The Royal Wolverhampton NHS Trust

Policy Number IP09 Glove Policy

Contents

Attachments

1.0 Policy Statement (Purpose / Objectives of the policy)

In recent years concern among health care workers and the general public with regard to the hazards and modes of transmission of various pathogens has led to the increased use of barriers against infection, with gloves forming a primary method of protection. This policy provides guidance for all staff on the purchase, selection, and safe practice for the use of disposable gloves.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy (OP109) must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

2.1.1 Allergy: an immunological reaction to a foreign substance that produces detrimental consequences to the body.

2.1.2 C.E. Marks Certificate of Europe: manufacturers are required by law to demonstrate their products meet certain regulations.

2.1.3 Contact Allergic Dermatitis: a true allergy which results in an eczematous rash.

2.1.4 Hypersensitivity: an inappropriate or excessive response of the immune system; allergy is one of the three major types of immune hypersensitivity.

2.1.5 Sensitisation: the production of specific antibodies in response to repeated exposure to a specific antigen (any substance which the body regards as foreign or potentially dangerous).

2.1.6 Type 1 Sensitivity: as well as skin manifestations, this can result in wheezing, anaphylaxis and even death.

2.1.7 Type 1V Sensitivity: localised redness, itching, soreness and chapping.

3.0 Accountabilities

3.1 The Infection Prevention Team

3.1.1 Auditing this policy at least every 2 years.

3.1.2 Updating the policy to reflect current guidance.

3.1.3 Supporting managers in the implementation of this policy by providing guidance regarding the appropriate use of gloves.

3.2 Senior Sisters/Charge Nurses/Local Departmental Managers/Practice Managers/GPs

3.2.1 Keeping up to date with issues surrounding hand care and glove wearing.

3.2.2 Eliminating the unnecessary use of gloves.

3.2.3 Promoting the appropriate use of gloves.

3.2.4 Referring any employee with a health problem associated with glove use to the Occupational Health and Wellbeing Service.

3.2.5 Ensuring that any gloves ordered and used comply with this policy, and that employees are instructed in the correct use of such gloves. Adequate supplies of appropriate gloves for specific tasks are available.

3.2.6 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 in their area of responsibility.

3.2.7 Notifying adverse incidents arising from glove use to the Trust Risk Management Team using the incident reporting route.

3.3 The Occupational Health and Wellbeing Service

3.3.1 Advising managers at the pre-employment stage, regarding existing medical conditions which could be glove related.

3.3.2 Providing advice for all employees who develop work related skin problems.

3.3.3 Reporting any confirmed latex sensitisation or confirmed work related contact dermatitis to the Governance Department for possible reporting under RIDDOR 1995.

3.4 Employees

3.4.1 Reporting any skin or other sensitisation associated with work to their manager and to the Occupational Health and Wellbeing Service

3.5 The Procurement/ Supplies Department

3.5.1 Ensuring that all gloves purchased comply with British Standards, C.E. Marks until 2023 and UKCA mark thereafter (MDR 2019) and Department of Health specification to reduce the possibility of cross infection and ensure adequate protection against blood borne viruses.

4.0 Policy Detail

4.1 Statutory Requirements Health and Safety at Work 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:

- The Management of Health and Safety at Work Regulations (1992);
- Personal Protective Equipment at Work Regulations (1992);
- The Control of Substances Hazardous to Health (COSHH) Regulations (1994);
- Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations (1996);
- epic3: National Evidence-Based Guidelines Preventing Healthcare-Associated Infections in NHS Hospitals in England (2014).

Medical Devices Regulations

Examination gloves are categorised as medical devices and are subject to current legislation regulating the safety and marketing of all Medical Devices (MDR 2019).

4.2 Purchase

The Trust will evaluate and purchase gloves in accordance with all available evidence, guidance, national and international standards (See Attachment 1).

These are examples of standards set to date and any set after the issuing of this policy will automatically be recognised to supersede outdated standards.

Gloves approved for purchase will be:

- Low in extractable latex protein;
- Low in residual chemicals;
- Powder-free.

4.3 Selection

4.3.1 Gloves must be worn whenever direct contact with body substances is likely.

4.3.2 Unnecessary / inappropriate use of gloves must be avoided in order to protect the wellbeing and safety of patients and staff.

