



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

GLOVE USE

Effective Date: May 8, 2020

Policy: IC-20

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I. PURPOSE: To reduce the risk of contamination of health care workers' hands with blood and other bodily fluids and to reduce the risk of germ dissemination between healthcare workers, patients, and the environment.

II. POLICY:

A. Hospital personnel will utilize medical gloves when necessary in order to prevent the spread of infection.

1. Gloves should be used during all patient-care activities when exposure to blood and all other bodily fluids (including contact with mucous membranes and non-intact skin) may occur.
2. Gloves should be used when caring for a patient who is under isolation precautions, primarily contact precautions.
3. Gloves should be used when healthcare workers are handling equipment or are in contact with surfaces that may be contaminated.

III. DEFINITIONS:

A. **Dissemination:** Spreading widely.

IV. RESPONSIBILITIES:

A. The hospital will provide hand washing facilities. Where sinks are not practical, approved hand sanitizers will be made available.

B. The hospital will provide medical gloves to all staff.

V. PROCEDURE:

A. When used appropriately, gloves are effective in preventing contamination of health care workers' hands and help reduce transmission of pathogens within the environment.

1. Wear gloves when you reasonably anticipate contact with blood or other bodily fluids, mucous membranes, non-intact skin or potentially infectious materials.

2. Wear gloves during contact precautions with a patient and his/her immediate surroundings.
3. Remove gloves after caring for a patient and prior to leaving the patient's living area. Gloves should only be worn for one patient at a time and should be removed prior to caring for another patient.
4. When moving from a contaminated body site to a clean body site, gloves should be removed, hands should be washed, and a new replacement pair of gloves should be donned. This includes when working with mucous membranes, non-intact skin, and medical devices within the same patient or the environment.
5. If the integrity of the glove is compromised (e.g. punctured or torn), it should be changed as soon as possible and complimented with hand hygiene.
6. Glove use does not replace hand washing. Hand washing or hand rubbing with hand sanitizer should be performed before donning-and after removing gloves.
7. The use of gloves when not indicated represents a waste of resources, does not contribute to a reduction of cross contamination, and may increase the risk of germ transmission.
8. Gloves are single use/single task items. Glove decontamination and reprocessing is not recommended and should be avoided.
9. Gloves are not to be stored in pockets for later use.

VI. REFERENCES:

- A. Centers for Disease Control. (2020, January). *Hand hygiene in healthcare settings*. <https://www.cdc.gov/handhygiene/providers/index.html>.
- B. World Health Organization (2009, August). *Glove use information leaflet*. https://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf.
- C. Association for Professionals in Infection Control and Epidemiology (2016). *Do's and don'ts for wearing gloves in the healthcare environment*. <http://professionals.site.apic.org/files/2013/09/DosDonts-of-Gloves.pdf>.

VII. COLLABORATED WITH: Director of Nursing.

VIII. RESCISSIONS: IC-20, *Glove Use* dated January 12, 2016; IC-20, *Glove Use* dated August 17, 2012.

IX. DISTRIBUTION: All hospital policy manuals.

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- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

- XI. FOLLOW-UP RESPONSIBILITY:** Infection Control Nurse.

- XII. ATTACHMENTS:** For internal use.
 - A. Techniques for donning and removing non-sterile examination gloves (World Health Organization. 2009, August).

Signatures:

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