

Leamington Mennonite Home
Long Term Care

**INFECTION CONTROL
POLICY AND PROCEDURE**

CATEGORY: Precautions	SUBJECT: Use of Gloves	SECTION: G POLICY: 5
DATE: July 12, 2022	Administrator's Signature: <u>J. M.</u>	
REVISION DATES: November 2023	IPAC Lead's Signature: <u>L. Coppola, R.N.</u>	

USE OF GLOVES

POLICY:

The use of gloves will not replace the need for hand hygiene. Gloves must be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above.

The purpose of wearing gloves is to either prevent the hands becoming contaminated with dirt or microorganisms, or to prevent the transfer of organisms already present on the skin or the hands when there are open lesions on the hands of the healthcare provider.

PROCEDURE:

All Staff will:

- 1) Perform hand hygiene before applying gloves.
- 2) Wear gloves when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, or body fluids.
- 3) Not use the same pair of gloves for the care of more than one resident.
- 4) Remove gloves immediately and discard after the activity for which they were used, then perform hand hygiene.
- 5) Change or remove gloves if moving from a contaminated body site to a clean body site within the same resident.
- 6) Change or remove gloves after touching a contaminated environmental surface and before touching a resident or a clean environmental surface.
- 7) Not wash or re-use gloves.

NOTE:

- Gloves are not required for routine resident care activities in which contact is limited to a resident's intact skin (e.g., taking blood pressure, bathing, dressing feeding resident).
- It is essential to ensure that hand hygiene is performed before putting gloves on and following the removal of gloves.

- Gloves must be changed, and hand hygiene performed between care activities and procedures with the same resident after contact with materials that may contain high concentrations of microorganisms, (e.g. after handling an indwelling catheter).
- Gloves must be removed immediately after completion of care or a specific task at the point of use and before touching a clean environmental surface.
- The same pair of gloves must not be used for the care of more than one resident.
- Gloves must be changed after touching a contaminated site and before touching a clean site or the environment.
- Staff must ensure that the appropriate size and type of glove is selected for particular procedures with the purpose of ensuring safety and protection for staff and residents.
- Gloves must be removed immediately and discarded into a waste receptacle after the activity for which they were used and before exiting a resident environment.

When considering the nature of the task, the need for sterile or non-sterile gloves should be assessed:

- **Sterile gloves** are worn to protect the resident during aseptic invasive procedures.
- **Non-sterile gloves**, latex or latex alternative (e.g., nitrile or vinyl) are worn to protect the healthcare worker where direct exposure to blood or body fluids and other microorganisms is anticipated.

To reduce hand irritation related to gloves:

- 1) Wear gloves for as short a time as possible.
- 2) Ensure hands are clean and dry before putting on gloves.
- 3) Ensure gloves are intact and clean and dry inside.

Use of gloves for housekeeping:

- Polymer gloves may be used for dusting and sweeping.
- Vinyl/Nitrile gloves are to be used for cleaning toilets and dealing with bodily fluids.
- Rubber gloves are to be used for all chemical preparations.

Use of gloves for kitchen:

- If staff want to use gloves while preparing food, they may use polymer gloves.
- For heavy mixing or to protect the food when you have a cut, vinyl/nitrile gloves may be used.

Examples of Tasks that require the wearing of gloves:

Gloves must be worn	Gloves should not be worn
When contact occurs with blood, body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin (open skin lesions or exudative rash)	When there is no risk of exposure, splash, contact with blood, body fluids and non-intact skin
When changing a dressing, or having contact with non-sterile skin	When assisting or feeding a resident

When handling items visibly soiled with blood, body fluids, secretions or excretions, such as when changing adult briefs	For social touch
When performing personal hygiene for residents	When transporting a resident such as when pushing a wheelchair
When performing mouth care	When delivering meals, mail, clean linen
When indicated for Additional Precautions	For providing care to residents with intact skin, e.g., taking temperature or blood pressure, weights, etc.
When the health care provider has open skin lesions on their own hands	For routine daily activities