

Glove Policy

The document describes the health and safety arrangements for identifying the use or non-use of gloves and the training, health surveillance and monitoring required to manage appropriately risks of occupational dermatitis.

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Which Relevant CQC Fundamental Standards?		

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	Nov 2011	New policy
2.0	June 2014	Section 2 Re-written Appendix 3 amended – as no longer provider services to Facilities Management Services Health and Safety Team amended to Health and Safety Compliance Team throughout Section 10 Re-written Section 11 Re-written
3.0	July 2016	Review Amended to reflect organisational changes
4	February 2019	Policy reviewed Inclusion of Privacy Impact Assessment

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

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Definitions that apply to this Policy

All procedural documents should have a definition of terms.

Biological agent	Includes any micro-organism, cell culture, bacteria, virus, fungus, parasite or infectious larvae with the ability to cause infection in humans.
Blood Borne Virus (BBVs)	BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not
Corrosive	Substances that may on contact with living tissue destroy them.
DIPaC	Director of Infection Prevention and Control. The DIPaC is responsible for LPT's Infection Prevention and Control (IPC) strategy, implementation of the annual IPC programme and for providing assurance on IPC to the Trust board and general public.
Harmful	A substance which if it is inhaled or ingested or penetrates the skin may involve limited health risks.
Hazard	Presented by a substance is its "potential to cause harm".
Hazardous Substance	Is any solid, liquid, dust, fume, vapour, gas or micro-organism that could be harmful to health.
Health Surveillance	Is the examination of the health and well being of a person who is, or is liable to be, exposed to substances hazardous to health and where there is a valid and suitable technique for measuring the adverse effects on health.
Irritant	A non-corrosive substance that, through brief, prolonged or repeated contact with the skin or mucous membrane can cause inflammation.
NRL	Natural rubber latex is an allergen and component of >40,000 products in everyday life
Personal Protective Equipment (PPE)	Is equipment designed to give a measure of protection to an employee using or handling a hazardous substance. It includes head protection such as hard hats, through to foot protection such as safety boots. It can also include specialised clothing or equipment worn by employees such as gloves, aprons, surgical gowns, masks and eye protection
Risk	Presented by a substance is the likelihood that harm will occur in the actual circumstances of use. This will depend upon: <ul style="list-style-type: none"> • The hazard presented by the substance • How it is used • How exposure is controlled • How much exposure there is and for how long • Whether individuals are particularly vulnerable (e.g. Asthmatics) • What could happen if systems fail, e.g. spillage • What could happen if substances are mixed e.g. toilet cleaner and bleach • How it is disposed of
Substances hazardous to health	<ul style="list-style-type: none"> • Substances labelled as Danger, Warning, toxic, corrosive, irritant, harmful with a symbol plus other graphic elements, such as a border, background pattern,

	<p>or colour that is intended to convey specific information about the hazards of a chemical</p> <ul style="list-style-type: none"> • Substances with workplace exposure limits (WELs) • Biological agents (e.g. micro-organisms) • Dusts of any kind in substantial concentrations • Carcinogenic substances • Any other substance that can be harmful to health
Symptoms of latex sensitivity	Exposure to latex for some workers may result in skin rashes; hives; flushing; itching; nasal, eye or sinus symptoms; asthma and rarely anaphylactic shock
Very Toxic / Toxic	A substance which if inhaled or ingested or penetrates the skin, may involve extremely serious / serious acute or chronic harm or death.
NRL	Natural Rubber Latex
Due Regard	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

Due regard is implicit with each section of this policy. It is acknowledged that the Control of Substances Hazardous to Health (COSHH), Regulation 6, Section 2, 3 and 4 and Regulation 7, Section 1, 2 and 3 outline the legal requirement for risk assessment in relation to COSHH and to implement the necessary control measures to protect employees and others.

