



Canberra Hospital and Health Services

Standard Operating Procedure

Multiple Chemical Sensitivities (MCS) - Care of Patients

Purpose

To minimise discomfort, promote wellbeing and provide a safe environment for patients with Multiple Chemical Sensitivities (MCS). The Health Directorate recognises the significant distress and impairment that is caused by MCS and is committed to providing an environment that reduces exposure to incitants (common triggers that produce clinical symptoms) and improving the health outcomes of people who require hospital based or non hospital based treatment.

Context

In the context of this Standard Operating Procedure (SOP), MCS describes a complex condition involving a broad array of symptoms attributed to exposure to extremely low levels of a wide variety of environmental chemicals. The symptoms experienced by individuals are diverse and reported symptoms can, in some cases, be debilitating. The pathogenic mechanisms involved in MCS have not been established. Diagnostic methods and treatments have yet to be agreed by the medical profession (NICNAS. 2010).

Scope

This document pertains to all patients who require precautions for MCS whilst receiving services delivered by the Canberra Hospital and Health Services in inpatient, ambulatory and community-based settings. The document is generally applicable to the care of people in both inpatient and non-admitted environments.

This document applies to:

- All Canberra Hospital and Health Services (CHHS) staff; and
- CHHS students (medical, nursing and allied-health) under direct supervision.

Note: For an overview of MCS refer to *Appendix 1 – Background, Triggers and Common Symptoms for MCS*

Roles and Responsibilities

Position	Care-Pathway	Description of Roles & Responsibilities	See MCS SOP Section
Medical Officers/Admitting team	Pre-admission	<ul style="list-style-type: none"> The admitting officers/team will be responsible for meeting with the MCS patient well before the admission date. Once completed, the admitting team will provide the RFA form to the Access Unit team 	A2 A3
Emergency Department (ED) staff	Emergency Presentations	<ul style="list-style-type: none"> In accordance with CHHS admission processes Emergency Department (ED) staff will identify patient alerts and/or allergies at presentation Following the decision to admit, ED staff are to advise the Access Unit 	B1 B5
Medical Officers	On Admission	<ul style="list-style-type: none"> Ensure all special orders and allergen/icitants are documented 	C2
Care Team - staff member/s caring for the patient with MCS	Admission – Risk Assessment	<ul style="list-style-type: none"> Staff are to confirm with the patient their specific chemical sensitivities. 	C4, C5 , C6
Access Unit Staff	Admission – Risk Assessment	<ul style="list-style-type: none"> The Access Unit staff will notify ward staff of the MCS patient's admission & care requirements 	D
Ward/Unit Clinical Nurse Consultant (CNC) or Team leader	Care on the Ward	<ul style="list-style-type: none"> Locate and prepare accommodation (i.e. a room, bed, trolley, or seat) for the patient Notify Support Services Ensure provision of appropriate equipment Install relevant environmental alerts Allocate staff appropriately 	D1 D2 D3 D4 D5
Care Team - staff member/s caring for the patient with MCS will	Care on the Ward	<ul style="list-style-type: none"> Staff members caring for patients with MCS should be familiar and comply with all general care considerations 	D6
Cleaners	Care on the Ward	<ul style="list-style-type: none"> Cleaning staff should be familiar and comply with all requirements and ongoing care considerations 	D7
Linen/Laundry Services Team members	Care on the Ward	<ul style="list-style-type: none"> Linen/Laundry Services staff should be familiar and comply with all requirements and ongoing care considerations 	D8
Food Services and Dietetic Services Team members	Care on the Ward	<ul style="list-style-type: none"> Food Services and Dietetic Services staff should be familiar and comply with all requirements and ongoing care considerations 	D9
Visitors	Care on the Ward	<ul style="list-style-type: none"> All visitors should check-in at the nurses' station for instructions prior to engaging with the patient or entering their room 	D11

