Nitrile gloves are the glove of choice at HHF. This is for the protection of staff, patients and visitors to minimise exposure of all staff to latex by ensuring latex gloves are not used unless a full risk assessment has been undertaken. This process applies to all clinical procedures where, following a risk assessment, it is determined that healthcare workers are required to wear single use disposable gloves as personal protective equipment.

<table>
<thead>
<tr>
<th>Location</th>
<th>Policy No</th>
<th>Policy Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>BNHH</td>
<td>IC/354/09</td>
<td>Glove Policy</td>
</tr>
</tbody>
</table>

**Document Summary**

**Location Policy**

**Policy Name**

Glove Policy

**Document Summary**

Nitrile gloves are the glove of choice at HHF. This is for the protection of staff, patients and visitors to minimise exposure of all staff to latex by ensuring latex gloves are not used unless a full risk assessment has been undertaken. This process applies to all clinical procedures where, following a risk assessment, it is determined that healthcare workers are required to wear single use disposable gloves as personal protective equipment.

**Ownership**

**Author** Hazel Gray

**Job Title** Lead Infection Prevention and Control Nurse

**Document Type**

**Level** Level 1 Trust wide

**Related Documents**

**Document Details**

- Health and Safety Policy
- Control of Substances Hazardous to Health (COSHH) Policy
- Standard Precautions Policy (Incorporating Personal Protective Equipment)
- Latex Policy for Staff and Patients
- Hand Hygiene Policy
- Prevention and Management of Needlestick-Sharps Injuries and Exposures to Body Fluids Policy
- Reporting Managing and Learning from Incidents Policy

**Relevant Standards**

**CQC Outcome** Outcome 8

**NHSLA Standard** N/A

**Equality Impact Assessment**

**Completed by** Equality & Diversity Lead

**Date Completed** 23 April 2013

**Final Document Approval**

**Committee** Policy Approval Group

**Date Approved** 22 April 2013

**Final Document Ratification**

**Committee** Executive Committee

**Date Ratified** 25 April 2013

**Authorisation**

**Authoriser** Mary Edwards

**Job Title** Chief Executive Officer

**Signature**

**Date Authorised** 26 April 2013

**Dissemination**

**Target Audience** All Trust Staff

**Dissemination and Implementation Plan**

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Due by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicise detail of new document via Intranet and Midweek message</td>
<td>IPCT and Communication Team</td>
<td>Within 1 week of publication</td>
</tr>
<tr>
<td>Communication to all Senior Managers to advise publication of policy</td>
<td>BNHH Healthcare Library</td>
<td>On publication</td>
</tr>
<tr>
<td>The policy will be available on the intranet and web site</td>
<td>BNHH Healthcare Library and Communication Team</td>
<td>Within 1 week of authorisation</td>
</tr>
</tbody>
</table>
Due for latest review on January 2016  CHECK THE INTRANET FOR LATEST VERSION

<table>
<thead>
<tr>
<th>Review</th>
<th>Expiry date</th>
<th>Review date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April 2016</td>
<td>January 2016</td>
</tr>
</tbody>
</table>

### Document Control – Document Amendments

<table>
<thead>
<tr>
<th>Version No.</th>
<th>Details</th>
<th>Key amendments to note</th>
<th>By whom</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review to produce harmonised HHFT policy</td>
<td>New policy for RHCH and AWMH sites</td>
<td>Hazel Gray</td>
<td>January 2013</td>
</tr>
</tbody>
</table>
1. Introduction

Changes in health and safety legislation, the recognition of increased risks to healthcare workers from blood-borne viruses (BBVs) and the introduction of Standard (previously known as Universal) Precautions in order to prevent transmission of these viruses has resulted in significant increase in use of natural rubber latex gloves. However for some workers exposure to latex may result in skin rashes; hives; flushing; itching; nasal, eye or sinus symptoms; asthma and rarely anaphylactic shock. Reports of such allergic reactions to latex have increased especially among healthcare workers. Recent legal precedent has renewed focus on the issue of glove selection and use.

Health managers, clinical staff, purchasers and manufacturers all have responsibility in ensuring that risks relating to glove-associated allergies and costs relating to increased use are managed effectively by making informed decisions on selection, use and purchase.

The marked increase in the number of reported cases of latex allergy has occurred since the introduction of standard precautions in the late 1980s and 1990s to protect people against the transmission of Hepatitis and HIV. These precautions led to an increased use of latex gloves resulting in greater occupational exposure to latex amongst healthcare employees and subsequently to the patients they care for.

Nitrile gloves are the glove of choice for the protection of staff, patients and visitors. This action has been taken to minimise exposure of all staff, visitors and patients to latex by ensuring latex gloves are not used unless there is a justifiable clinical need identified by the risk assessment (see Appendix C).

Statement of good practice

- The wearing of gloves is not a substitute for thorough hand decontamination
- Gloves should only be worn when necessary .i.e. Gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions
- Gloves should be changed after contact with each patient
- Gloves should be changed between clean and dirty tasks
- Hands should be washed thoroughly after gloves have been removed
- All gloves in use must be non-powdered
It is essential that infection control is seen as an organisational responsibility and priority, that adequate resources are provided, and that appropriate infection control staff and support services are available.

