Delivering a Healthy WA

WA Country Health Service

Multiple Chemical Sensitivity *I* Chemical Hypersensitivity Guideline



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People who identify as having Multiple Chemical Sensitivity (MCS) first raised the need for Multiple Chemical Sensitivity (MCS) / Chemical Hypersensitivity guidelines for Western Australian health services.

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This guideline is based on the extensive work done by:

- 1. The SA Task Force on MCS, the consumer group, and the MCS Reference Group.
- 2. The Royal Brisbane and Women's Hospital. These Guidelines enable SA and WA to progress State based guidelines

Introduction

Multiple Chemical Sensitivity (MCS) is a debilitating condition described as serious physical symptoms initiated by chemical exposure. In South Australia, a self-reporting survey identified that MCS was shown to affect around 1% of respondents. In addition, about 16% identified as having some hypersensitivity to one or a small number of chemicals. Since there are no diagnostic or clinical guidelines for MCS in Australia, it is possible that some chemically hypersensitive individuals have symptoms more aligned withMCS. In this document, an MCS patient or consumer refers to a person who identifies as having MCS or chemical hypersensitivity.

Patients with MCS may suffer from a variety of physical symptoms as a result of exposure to chemicals. These symptoms of exposure may include respiratory and flu like symptoms, chest pain, muscle and joint pain, headaches, myalgia, nausea, abdominal pain and other somatic symptoms experienced with an intensity that may range from major to severe in some patients. The physical symptoms experienced by people with MCS to chemical incitants are likely to influence the recovery, health outcomes and wellbeing of patients while in hospital. It is important that guidelines address the care of people who identify as having MCS.

The types of chemicals or incitants to which people with MCS are sensitive, vary considerably and are often found in hospital environments. These incitants may be in food and drink normally provided to inpatients and/or may include cleaning and disinfectant products, as well as perfumes and aftershaves, personal hygiene and hair care products worn by hospital staff. Therefore, health care of people with MCS is ideally planned with hospital or community care management prior to admission and managed by health professional staff on an individual, case-by-case basis.

In towns where there are multiple people who identify as having MCS, hospitals and health services are to work toward achieving an environment with minimal chemical, pesticide and fragrance usage.

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From a health system perspective, the minimal use of chemicals to ensure management of infection and the therapeutic environment is a worthy goal along with the use of low irritant non-perfumed products. An environment that supports minimal exposure to highly scented products and chemical irritants assists those with respiratory and migraine related illness as well as those with MCS.

Purpose

This MCS guideline is not provided as a definitive MCS text or to argue the aetiology of the condition. It is designed to help health management and professionals to best respond to the needs of people with MCS requiring treatment, thus ensuring access to effective, quality care and improved patient health outcomes.

Meeting the environmental needs of people with MCS who require medical or surgical treatment in hospital is likely to reduce length of hospital stay and improve individual health outcomes.

As the incitants to which people with MCS are sensitive, and their responses to exposure vary widely, hospitalisations for people with MCS are ideally planned and require consultation between the patient and/or carer and hospital management regarding hospital accommodation management. Alternatives to hospitalisation (page 11) may be considered where clinically possible in conjunction with patient, medical/nursing and allied health and as well as the general practitioner (GP). If admission can not be avoided, clinical assessment prior to admission is required and includes establishing the types of chemical incitants to which the patient is sensitive, and documentation of the symptoms of exposure experienced by the patient to inform and develop individualised care plan and treatment regimes. (See Appendix 1.)

Discharge planning is particularly important for people with MCS, to achieve early discharge as soon as clinically appropriate and practical.

As a general principle, hospitals and health services are to aim to minimise the use of perfumed products and encourage staff to avoid wearing strongly perfumed products.

Implementation of this guideline will be balanced against providing a safe therapeutic environment for the consumer and others. If there is a need for stronger agents (e.g. disinfectants) to address infection issues, this is to be discussed with the consumer and doctor to determine the best course of action.

Aim

The WA Country Health Service (WACHS) Multiple Chemical Sensitivity *I* Chemical Hypersensitivity Guideline has been provided to minimise the effects of common hospital and health care incitants on people who identify as having MCS and require treatment in a hospital setting or need to visit a person close to them, who is in the hospital.

Chemical Incitants

The types of chemicals and their effect on people with MCS vary and therefore consultation and individual care planning are essential. The following section provides descriptions of some of the incitants that may affect people with MCS, some of the most common MCS symptoms, as well as the hospital procedures and processes that may be necessary when people with MCS require inpatient treatment. Also included are the alternatives to inpatient hospital services that may be planned for people with MCS condition.