Procedures

Equipment

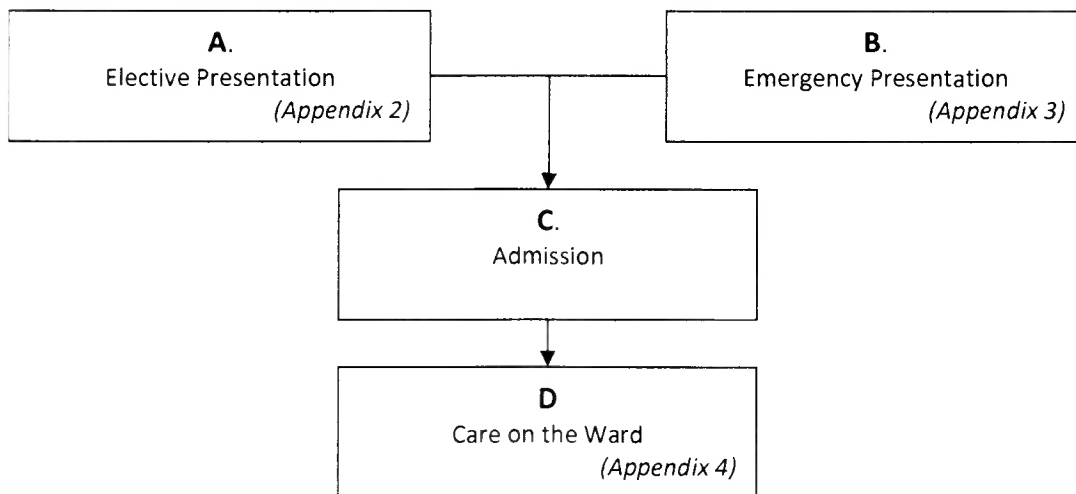
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Required for admission of all patients with MCS

- a red identification band (Refer to "Patient Identification Band" SOP – CED11-29)
- 100% cotton gowns
- caps
- clean, sterile or disposable linen
- fragrance-free hand wash
- bottled drinking water
- stop/caution signs
- fragrance-free cleaning products
- low irritant cleaning products (i.e. Sodium Bicarbonate)
- fragrance free wipe down cloths, and
- latex-free products including clinical consumables such as oxygen tubing and face-masks (Refer to "Latex Allergy – Patients" SOP – TCH11:37).

Care Pathways

The following procedures describe the pathways required for MCS patients for elective presentations/admissions; emergency presentation; and on the ward. The pathways are summarised diagrammatically at Appendices 2, 3 and 4



A. Elective Presentation/Admission

Pre-admission considerations

A1 Pre-admission interviews with MCS patients should take place well ahead of the admission date wherever possible so as to establish the patient's particular needs and what can be offered to assist in meeting these needs and establish trust. Wherever possible, it is desirable that MCS patients be provided in advance of their pre-admission interview/s with information relevant to their planned admission (i.e. "Multiple Chemical Sensitivities (MCS) - Care of Patients" SOP; "Latex Allergy – Patients" SOP– TCH11:37; "Bringing Food into Hospital" SOP TCH11:143). The admitting officers/team will be responsible for meeting with the MCS patient well before the admission date.

A2 The admitting officers/team will be responsible for meeting with the MCS patient well before the admission date to document all sensitivities and requirements as part of the

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Request for Admission (RFA). A care-planning partnership will be created with MCS patients. The admitting officers/team will facilitate prior planning and implementation of services as required by: coordinating relevant referrals; and, creating a personal care plan. Information should be obtained noting particular incitants that affect the patient, typical symptoms and signs that manifest on exposure to incitants and the methods and remedies the patient uses to minimise the effects of such exposures including access to 'specialist' equipment such as a portable air filtration machine with carbon filter.

A3 Once completed, the admitting team will provide the RFA form to the Access Unit team prior to admission. All sensitivities should be listed on the RFA (see above) to assist DMU in planning the most appropriate physical location and clinical speciality area/s for care. All members of the patient's team have responsibility for meeting the MCS needs.

Consideration should also be given to identifying strategies for patient transport to hospital.

Note: Offering the patient/family a copy of the constructed Plan of Care as part of the pre-admission planning process is recommended.

B. Emergency Presentation

B1 In accordance with CHHS admission processes Emergency Department (ED) staff will identify patient alerts and/or allergies at presentation

B2 A patient with MCS will often carry a medical alert and should be consulted as soon as possible regarding their condition to identify further steps that could be taken for their ongoing care.

B2 Wherever possible the MCS patient should be isolated in a clean room from other patients and visitors upon arrival.

B3 Ideally care for patients with MCS should be provided in an area that is not located near:

- doorways exposed to vehicle (ambulance) activity and exhaust fumes
- areas being remodelled or renovated
- high traffic areas
- chemical storage and supply areas
- chemotherapy treatment areas, or
- computers, photocopy, fax machines.

