



Wilkins Safety Group

H & S Guidance Sick Building Syndrome

INTRODUCTION

Almost everyone occasionally suffers common symptoms such as headaches, dry throat or sore eyes. But there are occasions when people in particular buildings experience these sorts of symptoms more often than is usual. Symptoms tend to increase in severity with the time spent in the building and improve over time, or disappear when the person is away from the building. This is often described as Sick Building Syndrome (SBS).

The symptoms include:

- eye, nose and throat irritation
- stuffy or runny nose
- dry or itchy skin or skin rash
- headaches, lethargy, irritability, poor concentration
- nausea and dizziness

Symptoms are generally mild, although they may affect personal performance and motivation, sometimes significantly. Sick Building Syndrome is not a recognised illness that can be diagnosed precisely.

CAUSATIVE FACTORS

SBS is likely to be due to a combination of factors, the relative importance of which will vary between premises. They can be broadly categorised into:

Physical or environmental factors, e.g.ventilation; cleaning and maintenance; workstation layout.

Job factors, e.g.the variety and interest of particular jobs; people's ability to control certain aspects of work and their working environment.

Factors may include:

Building and office design

- open plan offices with more than about 10 workstations;
- large areas of soft furnishing, open shelving, filing;
- new carpets or furniture and freshly painted surfaces.



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Building services and maintenance

- air conditioning;
- lighting (glare and flicker in particular);
- low level of user control;
- poor design and maintenance/repair;
- insufficient or badly organised cleaning.

Indoor environment and air quality

- high temperatures and excessive variations (e.g. draughts);
- very low or high humidity;
- chemical pollutants (e.g. ozone; tobacco smoke);
- dust/fibres in the atmosphere;
- noise.

Job factors

- routine clerical work
- work with display screen equipment

PREVENTING SICK BUILDING SYNDROME

Due to the causes of SBS being complex and largely unknown, it is not possible to identify generally applicable measures that might be taken which will prevent, eliminate or reduce SBS. What may work in one building may not work in another.

Investigations will be most cost-effective however if it is determined whether the symptoms are local to a part of a building or widespread and if checks start with the most likely sources of the problem.

Staff should be involved at an early stage. Procedures and working practices should be checked to ensure the proper operation and maintenance of the heating, ventilation and air conditioning systems. The general cleanliness of the interior of the building and furnishings should also be assessed.

Booklet HS(G)132 - How to deal with Sick Building Syndrome provides detailed advice on minimising risk in the main problem areas associated with SBS.

If, in spite of all your efforts, symptoms persist, you may need to



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call in expert professional advice from the following:

- building service engineers
- occupational health practitioners
- occupational hygienists
- ergonomists
- management specialists

To be cost effective, remedial action will need to strike a balance between the cost of any change and the effect the change is likely to have in reducing symptoms.

STRAIGHTFORWARD ACTIONS WHICH CAN BE CARRIED OUT AT REASONABLE COST AND EFFORT SHOULD BE GIVEN PRIORITY.

CHECKLIST - SICK BUILDING SYNDROME

1. Do you ensure that the following factors are considered when creating and maintaining a good work environment:

air quality (including ventilation, outdoor air supply and air movement)

YES / NO

temperature (approximately 19-20°C in offices)

YES / NO

humidity (40-70%)

YES / NO

lighting

YES / NO

noise (minimise intensity)

YES / NO



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new office equipment and furnishings

YES / NO

maintenance of the building and building services systems

YES / NO

cleaning

YES / NO

job factors (management systems and work organisation)

YES / NO

2. If SBS is suspected in your premises, would you follow a step-by-step approach to investigation?

Look for the obvious (e.g. local 'flu epidemic)

YES / NO

Check the symptoms (e.g. review staff sickness absence records)

YES / NO

Involve the staff (e.g. canvass their views)

YES / NO

Check procedures and working practices

YES / NO

REFERENCES/FURTHER DETAILS

Booklet HS(G)132 - How to deal with Sick Building Syndrome.
Guidance for employers, building owners and building managers
(HSE) ISBN 0-7176-0861-1.

HELA Circular LAC 75/1 - Sick Building Syndrome