

Selection and use of Gloves for Obstetrical and Gynecological Procedures

Note: Terms in bold are defined in the **Definitions** section.

If you have any questions or comments contact IPC at ipc@survstdadmin@ahs.ca.

Best practice recommendations

Purpose

- To outline the selection and use of sterile and non-sterile gloves for obstetrical and gynecological care and procedures and prevent the transmission of infection to the patient, newborn and staff.

Application

This recommendation should be followed by all Alberta Health Services (AHS) staff, medical staff, volunteers, students and other persons acting on behalf of AHS.

IPC Practices

Routine practices are used at all times, e.g., [point of care risk assessment](#), [hand hygiene](#) and [personal protective equipment](#) (e.g., gloves). See Table 1 below. Additional personal protective equipment (PPE) such as masks, gown, and eye protection may be required when indicated by a **point-of-care risk assessment** (PCRA) to prevent transmission of specific organisms or infections that may not be fully prevented by routine practices. Hand hygiene is performed before gloves are put on and after gloves are removed. Hands can become contaminated during glove use, removal or by glove defects. Gloves are worn:

- to reduce the transmission of microorganisms from one patient to another or from one body site to another;
- to reduce the risk of exposure to blood, body fluids, secretions and excretions;
- when handling visibly or potentially soiled items.

Recommendations

1. Table 1: Use of sterile and non-sterile gloves

<p>Gloves are not required for routine patient care activities in which contact is limited to a patient's intact skin. For example, but not limited to:</p> <ul style="list-style-type: none">assisting mother to breastfeedtaking blood pressuretemperature and pulseperforming injectionstransporting patientsvascular line manipulation in absence of blood leakagegiving oral medicationsdistributing or collecting patient dietary trays	<p>Clean, non-sterile gloves are required for contact with mucous membranes, non-intact skin and when risk of exposure to blood and body fluids. For example, but not limited to:</p> <p>Contact with:</p> <ul style="list-style-type: none">breast milkvaginal secretionsmeconiumamniotic fluidplacenta <p>For procedures such as:</p> <ul style="list-style-type: none">changing diapershandling the newborn before the first bath.IV insertion and removaldrawing blooddiscontinuation of IV line	<p>Sterile gloves and aseptic technique are used for invasive procedures and contact with sterile sites. For example, but not limited to:</p> <ul style="list-style-type: none">surgical procedure(s)vaginal deliveryinvasive radiologic procedureperforming vascular access (central lines)vaginal exams during laborrupture of membranescervical cerclagetrans-vaginal ultrasoundinternal monitoringcolposcopyendometrial biopsiespolyp removalsamniocentesischorionic villus samplinguse of forceps during deliveryspinal or epidural anesthetic (caps, masks, sterile gloves)urinary catheter insertion
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Definitions

Aseptic or Sterile Technique means the purposeful prevention of transfer of microorganisms from the patient's body surface to a normally sterile body site or from one person to another by keeping the microbe count to an irreducible minimum. Aseptic techniques, sometimes referred to as sterile techniques, are measures designed to render the patient's skin, supplies and surfaces maximally free from microorganisms. Such practices are used when performing procedures that expose the patient's normally sterile sites (e.g., intravascular system, spinal canal, subdural space, urinary tract) in such a manner as to keep them free from microorganisms. Components of aseptic technique prior to a procedure may involve the following: preparing the patient's skin with an antiseptic; hand hygiene, preferably with ABHR or, if not accessible, an antimicrobial soap; sterile gloves, gowns, masks, equipment, and drapes; and maintaining a sterile field.

Point-of-care risk assessment (PCRA) means the healthcare worker evaluation of the likelihood of exposure to an infectious agent, for a specific interaction with a specific patient in a specific environment. The healthcare worker makes decisions such as patient room placement and choice of personal protective equipment based on the PCRA.

Routine practices means the infection prevention and control measures used in the care of all patients at all times to minimize or prevent healthcare-associated infections in the healthcare setting.

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This document:

- updates and replaces the March 31, 2010 IPC Best Practice Guideline: *Appropriate Use of Gloves for Obstetrical and Gynecological Procedures*.
- was prepared by the Alberta Health Services Document Revision IPC Working Group with Infection Control Professionals (ICPs) from each Zone and Covenant.
- is based on stakeholder input from: Alberta Health, Covenant, College and Association of Registered Nurses of Alberta (CARNA), College of Physicians and Surgeons of Alberta (CPSA), College of Midwives of Alberta, AHS representatives including: Midwifery Services, Zone Medical Directors of OBS/GYN, Clinical Obstetric Leads, Labour and Delivery Unit Managers, Workplace Health and Safety, IPC Physicians, IPC Clinical Resource Group and ICPs.

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