

Gloves Off! Save A Tonne



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Prevention and Control

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MIPC

Acknowledgement of Land



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I would like to start by acknowledging the Traditional Custodians of the land where we gather today. I honor the Elders, both past and present, and extend my respect to all Aboriginal and Torres Strait Islander peoples present here.

Disclaimer

St John of God Health Care Data

Data sourced from St John of God Health Care, shared with permission

John Hunter Hospital

John Hunter Hospital's QI, also shared with permission

University Hospitals Sussex: Royal Alexandra Children's Hospital.

Some data from University Hospitals Sussex is referenced discussed

Personal Opinions

All opinions shared today are based on my personal experience in the industry.



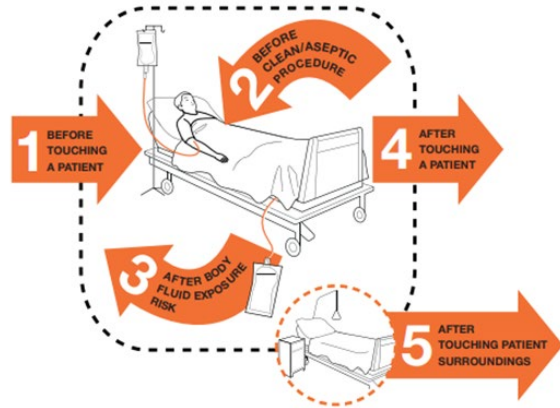
Key Themes

- 5 Moments
- Hand Hygiene Auditing
- The NSG Dilemma
- SJOG Berwick -Glove Use and Cost
- Quality Improvement Projects
- Gloves on / ~~Gloves off~~
- Education VS Evidence
- Conclusion
- References



Clean Hands: More Than Just a Moment

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and his/her immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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Hand Hygiene observation - Data collection form.

Organisation:
 Depart/Ward:
 Date: / /
 Auditor: Session No.:
 Start Time: Finish Time:
 Duration of Session: mins

FIVE MOMENTS FOR HAND HYGIENE

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings

Notes

Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove
	<input type="radio"/> 1	<input type="checkbox"/> 1. Rub	<input type="radio"/> 1. On		<input type="radio"/> 1	<input type="checkbox"/> 1. Rub	<input type="radio"/> 1. On		<input type="radio"/> 1	<input type="checkbox"/> 1. Rub	<input type="radio"/> 1. On
	<input type="radio"/> 2	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off		<input type="radio"/> 2	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off		<input type="radio"/> 2	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off
	<input type="checkbox"/> 3	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.		<input type="checkbox"/> 3	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.		<input type="checkbox"/> 3	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		

Evolution of Hand Hygiene Auditing

Hand hygiene auditing is not static.
It must evolve with:

- Changing care models (e.g., more outpatient care)
- Emerging infection threats (e.g., resistant organisms, respiratory viruses)
- Technology and digital audit tools
- Hand hygiene auditing is evolving to reflect real-world IPC behaviours –glove use
- We're building a more complete picture of hygiene behaviour—not just compliance with the 5 Moments.