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Common incitant triggers

Some of the chemicals that trigger MCS symptoms are known to be irritants or to be potentially toxic to the nervous system. The products and other chemicals that cause problems vary among affected individuals and can include:

- anaesthetics
- artificial colours, flavours and preservatives in food, drinks and drugs
- m perfumes and fragrances
- detergents and other cleaners
- m prescribed medications
- smoke from tobacco products
- solvents from felt pens etc.

Most Common Symptoms

- m respiratory symptoms
- ···· headache
- m fatigue
- iii flu-like symptoms
- mental confusion
- III short term memory loss
- gastro-intestinal tract symptoms
- cardiovascular irregularities
- II muscle and joint pain
- irritability and depression
- II ear, nose and throat complaints.

Anaphylaxis may be feared by some individuals with MCS. It is important that their exposure to incitants is minimised and their concerns addressed as guickly as possible.

Planning Hospital Admission

In all cases wherever possible and other than an emergency admission, the patient or visitor with MCS needs to provide as much advance notice as possible to the health service manager prior to any scheduled visit to the hospital, stating particular sensitivities. People with MCS should carry a medical alert at all times.

People with MCS are often well-informed regarding their condition and can educate others who they come into contact with. Ensure that the MCS patient is aware of the following, which will help to reduce exposure to incitants in hospital:

- 1. Patients may arrange to provide their own personal items that may not be readily obtainable at the hospital facility, e.g. toothpaste, linen, personal care products. The hospital may not be able to meet every special requirement as patients with MCS have highly variable needs and admissions are often infrequent.
- 2. Where appropriate, the doctor who treats the patient's MCS is to be contacted or should contact the hospital to provide information that will facilitate the patient's care.

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Alternatives to hospital admission are available and should be considered as part of the patient assessment (refer to <u>page 11</u>). If admission to hospital is unavoidable, planning for admission is to be conducted with the view to discharge as early as possible, if clinically appropriate, to an alternative treatment environment in order to reduce the possibility of patient exposure to potentially harmful incitants.

Preparation for Hospital Admission

In preparing for a planned hospital admission, there are a number of simple changes that can be made in the general hospital environment designed to assist with the appropriate care of patients with MCS thus improving the outcomes of hospital treatment. Of utmost importance is the air quality.

Patient assessment and consultation with patient/carer and treating medical officer will help to develop an individual care plan. Early identification and information provided by the patient prior to admission will be advantageous and prevent adverse reactions. It is important that patients provide a list of incitants that they react to and subsequent allergic reaction. (See <u>Appendix 1</u>). It is important to involve the patient in their care, listen to their issues, care needs and suggestions. Take the time to find out from the patient what they have found to be beneficial in reducing the severity of their reactions e.g. administering oxygen, drinking a solution of bicarbonate of soda and water (one teaspoon to % cup water) showering etc. Record these in the patients plan and make these available if they do not compromise the wellbeing of the patient.

The following points provide a general overview of some of the preparation that may be required prior to admission for people affected by MCS.

Hospital Environment

The patient's room is probably the most important area in the hospital to concentrate on as the majority of the patient's time is spent there. While it is virtually impossible to ensure a completely chemical-free environment, measures can be taken to prevent unnecessary exposure to incitants in consultation with the patient, carer and treating medical officer.

It is recommended that at least two staff members on each shift be available to attend to the clinical needs of an MCS patient. This requires both to be aware of the patient's needs and to be perfume free. Patients with MCS are to have all incitants recorded in the patient's medical record (according to the clinical history). Incitants may or may not be recorded as allergens. All members of the health care team are to be informed of the admission of the patient to enable them to ensure adequate preparation for care.

- 1. Reception staff are frequently the first contact for the patient. It is important that they are aware of this guideline and take time to assist the patient's access to suitable care.
- Health services in towns that have a number of people who identify as having MCS will incrementally replace all perfumed products with non perfumed and/or less toxic products where this can be achieved using available tender- contract products.
- 3. The MCS patient care is best planned in a single room accommodation with ensuite facilities if possible. Transfer maybe required where this facility is not available, such as in some country areas.

- 4. In towns where there are a number of people who identify as having MCS, other equipment maybe purchased if required, such as a de-ionising air filter that can be placed in the room in advance. Check with the patient that this is a suitable action for them prior to set up.
- 5. Cleaning staff are to be contacted to ensure the room is cleaned prior to use, using the cleaning products referred to below. Once cleaned, the room is to be wiped down with plain water.
- 6. The room should be free of any mould or dampness.
- 7. Aerosol; cleaners, disinfectants or room deodorisers are not to be used. All perfumed items are to be removed from the room.
- 8. Linen including gowns, towels, sheets, blankets and mattress protector that have been cleaned with non-perfumed products should be used. An alternative is for the linen to be given an extra wash with sodium bicarbonate (1 cup to 5kg load), or patient-supplied linen can be used.
- 9. A sign may be used on the room outer door for visitors with instructions to contact the nurse in charge prior to entering the room. This is to be done in consultation with the patient.
- 10. To minimise contamination, allocate a member of staff to care for the patient and inform all health care personnel that will be involved in the patient's care about the admission. If a transfer to another department (e.g. xray) is required, the staff are to be notified prior to the patient's arrival. Safe passage of the patient is to be assured via forward planning or escort.
- 11. Equipment that may be used when caring for the patient with MCS is listed in this section.

