Although wearing gloves acts a barrier to pathogen transmission and reduces the risk of occupational exposure to blood and body fluids, wearing double gloves, preferably with a puncture indicator system, may provide more protection than single gloving. 

Recommendations by the Australian College of Perioperative Nurses (ACORN) aim to reduce the impact of NSSI injury and minimize contact of patient body fluids to operating room staff. 

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Glove micro-perforations are undetected in 82% of cases and allow for direct bacterial and viral passage onto hands.

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STAFF AND PATIENT SAFETY Management of sharps in the perioperative environment

Standard Statement 1: Healthcare workers have a duty to double glove for surgical procedures and use double gloving indicator systems where available.

Standard Statement 2: The use of double gloves by the surgical scrub team may protect the team from occupational exposure to biohazardous material following skin penetration with a sharp.

ASEPSIS AND CLINICAL CARE Infection Prevention

Standard Statement 8: The nurse has a duty to comply with recommended practice of double gloving when scrubbed for invasive surgical procedures and use an indicator under glove system for optimal early identification of breaches and perforations.

ASEPSIS AND CLINICAL CARE Surgical hand asepsis, gowning and gloving

Standard Statement 4: Surgical scrub team members have a duty to double glove, donning the second pair of gloves prior to approaching the aseptic field. Surgical scrub team members have a duty to change gloves after a maximum of 1 1/2 to 2 hours wear.

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