Best practice recommendations

Protective gloves may be required to prevent injury due to other identified risks (e.g., contact with chemicals, sharps, broken glass, client aggression) and must be discarded (if disposable) or disinfected (if reusable) after use according to manufacturers’ instructions or written protocols. Reusable gloves must be dry before reuse.

Disposable nitrile examination gloves (routinely used) or reusable household/utility gloves (less frequently used) should be worn for cleaning the environment or cleaning and disinfecting patient care equipment.

Select gloves used to protect hands from contact with chemicals based on the Safety Data Sheet (SDS).

Puncture resistant gloves (e.g., steel mesh, Kevlar™, leather, knitted cut-resistant yarn) may be used to reduce the risk of percutaneous injury from sharps in some situations, for example:

- extensive use of saws, chisels, bone cutters;
- foreign body removal after penetrating trauma;
- pathology and autopsy suites;
- waste handling;
- high-risk settings for some procedures e.g., Emergency Medical Services (EMS), Protective Services, Corrections.

Puncture resistant gloves that may come in contact with blood, body fluids, excretions or secretions should be worn in accordance with manufacturers’ instructions and in a manner that protects the client, user and glove from contamination (e.g., puncture resistant glove used between disposable clean or sterile disposable gloves depending on the task being performed). The user dons:

- a disposable glove;
- a puncture resistant glove;
- a disposable glove over the puncture resistant glove;
- if sterile gloves are used, a sterile gel may be used to ease donning in alignment (if indicated by manufacturer’s instructions).

References

