1. Introduction
1.1 To protect the patient from microorganisms carried on the health care provider's hands during invasive procedures or during routine care.

1.2 To protect the health care provider from exposure to infectious agents (this policy pertains to the protection from microorganisms ONLY (i.e. not cytotoxic agents, etc.).

1.3 To protect visitors from exposures of infectious agents.

2. Policy statement
2.1 Gloves shall be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, blood, body fluids, or patient care equipment and environmental surfaces contaminated with the above.

2.2 Gloves must be worn at all times while in the room of a patient who is on Contact Precautions (see Infection Prevention and Control Manual, Policy 3-15 Contact Precautions).

2.3 Gloves are not required for routine health care practices in which contact is limited to intact skin of the patient (e.g. taking blood pressure and dressing the patient). Compliance with hand hygiene should always be the first consideration.

2.4 Rubber utility gloves can be worn by instrument cleaning staff or housekeeping staff when completing tasks where hands/arms are submerged in water. The utility gloves may be washed, dried and reused if intact.

3. Procedure
3.1 Always perform a Risk Assessment, as indicated in Routine Practices (see Infection Prevention and Control Manual, policy 2-10 Routine Practices) to determine if gloves are required.

3.2 Select the best glove for a given task (see Appendix A-Medical Glove Usage). Selection of gloves should be based on a risk analysis of:
3.2.1 The type of setting (e.g., operating room, environmental cleaning, laboratory)
3.2.2 The task that is to be performed (e.g., invasive or non-invasive);
3.2.3 The likelihood of exposure to body substances
3.2.4 The anticipated length of use; and
3.2.5 The amount of stress on the glove.
3.2.6 Sterile gloves are worn to protect the patient during sterile/aseptic procedures
3.3 Prior to Gloving:
3.3.1 Perform hand hygiene
3.3.2 Gloves should be put on immediately before the activity for which they are indicated.
3.3.3 Ensure hands are clean and dry before putting on gloves
3.3.4 Ensure fingernails are short and smooth.
3.3.5 Gloves may be adversely affected by petroleum-based hand lotions or creams; use compatible hand cream supplied at stations throughout hospital

3.4 While Wearing Gloves:
3.4.1 Indications for Changing Gloves:
   3.4.1.1 Keep gloves “task” specific, if moving from a contaminated area to a clean area of body with the same patient;
   3.4.1.2 Before performing a sterile/aseptic procedure;
   3.4.1.3 Between patients or patient environments;
   3.4.1.4 As soon as possible after gloves become contaminated with blood or chemicals; and
   3.4.1.5 Wear gloves for as short a time as possible.
3.4.2 Medical gloves shall not be washed, sanitized with alcohol based hand rub or reused (except for rubber utility gloves as per 2.4 above).
3.4.3 Do not touch your face, hair or clean items, in order to protect you from contaminated gloves and protect the gloves from becoming contaminated.

3.5 After wearing gloves:
3.5.1 Always perform hand hygiene when changing and/or after removing gloves

3.6 Report any hand irritation to Occupational Health Services

3.7 See Appendix B – Donning and Doffing of PPE, for recommended steps for donning and doffing of PPE (personal protective equipment)
4. References


5. Related Documents

1. Infection Prevention and Control Manual
   Policy 2-05 Hand Hygiene
   Policy 2-10 Routine Practices
   Policy 2-35 Gowns: Indications & Procedures
   Policy 3-15 Contact Precautions

Authorizing Signatures:

____________________________November 28, 2018
A. Mahmud, MD, FRCR, FRCPC
Chair, Kingston Health Sciences Centre
Infection Prevention & Control Committee

____________________________November 28, 2018
Gerald A. Evans, MD FRCPC
Medical Director, Infection Prevention & Control Services
Kingston Health Sciences Centre
# Medical Glove Usage