The NSG Dilemma & IPC

NSG are commonly misused

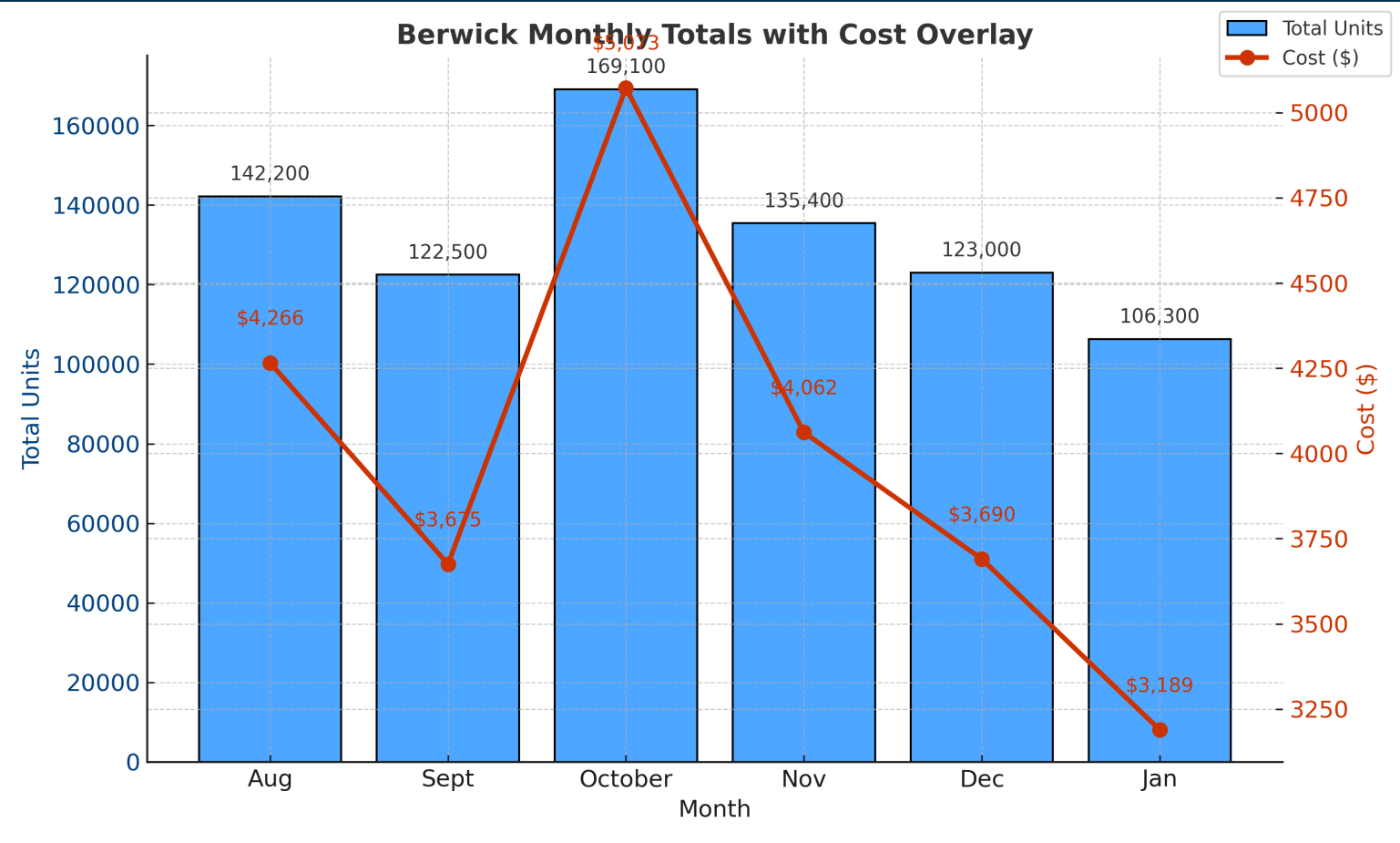
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graph TD; A[NSG are commonly misused] --> B[Gloves play an important role in improving safety for patients and staff]; B --> C[Healthcare staff use gloves more than necessary and neglect hand hygiene]; C --> D[Planetary health is affected with NSG use in healthcare and increased costs];
```

Gloves play an important role in improving safety for patients and staff

Healthcare staff use gloves more than necessary and neglect hand hygiene

Planetary health is affected with NSG use in healthcare and increased costs

SJOG Berwick- Glove Use and Cost



STOP!

Am I at risk?

No risk = No gloves

Am I at risk of exposure to blood, body fluids, or hazardous substances?

- ✓ Contact with blood, body fluids, non-intact skin, or mucous membranes
- ✓ Handling cytotoxic or hazardous medications
- ✓ Exposure to contaminated waste, linen or environmental surfaces
- ✓ Following transmission-based precautions
- ✓ Performing invasive procedures

Gloves on

If there is no risk of exposure, there is no need to wear gloves.

- ✗ Intact skin-to-skin contact
- ✗ Performing routine observations
- ✗ Assisting with activities of daily living
- ✗ Administering injections (subcutaneous, intramuscular or intradermal)
- ✗ Accessing cannulas or IV lines using aseptic non-touch technique

Gloves off

Appropriate use of non-sterile gloves will help save our environment!

Hunter New England Local Health District (HNELHD)

Quality Improvement Project

- HNELHD sends 75 tonnes of gloves to landfill per year
- Adopted a glove usage as moments
- Formal: Infection Prevention Service (20-minute sessions)
- Informal: Team leaders and NUMs during safety huddles
- Newsletter
- Safety huddles in front of poster on the ward
- Gloves Off! Champions allocated to wards
- Support from Surgical services educators

Hand hygiene and glove use observation data collection form version 3									
Organisation				FIVE MOMENTS FOR HAND HYGIENE 1. Before touching a patient 2. Before a procedure 3. After a procedure or body fluid exposure risk 4. After touching a patient 5. After touching a patient's surroundings					
Dept / ward									
Date									
Auditor		Session #							
Start time		Finish time							
Duration of session				mins					
GLOVES NEEDED					GLOVES NOT NEEDED				
- contact with non-intact skin, or mucous membrane - contact with blood, body substances, secretions excretions - invasive procedure, eg, venepuncture or a finger or heel prick, IV cannula - contaminated waste / linen / environmental surfaces - Providing care to patients on transmission-based precautions					- Direct physical contact with intact skin - Activities of daily living, eg washing - Routine observations (eg blood pressure measurement) - Performing subcutaneous, intramuscular, intravenous or intradermal injections				
