

Scientific Study

Accommodating Chemical Sensitivity in the Doctor's Office

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Background

The Americans with Disabilities Act (ADA) does not contain a list of medical conditions that automatically constitute a disability; thus, reasonable accommodations are required when a person has any physical or mental impairment that substantially limits one or more major life activities (breathing, cognition, walking, etc.).

Employers and public spaces are not the only accessibility issues when it comes to the ADA. The doctor’s office is perhaps one of the most crucial places that accommodations must be provided, as the medical office is the location in which those with functional limitations come for diagnosis and treatment.

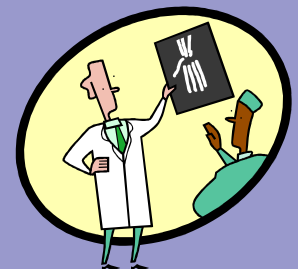
It is beneficial to have a solid doctor-patient relationship with a primary care doctor so that when health issues arise, the patient may be seen readily by a familiar, trusted professional. Whether it be a lingering infection or something more serious, everyone needs medical care at some point.

Finding a trusted medical professional is often daunting for the disabled, especially for people with chronic, multi-system illnesses, such as multiple chemical sensitivity (MCS). Those with Gulf War syndrome, fibromyalgia, and myalgic encephalomyelitis face similar challenges.

Multiple Chemical Sensitivity is “a diagnostic label for people who suffer multi-system illnesses as a result of contact with, or proximity to, a variety of airborne agents and other substances” (Environmental Protection Agency). Many of these substances are commonly found in the medical office, and include scented candles, air fresheners, scented cleaners, disinfectants, and fragrance personal care products.



Waiting Room



MCS affects multiple organ systems with a wide range of symptoms from allergy-like reactions to toxic-like reactions involving loss of coordination, confusion, and seizures. Because breathing and/or functional capacity is affected by airborne chemicals and fragrances, MCS becomes a disability that requires accommodations under the American's with Disabilities Act.

MCS can be challenging to accommodate in the face of the ubiquity of the chemical incitants in the average environment. At first, it may seem impossible to make an environment perfectly safe for a patient with MCS. Even when a doctor's office is free of many of these incitants, there are still other patients to contend with who may arrive wearing perfume, cologne, or have scented fabric softener on their clothes. However, there are many simple things that can be done as reasonable accommodations to make the patient visit more comfortable, and perhaps even possible at all.

Because MCS is not well understood by either physicians or the public, it is often mistakenly equated as a minor allergy and/or completely ignored. Nonetheless, MCS is not treated with standard allergy medications and it is not a simple allergic reaction. A reduced ability to process and eliminate xenobiotics (foreign substances) leads to MCS and requires avoidance of incitants as a major part of treatment.

The U.S. Centers for Disease Control and Prevention (CDC) recognized the need to avoid fragrances for workers with chemical sensitivities, allergies, asthma, and chronic headaches/migraine, as well as everyone's general health, in June of 2009 when they issued their "Indoor Environmental Quality Policy."

Scented or fragranced products are prohibited at all times in all interior space owned, rented, or leased by CDC. This includes the use of:

- Incense, candles, or reed diffusers
- Fragrance-emitting devices of any kind
- Wall-mounted devices, similar to fragrance-emitting devices, that operate automatically or by pushing a button to dispense deodorizers or disinfectants
- Potpourri
- Plug-in or spray air fresheners
- Urinal or toilet blocks
- Other fragranced deodorizer/re-odorizer products

Personal care products (e.g. colognes, perfumes, essential oils, scented skin and hair products) should not be applied at or near actual workstations, restrooms, or anywhere in CDC owned or leased buildings.



In addition, CDC encourages employees to be as fragrance-free as possible when they arrive in the workplace. Fragrance is not appropriate for a professional work environment, and the use of some products with fragrance may be detrimental to the health of workers with chemical sensitivities, allergies, asthma, and chronic headaches/migraines.

Employees should avoid using scented detergents and fabric softeners on clothes worn to the office. Many fragrance-free personal care and laundry products are easily available and provide safer alternatives.

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Similar policies for staff in medical professional’s offices are relatively easy to establish. Fragrance is an option and is not essential to personal hygiene or the function of any cleaning or personal care product. Fragrance free options are available for everything from deodorants and laundry to cleaning supplies.

While a chemical and fragrance-free office would be the most ideal situation, there are still simple ways to accommodate a patient with MCS. It is best to ask the patient what would work for them based on their knowledge and history of MCS. Patients are advised to ask for specific items, rather than merely asking for “accommodations”.

Setting the Appointment

- Provide a first appointment of the day when not many other patients are around and wait time will be minimal.
- Ask the patient what would help to make their visit more comfortable.

Before the Appointment

- Flag the patient’s chart for ‘allergies’.
- Remove candles, air fresheners, and other scenting devices.

On the Day of the Appointment

- Allow the patient to wait outside or in vehicle when weather permits.
- Provide an isolated room for the patient to wait where contact with other patients is limited.
- Allow the patient to enter through the back door or staff entrance to avoid contact with other patients.
- Refrain from the use of any scented personal care products the day of the appointment.
- Assign unscented staff to work with the patient.