The Due regard assessment template is Appendix 7 of this document

1 Background

Health and safety legislation specifically the Control of Substances Hazardous to Health (COSHH) recognises the risk to healthcare workers from blood-borne viruses (BBVs). The introduction of Standard Precautions to prevent transmission of BBVs recognised the use of gloves to assist in the prevention of exposure to those BBVs. However, for some workers exposure to latex may result in skin rashes; hives; flushing; itching; nasal, eye or sinus symptoms; asthma and rarely anaphylactic shock.

Trust managers, clinical staff, purchasers and manufacturers all have responsibility in ensuring that risks relating to glove associated allergies and costs relating to use are managed effectively by making informed decisions through risk assessment on selection, use and purchase.

2 Purpose of Policy

The purpose of the policy is to promote the use of latex free gloves where suitable. Where users of chemicals please see COSHH Policy and Workwear and Personal Protective Equipment Policy for additional guidance.

This policy sets out Trust arrangements to enable staff and managers to:

- Identify the use of or non-use of gloves
- Select suitable gloves for use when carrying out Trust activities
- Provide/receive information, instruction, training and supervision required including health surveillance and monitoring to prevent adverse health effects including occupational dermatitis.

2.1 Glove Selection

Disposable gloves are manufactured from a variety of materials, both natural and synthetic. All gloves must meet minimum standards for strength and freedom from holes and must be fit for purpose, appropriate for the protection of staff, as designated PPE for the task or activity being undertaken (European standards for glove usage)

The Trust glove of choice for the protection of staff, patients and visitors is nitrile (latex free).

This action has been taken to reduce exposure to all staff, visitors and patients of latex by ensuring latex gloves are NOT used unless there is a justifiable clinical need identified by the risk assessment.

NB: The exception will be when a task or activity is risk assessed and it is identified that the use of a Natural Rubber Latex (NRL)/Latex glove will offer greater protection for the user. In these circumstances greater health surveillance will be included in the controls of the risk assessment.

In selecting gloves the purchasing department should ensure that the gloves meet the requirements of the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Medical Devices Directive 93/42/EEC

It is vital that the right type of glove is selected to protect staff, and this is central to the COSHH assessment. Some chemicals may leak or break through examination gloves making them unsuitable for use. Advice should always be sought from manufacturers of chemicals and gloves to ensure the right type of glove is provided.

2.1.1 Rationale

Disposable gloves are worn to:

- Protect users hands from becoming contaminated with micro-organisms/organic matter

- Reduce the risk of cross-infection by preventing the transfer of organisms from staff to patients and vice-versa NICE 2012

To determine the type of gloves required a risk assessment must be undertaken to determine if gloves are required and the most appropriate glove type for the task. The Hand Hygiene Policy and Personal Protective Equipment (PPE) Policy provide guidance on gloves and PPE in the clinical setting.

An Exposure Prone Procedure (EPP) is defined as an activity “where there is a risk that injury to the Health Care Worker (HCW) may result in exposure of the patients open tissue, to the blood of the HCW (DH, 1998). The use of double gloves has been advocated to protect surgeons from BBVs (Jensen, 1997). The DH also advocate double gloving to reduce the likelihood of percutaneous exposure during surgical procedures on patients with Blood Borne Infections (BBIs).

2.1.2 Sizing

It is important to ensure that gloves fit correctly. PPE is not suitable if it does not fit the wearer correctly. Poorly fitting gloves can interfere with dexterity and performance. The use of ill-fitting gloves can affect the muscles in the hands and fingers – leading to fatigue.

Gloves should as a minimum cover the wrist. Gloves with a longer cuff may be more suitable, for certain procedures. “Gauntlets” (elbow length gloves) are available for protection of the forearm.

2.2 Inappropriate Use of Gloves

The MDA (2000) do not support the re-use of disposable gloves. These products are designated for “single use” and are intended to be used on an individual patient during a single procedure and then discarded. The packaging will display one of the following statements or symbols:

- Do not reuse
- Single use only
- Use only once
-



The re-use of gloves can compromise glove integrity, performance and effectiveness. The washing and alcohol sanitising of gloves is an unsafe practice and must not be undertaken.

