IUPAT TAKES ON MOLD REMEDIATION

BY LEE G. JONES

Having grown up in a Right-to-Work state, I have for most of my life been at best ambivalent about labor unions. I was basically in agreement with the notion that the unions served a purpose 100 to perhaps 50 years ago—in their efforts to ensure that the working guy was not exploited by big business—but now that there are countless federal laws that protect the worker, their purpose is quickly nearing its end.

Recently, however, I have developed a new respect for unions. Just as I am now willing to pay more for better quality products, I have come to appreciate the fact that quality work is performed by well trained and experienced workers. And from what I’ve seen lately, the unions are serious about providing well trained and experienced workers.

I recently had the great fortune to attend a four-day training session on mold remediation conducted by the International Union of Painters and Allied Trades. Having once been a corporate trainer, and believing I was already thoroughly versed on the topic of mold, I was unprepared for how professional and comprehensive this course would prove to be. As it turned out, this particular session was a train-the-trainer session where union trainers from Honolulu to Boston, Dallas to Chicago sifted through a mountain of material to decide what level of material was useful for which audience. The potential target audiences included the actual remediation worker, the job supervisor and the contractor.

The session was facilitated by IUPAT Master Trainer Bob Potvin, who by his own admission has no life outside of pulling this course together and presenting it. Potvin continually amazed me with his familiarity with the material, which he spent no less than three years collecting, much of it from the Internet. He continually demonstrated the ability to cough up a fairly complex quote, dig through several stacks of documents to verify the correctness of that quote, find the document and the passage in moments, and direct the class to the passage, which he, almost without failure, had recited within a few words of the original.

Besides Potvin’s mastery of the topic, what most impressed me was the experience level of the attendees. Most of these were union veterans who had done their time in the trades, then moved on to learn and then teach, among other things, lead and/or asbestos abatement. Several of these attendees had also had their share of encounters with mold along the way, and their firsthand experience, good and bad (but particularly the bad) moved the discussion from the abstract very quickly to the real world.

After a reasonably thorough overview by Potvin of each module, our mission was to read the text (a choked 3-inch binder put together by the staff of West Virginia’s Marshall University, under Potvin’s direction) a module at a time, compare it to additional documents Potvin had collected, and then decide which material best suited each of the three target audiences. To do this efficiently, the class broke up into groups of five or so, and each of the five would read and then report on a fifth of the material, comparing the text to the additional literature. Those articles that seemed particularly valuable were then reviewed by the rest of the group. Not so surprisingly, when the groups reconvened and reported their findings, there was usually consensus about which parts of the text were suitable and which outside articles were deemed worthy of inclusion in the course, and which parts of the text and articles were suitable for what audience.

The genius of this approach, I thought, was that it forced us to evaluate the val-
ue or importance of the material from the trainer’s perspective, but at three different levels. At the worker level, each trainer knew he had to tailor the material so that the guy doing the remediation had all the information he would need to safely and effectively do his job, without getting bogged down with all the administrative, legal and insurance considerations. However, because the worker clearly needs to be aware that legal and insurance consequences exist, and his poor execution of the job could trigger them, enough of that information needed to be factored in at the worker level as well.

Likewise, we had to decide which material was appropriate for the supervisor and contractor levels. Selecting supervisor’s proved the most challenging, because he needs to know what the worker knows well enough to ensure it’s done correctly, and he has to know the administrative, legal and insurance aspects well enough to ensure that the work is compliant, all without necessarily becoming an expert in any of it.

The contractor is clearly most concerned with the administrative aspects and fulfilling the legal and insurance considerations, but needs enough familiarity with the hands-on aspects so that he
bids and schedules the work appropriately; consequently that material had to be selected from that perspective.

One of the original reasons I was approached to attend this session was that among the many documents used for source material are the Foundation of the Wall and Ceiling Industry’s publications on mold, particularly the first document, Mold: Cause, Effect and Response, which, as a result of its availability on AWCI’s Web site, I’ve had many conversations about and have become fairly familiar with. I was pleased to discover during the process of evaluating the seemingly endless supply of documents on the subject, that the Foundations document is as informative and comprehensive as any of the others we examined.

The two other source documents that most of the documents cite, including the Foundations document, are the New York City Department of Health’s Guidelines on Assessment and Remediation of Fungi in Indoor Environments, and the US Environmental Protection Agency’s Mold Remediation in Schools and Commercial Buildings.

