

Labyrinth Press
Submission to a New National Disability Strategy 2020
Prepared by Michellina van Loder
October 2020

Thank you for allowing public input into the The New Disability Strategy 2020: I too, look forward to better outcomes for people with disability that are an improved and strengthened approach with implementation through targeted plans for action.

Specifically, since fragrance irritants in indoor public spaces has not been addressed nor improved during the 2010-2020 National Disability Strategy.

The National Disability Strategy Position Paper (page 2,2020) aims for a “fully inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community”.

I have fragrance sensitivity because of a permanent disability that is hindered and worsened by exposure to fragrance.

Besides school, I have had no success nor opportunity to improve my life, my health or take part in usual society events, practices, worship nor shopping centres: I cannot even use the majority of public toilets: I am blocked access by fragrance emitting devices and places where fragrance is sprayed about. I cannot work in the workplace due to chronic illness from fragrance as I have suffer persistent lung and sinus infections, as well as diagnosed with inhalant allergies, and CIRS caused by mould from a previous rental property that was a water damaged building.

After which, I now require regular oxygen. I cannot go into most public spaces due to ‘second-hand exposure’ to artificial and naturally fragranced products without the oxygen tank and mask without suffering undue hardship by my lungs condition getting inflamed and my head hurting from headaches I get from a late stage traumatic brain injury I suffered as a youngster. Even with those things my permanent disability is of secondary impact of further disability when among fragrance, that is blatant discrimination and something I have no control over. It is a constant battle.

Statistics

In the iANRES ‘A snapshot of living with Environmental Sensitivities in 2019, statistics report:

“The high number of Perfume Sensitivity registrations is not surprising as a national representative survey of over 1,000 Australians showed that one in three Australians experience health problems when exposed to common fragranced consumer products (Steinmann, 2017). In the Fitzgerald 2008 paper, of the 16% of the SA population

who reported chemical hypersensitivity, 82.5% attributed perfumes as a trigger of their hypersensitivity symptoms. Perfume can trigger a range of symptoms from migraines to difficulties with breathing. Perfume is found in numerous products such as lotions, hairsprays, toothpaste, dental floss, sunscreens, diapers, laundry products and products. (Steinmann, 2018; Fitzgerald, 2008; Steinmann 2017)

Fragrances are the leading cause of allergic skin reactions in children, an Australian study published in the Australasian Journal of Dermatology revealed. "Fragrance mix allergy is increasing in children, possibly because of its increased use in cosmetics and the fact that children are using a wider range of cosmetics earlier in life," (Felmingham et al, 2019)"

We are already at a disadvantage with the lack of fragrance disability inclusion because not are we are excluded 'Directly', by fragrance but as well with 'Secondary Discrimination' by secondary exposure – especially when wearing a mask: because it's when this is removed that fragrance on the clothes and hair get into my airways. I can never get home in time to shower and wash off these irritants before they get into my airways unless in the future there are solid changes laid out as already promised in the 2009 document.

Even without covid safety measures that use products with fragrance in them, everyday buildings and services are blocked for people like myself: public toilets (even at the beach), bathrooms in public buildings and shopping centres do not have fragrance free disability toilets: all the disabled toilets are fitted with fragrance emitting devices; and now with Covid19 most waiting rooms and medical rooms are sprayed with products containing fragrance.

There are fragrance free options available that still disinfect and people have refused me service if I don't use fragrance based hand sanitiser. When they have spray something like Glen20 with lavender fragrance in it and the spray lands over my clothes causing me even further illness than the original exposure: I can never get home in time to change clothes and shower with out getting awful headaches. I am not the only one. From another ⁱⁱstudent at Scentsense ~ all about fragrance:

"As soon as she gets home she has to shower and wash her hair to remove the traces of fragrance. She has to keep her university clothes out of the room in which she sleeps and studies, as otherwise the lingering fragrance will continue to affect her. Once she's showered and washed her hair, she needs to sleep for an hour or two before the headache and brain fog clear."

Covid19 has made it near impossible for me to access medical services, pathology services (I am eligible for them to come to my house but don't want to risk fragrance contamination in my home) because of the ingredient, fragrance ⁱⁱⁱ[quote paper] in hand sanitisers. I live with two diagnoses: a traumatic brain injury, and a lung infection, and inhalant allergies to not only fragrances but also the solvents and petrochemicals used to disperse them.