2. **Purpose**
   The purpose of this policy is to:
   - promote good practice in glove use
   - give guidance on the appropriate use of glove products according to task and clinical area
   - minimise the risk of transmission of infection to both patients and staff
   - minimise the risk of adverse health effects from glove products among staff and patients
   - prevent or control exposure to substances hazardous to health
   - manage foreseeable risks to sensitised individuals and protect them from further hazardous exposures
   - respond appropriately to any adverse reactions associated with glove use, to include frequent hand washing, and prevent work-related recurrences
   - reduce inappropriate use of gloves

3. **Scope**
   This policy extends to cover and will be applied fairly and consistently to all Hampshire Hospitals NHS Foundation Trust (HHFT) employees regardless of their protected characteristics as defined by the Equality Act 2010 namely age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage or civil partnership, pregnancy and maternity; length of service, whether full or part-time or employed under a permanent or a fixed-term contract, irrespective of job role or seniority within the organisation.

   Where an employee has difficulty in communicating, whether verbally or in writing, arrangements will be put in place as necessary to ensure that the processes to be followed are understood and that the employee is not disadvantaged during the application of this policy and related procedures.

   In line with the Equality Act 2010, the Trust will make reasonable adjustments to the processes to be followed where not doing so would disadvantage an employee with a disability during the application of this policy.

   This policy complements professional and ethical guidelines and the Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2008).

4. **Explanation of Terms**
   - **Nitrile** - Gloves manufactured from this synthetic material provide an excellent barrier to micro-organisms. This is the glove of choice at HHFT.
   - **Neoprene** - a synthetic elastomeric surgical glove recommended for use by individuals with a known or suspected allergy to natural rubber latex (NRL)
Natural Rubber Latex (NRL) - NRL is harvested from the rubber tree Hevea Brasiliensis

Exposure Prone Procedure (EPP) - an EPP is defined as an activity ‘where there is a risk that injury to the healthcare worker (HCW) may result in exposure of the patient’s open tissue, to the blood of the HCW’ (DoH, 1998)

Medical Gloves - Medical Gloves are classified as medical devices in accordance with relevant health and safety requirements.

Personal Protective Equipment (PPE) - designed to protect the wearer and patient from substances which may cause harm to their skin and to protect them from infection by pathogenic micro-organisms

5. Duties
   Post-holders

Chief Executive Officer (CEO) – The CEO has overall responsibility for the strategic and operational management of the Trust ensuring there are appropriate strategies and policies in place to ensure the Trust continues to work to best practice and complies with all relevant legislation relating to this policy.

Director of Infection Prevention and Control (DIPC) – The DIPC is the Trust Director responsible to the board for the delivery of IPC standards.

Director of Nursing - The Director of Nursing will ensure that the Divisional Directors take clinical ownership of the policy.

Divisional Operational Directors - The Divisional Operational Directors will ensure that all health care workers comply with this policy and that all healthcare workers attend mandatory infection prevention and control training. They are responsible for ensuring adequate facilities and resources are available to adhere to this policy.

Clinical Service Managers/Leads - The Clinical Service Managers/Leads will ensure that this policy is available in all of their areas. They will ensure that all healthcare workers comply with this policy and that all healthcare workers attend mandatory infection prevention and control training.

Line Managers – All Line Managers will:

- Ensure that an assessment of any risks to health, associated with gloves used by healthcare staff, and in the care of patients in their ward or department, is undertaken and control measures put in place in accordance with this policy, relevant health and safety legislation and Department of Health and NHS guidance
- Ensure that the outcome of any risk assessment is applied, including implementing control measures and that all employees, including those with responsibility for employee health and safety and patient care, are aware of the actions to be taken to ensure the risk is managed
- Ensure that all employees receive instruction, training and information to assist them in correct glove selection and that the principles of clinical risk management are applied to maintain patient safety
• Ensure baseline and then annual skin checks for exposure to frequent hand washing and glove use are initiated where appropriate. This should be done during the Annual Personal Review and recorded on the Annual Personal Review and Development Plan. For healthcare workers using powder-free, low protein, single use latex gloves, the risks of developing occupational dermatitis are low and these also reduce the incidence of latex allergy

• For staff using powder-free, single use latex gloves (where the risk assessment has identified a clinical need), to initiate annual health surveillance using the form in Appendix B and forward to Health4Work if any positive responses, and to ensure they hold a current i.e. annual statement of fitness for latex exposure

• Refer staff to Health4Work as soon as symptoms thought to be associated with glove use and/or frequent hand washing manifest themselves and remind staff regularly of the importance of reporting symptoms

• Ensure that all necessary precautionary measures are taken as advised including making available appropriate hand care products e.g. hand cream

• Ensure there is access to gloves and medical devices made from a synthetic material

All Trust employees - All Trust employees will comply with this policy and inform the IPCT about any issues or concerns relating to the policy. All staff will attend mandatory Infection Prevention and Control training annually. Infection control is the responsibility of ALL staff associated with patient care. A high standard of infection control is required on ALL wards and units, although the level of risk may vary. It is an important part of total patient care. They will:

• Take part in health surveillance by the completion of a screening questionnaire, reporting any positive symptoms to their line manager and Health4Work - This should be performed on commencement of employment and at regular periods thereafter in accordance with the advice of Health4Work