B4 All staff and visitors entering patient's area must:

- attend to hand hygiene (ACT Health Directorate "Hand Hygiene" SOP CED11-50) with fragrance-free hand wash, and
- don gown, surgical cap and latex free gloves.

B5 Following the decision to admit, ED staff are to advise the Access Unit of the patient with MCS requiring admission to hospital, including their specific requirements for their ongoing care.

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Note: the need for isolation in a positive pressure room will depend on the MCS severity. DMU will facilitate appropriate bed allocation to a single room with ensuite where possible.

C. Admission

C1 *The patient experience* - The emphasis here is on the patient - staff relationship in order to reduce the frustration and mistrust often experienced by MCS patients and the staff caring for them. The relationship can be enhanced with respect and compassion.

C2 The Medical Officer/s will ensure all special orders and allergen/incitants including reactions, are clearly documented in the patient's clinical record for planned and emergency admissions and communicated to all members of the health care team who will be involved with the patient. (Refer to Appendix 1 for triggers and symptoms associated with MCS)

C3 In coordinating care, MCS patients often will be able to suggest individual treatments that they have found reduce the severity of their symptoms if they (the symptoms) worsen. The care team is to discuss these treatments as suggested by the patient and family and accommodate them as an essential part of the care plan and treatment regime' if it is not contra-indicated (Refer to Attachment 1 for further information).

Risk Assessment

C4 Staff confirming with the patient their specific chemical sensitivities are to mark them clearly on the alerts and allergy sheet of the medical chart

C5 When confirming sensitivities staff are to:

- ask the patient to identify any reactions they have experienced and identify exposures that 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 patients clinical record and medication chart, and
- check the patient's previous clinical record/s (if applicable) for documentation in relation to MCS.

C6 Ongoing care requirements are dependent on the individual's sensitivities to incitants.

D. Care on the Ward

The Access Unit staff will notify ward staff of the MCS patient's admission, specific care requirements and sensitivities and the need for precautions as reported by the patient and documented by the clinical team

D1 Patient Accommodation

The ward/unit Clinical Nurse Consultant (CNC) or Team leader will locate and prepare accommodation (i.e. a room, bed, trolley, or seat) for the patient consistent with the following principles.

- The MCS patient should **not** be accommodated near an area that:

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- Is a high traffic area;
 - Is used for used for chemical storage or supply, or for chemotherapy treatment;
 - Contains computers, photocopiers or fax machines;
 - Is being remodelled, renovated or repaired; or
 - Has had a pesticide application in the previous **twelve** months.
- The MCS patient should **not** be allocated a room that is:
 - Carpeted
 - Does not have an ensuite or access to a private bathroom
 - Has been remodelled, renovated or repaired (i.e. repainting, new floor coverings etc.) in the previous six months.
 - The room/area allocated to the MCS patient should be prepared so that:
 - non-fixed perfumed or fragranced items and/or other items that may emit volatile odours and potentially cause symptoms (i.e. plastic or vinyl furnishings, soft-furnishings, curtains, fluorescent lights etc) that are not essential for the care of the patient are removed; and
 - fixed items containing components which may be possible triggers and not required for care of the patient should be covered with materials that are tolerated as much as possible by the patient with MCS. Wherever possible confirm these details with patient prior to arrival in the room/area.

Note: Many MCS sufferers are sensitive to non-perfumed substances making them far more difficult to identify and manage. For example, some components of laundry detergents are not perfumed and have been associated with severe hypersensitivity. Sensitivities to perfumed substances (i.e. perfume, scented hygiene products etc) are well understood because these are the sensitivities that people with MCS can readily identify.

D2 *Notification of Support Services*

The ward/unit Clinical Nurse Consultant (CNC) or Team leader will notify:

- the cleaning supervisor of the patient's admission to facilitate room cleaning with the relevant cleaning staff to ensure that exposure to incitants is minimised. The care environment is cleaned in accordance with relevant Standards/requirements (Refer to Cleaning Standards – Cleaning Standards for Victorian Hospitals, and, Linen Standards - AS 204146:2000 Laundry Practices); and
- members of the health care team, including the Medical Officer, Pharmacist, Dietician, Nurse Manager and food, cleaning and laundry and social services (if supported by the patient) of the patient's admission and requirements.

