



## ISSUE 3: IN-SERVICE BRIEF

### Irritant Contact Dermatitis (ICD)

Occupational contact dermatitis (OCD) is a common skin condition of healthcare workers due to their exposure to substances that can cause irritation or allergy such as frequent wet work and glove use.<sup>1</sup> OCD includes irritant contact dermatitis (ICD), allergic contact dermatitis (ACD), and contact urticaria. ICD is the most of these conditions,<sup>1</sup> but with no diagnostic test available, may rely on the elimination of other dermatitis skin conditions to be correctly identified.

#### Irritant Contact Dermatitis

Irritant contact dermatitis (ICD) is a reaction that occurs when a substance damages the skin's outer protection layer. It is an inflammatory reaction and not an allergic response. It can be chronic or acute.

VS.

#### Allergic Contact Dermatitis

Allergic contact dermatitis (ACD) occurs when the skin comes into contact with a substance (allergen) that triggers a cellular reaction.

VS.

#### Contact Urticaria

Contact urticaria is a specific IgE-mediated allergic response caused after exposure to proteins found in plants or foods such as natural rubber latex (NRL).

The majority of reported cases of occupational contact dermatitis (OCD) are identified as irritant contact dermatitis (ICD).<sup>1</sup>



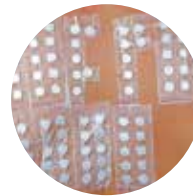
#### Causes of ICD

- Frequent wet work
- Frequent hand washing including use of paper towels to dry hands
- Use of soaps and detergents
- Use of powdered gloves when hands are sweaty or wet
- Atopy or past hand eczema



#### Symptoms of ICD

- Mostly affects hands
- Dryness, redness, itching, scaling, and possibly blisters
- Increased susceptibility to skin irritants



#### Diagnosis of ICD

- A negative patch test for ACD makes ICD a default diagnosis



#### Treatment of ICD

- Powder-free gloves
- Avoid wet work and use alcohol based hand rubs instead of soap and water
- Avoid exposure to harmful chemicals
- Avoid dry skin with frequent use of moisturizers

To correctly manage and treat OCD, ensure an accurate diagnosis from appropriately trained specialists, and avoid potentially harmful work conditions and exposure.

#### References:

1. Nixon R, Frowen K, Moyle M. Occupational dermatoses. Australian Family Physician. 2005;34(5):327-333.