FROM SURVEY TO SAFETY:
USING STAFF FEEDBACK TO STRENGTHEN DOUBLE GLOVING COMPLIANCE

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Background

- Double gloving reduces the risk of perforation & exposure.
- Recommended by OSHA & CDC.
- Inconsistent compliance was identified.
- Staff feedback revealed barriers to adoption.
- Project analyzed staff input & policy gaps.

Purpose

- Evaluate compliance, education, and awareness of double gloving.
- Increase routine double gloving to 100% by December 2025.

Method

- Surveyed perioperative nurses and surgical technologists.
- Measured glove use and policy knowledge.
- Identified education needs from baseline data.
- Provided education and glove trial.
- Reassessed compliance after interventions.
- Approximately 80 staff were eligible: 38 responses at baseline and 21 responses post-intervention.

Project Timeline

Baseline Results

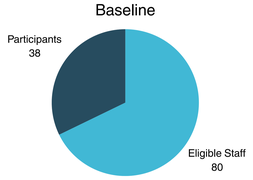
- 49% of staff reported routinely wearing two pairs of gloves.
- 39% demonstrated awareness of the double gloving policy.
- 63% had received education on double gloving.
- Results identified gaps in education and policy awareness.

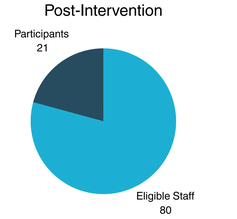
Interventions

- Conducted targeted education sessions.
- Offered glove trial with multiple options.
- Clarified policy expectations in team huddles.

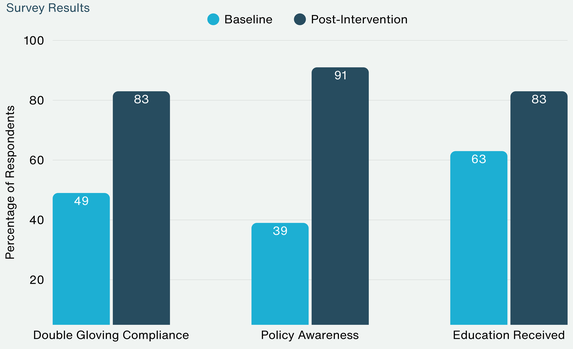
Post-Intervention Results

- 21 staff completed the post-intervention survey.
- Double gloving: 49% → 83%.
- Policy awareness: 39% → 91%.
- Education received: 63% → 83%.

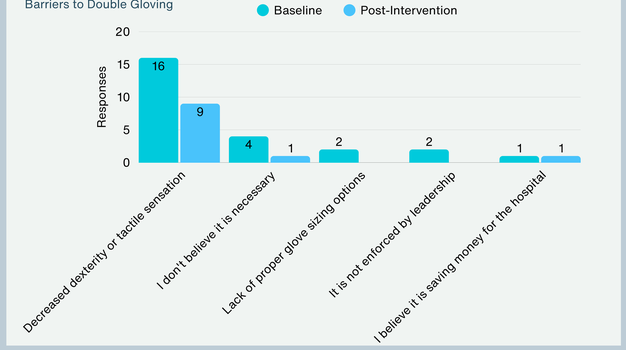




Survey Results



Barriers to Double Gloving



Conclusion

- Education and hands-on experiences improved compliance.
- Policy reinforcement strengthened knowledge and confidence.
- Combined strategies supported safer practice habits.

Next Steps

- Standardize onboarding education for double gloving.
- Continue annual competency reinforcement.
- Provide glove trials as needed.
- Monitor compliance quarterly.

Limitations

- Limited to self-reported staff data.
- May not reflect all surgical services.
- Results may be influenced by glove preference.
- Fewer responses in the post-survey (21 vs. 38) may affect comparative strength.

Lessons Learned

- Education alone is not enough.
- Hands-on options and policy clarity matter.
- Staff value inclusion in practice change.

Acknowledgements

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