

Membership Application Form

Post this form with a cheque or money order to AESSRA Inc., P.O. Box 298, Ringwood, Vic 3134 or apply online at www.aessra.org and pay using PayPal, with your PayPal account, credit or debit card.

Tick boxes as applicable.

FULL MEMBERSHIP

You have allergies and/or sensitivities that significantly impair your ability to work, study or socialise:

Do you have chemical sensitivities, food allergies/sensitivities, and/or other allergies/sensitivities (please specify)

.....
 Full Fee \$35 Concession fee \$20 Pension/Health Care Card No.

ASSOCIATE - RELATIVE MEMBERSHIP

You are joining on behalf of a child/ren or are you the carer of an adult who has allergies and/or sensitivities that significantly impair their ability to work, study or socialise. Please add details of affected relative(s) on a separate sheet of paper.

Full Fee \$35 Concession fee \$20 Pension/Health Care Card No.

ASSOCIATE - SUPPORTER MEMBERSHIP

You have less severe allergies/sensitivities, or have recovered, or simply wish to support AESSRA

Full Fee \$35 Concession fee \$20 Pension/Health Care Card No.

ASSOCIATE - PROFESSIONAL MEMBERSHIP

You have a professional interest (eg a health practitioner, manufacturer or retailer)

\$35 (please specify)

New Member Previous Member

Mr/Mrs/Ms/Miss

Address

Postcode Phone Number(s).....

Email

I agree to be bound by the Code of Conduct and Rules of AESSRA Inc for the time being in force:

Signature Date

(The AESSRA Inc Code of Conduct and Rules are at www.aessra.org or you can contact AESSRA for a copy.

Disability discrimination

The Australian Human Rights Commission includes information about improving access for people with chemical sensitivities in their *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.

www.humanrights.gov.au/publications/access-guidelines-and-information#chem

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People who experience discrimination, harassment or bullying because of fragrance sensitivity can complain to the Australian Human Rights Commission or state equal opportunity and anti-discrimination agencies. Further information: www.humanrights.gov.au or phone 1300 656 419.

Fragrance and Disability Discrimination

Fragrance is a common trigger of asthma, rhinitis (hayfever), sinusitis, eczema, dermatitis, migraine and other types of headaches. Fragrance can also trigger anaphylaxis (a potentially fatal allergic reaction), epileptic seizures, dizziness, fatigue, poor concentration, nausea and other symptoms.

Some people are allergic or sensitive to one or more fragrance ingredients. Some get symptoms only when they use a product containing fragrance. Others get symptoms when someone around them is wearing fragrance or when there is fragrance in a room from cleaning products, air fresheners or other sources.

People with fragrance sensitivity are considered to have a disability under the federal Disability Discrimination Act and state equal opportunity and anti-discrimination legislation.



Allergy and Environmental Sensitivity Support and Research Association Inc.

Reg. No. AOOO6141S ABN 32 386 589 943

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Fragrance-free policies

In 2000 Halifax, a town in Nova Scotia, Canada, banned wearing fragrance in most indoor public places, including schools, hospitals, libraries, courts, municipal offices and buses. An increasing number of public places and events in Canada and the U.S. have fragrance-free policies, and they are starting to appear in Australia.

United States Centers for Disease Control and Prevention (CDC) Indoor Environmental Quality Policy

C. Building Occupants 1. Non-Permissible Products

Scented or fragranced products are prohibited at all times in all interior space owned, rented, or leased by CDC. This includes the use of:

- Incense, candles, or reed diffusers
- Fragrance-emitting devices of any kind
- Wall-mounted devices, similar to fragrance-emitting devices, that operate automatically or by pushing a button to dispense deodorizers or disinfectants
- Potpourri
- Plug-in or spray air fresheners
- Urinal or toilet blocks
- Other fragranced deodorizer/re-odorizer products

Personal care products (e.g. colognes, perfumes, essential oils, scented skin and hair products) should not be applied at or near actual workstations, restrooms, or anywhere in CDC owned or leased buildings.

