

IPP

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Innovation, People and Practice

Image courtesy
of Glenn Dene



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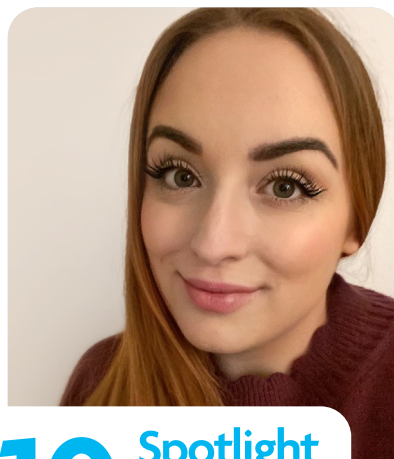
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In print with the AfPP Journal of Perioperative Practice covering national AfPP members, but also with a dedicated print and e-distribution to supplies and purchasing managers.

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Published 10 times a year we will focus on innovation, people and practice in every edition as well as specialist subjects.

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Welcome to the March issue

Carolina Britton, Associate Editor of Perioperative Practice

Welcome to the March issue of the IPP. We all, in the NHS, are coming to terms with the fact that it

is okay to be not okay. In this month's wellbeing piece, ODP Glenn Dene tells us of the importance of camaraderie, as his own photography work both captures and inspires. The importance of mutual support is also upheld and exemplified, in this month's 'Spotlight', by Kate Illingworth, the student ODP who founded the Hull University ODP Society.

Regardless of what may have changed in surgical services at the point that this month's IPP reaches everyone's doorsteps, infection control will undoubtedly still be an enhanced priority for all of us. For this reason, infection control is the theme underlying the pieces in this issue. Brian King, EMEA Sales Training Manager at Cantel (UK) Limited, is interviewed for 'Talking Heads',

giving us an idea of what it is to work for a company that provides comprehensive infection prevention measures in the current times. Many more companies have assumed the challenge of both continuing their work and of supporting UK healthcare services, as did the infection prevention team at BD, by delivering multiple online virtual training sessions to many Trusts, as explored in the article 'Answering the need'. Finally, Walker and Sithole, from Ansell, review and present the rationale behind double gloving, leaving us useful references and resources to substantiate the practice.

The IPP is a little over one year old now and we are thankful to everyone answering the survey about the supplement. Ninety-two per cent of respondents told us that the IPP looked professional, while 70% said they read most of the IPP or 'from cover to cover'. A distinct majority enjoys all the features of 'Spotlight', 'Talking Heads' and 'Coach on the Couch'. The practice

articles, furthermore, are considered interesting and helpful by 85% of respondents, and over 73% would like to see more of them. Here are a couple of quotes from the poll:

'Since the launch of IPP I very much look forward to receiving my journal. It's packed with interesting articles that are truly relevant to my professional practice as well as articles that could impact my personal life. I can honestly say I read it from cover to cover and enjoy it immensely.'

'I think the IPP provides a good mix of content. I like that it is laid back and relaxing to read. It's very different to the journal and I think it should stay that way. I look forward to it each month.'

At the IPP, we keep working for the privilege of being as useful and supportive as possible to all the sensational perioperative care practitioners standing up to the phenomenal challenges of the COVID-19 pandemic. Thank you and enjoy the read. ■

Scottish tech firms join forces to produce ground breaking MRI Scanner

Two Scottish firms, both based in Glasgow, have collaborated to produce a cutting-edge MRI Scanner which aims to provide new insights into brain disease research.

Leading product design consultancy, Wideblue, joined forces with MR CoilTech, to create the high-density radiofrequency (RF) head coil technology which has successfully completed its first trial at the University of California, Berkeley.

The head coil design, a first of its kind, utilizes 16-channel transmit and 96-channel receive RF architecture. The new prototype high-density head coil combines with the NexGen 7T scanner capabilities to enable high resolution full brain imaging to support studies of the cerebral cortex at an unprecedented microscale resolution - boosting the image resolution by a factor of 20 than current 7T MRI. The project aims to provide new insights into brain disease research and will provide a large visual field for the neuroscientists to carry out functional-MRI studies.

Russell Overend, CEO of Glasgow-based Wideblue said: "When completed, the project will break through barriers in the field of brain disease research by introducing unprecedented levels of detail in brain imaging which could lead to innovative new treatments."