4.3.3 To facilitate appropriate glove selection and use, each health care worker must make a thorough risk assessment prior to undertaking any aspect of work in their clinical area.

4.4 Risk Assessment

4.4.1 Gloves must be worn for:

- Invasive procedures;
- Contact with sterile sites and non-intact skin or mucous membranes;
- All activities that have been assessed as carrying a risk of exposure to blood or body fluids;
- In line with current Trust COVID-19 PPE guidance;
- When handling sharps or contaminated devices;
- Chemicals / hazardous substances (after COSHH assessment).

4.4.2 The risk assessment prior to glove selection should include the following considerations:

- The nature of the task;
- The likelihood of contact with body substances;
- Sterile or non-sterile;
- Patient or user sensitivity to the glove material i.e. latex or nitrile.

4.4.3 All gloves must conform to current EU legislation (C.E. marked) and UKCA mark (after 2023) as medical gloves for single use and be:

- Appropriate for the task;
- Low in extractable latex proteins;
- Low in residual chemicals;
- Powder-free.

4.4.4 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.

4.4.5 See Attachment 2 for a reference chart that aids risk assessment and enables staff to make appropriate decisions about glove use.

4.4 Glove Usage

4.4.1 Examination and Surgical Gloves are classified as single use medical devices and are subject to European Community Medical Devices Directives regulating the safety and marketing of all medical devices (MDA 2000) therefore must not be reused.

4.4.2 Gloves must be changed between patients and between different activities on the same patient. Attachment 3 details what types of gloves are available, care, size and safe practice when using gloves.

4.4.3 Gloves must be disposed of as clinical waste.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

5.1 Will be met through existing Directorate budgets

6.0 Equality Impact Assessment

6.1 This policy has been screened using the Equality and Diversity checklist. No issues have been identified which would adversely affect any racial or diverse group.

7.0 Maintenance

7.1 This policy will be reviewed by the Infection Prevention Team every 3 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

8.0 Communication and Training

8.1 This policy will be circulated via the Infection Prevention Divisional Leads, Departmental Managers and Matrons for dissemination in the Divisions.

8.2 Any breaches of this policy which are not risk assessed, documented and reported as identified must be reported according to the Trust's Incident Reporting Policy.

Advice must also be sought from the Infection Prevention Team on the immediate remedial action necessary.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Glove Usage Compliance	IPT	Audit Results	2 Yearly	IPCG

10.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

All references to appendices and attachments within the body of the document must be highlighted in blue and all hyperlinks inserted.

IP01 Hand Hygiene Policy. The Royal Wolverhampton NHS Trust:

IP12 Standard Precautions Policy. The Royal Wolverhampton NHS Trust

HS01 Management of Health and Safety Policy Personal Protective Equipment Attachment 8. The Royal Wolverhampton NHS Trust

OP10 Risk Management and Patient Safety Reporting Policy Protocol 1 -Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) The Royal Wolverhampton NHS Trust

OP109 Conflicts of Interest Policy. The Royal Wolverhampton NHS Trust.

Health and Safety Commission (1992) Guidance on the Personnel Protective Equipment at work regulations. London Health and Safety Executive

Medical Devices Agency. (2000). Single Use Medical Devices: Implications and consequences of reuse. DB 2000 (04) London HMSO.

Medical Devices (Amendment) (EU Exit) Regulations 2019

National Institute for Health and Clinical Excellence (2012) Infection: Prevention and control of healthcare-associated infections in primary and community care.

www.nice.org.uk/cg139

Loveday. H.P. Wilson. J.A. Pratt. M.*et al.* epic3: National evidence based guidelines for preventing healthcare-associated infections in NHS hospitals in England. *J Hospital Infection 2014* S1-S70

