

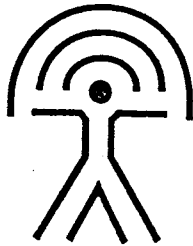
# **ENVIRONMENTAL HEALTH IN HOSPITAL**

*A Practical Guide for Hospital Staff*

## **Part II: ENVIRONMENT-SENSITIVE CARE**

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Canadian Society for Environmental Medicine



## **The Canadian Society for Environmental Medicine**

is an incorporated (1985) non-profit foundation dedicated to advancing human health and well-being through:

1. study of the close relationships between people and their environments and important health effects that may result from these interactions;
2. promotion of environmental stewardship to prevent pollution-related illnesses, in collaboration with other similarly motivated organizations;
3. improvement in access to a comprehensive range of medical and social services for individuals adversely affected by environmental exposures;
4. education of the public and health care professionals about environment-related illnesses; and
5. stimulation of, and involvement in, environmental health research.

### **Environmental Health in Hospital *A Practical Guide for Hospital Staff* Part II: Environment-sensitive Care (Part I: Pollution Prevention)**

This guide is based on current knowledge and parts of it may be changed as new research findings emerge with regard to the effects of environment on health and effective prevention and remediation strategies. Suggestions are offered which may assist refinement of hospital policies that promote and protect patient and staff health, and optimize care for individual patients with environment-sensitive illnesses. It is acknowledged that the available evidence upon which these suggestions are based varies in quantity, type, and quality.

Some suggestions in this guide may not be suitable for some hospitals.

This publication was developed as a collaborative process over several years, and thus in total may not necessarily represent the views of individual contributors.

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# **Environmental Health in Hospital**

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In the 1960's, Dr. J.G. Maclellan, founding member of the Ontario Allergy Society (1958), the American Academy of Environmental Medicine (1965), the Allergy and Environmental Health Association of Canada (1969), and the Canadian Society for Environmental Medicine (1985) originated hospital admission information sheets to assist his allergic and chemically sensitive patients and his medical colleagues.

These information sheets were well-received and formed the basis for the first edition of Environmental Health in Hospital, compiled by Dr. L. M. Marshall in 1993 with the input of Dr. Maclellan and other CSEM colleagues. This Guide has been annually updated and expanded as a result of ongoing literature review and feedback from experienced physicians, nurses, other health care providers, and consumers.

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**Environmental Health in Hospital** *Canadian Society for Environmental Medicine*  
**A Practical Guide for Hospital Staff Part II: Environment-sensitive Care**

**Using this guide:**

There are two sections, Part I centred around providing a supportive environment for optimum patient care, and Part II focused on enhancing staff environmental awareness to assist in the provision of optimum care, particularly for those with environment-sensitive illnesses.

An overall summary of suggestions for each part is provided near the beginning of Parts I and II.

A summary of suggestions pertaining to each department may be found at the end of the chapter for that department, and may be photocopied and posted on department bulletin boards. The complete guides may be kept in each department for ready reference and/or can be obtained from the designated Environmental Health in Hospital Coordinator(s)(see Administrative Services).

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**PART II: ENVIRONMENT-SENSITIVE CARE**

**Introduction:**

People with environment-sensitive illnesses may present at hospital not only for treatment of reactions to environmental exposures, but also for injuries, acute or chronic illnesses, and surgery. Besides generating distress for patients, contending with adverse reactions is time consuming and disconcerting for caregivers.

This guide is designed to assist hospital staff in each department to anticipate and meet the needs of those with environment-sensitive illnesses such as allergic and irritative rhinitis/conjunctivitis (Meggs et al, 1996; Wjst et al, 1994), asthma (Becker, 1998), chronic obstructive pulmonary disease (Burnett et al, 1994), latex allergy (Doctor, 1998), multiple chemical sensitivities (Randolph, 1962; Cullen, 1987; Ashford and Miller, 1998; Consensus, 1999), migraine (Smith, 1989) etc., who may have exacerbation of their symptoms on encountering a wide variety of commonly occurring allergens, irritants, or toxins, singly or in combination, even at levels tolerated by the majority of the population (McLellan, 1990; National Research Council, 1992). Allergies, sensitivities, irritations, and intoxications may manifest as symptoms/signs related to any body system with a spectrum of severity from mildly annoying to life-threatening. Triggering of reactions by exposure to environmental substances can result in immediate or delayed symptoms which wane after varying lengths of time when the exposure(s) cease(s) (Randolph, 1965; Thomson, 1985). Children are particularly vulnerable to environmental contaminants because they breathe in pollutants at a faster rate than adults, drink and eat more per kilogram of body weight, and are active and explorative (Snodgrass, 1992; Colborn et al, 1993; Canadian Institute for Child Health, 1998).

When anyone is in a sufficiently vulnerable state to require hospitalization, and especially when persons with allergies and other sensitivities are in hospital, it may be difficult or impossible to determine to what extent onset or exacerbation of symptoms is related to the condition precipitating the admission, illness apprehensiveness, provocative agents in the air, food or water, one particular medication, drug combinations, or overlap of any of these factors. Therefore, it is especially important to protect patients with measures such as those outlined in this guide.

The objectives of environment-sensitive care are to prevent reactions, minimize discomfort, enhance patient trust and confidence, diminish families' fears, decrease cost/length of hospital stay, and increase the likelihood of successful treatment outcome. Some hospitals will have already developed policies including some of the following suggestions. Others will have found it daunting to institute and co-ordinate multi-departmental environmental procedures. Patients' needs vary widely and not all of the proposed actions need to be taken for every patient. Nevertheless, strategies designed to protect the most vulnerable, especially with respect to indoor air quality, afford the additional advantage of providing cleaner air for all patients and staff, including those with unrecognized allergies and other sensitivities.