Air occlusion can occur if gloves are worn for long periods causing excessive perspiration which creates an ideal environment for bacterial

growth and skin breakdown. Friction may also occur when tightly fitting gloves rub against the skin causing irritation.

Prolonged use of gloves can increase the risk of occupational dermatitis due to exposure to the substance or chemicals used to manufacture gloves. Also if skin becomes over hydrated it can become soggy (RCN Tools of the Trade 2018)

2.3 Storage

Storage conditions can affect the shelf life of gloves. Stock rotation should be maintained. General advice includes storing gloves away from heat, direct sunlight, dust; sources of ozone e.g. x-ray machines, and excessive humidity. It is generally recommended that gloves are stored within a temperature range of 5°C – 30°C. Staff must follow the information on the glove packaging for specific storage advice.

Gloves must not be stored in the dirty utility for infection prevention reasons. Storage areas must be free from contamination sources to ensure that gloves are clean.

2.4 Disposal of Gloves

All disposable gloves used within an inpatient health setting must be disposed of as clinical waste and bagged in line with the Trust Waste Policy. A single pair of gloves used within a patient's own home can be double bagged and discarded in the domestic household waste stream. Clinical activity that creates a large amount of waste will need to be disposed of as clinical waste. The disposal requirements will be determined by use and any contamination. Work activity (waste) risk assessments should identify any waste products (including gloves) and associated arrangements

General Guidance:

Gloves contaminated with blood, body fluids from activities involving patients with known or suspected infections must be disposed of as clinical waste – orange bag waste.

Gloves contaminated with chemicals, may need to be incinerated – yellow bag waste. Where chemicals are used managers must identify waste disposal routes for any waste produced during the work activity on the Control of Substances Hazardous to Health (COSHH) risk assessment.

3 Objectives of Policy

- To promote good practice in glove use
- To give guidance on the appropriate use of glove products according to task and activity undertaken by healthcare worker
- To minimise the risk of adverse health effects from glove products among staff and patients
- To **PREVENT** or control exposure to substances hazardous to health

- To **MANAGE** foreseeable risks to sensitised individuals and protect them from further hazardous exposures.
- To **RESPOND** appropriately to any adverse reactions associated with glove use, e.g. dermatitis to include frequent hand washing, and prevent work-related recurrences.
- To **REDUCE** inappropriate use of gloves.
- Meet the outcomes identified in Care Quality Commission (CQC)
Outcomes:
 - 12 Cleanliness and infection control: people experience care in a clean environment and are protected from acquiring infections
 - 15 Safety, availability and suitability of equipment: where equipment is used, it is safe, available, comfortable and suitable for people's needs.
 - 14 Supporting workers: People are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised

4 Statement of Good Practice

- The wearing of gloves is not a substitute for thorough hand decontamination
- Gloves should only be worn when necessary i.e. gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions
- Gloves must be changed after contact with each patient and/or task
- Hands should be washed thoroughly after gloves have been removed
- All gloves in use must be non-powdered.
- Double gloving must not be a practice

5 Scope

This process applies to all tasks and activities and procedures where, following a risk assessment, it is determined that healthcare employees are required to wear single use disposable gloves as personal protective equipment (PPE).

6 Responsibilities

6.1 Trust Board and Chief Executive Officer

The Trust Board and the board members are committed to ensure that the exposure of staff and patients to NRL is avoided where reasonably practicable and adequately controlled in all other circumstances. The Trust equally recognises its responsibilities and duty of care to its employees and to patients under its care. This responsibility is delegated to the Director with Responsibility for Health and Safety who has ultimate responsibility for the implementation of this policy in conjunction with the DIPaC.

6.2 Director with Responsibility for Health and Safety

The Director with responsibility for Health and Safety has delegated responsibility for health and safety and the implementation and monitoring of this policy through the LPT Health and Safety Committee and Infection Prevention and Control Committee.

6.3 Management Teams

The relevant management teams within the Trust must ensure that any health risk associated with glove use is managed in accordance with this policy taking account of pertinent health and safety legislation, codes of practice and Trust Policies.