• Latex allergic reactions and symptoms suggestive of Latex allergy and occupational contact dermatitis suffered by employees or patients must be reported as per the Trust Datix Incident Reporting Policy

• Seek advice from Health4Work

• Ensure that they take care of their hands and moisturise them as appropriate

Committees/Groups

Infection Prevention and Control Team (IPCT) – The IPCT will act as a resource for information and support on glove use and selection in a clinical environment. They will provide education in relation to this policy which includes mandatory training. They will monitor the implementation of this policy via audit within clinical areas and be responsible for regularly reviewing and updating it. If a change in glove supplier is considered by the Trust, the IPCT will carry out a trial before any change is implemented.
Health4Work department – Health4Work will act as a resource for information, and support and consult with managers, the IPCT and healthcare workers regarding the use of PPE. They will:

- Undertake baseline health surveillance in line with the hazards identified in the Job Hazard Identification Form (JHIF)
- Provide appropriate on going health surveillance to employees who have been notified to Health4Work by their manager as potentially experiencing symptoms associated with being exposed to latex gloves and ensure that the employer holds health records for all employees exposed to latex
- Be a source of advice to employees and line managers on the necessary control measures which should be applied to control the health risks associated with glove use including information on safe working environments
- Provide training where required to employees on issues associated with glove use and selection, in conjunction with other healthcare staff with responsibilities for employee health and safety
- Accept referrals (self or manager referral) of employees with suspected latex allergy or contact dermatitis
- Provide confidential advice on adverse health effects of latex and the means of prevention/ minimization for managers and employees
- Provide advice to managers and employees of any necessary adjustments or restrictions to their work activities, using evidence based risk assessment approach
- Provide demographic details of cases of confirmed latex allergy amongst staff to risk management, whilst maintaining staff confidentiality
- Provide evidence based guidance for employees

Health and Safety Team – The Health and Safety Team will:

- Assist in carrying out a ‘generic’ risk assessment process across all areas where gloves are used
- Have a responsibility to assist in the training and education of staff
- Maintain a working knowledge of health and safety legislation and industry guidance pertinent to the issue of glove selection, use and allergies to NRL
- Liaise with Line Managers and Health4Work to ensure that incidents of occupational illness are investigated in accordance with Trust policy and where required reported in accordance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR]

Purchasing and Supplies Department – The Purchasing and Supplies Department will:

- Evaluate all gloves purchased for use by healthcare employees to ensure that they are appropriate for the task. Some materials are more "chemically resistant" i.e. less susceptible to breakthrough from certain chemicals and compounds. For example, methyl methacrylate can permeate NRL and certain types of synthetic gloves within a few minutes
- In selecting gloves the purchasing department should ensure that the gloves meet the requirements of the Medicines and Healthcare Products Regulatory
6. Health Surveillance For Latex Glove Users

Provided powder-free, low protein single use NRL gloves are used, the probability of an employee developing latex allergy is very low. However, there is a risk of irritant contact dermatitis, as with any occlusive glove and allergic contact dermatitis, and a skin health surveillance system should be in place as follows:

- At pre-placement if any symptoms reported that are related to glove usage relevant assessment of the worker’s respiratory health and skin condition before they start a relevant job (as identified by the Job Hazard Identification Form) to provide a baseline. Undertaken by Health4Work.

- A regular (at least annual) skin check and enquiry for dermatitis/asthma by written questionnaire undertaken by the line manager e.g. during performance reviews; the form in Appendix B should be used. Positive results should be referred to Health4Work.

- For staff known to be sensitised to NRL, a higher level of health surveillance including clinical assessment by Health4Work will normally be deemed appropriate.

- For staff who fall under the category of latex glove wearers need to ensure that a risk assessment form is completed (Appendix F).

7. Health Risks associated with the use of NRL Gloves

There are three commonly recognised types of health risk associated with the use of gloves manufactured from natural rubber latex. These have been identified as:

- Irritant Contact Dermatitis
- Type IV (contact allergic dermatitis)
- Type I allergy (immediate hypersensitivity)

These are described in more detail in the Latex Policy for Staff and Patients.
8. Frequent hand washing and glove use

The use of gloves does not substitute for good practice in relation to hand hygiene. The principles of hand washing are outlined in the Hand Hygiene policy. Donned gloves must NOT be washed or rubbed with alcohol gel.

All employees must comply with good practice in hand care. Most hand problems arise because of wear and tear and frequent washing. Dryness and dermatitis can be minimised by careful attention to washing hands after glove use, thorough drying (with particular attention to the finger web spaces) and use of moisturisers after washing. Hand cream should not be used prior to wearing gloves. Staff should be creaming when they have quieter periods on the wards and at break times.

In the event of glove puncture, gloves must be removed as soon as possible, and hands washed carefully before re-donning. Needlestick incidents should be managed as outlined in the Prevention and Management of Needlestick Injuries policy.

Special glove uses

- Nitrile gloves must be worn for handling aldehydes including formaldehyde
- Cut resistant/chain mail gloves or gauntlets must be used for dissection where long knives are used (primarily in the histopathology laboratory)
- Some surgical procedures are associated with a high risk of glove puncture (e.g. obstetric and some orthopaedic procedures), and double gloving is advisable

9. Glove Types

Disposable gloves are manufactured from a variety of materials, both natural and synthetic. All gloves must meet minimum standards for strength and freedom from holes (British Standards Institute, 2000).