Dr Shajan Gunamony, Director, MR CoilTech said: "We are delighted with the work Wideblue did on the CAD design of the prototype and with the excellent initial results. It allowed us to meet the deadline for an important abstract submission and we look forward to making more progress with this ground breaking new product." ■



Research into the threat of antibiotic resistance to be undertaken at Oxford

Concerns around bacteria resistance to antibiotics is increasing, and without effective antibiotics, routine operations could become more of a risk

A new research institute dedicated to tackling resistance to antibiotics is opening at Oxford University.

Fifty researchers will work at the new Ineos Oxford Research Institute for Antimicrobial Research which will be funded by a £100m donation from the Ineos chemical company.

The value of research has been highlighted by the successful development of Oxford's Covid vaccine. ■



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About Cantel (UK) Ltd

Cantel delivers a comprehensive range of infection prevention products and services around the world. Starting with the solution you need most, from Procedure, Manual Clean, Reprocess, Dry & Store solutions, and Track & Traceability software, they help you reduce risk and streamline operational efficiencies to optimise your success. Cantel provides high-quality infection prevention solutions and services for patients, caregivers and other healthcare providers which improve outcomes, enhance safety and help save lives.

Interview with Brian King

EMEA Sales Training Manager at Cantel (UK) Limited

Brian King is the EMEA Sales Training Manager at Cantel (UK) Limited, based in the UK. With over two decades experience as a registered general nurse, Brian uses his wealth of clinical experience to ensure the Cantel team are educated in the infection prevention pressures facing Health Boards, Trusts and private healthcare services.

Tell us a bit more about Cantel, what the company does and what it specialises in

Cantel develops specialist infection prevention solutions for healthcare professionals the world over. We create and distribute products and services that are intended to reduce infection burdens within clinical settings, with a particular focus in endoscopy, healthcare disposables including high-level disinfection consumables, and dental.

We're here to help those in healthcare and hospital settings develop a 'complete circle of protection', covering Procedure, Manual Clean, Reprocessing and Dry & Storage solutions. We're increasingly moving into digital solutions too, rolling out Track & Traceability software for Trusts looking to streamline departmental hygiene and operational efficiencies.

What is your role at Cantel?

I joined Cantel just over six years ago, after spending twenty years as a registered general nurse specialising in gastroenterology and endoscopy. In my time as a nurse, I became very familiar with Cantel and the solutions they provided, many of which I had used at some stage in nursing. When it came time for a career shake up after two decades, I knew the Cantel team would be a brilliant fit – and I had a lot of the product info mastered already!

I'm currently EMEA Sales Training Manager with the company, responsible for looking after sales training requirements across Europe, the Middle East and Africa. Cantel places a lot of importance in the quality of training we provide to our customers, to help them deliver uncompromised care and keep patients safe. My experience as a nurse has been really beneficial in this respect, as I've seen the products and training from both sides, and I try to reflect this in training with our healthcare customers and colleagues.

"Cantel places a lot of importance in the quality of training we provide to our customers, to help them deliver uncompromised care and keep patients safe. My experience as a nurse has been really beneficial in this respect, as I've seen the products and training from both sides, and I try to reflect this in training with our healthcare customers and colleagues."

What do you enjoy most about your role?

Connecting with people across the globe. Given that I'm responsible for the EMEA region, my work can take me anywhere from Spain to South Africa to Saudi Arabia – in a non-pandemic year, of course. Even with travel restrictions, I can 'be' in a different country each day without leaving the lounge. I really do enjoy getting to speak with so many different members of the Cantel team and our customers all over the world.

It's also incredibly eye-opening to see how infection prevention is tackled in different countries. It's a universal challenge, but healthcare systems in different countries

are obviously set up and equipped to handle infection prevention in different ways. After twenty years as a nurse based in Scotland, it's fascinating to see.

What do you when you're not at work?

Just as I love to travel for work, I love to explore new places outside of the 'office'. Unfortunately, I've obviously not been able to keep up with this recently, so I'm looking forward to being able to travel abroad again. I've not yet been tempted to pass the time in lockdown with banana bread bakes and the like, but you never know...

What's the philosophy that guides the business?

We're ultimately dedicated to delivering products and services that improve patient outcomes and save lives. It's a simple but clear philosophy that touches every aspect of what we do, from service delivery, product and software development, to the training we provide to all customers.

How do you ensure that the patient and their safety is central of what you do?

We partner with healthcare professionals to ultimately help them protect patients and improve outcomes, by offering

services and solutions that provide comprehensive infection prevention measures, which protect both patient and healthcare provider. These solutions impact millions of people each year, so the patient must always be in mind. This where my nursing experience is especially helpful. It was my ethos to keep patient care at the centre of everything I did. You're always thinking how to make them more comfortable, make things easier, putting their families at ease; it's still a mindset I adopt at Cantel.

