ACIPC
Australasian College
for Infection Prevention and Control

Education Toolbox

Glove Use in Clinical Care

Introduction

Gloves are not required for all care activities. They should only be worn during clinical care (clinical procedures or care activities) where risk presents. Understanding when gloves are required, the types of gloves available, and their limitations supports safe and effective care.

1. Why are gloves worn?

- To protect against exposure to blood and other body fluids
- To reduce exposure risk to hazardous substances and chemicals
- To help reduce risk of contamination to self, others, equipment and the environment
- Sterile gloves are used to reduce the risk of contamination of sterilised items during aseptic technique procedures

2. Facts about glove use

- Gloves are not a substitute for hand hygiene.
- In some situations, hand hygiene alone may be safer and more appropriate than wearing gloves.
- Cuts, abrasions, or broken skin on hands should be covered with an occlusive dressing before gloves are worn.
- Gloves may have microscopic defects and do not provide absolute protection from hand contamination.
- Gloves can become contaminated during use and may spread microorganisms if not changed appropriately.
- Hands can become contaminated during glove removal if correct technique is not followed.
- Gloves are single-use items and must never be washed, sanitised or reused.

3. Types of gloves used in clinical care

Gloves used in clinical care are defined as single-use, disposable gloves. These include:

- Non-sterile, non-powdered examination or medical gloves:
  - Nitrile – recommended safest for use
  - Latex – Allergy risks: should only be used when no safer alternative exists. Allergy risks must be identified, assessed and managed. Not recommended for use with chemicals.
- Sterile surgical gloves with specific characteristics of thickness, elasticity, strength
  - Latex
  - Nitrile
  - Polyisoprene
  - Neoprene

Note: Vinyl gloves are not recommended for use in clinical care or with chemicals

Examples:

4. When TO wear gloves

Exposure type	Example
Direct Care	**Nitrile or Latex:** Note: those with latex allergies must always wear latex-free gloves ➢ Where the resident or client skin is NOT intact (eczema, or cracked or dry skin) ➢ During activities that may involve exposure to blood and body fluids (excluding sweat) including contact with mucous membranes (respiratory/nasal passages, digestive tract, urogenital tract, eyes and ears). ➢ When in contact with used, contaminated or soiled items, surfaces or equipment (used linen, bed pan/urinals and medical or non-medical equipment). ➢ When handling used equipment, blood, body fluid or non-chemical spills **Nitrile gloves:** ➢ When providing care for all residents/clients requiring transmission-based precautions. ➢ When handling suspected or confirmed infectious equipment/items ➢ When handling or using chemicals ➢ When attending infectious cleaning/blood and body fluid spills **Nitrile gloves – cytotoxic:** (purple is the industry standard, but not mandatory) ➢ During activities that involve exposure to blood and body fluids of resident/client r on cytotoxic medications ➢ When in contact with cytotoxic contaminated items (e.g. waste, linen contaminated with blood/body fluids, used bed pan/urinals, incontinence aids, med cups/equipment) **Sterile gloves;** (Latex, Nitrile, Polyisoprene, Neoprene)

	➢ For clinical procedures where aseptic technique is required (e.g. sterile wound care and invasive device insertion).

5. When NOT to wear gloves

Exception: when required for transmission-based precautions or if blood or body fluids exposure is anticipated.

Exposure type	Example
Direct Care	➢ Taking observations, i.e. temperature, pulse, BP ➢ Administering SC and IM injections ➢ Applying non-invasive ventilation or oxygen equipment ➢ Providing care (bathing, dressing, feeding, tidying/bed making) where there is no contact with blood or body fluids, mucosa, non-intact skin ➢ Assisting with mobilisation or transporting a resident/client
Indirect Care	➢ Using the telephone ➢ Completing documentation ➢ Preparing and administering oral medication (unless cytotoxic/harmful) ➢ Making a bed (unless soiled), tidying room or moving furniture or other items ➢ Distributing or collecting meals or meal trays

