



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

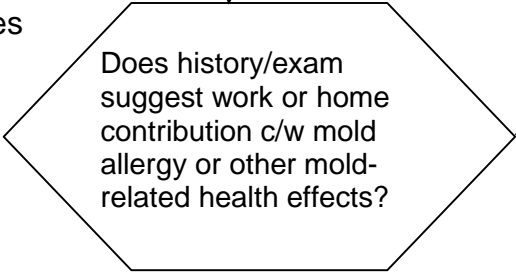
FACT SHEET 64-005-0219

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



No

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

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>