How do Cantel plan to further enhance patient safety in 2021?

Never in my lifetime has infection prevention been so prevalent. It's of course always been a vital aspect of patient safety, but COVID-19 has really pushed it to the top of the list. PPE has gone from something I only heard discussed in work, to being headline news at the beginning of the pandemic.

At Cantel, we are focused on using the learnings of last year to ensure our customers can access the machinery, equipment and support needed to ensure patients are kept safe. That means a big focus on ensuring our understanding on department-specific COVID guidance is up-to-date, so that our customers have complete confidence that the infection prevention measures in place will significantly reduce their patients' infection risks present in say, endoscopy, but from COVID-19 transmission too.

If you could pick one memorable moment in medical history to be a part of, what would it be?

I don't think I'd be alone in picking this, but the introduction of vaccines, which goes back over 200 years now. It was the smallpox vaccine in 1796 by Edward Jenner. Not only did it have clear ramifications for the current situation we all find ourselves in, I think it would be fascinating to have been around just before it was created; I'm especially interested in how life went on for everyday people when they didn't have the hope of a vaccine to help end, or at least better deal with, a disease that so radically impacts day-to-day life. ■

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Interview by **Gina Graydon**,
Editorial at AfPP



Keeping one another going during a challenge that the NHS has never faced before

ODP Glenn Dene talks about morale, mental health and looking out for each other during a challenge the NHS has never faced before. Glenn is also a documentary photographer and author of 'Behind the Mask'. We have published some of his work alongside this article.



Each day we arrive at work with the hope that patients are getting better and COVID admissions are dropping. It looked that way for a few hours today and then four COVID admissions arrived, one after another.

The patients we're caring for vary very much in age. Some people think that the numbers in Intensive Care are coming down, but this isn't because patients are returning home, it's because they're dying. It's hard to think of a happy, uplifting moment in the last few weeks.

In any workplace camaraderie is important and at difficult times like these, it's what gets you through. The very basic things you can do to pick someone up don't cost anything. Make them a coffee, make sure they get lunch or if a colleague is sick, drop them a text to check in.

If you come into the workplace and go out of your way to make things difficult

for other members of staff, you have no place in the NHS. You can't just help the public and not your colleagues.

These days morale is at an all-time low and staff sickness at an all-time high. Not just COVID related sickness but physical and mental health issues. I've seen staff crying and I've talked to staff who, after the pandemic, are thinking of walking away.

I believe that the biggest challenge we face as a team isn't COVID, it's keeping one another going during a challenge that the NHS hasn't faced before. The pandemic has brought everyone closer; we've been through so much and we're by no means out of the woods yet. We face huge challenges ahead.

Personally, I've struggled mentally and physically. There are days when I dread going in to work. Having said that, I try to remember that I joined the NHS to help people and every day I want to achieve that.

Like many others, I've questioned my future and if I want to continue working as an ODP. However, I quickly realised that walking away wouldn't solve anything. I can make a difference as an ODP and a photographer, and I've been very lucky to be able to be both in the last year. My role as a Practitioner always comes first though.

The second wave has been brutal. There are more patients and I feel as though we're sometimes expected to perform miracles. During this wave I believe that most NHS employees feel underappreciated. We don't need the



“These days morale is at an all-time low and staff sickness at an all-time high. Not just COVID related sickness but physical and mental health issues. I've seen staff crying and I've talked to staff who, after the pandemic, are thinking of walking away.”

clapping, just a fair pay rise, and for the small percentage of the public who believe that COVID is a conspiracy to stop chanting outside hospitals and spreading lies through social media.

The first wave hit us hard, but as many of us moved from either the Royal Gwent Hospital or Nevill Hall Hospital to the new Grange University Hospital, it became harder. We have a bigger influx of patients in theatres and most of the COVID patients in the area now come straight to the Grange. It doesn't matter what age you are, COVID has affected everyone directly or indirectly. The pressure is really beginning to show on staff and I worry for the future. The next challenge will be the mental health of staff and we need to start preparing now. Let's

start really taking care of the staff and remembering that we've given absolutely everything. Take care of the staff and they'll give you and the public everything. We have a chance to change the future when it comes to staff wellbeing, so let's take it - we're stronger together.