D3 *Provision of Equipment*

The ward/unit Clinical Nurse Consultant (CNC) or Team leader will ensure all appropriate equipment is sourced and supplied to the patient's room as equipment list above (latex-free kits can be obtained from the Nurse Manager or Afterhours CNC's office).

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D4 Environmental Alerts

The ward/unit Clinical Nurse Consultant (CNC) or Team leader will attach an alert sign on the outer door with instructions to contact the nurse prior to entering room.

D5 Allocation of Staff

The ward/unit Clinical Nurse Consultant (CNC) or Team leader will, wherever possible, ensure that the MCS patient is cared for by one designated staff member each shift. This does not imply 1:1 'specialling' of the MCS patient, unless specifically required due to issues of acuity, complexity etc.

Where possible, prior to the nursing staff member arriving at the hospital for their allocated 'shift,' the CNC or Team Leader will discuss with the attending staff member allocated to care for the MCS patient the need to not wear, have used, or have been exposed to:

- perfume or scented hygiene products prior to shift;
- aerosol products such as hairspray;
- laundry soaps, fabric softeners, deodorants, shampoo, hair lotions, make-up, hair mousse, gels and bath soaps (which can all contain perfume or masking fragrances and deodorisers, and should be avoided by staff whilst caring for a patient with MCS);
- new clothing which has not been laundered to remove chemical residue;
- clothing which has been freshly dry-cleaned, or
- cigarette smoke.

Note: Showering facilities are available for staff and scrubs are available from operating rooms, should these be identified as appropriate for designated staff.

D6 General Care Considerations

The staff member/s caring for the patient with MCS will:

- be familiar with the patient's condition and what incitants or allergens the patient is affected by (Attachment 1). Different patients may react to different ranges of incitants
- when the MCS patient is allocated a single room ensure that the door of the room is kept closed at all times
- not permit any flowers, plants, newspapers, or chemically treated or perfumed paper in the patient's room unless the patient advises that this is acceptable
- ensure room cleaning requirements are adhered to (Refer to **D7** Ongoing Care Requirements - Cleaning).
- ensure Bed Linen requirements are adhered to (Refer to **D8** Ongoing Care Requirements – Bed Linen
- remove all wet laundry and towels immediately after the patient has finished personal hygiene;
- remove patient's meal tray/s from the room immediately after meals (Refer **D9** Ongoing Care Requirements – Dietary Requirements).

- consider any possible environmental triggers for the patient with MCS and eliminate or manage the risk of exposure.

The patient's medical and nursing team will:

- consider scheduling procedures to minimise chemical exposures (usually first in the day)
- consider the patient's sensitivities when choosing anaesthetics and medications
- ensure only essential staff enter the patient's room/area
- ensure all hospital staff perform hand hygiene using fragrance-free hand wash, and don gown, cap and latex-free gloves prior to entering the room. Staff should confirm whether hand-wash chemicals are an incitant for the patient and if so, avoid using hand-wash products within the room, and
- coordinate the plan of care with all other hospital departments the patient may be transferred to for treatment and, whenever possible, arrange to have the patient to be treated in his/her room. Where transport is required outside of the patient's room, ensure that all efforts are made to shield the MCS patient from identified incitants.

Ongoing Care Requirements

D7 Cleaning

The ward/unit Clinical Nurse Consultant (CNC) or Team leader will contact the cleaning supervisor to inform them of the MCS patient's admission to initiate the appropriate cleaning processes.

Initial Cleaning

- contact cleaning of the patient's environment is to be conducted prior to admission
- it is essential that all cleaning products are to be fragrance free
- consideration needs to be given to patient-specific requests around matters of cleaning and the need to create and maintain an incitant-free environment
- after cleaning, the room should be wiped down with plain water and clean cloth
- time is to be allowed for the room to air
- aerosol cleaners, disinfectants, insecticides and/or room deodorisers, wherever possible, should not be used, and
- the room is to be free of dampness and mould.

Daily Cleaning of an MCS patients' room should be minimal but include:

- dust with a clean cotton cloth moistened with only water
- use Sodium Bicarbonate for tubs, sinks and toilet
- remove rubbish at least twice daily. Avoid use of toxic chemicals and highly fragrant cleaning products in the general area during the MCS patients stay, and
- unscented vacuum cleaner bags are to be used.