Part A - Document Control

Policy number and Policy version: **IP09** **Version 7**	**Policy Title** **Glove Policy**	**Status:** Final		**Author: Infection Prevention** **Director Sponsor: Chief Nurse**
Version / Amendment History	Version	Date	Author	Reason
	1	August 2004	Lead Nurse Infection Prevention	New Policy
	2	August 2006	Lead Nurse Infection Prevention	Review Date
	3	July 2009	Lead Nurse Infection Prevention	Review Date
	4	Sept 2012	Lead Nurse Infection Prevention	Review Date
	5	July 2015	Infection Prevention Nurse	Review Date
	6	Sept 2018	Nurse Manager Infection Prevention	Review date
	7	June 2021	Lead Nurse Infection Prevention	Review date
Intended Recipients: All Trust staff				
Consultation Group / Role Titles and Date: Director of Infection Prevention & Control (DIPC), Infection Prevention Team, Infection Prevention & Control Group (IPCG) June 2021				
Name and date of Trust level group where reviewed	Infection Prevention & Control Group (IPCG) June 2021 Trust Policy Group October 2021			
Name and date of final approval committee	Trust Management Committee October 2021			
Date of Policy issue	November 2021			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	October 2024 (3 years)			
Training and Dissemination: Trust Induction and Mandatory training, Intranet				

To be read in conjunction with: IP12 Standard Precautions, HR22 Staff Dress Code and Uniform Policy, HS01 Attachment 13	
Initial Equality Impact Assessment (all policies): **Completed Yes / No Full Equality Impact assessment (as required):** **Completed Yes / No / NA** If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904	
Monitoring arrangements and Committee	Infection Prevention & Control Group IPCG
Document summary/key issues covered. guidance for all staff on the purchase, selection and safe practice for the use of disposable gloves	
Key words for intranet searching purposes	Glove
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.	**Yes / No (delete as appropriate)** If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:

The Royal Wolverhampton NHS Trust

Part B **Ratification Assurance Statement**

Name of document: IP09 Glove Policy

Name of author: Emma Spooner Job Title: Senior Infection Prevention Nurse

I, the above named author confirm that:

- The /Policy/ (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide /Policy/ and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: Emma Spooner

Date: 15.6.2021

Name of Person Ratifying this document (Director or Nominee):
Job Title:
Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Title of document:	**IP09 Glove Policy**		
Reviewing Group	**Policy Reader Group**		**Date reviewed: May 2021**
Previous document already in use?	**Yes**	**Implementation lead: Print name and contact details**	**Kim Corbett Nurse Manager Infection Prevention Ext 88755**
If yes, state name, in what format and where located?	IP09 Glove Policy Infection prevention Policy suite on Intranet		

Implementation issues to be considered (add additional issues where necessary)

Implementation Issue	Action Summary	Action lead / s (Timescale for completion)
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	N/A	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Included within Induction & Mandatory Training	Infection Prevention Senior Matron October 2021
Development of Forms, leaflets etc.; Consider 1. Type 2. Quantity required 3. Where they will be kept / accessed 4. Where stored when completed	N/A	
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Trust wide Intranet Senior Managers Briefing IP link practitioner forums	Infection Prevention Senior Matron October 2021
Financial cost implementation Consider 1. Business case development	N/A	
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		

Glove Purchase Guidance; National and International Standards

The Health and Safety at Work Act (1974)
All employers must ensure, so far as is reasonably practicable, the health, safety and welfare at work of all its employees.

All employees must take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions.

The Management of Health and Safety at Work Regulations (1992)
A requirement for employers to undertake assessments of the risks to the health and safety of their employees.

Employees should be provided with comprehensible and relevant information about the risk to their health and safety identified by the assessment and the appropriate preventative and protective measures.

The requirement for health surveillance, if identified and appropriate.

The Personal Protective Equipment at Work Regulations (1992)
Wherever there are risks to Health and Safety that cannot be adequately controlled in other ways Personal Protective Equipment at Work Regulations 1992 require PPE to be supplied (Regulation 6) and appropriate information, instruction and training of its use (Regulation 9).

Latex gloves are classified as PPE and are designed to protect against biological and some chemical hazards.

The Control of Substances Hazardous to Health (COSHH) Regulations (1994)
Imposes a statutory obligation on employers, including the health sector, to carry out risk assessments for hazardous substances, implement suitable control measures and carry out any necessary health surveillance.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) (RIDDOR).
Require employers and others to report accidents and some diseases that arise out of or in connection with work. These reports enable the enforcing authorities to identify where and how risks arise and to investigate serious accidents.