**Natural Rubber Latex** - Natural rubber latex gloves (NRL) may be powdered or non-powdered. They are sometimes powdered to make them easier to don and remove. Some non-powdered gloves have a coating applied to the inner surface; such gloves allow easier donning and remove the need for powder lubricants, thus reducing the risk of airborne contaminants commonly associated with the use of powdered NRL gloves.

NRL is harvested from the rubber tree Hevea Brasiliensis. The latex from the tree contains proteins, whilst preservatives and chemicals are added during the manufacturing process.

HHFT will be reducing the use of latex gloves used in the Trust. If latex gloves are used they MUST be powder free. Staff not working in a theatre environment or other specialist areas including mortuary, radiology, histology and pharmacy will only be able to obtain sterile latex gloves from Main Theatres after a risk assessment has been undertaken (please see Appendix F). If a risk assessment form is not completed, and taken to Main Theatres, sterile latex gloves will not be able to be obtained. Non sterile latex gloves are no longer available in the trust.

**Nitrile** - This is one of the gloves of choice for the Trust.
Gloves manufactured from this synthetic material provide an excellent barrier to microorganisms and may be used for those with a known or suspected allergy to NRL.

All clinical ward areas will have latex sterile gloves removed and have sterile Nitrile in its place. Non sterile Nitrile gloves will be available to clinical areas.

**Neoprene** - This is one of the gloves of choice for the Trust. This is a synthetic elastomeric surgical glove and is recommended for use by individuals with a known or suspected allergy to NRL. Like the nitrile glove it provides an excellent barrier to micro-organisms.

**Vinyl** - Vinyl gloves should only be used for food handling purposes only. They should not be used for any clinical procedure.

### 10 Glove Selection

**Rationale**

Disposable gloves are worn to:
- Protect users’ hands from becoming contaminated with micro-organisms/organic matter
- Protect users’ hands from certain chemicals that may adversely affect the skin
- Reduce the risk of cross-infection by preventing the transfer of organisms from staff to patients and vice versa ([ICNA Protective Clothing 2002a](#))

Prior to use, a comprehensive risk assessment should be undertaken to determine the most appropriate glove type for the task; Appendices B and C can be used as a guide to glove selection.

If it is felt that Latex gloves are required then the manager of the staff member wearing the gloves must ensure that a risk assessment is undertaken (see Appendix F) and discussion is held with Health4Work to determine the level of health surveillance required.

**Failure in Use**

Gloves can tear or puncture during use or leakage may occur through microscopic holes. Hands may become contaminated when gloves are removed. For these reasons gloves should not be seen as a substitute for good hand hygiene. To minimise the risk of contamination staff should:

- Keep nails short
- Not wear artificial nails
- Not wear stoned/ridged rings
- Cover cuts/abrasions with waterproof dressings
- Inspect gloves regularly and change if defects occur

**Double-Gloving**

Healthcare workers should only double-glove when undertaking exposure-prone procedures (EPPs) where an indicator pair of gloves is worn.
An EPP is defined as an activity ‘where there is a risk that injury to the healthcare worker may result in exposure of the patient’s open tissue, to the blood of the healthcare worker’ (DOH, 1998). The use of double gloves is advocated to protect surgeons from blood borne viruses. The Department of Health also advocate double-gloving to reduce the likelihood of percutaneous exposure during surgical procedures on patients with blood borne infections.

A sterile double-gloving system has been introduced which helps reveal any outer glove puncture. The system consists of two pairs of gloves; a green under-glove and a standard outer glove. If the outer glove is punctured the inner glove changes colour thus alerting the wearer.

**Sizing**
It is important to ensure that gloves fit correctly. The Health and Safety Commission (1992) state that personal protective equipment is not suitable if it does not fit the wearer correctly. Poorly-fitting gloves can interfere with dexterity and performance. The use of ill-fitting gloves can affect the muscles in the hands and fingers – leading to fatigue.

Air occlusion can occur if gloves are worn for long periods causing excessive perspiration which creates an ideal environment for bacterial growth and skin breakdown. Friction may also occur when tightly fitting gloves rub against the skin causing irritation.

Gloves should as a minimum cover the wrist. Gloves with a longer cuff may be more suitable, for certain procedures. ‘Gauntlets’ (elbow length gloves) are available for protection of the forearm.

**Inappropriate Use of Gloves**
The MDA (2000) do not recommend the re-use of disposable gloves. These products are designated for ‘single-use’ and are intended to be used on an individual patient during a single procedure and then discarded. The packaging will display one of the following statements:

- Single use
- DO NOT REUSE
- Use only once

Or the symbol 🗑️

The re-use of gloves can compromise glove integrity, performance and effectiveness. The washing and alcohol gelling of gloves is an unsafe practice and should not be undertaken.

**Storage**
Storage conditions can affect the shelf life of gloves. Stock rotation should be maintained.

Gloves should be stored away from heat, direct sunlight, dust etc. It is generally recommended that gloves are stored within a temperature range of 5°C - 30°C.
Gloves should never be stored in the dirty utility.

