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CARING FOR OLDER AUSTRALIANS

Response to the draft report

We would like to draw your attention to a group of people with a physical disability whose special needs are not currently met by aged care facilities - people with chemical sensitivities or Multiple Chemical Sensitivity (MCS).

Chemical sensitivities and MCS

People with chemical sensitivities or MCS experience symptoms when exposed to low levels of chemicals that they are sensitive to, many of which are commonly found in aged care facilities. For example, being near perfume, disinfectant or car exhaust may give someone sensitive to chemicals asthma, diarrhoea or a migraine. Other symptoms can include fatigue, rhinitis, sinus pain, dry or sore eyes, nausea, diarrhoea, constipation, headaches, poor concentration, memory problems, confusion, depression, anxiety, sleep disturbance, joint pain, muscle pain, rashes and palpitations.

The chemicals that can cause symptoms in people with chemical sensitivities or MCS include car exhaust, diesel fumes, perfume, aftershave, air freshener, fragrances, washing powders, chlorine, polyester, formaldehyde, foam, plastics, rubber, pesticides, insecticides, herbicides, mothballs, disinfectants, paints, solvents, gas, newsprint, cigarette smoke, wood smoke, artificial colourings, flavourings, preservatives and other food additives. Eighty percent of people with MCS also have food allergies and/or sensitivities.

MCS affects people of all ages. A 2004 survey of members of our support group, which formed the basis of an article in *Health Issues* found that the 125 respondents with MCS ranged in age from 18 months to 88 years, and 47 (37.9%) were 60 or over (McIver 2007).

Prevalence

In the *New South Wales Adult Health Survey 2002*, 2.9% of respondents reported having been diagnosed with chemical sensitivity and 24.6% of respondents reported sensitivity to chemical odours. (Centre for Epidemiology and Research, NSW Department of Health 2003) The South Australian Health Department has commissioned two surveys of the prevalence of MCS and chemical sensitivity. The combined results were that 0.9% reported a medical diagnosis of MCS and 16.4% of respondents reported sensitivity or adverse health effects from exposure to one or more chemicals (Fitzgerald 2008).

Many people with MCS are financially disadvantaged because they are unable to work and have been on a Disability Support Pension for many years. In our 2004 survey, of the people with severe MCS, 44 were of working age and 25 (56.8%) received the Disability Support Pension (McIver 2007). (Some would not have been eligible for the Disability Support Pension because of their partner's income.)

People with MCS are often socially isolated because of their need to avoid chemicals that most people use on themselves and their clothes and that are found in most public buildings and many outdoor areas.

MCS and aged care services

Because aged care facilities currently don't accommodate them, people with MCS aim to stay in their own homes. However, even this is difficult for someone with MCS who can no longer manage their home on their own. A few councils have been able to provide home help staff who don't wear any fragrance, but often people with MCS are made sick by the fragrances or other chemicals on the people helping them.

In addition to older people with MCS needing accessible aged care services, there are also some younger people who are very disabled by severe MCS, sometimes in addition to other medical problems, and who depend on parents or partners being their carers. Without family members caring for them, they would require the level of care provided in aged care facilities, but would not be able to access these facilities because of their MCS.

Like other Australians, people with MCS would like to be able to visit elderly relatives who are residents in aged care facilities, without getting symptoms from the chemicals in the facility. Sadly, it can be impossible for people with severe MCS to visit at all, causing distress to both the person with MCS and their elderly relative.

Improving access to aged care services

The Australian Human Rights Commission included the following in *Access to buildings and services: Guidelines and information*:

Use of chemicals and materials

A growing number of people report being affected by sensitivity to chemicals used in the building, maintenance and operation of premises. This can mean that premises are effectively inaccessible to people with chemical sensitivity. People who own, lease, operate and manage premises should consider the following issues to eliminate or minimise chemical sensitivity reactions in users:

- the selection of building, cleaning and maintenance chemicals and materials (see *Note* below);
- the provision of adequate ventilation and ensuring all fresh air intakes are clear of possible sources of pollution such as exhaust fumes from garages;
- minimising use of air fresheners and pesticides;
- the provision of early notification of events such as painting, pesticide applications or carpet shampooing by way of signs, memos or e-mail.

For more information on ways to eliminate or minimise chemical and fragrance sensitivity reactions look at <http://www.jan.wvu.edu/media/MCS.html> and <http://www.jan.wvu.edu/media/fragrance.html>

Note: There are a number of relevant environmental and occupational health and safety regulations and established standards, however, as is currently the case with other standards referenced in building law, compliance with those standards may not necessarily ensure compliance with the DDA.

(Australian Human Rights Commission 2007)

Following these guidelines would make aged care facilities more accessible to people with MCS, both as residents and visitors. However, it should be noted that provision of early notification of painting etc will not help residents of aged care facilities, as they cannot stay away until the paint etc is no longer a problem. Also, although the links make further suggestions, including sample fragrance-free policies,

these guidelines themselves do not mention the problem of fragrances and other chemicals on the skin, hair and clothes of staff, other residents and visitors.

More detailed guidelines are needed. The House of Representatives Standing Committee on Legal and Constitutional Affairs report on the inquiry into the draft Disability (Access to Premises – Buildings) Standards, *Access All Areas*, states, “In their current form, the Standards do not contain any provisions relevant to MCS.” (p. 133) The section on MCS concluded with, “The Committee recognises the difficulties facing people with MCS and environmental sensitivities. The Committee urges the Government to undertake research with a view to determining what measures might be taken to alleviate the impact of building design on sufferers of these conditions.” (p. 135).

<http://www.aph.gov.au/house/committee/laca/disabilitystandards/report.htm>

Until good Australian standards are developed, we recommend the United States Centers for Disease Control and Prevention (CDC) Indoor Environmental Quality Policy (2009), which applies to all CDC workers at all CDC facilities, as an excellent example of a policy that would improve indoor air quality in any facility, and make that facility far more accessible to people with chemical sensitivities. This policy specifically mentions chemical sensitivities.

More detailed information, for example about which cleaning products and building materials are suitable or unsuitable for people with MCS, is available from *IEQ: Indoor Environmental Quality* (National Institute of Building Sciences 2006), which was a project of the National Institute of Building Sciences (NIBS) with funding support from The Architectural and Transportation Barriers Compliance Board (Access Board).

We do not know how far mainstream aged care facilities will be able to be made accessible to people with MCS, but some improvements could be made at little or no cost. For people with severe MCS, who would suffer severe symptoms if forced to share rooms or activities with people with fragrances or other problem chemicals on their skin, hair or clothes, special facilities, or separate areas within mainstream aged care facilities, are needed. This would probably be more cost effective than trying to provide an appropriate environment, equipment such as air purifiers and water filters, and special meals at a number of different mainstream aged care facilities. It would also allow people with MCS to socialise with people free of fragrances and other problem chemicals, which would be very difficult to organise in a mainstream aged care facility.

References

Australian Human Rights Commission (2007) *Access to buildings and services: Guidelines and information* http://www.humanrights.gov.au/disability_rights/buildings/guidelines.htm#chem

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House of Representatives Standing Committee on Legal and Constitutional Affairs (2009) *Access All Areas* Report on the Inquiry into the draft Disability (Access to Premises – Buildings) Standards <http://www.aph.gov.au/house/committee/laca/disabilitystandards/report.htm>

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National Institute of Building Sciences (2006) *IEQ: Indoor Environmental Quality* <http://www.access-board.gov/research/ieq/index.cfm>

Yours sincerely,

The AESSRA Inc. Committee