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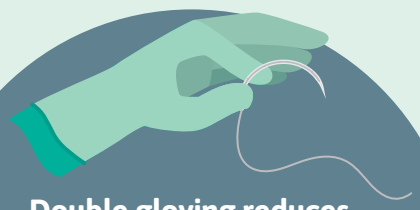
Australian College of Perioperative Nurses ACORN Double Gloving Standards[1]

30%
of healthcare workers needlestick and sharps injuries (NSSI), occur in the operating room[2]



Double gloving reduces blood volume on a solid suture needle by as much as
95%[3]

Glove micro-perforations are undetected in
82%
of cases[4] and perforation risk increases with time of wear[5]

90-120 mins

INFECTION PREVENTION

Standard Statement 8:
The nurse has a duty to comply with the recommended practice of double gloving when scrubbed for invasive surgical procedures. When wearing more than one pair of gloves, ensure that the under glove is such that facilitates easy and early recognition of lack of integrity in the outer glove.

SHARPS AND PREVENTING SHARPS-RELATED INJURY

Standard Statement 1:
Healthcare workers have a duty to double glove for surgical procedures and use systems that can easily and quickly show loss of integrity of the outer glove in the event that it is torn, punctured or pierced.

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.

SURGICAL HAND ASEPSIS, GOWNING AND GLOVING

Standard Statement 4:
Surgical scrub team members have a duty to:

- Double glove, be vigilant to maintain glove integrity and avoid bacterial load during surgical procedures and use an indicator glove system when available
- Change gloves if they become contaminated, if integrity is breached or at critical points during surgery
- Change gloves after a maximum of 1½ to 2 hours of wear
- Use the closed gloving method to don surgical gloves

"Although wearing gloves acts as 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" [1]

1. Australian College of Operating Nurses. Standards for Perioperative Nursing in Australia 16th Edition, May 2020.
2. Berguer R. Key strategies for eliminating sharps injuries during surgery. AORN J. 2011 Jul;94(1):91-6. doi: 10.1016/j.aorn.2011.05.002. PMID: 21722774
3. Berguer R, Heller PJ. Strategies for preventing sharps injuries in the operating room. Surg Clin North Am 2005;85(6):1299-1305, xiii.
4. Harnoss JC et al Concentration of bacteria passing through puncture holes in surgical gloves American Journal of Infection Control, 38(2): 154-158, March 2010.
5. Partecke LI, Goerdi AM, Langner I, et al. Incidence of micro perforations for surgical gloves depends on duration of wear. Infect Control Hospital Epidemiol.May 2009; 30(5), 409-414.

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