Your Nose Knows
by Carolynne Stevens

This is one of a series of articles on using the five senses to evaluate, and to achieve, quality in human care facilities. This article explores the sense of smell. While the article is primarily addressed to human care facility operators and staff, it should be equally helpful for families and consumers in evaluating facilities.

The sense of smell is primitive and powerful, even though human beings take a back seat to their pets in this skill. Scents are hard for us to describe, but they leave strong memory trails. To this day, the scent of roses reminds me of my grandmother. The blend of chalk dust, fresh oranges and floor wax reminds me of my grammar school, while the blend of cinnamon, clove, and pine reminds me of Christmas. Different places create different scent memories, and evoke different emotional reactions. . . Hospitals, clinics, veterinary offices, funeral parlors, book stores, perfume counters, wood-working shops, the seaside, coal mines, bakery shops, coffee counters, garages . . . My nose knows instantly where I am, and calls forth a flood of associated memories.

Because the sense of smell was originally part of our primary survival system, we are designed to notice new odors. Within a few minutes, through a process called "olfactory fatigue," we no longer smell even strong odors around us but will notice a newly introduced odor even if it is weaker. This means that you need to go outside periodically to let your nose "rest" for a while before you can give the facility a proper "sniff" test.

Remember that visitors get one of their first and most powerful impressions as they enter the building -- and again when they enter a different area within the building. You want the impression to call on their pleasant memories, and to create pleasant associations between your facility and its program.

What impression does your facility leave? First, let's think about some of the disturbing smells I've encountered. These are all signs of serious problems, so you want to make sure they are never present.

**Urine ammonia.** There's never an excuse for this. Fresh urine has no ammonia odor, so the presence of ammonia is clear evidence that the child or adult has been left unattended too long. Or, if it's coming from waste containers, it's a sign of poorly fitted covers and lax waste removal schedules. Similarly, fecal matter never has a pleasant smell but it acquires a musty overtone when not cleaned promptly.

**Overpowering deodorants or cleaning chemicals.** Whether the intent was to mask an unpleasant odor or resulted from "overkill" in cleaning, acrid chemical odors are unpleasant. These odors also suggest a lack of skill or promptness in
maintaining basic cleanliness. Remember that some people are very sensitive to chemical odors, including strong perfumes, and will develop headaches or other allergic reactions.

**The odor of unclean, stale bodies, hair and clothing.** Both children and adults may need help cleaning themselves after using the bathroom. Children or adults who come to day care obviously and persistently unclean are likely being neglected at home and should be referred to protective services.

Children and adults in residential care often need help with bathing, shampooing, mouth care, and foot care. When there is a body odor, especially an "old" body odor, it's evidence that staffs are not giving proper care. It must be addressed after determining whether the problem is lack of training, lack of supervision, or insufficient staffs to respond to the population effectively.

**The smell of unclean bathrooms.** This is not only offensive but also a serious health hazard. Bathrooms must be cleaned frequently. Failure to do this quickly shows up in foul, musty smells. Surface cleaning at frequent intervals will help, but deep cleaning (including scrubbing and sanitizing tiles, grout and fixtures) is also essential. In some climates, mildew treatments are also needed.

Bathrooms used by more dependent children or adults may must be checked and spot cleaned after each use. Any heavily used bathroom should be checked and cleaned as often as needed to assure that it is constantly sanitary and supplied with paper products, at least hourly and more often if necessary.

Deep-cleaning should be done at least daily, and usually twice or more per shift unless the population in care is capable of maintaining toileting neatness.

Rigorous attention to frequent and thorough hand-washing, by staffs and participants, is also essential for disease control. This must be confirmed by observations, however, rather than through the sense of smell.

**Stale air.** The licensing rules governing space in facilities are usually so low that many facilities that appear to be clean still do not have a fresh smell. The concentration of people makes the air feel "over-breathed" and smell "musty" with overtones of old body and food odors. The mechanical air exchange system may be inadequate. Efforts to conserve energy may have led to heavy insulation that results in too little natural air exchange.

If stale air is a problem, you probably need to consult a HVAC engineer to determine what your options are. Simply opening windows a bit, even in winter, is the best option even though it may reduce your energy efficiency somewhat — assuming, of course, that you have a building with windows that open and no significant outdoor pollution. Fresh air reduces the concentration of organisms and chemical pollutants, decreasing the incidence of illnesses from
airborne infections. You'll also need to be careful to avoid creating health and safety hazards, such as falls or mashed fingers or cold drafts on customers, especially small children or debilitated adults.

**Stale kitchen and laundry odors.** All kitchens need a good ventilation fan to prevent cooking odors from settling in to stay throughout the facility. Steam tables that aren't cleaned and changed often enough cause an unpleasant, and unappetizing, steamy-greasy odor. If the grease hood and range aren't cleaned well and often, the result may be not only a smell of old, burned grease but also a fire hazard. Refrigerators must be cleaned often, including shelves and drip pans, which can also be a source of bad odors. Garbage pails should be cleaned and sanitized as well as emptied promptly. Laundry rooms don't usually smell bad unless dirty clothing is stored there too long before being laundered. Proper storage and prompt laundering will cure this easily.

**Catching the scent of quality.** It's easy to describe bad smells that are warning signs of poor quality care. It's a little harder to describe the smell of quality, but it's certainly more than the absence of bad smells.

Think about your own home. It has a fresh, non-dusty, non-musty smell, like a place where sunshine visits often. You probably catch a hint of waxes, soaps, and cleaners. But mostly, home smells like good things happening — but not lingering too long after they've happened!

From time to time, home smells like different things... A good meal. Spices or potpourri in a bowl as you pass by. Flowers and greenery. Fresh popcorn. Freshly cut fruit snacks. Paints, crayons, clay or other craft items being used. A light whiff of cologne from somebody who's important to you.

Smells send powerful emotional signals to people in care and to their families. Smells create lasting memories and evoke strong impressions. What can you do to create for customers, families and your staff, the scents of home and love?

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