**Disposal of Gloves**

All gloves contaminated with blood or body fluids should be disposed of as clinical waste (orange/yellow bag).

11. **Stakeholders Engaged During Consultation**

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Date of Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Prevention and Control (Lead Infection Prevention &amp; Control Nurse)</td>
<td>N/A</td>
</tr>
<tr>
<td>Health and Safety (Health and Safety Advisor)</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Safeguarding (Trust Safeguarding Lead)</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Information Governance (Information Governance Manager)</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Risk and Compliance Manager (Risk and Compliance)</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Divisional Directors and Divisional Directors (Operational)</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Equality and Diversity Lead (Equality &amp; Diversity)</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Infection Prevention and Control Committee</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Consultant Microbiologists</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Clinical Service Managers/Leads</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Operational Service Managers</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Supply Chain Lead</td>
<td>18 March 2013</td>
</tr>
<tr>
<td>Head of Health4Work</td>
<td>18 March 2013</td>
</tr>
</tbody>
</table>

12. **Dissemination and Implementation**

The Policy will be disseminated in the following ways:

<table>
<thead>
<tr>
<th>Action(s)</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicise detail of new document via Intranet and Midweek message</td>
<td>IPCT and Communication Team</td>
</tr>
<tr>
<td>Communication to all Senior Managers to advise publication of policy</td>
<td>BNHH Healthcare Library</td>
</tr>
<tr>
<td>The policy will be available on the intranet and web site</td>
<td>BNHH Healthcare Library and Communication Team</td>
</tr>
</tbody>
</table>

13. **Training**

Individuals in the Trust should receive annual infection prevention and control training to ensure they are aware of their responsibilities. Education and Training will be provided in accordance with the Trust Training Needs Analysis (Learning and Development Policy).
14. Monitoring Compliance with the Document

Compliance with the policy will be monitored as shown in the table below:

<table>
<thead>
<tr>
<th>Minimum requirements</th>
<th>Requirement Reviewed by</th>
<th>Method of Monitoring</th>
<th>Frequency of Review</th>
<th>Monitoring Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness of policy</td>
<td>Infection Prevention and Control Team/Ward Managers</td>
<td>Observational audits on glove usage (see Appendix G)</td>
<td>Bi-annual</td>
<td>Local reporting</td>
</tr>
</tbody>
</table>

15. References

British Standards Institution (2000). Medical Gloves for Single Use. BS EN455


Infection Control Nurses’ Association (2002a) Protective Clothing: Principles and Guidance. ICNA. c/o Fitwise, Bathgate, UK


Royal College of Physicians 2008 Latex Allergy Occupational Health Aspects of Management

Legislation
Health and Safety at Work Act
Control of Substances Hazardous to Health (COSHH)
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR]

Guidance from other organisations
Medicines and Healthcare Products Regulatory Agency [MHRA]
Medical Devices Directive 93/42/EEC in particular EN 455-1, 2, 3 & 4
Department of Health
The Health and Safety Commission
British Standards Institute, 2000
Infection Control Nurses Association
16. **Associated Documentation**
   Health and Safety Policy
   Control of Substances Hazardous to Health (COSHH) Policy
   Standard Precautions Policy (Incorporating Personal Protective Equipment)
   Latex Policy for Staff and Patients
   Hand Hygiene Policy
   Reporting, Managing and Learning from Incidents Policy
   Prevention and Management of Needlestick-Sharps Injuries and Exposures to Body Fluids Policy
   Learning and Development Policy

17. **Contributors**

<table>
<thead>
<tr>
<th>Contributor Job Title</th>
<th>Contributor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Infection Prevention and Control Nurse</td>
<td>Hazel Gray</td>
</tr>
</tbody>
</table>
## Appendix A – Equality Impact Assessment

### PART 1
To be completed by the document owner

**Document Title:** Glove Policy

<table>
<thead>
<tr>
<th>1.</th>
<th>Could the application of this document have a detrimental equality impact on individuals with any of the following protected characteristics? (See Note 1)</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disability</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender reassignment</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Race</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religion or belief</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sex</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual orientation</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marriage &amp; civil partnership</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnancy and maternity</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.</th>
<th>If you have identified any potential detrimental impact, do you consider this to be valid, justifiable and lawful? If so, please explain your reasoning.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.</th>
<th>If you have answered ‘no’ to question 2, has the policy been amended to remove or reduce any potential detriment?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• If you answer ‘yes’, please summarise the changes made</td>
</tr>
<tr>
<td></td>
<td>• If you answer ‘no’, please explain why not</td>
</tr>
</tbody>
</table>

| 4. | Based on the answers to questions 1 – 3 do you consider that a detailed equality analysis is needed? | No |

**NAME:** Hazel Gray

**JOB TITLE:** Lead Infection Prevention and Control Nurse

**DATE:** 03/03/2013
PART 2
To be completed by the Trust’s Equality and Diversity Lead

Brief Summary of potential impact of this document and whether sufficient consideration has been given to the Equality Duty

Sufficient Consideration has been given to the Equality duty and provision has been made to protect and monitor all staff by minimise exposure to Latex gloves and monitoring use when a clinical need is demonstrated.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is this document recommended for publication without amendment?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Is this document recommended for publication but with recommended amendments? Please specify.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Is this document not recommended for publication without amendments being made? Please specify?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Is it recommended that this document requires a more detailed equality analysis to be undertaken prior to publication?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Specify with which, if any, individuals and groups you have consulted in reaching your decision.</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

NAME: Verity Gibbons

JOB TITLE: Assistant Risk & Compliance Manager

DATE: 23 April 2013

Note 1
Under the terms of the Equality Act 2010’s public sector Equality Duty, the Trust has a legal responsibility to think about the following three aims of the Equality Duty as part of our decision making and policy development.

