



Be glove aware

It is important to assess when to use gloves and what kind of glove to use.

Over or under use of gloves can put you at risk of work-related contact dermatitis. Patients can also be put at risk from infection as the wearing of gloves can prevent effective hand hygiene.

Before carrying out a task, it's crucial to ask the following questions to decide if a glove is needed, and which type of glove to wear:

- What task am I performing?
- Is there a high risk I may come into contact with blood/body fluids, non-intact skin or mucous membranes (e.g. nose, mouth or eyes)?
- Will I be in contact with chemicals (e.g. disinfectants or harmful substances such as cytotoxic drugs)?
- What glove size do I need?
- If I do need a glove, what kind do I need?
- Has your organisation considered the use of accelerator free gloves to help minimise skin reactions?
- Are you aware there is a full range of gloves available to you? For example, latex free or accelerator free?

Gloves are **single use items** – they must be removed and changed between each patient or care task. Double gloving can help reduce this risk of exposure in some surgical procedures - see your local policy.





Gloves on?

- When in contact with blood/body fluid, non-intact skin, or mucous membranes.
- When in contact with chemical hazards such as disinfectants, preserving agents or cytotoxic drugs.
- Only when hands are thoroughly dry (post-hand washing or alcohol rub) to reduce risk of dermatitis.
- Double gloving is recommended in specific circumstances such as some surgical or high risk procedures – see your local policy.



Gloves off?

- As soon as gloves are suspected to be damaged.
- When no longer in contact with blood/body fluids, non-intact skin or mucous membranes.
- When a single aspect of patient care/treatment has ended (e.g. gloves may be required to empty a urinary catheter before providing mouth care).
- When it's necessary to carry out effective hand hygiene.
- When contact with chemicals has ended.

Be skin aware

No risk – no glove!

93% of nurses have reported having a skin condition (RCN, 2020).

Damaged or non-intact skin on the hands places both the patient and the health worker at risk because it prevents effective hand hygiene.

Follow these simple steps to prevent and manage work-related contact dermatitis:

- Ensure you use a good hand hygiene and drying technique.
- Avoid direct contact between unprotected hands and hazardous substances.
- Regularly apply hand moisturising creams (containing emollients).
- Check skin regularly for the first signs of itchy, dry or red skin.
- Remember wearing gloves is not an alternative to carrying out effective hand hygiene procedures.

If you are having problems with the skin on your hands, seek help and advice from either your occupational health service or your GP at the earliest opportunity.



Fig 1: Dry, itchy, red skin - early warning signs of contact dermatitis

* In the UK, wet work is defined as work that involves hands being wet for significant periods during the working day; as a guide – more than two hours a day or about twenty hand washes a day.

Top tips for hand hygiene

Prevention and management of work-related contact dermatitis

- Gloves are not a substitute for hand hygiene.
- **Always** wet hands thoroughly before applying soap.
- Ensure that you rinse and dry thoroughly
- Wash hands with soap and water when visibly dirty or obviously soiled with blood or other body fluids.
- Wash hands with soap and water if alcohol-based hand rub is not available. Hand wipes may be helpful in community settings.
- Wash hands with soap and water where alcohol hand rubs are known to be less effective such as when caring for patients with known or suspected *Clostridium difficile*.
- Use an alcohol-based hand rub as the preferred means of routine hand hygiene in all other clinical situations.

(Adapted from WHO, 2009)

References

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Find out more
rcn.org.uk/skin-health

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