

ISSUE 9: IN-SERVICE BRIEF

The relationship between medical examination gloves and hand hygiene¹

Healthcare workers (HCWs) continue to undertake meaningful risk-assessment of the need for gloves prior to every episode of clinical care.



Risk Assessment for Gloves

- Direct contact with potentially infectious materials or surfaces
- Direct contact with hazardous drugs or chemicals
- Sequence of activity for multiple tasks
- “My Five Moments for Hand Hygiene” model²



Remove gloves and perform hand hygiene

- If glove is damaged, torn, or discolored
- After direct contact with non-intact skin, mucous membranes, blood, or body fluids
- When exiting rooms
- On completion of every episode of patient care
- After direct contact with a hazardous substance



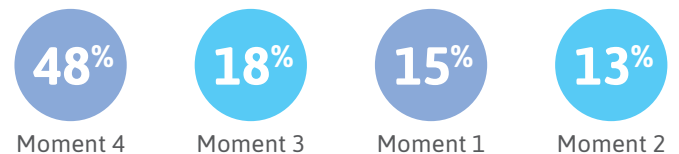
Misuses of gloves that impede hand hygiene compliance

- Using gloves instead of performing hand hygiene
- Not removing gloves between patient care tasks on a single patient
- Not performing hand hygiene before donning or after removing gloves

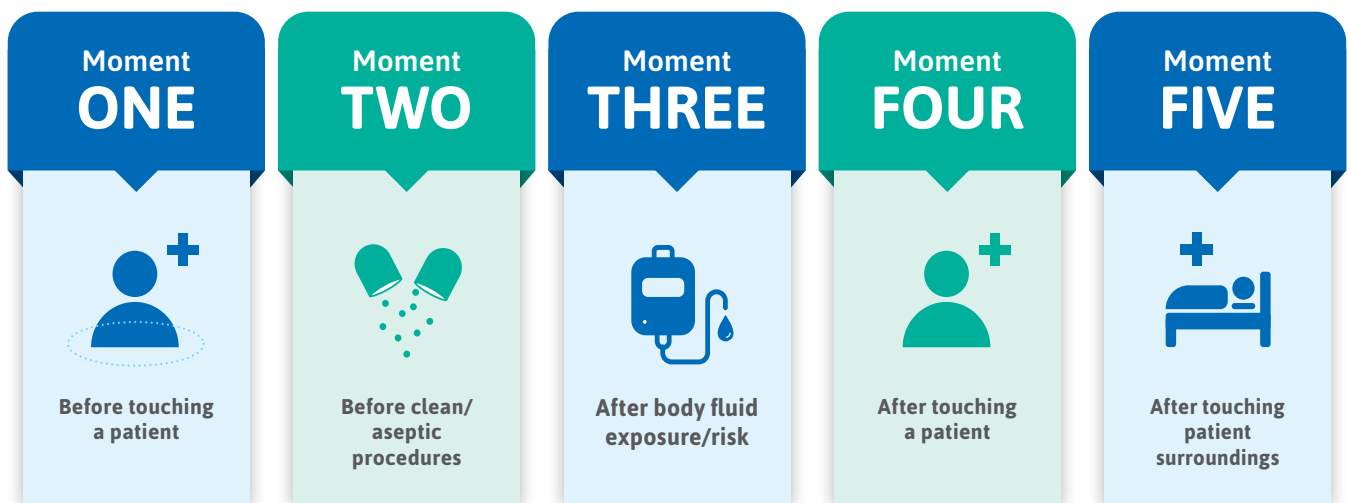
A comprehensive study of glove use in clinical settings by Loveday reported that almost half (48%) of the episodes in which HCWs misused gloves and subsequently increased the risk of cross contamination involved a breach in one of “My 5 Moments for Hand Hygiene” (M5MFHH) model.³

My 5 Moments for Hand Hygiene

This is the breakdown of areas of breach³



MY 5 MOMENTS FOR HAND HYGIENE²



References:

1. InTouch Clinical update; https://www.ansell.com/us/en/blogs/intouch?page=1&page_size=4&sort=Date&sort_type=desc
2. World Health Organization. WHO Guidelines on Hand Hygiene in Health Care. Geneva: World Health Organization; 2009.
3. Loveday HP, Lynam S, Singleton J, Wilson J. Clinical glove use: healthcare workers' actions and perceptions. J Hosp Infect. 2014;86(2):110-116.

➔ For more information or additional clinical resources, please visit www.ansell.com/AnsellCARES

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