The gloves are off: Safer in our hands.

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Aims of presentation

- Discuss the glove awareness campaign that took place at GOSH starting in April 2018
- Understand the key factors driving local change at GOSH
- How we went about the change
- Our progress so far
Why was it important to look at glove usage?

- Closely linked with hand hygiene
- Management of skin issues and contact dermatitis
- Updated of the RCN national guidance ‘Tools of the Trade: Guidance for Health Care Staff on Glove Use and the Prevention of Contact Dermatitis’
- Follow on from published guidance from the RCN in 2016 on ‘Standards for Infusion Therapy’
- High volume of nitrile glove use – GOSH + beyond!
Why do we wear gloves?

If you are wearing gloves to protect your patient – they should be sterile as it has been found that nonsterile disposable gloves could be contaminated with a wide range of bacteria, including spore-forming agents.

(Berthelot et al, 2006)

Why do we wear non-sterile gloves?- they should only be worn where direct contact with body fluids, non-intact skin or mucous membranes is anticipated.

(Wilson, Loveday, 2014)
Did you know…?

The use of non-sterile gloves has been associated with a significant potential for cross-contamination and transmission of HAIs. This is because they are often used when they aren’t needed, put on too early, taken off too late or not changed at critical points.

(Wilson, Loveday, 2017)

Research shows that patients often feel uncomfortable with inappropriate use of gloves for personal tasks.

(Wilson, Bak et al, 2017)
The Change

1. All staff to risk assess when they are using gloves and aprons

2. To promote not using gloves for IV preparation and administration (but to risk assess this)

A year later our next steps were then to:
1. Risk assess if you need gloves when caring for a patient who is in isolation precautions. Gloves are only needed if you are going to be in contact with a bodily fluid, mucus membrane.

Focus on good hand hygiene!
Initial Implementation

- Clear aims
- Working group
- Trust buy into our change
- Guidelines
- Communication strategies
- Patient and Parent engagement
Resources for staff

- PowerPoint presentation
- Discussions and training with groups of staff
- Further teaching for hospital school, cleaners, porters & AHP
- List of medications that gloves should be work for available/risk assessment matrix as part training
- FAQ
- Webpage for staff with resources on
- Screensavers/posters
- Hand hygiene event 4th May
A reduction of approximately 4.3 million gloves form one year to the next.
## Savings

<table>
<thead>
<tr>
<th></th>
<th>Gloves (5g) 2017-18</th>
<th>Gloves (5g) April 2018- Feb 19</th>
<th>Total Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total amount of gloves ordered</td>
<td>11,145,600</td>
<td>6,816,740</td>
<td>4,328,860</td>
</tr>
<tr>
<td>Cost of gloves</td>
<td>£289,599.32</td>
<td>£181,269.60</td>
<td>£108,329.72</td>
</tr>
<tr>
<td>Amount of plastic generated/saved</td>
<td>55,728kg (55 tonnes)</td>
<td>34,083.7kg (34 tonnes)</td>
<td>21 tonnes reduced</td>
</tr>
<tr>
<td>Cost of glove disposal</td>
<td>£17,950.90</td>
<td>£16,422.00 *</td>
<td>£1,528.90</td>
</tr>
</tbody>
</table>
Staff hands

Before this project this member of staff used to have dry, cracked hands and was questioning being able to continue nursing. Now her hands don’t hurt anymore!
Infection control

• To date we have had no change in hospital acquired infections as a result of the project.

• Improvement in adhering to the moments of hand hygiene?
What happened next.

Risk assess if you need gloves when caring for a patient who is in isolation precautions.

Gloves are only needed if you are going to be in contact with a bodily fluid, mucus membrane.
Where are we now?
Imagine you are a young person in hospital, and you start your first period, how do you feel?

It is well known that having an operation can bring on a period.

The hospital can't help you - there are no period products routinely stocked.

You can't use your hands well because of your disability, so you can't manage your period.

These things happen in our hospital regularly.

### PLASTIC WASTE

The average person who has periods will use 11,000 disposable period products in their lifetime.

Many products are 90% plastic, wrapped in plastic and containing chemicals which are bad for health and environment. Plastic does not disappear when disposed of but breaks into microplastics and is a huge source of ocean pollution.

**Occupational therapists were issuing period pants to support independence as anyone who can put on pants, can then manage their period.**

**Information is power!**

An information leaflet was drawn up to support our patients and staff with up-to-date information that is inclusive of people with disabilities who cannot use traditional products to enable independence, and for individuals who may prefer period pants that come in the style of boxers. This is now on GOSH internet pages.

Using the pre-admission checklist on EPIC, children over 8 years old are asked about their periods, told about anaesthetics unexpectedly inducing periods and directed to the website for information about sustainable products.

**Conclusion**

It is essential that our care is inclusive to all; this is a great example of using the triple bottom line of sustainable quality improvement to ensure inclusive affordable and environmentally friendly options are available to all.

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**Quality care – The triple bottom line of period health**

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**References**


2. https://www.actionaid.org.uk/blog/2022/05/18/period-poverty-statistics-around-world

References


Pittet, D & Boyce, J (2001) Hand hygiene and patient care: pursuing the Semmelweis legacy. The Lancet: Infectious Diseases; 1, (S1), 9-20


Thank you for listening