6.4 Line Managers have the following responsibilities:

- To ensure that all staff are aware of the glove policy and guidance on glove usage
- To ensure that an assessment of any risks to health, associated with gloves used by their staff is undertaken and control measures put in place in accordance with this policy, relevant health and safety legislation and Department of Health (DH) and NHS Guidance
- To ensure that all employees receive instruction, training and information to assist them in correct glove selection
- To ensure baseline and then annual skin checks for exposure to frequent hand washing and glove use are initiated where appropriate. This should be done during the appraisal and recoded on the Performance Appraisal and Development Review Form.
- For staff using latex gloves (where the risk assessment has identified a clinical need), to initiate annual health surveillance using the form in Appendix 4 and forward to the Occupational Health Service, and to ensure they hold a current i.e. annual statement of fitness for latex exposure
- To refer staff to Occupational Health Service as soon as symptoms thought to be associated with glove use
- To ensure that all necessary precautionary measures are taken as advised including making available appropriate hand care products e.g. hand moisturisers

6.5 Employees must:

- Follow the instructions, information and training provided and comply with principles of this policy applying a safe system of work
- Take part in health surveillance by the completion of an annual screening questionnaire where any positive symptoms will be reported by the line manager to the Occupational Health Service.
- Report to their line manager any allergic reactions and symptoms suggestive of glove use allergy and complete an electronic Incident Reporting Form.

- Ensure that they take care of their hands and moisturise them as in line with Trust Infection Prevention and Control Hand Hygiene Policy.

6.6 Procurement

- It is important to recognise that gloves must be suitable for the wearer, the work to be done, any other PPE to be worn and the substance(s) to be handled. Further specific information to assist in glove selection should be sought from the glove manufacturers.
- The Procurement Team is responsible for advising on the availability of alternative products in conjunction with the Infection Prevention and Control Team, Occupational Health Service and Health and Safety Team
- All gloves should be purchased via the NHS Supplies Chain. Clinical areas will not be able to order latex gloves and these will be masked from ordering in these areas by the Procurement Department
- Where non-compliance is recognised the appropriate line manager will be informed by the Procurement Team.

6.7 Occupational Health Service

- Provides appropriate on going health surveillance to employees who have been notified to occupational health by their manager as having an allergic reaction to glove use
- Provides advice to employees and line managers on the necessary control measures which should be applied to control the health risk associated with glove use and wet works
- Provides training to nominated staff for cascade where required to employees on issues associated with glove use and selection, in conjunction with other healthcare staff with responsibilities for employee health and safety
- Accepts referrals (self or manager referral) of employees with suspected glove allergy
- Provides confidential advice on adverse health effects of glove use and the means of prevention/minimisation for managers and employees
- Provides advice to managers and employees of any necessary adjustments or restrictions to their work activities, using evidence based risk assessment approach
- Provides demographic details of cases of confirmed glove allergy amongst staff to the Health and Safety Committee, Infection Prevention and Control Committee and Workforce Wellbeing Group whilst maintaining staff confidentiality
- Assists the organisation in the prevention of occupational dermatitis through Service Level Agreement (SLA)
- Will notify an employee's line manager and the Health and Safety Compliance Team if a staff members is diagnosed with notifiable disease that requires reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

6.8 Health and Safety Compliance Team

- Provides specialist advice and support to the organisation and employees in the use of gloves
- Provides support to assist in the training and education of staff
- Maintains a working knowledge of health and safety legislation and industry guidance pertinent to the issue of glove selection, use and allergies to NRL
- Liaises with Line Managers and the Occupational Health Service to ensure that incidents of occupational illness are investigated in accordance with Trust policy and where required reported in accordance with RIDDOR

6.9 Infection Prevention and Control Team

- Works with procurement to ensure the gloves are fit for purpose, of a quality and cost that meets the national requirements and recommendations
- Provides specialist advice to the Trust and its employees on glove use and selection in a clinical environment
- Ensures that all gloves are suitable for their purpose in maintaining protection against micro-organisms and viruses including BBVs
- Supports the Directorate Lead Nurses to ensure hand hygiene audit results and action plans are reported and monitored quarterly to the Infection Prevention and Control Committee.
- Provide support, training and education to staff relating to this policy

