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EDUCATE ADVOCATE INNOVATE

22 May 2018

Dr Joanne Katsoris  
Executive Officer  
Medical Board of Australia  
Australian Health Practitioner Regulation Agency



Via email: 

Dear Dr Katsoris

**Request for advice on the use of gloves when examining children**

Thank you for your letter dated 3 April 2018 seeking advice from The Royal Australasian College of Physicians (RACP). You have asked the RACP to provide advice on what constitutes contemporary, good practice in the examination of the genitals of children to inform the development of the Medical Board of Australia's revised guidelines on *Sexual boundaries in the doctor patient relationship*. More specifically this addresses the use of gloves.

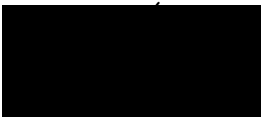
We are pleased to assist the Board with this query.

We have consulted with Fellows whose specialties involve physical examinations of children (adolescent and young adult medicine, general paediatrics, paediatric endocrinology, sexual health). We have also sought the advice of the RACP Ethics Committee.

Expert advice on current common practice on this important aspect of patient consultation is attached.

If you have any further questions, please contact Dr Kathryn Powell, Senior Policy Officer on  or email [policy@racp.edu.au](mailto:policy@racp.edu.au).

Yours sincerely



Professor Paul Colditz  
President  
Paediatrics & Child Health Division

## Request for advice on the use of gloves when examining children

### 1. Responses to issues raised

#### 1.1 Accurate use of descriptive terms in guidelines

The Medical Board of Australia (the Board) should replace the term 'intimate examination' used in the revised guidelines for examination of the genital area in infants and young children. Such language contributes to the sexualisation of younger children. This can be avoided by using more precise terms such as physical examination of the genital areas.

#### 1.2 Prior to the examination

Patient information and consent processes (for example involving carer/parent) are important. No examination or procedure should be conducted without the informed consent of the patient, carer or guardian. Consent should preferably be in writing, or otherwise documented at the time.

1.3 Response to concerns about the use of gloves being time-consuming or inefficient, or in some way an impediment to the examination, being intimidating to the child, or being inconsistent with the expectations of the child's family or carers.

In general, the RACP Fellows we have consulted have not received negative comments from carers or patients arising from the use of gloves in physical examinations.

To mitigate against a negative reception to the use of gloves, it is important that sufficient plain language information is conveyed to the parents or carers about the purpose of the examinations and the procedures. This should include examinations where no gloves are being used (see next section). Clinical expertise can usually overcome any fears of the child.

1.4 What is the common paediatric practice regarding gloves, particularly in the case of routine examinations of the genitals of neonates and infants or young children?

For all examinations safety and quality of practice in patient care is paramount.

- Hand and glove hygiene is essential. If gloves are not worn, standard infection control practices should be followed and clear explanations offered to the parents.
- Use of gloves may be determined by assessing the risk of contamination (for example, proximity to orifices, areas of possible discharge and likely contact with bodily fluids).
- Forensic or internal examinations typically require the use of use of gloves.

For the numerous specific routine physical examinations of neonates, infants and young children the use of gloves in common practice is described in the table below. The use of gloves varies in practice according to the type of examination, and age of child.

Type of examination	Common practice
Babycheck" and routine 2 month, 4 month, 6 month and 1 year checks	No gloves
Enlocated hips	No gloves
Testicular descent	No gloves in infants. May be worn for older boys (over 2). For testicular volume assessment some practitioners see the use of gloves as an impediment to accuracy
Inguinal herniae	No gloves in infants
Parting the labia majora to inspect vestibular mucosa in young female	Gloves for parting labia may be worn if internal aspects of labia touched

Hypospadias and perianal abnormalities	Gloves not typically worn unless internal examination or touching the perianal region undertaken
Checking femoral pulses	No gloves (using gloves for babies prevents feeling the pulse)
Foreskin abnormalities	Gloves not typically worn for younger children
Parting the vulva to view introitus to check for labial fusion	Gloves may be worn if internal aspects of the vulva are touched
Testicular examination to exclude leukaemic or lymphomatous infiltrate	Gloves if not infant
Psoriasis	Not seen as part of intimate exam so no common practice described
Examination of babies with genital birthmarks	No gloves if on buttocks or external

In conclusion when gloves are strictly required for medical examination may vary in some cases. However our general view is that if sufficient plain language information is conveyed to parents or carers about the purpose of the examinations and the procedure undertaken, this can mitigate and reduce any unease associated with the use of gloves.

