

## **USA v UK in mould treatment and recovery**

### **Doctors in USA**

Just prior to COVID I started my journey in beating mould illness (CIRS & Inflammatory response)

I was speaking at a Surviving mold conference in USA when two doctors in the audience who I had been friends with for many years approached me and said they were concerned at tell-tale markers and suggested medical tests.

I was diagnosed with CIRS and later ADHD and Bipolar and later couldn't walk or talk but lucky to be diagnosed early.

I started treatment while in USA but continued successful and additional treatment back in the UK with nutritionists

### **Nutritionists in the UK**

A big surprise after CIRS was identified in USA, my treatment in the UK was the same as in USA.

Nutritionists in the UK have made fantastic progress in making USA advanced diagnosis and treatments available in the UK.

With medical treatment easily monitored just two questions regarding USA and UK comparisons remain.

### **Mould investigation and finding causation**

In the USA mould specialist doctors and nutritionists recognise treatment is unlikely to succeed if the triggers or mould and other biological reservoirs are present in the home. They will always use professionally qualified and competent IEPs because they need accurate reports, and their reputational risks are eliminated because due diligence is in recommending a surveyor who has recognisable qualification and experience.

### **How do surveyors differ between USA and UK?**

The first issue is the USA government recognise the need for competence and relevant qualification. This is laid down in government followed guidelines (ACGIH) and in many states Indoor Environmental Professionals (IEPs) must be suitably qualified and state licensed. Qualification must be suitable, and specifically mention a PhD or irrelevant higher education isn't sufficient but recommend specific environmental related monitoring certification across many fields. In the UK anyone can do a BDMA or Dew Point CITY & Guilds 1- or two-day course in water damage and list themselves as a mould inspector whereas the training and certification can take years. Just one of my USA qualifications takes 8 years to achieve and my continuing competence and education and CPDs are monitored annually.

Unqualified and ill-equipped surveys may fail to identify reservoirs of chemical or bio amplification triggers and as most sampling protocols on their own are usually meaningless requiring expert interpretation of all environmental factor. In the absence of legislation HSE follow recognisable standards and ACGIH is acceptable.

### **UK and USA Decontamination**

The next difference is seen in decontamination. Here we see often incompetent UK contractors who don't really understand mould and biological contamination issues.

Competing with the UK are the professional sales and marketing programs of USA.

US companies operating in the UK such as Pure maintenance, Bio sweep and a variety of magic smoke and mirrors protocols **never seem to provide** 3<sup>rd</sup> party verifiable results from qualified IEPs.

As a qualified IEP and decontamination expert, in both USA and UK I would simply ask why none of the USA protocols currently seen operating in UK are recommended in USA by leading mould doctors.

These systems simply don't provide anywhere near the philosophy of professional mould removal.

The correct protocols for mould remediation are well known and published by both the medical profession and restoration industry and none come close to even first part of clearance.

The following brochure from [www.ASEAI.com](http://www.ASEAI.com) show some of the issues of decontamination (information on following page)

This approach is also followed by Dr Shoemaker and [www.survivingmold.com](http://www.survivingmold.com) where only mould removal is acceptable followed by air cleaning to remove airborne contamination.

Mould decontamination is very simple but does require expertise and verification of results.

### **Disclosure**

Building Forensics are qualified IEPs and apart for investigation and verification services offer mould exposure risk reduction and control with verified and published results.

See [USA Mould remediation Brochure](#) below

Tel: 0800 0843 083

Mob: 07990 500 999

W: [www.buildingforensics.co.uk](http://www.buildingforensics.co.uk)

E: [jeff@buildingforensics.co.uk](mailto:jeff@buildingforensics.co.uk)

Company Registration Number: 8837566



ISEAI

# Mold Remediation Factsheet #1

for patients or households with diagnosed or probable environmentally acquired illness (EAI)

## 5 Things to Know Before You Remediate

- 1** Mold is common in spaces that have ever been damp. Mold can be **visible** or **hidden** (ie behind wallpaper, walls, cabinets, under carpets, in HVAC systems).
- 2** Mold and microbial growth that is **dead** or **alive** (dormant or active) can trigger symptoms and illnesses.
- 3** Remediation should typically emphasize **physical removal** of mold, **not killing** by cleaning or fogging.
- 4** Mold can **cross-contaminate** nearby environments and contents during the remediation if proper containment and controls are not used.
- 5** The **root cause** needs to be fixed. There are often building defects that need to be addressed before or during remediation.

[iseai.org/resources](http://iseai.org/resources)

This is a free resource created for general educational purposes. Please read disclaimer on reverse.  
Last revised date: Dec. 2021

## Who is involved in a remediation?



### Medical Professional

Because the extent of remediation is determined in part by the level of illness/ health of occupants, a medical diagnosis is often the starting point.

**\$ Typical costs:** 2-12 visits with a specialist (depending on complexity, ability to correct environment) + lab testing + treatments.



