

## # 31 - APPLYING STERILE GLOVES

(TEST)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**TIME LIMIT: 5 Minutes**

	P2	P3	TEST	Points/ Comments
1. Gathered the necessary equipment and supplies. Selected the correct size and type of gloves. Examined the package to ensure that it was intact and dry. Noted Expiration date.				*
2. Performed hand hygiene, inspected the condition of hands and fingernails. Looked for any cuts or lesions.				1
3. Applied gloves:				
a. Removed the outer wrapper of the glove package.				1
b. Grasped the inner package, and laid it on a clean, dry, flat surface at waist level. Opened the package, kept the gloves on the inside surface of the wrapper.				1
c. Identified the right and left glove.				1
d. With the thumb and first two fingers of non-dominant hand, grasped the glove for dominant hand <u>without contaminating</u> .				*
e. Carefully pulled the glove over dominant hand <u>without contamination</u> , leaving a cuff. Made sure cuff did not roll up around wrist.				*
f. With gloved dominant hand, slipped the fingers underneath the cuff of the second glove. Did not touch the top surface of the cuff or outside of glove				*
g. Carefully pulled the second glove over non-dominant hand <u>without contamination</u> .				*
h. Interlocked hands above the level of waist.				1
4. Disposed of gloves:				
a. Grasped the outside of one cuff with the other gloved hand; avoided touching the wrist.				*
b. Pulled the glove off, turned it inside out and placed it in gloved hand.				1
c. Took the fingers of bare hand and tucked them inside the cuff of the remaining glove. Peeled the glove off inside out and over the glove just removed. Discarded both gloves in the trash receptacle.				1

d. Performed thorough hand hygiene.

\*

**S** = Satisfactory    **U** = Unsatisfactory    **NP** = Not Performed    **\***=Must Perform to Pass

TOTAL POINTS \_\_\_\_\_ / **7** \_\_\_\_\_

% \_\_\_\_\_

PASS \_\_\_\_\_

FAIL \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

*By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.*

Practice 1: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice 2: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

FINAL Student Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_