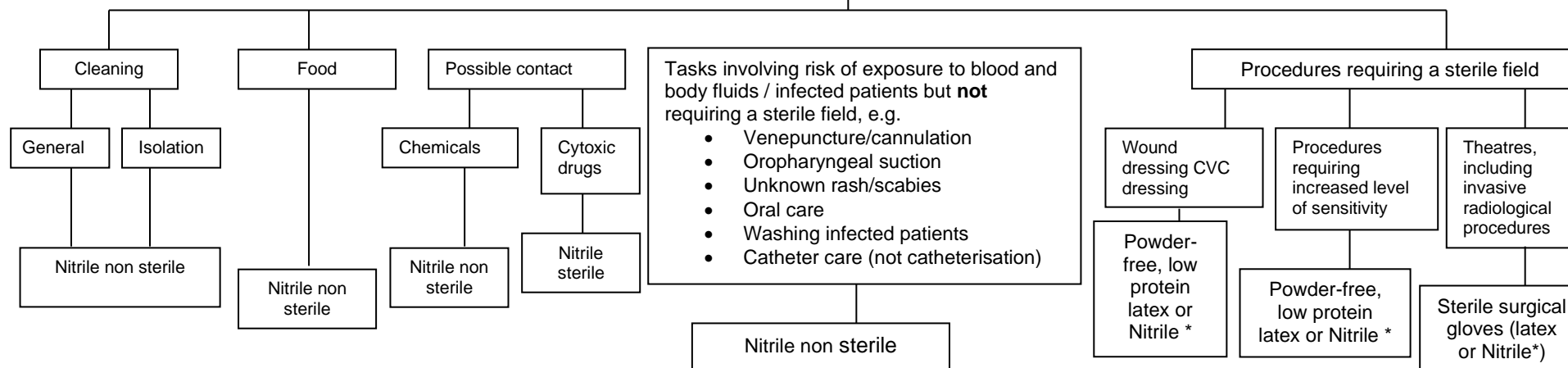
- Care procedures where there is a potential contact with body fluids
- Contact with patients being barrier nursed
- Direct contact with chemical substances
- Cleaning body fluids spillage
- Performing sterile/aseptic procedures

WEAR GLOVES

* - **Nitrile** should only be used by those with a proven allergy to latex – May require referral to Occupational Health.

GLOVE SELECTION

TYPE OF ACTIVITY



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Appendix 2: Equality Impact Assessment Form					
Department	Occupational Health	Service or Policy	CORP/POL/410	Date Completed:	13 th November 2020
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	Health and safety of all Trust staff				
Does the service, leaflet or policy/ development impact on community safety <ul style="list-style-type: none"> • Crime • Community cohesion 	No				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	Inclusive of all Trust staff				
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	Policy guidance				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Yes				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No				

Appendix 2: Equality Impact Assessment Form				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	Yes		Reduce risk of infection and skin reactions to trust staff.	
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No			
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the environment	No		Reducing the environmental impact by reducing single use products.	
<ul style="list-style-type: none"> During development At implementation? 			Ensuring that people select the right gloves at the right time to prevent wastage.	
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author: Signature of Author:	Kerrie Chesters + Clare Partington	Date Signed:	13 th October 2021	
Name of Lead Person: Signature of Lead Person:	Kerrie Chesters	Date Signed:	13 th October 2021	
Name of Manager: Signature of Manager	Susan Wild	Date Signed:	8 th February 2022	