We would like to note that there is a distinction between internal vaginal examination and external examinations and that therefore the Board may also wish to seek the advice of the Royal Australia and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

## 2. Context

The RACP notes, as you will be aware, that there are several guidelines that relate to the use of gloves and physical examinations of children. Some of these include:

- 1) The National Health and Medical Research Council (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010). These describe the importance of the use of gloves for hygiene reasons and the prevention of contamination, but children are not referred to directly in that section. (Refer <https://www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-2-5-gloves>).
- 2) The Australian Medical Association Patient Examination guidelines (2012). A reference to the use of gloves states:  
*4.6 Intimate examinations such as examination of the genitals, breasts, or internal examinations can cause particular distress. Gloves should always be worn when conducting an intimate or internal examination.* (Refer: <https://ama.com.au/position-statement/patient-examination-guidelines-1996-revised-2012>)
- 3) 2010, World Health Organization: *WHO best practices for injections and related procedures toolkit*  
This is an excerpt:  
*Wear non-sterile, well-fitting, single-use gloves:*
  - *when handling potentially infectious materials or when coming into contact with contaminated items and surfaces*
  - *when there is a likelihood of coming into direct contact with a patient's blood or other potentially infectious materials (e.g. body fluids, moist body substances and saliva [in dental procedures]), mucous membranes and nonintact skin*
  - *when performing venepuncture or venous access injections, because of the potential for blood exposure at the puncture site*

- if the health worker's skin is NOT intact (e.g. through eczema, or cracked or dry skin)
- if the patient's skin is NOT intact (e.g. through eczema, burns or skin infections).

Change gloves:

- between tasks and procedures on the same patient, and after contact with material that may contain a high concentration of microorganisms
- during a procedure if gloves become visibly soiled, torn or punctured
- after contact with each patient.

After treatment is complete, and before leaving areas of patient-care activity:

- remove gloves promptly and discard
- perform hand hygiene immediately after removing and discarding gloves.

Gloves DO NOT replace the need for hand hygiene.

Wear sterile gloves ONLY for procedures where an aseptic technique is required (e.g. intravascular infusion and devices).

- 4) Moore, D., 2008. Infection control in paediatric office settings. *Paediatric Child Health*, 13, pp.408-435.

This article contained recommendations that were reviewed by the College of Family Physicians of Canada and the Canadian Paediatric Society's Community Paediatrics Committee.

The authors addressed the risk of transmission of infection in the paediatric office and proposed infection control measures. On gloves, they state:

- *Gloves should be worn:*
  - *If anticipating direct hand contact with blood, body fluids, secretions or excretions, or items contaminated with these substances.*
  - *For direct hand contact with mucous membranes or nonintact skin.*
  - *For direct hand contact with the patient when the health care worker has open lesions on the hands.*
- *Gloves are not needed for routine child care such as wiping a nose or changing a diaper, if these can be done without direct hand contamination. Gloves are not routinely required for administering vaccines.*
- *A surgical mask and eye protection (eg, goggles or face shield) should be worn during procedures in which splashing of blood, body fluids, respiratory secretions, or other secretions or excretions into the face is anticipated. A mask should be used only once and changed when wet or soiled.*
- *A gown should be worn to protect clothing during procedures likely to generate splashes of blood, body fluids, secretions or excretions.*

In summary, the College notes the variation in the individual practice of the use of gloves, and that such variation is related in part to the need for sensitivity of detection in examinations that do not represent higher infection/contamination risk, and also to examiner characteristics such as eczema on the skin. This is described in the table included in this response.

### **3. MBA's revised guidelines on Sexual boundaries in the doctor patient relationship**

The Board's current and draft revised guidelines state that good medical practice when conducting physical examinations includes using gloves when examining genitals or conducting internal examinations.