During Admission

The following points provide an overview of some of the preparation that may be required during admission depending on the individual patient requirements. The process of care during admission may include:

- 1. All hospital employees and visitors check in at the nurse's station for instructions prior to entering the patient's room.
- 2. A notice on the patient's door to direct people to the nurse's station prior to entry.
- 3. The door of the room to be kept closed at all times.
- 4. Hospital staff to wash their hands with a non perfumed product prior to entering the room.
- 5. The medical chart to be kept out of the patient's room.
- 6. No flowers *I* plants *I* newspapers or treated paper in the patient's room.
- 7. The cleaning is coordinated with cleaning personnel so no toxic chemicals or perfumed products are used in the general area during the patient's stay. Trolleys that hold cleaning products are to be kept distant from the vicinity of an MCS patient or visitor.



- 8. Daily cleaning of a MCS patient's room by the cleaning services is to include:
 - dusting with a clean cotton cloth moistened with only water Use of baking soda for tubs, sinks and toilet removal of rubbish at least twice daily
- 9. Do not leave patient trays in the room after meals
- 10. Do not leave wet laundry and towels in the room. Remove immediately after patient has finished personal hygiene.

Equipment that may be required in the care of MCS patients

For health services in towns where there are a number of people who identify as having MCS, an MCS patient pack should be kept in a known and readily accessible place.

- 100% cotton gowns and 100% cotton linen or linen given an extra wash with sodium bicarbonate (1 cup to 5kg load)
- Fragrance-free hygiene products 111
- Ceramic oxygen administration mask 111
- Disposable masks with activated carbon filter e.g. Multimate P2GV mask or mask provided by patient
- Bottled drinking water, rain water or water provided by patient. (Check with the patient.)
- Door signs (Notifies anyone entering that they need to check at the nursing station before entering)
- Fragrance-free cleaning products 111
- Latex-free products including latex-free gloves
- Sodium Bicarbonate (Baking Soda)
- Non-toxic cleaning products/chemicals 111
- Yellow MCS signage and armband or alternative way of alerting staff to patient identified MCS status (must adhere to WACHS Patient / Resident Identification Policy).

Hospital Staff

MCS can be a chronic and debilitating condition. Staff awareness and training should be implemented in health facilities using this guideline and resource information. It is imperative that advice is sought from the patient and to reassure them that their identified chemical sensitivity is part of their care plan. Patients with MCS can severely react to clothing, products and chemicals worn by others. The following steps will assist in preventing contamination of the area where the MCS patient is housed.

- 1. The staff members caring for the patient must be familiar with the condition and what constitutes an incitant.
- 2. Laundry soaps, fabric softeners, deodorants, shampoo, hair lotions, hair spray, make-up, hair mousse, gels and bath soaps can all contain perfume or masking fragrances and deodorisers, and are not to be used by staff members involved in the patient care during the patient's stay.
- 3. All staff members who are in contact with the MCS patient are to ensure they use personal hygiene products that are fragrance-free, hypoallergenic and nonaerosol. Scrub caps and surgical gowns (the latter washed with non perfumed products) can be used to minimise exposure to fragrances.

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- 4. It is recommended that all staff working in the vicinity of the patient minimise scented product use for the time that the patient is in the area/ward.
- 5. Staff members who smoke are not to care for the patient with MCS.
- 6. The treating medical officer/patient's GP is to provide special orders regarding MCS.
- 7. Be on alert for any possible environmental triggers for the MCS when following normal hospital procedures. The patient's medical and nursing team are responsible for coordinating with all other hospital departments the patient may be sent to. Whenever possible, arrange to have the patient treated in their own room.

Dietary requirements

MCS patients may have different food sensitivities and allergies. If the patient is aware of specific food sensitivities and/or allergies and requires a special diet in hospital, the hospital dietician is to be contacted. This is to occur as soon as admission is arranged. The patient is permitted to bring in their own food if requested and if consistent with clinical management. Requests for basic certified organic food may be met where this is practical.

Medications

MCS patients may have significant reactions to medications. Referral is to be made to the pharmacist as soon as admission is arranged. Do not use substitutes or generic drugs for medications unless unavoidable.