During the Appointment

- Check with the patient before coming into contact with them or administering any medications, including the use of alcohol and latex gloves,
- Provide oxygen, if/when needed.
- If the patient unavoidably experiences a reaction to an exposure, remove the offending substance or person immediately. Move the MCS patient outdoors or to another room with separate ventilation.
- Refrain from using cleaning products, aerosols, and office equipment such as faxes and copiers while the patient is in the building.
- Listen attentively to the patient. They usually know what they are reacting to and how to best remedy the situation.
- Refrain from creating tension and feelings of being misunderstood by telling a patient “try not to think about it” or “relax”. These suggestions are no more effective than telling a diabetic not to think about her low blood sugar emergency. Corrective action is the only way to remedy the emergency.

In the Future

- For the benefit of all patients and staff, adopt fragrance –free office policy and post signage to that effect. A sample of an actual fragrance free hospital policy may be found at:

<http://mcs-america.org/ScentFreeWorkplace.pdf>.

A sample of an actual hospital protocol for MCS patients may be found at:

<http://mcs-america.org/ScentFreeWorkplace.pdf>.

- Post warning signs when doing any remodeling, painting, carpeting, or construction projects.
- Use fragrance-free products to launder staff uniforms and store in a sterile area away from cleaning products.

The patient holds the burden of informing the staff and physician of their needs, remaining calm and objective, and providing reasonable explanation for requests.

Before the Appointment

- Carefully select the physician on the basis of medical needs. For MCS, make sure they are familiar with it and know how to treat it. A good place to start is the American Academy of Environmental Medicine’s physician referral list http://www.aaemonline.org/Referable_Physicians.html. For other conditions, select a physician who you feel comfortable working with.

- Call to request a paid phone consult prior to committing to an appointment.
- Ask for accommodations in writing.
- When confirming the appointment, remind the staff to take precautions.
- Keep copies of all written and verbal discussions about accommodations, including dates, names, and outcome.
- Keep your requests simple and reasonable. Tall orders for a perfect, totally safe environment will deter staff from trying at all if it seems impossible to achieve.

At the Appointment

- Wear protective clothing.
- Bring a respirator, mask, and/or oxygen to the appointment.
- Focus on the reason for the medical appointment.
- Wear dark glasses or ear protection if photosensitive or sound sensitive.
- Refrain from becoming emotional. Keep things objective and professional.
- Bring a friend or family member to establish credibility and assist with communications, note taking, registration, payment, and other procedures.

When Accommodations are Denied

- Report the physician to your state medical board, insurance company, and the American Medical Association.
- Write a complaint letter to the Civil Rights Commission and Department of Justice.
- Call your local disability advocacy groups and ask for assistance. Two well-known organizations include the Centers for Independent Living and Governor’s Council for People with Disabilities.
- Write a letter to the editor of your newspaper.

Both patients and physicians may find more information on accommodating people with MCS and fragrance sensitivity through the Job Accommodations Network and other accommodations resources.

JAN - Accommodation and Compliance Series - Employees with Multiple Chemical Sensitivity and Environmental Illness

<http://askjan.org/media/downloads/MCSEIA&CSeries.pdf>

JAN - Accommodation and Compliance Series - Employees with Fragrance Sensitivity

<http://askjan.org/media/downloads/FragranceA&CSeries.pdf>

Searchable Online Accommodation Resource: Multiple Chemical Sensitivity (MCS)

<http://www.jan.wvu.edu/soar/mcs.html>

Fact Sheet - Job Accommodations for People with Respiratory Impairment

<http://www.jan.wvu.edu/media/employmentrespfact.doc>

HUD - MCS Disorder and Environmental Illness as Handicaps (1992)

<http://fairhousing.com/include/media/pdf/mcsd.pdf>

Multiple Chemical Sensitivity and the Law

<http://www.gerbothlaw.com/2011/01/20/multiple-chemical-sensitivity-and-the-law/>

Research & Training Center on Independent Living: Multiple Chemical Sensitivity and Electrical Sensitivity

<http://www.rtcil.org/products/RTCIL%20publications/Fact%20sheet%20Multiple%20Chemical%20Sensitivity.pdf>

(CANADA) Canadian Human Rights Commission Policy on Environmental Sensitivities

http://www.chrc-ccdp.ca/legislation_policies/policy_environ_politique-en.asp?lang_update=1

(CANADA) The Medical Perspective on Environmental Sensitivities

http://www.chrc-ccdp.ca/research_program_recherche/esensitivities_hypersensibilitee/toc_tdm-en.asp

(CANADA) Accommodation for Environmental Sensitivities: Legal Perspective

http://www.chrc-ccdp.ca/research_program_recherche/esensitivities_legal_hypersensibilitee/toc_tdm-en.asp

Accommodating Employees with Environmental Sensitivities

http://harepublishing.com/Workplace/guide_home.html

US DOE - Multiple Chemical Sensitivity Policy and Resources (2001)

<http://www.naturalworldhealing.com/mcs-usgovt-policy.htm>

(AUSTRALIA) - Disability Access Checklist Guide for Government Owned & Leased Premises (2006)

http://www.sacfs.asn.au/download/SA%20Gov%20Access%20Assesment%20%20guide%20version%20SBF%20final%20DTEI%202007_30_11.pdf