



THE **clinical** *issue*

Dental Supplement | Medical Glove Selection for Dental Professionals



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Introduction

Dentistry is a hands-on profession. It is estimated that dental professionals wear medical gloves 40 or more hours per week to protect their hands from exposure to bacteria, viruses and other microorganisms via patients' blood and saliva. Specific dental-related chemicals, compounds, biocides and cleaning agents can diminish or weaken puncture resistance and glove strength, potentially compromising the safety of the wearer. Additionally, inappropriate glove selection may put the patient at risk for a variety of complications. The following review highlights critical considerations when selecting medical gloves for dental professionals.



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Physical Characteristics: Considerations for Glove Selection

Two key physical characteristics of medical gloves are barrier integrity and desired attributes.

Barrier Integrity

Gloves vary in performance reliability. Barrier integrity is impacted by the quality of the manufacturing process and base glove material.

Quality of the Manufacturing Process

Glove manufacturing is a complex process which includes dipping of the glove formers into a liquid glove solution or emulsion, rinsing, curing, stripping the gloves from the formers and drying. Additional processing is required for powder-free gloves. Quality






Image 1. Glove formers being dipped into the liquid glove solution.

manufacturing is critical for the production of quality medical gloves. Therefore, the manufacturing process must be stringently monitored in order to control the physical properties of the final product. Consider requesting barrier performance data from the manufacturer prior to purchase and use of gloves.

Base Glove Materials

A key consideration when assessing barrier integrity is the material from which the glove is made. The three most frequently used base materials for examination gloves include natural rubber latex (NRL), and two synthetic materials - acrylonitrile-butadiene (nitrile), and polyvinyl chloride (vinyl, PVC). Table 1 is a summary of the physical characteristics of these three materials.

Table 1. Glove Material Comparisons

	NRL 	Nitrile 	Vinyl 
Strengths	<ul style="list-style-type: none"> Benchmark for durability¹ Highly resistant to punctures and tears² Good resistance to many chemicals[†] 	<ul style="list-style-type: none"> Excellent durability in use^{2,4} Highly resistant to punctures and tears⁵ Effective against a wide range of chemicals^{†1,6,7,8} 	<ul style="list-style-type: none"> Resistant to oils Resistant to ozone
Limitations	<ul style="list-style-type: none"> Petroleum-based products can degrade^{1,3} Ozone, oxygen and ultraviolet light can deteriorate^{1,3} 	<ul style="list-style-type: none"> Usually not as flexible as NRL Ozone, oxygen and ultraviolet light can deteriorate 	<ul style="list-style-type: none"> Limited durability, elasticity and tensile strength⁶ Increased potential for punctures and tears⁶ Limited use with chemicals^{†9,10} Not recommended for use with chemotherapeutic drugs, glutaraldehyde or alcohol^{9,10}

[†]Ask manufacturer for information regarding resistance to specific chemicals.

Table 2. Medical Examination Glove Barrier Performance Studies

Author	Date	Durability Challenge (a)	Leakage Percentage Rates (b)			
			Standard Vinyl	Stretch Vinyl	Latex (NRL)	Nitrile
Kerr (c) ⁴	2004	X (d)	33.0 %		9.2 %	5.5 %
		X	35.5 %		9.0 %	7.5 %
Kerr ¹¹	2002	X	35.0 %		9.0 %	
Korniewicz ¹²	2002	X	8.2 %		2.2 %	1.3 %
Rego ²	1999	X	43.5 %	16.0%	2.0 %	2.0 %

(a) Simulated use

(b) When more than one brand of a particular material was evaluated, failure rates were averaged

(c) Chloroprene was included in the original study

(d) Glove durability method (shaking gloves in an abrasive medium for 10 min)

In addition to the inherent physical characteristics of the different glove materials, both simulated and in-use studies have been performed to evaluate glove durability. Table 2 is a summary of four published barrier studies on NRL, nitrile and vinyl medical gloves over the last decade. As shown, each of these materials will differ, sometimes dramatically, in strength and durability when subjected to various stresses under different conditions.

Given this information, recommendations for appropriate glove selection have been made. For instance, in a recent update of the Guideline for Isolation Precautions, the CDC states that either NRL or nitrile gloves are preferable to vinyl for clinical procedures that require manual dexterity and/or will involve more than brief patient contact.¹³

Desired Attributes

In addition to barrier integrity, there are certain attributes that are desired by those who wear medical gloves. Commonly desired attributes include:

- Ease of removal from packaging
- Ease of donning
- Ease of movement/flexibility
- Good fit (not too tight or loose)
- Secure grip
- Tactile sensitivity

These preferences are very individual, subjective and task dependent; therefore, it is recommended that staff glove evaluations take place to assess each quality.