D8 Linen/Laundry Services

Linen is processed in accordance with 'AS/NZ 204146:2000 Laundry Practices'. It cannot be guaranteed that linen provided to the Health Directorate will be free of chemical residue and subsequently may be an incitant for some MCS patients. Discuss this matter with the patient.

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Use of sterile or disposable linen may be required in cases where laundry chemicals are reported to be incitant agents. Sterile or disposable linen can be sourced from the Peri-Operative Unit after hours if required.

The patient may request to use their own linen (sheets and pillow cases). If this is requested ensure the linen is clear of dirt and foreign bodies before using on bed.

All Bed linen is to be changed as per: standard Unit protocols; patient/family request; and/or as required.

Wet laundry should be removed from the room immediately after use.

D9 Dietary Requirements

Patients with MCS 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 and appropriate arrangements made. This should occur as soon as admission is arranged and may require the provision of:

- special foods
- bottled or filtered water, or
- special food preparation techniques or serving implements.

Note: patients should be allowed to bring in their own food if necessary or preferred and if consistent with clinical management (Refer to 'Bringing Food into Hospital' SOP TCH11:143). If required, discuss food storage arrangements with patient.

Patient meal trays should be removed from room immediately on completion of meal.

D10 Medications

Patients with MCS may have significant reactions to medications. Referral should be made to the pharmacist as soon as admission is arranged ensuring that pre-admission care arrangements are implemented. Standard ingredients of medications should be known as MCS patients react to both naturally occurring and artificial substances including but not limited to: colouring agents, preservatives, sweeteners, flavourings etc.

Note: Drug reactions should be reported to the medical officer immediately (Refer to 'Adverse Drug Reaction Reporting' SOP TCH11:005).

Staff should observe patients for symptoms including (but not limited to):

- muscle spasm
- local swelling, hives
- syncope
- hyperventilation
- seizures
- asthma, and

- severe anaphylaxis.

Where possible avoid use of medication vials that have a rubberised seal as some vials may contain latex. Check with the patient and Pharmacy Department before the administration of medications that are dispensed from vials with these seals.

D11 Visitors

All visitors should check-in at the nurses' station for instructions prior to entering the patient's room. All visitors should be advised:

- if there is a need to don gown; surgical cap; face-mask; and/or latex free gloves prior to entering the room.
- to wash their hands with the non fragrance soap provided prior to entering room,
- to **not** wear perfumes or fragranced products; and
- to keep the door of the room closed at all times

D12 Evaluation of care

For each episode of care an evaluation of the care and outcomes should be reviewed by the treating team in consultation with the patient (and/or their family/carers). For example, for inpatient admissions the review may be appropriate as part of the discharge planning (if required notify social services to participate if supported by the patient), and for outpatients receiving ongoing care review is done at each visit.

Evaluation

Outcome Measures

- All incidents related to care of patients with MCS are reported via the Clinical Incident Reporting System (Riskman).
- There is evidenced compliance against the 'CHHS MCS - Care of Patients' SOP.
- There is reported positive satisfaction from consumers with the care provided by the CHHS as reflected in the 'CHHS MCS - Care of Patients' SOP.

Method

- All incidents related to patients with MCS are reported via the Clinical Incident Reporting System (Riskman). Incidents are reviewed and corrective actions are reported and managed via relevant departments in line with continuous quality improvement processes.
- Teams overseeing the care will, in consultation with the patient (family/carers) review and evaluate the care provided against the 'CHHS MCS - Care of Patients' SOP.
- All MCS patients will be provided with a consumer feedback form to facilitate further improvements. Patients will be encouraged to identify themselves as an 'MCS' patient on the form (they will have the option of not doing so). This feedback will be managed by the Quality and Safety Unit - Consumer Feedback & Engagement Team and clinical care team members and management.

