



Government of South Australia

Department of Health

Multiple Chemical Sensitivity (MCS) /
Idiopathic Environmental Intolerances (IEI)
Patients; Processes for Adults in Hospital

GUIDELINES FOR SOUTH AUSTRALIAN
HOSPITALS

April 2008

DRAFT

Acknowledgements

The need for Multiple Chemical Sensitivity (MCS) guidelines for South Australian health services was first raised by people with MCS.

Several groups and individuals should be acknowledged for their significant efforts in raising awareness for the need for MCS guidelines in South Australia and for their commitment to extending the knowledge base relating to MCS. These groups include the *SA Task Force on MCS*, the consumer group and the *MCS Reference Group* which includes consumers, clinicians, Local and State Government representatives, and the *Myalgicencephalopathy/Chronic Fatigue Syndrome (ME/CFS) Society of SA*. The *MCS Reference Group* is now active in addressing issues around local Council use of pesticides, and will also serve as a forum for information exchange, particularly aetiological, clinical, and toxicological information.

In response to the SDC Parliamentary recommendations to the Department of Health, a review of MCS hospital guidelines was conducted that resulted in the decision to adopt the Royal Brisbane and Women's Hospital MCS Guidelines, adapted for use by South Australian Hospitals with acknowledgement and kind permission of:



Royal Brisbane and Women's Hospital

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Aim

These Multiple Chemical Sensitivity Guidelines have been provided with the aim to minimise the discomfort for patients who believe that they suffer from MCS / IEI.

Objective

The South Australian Department of Health is committed to providing an environment that reduces exposure to incitants, for those patients who are diagnosed with Multiple Chemical Sensitivity / Idiopathic Environmental Intolerances by (MCS / IEI) utilising the following Guidelines.

Explanation

MCS / IEI are terms that have been used to describe physical symptoms said to be initiated by hypersensitivity to chemical exposure. MCS / IEI may be brought on by a wide array of chemicals found in hospitals and personal hygiene products used by staff. Patients may complain of headaches, myalgia, nausea, abdominal pain and other somatic symptoms. Patients with MCS / IEI may have other diagnosable medical, surgical or psychiatric illness. Most patients with MCS / IEI have a strong belief system about their condition and can become very distressed when exposed to incitants.

Incitants

Common Triggers

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

- Anaesthesia
- Artificial colours, flavours and preservatives in food, drinks and drugs
- Perfumes and fragrances
- Detergents and other cleaners
- Prescribed medications
- Smoke from tobacco products
- Solvents from felt pens etc.

Commonest Symptoms

- Respiratory symptoms
- Headache
- Fatigue
- Flu-like symptoms
- Mental confusion
- Short term memory loss
- Gastro-intestinal tract symptoms
- Cardiovascular irregularities
- Genito-urinary symptoms
- Muscle and joint pain
- Irritability and depression
- Ear, nose and throat complaints

Process

1. It is recommended that a minimum of one staff member, in each department, on each shift be available to attend to the clinical needs of an MCS / IEI patient.
2. Patients with MCS / IEI should have all incitants recorded in the patient's medical record (according to the clinical history). Incitants may or may not be recorded as allergens.
3. All members of the health care team should be informed of the admission of the patient to enable them to ensure adequate preparation for care.
4. Patients with MCS / IEI may be housed in a single room with ensuite facilities to reduce the potential for incitants exposure if appropriate.
5. Equipment that should be used when caring for the patient with MCS / IEI as listed below:

Equipment for Multiple Chemical Sensitivity Patients/ Idiopathic Environmental Intolerances

- Sterile Gowns
- Red armband
- Sterile linen
- Fragrance-Free Hygiene products
- Bottled drinking water
- Stop signs
- Fragrance-Free Cleaning products

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- Latex-free products including no latex gloves
 - Sodium Bicarbonate (Baking Soda)
 - Non-toxic cleaning products/chemicals (pg 7)

Emergency Department

An MCS / IEI patient will often carry a medical alert. Staff will need to check with all patients if they have any alerts and/or allergies. If the patient is conscious and able to communicate, they are a valuable resource for temporary care instructions. In addition the following could be done:-

- Subject to the clinical requirements of managing the condition necessitating admission, MCS / IEI 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
- Utilise the equipment listed on page 5 when caring for the patient.
- Wherever possible, liaise early with the patient's general practitioner.
- 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 patient to identify any serious reactions they have experienced and identify what exposures have caused such reactions in the past.
 - Ask 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 / IES.
- Personnel other than those having direct care for the patient should avoid entering the area when the patient is being accommodated.
- Patients with MCS / IEI may be irritated by chemically treated papers or documents. A family member or other designated person may sign for the patient, but verbal consent with witnesses present should always be obtained and fully documented.