The wellbeing department should be the heart of every hospital. However, in my opinion, the reality is that mental health is desperately underfunded. Having drop-in sessions if you're finding things tough isn't that useful. An ITU can't leave two patients unattended and some members of staff really need to be seen straight away. I've seen my mates breakdown. Every hospital needs a chillout room for staff, we had something like this in Nevill Hall (where I used to work) and it really worked well. The quiet room for staff in Intensive Care where I now work is full of stock.

For me, I find it very difficult to shut off. Since I tested positive for COVID on Christmas day, my anxiety has gone through the roof. I try to remember that this won't last forever and that I'm making a difference to people's lives. ■

Interview by **Louise Ashton**,
AfPP Marketing Lead



Kate Illingworth,

student ODP and founder of the Hull University ODP Society

Kate Illingworth is a first year ODP student at Hull University. As well as being an AfPP/Link member, Kate also runs an ODP focused Instagram account and is the founder of the Hull University ODP Society.

Tell us a little bit more about yourself

I'm an AfPP member and an AfPP Link member. As a Link member, I am responsible for raising awareness of AfPP with my fellow students and signing up new members on behalf of the Association.

I genuinely really enjoy my role as a Link member. Being able to provide a dedicated support for the theatre workforce on behalf of AfPP and to give advice and signpost people who need further assistance is a great thing - it also allows me to learn so much!

I run an ODP-focused Instagram account - @thehappyodp. Through this I enjoy discussing all things ODP with other students, qualified ODPs and, most importantly, people from other disciplines who are interested in learning a little more about this unique role within theatres.

Last year, I set up the Hull University OpSoc (ODP Society). As we're still a new society, our focus right now is planning events for this year to keep ODP enthusiasts keen and excited about the role.

It sounds amazing. When did you set up the Hull ODP Society and what made you do it?

I remember back in May last year when I was waiting for my course to start in September; I looked on the Hull University website to see if there was an ODP society to join when I enrolled.

I know it's great to join a society to be amongst likeminded people and to make new friends, so I felt it was a real shame that there were societies dedicated to

nursing, midwifery and paramedicine but nothing for ODPs. There was a Surgical Society, but of course, ODPs are more than just surgery alone, and I wanted there to be a group dedicated to our future role.

I felt that such a great course at Hull deserved its own society and that's why I decided to see if I could set one up.

How did you go about setting up the Society? It was a brave thing to do before you'd even arrived at the university

I did have a little bit of imposter syndrome as I wasn't technically even a student ODP. However, when I got in touch with the Student Union quite tentatively to ask how I could go about setting up a society for my future course, they were so happy to help. They still continue to be a great support for the business side of things, and I am really grateful for this.

I also let the ODP teaching staff know I was going to be setting up a society. They've been very enthusiastic about it. Apparently, they've been waiting for someone to do this for a while now.

Setting up the Society itself was pretty simple actually - I don't know what I was expecting really but it seemed to be super easy; just a few forms to fill in at the beginning. They focused on things like the aims and values of the Society, how we planned to spend (and build) our budgets and agreeing to Student Union rules.