Before covid I could go out while wearing a 3M carbon filter mask but now due to the sprays being used and the hand sanitisers I am asked to use. At the beginning of Covid I was told by a clinic that I couldn't use my own hand sanitiser. The fragrance in the hand sanitisers make my head hurt for days. I am on strong pain medication and my condition is permanent.

There needs to be some type of business and public education program on fragrance allergies as well as products used that don't have fragrance in them. For public buildings to use fragrance free products, it negates the risk of reactions to fragrance chemical irritant ingredients; to use fragrance in public spaces guarantees a reaction to fragrance chemical irritants.

Hospitals

Chemical Sensitivity, medical emergencies ignored and aggravated by medical facilities. While hospitals are very toxic environments for people who suffer from petroleum-based chemical sensitivities so it is for fragrance made worse by solvents used to disperse the products. It would be safer to use fragrance free products in hospitals.

The lack of a fragrance-free policy is a barrier to accessing health care for those with Fragrance or inhalant allergies, chemical sensitivity as symptoms of illness, MCS and other health conditions such as lung problems, asthma, , sinus problems, chronic lung disease, migraine headaches, skin rashes and disorders.

Doctors

To even discuss getting a fragrance free appointment for pathology, general practitioners, specialists and dentists, such is the medical misunderstanding of the topic of fragrance harm, general staff mostly have little or no knowledge to the point they don't want to make accommodations because they think it's just about their personal choice and right to wear fragrance.

Often they are offended when asked. It's also an awkward conversation that can take half a day once I have to send the letters then ring again to see if they will see me, once they have refused initially I don't feel confident in using their services especially when it's of an intimate nature. I often have to send my Immunologist's letter in advance explaining the situation with fragrance and I am essentially blocked access if they don't understand – and I am not well enough on the day to make them understand.

I don't always have the energy to put in complaints with the Disability Discrimination Service.

Sometimes people forget. One doctor actually said to me: "I only have on a little bit of perfume^{iv}", with no understanding whatsoever. I find the same in the community.

School and University

Even though I do not have MCS, my permanent medical diagnose has symptoms of sensitivities to multiple chemicals, mainly fragrance.

More on how my only succful university disability access plan was put together and what helped and what needs to be done:

“Regardless of the cause of the person’s response, those with severe symptoms are disabled as a result of their symptoms and are thus covered by Sections 4a and 4g of the Disability Discrimination Act (1992). Despite a degree of scepticism from some medical practitioners regarding the legitimacy of MCS as a medical condition, a 2005 SA Parliamentary Enquiry¹ found that the symptoms were nevertheless real.

Australia is well behind the rest of the developed world in addressing MCS in the education and training setting. For example, in the US, more than a dozen states have MCS Awareness Months and the disorder is recognised in the Americans with Disabilities Act. Further, a growing number of school districts have developed policies regarding the use of MDF, painting during term time and ‘offgassing’ of floor coverings before installation in education settings.”^v

Fragrance and Health in Australia

New study: MCS prevalence in Australia among adults aged 18-65

“Results found that, across the country, 6.5% report medically diagnosed MCS, 18.9% report chemical sensitivity (being unusually sensitive to everyday chemicals and chemically formulated products), and 19.9% either or both. Among people with MCS, 74.6% also have diagnosed asthma or an asthma-like condition, and 91.5% have fragrance sensitivity, reporting health problems (such as migraine headaches) when exposed to fragranced consumer products (such as air fresheners and cleaning supplies). In addition, among people with MCS, 77.5% are prevented from access to places because of fragranced products, 52.1% lost workdays or a job in the past year due to fragranced product exposure in the workplace, and 55.4% report health effects considered potentially disabling.”

Steinemann A. 2018. Prevalence and effects of multiple chemical sensitivities in Australia. Preventive Medicine Reports 10:191-194;
doi:10.1016/j.pmedr.2018.03.007.

Full

article: <https://www.sciencedirect.com/science/article/pii/S2211335518300457>

University of Melbourne media

release: <http://newsroom.melbourne.edu/news/common-chemical-products-making-australians-sick-study-finds>

The following from the 'Guidelines on Access to Buildings and Services' after your media release states that:

In the Human Rights, 2001, media release you stated the Disability (Access to Premises – Buildings) Standards

: <https://humanrights.gov.au/about/news/media-releases/2010-media-releasebuilding-access-standards-investment-future#standards>

The Disability (Access to Premises – Buildings) Standards clarify how designers, developers, managers and building certifiers can meet their responsibilities under discrimination law to ensure buildings are accessible to people with a disability.

