

Top 5

手術室での ダブルグロービング 5つの理由

- 1** | ダブルグロービングにより、医療従事者の感染リスクを軽減できる¹
アウターグローブ（外側手袋）に穿孔があったときの血液曝露を防ぐ²
- 2** | アウターグローブに穿孔があったときの、患者の血液に曝露する機会を
87%も減らす³
比較的lowコストで高いレベルの感染対策を実現できる
- 3** | CDC,⁴ OSHA,⁵ AORN,⁶ ACS,⁷ AAOS,⁸ ICS⁹ や WHO¹⁰ による
侵襲性の高い手術時のダブルグロービング推奨
- 4** | 色付きのアンダーグローブ（内側手袋）は労働安全衛生の向上に役立つ
手袋の穿孔はとても小さく、多くの場合、穿孔時ではなく手術後に認識さ
れるが、色付きのアンダーグローブはそれを改善できる
- 5** | 色付きのアンダーグローブは合成ゴム製のアウターグローブに対する穿孔の
認識率を12%から56%に高め、認識するまでの時間を67秒から42秒に
短縮した¹¹



Cardinal Healthでは青色のアンダーグローブと多種多様の
アウターグローブとの組み合わせをご用意しております。

1. Tanner J, Parkinson H. Double gloving to reduce surgical cross-infection. Cochrane Database Syst Rev. 2006 Jul 19;(3):CD003087

2. O A Arowolo et al. Safety of the surgeon: Double-Gloving during surgical procedures. SAJHIVMED December 2014, Vol. 15, No. 4.

3. Berguer R, Heller PJ. Preventing sharps injuries in the operating room. Journal of the American College of Surgeons. 2004;199(3):462-467.

4. Centers for Disease Control and Prevention. Guideline for prevention of surgical site infection, 1999. Infection Control and Hospital Epidemiology, April 1999, 20(4):247-278. <http://www.cdc.gov/hicpac/pdf/ssguidelines.pdf>. Accessed August 2016.

5. OSHA Technical Manual Section VI: Chapter 1. Hospital Investigations: Health Hazards. Available at https://www.osha.gov/dts/osta/otm/otm_vi/otm_vi_1.html. Accessed August 2016.

6. AORN Guideline for Sterile Technique from 2015 Guidelines for Perioperative Practice.

7. Statement on Sharps Safety. American College of Surgeons, October 2007.

<https://www.facs.org/about-ac/s/statements/58-sharps-safety>. Accessed August 2016.

8. "Information Statement 1018: Preventing the Transmission of Bloodborne Pathogens." American Academy of Orthopaedic Surgeons.

<http://www.aaos.org/news/aaosnow/oct13/clinical5.asp>. Accessed August 2016.

9. Leading the way in best Practice. International College of Surgeons. Available at: https://www.icsglobal.org/members/sections/mem_sect_news_europe.asp. Accessed August 2016.

10. Glove Use Information Leaflet. World Health Organization. August 2009. Available at: http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf. Accessed August 2016.

11. Thomas-Copeland, Do Surgical Personnel Really Need to Double-Glove? AORN Journal, FEBRUARY 2009, VOL 89, NO 2; page 327.

手袋破損の危険性

手術室での鋭利な器材による損傷は1年間で

385,000

回発生しています¹



最大

83%

手袋の破損に気が付かない可能性があります²



ダブルグロービング

縫合針に付着している血液量を

95%

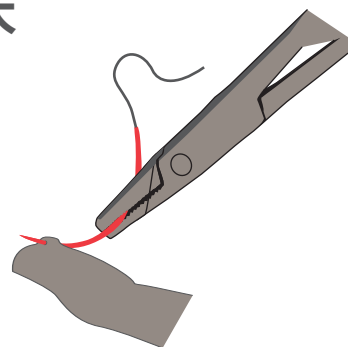


も減らすことができるので、血液曝露や血液感染の危険性を減らすことができます³

針刺し損傷を最大

82%

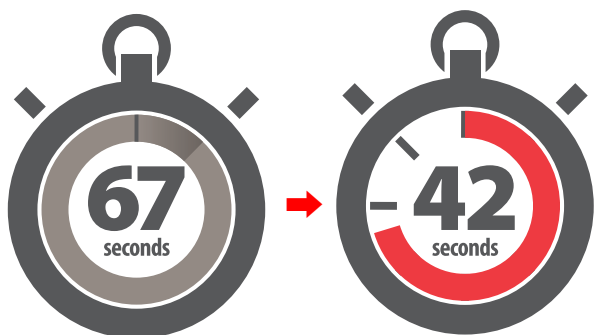
減少させます⁴



着色されたアンダーグローブ使用の推奨

着色されたアンダーグローブを使用することであなたやチームメンバーが手袋の破損を早期に発見し、被曝時間を最小限に抑えることができます⁵

鋭利器材損傷を認識する時間を短縮⁶



穿孔検知率は

最大 **97%**⁷



1. <http://www.cdc.gov/niosh/stopsticks/sharpsinjuries.html>

2. Thomas S, et al. Postgrad. Med. J. Intraoperative glove perforation—single versus double gloving in protection against skin contamination. 2001;77:458-460 doi:10.1136/pmj.77.909.458.

3. Berguer R, MD. Preventing Sharps Injuries in the Operating Room. Jour Am Coll Surg. 2004; 04:462-467.

4. Thomas S, et al. Postgrad. Med. J. Intraoperative glove perforation—single versus double gloving in protection against skin contamination. 2001;77:458-460 doi:10.1136/pmj.77.909.458.

5. 77 percent of perforations can be detected with an indicator under the gloves, compared with only 21 percent in standard double-gloving, and even fewer with single-glove technique. Waljee J, Malay S, Chung K. Sharps Injuries: The Risks and Relevance to Plastic Surgeons. Plast. Reconstr. Surg. 131: 784, 2013.

6. Florman S, Burgdorf M, Finigan K, Slakey D, Hewitt R, Nichols RL. Efficacy of double gloving with an intrinsic indicator system. Surg Infect (Larchmt). 2005;6(4):385-395.

7. One study showed that the use of a double gloving system featuring a colored under-glove provides an accuracy of detection of 97%. Wigmore SJ, Rainey JB. Br J Surg. Use of colored undergloves to detect glove puncture. 1994; 81: 1480. Another study showed the detection of perforation during surgery was 86.5% with a double-gloving system. Laine T, Aarnio, P. How often does glove perforation occur in surgery? Comparison between single gloves and a double-gloving system. Am. J. Surg. 2001. 181: 564-566.