GLOVE UP WHEN YOU NEED IT, NOT JUST FOR HABIT

Gloves, like all PPE, should be worn when necessary and not overused. Proper glove use is guided by Standard Precautions and Transmission-Based Precautions, both of which ensure that the appropriate protective measures are taken depending on the patient's condition and the level of risk.



BALLAD HEALTH POLICY STATES GLOVES SHALL BE WORN:

- **When touching blood, body fluids, excretions, secretions and contaminated items.**
- **When touching mucous membranes and non-intact skin.**
- **Prior to entering a contact, contact 2, contact 3, droplet, or enhanced droplet isolation room**

✗ Gloves are **NOT REQUIRED** if there is NO risk of exposure to blood, body fluids, invasive devices, or a contaminated environment. Always use your judgment to determine if gloves are needed.

Change gloves after performing care at a contaminated body site (i.e. perineal area) before moving to a clean body site to perform care (i.e. face).

REMOVE GLOVES AND PERFORM HAND HYGIENE:

- **Before touching non-contaminated items and surfaces.**
- **Upon exiting the patient room.**
- **Before caring for another patient.**

REMEMBER:

Gloves are NOT a substitute for hand hygiene. Always perform hand hygiene before putting on gloves and after removing gloves.

Gloves should NOT be worn in hallways. If you need to carry something, such as trash, first remove the gloves used in the patient room, perform hand hygiene, and put a new glove on only one hand. Use your ungloved hand as your clean hand to open doors or touch surfaces as needed.