

**Recommendations of good clinical practice
in hospital emergency departments
for the attention of people affected by
Multiple Chemical Sensitivity (MCS)**

Group-work on multiple chemical sensitivity (MCS).

(Document elaborated in agreement with the Societat Catalana de Medicina d'Urgències i Emergències.)

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Introduction

Multiple chemical sensitivity (MCS) is an acquired chronic disorder characterized by recurrent symptoms that appear as a response to low levels of exposure to non-related multiple chemical products. Symptoms can be attributed to different organs and systems and are usually related to the central nervous system and the circulatory and respiratory systems.

MCS is a syndrome that can frequently be associated to chronic fatigue syndrome, fibromyalgia and other chronic pathologies.

The group's objective is to formulate recommendations for the attention of people with MCS in hospital emergency departments, at the request of the association of people affected by MCS. It is expected that these recommendations will reach all hospitals belonging to the National Health Service.

The following conclusions have been reached by the Agència d'Informació, Avaluació i Qualitat en Salut (AIAQS) through technical enquiry on the attention of people affected by MCS at hospital emergency services (June 2010) ⁽¹⁾:

- There is little evidence on how care of patients with MCS in hospital emergency departments is managed. None developed within the Spanish State. The protocol of the Clínica Cima in Barcelona, already in effect for two years ⁽²⁾, has been identified at a later date.
- Three hospital protocols developed at Canadian centres include the steps to be followed with patients affected by MCS presenting at a hospital emergency department and two systematic revisions on MCS by acknowledged entities in Australia have also been identified.

Since the effect of the measures described in the protocols has not been proved and that these measures are context-dependant, the MCS work group (annex 1) coordinated by the CatSalut, decided to formulate "Recommendations of good clinical practice", that is, recommended practice based on clinical experience and on this work group consensus.

Recommendations' proposal

0. Care in emergency departments

- Effective communication with the patient is essential since patients usually know well their clinical condition and what can make them feel better or worse.
- It must be taken into account that scented products can cause symptoms in these patients.

1. Treatment in emergency departments

People affected by MCS should not receive a deferential treatment from those who also need assistance in hospital emergency departments. Priority must be given in accordance to the severity that has originated the visit to the emergency department.

2. Use of mask

- The use of mask will be respected in the case of people affected by MCS who are wearing the mask when presenting at emergency departments or who are willing to wear it during the visit.
- The use of mask will not be recommended to patients with MCS who do not wear one when presenting at emergency departments or who require advice on this aspect.
- A surgical mask will be provided to those patients who, regardless of having been advised against the use of a mask, still request its use.

3. Care of people with MCS in individual compartments

- The structure of today's hospital emergency departments and the high volume of patients to be attended to, do not allow the disposal of compartments for the exclusive use of MCS patients.
- In case the hospital emergency department has an individual compartment at disposal, and depending on the hospital's occupancy, attendance to MCS patients is advised to take place in this space, even though such advice does not mean the need for specific isolating measures.

4. Hygienic products used by health professionals

No recommendations have been established on the hygienic products used by health professionals attending to MCS patients at emergency departments.

5. Cleaning and disinfection of the emergency departments' physical spaces

The current legislation concerning the cleaning of physical spaces and the use of disinfectants must be followed, even though some of these patients can present symptoms when exposed to such products.

6. Training

Correct training for resident doctors and continuous training for MCS health professionals must be warranted, particularly for those developing their activities at emergency departments (emergency doctors) and primary attention departments (family doctors).

Annex 1. Members of the group-work on multiple chemical sensitivity (MCS).

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|-----------------|---|
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Bibliography:

- (1) Estrada MD. Estat de coneixement sobre l'atenció als serveis d'urgències hospitalàries dels afectats d'hipersensibilitat química múltiple. Barcelona: Agència d'Avaluació de Tecnologia i Recerca Mèdiques. Servei Català de la Salut. Departament de Salut. Generalitat de Catalunya; 2010.
- (2) Protocolo C-121. Centro Internacional Medicina Avanzada (CIMA). Asistencia urgente a pacientes con SQM/IQM. 13/05/2009.