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Related Legislation and Policies

Adverse Drug Reaction Reporting SOP TCH11:005
Bringing Food into Hospital SOP TCH11:143
Human Rights Act 2004
Infection Prevention and Control Policy CED06-008
Latex Allergy – Patients SOP TCH11:037
Nursing and Midwifery Continuing Competence Policy CED10-038
Patient Identification Band SOP CED11-29
Personal Protective Equipment SOP TCH11:034
Patient Ward Admission Discharge and Transfer SOP TCH11:019
Waste Management Policy CED10-046

Definition of Terms

Incitants – agents that produce clinical symptoms) MCS- A Guide for Victorian Hospitals
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Appendix 1: Background, triggers and common symptoms for MCS

Background

MCS is a term that has been used to describe symptoms that are initiated by hypersensitivity to a wide array of chemicals and other substances (naturally occurring and otherwise). In a self-reporting survey, MCS was shown to affect around 1% of adults living in South Australia. In addition, about 16% identify as having some hypersensitivity to one or a small number of chemicals.

Each person affected by MCS may be sensitive to different substances and hypersensitivity may be brought on by a wide array of incitant chemicals and substances found in the broader environment and hospitals. The types of incitants to which people with MCS are sensitive vary considerably and may be found in: external air sources such as vehicle exhaust, food and drink often provided to patients, hospital cleaning and disinfectant products, moulds, personal hygiene products, perfumes, aftershaves, and hair care products, vehicle exhausts etc. Sensitivities are not restricted to perfumed or odorous substances, but sensitivities to these are so widespread and potentially severe that they should be avoided at all times.

MCS affects people in different ways and the symptoms experienced by people vary in severity dependent on the degree of exposure. Patients with MCS may experience a variety of physical symptoms as a result of exposure to incitant chemicals and/or substances. The symptoms of exposure may include (but are not limited to) respiratory and flu like symptoms, chest pain, muscle and joint pain, headaches, myalgia, nausea, abdominal pain and other somatic symptoms. Severity of symptoms may range from mild to severe.

The symptoms experienced by people with MCS to incitants may at times complicate patient treatment whilst in hospital, affecting recovery, health outcomes and wellbeing. In the hospital situation it may not always be possible to remove every substance to which a particular patient is sensitive and the best that may be achieved is to remove/avoid as many of those substances as possible. The hospital stay of patients with MCS is ideally planned with hospital administration prior to admission and managed by health professional staff on an individual, case-by-case basis

Common Triggers (incitants)

Some chemical agents that trigger MCS 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 may include but are not limited to:

- anaesthesia
- colours, flavours and preservatives (natural and artificial) in food, drinks, and medications
- perfumes and fragrances
- detergents and other cleaners
- prescribed medications
- smoke from tobacco products
- solvents from felt pens etc.

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- pesticides
- vehicle exhausts
- new building and renovation materials including fresh paint and new carpet, and
- other volatile agent such as chlorine, formaldehyde, adhesives, glues and newsprint.

Common symptoms of exposure to incitants

- respiratory symptoms
- dizziness and faintness
- nausea
- rashes
- 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, and
- ear, nose and throat complaints.

Reducing symptom severity

- going into fresh air (if clinically appropriate)
- washing exposed skin and hair to remove incitants, and
- removing identified incitant/s

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Appendix 2: Care Pathway - Elective presentation/admission Canberra Hospital and Health Services

Standard Operating Procedure - Multiple Chemical Sensitivities (MCS) - Patients - Care Pathway – Elective presentation/admission of a person with MCS

Pre-Admission

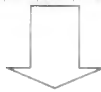
Pre-admission considerations - Pre-admission interviews with MCS patients should take place well ahead of the planned admission date - document all sensitivities and requirements - facilitate prior planning and implementation of services as required
(Refer to SOP – A1)



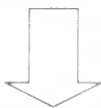
if the patient is to be admitted - an RFA for a patient is to be sent to the Domain Medical Unit (DMU) prior to admission. All sensitivities should be listed on the RFA and included in the pre-admission planning process.
(Refer to SOP – A2)

On Admission

The patient experience - The Medical Officer/s will ensure all special orders and allergen/incitants including reactions, are clearly documented in the patient's clinical record for planned admissions and communicated to all members of the health care team who will be involved with the patient. (See Attachment 1 for triggers and symptoms associated with MCS)
(Refer to SOP – C1.2)



Partnering-with-the-Patient - MCS patients often will be able to suggest individual treatments that they have found reduce the severity of their symptoms if the symptoms worsen. The care team is to discuss these treatments as suggested by the patient and family and accommodate them as an essential part of the care plan and treatment regime' if it is not contra-indicated (Refer to Attachment 1)
(Refer to SOP – C3)



Risk-Assessment

On admission a Risk Assessment is to be undertaken.

