Practical guidance on glove use

- Use a pair of well-fitting, clean, disposable latex or latex-free gloves per patient or per procedure.
- Glove use reduces the health care worker’s potential exposure to blood and reduces the patient’s risk of cross contamination between patients.

**WHEN?**

Wear non-sterile, disposable, single-use gloves.

- For direct contact with patient’s mucous membranes, blood, body fluids, moist body substances, non-intact skin.
- For handling potentially infectious materials or in contact with contaminated items and surfaces.
- For performing venepuncture.
- If the integrity of skin on the health care workers’ hands is compromised.
- When there is a probability of contact with blood or other potentially infectious materials (saliva in dental procedures), mucous membrane, or non-intact skin.

**WHEN?** Change gloves.

• Between tasks and procedures on the same patient, and after contact with material that may contain a high concentration of microorganisms.
• During a procedure if visibly soiled, torn or punctured.
• After contact with each patient.

**WHAT TO DO?** After use.

• Remove gloves promptly and discard.
• Perform hand hygiene immediately after removing and discarding gloves. Gloves **DO NOT** replace the need for hand hygiene.
• Discard gloves on completion of treatment and before leaving areas of patient care activities.

**WEAR** sterile gloves **ONLY** for:

• Any procedure where aseptic technique is required (e.g., intra-vascular infusion and devices).
• **DO NOT** wash or decontaminate gloves for reuse.
• **DO NOT** wear gloves away from the bedside or laboratory bench; at nursing stations to handle phones, charts; to handle clean linen, clean equipment or patient care supplies; in hallways or elevators.

» Gloves **DO NOT** provide protection from needlesticks or other puncture wounds caused by sharp objects. Use extreme caution when handling needles, scalpels, etc.

» Health care workers with a latex allergy should be provided with gloves made from synthetic material.