HCW	Moment	Action	Glove used	Glove needed?	HCW	Moment	Action	Glove used	Glove needed?
	○ 1	<input type="checkbox"/> 1 Rub	○ 1.On	<input type="checkbox"/> YES		○ 1	<input type="checkbox"/> 1 Rub	○ 1.On	<input type="checkbox"/> YES
	○ 2	<input type="checkbox"/> 2 Wash	<input type="checkbox"/> 2. Off	<input type="checkbox"/> NO		○ 2	<input type="checkbox"/> 2 Wash	<input type="checkbox"/> 2. Off	<input type="checkbox"/> NO
	<input type="checkbox"/> 3	<input type="checkbox"/> 3Missed	<input type="checkbox"/> 3.Cont			<input type="checkbox"/> 3	<input type="checkbox"/> 3Missed	<input type="checkbox"/> 3.Cont	
	<input type="checkbox"/> 4		<input type="checkbox"/> NoGlove			<input type="checkbox"/> 4		<input type="checkbox"/> NoGlove	
	<input type="checkbox"/> 5					<input type="checkbox"/> 5			
	○ 1	<input type="checkbox"/> 1 Rub	○ 1.On	<input type="checkbox"/> YES		○ 1	<input type="checkbox"/> 1 Rub	○ 1.On	<input type="checkbox"/> YES
	○ 2	<input type="checkbox"/> 2 Wash	<input type="checkbox"/> 2. Off	<input type="checkbox"/> NO		○ 2	<input type="checkbox"/> 2 Wash	<input type="checkbox"/> 2. Off	<input type="checkbox"/> NO
	<input type="checkbox"/> 3	<input type="checkbox"/> 3Missed	<input type="checkbox"/> 3.Cont			<input type="checkbox"/> 3	<input type="checkbox"/> 3Missed	<input type="checkbox"/> 3.Cont	
	<input type="checkbox"/> 4		<input type="checkbox"/> NoGlove			<input type="checkbox"/> 4		<input type="checkbox"/> NoGlove	
	<input type="checkbox"/> 5					<input type="checkbox"/> 5			
	○ 1	<input type="checkbox"/> 1 Rub	○ 1.On	<input type="checkbox"/> YES		○ 1	<input type="checkbox"/> 1 Rub	○ 1.On	<input type="checkbox"/> YES
	○ 2	<input type="checkbox"/> 2 Wash	<input type="checkbox"/> 2. Off	<input type="checkbox"/> NO		○ 2	<input type="checkbox"/> 2 Wash	<input type="checkbox"/> 2. Off	<input type="checkbox"/> NO

University Hospitals Sussex

Quality Improvement Initiative

- Training sessions for staff regarding appropriate glove usage
- Visual aids (such as posters and screensavers) featuring clear messages like “Remove gloves = clean hands”
- Observational assessments to evaluate glove usage and hand hygiene practices
- Feedback mechanisms to clinical teams providing data on adherence and progress

Results:

- Heightened awareness of improper glove use
- Enhanced compliance with hand hygiene during critical moments
- Decrease in glove waste
- Encouraged a transition to sustainable and evidence-based practices