- **Eliminate unlawful discrimination**, harassment and victimisation;
- **Advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **Foster good relations** between people who share a protected characteristic and people who do not share it.
## Appendix B - Line Managers Annual Health Surveillance Latex Gloves

### CONFIDENTIAL

**Instructions to Managers**
This form should be completed during employee’s induction period and annually, during the appraisal process for example, on all staff who use latex gloves or perform frequent hand washing during the course of their work (where the risk assessment has indicated a clinical need).

**INDUCTION AND ANNUAL QUESTIONNAIRE – LATEX USERS AND FREQUENT HAND WASHING**

<table>
<thead>
<tr>
<th>Name of employee</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender M / F</td>
<td>Job Title</td>
</tr>
<tr>
<td>Place of Work</td>
<td>Date employment started</td>
</tr>
<tr>
<td>National Insurance Number</td>
<td>Other employment with latex exposure or frequent handwashing</td>
</tr>
<tr>
<td>Permanent address &amp; post code</td>
<td>Contact details (work) (home)</td>
</tr>
</tbody>
</table>

### Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes/No</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 12 months have you experienced any of the following at work: Red, sore, itchy hands; skin rash; peeling or cracking of the skin? Repetitive coughing, chest tightness, wheeze, breathlessness or asthma? Recurrent soreness or watering of eyes? Recurrent blocked or runny nose or sneezing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, do you associate this with the use of any particular substance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On inspection of your hands today, are you or your manager able to detect any of the above mentioned symptoms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If any of your answers are yes, have you been seen by Health4Work Service in connection with these?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PLEASE NOTE:
All employees must comply with good practice in hand care. Most hand problems arise because of wear and tear and frequent washing. Dryness and dermatitis can be minimised by careful attention to washing hands after glove use, thorough drying (with particular attention to the finger web spaces) and use of moisturisers after washing. Oil-based emollients and ointments can adversely affect the properties of latex gloves, and should not be used prior to wearing gloves.

COMPLIANCE STATEMENT
I have answered all questions to the best of my knowledge. I understand that I have a duty to report possible signs of allergic reactions or skin problems on my hands to my Line Manager and Health4Work as soon as possible. Latex is covered by the COSHH regulations and my manager will be advised of my fitness or any necessary restrictions.

Name:  
Signature:  
Date:  

ACTION BY MANAGERS
Please ensure the questionnaire has been fully completed. Retain a copy for your records and return any questionnaires with positive responses to the Health4Work Service.

Name:  
Signature:  
Date:  
Appendix C - Glove Usage Risk Assessment

Are gloves really necessary?

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
- Making uncontaminated beds/changing or removing patient’s uncontaminated clothing
- Taking recordings (BP, temp, pulse)

Do not wear gloves

Gloves **ARE** required for procedures where there is a risk of cross infection between patients and staff and further risk assessment should be carried out

Is there a risk of exposure to blood or body fluids?

- **No**
  - Non sterile Nitrile Glove

- **Yes**
  - Is a sterile field required?
    - **No**
      - Non sterile Nitrile Glove with equivalent barrier properties
    - **Yes**
      - Theatre environment – sterile:
        - Neoprene
        - Nitrile
        - Non powdered low protein latex
Appendix D - Glove Selection Risk Assessment

- **Type of activity**
  - **Cleaning by General Services staff**
    - **Tasks where there is a low risk of contamination, non invasive clinical care, or environmental cleaning e.g.**
      - Oral care
      - Emptying catheter drainage bags
      - Emptying urinals/bedpans and suction jars
      - Handling low risk specimens
      - Clinical cleaning
      - Dressing wounds when contact with blood/body fluids is unlikely e.g. gastrostomy dressings
      - Endotracheal suction
      - Applying creams
      - Touching patients with unknown skin rash/scabies/shingles
      - Making beds/changing clothing of patients in isolation
    - **Clear Vinyl only**
    - **Non sterile Nitrile**
  - **Food Preparation**
    - **Blood spillages and chemicals**
    - **Non sterile Nitrile**
  - **General Clean and Isolation**
    - **Non sterile Nitrile**
  - **Procedures involving risk of exposure to BBVs and where high barrier protection is needed e.g.**
    - Potential exposure to blood/body fluids e.g. blood spillages, faecal incontinence, blood glucose monitoring, administering enemas/suppositories and rectal examinations
    - Handling cytotoxic material
    - Handling disinfectants
    - Venepuncture/cannulation
    - Vaginal examination in Gynaecology
    - Basic care and specimen collection procedures on patients known or suspected to be high risk of BBV
    - Non surgical dentistry/podiatry
    - Handling dirty/used instruments
    - Processing specimens in a laboratory
    - **Non sterile Nitrile**
  - **Procedures which require a sterile field and high barrier protection e.g.:**
    - Lumbar punctures
    - Liver biopsies
    - Clinical care to surgical wounds / drain sites
    - Procedures for Neutropenic patients
    - Insertion of urinary catheters
    - Vaginal examination in obstetrics
    - **Sterile Nitrile examination gloves**
  - **All surgery radiological and pharmacy preparation procedures**
    - **Sterile Surgeons’ Gloves:**
      - Neoprene Nitrile
      - Non powdered Low protein latex
    - **All staff using latex gloves of any type will be required to participate in a skin health surveillance programme**
Appendix E - Generic risk assessment for work involving use of frequent hand washing and the use of hand gels