Refer to SOP – C4-6)

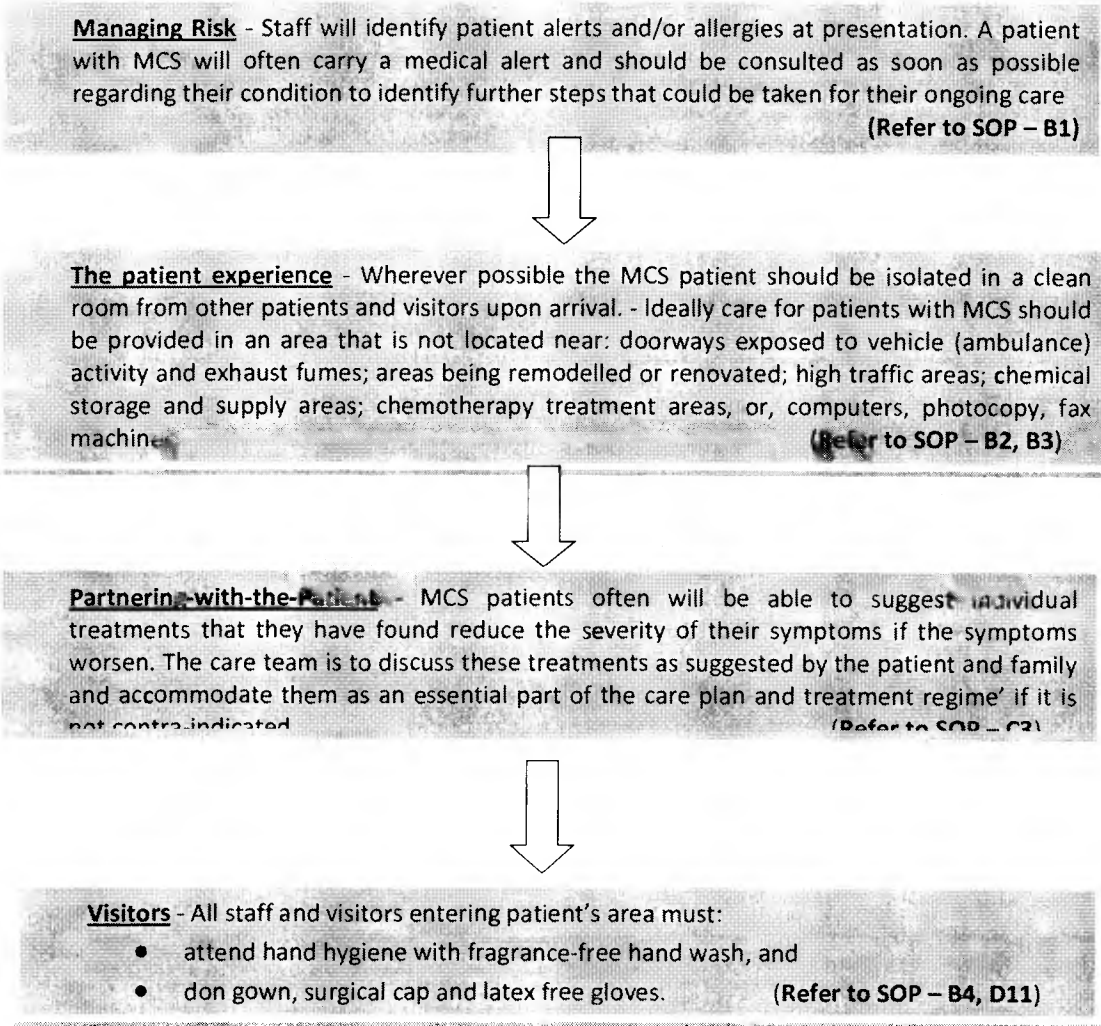
Figure 1 - Care Pathway - Elective Presentations

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Appendix 3: Care Pathway – Emergency Presentations Canberra Hospital and Health Services

Standard Operating Procedure - Multiple Chemical Sensitivities (MCS) - Patients - Care Pathway – Emergency Presentations

On Presentation



The Decision to Admit

On Admission/Care of the Patient on the Ward - Following the decision to admit, ED staff are to advise the DMU of the patient with MCS requiring admission to hospital, including their specific requirements for their ongoing care **Note:** the need for isolation in a positive pressure room will depend on the MCS severity - DMU will facilitate appropriate bed allocation to a single room with ensuite where possible.
(Refer to SOP - B5)