- 11 Standard ingredients of medications should be known, as MCS patients react to things including, but not limited to: dyes, preservatives, artificial sweeteners and flavourings.
- Drug reactions are to be reported to the medical officer immediately. Be observant for symptoms such as:

muscle spasm local swelling, hives syncope hyperventilation seizures asthma

Emergency Department

People who suffer MCS presenting at an emergency department often carry a medical alert. Staff need to check with all patients if they have any alerts and/or allergies. In the event of an unconscious patient, records and/or significant others will be used to source information. If the patient is conscious and able to communicate, they are a valuable resource for temporary care instructions. In addition, the following may apply:

Subject to the clinical requirements of managing the condition necessitating admission, and the capacity of the hospital, MCS patients should be treated in an area that is not close to:



areas being remodelled or renovated highly trafficked areas within the hospital chemical storage and supply areas chemotherapy treatment areas computers, photocopy, fax machines.

- Use the equipment listed on page 11 when caring for the patient.
- Wherever possible, liaise early with the patient's general practitioner and *I* or treating medical officer.
- Confirm with the patient their specific chemical sensitivities and mark them clearly on the alerts and allergy sheet of the medical chart. In addition:
 - ask the patient to identify any serious reactions they have experienced and identify what exposures have caused such reactions in the past. ask the patient to detail what can be done to reduce the severity and list the information in the patient's medical chart.
 - check the patient's medical record for previous documentation in relation to MCS.
- Personnel other than those having direct care for the patient are to avoid entering the area when the patient is being accommodated.
- Chemically treated papers or documents may irritate patients with MCS. A family member or other designated person may sign for the patient, but verbal consent with witnesses present is always to be obtained and fully documented.
- In towns where there are a number of people who identify as having MCS, a bundle that holds linen compliant with the cleaning instructions on page 7 should be available along with a ceramic mask.

Alternatives to hospital admission and discharge planning

There are alternatives to inpatient care available that may be appropriate for people suffering MCS contingent on clinical assessment and service criteria, and these vary across country areas.

Silver Chain Nursing Association (SCNA)

The SCNA is a non-government organisation that provides to people of all ages, home and community nursing services including general nursing, care-worker services and palliative care.

SCNA provide a range of services including assessment of health needs of clients; case management and coordination of health care; medication management; wound care; chronic disease management (including provision of specialised nursing care, education, management and monitoring of clients health needs); hospital liaison services (in particular the assessment and planning of on-going health requirements between public hospital and home); infection control; provision of personal care including assistance with showering and other activities of daily living in conjunction with other nursing services.

Hospital at Home

A Hospital at Home service, in relation to an accredited hospital, refers to treatment or care provided by the hospital to a patient at a location outside the hospital premises, which is usually the patient's own home.

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The treatment or care provided is a direct substitute for acute, sub-acute or post-acute care that would normally be provided as an inpatient service on the hospital premises.

Hospital at Home services provide the full range of medical, nursing and allied health acute care associated with the condition and which would otherwise be provided in the hospital during the full twenty-four hours of the day.

The health unit assumes medical supervision and duty of care responsibility of the patient while the patient is in the program and the services are provided as a continuum of the inpatient care. An exception is made for those patients where agreement can be negotiated with the patients' general practitioner to provide the care.

To be eligible to receive inpatient treatment through a hospital-at-home service, the patient must meet a specific set of admission criteria. The patient must be assessed as being at low risk of clinical deterioration and have appropriate home support, including access to a phone. The patient is to give signed consent to be treated at home.

The clinical diagnoses that can be treated through a Hospital at Home service differ among WA country hospitals that are eligible to provide these services. The types of care that can be managed include complex wound management (for example, VAC therapy; drain management; catheter care; and intravenous antibiotic therapy).

Further Information on MCS

Pall, M. Multiple Chemical Sensitivity. Toxicology & Sensitivity Mechanism. 2009.

US National Institute of Building Sciences, "<u>IEQ. Indoor Environmental Quality"</u>, which includes MCS hospital and nursing protocols and assistance with implementing fragrance control policies,

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The SA Task Force on MCS, the consumer group, and the MCS Reference Group.

The Royal Brisbane and Women's Hospital. These Guidelines enable SA & WA to progress State based guidelines

Royal Brisbane and Women's Hospital

Appendix 1 - MCS Incitants: Consumer List

Full Name:				
Contact Details:				
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Please list the items that you are sensitive to and the associated reaction.				
	turning this to the Manag	to minimise your exposure to these items by ger as early as possible before attending the		
INCITANT	REACTION	PATIENT IDENTIFIED REMEDIES AND WAYS TO MINIMISE REACTION		
Other comments:				

Signature:		Date:
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