Idiopathic Environmental Intolerance or Multiple Chemical Sensitivity Policy Guideline

Summary

The Idiopathic Environmental Intolerance or Multiple Chemical Sensitivity Policy Guidelines are to be used when a patient/carer reports to SA Health staff that they have Multiple Chemical Sensitivity (MCS) or Idiopathic Environmental Intolerance (IEI).

IEI or MCS is a condition where people report a range of recurrent physical and psychological symptoms and attribute them to exposure to a wide range of chemical, biological or physical agents in the everyday environment.

While it may not be possible or practical to alter many aspects of the clinical environment, SA Health staff should endeavour to reduce the individual’s exposure to reported triggers.

Keywords

Idiopathic environmental intolerance (IEI), multiple chemical sensitivity (MCS), hospital guideline, triggers, respectful partnership, environment modification, clinical safety, policy guideline.

Policy history

Is this a new policy?  N
Does this policy amend or update an existing policy?  N
Does this policy replace an existing policy?  Y

Multiple Chemical Sensitivity (MCS) Guidelines for South Australian Hospitals 2010

Applies to

All SA Health Portfolio

Staff impact

All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology

EPAS Compatible

No

Registered with Divisional Policy Contact Officer

No

Policy doc. Reference No.

G0171

Version control and change history

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Management of patients reporting Idiopathic Environmental Intolerance or Multiple Chemical Sensitivity: Guidelines for South Australian hospitals and healthcare sites 2016 Policy Guideline
### Document control information

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1. **Objective**

These Guidelines are to be used when a patient/carer reports to SA Health staff that they have Multiple Chemical Sensitivity (MCS) or Idiopathic Environmental Intolerance (IEI). These Guidelines are consistent with the following SA Health documents.


2. **Scope**

This guideline applies to all hospital staff who work or interact with patients reporting MCS or IEI.

3. **Principles**

SA Health staff have an obligation to interact with all patients/carers in a respectful and non-judgemental manner. SA Health staff should acknowledge that for individual patients/carers reporting MCS or IEI, exposure to certain chemicals or physical agents may result in considerable distress.

4. **Detail**

A. Developing respectful partnerships with individual patients/carers

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<td>SA Health staff have an obligation to interact with all patients/carers in a respectful and non-judgemental manner.</td>
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<td>SA Health staff should acknowledge that for individual patients/carers reporting MCS/IEI, exposure to certain chemicals or physical agents may result in considerable distress.</td>
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<td>Whilst the nature and aetiology of MCS/IEI does not have current scientific consensus, it is inappropriate for staff to question the validity of the MCS/IEI status with the individual concerned.</td>
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<td>SA Health staff are required to communicate to the patient that their individual concerns will be taken seriously and that modifications to the health care environment will be considered (see below).</td>
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Because individuals will come into contact with a number of clinical and ancillary staff in health care settings, senior member/s of the health care team (medical and nursing) need to be made aware of individual patient circumstances and potential triggers as soon as practicable.

If difficulties arise in the relationship between individuals and SA Health staff, this must be communicated promptly to the most senior member of the clinical team and an appropriate mediation process undertaken.

**B. Identifying triggers and communicating this information to other staff**

Once SA Health staff are informed by an individual of their MCS/IEI status, staff will need to document the particular triggers of concern to the individual.

The potential triggers must be recorded in the ‘Patient Alert’ or equivalent section of the medical records.

To ensure optimal communication of these potential triggers to other staff (clinical and non-clinical) additional methods of communication should be considered depending on the situation, for example:

- signage on door or end of bed
- information on patient wrist-band

**C. Modifying the environment**

Whilst it is not always possible or practical to alter the clinical environment, SA Health staff should endeavour to reduce the individual’s exposure to potential triggers. However, this must not compromise clinical safety. Clinical safety refers to that of the individual and that of other patients.

SA Health staff should discuss ways of modifying the environment with the individual, whilst explaining that clinical safety is unable to be compromised.

Potential modification of the environment will depend on individual circumstances (including severity and acuteness of the clinical scenario) and availability of alternative arrangements but may include:

- providing the individual with a separate room and separate bathroom
- locating individual away from high traffic areas and away from freshly renovated and/or repainted areas
- minimising use of scented personal products
- allow individual to supply their own linen

Cleaning products may be of concern to some individuals. Cleaning with appropriate disinfectant/antimicrobial compounds in health care settings is mandatory to minimise cross-contamination of infectious agents. A senior member of the clinical team or the SA Ambulance state duty manager may need to discuss this issue with an infectious disease expert and senior cleaning staff. There may be alternative cleaning products available which are more acceptable to certain individuals with MCS/IEI (i.e., unscented).
D. Responding to concerns throughout the health service visit/admission/transport occasion

Individuals with MCS may experience difficulties with additional triggers throughout their health service visit. Staff must respond to these additional concerns using the approaches described above.

5. Roles and Responsibilities

The implementation of this guideline is assigned to all SA Health hospital and other health sites staff. Senior clinical staff have a leadership role in implementing this guideline.

6. Reporting

As per routine site-specific incident reporting procedures.

7. EPAS

N/A

8. National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care has developed 10 National Safety and Quality Health Service Standards (the Standards).

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.

Please identify how this policy guideline contributes to any of the below listed standards:

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11. Evaluation

This guideline is to be reviewed in 5 years.

12. Definitions

In the context of this document Multiple Chemical Sensitivity (MCS) or Idiopathic Environmental Intolerance (IEI) are interchangeable terms used to describe a condition involving a broad array of recurrent nonspecific physical and psychological symptoms attributed to exposure to low levels of a wide spectrum of chemical, biological or physical agents common in the everyday environment.

13. Associated Policy Directives / Policy Guidelines

- SA Health Consumer Fact Sheet entitled ‘Consumer information on respecting your privacy and dignity with patient centred care principles’ (2014)

14. References, Resources and Related Documents