7 Associated Documents

This policy needs to be read in conjunction with:

- Health and Safety Policy
- COSHH Policy
- Hand Hygiene Policy
- The Management of Latex and Occupational Dermatitis Policy
- Management of Sharps and Exposure to Blood Borne Viruses Policy
- Incident Reporting Policy
- Waste Policy
- Medical Devices Policy
- Personal Protective Equipment Policy
- Personal Protective Equipment Policy
- Any Occupational Health Policies/Guidance

8 Health Surveillance for Latex Gloves Users

Provided un-powdered, lower protein single use NRL gloves are used, the probability of an employee becoming sensitised and/or allergic is very low. However, there is a risk of irritant contact dermatitis, as with any occlusive glove, and a skin health surveillance system must be in place as follows:

- At pre-employment, an assessment of the workers respiratory health and skin condition before they start a relevant job (as identified by the Job Hazard Identification Form), to provide a baseline. Undertaken by the Occupational Health Service
- A regular (at least annual) skin check and enquiry for dermatitis/asthma by written questionnaire undertaken by the line manager e.g. during performance reviews; the form in Appendix 1 and 4 should be used. All forms must be sent to the Occupational Health Service
- For staff known to be sensitised to NRL and those considered to be high risk of developing sensitisation i.e. atopic individuals, a higher level of health surveillance including clinical assessment by the Occupational Health Service will normally be deemed appropriate
- For staff who fall under the category of latex glove wearers a risk assessment form must be completed
- Where it is identified that latex gloves can be worn following a risk assessment, latex gloves must not be stored near or with nitrile gloves.

9 Health Risk Associated with the use of NRL Gloves

There are three commonly recognised types of health risk associated with the use of gloves manufactured from natural rubber latex. These have been identified as:

- Irritant Contact Dermatitis
- Type IV (contact allergic dermatitis)
- Type I allergy (immediate hypersensitivity)

These are described in more detail in the Management of Dermatitis and Latex Policy for Staff and Patients.

10 Frequent Hand Washing and Glove Use:

- The use of gloves does not substitute good practice in relation to hand hygiene. The principles of hand hygiene are outlined in the LPT Infection Prevention and Control Hand Hygiene Policy. Donned gloves must **NOT** be washed or rubbed with alcohol sanitiser.
- All employees must comply with good practice in hand care. Dryness and dermatitis can be minimised by careful attention to washing hands after glove use, thorough drying (with particular attention to the finger web spaces) and use of moisturisers.
- Hand moisturisers should not be used prior to wearing gloves as they may damage the glove and result in increased risk of breakthrough (transfer of contamination through the glove) or degradation (breakdown of the glove material as a result of contact with a chemical). Moisturisers may cause glove material to become harder, stiffer, more brittle, softer, weaker or swell.
- Staff should be moisturising their hands when they go for their breaks or at the start or end of their shift

- In the event of glove puncture, gloves must be removed as soon as it is safe to do so, and hands washed and dried before re-donning
- If you have any concerns with the way your gloves are performing (gloves split when you are putting them on, they fail when you are using them or the chemicals you are using appear to change the feel or appearance of the glove) please notify your line manager.
- Needlestick incidents should be managed as outlined in the LPT Management of Sharps and exposure to Blood Borne Viruses Policy

11 Hand Integrity Check Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory. Training and education on the use of gloves will be provided as part of the Trust's mandatory induction and mandatory clinical update training contained within the Infection Prevention and Control Hand Hygiene element.

A record of the event will be recorded on the electronic staff record and any locally held database.

The governance group responsible for monitoring the training is the Infection Prevention and Control Committee.