Medical Devices Agency Bulletin. Latex Sensitisation in the Health Care Setting (Use of Latex Gloves) MDA DB 9601 (1996)

Glove selection guide

GLOVE TYPE									
PROCEDURE	**Sterile Surgeons Gloves**	**Sterile Examination**	**Non-sterile Examination**	**Household Gloves**	**Heavy Duty Gloves**	**Catering gloves Silicone**	**Catering gloves Cotton**	**Non-sterile blue gloves**	**Marigold rubber gloves**
Surgical and other invasive procedures	Yes								
Dental/Chiropody (non-surgical procedures			Yes						
Handling dirty instruments			Yes						
Suturing of traumatic wounds	Yes	Yes							
Insertion of central line	Yes	Yes							
Manipulation of central line		Yes							
Redressing of central line			Yes						
Insertion of peripheral catheter			Yes						
Venepuncture			Yes						

Medical Procedures e.g. Lumbar Puncture, Chest drain insertion	Yes	Yes							
Wound dressing (surgical wound less than 24hrs)		Yes							
Vaginal examination (ruptured membranes, dilated, insertion of UD)	Yes	Yes							
Vaginal Infant delivery	Yes	Yes							
Vaginal examination			Yes						
Rectal examination			Yes						
Oropharyngeal / Endotracheal suction			Yes						
Urinary catheterisation	Yes	Yes							
Emptying urine drainage bag			Yes						
Isolation care			Yes						
Handling disinfectants			Yes	Yes					

Handling cytotoxic drugs	Yes		Yes						
Cleaning spillage of blood or body fluids			Yes						
Handling linen contaminated with blood or body fluids			Yes						
Porters/ Domestic Service staff handling waste			Yes		Yes				
Maintenance on drains etc.			Yes		Yes				
Ward Waitresses Handling of hot food from regen oven						Yes			
Ward Waitresses Handling of warm plates when serving							Yes	Yes	
Catering staff handling food								Yes	
Catering Staff Pot washing									Yes

Types of gloves available: care, size and safe practice when using gloves.

What Types of Glove are Available?

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 glove of choice to reduce the risk of staff acquiring a latex allergy.

Tactylon (multipolymer synthetic styrene-ethylene-butadine-strene) Gloves

These gloves are similar to latex gloves but are resistant to oxidative forces which adversely affect natural rubber latex (NRL). Tactylon gloves contain no NRL proteins, accelerators or processing chemicals that are known allergens. These gloves break down very quickly when in contact with non-solidified methacrylates i.e. bone cement.

Neoprene (polychoroprene) Gloves

This material is a synthetic elastomer. Neoprene gloves offer effective protection against viral penetration and the risk of permeability from certain chemicals such as aldehyde disinfectants. These gloves have been shown to have equivalent strength and properties to NRL gloves and are suitable for individuals sensitized to NRL proteins.

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.

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 Prevention Team.

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. (MDA, DB 2000 04).

Long nails may puncture the glove, so nails must be kept short, smooth and clean (refer to Dress Code Policy).

Gloves must be stored as per manufacturer's recommendations and should be disposed of as clinical waste following use.

Size of Gloves
It is important to ensure that all gloves fit correctly (Health and Safety Commission 1992).

Poor fitting gloves can interfere with dexterity and performance, exposing the wearer and receiver of care to potential risks (BMA 1989).

Double Gloving
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. Double gloving must be considered for all patients when undertaking exposure prone procedures and whenever it is anticipated that glove perforation could occur.

Staff should inspect their gloves frequently throughout the procedure and change the gloves whenever damage or defects are suspected.

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.
- If gloves are worn for extended periods, e.g. for lengthy surgical procedures, it would be sensible to change the gloves during the course of the procedure.
- Remove gloves (with care) immediately after activity, and dispose of into a clinical waste bag. Wash and dry the hands thoroughly after use.
- The user has a responsibility for the safety of others whilst wearing gloves.
- Do not decant non-sterile gloves from the box to another receptacle.
- Routinely store open boxes of non-sterile gloves in the Trust-approved container (currently Danicentre) wherever possible**.**

Allergies and Sensitivity
See Latex Policy.

Glove ordering instructions
All gloves are ordered from the NHS Supply chain, using the Trust Logistics Online system, or the standard stock requisition order form.
NHS Supplies undertake regular quality and cost reviews of the gloves available to order.

The make, quality, size and cost of gloves purchased is monitored and recorded by the supplies department.