

**Indian Health Service
Environmental Steering Committee
Position on Funding Environmental Remediation of Mold**

Position Statement

The Environmental Steering Committee (ESC) has received requests to fund abatement of mold/mold damaged materials using set-aside funds for environmental compliance projects. In accordance with the following information, it is the position of the ESC that funding from this source *will not* be provided for addressing mold damaged or mold contaminated materials in Indian Health Service (IHS) facilities.

Basis for Position

Congress appropriates funds each year for the IHS to address potential environmental hazards in IHS facilities that require remediation. Funds set aside for environmental remediation are used to support Executive Order (EO) 12088 related responses and compliance actions consistent with environmental regulations. This is in accordance with the set-aside language, which states that the funds be used “to address potential environmental hazards.”

Preventive Measures

Mold, the most common member of the fungi, is found nearly everywhere, indoors and outdoors. Indoor molds alone are estimated to include 1,000 species. Completely eliminating mold from a building is not practical. When excessive moisture or water accumulates, mold growth will often occur, particularly if the moisture problem remains undiscovered or is not addressed. The most important step to take to eliminate mold is to eliminate excessive moisture (Robbins, Swenson, Neally, Gots, and Kelman, 2000; Alexpoulos and Mims, 1979; Alcamo, 1994; US Army, n.d.). If the moisture source is not located and eliminated mold growth will recur after abatement and repairs are completed.

The current body of scientific knowledge regarding health effects of mold suggests that the presence of mold in a building constitutes a minimal health risk to the general population (Robbins et al., 2000; Hardin, Kelman, and Saxon, 2002; Burge, 2001). Because of potential health risks, no matter how minimal, and because mold damages building materials, mold growth should be prevented and eliminated (Burge, 2001). The general cause of mold growth in buildings has been due to inadequate attention to detail during construction and a lack of proper maintenance and operation after construction.

Environmental disturbances caused by construction, renovation, and repair activities (e.g., disruption of the above-ceiling area, running cables through the ceiling, and structural repairs, etc.) in and near health-care facilities markedly increase the airborne *Aspergillus* spp. spore counts in the indoor air. Elevated spore counts increase the risk for health-care-associated aspergillosis among high-risk patients (US Department of Health and Human Services, 2003).

Proactive strategies can help prevent environmentally related airborne infections in health-care facilities during demolition, construction, and renovation. The potential presence of dust and moisture and their contribution to health-care-associated infections must be critically evaluated early in the planning of any demolition, construction, renovation, and repairs.

On rare occasions, sampling and laboratory analysis may be used to identify the type of mold found on building materials. If mold growth is observed, the moisture source must be eliminated and the mold growth abated, regardless of the species involved. If a thorough initial assessment fails to identify the problem and there is still reason to suspect mold growth, then sampling by a qualified professional familiar with current guidelines, using a laboratory accredited through the Environmental Microbiology Laboratory Accreditation Program (EMLAP) may be warranted.

Summary

The ESC recommends that mold and mold damaged materials be addressed with preventive and maintenance actions, utilizing M&I and/or other appropriate funds for all IHS healthcare and associated facilities. It is further recommended that a proactive prevention-based inspection and maintenance program be implemented to identify water infiltration and mold problems at an early stage when repair and abatement activities will be minimal. Consistent with its mission to support environmental compliance remediation activities, the environmental set-aside funds which have been identified by IHS for this purpose will not be used to abate water and mold damaged materials.

Citations and Information Resources

1. Alcamo E.I. (1994), *Fundamentals of microbiology* (4th ed.), Redwood City, CA: Benjamin/Cummings.
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3. Burge, H.A. (2001), Fungi: toxic killers or unavoidable nuisances?, *Annals of Allergy, Asthma, & Immunology*, 87, 52-56.
4. Hardin, B.D., Kelman B.J., & Saxon A. (2002), Adverse human health effects associated with molds in the indoor environment. American College of Occupational and Environmental Medicine. Retrieved from <http://www.acoem.org/guidelines.aspx?id=850>.
5. Robbins C.A., Swenson L.J., Neally M.L., Gots R.E., & Kelman B.J. (2000), Health effects of mycotoxins in indoor air: A critical review, *Applied Occupational and Environmental Hygiene*, 15(10), 773-784.
6. US Army Center for Health Promotion and Preventive Medicine, *Mold*, <http://chppm-www.apgea.army.mil/mold>
7. U.S. Department of Health and Human Services. (2003). *Guidelines For Environmental Infection Control In Health-Care Facilities, Recommendations of CDC & the Healthcare Infection Control Practices Advisory Committee (HICPAC)*, Atlanta, GA: CDC