Hampshire Hospitals NHS Foundation Trust

<table>
<thead>
<tr>
<th>RISK ASSESSMENT (Subject)</th>
<th>DAY/NIGHT</th>
<th>ASSESSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatitis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DEPT/WARD DATE: SIGNATURE

HAZARD:
Frequent hand washing and use of hand gel

PEOPLE AT RISK:
All staff including Clinical, catering and domestic staff who wash their hands frequently.

EXISTING CONTROLS:
1. HHFT Glove Policy (and related infection control policies) which advise on appropriate glove selection to minimise the risk of exposure to blood and body fluids, and which eliminate the use of latex gloves for non-sterile general glove use in non-theatre areas.
2. HHFT Latex Policy – Staff and Glove Policy, which advises staff to report skin problems to occupational health.
3. HHFT Hand Hygiene and Glove Policies which advise on good practice in hand hygiene and hand care.
4. Education of staff about the risks of dermatitis and not wearing latex gloves.
5. Monitoring and management of skin problems by line managers and Health4Work

Evaluation of Risk
How often do staff wash hands
How often do staff use gel
How many times do staff change gloves
Do staff need to wear gloves
Are staff aware to report skin problems

ACTIONS REQUIRED
Annual skin checks and reminders to staff about good hand care, and reporting skin problems promptly to Health4Work
Hand creams to be always available.

TO BE ACTIONED BY: REVIEW DATE:
Appendix F - Generic Risk Assessment for Work in Theatres
(Including DTC/TC theatre, EDCU, Delivery Suite, and for work in other areas involving prolonged latex glove use)

<table>
<thead>
<tr>
<th>RISK ASSESSMENT (subject)</th>
<th>DAY/NIGHT</th>
<th>ASSESSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HAZARD:**
1. Exposure to blood and body fluids, including blood borne viruses (BBV).
2. Exposure to glove-related symptoms including irritant contact dermatitis, allergic contact dermatitis to glove components, and type 1 allergy to latex.
3. Inferior dexterity compromising technical quality of patient care.

**PEOPLE AT RISK:**
surgeons, theatre nurses, anaesthetists, patients and staff

**EXISTING CONTROLS:**
1. HHFT Glove Policy (and related infection control policies) which advise on appropriate glove selection to minimise the risk of exposure to blood and body fluids, and to eliminate the use of powdered high protein residue latex gloves.
2. HHFT Hand Hygiene and Glove Policies which advise on good practice in hand hygiene and hand care.
3. Health surveillance programme for all staff who use latex gloves, undertaken by Health4Work

**EVALUATION OF RISK:**

<table>
<thead>
<tr>
<th>Properties needed from glove</th>
<th>Y</th>
<th>N</th>
<th>Does non latex offer the same</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close fit, fine touch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of time e.g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability of movement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Double gloving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact with micro-organisms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If non latex does not offer the same properties, follow Action

**ACTIONS**
The risk of allergy to staff is outweighed by a risk of transmission of infection or by a risk to patients arising from the relatively poor technical quality of non-latex glove products. Therefore latex gloves can be used. However, the risk of allergy is such that staff MUST undergo annual health surveillance, and report glove-related symptoms immediately to Health4Work

**TO BE ACTIONED BY:**

**REVIEW DATE:**
Appendix G - Glove Use Observational Audit

Standard: Gloves are used appropriately according to task and environment i.e. clinical or non-clinical area

Guidance Notes:
The aim of the observational tool is to observe a ‘snap shot’ of glove use compliance on a bi-annual basis. The audit should be taken over a 2 hour period and should include observation of a representative cross section of staff groups for the area e.g. in a clinical environment the audit would include observation of qualified nursing staff, doctors, health care assistants.

The auditor should:
- Observe glove use practice and place a tick (v) in ‘Y’, ‘N’, ‘NA’ box, which ever is relevant for the task and environment. Not all questions will be relevant in which case add a (v) in NA box.
- To find the percentage compliance first work out how many of the 12 questions are relevant to the audit environment - this is the denominator. Add the number of ticks (v) in the ‘Y” boxes and divide by the denominator, then times by 100. i.e. 5 (v) and 10 relevant questions is 5 divided by 10 times 100 = 50%

Date:.................... Ward/area:............................. Auditor:..............................