“The launch of these Premises Standards mean that we are close to finalising what will be far-reaching improvements in building design and construction throughout Australia,” said Commissioner Innes. “We are also closer to the goal of making building law and discrimination law say the same thing when it comes to access.”

In the Human Rights 2007 (Access to Premises – Buildings)

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.

`Original document 1': source: AESSRA

`Original document 2': source:

ASEHA

2nd Source: <http://www.asehaqld.org.au/index.php/aseha-press-releases/122-disability-access-to-buildings>

National Disability Strategy Position Paper

Now, in opposing contradiction to the views in your 'National Disability Strategy Position Paper (page 2,2020)' aims for a "fully inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community" yet as my following legal precedents show, that is not the case at all because there are no clear guidelines to protect those of us who are excluded because of fragrance and the lack of education around fragrance and disabilities. The following is 14 years of stress and frustration with disability discrimination legal cases, discussions and dealing with disability offices:

For my 3 experiences with going to Vcat to sort out discrimination and secondary discrimination that impeded my ability and access to study, teacher access and completing my work please see the following instances:

Example 1) in 2008, the first time I enrolled in a two year 16 module TAFE courses (Business admin I and II), towards the end of it because a teacher refused to not wear fragrance and ignored all my requests as well as my actual disability action plan; therefore, I had to go to Vcat for discrimination and secondary discrimination, which was extremely stressful; consequently, I failed my last class of that course, due to the difficulty of learning mathematics for MYOB in a digital environment: all alone without access to teachers. In that example I won the right to accommodations and access to teachers but had to learn via telephone when I had a question.

Example 2); again, at a different learning institution, I had discussions with DDLS (and managed to avoid Vcat): once again during my last class I faced unequal access to not only the teacher, my worksheets and tests (as I couldn't have ink pages I needed digital copies) and faced unjustifiable hardship with great stress because of that one teacher chose to ignore the fragrance free

environment, failed to ask students, failed to hand out anonymous tick sheets or warn me privately if students said they wore fragrance based sprays and products so I could leave the room.

This one teacher, out of all the good teachers, failed to follow my Access guidelines for me to be told in advance to leave the class and go to 'perfume free room' in the library so my airways and sinus didn't get inflamed. Clear guidelines would stop people from making those type of unfair judgements about disabled students.

I came to class so many times, and just had to leave due to unequal access and discrimination – due to the fact that teacher did not agree that I should be able to attend classes and should have studied online – even though I had a full Access Plan approved by the school disability services since 2010. I missed out on 6 weeks class work that, after discussion with DDLS, was later made up privately in the perfume free room of the library for that particular school.

Example 3); For my third school at Victoria University, as in my included 'Access Disability Plan' (with this document) in 2014, I had to have discussions with the university and had all my disability needs met. While there, I found other students who had asthma or skin conditions said they benefited from the cleaner air space!

For schools, it's important Hepa air filters are used as is proper HEPA cleaning after water-damage in buildings as these have a direct effect on anyone with airway symptoms as a part of their medical diagnose(s).

Instead of taking up DDLS , disability support services, and VCAT valuable time as I myself have --with various councils, home building businesses, medical centres, skin clinicians and schools – where, I always have to point to your 2010 guidelines: 'Guidelines on Access to Buildings and Services' that state specially about the use of chemicals rather than the latest document that talks about chemicals being stored correctly as it says in the last 2010 guidelines.

Recommendations

Can you please make it clear in your future position statement and guidelines that there are people with disabilities where fragrance is a physical impediment to access public spaces; and it is a human rights issue where it is imperative to put a stop to excluding people from buildings – as my university 'Disability Access Plan' at Victoria University proves: there is no undue hardship to provide facilities that provide a non allergenic.

It's also important that you note access to buildings is not possible for some of us due to mould and the inhalant allergy, biotoxin illness, which also can have symptoms bought on by fragrance irritants.

In my case, most recently I visited a doctor who forgot to NOT wear perfume for our appointment of a physical exam told me :“I am only wearing a little bit”. This is the same as saying to a person in a wheelchair there are only three steps! It’s this misunderstanding that fragrance is just a smell to some people while it is an airway irritant to others, and Human Rights lack of guidance on this issue is directly to blame that these people have or awareness, compassion and understanding of this issue.

A disability pensioner with a permanent disability, I demand you have a statement on fragrance using up to date research to protect people like myself and make our lives easier. It needs to be accessible from your website and easy to access on the Internet so we can use it to show people and avoid the use of disability discrimination solicitors.