<table>
<thead>
<tr>
<th>Type</th>
<th>Use</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinyl</td>
<td>Protection for:</td>
<td>Good level of protection but based on the quality of manufacturer</td>
<td>Not recommended for contact with solvents, aldehydes, ketones</td>
</tr>
<tr>
<td></td>
<td>➢ Minimal exposure to blood/body fluids/infectious agents</td>
<td>Medium chemical resistance</td>
<td>Quality varies with manufacturers</td>
</tr>
<tr>
<td></td>
<td>➢ Contact with strong acids and bases, salts, alcohols</td>
<td></td>
<td>Punctures easily when stressed</td>
</tr>
<tr>
<td></td>
<td>➢ Short duration tasks</td>
<td></td>
<td>Rigid – non elastic</td>
</tr>
<tr>
<td></td>
<td>➢ Protection for staff with documented skin breakdown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex</td>
<td>Activities that require sterility</td>
<td>Good barrier qualities</td>
<td>Not recommended for contact with oils, greases and organics</td>
</tr>
<tr>
<td></td>
<td>Protection for:</td>
<td>Strong and durable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Heavy exposure to blood/body fluids/infectious agents</td>
<td>Has re-seal qualities</td>
<td>Not recommended for individuals who have allergic reactions or sensitivity to latex</td>
</tr>
<tr>
<td></td>
<td>➢ Contact with weak acids and bases, alcohols</td>
<td>Good comfort and fit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Good protection from most caustics and detergents</td>
<td></td>
</tr>
<tr>
<td>Nitrile</td>
<td>Protection for:</td>
<td>Offers good dexterity</td>
<td>Not recommended for contact with solvents, ketones, esters</td>
</tr>
<tr>
<td></td>
<td>➢ Heavy exposure to blood/body fluids/infectious agents</td>
<td>Strong and durable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Tasks of longer duration</td>
<td>Puncture-resistant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Tasks with high stress on glove</td>
<td>Good comfort and fit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Tasks requiring additional dexterity</td>
<td>Excellent resistance to chemicals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Chemicals and chemotherapeutic agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Recommended for contact with oils, greases, acids, bases</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Sensitivity to vinyl</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Preferred replacement for vinyl gloves when a documented allergy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or sensitivity to vinyl occurs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neoprene</td>
<td>Replacement sterile glove for latex when a documented allergy or</td>
<td>Good barrier qualities</td>
<td>Not recommended for contact with solvents</td>
</tr>
<tr>
<td></td>
<td>sensitivity occurs</td>
<td>Strong and durable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>► Recommended for contact with acids, bases, alcohols, fats, oils,</td>
<td>Good comfort and fit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>phenol, glycol ethers</td>
<td>Good protection from caustics</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B
Donning and Doffing of PPE

Donning PPE

1. Perform Hand Hygiene (15 seconds minimum)
   - With alcohol based hand rub, or if hands are visibly soiled use soap and water instead.

2. Put on Gown
   - Tie neck and waist ties securely at back of neck and back of waist.

3. Put on Mask/N95 Respirator
   - Place mask over nose and under chin.
   - Secure ties, loops or straps.
   - Mold metal piece to your nose bridge.
   - For N95 respirator, perform seal-check.

4. Put on Protective Eyewear (if not already attached to mask)
   - Put on eye protection and adjust to fit.
   - If wearing an N95 respirator, you will need to add eye protection

5. Put on Gloves
   - Put on gloves, taking care not to tear or puncture glove.
   - If a gown is worn, the glove fits over the gowns cuff.
Doffing PPE

1. **Remove Gloves**
   - Remove gloves using a glove-to-glove/skin-to-skin technique.
   - With one gloved hand, grasp the other gloves outside edge near the wrist and peel away, removing the glove inside-out.
   - With bare finger, reach under the second glove and peel away, removing it inside-out.
   - Discard immediately into waste receptacle.

2. **Remove Gown**
   - Remove gown in a manner that prevents contamination of clothing or skin.
   - Start by untying the gown at the waist and neck.
   - Starting at the neck ties, the outer, “contaminated”, side of the gown is pulled forward and turned inward, then rolled off the arms into a bundle.
   - Discard immediately into dirty laundry hamper in a manner that minimizes air disturbance.

3. **Perform Hand Hygiene (15 seconds minimum)**
   - With alcohol based hand rub, or if your hands are visibly dirty use soap and water instead.

4. **Remove Eye Protection**
   - Arms of goggles are considered to be “clean” and may be touched with the hands.
   - The front of the goggles is considered to be “contaminated”.
   - Remove eye protection by handling arms of goggles only.
   - Discard into receptacle or somewhere appropriate to be cleaned
   - Eyewear must be cleaned by the individual after each use.

5. **Remove Mask/N95 Respirator**
   - Ear loops/straps are considered “clean” and may be touched with hands.
   - The front of the mask/respirator is considered to be “contaminated”.
   - Grasp straps or loops and pull forward off the head, bending forward to allow mask/respirator to fall away from the face.
   - Discard immediately into waste receptacle.

6. **Perform Hand Hygiene (15 seconds minimum)**
   - With alcohol based hand rub, or if your hands are visibly dirty use soap and water instead.