Image 2. Three types of base glove materials (from top): natural rubber latex (NRL), acrylonitrile-butadiene (nitrile) and polyvinyl chloride (vinyl, PVC).



Images 3,4. Commonly desired attributed of gloves include secure grip, tactile sensitivity and ease of movement/flexibility.

Associated Complications: Considerations for Glove Selection

Complications associated with medical gloves are a second consideration for selection. These complications include irritant and allergenic potential as well as powder complications.

Irritant and Allergenic Potential

Glove-Associated Irritation



Image 5. Example of Glove-Associated Irritation (*Dermatitis, Irritant Dermatitis, Irritant Contact Dermatitis*).

Irritation, the most common of the three glove-associated reactions,^{14,15} is non-allergenic. It can affect any individual and may occur when wearing either NRL or synthetic gloves.¹⁵

Glove-Associated Irritation may be caused by the presence of chemicals, and/or powder left on the glove post-manufacture.¹⁶ Additionally, friction may cause irritation if the glove fits too tightly and rubs continuously against the skin.¹⁵

In order to reduce the risk of developing a Glove-Associated Irritation, select gloves that are:^{17,18}

- Appropriate for the barrier protection needed
- Low in residual chemicals
- Powder-free
- Well-fitting

Glove-Associated Type IV, Chemical Allergy



Image 6. Example of Type IV, Chemical Allergy (*Chemical Allergy, Type IV Hypersensitivity, Allergic Contact Dermatitis, Delayed Type Hypersensitivity*).

A Type IV, Chemical Allergy is a T-cell-mediated allergic response to chemicals referred to as chemical contact sensitizers.^{14,15,19} Chemical accelerators (e.g., thiurams, thiazoles, carbamates) have been linked to Glove-Associated

Type IV, Chemical Allergies more than any other chemicals used in the manufacture

of gloves.^{15,19,20} Although one or more accelerators are necessary in the manufacturing of most medical gloves, the type and quantity used vary by manufacturer.

In order to reduce the risk of developing a Glove-Associated Type IV, Chemical Allergy, select gloves that are:¹⁸

- Appropriate for the barrier protection needed
- Low in residual chemicals
- Low in chemical contact sensitizers
- Powder-free

Glove-Associated Type I, Natural Rubber Latex Protein Allergy

A Type I, NRL Protein Allergy is an IgE antibody mediated allergy to the naturally occurring proteins found in raw NRL from the rubber tree, *Hevea brasiliensis*.^{19,21,22} This

allergy is the least common but, potentially, the most serious of the three glove-associated reactions.²⁰



Image 7. Example of Type I, Natural Rubber Latex (NRL) Protein Allergy (*Latex Allergy, Protein Allergy, Immediate Hypersensitivity, Natural Rubber Latex (NRL) Allergy*).

To prevent a Glove-Associated Type I, NRL Protein Allergy, the goals are to prevent initial sensitization of non-sensitized persons and to prevent reactions in individuals who are NRL-sensitized. It has been noted that “The only effective prevention strategy at this time is NRL avoidance.”¹⁶

However, if NRL gloves must be worn, select gloves that are:^{18,23}

- Low in proteins [specifically NRL proteins]
- Powder-free

And, of course, if an individual is already allergic to NRL, they should avoid all products made of NRL. According to OSHA's Bloodborne Pathogens Standard, employers must provide suitable non-NRL gloves as choices for employees who are allergic to NRL. These gloves should provide the appropriate barrier protection for the task[s] to be performed.^{3,16,23}

Powder Complications

In addition to the irritant and allergenic potential, powder complications have also been associated with medical gloves. A powdered glove has powder on both its inner and outer surfaces; the amount of powder will differ depending on the manufacturing process. Once in the dental environment, this powder may be disbursed by direct and indirect contact, aerosolization, and torn or perforated gloves.

