

NVBOP – Glove Finger-tip testing

General Information

- All compounding personnel must complete an initial glove finger-tip test described below.
- All compounding personnel who perform low and medium risk compounding must complete annual glove finger-tip testing described below.
- All compounding personnel who perform high risk compounding must complete semi-annual glove finger-tip testing described below.
- The action levels for all glove finger-tip testing include the total number of CFU's from both hands including thumbs.
- Documentation forms should have area to report number of CFU's PER HAND in order to document trending data.
- Sterile 70% IPA should **NOT** be sprayed on sterile gloves immediately prior to glove finger-tip testing.
- All samples should be incubated at 30-35 C for 48 to 72 hours or based on manufacturer guidelines.
- Facility should have SOP describing actions necessary if personnel fail any of the glove finger-tip sampling tests.
- Facility should have SOP describing when personnel are not allowed to compound sterile products based on glove finger-tip failed results.
- Person reading and documenting results should be sufficiently trained.
- Documentation form should include the following information: agar manufacturer, agar lot number, agar expiration date, initial vs ongoing test, # CFU's per hand, total # of CFU's, action levels, date sample taken, date sample read, signature of person reading plates, any action taken, name of compounding personnel

Initial Glove Finger-Tip Sampling

- All compounding personnel must pass no less than three samples before being allowed to compound.
- Test is done immediately after the personnel has completed the hand hygiene and garbing process. Disinfecting the sterile gloves with 70% IPA is NOT allowed prior to testing.
- The action level for initial sampling is >0 CFU's.

Annual/Semi-annual Glove Finger-Tip Sampling

- Must be performed under dynamic conditions.
- The action level for annual/semi-annual sampling is >3 CFU's.

Example of Glove Finger-Tip Sampling Form

Employee:

Samples pulled by:			Date sampled pulled:		
Manufacturer:		Lot Number:		Exp Date:	
Initial Testing: Yes/No			Annual/semi-annual Testing: Yes/No		
Initial Action Level > 0 CFU			Annual/semi-annual Action Level > 3 CFU		
Initial test requires 3 passed tests					
# CFU left hand	# CFU right hand	Total CFU's on both plates	Action Level exceeded: Yes/No	Date sample read:	Person reading sample
Action taken based on failed test:					

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.