I have also had to go to DDLS ^{vi}with various councils, home building businesses, medical centres, skin clinician, and I’ve always referred to your 2007 guidelines that state specially about the use of chemicals rather than the latest document that only talks about chemicals being stored correctly.

I find it negligent and irresponsible for Human Rights to have released these documents – to the public and people like myself, that state imperative and important information on accommodations for people with chemical sensitivity along with recommendations that have worked for myself and others, and give businesses and institutions a direct action plan on how to help us, yet they are missing from your website – yet still written in other terms that are unclear.

If you can’t be direct about chemicals many, many people don’t understand and this has caused me hardship in many situations – if someone is attached to their perfume they see it as their right even if I tell them ‘I can’t breathe’!

I don’t want to continue my life with going to Disability Discrimination as its causing me stress and your lack of policy on this matter is an impediment, itself, to going back to school and living even close to a semi-normal life for me.

That doesn’t leave much else in life considering I am housebound and need to human interaction as well as the change to study and learn. I implore you to protect the people disability with chemical sensitivity as a symptom or the illness, MCS, itself; and our human rights by including clear directions and guidelines on fragrance use and non-use for people effected. And the creation of fragrance free spaces and learning plans the same as we have in other countries.

We need some sort of public education plan because even many of our family members and friends become estranged once they feel 'their right'^{vii} to wear chemical irritant based fragrances' wherever and whenever they like has been crossed – even against my right to breath unhindered without an oxygen tank's assistance.

Even in my own home I am not safe because when calling out tradespeople, home help, etc. I can ask them to not wear fragrance but in my experience, even though many are compassionate enough understand, there are just as many who out right refuse to not wear it or worse wear it and deny they are wearing it. Many times they say they just forgot. For me this means rescheduling because I cannot have them in my house or my home will no longer be safe for me.

Having a document that is clear about fragrance and disability to show future work people will help me be safe in my own home.

Other areas I am excluded

I am lucky I have a safe home but so I have refuge but many don't!

I am excluded from:

Inclusive education

Health access to medical, dental etc. on the whim of the owner, CEO

Participating in the community in anyway, even volunteer work

Accessing the places and facilities of my community like libraries, public toilets, theatres, police stations, courthouses, restaurants and cafes, festivals, protests, religious services, and local offices of my MPs.

My Carer

I face further hardship in my own home because of fragrance as even my carer who is totally fragrance-free is subject to getting second-hand fragrance on him at work, as well as first-hand fragrance sprayed over him via fragrance emitting 'air-freshener' devices in the toilets at his workplace. When there is instead, the option to use disinfectants, cleaners and hand washes and sanitisers that do not contain fragrance and would not cause undue hardship. I am not the only one who suffers with this problem of second-hand fragrance in the home place, where we should be safe.

When shopkeepers pack my food shopping for my carer or stock the shelves and are wearing a lot of fragrance we have to air the shopping for a few days in a spare room. Or if it's a fridge item we have to wash it. Not only can I not do the shopping but I cannot unpack it or help wash it because, again there are no guidelines to protect disabled people who have medical conditions with chemical sensitivity as a symptom.

Covid19

Drastically so, since 2003 while trying to avoid exposure to fragrance or fragranced products it has now, especially since Covid19, has pervaded every area of my life.

Even his workplace have fixed sanitiser stations; and as well they gave out personal use hand sanitisers for all staff, where both products contain fragrance, which is not needed to kill covid19. This has caused problems for him at work as he cannot use it without making me sick as he is my carer.

Since the start of Covid19, it's now impossible to go anywhere due to the standard use of fragrances in disinfectants and sanitisers when there is no need for fragrance to be an ingredient. I have also been refused access because I cannot use the fragrance sanitisers, and am waiting on a letter from my doctor so this doesn't happen again. Again, there is no thought to people who cannot use these products.

My Personal Story of Not being able to Access Pharmacies

The following is a link to the SBS interview I took part in on the science of fragrance sensitivity and what it's like to live with it:

Fragrance and MCS on SBS: <https://www.sbs.com.au/news/the-feed/mcs-the-condition-that-affects-one-million-australians-but-is-dismissed-by-doctors>

In this interview you can clearly see that fragrance is a barrier to accessing the pharmacy to get my medicines. I have to stand outside at the door as the tester perfumes are out for use and sale; and I cannot enter with getting very ill. It's wrong that to be able to get medicine, I can get so sick. I am lucky I have a carer: I can understand why the above cases went to HREOC. There is the occasional pharmacy that keeps their perfumes behind locked glass cabinets but only two I have known of.