Training for "responsible person to undertake hand integrity inspection" will initially be provided by the Occupational Health Service to identified staff, including the Clinical Education Leads. The identified staff will cascade the training to further identified staff e.g. Matrons/Team Leaders/Supervisors etc to act as a "responsible person for hand integrity check" within their area of responsibility. Thereafter, the Clinical Education Leads in the Learning and Development Team will provide the initial training to staff that are identified to undertake the hand checks as the nominated "responsible person for hand integrity check". (See Appendix 3)

Evidence of process of Responsible Person for Hand Integrity Check	Clinical Staff
1. Annual Hand Inspection for Glove Users Proforma completed at staff PDR	√
2. Monthly Hand Hygiene Audit will capture the agreed number of staff (as agreed with Infection Prevention & Control) on duty at time of audit	√
3. Clinical Infection Prevention & Control training	√
4. Referral by Manager of identified staff to Occupational Health Service	√
5. Staff advises Manager of any arising issues. This is documented on an e-irf	√

12 Dissemination and Implementation

The policy is approved by the Leicestershire Partnership NHS Trust Health and Safety Committee and is accepted as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following ratification.

The dissemination and implementation process is:

- Line-Managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The policy will be published and made available on the Intranet
- The policy will be explained to staff when undertaking annual hand inspection

13 Monitoring and Audit

It is the intention of the Trust to ensure, so far as is reasonably practicable, every step is taken to ensure the health, safety and welfare of its employees and others in accordance with the Health and Safety etc at Work Act 1974.

It is recognised also that working practices should conform and be subject to risk assessment in accordance with the Management of Health and Safety at Work Regulations 1999.

The identified Committees and Groups will monitor the indicators from the Directorates Health & Safety Action Groups by receipt of a quarterly reports. See Appendix 5.

14 Review

The Health and Safety Committee will review the policy every 2 years or sooner where a change to legislation, national policy or guidance occurs.

15 References

British Standards Institution (2000). Medical Gloves for Single Use. BS EN455 1, 2, 3, 4

Medical Devices Agency (2000). Single Use Medical Devices: Implications and Consequences of Reuse DB 2000(04)

Health and Safety Committee Commission (1999). Management of Health and Safety at Work Regulations. Approved Code of Practice. London HMSO.+

Department of Health (1998). Guidance for clinical healthcare workers.

Protection against infection with Blood borne Viruses. Recommendations of the expert advisory group on hepatitis. London Stationery Office.

Health and Safety Executive Choosing the right gloves to protect skin – a guide for employers. Available at www.hse.gov.uk/skin

Medical Devices Agency Bulletin 9601, 2003. Latex sensitisation in a health care setting.

Department of Health, 2001, Latex Sensitisation, London DH

Royal College of Nurses 2012, Tools of the Trade

Royal College of Physicians 2008 Latex Allergy Occupational Health Aspects of Management

Waste Policy

Control of Substances Hazardous to Health Regulations 1995 (as amended 2002)

Personal Protective Equipment Regulations 1992 (as amended)

Health and Safety Executive website information pertaining to Dermatitis and Wet Works

Equality Act 2010

Department of Health Health and Social Care Act 2008 updated 2015

National Institute for Health and Clinical Excellence (2012) Infection, prevention and control of healthcare associated infections in primary and community care, London NICE available at www.nic.org.uki/cg/139

Appendix 1

Annual Hand Inspection for Glove Use

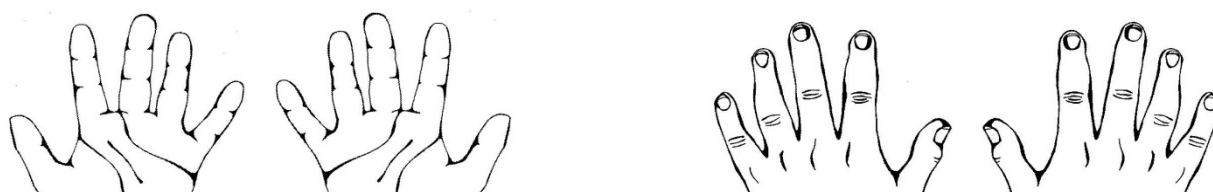
Instructions to Managers:

This form should be completed annually, during the appraisal process, eg on all staff who use gloves during the course of their work and a copy forwarded to Occupational Health if anything adverse is noted or reported.