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gloves are NOT used for procedures where there is a minimal risk of cross infection between patients and staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Basic care procedures without contact with blood or body fluids.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Making uncontaminated beds/changing or removing patients clothing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Taking recordings (BP, temp, pulse)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Gloves ARE used for procedures where there is a risk of cross infection between patients and staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Non sterile nitrile gloves are used when there is NO exposure to blood or body fluids but cross infection is high i.e. patients in isolation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Non sterile nitrile gloves are used when there IS exposure to blood or body fluids and a sterile field is NOT required.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Sterile nitrile gloves are used for procedures which require a sterile field and high barrier protection.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Sterile nitrile, neoprene or non powdered low protein latex gloves are used for surgery, radiological and pharmacy preparation procedures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Non nitrile gloves are used for general cleaning, disposal of waste, handling blood spillages and chemicals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Clear vinyl gloves are used for food preparation only.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Risk Assessments are undertaken and, where necessary, health surveillance is completed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The line manager can produce evidence that annual hand inspections are undertaken.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Where latex gloves are used, a risk assessment identifying clinical need is available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Where latex gloves are used, the line manager can produce evidence of annual latex health surveillance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>no. of ‘Y’ divided by no of relevant Qu’s x by 100 = % compliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix H - Glove Codes

<table>
<thead>
<tr>
<th>Product</th>
<th>NPC Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examination Glove Non-sterile Nitrile</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small - Sempermed</td>
<td>FTG336</td>
<td>Glove of choice Trustwide</td>
</tr>
<tr>
<td>Medium - Sempermed</td>
<td>FTG337</td>
<td>Glove of choice Trustwide</td>
</tr>
<tr>
<td>Large - Sempermed</td>
<td>FTG338</td>
<td>Glove of choice Trustwide</td>
</tr>
<tr>
<td>Extra Large - Sempermed</td>
<td>FTG342</td>
<td>Glove of choice Trustwide</td>
</tr>
<tr>
<td><strong>Examination Glove Sterile Nitrile</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small - Sempermed</td>
<td>FTG000</td>
<td>Sterile glove of choice Trustwide</td>
</tr>
<tr>
<td>Medium - Sempermed</td>
<td>FTG289</td>
<td>Sterile glove of choice Trustwide</td>
</tr>
<tr>
<td>Large - Sempermed</td>
<td>FTG290</td>
<td>Sterile glove of choice Trustwide</td>
</tr>
<tr>
<td><strong>Surgeons Glove Sterile Latex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biogel sz 5.5</td>
<td>FTE890</td>
<td>For use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel sz 6</td>
<td>FTE891</td>
<td>For use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel sz 6.5</td>
<td>FTE892</td>
<td>For use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel sz 7</td>
<td>FTE893</td>
<td>For use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel sz 7.5</td>
<td>FTE894</td>
<td>For use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel sz 8</td>
<td>FTE895</td>
<td>For use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel sz 8.5</td>
<td>FTE896</td>
<td>For use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel sz 9</td>
<td>FTE057</td>
<td>For use in surgical procedures only</td>
</tr>
<tr>
<td><strong>Surgeons Glove Sterile Latex Free</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biogel Neoprene sz 5.5</td>
<td>FTE574</td>
<td>Latex free for use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel Neoprene sz 6</td>
<td>FTE575</td>
<td>Latex free for use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel Neoprene sz 6.5</td>
<td>FTE576</td>
<td>Latex free for use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel Neoprene sz 7</td>
<td>FTE577</td>
<td>Latex free for use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel Neoprene sz 7.5</td>
<td>FTE578</td>
<td>Latex free for use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel Neoprene sz 8</td>
<td>FTE579</td>
<td>Latex free for use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel Neoprene sz 8.5</td>
<td>FTE586</td>
<td>Latex free for use in surgical procedures only</td>
</tr>
<tr>
<td>Biogel Neoprene sz 9</td>
<td>FTE587</td>
<td>Latex free for use in surgical procedures only</td>
</tr>
<tr>
<td><strong>Indicator Under Glove</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biogel Eclipse Indicator sz 5.5</td>
<td>FTE706</td>
<td>For use under standard Biogel surgeons glove</td>
</tr>
<tr>
<td>Biogel Eclipse Indicator sz 6.0</td>
<td>FTE711</td>
<td>For use under standard Biogel surgeons glove</td>
</tr>
<tr>
<td>Biogel Eclipse Indicator sz 6.5</td>
<td>FTE714</td>
<td>For use under standard Biogel surgeons glove</td>
</tr>
<tr>
<td>Biogel Eclipse Indicator sz 7.0</td>
<td>FTE729</td>
<td>For use under standard Biogel surgeons glove</td>
</tr>
<tr>
<td>Biogel Eclipse Indicator sz 7.5</td>
<td>FTE730</td>
<td>For use under standard Biogel surgeons glove</td>
</tr>
<tr>
<td>Biogel Eclipse Indicator sz 8.0</td>
<td>FTE731</td>
<td>For use under standard Biogel surgeons glove</td>
</tr>
<tr>
<td>Biogel Eclipse Indicator sz 8.5</td>
<td>FTE732</td>
<td>For use under standard Biogel surgeons glove</td>
</tr>
<tr>
<td>Biogel Eclipse Indicator sz 9.0</td>
<td>FTE733</td>
<td>For use under standard Biogel surgeons glove</td>
</tr>
</tbody>
</table>