All pharmacies should have to do this so that the air is kept clean and free from chemical irritants, allowing equal access to pharmacies, which can also have medical centres attached.

Seeing that there have already been two HREOC disability discrimination cases for people not being able to access pharmacies, and both have been successful and accommodations where made, why cant you make recommendations so all pharmacies allow access to their service equally?

MCS SBS <https://www.sbs.com.au/news/the-feed/mcs-the-condition-that-affects-one-million-australians-but-is-dismissed-by-doctors>

Fragrance Sensitivity

Accommodation and Compliance: Fragrance Sensitivity
21 October 2020

Respiratory Impairments

Accommodation and Compliance: Respiratory Impairments
21 October 2020)

i ANRES 2019 A snapshot of living with Environmental Sensitivities in 2019 report: <https://anres.org/2019-anres-data-update/>

ii ScentSense another student's story: <http://scentsense.com.au/node/29>

iii Anne steinemann paper

iv Steinemann A. 2018. Prevalence and effects of multiple chemical sensitivities in Australia. Preventive Medicine Reports 10:191-194; doi:10.1016/j.pmedr.2018.03.007.

<https://www.sciencedirect.com/science/article/pii/S2211335518300457>

v Disability Adjustments: <https://www.adcet.edu.au/disability-practitioner/reasonable-adjustments/disability-specific-adjustments/multiple-chemical-sensitivity/>

vi DDLS: <http://ddlsaustralia.org>

vii Your Right. My Right: <http://scentsense.com.au/node/25>



Access Plan as of 10-Jan-2014

VU is committed to making reasonable adjustments to enable students with disabilities to take part in education and training on the same basis as students without disabilities. To achieve this, Disability Services are available to consult with students, verify the nature of impact of the disability or medical condition, review information from relevant treating professionals and identify reasonable accommodations. These are designed to reduce the impact of a disability in a manner which balances the needs of all parties and does not compromise inherent requirements, academic integrity or legislation.

Due to the nature of the student's verified disability the following reasonable adjustments are authorised for incorporation into the student's study program.

The information contained in this report may be of a sensitive or confidential nature.

To comply with University obligation under the Privacy Act 2002, please ensure that this information is kept securely and not discussed with anyone not directly involved with the student's academic requirements.

STUDENT DETAILS

Student Name	Michellina Van Loder	Course Title	DIPLOMA OF PROFESSIONAL WRITING AND EDITING
Student ID	[REDACTED]	Sector	[REDACTED]
Student Contact	[REDACTED]	College	[REDACTED]
		Campus of Study	[REDACTED]

Duration of DISABILITIES/MEDICAL CONDITIONS

Duration Long-term
 Impact in Education Many everyday chemicals cause multiple symptoms that affect student's ability to fully engage with the learning environment.

Chemicals cause fatigue, severe headaches, chest tightness, swelling, rashes, upper respiratory symptoms, dry eyes, and inflammation of the sinus (which can cause difficulties with breathing). Symptoms can last, causing a deterioration in health.

Chemicals that impact are: aerosol deodorants; aerosol hair sprays; perfumes; aftershave; chemical based cleaning products; vehicle exhausts; solvents; and petrochemicals in ink (e.g., fresh newspaper print, and fresh photocopying).

Other students and staff should be advised as early as possible in the year, concerning the necessity of fragrance free classrooms so that arrangements can be made that cause least distress to the student, and least disruption to staff and other students, while maintaining as fragrance free an environment as possible.

Student would prefer to work mask free as much as possible in class.

ACADEMIC SUPPORT SERVICES

Services Provided

- Student may audiotape lectures and tutorials
Student may audiotape lectures/tutorials. It is expected that all recordings will be for individual use, and will be destroyed when they are no longer required.

The use of a laptop/iPad to reduce the amount of paper/print student to which the student is exposed.

An iPad used to enable student to features/apps such as the camera, 'Dropbox', the digital recorder, and Skype. This will reduce student's need to physically handle print material (such as photocopies and newspaper print).

Student will have another student from the class to take notes for her if she is unable to stay in the class or not attend.

Service Notes

The Disability Liaison Unit (DLU) is responsible for providing an air purifier in all accessed teaching rooms and the Library resource room.

Student to notify the Disability Liaison Officer (DLO) as soon as she is aware of her class times and rooms, ensuring that equipment is in place when required.

