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ick Building Syndrome

Sick building syndrome is a term used to describe situations in which building occupants experience a range of health issues and symptoms of discomfort such as headaches, dry throat or sore eyes that appear to increase in severity with spent in a particular building and improve over time or disappear when away from the building. Sick Building Syndrome is not a formally recognised illness but a convenient term to describe this phenomenon and cannot be diagnosed precisely. There are many other specific illnesses that can be directly linked to buildings, such as legionnaire's disease, exposure to toxic substances or long-term cumulative exposure to asbestos and radon. Nor does Sick Building Syndrome include any health issues arising from adverse physical conditions such as excessive noise, heat or cold.

The main symptoms commonly attributed to Sick Building Syndrome include headaches, dry or itchy skin, eyes, nose or throat, lethargy, and a stuffy or runny nose. These symptoms are usually mild and do not appear to cause any lasting damage. To those suffering, however, they are not trivial and can be very upsetting.

Where the issue is widespread it can affect morale, and have a negative impact on the organisation through increased absenteeism and staff turnover, reduced staff efficiency and productivity, extended breaks and reduced overtime. The facilities department may find the issue taking up a disproportionate amount of time dealing with complaints and investigating possible causes.

Despite extensive research the exact cause of Sick Building Syndrome remains uncertain. Common opinion places the blame on sealed air-conditioned buildings and the high level of manmade materials used in modern furnishings and decoration. Research published by the Health and Safety Executive in 1992 takes the view that it is likely to be due to a combination of factors, the relative importance of which may be different in each case.

Broadly, these factors fall into two categories. These include environmental factors such as ventilation, cleaning, maintenance and workplace design; along with work factors such as the variety and interest of particular jobs and the employee's ability to control certain aspects of their work and working environment.

Many of these factors are interrelated and are made worse by poor facilities management. For example, new furnishings can release chemical pollutants into the atmosphere creating dust, inadequate cleaning can then intensify problems with the dust and badly designed or poorly maintained air conditioning systems can create problems with ventilation and with temperature and humidity control making the dust a health hazard.

In some cases it will be difficult, if not impossible, to change base build design problems in a building. In some cases alterations may be possible but would be expensive to carry out. The prevention of Sick Building Syndrome, therefore, needs to be tackled at an early stage during the planning of new building work, refurbishment or change of use.

Good facilities management practice can prevent and reduce the impact of Sick Building Syndrome by input at the design stage and through effective maintenance, cleaning and interior design. 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.

The Health and Safety Executive publishes a guidance document called "How to Deal with Sick Building Syndrome (SBS). The latest version HSG132 is available for free download from www.hse.gov.uk