Powder released into this environment may be linked to complications such as glove-associated reactions, respiratory complications, and impaired wound healing. For example, powder can directly affect invasive dental procedures. Under the right conditions, powder provides essential nutrients to support microbial growth. When left behind in periodontal pockets and post-extraction sockets, powder can contribute to infection, trigger inflammation and delay healing.^{24,25,26}

Therefore, powder-free gloves are recommended.^{21,27,28} However, if powdered gloves are used:¹⁶

- Choose gloves with lower powder levels
- Reduce activities that disperse powder (e.g., snapping gloves on/off, tossing into trash)

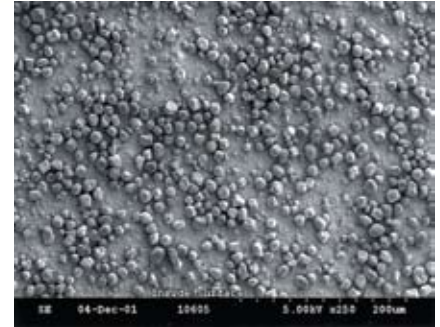
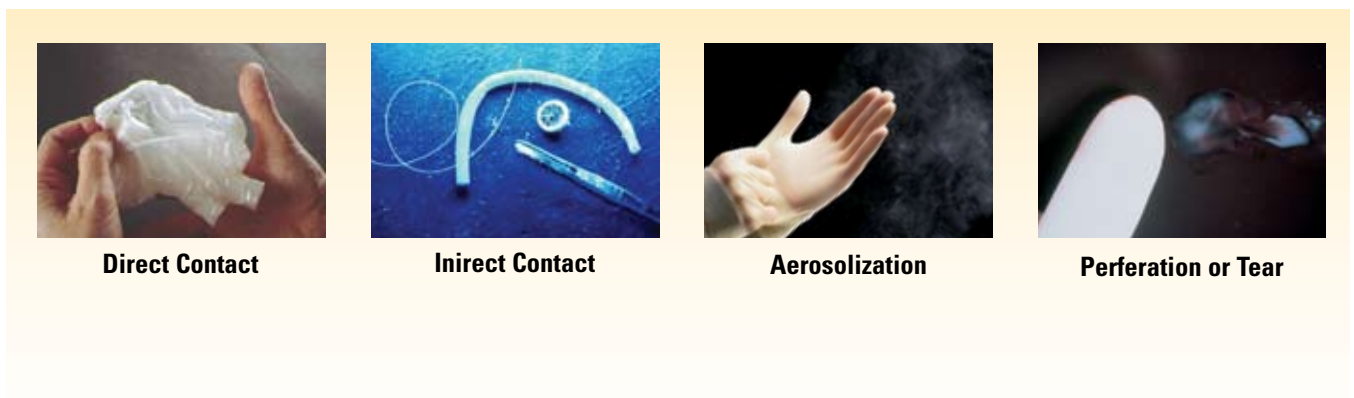


Image 8. Electronmicrograph of glove powder.

Figure 1. Glove Powder Dispersion



Direct Contact

Indirect Contact

Aerosolization

Perforation or Tear

Conclusion

Considerations for the appropriate selection of medical gloves for dental professionals include physical characteristics and potential complications. Barrier integrity is a major concern for the wearer; therefore, it is critical to understand the level of protection and performance a glove provides in use. The glove should also feel comfortable for the wearer and not cause hand fatigue or restrict movement. Additionally, potential complications from glove-associated reactions and powder are critical considerations as they may impact not only the wearer but also the patient. A thorough understanding of all these issues will enable dental professionals to make a more informed decision when selecting medical gloves.

Accredited Education on this Topic:

A CE accredited, speaker facilitated presentation on this topic is available through your Kimberly-Clark Sales Representative.