Security will turn on filter and make sure door is closed on relevant tutorial mornings.

The DLU is responsible for ensuring the maintenance of all used air purifiers. All used air purifiers are to be cleaned and to receive a new filter each semester.

The DLO will provide appropriate support in advising other class members and staff as to how they can assist Michellina to have a fragrance free environment.

The DLU to provide signage to tutorial rooms advising that the room is a fragrance free area, and that the door is to be left closed to ensure that the air purifier is able to work properly.

The DLU to liaise with facilities re rooms and times that student will be at university, ensuring that cleaning products are kept to a minimum. Ideally, fragrance free soaps should be used in all toilets within the proximity of classrooms, ensuring safe cleaning of student's and other class members' hands, ensuring that the classroom remains as fragrance free as possible after hand washing.

RECOMMENDED LEARNING STRATEGIES

The following recommendations should be negotiated between student and teaching staff.

Inclusive Learning Strategies

- Absences are to be expected. Allow consideration and catch up
- Extensions may be required. If so, will request via standard process.
- Note taker maybe provided.
- Provided all course material electronically by email at start of semester
- Allow students to be in preferred tutorial group

At the beginning of each semester, teacher and other class members to be advised about student's multiple chemical sensitivities and will be asked if they would assist in maintaining a fragrance free classroom environment, as well as minimal exposure to print material. This should be done in negotiation with student, relevant teaching staff and Course Coordinator, and, if required, the Disability Liaison Officer. Some areas that are helpful to include in this discussion are:

- students are asked to come to class without fragrances/perfumes/aerosols;
- if students are wearing a fragrance/perfume/aerosol, please let student know as soon as possible so she can remove herself from the environment.
- printing will be sent to another room;
- electronic material is preferable to physical newspaper articles or photocopies, especially when freshly printed. (Dropbox may be a good app to support the sharing of material, as will student's use of an iPad in class).

As much as possible it is hoped that the environment is free from fresh newspaper print and fresh photocopy material. It is preferable for material to be made available electronically (perhaps with the use of 'Dropbox') or that material is enclosed in a plastic sleeve. Student will also have access to an iPad, so will have the option to capture a picture of articles, reducing the need to handle fresh print and/or fresh photocopy material.

If photocopying is done within class time, it is preferable that the print job be sent to a photocopier outside the classroom.

If possible, student's classes should commence mid morning, to avoid exposure to exhaust fumes during morning driving. This should be negotiated with the relevant teacher.

There may be times when student is not able to fully engage in class discussions.

It would be helpful for student to be able to contribute to group work via email/WebCT/ when she is unable to contribute in person.

Presentations can pose a barrier for student. Student to negotiate with academic staff to consider an alternate form of assessment.

Student may be unable to attend to her academic commitments as a result of her health. Attendance levels may fluctuate, and this should be taken into consideration (e.g., flexibility in relation to compulsory attendance should be provided). Please contact Disability Liaison Officer [redacted] for further clarification, and to explore strategies to ensure appropriate support is put in place.



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Access Plan**ALTERNATIVE ARRANGEMENTS ADVICE**

Arrangements for examinations and assessments are organised by the teacher or lecturer-in-charge (unless administered by the central exams unit). The student is advised to inform their teacher or lecturer-in-charge in advance to allow time for arrangements.

Examination Advice

- Exam paper to be provided electronically on a CD/USB.
- If ill on exam day, student will complete Special Examination Request.
- No more than one exam per day.
- Requires use of a laptop.
- Be eligible for a separate room on their own.

iPad can be used instead of laptop.

Invigilators should be informed of requirement not to wear aerosols/fragrances when invigilating exams for student.

Toilet facilities should have fragrance free soap and cleaning chemicals should be kept to a minimum and be fragrance free as far as is possible.

Air conditioning to be left on for the duration of the exam. This ensures that the purifier is able to work optimally, and reduces the impact of chemicals that are potentially present within the environment.

Air purifier needs to be placed in the examination room, ideally turned on one hour prior to her exam. The door needs to be closed to ensure optimal use of purifier.

Rest break per hour taken at student's discretion, if needed 10 minutes

If student becomes affected by chemicals or fragrances she may have to leave the area immediately. Alternate exam arrangements should be made in that case.

ACCESS PLAN DETAILS

Assessed On	Fri 10-Jan-2014
Assessed By	[REDACTED]
Valid Until	Fri 28-Nov-2014