In addition, CDC encourages employees to be as fragrance-free as possible when they arrive in the workplace. Fragrance is not appropriate for a professional work environment, and the use of some products with fragrance may be detrimental to the health of workers with chemical sensitivities, allergies, asthma, and chronic headaches/migraines.

Employees should avoid using scented detergents and fabric softeners on clothes worn to the office. Many fragrance-free personal care and laundry products are easily available and provide safer alternatives.

www.aessra.org/resources/CDC%20Indoor%20Environmental%20Quality%20Policy.pdf

Fragrance and assault

A Scottish court sentenced a man to twelve months jail for assaulting his ex-wife. He had smeared shampoo containing fragrance on a door handle, knowing that it could cause her to suffer anaphylaxis.

<http://news.bbc.co.uk/1/hi/scotland/688024.stm>

A Melbourne bank worker was charged with recklessly causing injury for deliberately spraying fragrance at a colleague who had previously complained that fragrances gave her headaches. This time she collapsed, her tongue swelled and she had difficulty breathing. Her attacker pleaded guilty and under a diversionary program for first-time offenders avoided conviction. She was ordered to pay \$500 to a nominated charity and write an apology to her victim.

Reported in *The Age* 9/7/03 www.theage.com.au/articles/2003/07/08/1057430204327.html

Research

“Chest tightness and wheezing occurred in 20.7% of asthmatic patients after perfume challenges.”

Kumar P, Caradonna-Graham VM, Gupta S, Cai X, Rao PN, Thompson J. (1995) ‘Inhalation challenge effects of perfume scent strips in patients with asthma.’ *Ann Allergy Asthma Immunol.* 75(5):429-33.

“Infant diarrhea and earache were statistically significantly associated with air freshener use, and diarrhea and vomiting were significantly associated with aerosol use. Headache experienced by mothers 8 mo after birth was significantly associated with the use of air fresheners and aerosols; maternal depression was significantly associated with the use of air fresheners.”

Farrow A, Taylor H, Northstone K, Golding J. (2003) ‘Symptoms of mothers and infants related to total volatile organic compounds in household products’, *Arch Environ Health.* 58(10):633-41.

A female medical assistant with no history of asthma or reactions to fragrances was assaulted by a patient, who pumped three sprays of a perfume into her face. The employee experienced an acute anaphylactic reaction with shortness of breath, a suffocating sensation,

wheezes, and generalized urticaria, and required aggressive medical treatment, a long period of oral bronchodilator therapy, and, finally, weaning from the medications. ...

When seen on consultation 2 months after the incident, the patient complained of a persistent shortness of breath, relieved with twice daily bronchodilators, and a persistent sensitivity to all perfumes, but not all fragrances.

Lessenger JE. (2001) ‘Occupational acute anaphylactic reaction to assault by perfume spray in the face.’ *J Am Board Fam Pract.* 14(2):137-40.

“Perfume induces a dose-dependent non-IgE-mediated release of histamine from human peripheral blood basophils. Increased basophil reactivity to perfume was found in patients with respiratory symptoms related to perfume.”

Elberling J, Skov PS, Mosbech H, Holst H, Dirksen A, Johansen JD. (2007) ‘Increased release of histamine in patients with respiratory symptoms related to perfume’, *Clin Exp Allergy* 37(11):1676-80.

“Asthma-like and other symptoms, such as irritation of the eyes, may be induced by exposure of both the airways and the eyes in patients with sensory hyperreactivity. This points to the importance of studying the sensory nervous system, not only in the airways, but also in other organs.”

Millqvist E, Bengtsson U, Lowhagen O. (1999) ‘Provocations with perfume in the eyes induce airway symptoms in patients with sensory hyperreactivity.’ *Allergy.* 54(5):495-9.

“a considerable segment of the American population has adverse reactions to fragranced products, with 30.5% reporting that scented products on others are irritating, 19% experiencing headaches, breathing difficulties, and other problems from air fresheners or deodorizers, and 10.9% being irritated by the scent of laundry products, fabric softeners, or dryer sheets that are vented outside.”

Caress SM, Steinemann AC. (2009) ‘Prevalence of fragrance sensitivity in the American population.’ *J Environ Health* 71(7):46-50.