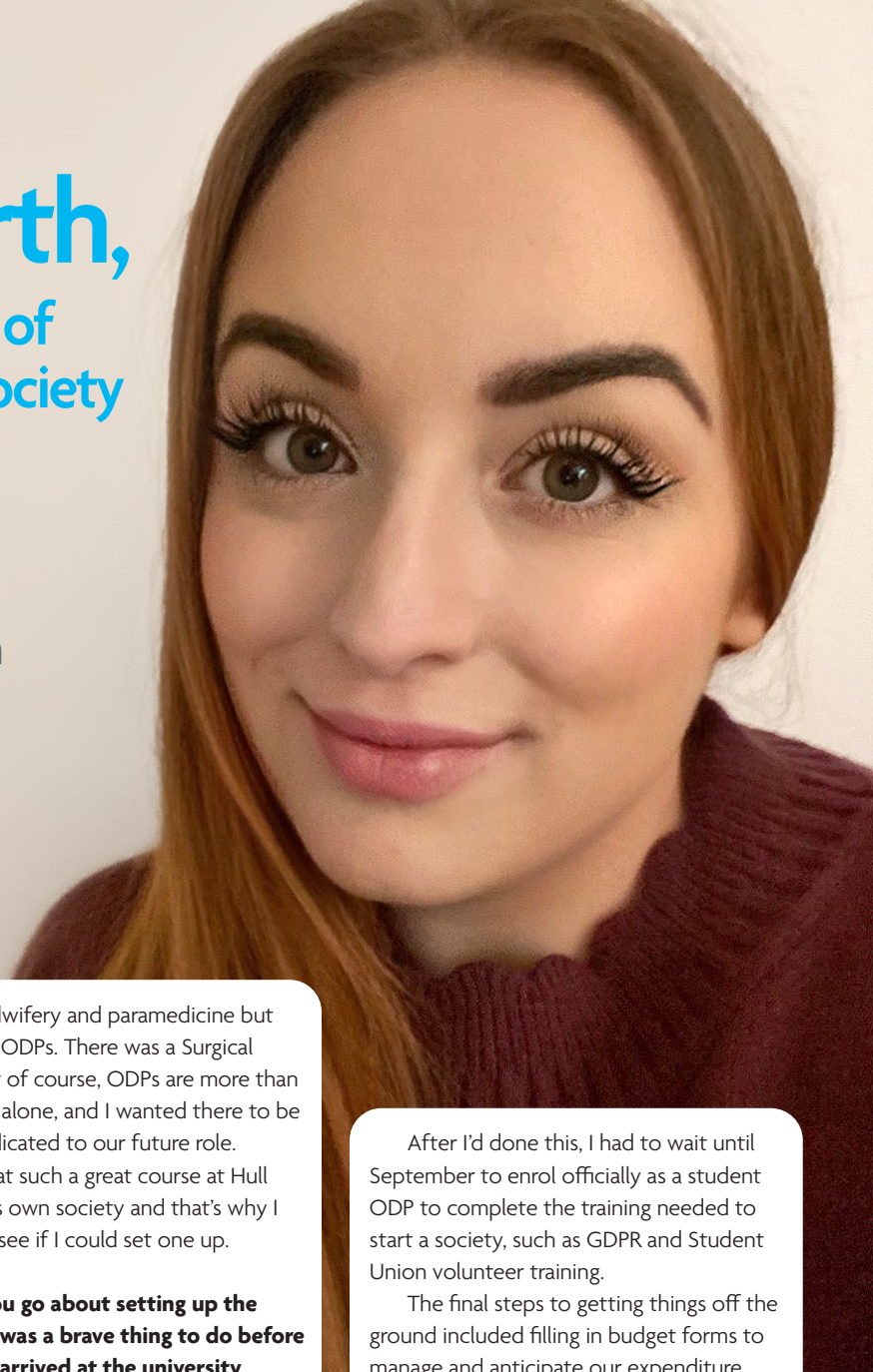
After I'd done this, I had to wait until September to enrol officially as a student ODP to complete the training needed to start a society, such as GDPR and Student Union volunteer training.

The final steps to getting things off the ground included filling in budget forms to manage and anticipate our expenditure, completing a society charter and completing both normal and COVID-19 risk assessments to show we could adequately consider risks for Society members and staff during a Society event.

You mention the business side of things and the budget. How do you go about managing this?

Luckily, I'm surrounded by people from my course who, like me, are part of the founding committee for Hull's OpSoc. I wouldn't have been able to put this idea into action without their help, expertise, and willingness to learn as we all go along.

For business and budgeting, we have Emma, our Treasurer. She takes care of all of our finances and will, in the future, play a huge part in balancing the Society's bank account, making sure we fundraise enough money to then be able to organise fun stuff for members. This includes the design and



distribution of personalised hoodies, trips out and arranging for us to benefit from talks and events relating to ODP.

Alongside Emma, each member of the Society has their own skills and enthusiasm that they bring to their individual roles. It's this that makes being a part of OpSoc so much fun. Tabitha is our Social Secretary. She works hand-in-hand with Emma planning amazing things for us to look forward to throughout the year. Ellie, our Secretary, is brilliantly organised and keeps everyone informed of upcoming meetings and catch-ups.

Bekki, our Wellbeing Rep, is available to discuss any issues, ask questions anonymously to the correct people or signpost members to the right service within the university. With all of the change in the world at the moment, it's brilliant that we have a dedicated member of the committee who is there for members, academically and personally.

Last, but by no means least, we have Renie and Jamie, our Social Media Reps. They are our awesome tech gurus, managing everything from graphic design to our Instagram, Twitter and Facebook pages. Through social media they're the link between the committee, Society members, staff and the general public – hopefully spreading the word of ODP far and wide.

What do you see as the aims of the Society and what do you want it to achieve?

The main aims of the Society are to connect Operating Department Practice (ODP) students from all three academic year cohorts, to help bring about a healthy and manageable work/life balance and to raise awareness of the ODP role within university and the general public. We provide meetups, social and educational events and information – not only for current students, but for aspiring ODPs too.