Figure 2 - Care Pathway – Emergency Presentations

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Appendix 4: Care Pathway – Care of the MCS Patient on the Ward Canberra Hospital and Health Services

Standard Operating Procedure - Multiple Chemical Sensitivities (MCS) - Patients - Care of the MCS Patient on the Ward

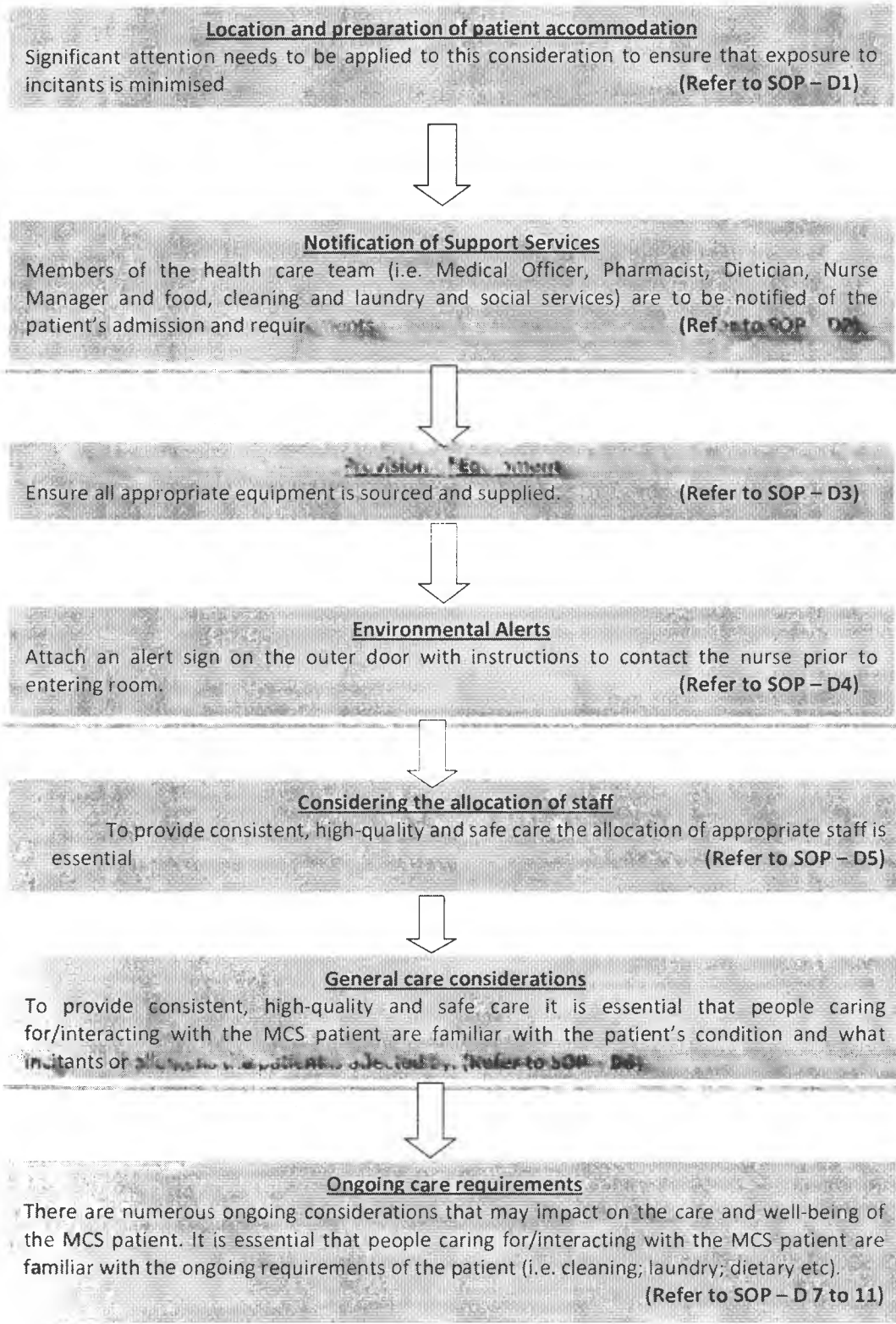


Figure 3 - Care Pathway – Care on the Ward

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