Mould, Building-Related Illness, and Diagnosed CIRS

Options for Risk Reduction and Decontamination in the Home

As a **qualified and certified Indoor Environmental Professional (IEP)** with over 35 years of global experience — from the UK to Australia — I have worked alongside world-leading mould experts, including **Dr. Ritchie Shoemaker**, with whom I co-authored a peer-reviewed consensus document on **Chronic Inflammatory Response Syndrome (CIRS)** and mould contamination.

I operate in the USA and UK and have witnessed the stark differences in approach. UK patients often struggle to find meaningful help or qualified professionals.

Disclosure

I am the **Principal Consultant at Building Forensics**. I provide internationally recognised remediation protocols based on those routinely used in the USA — protocols that meet the expectations of healthcare professionals and informed clients alike.

Summary

If you suffer from building-related illness or have been diagnosed with CIRS, you may be one of the **20% of the population genetically predisposed to illness from biotoxins** (ref: WHO). You are likely being exposed to **toxigenic moulds, inflammatory hyphal fragments**, or other biologically active particles.

Standards and Procedures in the UK

Most UK contractors misuse American standards in marketing but **fail to implement them properly**. Here are three key protocols and how they differ:

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1. IICRC S520

This standard recognises three contamination conditions:

- **Condition 1**: Normal fungal ecology (settled spores)
- **Condition 2**: Contamination from settled spores or fragments from Condition 3
- **Condition 3**: Actual fungal growth

The S520 requires:

- Properly trained, certified contractors
- Oversight and clearance by an **independent IEP**

BUT — the S520 has a significant flaw:
It does **not account for inflammagens**. It defines "clearance" based on visual and surface spore levels (Condition 1), which **does not protect those with CIRS**. This is why sufferers often remain ill even after remediation using this standard.

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2. Shoemaker Protocol (SurvivingMold.com)

This consensus document lists **30 contaminants**, not just mould spores. It requires:

- Full remediation of both current and historic water damage
- **Fine particle cleaning** of every surface
- 2-month post-cleaning air monitoring

This is a **rigorous and medically backed approach**, but it's expensive, and execution requires precise management.

Building Forensics is the only UK distributor and applicator of the specialist air-cleaning products required by this protocol.

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3. ISEAI (International Society for Environmentally Acquired Illness)

ISEAI supports protocols similar to Dr. Shoemaker's. Many of the same professionals are involved in both groups.

I helped **found the IEP group that supports ISEAI**, though I objected to some public releases due to practical concerns. You can see the paper below on clearance, and why your contractor will have to repeat the whole decontamination process again, **free of charge?**

Under this protocol, the costs of full decontamination, IEP oversight, and lab testing can exceed **£50,000**, and **even then, clearance is not guaranteed**.

UK Reality Check

You **will not find a certified IEP in the UK** other than **Jeff Charlton at Building Forensics**.

- I am the **only UK expert in fine particle decontamination**.
- I often train homeowners directly, saving them thousands and delivering better results than most commercial services.

The process is **safe**, even for the most sensitive individuals.

In the UK, **mould contractors are unregulated** — no state licensing, no real risk of legal consequence, and **most are not certified**.

Common Red Flags in UK "Mould Experts"

- ✅ Miracle claims (e.g. fogging, invisible sprays)
- ✅ Two-day certificates from unrecognised bodies
- ✅ Self-certification with no oversight
- ✅ Vague or non-existent clearance criteria
- ✅ Guarantees voided by humidity clauses

How to Test a Contractor's Competence

Ask these simple questions:

1. **What clearance criteria do you use?**
2. **How are they measured?**
3. **Can I withhold payment until an independent IEP of *my choice* verifies clearance?**

Then type their name into **ChatGPT** and ask:

"Is [name] qualified as a mould expert?"
You might be surprised by what you don't find.

Clearance Certification

Demand independent verification:

- **Independent IEP**
- **Recognised standards**
- **Clear testing and sampling results**

Free Support from Building Forensics

We provide:

- A guide to checking contractor competence
- A guide to decontamination and sampling protocols
- Safe DIY advice
- DIY clearance sampling tools

- Direct consultancy and documentation support

Cost-Effective Solutions

Full hazard removal may be **unrealistic or unaffordable**. Even the WHO and Institute of Medicine state that cleaning alone won't fully remove risks.

Our goal is risk reduction, not perfection.

Building Forensics has developed a **safe, affordable protocol**. We will support:

- Homeowners undertaking DIY
- Cleaning companies in need of guidance
- Legal, housing, and medical professionals seeking independent expertise

Contact us on our website for Free information

www.Buildingforensics.co.uk

See the ISEA advice sheet below on clearance

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

This is a free resource created for general educational purposes. Please read disclaimer on reverse.
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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; ACAC.org; 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.

REMEDIATION: 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; NORMI.org; 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.

Building Forensics
BUILDING RELATED ILLNESS

ISEAI Mold Remediation Factsheet #1

>> 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.

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?

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.

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 Comittee, a group of highly experienced credentialed environmental professionals. Please see 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.**