We have an active Instagram and Facebook page where members of the public can ask about our profession and obtain advice on ODP and related careers, such as Surgical First Assistant roles and the postgraduate study needed to obtain these roles.

How many members do you have?

We're still small as we're a newbie society and have only just announced ourselves to our three cohorts currently studying. Largely due to the pandemic, we're still trying to get things up and running, but we're enjoying having people become members after talking to us about our Society and what it represents.

You must feel really proud of what you've achieved

I'm really proud of OpSoc. We're so excited to see how the rest of the academic year

goes for us – of course there's National ODP Day on 14 May and we'll definitely be planning on shining the light on the various perioperative careers around then.

What would you say to any other students who would like to set up an ODP society at uni?

Honestly, I say just go for it. You'll probably find that your uni's really supportive and pleased that someone is looking to take the initiative and set one up, especially if your uni currently doesn't have a society for ODP (or any other discipline).

Societies are such an important aspect of uni life and are another support whilst you're studying. The best part is that they're run by students on behalf of students so you really do have such a strong influence over what you'd like to achieve as a society and as a student body. You could do so much for the ODP role by getting the word out, and you can enrich your studies by working alongside organisations like AfPP.

How did you hear about AfPP?

When I was doing my research into the ODP role I found AfPP on social media. They're really active on all social media and came across as really friendly and helpful on Instagram. I started talking to them about how they support students and I became really keen to not only build a relationship for myself through @thehappyodp, but also through OpSoc.

There's so much support and research available and everyone I've spoken to at AfPP has been incredibly welcoming and willing to help where they can. I think so many people could benefit from joining AfPP as a student member.

I'd love for OpSoc to promote AfPP membership to fellow students as a source of support and education outside of university and to direct them to what AfPP can offer them as students and as future professionals.

What was it about AfPP that made you decide to join?

They're so supportive of students. I'm a huge fan of the student webinars that AfPP run and also of their overall acknowledgment of how being a student in theatres can sometimes feel like the scariest thing in the world. Before I started (and sometimes even now) I think theatres can be very intimidating.

The webinars that I've attended have all been relaxed and accessible to all; even though I'm a student who's in her first year, I have never been confused during a webinar – there's ample opportunity to ask a question and everyone is so friendly. There's also a wide range of topics being covered by the webinars, which is great because a lot of it is only briefly covered at the university, such as mental health in theatres, whistleblowing and theatre etiquette, which was my ultimate fave. So many hints and tips on how to conduct yourself and, for an eager student like me, it helped me find my feet in theatre. ■

Interview by **Louise Ashton**,
AfPP Marketing Lead



Logo design by Katie Monaghan - 2nd Year ODP Apprentice at Hull



Helen Andrews



Alison Venn

Answering the need: Creating long-term educational resource for training in infection prevention

Throughout this pandemic there have been impressive examples of collaboration and support from industry going beyond an initial 'ask' to deliver training and information where needed.

The benefits of these examples have a positive knock-on effect where tradition is set aside for practical adaptability.

Exacerbated by the pandemic, common issues such as large staff turnover, became more critical. Responding to these pressures, and developing the right online resources, the infection prevention team at BD delivered multiple online virtual training sessions to many Trusts.

Background

In 2019 Clinical Consultant Helen Andrews began working on a solution, together with two working HCPs from a leading London foundation trust, who were passionate about preventing surgical site infection (SSI) and achieving standardised practice.

Roadblocks faced by their establishment, as well as other Trusts, were understood. Regular changeover of staff meant knowledge gained through training and education could be lost quickly. This caused frustrations as there was no consistency or clear policy.

As well as staff turnover, other common themes emerged when working with other Trusts: HCP's moved roles frequently; doctors regularly changed with their rotation; new staff wanted to implement practice they did elsewhere (both in the UK and overseas); standardisation and policies were unclear.

Much of this work was already underway, as there were historic challenges around embedding training and education. Understanding these frustrations, Helen and Alison Venn, Clinical Consultant, wanted to create consistency within materials and work to get full C-suite inclusion to support any change.

Following a consultation, a plan emerged which was creative and needed universal buy-in. The new plan was to empower HCPs with the right support including:

- Engagement with all management levels (views recognised both bottom up and top down)
- Training materials tailored for a range of needs:
 - digital and online
 - available in different formats (face-to-face and virtual)
 - videos
 - infographics
 - Train the Trainer
- Measurement of current practice
- Long-term support from BD
- Ensuring staff were aware of policy and following NICE guidelines (NG125 April 2019)
- Creating standardisation led to buy-in from new staff.