### ASSESSMENT & PLAN: Indoor Environmental Professional (IEP)

An IEP conducts assessment for the homeowner to determine the appropriate plan for remediation. They do not stand to benefit from the remediation contract, and can actually help you review and select appropriate remediation bids. Where to find: [iseai.org](http://iseai.org); [ACAC.org](http://acac.org); [NORMI.org](http://normi.org). Best if experienced with EAI, mold illness, MCS, and high-risk occupants.

**\$ Typical costs:** Note costs may vary widely due to home size, complexity, and region. Lower involvement - virtual consultation (\$250-\$300/hour). Moderate involvement w/ on-site assessment (\$500-\$1,750+, plus lab testing). Higher involvement w/ work oversight (\$1,500-\$5k+, plus lab testing). If not local and assessment is in-person, add travel.



### REMEDICATION: Remediation Company

A trained and certified remediation company performs the work to identify and remove mold, other microbial growth, and contaminated building materials. Proper containment during this work is critical. Where to find: [ACAC.org](http://acac.org); [NORMI.org](http://normi.org); [IICRC.org](http://iicrc.org). Best if experienced with EAI, mold illness, CIRS, MCS, and other high-risk occupants.

**\$ Typical costs:** Single issue remediation w/ proper containment procedures (\$3,000+). Multiple issue (\$6k-20k+). Complex with construction (ex. roof repair) (\$15k-50k+).

### RECONSTRUCTION: Contractor or Remediation Company



### SMALL PARTICLE CLEANING: Remediation Co. or Other

Multiple rounds of small particle cleaning are usually needed to remove all contaminants. Part of this is usually done as part of remediation in the affected area(s). A whole-house small particle cleaning, including ductwork if applicable, is typically best practice as a final step.

Page 1 of 2

Tel: 0800 0843 083

Mob: 07990 500 999

W: [www.buildingforensics.co.uk](http://www.buildingforensics.co.uk)

E: [jeff@buildingforensics.co.uk](mailto:jeff@buildingforensics.co.uk)

Company Registration Number: 8837566

## >> It's never just mold.

We use the word 'mold,' but actually remediation addresses the many contaminants found in damp buildings, including bacteria, mycotoxins, mVOCs, and fungal fragments.

## Common Goals of Remediation

The goals can differ based on the property, health of the occupants, and financial considerations. Common goals include:

- Identify & fix the root causes of water damage.
- Remove mold and microbial growth.
- Small particle cleaning to remove contaminants, including mycotoxins.
- Create a healthier living environment.
- Help restore health to the occupants of the home who are negatively affected by mold, microbial, and toxin exposure. Restoring health also involves other steps including improving other environmental conditions, and medical treatment.

## Common Pitfalls



### Killing with Chemicals

Killing mold with chemicals instead of removing the contaminated materials is a common shortcut that can make occupants sicker. "Covering" mold instead of removing it is usually incorrect.



### Not Overseen by an Indoor Environmental Professional

Receiving a formal remediation plan from an IEP and on-going involvement helps ensure that the remediation plan is complete. This often saves money in the end, avoiding low quality work and failures.



### Low Quality Work or Follow-Up

If the remediation plan isn't followed carefully (including containment and small particle cleaning), a remediation can fail. Oversight and follow-up are necessary to ensure all steps are carefully executed.



### Cross-Contamination

Can occur if adjacent possessions/rooms/spaces not protected while mold is being exposed, or disturbed during construction or remediation. Containment is a key step, along with proper engineering controls.



### Incomplete Assessment

Fixing the 'obvious' problems, but failing to consider common sources of contamination such as basement, crawlspace, roof, attic, HVAC. Full assessment should be conducted by an IEP.



### Bypassing Small Particle Cleaning

Remediation commonly fails due to the lack of proper small particle cleaning, which includes multiple rounds. Additionally, a whole house clean (including contents) is best practice.

## 6 Things to Find Out Before Hiring Your Mold Remediator

- ? Do they follow IICRC s520 standards?
- ? Do they remove mold rather than just treat/fog/kill it?
- ? Are they willing to work collaboratively with you, your IEP, and your physician, to determine what the best products are to use for remediation? Will they carefully follow an IEP's step-by-step remediation plan?
- ? Do they contain every proposed work area prior to remediation, use engineering controls such as HEPA air filtration devices (AFDs) inside containments, and perform multiple rounds of cleaning?
- ? What guarantees are in place? If your IEP's clearance criteria aren't met, or containment is significantly breached, do they charge extra to complete the work correctly?
- ? Are they licensed (if applicable - only certain states) and insured? Provide a certificate of additionally insured to homeowner?

**Note:** This factsheet is created for homes affecting persons with health concerns including environmental sensitivities, diagnosed mold illness, and/or other complex chronic illnesses. This document is by nature incomplete, but yet reflects consensus from ISEAI's IEP Committee, a group of highly experienced credentialed environmental professionals. Please see [iseai.org/resources](http://iseai.org/resources) for additional information regarding the authorship of this educational series. **Disclaimer:** This is for general educational purposes. This does not cover all possible scenarios or local specifics. Some states and jurisdictions have licensing or other laws that govern remediation practices. Please get individual advice from your own licensed medical and environmental professional before undertaking remediation. **Remediation efforts that don't follow highest industry standards can make occupants sicker.**