Gloves on / ~~Gloves off~~: Preparing and Administering IVAB

ABSTRACT ONLY · Volume 29, Supplement 1, S2-S3, November 2024

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41. Because that’s what I was taught! Is there evidence for wearing gloves when preparing or administering intravenous antibiotics?

[Dr Carol Crevacore¹](#) · [Dr Natasya Raja Azlan¹](#) · [Dr Peta-Anne Zimmerman^{2,3,4}](#) · ... · [Dr Aaron Lapuz Alejandro¹](#) · [Dr Lesley Andrew¹](#) · [Debbie Massey¹](#) ... [Show more](#)

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Introduction: The use of non-sterile gloves (NSG) for preparing and administering intravenous antibiotics (IVABs) is rising amongst nurses. Yet this practice can inhibit correct hand hygiene which increases healthcare associated infections. Inappropriate use of NSG may also impact on healthcare costs and healthcare provider’s sustainability and planetary health initiatives. Evidence based guidelines underlining the correct use of NSG have been developed however, how nurses use these guidelines in deciding whether to use NSG when preparing and administering IVABs is currently unknown. This lack of knowledge makes it challenging to develop targeted educational initiatives on correct NSG use.



Article metrics

Metric data currently unavailable

Related articles (40)

A Mismatch Between Education and Evidence

Current Teaching Practice

- This practice is often treated as standard—but is rarely backed by peer-reviewed evidence

What's Missing

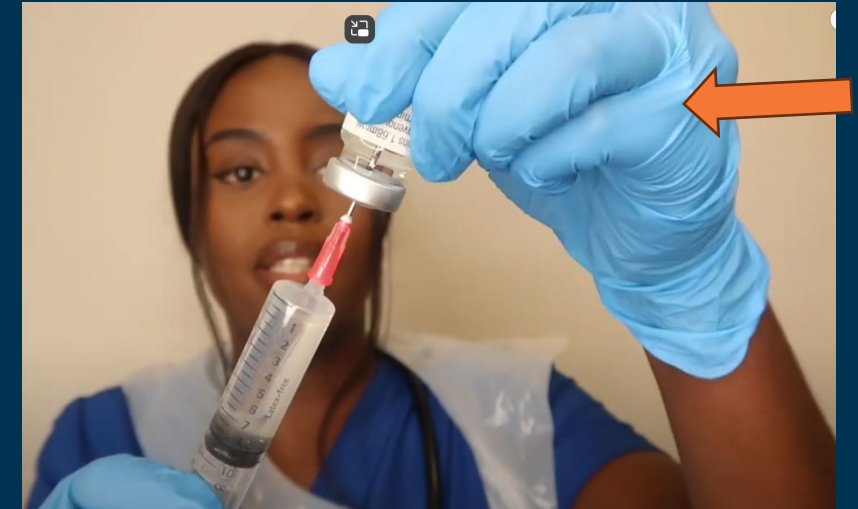
- No reference or guideline cited to support routine glove use for aseptic non-touch (ANT) during IVAB preparation

Evidence-Based Practice Gap

- NHMRC, WHO & ACSQHC Support hand hygiene and aseptic technique—no glove use policy

Implications

- Overuse of gloves
- Missed hand hygiene
- Complacency in aseptic technique



Gather equipment

Collect the **equipment** required for the procedure and place it within reach on a tray, ensuring that all the items are clearly visible:

- Clean procedure tray
- Non-sterile gloves
- Disposable apron (optional)
- Medication ampoules/vials
- Diluent ampoules/vials
- Gauze swab or ampoule breaker (if using glass ampoules)
- Syringe for medication
- Drawing-up needle (also known as a blunt filter needle): filters out sub-visible particles of glass, rubber and other residues when drawing up medications from ampoules
- Normal saline 0.9% (10 mL)*
- Syringe (10mL)*
- Sharps container
- The patient's prescription



“Gloves are not a substitute for clean hands”

- Author: Every IPC Consultant

Evidence of global warming

1900

1940

1980

2000

2020,



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World Hand Hygiene Day