

The Three P's

For Creating and Maintaining a “Scent/Fragrance Healthy” Facility

POLICIES For Providers, Clients/Patients and Building Visitors

Providers: Because even one strongly scented person in the building can negatively affect its air quality for everyone (*think: smoker on an airplane*), it's vital that all providers in the building are fragrance free to the extent possible and to work to assure that their staff, patients/clients are also.¹ (*For details, see Resources/Handouts at www.evonne.life.*)

Patients/Clients: Facilities that have implemented even voluntary fragrance policies for patients and visitors have experienced a 75% improvement in air quality. But, like any policy, **expectations must be communicated in many ways and locations**, including prominent signage at the entrances, and in the waiting rooms (where clients can see them), in restrooms and treatment rooms. (Think about how many places you see “no smoking” signs and let that be your guide.)

Patients should be notified prominently in their intake paperwork (or in a hand-out or memo for existing patients) what is expected of them, in specific terms, including categories of products to avoid.

A vague request such as “please wear no strong fragrances” is subject to individual interpretation and does not help patients/clients realize that fragrance is in many different types of products that they may be using, from soaps and hair products to laundry products, which are increasingly scented now. For example, some laundry product manufacturers boast that their product smell “lasts” (i.e., it “off-gasses” chemicals) for up to 12 weeks! (*See samples of possible language for policy statements and signage.*)

Visitors: Sometimes strongly scented service people, contractors, caregivers, and other visitors come into the building a brief time but can leave lingering fragrance that impacts the air quality of the building. Alerting such visitors in advance to your expectations re: keeping your facility healthy is an important prevention step.

Asking anyone to change their personal practices “for the benefit of others” has an unpredictable impact on most people’s behaviors, especially when most don’t know what products are problematic for themselves and others. Also, according to theories on moral development, roughly 1 in 4 people don’t care if what they do harms others—but they typically do respond to authority: in this case their health care provider or building management staff.

PRODUCTS Hand sanitizers, soaps, lotions, linens, cleaning products, laundry products, essential oils, etc.

A review of all products used in the building, and replacement of any scented ones with fragrance-free products, could make an enormous difference in air quality. Scented hand sanitizers (such as Purell), hand-soaps, linens and cleaning products are huge contributors to the level of scent chemical contamination in a building. Please note that any list of product ingredients with the word “fragrance” or “parfum” on the container is scented.

Also, some products that are labeled “unscented” are not totally free of fragrance. Claims that products have natural ingredients in them, such as citrus, lavender, strawberry, etc., are marketing strategies, not factual.

¹ See www.evonne.life under Resources/Handouts for “Advice for Staff and Patients to Minimize Use of Personal Scented Products in Health Care Settings”

THREE P's continued.

No regulatory agency monitors what these “proprietary secret” ingredients really are, which typically are synthetic chemicals manufactured to smell like natural scents.

Some health care staff wrongly believe that cleaning wipes and other such products marketed by medical supply distributors are safe and required by health regulations. There are much safer, allowable ways to “sanitize” treatment area, such as the use of hydrogen peroxide, which is non-toxic and passes muster with health regulatory authorities. Isopropyl alcohol (70%) is another excellent choice for sterilizing and de-scenting surfaces. Running an air filter in treatment rooms and upgrading building air filtration can help clear the air for patients and staff.

The scoop on essential oils: A study released August 2018 reported that essential oils (even if organic) were just as harmful to people with lung issues as other scented products. *Providers who are using essential oils in their practices are unintentionally harming clients, while intending to help, calm, or please them.*

PROCEDURES Policies are only effective if they are enforced.

Many providers (understandably) are not comfortable asking a noticeably scented client/patient to leave the building, or to take the ultimate step of dismissing habitual scent “offenders” from their practice for the benefit of everyone else who comes in the building (especially staff.)

Consider how administrators handle other situations in which such action is called for: e.g., someone who vapes in the waiting room, a cellphone user who is annoying other clients, a harassing client, or clients who habitually cancel appointments without sufficient notice or those who don't pay their bills.²

Special Note: Remember that a health care provider can dismiss a client at any time for any reason (UNLESS they are a member of a protected class, such as because of a disability, age, gender, sexual orientation, ethnicity, etc.).

Sometimes the “greater good” warrants taking progressive disciplinary actions with some individuals.

Because the health needs of the many outweigh the desires or personal preferences of the few.

**THANK YOU FOR EVERYTHING YOU DO TO MAKE YOUR FACILITY FRAGRANCE
SAFE AND ACCESSIBLE FOR EVERYONE!**

² (See www.evonne.life for suggestions on enforcing fragrance policies and other tools under “Resources”)