

Reducing Unnecessary Glove Use



Overview:

- The NHS in England used **1.4 billion** non-sterile gloves per year before the COVID-19 pandemic, which increased **200%** in 2020.
- Reducing glove overuse is a great place to start improving the **sustainability** of your practice!
- Double gloving is **not recommended** in routine practice, except in specific cases (e.g. chemotherapy, certain surgeries)

Routine patient care, contact limited to intact skin with no risk of exposure to blood and body fluids

No gloves

Contact or potential contact with blood, body fluids, mucous membranes, or non-intact skin, minor laceration repair, small excisions

Non-sterile gloves

Deeper surgical or invasive procedure (other than minor lacerations or small excisions), or potential contact with sterile site (e.g. catheter insertion)

Sterile gloves

Examples:



No gloves required for:

- Taking a blood pressure, temperature, or pulse
- Physical exam of intact skin
- Charting, giving oral medications, or assisting a patient with ambulation
- Performing routine intradermal, subcutaneous and intramuscular injections



Non-sterile gloves required for:

- Touching therapeutically active topicals
- Palpating non-intact skin, rashes, or mucous membranes
- Contacting the patient if the provider has non-intact skin (eg cracked dry skin)
- Repairing small lacerations or performing superficial biopsies

References

- Glove Use and Selection (2020). Alberta Health Services Infection Prevention & Control. albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-glove-use-selection.pdf
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- Steve, E., Lindblad, A. J., & Allan, G. M. (2017). Non-sterile gloves in minor lacerations and excisions? Canadian Family Physician, 63(3), 217.