Other noteworthy documents include the Manitoba Department of Labor’s Guidelines for the Investigation, Assessment, and Remediation of Mould in Workplaces, York University Department of Occupational Health and Safety’s Mould Control Program, and Health Canada’s Fungal Contamination in Public Buildings: A Guide to Recognition and Management.

Each of these documents provides basically the same information, and if you’ve been following the mold issue at all these last couple of years, most of it boils down to a handful of facts:

- Mold grows anywhere that moisture, organic material (food) and the right temperature are available.
- Moisture is the most controllable of these variables.
- Until the source of moisture is eliminated, the mold problem will persist.
- Porous materials contaminated with mold need to be removed.
- Non-porous materials can very likely be cleaned.

Each of the above mentioned documents offers a protocol, with four to six levels of intensity, depending on the severity of the mold infestation. These levels are progressive, from less than 10 square feet of mold, through areas of 100 square feet infested, and/or the degree to which the HVAC system is contaminated. As the severity of the contamination increases, so does the degree of isolation of the affected area, and the personal protection equipment. There is some variation on how much sampling is necessary, how to collect and evaluate the samples and when to declare the area free of mold.

The sampling/investigation issue revealed a real conundrum for me. One cannot determine what the level of nec-
Essary personal protection is until investigating the extent of the contamination, and only after the investigation and sampling can it be determined whether there are “toxic” molds present in sufficient quantity to warrant the highest level of protection. In other words, do you need to put on a moon suit before checking out the mold?

Another topic that tied in with the sampling/investigating/PPE was the actually biology of the various species of mold. Again, for anyone following the topic this is not news: there are countless (millions even) species of mold, and there is at least one that will grow on any given organic substance. All but a handful of these are non-toxic; some are irritants, some will trigger allergic reactions, some will trigger asthma and respiratory problems, but very few are actually so toxic that the average healthy person is threatened, and even those must be in a certain phase of their life-cycle to produce “pathogenic mycotoxins” or deadly poisons.

This is where having veteran remediators in the room brought this message home for me. Many of these guys had done their share of lead and asbestos abatement—that’s one reason this particular trade union decided to get into mold remediation: Their members already know the procedures and equipment from their lead and asbestos experience—several of these highly trained, veteran remediators had been hospitalized for mold exposure. Clearly, they had seen firsthand what happens if you attempt mold remediation without proper PPE, had paid the consequences and were in a perhaps unique position to make that very point to their trainees.

Having heard these stories helped me focus on the hazards that attend mold remediation. Basically, there are two life-threatening circumstances the mold remediator faces: “Organic Dust Toxic Syndrome” and “Hypersensitivity Pneumonitis.”

Organic Dust Toxic Syndrome is what happens to the person who gets a face full of moldy dust, often while pulling back a panel or pulling apart a window frame, and inhales or swallows or absorbs it through the eyes or skin—more mold than his system can handle. Often the victim suffers flu-like symptoms that linger for weeks or months if not treated properly, and that’s if the mold is relatively benign. If the mold happens to be one of the nastier varieties, in the proper stage, the victim may wind up on the nearest Intensive Care Unit.

Hypersensitivity Pneumonitis is a more insidious malady that occurs after prolonged exposure to mold (or some other irritant). Hypersensitivity occurs when some people’s immune systems, when exposed to an irritant, will produce antibodies or “histamines” to ward off the unwanted intruder. With each exposure their immune system produces more antibodies or histamines, until finally, with even the slightest exposure to that irritant, the immune system produces so much antibody/histamine that the reaction incapacitates the victim. In some cases, this condition affects the lungs, and the victim often has a progressive, chronic cough, that worsens with each exposure.

Not everyone has the same sensitivity to mold, so it is impossible to predict who will be affected how badly by which variety of mold. In each of the above-mentioned documents that offers a remediation protocol, there is a recommended level of PPE. These may include HEPA filter respirators, eye protection, gloves, etc. In areas that are sealed off during the remediation, there may be an area where the PPE is put on and removed before and after the work day. With this particular audience having experience with lead and asbestos abatement, the discussions on PPE demonstrated both familiarity and seriousness. These guys had seen the results of not doing it right before, and, their main mission being to protect the worker from these hazards, gave me a new respect for how professional and concerned they were about doing their job.

About the Author
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