SURNAME:	DATE OF BIRTH:
FORENAME:	CURRENT POST:
ADDRESS:	ESR NUMBER:
OCCUPATION:	DEPARTMENT:

SECTION 1 SKIN CHECKS – For completion by Line Manager

Inspection of hands/forearms <i>(Please tick all that apply AND mark the appropriate place(s) on the diagram)</i>		
BACK	LEFT	RIGHT
Redness		
Dryness		
Scaling		
Crusting		
Fissures		
Itching		
FRONT	LEFT	RIGHT
Redness		
Dryness		
Scaling		
Crusting		
Fissures		
Itching		



PLEASE NOTE: All employees must comply with good practice in hand care. Most hand problems arise because of wear and tear and frequent washing. Dryness and dermatitis can be minimised by careful attention to washing hands after glove use, thorough drying (with particular attention to the finger web spaces) and use of moisturisers after washing. Oil-based emollients and ointments can adversely affect the properties of latex gloves, and should not be used prior to wearing gloves.

SECTION 2: COMPLIANCE STATEMENT

I have answered all questions to the best of my knowledge. I understand that I have a duty to report possible signs of allergic reactions or skin problems on my hands to my Line Manager and Occupational Health Service as they are identified.

Name:	Signature:
Date:	

SECTION 3: ACTION BY MANAGERS

Please ensure the questionnaire has been fully completed. Retain a copy on personal file and copies sent to Occupational Health Service for further assessment if referred.

Name:	Signature:
Date:	

Appendix 2

Glove Usage

Do you require gloves for protection in this task or activity?

How do you know?

Do the following apply to the task or activity being undertaken?

- Is there a risk assessment, method statement, safe system of work, Safe Operating Process (SOP) that identified gloves are required as a control (PPE)?
- Is it recommended within any Infection Prevention and Control Policy or Guidance that gloves must be worn for the task or activity?

If the answer is:

Yes

Gloves must be worn for your protection

No

Gloves do not need to be worn

Appendix 3

Training Cascade Process

***Occupational Health deliver training to**

Clinical Education Leads (CELs) *
(Clinical Education Lead)

**Matrons
Ward Managers
Therapy Leads**

Staff members within team

* CELs will provide this training after the initial training by Occupational Health Service

Appendix 4

For completion by the staff member who uses latex gloves

Instructions to Managers:

This form should be completed annually, during the appraisal process, eg on all staff who use latex gloves during the course of their work (where the risk assessment has indicated a clinical need). A copy of this form, following completion must be sent to Occupational Health for their information / action.

SURNAME:	DATE OF BIRTH:
FORENAME:	CURRENT POST:
ADDRESS:	
OCCUPATION:	DEPARTMENT:

Please read the questions below and tick those that apply to you:

1 Do you suffer or have you suffered from:

Hand Eczema	Yes	No
Eczema elsewhere on the body	Yes	No
Hay Fever	Yes	No
Asthma	Yes	No

2 Do you suffer from any form of allergy, including food? Yes No

If you have answered **YES**, please specify:

.....
.....
.....

3 Have you had a reaction to any of the following products?

Balloons	Yes	No
Rubber gloves	Yes	No
Condoms	Yes	No
Hot water bottles	Yes	No
Rubber balls	Yes	No
Rubber bands	Yes	No
Elastoplast	Yes	No
Elastic bandages	Yes	No
Erasers	Yes	No
Garden hoses	Yes	No

Other

Yes

No

If you have answered **YES** to any of the above please state:

a) How long after contact did reaction occur?

.....

b) Site of reaction

.....

c) Type/Nature of reaction

.....