Decision Tool: The Glove Pyramid –when to wear (and not wear) gloves

6. When to change gloves in care

- Gloves must be removed or if necessary, changed after each task/activity, when contaminated or if they become damaged. Such as:
  - After contact with blood or body fluid, mucous membranes or non-intact skin
  - When moving from one body site to another on the same individual

- When providing care to one individual and then moving onto another individual
- After each care task is completed
- When damaged
- When hands become excessively moist or sweaty

7. Overuse

Overuse of gloves can result in

- Missed hand hygiene opportunities
- Increase risk of skin irritation or dermatitis
- Wasted resources
- Negative impact on sustainability
- Raise costs including price of products and waste removal
- Cause an environment impact

8. Hand Hygiene

- Hand hygiene must be performed:
  - Before putting on gloves (donning)
  - Immediately after removing gloves (doffing)
  - When indicated as per the 5 Moments for Hand Hygiene

9. Gloving

- Appropriate glove selection and correct donning and doffing techniques minimise the risk of cross-transmission.
  - 5 Easy Steps for Gloving Use https://www.safetyandquality.gov.au/sites/default/files/2026-04/5-easy-steps-glove-use-poster-a3.PDF
  - Appendix 1 - Technique for donning and removing non-sterile examination gloves

10. References

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2. National Health and Medical Research Council, Australian Commission on Safety and Quality in Health Care. Australian guidelines for the prevention and control of infection in healthcare. Canberra: NHMRC; 2019. Available from: https://www.safetyandquality.gov.au/sites/default/files/2026-05/australian-guidelines-for-the-prevention-and-control-of-infection-in-healthcare.pdf
3. Australian Commission on Safety and Quality in Health Care. Sustainable glove use for healthcare workers. Sydney: ACSQHC; 2024. Available from: https://www.safetyandquality.gov.au/resources/sustainable-glove-use-healthcare-workers-fact-sheet
4. Peters S, Lim L, Francis JJ, Bennett N. Analysis of infection prevention and control documentation in residential aged care based on a behaviour specification framework. Infect Dis Health. 2025. doi:10.1016/j.idh.2025.03.002.
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11. Endorsement / Approval

Version	Date	Addition/Amendments	Author	Review By
1.0	August 2026	New Resource	C Spinks and ACIPC Aged Care Working Group	Advancing IPC Practice and Standards Committee

12. Contact Information

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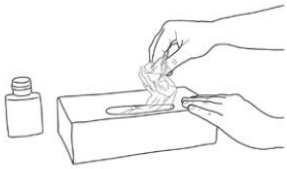
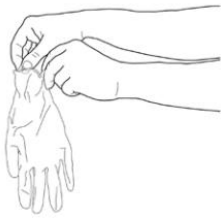
Appendix 1

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

I. HOW TO DON GLOVES:

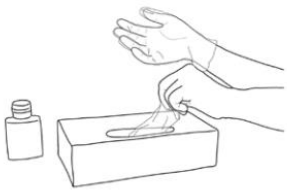


1. Take out a glove from its original box



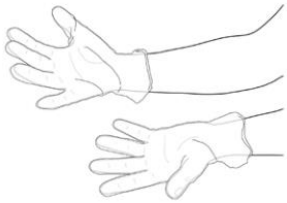
2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)

3. Don the first glove



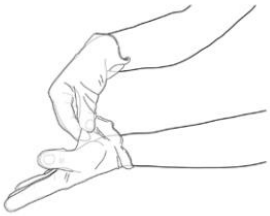
4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist

5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

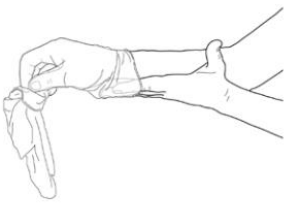


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the unglo-ved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove

3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

Technique for donning and removing non-sterile examination gloves: https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/hand-hygiene/tools/glove-use-information-leaflet.pdf?sfvrsn=13670aa_10&download=true