Environment

There are a number of simple changes that can be made in the general hospital environment to assist the care and comfort of patients with MCS / IEI. Of utmost importance is the air quality.

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 irritants.

Prior to admission

1. Equipment that should be used when caring for the patient with MCS / IEI as listed on page 5.
2. The MCS / IEI patient should remain in a single room with ensuite facilities if possible.
3. Cleaning staff should be contacted to ensure the room is cleaned prior to use, using the cleaning products referred to on page 5. Once cleaned, the room should be wiped down with plain water.
4. Aerosol cleaners, disinfectants or room deodorisers should not be used. All perfumed items should be removed from the room.
5. The room should be free of any mould or dampness. If necessary, engineering should be contacted to change ceiling tiles and check ventilation systems for cleanliness.
6. Use sterile linen to make the bed, alternatively patient-supplied linen can be used.
7. Place a stop sign on the outer door with instructions to contact the nurse in charge prior to entering the room.
8. To minimise contamination, allocate a member of staff to care for the patient and inform all health care personnel that will be looking after the patient about the admission. If a transfer to another department is required i.e. x ray, the staff should be notified prior to the patient's arrival.

During Admission

1. All hospital employees and visitors should check in at the nurse's station for instructions prior to entering the patient's room.
2. The door of the room is to be kept closed at all times.
3. Hospital staff should wash their hands and apply hypoallergenic, non latex gloves prior to entering the room.
4. The medical chart is to be kept out of the patient's room.
5. Do not permit any flowers / plants / newspapers or treated paper in the patient's room.
6. The cleaning is coordinated with cleaning personnel so no toxic chemicals are used in the general area during the patient's stay.

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7. Daily cleaning of an MCS / IEI patient's room by the cleaning services should be minimal but include:
 - Dust with a clean cotton cloth moistened with only water
 - Use baking soda for tubs, sinks and toilet
 - Remove rubbish at least twice daily
 8. Do not leave patient trays in the room after meals
 9. Do not leave wet laundry and towels in the room. Remove immediately after patient has finished personal hygiene.

Hospital Staff

MCS / IEI can be a debilitating condition. It is imperative that advice is sought from the patient and reassure them it is understood that they are chemically sensitive. Patients with MCS / IEI 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 / IEI patient is housed.

1. The staff member 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 should be avoided by staff during the patient's stay.
3. All staff members who are in contact with the MCS / IEI patient should ensure they obtain a supply of non perfumed personal hygiene products and sterile scrub caps and surgical gowns, as staff should:
 - be fragrance free
 - use hypoallergenic products
 - not use aerosol sprays
2. Staff members who smoke should not care for the patient with MCS/ IEI.
3. The medical officer will provide suggestions for special orders regarding MCS / IEI.
4. Be on alert for any possible environmental triggers for the MCS / IEI 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 his / her room.

Dietary

MCS / IEI 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 ward dietician should be contacted. This should occur as soon as admission is arranged. The patients should be allowed to bring in their own food if requested and if consistent with clinical management.

Medications

MCS / IEI patients may have significant reactions to medications. Referral should be made to the pharmacist as soon as admission is arranged.

Do not use substitutes or generic drugs for medications unless unavoidable.

- Standard ingredients of medications should be known, as MCS / IEI patients react to things including but not limited to: dyes, preservatives, artificial sweeteners and flavourings.
- Drug reactions should be reported to the medical officer immediately. Be observant for symptoms such as:
 - Muscle spasm
 - Local swelling, hives
 - Syncope
 - Hyperventilation
 - Seizures
 - Asthma
 - Severe anaphylaxis

Patient's Responsibility

MCS / IEI patients should carry a medical alert at all times. They are often well-informed regarding their condition and can educate others who they come into contact with. Ensure that the MCS / IEI patient is informed of the following, which will help to make their admission as comfortable as possible:-

1. The patient should provide advance notice to hospital management (at least 2-3 days) prior to any scheduled visit to the hospital, stating particular sensitivities.
2. 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 cannot meet every special requirement as patients with MCS / IEI have highly variable needs.
3. The doctor who treats the patient's MCS / IEI should be contacted or should contact the hospital to provide information that will facilitate the patient's care.

Stakeholders consulted by Royal Brisbane and Women's Hospital in the development of the MCS Guidelines:

- Executive Director of Medical Services
- Deputy Executive Director of Medical Services
- Executive Director Nursing Services
- Divisional Nursing and Medical Directors
- Infection Control
- Division of Mental Health Services
- Endocrinology, Division of Medicine
- Division of Oncology
- Director of Pharmacy
- Director of Nutrition
- Director of Engineering
- Safety and Quality Unit, Finance and Organisational Performance
- District Safety and Quality Unit

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