The training materials were adapted to address the current work-based challenges when face to face training was not an option. This also allows for flexible options in the future when group settings and one to one training is permissible again.

Changing support in the face of a pandemic

This work was well underway when COVID-19 changed working arrangements. The team needed to think how they could adapt their project and meet requirements especially as the current crisis showed the prevention of SSI was even more crucial.

BD's sales teams at this stage could no longer work in hospitals. Helen and Alison asked for their ideas in creating and expanding the work to include more virtual materials, and all responded.

Their contributions were invaluable. They worked in teams creating an evolving, comprehensive list of FAQs covering infection prevention and products and more. Helen said: "We also started to work with BD's European team and our creative services group. This was a shared goal and the inclusion of different elements helped move the project forward."

Virtual elements created

A resource pack with 29 various tools to allow BD to tailor the appropriate resources to a hospital Trust, healthcare provider, or private group.

- The team included a guide on how to develop policy and protocols for skin preparation based on NICE guidelines
- Digital Review tool which empowers HCPs to demonstrate current situation and gain support for implementing change
- Long term partnership with BD and ongoing support.

Success and outcomes

Although this project started in the UK it has grown in popularity and has been taken up in Europe and the US. In recognition of their work, Alison and Helen received a BD Outstanding Contribution Award for Development of Infection Prevention (IP) Pack from BD Europe.

The team from a district hospital in the south west said they found the resource pack to be invaluable as face-to-face visits were restricted, the virtual training allowed essential teaching to continue.

The Champions Programme (training

in-house staff to take on additional responsibility) was particularly useful as it meant staff in the hospital could deliver training, whenever needed. This ensures patients continue to receive the greatest benefit from their surgical skin preparation, in line with NICE guidance.

Helen added: "As the two clinical consultants for ChloraPrep and haemostatic agents, we

work very closely with HCPs and can see things from their perspective.

We listened to the needs of the customer and with this came understanding from which we aimed to improve practice and standardisation of practice. COVID-19 gave us the time to develop on-line resources."

Alison said: "Our team collaboration and work with other agencies has helped our work. Over the last two-and-a-half years we have created a mutually beneficial relationship with the AfPP, promoting Standards and Recommendations for Safe Perioperative Practice (Chapter 5) on our website."

Anne Chafii-Jaguello, BD European Marketing Manager for Infection Prevention, said: "The IP pack project initiated by our UK team is demonstrating BD's willingness to

partner closely with Healthcare Professionals to support them in improving their infection prevention measures."

Isabelle de Meyer, Infection Prevention International Expansion Leader, added: "This goes far beyond the products we have to offer and will hopefully serve BD's purpose of 'advancing the world of health', in the UK and in other European countries where the initiative will be replicated."

Helen said: "During our journey over the past two years we have been privileged to work with dedicated people at different Trusts and organisations, who have all contributed to this work. This project represents a benchmark in best practice, from how we work together and how we can all communicate, train, and partner with HCPs. We are very pleased to be able to share this as widely as we can."

For more details on the pack and support around theatre infection prevention, please contact Helen Andrews (helen.andrews@bd.com) and Alison Venn (alison.venn@bd.com). ■

Article by **Alison Venn** and **Helen Andrews, BD**



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Double Gloving:

A gold standard of practice

Double gloving is advocated by a vast array of national and international health organisations including WHO, NICE and CDC. Perioperative educational bodies such as the AfPP, AORN, ACORN and EORNA also recommend double gloving should be considered the gold standard. Understanding the rationale for double gloving in perioperative practice is key to educating others and improving compliance outcomes.

- WHO** - World Health Organization
- NICE** - The National Institute for Health and Care Excellence
- CDC** - Centers for Disease Control and Prevention
- AfPP** - Association for Perioperative Practice
- AORN** - Association of periOperative Registered Nurses
- ACORN** - Australian College of Perioperative Nurses
- EORNA** - European Operating Room Nurses Association

Overview

Double gloving provides an extra layer of protection, and using a coloured indicator glove helps identify a breach as it occurs. Micro-perforations often go unnoticed during surgery and are a major factor in the risk of occupational exposure to bloodborne pathogens, increasing the likelihood of infection.

Research has proven that micro-perforations occur during many types of surgical procedures regardless of specialty. This statistic alone provides justification for routine double gloving during surgery.

Factors that may result in micro-perforations

The operating theatre is a unique environment in many respects; healthcare workers (HCWs) are in close proximity, often over long periods and under emergency conditions (Gaines & Luo 2017).

