Indoor Air Quality Health Complaints -
An Integrated Clinical and Environmental Approach

Patient reports to clinic with health complaints related to indoor air issue

History
- Symptom history
- Allergic?
- CNS?
- Respiratory tract?
- Dermatologic?
- Timing of symptoms in relation to work or residential occupancy
- Use of medications (include OTCs)
  (Esp. antihistamines, bronchodilators)
- Indoor air quality exposure history

Relevant past medical history
- Asthma, allergies, hay fever
- Tobacco Use
- Eczema and rashes
- Frequent respiratory or sinus infections
- Allergy testing?
- Known allergy to mold
- Exam esp. skin, HEENT, lungs, neuro
- Diagnostic tests if clinically indicated (per local policy): spirometry, allergy testing

If asthma symptoms are worse in specific locations, provide peak flow meter and diary, follow up.

Notify PM that a work/home assessment is recommended. PM will work w/ patient and either Safety and/or housing office to ensure assessment is scheduled.

Yes

Does history/exam suggest work or home contribution c/w mold allergy or other mold-related health effects?

Advise patient that a home/work assessment is recommended. They will be contacted by PM to facilitate that process. Consider providing PM contact information to the patient as well.

Advise patient that the home assessment will identify any indoor air hazards. Corrective action will be taken as appropriate based on assessment findings.

If appropriate, advise patient on how to prevent/reduce/manage symptoms in the meantime.

Refer patient to the APHC Indoor Air Quality Information website for more information: https://phc.amedd.army.mil/topics/workplacehealth/ih/Pages/Indoor-Air-Quality-Mold.aspx

No

Recommend further clinical work up or possible referral for additional evaluation.