

## Multiple Chemical Sensitivity in the Education and Training Setting

By Monica Leahy & Peter Evans

Multiple Chemical Sensitivity (MCS) is considered controversial, as evidenced by discussion among disability professionals on the *Austed listerv* in July 2015. However, MCS is very well documented in over sixty years of published medical literature as a chronic condition with multiple symptoms, in multiple organs, occurring after multiple, often unrelated chemical exposures. Symptoms range from mild to severe and include generalised nausea, fatigue, dizziness and headaches or, more specifically, inflammation of skin, joints, gut and airways. In extreme cases symptoms can be life-threatening. While the exact cause of MCS is unclear, it cannot be explained by psychological factors alone. MCS is not consistent with somatic or psychotic disorders. Numerous studies identify perfumes as the most common symptom triggers. Other common triggers include pesticides, plastics, synthetic fabrics, smoke, petroleum products and paint fumes.

MCS diagnostic criteria have been in place for almost thirty years. The most commonly accepted criteria were developed in [1999](#). An MCS diagnosis relies solely on the patient's clinical condition and medical history. There are no diagnostic laboratory markers. Mental health symptoms most frequently include depression and anxiety, which are often exacerbated in people with MCS by general scepticism and psychologising of the condition. The [medical controversy](#) surrounding MCS means a diagnosis can be both difficult and prolonged. Nevertheless, worldwide health surveys reveal between 1-6% of respondents report being diagnosed with MCS, while 16% or more have symptoms of chemical hypersensitivity. [Such studies](#) suggest the community burden of chemical injury and sensitivity is significant.

A [2005 SA Parliamentary Enquiry](#) into MCS concluded that *MCS is very real and that many individuals experience considerable suffering*. In 2010 a review of MCS by the National Industrial Chemical Notification and Assessment Scheme/Office of Chemical Safety identified key research needs. The recommendation for a national MCS research program through NHMRC has not been established. However, publicly funded MCS clinical research is conducted routinely in [Canada](#).

Human rights in MCS are often poorly considered, but justice issues critically inform MCS public policy. Both MCS and fragrance sensitivity are recognised disabilities under Australian equal opportunity legislation. Despite the apparent complexities of removing chemical barriers, offering fragrance-controlled spaces, and encouraging public cooperation for the chemically disabled, service providers must offer reasonable accommodation. People with MCS are commonly embroiled in highly adversarial litigation, primarily for workplace injury compensation and disability accommodation, often with [limited](#)

[success](#). Compensation for chemical injuries and equitable disability access are key measures for resolving the MCS dilemma.

MCS is well recognised in international jurisdictions across [Europe](#), [North America](#), and Japan. MCS prevention efforts, through improved indoor air quality and safer use of chemical products, have been recommended by numerous international inquiries, most recently by the [Danish](#) government in 2005. MCS policy development in North America is extremely comprehensive. Extensive [US guidelines](#) relate MCS prevention to improved indoor air quality and low-toxicity building construction, renovation and maintenance. MCS disability access guidelines are available for numerous settings including [employment](#), [education](#) and [health care](#). Numerous hospitals, regional health care services and private clinics control for [fragrances in the workplace](#). Controls on fragranced personal care products, and scented cleaning and sanitation products are a key [policy measure](#). Over a dozen US states officially promote MCS Awareness Month each year.

[Canada's Human Rights Commission](#) has published medical and legal perspectives on MCS. Its [Occupational Health and Safety Act](#) aims to reduce MCS impacts. Canadian universities, including the [University of Toronto](#), operate guidelines to minimise chemical exposure for staff and students with MCS. Other international policies cover circumstances such as public transport, public housing, public spaces, government buildings, and general services. [Pesticide bans](#) and mandated prior notification of pesticide applications near residents with MCS are commonly legislated by state or local governments. While such measures are not always directly related to MCS, they greatly benefit people with the illness and have strong community, medical and [judicial support](#). Close communication with people with MCS to determine their environmental triggers and appropriate avoidance strategies is considered paramount.