References

1. Hinsch M. 2000 April. Selecting Surgical Gloves. *Surgical Services Management* 6(4):36-41.
2. Rego A, Roley L. 1999 Oct. In-Use Barrier Integrity of Gloves: Latex and Nitrile Superior to Vinyl. *American Journal of Infection Control* 27(5): 405-410.
3. Occupational Safety and Health Administration. 1991 Dec 6. 29 CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule. *Federal Register* 56(235): 64004-64182.
4. Kerr LN, Chaput MP, Cash LD, et al. 2004 Sep. Assessment of the Durability of Medical Examination Gloves. *Journal of Occupational and Environmental Hygiene* 1: 607-612.
5. Huggins K. 1999. A Hand in the Glove: Lessons Learned About Glove Selection. *Infection Control Today* 3(2).
6. Infection Control Nurses Association (ICNA). 1999 Sep. ICNA Glove Usage Guidelines. ICNA Glove Usage Guidelines, UK.
7. Ghosal K, Szymanski R. 2000 Jan/Feb. Nitriles-versatile glove materials, *Rubber Asia*. 14(1):27-30.
8. Seil DA, Wolf FR. 1995. Chapter 11: Nitrile and Polyacrylic Rubbers. In: *Rubber Technology*, 3rd ed. Maurice Morton, ed. London:Chapman & Hall, 322-338.
9. Klein RC, Party E, Gershey EL. 1990 Aug. Virus Penetration of Examination Gloves. *BioTechniques* 9(2): 196-199.
10. Association for the Advancement of Medical Instrumentation (AAMI). 2005 Dec 6. Chemical Sterilization and High-Level disinfection in Health Care Facilities. ANSI/AAMI ST58-2005; Approved 6 Dec 2005.
11. Kerr LN, Boivin WS, Chaput MP, et al. 2002 Sep. The Effect of Simulated Clinical Use on Vinyl and Latex Exam Glove Durability. *Journal of Testing and Evaluation* 30(5): 415-420.
12. Korniewicz DM, El-Masri M, Broyles JM, et al. 2002 Apr. Performance of Latex and Nonlatex Medical Examination Gloves during Simulated Use. *American Journal of Infection Control*, 30(2): 133-8.
13. Siegel JD, Rhinehart E, Jackson M, Chiarello L, HICPAC. 2007 Jun. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Online: www.cdc.gov. Accessed 6/2/2008.
14. Reese DJ, Reichl RB, McCollum J. 2001 September. Latex Allergy Literature Review: Evidence for Making Military Treatment Facilities Latex Safe. *Military Medicine* 166(9): 764-770.
15. Page EH, Esswein EJ. 2000 Oct. NIOSH Health Hazard Evaluation Report. HETA 98-0096-2737, CDC: NIOSH publications office. 1-26.
16. Association of periOperative Registered Nurses. 2008. AORN Latex Guideline. In: *Perioperative Standards and Recommended Practices*, 2008 Edition. Denver: AORN, Inc., 87-102.
17. International Council of Nurses. 2000 Jun. International Council of Nurses on Latex. In: *Nursing Matters*. Online: http://www.icn.ch/matters_latex.htm. Accessed 6/2/2008.
18. Occupational Health and Safety, Saskatchewan Labour. 2001 May. Guidelines for Latex and Other Gloves. Online: <http://www.labour.gov.sk.ca/Default.aspx?DN=8b5af5ff-7663-492b-bd57-bae89b464ba7>. Accessed 6/2/2008.
19. Taylor JS, Leow YH. 2000 July-August. Cutaneous Reactions to Rubber. *Rubber Chemistry and Technology: Rubber Reviews* 73(3):427-85.
20. Cohen, DE, et al. 1998. American Academy of Dermatology's Position Paper on Latex Allergy. *J Am Acad Dermatol* 39(1):98-106.
21. OSHA. 1999. OSHA Technical Information Bulletin: Potential for Allergy to NRL Gloves and other Natural Rubber Products. 1-9.
22. Warshaw EM. 1998 Jul. Latex Allergy. *Am Acad Dermatology* 39(1): 1-24.
23. Occupational Safety and Health Administration. 2008 Jan. Potential for Sensitization and Possible Allergic Reaction to Natural Rubber Latex Gloves and other Natural Rubber Products. Online: www.osha.gov. Accessed 6/2/2008.
24. Pauli G, Casel S, Bessot JC, et al. Occupational Asthma. *RevPrat* 1998; 48(12):1309-12.
25. Jaeger D, Kleinhans D, Czuppon AB, Bauer X. Latex-Specific Proteins Causing Immediate Type Cutaneous, nasal, bronchial and systemic reactions. *JACI* 1992; 89:759-68.
26. Tarlo MS, Sussman G, Contala A, Swanson MC. Control of Airborne Latex by Use of Powder Free Gloves. *JACI* 1994; 93:985-9.
27. National Institute for Occupational Safety and Health. 1997 June. Preventing Allergic Reactions to Natural Rubber Latex in the Workplace (DHHS [NIOSH] Publication No. 97-135):1-11.
28. Center for Devices and Radiological Health. 2008 Jan 22. Guidance for Industry and FDA Staff: Medical Glove Guidance Manual. Online: www.fda.gov/cdrh. Accessed 6/2/2008.

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