

IP09 Glove Policy

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Attachments:

Attachment 1: [Glove Purchase Guidance, National and International Standards](#)

Attachment 2: [Risk Assessment and Glove Selection Guide](#)

Attachment 3: [Type of gloves available, care, size and safe practice when using gloves, glove ordering instructions](#)

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 Conflicts 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 CE, UKNI or UKCA Standard marks, 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 Promoting the appropriate use of gloves.

3.2.3 Eliminating the unnecessary 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 2013.
- 3.3.4 Occupational Health and Wellbeing Service monitor for any incident related to gloves and report via their Governance meetings.

3.4 Employees

- 3.4.1 Reporting any skin or other sensitisation associated with work or affects staffs ability to follow Trust Policy 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 or UKCA mark (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); amended 2006.
- Personal Protective Equipment at Work Regulations (1992); amended 2022
- The Control of Substances Hazardous to Health (COSHH) Regulations (1994); amended 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations (1996); Updated 2013
- 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.

4.5 Glove Usage

4.5.1 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.

4.5.2 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.

4.5.3 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 revenue resources of this policy require additional	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:

- [IP01 Hand Hygiene Policy](#)
- [IP12 Standard Precautions Policy](#)
- [HS01 Management of Health and Safety Policy Personal Protective Equipment Attachment 8](#)
- [OP10 Risk Management and Patient Safety Reporting Policy Protocol 1- Reporting of Injuries, Diseases and Dangerous Occurrences \(RIDDOR\)](#)
- [OP109 Conflicts of Interest Policy](#)
- Health and Safety Commission (1992) Guidance on the Personnel Protective Equipment at work regulations. London Health and Safety Executive amended 2022
- 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. Amended 2017
- 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
- NHSE (2024). National infection prevention and control manual for England
- ARHAI Scotland (2023). Standard Infection Control and Transmission Based Precautions Literature Review: Personal Protective Equipment (PPE) Gloves

Part A - Document Control

Policy number and Policy version: IP09 Version 8.0	Policy Title Glove Policy	Status: Final		Author: Infection Prevention Team Director Sponsor: Chief Nursing Officer
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
	8	Sept 2024	Lead Nurse Infection Prevention	Review date
Intended Recipients: Trust wide				
Consultation Group / Role Titles and Date: Director of Infection Prevention & Control (DIPC), Infection Prevention Team, Infection Prevention & Control Group (IPCG) July 2024				
Name and date of Trust level group where reviewed		Infection Prevention & Control Group (IPCG) - July 2024 Trust Policy Group – September 2024		
Name and date of final approval committee		Trust Management Committee – September 2024		
Date of Policy issue		October 2024		

Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	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 Management of Health and Safety - 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 Administrator 88904	
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

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)

IP09 Attachment 2

Glove selection guide

PROCEDURE	GLOVE TYPE								
	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

IP09 Attachment 3

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-butadiene-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 (polychloroprene) 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.