Mold Remediation in Healthcare Facilities: IICRC S520, Containment, and Clearance Testing

THE DIRECT ANSWER

Healthcare mold remediation follows the ANSI/IICRC S520 Fourth Edition (2024), with containment and pressure control aligned to the occupied building, an ICRA when work is adjacent to patient care, and documented Post Remediation Evaluation or independent Post Remediation Verification before reopening clinical space. Mold remediation in healthcare: Systematic assessment, containment, and removal of mold growth with infection prevention integrated into the work plan, moisture source correction, and clearance verification per ANSI/IICRC S520 (Fourth Edition, 2024). Why healthcare mold work is different Mold in a hospital or clinic is not a housekeeping nuisance.

WHY HEALTHCARE MOLD WORK IS DIFFERENT

- Mold in a hospital or clinic is not a housekeeping nuisance. Spores and fragments move on air currents, and immunocompromised patients do not get a second chance at a clean exposure history.

ANSI/IICRC S520 (FOURTH EDITION, 2024)

- Assessment: Visual inspection, moisture mapping, and sampling when warranted—not sampling for its own sake.
- Containment and engineering controls: Barriers, HEPA filtration, and pressure management scaled to occupancy risk.
- Remediation: Remove colonized porous materials; clean non-porous surfaces; do not rely on sprays to “kill” hidden growth in wall cavities.
- Post Remediation Evaluation (PRE): Internal completion checks performed by the remediator.
- Post Remediation Verification (PRV): Independent inspection and assessment, typically by a qualified indoor environmental professional, when the contract or facility policy requires third-party sign-off.

FIELD QUESTION

Where does this come from?

This sheet distills the full Healthcare Facility Hub article linked below, which carries the complete text, references, and sourcing.

From Healthcare Facility Hub - free, like everything on the site. The full article is at the link below.

Caution: codes, editions, and targets vary by facility and authority having jurisdiction (AHJ). Figures marked as common practice are facility targets, not code requirements. Confirm against your AHJ and the current code text before acting.