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I have a student that has had issues with the nitrile utility gloves as they have created contact dermatitis. I have searched online for other options for her to no avail. Could you possibly make any suggestions?

As a matter of policy, Ask OSAP does not review, evaluate, certify, recommend or endorse products. Ask OSAP is also not in the position to provide medical or legal advice. It is recommended that you consult with a physician (such as a dermatologist or occupational health specialist) for this medical condition. You might also find it to be helpful to contact some glove manufacturers for further information.

Ask OSAP can provide you with some general information on this topic.

CDC's Guideline for Hand Hygiene in Health-Care Settings can be accessed at this link:
<http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf> ¹

This publication states:

Proposed Methods for Reducing Adverse Effects of Agents
Potential strategies for minimizing hand-hygiene-related irritant contact dermatitis among HCWs include reducing the frequency of exposure to irritating agents (particularly anionic detergents), replacing products with high irritation potential with preparations that cause less damage to the skin, educating personnel regarding the risks of irritant contact dermatitis, and providing caregivers with moisturizing skin-care products or barrier creams (96,98,251,271–273). Reducing the frequency of exposure of HCWs to hand-hygiene products would prove difficult and is not desirable because of the low levels of adherence to hand-hygiene policies in the majority of institutions. Although hospitals have provided

personnel with non-antimicrobial soaps in hopes of minimizing dermatitis, frequent use of such products may cause greater skin damage, dryness, and irritation than antiseptic preparations (92,96,98). One strategy for reducing the exposure of personnel to irritating soaps and detergents is to promote the use of alcohol-based hand rubs containing various emollients. Several recent prospective, randomized trials have demonstrated that alcohol-based hand rubs containing emollients were better tolerated by HCWs than washing hands with nonantimicrobial soaps or antimicrobial soaps (96,98,166). Routinely washing hands with soap and water immediately after using an alcohol hand rub may lead to dermatitis. Therefore, personnel should be reminded that it is neither necessary nor recommended to routinely wash hands after each application of an alcohol hand rub.

Hand lotions and creams often contain humectants and various fats and oils that can increase skin hydration and replace altered or depleted skin lipids that contribute to the barrier function of normal skin (251,271). Several controlled trials have demonstrated that regular use (e.g., twice a day) of such products can help prevent and treat irritant contact dermatitis caused by hand-hygiene products (272,273). In one study, frequent and scheduled use of an oil-containing lotion improved skin condition, and thus led to a 50% increase in handwashing frequency among HCWs (273). Reports from these studies emphasize the need to educate personnel regarding the value of regular, frequent use of hand-care products.

Recently, barrier creams have been marketed for the prevention of hand-hygiene-related irritant contact dermatitis. Such products are absorbed to the superficial layers of the epidermis and are designed to form a protective layer that is not removed by standard handwashing. Two recent randomized, controlled trials that evaluated the skin condition of caregivers demonstrated that barrier creams did not yield better results than did the control lotion or vehicle used (272,273). As a result, whether barrier creams are effective in preventing irritant contact dermatitis among HCWs remains unknown.

In addition to evaluating the efficacy and acceptability of hand-care products, product-selection committees should inquire about the potential deleterious effects that oil containing products may have on the integrity of rubber gloves and on the efficacy of antiseptic agents used in the facility(8,236). ¹

The CDC also maintains this webpage which you may find to be a helpful resource:

Hand Hygiene in Healthcare Settings

<http://www.cdc.gov/handhygiene/> ²

And, the CDC Division of Oral Health maintains this webpage pertaining to Frequently Asked Questions - Hand Hygiene:

<http://www.cdc.gov/OralHealth/infectioncontrol/faq/hand.htm> ³

Resources

1) Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51(No. RR-16):1-56. <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf> Accessed on April 18, 2017.

2) Centers for Disease Control and Prevention. Hand Hygiene in Healthcare Settings <http://www.cdc.gov/handhygiene/> Accessed on April 18, 2017.

3) Centers for Disease Control and Prevention. Frequently Asked Questions - Hand Hygiene. <http://www.cdc.gov/OralHealth/infectioncontrol/faq/hand.htm> Accessed on April 18, 2017.

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