PLEASE NOTE: All employees must comply with good practice in hand care. Most hand problems arise because of wear and tear and frequent washing. Dryness and dermatitis can be minimised by careful attention to washing hands after glove use, thorough drying (with particular attention to the finger web spaces) and use of moisturisers after washing. Oil-based emollients and ointments can adversely affect the properties of latex gloves, and should not be used prior to wearing gloves.

SECTION 2: COMPLIANCE STATEMENT

I have answered all questions to the best of my knowledge. I understand that I have a duty to report possible signs of allergic reactions or skin problems on my hands to my Line Manager and Occupational Health Service as soon as they are identified.

Name:	Signature:
Date:	

SECTION 3: ACTION BY MANAGERS

Please ensure the questionnaire has been fully completed. Retain a copy on personal file and a copy must be sent to Occupational Health Service.

Name:	Signature:
Date:	

Appendix 5

Policy Monitoring Section

Criteria Number & Name (if applicable):

Where applicable duties outlined in the policy will be evidenced through monitoring of the other minimum requirements.

Reference	Minimum Requirements to be monitored	Evidence for self assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Not applicable	Hand integrity inspection carried out during PDRs (where applicable to staff group)	Section 6.4 Section 11	Figures for PDRs undertaken and collated across the Trust by HR	Directorates/ LPT Workforce Wellbeing Group	Quarterly
Not applicable	Evidence of hand hygiene audits being undertaken monthly	Section 6.9 Section 11	Bi-monthly report with compliance and trends to LPT Infection Prevention and Control Committee	LPT Infection Prevention and Control Committee	Quarterly
Not applicable	Number of staff compliant with attendance at 2 yearly Infection Prevention & Control training	Section 13	Training figures to LPT Infection Prevention and Control Committee	LPT Infection Prevention and Control Committee	Quarterly

Not applicable	Number of reported staff ill-health in relation to skin/respiratory	Section 6.4 12 Section 6.7 13	Analysis of incidents, including themes and trends Quarterly reporting on any staff ill-health in relation to skin/respiratory to LPT Directorate Health Safety Action Groups	Occupational Health Service/LPT Health and Safety Committee/LPT Infection Prevention and Control Committee/Divisions	Quarterly - minutes from Directorate Health Safety Security Action Groups/LPT Health and Safety Committee/LPT Infection Prevention and Control Committee
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Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Glove Policy
Type of training:	√ Mandatory (must be on mandatory training register)
Division(s) to which the training is applicable:	<ul style="list-style-type: none"> √ Adult Learning Disability Services √ Adult Mental Health Services √ Community Health Services √ Enabling Services √ Families Young People Children √ Hosted Services
Staff groups who require the training:	All staff
Update requirement:	In line with mandatory clinical update training, every 2 years
Who is responsible for delivery of this training?	Learning and Development as part of the Trust's mandatory induction and mandatory clinical update training
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	<ul style="list-style-type: none"> √ Trust learning management system √ Other (please specify) Local file
How is this training going to be monitored?	<ul style="list-style-type: none"> Bi-monthly training report to the Health and Safety Committee Bi-monthly training report to the Infection Prevention and Control Committee

Due Regard Screening Template

Section 1	
Name of activity/proposal	Glove Policy – arrangements in place to demonstrate compliance in place with legal statute for COSHH & PPE across the Trust
Directorate / Service carrying out the assessment	Health & Safety Compliance Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Samantha Roost

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Section 2		
Protected Characteristic	Could the proposal have a positive impact (Yes or No give details)	Could the proposal have a negative impact (yes or No give details)
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage & Civil Partnership	No	No
Pregnancy & Maternity	No	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT?			
Is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? If yes to any of the above questions please tick box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4. No	√

Section 4
It this proposal is low risk please give evidence or justification for how you reached this decision:
This policy meets the legal requirements to comply with Health & Safety legislation to minimise all foreseeable risk of harm or injury from work activities where gloves are required to be worn.

This proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed B Keavney

Date: 8/04/2019

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Glove Policy		
Completed by:	Bernadette Keavney		
Job title	Head of Trust Health and Safety Compliance	Date	23/01/19
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust