



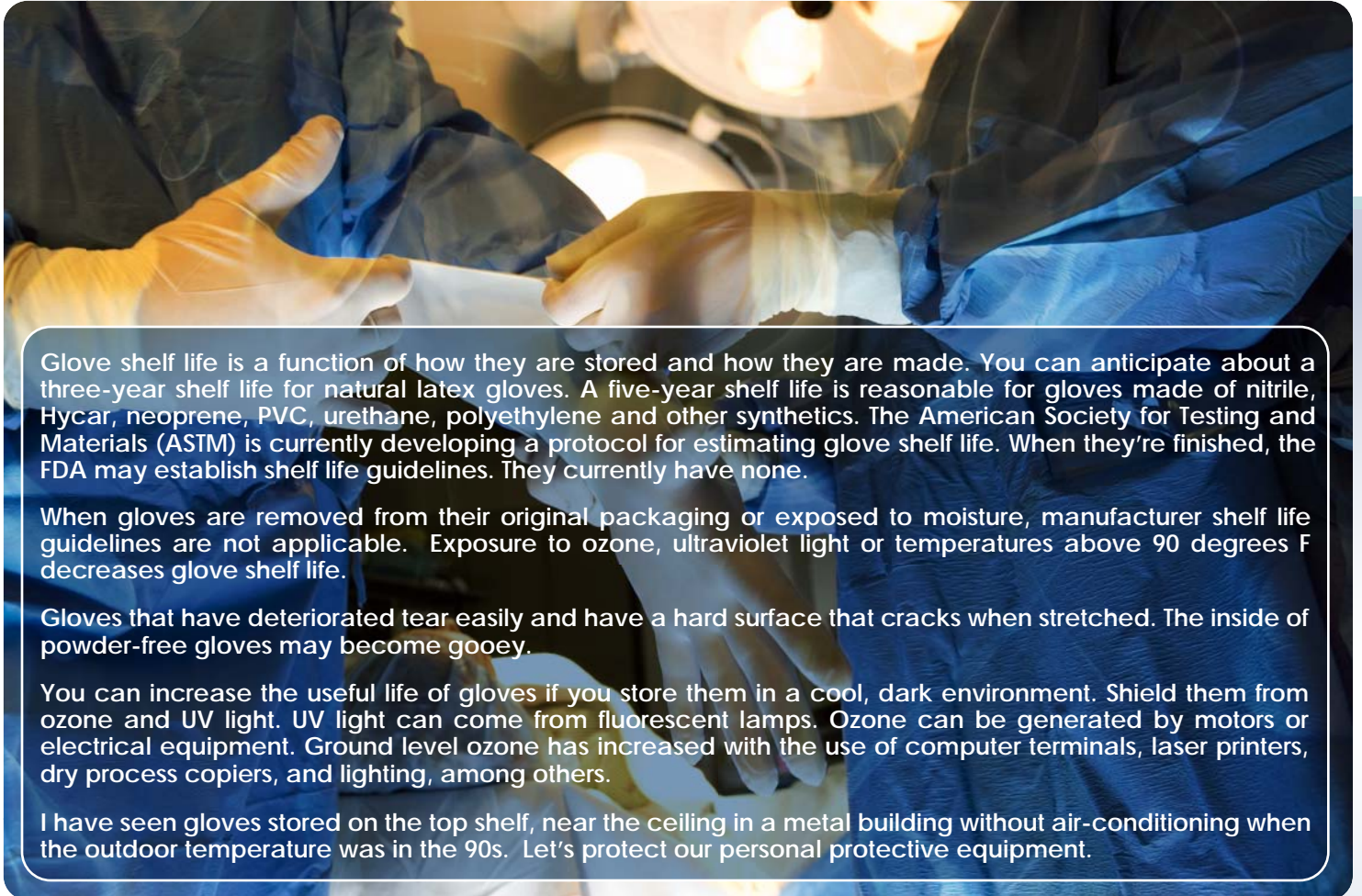
VITALS

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A Weekly Safety Newsletter For Medical Transport Professionals

Thinking About Glove Shelf Life

As quickly as we use gloves, you might not think that shelf life is an issue. With the fluctuation in oil prices, the cost of petroleum-based products is all over the place. Some clients are buying in bulk. Also, when you stock up for disasters, it might be a good idea to think about how long the gloves might last.



Glove shelf life is a function of how they are stored and how they are made. You can anticipate about a three-year shelf life for natural latex gloves. A five-year shelf life is reasonable for gloves made of nitrile, Hycar, neoprene, PVC, urethane, polyethylene and other synthetics. The American Society for Testing and Materials (ASTM) is currently developing a protocol for estimating glove shelf life. When they're finished, the FDA may establish shelf life guidelines. They currently have none.

When gloves are removed from their original packaging or exposed to moisture, manufacturer shelf life guidelines are not applicable. Exposure to ozone, ultraviolet light or temperatures above 90 degrees F decreases glove shelf life.

Gloves that have deteriorated tear easily and have a hard surface that cracks when stretched. The inside of powder-free gloves may become gooey.

You can increase the useful life of gloves if you store them in a cool, dark environment. Shield them from ozone and UV light. UV light can come from fluorescent lamps. Ozone can be generated by motors or electrical equipment. Ground level ozone has increased with the use of computer terminals, laser printers, dry process copiers, and lighting, among others.

I have seen gloves stored on the top shelf, near the ceiling in a metal building without air-conditioning when the outdoor temperature was in the 90s. Let's protect our personal protective equipment.

Poster Pointers

Protect Yourself
from Bloodborne &
Airborne Pathogens



Pasteur wrote, "When it comes to observation, chance favors the prepared mind." It seems fairly straightforward to protect ourselves from blood, body fluids and other potentially infectious materials (OPIMs), when we're doing invasive procedures or dealing with a client who is really sick or hurt. But are we mentally prepared to be alert for those situations in which potential exposures aren't so obvious? Do we review our Exposure Control Plans on a regular basis? Have we taken advantage of all the immunizations and screening mechanisms that are available? If we're not thinking about something, we are not prepared to observe it.

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