The general understanding of MCS in Australia is less developed by international comparison but both federal and state efforts in recent years is greatly improving this situation. The Australian Human Rights Commission has adopted national [MCS and fragrance sensitivity disability access guidelines](#). The [SA Parliamentary Inquiry into MCS](#) resulted in state resources such as disability access guidelines for public hospitals and [state owned buildings](#). The Local Government Association in South Australia has implemented guidelines for establishing [no-spray registers](#) for residents with MCS impacted by herbicides used in street maintenance, and a public education [brochure](#) on accommodating neighbours with MCS affected by garden chemicals. [Safe Work SA](#) has policy directions for MCS in the workplace. Hospital guidelines for managing MCS have also been adopted by WA, ACT, and Vic.

Despite these policy advances, the medical controversy and lack of general understanding of MCS in Australia persists. Consequently people living with MCS continue to be scrutinised, denied access to services due to chemical barriers, and generally discriminated against in ways that would be considered totally unacceptable in settings involving other medical conditions.

Many of the chemicals that trigger symptoms in MCS, for example [pesticides](#), are associated with other current and emerging public health problems. Poor [indoor air quality](#) and [indoor pollutants](#) contribute to

a range of health and productivity problems. In the [education setting](#), improvements in indoor air quality are associated with lower absenteeism rates and better student performance.

By adopting disability accommodations for people with MCS, the entire community benefits from improved air quality and reduced chemical exposures.

**Given that education and training institutions must make reasonable adjustments for students who present with evidence of MCS – and in particular a sensitivity to scents, what can be done in an essentially public space without breaching the rights of other users?**

Advice from [ME/CFS Australia](#) and the *Austed listerv* group includes the following:

#### For the Institution's Disability Action Plan:

- Work with procurement officers to switch to non-perfumed cleaning products and work with cleaning staff/contractors on how to limit chemical exposure.
- Work with procurement officers to switch personal hygiene products such as hand soap to non-scented products in campus bathrooms.
- Work with procurement and facilities officers to, wherever possible, remove 'air freshener' sprayers from bathrooms.
- If it is not possible to make all bathroom facilities fragrance free, then work with facilities officers to designate certain facilities and make them known to all students via signage and information provision when developing Access Plans.
- Work with facilities officers to place signage in bathrooms to request that people not use aerosols while on campus.
- Work with facilities officers to ensure that notice is given of when painting and the laying of floor covering will occur and that this information is provided to all students as well as carried out after business hours or during term breaks.
- Work with the Institution's executives to declare the campus as non-smoking or designate smoking areas that are outside and away from doorways and common paths.

#### To accommodate individual students:

- Allow affected students to undertake exams in alternative exam venues as part of their Access Plans and request that other students refrain from wearing perfumes and aerosol fragrances to exams.
- Request assistance and support from fellow students to limit their use of perfumed products in classes where the affected student is enrolled.
- Install additional exhaust fan in rooms where student takes classes.
- Install additional exhaust fans in bathrooms where aerosol air fresheners are removed.
- Encourage the student to sit near a door or window where they can get fresh air if needed and are more distant from others who may be wearing scented products.
- Accommodate 'flare-ups' in the student's condition in the same way that other episodic disabilities/chronic medical conditions are managed.

### What you can do personally for the person regarding their MCS:

- Treat them with respect and civility and use attending behaviours.
- Ensure that they understand the limitations of your influence and that personal grooming products cannot be banned from campus, but that you are willing to talk to classmates and request their support.
- Ask them to describe their health effects, what makes the problem better or worse, and the actions they are taking to deal with it.
- Request their help in devising strategies to address their issues that are within your sphere of influence.

### **Resources**

#### Australian websites:

[ME/CFS Australia](#)

[Allergy, Sensitivity & Environmental Health Association Qld](#)

#### Further Reading:

[A Guide to living with MCS](#)

[What is MCS?](#)

[SA Parliamentary Committee report on MCS](#)

[Green Cleaning \(US\)](#)

[Green Purchasing \(US\)](#)

[Allergy and Environmental Sensitivity Support and Research Association Inc](#)

[Air Fresheners](#)

[SA Health MCS Guidelines](#)

[University of Toronto Guidelines on the Use of Perfumes and Scented Products](#)

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