

Claudia Smith, PhD, MPH, BSN, RN, a registered nurse with 33 years of experience as a caregiver for her husband, who acquired brain damage and Multiple Chemical Sensitivity (MCS) following a poorly managed office renovation, presented a nursing-centric framework for MCS care at the Resilience 2026 conference. Drawing on the foundational nursing principles of Florence Nightingale, Ms. Smith framed MCS care as a combination of clinical vigilance, environmental control, and interpersonal empathy. She emphasized that for people with MCS, the modern world is a mixture of synthetic volatile organic compounds (VOCs) that are as ubiquitous and potentially hazardous as microorganisms, requiring a similar level of rigorous hygiene and protection in healthcare settings.

A central theme of Ms. Smith's presentation was the concept of "vigilance" as a positive and necessary coping mechanism rather than a mental health disorder. She described her husband's immediate physiological reactions to low-dose exposures, such as stumbling and sensory loss, which mimic transient ischemic attacks. Because patients are often exhausted by the constant need to scan their environment for danger, Ms. Smith urged nurses to support their vigilance. This involves believing the patient's reported sensitivities without judgment, identifying potential chemical triggers in the facility, and proactively removing the patient from high-risk zones. She noted that emotional responses in these patients are often physiological symptoms of exposure rather than psychological instability, and a nurse's calm presence is vital for building trust.

For the general public and family caregivers, Ms. Smith detailed the profound social contraction and isolation that accompanies MCS. She shared her personal experience of the high costs of safety, including the loss of employment, the need for specialized housing maintenance, and the inability to attend church or travel by plane because of ambient fragrances and cleaning agents. She highlighted that successful caregiving requires an early warning system in which family members check environments before the patient. Practical home care involves switching to fragrance-free personal care and cleaning products, using air filters with activated carbon, and allowing new items like shoes or furniture to off-gas in a garage for months before bringing them into the living space.

Using a case study, Ms. Smith provided a specific roadmap for clinical accommodations. Key strategies for healthcare providers include scheduling patients with MCS as the first appointment of the day to minimize cumulative ambient exposure, using telehealth where possible, and providing portable air cleaners with carbon filters in waiting rooms. During inpatient stays, she recommended using hypoallergenic linens washed in fragrance-free detergents, avoiding scented hand sanitizers and dryer sheets, and using water-based whiteboard markers. In surgical contexts, she advocated for meeting with anesthesiologists in advance to plan for spinal rather than inhaled anesthesia and ensuring that nursing personnel assigned to the patient are strictly fragrance-free.

Ultimately, Ms. Smith argued that safer healthcare environments for MCS patients also protect healthcare workers. She called for nursing leadership to advocate for facility-wide policies. These include substituting chlorine-based disinfectants with hydrogen peroxide-based

alternatives, improving ventilation, and demanding better chemical labelling. By shifting the burden of safety from the vulnerable individual to the healthcare system, nurses can uphold their core professional value of making care accessible and safe for everyone.