



Between 25<sup>th</sup> February 2020 to 31<sup>st</sup> March 2022, a staggering 12.7 billion gloves were sent for use in the NHS and Social Care in England alone!  
(Royal College of Nursing 2022).

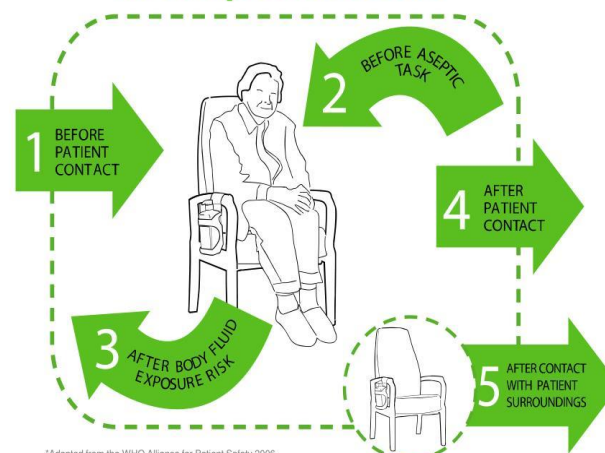
The manufacturing of gloves contributes to environmental pollution and climate change!

Avoiding overuse or inappropriate use of PPE is a key principle that ensures this is risk-based and minimises its environmental impact.

### Gloves must be:

- Worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- Changed immediately after each resident and/or after completing a procedure/task even on the same resident
- Changed if a perforation or puncture is suspected
- Appropriate for use, fit for purpose and well-fitting
- Never decontaminated with alcohol hand rub or liquid soap between use
- Sterile when performing aseptic technique or urinary catheterisation
- Low risk of causing sensitisation to the wearer
- Appropriate for the tasks being undertaken, taking into account the substances being handled, type and duration of contact, size and comfort of the gloves, and the task and requirement for glove robustness and sensitivity
- Glove use is **NOT** a replacement for performing hand hygiene
- Follow WHO's "Your 5 moments of hand hygiene"
- Alcohol handrubs are suitable unless hands are visibly dirty or soiled, or when caring for residents with vomiting and/or diarrhoea
- Clients should be encouraged to wash their hands- or use skin wipes after using the toilet and before eating and drinking
- It is best practice to be "Bare below the elbows"
- All staff should have training on hand hygiene annually

## Your 5 moments for hand hygiene at the point of care\*



\*Adapted from the WHO Alliance for Patient Safety 2006