Glove Awareness - “Safer in Our Hands”

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Aims of presentation

- Discuss the Glove awareness campaign that took place at GOSH last year
- Understand the key factors driving local change at GOSH
- Progress so far
- Further steps
Why was it important to look at glove usage

- Closely linked with hand hygiene
- Management of skin issues and contact dermatitis
- Updated of the RCN national guidance ‘Tools of the Trade: Guidance for Health Care Staff on Glove Use and the Prevention of Contact Dermatitis’
- Follow on from published guidance from the RCN in 2016 on ‘Standards for Infusion Therapy’
Reasons for the local focus

- Change in audit programme had highlighted gloves were an issue
- Staff presenting to Occupational Health with sore red hands
- Changes in gloves via Supply chain
- Skills standardisation days with Practice Education Team
- Environmental impact
Why do we wear gloves?

If you are wearing gloves to protect your patient – they should be sterile as it has been found that nonsterile disposable gloves could be contaminated with a wide range of bacteria, including spore-forming agents.

(Berthelot et al, 2006)

Why do we wear non-sterile gloves?- they should only be worn where direct contact with body fluids, non-intact skin or mucous membranes is anticipated.

(Wilson, Loveday, 2014)
Did you know…?

The use of non-sterile gloves has been associated with a significant potential for cross-contamination and transmission of HAIs. This is because they are often used when they aren’t needed, put on too early, taken off too late or not changed at critical points.

(Wilson, Loveday, 2017)

Research shows that patients often feel uncomfortable with inappropriate use of gloves for personal tasks.

(Wilson, Bak et al, 2017)
Change

- All staff to risk assess when they are using gloves and aprons
- To promote not using gloves for IV preparation and administration (but to risk assess this)
<table>
<thead>
<tr>
<th>Glove use in clinical practice</th>
<th>Gloves not indicated</th>
<th>Gloves indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean</td>
<td>Sterile</td>
<td></td>
</tr>
<tr>
<td>Taking patient observations</td>
<td>Touching/ handling blood or body fluids (BBF)</td>
<td>Insertion of invasive devices (e.g. Urine catheters)</td>
</tr>
<tr>
<td>Subcutaneous/ Intramuscular injections</td>
<td>Contact with mucous membranes</td>
<td>Surgical Procedures</td>
</tr>
<tr>
<td>Administration/ preparation of IV drugs</td>
<td>Insertion/ removal of peripheral cannula</td>
<td>Preparation of TPN</td>
</tr>
<tr>
<td>Bathing/ dressing patient (unless visible BBF)</td>
<td>Contact with non-intact skin</td>
<td>Dressing wounds</td>
</tr>
<tr>
<td>Handling used linen (unless soiled with BBF)</td>
<td>Removal of invasive devices (e.g. urine catheters)</td>
<td></td>
</tr>
<tr>
<td>Manipulation of vascular lines (using aseptic technique)</td>
<td>Taking a blood sample</td>
<td></td>
</tr>
<tr>
<td>Giving oral medications</td>
<td>Oral/ tracheal suctioning</td>
<td></td>
</tr>
<tr>
<td>Feeding a patient</td>
<td>Handling hazardous chemicals, e.g. chemo</td>
<td></td>
</tr>
<tr>
<td>Transporting a patient</td>
<td>Handling instruments, equipment of items contaminated with BBF</td>
<td></td>
</tr>
<tr>
<td>Writing on charts</td>
<td>Handling waste contaminated with BBF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handling sharp instruments contaminated with BBF</td>
<td></td>
</tr>
</tbody>
</table>

Which medications should I wear gloves for?

You do not need to wear gloves for solid medication as you should use ANTT.

You do need to risk assess and wear gloves for:

- Any medication where you could be in contact with a bodily fluid. E.g. eye drops, nose drops
- Any therapeutically active cream
- Any liquid hormones or cytotoxic medications
Risk assessing the use of gloves with IV practice

Risk Assess:

- Drawing up a medication that could damage or absorb into my skin?
- Drawing Back blood from a line? Blood return for Port / vesicant or sample?
- CVAD dressing change – blood or ooze around the site or not?
Pre-Measures

- Hand hygiene audits
- Infection Rates
- Soap and hand sanitiser usage
- Glove and apron usage
- Dermatitis levels in staff
- Qualitative data from patients and families surrounding glove usage
- Financial
- Environmental
Occupational Health

New attendances for skin assessment in OH
Plastic usage/reduction
Gloves

Gloves Ordered

- UCL
- LCL
- Measure
- Mean
- Median

Apr '17 | Jul '17 | Oct '17 | Jan '18 | Apr '18 | Jul '18 | Oct '18

100k    | 150k    | 200k    | 250k    | 300k
Plastic usage/reduction

Aprons
Plastic usage/reduction

Bungs
Glove costs
Apron costs
Bung costs
## Total Savings - up to Nov 2018

<table>
<thead>
<tr>
<th>Item</th>
<th>Bungs (2.13g)</th>
<th>Aprons (3.81g)</th>
<th>Gloves (5g)</th>
<th>Total savings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Savings per week</strong></td>
<td>£240.03</td>
<td>£401.14</td>
<td>£1032.70</td>
<td>£1,673.87</td>
</tr>
<tr>
<td><strong>Total saving in 32 weeks since project costed</strong></td>
<td>£7,680.96</td>
<td>£12,836.48</td>
<td>£33,046.40</td>
<td>£53,563.55</td>
</tr>
<tr>
<td><strong>Item reduction</strong></td>
<td>12,000</td>
<td>11,751</td>
<td>28,358</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Environmental impact</strong></td>
<td>26kg per week</td>
<td>45kg per week</td>
<td>142kg per week</td>
<td>213kg</td>
</tr>
<tr>
<td><strong>Since beginning of project</strong></td>
<td>832kg (0.832 tonne)</td>
<td>1,440kg (1.44 tonnes)</td>
<td>4,544kg (4.544 tonnes)</td>
<td>6,816kg (6.816 tonnes)</td>
</tr>
<tr>
<td><strong>Disposal savings</strong></td>
<td>£271.55</td>
<td>£469.99</td>
<td>£1483.07</td>
<td>£2,224.61</td>
</tr>
</tbody>
</table>

A large horse weighs approx. 1000kg
Next Steps

- Carry on measuring glove usage
- Observe how gloves are being used in hand hygiene audits
- Further training for groups of staff on when to wear gloves - cleaners, porters
- Collecting information from patients and families about the change in glove usage
References


Pittet, D & Boyce, J (2001) Hand hygiene and patient care: pursuing the Semmelweis legacy. The Lancet: Infectious Diseases; 1, (S1), 9-20


Thank you