Double-Gloving Technique





Risks of glove perforations

The risk of exposure to pathogens transmitted through blood is one of the main concerns of surgeons and surgical staff. Perforations in surgical gloves, which are often not visible to the human eye, are still usually big enough to allow pathogens to pass from the glove wearer to the patient, causing an infection.



Over 80%

of all perforations in surgical gloves are not detected.1

The longer the gloves are used, the higher the perforation risk becomes.²

Glove perforations can lead to the transmission of infectious pathogens.

Addressing this risk with the double-gloving technique

Why should you use this technique?

- Using 2 surgical gloves reduces the risk of accidents involving sharps, which reduces the risk of cross-contamination between the healthcare professional and the patient.
- Furthermore, this technique helps detect microperforations in the external layer earlier.

Did you know?

- The double-gloving method can reduce the risk of blood and bodily fluid exposure by up to 87% if the exterior glove is perforated.³
- In a study on 582 glove wearers who used the double-gloving technique, over 3/4 (77%) were able to detect perforations in the glove.⁴

How do you employ this technique?



1. Don a dark-coloured underglove.



2. Put a light-coloured exterior glove over it to create clear contrast.



Easily spot perforations in your glove if they occur.

Why is it better to package inner gloves separately from outer gloves?



Customisability – The standard recommendation is to wear half a size smaller for outer gloves (to reduce slipping between the layers). However, we know that does not suit everyone. With separately packaged gloves, you have the ability to choose the combination that works better for you. You may prefer wearing two gloves of the same size or bigger gloves on top. That decision is yours and we will help you find the perfect mix of sizes.



Waste reduction – When inner and outer gloves are packaged together, and in instances where an outer glove is breached, the user must open another package with four gloves (two inner and two outer) to replace one defective glove. In most cases, the other three gloves have to be thrown away, which means there is a lot of avoidable waste and extra cost pressure.

With this change, you get the same great products, but with smarter packaging!

Working together as though they were one glove



Which glove has been perforated?*

Medline's 'See Green for Safety' alert system and undergloves

Let Medline implement the double-gloving system in your hospital, and you can also 'See Green for Safety'.

The system provides surgeons and other healthcare professionals with the techniques required to not only reduce the underglove perforation rate, but also identify any perforations in the top glove as quickly as possible.

At no cost whatsoever to the healthcare centre, Medline will provide a one-day supply of undergloves, such as the SensiCare PI Green gloves with aloe vera.

The 'See Green for Safety' system is a great way of educating healthcare workers on how they can reduce cross-contamination and exposure to pathogens transmitted through blood.



(Left) Perforated glove – double-gloving (Right) Perforated glove – double-gloving technique technique using a dark green underglove using two standard cream-coloured surgical gloves





SensiCare® PI Green MSG92xx

- · Made from Isolex polyisoprene, 100% latex-
- · External coating to fit the exterior glove
- · Internal aloe vera coating
- · 0.21 mm fingertip thickness



DermAssure[™] Green MSG65xx

- · Made from neoprene, 100% latex-free
- · External coating to fit the exterior glove
- · Accelerator-free to reduce the risk of allergic contact dermatitis
- · 0.19 mm fingertipthickness



Signature Latex Green MSG55xx

- · Made from latex
- External coating to fit the exterior glove
- · Internal aloe vera coating
- · 0.19 mm fingertip thickness







1. Thomas, S., Agarwala, M., Mehtab, G., Intraoperative glove perforation—single versus double gloving in protection against skin contamination. Post Graduate Medical Journal. 2001; 77:458-460. Available at: http://pmj.bmj.com/content/77/90/458.full. Accessed 18 December 2015. 2-Partecke, Lars Ivo, Anna-Maria Goerdt, Inga Langner, Bernd Jaeger, Ojan Assadian, Claus-Dieter Heidecke, Axel Kramer and Nils-Olaf Huebner. Incidence of Microperforation for Surgical Gloves Depends on Duration of Wear. Infection Control and Hospital Epidemiology 30.5 (2009): 409-14.

3. Berguer R & Heller PJ. Preventing sharps injuries in the operating room. Journal of the American College of Surgeons. 2004; (199):3462-467.

4. Guterl, Gail, The Powerful Case for Double Gloving. Outpatient Surgery Magazine. September 2013. Available at: http://www.outpatientsurgery.net/surgical-facility-administration/personal-safety/thepowerful-case-for-double-gloving--10-13&pg-2. Accessed 17 December 2015.

For further information, please contact your Medline account manager or visit our website: www.medline.eu/uk



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These gloves are class IIa sterile medical devices intended to be used by healthcare professionals. Before use, consult instructions and precautions on the corresponding labelling.