Failure of surgical gloves from sutures, sharp instruments and bone fragments are common sources of hand contamination from blood and body fluids (Gaines & Luo 2017).

According to Kaplan *et al* (2016), different conditions such as instrumentation, surgical equipment and techniques have the potential to create glove tears (Kaplan *et al* 2016).

During surgery, gloves are exposed to a range of chemical and physical stressors such as twisting, pulling and stretching with potential exposure to fluids, fat or chemical substances (Kaplan *et al* 2016).

All these factors influence glove integrity and increase perforation risk.

The risk of single gloving in the UK

- Approximately 100,000 sharps injuries occur in UK hospitals annually (Kerr & Stewart 2009, Trim & Elliott 2003).
- It has been estimated that 4% of HCWs sustain 1 to 6 sharps' injuries each year (Kerr *et al* 2009).
- A small, but significant number of HCWs in the UK, including nurses, have developed potentially life-threatening diseases because of a sharps' injury (HPA 2012, PHE 2020).
- Since the late 1990s, at least 20 HCWs have contracted hepatitis C and there have been 5 documented cases of HIV transmission (HPA 2012, PHE 2020).

The benefits of double gloving

- Double gloving **reduces risk of exposure** to patient blood by **as much as 87%** when the outer glove is punctured (Berguer 2004).
- **Volume of blood** on a solid suture needle is **reduced by as much as 95%** when passing through two glove layers, thereby reducing viral load in the event of a contaminated percutaneous injury (Berguer 2004).
- Despite aseptic practice in maintaining sterility, bacteria is impossible to eradicate from the operating theatre. Double gloving has shown to reduce visible **skin contamination 22.7% compared to 42.1%** with single gloving (Thomas *et al* 2001).
- Wearing a coloured under glove increases identification of **perforations by up to 86%** (Laine & Aarnio 2001). Coloured under gloves also **reduce time to awareness from 67 seconds to 42 seconds** (Florman *et al* 2005).

The importance of glove change

Consider the length of surgical case and the amount of time gloves are worn during surgery. The **longer the surgical case, the greater the chance for a tear** in the glove due to a bone fragment or sharp instrument (Tilli *et al* 2017).

In a study by Tilli *et al* (2017), it was reported that **significantly higher perforation rates** occurred when the **gloves**



were worn for over 90 minutes. Moreover, a systematic review of orthopedic surgery revealed that glove change every 20–90 minutes is good practice (Tilli *et al* 2017).

Why surgical staff might not practice double gloving in the UK

Some HCWs, particularly surgeons and operating theatre staff, are disinclined to wear more than one pair of gloves. They claim that their dexterity and ability to safely handle and use instruments is compromised or even diminished with the addition of an outer pair of gloves. Multiple studies investigating tactility and sensation, both objectively and subjectively, have concluded that there is **no negative impact on tactility associated with the use of double gloves** (Lipson *et al* 2018, Padhye 2011, Wilson & Sellu 1996).

Moreover, there appears to be a lack of awareness and understanding surrounding the reasons everyone should double glove (Lipson *et al* 2018). Occupational risk along with increased risk of infection perhaps has been misplaced or simply not discussed.

Please visit www.AnsellCARES.com to access a February 2021 recorded webinar on Double Gloving. Additional self-study PDF courses accredited by AfPP and other educational resources are also available. ■

Article by **Jessamy Walker, BSC Hons, ODP and Eunice Sithole, RGN, MSc. Area Clinical Consultants with Ansell.**

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Further Reading

Association of Peri- Operative Registered Nurses (AORN) Recommended practices for prevention of transmissible infections in the Perioperative practice setting. Standards, Recommended Practices and Guidelines. Published 2014.

The Association for Perioperative Practice (AFPP) 2016 Standards and Recommendations for Safe Perioperative Practice 4TH Edition Harrogate AFPP.

The Association for Perioperative Practice (AFPP) 2020 Infection Control Standards '5.2 Standard Principles for preventing healthcare Associated Infections'. Harrogate AFPP.

Australian College of Operating Room Nurses (ACORN) 2020 Standards for Perioperative Nursing in Australia 16th Edition.

The National Institute for Health and Care Excellence (NICE) 2006 Surgical site infection: NICE Guideline.

The World Health Organization Glove Use Information Leaflet. http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf.

CDC Surgical Site Infection. 2017 Guideline for Prevention of Surgical Site Infection. <https://www.cdc.gov/infectioncontrol/guidelines/ssi/>.

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